I · I · A · C

Lesley Rushton

Chair of the Industrial Injuries Advisory Council

Industrial Injuries Scheme

- Provides non-contributory, no-fault benefits (IIDB) for disablement because of
  - an accident at work
  - one of 70 + prescribed diseases known to be a risk from certain jobs.
- Only covers employed earners i.e., employment under a contract of service or an office holder
- Key feature of IIDB is the benefit of presumption – allows decision makers to presume a disease is due to occupation

Industrial Injuries Advisory Council (IIAC)

- Statuary body established under National Insurance (Industrial Injuries) Act 1946
- Provides independent advice to Secretary of State for Work & Pensions on the Scheme
- Non-departmental government body i.e., independent of DWP
- Membership, usually 17 including the Chair– appointed by SoS
  - Chair (Lesley Rushton)
  - Independent members (11), which includes scientists, occupational health consultants and legal exertise
  - 2 Employers
  - 2 Employees

  } Legislation requires equal representation
- IIAC is supported by a small secretariat provided by DWP which includes a scientific officer

What does IIAC do?

- Advises on:
  1. The prescription of occupational diseases
  2. Proposals to draft Regulations for the Industrial Injuries Scheme
  3. Guidance for medical assessors
  4. General issues concerning the working of the scheme
- No involvement in decision-making or individual claims
- IIAC has a sub-committee, the Research Working Group (RWG), which meets separately from the full Council to consider the scientific evidence in detail. The Chair will also determine the need for other sub-groups as required by the Council's work programme.
- The Council does not have its own research budget to fund medical and scientific studies (other than limited funding from DWP for the occasional commissioning of reviews).

How do we choose conditions to evaluate?

- On-going surveillance of new literature, reports, work of other committees, IARC, general press, court cases etc
- Referral from the Secretary of State
- Drawn to attention by MPs, medical professionals, other parties (e.g. union, support groups), individuals
- Public meetings

Which diseases are prescribed?

- Prescribed diseases (PD) are grouped according to their cause
- All PDs are described by:
  - The name of the disease or injury
  - The type of exposure/typical jobs

A	physical cause	15
B	biological cause	15
C	chemical cause	34
D	any other cause	13

What evidence is needed to prescribe a disease?

Scientific

- Consistent independent good quality epidemiological evidence that the risk in workers in a certain occupation is much greater than risk to the general population
- Clearly defined substance of concern, exposure and job/occupation
- Dose-response that increases the disease risk
- Disease clearly defined and how to diagnose it

Practical

- Can be administered effectively by decision makers without epidemiological experience
- Disease and exposures verifiable within scheme
- Disease is a cause of genuine impairment/disablement

How do we collect all the evidence?

- Literature searches by IIAC librarian
- Literature review by IIAC scientific advisers
- Oral and written evidence from:
  - invited experts
  - action groups
  - public
  - academics
  - industry
  - unions

How does IIAC decide which diseases to recommend for prescription?

- 'Straightforward' diseases:
  - Only occurs due to particular work (pneumoconiosis in coal miners)
  - Almost always associated with work (mesothelioma in the UK)
  - Specific medical tests showing link with work (occupational asthma/dermatitis)
  - Easily linked to work exposure (certain infections/chemical poisonings).

How does IIAC decide which diseases to recommend for prescription?

- Less ‘clear-cut’ diseases
  - Common in the wider public with other non-work causes
- For an individual case, no reliable way to test whether occupational or not
- Question in law: ‘Is it reasonably certain that work caused the person’s disease’?
- IIAC looks for evidence that the disease is:
  - likely to be due to work on the balance of probabilities (‘more likely than not’)

What do we mean by 'Balance of Probabilities'

If good quality epidemiological studies exist then we look to see if the risk of the disease in a particular job or exposure to a hazard is more than double the risk than those not exposed.

What should we do if these studies are limited?

- Limited epidemiological studies of long-term disabling disease with good quality occupational information
- IIAC collects and collates all available qualitative and quantitative evidence on exposure, risks and disease outcomes
- Evaluates the strength and consistency of the information in making a judgement regarding 'more likely than not'.

Openness and Transparency

- Stakeholder engagement – open public meeting
- Publication of:
  - Command Papers – IIAC reports laid before Parliament
  - Position papers – deposited in the HoC/HoL libraries
  - Information Notes – published online
- Commissioned reviews
- Annual reports
- Proceedings from Public Meetings
- Publication of the minutes and agendas of Council and RWG meetings

What happens after IIAC make recommendations for prescription?

DWP prepare submission to Ministers

- Consideration of:
  - Legal implications and Impact
    - Numbers of claims
    - Costs of awards and operational costs
    - Deliverability implications

If Ministerial approval granted

- Drafting of legislation
- Scrutinised by IIAC
- Laid before Parliament
- Guidance for DWP staff and decision makers updated
- Communication with key stakeholders