

Should the occupational physician and occupational health system be mandated by law?

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50 years since the
health and safety
at work act

Occupational
Health not in NHS
when established

So, should
Occupational
Medicine be
mandated by law?

Current UK Approach (Risk-Based & Voluntary)

Existing Duties: UK law ([Health and Safety at Work etc. Act 1974](#)) requires employers to assess risks and provide health surveillance where needed, often involving OH input. The Health and Safety Executive has jurisdiction over matters related to labour accidents and occupational health. Oversight and guidance are provided by inspectors, occupational health specialists and others.

Voluntary Provision: Beyond statutory duties, OH services are largely voluntary, leading to low coverage (only half of UK workers have access).

Government Focus: Recent UK efforts, from the DWP and DHSC work and health unit, like the "[Occupational Health: Working Better](#)" and *Keep Britain Working*, explored encouraging broader provision through support, rather than a full mandate e.g. setting up a workplace health intelligence centre.

Fair Work Agency (FWA)

New UK government body, launching April 2026, that consolidates employment rights enforcement (like National Minimum Wage, holiday pay, [statutory sick pay](#)) into one agency under the Department for Business and Trade to tackle worker exploitation, support compliant businesses, and create a fairer labour market through proactive investigations, inspections, and strong enforcement powers, replacing fragmented existing efforts.

- Combines responsibilities from bodies like [HMRC](#) (minimum wage), [GLAA](#) (labour abuse), and [Employment Agency Standards](#).
- Investigates and penalizes non-compliant businesses, with powers for workplace inspections, demanding evidence (payslips, contracts), and bringing legal proceedings.
- Will enforce laws on [holiday pay](#), [SSP](#), [minimum wage](#), and [modern slavery](#).



Supporting occupational health
and wellbeing professionals

Whether occupational physicians and systems should be legally mandated?

A debated issue.

Arguments for include:

- in many EU countries better worker protection and business benefits (e.g., reduced absence)
- UK's current risk-based, voluntary approach, faces challenges with low coverage, especially for SMEs, despite laws on health surveillance.
- Mandating would create universal access but requires balancing costs and feasibility, while voluntary systems struggle with consistency
- Recent UK consultations aim to improve coverage through blended legislative and supportive measures.



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Arguments for Mandating

- **Universal Access:** Ensures all workers, not just those in high-risk roles or large companies, get support, reducing disparities.
- **Better Health Outcomes:** Proactive, preventive care can keep workers healthier and working, reducing long-term costs for individuals and society.
- **Economic Benefits:** Healthier, more engaged workforces are more productive, with reduced sickness absence and presenteeism.
- **International Precedent:** Many European nations mandate OH services, setting a standard.

Arguments Against/Challenges of Mandating

- **Cost Burden:** Mandates place significant financial responsibility on employers, especially small and medium-sized enterprises (SMEs).
- **Workforce Shortage?** A current shortage of specialist occupational health professionals (doctors, nurses)
- **Implementation Complexity:** Requires robust systems, training, and enforcement, potentially needing extensive regulation

While a legal mandate offers comprehensive worker protection, the debate centers on balancing this with economic viability and workforce capacity. The UK's direction seems to be towards strengthening existing duties and incentivizing voluntary growth, rather than immediate, full legal obligation, acknowledging the challenges but recognizing the clear need for better occupational health services.

Global OHS

The majority of countries have drawn up policies, strategies and programmes for OHS.

The infrastructures and institutional and human resources for the implementation of strategies, however, remain insufficient in the majority of countries (implementation gap).

Qualitatively, the content and multidisciplinary nature of OHS corresponds to international guidance, but the coverage, comprehensiveness and content of services remain largely incomplete due to a lack of infrastructure and shortage of multiprofessional human resources (capacity gap).

Ref <https://pubmed.ncbi.nlm.nih.gov/28982348/>

EU

Article 7 of the EU Framework Directive 89/391 requires employers to designate one or more workers to carry out activities related to the protection and prevention of occupational risks for the undertaking and/ or establishment (7.1).

If such measures cannot be organised for lack of competent personnel in the undertaking/establishment, Article 7.2 states that the employer shall enlist competent external services or persons. In all cases:

- *The workers designated must have the necessary capabilities and the necessary means*
- *The external services or persons consulted must have the necessary aptitudes, personal and professional means*
- *The workers designated and the external services or persons consulted must be sufficient in number to organise protective and preventive measures, considering: the size of the enterprise, the hazards to which the workers are exposed and their distribution throughout the entire enterprise.*

Ref <https://www.sciencedirect.com/science/article/pii/S0925753522001321>

Provision

- By the state?
- By employers?
- Through legal requirement and delivered through private occupational health services

2023 Budget recognition of Occupational Health

OH Expert group for OH for SMEs

£25m for subsidy pilot for SME's to access occupational health to examine the impact on uptake of OH and build an evidence base for a national roll out of the subsidy. 80% subsidy for first assessment in NW

Work Well - £57m for 15 pilots

Consultations:

- Fit notes
- PIP
- Treasury response on incentives – response tbc

SOM Advocacy focus – 2026

- Support *Keep Britain working* implementation team – working on work and health intelligence centre
- Advocate for Universal Access to OH, including enforcement using HSE
- DWP/DHSC Work Well implementation including training for non clinical staff
- Fit note review?

Future OH delivery

- Mixed market – NHS and commercial
 - Multidisciplinary
 - Bio psychosocial delivery, with OH “wrap around”
 - Use of online tools e.g. using AI (new SOM guide)
 - Better outcome measures and quality indicators e.g. through SEQOHS and Wellbeing mark
 - Focus on prevention e.g. Job design and good work
- ..role of manager crucial

What should you expect from a good OH provider?

- Focus on prevention
- A strategic, data led approach
- Wish to engage with the workforce and attend site in person
- Find a provider on the SOM website
- Look for accreditations like SEQOHS
- Use the SOM commissioning guide at:
https://www.som.org.uk/sites/som.org.uk/files/Suggested_steps_commissioning_OH_service_0.pdf

Occupational Health: **The Value Proposition**

Dr Paul J Nicholson OBE
March 2022

*Occupational health services enhance
employee health, workforce productivity,
business performance and the economy*

Nicholson PJ. Occupational health: the value proposition. Society of Occupational Medicine. London. 2022

<https://www.som.org.uk/sites/som.org.uk/files/Occupational%20health%20-%20the%20value%20proposition.pdf>

This edition includes 210 references; of these, 119 references are new (published in the last five years); as are 46/87 systematic reviews, meta-analyses and reviews thereof.

The value of Occupational Health and Human Resources in supporting mental health and wellbeing in the workplace

Prepared by Dr Kevin Teoh
Chartered Psychologist
Birkbeck, University of London



-
- Adopt a systematic approach to managing wellbeing in the workplace, based on ill health prevention and managing the main risks to workers' health
 - Develop effective working relationships, with mutual trust and credibility at its core
 - Recognise the boundaries of competence in relation to mental health and wellbeing, and work to increase the resource available to manage workforce mental health and wellbeing..
 - Increase influence within work, to advocate and encourage input into mental health and wellbeing strategy and initiatives across the primary, secondary, and tertiary level

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Making access to OHS a legal obligation is an effective way of improving access, though as a solitary action, it does not necessarily result in improved employee health

ANY QUESTIONS?

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