

iOH, The Association of Occupational Health and Wellbeing Professionals (iOH)

Scottish Employment Injuries Advisory Council Bill

Note from iOH to the Social Justice and Social Security Committee

This note is intended to assist the Committee with its consideration of the Employment Injuries Advisory Council Bill.

Organisation

iOH, The Association of Occupational Health and Wellbeing Professionals

For the public benefit, the advancement of public health, particularly workplace health, by:

- i. Providing or assisting in the provision of professional knowledge, skills, and experience for occupational health practitioners.
- ii. Promoting good practice among occupational health practitioners.

Over 1000 professional members with board members representing Occupational Health Nursing, Occupational Therapy, Vocational Rehabilitation, Occupational Medicine, Occupational Physiotherapy, Post-registration students.

iOH has representation on the following bodies:

- Council for Work and Health
- National School of OH
- Robert Gordon University post-graduate education
- Health Education England GP training
- NHS National Performance Advisory Group

Name

Lucy Kenyon FRSPH, M.Med.Sc. (OH), ICertOH, SCPHN, RGN

Role

Non-executive Director, Past President and Past Vice-President

Executive summary

iOH supports the principle of a new advice and research council to modernise industrial injuries benefits and to strengthen protections for injured workers in Scotland.

The proposed Scottish Employment Injuries Advisory Council (SEIAC) Bill needs to assure:

- Financial, housing and food security for victims of accidents or diseases at work to reduce the risk of deprivation;
- Greater protection to help people to stay in work or find alternative 'good work' ("work that's safe, supportive, sustainable and accommodates people's needs when dealing with workplace injuries or work-related illnesses, disability or long-term health conditions") when faced with employment practices associated with ill-health and work-related illness and injuries;
- Evaluate the current UK IAC outcomes to ensure that to remove unnecessary duplication ;

- Workers who have / develop conditions that require support or who are absent due to injury or ill health, are given assistance to join, remain in or safely return to sustainable work.
- Scientific rigour to assess, diagnose, plan, implement and evaluate the management of emerging evidence of new diseases and hazardous exposures in addition to the investigation and evaluation of new diseases or exposures for diseases that are already registered.

Discussion

Proposed status and structure

Status powers and procedures

Q What support do you need from our board and Scottish members to access relevant information to accurately assess and evaluate occupational disease?

Membership (Schedule 1, para 13)

Q Why does membership not extend to the wider multi-disciplinary team of ergonomists, nurses, occupational therapists, physiotherapists and vocation rehabilitation specialists, none of whom are directly referenced in the experience and knowledge.

Expertise and identification of occupational disease

The availability of expertise on industrial diseases has also been raised as an issue for SEIAC. ([Scottish Government, 2019](#))

Q What support do you need from our board and Scottish members to ensure that the role of the wider OH team is incorporated into the delivery methodology (see membership above)?

Gender:

“(IIDB) really only recognises injuries and illnesses of male workers in occupations that were common in the previous century, it does not recognise modern occupations and it completely fails female workers. Only 6.5 per cent of applications under the prescription route come from women.”

- [7,000 non-fatal work injuries reported in Scotland in 2019/20²](#).
- Only 165 cases of carpal tunnel syndrome were reported to HSE in 2021.
- QHow will the bill ensure that women, who work predominantly for organisations without in-house occupational health have access to occupational health services to increase diagnosis?
- QHow will it address the gender gap in acknowledging injuries and illnesses in female dominated occupations¹, e.g. Nurses, Care workers & home carers, Receptionists & medical secretaries, Childminders & related occupations, Retail, Sales & retail assistants, Computer programming, Engineering, Warehousing, Cleaners & domestics, Kitchen & catering assistants, Non-governmental and membership organisations, Administrative occupations, Education, Teaching assistants, Government and public sector, Administrative occupations, Personal services and wellbeing, Hairdressers & barbers, Media and communications?

Identification and reporting of occupational disease

There are strict criteria for RIDDOR reporting. Women are more likely to continue to work with symptoms, and their conditions are less likely to be reported as occupational.

Q How will the bill ensure that symptoms and conditions are reported accurately?

iOH members carry out fitness for work, functional capacity and impairment assessments and make recommendations for adjustments to reduce disadvantage and/or the impact of disability.

Q How can we support the Scottish government to incorporate our learnings and models to inform best practice when considering benefit assessment?

The bill does not refer to adjustments as part of the benefits / assistance.

Q Would the committee seek to align the assistance with Access to Work, to ensure that payments are supported by the adjustments and support necessary to achieve successful work and health outcomes?