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THE INDUSTRIAL INJURIES ADVISORY COUNCIL

**ANNUAL REPORT**  
**2009/10**

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[www.iiac.org.uk](http://www.iiac.org.uk)

# Annual Report 2009/2010

## Foreword

This has been another busy, challenging and productive year for the Council, engaged as it is in providing independent advice to the Secretary of State, and ensuring that the provisions of the Scheme are evidence-based and a fair efficient basis for providing State compensation to workers injured through their occupation.

The Research Working Group (RWG) – ably chaired by Dr Anne Spurgeon – has continued its energetic work as the Council’s scientific engine. This year the output has included a Command paper recommending the addition to the list of prescribed diseases of sino-nasal cancer and exposure to chromium, as well as four position papers reviewing diverse areas of potential prescription, and a new short form webnote detailing preliminary reviews of evidence in selected areas of interest and topical importance. Steadily, the format of reports has been revised to ensure even higher levels of scientific transparency, to aid understanding among users (recent reports incorporate a reader’s glossary), and to cover issues of equality and diversity.

As in previous years, we held four full meetings of the Council and four meetings of the RWG through this year, with much additional work undertaken out of committee. We also staged a successful and well attended Public Meeting in Bristol in June 2009 with a good deal of audience participation. The Council remains committed, in the spirit of openness and transparency, to holding further Public Meetings at locations across the country in the future: the 2010 meeting will be in Manchester and we extend a warm invitation to anyone who would like to attend.

During the year, the Chairman visited a medical assessment centre in Southampton, where medical advisors carry out medical assessments in relation to Industrial Injuries Disablement Benefit. Members of the Council and the Secretariat also visited the Rolls-Royce factory in Derby for a first hand overview of a variety of occupational exposures. We were also pleased to welcome representatives from ATOS Healthcare and the Upper Tribunal Service to discuss procedures for medical assessments and recent changes to the Tribunal Service respectively.

Our work programme for 2010 promises to be a busy and complex one – encompassing diverse topics including occupational deafness, the ‘presumption’ rule (which governs when a claimant’s condition can be presumed to have been caused by their job), medical assessments, knee disorders in construction workers, and a review of one of the qualifying conditions for osteoarthritis of the knee in underground miners.

I would like to thank the members of the Council, Secretariat, the Health & Safety Executive (HSE) observers and members of the Department, for their help and enthusiasm in accomplishing our goals and in helping me to negotiate my role as Chairman of the Council. I am very pleased and privileged to lead the Council forward into 2010/11 with such an active and exciting programme of work in prospect.

Professor Keith Palmer  
Chairman

## **Introduction**

The Industrial Injuries Advisory Council (IIAC) is a non-departmental public body established under the National Insurance (Industrial Injuries) Act 1946, which came into effect on 5 July 1948. The Council provides independent advice to the Secretary of State for Work and Pensions in Great Britain and the Department for Social Development (DSD) in Northern Ireland on matters relating to Industrial Injuries benefit and its administration. The historical background to the Council's work is described in an appendix.

## **The Council's Role**

The statutory provisions governing the Council's work and functions are set out in sections 171 to 173 of the Social Security Administration Act 1992 and corresponding Northern Ireland legislation. The Council has three main roles:

- To consider and advise on matters relating to Industrial Injuries benefit or its administration referred to it by the Secretary of State for Work and Pensions or the DSD in Northern Ireland.
- To advise on any other matter relating to Industrial Injuries benefit or its administration.
- To consider and provide advice on any draft regulations the Secretary of State proposes to make on Industrial Injuries benefit or its administration.

IIAC is a scientific advisory body and has no power or authority to become involved in individual cases or in the decision-making process for benefit claims.

## **Composition of the Council**

IIAC usually consists of sixteen members, including the Chairman. It is formed of independent members with relevant specialist skills, representatives of employees and representatives of employers. The independent members currently include doctors, scientists and lawyers.

Legislation requires that IIAC includes an equal number of representatives of employees and employers (Social Security Administration Act 1992, Schedule 6).

## **Conditions for 'Prescribing' Diseases**

In practice, much of the Council's time is spent considering which diseases, and the jobs that cause them, should be included in the list of diseases ('prescribed

diseases') for which people can claim IIDB.

The conditions which must be satisfied before a disease may be prescribed in relation to any employed earners are set out in section 108(2) of the Contributions and Benefits Act 1992. This requires that the Secretary of State for Work and Pensions should be satisfied that the disease:

- (a) Ought to be treated, having regard to its causes and incidence and any other relevant considerations, as a risk of occupations and not as a risk common to all persons; and
- (b) Is such that, in the absence of special circumstances, the attribution of particular cases to the nature of the employment can be established or presumed with reasonable certainty.

In other words, a disease can only be prescribed if the risk to workers in a certain occupation is substantially greater than the risk to the general population and the link between the disease and the occupation can be established in each individual case or presumed with reasonable certainty.

In some instances, recommendation of prescription of a disease can be made on the basis of scientific features which confirm occupational causation. Increasingly, however, the Council has to consider diseases which do not have clinical features that enable the ready distinction between occupational and non-occupational causes (e.g. chronic bronchitis and emphysema). In these circumstances, in order to recommend prescription, IAC seeks epidemiological evidence that the disease can be attributed to occupation on the balance of probabilities under certain defined exposure circumstances (usually corresponding to evidence from several independent research reports that the risk of developing the disease is more than doubled in a given occupation or exposure situation, and thus is more likely than not to have been caused by these circumstances).

## **Research**

The Council relies on research carried out independently, which is published in the specialist medical and scientific literature. IAC does not have its own research budget to fund scientific studies, although it can bid for small scale research funds from the Department for Work and Pensions (DWP) to commission reviews of the literature by academic experts, or to undertake selected analyses of pre-existing datasets relevant to prescription. When IAC decides to investigate a particular area its usual practice is to ask other bodies and interested parties to submit any relevant research in that field. IAC has a sub committee, the Research Working Group (RWG), which meets separately from the full Council to consider the evidence in detail. The Council's secretariat includes a scientific officer who researches and monitors the scientific literature

in order to keep IIAC updated over developments in scientific research, and to gather evidence on specific topics that the Council decides to review.

## **Programme of work 2009/2010**

### **Key achievements**

#### **Chromium and Sino-nasal Cancer**

The Council published a Command Paper ('Chromium and Sino-nasal Cancer', Cm. 7740) on 8 December 2009, which recommended adding sino-nasal cancer for certain chromium-exposed workers to the list of prescribed diseases. The review began in September 2008 after the matter was referred to IIAC by the Secretary of State. This was prompted by an MP's request on behalf of a constituent. Chromium is a silver white metal, which exists in several oxidation states, such as chromium VI. Sino-nasal cancer encompasses cancers of the inside of the nose and of the paranasal sinuses. It is uncommon in the UK. After appraising key research papers the Council concluded that there was strong evidence of a greater than doubled risk of sino-nasal cancer from exposure to chromium VI in workers involved in chrome plating and chromate production. The Council's paper recommended that sino-nasal cancer be prescribed for work involving hexavalent chrome plating or the manufacture of inorganic chromates (PD C32). The report is currently being considered by Ministers.

### **Position Papers**

The Council published 4 position papers in 2009, which considered potential additions to the list of prescribed diseases, but in which insufficient evidence was found to recommend prescription.

#### **1. Pleural Plaques – Position Paper 23**

In June 2008, the Secretary of State asked the Council to consider whether compensation through the industrial injuries scheme was appropriate for people with pleural plaques and to consider specifically the current prevalence of pleural plaques, the occupational causation of pleural plaques currently found in the population, the likelihood of disability arising from pleural plaques and the likelihood of other more severe complications of asbestos exposure arising amongst those currently having plaques.

Against a tight deadline, the Council and Secretariat undertook a comprehensive review, covering some 200 pages of research abstracts and 75 key research papers, and consulted with leading international experts in the field and made a call for evidence through various avenues. The review was completed and submitted to the Secretary of State for his consideration in October 2008 and published as a position paper on 30 June 2009. It was

recognised that pleural plaques can be a cause of anxiety and distress to individuals in whom the condition is diagnosed; but the Council concluded, as it had in its review of asbestos-related diseases published in 2005 (Cm. 6553), that there was no case to add plaques to the list of diseases prescribed for the purposes of the Industrial Injuries Disablement Benefit (IIDB).

## **2. The association between shift working and i) breast cancer and ii) ischaemic heart disease – Position Paper 25**

In 2008, breast cancer from shift work was added to the list of occupational diseases for state compensation in Denmark following a recommendation from the Danish National Board for Industrial Injuries. Given the potential importance of this topic, the Council elected to review the case for prescription of breast cancer in shift workers. A potential link between shift work and ischaemic heart disease has long been mooted, and so the review was expanded to incorporate this other health outcome. The Council considered the evidence contained in the Danish National Board's report, reports from the International Agency for Research on Cancer, and key research reports on shift work and breast cancer and ischaemic heart disease. After appraisal of the evidence, the Council concluded that there was insufficient evidence that the risks of breast cancer or ischaemic heart disease were as much as doubled from shift work, and that prescription could not therefore be recommended. (The statutory requirements for prescription differ significantly between the UK and Denmark.) The Council will continue to monitor emerging evidence.

## **3. Laryngeal cancer and strong acid mists – Position Paper 26**

In its 1986 review of asbestos and laryngeal cancer, the Council noted a potential association between this tumour and "strong acid mists" such as sulphuric acid. Such mists are found in numerous industries such as primary chemical production and steel pickling. The relation between laryngeal cancer and strong acid mists was revisited in 2009 when the Council undertook a fresh search of the research literature. Evidence of an association was found (more so than in 1986), but this was still insufficient to warrant prescription. The Council continues to monitor the evidence.

## **4. Beryllium and lung cancer – Position Paper 27**

This issue first came to the Council's attention following a review commissioned by the HSE on the burden of occupational cancer, which highlighted an association between lung cancer and beryllium. Beryllium metal, beryllium alloys and beryllium oxides are used in industries such as telecommunications, nuclear and aerospace. Relatively few workers are currently exposed to beryllium in the UK, but numbers are expected to grow. The Council carried out a literature search and analysed key evidence.

The data were suggestive of an increased risk of cancer from beryllium exposure, but risks were not as much as doubled. The Council has concluded

that this evidence is insufficient to warrant prescription but it will continue to monitor emerging research.

## **Commissioned Reviews – ‘Occupational cancer in commercial painters’ and ‘Occupational health in fire fighters’**

Following open competitions for the work the Council commissioned a literature review concerning occupational cancer in commercial painters from researchers at the Institute of Occupational and Environmental Medicine in Birmingham, and another on cancer and occupational diseases in fire fighters from the Institute of Occupational Medicine in Edinburgh. Both reports were completed in March 2010 and can be found on the IAC website. The researchers undertook comprehensive reviews, identifying many relevant research investigations. In some of these increased risks of certain outcomes were reported and the reports contain much information of relevance to stakeholders, including health and safety professionals. However, findings were insufficiently consistent and insufficiently strong to warrant prescription under any of the circumstances considered. The Council will continue to monitor emerging research for these occupational groups and related conditions

## **Regulations proposed by the Secretary of State**

The law requires that draft regulations proposed by the Secretary of State that concern the Industrial Injuries Scheme are referred to the Council for its advice and consideration.

In January 2009 draft regulations adding osteoarthritis of the knee in underground coal miners to the list of prescribed diseases were referred to the Council. The regulations were agreed and came into effect from 13<sup>th</sup> July 2009.

In August 2009, the Council considered regulations for the addition of the lung disease, bronchiolitis obliterans, for those exposed to diacetyl in the manufacture of food flavourings containing diacetyl, or in production of diacetyl. These regulations are expected to come into force in the summer of 2010.

## **Public Meeting – Bristol**

In June 2009, the Council held its annual Public Meeting in Bristol. The meeting provided a successful opportunity for the Council to hear the views of members of the public and to explain how the Council carries out its work. The proceedings from the 2009 Meeting are available on the IAC website.

Presentations were given on the following subjects:

- IAC’s approach to scientific decision-making (Dr Anne Spurgeon)

- and Professor Keith Palmer)
- Work of the scientific advisor (Dr Marianne Shelton)
- Mesothelioma and recent work on lung conditions (Professor Mark Britton)
- Stress (Dr Anne Spurgeon)
- Osteoarthritic conditions (Professor Keith Palmer)
- Open forum (Mr Simon Levene – facilitator)

## **Osteoarthritis of the knee**

### **In construction workers**

Our August 2008 review of osteoarthritis of the knee in underground coal miners resulted in prescription for this condition (PD A14) with effect from June 2009. In deciding the case for prescription, IIAC drew upon direct evidence of an excess risk of osteoarthritis of the knee in miners and a wealth of indirect evidence of a significant association between osteoarthritis of the knee and kneeling and squatting under heavy load – activities miners will have undertaken historically on a frequent basis. A preliminary scoping exercise suggested that there may be occupations within the construction industry in which a combination of indirect evidence (e.g. of kneeling and squatting under heavy load) and direct evidence of knee osteoarthritis might establish grounds for prescription. This review is ongoing but is expected to be completed during 2010.

### **In professional footballers**

The Council last considered osteoarthritis of the knee in professional footballers in its position paper ‘Sporting Injuries’ published in 2005. At that time IIAC highlighted that knee damage as a result of an accident could be covered by the scheme even if the onset of effects occurred much later. The 2005 report concluded that there was insufficient evidence to recommend prescribing osteoarthritis of the knee in professional footballers (in the absence of injury). In February 2009, representatives from X-Pro asked IIAC to reconsider the case for osteoarthritis of the knee in professional footballers. The Council reviewed research published since 2005 and considered evidence submitted by X-Pro. However, it concluded, as it had done previously, that (in the absence of accidental injury) there was insufficient evidence of a greater than doubled risk of osteoarthritis of the knee in professional footballers.

## **Occupational lung cancer**

In IIAC’s 1986 report ‘Occupational Lung Cancer’, IIAC undertook to keep under review various occupations, including haematite (iron ore) miners, coke oven/gas retort workers, foundry workers, rubber workers, manufacturers of man-made mineral fibres, workers exposed to formaldehyde and furskin

workers. In September 2009 IIAC considered whether, based on current evidence, there was a case for recommending prescription for any of these occupational exposures. This review has also been expanded to consider other exposures, such as radon and silica in the absence of silicosis. It is anticipated this review will be completed in the autumn of 2010.

## **Occupational diseases in musicians**

In September 2009 an IIAC member requested that the Council review occupational diseases in musicians, following a Trades Union Congress motion highlighting this issue. The Council considered the results of a literature search which included reports on occupational deafness, dystonia, dermatitis, stress and musculoskeletal disorders. Task specific focal dystonia of the fingers, hands or arms is already a prescribed disease for which musicians may claim.

The Council has published its recommendations on occupational stress and musculoskeletal disorders ('Stress at work as a prescribed disease and post-traumatic stress disorder' March 2004, 'Work-related upper limb disorders' July 2006 and 'Back and neck pain' July 2007), for which the general position is unchanged. There was insufficient evidence to warrant prescription for dermatitis in musicians. The Council analysed key research papers relating to occupational deafness in musicians, but found that the noise levels reported did not match levels at which prescription could be recommended.

More generally, the Council is reviewing the broad topic of occupational deafness in a scoping exercise related to its forward programme of work.

## **Organophosphates**

In the 2002 'Conditions due to Chemical agents' report (Cm. 5395), IIAC recommended that PD C3 (poisoning due to phosphorus) be amended to PD C3a (phossy jaw) and PD C3b (peripheral neuropathy with or without accompanying toxicity to the central nervous system) to better reflect the current evidence. The Minister of the day wanted to wait for the results of a number of ongoing research studies before he decided whether to implement IIAC's recommendations. This research has now been completed and will be considered by the Government's Committee on Toxicity (COT) which is due to publish a review in 2010. IIAC is currently considering its recommendations with regard to PD C3 and proposes to make its recommendations following receipt of the COT review.

## **Other work carried out in 2009/2010**

A variety of other issues were raised with the Council in the course of the year, including:

## **1) IIDB and its relationship to income-related benefits**

In January 2010, IIAC became aware of media interest that IIDB is taken into account as income when considering means tested benefits for those with asbestos related diseases. IIAC wrote to Ministers asking if anything could be done to remove the potential financial inequities that arise from this rule. Ministers, however, favoured the current rule, which has cross-departmental implications.

## **2) Ionising radiation and ischaemic heart disease**

A preliminary review of the literature on ionising radiation and ischaemic heart disease was undertaken, prompted by a Council member. A link between acute high levels of exposure (above 0.5 Gray units - the units in which exposure to ionising radiation is measured) and damage to the heart and coronary arteries is well established, but such exposures do not occur in the UK under ordinary circumstances. At lower cumulative levels of exposure (above 0.5 Gray units) recent research evidence is growing that there is a link with the development of ischaemic heart disease, but risks appear to be less than doubled at typical occupational exposure levels. The Council concluded that there is insufficient evidence to recommend adding ischaemic heart disease due to exposure to ionising radiation to the list of prescribed diseases.

## **3) Adverse effects of occupational vaccinations**

In June 2009, a member of the Council highlighted an early day motion concerning the eligibility to claim IIDB for workers who suffer an adverse effect of a vaccination required due to the nature of their employment (e.g. Hepatitis B vaccination for healthcare worker). The Council investigated the matter by liaising with Departmental officials. Unexpected adverse reactions to vaccines arising out of the course of employment as an employed earner are likely to be covered by the Accident Provisions of the scheme. Known and foreseeable side effects from vaccinations, if reasonably common, are unlikely to be considered as "accidents", and as such would not be covered by the Accident provisions.

## **4) Adverse effects of lead exposure**

In November 2009 the Council's attention was drawn to media interest in the adverse effects of low levels of lead exposure. Following a preliminary literature review, consideration of the evidence focused on the relation between lead and fertility or cancer. Appraisal of key research reports, however, suggested that there was insufficient evidence of a greater than doubling of risk of these outcomes in lead-exposed workers. A report detailing the Council's position on the adverse effects of lead exposure will be published in 2010.

## **5) Fibromyalgia**

The Council considered evidence relating to occupational fibromyalgia following a request from a member of the public in January 2010. IIAC had last looked at fibromyalgia during its review of Work Related Upper Limb Disorders in 2006.

There was insufficient evidence of an excess risk in any occupational group or exposure to warrant prescription, and this remains the situation.

## **6) Hand Arm Vibration Syndrome in seafarers**

In January 2010, IIAC received representations from the Seafarers Advice and Information Line and the Greenwich Citizens Advice Bureau requesting that seafarers and mariners be included in the list of occupational exposures for the prescribed disease Hand Arm Vibration Syndrome (HAVS) (PD A11). After considering the results of a research literature search, the Council concluded that there was insufficient evidence of a greater than doubling of risks of HAVS in seafarers as a group to recommend amendments to the terms of prescription for PD A11.

## **7) Pneumonia and exposure to metal fumes**

In November 2009, the Council became aware of emerging research about an increased risk of pneumonia from exposure to metal fumes. The Council is currently considering the evidence. It is anticipated this review will be completed by the summer of 2010.

## **8) Scientific advisory committee consultation**

Following debate in the scientific community and government about scientific advice to government, the Government Office for Science launched a consultation in November 2009. The Council was involved in the consultation, providing comments about the provision of independent scientific advice to government. The principles on scientific advice to government were published by the Department for Business, Innovation and Skills on 15 December 2009. The Council adheres to and supports these principles, copies of which can be found on the IIAC website.

## **9) Presentations to the Council and external visits by the Council**

This year the Council invited presentations from representatives of ATOS Healthcare (March 2010) and the Upper Tribunal Service (October 2009) to discuss medical assessments and changes to the new Tribunal system respectively.

We have also begun a series of visits by Council members to workplaces or industries to gain an understanding of the type of occupational exposures that may be pertinent to the diseases affecting workers in the context of the Industrial

Injures scheme. This initiative began in March 2009 with a trip to an underground coal mine in Yorkshire. In November 2009, members of the Council and Secretariat visited Rolls-Royce plc in Derby. We hope to visit a coke oven works in the forthcoming year.

A member of the IIAC Secretariat visited social security policy officials in Japan to share details of the Industrial Injuries scheme.

## **10) Report formats**

Report formats have been altered by inclusion of a diversity and equality statement and made more accessible by introduction of a glossary for technical terms. Main reports also include citations and sources, to ensure a high level of scientific transparency and to aid in future reviews of topics of interest. The Council has introduced a short form 'webnote' style of report for preliminary reviews presenting the Council's opinion on topical issues with potential relevance to prescription.

## **Future Work of the Council**

The Council has included the following major areas of work on its forward work programme for 2010-2011:

a) **Osteoarthritis of the knee** – The Council will be considering whether there is evidence to add this disease to the list of prescribed diseases in respect of certain construction workers, and will review the 1986 cut-off rule for osteoarthritis of the knee in underground miners.

b) **'Presumption'** – The Council will be considering whether changes should be recommended to the 'presumption' rule (which governs when a claimant's condition can be presumed to have been caused by their job), and how the rule should be applied for long-latency diseases, and diseases in which occupational and non-occupational risk factors co-exist. The review may propose simplifications to the presumption regulation; will seek to ensure that the rule is being applied equitably to different prescribed diseases; and will aim to clarify and/or simplify assessment decisions for administrators.

c) **Medical assessments** – The Council will be considering how the medical assessment process operates for the Industrial Injuries scheme and whether improvements can be made to that process.

d) **Occupational hearing loss** – Following the Council's consideration of hearing loss in musicians in 2009/2010, the Council will consider whether a full review of the hearing loss prescription (Prescribed disease A10) is appropriate.

A range of other issues are also under consideration, including ongoing work on occupational lung cancer.

## **Appointments and re-appointments to the Council**

The Council appointed Mr Richard Exell OBE as a representative of employed earners and Mr Paul Faupel and Professor Russel Griggs OBE as employer representatives to the Council in June 2009. The appointment process was carried out in accordance with the Office of the Commissioner for Public Appointments (OCPA) guidelines.

Dr Anne Spurgeon was re-appointed to the Council for a further period of three years from 1 March 2010.

Mr Hugh Robertson stepped down from IIAC after ten years of service. Mr Robertson was first appointed to the Council on 12 May 1999 for three years and was subsequently re-appointed for two further three year terms and a final year, stepping down on 11 May 2009. Lord McKenzie of Luton on behalf of the Secretary of State for Work and Pensions thanked Mr Robertson for his contribution to the work of the Council and its Research Working Group on behalf of employed earners.

## **Expenditure**

a) The budget for IIAC in 2009/2010 was £73,312.

b) Daily fees were set from April 2009 as follows:

<b>Full Council meetings:</b>	IIAC Chairperson	£262
	IIAC member	£142

<b>Sub-Committee meetings:</b>	RWG Chairperson	£182
	RWG member	£142

c) Travel expenses are also payable in accordance with DWP rates and conditions.

d) The full Council met 4 times in 2009/2010. Our sub-committee, the RWG, also met 4 times in the year.

e) Members also attended a public meeting in Bristol in June 2009.

## **The Industrial Injuries Advisory Council Secretariat**

IIAC has a full-time secretariat dedicated to the Council's requirements. It consists of the Secretary, a Scientific Advisor and administrative staff.

### **Members of the Secretariat:**

Mr Gareth Roach	Secretary
Dr Marianne Shelton	Scientific Advisor

Ms Catherine Hegarty

Administrative Secretary

Mrs Zarina Hajee

Assistant Administrative Secretary

### **Contact Details**

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### **The DWP, DSD and HSE**

Officials from the DWP and the DSD in Northern Ireland attend all the Council's meetings to give advice and guidance to IIAC on policy matters and the operation of the IIDB Scheme. A HSE representative attends as an observer.

#### **From the DWP:**

Dr Susan Reed

Health Work and Wellbeing Directorate

Dr Clare Leris

Health Work and Wellbeing Directorate

Mr Rob Ward

Jobcentre Plus Products - Benefits Division

#### **From the DSD:**

Ms Doreen Roy

Social Security Policy and Legislation Division

#### **From the HSE:**

Mr Andrew Darnton

Corporate Science and Analytical Services Division

### **Membership**

Under the Social Security Administration Act 1992 (Schedule 6) the Secretary of State appoints a Chair and such other number of members as he/she may determine.

Members shall include an equal number of persons to represent employers and employed earners.

Members of IIAC are not salaried. For each meeting they attend members receive a fee, travelling expenses and subsistence where required.

IIAC members, including the Chair, receive less than £5000 a year in fees (excluding travel, subsistence and other expenses such as child care or loss of earnings) and the Council receives less than £10 million per annum in government funding so IIAC is a lower tier body under the OCPA Code of Practice.

IIAC members are required, at the commencement of each meeting, to declare any conflict of interest in relation to the business of the meeting.

## **Current Members of the Council**

### **Professor Keith Palmer DM MA MSc FRCP FFOM (Chair of IIAC)**

First appointed Chair on 18 January 2008

Previously a member of the Council, appointed on 1 October 2001, reappointed on 1 October 2004 and again 1 October 2007, stood down from 17 January 2008 as member of IIAC to take up post of Chair

Independent member with skills and experience in occupational epidemiology and occupational medicine

Honorary Professor of Occupational Medicine, University of Southampton  
Clinical Scientist, Environmental Epidemiology Resource Centre, Medical Research Council, Southampton

Honorary Consultant Occupational Physician, Southampton University NHS Trust

Academic Dean and Deputy President, Faculty of Occupational Medicine

### **Dr Anne Spurgeon BSc PhD C Psychol (Chair of RWG)**

First appointed on 1 March 2004, reappointed on 1 March 2007 and 1 March 2010; appointed Chair of Research Working Group on 19 January 2008

Independent member with skills and experience in psychology and occupational and environmental medicine

Retired - formerly, Chartered Psychologist and senior lecturer and researcher, occupational health psychology, University of Birmingham

Member of the Medical and Scientific panel for the Veterinary Products Committee of the Veterinary Medicines Directorate

### **Dr Anne Cockcroft MB BS MD FRCP FFOM**

First appointed to the Council on 1 October 2001, reappointed on 1 October 2004 and 1 October 2007

Independent member with skills and experience in occupational and environmental epidemiology

Visiting Professor for the Department of Public Health Sciences, St Georges Hospital Medical School

Senior Research Fellow and Director, CIETeurope (community research in developing countries)

**Professor Mark Britton MD MSc FRCP DIH**

First appointed to the Council on 1 May 2003, reappointed 1 May 2006 and 1 May 2009

Independent member with specialist medical skills and experience in Respiratory Medicine

Consultant Physician, Ashford and St Peter's Hospitals NHS Trust  
Visiting Professor and Chair of Advisory Council, Faculty of Health and Medical Sciences, University of Surrey  
Honorary Consultant and Senior Lecturer at St George's Hospital, London  
Honorary Senior Lecturer at Imperial College, London  
Vice president of the British Lung Foundation

**Professor Sir Mansel Aylward CB FFPM FFOM FFPH FRCP**

First appointed to the Council on 20 June 2005, reappointed on 20 June 2008

Independent member with specialist skills in medical, disability, and occupational health

Director, Centre for Psychosocial and Disability Research, University of Cardiff  
Chair, Wales Centre for Health and Standards Committee, Merthyr Tydfil County Borough Council  
Chair, All Wales Mental Health Promotion Network

**Professor Damien McElvenny BSc MSc CStat**

First appointed to the Council on 1 September 2008

Independent member with skills and experience in statistics and epidemiology

Professor of Epidemiology, University of Central Lancashire  
Executive Director of Epidemiology and Genetics, Westlakes Scientific Consulting  
Member, Association for Radiation Research and Society for Radiological Protection  
Member, International Epidemiology Association and International Commission on Occupational Health

**Professor Paul Cullinan MD MSc FRCP FFOM**

First appointed to the Council on 1 September 2008

Independent member with specialist medical and research skills in respiratory medicine

Professor in Occupational and Environmental Medicine, National Heart & Lung Institute (Imperial College) and Royal Brompton Hospital, London  
Member of the British Thoracic Society and the Society of Social Medicine

**Mrs Diana Kloss MBE LL B (London) LL M (Tulane) Hon FFOM**

First appointed to the Council on 1 May 2003, reappointed on 1 May 2006 and again on 1 May 2009

Independent member with legal skills and experience

Employment judge

Barrister and part-time judge, Employment Tribunal; Independent arbitrator for ACAS, Honorary Senior Lecturer in Occupational Health Law, University of Manchester, Member of the CJD Incidents Committee

**Mr Simon Levene MA**

First appointed to the Council on 1 May 2003, reappointed on 1 May 2006 and again on 1 May 2009

Independent member with legal skills and experience

Barrister - Recorder of the Crown Court

Committee member of Professional Negligence Bar Association, Personal Injury Bar Association and Ogden Committee

**Mr Hugh Robertson**

First appointed to the Council on 12 May 1999, reappointed on 12 May 2002, 12 May 2005 and for one final year on 12 May 2008, stood down on 11 May 2009

Representative of employed earners

Senior Policy Officer, Trade Union Congress, London

Non executive member of the Health and Safety Executive Board, Member of the Board of the Faculty for Occupational Medicine and Trustee for the British Occupational Health Research Foundation

**Mr Richard Exell OBE**

First appointed to the Council on 8 June 2010

Representative of employed earners

Senior Policy Officer, Trade Union Congress, London

**Ms Claire Sullivan**

First appointed to the Council on 1 December 2004, reappointed on 1 December 2007

Representative of employed earners

Assistant Director - Employment Relations and Union Services, Chartered Society of Physiotherapy, London

**Mr Fergus Whitty**

First appointed to the Council on 8 April 2005, reappointed on 8 April 2008

Representative of employed earners

Retired - formerly Legal Director at the Transport and General Workers Union

**Mr Andrew Turner**

First appointed to the Council on 1 December 2004, reappointed on 1 December 2007

Representative of employed earners

Workplace Health Advisor to Rotherham Occupational Health Advisory Service (ROHAS) NHS Rotherham Community Health Services and Trade Union Official for UCATT the Construction Union

**Dr Lucille Wright BMed Sci BMBS FFOM**

First appointed to the Council on 1 October 2001, reappointed on 1 October 2004 and 1 October 2007

Representative of employers

Regional Occupational Physician – ATOS Healthcare

**Dr Ian Lawson MB BS CMIOSH FFOM FACOEM FRCP**

First appointed to the Council on 30 October 2002, reappointed on 30 October 2005 and 30 October 2008

Representative of employers

Chief Medical Officer for Rolls-Royce plc

Member, Occupational Health and Safety Policy Committee, Engineering Employers Federation

Formerly: Member, Independent Medical Advisory Group on Hand Arm Vibration Syndrome, DTI (1997-1999) and DTI Medical Reference Panel on ex-miners' compensation cases (1999-2008)

**Professor Russel Griggs OBE**

First appointed to the Council on 8 June 2009

Representative of employers

Chair of the Regulatory Affairs Group for CBI Scotland; Chair of the Institute of Occupational Medicine Edinburgh

**Mr Paul Faupel CBiol MSB MIRM CFIOSH**

First appointed to the Council on 8 June 2009

Representative of employers

Head of Campus Health & Safety and Laboratory Facilities, Genome Research Limited at Wellcome Trust Sanger Institute

## **Appendix**

### **Historical background to the Council's work**

The first Workmen's Compensation Act passed in 1897 made no provision for industrial diseases. Subsequently, a Departmental Committee identified a need for additional statutory provision and a Schedule was added to the Workmen's Compensation Act of 1906 listing industrial diseases for which compensation was available. Initially only six diseases were prescribed (anthrax, poisoning by lead, mercury, phosphorus, and arsenic, and ankylostomiasis) in respect of specific work processes. The 1906 Act also empowered the Home Secretary to add other diseases to the Schedule, though the criteria to be applied in doing so were not specified.

The Samuel Committee was appointed to inquire into this and set out to identify diseases currently not covered by the Act which, firstly, caused incapacity for more than one week and, secondly, were so specific to the given employment that causation could be established in each individual case. Using these criteria the Committee recommended that eighteen diseases should be added to the Schedule. Further diseases were added to the schedule later, but there were no significant changes to the scheme until the setting up of the Welfare State after the Second World War. By 1948 compensation was available for 41 diseases.

The IIAC was established under the National Insurance (Industrial Injuries) Act 1946. Under this Act, which came into effect on 5 July 1948, a new Industrial Injuries scheme was established, financed by contributions from employers, employees and the Exchequer. The State, through the scheme, assumed direct responsibility for paying no-fault compensation for injury and diseases. The Council's terms of reference, set down in the Act, were to advise the Minister on proposals to make regulations under the Act and to advise and consider such questions relating to the Act that the Minister might, from time to time, refer.

The 1946 Act also contained provisions for the prescription of diseases (section 55 of the 1946 Act, now section 108(2) of the Contributions and Benefits Act 1992). The Minister could prescribe a disease if he was satisfied that it ought to be treated as a risk of occupation and not as a risk common to the general population, and that the attribution of individual cases to the nature of the occupation could be established or presumed with reasonable certainty. An employee disabled by a prescribed disease would have a right to claim benefit under the Act.

In 1947 the Government appointed the Dale Committee. Part of its brief was to advise on the principles governing the selection of diseases for insurance under the National Insurance (Industrial Injuries) Act, having regard to the extended system of insurance which was about to be set up by the National Insurance Act 1948 and any other relevant considerations. The advice of the Dale Committee included proposals that a small specialised standing committee should be appointed by the Minister to consider the prescription of diseases specifically

referred to it, to review periodically the schedule of prescribed diseases and to recommend subjects on which more research was needed. The Minister concluded that this was a suitable task for a newly established IIAC. In 1982 the Government widened the Council's terms of reference allowing it to advise the Secretary of State on any matter relating to the IIDB scheme or its administration.





