

IIAC Meeting Minutes of the Hybrid meeting on Thursday 16 April 2026

Present

Professor Gillian Leng	IIAC Chair
Dr Chris Stenton	IIAC Vice Chair
Dr Ian Lawson	IIAC
Professor Max Henderson	IIAC
Professor Damien McElvenny	IIAC
Dr Jennifer Hoyle	IIAC
Dr Gareth Walters	IIAC
Dr Sally Hemming	IIAC
Ms Lesley Francois	IIAC
Professor Sharon Stevelink	IIAC
Professor Richard Heron	IIAC
Professor John Cherrie	IIAC
Mr Dan Shears	IIAC
Mr Steve Mitchell	IIAC

In attendance:

Dr Rachel Atkinson	Medical assessment observer
Dr Marian Mihalcea	Medical assessment observer
Dr Matt Gouldstone	DWP IIDB medical policy
Ms Nicola Needham	DWP IIDB policy
Ms Roberta Owen	DWP IIDB policy
Dr Li Lian Loh	DWP IIBD Clinical Policy
Mr Stuart Whitney	IIAC Secretary
Ms Yiqun Chen	HSE Observer
Dr Jillian Nicolls	HSE Observer
Mr Andrew Hay	Northern Ireland Department for Communities

1. Welcome, announcements and conflicts of interest

The meeting opened thanks to attendees, no formal apologies were recorded. No conflict of interest declared.

2. Approval of minutes of last meeting, matters arising and Action Log Review

The Chair noted that the outstanding actions had been reviewed in advance with IIAC Secretary and were either cleared or carried forward. It was acknowledged that a consolidated action update table would be preferable in future to provide clearer oversight of progress. The minutes from the January IIAC meeting were agreed with minor amendments

Members discussed the need for a clearer, consolidated overview of ongoing and published work, particularly in relation to research studies. While published research has been summarised previously, there is currently no comprehensive summary of ongoing or unpublished work.

There was agreement that a **concise overview workspace, accessible to all** would support council understanding and decision-making, especially where multiple strands of work (including international studies) are under consideration.

3. Progress on “The work of IIAC”

The discussion focused on how the council should approach research and evidence gathering, balancing quality, expertise, and accountability.

Key points included:

- Existing internal research capabilities should be explored before commissioning external research.
- A major consideration is the quality of evidence and whether specialist expertise is needed to properly assess findings.
- Two approaches were suggested to ensure quality:
 - Developing and enforcing clear research methods and standards, although this would be resource-intensive.
 - Appointing a subject matter expert to oversee and work alongside an external research provider, such as a university or agency, while the external organisation undertakes much of the research activity.

- Concerns were raised about accountability when using external partners. Any expert involved would need clearly defined responsibilities, and ultimate accountability for decisions would remain with the council.
- A distinction was made between **narrative reviews** and **systematic reviews**, with the observation that much of the research produced recently appears to be narrative reviews, possibly due to limitations in the available evidence.
- Participants agreed that decisions should not be driven solely by the evidence produced but should remain council-led, with an appropriate governance framework to manage reputational and decision-making responsibilities.
- The meeting concluded with agreement that further work and discussion are needed. The proposed changes were described as an **evolution rather than a revolution**, building on approaches that have been successful elsewhere.

4. Potential future work programme – NDD and pesticides

Workshop – HSE

Dr Gillian Nicolls, HSE presented findings on limitations within the current evidence base, particularly in relation to pesticide exposure data.

Members noted important differences between the two key UK studies currently available. The Pesticide Users' Health Study (PUHS) collects detailed information on participants' occupational pesticide use, including lifetime exposure history, specific active ingredients used, frequency of application and use of personal protective equipment (PPE). As a result, it offers a richer source of information than the PIPAH Study, for assessing potential associations between specific pesticide exposures and health outcomes.

In contrast, the PIPAH (Prospective Investigation of Pesticide Applicators' Health) Study generally captures exposure information at a broader level, recording categories of pesticides such as herbicides, fungicides and insecticides, alongside information on crop types and work activities. While valuable for understanding overall exposure patterns, members noted that the study does not routinely provide the same level of detail on individual active ingredients, making detailed exposure assessment and comparison more challenging.

Discussion highlighted several ongoing evidence gaps. These included difficulties in identifying and tracking active ingredient exposures over time, changes in pesticide products and formulations, and the lack of a comprehensive crop exposure matrix that could systematically link pesticide use on particular crops to individual exposure profiles and health outcomes. Members agreed that these limitations make it difficult to draw robust conclusions and reduce the strength of evidence available to support future recommendations.

The potential development of additional analytical tools, such as a crop exposure matrix, was recognised as potentially valuable in strengthening future research. However, members acknowledged that the resources required to develop and maintain such a tool would be substantial and are not currently available. It was agreed that this should remain an area for future consideration should opportunities and resources emerge.

Members also discussed the contribution that international studies could make to the evidence base. However, uncertainty remained about whether these studies capture sufficient detail on active ingredients, cumulative exposure patterns and long-term health outcomes. Concerns were raised that some studies may only provide broad exposure categories or "ever-used/never-used" measures, limiting their usefulness for more detailed analysis.

To address these uncertainties, a Council member proposed contacting key study investigators and data owners to obtain further information on:

- The availability of active ingredient-level exposure data.
- Opportunities for accessing unpublished or supplementary analyses.
- Planned future publications and follow-up studies.
- The potential relevance of international datasets to the Council's work.

Members agreed that further engagement with researchers would help clarify the strengths and limitations of the available evidence and support future decision-making. An action was recorded to identify a lead to progress this work.

The Chair thanked the HSE representative for a helpful and informative presentation before the meeting adjourned for the Council workshop session. A member produced a list of potentially relevant cohorts to which the principal investigators could be written

5. Presentation: Parkinson's Disease and Professional Sport Participation

Summary

Professor Martie Van Tongeren from The University of Manchester (MU) presented findings from the systematic review examining the association between professional sport participation and Parkinson's Disease (PD). The review formed part of the commissioned IIAC research programme into neurodegenerative disorders in professional sportspeople.

The review focused on adult elite and professional athletes and used both traditional literature review methods and AI-assisted searching (Elicit) to identify relevant studies. Following screening and quality assessment, 13 publications were included in the final review.

Key Findings

- Six studies were assessed as high quality, covering American football, rugby and football (soccer).
- Some studies identified elevated risks of Parkinson's Disease among former professional athletes, including American football players, rugby players and Scottish footballers.
- One Swedish football study reported a reduced risk compared with the general population, potentially reflecting a healthy athlete effect.
- Overall, the evidence base remains limited, with relatively few high-quality studies available and findings varying between sports.
- The presenter concluded that there is currently only **weak evidence of a possible association** between professional sporting activity and Parkinson's Disease. The evidence was not considered sufficiently strong to support definitive conclusions.

Discussion

Members discussed:

- The possibility of conducting a meta-analysis using the available high-quality studies. MU advised this had not formed part of the original commission but could potentially be explored.
- Whether findings from American football could reasonably be extrapolated to sports more commonly played in the UK. It was acknowledged that exposure patterns differ substantially and that further investigation would be required.
- The predominance of male participants in the available studies and the lack of evidence relating to women athletes. Members recognised the importance of encouraging future research involving professional female sportspeople as participation continues to increase.
- Evidence relating to specific playing positions and exposure levels within sports. Some studies suggested higher exposure may be associated with greater risk, although the evidence was limited.

Dementia and Cognitive Impairment Workstream Update

Summary

MU provided a progress update on the dementia and cognitive impairment review. A significantly larger evidence base has been identified compared with the Parkinson's Disease review. Approximately 115 studies are currently expected to be included after full-text screening.

Studies have been grouped into four broad categories:

1. Clinically diagnosed dementia and Alzheimer's disease.

2. Cognitive impairment identified through screening tools.
3. Cognitive performance testing.
4. Self-reported cognitive symptoms.

Discussion

The largest challenge identified relates to interpreting and synthesising studies based on cognitive performance tests, as different studies use different testing methodologies and outcomes. The research team advised that analysis would initially focus on clinically diagnosed disease and cognitive impairment outcomes where evidence is likely to be more robust.

Additional research capacity has been allocated to support completion of the review.

6. Any Other Business

A council member informed members of a new Dutch compensation scheme for substance-related occupational diseases. The scheme provides lump-sum compensation where causation between workplace exposure and disease is considered sufficiently plausible.

The Dutch approach was noted to apply a more flexible interpretation of probability of causation than traditional doubling-of-risk approaches. Examples include consideration of uncertainty within exposure-response relationships when determining eligibility for compensation.

Discussion

Members agreed that the scheme was of interest and may have implications for understanding international approaches to occupational disease compensation. Several options for further exploration were discussed, including:

- Circulation of relevant papers describing the Dutch scheme.
- Consideration of a future webinar with representatives from the Netherlands.
- Exploration of wider international engagement to compare occupational disease compensation models across countries.

The MU presenter advised that he sits on the international advisory group supporting the Dutch "Lexces" scheme and offered to facilitate future engagement if helpful.