

Occupational Health  
Awareness Week 2025  
22nd-28th September

SOM Leadership  
Conference 2025  
Leading in challenging  
climates

What Occupational  
Health Is (and Isn't)

Upcoming webinar:  
Progressing as a  
Technician: Real Career  
Journeys in OH



Supporting occupational health  
and wellbeing professionals

## SUMMER MAGAZINE 2025



*Clockwise from top right:*

*SOM Workplace Visit to Thatchers Cider Farm*

*SOM CEO Nick Pahl, Policy Officer Claire Mathys and Past President Dr Lanre Ogunyemi*

*SOM Workplace Visit to JCB Factory*

*Dr Lanre Ogunyemi passing the SOM Presidency to Prof Neil Greenberg*

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# Introduction



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

I am delighted to have taken over the Presidential Role from Lanre, who I am sure you agree did a fantastic job (and the first SOM President to be in the role for two years).

The SOM/FOM annual conference was another wonderfully successful event ..we enjoyed catching up with colleagues old and new, and left invested with new knowledge to improve practice.

During my tenure I hope to promote how vital it is to ensure that all companies, whatever size, have access to the occupational health expertise which you provide. The government seems keen to 'keep Britain working' and I hope to ensure they understand that this is only possible if they draw on the experience which SOM members have.

If you see me at meetings (or on the street) please come and say hi and if you want to get in touch then I am on [president@som.org.uk](mailto:president@som.org.uk). I look forward to meeting you soon.

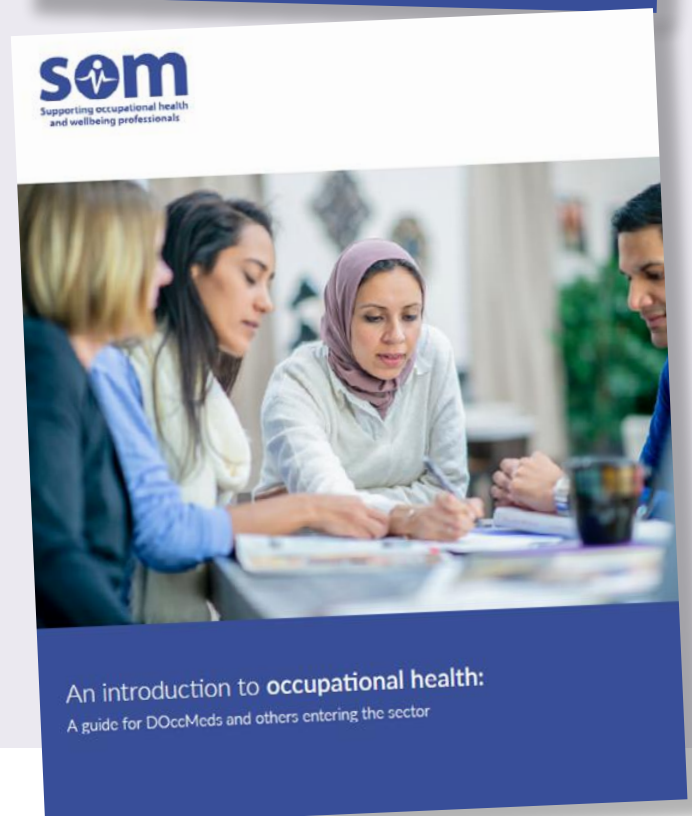
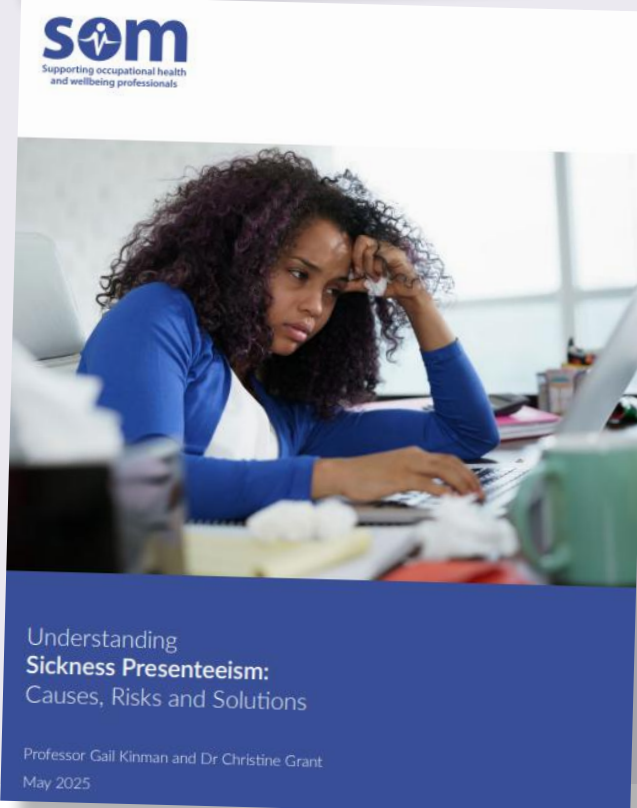
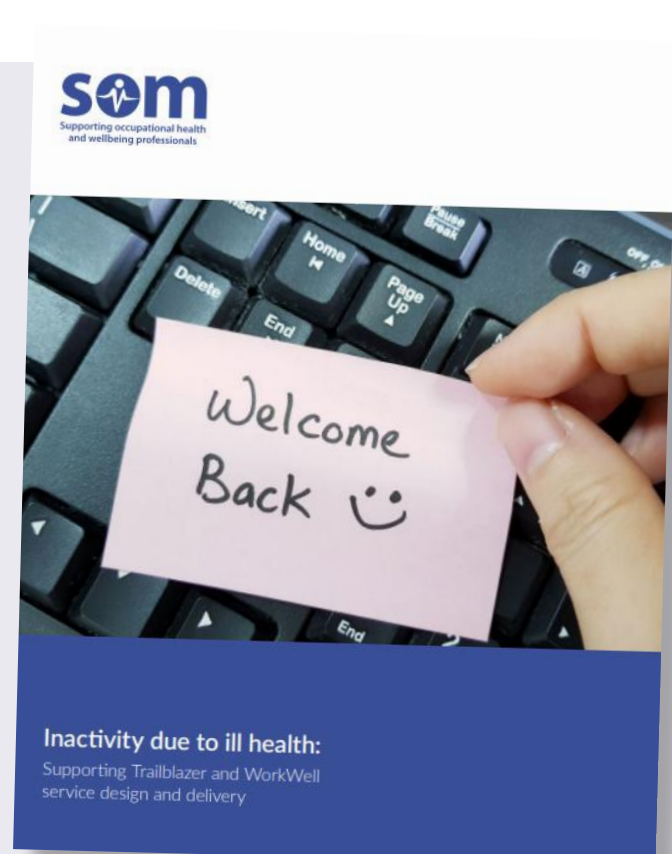
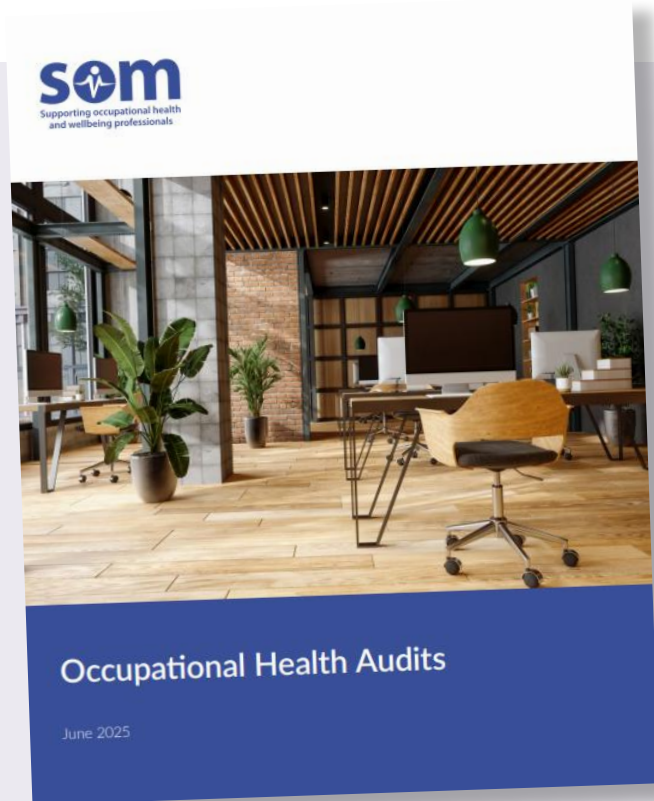
*Watch the welcome message from Prof Greenberg below.*





## Latest SOM Publications

You can download our Publications Catalogue [here](#). Click on the covers below to view the publications.



# SOM/FOM Occupational Health Conference 2025



Clockwise from top right: Work as a health outcome by Dr Gail Allsopp, Chief Medical Adviser, DWP. Dr Rae Chang thanked for serving as SOM Honorary Secretary. Workplace Mental Health Panel with Prof Jo Yarker, Rachel Suff and SOM President Prof Neil Greenberg. Thackrah lecture given by Dr Alasdair Emslie on Occupational Health; the forgotten solution to our Healthcare Crisis?



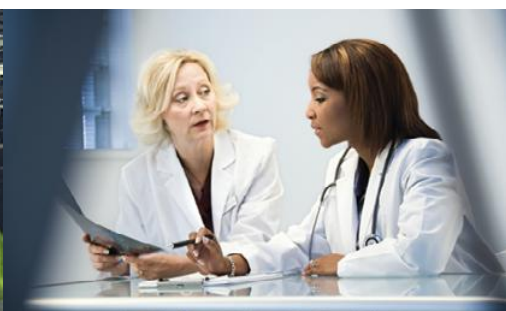
# Occupational Health Awareness Week 2025

## 22nd - 28th September

Occupational Health Awareness Week increases awareness of what occupational health (OH) is and the value it provides to workplace health. This year we will focus on HR professionals and how OH helps to increase workplace retention levels, offers expert advice on improving health and wellbeing in the workplace, and helps employees stay mentally and physically healthy.

Join us for a free webinar on [Occupational Health - Supporting HR](#) on Tuesday 23rd September. A careers event will be held on Wednesday 24th September for nurses, AHPs and doctors (see below), and on Friday 26th September we will be celebrating 90 years of SOM with our [Gala Dinner](#).

Resources for OHAW 2025, which are freely available for you to use, will be uploaded to the SOM website soon. Please follow us on social media and reshare our content throughout the week.



## Occupational Health Careers Day

**Wednesday 24th September 2025, Online & In-person**

The Lumen Community, 88 Tavistock Place, London, WC1H 9RS

*in partnership with the National School of Occupational Health*

A great opportunity for anyone looking to find out more about a career in occupational health and medicine, and network with OH clinicians.

**Occupational Health Nurses and AHPs  
Careers Morning 10.30am - 12.30pm**

**Online attendance**  
Register here

**In-person attendance**  
Register here

**Occupational Medicine Doctors  
Careers Afternoon 1.30pm - 4.15pm**

**Online attendance**  
Register here

**In-person attendance**  
Register here

*Sponsored by:*



# Occupational Health - Supporting HR

**Tuesday 23rd September, 1-2pm**  
**SOM Webinar - Free to attend**

Are you an HR professional? Join us for a free webinar with speaker Ben Willmott, Head of Public Policy and Practice, CIPD on supporting HR in occupational health (OH). Chaired by Dr Oli Chapman, Consultant OH Physician, People Asset Management OH Solutions.



*Ben Willmott, CIPD*



*Dr Oli Chapman, People Asset Management OH Solutions*

## **What is OH?**

Check out SOM's short film about [OH for Small and Medium-Sized Enterprises \(SMEs\)](#).

A guide to OH for SMEs can be found [here](#).

## **The value of OH**

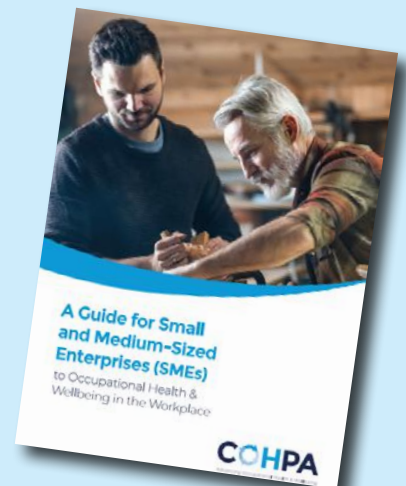
Why OH matters - see advocacy summary [here](#).

## **What OH isn't**

The role of OH is often misunderstood - view our blog [here](#).

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**[Register Here](#)**

# Occupational Health: Managing the Hidden Risks of Health in the Workplace

By Dr Lara Shemtob, SOM Honorary Policy Advisor

*“Hidden Risks” are risks that are not just unresolved. They’re unseen. They can be some of the most dangerous threats to organisations.*



The value of occupational health (OH) in the workplace lies in the subject matter expertise that OH clinicians bring to complex and sensitive situations. Making work-related health decisions without the full picture is far from ideal. OH helps bridge that gap through expert, confidential data gathering and clinical analysis.

## What Are “Hidden Risks”, and Why Do They Matter?

“Hidden Risks” are risks that are not just unresolved. They’re unseen. They can be some of the most dangerous threats to organisations because they are:

- Unrecognised
- Unprepared for
- Uncontrolled

In a workplace context, these unknowns can manifest in health-related risks that no one has yet identified. When left unchecked, they can lead to significant operational or legal consequences. You only need to look at employment tribunal

records for real-world examples of how costly these blind spots can be: financially, reputationally, and emotionally.

## Can Health Challenges Be Easily Recognised at Work?

Sometimes, yes. Leaders often have a gut sense that something isn’t quite right. At other times, employees proactively ask for help. Many issues can be managed locally, particularly when the individual is open about their needs and the path forward is clear (e.g., seeing their GP for optimisation of a generally well managed long term condition).

But many situations are more nuanced. That’s where OH clinicians come in. Their involvement adds three elements:

1. Clinical Complexity - When there’s clinical risk, it needs to be appraised and understood medically as well as in a workplace context.
2. Coordinated Care - Some employees may not yet have a diagnosis but are struggling with symptoms. OH clinicians can help guide the



process of figuring out what's happening, and finding routes to solutions.

3. Confidentiality - Employees often want to keep personal health information private. OH enables full clinical assessments that are kept confidential from managers and HR, with only essential information shared with employee consent the vast majority of the time.

### **Case Study: The Power of OH in Uncovering and Managing Hidden Risks**

Ms T works as an administrator at an independent school. Her work has recently declined in quality. She makes a serious error by mixing up pupil details during a safeguarding query. Both she and her manager acknowledge something is off. Ms T admits she's struggling to focus and has been making mistakes, even outside of work. But she doesn't know why.

This raises several unknowns:

- Could this decline in performance be related to a health issue?
- Is it safe for Ms T to continue in her role as is?
- What support, if any, would help?

Realising that they lack the full picture, the manager suggests an OH referral, and Ms T agrees.

The OH clinician conducts a full clinical and occupational assessment, identifying possible underlying health concerns. Ms T is referred to her GP for further investigation and is advised to temporarily step back from higher-risk tasks (like safeguarding related administrative work).

Blood tests reveal that Ms T has an underactive thyroid. With treatment, her focus and performance improve, and she resumes her full duties without further incident.

Importantly, Ms T chooses not to share her full medical history with her employer, something the OH clinician supports. The manager remains supportive, and a clear agreement is put in place: Ms T will return to OH if further issues arise.

### **Conclusion**

Hidden risks exist in work and health. In fact, it makes sense that they do. How can managers and employees be expected to figure everything out without clinical expertise and where information sharing may be difficult.

These unknowns are elucidated with OH input. Whether it's spotting hidden health risks, protecting confidentiality, or helping leaders make safer decisions, OH plays a crucial role in reducing risk and supporting health and work.

## **Donate to The Society of Occupational Medicine**

SOM welcomes donations that help Occupational Health, our charitable purpose.

For our 90th anniversary, we are aiming to raise funds to support:

- Scholarship training e.g. for a Diploma in Occupational Health and Medicine or in Leadership to encourage clinicians to join Occupational Health and develop.
- Research - for occupational health research in the UK and globally.

All funds will go to a restricted fund for these purposes.

Following the Golden Jubilee Appeal in 1975 (which raised over £80,000 for an annual travel fellowship), we hope to raise £90,000 in this anniversary year.

Please donate! Do email [finance@som.org.uk](mailto:finance@som.org.uk) with details of the donation. Your bank will provide you with a receipt as proof of payment. Please send to [finance@som.org.uk](mailto:finance@som.org.uk) the date that you transferred your donation. This will help us keep track of your transfer and we can then let you know and thank you once we have received it.

Do state if you are a UK taxpayer, as we can then claim gift aid.



Supporting occupational health  
and wellbeing professionals

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**SOM MEMBERS RECEIVE 10% DISCOUNT**



# Your Occupational Health Role Filled!

Advertise with SOM

Fixed fees from £798 + VAT. Head to  
[www.som.org.uk/Advertise-OH-Jobs](http://www.som.org.uk/Advertise-OH-Jobs)  
for more information.

## 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

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



## SOM Leadership Conference 2025

### *Leading in challenging climates*

**Thursday 9th October, 9am-5pm**  
**Online & In-person**  
**Alliance Manchester Business School**

The SOM Leadership Conference will be an inclusive day for all disciplines offering inspiration to develop your leadership skills. All nurses, doctors, AHPs and OH professionals, including trainees and students, are welcome. Key sessions include:

- Understand and articulate to others what leadership is in OH
- Learning from Neurodivergent Leaders - Inclusivity for all
- Panel - My Leadership journey - what challenges did I overcome?
- Skills in influencing and managing people and Boards in difficult situations
- Lunch/networking with opportunity to “mine the leaders” with speakers available to meet on a 1:1 basis\*
- Discover your leadership competencies
- Leading in challenging environments - how does this feel personally? From threats do opportunities emerge?

*\*Please note that 1:1 sessions are only available in-person*

*Current challenges are on many levels – margins are tight, AI is emerging, and geopolitical and social uncertainty is affecting business. What skill sets are needed for the future? What are the business cases we need? This day will pull the above themes through highlighting the need to work in a multidisciplinary way.*

**Online attendance**  
**Register here**

**In-person attendance**  
**Register here**



# Leading into the future of Occupational Health: A SWOAT analysis

By Janet O'Neill, OH Nurse Specialist

During the SOM Welsh Occupational Health (OH) Nurses conference in April, one session focused on leadership and the future of OH. The premise was to identify why we need leaders and what leaders should focus on.

## Why do we need leaders in OH?

Very few businesses and organisations stand still these days. They are constantly evolving due to technological changes, economics, politics, regulations and developing market and consumer practices. Organisations are grappling with global and home-grown political shifts, economic and labour market uncertainty ([BM, 2025](#); [Grant & Graham, 2025](#); [ONS, 2025](#)).

Balancing this with the government's strategy around health and disability, i.e. supporting people with health conditions to return and remain in work ([Gov.UK, 2024](#)), their moral duty is to do the right thing for people by creating good jobs that are good for us, meeting ESG (Environment, Social and Governance) needs, and, according to Peter Cheese, CEO of CIPD, ([CIPD, 2024](#)), cultivating a workplace culture to adapt.

Good OH leadership provides organisations with the expertise and collaboration to look after the health of their people. After all, a healthy workforce will give organisations and businesses a good chance of meeting these challenges and excelling. "Employee health and wellbeing is business critical" ([Deloitte, 2022](#)).

Calls to improve health and reduce health inequalities generally in the population, and a focus on the 8.2 million working-age people who report having a work-limiting long-term health condition ([Health Foundation, 2025](#)) adds another leadership perspective for OH. No other profession has the depth and breadth of knowledge and understanding to address all factors affecting the interplay between health and work and, subsequently, public health ([SOM Value Proposition, 2022](#)).

In addition, the OH market is projected to grow to £3.69 billion by 2032 ([Mintel, 2024](#)), a good indication that the likelihood is that more organisations will see the benefit. Therefore, stronger leadership is needed to take advantage of this and prove the importance of OH and workplace wellbeing. Taking advantage requires OH workforce growth and development ([O'Neill, 2023](#); [Norrie et al, 2024](#)).

OH leadership is therefore critical now and in the future, but to truly act on this leadership, we need to understand our strengths, weaknesses, opportunities, threats and most importantly, our aspirations. Rose Wood is relatively new to SOM and provides an outsider's observation of the specialty's strengths.

By Rose Wood, International Coordinator, SOM

## Occupational health: a fresh set of eyes

Before joining SOM, 'Occupational Health' was not a term I was familiar with. I think this must be the case for



many people who don't work in health, yet it is one of the most fundamental health services.

I'm sure many people are aware of the statistic that we spend a third of our lives at work. Being happy and healthy in the workplace and protected from harm seems like a basic right we should all be entitled to. And yet for so many people, this is not necessarily the case.

What stands out to me as someone learning about Occupational Health (OH) for the first time is how intrinsically linked it is to our political, social and economic landscape. The implications of prioritising our health in the workplace affect and improve every other aspect of our lives. For individuals, it keeps us healthy, happy and able to perform our jobs to the best of our ability. For employers, it facilitates maximum productivity from their workers, which will, in turn, increase revenue and further benefit all within the organisation. For the NHS and our health providers, it reduces their waitlists and eases their capacity. For the government, it reduces the need for sick pay or out-of-work benefits by helping people stay in work. For the country and our society, it mobilises our workforce and improves the health of all.

**“ The benefit of OH, and the contribution of the people working within this sector, is crucial to the development of a happy, healthy and safe workforce and society. ”**

At our conference for OH Nurses in Wales, delegates were asked to reflect on the strengths, opportunities, weaknesses, threats and aspirations they feel within the sector. As a non-clinician, I was struck by the strengths and opportunities that OH has in our world today. It provides undeniable value to aiding the government's new 'Get Britain Working' initiative, outlining employment, health and skill reforms to tackle the rising economic inactivity levels.

For me, occupational health flips the dialogue and targets the cause rather than the effect.

Our socio-political rhetoric often emphasises the number of people out of work, on sick pay or receiving benefits. OH looks at the root and makes our workplace a safer, healthier place to stop our population from falling out of work in the first place. This provides an opportunity to bring the human aspect back into these discussions; a holistic, inclusive, compassionate and dignified sector.

As we look to the future, there is no doubt that OH needs to play a more vital role in our society, our decisions and our conversations. We have a record number of people out of work, with many of these, especially the younger generation, reporting poor mental health. The benefit of OH, and the contribution of the people working within this sector, is crucial to the development of a happy, healthy and safe workforce and society.

### **Strengths, weaknesses, opportunities, aspirations and threats**

The conference audience, comprising approximately 80 OH nurses and others, completed the SWOAT analysis intending to provide insights for our current and future leaders to consider. Of interest are the number of separate items identified: 8 strengths, 19 opportunities and 20 aspirations. Weaknesses are 14 and 8 threats. Although weaknesses outweigh strengths, there is a positive outlook with the number of opportunities and aspirations observed.

Importantly, the OH profession has faith in the future, which leaders must take forward.

Here is an overview:

#### **Strengths**

- OH has a strong expertise and a well-established network.
- The Multidisciplinary Team (MDT) is dynamic, adaptable, and understands the workplace well.
- OH is evolving and dynamic with a strong appetite to move things forward.

#### **Weaknesses**

- Lack of skilled resources and trained nurses.
- Lack of understanding of OH, even within HR and NMC, and lack of leadership.
- OH nurses lack site experience, and large providers reduce consultation quality.
- Lack of awareness of OH, unrealistic expectations, and lack of pathways into OH.

#### **Opportunities**

- Potential to work more closely with health professionals in the NHS.
- Easier access to training, making it affordable, and promoting junior staff.
- Working closely with industry and supporting Small to Medium Enterprises (SMEs).
- Educating employers, using AI to enhance services,

and promoting health.

- OH is recognised as a first-class health profession, with career growth and influence in business.
- Recruiting diverse professionals and increasing the skill mix, especially in mental health.

#### **Aspirations**

- Professional qualifications, flexible entry routes, and time for mentoring.
- Recognition of OHAs, progression opportunities, and pay alignment with national standards.
- Access to resources, evidence-based practice, safe environment, and holistic care.
- Happy workforce, culture-centred, self-care for practitioners, and rewards for good practice.

#### **Threats**

- Budget restrictions, an ageing workforce, and not bringing new people into the profession.
- Lack of understanding of OH services and salaries not keeping up with market rates.
- AI as a potential threat and a lack of nurse training in OH.

#### **What can we learn from this?**

On a positive note, both strengths and opportunities highlight the expertise and adaptability of OH, plus the potential for growth and collaboration. However, both weaknesses and threats emphasise the lack of resources, understanding, and leadership, as well as budget constraints and workforce issues. AI, interestingly, is seen as both an opportunity and a threat.

Some of the points raised are already in place, for example, a [mentorship scheme](#) to support entry into OH and professional development frameworks ([FOHN Career Framework](#)). More is needed to raise awareness of what is already in place or to examine what we already have, to assess for improvement.

A strong message from this is the need for leadership to focus on the opportunities of potential growth and collaboration, whilst addressing the external challenges and risks. SOM is developing a [Leadership Academy](#) to enhance leadership skills for OH practitioners. It aims to:

- Develop leadership and management skills among OH practitioners.
- Foster a pipeline of future leaders through leadership development opportunities.
- Promote diversity, equity, and inclusion in leadership.
- Ensure the Academy is a sustainable, self-funding initiative within SOM.

#### **Conclusion**

The future for Occupational Health is crucial. OH leaders are needed to take both the profession and what we do forward in an agile and flexible way so as to meet the needs of the profession, the population and businesses/organisations.

# What Occupational Health Is (and Isn't)

By Dr Lara Shemtob, SOM Honorary Policy Advisor

Occupational health is an evidence-based service to improve workplace health. Gym discounts, health insurance, counselling services, offsite retreats, and yoga is often seen to be “workplace wellbeing”, but they are not equal when it comes to impact. Employees and managers often misunderstand the role of Occupational Health. So, to set the record straight, here are some examples of what occupational health is, and what it is not.

Occupational Health Is:	Occupational Health Is Not:
<b>Clinician-led and evidence-based.</b> Occupational health provides professional medical guidance and workplace strategies grounded in an academic evidence base.	<b>Driven by trends.</b> While a spa day or massage may feel good at the time, these are not evidence-based interventions that shift the needle on workforce health or productivity.
<b>A service that supports both individuals and organisations.</b> Occupational health helps manage work and health at the individual level, while shaping policy and strategy at the organisational level.	<b>The same as HR.</b> Occupational health works alongside HR, but remains independent, with clinical governance, and employee confidentiality at its core.
<b>Preventative as well as reactive.</b> Occupational health is there to prevent health-related issues escalating, not just to step in when workplace health situations reach breaking point.	<b>Just a service to call in when HR has a “sticky” situation.</b> Occupational health is most effective when organisations use it proactively, not as a last resort.
<b>Engaged with real issues.</b> Occupational health helps tackle the most common and pressing problems in today’s work-place, such as work-related stress.	<b>Limited to rare industrial diseases.</b> Mental ill health at work is by far the most common presentation to occupational health.
<b>The evidence-based lens on your health and wellbeing investment.</b> Occupational health helps identify which interventions truly improve productivity and workforce wellbeing, and which do not.	<b>A vague wellbeing initiative.</b> Occupational health is specific, evidence-driven, and practical. It deals with the gritty realities of work and health, not superficial platitudes.
<b>Delivered by real people, supported by smart technology.</b> Occupational health is about the human side and is grounded in communication and compassion, augmented, not replaced, by digital tools.	<b>A set of algorithms or AI avatars.</b> Occupational health is built on human expertise, with technology used to enhance, not replace, clinical skill and judgement.
<b>Diverse in background and perspective.</b> Occupational health professionals include doctors, nurses, technicians, allied health professionals, hygienists, subject specific experts and more.	<b>A homogenous group of boring professionals.</b> The speciality is full of entrepreneurs, and a diverse skill mix makes for efficient and innovative service delivery models.
<b>Evolving with the workplace.</b> Occupational health is evolving to meet new challenges at the human-technology interface, from optimising hybrid working to managing AI agents.	<b>Archaic or narrow in focus.</b> Occupational health is more than asbestos or lung function tests. It is an agile and future-focused speciality where commercial positioning helps drive innovation.



# SOM and the Faculty of Occupational Health Nursing (FOHN) Join Forces to Drive Impact and Collaboration

**SOM is excited to announce a strategic partnership with FOHN. This collaboration will leverage the strengths of both to provide a more integrated approach to workplace health and wellbeing, support the multiprofessional occupational health workforce and be a change agent for the future of work and health.**

The partnership will focus on addressing the needs of those who commission occupational health services, support the development of clinical practice and practitioners, define key principles for occupational health and collaborate on projects such as nurse accreditation, advanced practice and workforce planning. Together, both organisations are committed to ensure access to good quality occupational health, engaging with key stakeholders to share expertise and opinion and to improve the health and wellbeing of the working age population.

*"We are thrilled to partner with the Faculty of Occupational Health Nursing," said Nick Pahl, CEO of SOM. "By combining our resources and expertise, we will be able to deliver even greater value to our customers and stakeholders."*

Amanda Hinkley, Chair of Faculty of Occupational Health Nursing, added, *"This collaboration marks a significant milestone for us as we continue to explore new opportunities in occupational health. By working with SOM, we believe we can create transformative solutions that meet the evolving needs of the market."*

Christina Butterworth, Founding member of the Faculty of Occupational Health Nursing, said, *"I am so pleased that FOHN has found a strategic partner to support our legacy and sustain as well as enhance the work we have been doing for the last seven years. I now look forward to retirement which I am sure will be as exhilarating as my time in occupational health!"*

A Memorandum of Understanding was presented at the SOM AGM in June. The partnership will take effect immediately, with both organisations working closely to implement the first phase of their collaboration. Together, they will focus on development of publications, membership support, and nurse accreditation.

For more information about the partnership, please contact: [chair@fohn.org.uk](mailto:chair@fohn.org.uk) or [nick.pahl@som.org.uk](mailto:nick.pahl@som.org.uk)

SOM INVITES YOU

## 90th Anniversary Gala Dinner

This event will be the culmination of SOM's 90th anniversary activity, and a highlight of our celebrations. Scan the QR code for more information and to register.



Friday 26th September, 6.30pm  
Apothecaries' Hall, London



# My Journey into Police Occupational Health

*By Dr Sanjay Kumar, Director of FMA Services at R-Health*

***“Once you can do occupational health in the police sector, you can practise occupational health anywhere!”***

It was these words - uttered by my mentor - that started me on the path to a fascinating and rewarding career in police occupational health. I remember that day well. I picked up his call as a newly qualified diplomate in occupational medicine with no previous working experience of occupational health. This was my first occupational health job, and, through a structured induction programme, I was carefully being transitioned from a GP of 20 years to an occupational health physician (OHP).

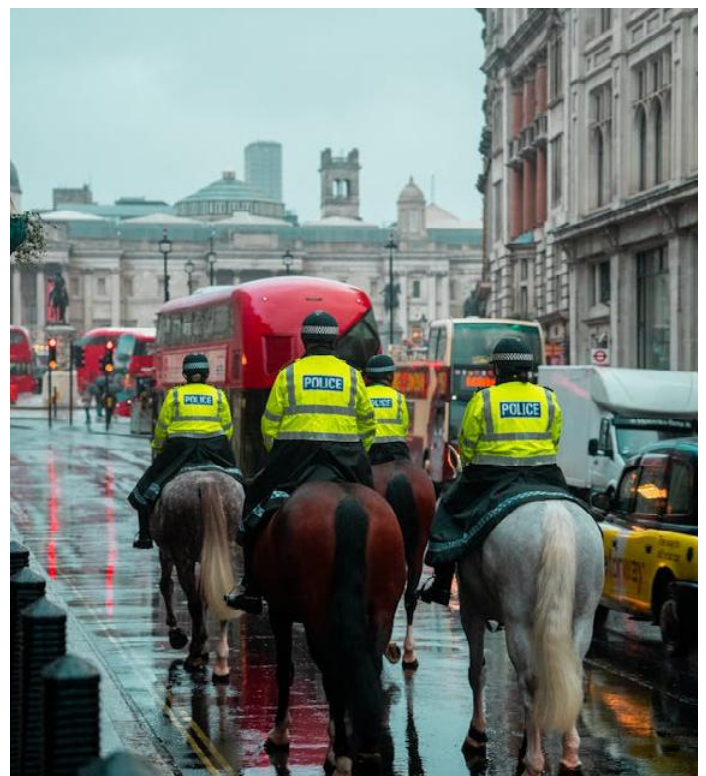
“I don’t know,” I replied, voicing my hesitation. “I hear police work is really difficult. It’s so specialised - surely, I need a good few years doing occupational health in other areas first?” “That’s exactly backwards,” he said. “The police work will very quickly have you thinking exactly like an OHP should be thinking. In no time, you’ll make it a habit to think in terms of workplace safety, task suitability and adjustments. You’ll rapidly build clinical judgment skills that transfer seamlessly to any other sector. Ah, but I do have one warning for you,” he said, adding a dramatic pause, “once you experience it, other occupational health work might seem rather mundane by comparison.”

My mentor explained that he had taken the liberty of suggesting me for the role of Force Medical Adviser (FMA) to a large police force. By the end of the call, I was intrigued enough to agree to the role.

**The Deep End: First Months as an FMA.** My first week was a baptism of fire. I found myself in what felt like a different world with its own unique culture, challenges and even vernacular. The learning curve was steep: familiarising myself with the different police and support roles, balancing work capacity with public safety considerations, navigating police regulations, understanding the real meaning of “risk assessment” and making recommendations that would impact not just careers, but identities. The work was onsite - and I was grateful it was because I was immediately struck by how welcoming everyone was. HR personnel, senior Command Officers, the wider Employee Wellbeing team, including Health & Safety, all took the time to meet with me and help me settle in. From the first day, I was made to feel part of the team.

The first few weeks were all about orientation and included fascinating and varied workplace visit opportunities. I spent time with operational Police Officers, Call Handlers (who take 999 calls), and Firearms Officers. I started conducting clinics under a senior FMA’s supervision. The cases kept coming, each with its own layers of complexity: a detective experiencing insomnia and flashbacks after months of working on a particularly disturbing child protection case; a response officer with deteriorating lower back pain who feared reporting it would mean permanent “desk duty”; a custody sergeant facing hearing loss but resistant to workplace accommodations that might undermine his authority; and so on.

Each assessment required me to understand not just the medical aspects but the physical demands, psychological pressures, and organisational culture that shaped these officers’ experiences. I was constantly stretching beyond my comfort zone, developing clinical judgment in situations where there was rarely a textbook answer. Working in the police sector gave me exposure not just to fitness for work assessments but various health surveillance programmes too; a reality that gave rise to an opportunity for a workplace visit to a firearms room where guns were discharged.





As the months rolled on, my diary became more varied exposing me to occupational health (OH) in local authority, NHS and the manufacturing sectors. It was then that I realised the truth that police occupational health had equipped me with an arsenal of transferable skills:

- **Nuanced risk assessment.** When you've evaluated whether an officer can safely carry firearms following treatment for depression, determining if an office worker can return after stress leave becomes straightforward by comparison. The stakes in police OH demand a level of precision and judgment that elevated my overall clinical approach.
- **Crisis-ready decision making.** Police work presented urgent situations requiring immediate OH input. A public order incident leaving officers injured, a firearms deployment gone wrong, or a critical staffing shortage during a major incident, all required rapid but thorough assessment and clear recommendations. This ability to make sound decisions under pressure became second nature.
- **Psychological health expertise.** I developed a deep understanding of trauma, operational stress, and resilience that far exceeded what I might have gained in other sectors. Working with officers exposed to the darkest aspects of human experience taught me to recognise subtle signs of psychological distress and to coordinate the implementation of effective interventions before crisis points.
- **Communication across hierarchies.** Police forces operate with strict command structures. Learning to effectively communicate health recommendations to everyone from new recruits to chief superintendents honed my communication style while maintaining clinical authority, which has proved invaluable in every workplace setting especially in initiating and navigating case conferences that add value to all parties.
- **Balancing individual and organisational needs** - balancing the needs of individual officers with the operational requirements of the force and public safety considerations. This complex ethical balancing act developed my ability to see beyond the immediate clinical presentation to the wider implications of OH decisions for both employer and employee.

To spend more time with my family, I made the decision to leave my full-time employment and become self-employed. Whatever type of OH work I became engaged in, I found myself navigating

every issue with a confidence and clarity that surprised me.

"How are you making these decisions so quickly?" I was asked by an OH nurse who was escalating complex cases to me on behalf of her employer. We were reviewing a case involving a worker with poorly controlled epilepsy who operated heavy machinery. I smiled, thinking of my mentor. "When you've had to decide whether someone with a medical condition can carry a firearm or drive at high speeds in emergency response situations, the risk assessment frameworks become second nature," I explained. "The principles are the same, even if the context is different."

I found that my police experience had given me an edge. The analytical thinking, the ability to ask the right questions, the skill in communicating difficult decisions, all transferred seamlessly to any new environment.

My mentor had been right.

I soon found myself missing the unique challenges of police OH. I craved the intellectual stimulation and sense of purpose I'd found in supporting police officers and police staff. I missed the complexity of cases that required me to constantly expand my knowledge. I missed the direct impact of helping officers return to roles they were passionate about. I missed being part of a system that supported those who, in turn, selflessly and heroically supported our communities during their most vulnerable moments.

Looking back on my career path, I am proud that I had the courage to step into a sector that would define my professional identity. Police OH has given me not just transferable skills but also a sense of purpose and a never-ending source of intellectual stimulation. Any physician considering this path, I encourage you to embrace the challenge. The complexity that initially seems daunting becomes your greatest professional asset, and the impact you can have on both individual officers and police organisations is genuinely meaningful.



*Dr Sunjay Kumar is Director of FMA Services at R-Health, a leading provider of Occupational Health Services for the Blue-Light sector.*



# Behavioural Science - The Missing Link in Workplace Wellbeing

Why do we do the things we do? That sounds basic, but this human behaviour was not met by my medical degree. Practicing as a GP and developing long-term therapeutic relationships with my patients started to answer this, but not entirely. To answer it, I completed the MSc Behaviour Change (Health & Wellbeing), and identified the following gaps in workplace wellbeing:

## Gap 1: The evidence-base gap in workplace wellbeing

There is no shortage of workplace wellbeing suppliers available, but often **it is challenging to understand what evidence base these offers are built on. With approximately £41 billion spent globally on workplace wellbeing**, the [SOM's buyers guide for "Wellbeing products or services"](#) sums up succinctly the need for robust solutions in an overwhelming market:

"Putting in place evidence-based wellbeing products or services has the potential to improve workplace support, reduce work-related illness, prevent avoidable sickness absence and improve retention and performance."

I find employers well intended regarding their employees' wellbeing, but often commission expensive series of workshops, perks, and apps, without understanding the evidence (if any!) behind whether they work or measuring effectively if they have worked. [The guide](#) provides useful information for those buying wellbeing services to consider, to ensure their suppliers are incorporating available evidence in their products.

## Gap 2: The behavioural science gap in workplace wellbeing

This is the second gap - **a lack of applied behavioural science used to design workplace interventions to improve employee wellbeing**. It would seem intuitive: if you are putting in place measures to improve employee wellbeing, leadership, or inclusion - which of course all depend on modifying or amplifying behaviour - that you base these on behavioural insights. Intuitive, but mostly unconsidered!

Some workplaces have realms of data from various staff surveys and feedback forms, but they are often not analysed using a sound methodological



By Dr Nupur Yogarajah, MBBS, MRCP (2013), MSc Behaviour Change (Distinction), EMCC Psychosynthesis Leadership Coach. Founder of Dr NY [www.drny.co.uk](http://www.drny.co.uk)

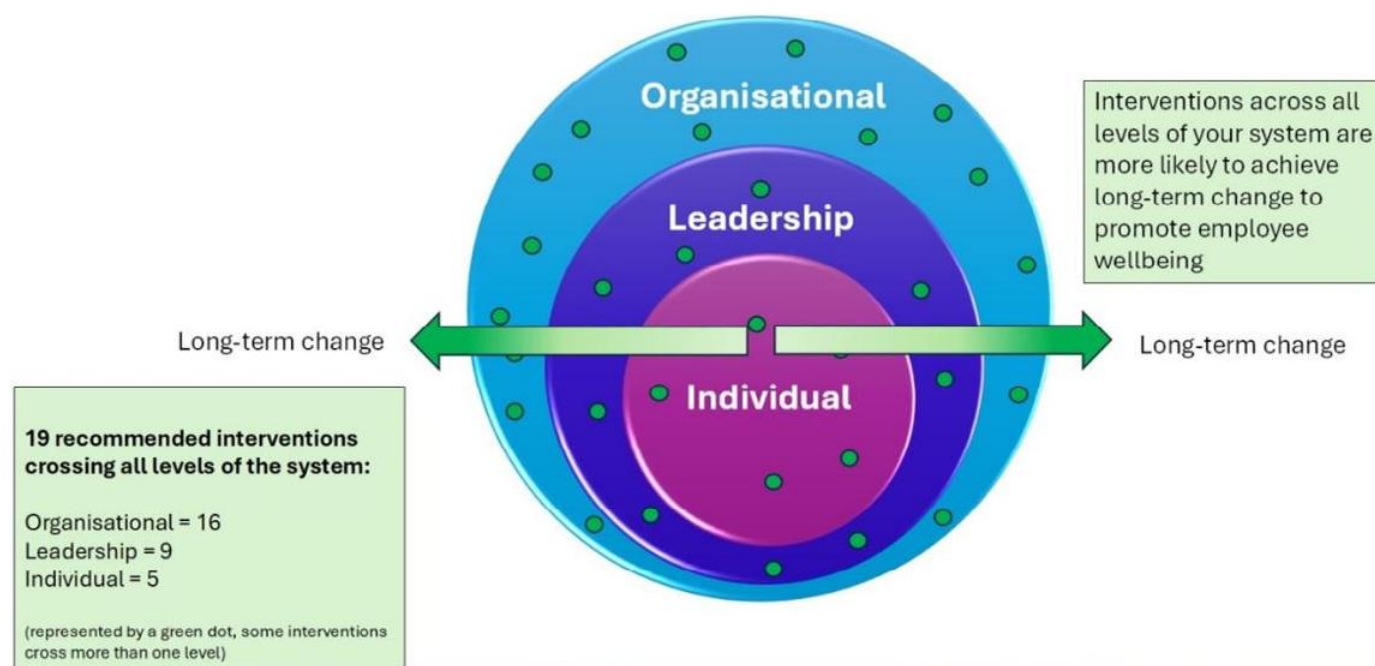
lens, or the data an organisation really needs is not being collected. Phase 1 of my work in organisations is spent working closely with them to understand their business and really define the problem in simple behavioural terms (easier said than done!).

Once we have this, we build the right questions to ask employees, drawn from a behavioural model such as the [COM-B Model \(capability, opportunity, motivation\) by Michie, Stralen & West](#), to truly understand the various precursors of their behaviours. Deep analysis of the ensuing data from focus groups and surveys using research methodology then feeds into [an evidence-based behavioural approach to developing interventions and recommendations](#).

For completeness, the recommendations are mapped across a workplace's system layers: organisational, leadership and individual, ensuring a good spread across all layers to avoid the pitfall of placing all interventions in one place only. E.g. Providing lots of individual opportunities such as webinars and expecting employee wellbeing to improve, without considering leadership and organisational levers, is unlikely to succeed. (See example on the next page (13) - a spread of 19 recommendations recently produced for an organisation, covering their system layers.) Taking a systems view of wellbeing also ensures you do not run into unintended consequences from a well-meaning intervention, that creates strain or negative issues in another part of your organisation.

From this stage, it is very satisfying to offer support for implementation of any recommendations where an external provider is needed, using my combined hats of behavioural scientist and clinical leader.

## Improving Employee Wellbeing Through Interventions Across The System



### Bringing it all together

When developing workplace interventions for wellbeing, health, leadership, inclusion - or any other "sticky" workplace problem involving human behaviour - consider:

- What is the **evidence-based approach** your supplier operates from?
- **Behavioural science-based analysis of your data and recommendation development** - after all, you are trying to influence behaviour, and some analysis outcomes may surprise you!

- **Implementing your recommendations at a steady pace with a reliable provider** - doing fewer things well is better than introducing multiple difficult-to-achieve things at once ([another great tip from SOM!](#)).

Whilst some recommendations are "low hanging fruit," accepting that others will be more challenging and slower burn areas is helpful to retain energy to keep chipping away at it. After all, **optimising employee health and wellbeing is complex and ongoing - but pulling on available evidence and behavioural insights certainly makes it more effective.**

## Upcoming SOM Special Interest Groups (SIGs)

- **HAVS**, Thurs 7th Aug, 3pm
- **NIHL**, Tues 12th Aug, 2:30pm
- **Commercial Providers**, Mon 18th Aug, 4pm & Mon 15th Sep, 4pm
- **DOcc Med**, Mon 1st Sep, 12pm
- **CESR Portfolio**, Mon 1st Sep, 4:30pm
- **Mining**, Tue 2nd Sep, 10am
- **MSK**, Tue 2nd Sep, 1pm
- **Drugs and Alcohol**, Tue 2nd Sep, 3pm
- **Clinical Audit**, Thu 4th Sep, 11am
- **Academic Forum**, Fri 5th Sep, 12pm
- **Long Term Conditions**, Fri 5th Sep, 2pm
- **Sleep**, Mon 8th Sep, 1pm
- **Pensions**, Tue 9th Sep, 4pm
- **Sole Practitioner**, Thurs 11th Sep, 7pm
- **Women's Health**, Wed 17th Sep, 11am

# Occupational Health News

- ◆ **Updated health surveillance guidance: respirable crystalline silica (RCS)** - updated publication [here](#).
- ◆ **A review of the evidence for malignant and non-malignant respiratory disease prescriptions commissioned by the Industrial Injuries Advisory Council (IIAC)** [here](#).
- ◆ **Shift work in healthcare infographic** [here](#) and **the impact of staff fatigue on patient safety** [here](#).
- ◆ **Guidance for employers of night workers** - a ready made business case for investing support into night workers and summary of the key laws and guidance applying to night workers [here](#).
- ◆ **GP Notebook Returning to work following hysterectomy** [here](#).
- ◆ **Toolkit e work-life** - A [line manager toolkit](#) for disabled and/or neurodivergent remote workers, developed following research that advice and guidance for line managers would help best support this community of workers wellbeing and their ability to remote work effectively.
- ◆ **Long COVID in frontline occupations research study** - currently looking to recruit nurses or healthcare support workers in secondary care who have, or have recovered from, Long COVID, as well as others in nursing more widely (e.g. nurses and healthcare support workers, managers, advisory staff and service delivery planners) that are affected by long-term sickness absence, including due to Long COVID. See [here](#) and [here](#).
- ◆ **8th FOHNEU International Congress, 2nd-3rd October 2025, Cork, Ireland** - bringing together OH professionals across Europe to explore the latest advancements, challenges, and opportunities in workplace health. Find out more and register [here](#).



## Mentoring into Occupational Health

### Are you a registered health professional interested in a move into Occupational Health?

SOM and the NSOH are hosting a free mentoring service for those considering a move into a career within Occupational Health. The service is committed to fostering growth, instilling confidence and nurturing success. Our mentors are trained and experienced professionals within the multidisciplinary team of OH.

Use of the mentor service will enable you to explore and understand a career in Occupational Health.

We will help you to decide if this is the career for you and if so, support your transition with all the tools you need.

From background reading to CV and interview skills, our mentors provide guidance individually, in group sessions or both.

As a mentee you will receive a set number of sessions with your choice of mentor plus access to group mentoring.

### Benefits of mentoring include:

- Provision of an understanding of OH.
- Reliable information and resources to prepare and upskill.
- Identifying transferable skills.
- An understanding of the task requirements within OH and varying delivery mechanisms.
- Signposting to shadow opportunities.
- Building confidence for a move.
- Widening professional networking within the specialty with the introduction to membership and networking groups.
- Advice on further training and education within OH.
- Improving the chances of obtaining a role in OH with CV and interview skills.

Find out more at <https://ohcareers.info/>



**What a brilliant platform this is, especially for new people wanting to get into OH**

*Lauren Widdowson (Registered Nurse)*



# 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 JCB Factory in May, Shepherd Neame Brewery in June, and Thatchers Cider Farm in July.

For access to our workplace visits, [join SOM as a member](#).



## Tour of Bremont Watch Manufacturing Centre

Wednesday 3rd September, Berkshire

WORLD of WEDGWOOD

## Factory Visit to World of Wedgwood & Afternoon Tea

Wednesday 8th October, Staffordshire



## Visit to Geevor Tin Mine & Lunch

Wednesday 5th November, Cornwall



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**



# Progressing as a Technician: Real Career Journeys in Occupational Health

*Monday 15th September 12.00-1.00pm*

**FREE For All**

Join us for this free webinar designed specifically for Occupational Health Technicians (OHTs) who are curious about where their careers can lead. You'll hear firsthand from three professionals who each began their journey as OHTs and have since carved out distinct and rewarding roles within the field.

Whether you're new to the profession or an experienced technician thinking about your next move, this session will offer inspiration, practical insights, and advice on how to shape your future in occupational health.

## Speaker Bio:

### **James Sunderland, Clinical Operations Manager, Peritus Health**

James began his journey in Occupational Health at Peritus Health Management in 2021 as an Occupational Health Technician, gaining valuable hands-on experience in frontline service delivery. Just three years later, he progressed into the role of Clinical Operations Manager at Peritus. From the moment he entered the field, he knew Occupational Health was where he was meant to be - he's passionate about the work they do and the incredible people who make up this profession!



Joining the panel will also be **Mike Knight, MSK and Rehabilitation Advisor**, and **Rianne Soleil, Occupational Health Advisor**.

Chaired by Janet O'Neill.

**Register Here**

# Upcoming SOM Webinars

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

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

- **Sleep and women's health especially during the menopause**  
**FREE SOM Members; £35 Non-members**  
Tuesday 9th September, 2–3pm – Register [here](#)
- **Progressing as a Technician: Real Career Journeys in Occupational Health**  
**FREE For All**  
Monday 15th September, 12–1pm – Register [here](#)
- **Occupational Health – supporting HR, sponsored by [Orchid Live](#)**  
**FREE For All**  
Tuesday 23rd September, 1–2pm – Register [here](#)
- **What is Occupational Health? Examples of how OH helps your organisation, sponsored by [Orchid Live](#)**  
**FREE For All**  
Friday 26th September, 2–3pm – Register [here](#)
- **How to get involved in research as a OH practitioner?, sponsored by [Orchid Live](#)**  
**FREE For All**  
Tuesday 30th September, 12–1pm – Register [here](#)
- **A New Era of Assessing Driver Health**  
**FREE SOM Members; £35 Non-members**  
Monday 20th October, 4–5pm – 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)**



