INDUSTRIAL INJURIES ADVISORY COUNCIL
Minutes of the hybrid online RWG meeting
Thursday 4 December 2025

Present:

Dr Chris Stenton	Chair
Professor Gillian Leng	IIAC Chair
Professor John Cherrie	IIAC
Dr Ian Lawson	IIAC
Mr Dan Shears	IIAC
Professor Damien McElvenny	IIAC
Dr Clare Leris	MoD Observer
Dr Yiqun Chen	HSE Observer
Dr Matt Gouldstone	DWP Medical Policy
Ms Nicola Needham	DWP IIDB Policy
Ms Roberta Owen	DWP IIDB Policy
Dr Charmian Moeller-Olsen	DWP IIDB Medical Policy
Ms Georgie Wood	DWP IIDB Policy
Dr Rachel Atkinson	Medical assessment observer
Dr Marian Mihalcea	Medical assessment observer
Mr Stuart Whitney	IIAC Secretary
Mr Ian Chetland	IIAC Secretariat
Ms Catherine Hegarty	IIAC Secretariat

Apologies: Dr Jennifer Hoyle

1. Announcements and conflicts of interest statements

1.1. The chair set out expectations for the meeting and how it should be conducted. Members attending remotely were asked to remain on mute and to use the in-meeting options to raise a point.

1.2. Members were reminded to declare any potential conflicts of interest.

2. Minutes of the last meeting

2.1. The minutes of the meeting held in September 2025 were cleared with minor edits required for publication.

2.2. The action points were discussed and were cleared. It was noted that feedback from stakeholders on the public meeting was favourable.

3. Neurodegenerative diseases (NDD) in sportspeople

3.1. The chair invited Professor Damien McElvenny, representing Manchester University (MU) to give an update on the current status of the Parkinson's disease and cognitive impairment (dementia) reviews being carried out by the university. It was noted that the next meeting with MU had been scheduled for 15 December 2025.

3.2. A presentation was delivered to members, summarised below:

Cognitive impairment/ dementia

- Numbers: 345 papers were selected for full-text screening (based on manual screening only)
- Population: mostly professional/elite athletes, retired athletes. Some papers relate to youth athletes - college/university players, National Collegiate Athletic Association (NCAA).
- Sports represented: mostly American football, soccer, rugby. Smaller contributions from boxing, MMA, martial arts, ice hockey.
- Outcomes: Mostly chronic traumatic encephalopathy (CTE), followed by dementia and Alzheimer's disease. Cognitive domains - mostly memory, executive function, attention, processing speed.
- Countries: The evidence base is dominated by US and UK professional sports. Other countries appear only occasionally (Canada, Australia, Finland, Sweden, France, Japan, NZ).

Parkinson's disease, Parkinsonism

- Numbers: 56 papers selected for full-text screening (based on manual screening only)
- Population: professional or former athletes, including varsity athletes
- Sports represented: American football, soccer, boxing, rugby
- Outcomes: Parkinson's Disease or Parkinsonism
- Countries: Mostly US and UK, followed by Thailand, Spain, France, Sweden, Korea, Australia and New Zealand.

3.3. There was some discussion around CTE and its diagnosis for the purpose of inclusion in the review. Traumatic encephalopathy syndrome (TES) describes the clinical symptoms seen in living individuals suspected of having CTE, but CTE itself is only confirmed post-mortem. There was some concern that the use of TES to diagnose CTE may not be entirely reliable. It was agreed that MU would be asked to clarify the literature identified to be included in the review.

3.4. The next steps will include checking AI screening results against the manual screening by one reviewer with any conflicts resolved by a second reviewer. Full-text screening will be carried out manually.

3.5. It was noted that MU will likely publish a separate paper on the usefulness of AI screening of scientific publications – to include those papers selected and those rejected. Members asked that this paper be circulated when published as interest was high.

4. Initial assessment and future topics for consideration for the work programme

4.1. The chair introduced the topic by thanking the members who had taken the time to consider the topics identified for potential further work at the full Council meeting held in October 2025. The topics selected were:

- Asbestos exposure and kidney/oesophageal cancer
- Chromium exposure and lung cancer
- Hearing loss/ acoustic trauma in call centre workers
- Pesticide exposure and neurodegenerative diseases
- Trauma and post-traumatic stress disorder
- Silica exposure and sarcoidosis
- Welders and ocular melanoma
- Review of PD A10 – occupational deafness.
- Review of the list of prescribed diseases

4.2. Prior to the meeting, members thought to have expertise in the specific areas were asked to complete a template to help determine whether there might be sufficient published literature to warrant pursuing a topic further, and the likelihood of that topic progressing to a recommendation for prescription.

4.3. Members were asked to share their views and give a score (1-5) indicating their strength of feeling about the topic. It was noted that the scoring system required further refinement. It was also noted that the full Council would take the final decisions on whether or not to progress a topic with the views of the RWG taken into account. It was felt that prior to that it would be beneficial to add additional information on the views of RWG on each of the templates

4.4. Referring to the review of the list of prescribed diseases, the secretariat indicated that bids to secure internships to assist with an initial assessment had not been successful. It was agreed that a review of the prescribed diseases list would be kept on the agenda and an alternate strategy developed, with full Council input.

4.5. The meeting then went on to discuss the templates prepared by members on the various topics.

<u>Asbestos exposure and kidney/oesophageal cancer</u>

- This was raised at the public meeting, and it was suggested that the findings of this initial scope of the literature be included in the meeting output note.

- It was noted that there was little evidence relating to the involvement of asbestos in kidney cancer. There were several recent studies/meta-

analyses of asbestos exposure and oesophageal cancer, but the evidence did not show risks to be doubled. The International Agency for Research on Cancer (IARC) looked at this topic in 2012 and found inadequate evidence for asbestos causing oesophageal cancer. However, newer evidence has not yet been considered.

- Members discussed the issues and decided that, on balance, there was likely to be insufficient evidence to take forward asbestos exposure and kidney/oesophageal cancer. They regarded it as having a low priority.

- The discussion led onto other cancer sites that might benefit from further scrutiny such as laryngeal cancer. It was felt the literature might need to be updated to include studies published after the 2015 IIAC information note 'Cancers of the larynx or ovary and work with asbestos.'

- Ovarian cancer was mentioned briefly, and it was decided to keep this topic for review at a later date after discussion with full Council.

<u>Chromium exposure and lung cancer</u>

- The chair indicated that chromium is a known carcinogen and there is evidence of a dose-response relationship, with some occupational exposures doubling the risk (e.g. chrome processing workers). Other occupations where risks might be elevated include electroplaters, welders, cement workers and painters/paint production.

- Sources of exposure to hexavalent chromium exposure were discussed as were the numbers of workers potentially impacted, both current and historic.

- There followed discussion on mechanisms of action, causality and biological plausibility. A member remarked that they felt it was important that these factors are considered and documented when reviewing topics for potential recommendations for prescription, other members were not so convinced it is essential. It was agreed that mechanism of action etc would be considered where sufficient information was available, but not an essential element for an investigation.

- There was also a broad discussion about timeframes for exposure and the development of disease specified in certain prescriptions. That is likely to be relevant to chromium as exposures in a number of industries are likely to have changed over the years.

- The chair moved the discussion back to chromium and the occupations potentially impacted. It was felt that the risks were not sufficiently elevated for welders in general, but there might be a small subset with heavy

exposures. Electroplaters were also considered appropriate for further considerations. Cement workers were also discussed, and it was suggested that the cumulative exposures be evaluated, though it was noted these are likely to be low. Painters/paint processing were also discussed, but it was felt that their exposures to chromium are not likely to be/ have been sufficiently heavy for the risks of lung cancer to be doubled.

- Members agreed that the topic of chromium and lung cancer would be worthy of further consideration and the rationale would be provided to full Council for a decision.

Hearing loss in call centre workers

- The chair indicated this related to correspondence received which asked that noise-related problems in contact/call centre workers be evaluated. There were 2 issues to consider:

  Whether there was sufficient noise to cause deafness to qualify for PD A10,
  Whether acoustic shock is a contributing factor.

- There appears to be no evidence of sufficient noise exposure in call centres to cause deafness. A member made the point that HSE state the average exposure for call centre workers is 75-80 dB, and call centres should have noise-limiting headsets for workers.

- Acoustic shock is reported in call centre workers and in other environments such as orchestras where noise levels fall below acoustic trauma levels, but may trigger a variety of symptoms such as ear-pain, hyperacusis etc.

- Members had a short discussion and concluded that there was insufficient evidence due to a sparsity of epidemiological studies. It was suggested that the accident route could be appropriate if evidence of exposure could be produced.

- There was some discussion around the mental health aspects of working in call centres which go beyond the issue of hearing loss.

Pesticide exposure and neurodegenerative diseases

- There is evidence for increased risks of Parkinson's disease (PD), Alzheimer's disease and motor neurone disease (MND) that is stronger for PD, but there is no good evidence of a doubling of risk.

- One issue is that there is a vast number of compounds used as pesticides and recall about exposures is often uncertain, complicating the epidemiology. Another issue is that pesticides are defined in a regulatory sense but there are often many other applications for these compounds (e.g. biocides). There are a number of occupations which could be impacted with a large number of workers potentially affected.

- There was some discussion around mechanisms of action and the complications of interpreting these. Different chemicals are likely to have different biological effects.

- Members felt that it would be difficult and time consuming and probably unrewarding to carry out an investigation into pesticides given the complexities: the numbers of different compounds used, and the wide variety of occupations potentially impacted. It would require granularity in occupational exposure to formulate a prescription where the risks are likely to be doubled and that is likely to be difficult.

- The view of RWG was that this topic is unlikely to identify circumstances where risks are doubled so should probably not be considered for further consideration.

Trauma and post-traumatic stress disorder (PTSD)

- This topic was put forward by IIAC members and the scoring on the template was rated as 'middling'. The chair commented that this topic may have complicating issues similar to those discussed with pesticides but invited comment and input from members.

- It was suggested that the accident provision could probably cover a single traumatic event which caused a negative impact on health. Where workers face repeated exposures to traumatic events, (e.g. emergency services such as police, ambulance, fire), this could also be accommodated by the accident provision. An example given where a worker had faced a number of traumas, but the last one was sufficient to prompt them to make a claim. The point was made that the accident route for PTSD does not take occupation into account, so can be more flexible than the prescribed disease route. Generally, a confirmed diagnosis of PTSD would normally be required for a successful claim to the accident provision. There was some discussion around the definition of PTSD.

- It was commented that if PTSD was covered by the prescribed disease route, then claimants with PTSD which didn't meet the criteria, would be excluded from claiming via the accident route, potentially disadvantaging them.

- It was noted that none of the experts on this topic was present at the meeting and it would be helpful to have their further input before making a final decision.

- The feeling of RWG was that PTSD is not likely to be a good candidate for a prescribed disease and is better covered in the accident provision.

Silica exposure and sarcoidosis

- A member noted that silicosis and sarcoidosis look identical on a chest radiograph but have different pathological features. There is epidemiological evidence that there is an increased risk of sarcoidosis in those exposed to silica, but there is a risk of misdiagnosis of silicosis as sarcoidosis. This member felt that the epidemiological evidence was weak, and this was supported by the information supplied on the template.

- Members were agreed that this topic would not be a good candidate to take forward for further work.

Welders and ocular melanoma

- It was noted that the risks of ocular melanoma associated with welding varied considerably between various studies, and some were high. The disease is rare making epidemiological investigation difficult. Further studies are being conducted.

- Members believed at the moment this topic should not be recommended for further work. They were mindful of the new, larger studies being conducted which may provide sufficient evidence to proceed. However, the small numbers of subjects likely to be affected limits the overall importance of the topic.

Review of PD A10 – occupational deafness

- A member expressed concerns about the current prescription around the occupational exposure and the 98 dB(A) L_{eq} equivalent to the current occupations listed. The Council had previously reviewed the prescription, but no new occupations had been added. There was also the issue of disablement assessment with a 20% threshold (achieved at 50 dB average loss at 1, 2 and 3 KHz in one ear) rather than the usual 14%.

- It was commented that there is a normal distribution of predominantly age-related hearing loss, with work exposures shifting that distribution curve to one side. Heavy noise exposure can have an effect equal to or greater than that of ageing.

- A member commented that noise exposures of 98dB or more are now uncommon in UK industries.

- The possibility of revising the entire A10 prescription or aspects of it was discussed. Either was likely to involve a lot of work. A member they felt this may be a low priority.

- Given that the entire list of prescribed diseases will be looked at, it was felt that the revision of this prescription should wait until the strategy for that larger review had been established.

5. Methods development/ways of working

5.1. At the previous RWG, there was discussion around the sources of data potentially available – the IIAC chair shared insights from a recent meeting about the launch of the Global Safety Evidence Centre and information around the top causes of death due to occupation, working hours being first.

5.2. The use of AI in summarising evidence was discussed, and it was suggested that human intervention may move to curating the data as the AI tools for synthesising data will be so good.

5.3. The IIAC chair suggested it may be an idea for IIAC to convene and facilitate a meeting with key players in the evidence world to help shape and aid IIAC's work. This could also help where IIAC identifies gaps in research and can suggest where researchers can deploy resources. It was suggested that members discuss the finer points of shaping the meeting and who to invite at a separate meeting.

5.4. A member indicated that previously they had been tasked to approach Occupational Medicine to see if the journal would accept an editorial on behalf of the Council. A draft had been started, and it was felt that this should be progressed.

5.5. The chair moved the meeting on to discuss a previous proposal to have a standard template for data extraction which could be used when topics for investigation are outsourced. A member shared their thoughts on what should be included on a template shared in meeting papers.

5.6. Members were invited to comment separately, and it was suggested that the template be shared with MU to give their views given they were at key stages of the reviews into neurodegenerative diseases on behalf of the Council.

6. Correspondence relating to COPD in miners (PD D12)

6.1. The chair indicated that correspondence had been received from an MP who felt that the 20-year qualifying condition for PD D12 be reviewed as it was their view that this qualifying condition was an administrative convenience and not based on scientific facts.

6.2. The qualifying condition was based on extensive research carried out by Institute of Occupational Medicine.

6.3. There was discussion around the relationships between exposure, working time and disease and the potential numbers of claimants with less that 20-years exposure who had developed COPD. It was commented that the that the 20-year rule set out in the original command paper was relatively generous as the paper on which it was based demonstrated doubled risks of COPD following 20 years of heavy exposure and that approximately 40 years of intermediate exposure would be required to double the risk.

6.4. The secretariat was tasked with drafting a response to include references to the review of the list of PD.

7. AOB

7.1. The DWP IIDB policy team asked IIAC's advice on the potential fast-tracking of claims to PD D1 (pneumoconiosis/silicosis) where workers had rapidly become very unwell after working with artificial stone.

7.2. A member pointed out that people working in this type of industry may be self-employed and may not qualify for IIDB.

7.3. It was noted that IIAC had discussed this at previous meetings and the Council was in favour of the fast-track approach being applied to PD D1 where there was a clinical need e.g. for patients on intensive care.

7.4. There was some discussion around the use of the SR1 form where terminal illness has been diagnosed but this form is not relevant for IIDB.

7.5. Members felt that under certain circumstances, cases of silicosis (rapid progression diagnosed by a clinician) from engineered stone should be fast-tracked but it would not be appropriate to establish that as a general rule.

Dates of next meetings:

IIAC Meeting: 15 January 2026

RWG Meeting: 12 March 2026