Process of revision of the lists of occupational diseases in six European countries

Germany, Belgium, Denmark, Spain, Italy, the United Kingdom

Foreword

EUROGIP has published several reports on the subject of occupational diseases (ODs) in Europe. In light of its expertise, it was called on by the Steering Committee on Working Conditions ("Conseil d'Orientation sur les Conditions de Travail" - COCT) and the Occupational Risks Department (DRP) of the French national health insurance (CNAM) to produce a report on the revision of the lists of occupational diseases in Europe. EUROGIP chose to study the issue more specifically in Germany, Belgium, Denmark, Spain, Italy and the United Kingdom. These countries share a point in common with France: they have a "house" list, which is the product of a long history of occupational risk insurance, and they regularly make revisions of this list. Moreover, for these countries there exists available and/or public information on this technical issue.

The present report discusses the following aspects:
- Initiative of revision;
- Existence of prerequisites;
- Expertise of members of the ad hoc committee;
- Role of the social partners;
- Frequency of revisions;
- Body on which the final decision is incumbent;
- Diseases/exposures covered by the most recent revisions.

The information is presented by country.

Introduction

Nearly all the EU countries have a list of occupational diseases (ODs). The exceptions are:

- the Netherlands, where there exists no specific insurance against OIs/ODs, since it was abolished in 1966;
- Sweden, where claims for recognition as ODs are managed on a case-by-case basis according to a proof system (although there exists a list of infectious diseases which could be recognized as ODs).

Many countries of the "post EU-15" adopted the European list (Annex I of the 2003/670/EC Recommendation) when they joined the EU.
The lists of the other countries hardly resemble one another.

In substance, the German, Belgian, Danish, Spanish, Italian and British lists of occupational diseases contain no major differences as regards the diseases covered. As regards the form, however, they contain generic titles in some countries, and more precise titles in others.
It is very important to stress that the force of presumption of occupational origin related to the list varies greatly from one country to another, and that as a consequence the procedures for examination of claims for recognition are more or less demanding.

Accordingly, the registration of a given disease on these various lists will not have the same consequences in terms of volumes of ODs recognized.

Germany

The federal Ministry of Labour and Social Affairs (Bundesministerium für Arbeit und Soziales-BMAS) takes the initiative of revising the list of occupational diseases.

An independent “occupational diseases” medical committee (Ärztlichen Sachverständigenbeirat Berufskrankheiten), formed mainly of industrial doctors and reporting to the Ministry, is responsible for:

- compiling the available scientific literature on the planned revision in order to decide whether or not the procedure should be formally initiated;
- ensuring that the prerequisites for classification as an OD are met (new medical/scientific knowledge shows that the disease is caused by a specific exposure, and certain groups of people are more exposed than the rest of the population);
- recording in a scientific recommendation (wissenschaftlische Begründung) the results of the research carried out in particular on the disease, the sources of exposure and the causal link between the two, the epidemiological data on this link, on frequency/rate of occurrence, on the exposure limit values and dose/effect relations, etiological and differential diagnostics, the occupational groups affected, etc. This recommendation (generally between 10 and 30 pages) is a detailed scientific case presentation in favour of the registration of said disease/exposure on the German list of occupational diseases. It is published by the Ministry.

This committee is formed of:

- 8 occupational medicine and epidemiology specialists;
- 2 labour inspection doctors;
- 2 industrial doctors in companies.

Also taking part in this committee, but without voting rights, are a representative of the Health and Safety Institute (Bundesanstalt für Arbeitsschutz und Arbeitsmedizin) and two representatives of the OSH insurance organization (Deutsche Gesetzliche Unfallversicherung, DGUV).

Scientific experts from outside the committee can be consulted.

The opinion of the social partners on the scientific recommendation is requested after it has been published.
It is the federal government, after approval by the Bundesrat, which revises the official order containing the list of occupational diseases. Several years often go by between publication of the recommendation and the formal revision of the list; for this reason, as of the publication of the recommendation, the diseases/exposures in question are accepted for recognition as ODs under the complementary system.

Most recent revisions of the German list:

• Third update order of November 2014 (coming into effect on 1 January 2015)
- Squamous cell carcinoma and multiple actinic keratoses caused by exposure to the sun's rays;
- Hypothenar hammer syndrome and thenar hammer syndrome;
- Cancer of the larynx due to sulphuric acid fumes;

- Carpal tunnel syndrome.

• Second update order of 11 June 2009 (coming into effect on 1 July 2009):
- Gonarthrosis or premature wear of the knee joint cartilage (new BK 2112);
- Pulmonary fibrosis related to the extreme and prolonged effects of welding fumes and gases (new BK 4115);
- Haemopathies and conditions of the haematopoietic system and the lymphatic system caused by benzene (modification of BK 1318);
- Lung cancer caused by polycyclic aromatic hydrocarbons (new BK 4113);
- Lung cancer caused by the combined effects of asbestos fibres and PAHs (new BK 4114).

Belgium

The occupational disease insurance organization, or Occupational Diseases Fund (FMP: Fonds des maladies professionnelles), includes a permanent Scientific Advisory Board, in which are represented:

- Academic experts in occupational medicine (one doctor and one substitute for each Belgian university which organizes a specialization in occupational medicine);
- Experts in occupational diseases, toxicology and work safety;
- Two doctors and two substitutes working in the FMP;
- Two experts and two substitutes nominated by the representative organizations which sit on the FMP's Management Committee;
- The Labour Inspectorate.

This Board produces, for the FMP's Management Committee, recommendations for registration of new diseases/exposures on the list, containing the recognition criteria which should be applied (non-public reports). For this purpose, the Scientific Advisory Board can create specialist medical committees.

The Board of Directors (formed of employer and employee representatives and two government commissioners), is free to act on these recommendations or not; in practice, a consensus is often reached.
The revision of the list must then be approved by the Ministry of Social Affairs and Health (this is almost always the case) and officialized by a royal decree.

Most recent revisions of the Belgian list:

- 2013: Tuberculosis in persons working in healthcare institutions, the healthcare sector, home support services, scientific research, police departments, airports and seaports, prisons, asylums and reception centres for illegal and homeless persons, and in social workers (modification);
- 2013: Thrombosis or aneurysm of the ulnar artery at the level of the hypothenar eminence;
- 2012: Conditions affecting the tendons, the tendinous sheaths and the muscular and tendinous insertions of the upper limbs;
- 2005: Documented monoradicular or polyradicular syndrome of the sciatica type... (modification).

Denmark

The revision of the list of occupational diseases is decided on by the Director General of the occupational disease insurance organization (Arbejdsskadestyrelsen), after negotiations with the OD Committee which is attached to it. These negotiations take place at least every two years.

This committee is a multipartite body chaired by the Director General of the insurance organization, and it has two functions:

- Examining claims for recognition under the complementary system;
- Considering revisions of the list of occupational diseases, based on the expert evaluation of the members regarding recognition of cases of unlisted diseases/exposures, and scientific research commissioned from outside experts.

The prerequisite for examining a new disease/exposure is as follows: the scientific literature must demonstrate that the disease is caused by a specific agent to which certain groups of people, due to their work or their working conditions, are more exposed than people not performing the work in question.

Most recent revisions of the Danish list

- 2012: Addition of the shoulder impingement syndrome under the rotator cuff syndrome heading;
- 2008: Patellar tendinitis (jumper's knee);
- 2007: Cervicobrachial syndrome;
- 2006: Osteoarthritis of the hip;
- 2005: Reorganization of the old list and addition of numerous diseases/exposures, mostly cancers or carcinogenic substances, and post-traumatic stress disorder.

Spain

In Spain, the list is updated regularly, but at intervals of one or more decades, and it then undergoes a comprehensive revision: the last version of the Spanish list dates from 2006 (the preceding list dated from 1978).

The process of adoption of the new Spanish list lasted several years.
In 2001, an agreement in principle on the need to produce a new list was reached between the government and the social and economic stakeholders.

A Technical Committee consisting of members of the Ministry of Labour and the Ministry of Health met several times in 2002 in order to produce an initial draft list, which was modified in 2004 after the publication of the European list of occupational diseases (2003). The year 2005 was devoted to consultation of the social partners.

The royal decree containing the new list states that the Ministry of Labour is competent to update this list, following approval by the Ministry of Health and the National Committee for Occupational Health and Safety.

To date, a single new registration has been decided on: cancer of the larynx due to asbestos dust, in September 2015.

Italy

In Italy, legislative Decree 38/2000, which thoroughly reformed the occupational injury and disease insurance system, established a scientific committee responsible for regularly updating the list of occupational diseases (in fact two lists: one for Manufacturing and Services, and the other for Agriculture). This committee is formed of at most fifteen members, representing the Ministry of Labour, the Ministry of Health, the Ministry of Finance, the national health institute (Istituto superiore della sanità), the national research council (Consiglio nazionale delle ricerche), the OSH insurance organization (Istituto Nazionale Assicurazione contro gli Infortuni sul Lavoro, INAIL), the national Social Security institute (Istituto nazionale della previdenza sociale) and the local health agencies (Aziende sanitarie locali) representing the Regions.

This committee proposes a revision of the list to the Ministry of Employment, which approves it in a decree after consulting the social partners.

A new list was adopted in 2008, with numerous changes regarding the form and the substance:
- Diseases were identified under more precise titles and coded as per ICD-10;
- Numerous MSDs and types of exposure related to deafness, which were previously recognized under the complementary system, were included in the list.

Before the major revision of 2008, the list of occupational diseases, adopted in 1965, had been updated in 1975 and then in 1994. No revision has been made since 2008.

United Kingdom

It is the Industrial Injuries Advisory Council (IIAC) which advises the Minister of Labour on the revision of the list of occupational diseases.

The IIAC is an independent advisory body with 17 members: mostly scientific and medical experts, and employee and employer representatives in equal numbers, an observer from the OH&S organization HSE (the Health and Safety Executive) and an observer from the Ministry of Defence. The IIAC has a secretariat including a scientific adviser appointed by the Ministry of Labour.

It produces recommendations for or against a revision of the British list, but it is the Minister who takes the final decision.

There are legal prerequisites for the registration of a new disease/exposure: that the risk of contracting the disease be higher for certain occupations than in the general population, and that the link between the disease and the work may be established with a reasonable degree of certainty.

The IIAC recommendations are based on the results of scientific research (international literature, reports by the International Agency for Research on Cancer, etc.). The IIAC may also request verbal or written contributions from experts, or order expert evaluations.

The recommendations (for or against a revision) are published on the IIAC's website, where the subsequent Minister's decision also appears. Note, for example, that on average the IIAC draws up three recommendations each year, that more than half of these are decisions against registration on the list, and that the recommendations are always followed up by the Minister.

We may specify that the organization and management of OSH insurance in the United Kingdom mean that the UK is hardly comparable with the other EU countries in this respect. OSH insurance there is funded by taxes and it is the state that manages the various national insurance organizations. For example, occupational risk insurance is managed by the Department for Work and Pensions. The benefits paid as compensation for OIs/ODs are minimal (and paid only in the event of a permanent disability ≥ 14%), and they coexist with a system of fault liability (no immunity for the employer, who must take out insurance to cover legal proceedings for the victims). Furthermore, there is no complementary system of recognition for diseases not registered on the list of occupational diseases.

Examples of recent revisions of the British list:

- New diseases: osteoarthritis of the hip in farmers, Lyme disease, anaphylaxis in workers in the healthcare sector;
- New exposure/work: carpet and parquet floor layers (2012) and miners (2009) for osteoarthritis of the knee;
- Examples of diseases/exposures for which the IACC did not recommend registration/revision for want of a sufficiently scientifically proven causal link: cancer of the oesophagus and cervical cancer in dry-cleaners (2014), bladder cancer in hairdressers, barbers and textile workers (2014), breast cancer for shift workers (2013), lung cancer in iron and steel foundry workers (2011), cancer or infertility due to exposure to lead (2010).

Summary

Common points

- There is often a legal prerequisite for the examination of a new disease/exposure: that certain groups of workers be more exposed than the rest of the population (except Spain and Italy, and not mentioned in Belgium).
- The revisions do not necessarily consist of registration of new diseases; they also include the registration of new exposures for diseases that are already registered.
- The revision process, or more precisely the scientific evidence which led to a revision, is generally fairly transparent: published scientific recommendations in Germany and the United Kingdom, summary of discussions published in the insurance organization's annual report or presented in press releases in Denmark.
- The final decision and formalization of the revision of the list are almost always incumbent on the government, which generally follows the recommendation of the committee in charge of "examining" the revision.

- Recent revisions mostly concern work-related cancers and MSDs.

Differences

- The initiative for revision of the list is the responsibility of either the government (Germany, Spain, Italy) or an ad hoc committee (Belgium, Denmark, United Kingdom).
- While a committee is always in charge of examining the advisability of a revision of the list, its composition varies: either almost exclusively scientific (Germany, United Kingdom), or multipartite (Belgium, Denmark, Italy).
- While the social partners are theoretically included in the revision process everywhere, their role differs depending on whether they are represented in the multipartite committee in charge of examining the new disease/exposure, or whether they are merely consulted regarding a recommendation already formalized (Germany, Spain and Italy).
- The expertise developed for recognition under the complementary system plays a variable role depending on the country: essential in Denmark (it is the same committee which examines off-list cases and works on revisions of the list) and in Italy (where the complementary system serves for many years as an antechamber for diseases which are waiting for the adoption of a new list in which to be included), no role in the United Kingdom and Spain where the complementary system does not exist as such.
- Frequency of revisions: while the revision process is continuous for the national scientific committees (except in Italy and Spain), formalization as a recommendation is more or less frequent depending on the country: several recommendations per year in the United Kingdom (including many opposing a revision), spaced several years apart in the other countries. As regards the official inclusion of the disease/exposure on the list, it may closely follow the recommendation (Belgium), or be deferred by several months/a year (United Kingdom) or several years to include several recommendations (Germany). Spain and Italy regularly adopt new lists of occupational diseases, at intervals spaced far apart.

EUROGIP is a French interest grouping (*groupement d'intérêt public, GIP*) founded in 1991 within the Social Security system.
Its activities - studies, projects, information-communication, OSH standardization and coordination of notified bodies - all focus on prevention or insurance against accidents at work and occupational diseases in Europe.
www.eurogip.fr

EUROGIP: 51 avenue des Gobelins - 75013 Paris - eurogip@eurogip.fr