

Spring Events:  
Integrated Health  
Summit & OH  
Practitioners  
Conference

Preventative OH - Using  
Technology to support  
Health, Wellness and  
Performance in the  
workplace

Support the future of  
OH - Host a shadow  
day and inspire the  
next generation

Neurodiversity,  
COVID & overlap  
with hypermobility  
& inflammatory  
conditions

**som**

Supporting occupational health  
and wellbeing professionals

## WINTER MAGAZINE 2026



*Clockwise from top right:*

*SOM North East Regional Group Meeting with workplace visit to Nissan Manufacturing*

*AIMO golf cup Winners: Simon Barratt, Tim Barratt, Dr Samir Latif*

*Dr Richard Heron with Dr Ivan Ivanov, formerly WHO Lead*

*Dr Vicky Mason meets Dr Jack Meintjes, SOM award winner for Outstanding Contribution to OH Research, in South Africa*

# Contents

|   |          |
|---|----------|
| Introduction by Professor Neil Greenberg  | Page 1   |
| Integrated Health Summit  | Page 2   |
| SOM Occupational Health Practitioner Conference in Wales  | Page 2   |
| IOMSC Thought Leaders Summit: Identifying Priorities for Global Worker Health   | Page 3   |
| SOM FOM Occupational Health Conference 2026 in Nottingham   | Page 3   |
| Refresher course for competency in conducting occupational audiology  | Page 4   |
| Preventative OH - Using Technology to support Health, Wellness and Performance in the workplace: A new solution to an old problem | Page 5   |
| Shift Work and Diet   | Page 6-7 |
| Donate to The Society of Occupational Medicine  | Page 7   |
| Advertise your job with SOM   | Page 8   |
| Highlights from SOM Awards 2025   | Page 9   |
| Why silence on addiction is costing organisations, and how OH can help  | Page 10  |
| Visit to Zimbabwe for improving the mental health and wellbeing of health care staff launch event                                 | Page 11  |
| "HR understands us after all!"  | Page 12  |
| Health & Wellbeing @ Work Conference in Birmingham  | Page 13  |
| Report on SOM webinar on older workers  | Page 14  |
| Protecting the mental health of disaster and first responders, an international perspective and systematic literature review      | Page 15  |
| Occupational Health News  | Page 16  |
| Upcoming SOM Special Interest Groups  | Page 16  |
| Host an OH Shadow Day   | Page 17  |
| OH Essentials Webinar Series  | Page 18  |
| International Commission on Occupational Health (ICOH)  | Page 19  |
| Upcoming SOM Workplace Visits   | Page 20  |
| SOM Professional Partner Membership   | Page 21  |
| Neurodiversity, COVID and overlap with hypermobility and inflammatory conditions  | Page 22  |
| Upcoming SOM webinars   | Page 23  |



# Introduction



**Professor Neil Greenberg,**  
*SOM President*

Happy New Year! A few key updates: Firstly, we want to “make more noise” about the value of OH. We have engaged a new PR agency, Atalanta, who have carried out a comms audit and will aim to get our voice heard as to your value as an OH professional. Secondly, we have been working with the Royal College of Psychiatrists to establish an accreditation scheme for wellbeing services (both mental health and MSK etc). Its intent is to provide wellbeing providers with a quality mark that will allow organisations, advised by OH professionals, to identify providers which make a positive difference to the health of a workforce (NB this scheme is about wellbeing not clinical services for which the FOM’s SEQOHS scheme is suitable). Thirdly, we are working to establish a supervision process for newly qualified diplomates who are not part of a formal OH set up. There is a clear need to ensure they can learn from more experienced OH professionals. We are currently looking for a paid clinical lead position for this - email Nick ([nick.pahl@som.org.uk](mailto:nick.pahl@som.org.uk)) about this opportunity. Fourthly, we have been engaging with the recommendations of the Keep Britain Working review, it is likely to influence the way OH is provided; and SOM is keen that the non-clinical workplace health professional cadre, which the review aims to establish, should have access to standardised training in OH and that they are supervised by, and can step up more complicated cases to OH professionals. As more becomes clear, we will keep you informed. Lastly, our annual conference will be in Nottingham on 16/17 June next year. We have some great speakers planned and hope to see you there!

SOM’s success depends on engagement with, and the support of our members. Do get in touch on [President@som.org.uk](mailto:President@som.org.uk), even just to say hi, and all best wishes for 2026.

# Upcoming Events Spring 2026

**TUE  
14  
APR**

## Integrated Health Summit

London

The Integrated Health Summit is the annual event for the future of health – personalised, preventive health care.

Health care is changing. New neighbourhood and local delivery of programmes within the NHS, in primary care, the private sector and workplace health, need to future proof how health care will change. With a focus on prevention from the NHS 10 year plan, personalisation with the advent of tech-based products and now awareness of the value of good work for good health. The Integrated Health Summit brings this all together into one must-attend event.

*Brought to you by the Society of Occupational Medicine, Wellbeing at Work and Qualitas.*

Join us for an inspiring and educational day. For full event and booking information, click [here](#).



Victor Adebawale CBE  
Baron Adebawale, Chair,  
NHS Confederation



Professor Neil Greenberg,  
Clinical & Academic  
Psychiatrist, King's  
College London



Christine Elliott, Chair,  
The Health & Care  
Professions Council



Dr Robin Cordell,  
President, Faculty of  
Occupational Medicine  
(FOM)



Dr Nupur Yogarajah, GP,  
NHS Clinical Leader,  
Behavioural Scientist,  
Founder, Dr NY



Professor Jo Yarker,  
Managing Partner,  
Affinity Health at Work



**THU  
30  
APR**

## SOM Occupational Health Practitioner Conference in Wales

Cardiff

Join us for a conference on key OH topics, from neurodiversity to respiratory issues, with expert speakers and networking opportunities.

Confirmed sessions include:

- Drug and Alcohol issues in the workplace
- Neurodiversity in the workplace
- Respiratory issues in OH

This conference is open to all occupational health professionals and those interested in the sector, including nurses, AHPs, students, occupational therapists and GPs.

For full event and booking information, click [here](#).

# IOMSC Thought Leaders Summit: Identifying Priorities for Global Worker Health

The IOMSC's Thought Leaders Summit in Geneva brought together more than 50 Chief Medical Officers (CMOs) and other occupational health leaders to discuss the priorities and opportunities for occupational health, both today and into the future.

Discussions revealed universal concerns around workplace health and identified areas for immediate focus:

- Mental health and well-being as a global priority, especially for healthcare workers
- Climate change (e.g. heat stress, air quality) and its impact on workplace health
- Technology, AI and the changing world of work
- Strengthening the business case for investing in worker health

The meeting highlighted the need for CMOs to be future focused in a world that is rapidly changing and evolving.

[Download the publication here.](#)

All SOM publications are available to download from our [Publications Catalogue](#).



## Occupational Health 2026 | 16th-17th June

15th June | afternoon: a unique line-up of workplace visits  
evening: a special Welcome Reception at Nottingham Castle

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## Save the Date!

Save the date for the [SOM/FOM Conference, 15-17th June 2026 in Nottingham](#). On the afternoon of June 15th there will workplace visits, followed by an evening reception at [Nottingham Castle](#). The conference on June 16th and 17th will be held at [Albert Hall Conference Centre](#). Bookings to open end of January. The call for abstracts is now [open](#) (deadline: 9am 2nd March).



# Refresher course for competency in conducting occupational audiology in line with CNWR2005 and L108

**Friday 20th February, 9.30am - 5pm**

**The St Pancras and Somers Town Living Centre, London**

*In-person attendance only. Lunch and refreshments provided.*

A one-day (6.5 hours) face-to-face refresher course for OH physicians, nurses, technicians and other clinicians wishing to refresh their competency in conducting occupational audiology in line with CNWR2005 and L108.

Provides the skills necessary to take and record a medical and noise history, conduct otoscopy, and perform pure tone air conduction (AC) audiograms to national standards. Candidates will learn to interpret and triage AC audiograms using the HSE classification scheme, recognise red flags, and ensure compliance with CNWR2005 and L108. 6 CPD points accredited by the Faculty of Occupational Medicine (FOM).



*View the latest supplementary guidance on Noise-Induced Hearing Loss (NIHL) at [www.som.org.uk](http://www.som.org.uk)*

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# Preventative OH - Using Technology to support Health, Wellness and Performance in the workplace: A new solution to an old problem

By Carl Wells PhD

Occupational health is highly beneficial for the wellness of a workforce, from ensuring physical capability and safety to maintaining and enhancing good mental health. OH is preventative and reactive - providing a platform from which employees can thrive. Yet, the implementation of preventative OH can be a challenge across large and varied workforces.

Successfully undertaking preventative OH requires time, expertise, and appropriate facilities. It needs flexibility to meet an individual's work life balance and quality assured support that aligns with work-based interventions.

One viable option is the provision of remote or digitalised preventative health support via an App based coaching platform. Recent advancements in technology now make it possible for expert practitioners to provide holistic and personalised preventative support across exercise, nutrition, and mental wellbeing. The benefits of this approach for the employee include:

- Flexibility to access support when it works for them.
- Increased accountability by the tracking of workouts and integration to drive successful outcomes.
- Gamification and progression features to improve engagement and feedback.

It is also important to note that the employer or occupational health provider may also benefit from utilising such a model due to:

- Efficiency savings relating to cost and time as the support is remote in nature.
- The ability to measure intervention impact via the collation of progress and engagement metrics.
- Providing an additional layer of support that compliments in-person / on-site interventions.
- A feeling of community between employees.

But where is the evidence to suggest such an approach that would be effective? I am a firm believer in learning from different industries. Best practice can often be taken from one environment or context and if adapted appropriately, successfully applied to another. With reference to preventative health and wellbeing, elite sport has over recent years utilised digital platforms to provide multi-disciplinary support to athletes. Take a Premier League football player for example, they have a strength coach, dietician, and sports psychologist at their disposal so that their every wellness and performance need is not only met but optimised. And when players are travelling for European club and national team fixtures, much of the support and tracking of physical status is managed using app technology. Interestingly, if we compare the Premier League Footballer with a "Corporate athlete," a number of similarities become apparent if health and wellness is to be maintained, just a few include:



- Extensive travel.
- Pressure to perform.
- The need for good sleep and nutrition.

A further similarity between elite sport and work / corporate settings is the need to efficiently apply health and wellness interventions to large numbers of individuals. A key facilitator of such support within elite sport is the use of digital app-based platforms, due not only to the flexibility and cost savings mentioned previously, but also the capability of such applications to house and centralise large numbers of individual profiles and records. Consequently, a relatively small number of practitioners can programme for and contact sizable numbers of people in an extremely time efficient manner. Such an approach strongly supports my philosophy that within an organisation, such health and wellness support is made available to all employees. We should take the learnings from the elite and apply to all!

In summary, on-site and in-person preventative OH and health and wellbeing support will always be necessary, due to the practicalities and complexities of many people's needs. But it now feels like there are definite advancements to be made via the application of digital coaching in how high-level and impactful holistic preventative support can be provided to help better meet the needs of all involved.



*Carl Wells PhD is Head of Product and Performance, joining P3RFORM in 2023 following twenty years as a sport and exercise scientist with professional football. Carl is passionate about applying his experiences from high performing environments to enhance the effectiveness of preventative health and fitness services delivered to individuals and organisations.*



# Shift Work and Diet

*By Lisa Davies, Registered Nutritionist & Postgraduate Dietetic student, KCL*

Shift work is a significant public health concern, affecting 14% of the UK working population (over 4 million people). It is associated with long-term health risks, with evidence showing that night-shift or irregular-hour workers are at increased risk of cardiovascular disease, obesity, T2D (1), gastrointestinal problems, sleep disturbances and poor mental health along with increased risk of cancer. The World Health Organization has concluded that shift work is a probable carcinogen (2) due to circadian disruption.

A 2018 meta-analysis reported that the risk of any cardiovascular disease event was 17% higher among shift workers than day workers, and coronary heart disease morbidity was 26% higher. After the first five years of shift work, the risk of CVD events rose by 7.1% for every additional five years of exposure (3). Beyond physical health, shift work disrupts social and family life, leading to stress and reduced wellbeing. From a public health perspective, this links to health improvement (reducing chronic disease, supporting mental wellbeing) and wider determinants of health (employment conditions shaping health outcomes). It also carries economic implications through sickness absence, presenteeism, and reduced productivity.

## Dietary Impacts

Diet is a key pathway linking shift work with poor health outcomes. Qualitative evidence from UK healthcare shift workers with type 2 diabetes highlights that environmental and social factors, including limited access to healthy food at night, inadequate storage/preparation facilities, time pressures, and fatigue-driven eating, strongly influence dietary behaviours. The study concluded that workplace interventions must go beyond education to include environmental restructuring and practical support for meal planning and self-management, ensuring healthier choices are both accessible and affordable during night shifts (4).

Observational studies show poorer diet quality in shift workers, including higher intakes of sugar-sweetened beverages, alcohol, and saturated fats, and lower intakes of vegetables (5).

Furthermore, emergency healthcare workers consume significantly fewer calories, macronutrients and fluid on night shifts compared with day shifts. Prolonged fasting periods and reduced meal frequency suggest that altered eating patterns, rather than total energy intake alone, contribute to adverse metabolic outcomes (6). A recent UK study of police officers found diet quality significantly worse on shift days, particularly nights, with over 65% of participants overweight or obese. Shift workers reported altered meal timing, increased reliance on convenience foods, and barriers such as lack of time, motivation, and cost (7).

Additionally, observational evidence also indicates



circadian misalignment in night-shift workers with more frequent meals, shorter fasting periods, higher fat intake, and reduced daylight exposure, all of which may increase risks of obesity, cardiometabolic disease and poor overall health (8).

## Existing UK Guidance on Shift Work

Existing UK guidance on shift work, including the British Nutrition Foundation (BNF) health and lifestyle recommendations (9), NHS (2020) guidance on the health, safety, and well-being of shift workers in healthcare (10), and the HSE (2006) "Managing Shift Work" guidance (11), collectively emphasises the importance of protecting the health and well-being of shift-working populations.

Commonly agreed strategies include forward-rotating shift schedules (day evening night), limiting consecutive night shifts and overly long shifts, ensuring adequate breaks and recovery periods, and providing supportive environmental conditions such as appropriate lighting, temperature, safe travel, and facilities for rest. Guidance also highlights the importance of nutrition, recommending access to healthy and affordable food and drink throughout shifts, promotion of meal planning, and attention to meal timing to support metabolic health. In addition, NHS guidance specifically treats shift work as a workplace hazard, recommending formal risk assessments, equal access to occupational health services, training, and wellbeing support, provision of break and rest areas including opportunities for short naps, support for mental health and fatigue management, and compliance with Working Time Regulations, including minimum rest periods, maximum weekly hours, and limits on night shift duration. Collectively, these measures provide a framework to mitigate the physical, metabolic, and psychosocial risks associated with shift work.



CIPD and other organisational wellbeing guidance note that workers often report negative effects from unpredictable schedules, poor control, and low work-life balance, emphasising mental health, exhaustion, and stress.

### Gaps in Guidance and Research

Despite clear recommendations from HSE, NHS Employers, CIPD, and NICE, several gaps remain. Many workplace health initiatives are designed for a 9–5 workforce, leaving night-shift workers with limited access to occupational health services, healthy food options, and wellbeing activities. Guidance often lacks specificity on meal timing, circadian-aligned nutrition, and individualised adjustments for factors such as age, pregnancy, chronic conditions, or long-term vulnerability. Mental health and fatigue management are recognised as important, but practical, evidence-based strategies are limited. Research is also limited, with few long-term studies or multi-component interventions, and most evidence comes from healthcare workers, leaving other industries such as manufacturing and hospitality underrepresented. Addressing these gaps is essential to ensure workplace health solutions are effective and equitable for all shift workers. Supporting shift workers requires coordinated action between employers, occupational health teams, and workplace wellbeing services.

### What Can Employers Do to Support Shift Workers?

#### Legal Compliance

- Follow Working Time Regulations: 11-hour rest in 24 hours, max 48-hour average week, max 8-hour night shifts, paid annual leave (5.6 weeks), 20-minute break for shifts over 6 hours.

- Provide health assessments before assigning night work.

#### Shift Scheduling & Fatigue Management

- Use forward-rotating shifts (day evening night) and limit consecutive night shifts.
- Ensure protected breaks, adequate recovery, and predictable schedules.
- Supervisors trained to recognise fatigue and safety-critical periods.

#### Workplace Environment & Nutrition

- Maintain safe travel, lighting, temperature, and rest areas for breaks or naps.
- Provide healthy food and drink 24/7, with facilities for storage and preparation.
- Support meal planning and hydration, considering timing to reduce metabolic risk.

#### Health, Wellbeing & Training

- Offer occupational health, mental health support, and fatigue/sleep education.
- Make reasonable adjustments for vulnerable staff (pregnancy, chronic conditions).
- Promote physical activity and wellbeing initiatives accessible to all shifts.

All references available [here](#).

## Renewing SOM Membership

We hope you are a SOM member; if you are, please renew your membership which is open for renewal from now until the **end of March**. If you pay by direct debit, renewal will occur automatically and a payment will be made on or around **Sunday 1 February** - you do not have to do anything. If you do not pay by direct debit, you can renew by credit/debit card now [by logging in to your Members' Area on our website](#), and going to the "View Dashboard" area and clicking "Renew Now". You will automatically be presented with the correct amount to pay based on your membership category. [Prices for 2026 are listed here](#). If you are unsure if you pay by direct debit or not, you can check this in your View Dashboard area or please contact us at [membership@som.org.uk](mailto:membership@som.org.uk) or call us on 0203 9104532.

If you are not a SOM member, [do join the SOM!](#)

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# Highlights from SOM Awards 2025



The winners of the 2025 SOM Occupational Health Awards were announced on Wednesday 10th December at our Awards Reception at RCP London. You can read about the winners in our [Awards Pack](#).

Thanks to everyone who entered, all our guests, and our generous sponsors, [NEBOSH](#) and [OH Assessment](#).

View our awards photo gallery [here](#).



# Why silence on addiction is costing organisations, and how OH can help

By Dr Georges Petitjean, Founder of [WARM](#) and Clinical Director, Inclusion Drugs and Alcohol Treatment Services, Midlands Partnership NHS Foundation Trust

"We don't have employees using drugs or alcohol in our organisation", the HR Director of a major City firm told me, almost 10 years ago. Six months ago, a CEO said, "We never set up drug testing on purpose, because if employees need time off to get treatment for their addiction, I cannot run the business." Both comments show a culture where addiction is seen as rare, risky to acknowledge, and best left unspoken. In reality, silence keeps people sick and holds organisations back.

Across the UK there is now greater focus on wellbeing at work, and growing recognition of the value occupational health (OH) brings. The CIPD's latest report shows employees average 9.4 days of sickness absence a year, up from 5.8 before the pandemic. Around 69 per cent of employers provide access to OH, yet only 31 per cent use it proactively and just 29 per cent involve OH in wellbeing strategy. These figures are not specific to addiction, but could raise an essential question: how much absence is linked to unreported substance use or addiction because employees fear disclosure? The data are limited because fear keeps problems hidden.

Addiction (to substances or behavioural addictions such as gambling) is one of the most stigmatised health conditions. Many employees live with it, or are affected by a loved one's addiction, and often hide it for fear of judgement or career harm. The results: late 'disclosure', crisis referrals, prolonged absence, and lost potential, to name a few.

**“When employees know OH is confidential and non-punitive, disclosure becomes safer and more constructive.”**

I have been an addiction doctor for many years, and believe there is a 'don't ask, don't tell' culture about addiction in the workplace that has gone unchallenged for too long. If we want to reduce risks, lower costs and improve wellbeing, we must build psychological safety. When stigma falls and taboos are tackled, staff can speak earlier and get help sooner.

Though not an OH specialist, I know OH can be a trusted doorway at work. When employees know OH is confidential and non-punitive, disclosure becomes safer and more constructive. The path to treatment and adjustments then becomes clearer.

## What can this look like in practice?

- Psychological safety. State in policies and briefings that OH is confidential and that



addiction is a treatable health condition.

- People-first language. Replace labels with person-centred terms and give managers simple guidance on how to refer early without shaming.
- Joined-up support. Map NHS and third sector services, EAPs (if the one you use is effective for addiction support), peer networks and adjustments so managers and employees know what happens next.
- Early access. Build pathways so employees can approach OH early on, not only after performance or safety issues appear.

Alongside culture change, we need investment in OH: for manager education, simpler referral routes, and budgets to build links with external services. Modest investment up front can prevent costs later.

In November, I launched WARM, the Workplace Addiction & Recovery Movement, a UK community interest initiative that helps leaders understand addiction and recovery. As part of the movement, I am hosting a monthly interview series with clinicians, OH and HR leaders, people with lived experience, and policymakers (our first episode features Professor Dame Carol Black, who led the UK government-commissioned independent review of illegal drug use in England). These are designed to raise awareness, de-stigmatise addiction and normalise recovery in professional spaces. The full-length interviews will be available exclusively to WARM member organisations.

Addiction has not benefited from the mental health awareness movement of the last decade. It is time for addiction and recovery to have their own movement, and OH has a crucial role in making that possible. A WARM welcome awaits all interested parties.

# Visit to Zimbabwe for improving the mental health and wellbeing of health care staff launch event

By Professor Anne Harriss, SOM Past President

In November 2025 I attended a launch event of the above project at Gweru Provincial Hospital, Midlands Province, hosted by Prof Dingani Moyo, a Zimbabwean based occupational physician. This project is funded by NEBOSH's social purpose fund.

The provision of occupational health services within healthcare settings in Zimbabwe is very limited. Shabani et al. (2023 and 2024) highlighted that healthcare workers in Zimbabwe are exposed to a variety of work-related hazards with the potential to negatively impact on their physical and mental health and wellbeing. Occupational stress in particular is a significant issue for this workforce. SOM highlighted the impact of workplace issues on the mental health of nurses and midwives in the UK in [this report](#).

The launch was attended by the hospital Matron, Medical Superintendent and the Provincial Medical Director. A training strategy is being developed to enable health professionals to deliver pre-prepared teaching packages, train the trainer courses enabling others to deliver core materials and finding mental health champions. The content, delivery and impact of this project will be evaluated throughout. On successful completion, the aim is to create a springboard for similar approaches for other district, provincial and central hospitals in Zimbabwe.

A further visit by Prof Neil Greenberg, SOM President is planned for 2026 to enhance this initiative.

Although the primary reason for this visit was the launch of this project, I was also able to visit, observe and increase understanding of artisanal mining in Zimbabwe. Artisanal and small-scale mining is poverty-driven, using archaic processes exposing miners to a range of occupational hazards. There are many inherent to workplace hazards such as:

- **Physical** - noise; vibration; sun exposure and a challenging thermal environment.
- **Biological** - Moyo et al. (2023) highlight that artisanal/small-scale miners in Zimbabwe have a high prevalence of TB and HIV infection. Other organisms include venomous snakes and arachnida - scorpions and spiders.
- **Mechanical** - medium and smaller sized machinery and hand tools.

- **Ergonomic** - challenging working postures whilst working in confined spaces. The miners use a range of tools coupled with the moving and handling of heavy/unwieldy loads.
- **Psycho-social** - the impact of poverty, the stress of dangerous work, issues for female workers and likely isolation of miners from their families with the likelihood of sexually transmitted and other diseases being transmitted to their home communities.
- **Chemical** - numerous highly hazardous materials including, but not restricted to, fine respirable dusts containing silica, mercury, and cyanide.

We were told that extreme care is taken in how cyanide is stored due to the risk of this being misappropriated. The use of open tanks of cocktails of chemicals used in the extraction of gold was also of interest due to associated health and safety and possible environmental impact issues.

I would have liked to further explore the physical and psycho-social health effects of artisanal mining on female workers, particularly those that are pregnant/or are nursing mothers with the obvious dangers of mercury exposure on their babies.

## References

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## "HR understands us after all!"

*By Nick Pahl, Chief Executive, SOM*

**"HR doesn't understand us!"** How often have we heard occupational health (OH) colleagues say this, but it is not always the case.

There is a local authority where the HR team has embraced OH as a key partner when employees are taken through a disciplinary process. Previously, OH had limited involvement. They were just seen as rubber-stamping the process – providing little value for the employee or organisation. When employees were referred to OH, the question was simply: "Are they fit enough to go through the process?" This cannot be the way to manage people through one of the most difficult work experiences they are likely to face. The change started by repositioning the role of OH in the disciplinary process – ensuring its independence as it provided objective medical information.

OH now works much more closely with HR – reviewing cases with them every month, ensuring welfare meetings have taken place and providing any other support that is required. The OH team acts as a critical friend, sometimes challenging managers and HR on the decisions they are taking, based on its knowledge of the employee's health and wellbeing.

The team is much more proactive. An employee going through a disciplinary process previously needed to self-refer to access the authority's staff counselling service. Now managers and HR colleagues are fully briefed and able to refer an employee for emergency counselling if they feel it is required.

A "keeping safe plan" is developed with employees entering the disciplinary process which recognises the mental health risks, including suicide ideation. OH talks to employees about how they are, checking that they have people to support them, particularly over the weekend when support from work is not available. So, in this local authority, disciplinary process, which is so often seen as the sole preserve of the HR function, has become a team effort. And council staff, as well as the organisation itself, are better for it.

I take this story from a new book: 'Under Investigation: Transforming Disciplinary Practice in

the Workforce.' Along with Dr Kevin Teoh, a senior lecturer in organisational psychology at Birkbeck Business School, I was privileged to co-write a chapter in it, and we featured the case study there.

The idea for 'Under Investigation' was prompted five years ago, when the editors discovered that many employees were being harmed by disciplinary processes in their own organisation. Collaborating with experts in a range of disciplines, including Kevin, they identified that the harm is not limited to employees. It affects the people conducting the investigations, the culture of the teams and organisations in which they work, and it hits the reputation and bottom line of businesses and organisations. The harm can be avoidable. The book provides practical steps that every business and organisation can take to make employee

investigations a last resort, using them only when really needed. It sets out action for improving disciplinary policy and process, and organisational culture.

This fits with what we in OH know so well: that the design, organisation, and management of work is more important to an employee's health than the personal factors affecting them. The book provides an opportunity for OH to act – to work in ways which may be quite different to how we work at the moment.

The employee harm caused by disciplinary policy and process – and which is well-evidenced in the book – opens a door for OH to collaborate with HR to influence how work is designed and implemented. By taking such a systematic approach, we can avoid unnecessary harmful investigations, support people who are going through the process and help those who are in distress because of it.

And perhaps we can then say: "HR understands us after all!"

'Under Investigation: Transforming Disciplinary Practice in the Workplace' edited by Andrew Cooper and Adrian Neal, published by Bristol University Press on 5 November 2025, RRP £19.99, available [here](#) and from all good bookshops.





# HEALTH & WELLBEING @WORK

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*Future of Work Programme*

**Tuesday 10 March • 14.00-15.00**

**Dr Lanre Ogunyemi** Consultant in Occupational Medicine, TOPHS and Immediate Past President, Society of Occupational Medicine;

**Professor Richard Heron** Honorary Professor, International Business and Health, Nottingham University

#### Panel Discussion: Implementing and Improving Effective Reasonable Adjustments

*Health and Conditions Programme*

**Tuesday 10 March • 15.20-16.50**

**Dr Julie Denning** Chair, Vocational Rehabilitation Society and Chartered Health Psychologist, Working To Wellbeing;

**Angela Matthews** Director of Public Policy and Research, Business Disability Forum;

**Dr Shriti Pattani OBE** Consultant in Occupational Medicine and National Clinical Expert in Occupational Health & Wellbeing, NHS England;

**Rachel Suff** Senior Policy and HR Practice Adviser, CIPD

#### Panel Discussion: Aligning Prevention Strategies in Workplace Health and Wellbeing Interventions

*Health and Conditions Programme*

**Wednesday 11 March • 10.10-11.10**

**Dr Robin Cordell** President, The Faculty of Occupational Medicine;

**Dr David Fox** Consultant Occupational Physician, Health Partners;

**Dr Lali Japaridze** Vice President Health and Industrial Hygiene, BP;

**Dr David Roomes** Global Head, Occupational Health, Bristol Myers Squibb

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**FIND OUT MORE AT** [healthwellbeingwork.co.uk](https://healthwellbeingwork.co.uk)

## Report on SOM webinar on older workers

By Nic Paton



Sir Charlie Mayfield, in his 'Keep Britain Working' report to ministers in November, spoke of the "quiet but urgent crisis" facing the UK when it comes to health and work. More than one in five working-age adults are out of the workforce, substantially because of health problems, he highlighted. More than 800,000 additional people are now out of work than in 2019 because of health problems, and a further 600,000 could be added to this by 2030.

One strand of this is the fact that mental ill health among young people is rising sharply, especially post pandemic. But a second, equally worrying, concern is the extent to which older workers – those aged over 50 – are falling out of work, often because of ill health. In fact, it is estimated as many as half the workforce aged 50-65 leave before retirement.

The SOM in November held a workshop to, first, unpick and take forward some of the recommendations proposed by Sir Charlie. Alongside side this – and the subject of this report – it held an online workshop on how professionals and employers can better understand, and better respond to, the exodus of older workers.

The event was chaired by Dame Carol Black, author of course of the 2008 report *Working for a Healthier Tomorrow*, and brought together Kim Chaplain, specialist advisor for work at the Centre for Ageing Better, Emma Persand, chair of the Women's Health at Work Network, and Professor Ewan Macdonald, head of the healthy working lives group at the University of Glasgow.

Opening the discussion, Dame Carol highlighted that this was a "a serious and urgent problem to which society needs to adapt, not only to the changing age structure of the population but also to help us change how we age." She added: "If a longevity agenda is not prioritised in all countries of the world, we will be trapped in a never-ending cycle of dealing with age-related issues based on norms, institutions and behaviours that are not really geared to longer lives. And not just longer lives, but healthier longer lives.

"A longevity society requires us to think not just about the older person but how are we thinking about preparing the younger generation for the fact that they are ageing every day and they too will face similar challenges many years ahead. So, we need to develop a longevity society that is not just restricted to the rich who want to live forever or, indeed to the old. It is a global imperative for all countries. And it is relevant to all of us, regardless of our current age," Dame Carol emphasised, albeit adding that, of course, 'productivity' in this context needs to be seen as wider than simply paid employment, and so covering things such as caring, volunteering work and continuing education.

View the full report [here](#).



# Protecting the mental health of disaster and first responders, an international perspective and systematic literature review



**SOM has secured funding from Lloyd's Register Foundation to run a systematic literature review on the mental health, safety and wellbeing of first responders in 2026.**

Disasters and extreme events are becoming more frequent. Protecting the health and safety of first responders is of vital importance, so governments, and the public, can be assured that they can be called upon to work effectively in challenging environments.

The project will consolidate current knowledge on the mental health and safety of disaster and first responders from an international perspective by carrying out a systematic global literature review on the psychological impacts, both good and bad, experienced by this occupational group and identifying best practices and effective interventions. Findings will be used to provide actionable insights for policymakers; organisations and Lloyd's Register Foundation.

SOM President Professor Neil Greenberg will be leading the systematic review alongside researcher, Dr Sahra Tekin. Neil said: *"We are very grateful to Lloyd's Register Foundation for this grant which will see us consolidating key evidence to produce actional outputs to support the mental health of disaster response workers across the globe. This work also fits very well with SOM's intent to make better use of published evidence as the basis for the various guidance documents which we produce to help occupational health professionals carry out their important work".*

The Foundation's 2023 World Risk Poll data shows that 30% of people globally had experienced a

disaster related to hazards in the past 5 years, up from 27% in 2021. Approximately 60% of first responders experience psychological trauma during their careers and are three times more likely to experience PTSD than the general population. The ability for first responders to effectively cope with such stressors is essential not only for their own mental health, but for the safety and efficacy of their work.

We are delighted to be working with the new Lloyd's Register Foundation Global Safety Evidence Centre which launched in 2025. The [Global Safety Evidence Centre](#) aims to become a hub for anyone who needs to know 'what works' to make people safer in the face of a range of global safety challenges.

Nancy Hey, Director of Evidence and Insight at Lloyd's Register Foundation, said: *"The World Risk Poll highlights a growing global trend: more people are experiencing disasters. This makes it even more important to strengthen resilience – not just for individuals, but for communities and societies as a whole.*

*"Research exists on the general impact of disasters on occupational safety, but not enough has been done on the impact on those that help us all with their consequences. Yet we know there are increasing risks to the mental safety, health and wellbeing of those first on the scene. This includes millions of people globally who respond to all types of disasters in professional, voluntary and informal roles. We're pleased to be working with SOM to improve how evidence is used to support them."*



# Occupational Health News

- ◆ **Developing and testing an intervention for shiftwork sleep disorder in NHS workers - new research study** - Researchers are planning to recruit 10-15 NHS trusts (include their OH departments) across England to take part. In particular, they wish to recruit NHS trusts (acute, ambulance, community, mental health) with a high percentage of shift workers (working after 6pm or before 7am). The intervention developed is a six-session multi- component behavioural intervention and will be delivered online as one-to-one, by specially trained facilitators. They are keen to provide an opportunity for OH staff (nurses, health and wellbeing practitioners, psychologists or technicians) to take on the intervention delivery role (facilitators). Training will be provided by the study team. Interested? Contact [Vaughan.parsons@nhs.net](mailto:Vaughan.parsons@nhs.net)
- ◆ **STAGECREW new guidance** on physical health of backstage workers from BAPAM with ABTT [here](#).
- ◆ **HSE publishes annual workplace health and safety statistics** [here](#).
- ◆ **Implementing the employment rights bill** - road map [here](#).
- ◆ **Radiation workers and their health: national study** - a long-term follow-up study of the health of radiation workers in the UK, details [here](#).
- ◆ **Research Advisory Group on workplace bullying** - details [here](#) and [here](#).

## Upcoming SOM Special Interest Groups (SIGs)

- **Long Term Conditions** – Fri 23rd Jan 2.30pm
- **OH Work and Psychology** – Fri 23rd Jan 4pm
- **MSK at Work** – Tue 27th Jan 1.30pm
- **Noise Induced Hearing Loss** – Thu 29th Jan 3pm
- **HAVS** – Thu 29th Jan 4pm
- **Mental Health** – Tue 3rd Feb 12.30pm
- **Women's Health at Work** – Thu 5th Feb 11am
- **Mining** – Tue 10th Feb 10am
- **Academic Forum** – Fri 13th Feb 1pm
- **Safeguarding** – Tue 24th Feb 3pm
- **Clinical Audit** – Wed 25th Feb 3pm
- **Allied Health Professionals** – Fri 27th Feb 10am
- **Neurodiversity** – Tue 3rd Mar 3.30pm

Interested in joining? Contact [Nick.Pahl@som.org.uk](mailto:Nick.Pahl@som.org.uk)

## Support the Future of Occupational Health!

Host a shadow day and inspire the next generation

Are you passionate about Occupational Health? Do you want to help shape the future of OH by offering a practical insight to those considering a career in our vital field?

**Consider hosting shadow days!**

### What are shadow days?

**Shadow days give individuals interested in OH the chance to:**

- Observe professionals in action
- Gain first-hand experience of an OH environment
- Understand the diverse roles and responsibilities within OH
- Ask questions and explore the role

### Why should you get involved?

**By hosting a Shadow Day, you'll:**

- Promote awareness of the OH profession
- Help attract and inspire future talent
- Support OH workforce development and sustainability
- Showcase the impact and value of OH work
- Support the development of your team
- Obtain different perspectives and a fresh set of eyes

### How to go about it?

- Choose a structure that works for your team or a team member, for example an onsite clinic day which could be immunisations, management referrals, health surveillance, pre-placement assessments, safety critical type work
- Agree a date
- Welcome a shadowing participant for a half or full day Share your knowledge, experience, and enthusiasm

Register your interest in supporting a shadow day with [admin@som.org.uk](mailto:admin@som.org.uk) or [janet.oneill6@nhs.net](mailto:janet.oneill6@nhs.net) and be added to our contact list.

### Additional tools on request

- Shadow Workbook for observers to widen their understanding
- Template non-disclosure and confidentiality agreement

### Feedback

- " *I really enjoyed the shadowing day and found it incredibly insightful. It gave me a much clearer understanding of the role of occupational health. I learned about various screening tools, as well as different vaccines, immunity, rapid vaccination schedules and contraindications.*
- " *I used the workbook you kindly provided and filled it out during the day; it was a great resource to guide my learning.*
- " *I'm grateful for this experience. It has deepened my interest in occupational health and given me a better sense of the practical aspects of the field.*

***Be a catalyst for change in Occupational Health.***

# OH ESSENTIALS WEBINAR SERIES

## **From Risk assessment to Health surveillance - a journey explained**

Dr Dil Sen - Recording [here](#). Slides [here](#).

## **Safeguarding health, safety, and wellbeing of health workers**

Dr Dorothy Ngajilo - Recording [here](#). Slides [here](#).

## **Hand Arm Vibration at work**

Ian Lawson - Recording [here](#). Slides [here](#).

## **Skin issues at work**

Dr Katrin Alden - Recording [here](#). Slides not available.

## **Noise issues at work**

Clare Foreshaw - Recording [here](#). Slides [here](#).

## **Occupational Hygiene at work, covering asbestos and silica**

Recording [here](#). Slides [here](#).

## **Occupational Health Physiotherapy and MSK issues at work**

Recording [here](#). Slides [here](#).

## **Ethics and Legal aspects of OH - Neurodiversity and Discrimination Law**

Recording [here](#). Slides [here](#).

## **Mental Health at work**

Professor Neil Greenberg - Recording [here](#) and [here](#). Slides [here](#).

## **Respiratory issues in OH (pneumoconiosis and silicosis)**

Professor Anthony Seaton & Professor Ewan MacDonald - Recording [here](#). Slides [here](#) and [here](#).

## **Pre-placement assessments**

Professor Anne Harriss - Recording [here](#). Slides [here](#).



# International Commission on Occupational Health (ICOH)



By Kate Jones, ICOH UK National Secretary 2024-27

**The International Commission on Occupational Health (ICOH) is an international non-profitmaking, non-political, multidisciplinary scientific organisation whose sole purpose is to foster the scientific progress, knowledge and development of occupational health and related subjects on an international basis.**

Founded in Milan, Italy in 1906 with the first International Congress on Occupational Health, ICOH now has around 2000 members with genuine global representation (e.g. 31% of members from Asia, 21% from Africa). Although, as expected, dominated by occupational physicians (two-thirds of members), a wide range of disciplines is covered (including nurses, epidemiologists, occupational hygienists, psychologists and toxicologists) and this is also reflected in the diversity of the 38 ICOH scientific committees. All ICOH members are eligible to join up to three of the scientific committees that match their professional expertise and interests. These allow members to influence global occupational health conversations, to produce guidelines and publications and to develop conferences, training and webinars. Some of the conferences, such as EPICOH, may be well known to you and, of course, ICOH members receive registration discounts on all ICOH-organised events. They have also started a series of successful webinars, which are free to ICOH members.

Since 1906 there have been over 30 International Congresses with the 2027 one currently in planning for Mumbai, India and 2030 agreed for Rome, Italy. At the 2027 Congress, bids will be evaluated for the 2033 Congress and SOM are an affiliate member of ICOH and are currently exploring the feasibility of hosting such a Congress in the UK. In consultation with other UK-based occupational health and health and safety organisations (such as IOSH and BOHS), SOM will be evaluating whether to submit a bid this year. A part of the consideration for ICOH is the number of ICOH members in the host nation. The UK currently has around 50 ICOH members, which is great but I am keen to encourage more participation; historically the UK has been extremely valued for its input and we have lots to offer. As well as individual members, national research institutes and organisations can join as Sustaining Members (e.g. IOSH), while professional societies or scientific associations can become Affiliate Members (e.g. SOM, BOHS).

Please take a look at the [ICOH website](https://www.ichh.org/) today and consider joining – there is an abundance of scientific committees to get involved with and a Congress in India (and perhaps one closer to home in the future) to plan for. There will also be the role of UK national secretary available in a couple of years' time!

# Upcoming Workplace Visits



SOM plans regular workplace visits as part of the benefits of being a member, offering hands-on learning and insight into industry-specific occupational health strategies.

Members visited the Levant Mine & Geevor Tin Mine in November (photos above) which included an underground tour. For access to our workplace visits, [join SOM as a member](#).

WORLD of WEDGWOOD

## Factory Visit to World of Wedgwood & Afternoon Tea

Wednesday 18th February, Staffordshire



## Factory Tour of Lunaz, Silverstone

Monday 2nd March, Staffordshire



## Visit to University of Lancashire Wellness Centre

Wednesday 22nd April, Lancashire





Supporting occupational health  
and wellbeing professionals

# Join SOM as a Professional Partner Member

**Work in HR, Wellbeing, Occupational Health Procurement, Employee Assistance or responsible for workplace health?**

SOM Professional Partner Membership is for professionals who wish to keep up to date with the latest occupational health resources and guidance. Membership offers knowledge, tools, and connections to help you do the best job you can for your employer and your clients in health and work – now and in the future. It is not open to occupational health or other health professionals.

Benefits include:

- A curated monthly update with key resources and guidance
- Discounts on SOM events including up to 6 free webinars a year
- Exclusive workplace health offers
- Invitation to the SOM Christmas drinks and Awards

Whether you work in HR, or are a professional navigating health challenges, SOM's Professional Partner Membership helps you keep up to date with key issues,

[www.som.org.uk/membership-information](http://www.som.org.uk/membership-information)



from Long COVID to mental health at work.

With SOM's support, and the backing of a community of nearly 2,000 occupational health professionals around the world, Professional Partner Membership will boost your confidence and skills, helping you in your work and career.

Cost – £60 / year (saving you over £120 on webinar registration fees alone). Our membership year runs from January to December. If you join mid-year, you will pay a pro rata rate.

Membership shows a commitment to workplace health and a wish to understand current best practice; but is not an endorsement by SOM of the services you may offer and does not provide SOM membership voting rights.

**For further information, please contact**  
**[membership@som.org.uk](mailto:membership@som.org.uk)**

 **@SOMNews**



# Neurodiversity, COVID and overlap with hypermobility and inflammatory conditions

*Wednesday 18th February, 4.00-5.00pm - Sponsored by Orchard Live*

**FREE SOM Members; £35 Non-members**

There is an emerging picture of overlap e.g. autism, ADHD and health issues such as chronic fatigue, brain-fog, concentration, anxiety difficulties. Overlapping symptoms can confuse psychological with physiological causes. Neurodivergent people, who are more likely to have hypermobility, connective tissue and autoimmune conditions, have also been disproportionately impacted by long COVID, which can exacerbate or bring on these symptoms.

The rise in neurodiversity cases since the pandemic is in part due to increased awareness, but also because psychiatric symptoms have worsened due to this overlap. Very little is known about these emerging co-occurrences but preliminary evidence suggests that we can get people back to work and improve their capacity with a range of simple treatments, escalating to more complex interventions such as rTMS for the most severely affected.

Given the absence crisis, identification of cases in Occupational Health and correct referral to treatment could be transformational. Follow this link for an introductory paper on the overlap between neurodiversity and inflammatory conditions, and how these affect cognition and functioning: Prevalence and treatment response of neuropsychiatric disorders in mast cell activation syndrome - ScienceDirect.

Chair: Dr Nancy Doyle C. Psychol.

## **Speaker Bio:**

Dr Stephanie Barrett is at the forefront of new technologies and treatments for conditions such as Fibromyalgia, chronic pain and post-Covid fatigue. She is a specialist in rTMS (Transcranial Magnetic Stimulation).

Formerly a lead consultant of rheumatology at Chelsea and Westminster Hospital, she is currently the Medical Director of the Chelsea Rheumatology Clinic and founder of The Brainwave Clinic in Harley Street, working with like minded rheumatology colleagues. She is included in all the published Tatler's 250 top doctors guides.



**Register Here**

# Upcoming SOM Webinars

*View our catalogue of public webinar recordings [here](#).*

View the full list of upcoming SOM webinars [here](#).

- **Launch of the Leadership Competency Framework - Sponsored by [Orchid Live](#)**  
**FREE For All**  
Monday 26th January, 12–1pm – Register [here](#)
- **Universal Design in the workplace**  
**FREE For All**  
Monday 9th February, 12–1pm – Register [here](#)
- **Clinical audit webinar - Sponsored by [Orchid Live](#)**  
**FREE SOM Members; £35 Non-members**  
Monday 23rd February, 12–1pm – Register [here](#)
- **Flipping the Switch: Challenging How We Approach Stress and Mental Health through Adventure Neuropsychology**  
**FREE SOM Members; £35 Non-members**  
Tuesday 24th February, 1–2pm – Register [here](#)
- **Unlocking the Challenge of Raynaud's Phenomenon: From Mechanism to Management**  
**FREE SOM Members; £35 Non-members**  
Wednesday 25th February, 12–1pm – Register [here](#)
- **Medicinal cannabis at work: balancing safety, fairness and uncertainty for OH providers**  
**FREE SOM Members; £35 Non-members**  
Tuesday 3rd March, 1-2pm – Register [here](#)



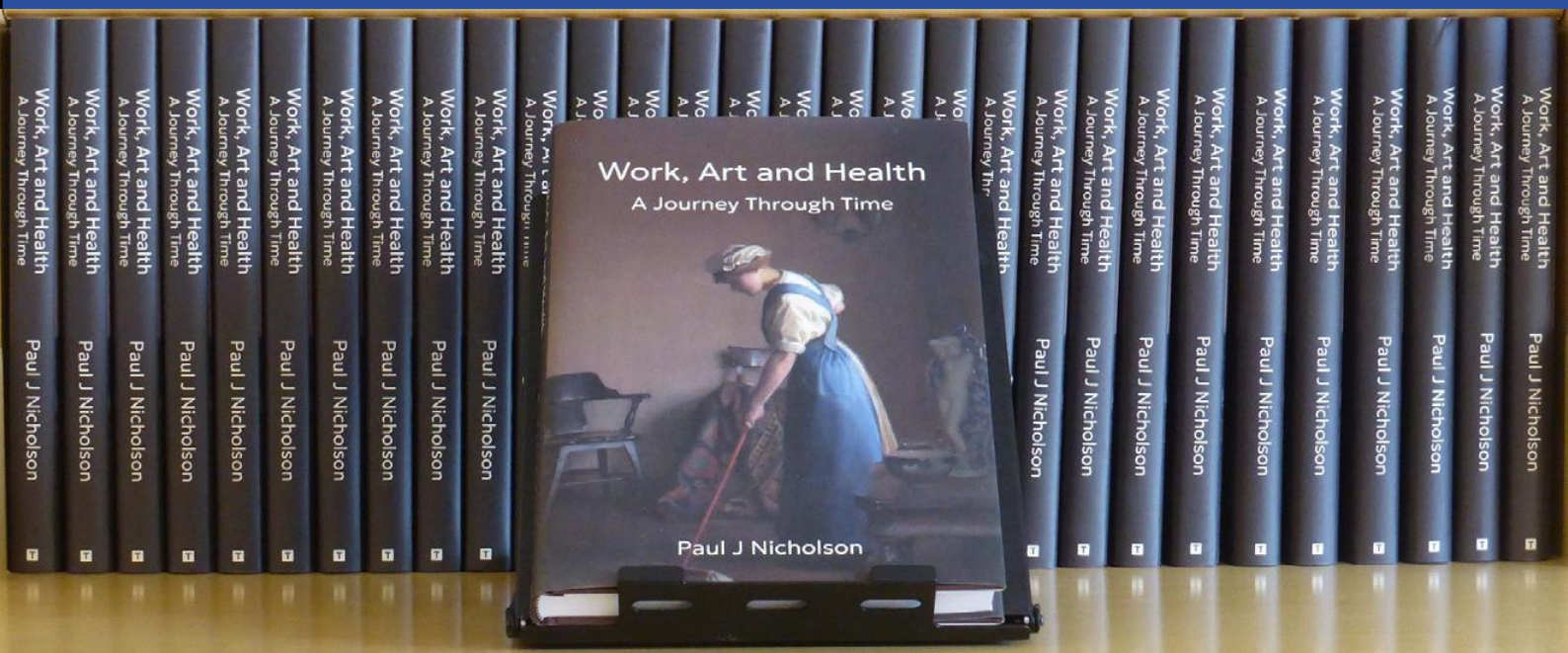
## **About the SOM**

The Society of Occupational Medicine (SOM) is the largest and oldest national professional organisation and with an interest in OH. It demonstrates a commitment to improving health at work, supports professional development and improves future employability enhancing our members' reputation and employability. Members are part of a multidisciplinary community – including doctors, technicians, nurses, health specialists and other professionals – with access to the information, expertise and learning needed to keep at the forefront of their role. Members benefit from career development opportunities alongside practical, day-to-day support and guidance, through local and national networks that are open to all. Through its collective voice, SOM advances knowledge, increases awareness and seeks to positively influence the future of OH.

**Join us - at [www.som.org.uk](http://www.som.org.uk)**



SOM is pleased to announce that its latest book *Work, Art and Health: A Journey Through Time* is in stock and available to purchase. Written by former SOM President Paul Nicholson, this beautifully illustrated book takes readers on an excursion to explore the world of work, and its effects on health by looking at examples of art from the prehistoric to the present. The journey starts in c.5500BCE with a rock painting of an early human collecting honey, and ends in 2021 with a portrait of a hospital nurse wearing full PPE during the COVID pandemic. Featuring 100 works of art, subject matter includes a wide range of occupations and art movements from around the world. The book showcases works by famous artists, and accomplished works by less well-known artists. It is visually diverse and informative, and should appeal to anyone with an interest in health and safety at work. You can order the book directly from the publisher at: [Work, Art and Health | Troubador Publishing](#) or through major bookstores.



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2 St Andrews Place, London NW1 4LB

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