

WORKING GROUP ON ACTION TO CONTROL CHEMICALS

WATCH/MIN/2006/2

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WORKING GROUP ON ACTION TO CONTROL CHEMICALS

Minutes of the 7th meeting of the Working Group on Action to Control Chemicals held on 20th June 2006 at Redgrave court, Bootle.

Members Present

Steve Fairhurst (Chair)
Robin Chapman
Tony Fletcher
Alastair Hay
Rosemarie Hutchinson
Len Levy
Steve Williams
Mark Nieuwenhuijsen

Apologies

Steve Binks
Steve Bailey
David Farrar

Officials Present

Mike Costigan (secretariat)
Sarah Dutton (secretariat)
Lola Akintoye (secretariat)
Hayley Keating (secretariat)
Peter Griffin
Damien McElvenny
John Cocker
Mike Wright
Andrew Smith

1	Administrative issues
1.1	The Chairman welcomed everybody to 7 th meeting of the committee in HSE's new Redgrave Court building.
1.2	The Chairman informed WATCH members of Dr Ted Smith's resignation from the Committee on the grounds of continuing ill-health.
1.3	The Chairman told the meeting that WATCH Secretary Dr Nicola Gregg was unavoidably absent. He then went through some administrative issues relating to the running of the Committee: <ul style="list-style-type: none"> - Outstanding annual Declarations of Interest were requested by the end of the meeting. - He asked that, as usual, expense forms with receipts could be sent to the secretariat as soon as possible or at the latest within one month of the meeting.
1.4	Adoption of agenda WATCH members agreed to adopt the proposed agenda (WATCH/Agenda/2006/2), relating to the meeting.
2	The Cancer Project of the Disease Reduction Programme (DRP)
2.1	Background The Chairman introduced Dr Andrew Smith (HSE, Industrial Chemicals Unit) and apologised for the absence of Dr Dave Dillon (project manager for the Cancer Project of the Disease Reduction Programme-Cancer Project (DRP)). This item began with 2 presentations introducing the boundaries and content of the Cancer Project and the second focussing on the non-asbestos strand of the Cancer Project, and in particular on the profiling of chemical carcinogens.

2.2	<p>Introduction to the Cancer Project of the DRP</p> <p>The Chairman, substituting for Dave Dillon, gave the first presentation. He began by explaining that there were two strands to the Cancer Project. The first deals with the threat of occupational cancer caused by exposure to asbestos; the second deals with the threat of occupational cancer caused by other chemical carcinogens. The overall objective of both strands is to try and gain improvements in factors associated with the risk of developing occupational cancer. This objective is to be achieved by identifying areas for improvement, determining how much improvement should be sought and deciding on suitable methods by which the success of the projects could be measured.</p>
2.3	<p>He explained that the overall aim of the asbestos strand was to increase the current levels of compliance with legislation and/or good working practice amongst those working with asbestos. Two main worker groups have been identified as most at risk from asbestos: those involved with the licensed removal of asbestos; and those involved with building maintenance and repair. The target audiences have been identified as: the duty holders (duty to manage asbestos); the above two groups of workers dealing with asbestos; the employers of these workers and intermediary bodies such as those representing facilities managers.</p>
2.4	<p>To achieve the overall aim, the asbestos strand had been split into three segments:</p> <ul style="list-style-type: none"> i) Research to understand the effectiveness of previous interventions, including research into identifying potentially effective methods to change behaviours. ii) Communication-led interventions, to increase awareness in maintenance workers of the threat posed by asbestos and a more general increase in awareness of existing regulations and the new Asbestos Regulations that will come into force later in 2006. iii) Securing compliance through planned visits, inspection, training and delivery of large-scale events with senior figures of large employers.
2.5	<p>The initial/intermediate-term objectives were better communication, raised awareness, a change in attitude and behaviours, and increased level of compliance. Throughout it was necessary to consider how the effectiveness of the changes that HSE is seeking to bring about could be measured.</p>
2.6	<p>He outlined HSE's predicted change pathway for the asbestos project. HSE expects that from all the relevant workers targeted, a realistic picture of success would be that 75% become aware of the need to take action on the hazard from exposure to asbestos; 60% of these will be made aware of the changes that need to be implemented to secure adequate control of exposure; 30% will sustain these controls and ultimately 23% of the initial target audience will reduce exposure as a result of sustained action on risk control measures.</p>
2.7	<p>Finally, Steve Fairhurst outlined the four elements in the other strand of the Cancer Project that focuses on chemical carcinogens other than asbestos.</p> <ul style="list-style-type: none"> i) To update the "Doll and Peto" (1981) estimate of the proportion of cancer deaths caused by occupational factors. ii) To profile the toxicological characteristics and current/predictable future use and exposure patterns for known carcinogens. iii) To review the results of past interventions with regards to carcinogens. iv) To plan and deliver a stakeholder workshop aimed at securing agreement and support for the future intervention activity in this area.
2.8	<p>WATCH was informed that a workshop, entitled the Burden of Occupation Cancer in Great Britain, had been scheduled for the 27-28th June. The workshop was a follow-up to a meeting held in Manchester in December 2005. The main participants in both meetings were invited from academia to provide advice on the methodology and data needed to advance the "Doll and Peto update" element of the Cancer project. WATCH was referred to a report of the 2005 Manchester meeting published on the HSE's web site http://www.hse.gov.uk/research/hsl_pdf/2005/hsl0554.pdf; paper copies were made available for WATCH members later in the meeting.</p>
2.9	<p>The non-asbestos strand of the Cancer project: Carcinogen profiling</p> <p>Andrew Smith, substituting for Dave Dillon, gave a presentation on the non-asbestos strand of the Cancer Project, concentrating in particular on the profiling of chemical carcinogens.</p>

2.10	He began by explaining that work on this strand of the Cancer Project had been started about 3 years ago and that it was aimed towards the identification of priorities for intervention work. There was still time for stakeholders to inform and influence the outcomes of this work.
2.11	Profiles have been developed on over 100 carcinogens and they include toxicological, regulatory and occupational hygiene information. Data from these profiles has been analysed and HSE has identified carcinogens for which additional information on use and exposure is most needed. Andrew Smith explained that this additional information was now being gathered. It is intended that priorities for intervention activity work will be identified by mid-2007, with the help of stakeholders, and interventions would then commence from April 2008.
2.12	<p>Profiling of chemical carcinogens</p> <p>The aim of this work is to generate a list of chemical carcinogens and identify from that list priorities for intervention, to be set alongside HSE's intelligence. The substances examined are those that have been classified for carcinogenicity as either category 1 or 2 in the EU, or Category 1 or 2a by IARC and those carcinogens listed in schedule 1 of the Control of Substances Hazardous to Health (COSHH) Regulations. Data on the potency of chemical carcinogens is being used in conjunction with information about current supply, use and control of the substance, to generate a definitive list of those chemicals that merit concern and those that do not.</p>
2.13	<p>WATCH was then presented with three examples of profiles (Annexes 3-5). Andrew Smith commented that:</p> <ul style="list-style-type: none"> - The profiles are not new in-depth reviews; rather, they are brief distillations of available assessments made by reviewing authorities, including HSE. - The profiles include "preliminary potency assessments" made by expert judgement but based on readily available T₂₅ and TD50 values. The potency assessments for established human carcinogens proved to be the more problematic. - The initial potency assessments and the hygiene assessments have directed HSE towards about 20 carcinogens for which more in depth and up to date information on use and exposure in the UK is needed. - It has proved difficult to assess the potency of carcinogens that are mixtures (e.g. rubber dust and rubber fume).
2.14	WATCH was presented with a short summary of the current status of this work, including on the prioritisation of carcinogens for further information gathering (Annex 1). A list of those carcinogens for which the preliminary potency estimates suggested high potency was also presented (Annex 2). This short document included information on the factors that had been influential in determining potency.
2.15	Further information on use and exposure was being gathered initially via consultation with employers and trade unions; more detailed analyses were in progress. It was envisaged that the end-product of all this work would be presented at one or more future WATCH meetings. WATCH would have an opportunity to comment on the data and to offer views about the next stage of the profiling work; ie the prioritisation of carcinogens for intervention activity.
2.16	The Chairman then clarified that with the future plan in mind, at this stage HSE wanted WATCH to understand the scope of the Cancer Project. He wanted to ensure that when the committee was presented with the total output of the exercise at a future meeting and asked to draw conclusions from it, then the approach taken would be understood and endorsed. He then invited comments from WATCH.
2.17	<p>Discussion of Potency</p> <p>A WATCH Member stated that in general he was happy with the approach of combining potency with usage information, to identify priorities. However, he stressed that potency was not necessarily related to classification; classification is based on the weight of evidence available for a substance having produced cancer in humans or in experimental animals. Some potentially potent carcinogens will not have been considered for classification, because little or no cancer data has been acquired on them.</p>
2.18	He also referred HSE to the classification system used by the German MAK Commission, which unlike the 3-category system used within the EU Classification and labelling system is composed of 5 categories. He felt that it may be useful for HSE to look at the rationale for

	allocating particular substances to classes 4 and 5, taking into account mechanisms and risk considerations.
2.19	Another WATCH member remarked on the use of the T ₂₅ and TD50 metrics as potency indicators and the choice by HSE of a cut-off value for each metric to separate carcinogens into higher and lower potency groups. He asked why there was a 10-fold difference between the cut-of values selected for the T ₂₅ and TD50 metrics? He suggested that one would not expect a 10-fold difference between doses producing a 25% and 50% response.
2.20	Andrew Smith replied that the T ₂₅ cut off value for high potency was the same as that applied in EU regulatory activities on the classification and labelling of dangerous chemicals and major hazards. In the absence of a similar EU-wide regulatory view on what TD50 value represents a cut-off for highly potent carcinogens, in this project HSE had applied a conservative ten-fold higher value than that for T ₂₅ . However, note could be taken of the relationship between published T ₂₅ and TD50 data, and he was open to applying a different TD50 cut-off value, especially if WATCH considered this appropriate.
2.21	In further discussion regarding potency, WATCH members indicated that they would welcome a reminder about the definitions for T ₂₅ and TD50 and a further consideration of the T ₂₅ and TD50 cut-off values for high potency carcinogens. HSE ACTION: to provide definitions for TD50 and T₂₅ and to further analyse the application of cut-off values in the identification of high potency carcinogens.
2.22	A WATCH member felt that, in general, exposure levels encountered by workers and responsible for the cancer findings emerging from epidemiology studies are lower than the dose levels used in animal studies. For example, a workplace exposure of 10 mg/m ³ equates to approximately 1mg/kg/day. This indicated to him that chemicals identified as human carcinogens from occupational epidemiology studies should be considered to be of high potency; and potency could be greater than the animal studies suggested. Andrew Smith acknowledged this point and replied that HSE had previously considered placing all human carcinogens automatically in the high potency group. This possibility would be given further consideration. HSE Action: To consider further what potency rank(s) to assign the established human carcinogens.
2.23	Another WATCH member returned to the issue that classification was based on weight of evidence for having produced cancer and did not necessarily reflect the potency of the substance to produce cancer. He felt that considering only IARC categories 1 and 2A might be too restrictive. He felt that substances in IARC category 2B should also be screened to identify chemicals of potential concern (e.g. on structure or reactivity grounds), but for which little cancer data currently exists.
2.24	Discussion of exposure estimate considerations A member of WATCH enquired how the number of people exposed to a chemical was to be assessed. In reply, HSE stated that initial estimates would be made based on HSE's own knowledge and in discussion with trade associations; HSE would then visit representative sites and a refined assessment would be made.
2.25	A further WATCH member highlighted that when assessing the number of workers exposed, the important issue was to identify those that were 'significantly' exposed. He referred to an Institute of Occupational Medicine (IOM) study of isocyanate exposure, where a substantially greater number of people than had previously been thought was identified as receiving significant occupational exposure. He felt that when making estimates of exposure, it might be worthwhile consulting this study to see if a scaling factor could be derived, to convert initial estimates into likely reality.
2.26	Another member of the WATCH committee then enquired whether the exposure measurements that would be taken by HSE in the envisaged follow-up survey work could be used, in the future, for modelling purpose to assist in characterising exposure in a broader range of circumstances. To this an HSE representative replied that the data collected might be limited to biological measurements and questionnaire surveys. However, if additional airborne exposure data were to be collected, it should be data of a quality that could be used in modelling techniques.
2.27	A WATCH member commented on a problem with including socio-economic status as a confounding factor for carcinogenicity. Socio-economic class might well influence the type

	of job held by a worker, and therefore the substance to which they were exposed. It could be that occupational carcinogens were in part a cause of socio-economic class differences in cancer occurrence.
2.28	<p>Discussion on interventions and their impact</p> <p>A member of WATCH made reference to earlier HSE work on the impact of intervention activity on stringent enforcement action on MbOCA exposure. He stated that stringent enforcement action was needed before any benefit from interventions became evident and was interested whether it was envisaged that a lot of effort would be required of HSE inspectors to ensure compliance with any future interventions planned, downstream of the profiling and prioritisation exercise. HSE replied that this would be a matter for future consideration, including at the stakeholder meeting to be held in mid 2007.</p>
2.29	A WATCH member queried the figures used in the HSE “pathway of change” slide presented. He enquired as to where the figures derived from. He felt that if something like a 20% decrease in chemical-induced occupational disease was sought, then with only 23% of a target population expected to comply with the requirements of an intervention initiative, a large number of people would need to be targeted in order to get a measurable change in the ultimate disease occurrence. The chairman replied that the example used was in relation to asbestos and targets for long-term diseases, like cancer, had not as yet been set. He was unaware of the detail of exactly how these figures were derived, but they represented the considered views of HSE’s analytical scientists, in consultation with others in HSE. However, they were not fixed, as the impact of a project would be dependent upon the resources put into it.
2.30	<p>Discussions regarding measuring the components of mixtures</p> <p>One WATCH member referred to the difficulty of assessing the carcinogenic potency of mixtures, one issue being the potential variability of composition, with time and/or location. He asked whether industry is required to analyse the composition of mixtures and, if not, whether regular samples should be analysed to gain a better understanding of exactly what exposures were arising. HSE answered that industry is not currently required to undertake such analyses and questioned the necessity of such action in cases such as the rubber industry, where carcinogens are known to be present.</p>
2.31	Another WATCH member mentioned some intensive work that had been undertaken in the German rubber industry in an attempt to relate the type of work done and the precise exposures encountered with the occurrence of certain cancer types. Another WATCH member raised concerns that if monitoring efforts were concentrated only on the presence of certain substances in a mixture, then this may ignore the potential contribution of other factors that may also be of importance in relation to the total carcinogenic potential of an exposure.
2.32	<p>Views on the Profiling of known Carcinogens</p> <p>The chairman then requested the committee’s views on the profiling exercise and whether WATCH, in general, endorsed the approach being taken.</p>
2.33	Several members of WATCH enquired as to the role of WATCH with regards to these profiles, and raised a concern that WATCH was being asked to endorse the profiling exercise, without proper scrutiny of all of the issues. HSE replied that there was no current plan to ask WATCH to endorse every profile, although if HSE has difficulty in characterising the position regarding a particular chemical, it may approach WATCH to ask for an opinion. Rather, the Chairman explained that at a future meeting WATCH would be asked to look at the totality of the evidence gathered in the profiling exercise and, based on the technical evidence alone, to identify carcinogens that in its opinion merited higher/lower priority. Given this intention, currently HSE was only asking if the general approach was deemed appropriate.
2.34	A WATCH member expressed apprehension about the possible implications of assigning a chemical to one of only two options, i.e. a category of concern or a category of no concern. Such a distinction appeared very stark and stakeholders may question the rationale behind the decision, particularly if the evidence on which it was based was limited. He suggested that in any final documentation for this work, the categorisation criteria were needed, plus possibly the use of 5 or 6 categories such that the decision as to which side of a dividing line between two categories to place an individual substance was not so critical. Andrew Smith acknowledged this and reminded the Committee that the profiling exercise was

	intended to be just one element of several considerations that would ultimately help to determine priorities for intervention; other factors may lower or raise the concern for a particular carcinogen.
2.35	A member of WATCH was concerned that it might take several years for the gathering of adequate hygiene data as a precursor to prioritisation decisions. Andrew Smith observed that data were being acquired for the 20 (approx) carcinogens viewed as being in most need of an updated, more detailed hygiene assessment. Options for gathering more information were still being explored by HSE's occupational hygienists. Requests for information had already been made recently, for example, in the British Occupational Hygiene Society newsletter.
2.36	The WATCH member suggested that the three "example" assessments presented at this meeting could be fast-tracked through to the decision making interventions, the results of which would inform on the further development of plans for carcinogens in general.
2.37	It was also suggested that a forthcoming EU workshop organised by DG Employment in October 2006 would be informative as regards EC interventions regarding improved risk management for carcinogens in the workplace.
2.38	One member of WATCH proposed that instead of WATCH being asked to consider all of the carcinogens to be covered in the profiling exercise, they could be broken down into types, and an example presented to WATCH from each type, allowing for a more detailed examination and discussion of each by WATCH.
2.39	Several members of WATCH expressed their optimism about the approach, but felt that HSE would need to take on the points raised by the committee before they could endorse the general approach. The Chairman suggested that this seemed to capture accurately the position of the committee at this stage of the profiling exercise. He said that HSE would now need to reflect on the comments made and closed the item at this point.
3	Tour of Redgrave Court
4	Progress with Horizon scanning issues identified in 2005
4.1	The Chairman introduced the item by reminding WATCH members about the three emerging issues that had been identified by WATCH as high priorities, at the 5 th meeting, on the 5 th and 6 th October. <ul style="list-style-type: none"> - Future impact on hazard classification and risk management (OELs, risk assessment, COSHH Essentials) of chemicals resulting from the implementation in the EU of the envisaged new legislation on chemicals known by the acronym REACH and the Globally Harmonised System of classification and labelling of chemicals, known as GHS. - Developing a strategy for evaluating the effectiveness of Workplace Exposure Limits (WELs) and the effectiveness of risk management achieved using generic control approaches i.e. COSHH Essentials. - Development of improvements in and/or guidelines for exposure data assessment. The Chairman asked the committee to revisit these issues and discuss how each of these priorities could be developed.
4.2	Impact of REACH and GHS on classification and risk management. The Chairman began by stating that GHS and REACH were due to be implemented, in parallel, in 2007.
4.3	The Chairman reminded members that at the February 2006 meeting a decision concerning HSE's involvement with GHS and in the delivery of REACH had not yet been decided. However, since then, the decision had been made that HSE will be the competent authority for GHS and, therefore, this aspect was definitely relevant to future WATCH business.
4.4	With regards to HSE's involvement with REACH, a meeting was being held that day, between DEFRA officials and ministers, to decide between two options for the UK REACH competent authority (CA), with the hope of resolving the issue before the parliamentary recess in July. The two options for the competent authority were: <ul style="list-style-type: none"> -HSE as the lead body drawing from other UK agencies as appropriate. -A consortium of environmental agencies from England, Scotland and Northern Ireland, drawing on other UK agencies (including HSE) as appropriate.
4.5	The Chairman stated that whereas it had been previously felt that it was premature to further develop WATCH issues in relation to both GHS and REACH, HSE now had a clear role in GHS. It was still not entirely clear as to HSE's role with REACH and he suggested

	that the committee should await the decision on the identity of the UK CA for REACH before deciding what to advocate in relation to both areas.
4.6	<p>Evaluating the effectiveness of WELs and COSHH Essentials.</p> <p>The chairman asked Dr Steve Williams (WATCH member) to introduce this item. He presented to WATCH a summary of the work done so far by himself and Professor Len Levy, in preparing a research specification to evaluate the effectiveness of Workplace Exposure Limits (WELs) and COSHH Essentials.</p>
4.7	<p>He began by stating that WATCH had advocated consideration of how implementation of the new WEL system, which replaced the existing Occupational Exposure Standard (OES)/ Maximum Exposure Limit (MEL) system on 6th April 2005, could be monitored. At the February 2006 WATCH meeting, Len Levy had presented slides containing a series of suggestions relating to the scope of a research proposal to address this issue. In response to the circulation of this presentation following the meeting, several comments had been received from other WATCH members:</p> <ul style="list-style-type: none"> - There was agreement that a range of stakeholders should be asked. However, it was felt that the questions asked should be targeted (a primary screen to identify the groups most suitable for interaction on specific aspects of this issue, followed by more focussed, targeted questions specific to each group). - It was too early to assess the new system; it should be assessed 2-3 years post-implementation. - Emphasis should be placed on the need to avoid confounding “awareness” and “impact”. - Evaluation of the understanding and application of “Good Practice” in control should be included. - It should be determined the extent to which stakeholders used COSHH Essentials to help achieve compliance with their COSHH duties.
4.8	<p>Taking these comments into account, he then went on to outline the direction they proposed that the survey should take. He stated that academics or consultants familiar with the UK occupational health and safety scene had been identified as the preferred contractors and because no clear information existed on what was the situation at the point of introduction of the WEL system, they had defined their aim as “to set a baseline for the state of play regarding WELs, 2-3 years after implementation, in terms of awareness and practice”. They felt that if the WATCH committee was happy with the concept then they would produce a “request for tenders” brief. They felt that this brief should be convincing and directing, but not too prescriptive, and were aware that the funding available for such a project may be limited. They proposed that the next step was to prepare the brief itself, taking into consideration technical/professional briefings and comments from around the time of the WEL launch and subsequently. The briefing would confirm the aim of the project and provide details on what was expected to be delivered.</p>
4.9	<p>Following Steve Williams’ talk, Len Levy expressed thanks to all the members who had contributed. The committee agreed that a recommendation should be made to HSE to fund this research. Len Levy and Steve Williams agreed to continue progressing this concept, with the aim of producing a funding proposal to be presented at the next meeting of WATCH in November. It was envisaged that in November the proposal would be endorsed by the committee and then presented to ACTS at its meeting later that month for endorsement, before being submitted to HSE as the envisaged funding body.</p>
4.10	<p>One member enquired about the anticipated time-scale expected for this research. He expressed concern that with the implementation of REACH and the impact that this would have between 2008-2010, the need for this research may be negated. REACH requires that exposure scenarios and associated appropriate control measures need to be established by suppliers and communicated to users, which disposes of the need for down-stream users to refer to OEL lists and to take exposure measurements for comparison. He did accept, however, that WELs might still play a role in situations where substances are used in other ways than those specified by the identified exposures scenarios.</p>
4.11	<p>Another WATCH member commented that it might be useful to look at the assessment of the previous OES/MEL system that was carried out in the mid 1990s. He felt that this assessment could provide valuable data with which to compare data collected during the proposed new research.</p>
4.12	<p>The committee felt that Dr Robin Chapman and Professor Alistair Hay would both provide</p>

	<p>additional valuable contributions to the WATCH sub-group developing the research ideas; both agreed to join the sub-group.</p> <p>ACTION- The working group to produce a paper outlining the group's proposal for the November 2006 WATCH meeting.</p>
4.13	<p>Improvements in exposure data assessment</p> <p>For this item the Chairman referred to the brief prepared by Dr Peter Griffin (HSE occupational hygienist) and asked the committee to comment on how this "emerging issue" should be progressed. By way of introduction, Peter Griffin stressed that since 1995 there had been a decrease in the collection of exposure data and its inputting into the National Exposure Database (NEDB).</p>
4.14	<p>A WATCH member replied that he was aware of this; but added that there had also been a decline in the amount of exposure data that was collected by industry as well. He felt that this might be due to an increase in the adoption of COSHH Essentials by industry as the means of controlling exposure. In this respect, any exposure data collected would be used to check that the controls in place were working as intended, rather than as in the past, to discover what exposures were occurring as a precursor to implementing any necessary controls.</p>
4.15	<p>The Chairman referred the committee back to the minutes of the October 2005 meeting of WATCH. Reading from the minutes (sections 2.16 and 2.17), he prompted the committee to reflect on how important was the quality of exposure data as a new/emerging issue?</p>
4.16	<p>One member of WATCH asked for more information on the current extent of exposure data collection. HSE replied that currently it carries out 50-150 full sampling hygiene visits per year. In 1995, the number was between 4 and 5 times greater than that.</p>
4.17	<p>Another WATCH member added that in order to maximise the values of such data and the potential to exploit it for further modelling and predictive purposes one would need standardisation and training in the appropriate techniques. He enquired whether the individuals from whom samples were collected were identified. This would facilitate identification of specific features such as changes in personal exposure over time and/or with changes in that person's working practice or environment. HSE replied that data collected was protected by data protection rules. Dr John Cocker (HSL) added, however, that the identity of an individual from whom biological monitoring data is collected is known and that this could provide the ability to track more specifically any changes in exposure.</p>
4.18	<p>The chairman concluded this item by stating that, having identified and prioritised "new and emerging issues", it was a necessary discipline on WATCH to show that it could carry through on the highest priority issues to reach a suitable conclusion or an identified future pathway to follow. By the time of the November 2006 WATCH meeting, 12 months would have elapsed since these three issues were identified. He wanted there to be a more detailed discussion of these, and possibly other new and emerging issues at the November WATCH meeting. By this time, he hoped that HSE would be able to set out the position regarding the UK CA for REACH. This would enable WATCH to debate how to progress the issues of concern in relation to both REACH and GHS. The WELs issue would be progressed as indicated in paragraph 4.9 above.</p> <p>With regards to the quality of exposure data, he suggested that HSE should put together a short position paper for the next meeting. This will then be used to decide whether it is justified to convert this issue into an initiative.</p> <p>ACTION: HSE to assemble an appropriate package of documentation on these "new and emerging issues" to facilitate decisions on how best to arrive at clear communications at the November 2006 meeting of WATCH.</p>
5	Procedural issues
5.1	<p>Membership cycle</p> <p>The Chairman informed WATCH members that the current membership cycle ends on 1st March 2007 and added that under the terms of their appointment, the membership cycle is for 3 years with a renewability option, up to a maximum of 10 years. He asked each member to consider renewing his/her membership and to make their decision known to the secretariat within the next three months. It is anticipated that a fully reconstituted WATCH</p>

	committee will be in place in time for a first meeting of the new 3-year cycle in May/June 2007. The Chairman also asked for the views of Members on the composition of the committee, and sought opinions on any specialist area requirements, which should be forwarded to the secretariat as soon as possible.
5.2	<p>Open meeting in November</p> <p>The Chairman informed WATCH members of the intention to have an “open” session with invited members of the public in attendance as part of the 2-day WATCH meeting planned for 9 & 10 November 2006 at the Marriott Hotel, Liverpool. The open session is planned for the latter half of the first day. The secretariat is developing arrangements that will accommodate perhaps 20-40 additional attendees including industry and union representatives and the general public. WATCH Members were asked to propose items for inclusion on the agenda and to consider any features of WATCH meetings that can be improved on. Any suggestions should be sent to the secretariat.</p>
5.3	<p>Ad hoc members</p> <p>WATCH Members were invited to comment on the effectiveness of the use of additional ad hoc Members at previous meetings. A number of Members said that overall the practice had worked well although there was some concern about the interaction with ad hoc members at the last meeting, particularly with regards to the minutes. A member asked why such attendees are ad-hoc members rather than invited speakers? The Chairman said that an aspect of the rules of operation of WATCH is the ability to bolster the expertise of the committee for any particular item by adding additional ad hoc expertise. There are no specific, documented criteria to be followed in determining whether to invite someone as an ad hoc member or an invited speaker. Overall, the Committee agreed that ad hoc members have made vital contributions to issues, but emphasised that in future, their role should be made very clear.</p>
6	Minutes of the 6th meeting
6.1	Members had commented by correspondence on drafts of the minutes of the 6 th meeting and had signified earlier their agreement with the final version presented here (WATCH/Min/2006/1, Rev 4). They reiterated their satisfaction with the finalised minutes.
6.2	<p>Matters arising/ Secretary’s report</p> <p>The Chairman raised the suggestion from a member of adding a statement to the minutes that the key part is the conclusions reached. After a brief discussion, the committee concluded that this should not be done, arguing that the totality of the minutes is important.</p>
7	Date of next meetings
7.1	The dates for the next two WATCH meetings are set for November 9 & 10 th in Marriott Hotel, Liverpool and 22 nd February 2007 at a venue yet to be confirmed.
8	The meeting closed at 15.30 pm.