

SOM FOM Occupational Health Conference 2026 in Nottingham

Disability and Reasonable Adjustments in the UK Construction Industry

Is it unsafe for a non-clinician to run an occupational health company?

Highlighted Webinar: Mental Health at Work



Supporting occupational health and wellbeing professionals

SPRING MAGAZINE 2026



Clockwise from top right:

*SOM Central Southern England Committee at the CSEG Spring Meeting in Farnborough
Professor Anne Harriss and Christine Poulter met with Helen Truscott from Australia at SOM's offices*

Panel discussion at the Integrated Health Summit in April

Janet O'Neill receives SOM's inaugural Mentor of the Year award, presented by Kirsten Rippin.

Contents

Introduction by Prof Neil Greenberg	Page 1
SOM FOM Occupational Health Conference 2026 in Nottingham	Page 2
April Event Highlights	Page 3
Leadership in nursing and occupational health	Page 5
Disability and Reasonable Adjustments in the UK Construction Industry	Page 6-7
The Evolving Role of Occupational Health in Menopause at Work	Page 8-9
SOM Podcast: Menopause, Work and What We're Still Getting Wrong	Page 9
Advertise your job with SOM	Page 10
2 Day Surveillance Audiometry Course	Page 11
New WISE-QM: Quality Mark for Wellbeing Initiatives and Services for Employees	Page 12
Positioning Wellbeing within Occupational Health	Page 12-13
Is it unsafe for a non-clinician to run an occupational health company?	Page 14
Reasonable Adjustments in Practice - What Case Law, and Real Life, Tell Us	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
World Day of Safety and Health at Work and International Workers' Memorial Day	Page 19
Consultation on RIDDOR - meeting to discuss?	Page 19
Upcoming SOM Workplace Visits	Page 20
SOM Professional Partner Membership	Page 21
Highlighted Webinar: Mental Health at Work	Page 22
Upcoming SOM webinars	Page 23

Introduction

It was a privilege to represent SOM at the American College of Occupational and Environmental Medicine (ACOEM) Conference in Chicago in April. I was given the opportunity to address a plenary session and presented a workshop on the management of traumatic stress within organisations. SOM has a longstanding relationship with the ACOEM - we will be welcoming the new ACOEM President, Dr Jill Rosenthal, to the SOM/FOM ASM in Nottingham. Please feel free to chat to Jill on anything to do with OH in the US; but let's keep politics out of conversations!

Back in the UK, SOM was at Health and Wellbeing at Work at the NEC in March 2026; I provided an update at the excellent SOM Central Southern England Regional Group Spring Meeting, and opened the SOM supported Integrated Health Summit at King's College London on 14th April.

Recognising that Rome was not built in a day (I suspect it wasn't, in my [biased] view), the SOM is continuing to do a lot of good: SOM's Wellbeing Quality Mark, with the Royal College of Psychiatrists, is progressing - do get in touch if you provide wellbeing interventions. A proposed supervision process for DOcc Meds and Portfolio candidates is taking shape and will launch later in the year.

If you are not a member, please join and if have any ideas, suggestions, or comments we will always listen. You can get in touch at email admin@som.org.uk or President@som.org.uk



Prof Neil Greenberg,
SOM President

The SOM leadership academy is currently inviting expressions of interest for launching an Emerging Leaders Learning Series. This is an opportunity to join a small group for four 60-minute online sessions over four months, designed to support your development through shared learning and real-world challenges. To express an interest, [complete the survey here.](#)



JOIN US IN NOTTINGHAM

REGISTRATION IS OPEN

Registration is now open for Occupational Health 2026. This year's SOM/FOM annual conference takes place in Nottingham on the 16th-17th June with this year's programme entitled "The Future of Occupational Health: Transforming Work and Health through Prevention".

There are some great speakers covering mental health and return to work, metabolic health, pain and respiratory disease, alongside the growing role of data, research and evidence-based practice in informing clinical decision-making.

[Visit the website](#) to book your place, view the latest programme, plus venue and hotel information, the social programme and details of the workplace visits.

Occupational Health 2026 | 16th-17th June

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

occupationalhealthconferences.com



Brought to you by  
Supporting occupational health and wellbeing professionals
Faculty of Occupational Medicine

Headline Sponsor
 Health Partners

 @OccHealth26 Nottingham

April Event Highlights



Integrated Health Summit

Delivered in partnership with Wellbeing at Work, SOM and Qualitas, the Integrated Health Summit 2026 brought together leaders from healthcare, occupational health and workplace wellbeing to explore prevention-led, integrated care. With a focus on personalised approaches, multi-morbidity and the role of work in health, the event highlighted the value of closer collaboration between health systems and employers, while reinforcing the growing importance of occupational health in improving outcomes.

SOM Central Southern England Regional Group Spring Meeting

The meeting featured a varied programme covering key OH topics including epilepsy in the workplace, legal and ethical practice, and supporting return to work. The event provided CPD and networking opportunities, bringing together professionals to share practical insights and strengthen collaboration.

Regional groups are an excellent SOM member benefit. Find out more [here](#).



SOM OH Practitioners Conference in Wales

The conference brought together OH professionals in Cardiff for a full day of CPD, networking and best practice sharing. The programme covered a wide range of current topics including communication in occupational health, drug and alcohol issues, HAVS, neurodiversity and respiratory health, alongside updates on fitness to practise, clinical audit, accreditation and information governance. The conference concluded with a panel discussion on effective OH report writing, reinforcing practical learning and multidisciplinary collaboration across the profession.





Health Partners ACADEMY

Advance your career with
courses **designed & delivered**
by occupational health experts

Introduction to Health Surveillance Training Course **Wednesday 13th May 2026 (Online)**

Join our health surveillance experts for a full-day of comprehensive online training, designed to help you understand health surveillance requirements and support you in confidently assessing, managing and triaging cases.



Diploma in Occupational Medicine (DOccMed) Training Course

18-22 May & 15-19 June 2026 (Online)

This intensive 10-day course not only equips physicians with the training and guidance needed to successfully pass the Diploma in Occupational Medicine (DOccMed) exam, it specialises in preparing participants to confidently excel in their first role in occupational health.



Secure Your Place Today

 www.healthpartnersgroup.com/academy

 hello@healthpartnersacademy.com



Leadership in nursing and occupational health

By Susan Gee MSc, MA, BSc (Hons), SCPHN (OH), RN, Head of Occupational Health & Wellbeing at Yorkshire Water

My story begins at 15 in a woollen mill, long before any qualification, where I first understood what it meant to work, to be part of a working community, and to see how people's health and livelihoods are tightly bound together. In 1980 I began my nurse training as a State Enrolled Nurse, a profession that I am proud I am still part of today. From NHS and private sector roles, I learned the fundamentals of compassionate care, professionalism, and the realities of frontline practice. Each step gave me a richer understanding of environments in which people work and the pressures they carry, laying the foundations for a career dedicated to protecting and enhancing the health of others at work. I completed a registered nurse conversion course in 1992, with my first experience of research and how I could influence the workplace.

Becoming the first occupational health (OH) nurse for a major supermarket chain in 1997 showed me what leadership looks like in practice. The role had no blueprint and no predecessor, and I had to define both the value and the voice of OH. It sharpened my ability to build trust with senior leaders, translate clinical expertise into business language, and advocate for worker health as a driver of performance rather than a cost. I moved to Bradford Council in 1997 as an OH adviser for 16 years, becoming Head of Occupational Health and Safety. I shaped services in a complex political public sector setting while studying for my OH degree, an MA in healthcare law, and an MSc in leadership, management and change in health and social care. This practice and academic study deepened my conviction that effective leaders never stop learning and that credibility in leadership is earned through both expertise and example. One of the great privileges of my career was being invited to be a guest lecturer at Leeds Beckett University, supporting nurses on the OH degree course to understand complexities and challenges of managing health in the workplace.

“*True leadership is measured not by titles or personal achievements but how others grow because of my presence.*”

My philosophy emerged - that leadership begins with knowing yourself. It means being honest about my strengths and areas I do not enjoy or where my skills are not fully developed. Rather than clinging to the idea that I must be the most knowledgeable person, real strength lies in having the courage to hire people who are smarter than me in their specialist areas, then giving them the autonomy to use their skills for the benefit of the organisation. My role is to set direction, create psychological safety, and remove obstacles so that the team can flourish.

Courage and accountability sit at the heart of leadership. Having the courage to make decisions, to speak up when something is not right, or to advocate for an unpopular but necessary course of action is fundamental. Equally important is the willingness to own decisions when they do not show me at my finest. Every leader makes mistakes; the difference is whether

we deflect or take responsibility, learn, and repair. Leadership is not about perfection but about integrity, doing my best with the information and authority I have, being transparent about my reasoning, and being ready to say, “I was wrong” and put things right when needed. That authenticity builds trust far more than a carefully maintained façade of infallibility.

True leadership is measured not by titles or personal achievements but how others grow because of my presence. I want to leave teams more capable, more confident, and more connected than they were before. My own career has been shaped by mentors, women and men who have lifted me, shared their knowledge, and invested time in my development. I see it as a responsibility to open doors, make introductions, share opportunities, and sometimes simply offer a listening ear that helps someone see their own potential more clearly. In a profession like OH, where roles can be misunderstood or undervalued, this sponsorship can change the course of a colleague's career.

Another strand of my philosophy is knowing when it is time to step aside. Leaders have a duty not only to deliver in the present but to ensure that teams and organisations are ready for the future. That sometimes means recognising that my part of the story is complete and that new talent, with different perspectives and energy, needs space to flourish. Hanging on too long can stifle growth and innovation; choosing to move aside, even when it is uncomfortable, is an act of service to the organisation and the profession. For nurse leaders, this involves succession planning, deliberate mentoring, and supporting emerging leaders to take on visible, stretching roles rather than keeping tight hold of the reins.

My approach is to “proceed until apprehended,” with a bias toward action and willingness to push boundaries in pursuit of better outcomes. I pair this with a clear awareness of professional limits, staying within the bounds of my expertise, understanding my authority, and respecting governance and ethics. This balance is vital in OH nursing, where leaders often operate at the intersection of clinical practice, employment law, and organisational politics. Being bold does not mean being reckless; it means being prepared to move first, test ideas, and gently challenge the status quo while remaining grounded in evidence, regulation, and patient centred values.

Leadership is not a straight, upward line but a long, uneven journey. There are days when initiatives land well and teams thrive, and days when the road ahead looks overwhelming and every decision feels heavy. I remind myself that leadership is forged in small, often unseen acts, the difficult conversation I do not avoid, the junior colleague I encourage, the policy I improve, the reflective pause after a misstep.

Becoming a great leader in nursing is about acts of courage, learning, and humility over many years. When those acts are guided by purpose, curiosity, and care for others, they shape not only services and organisations but the future of our profession itself.

Disability and Reasonable Adjustments in the UK Construction Industry

By Tracy Turner

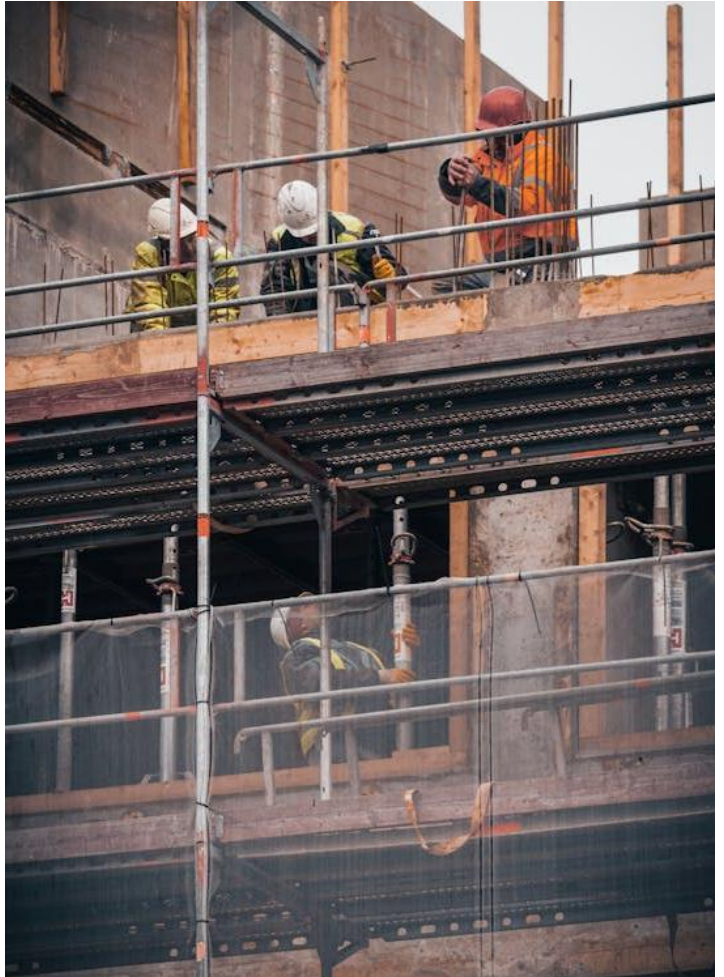
The construction industry is seeing a significant rise in workers undergoing Safety-Critical Medicals (SCMs), driven by an ageing workforce, increasing numbers of workers managing long-term health conditions, and stricter site entry requirements by contractors*. These workers often bring extensive skills, experience, and site knowledge, making it essential that workplaces support them to remain safely and effectively employed. SCM standards exist to protect the health and safety of workers and to ensure that those performing high-risk tasks [can do so safely](#). They are defined through standards such as SEQOHS standards, DVLA Group 2 medical criteria, with advice from [SOM construction guidance](#).

Recently, a worker was refused access to site after reasonable adjustments were recommended following his SCM. He later asked for these adjustments to be removed so he could return without restrictions; however, this was not permissible. Adjustments cannot be withdrawn simply for convenience or to bypass safety measures - they must always reflect clinical needs, functional impact, and legal requirements. Their purpose is to protect both the workers and the wider site workforce. With large contractors requiring valid SCM certification for any site entry, even short-duration visits, the demand for assessments has risen sharply.

Construction is physically demanding, fast-paced, and regulated, meaning employers must understand their duties under the Equality Act 2010. This requires employers to take steps so that disabled workers are not placed at a substantial disadvantage and to provide reasonable adjustments that enable them to carry out their role safely and effectively. With construction facing ongoing labour shortages, thoughtful adjustments also help retain skilled staff at a time when experience is more valuable than ever. Reasonable adjustments are not optional, they are:

- a legal duty;
- a core safety measure;
- a means of ensuring [fair access to work](#).

Under the Equality Act, a disability is a physical or mental impairment that has a substantial and



long-term effect on a person's ability to perform normal daily activities. Many construction workers meet this definition, often without realising it. Conditions such as chronic musculoskeletal disorders, repetitive strain injuries, hearing loss, diabetes, epilepsy, depression, anxiety, and other long-term health issues are common across the sector. In addition, conditions like cancer, HIV, and multiple sclerosis are automatically recognised as disabilities from the point of diagnosis.

For employers, the key consideration is not the diagnosis itself, but how the condition affects mobility, stamina, coordination, concentration, or the safe performance of safety-critical tasks. Reasonable adjustments are practical steps to reduce or remove disadvantages linked to disability. Examples on construction sites include:

- reallocating ground-level tasks for workers unable to work at height;

- providing audio-visual alarms for those with hearing impairments;
- using lifting aids to reduce manual strain;
- modifying shift patterns or break schedules;
- supplying adapted or ergonomic tools.

Most adjustments are low-cost and straightforward, yet they significantly improve safety, inclusion, and operational performance.

Employers must make adjustments when they know - or could reasonably be expected to know - that a worker has a disability. This applies during recruitment, induction, training, day-to-day job allocation, and return-to-work processes. Awareness may arise through direct disclosure, recurrent sickness patterns, or observations that an employee is struggling with particular tasks.

Failure to implement reasonable adjustments can amount to disability discrimination, carrying both legal and operational risks. Whether an adjustment is reasonable depends on:

- the effectiveness of the change;
- how practical it is on a live construction site;
- cost and available resources;
- its impact on the safety of the wider workforce.

Employers are not expected to remove the fundamental nature of a job - for example, eliminating essential heavy lifting from a labouring role - but they are expected to explore supportive measures or consider alternative duties. Proportionate adjustments allow risks to be managed without compromising productivity.

Occupational health (OH) is essential in advising construction employers on clinical risk, functional impact, and safe deployment. OH recommendations focus on what a worker can do, outlining any limitations relating to strength, stamina, coordination, concentration, or the ability to carry out safety-critical tasks. OH input supports early intervention, informed management decisions, phased returns, and mental health considerations, ensuring that workplace decisions remain safe, fair, and legally compliant.

Implemented well, they reduce sickness absence, improve retention, and help maintain high safety standards.

Where does responsibility lie in a sector where contractors, subcontractors, and self-employed workers work side by side? Under the Equality Act, the organisation that controls the workplace

environment (the “principal contractor” or site controller) shares responsibility for ensuring reasonable adjustments are considered and implemented. Employers of subcontracted or self-employed workers also retain duties toward their own personnel.

Clear communication between OH providers, employers, site controllers, and workers is essential so that everyone understands why adjustments are recommended, who is responsible for implementing them, and how they protect individuals and the wider site.

Many workers in construction operate on a self-employed or sub-contracted basis, but this does not remove the duty to consider reasonable adjustments where a health condition may place them at a disadvantage. Under the Equality Act 2010, employers, contractors, and self-employed people hired to personally carry out the work are all covered, meaning both the individual's engaging business (if applicable) and the site controller/principal have responsibilities to consider reasonable adjustments.

The organisation controlling the site must not discriminate against contract workers, including by denying access without first exploring safe and reasonable alternatives. The Principal Contractor also has CDM 2015 duties to plan, manage and monitor work so that it is carried out without risk to health and safety.

Where OH recommends adjustments, these should be reviewed collaboratively. Site access should only be restricted if no safe or reasonably practicable adjustments can be implemented after proper review. Failure to consider adjustments may amount to a breach of the Equality Act.

Tracy Turner is a nurse with over 40 years of experience in a variety of settings, including theatres, A&E, and ITU. She is a specialist OH nurse with a particular interest in OH Law, a menopause expert champion, and the founder of Turners OH.

**Health and Safety Statistics: Key figures for Great Britain 2024 to 2025 (Published 20 Nov 2025) - work-related ill health at an all-time high - estimated 1.9 million workers reported suffering from work-related ill health in 2024/25, an 11.8% increase year-on-year. 79,000 construction workers reported work-related ill health. Musculoskeletal disorders and respiratory issues remain higher than the national average.*

The Evolving Role of Occupational Health in Menopause at Work

By Emma Persand



International Women's Day was a great opportunity to reflect on progress in supporting women's health in the workplace. Menopause has rightly gained attention as an important workplace issue. New Government guidance encourages employers to offer occupational health advice to employees experiencing menopause, recognising the valuable role occupational health (OH) professionals can play in helping employers understand how menopause may affect work and what support may be appropriate. In parallel, larger employers are expected to develop Menopause Action Plans. These developments represent an important cultural shift. However, organisations are asking: how should menopause be operationalised within workplace systems?

Awareness helps reduce stigma and enable more open conversations between employees and managers. However, awareness alone does not always provide organisations with the practical tools needed to manage situations where menopause may interact with work demands or workplace environments. Managers frequently ask questions such as:

When should OH be involved?

How should menopause be considered in workplace risk assessments?

What constitutes a reasonable workplace adjustment?

How can responses remain proportionate without medicalising menopause?

OH already provides frameworks for addressing situations where health factors interact with work. In many areas of OH professionals routinely assess how functional capacity interacts with job demands, workplace exposures and organisational systems. From this perspective, menopause can be understood not solely through the lens of symptoms, but also through how menopausal transition may influence functional work capacity in certain contexts.

For example, some individuals may experience changes affecting thermoregulation, sleep quality, fatigue tolerance, concentration or musculoskeletal comfort. In some work environments these factors may interact with workplace issues such as shift patterns, temperature exposure, workload pressures or safety-critical tasks. This does not mean menopause should be medicalised. Rather, it highlights that menopause may, in certain circumstances, intersect with workplace systems.

OH is uniquely positioned to support organisations in navigating these complexities. The recently published government guidance encouraging employers to offer OH advice to employees experiencing menopause reinforces the value of OH expertise in

helping employers understand how health factors may interact with work. OH can support organisations in:

Helping employers translate menopause awareness into practical workplace management processes - advising on how menopause considerations may fit within existing risk assessment systems, management procedures and OH referral pathways.

Providing individual functional assessments where symptoms significantly affect work participation or where safety-critical roles are involved. OH advice can help identify appropriate workplace adjustments that support both employee wellbeing and organisational safety responsibilities.

OH can contribute to organisational governance and monitoring. As employers develop menopause action plans, OH may help organisations review referral patterns, identify recurring workplace risk factors, and support evaluation of whether workplace systems are functioning effectively.

Menopause action plans represent an important step in embedding menopause considerations within organisational policies. Policies alone are unlikely to deliver meaningful change unless they are supported by clear operational pathways. Employers will need to ensure that managers understand:

when workplace adjustments may be appropriate

how menopause considerations fit within existing risk management processes

when escalation to occupational health should occur
how decisions should be documented and reviewed

OH can design and implement these processes, linking them with workplace risk assessment frameworks, so factors such as fatigue, thermal comfort, workload pressures and welfare access are appropriately considered. Escalation pathways to OH can ensure that more complex cases receive appropriate professional support while maintaining appropriate boundaries between managerial responsibilities and clinical care.

By documenting approaches, sharing case studies and contributing to professional discussion, OH can help shape how menopause is integrated into workplace governance in a way that supports both employee wellbeing and organisational effectiveness. By supporting employers to integrate menopause within existing OH systems, OH can help ensure that workplace responses are consistent, proportionate and grounded in good occupational health practice.

In doing so, OH can continue to contribute to creating workplaces where women are supported through every stage of their working lives.

Emma Persand RGN QN has been involved in national discussions on menopause and work and is developing the Menopause Workplace Governance Framework, which supports employers and occupational health professionals in translating menopause policies into practical workplace processes.



Menopause, Work and What We're Still Getting Wrong



In this special episode of The SOM Podcast, Amy McKeown speaks with Carolyn Harris MP, Chair of the All-Party Parliamentary Group (APPG) on Menopause, following an International Women's Day event at the Houses of Parliament focused on keeping women in work.

Carolyn shares the progress that has been made in raising awareness of menopause over the past five years - from improving access to hormone replacement therapy (HRT) in England to embedding menopause considerations across government policy and workplace practice.

The conversation explores why menopause remains poorly recognised in healthcare training, how symptoms are often misdiagnosed as mental health conditions, and the significant impact menopause can have on women's participation in the workforce.

Listen to the episode [here](#).



Sponsored by Orchid Live



Supporting occupational health
and wellbeing professionals

Scan for more details



SOM MEMBERS RECEIVE 10% DISCOUNT



**Fixed fees frozen
for 2026!**

Your Occupational Health Role Filled!

Advertise with SOM

Fill your OH role by advertising through us

- ⦿ **Trusted Service:** Our job ads consistently fill vacancies across the OH sector
- ⦿ **Maximum Visibility:** Ads are featured on the SOM website, in our monthly eNews, and sent directly to SOM members via a dedicated mailshot
- ⦿ **Broad Exposure:** A vast reach of over 33,000 health contacts across social media

Fixed fees from £798 + VAT. Head to
www.som.org.uk/Advertise-OH-Jobs
for more information.

If you have any questions or would like more information, please contact
Mimi.Eyeoyibo@som.org.uk | 0203 910 4533

2 Day Surveillance Audiometry Course

Thursday 29th - Friday 30th October, 9.30am - 5pm

The St Pancras and Somers Town Living Centre, London

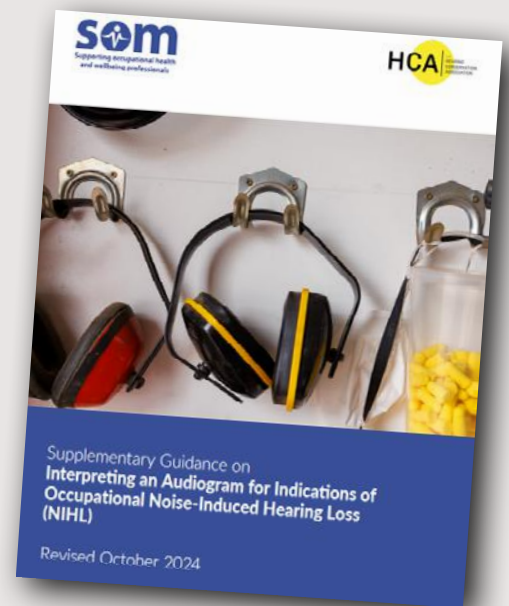
In-person attendance only. Lunch and refreshments provided.

This two-day face-to-face training course is practical and includes extensive 'hands-on' experience of audiometry, ear examination and appropriate analysis of audiograms, under the direct supervision of a qualified, experienced tutor, in line with CNWR2005. Suitable for OH physicians, nurses, technicians and other clinicians.

Course content includes:

- Communication needs of hearing-impaired people
- Ear anatomy and effects of excessive noise
- Hygiene, disinfection, and cross-infection risks
- Safe ear examination and audiometry techniques
- Referral criteria and processes
- Basic hearing protection and insurance requirements

Candidates are required to bring the audiometers they use day-to-day to the training course, plus an otoscope.



View the latest supplementary guidance on Noise-Induced Hearing Loss (NIHL) at www.som.org.uk

Trainer: Melanie Brewster
Clinical Physiologist (Audiology)
RCCP 1529, Dip Safety
Management, Cert OH Law

DELEGATE FEES
£490 SOM member
£590 non-SOM member

More information and register at www.som.org.uk/events

New WISE-QM: Quality Mark for Wellbeing Initiatives and Services for Employees

WISE-QM [Quality Mark for Wellbeing Initiatives and Services for Employees] is a new joint initiative between SOM and the Royal College of Psychiatrists (RCPsych). Together, we are committed to shaping a more transparent, consistent, and effective wellbeing landscape across workplaces.

WISE-QM is a sector wide quality mark designed to recognise, strengthen, and standardise the provision of workplace wellbeing services. The quality mark will be an important way to assist those who procure workplace wellbeing services to make effective choices based on good evidence. The WISE-QM initiative is a development from our initial work on this topic which you can find in [this report](#).

The quality mark will help occupational health (OH) professionals, and those responsible for purchasing wellbeing products or services, to make informed and, hopefully, effective decisions whilst minimising the possibility of unintended consequences for workers.

The quality mark should also reduce the challenges faced by organisations by the increasing number of digital health solutions, such as insufficient evidence of effectiveness, data security issues, and ensuring access and engagement. It will also ensure ongoing monitoring of impact and evaluation of wellbeing interventions to confirm they are achieving the desired outcomes.

Overall, WISE-QM aims to provide a trusted benchmark for excellence, ensuring that organisations and employees receive support that is high quality, evidence informed, and genuinely impactful.

See www.rcpsych.ac.uk/WISEQM

There is an [online joining form](#) for service providers to register their interest. **Please pass onto wellbeing service providers that you work with.**



Positioning Wellbeing within Occupational Health

By Janet O'Neill

Undertaking an [MSc in Workplace Health and Wellbeing](#) enabled me to align wellbeing with OH practice. As a contributing member of the [Educating OH Public Health England Framework](#) (2016), I was given the opportunity to share and reinforce my insights. These standards are used as a baseline for OH higher education such as at [RGU](#), [Cumbria](#) and, more recently, [Derby Universities](#).

The [Keeping Britain Working report](#) stated that good work is good for health and the role of OH is to support good work. Various organisations position OH with wellbeing e.g. HSE [Occupational Health and Wellbeing](#) and the NHS [Growing Occupational Health and Wellbeing together](#) programme. The recent [SOM Leadership Competency Framework](#) includes an essential domain for OH delivery "Leading organisations", a core element of wellbeing leadership.

Wellbeing without OH is like a spade without a gardener.

The strategic problem: Many UK employers have scaled wellbeing activity, but capability, standards and evaluation are inconsistent. The new [Affinity Health at Work Framework](#) (2026) found widespread role ambiguity, variable standards, and low confidence in strategic analysis and evaluation across wellbeing roles; it proposes a competency spine that centres evidence use, governance, data ethics, psychosocial risk, and impact evaluation including return on investment (ROI) and/or value of investment (VOI), capabilities that mirror OH's established governance culture. When these capabilities are weak, programmes become activity-led rather than risk-led, and impact is hard to prove. Positioning OH outside wellbeing leaves a gap between culture-building and clinical/occupational risk management. Positioning OH with wellbeing closes that gap and anchors wellbeing in population health principles, statutory duties, and measurable outcomes.

The education and regulation case: Public health is already embedded in OH nursing (OHN). PHE's [Educating Occupational Health Nurses](#) (2016) sets a public-health-centred curriculum for OHN training: determinants and inequalities, organisational health risk assessment (physical and mental), behaviour change, health promotion, and the reciprocal effects of work and health. It expects leadership, business skills, and high-quality placements that translate theory into practice - precisely the scaffolding a strategic wellbeing function need. The [NMC's SCPHN standards](#) (2022) go further. Across six spheres of influence (A–F), they require SCPHN-OH nurses to operate with high autonomy, evidence use, evaluation, data/informatics, and leadership for healthy places and population health. OHN outcomes emphasise using legal/regulatory frameworks, business acumen, and sector-level influence on design services responsive to individuals and organisations. In other words: OHN proficiency is built for strategic wellbeing. If we keep wellbeing and OH apart, we ignore the regulator's articulation of OH as a public-health speciality in the workplace.

So, regulatory and education frameworks place OH in population health and prevention, not just clinical case management. Housing wellbeing with OH reflects how the profession is trained and regulated to practise.

The governance and risk argument: Wellbeing needs OH to meet its duty of care. [The Affinity framework](#) embeds data protection, digital ethics, and evidence-based decision-making as core organisational practice factors for wellbeing roles. It also highlights persistent capability gaps in evaluation and analytics at senior levels. OH can close those gaps: clinical governance, confidentiality, lawful basis for processing, and risk escalation are routine in OH practice and directly transferable to wellbeing governance.

Moreover, the NMC SCPHN qualification requires advanced digital/technological skills and application of legal, regulatory and governance requirements. When wellbeing units take on screening, triage or sensitive health data, OH's oversight mitigates risk and ensures proportionate, lawful data handling, especially around surveillance, psychosocial risk assessment, or crisis response. Without OH at the table, wellbeing risks operating with insufficient clinical governance, especially where activities drift into health assessment, data processing, or safety-critical decision-making.

The operational value: Employers need clear thresholds for non-clinical vs clinical support, consistent return to work (RTW) plans, and adjustments that sustain work. The Affinity framework's practice domain ("support interventions") sets out RTW/adjustments, crisis management, and knowledge of OH/case-management pathways, a blueprint for integrated wellbeing-OH pathways. Positioning wellbeing with OH clarifies escalation routes, and standardises RTW content (demands,

adjustments, timelines, relapse indicators). When OH is embedded with wellbeing, triage becomes risk-led and timely, RTW advice is specific and defensible, and clinical time is focused on complexity, improving outcomes and reducing avoidable absence.

The measurement gap: OH turns wellbeing into an accountable, investable function. The Affinity review found organisations struggle to evaluate wellbeing consistently; ROI/VOI literacy is uncommon across professional backgrounds. Yet boards need proof: impact on absence, turnover, productivity, and equity. Aligning wellbeing with OH unlocks routine use of occupational data, surveillance insights, and RTW outcomes to evidence value and target investment. OH education mandates critical appraisal, data/informatics, evaluation, and dissemination, exactly the capabilities required to move from "campaigns" to continuous improvement and risk reduction. [Public Health Skills and Knowledge Framework](#) reinforces public-health practice (including workplace public health) as data driven and evaluated.

Q&A

Q Will embedding OH medicalise wellbeing?

No. The point is not to medicalise wellbeing, but to professionalise it, combining culture and prevention with proportionate clinical oversight and risk management.

Q Isn't wellbeing broader than health risks?

A Yes. OH standards require population-level leadership, business acumen, and healthy workplace design. OH brings methods (assessment, surveillance, evaluation) that help wellbeing deliver inclusive, measurable improvements.

Q Can't wellbeing just partner with OH when needed?

A Partnership helps, but structural integration fixes the recurring problems identified by Affinity: role ambiguity, poor escalation, inconsistent data standards, and weak evaluation.

Positioning Wellbeing with OH ensures a single evidence model, so organisations can prioritise, fund, and govern wellbeing as a strategic risk programme, not a discretionary perk. Workplace wellbeing protects and improves population health at work, reduces risk, and supports sustainable performance, with OH not an adjunct but the driver. OH is already placed inside public health and embodies evidence for wellbeing governance, analytics, and RTW capability. The public health case for good work demands integrated, risk-led action. Positioning wellbeing as a key part of OH is how organisations move from initiatives to outcomes, with defensible governance, earlier intervention, and a measurement system boards can trust.

Janet O'Neill is an Occupational Health Nurse specialist, Deputy Head of the National School of Occupational Health and Head of PAM Academy, PAM Group. See also a comparison between OH nurse education and Affinity Wellbeing by Janet [here](#).

Is it unsafe for a non-clinician to run an occupational health company?

By Jan Webb

As a non-clinical business owner myself, I would say that I'm more conscious of safe practice. Clinical decisions and the overseeing of work is only ever at the hands of our clinical lead - an Occupational Health Advisor (OHA) with a degree in Occupational Health. Having said that, it's highly unusual for someone who's non-clinical, with no background or knowledge in running a business, to set up an occupational health (OH) company.

My mother was a nurse. I'm incredibly proud of her for having the courage to qualify when she was well into her forties. My first venture into healthcare was as a student nurse with the Mid-Staffs School of Nursing. Back when training was largely apprenticeship-style - an initial ten weeks in school before being 'thrown in at the deep end' onto the wards.

All good stories involve a romantic interest and mine is no exception. During my first year, I met a junior doctor and decided to move with him to his next post in Edgware. Thankfully, I managed to gain a place with Barnet School of Nursing, qualifying as a Registered General Nurse in 1989.

During the 1980s, HIV and AIDS led me to working with The Terrence Higgins Trust (THT) as a telephone counsellor - answering helpline calls armed with a bulging A4 binder. I'm also proud to say that I was instrumental in bringing HIV/AIDS education into the student nurse curriculum in Barnet/Edgware. I volunteered again with THT some years later, as an outreach worker, encouraging the uptake of free HIV testing.

On qualifying, I took up a staff nurse post on a general medical ward. Several months later, came more major life events - getting engaged, making the move to 'Jimmy's' in Leeds (where we married in the hospital chapel!), then beginning my most fulfilling role as mother to three children. Fast forward to many years later, children grow up fast, but marriages don't always grow with them - ours didn't, and we went our separate ways. Another major crossroads in my life. I considered going back to nursing but was advised to first gain some experience as a healthcare assistant. I took that advice and went to work on the bank at a local hospital - I lasted a month! Then, came an opportunity to work in OH as a technician, and so

began my journey into (and passion for) OH. The next four years were spent immersing myself in this new and interesting area of healthcare.

Does being a non-nurse/doctor MD pose any specific leadership challenges? I suppose the one that springs to mind first and foremost, is that decision-making and handling enquiries can certainly be a slower process - safe practice means discussing everything with our OHA and often making sure that their advice/response is written in an email rather than being relayed verbally, to avoid anything being misconstrued or lost in translation. Policies and procedures are, again, a joint effort, my visions and ideas being guided by our clinical lead's expertise and OH/legal knowledge - although I don't see this as holding me (or the business) back. After all, it's not unusual for business owners in any industry to seek and rely on the professional advice of others.

I spent the first couple of years in business suffering from 'imposter syndrome', due to focusing on what I didn't have (the OH degree) rather than what I did have. Now, I can see that attitudes and behaviours are the things that build the culture of a business and drive it forward.

There's something character/empathy-building too, in learning a business from the bottom of the career ladder up - I've just discovered that this is a 'thing' and known as 'Bottom Up' leadership...who knew it?

My advice to anyone thinking about setting up their own company - know your limitations, believe in yourself, build the right team of professionals around you, and listen to good advice!



Jan Webb is Founder and Director of Cornerstone Occupational Health. As a non-clinician MD of this small OH company based in Bolton, Jan is leading the team into its seventh year. Her focus is the same now as on day one - providing a safe, respectful, approachable and caring service for all her clients.

Reasonable Adjustments in Practice - What Case Law, and Real Life, Tell Us

By Hannah Strawbridge, Head of Legal/Employment Solicitor at Inspire Legal

If you asked most employers whether they understand their duty to make reasonable adjustments, most would say yes. But in my experience advising on tribunal claims and negotiating exits, the issue is rarely a lack of awareness. It is how that duty is applied in real situations, with real people. That is something strongly echoed in the [SOM guide on reasonable adjustments](#), which highlights the continued gap between policy and practice.

Under the Equality Act 2010, employers must take reasonable steps to remove disadvantages faced by disabled employees. That duty is ongoing and highly fact specific. It requires more than simply reacting when something goes wrong - it requires active, informed decision-making. Case law reinforces just how wide and practical that duty is.

In *Griffiths v Secretary of State for Work and Pensions* [2015] EWCA Civ 1265, the Court of Appeal confirmed that absence management policies can amount to a provision, criterion, or practice (PCP). In practice, that means employers may need to adjust trigger points or apply discretion, even where policies are applied consistently across the workforce.

More recently, in *AECOM Ltd v Mallon* [2023] EAT 38, the Employment Appeal Tribunal made it clear that employers must think flexibly about removing disadvantage. In that case, a failure to adjust a recruitment process for a candidate with dyspraxia led to a finding of discrimination. The issue was not intention, but a failure to carefully consider alternatives.

These principles come up repeatedly in the cases I deal with.

One recent matter involved an employee with anxiety whose performance had started to dip. The employer moved quickly into a capability process, supported by an occupational health report identifying underlying health issues. Adjustments were suggested - reduced targets and additional support - but they were introduced alongside formal warnings.

From a legal perspective, steps had been taken. But from the employee's perspective, the outcome felt inevitable. The adjustments came too late to rebuild trust, and the matter resolved through a settlement agreement. With earlier intervention, it is likely the situation could have been stabilised.

In another case, an employee with a long-term condition triggered absence management procedures. The policy had been applied consistently, but no thought had been given to whether the trigger points themselves should be adjusted. By the time advice was sought, dismissal had already taken place. The claim that followed focused squarely on the failure to adjust the policy, rather than the dismissal itself. These situations are not unusual. The most common issues I see are:

- Adjustments being considered only after formal processes have begun
- Over-reliance on occupational health reports as a definitive answer
- Managers lacking confidence to have open conversations about health
- A focus on following process, rather than addressing disadvantage

What tribunals consistently look for is not perfection, but evidence of thought. What options were considered? Was the employee involved? Were alternatives explored and documented?

From a practical perspective, the organisations that get this right tend to act early before issues escalate. They involve employees in open and constructive discussions. They document their reasoning, not just their decisions. And they recognise that adjustments are not static - they need to be reviewed over time.

For occupational health professionals, HR teams and legal advisers, the most effective approach is a genuinely collaborative one. Occupational health provides insight into the individual's condition. HR understands the operational context. Legal advisers provide the framework. When those perspectives are aligned, outcomes are far more effective.

Case law provides the parameters. But it is day-to-day management that determines whether employers meet their obligations in reality. Managed well, reasonable adjustments prevent disputes and support individuals to remain in work. Managed poorly, they remain one of the most common routes into litigation that I see in practice.

One of the clearest themes from both case law and real-life experience is that managers want to do the right thing, but often lack the confidence and practical skills to navigate these situations.

Occupational Health News

- ◆ **Sleep health study** - Researchers at the University of Warwick are looking for UK nurses or healthcare workers who work night or rotating shifts (e.g. acute general hospitals, type 1 emergency departments, ICU) to take part in a 6-week online study testing a new personalised smartphone app designed to support sleep and alertness for shift workers. Find our more [here](#).
- ◆ **Office for Equality and Opportunity** - Offer occupational health advice for employees experiencing menopause [here](#).
- ◆ **Modernising Shift Working Practices** article [here](#).
- ◆ **Cannabis and mental health** review [here](#).
- ◆ **ACPOHE Courses: Occupational Health Essentials for Physiotherapists 2026 - first module free for any professional who has an interest in OH.** Standard membership is available to any professional working in OH and can be purchased [here](#). The remaining 7 modules can be purchased for £250 if you are a Standard ACPOHE member. Successful completion of all 9 modules will result in a CPD certificate and, if you are a CSP member, being awarded ACPOHE Technical Membership. [Book here](#). Completion of this course is also needed for [Registered ACPOHE Membership via Route 2](#).
- ◆ **AI document from EUOSHA** [here](#).

Upcoming SOM Special Interest Groups (SIGs)

- **Neurodiversity**, Mon 18th May, 3:30pm
- **Drugs and Alcohol**, Tue 19th May, 2pm
- **HAVS**, Thu 28th May, 4pm
- **Clinical Audit**, Mon 1st Jun, 3pm
- **Pensions**, Mon 1st Jun, 4pm
- **OH Technicians**, Thu 4th Jun, 4pm
- **Portfolio/CESR**, Mon 8th Jun, 4:30pm
- **Safeguarding**, Thu 11th Jun, 4pm
- **Leadership**, Fri 12th Jun, 10am

Interested in joining? Contact 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 or 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](#).

World Day of Safety and Health at Work and International Workers' Memorial Day

Tuesday 28th April marked the World Day of Safety and Health at Work. 2.9 million people die each year from work-related causes. Work related deaths have risen 12% since 2000. Poor occupational safety and health is estimated to cost the equivalent of up to \$3 trillion annually – equivalent to 5.8% of GDP.

For the day, the International Labour Organization (ILO) launched Psychosocial Risks in the Workplace guidance which examines psychosocial factors across the job; how work is managed and organised; and the broader policies, practices and procedures that govern work. Find out more [here](#). Occupational health professionals play a key role in supporting and protecting the mental and physical health of the working population.

SOM also supports International Workers' Memorial Day held on the same day. It honours the memory of those who died due to work related causes, and to ensure the fight goes on for those living who continue to be exposed to dangers at work. 2026 themes are Mental health and psychosocial risks; Preventing workplace violence; and Fight for democracy. Find out more [here](#).

SOM is part of the Global Occupational Safety and Health (GOSH) Coalition, which is urging the World Health Organization (WHO) and delegates to its World Health Assembly next month to ensure that

worker health is enshrined in its strategy and plans. In a letter sent to the WHO Director General, Dr Tedros Adhanom Ghebreyesus, the GOSH Coalition sets out three demands:

1. The continuation of the Health in the World of Work Network, launched by WHO in 2021 to strength collaboration and knowledge-sharing on safe and resilient workplaces.
2. A new Workers' Health Global Plan of Action, succeeding the 2008-2017 plan, to reinforce and strengthen global standards, prevent occupational illnesses and injuries, protect and promote the health of all workers globally and address emerging risks, such as those associated with climate change, digitalisation and psychosocial hazards.
3. The continuation and expansion of the Global Network of WHO Collaborating Centres for Occupational Health, with a view to bringing in non-state actors alongside stronger coordination between WHO and ILO at global, regional and country levels to drive partnerships between health and labour ministries.

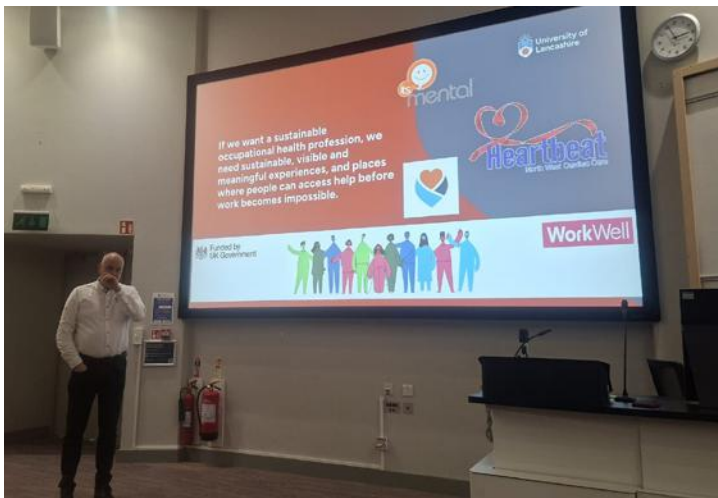
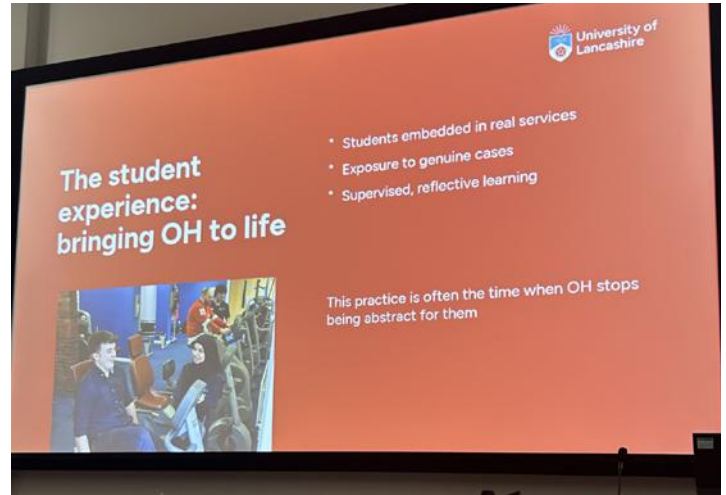
Consultation on The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) - meeting to discuss?

HSE has launched a public consultation on RIDDOR. This will review how work-related injuries, ill health and dangerous occurrences are reported to HSE. The consultation aims to seek views on:

- Clarifying definitions within RIDDOR where existing terminology has been identified as unclear or ambiguous
- Revising the list of dangerous occurrences to reflect modern workplace risks
- Updating the list of reportable occupational diseases
- Broadening who can formally diagnose a reportable occupational disease beyond GMC-registered doctors, to other registered health practitioners
- Simplifying the online RIDDOR reporting form to improve usability and tackle under- and over-reporting.

The consultation closes on 30th June. Full document is available [here](#). If SOM members wish to meet to discuss content for a response, contact nick.pahl@som.org.uk

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 University of Lancashire Wellness Centre in April (photos above). For access to our workplace visits, [join SOM as a member](#).



Tiptree Fruit Farm Tour & Tea

Wednesday 24th June, Essex



Railway Medicine Workplace Visit

Wednesday 22nd July, London



Burrow Hill Cider & Brandy Farm Tour

Wednesday 14th October, Somerset



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



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

 [@SOMNews](https://twitter.com/SOMNews)

Mental Health at Work

Monday 1st June, 1-2pm

Free for all.

While it is generally accepted that work improves mental health, people with serious mental illnesses face considerable challenges when returning to the workplace. This presentation will outline what has been learned from implementing Individualized Placement and Support (IPS) services throughout the state of Connecticut. While IPS services have a strong evidence base, here we consider factors beyond rapid placement in a competitive job that often affect the mental health of people with psychiatric disabilities returning to work: stigma and discrimination, navigating public benefits while working, the realities of low-wage work in a neoliberal economic system, and the fundamental meaning of work. We will explore how each of these factors may lead us to a different paradigm when it comes to the future of employment services for people with psychiatric disabilities.

Chair: Professor Neil Greenberg

Speaker Bio:

Dr. Megan Evans is an Associate Research Scientist in the Program for Recovery and Community Health at the Yale School of Medicine. Trained in public health, she studies the social determinants of mental health and substance use recovery and is especially interested in social, relational, and vocational recovery.

She completed an employment-focused postdoctoral fellowship funded by the National Institute for Disability, Independent Living and Rehabilitation Research. Her current research focuses on developing a measurement approach to capture personally meaningful recovery and life goals of adults with serious mental illnesses, moving beyond traditional symptom and functioning measures to assess recovery in areas deemed as important by people with lived experience themselves. She also works with behavioral health agencies to better incorporate recovery-oriented services into their operations and serves as faculty for the Yale Lived Experience Transformational Leadership Academy (Yale LET(s)Lead).



[**Register Here**](#)

Upcoming SOM Webinars

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

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

- **Mental health at work**
FREE For All
Monday 1st June, 1–2pm – Register [here](#)
- **Clinical standards for OH reports**
FREE SOM Members; £35 Non-members
Monday 22nd June, 1–2pm
Sponsored by [Orchid Live](#) – Register [here](#)
- **Research Masterclass 1 – Using critical appraisal skills and reviewing a paper from Occupational Medicine**
FREE For All
Friday 26th June, 1–2:30pm – Register [here](#)
- **Wellbeing Professional Competency Framework**
FREE For All
Monday 20th July, 1–2pm – Register [here](#)
- **Research Masterclass 2 – How to write a paper for Occupational Medicine**
FREE For All
Wednesday 30th September, 1–2:30pm – Register [here](#)

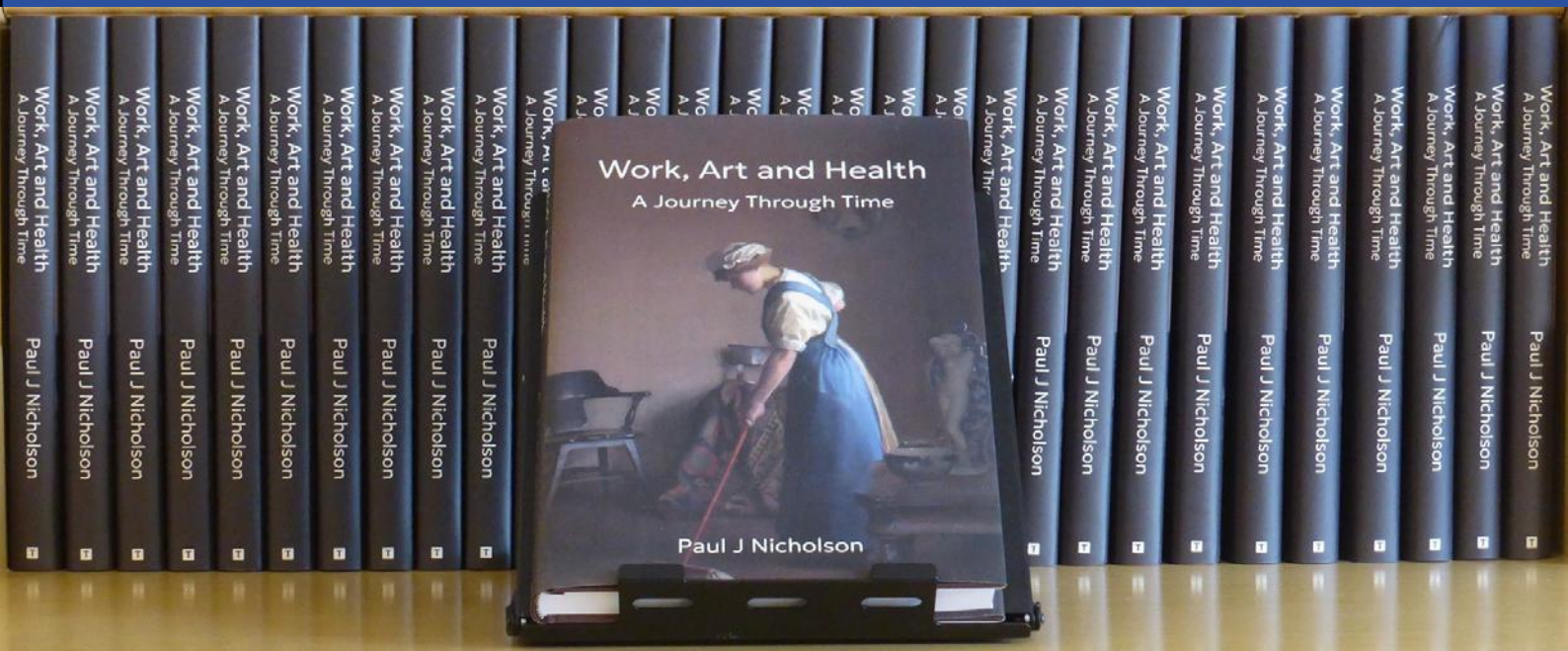


About the SOM

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

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.



© 2026 The Society of Occupational Medicine

2 St Andrews Place, London NW1 4LB

Charity Commission No: 1184142

Scottish Charity No: SC049793

VAT No: 927 0030 57