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## New SOM President 2023-4: Dr Lanre Ogunyemi



Following my election, I am now spending three years on the SOM governing board as President-elect, President, and immediate past President, respectively.

I look forward to supporting Dr Shriti Pattani as the current President over the next year. My presidency thereafter will coincide with a new SOM three-year strategic cycle.

In my election manifesto, I promised to focus on new initiatives that collaboratively help SOM be at the forefront of advancing OH interests at home and abroad, with my additional priorities being:

- Improve quality assurance support structures and mechanisms for allied OH practitioners' clinical practice.
- Increase available support structures for independent practitioners.
- Enhance (& leverage) engagement of GPs, the wider professional community and members retiring from practice.

Alongside these and our current strategic aims, I welcome new ideas and suggestions to strengthen SOM as we embed gains from increased "post-pandemic" awareness of our specialty.

## Occupational Health Awareness Week – results

14

Pieces of Coverage

Total number of online, offline and social clips in this book

72.5K

Estimated Views

Prediction of lifetime views of coverage, based on audience reach & engagement rate on social

46.1M

Audience

Combined total of publication-wide audience figures for all outlets featuring coverage

285

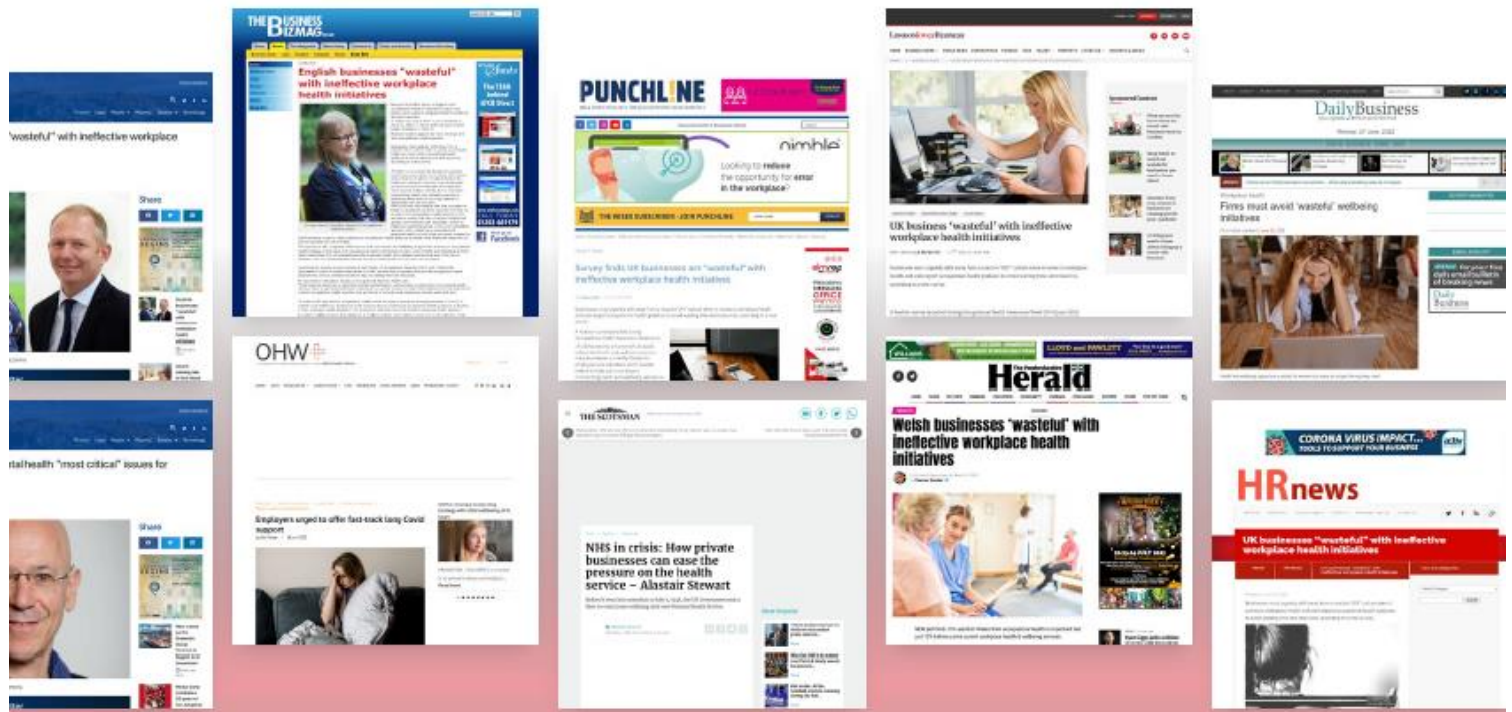
Engagements

Combined total of likes, comments and shares on social media platforms

52

Avg. Domain Authority

A 0-100 measure of the authority of the site coverage appears on. Provided by Moz





## Occupational Health is a rewarding and interesting career!

Whatever your background or interests, there is a career in occupational health that is perfect for you!  
Take a look at [our careers guide](#).



SOM holds an annual OH Jobs and Career Fair. The next one is on 21st September 2022 afternoon - [register here](#).

Being a member of the SOM supports your career development e.g. support for placements and mentoring, and workplace visits, a CESR support group for doctors and revision sessions - [contact us](#) for details. The OH world is friendly and there are more people than you think out there who are willing to help and support you.

## Take a planned approach to managing Long COVID in the workforce

SOM is calling for organisations to take a strategic, planned, approach to managing Long COVID in the workforce. There needs to be early, appropriate intervention, using occupational health input - rather than leave it to individual line managers to decide how to best manage each case.

[This SOM guidance](#) assists on identification and management of Long COVID – particularly regarding return to work. It will be of use to occupational health providers, employers, workers, people with Long COVID, HR personnel, managers, medical, allied health professionals and Trades Unions. A multi-disciplinary approach is essential to help retain and support people affected by Long COVID to return to work. Dr Clare Rayner, retired consultant occupational physician and Long COVID expert, said: *“Occupational health professionals can support people with Long COVID with their return to work and advise on improving their daily functioning. Early intervention can make a significant difference to the severity and length of Long COVID. A one-off scan or specialist consultation in the early phase to pinpoint the key issues can mean recovery within weeks rather than months”*.

There are useful appendices on:

- Universal first-line screening assessment in Long COVID
- Red flags and specialist referral
- Treatment which can help function and recovery
- Rehabilitation
- Specific Fitness for Work considerations after COVID-19 infection
- Examples of workplace adjustments for Long COVID
- Prevention of infection: risk management in the workplace
- Workplace public health messages

There are also some excellent case studies.

SOM welcomes the new NHS England advice launched end of July 2022 for [healthcare professionals in primary care](#), [commissioning guidance for post COVID services](#), and [plan for improving Long COVID services](#). There is also a useful research publication on Long COVID and employment [here](#).

Download SOM's new guidance 'Long COVID and Return to Work - What Works?' [here](#).

## SOM meetings coming up...

### Special Interest Groups - open to SOM members

- Skin - 9th September 3-4pm
- Noise Induced Hearing Loss - 13th September 3-4pm
- HAVS - 14th September 4-5pm
- Long COVID - 19th September 1-2pm
- Construction - 20th September 12-1pm
- OH Technicians - 26th September 3.30-4.30pm
- Pensions - 28th September 3-4.30pm
- Leadership - 30th September 2-3pm
- Mental Health - 7th October 1-2pm



### SOM hosted network meetings - open to all

- Academic Forum - 9th September 1-2pm
- SOM Commercial Providers Group - 13th September 4-5pm

To join these groups, contact [nick.pahl@som.org.uk](mailto:nick.pahl@som.org.uk)

### New fit note regulations

The SOM welcomes changes in July to the fit note. This allows a wider range of healthcare professionals such as nurses, occupational therapists, pharmacists, and physiotherapists to authorise it. The fit note is an important service in GP practices to help people stay in and/or return to work. It is a “backstop” for potential occupational health support to employees. The fit note ensures contact with a healthcare professional occurs relatively early in a period of sickness absence. This is important as the longer a time someone is off sick, the less likely they are to ever return to work. Over a third of fit notes are issued for five weeks or longer, by which time around 20% of people will never return to work. The fit note is rarely used to its full potential, with fit notes generally focusing on the ‘*not fit*’ for work option, rather than the ‘*maybe fit for work*’ section.

SOM is calling for training in use of the fit note, including essentials in occupational health, in undergraduate and postgraduate curricula. Tailored occupational health advice should also be made available to patients who receive the fit note - with better use of the ‘*maybe fit*’ for work section (e.g. suggesting a physiotherapist advises on return to work for back pain). SOM would also like to see fit note certification acting as a potential referral point to an occupational health professional. SOM hosted a webinar on this issue in July. There is also a SOM podcast on using the fit note.

- **SOM staging of HAVS** - new SOM guide from the SOM HAVS SIG [here](#)
- **New blogs** e.g. on [Driving health in the haulage industry](#) (see our [Blogs page](#))

## To burnout or not to burnout - that is the question

Freudenberger coined the term “burnout” in his seminal 1974 book. It was a term at that time used to describe chronic drug use. Probably the most famous researcher that has taken up the cause is Christina Maslach who has broken burnout down to a psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment:

- Emotional exhaustion: As emotional resources are depleted, workers feel they are no longer able to give of themselves at a psychological level.
- Depersonalization: Negative, cynical attitudes about one's clients or colleagues.
- Reduced personal accomplishment: The tendency to evaluate oneself negatively, particularly regarding one's work with clients. Workers may feel unhappy and dissatisfied with their accomplishments on the job.

The World Health Organization defined burnout as an Occupational Syndrome in 2019 and [formally published this in ICD-11 in 2022](#), but also made it clear it is not a medical condition.

I have worked as a Consultant Cognitive Behavioural Psychotherapist for 23 years in the field of occupational health and medicine with large private and public sector organisations, including emergency Blue Light services. Knowing what I know now, I can safely say I have treated people with burnout many times under the umbrella of calling it depression. I have always felt there was a major difference.

From what Maslach talks about it is the Process. This sounds obvious to clinicians as the process of becoming depressed (loss driven) can be quite different from the burnout process, but it is not for the clinician to see this difference - it is for the patient/client to understand this difference. By showing the client their journey (going through the timeline), they can see the stages of burnout and thus learn from the process, reducing chances of this happening again. If we treat it as depression, then we treat the outcome not the process. The outcome of burnout is consistent with the symptoms of depression but the process is predominantly different.

The reason this is paramount is that for some people burnout is written on their birth certificate in their genetic predisposition. Think of the big five traits of personality: the biggest marker (along with IQ) for success is Conscientiousness – it makes people, but it breaks people. Given the strong trait factors that can lead to burnout, learning from hitting the wall the first time will hopefully prevent a second or a third – as bouncing back gets harder each time, as we've all no doubt seen in the OH setting.

It is also important to note that organisations can alter the work environment to make burnout less likely.

Also delving deeper into the concept – how can we prevent a process that starts off so exciting, supplying an abundance of dopamine and serotonin, feeding our ego and self-esteem, giving us the accolades we desire, before it tips us over the edge into suffering?

### Alan Dovey

Clinical Director of Working Minds UK and Senior Lecturer, University of Staffordshire School of Health Science and Well-Being



## New higher impact factor of the *Occupational Medicine Journal*



## Pictures from the June SOM/FOM Conference





**For DOccMed and DipOHPrac\*, The Occupational Health Academy with SOM presents...**



**MCQ Weekend, Saturday 24th and Sunday 25th September 9am-5.30pm (both days)**

Over two days, The OH Academy will cover the key principles and information for the exam with OH Ethics and Law, Occupational Hygiene, Occupational Medicine, and Exam Tips/Past Topics and help you grasp the key concepts to improve your knowledge for the more difficult MCQ exam. Check out some of the reviews on [The Occupational Health Academy website](#) to see it is worth it - the Academy boasts some high scoring previous attendees!

Cost to attend: £425. [Register here.](#)

**Mock Viva Sessions, Saturday 8th, Sunday 16th or Friday 21st October (45-minute individual session)**

The OH Academy will request your portfolio in advance, analyse this and make suggestions on certain topics to prepare and revise, and then take you through a mock viva session in the style and format of the real exam. Written and verbal feedback is given thereafter with a chance for you to ask any questions, no matter how simple or complex you think they are! A very worthy session to attend, particularly if you have not done the MCQ exam in a while and are otherwise rusty with OH knowledge and your portfolio cases.

Cost to attend: £195. [Register here.](#)

*\*Could also be used for LFOM exam preparation although not specific.*



SOM have partnered with leading medical indemnity provider, MDDUS to provide cost effective membership for doctors. All SOM members can benefit from an exclusive 5% discount off their subscription when they join.

Membership with MDDUS can help provide lifelong peace of mind for OH professionals with access to 24/7 advice and support from an experienced medico-legal team on ethical scenarios, regulatory matters, and complaints that might arise from professional practise. When you become a member of MDDUS you will also have access to YourHalo, a confidential and free support service. The service provides support for mental health concerns with experienced health professionals on hand to help you deal with life's challenges.

Visit [the MDDUS website](#) to start your quote and become a member today. Please include on your application that you are a SOM member.

SOM also links with James Hallam for indemnity insurance for nurses – details here <https://jameshallam.co.uk/promed/>

### Get involved in this study!

Personal characteristics, career experiences and progression in occupational health practitioners; investigating equality, diversity, and inclusion.

Researchers: Prof Drushca Laloo, Prof Ewan Macdonald, Dr Sheetal Chavda, Dr Simon Walker

You are invited to take part in a research study being conducted by researchers at the University of Glasgow to investigate differences in experiences and career progression of UK Occupational Health practitioners based on personal characteristics such as age, gender, religion, ethnicity, sexual orientation, and disability. This study is kindly being supported by SOM and FOM. If you wish to participate in this entirely voluntary study, please read the [Participant Information Sheet and Privacy Notice](#). Participation involves completion of a single online questionnaire that will take approximately 15 minutes to fill in. If you wish to participate, please [click here](#).

If you have any questions about this research, contact Prof Drushca Laloo: [drushca.laloo@glasgow.ac.uk](mailto:drushca.laloo@glasgow.ac.uk)

## Perspectives on worklessness due to ill health, October 13th 2-4pm

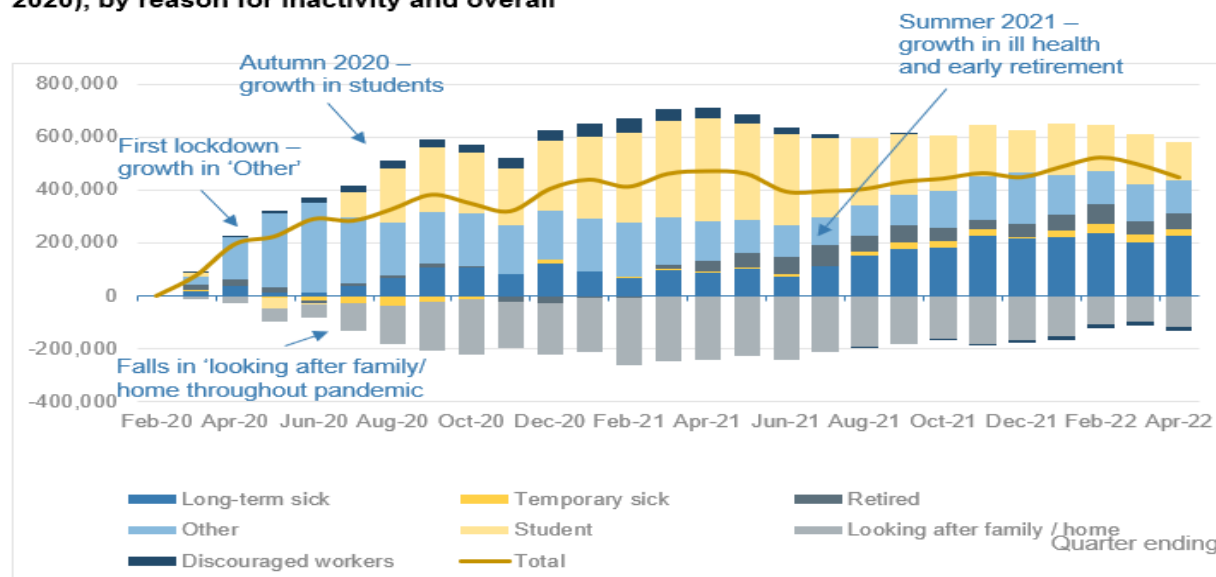
SOM in partnership with the Institute of Employment Studies

What is driving rising worklessness due to ill health and what should employers and government do about it? Are current approaches working? What long-term approach should leaders take to the public?

Book for free [here](#).

### Growth in ill health and retirement - IES graph from the LFS

**Figure 5: Changes in economic inactivity since start of pandemic (December-February 2020), by reason for inactivity and overall**



Source: Labour Force Survey

## SOM Regional Group AGMs – SOM members only

### North East Group AGM and Social Event, Thursday 15<sup>th</sup> September from 6pm

Venue: Redworth Hall Hotel, County Durham

RSVP to [Natasha.Sethna@som.org.uk](mailto:Natasha.Sethna@som.org.uk) by Thursday 8th September

### East Midlands Group AGM and President's Dinner, Thursday 22<sup>nd</sup> September from 6.30pm

Venue: De Vere Orchard Hotel, Nottingham

RSVP to [Natasha.Sethna@som.org.uk](mailto:Natasha.Sethna@som.org.uk) by Monday 15th September

### Scotland Group AGM, Thursday 3<sup>rd</sup> November 9am-5pm

Venue: The Royal College of Physicians and Surgeons Glasgow

### Northern Ireland Group President's Dinner, Friday 11<sup>th</sup> November evening tbc

Venue: Belfast tbc

### South Wales and West of England Group, Friday 2<sup>nd</sup> December 10am-1pm

Venue: St David's Hotel, Cardiff



## How can employers ensure that remote and hybrid working practices are disability-inclusive?

The COVID-19 pandemic fundamentally shifted the way we work, with a rise in remote and hybrid working. While many workers, businesses and sectors have benefited from changing working practices during the pandemic, disabled people have been among the worst affected by the economic fallout, experiencing higher rates of unemployment and redundancies than non-disabled people.

Over the course of the COVID-19 pandemic, hundreds of thousands of workers have left the labour market, largely due to ill health. Coinciding with this we have seen record numbers of vacancies resulting in a real skills crunch for employers. By working with disabled people, employers can access a valuable talent pool. It is therefore imperative that employers and Government get remote and hybrid working right for disabled workers.

A [new Work Foundation report](#) explores the benefits of remote and hybrid working for disabled workers, but also makes clear that some fear having to make a choice between their health and career progression. Our survey found that 85% of disabled workers felt that they are more productive when working remotely, and 70% said that their health would be negatively impacted if they were no longer allowed to work in this way.

Gaining more control over working environments was highlighted as one of the main benefits for disabled workers, with many reporting significant improvements to their health, quality of work and overall job satisfaction as a result.

For example, autistic workers stressed the benefits of being able to control lighting and noise levels at home, which is more challenging to do in an open-plan office. Others explained that working at home allowed them to take steps to manage health conditions in private, such as administering medication, changing a colostomy bag and taking medical appointments over the phone, rather than having to justify or explain what they were doing to colleagues, as they might have done at the office.

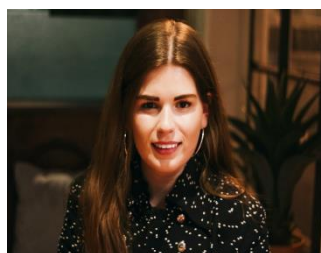
The research also draws attention to the challenges some disabled workers have experienced when working remotely. Concerningly, many fear that working from home will mean they are overlooked for training or 'stretch' opportunities suggesting that pre-pandemic perceptions amongst managers could remain. Respondents with two or more impairments are more likely to anticipate negative impacts from working remotely. 63% of respondents with multiple impairments agreed that their pay and career progression might be negatively affected, compared with 47% of those with a single impairment.

Of all survey respondents who requested additional support or new adjustments while working remotely, close to 1 in 5 (19.1%) had their request refused, with no alternative arrangements put in place. This finding is particularly worrying and suggests that some employers may not fully understand their legal responsibilities to support their disabled staff. Occupational health expertise has a role to play here in not only advising employers, but supporting them to think creatively about the adjustments they can offer their disabled staff.

While more than 65% of our survey respondents said they want to work remotely for the majority of the week, around 10% indicated that they don't want to predominantly work from home – what suits one, won't suit all. What is abundantly clear, however, is that when disabled workers are able to control their working environment, they manage their conditions more easily and feel healthier and more productive.

The findings of this report also highlight practical steps that employers can take to support their disabled staff members and ensure inclusivity:

- **Explore wider forms of flexibility** - Not all jobs can be done remotely, and as this research has highlighted, not everyone wants to work in this way. Employers should embrace the positive changes many experienced during the pandemic and take action towards supporting the full spectrum of flexible work, including job-sharing, flexitime and compressed hours.
- **Workplace adjustment passports for all** - Adjustment passports are a valuable tool to record and communicate needs and preferences about how and where we work. Using these for all workers has been widely welcomed and seen as a way of destigmatising the adjustment request process.
- **Invest in training and supporting line managers** - Employers must also make sure managers are equipped to run hybrid teams so they are productive and inclusive, regardless of where and when their teams are working. They need to be empowered to think flexibly and creatively in responding to flexible working and adjustment requests, and equipped with the tools and confidence to “have the conversation” and ask every employee what they need to be their most productive and to do their job well.
- **Consultation** - The importance of autonomy is clear, so it is vital that decisions about hybrid working practices are not made via a top-down approach. Consultation should be a continuous exercise to better adjust conditions and help workers be more productive.



**Heather Taylor**  
Policy Analyst, The Work Foundation

## RCN and SOM Occupational Health Nursing Conference and Exhibition

The fifth joint RCN and SOM Occupational Health Nursing Conference and Exhibition takes place on 25<sup>th</sup> November. Attend online or in person. The programme highlights the latest developments in research, practice and policy, providing a refresh for OHN practitioners on key challenges and issues in supporting the working age population health. Find out more and register [here](#).



### RCN and SOM Joint Occupational Health Nursing Conference & Exhibition

Becoming agents of change

**Friday 25 November 2022**  
Hybrid: Online and 20 Cavendish Square,  
Marylebone, London, W1G 0RN  
[www.rcn.org.uk/OH22](http://www.rcn.org.uk/OH22)



Fees from just **£80** +VAT



## SOM Welsh Parliamentary questions and answers, 24<sup>th</sup> August

**Q: Russell George (Montgomeryshire):** What consideration has the Minister given to increasing OH services for NHS staff to support with staff recruitment and retention? (WQ85908)

**A: Eluned Morgan:** Following a review of OH provision for the NHS Wales workforce commissioned by health boards, we are working with partners to consider an appropriate OH solution for NHS Wales staff.

Providing equitable, accessible, and sustainable OH services in NHS Wales will be essential if we are to meet our ambitions, retain and support our workforce as they face the challenges ahead. It is fully acknowledged that OH provision plays a key role in having a healthy workforce working to their full potential. This in turn is the only way that we can reach our ambitious plans for NHS recovery and achieve the best care for people of Wales. A multi-professional working group has been established with employer, trade union and Welsh Government members to scrutinise possible options and to see how we can continue with the investment we have made during the pandemic in supporting the health and wellbeing of our NHS Wales staff.

**Q: Russell George (Montgomeryshire):** Will the Minister outline whether people accessing Long COVID services in Wales are offered return to work conversations with OH professionals? (WQ85909)

**A: Eluned Morgan:** Long COVID services in Wales are underpinned by an integrated, multi-professional recovery and rehabilitation service model. OH services, and those professionals who work in them, are part of a broader landscape of medical treatment and welfare support which help individuals manage a range of conditions, including Long COVID. Employers are responsible for putting in place procedures when an employee is ready to return to work following a period of absence due to illness and make reasonable adjustments to support their return. OH, professionals are an important part of this. As part of the integrated multi-professional approach some employees may need to support their return to work, particularly those with more complex needs, I would expect the range of services and agencies involved in supporting them to work in partnership. This would include those providing Long COVID services where relevant. We know this integrated multi-professional approach achieves the best outcomes for people, those with health, care and welfare needs returning to work are no exception, regardless of the reason for their absence from work.





## About the SOM

The Society of Occupational Medicine (SOM) is the largest and oldest national professional organisation of individuals with an interest in occupational health (OH).

Membership is for anyone working in and with an interest in OH. It demonstrates a commitment to improving health at work, supports professional development and improves future employability enhancing our members' reputation and employability.

Members are part of a multidisciplinary community – including doctors, technicians, nurses, health specialists and other professionals – with access to the information, expertise and learning needed to keep at the forefront of their role. Members benefit from career development opportunities alongside practical, day-to-day support and guidance, through local and national networks that are open to all.

Through its collective voice, SOM advances knowledge, increases awareness and seeks to positively influence the future of OH.

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

## SOM Membership Offer Survey

We are currently investigating ways to improve our membership offer. We have created an online survey in the link below which will help us find out more about what potential members want:

<https://www.surveymonkey.co.uk/r/89J6CSW>

If you could help us by completing the survey, that would be great. As a thank you, upon completion of the survey you have the option to receive a discount code for joining the SOM as a new member.