



SOM's 90th Anniversary: A celebration



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The President's medal



SOM thanks **John Hobson** for compiling this special commemorative booklet.

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'Occupational health, a dyeing trade?' submitted by Dr Clare Fernandes.

Dr Fernandes is an FFOM, winner of the FOM Mobbs Fellowship 2014 and author of *Questions and Answers for the Diploma in Occupational Medicine*. Dr Fernandes says: "I took this picture depicting the tanneries in Marrakech and its variety of hazards and uncontrolled exposures to show the international impact our profession could have if used correctly, despite diminishing numbers of clinicians in the UK."

INTRODUCTION John Hobson

The Society of Occupational Medicine (SOM) is 90! What an incredible achievement, against the odds – which just about sums up our speciality. We exist when we shouldn't and are not included in the National Health Service despite pre-dating it. What were they worried about? Despite that, SOM has survived and thrived despite never-ending revolution in the world of work. Even in my working lifetime and my career in occupational medicine, which only spans a third of that of SOM, the changes have been seismic.

I trained in an occupational medicine world dominated by huge industries – coal, steel, chemicals, manufacturing and business giants – and led by doctors. I retired in a world of multispeciality occupational health led by independent providers with an emphasis on wellness in the workplace rather than the management of physical hazards. And throughout all that time of change, SOM has been a constant companion, a friendly face, a guiding hand, a supporting colleague, an accessible and perfectly tailored training course or conference. There were never the constraints or restricting rules or elitism of other professional bodies. I liked that and I knew that the majority of my professional colleagues appreciated it as well – which is why it has thrived, why like-minded thinking individuals flock to its conferences and courses, read its journal, why its membership has grown. A voice of reason and common sense when everywhere else the rules are being ramped up, the paperwork polished, the red tape rolled out.

It was a great privilege and honour to be asked to put together this commemorative booklet. Plenty has been written about the origins of SOM, but Andy Slovak has written a SOM history here in six parts. The rest of the booklet is a living history told by those who have held positions in SOM over the last 45 years, or half its existence. It tells the tale of why someone was motivated to become president of SOM and what they did when they were. It also suggests where the future of this great society might lie. If it is anything like the last 90 years, I suspect the next 90 will be quite a journey. I also know that SOM will continue to be a huge source of support and a friend to any healthcare professional enlightened enough to enter our wonderful world of work-related health.

A HISTORY OF SOM 1935–2010

Andy Slovak, President 1995-1996

Part 1: In the beginning

From when they were first passed in 1802, the Factory Acts gave rise to two medical classes, with a commitment to addressing aspects of occupation: certifying surgeons and medical inspectors of factories. It is then something of a conundrum that the Society of Occupational Medicine (SOM) was not established until well over a century later. The mystery deepens when we consider the preeminent position of the British Isles in global industrialisation and the predominance of British writers in the elucidation and reportage of industrial ills, such as Charles Turner Thackrah (1833), John Arlidge (1892), Thomas Oliver (1902) and Thomas Legge, the first medical inspector of factories and workshops in Great Britain (1914). There was an early and shadowy Victorian entity entitled the Association of Certifying Factory Surgeons, though it seems to have petered out, leaving no trace of its existence or activities.

The first iteration of SOM was the Association of Industrial Medical Officers (AIMO), which owed its inception to the modest uptick in industrial activity in the middle 1930s after a prolonged period of harsh depression. This created a critical mass of a couple of dozen doctors in industry who sought mutual support and enlightenment in an unfamiliar environment. Among the founder members of AIMO was Ronald Lane, later the first professor of our speciality at Manchester in 1945. Lane survived long enough to produce a history piece, *The Early Days*, for the Society's 50th anniversary in 1985 (reproduced in this booklet). His personal history was an epitome of the 20th century. He was born in 1897, entered World War One as a Royal Flying Corps pilot and was lucky enough to survive an occupation that had a horrendously short life expectancy. Following lengthy recuperation after severe crash injuries, he proceeded to medical school. He had a steely intellect, to which many of the mysteries of lead poisoning and exposure control succumbed in his first employment. His rapid translation to academia embedded the development of descriptive occupational epidemiology, which we still recognise today.

Nevertheless, Lane came from a different world. AIMO was almost exclusively male. Colleagues, even those well acquainted, addressed one another by surname, and formality, role and status were much more strictly defined, differentiated and deferred to. Members of AIMO met quarterly, usually in London, and established activities which have pretty much survived to the present day – a combination of scientific reportage, comparing and sharing practice, and mutual encouragement. They established what has become enshrined as the scope of occupational medicine: firstly the effects of work upon health and following close behind, the effects of health on capacity to work. The balance between these has changed massively in importance but they remain the twin pillars encompassing our endeavours. Their infinite subtleties continue to puzzle, stimulate and beguile and, no doubt, will continue to do so.

THE EARLY DAYS

Ronald E Lane C.B.E. (Founder Member of the Association of Industrial Medical Officers and President 1939-41)

Reproduced from *J. Soc. Occup. Med.* (1985) Jubilee Issue, 3

I started in 1927. I had served for three years in the 1914-18 War and had done my medical training and hospital jobs at Guys. I had a wife and baby, but no money. I had tried an assistantship in general practice and found I had made a mistake.

I then had a great stroke of luck and found the sort of job I wanted that did not require capital. I entered industry at a salary of £900 a year (twice what I was earning in practice) and enough, in those days to rent a seven-room house, run a second-hand car, and keep a maid. For the first time we went North to Manchester to start my job with the Chloride Battery Co.

While I had a good general training, I knew nothing of industry nor of occupational medicine. I found my new employers friendly and very helpful. I joined the Manchester Medical Society at once and found the atmosphere friendly and welcoming so long as I kept to general and clinical medicine though I could arouse little interest in my own particular problems.

But much more disturbing was the general attitude to the doctor in industry! He was given a very lowly status, a status I deeply resented and determined to do what I could to change. I looked around for colleagues but found they were very few (half a dozen for the whole country). This did not include Medical Inspectors of Factories, who were also very thin on the ground, but who were very helpful when I could find one. (England and Wales were covered by three such inspectors.)

I wrote round to as many of these whole-time industrial doctors as I could find, but it did not achieve a great deal. Not surprisingly I soon began to feel professionally lonely and isolated. I had, however, found my new work intensely interesting and satisfying and over the next few years I was encouraged by satisfactory results.

In the early 1930s things began to change. The Imperial Chemical Industries Company had been formed and had adopted a forward-looking personnel policy, appointing a few good young doctors to work in their factories (Donald Stewart who was to become our first and energetic secretary was among them). Those of us who were working in industry soon got to know each other and several of us were invited to serve on an advisory committee of the Industrial Welfare Society and as a result we formed new friends and became used to working together.

It is not surprising that before long the idea of our own Association was born and enthusiastically received. As a result in 1935 our Association was formed with some two dozen members. It is difficult to convey the enormous effect this had on me, and I think on most of us!

We now had the support of colleagues with similar interests, and in addition many close friendships were made. We met in London two or three times a year, as well as having one provincial meeting. We learned from each other and the agreed object of our Association was to achieve a better knowledge of our branch of medicine. We were all young and keen to learn and received great help from the newly formed Birmingham Accident Hospital.

As a result of improved knowledge we began to gain confidence in answering occupational medical problems, we even gave evidence to Government committees and by the time the war came we felt able to speak with some authority. With the war, occupational medicine grew and by 1943 as many as 900 doctors were engaged in its practice. As a result the whole pattern of the Association changed, no longer could meetings be confined to London and both Birmingham and Manchester became additional foci for our activities.

By the end of the war our subject had arrived! Occupational medicine had become respectable and was accepted as a proper subject for academic study. With the change to peacetime conditions we lost many of our war time colleagues, but we began to benefit from the skills and enthusiasms of new recruits to our field who had seen service with the Armed Services.

The size of the Association and the wide distribution of its members demanded local activity, and so it was that the provincial branches were formed - these provided opportunities not only for local professional activity but made it possible to develop a new and important social side. It was rightly felt that our meetings would not only be better attended but would also be more enjoyable if we could invite our wives. This is now the pattern for most of our meetings, and it has resulted in many family friendships.

In my 50 years the Association has grown up. It has rightly changed its name, but as a Society it still continues to serve us well. I have been lucky to have been able to enjoy this membership throughout these early years, it has certainly brought me professional and technical help, but also it has brought me many good friends as well as a lot of fun. I am deeply grateful.



PAST CHAIRMAN.

Ronald E. Lane. Born at Margate, Kent in 1897. Educated at Canterbury. Served in the R.F.C. 1915-18, World War I. Qualified 1923 Guy's Hospital. M.Sc., M.D., F.R.C.P. (1938). General practice Nottingham 1925-7. Medical Officer to Chloride Electrical Storage Co. Ltd. (Manchester) 1927. Senior Visiting Physician, Salford Royal Hospital. Physician, Manchester Royal Infirmary. Nuffield Professor of Occupational Health, University of Manchester (from 1945). Consulting Medical Officer, Chloride Electrical Storage and Associated Companies since 1945. Member of the Industrial Health Research Board. Member of the Industrial Injuries Advisory Council. Assisted in the formation of the Association and Chairman 1940-1. Keen on all games and has a golf handicap of 6.

THE QUARTERLY BULLETIN OF THE ASSOCIATION OF INDUSTRIAL MEDICAL OFFICERS

September, 1948

President : DR. A. J. AMOR

Principal Medical Officer,
I.C.I. Ltd.

Hon. Treasurer and Acting Hon. Secretary : Messrs. Peek Frean, Ltd.,
DR. J. MEKELBURG Keetons Road,
Bermondsey, S.E.16.

Acting Hon. Editor of Transactions :
DR. L. G. NORMAN

Chief Medical Officer,
London Transport
Executive.

This is the first number of the Bulletin of the Association of Industrial Medical Officers. We undertook this adventure into journalism full of confidence and hope, confident that the publication of information about the activities of the Association will be widely appreciated by Members and hopeful that we may be providing a forum for the exchange of views and experiences.

Many deplore the ever-increasing specialisation of Medicine, but the study of sickness and health in particular occupations is no upstart, there being early Egyptian, Greek and medieval writings on the subject. The Renaissance of Industrial Medicine is now taking place, stimulated by the deep and genuine interest manifested by both managerial and employee sides of Industry ; we have our own Diploma and are entitled to be regarded as specialists. Our Appendix attached to this issue is far from vestigial ; it consists of a strong young growth of about 600 Members. Industrial Medicine has indeed found its feet and the time is appropriate for our Association to develop its own means of expression.

We publish in the Bulletin matters of general interest to Members of the Association, included under such headings as News Items, Forthcoming Events, Appointments, Questions and Answers, Recent Publications, and Letters to the Editor. Contributions from Members will be most warmly welcomed and should be addressed to the Hon. Secretary. The Proceedings of the Association and reports of Group Meetings will continue to be published in the British Journal of Industrial Medicine and will not therefore be included in the Bulletin.

MICHAEL BAXENDINE

President of SOM 1994–95

I count it a great privilege to have served the members of the Society of Occupational Medicine. I suspect that had I remained in Scotland my profile would not have made me a natural choice as president. On moving to London to take up the role of chief medical officer (CMO) at United Biscuits, I received great support from Dr Derek Taylor, the medical referee at my interview and later president of SOM. Derek proposed me as a SOM committee member. In due course I was appointed treasurer, where I served for five years. During my time, the finances of SOM greatly improved as a result of transferring our investments from fixed interest stock to an equity-based portfolio.

The way in which I became president was unusual. The custom was that the committee decided who they felt was worthy to be president. The nominee would then be presented to the membership for their approval, which was usually given providing no one dissented. This was perhaps to the relief of some that the mantle had not fallen on them! In my case, there was an unheard-of election. As I recall, I narrowly defeated Dr Andy Slovak. Quite rightly, Andy succeeded me as president. I was grateful for his support and knowledge when he served as president elect. As Andy had also been shortlisted for the CMO job at United Biscuits, he might be forgiven for seeing me as his *bête noire*!

The thing I felt most strongly about during my presidency was a matter that I perceived as of vital importance - seeking to join SOM and FOM into one body to represent the interests of all occupation physicians. In this endeavour I worked closely with Dr Ewan Macdonald, chair of the FOM board, who shared my vision. Success, I feel, would have been the crowning glory of my presidency. Alas, we failed. The sticking point was how such a body could accommodate unqualified occupational physicians, even when they were very experienced. The Royal College of Physicians was entirely intransigent, only being prepared to admit qualified occupational physicians to FOM. They refused to even discuss models that we put forward to resolve this difficulty. I believe that some sort of associate membership could have resolved the issue.

Occupational health has greatly changed – but you would expect an 88-year-old to say that! The demise of company employed posts and the contracting out of the work has led to the growth of very large, sometimes impersonal, consultancies. I am not sure that this has been for the best. I greatly enjoyed my time in occupational medicine, not least my time as president. I worked until the age of 79, the last 20 years running my own independent consultancy. I will always be grateful for all that occupational medicine gave me. I feel a deep sense of privilege that the members supported me and allowed me to serve them as president.

SUSAN ROBSON

President of SOM 1996–97

I find that some of the best things in life happen by chance or by taking opportunities and this was indeed the case when at a SOM council meeting around 1994, Ewan Macdonald suggested that he propose me for president. I still remember my shock but after some thought I agreed and was subsequently elected. The pre-president year proved very useful in coming to terms with 'imposter syndrome' and I quickly recognised that I was not alone and, unlike many politicians, would benefit from the support of many professional colleagues. I took up my role as the second female president in 1996, having been preceded by Ann Fingret.

I look back and see that period in the 1990s as very much the 'Golden Age' of the speciality. SOM had a wide and enthusiastic membership throughout the country, and I very much enjoyed visiting the local regional groups, including some memorable experiences in Ireland. There were no international visits at that time! The larger industries, government and armed forces all employed consultant occupational physicians. They encouraged and supported their doctor's involvement in national initiatives and training, and I was fortunate in heading a dynamic SOM council.

I also had the benefit of an excellent executive secretary in the form of Hilary Todd who was appointed at this time. Consideration of the minutes of the time will provide a more accurate history than my memory but I do know that we were responsible for a number of initiatives, including the publication of guidance documents on common industrial diseases, including one written by Tony Stevens on occupational asthma.

My main focus during the year was to work with Kit Harling as president of FOM, drafting a proposal to bring FOM and SOM together. Unfortunately this failed as the Royal College of Physicians vetoed the idea of non-specialist members being part of their college. Yes, all this was in 1997! And still there has been no progress with unification despite recent developments. Whilst it can be difficult to see what did succeed during my time as president, I can say that I did my very best to make a difference. The role also opened up further opportunities. I was nominated as the SOM representative on the BMA occupational medicine committee and having been subsequently vice-chair and chair, remain a member to this day. This continues to provide an insight into national events in medical politics, which is especially useful now I have returned to the NHS in a part-time capacity.

I am not sure that all the developments over the years have been for the best, which includes the increasing number of private providers and dwindling numbers of consultant occupational physicians despite the obvious advantages of the speciality compared with many roles within the NHS. However, I am impressed with the way SOM continues to thrive. The organisation has benefited from a sequence of committed administrators to whom we are indebted, together with the contributions of members and subsequent presidents.

A STAGE MANAGER'S ADVENTURES IN DOCTORLAND

Hilary Todd

I am descended from multiple generations of high-achieving scientists, but I was determined to strike out in a completely different career direction in theatre and TV management. When I came to work for SOM in 1996, it was meant to be an interesting short foray to cover maternity leave. I ended up staying for 20 years.

Like many other medical bodies at the time, SOM was about to enter a profound period of change, not that we knew that. The old monolithic industrial and service organisations were disappearing, and outsourcing was in full swing. At SOM, the back office was suited to 1950 and needed to professionalise. Donald Dean had been appointed as medical director and provided more continuity and direction than could be achieved by the periodic visits of the SOM officers, usually in full-time employment. I came along when these needs were becoming apparent and I was encouraged to tighten up the support structures, computerise and create a focused and responsive secretariat. We were lucky to have Kathy Codling join us in 1997 to revamp the journal administration. Later, Nikki Broadfield and Angela Burnett joined the team, along with John East when Donald Dean retired.

The transition from in-house OH services to autonomous multiclient servicing accentuated the need for an objective means to demonstrate standards and competence. SOM developed an audit process, a subject much in discussion at the time in progressive medical circles. The Quality Assured Appraisal Scheme resulted, prescient at the time, it thrives today. Likewise, the SOM journal, *Occupational Medicine*, having endured an unstable relationship with previous publishers, flourished when we moved to Oxford University Press and has an ongoing highly successful partnership.

SOM has never been much stirred by controversy. The liveliest discussions concerned prospective mergers and expansions, with several iterations of bringing about an 'ever closer' or complete union with FOM, but it never happened. However, membership was opened to allied specialities in OH. The historic sense of uniqueness and autonomy was replaced by the perception that we are all parts of a whole. From my vantage point as an observer and servant of the process, this was a very positive and refreshing development. It was also a privilege to participate in the creation of the International Occupational Medicine Societies Collaborative, which, from a UK/US beginning in 2003, now has 48 international members and a useful programme of dialogue.

It was an absolute honour to serve SOM. I made many good friends. Having spent a lifetime avoiding anything to do with science, I was kindly told by one member that I had a "scientific mind". I think the truth is that having been 'around science' in my formative years, I knew how to work constructively in a scientific environment. Another SOM member observed that my role was part mother hen, part mentor and part disciplinarian. If I succeeded in those roles, then I'm more than happy.

JOHN CHALLENGOR

President of SOM 2001–2002

There aren't many memories because it's a while ago – 23 years to be precise – however, a few do come to mind, and they concern my visit to the American College of Occupational and Environmental Medicine (ACOEM) Conference in Chicago during 2002. I arrived one afternoon at a time when my circadian rhythm dictated that I should be asleep in my bed. Too tired to stay awake to match local time, I fell asleep only to be rudely awakened in the early hours by the hotel desk clerk advising me that the SOM credit card I had used to check in with had been declined. There followed a fitful night's sleep, and I embraced the following day somewhat lacking in my usual *joie de vivre*.

My ACOEM 'designated minder' was Dr Gary Greenberg, an occupational physician from Duke University. Gary sadly passed away in 2018, but you can read about his impressive achievements on the Duke University School of Medicine website. Gary was a self-taught occupational health IT guru. He immediately impressed me with his super adept use of his Blackberry device, which put my Filofax and pencil to shame.

Later that day, suitably attired in black tie and wearing the SOM jewel, I attended the ACOEM conference dinner. During cocktails, I was approached by a dapper-looking gentleman, somewhat short in stature and sporting a shock of long, white hair. Looking at the jewel's engraving of Charles Turner Thackrah with myopic scrutiny, he asked, "Who is that distinguished-looking fella?" I proudly explained the background of Thackrah, but this was soon followed by a further question: "And would that be one of the Kentucky Thackrahs?"

During after-dinner speeches later that evening, after thanking the various officers of the ACOEM for their hospitality and friendship towards SOM, Gary responded with a short similar reciprocation. He concluded by announcing to the assembled guests, "John must be one of the few people left on this planet who still uses papyrus and a graphite stick". I still have and use my Filofax and graphite stick on a daily basis. It has never run out of power and has never let me down, in thunder, lightning or in rain.

Those were indeed memorable highlights, but what about the rest of it? I entered occupational medicine after 10 years as a principal in a rural dispensing general practice. Associateship, membership and fellowship followed in short order during a career as an occupational physician with a wide-ranging portfolio. My last posting was as senior force medical advisor to Devon and Cornwall Constabulary, who always generously supported my time and dedication to SOM activities. There is still no doubt in my mind that the combination of peer support and service in all SOM roles only serves to enhance one's career in occupational health.

IAN LAWSON

President of SOM 2004–2005

Possibly like others, I experienced paradoxical feelings of surprise, honour, apprehension and ambivalence when approached to become the president elect of SOM. Squashing a lifelong imposter syndrome as a result of failing my '11 plus' (what's that?) I thought, if not now, when? Yet in someone for whom having strong points is not their strong point, it seemed very daunting at the time. But timing is everything in life. Having reached my level of incompetence as chief medical officer at Rolls-Royce and survived another outsourcing review, I had one key requirement in place – a reliable home team to look after the shop to cover one's inevitable absences. The second requirement was to have someone to tell you what to do and, more importantly, what not to do. Enter Hilary Todd. In post, the Jewel – the regalia of office worn around the neck by all presidents – emerged, like Gollum's 'My Precious', providing presidential protection.

I recall very little detail about my time as president, so there's no list of achievements. I do have vague memories about the inception of the appraisal process and, of course, the striptease at the Manchester ASM 2005. (What did he just say?) Well, I simulated the beginnings of one, to reveal a T-shirt with a photo of Alice Hamilton on the front – the evening's prize for correctly answering the question 'Who was the mother of occupational medicine?' But do not believe the pernicious gossip that I proceeded to strip down to my Charles Turner Thackrah underpants.

I loved being president. It's the places you visit and the people you meet, here and abroad, rather than what you achieved that is forever memorable. Lectures and conferences are important but real wisdom is found amongst the in-between moments. I learnt more about vascular hand arm vibration syndrome during a 20-minute coach trip on a conference in Sweden than from any textbook. Being a comfortable after-dinner speaker helped when visiting the regional groups, but sadly – and pointed out to me post hoc – I often mixed up the punchlines of my terrible jokes. There were also the unexpected moments, such as my visit to the Apothecaries' Hall. I spied a narrow alley off Black Friars Lane, which gained access to a concealed courtyard: one of those ineffable 'genius loci' spaces that resonate with a sense of history, and where I had an unforgettable evening learning about old London livery. The wine may have helped!

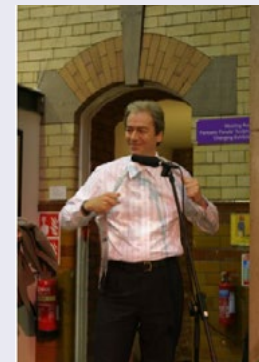
I guess being president will probably be more cerebral and virtual these days. However, I do not want to leave the impression of a fiction about the 'good old days'. The aphorism that 'even in the past, the future looked better' cannot be applied to SOM. It is now a much more vibrant eclectic mix of professionals thriving on a broad diversity of opinion, as evidenced by its variety of special interest groups. So, I feel fortunate to have been president, and hope to continue to be part of SOM.

EUGENE WACLAWSKI

President of SOM 2005–2006

I remember being asked to be SOM president and felt privileged to have been able to fulfil the role. It gave me the opportunity to meet members from around the country when visiting the regional groups. The regional structure was an asset that people felt really represented SOM.

While I was president, SOM moved from a printed newsletter that was very much appreciated to an electronic newsletter. This was a challenge. I drafted a newsletter using a variety of sources to demonstrate the benefit of early access to issues of news to members. Using a rapid cycle of improvement via SurveyMonkey member surveys, I think we got something that worked. I thought that was a positive result from my time as president.



Photographic evidence of Ian Lawson's anecdote
(with apologies to nervous readers)

A HISTORY OF SOM 1935–2010

Andy Slovak, President 1995-1996

Part 2: Growth, governance and structure

The quite remarkable and rapid change in the number of medical personnel involved in the servicing of the workplace, largely driven by the mobilisations of war work (1939–45), was reflected in the rapid enlargement of the membership of AIMO. If necessity is the mother of invention, then war is its most accomplished midwife. By 1943, AIMO had 900 members. Ten years later, this had reached about 1,000, a figure that would remain roughly the same for the next 60 years.

In 1957, AIMO became SOM. This change was not random. It reflected the consequences of another fundamental aspect of our speciality, nicely summarised in an earlier anniversary piece by another past president, Ann Fingret: "It is the nature of occupational health that its practice changes in response to the changes in (the nature of) work itself." This quote, now 40 years old presciently heralds another change in perception, from 'medicine' to 'health'. Perhaps SOM has been tardy in terms of nomenclature in that respect.

The rather informal arrangements of the early days of AIMO could not be sustained given the rapid and substantial increase in membership. A wholly conventional system of governance was therefore quickly established. This resulted in the formation of a central council with SOM officers and a representative membership and, more unusually, a robust set of regional bases.

Centrally, tenure of the pivotal roles, the secretary and the meetings secretary for example, were not time limited so as to provide continuity and drive. Other roles were time limited. The importance of regional input was re-emphasised by the inclusion of regional reps and elected members to SOM council. These brought fresh impetus, practical concerns and potential officers to the 'high table' of the council.

Finally, there were the more ceremonial managerial roles, the annuals, the president elect, the president and the immediate past president. Like the concept of the chartist annual parliaments, the short duration of the presidential appointments limited executive power, probably wisely, but permitted little or no strategic development at that level. Development and the work derived from initiatives therefore required the establishment of small sub-committees on an ad hoc basis.

The net consequence of these arrangements of governance was that SOM functioned comfortably and efficiently, but change was slow to happen and urgent challenges, although uncommon, created equal challenges in responding effectively. It was a system well suited to continuity but otherwise rather resistant to stimulus.

The predominance of a regional structure, relatively uncommon in scientific societies, was and is the bedrock of SOM. The regional groups have a character and a life of their own. Small enough to fulfil the original spirit of the early days of AIMO, everyone can and does know everyone else. The groups have their own committees and autonomous programmes of meetings and experiential visits, latterly supplemented with study days, sometimes inviting broader attendance. It has fallen to each group in turn to run the annual scientific meeting (ASM), a significant challenge and proving ground for personal and organisational development. It is probably underrated as such, but remarkably effective, nevertheless.

A lively spirit of independence has pervaded the groups, with reps occasionally delivering significant left-field curveball issues to a somewhat taken aback SOM council. Such is proper democracy!



A selection of recent workplace visits undertaken by members

DONALD BRUCE

President of SOM 2006–2007

I had been a member of SOM since the late 70s when I started my occupational medicine career in the Royal Navy, and I had been a regular at SOM meetings in the West Country and Scotland. When I left the Navy in 1990 to work for Nuclear Electric, I joined the London group and within a year I had become SOM secretary. Organising interesting meetings was always a challenge but under the leadership of Dr Murray Roberts we ran the highly successful annual scientific meeting in Oxford in 1998. By then I had moved to become an occupational physician and director at Trident Medical Services, based at the Atomic Weapons Establishment, Aldermaston. I continued to be a regular at the London Group and in 2000 I was invited to join the SOM council where I served until becoming president.

My year as president was the usual round of council meetings and visits to the regional groups. It seemed to me that one strength of SOM lay in the networking and mutual support of our members, many of whom work alone. Meetings may have an educational element, but I was convinced of the importance of SOM's social aspects. A particular highlight of my year was the visit to the Northern Ireland group in Belfast. Friendly and welcoming, they seemed to be a particularly close-knit group with effective links to the wider medical services in the region. A feature of my year in office was a new approach by FOM with the suggestion that our organisations merge. At the time I had mixed views about the proposal, but I came to believe that an 'umbrella' college for occupational health could provide effective leadership and focus for our speciality. Perhaps it still may come.

No reflection of my time in SOM would be complete without mention of the cheerful hard work of SOM's office staff. Excellently led during my time on the SOM council by Hilary Todd, the staff provided the glue which kept SOM together and for which I was deeply indebted.

Throughout my career in occupational medicine, SOM was a constant feature of my professional life. Whether regional or national meeting, committee or council, I always enjoyed, and was grateful for, the fellowship these occasions provided. The clue is surely in the name – the Society of Occupational Medicine. Here's to the next 90 years!

GORDON PARKER

President of SOM 2007–2008

In 1988, I devised a cunning plan to escape from general practice. I had sessional work with the Central Electricity Generating Board, and, with the help of Robin Cox and Ricky Marcus, I put together an approved training portfolio. In those days, SOM membership was by 'sponsorship', and my supervisors – Malcolm Gatley and Bill Elder – signed me up.

I already knew SOM for its networking, training opportunities and the immensely useful 'Yellow Journal'. My first site visit organised by SOM was to Crosfield Chemicals in Warrington, alongside my contemporaries (Fiona Page, Andy Lister, Paul Nicholson, and Heather Volk). I felt I 'belonged'.

In 1993, my first consultant post with Professor Nicola Cherry at the University of Manchester had teaching and training responsibilities. The university's department actively promoted and valued SOM as a vital resource for diplomats and speciality trainees. I went on to work for Ranks Hovis McDougall but continued contributing to the university's teaching.

Then, at SOM's 2005 annual scientific meeting, I was ambushed by Eugene Waclawski and Donald Bruce: "Would you consider standing as a candidate for president?" Why me? I had served as training dean for FOM. I had a range of practical experience in power generation, higher education, food industry and the NHS. I had contacts in the armed forces from my time as training dean. Perhaps having 'crossover' SOM and FOM experience would be helpful in the presidential role?

My year was a pleasure and a challenge. Regional group visits with my wife, Sue Turner – known to Hilary Todd as 'Dr First Lady' – were a delight. They were a vehicle to gather views from colleagues in the UK's regions and countries. Should we have leapt to our feet when Surgeon Vice Admiral Philip Raffaelli walked into the tri-services conference at RAF Coningsby, as others did? We didn't – we were the token civilians!

What of the politics and the need to promote the speciality of occupational health in response to Dame Carol Black's 2008 report *Working for a Healthier Tomorrow*? The report highlighted the importance of not over-medicalising the delivery of healthcare to working people. The answer is rarely just medical and is usually multidisciplinary.

In 2008, there were two mutually exclusive issues facing SOM. Should SOM and FOM merge, and should SOM open its membership to all occupational health professionals? Combining the experience and the resources of SOM and FOM made sense, but the organisations have different roles and responsibilities. My (simple) view was that SOM should be the spiritual home for everyone providing occupational healthcare. As we know, SOM and FOM did not pursue a merger and SOM decided to extend its membership. These decisions were not taken lightly.

In 2025, we have unsustainable levels of unemployment and economic inactivity ascribed to health problems. If we revisit Dame Carol Black's recommendations, we have a strong multidisciplinary SOM, which, alongside other organisations, can be a pillar of support to people of working age. I know that SOM will move forward with confidence.

OLIVIA CARLTON

President of SOM 2010–2011

It was during my attendance at the American Occupational Health Conference in New York in 2008 that it was suggested I consider standing for SOM president. I was there because I'd won the prestigious 2006 Peter Isaac Award bestowed by the British Occupational Hygiene Society.

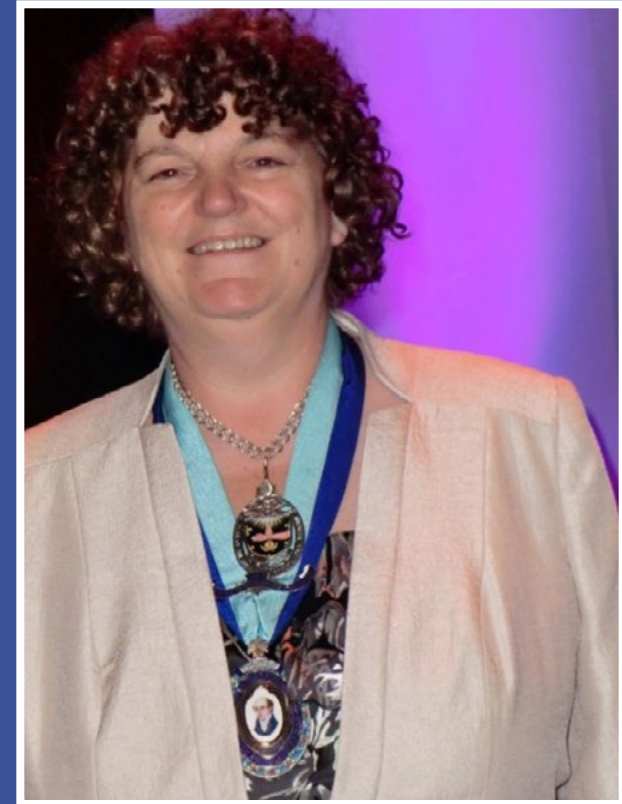
I'd led the Transport for London occupational health team for 14 years by then, held a part-time advisory role for the Department of Health for four years and subsequently been registrar of FOM for five years. Earlier in my career, I'd been on SOM council, firstly as a trainee and then as the national meetings organiser. So, it was a reasonable suggestion that I consider the role.

As president elect, I was privileged to support Tony Stevens during his year of presidency. He is a man of vision, who has a grasp of strategy. He developed a programme to widen the membership to include other clinical occupational health specialists. The workup was done during his year, the vote for members was to be taken during my tenure, and the implementation by the president who followed me, Henry Goodall.

My presidency lasted for 19 months, because of a change of timing for the annual general meeting. The SOM's chief executive, Hilary Todd, supported me to the hilt, providing sage advice, humour and terrific organisation. We have remained friends to this day. The president gets most of the attention, but the majority of the work is done by those behind the scenes. One of the most pleasant tasks of the presidency was visiting the local groups. I particularly remember the passion and expertise of SOM members in Belfast. They felt that SOM sometimes forgot about them. I certainly never did after that visit.

I found myself discussing the proposal to expand our membership with members across the country. Not everyone was in favour of the change. There was a fear that the essence of SOM might be lost – that feeling of connection and belonging with like-minded occupational physicians who became friends, advisors and would always have your back. I also had two annual scientific meetings, the first in Edinburgh (celebrating SOM's 75th year), where I hosted a heated discussion about the proposed expansion of membership. Standing on the podium on my own, it felt as though everyone was against me, such was the anger and dismay being expressed. I was very relieved when some people spoke up to support my arguments.

So it was, during the second ASM in Belfast, in June 2011, that the vote was held. By then, I had been elected as president of FOM – I held both roles for just a few weeks. The Belfast ASM was another triumph. After the many months of campaigning, the vote was in favour of expanding the membership of SOM and, in my belief, very much to the benefit of all our members.



Olivia wearing the SOM and FOM medals. "It was never done formally, but I put them on together so that Hilary could take that photo!"

HENRY GOODALL

President of SOM 2011–2012

Occupational medicine is a challenging speciality in which to work. The application of our medical knowledge to maximise individual health, capability and productivity meets the harsh reality of the cost-effectiveness to those whom we serve and to their employers, and the risks, demands and benefits of their employment. It can be a lonely career at times, 'pushing a rock uphill', often balancing the competing demands, needs and agendas of individual workers, GPs, line managers, policymakers and trade unions, while maintaining the highest ethical standards, and one's own health and sanity. We are only ever 'as good as our last decision'; it can take five years to build our credibility and five minutes to lose it. This is where SOM comes in. The generosity and camaraderie of colleagues, often experienced through contacts made via SOM meetings and written guidance, have been a constant source of support throughout my career. The training received has been both excellent and wide ranging, with communication always front and centre. Ninety years is a great achievement. I have been fortunate to have worked in and with many different organisations and workplaces over almost 40 years. The most important achievement during my year as president was the re-establishment of frequent and regular contacts and discussions with Department of Health officials, which have continued.

Reflecting on the changes in work patterns and the demographics of Britain during that time, the challenges of an ageing work force, which we first raised at SOM's 2003 annual scientific meeting, remain largely unresolved. Research tells us that every pound invested results in six or seven pounds of benefit to business. However, successive governments have failed to capitalise on the cost effectiveness of investment in occupational health even though SOM has made repeated attempts to educate them. The Covid episode, altering work patterns and leaving a legacy of chronic illness and worklessness has complicated things further.

Half a century has passed since the Health and Safety at Work Act 1974 became law. In that time, large organisations have employed OH professionals and services as a cost-effective investment to enhance employee attendance and productivity. Small and medium-sized employers often do not invest in OH until they experience a serious financial loss following employee work-related illness or injury. It is difficult to see this situation changing without legislation, requiring OH services to be available to all employees. We now face challenges for both younger and older workers, with the greatest demands being for effective rehabilitation following illness or absence from work. The time for a massive investment in OH and 'return to work' facilities is now. The need to tailor work to older workers' capabilities has never been more urgent. At present, there are insufficient fully trained OH practitioners immediately available to fulfil this requirement, so a major increase in training is necessary. Will government respond to the challenge? SOM has an important role to play in making this happen, to 'Keep Britain Working'.

RICHARD HERON

President of SOM 2012–2013

My journey to becoming president of SOM began in 1991, when I made the unthinkable leap from internal medicine with a focus on liver disease to an occupational medicine training post in a Huddersfield chemical factory. Idealistic perhaps, but I was driven by a desire to prevent illness on a larger scale. Having breathed in my fair share of silica dust working at the Paladin Potteries in my school holidays and then witnessed the devastating effects of coal dust on miners as a houseman in my hometown of Stoke-on-Trent, I knew that there was more I could do to protect people from work-related harm. After reading Hunter's Diseases of Occupations, it became clear to me that occupational medicine was the path I needed to follow.

When I attended my first SOM annual scientific meeting in Belfast, I was acutely aware of how much I didn't know and how few people I knew in the field. SOM president Brian Beattie took the time to introduce me to Norman Stott from the Atomic Energy Authority and Monty Brill from Ford, the first of many giants who let me stand on their shoulders. Brian signed my copy of Thackrah's The Effects of Arts, Trades and Professions, and I knew I had made the right decision. I was meeting people who shared a commitment to improving the health and safety of workers everywhere.

I quickly realised that I needed a network of trustworthy people – experts for technical advice, colleagues for political navigation, mentors for guidance – especially when I made mistakes or faced challenges. The support of co-workers, union representatives, regulators, SOM members in the UK, ACOEM in the USA and the International Occupational Medicine Society Collaborative helped me grow and thrive.

In 2012, while leading health efforts at BP, I was at the American Occupational Health Conference when news of the Deepwater Horizon oil spill broke. The relationships I had spent 25 years building played a crucial role in our ability to implement strategies that protected thousands of cleanup workers. Our collective efforts also helped rebuild relationships with regulators and key stakeholders in the US.

Around this time, I was unexpectedly asked to consider standing for SOM president. I wondered whether my employer would support me, especially during such a challenging period, but they did. This was my opportunity to give back to those who had supported me over the years. It was a chance to help shape a future where new and existing members of SOM could have the tools, networks and resources to excel as occupational health professionals.

My time as president of SOM was an unforgettable and humbling experience. I had the privilege of meeting so many dedicated members across the regional groups. While the political climate was challenging, a shared vision of a unified voice advocating for healthy workers, healthy organisations and a thriving economy is as relevant now as it was then. It was truly an honour to serve as SOM president.

A HISTORY OF SOM 1935–2010

Andy Slovak, President 1995-1996



In 2023, the International Occupational Medicine Society Collaborative, which SOM helped establish, celebrated 10 years of operation. A new charity was launched to support development.

Part 3: Scientific programme, publications, awards, prizes and scholarships

In its youthful maturity, SOM settled to a sturdy fixed framework of national scientific events. These comprised a spring and autumn one-day meeting in London and a regional annual scientific meeting (ASM) lasting several days. These provided a mixture of features focused on addressing both scientific stimulus and practical experience of sharing and permitting personal development by presentation. Thus, cutting-edge research mingled with the exposition of practice experience and for research-minded neophytes the chance to expose early endeavours to friendly appreciation and constructive comment. In addition, inputs from distinguished external specialists, usually summarising advances in the management of common conditions, dealt with the need to understand their application in terms of effects of health on capacity to work. These, together with eponymous lectures, completed the mixture. Useful, interesting and well attended.

"By their works shall ye know them." No respectable scientific body can exist without a journal, a shop window and an outward sign of much otherwise concealed and rigorous endeavour. They also offer the potential for truly global outreach. This was realised at an early stage by our predecessors. By 1948, the notes of meetings had been formalised and translated into the AIMO Quarterly Bulletin and in 1951 this became the Transactions. The role of the publication was stated at inception to be discernibly more 'practical' than the conventionally academic British Journal of Industrial Medicine, later Occupational and Environmental Medicine, which also started off at that time. In 1973, the Transactions became the JSOM before becoming Occupational Medicine.

Serendipitously, the JSOM, having elected to sport a jaunty-coloured cover, thereby earned the affectionate epithet of the 'Yellow Journal'. The differentiation between the practical and the academic has been elided over the years in the papers published but the streak of down-to-earthness has survived in editorials, summary commentaries and interspersed features such as the hugely popular "Why I Became An Occupational Health Practitioner" series. The other strand of the early AIMO Quarterly Bulletin – information about the day-to-day business of SOM – was subsumed into a separate newsletter, now entirely electronic.

Amusingly, the first prize was the Donald Stewart cup, awarded to the winner of the golf competition held during the week of the ASM. No doubt a reflection of the clubbable atmosphere and male predominance of the early days and, it has to be admitted, sometimes more diligently attended than some of the scientific sessions. More serious stuff followed, and, in its maturity, SOM has a range of such assets, some jointly operated with FOM. These run from the supportive (the Dr A Peter Wright Scholarship, the Golden Jubilee Award) to the performative (the Tar-Ching Aw research memorial grant fund, the Ewan Macdonald Prize, the Sandy Elder Award) and thence to the distinctional (the SOM Occupational Health Awards). Signs of maturity and generosity.

ALASTAIR LECKIE

President of SOM 2013–2014

What has the Society of Occupational Medicine ever done for us (me)? We are all – well, perhaps those of a certain age – familiar with the Monty Python Life of Brian film with the immortal quote “Apart from the sanitation, the medicine, education, wine, public order, irrigation, roads, the freshwater system, and public health ... what have the Romans ever done for us?”

I joined SOM when I was a GP principal doing the AFOM course at the University of Manchester. I joined to broaden my knowledge and experience in occupational medicine, which at that time was extremely limited. I remember being more than impressed and somewhat flattered when unexpectedly a member of the Scottish group committee contacted me to find out what I was looking for from SOM. Someone cared. And as a GP at the time, that was quite novel.

As a new, but not young, specialist trainee in occupational medicine at the Institute of Occupational Medicine, I was afforded the opportunity and the time to get involved with the Scottish group committee. I progressed through being a committee member, the honorary secretary, the group representative on SOM council, the FOM representative, and the golf representative to the chair of the Scottish group. Throughout this time, I benefited from the education that was provided both locally and nationally, and the access to a fantastic network of learned colleagues who were always willing to share their knowledge and their experience. I both gained work and was able to offer work and training opportunities through colleagues I met through SOM.

In 2013, by which time I was an experienced consultant and leading a large NHS service provider, I was afforded the opportunity to become president of SOM. This extended my network significantly as I was able to travel to the separate groups around the UK, to see how they were all individual and to see the benefit they brought for their local members. Also, my horizons were broadened beyond the UK with the ability to learn from colleagues from around the world. Since that time, the educational offering from SOM has expanded enormously with the move to more online and hybrid learning. I have been an appraiser in SOM's quality assured appraisal scheme since its start which has also allowed me to learn from colleagues working in so many different areas around the world. There is one part of SOM's offering that I have not tried – the special interest group for retired members. I will do this in the extremely near future.

I can honestly say that SOM has been with me from the very start of my career to the very end, and hopefully beyond. Take my advice and get involved – we will all benefit from that. What has the Society of Occupational Medicine ever done for us (me)? Helped with everything I have achieved in my career.

ALASDAIR EMSLIE

President of SOM 2014–2015

As a longstanding member of SOM, my decision to stand for election as president was driven by a deep-seated belief in the intrinsic value of our society. I recognised the potential to broaden our membership and extend our influence, not just within the confines of the occupational health community, but across the wider spectrum of industry and government. My vision was to foster an environment where the contribution of occupational medicine was not only recognised but actively sought to shape policy and practice.

Collaboration is the cornerstone of effective leadership, and throughout my tenure, I sought to cultivate relationships with key stakeholders. It was imperative that both government bodies and industry leaders understood the indispensable value of our profession. Through dialogue and partnership, we worked to elevate the status of occupational health, ensuring it was integrated into the wider health narrative and business strategies as a critical component for achieving sustainable work environments and healthier working populations.

Financial stability is the bedrock of any thriving membership organisation. My commitment to ensuring that SOM had a sound financial foundation was unwavering. This stability is essential not just for day-to-day operations but also for providing the resources necessary for growth and innovation. With a secure financial platform, we could confidently plan for the future, expand our services, and enhance the support we offer to our members.

The proposed merger with FOM was a significant moment for SOM. When it became apparent that the merger would not proceed, my focus shifted to ensuring the work with FOM remained uninterrupted. It was crucial to maintain the momentum of collaboration and avoid any disruptions that could detract from our shared goals. By navigating this challenging period successfully, we were able to continue our collective efforts to advance the field of occupational medicine without losing stride.

Beyond the strategic and operational aspects of my presidency, the role brought considerable joy. Working closely with colleagues, both within SOM's central team and across the various regions, was immensely rewarding. The regional groups are vital to the lifeblood of SOM and visiting these areas allowed me to connect with members on a personal level, understand their unique challenges, and celebrate their successes. These interactions were not just a duty of the role but a source of inspiration and enjoyment.

In summary, my journey to becoming president was underpinned by a firm conviction in the importance and potential of SOM. My aim was to ensure that we expanded our reach, solidified our financial foundation, navigated through organisational changes seamlessly, and above all, maintained a sense of community and joy in the work we do. Through collaborative efforts, we have positioned SOM to thrive and have a lasting impact on occupational health, both now and in the future.

ROBIN CORDELL

President of SOM 2015–2016

I joined SOM when I started training in occupational medicine 25 years ago. My involvement in SOM increased when I got to know the colleague with whom I shared a trainer (Jeremy Owen) and married in 2006. Nikki was secretary, later chair, of the South Wales and West of England (SWWE) group and I helped her with events she was running, including the SOM annual scientific meeting (ASM) in Cardiff in 2009. It was Nikki who as I was leaving the Army in 2013 introduced me to Richard Heron, who with Olivia Carlton was leading on the work to bring SOM and FOM together as a single organisation. Around this time I had become chair of the SWWE group, and I already knew Olivia and the chief executive at the time, Hilary Todd, quite well.

One of the aspects I found fascinating was the cultural survey undertaken by Ernie Messer, a management consultant helping us in the single organisation group. We, in SOM, had always felt we were the 'friendly society', and the cultural survey corroborated this; FOM was not unfriendly but perhaps a little more reserved.

When the single organisation was voted on in 2014, about a 60% majority were in favour. However, for SOM a two thirds majority was needed to change the constitution. This was a disappointment for Hilary and Alasdair Emslie as SOM president at the time, and all of us in the single organisation group, but this initiative had already created an improved relationship between SOM and FOM that endures. An early example was the decision to jointly run what had previously been the SOM annual scientific meeting as a national occupational health conference with FOM. Richard as FOM president jointly chaired this with Alasdair and then myself as I took on the role of SOM president at the Manchester conference in 2015, our 80th anniversary.

Becoming FOM president in September 2024, I am the fourth person who has also been SOM president. The others were Olivia and Richard and before them Peter Taylor, one of the founding fellows of the FOM, dean of FOM (1981-1984) and president of SOM (1975-1976) at the time of the 50th Anniversary of SOM. One of my last responsibilities in 2016 with Drushca Laloo, then chair of the SOM group in Scotland, was to appoint Nick Pahl as the new chief executive, on Hilary's retirement.

My reflection now is that there is value in us having the separation that I had worked to remove in 2013/14. SOM had by the time of the vote already included nurses, and over time more multidisciplinary colleagues have joined. This has enabled SOM to advocate for us as the people in occupational health and complement the work we do in FOM on education and standards of practice, much as other members of the Academy of Medical Royal Colleges do. Working together, but having the flexibility to approach from different angles, has enabled SOM and FOM to work toward the common aim, to improve the health and work of the nation.

A HISTORY OF SOM 1935–2010

Andy Slovak, President 1995-1996

Part 4: SOM people who made a difference

This is an entirely subjective and personal selection from among our colleagues, of those having been known to this author and featuring prescience, impact and the remarkable during the history of our society.

Tim Carter

Tim's career trajectory, largely in government service, took him from the Health and Safety Executive (HSE) via post-volcanic Montserrat to chief medical officer of the Department for Transport. In this last post, he carried through a root and branch review of the medical criteria for fitness to drive, deriving an evidence and risk-based model. The resulting publication has impacted on the lives of millions in terms of necessary restrictions, rational permissiveness and enhanced road safety. The initiative has also widely swayed opinion globally.

Denis D'Auria

I first encountered Denis, aged 11, as a fellow first former in Class 1 Delta, St Ignatius College in London, a grammar school more used to turning out priests than doctors. Seven years later, Denis and I comprised precisely two thirds of that year group's entrants to medical school and, to our astonishment, ended up in the same small speciality. Denis was a man of diligence, unbounded confidence and enthusiasm and had a fondness for the abstruse. He brought these gifts to his 18 years of editorship of Occupational Medicine, where he contributed to the information and education of generations of colleagues. Denis was also successful in spreading the influence of the journal internationally.

Ann Fingret

Ann came to occupational health from a background of general practice in the socially progressive ethos derived from the applied idealism of the pre-World War Two Peckham Experiment. A devotee of the work of Selye, the pioneer of stress research, Ann brought these influences to bear on her work in occupational medicine. She was a passionate advocate for occupational mental health, believing it was important, should be addressed seriously and impacted profoundly on the workplace. For much of her life, she was a near lone voice. Time has proved her right.

Malcolm Harrington

Malcolm established and built up an institute of occupational medicine in Birmingham but his urbanity and patrician style, as much as his academic prowess, made him a go-to figure for government tasks when there were thorny occupational health issues to address. In this mode, he was asked to review workplace screening assessments for DWP benefits, so-called workplace capacity assessments. He found these to be profoundly unsatisfactory and said so. After his first three-year stint (2010–13), he was not reappointed, which made him urbanely cross, although he was even crosser that little was done. There are none so deaf as those who care not to hear!



'Violinist allergic to rosin' submitted by Lungs at Work. Photo taken by Hille Suojalehto, Finnish Institute of Occupational Health, Helsinki. Hille explains: "This is a picture of a specific inhalation challenge to test a violinist's occupational asthma to rosin. She rubbed rosin on the bow and played the violin in the challenge chamber. Her skin was well protected because she also gets skin symptoms from rosin. The test was positive, and she was diagnosed with occupational asthma."

WHY I BECAME CEO OF SOM

Nick Pahl

SOM, through its members and its Journal, has improved the lives of many – from people with Long Covid to improving understanding of neurodiversity in the workplace. Every day I see the value of collaboration and people's generosity in giving their time to SOM. The contribution of the Editorial Board of the Journal is a case in point – many thanks to John Hobson and Steve Nimmo for their role as Editor. Our extensive publications and webinar catalogue is also a testament to what many people in OH give to SOM.

My father was a professor of sociology, who researched work, so was it written in the stars that I would get this role – a means of vicariously following in his footsteps? My education provided good preparation: a master's in public health, a diploma in management and a degree in economics – useful to support savvy SOM members. Also professional experience in the NHS, and national charities such as Hospice UK and MSI. As to why I got the role, ask Dr Robin Cordell, Dr Drushca Laloo, and others on my interview panel. I was stepping into the large shoes of Hilary Todd – who helped me in the all-important handover.

Day to day, I meet with the president, members, corporate supporters, suppliers, and others, implementing the strategy set by the board and instigating new projects. I am careful to balance supporting SOM members and the staff team internally and representing SOM externally. A highlight is SOM workplace visits, meeting members and seeing OH in action.

There is real satisfaction of bringing out the best in the partnership with each president – from focusing on governance, membership, leadership, policy or PR. Each president has given so much to SOM – thanks to each of you.



SOM is very proud of the Art and Occupation book produced by Mike McKiernan, and a further book to follow in 2026, authored by Paul Nicholson.

I am very grateful to the professionalism of SOM staff who I couldn't do the job without – in particular to the loyalty and long service of Angela Burnett, Nick Llewellyn, Sujal Naik, and Ann Caluori. I always appreciate advice such as from Ewan Macdonald, and SOM honorary advisors: Christine Poulter, David Roomes and Lara Shemtob. A special thanks to Rebecca Lawrence-Bristol who organises the great SOM/FOM conferences.

I am proud to see SOM going from strength to strength, with our new international work particularly exciting. Finally, my five amazing children and my wife (a detective in the Met) keep me grounded. Oh, and let's not forget Cassie the dog!

PAUL WILLIAMS

President of SOM 2017–2018

Having always loved the annual scientific meeting, I was delighted to lead the organising team for Nottingham 2014 so had headed south to Bournemouth 2013 for fun, meeting colleagues, learning but maybe largely to whip up enthusiasm for bringing people to our region the following year. Digital marketing was in its infancy, and I hadn't really discovered social media (mostly still haven't in all honesty). So what's a guy to do?

So, naturally green tights, feathered hat and a couple of paper cups in lieu of coconut halves for horses' hooves and Nottingham's most famous alumnus Robin Hood was soon riding cross the stage albeit not quite through the glen. I like to think that more merry maids and men came to visit us in the East Midlands as a result but as ever it can be the non-responders who are key - maybe it scared just as many away.

I loved my time as president soon afterwards and hope that rather like healthcare work in general we can retain our fun side whilst dealing with complex and emotive issues. Have fun everyone. The best of times and the worst of times often occur simultaneously but together we can grasp the opportunities for each other and those we serve.



The proof...

DAVID MCLOUGHLIN

President of SOM 2018–2019

I joined the Royal Air Force as a sponsored medical student while at Queen's University Belfast. This career path subsequently led to training in general practice, worldwide travel and a love of flying, including teaching others to fly. Therefore, it seemed natural that later in my career I would undertake further training in occupational/aviation medicine. This remains a popular route for military medical personnel, and all three services continue to maintain cadres of occupational physicians, nurses and technicians with high levels of expertise in military, aviation and diving medicine.

I had been a trainer, examiner and FOM's director of assessment before I was approached by Sally Coomber and Nick Pahl about running to become president of SOM. The approach was a bit out of the blue, and asking someone currently in the military to be president is a bit unusual. However, I was humbled to be asked, and the deal was sealed when Nick Pahl cycled all the way from a distant railway station to see me.

It was a privilege to serve as president of SOM. My memories of my time are three-fold. First, there was the work we did on the unique selling point of SOM and our new strategy. We were at the beginnings of being a multidisciplinary organisation and we decided to go for growing the membership. This was something I strongly supported and with membership now at over 2,000, it was, in hindsight, the right approach. We also had to control our costs, and I remember going with Nick to negotiate a good deal on our current premises in the grounds of the Royal College of Physicians – an initiative which I hope will be the right move for SOM in the long term.

The second reflection I have is of the enormous range of educational events and activities run by SOM. It was a pleasure to attend and speak at meetings as diverse as the national joint conference to local events. In particular, I enjoyed visiting our strong regional groups, including a visit back home to Northern Ireland. Each of the SOM regions was distinctive, vibrant and uplifting.

My final reflection is to note the great people in SOM. During my time as president, I met and worked with great people on the board, council, staff and wider membership. Many of these people gave their time and commitment to SOM on a voluntary basis. As I approach the end of my career, it is great to see a new generation of SOM leaders come through that will help to shape and drive the organisation forward in to the future.

WILL PONSONBY

President of SOM 2019–2020

Like many, I came to occupational medicine by accident. I had trained as a general practitioner, considered emergency medicine and completed an MBA, but I couldn't find my niche – until I began working in the oil and gas industry in Baku, Azerbaijan. That role drew on all my diverse experience, as I provided medical services to the international community and supported the region's growing oil projects. It was a turning point that set me on the path to a career in occupational medicine.

Around that time, I joined SOM. At first, my only connection was through the SOM journal, Occupational Medicine, but I eventually began attending the annual scientific meeting and found a group of like-minded individuals – a fellowship of friends and colleagues who were generous with their time and advice to a newcomer.

Years later, I had the privilege of serving as SOM president. I had hoped to promote SOM internationally, but Covid changed those plans. I spent the second half of my term working with the SOM team and others to respond to the crisis. We consulted widely, set up dedicated response teams, and developed and distributed guidance and advice. We also engaged with the government and the Health and Safety Executive on key issues. I like to think we served as a critical friend, speaking truth to power. I'm deeply grateful to the SOM team and members for their support during that time.

Now, I'm working with SOM and the International Occupational Medicine Society Collaborative (IOMSC) to improve health outcomes in the artisanal and small-scale mining sector worldwide. An estimated 100 million people, including children, work in this sector, often in dangerous and unhealthy conditions. This project strongly aligns with SOM's charitable objectives: to prevent disease, provide relief to those affected, promote research, and publish guidance.

SOM has been more than a professional body for me – it's been a source of some of the most meaningful relationships and friendships in my career. The organisation is now proudly multidisciplinary, bringing in diverse perspectives and drawing on a wide range of expertise, which continues to strengthen our work and impact.



David McLoughlin handing over to Will Ponsonby as president

A HISTORY OF SOM 1935–2010

Andy Slovak, President 1995–1996

Part 5: More SOM people who made a difference

Richard Schilling

A disciple of several 'greats' of the epidemiological aspects of occupational medicine including Austin Bradford Hill, Donald Hunter and Ronald Lane, Richard's single greatest achievement, paradoxically, was highly practical. He was the author of the working occupational health practitioner's bible Occupational Health Practice. This was the standard textbook on 'what to do' and 'how to do it'. Used by generations of students and practitioners across the world, it was sensible, reliable and, above all, useable.

Anthony Seaton

Anthony is remarkable for having comfortably straddled the (perceived) divide between occupational and environmental medicine. In so doing, he demonstrated the range of their commonalities rather than their differences. He served with distinction on both the Industrial Injuries Advisory Council and the Expert Panel on Air Quality Standards. A beautifully elegant writer, he wrote Farewell, King Coal in 2018, an elegy to the glories and terrible costs of the carbon era.

Peter Taylor

The CMO of the Post Office in its last glory days, Peter ran a large and complex operation looked up to by his peers. But his most significant contribution came early in his career – a series of studies of the causal and motivational aspects of sickness absence. Pretty much single-handedly, he demonstrated that the subject was capable of rigorous study, that such study yielded useful, practical, actionable outcomes and that this made it an interesting, indeed crucial, topic. His work was the pivot on which hinged most of the vast literature which now addresses the subject.

Hilary Todd

Hilary was the first chief executive of SOM, from 1996 until 2016. As the then incoming president, I was involved in the later stages of the process leading up to her appointment and was keen to find someone who could comfortably engage with our membership as a colleague – doctors being reputationally as hard to herd as cats – and as a services developer and manager. Hilary came from half a lifetime's work in theatre management but, by joining SOM, she returned to her strong familial roots in science. She transformed and professionalised our secretariat and proved to be an effective cat herder as well as a remarkably warm-hearted, effective ambassador for the society and the broader speciality.

ANNE HARRISS

President of SOM 2020–2021

Throughout my career as an occupational health (OH) nurse, I have been passionate about promoting the specialism and developing OH nursing practice. It was this passion that led me to move into education, initially at the Institute of Advanced Nursing Education of the Royal College of Nursing, then at the London South Bank University in 2000. I was delighted when, in 2012, SOM decided the time was right to admit members of other professions, including nurses. Some OH nurses embraced this change and joined; others were more reticent, due to a poor appreciation of SOM's significant offering.

Joining SOM was one of the best things I have done in my career – and proved life changing. As an early adopter and course director of the award-winning OH nursing programmes at London South Bank University, I was asked if I would like to attend the SOM board meetings in an ex-officio capacity. I agreed because I believed that if I understood how the society ticked, I would be better placed to influence others to join. When I advised OH nurses, they could now join SOM, a common answer was: “Why should I join a society focused on the needs and interests of doctors?” I was shocked.

I have always believed that multiprofessional approaches enhance effective, high-quality service delivery. I was determined to increase multidisciplinary membership of SOM. Social media posts from OH nurses now indicate that SOM is their society of choice. Out of the blue, I was approached by immediate past president David McLoughlin to consider standing for election as a future president. He asked me if I would like some time to consider, but I did not need to think about it – I was honoured to be asked and determined to put my all into it.

I became president elect in 2019–20, taking over as president in 2020. I anticipated a tenure visiting local groups, presenting at international conferences and being involved in a variety of SOM meetings and initiatives, including webinars and the publication of practice guidance and position papers. Things don't always pan out as expected; my tenure coincided with the peak of the Covid-19 pandemic, which significantly changed life as we knew it.

Covid-19 became a steep learning curve for health experts and stakeholders – scientists, clinicians and OH professionals alike. Government and health leaders were changing their position almost daily; SOM had to stay ahead of the curve to provide evidence-based advice and support to clinicians and others. I was privileged to be involved in initiatives and meetings with stakeholders such as Sir Keir Starmer (then leader of the opposition), FOM, RCN, CIPD, Business in the Community, DWP, the WHO, and Ewan Macdonald, head of the Healthy Working Lives Group of the University of Glasgow. Sadly, travel restrictions and lockdown constrained much of what I had anticipated: attending conferences and local SOM groups was impossible. However, I felt I made a significant difference to workplace health. It was a fascinating experience and one that was over all too soon.

JAYNE MOORE

President of SOM 2021–2022

My presidency ran from 2021 to 2022 when the release from the grip of the Covid pandemic was just beginning. There was palpable relief expressed in the media when reported case numbers for the UK dropped below 7,000 in January 2022. The UK workforce was beginning to return to their workplace from furlough and home working. OH services were there to support that process, alongside providing support and guidance for those suffering the after-effects of the condition, which we were only partly effective in doing because Scotland resisted a Long Covid service.

Presidential travel was reduced, although I was able to attend ACOEM in Salt Lake City, USA, where I spoke on the issues of concern to OH in the UK. I was invited to join the Chilean Society of Occupational Medicine conference remotely, where I gave a presentation and improved my Spanish in the process.

At home, time was found for Zoom meetings with members of parliament of all elected parties, advising and assisting in development of government policy. Discussions continued with the Work and Health Unit on the white paper ‘Health is everyone's business’, with the aim of encouraging the development of an OH offering to small and medium-sized businesses. I took the opportunity to capitalise on the increased profile of OH during the pandemic to promote our speciality's contribution to workplace health and to plan for the future.

The SOM board and council remained active, ensuring that relevant up-to-date advice was available to support members. I went to local meetings – I enjoyed a trip to Wales in particular – and when I couldn't travel, I joined local groups remotely. I chaired the Trent Occupational Medicine Annual Symposium, where I stood in at the last minute for a speaker who was unable to attend and talked about ‘Chronic Embitterment’ using slides which were a combination of mine and those provided by Tom Sensky, whom I met when asked to speak at the Royal College of Psychiatrists occupational psychiatry meeting.

Finally, I reflected on the many projects that were started but not finished during my tenure. I shared the view that a longer tenure as president may address this in a positive way and supported the proposal that the presidency be increased to two years.

SHRITI PATTANI

President of SOM 2022–2023

As SOM celebrates its 90th anniversary, I am honoured to reflect on my tenure as president – a role that was both a privilege and a profound learning experience. My presidency started at a unique time. We were still emerging from the Covid pandemic and beginning to meet face-to-face. I was determined to attend all our regional groups to engage, ignite and learn. Six months into my presidency, I felt inspired by the stories from our OH colleagues, who had given so much during Covid. I felt proud to be part of a discipline which had found a voice and a place to help our country at a time of need. This led to so many opportunities as SOM president, for which I will always be grateful, including representing our discipline in the UK, the USA, South America and India.

One of the most significant achievements during my presidency was raising the national profile of OH through media engagement. This included appearances on BBC TV and radio, giving evidence at parliamentary sessions, and meetings with our chief medical officer, the treasury, patrons and ministers. My being a strategic advocate nationally and internationally and a keynote speaker at the WHO, provided a platform for securing OH's place on the government's agenda. This recognition was not just symbolic – I believe it laid the groundwork for policy shifts that support the health and productivity of the UK workforce.

A cornerstone of our efforts was piloting an innovative pathway to provide support for health at work, including OH across the country. This was designed to support individuals with health conditions to stay in or return to work, while alleviating pressure on primary care services. It was a tangible demonstration of how OH can serve as a bridge between clinical care and economic resilience. This has led to advocating for universal access to OH.

Internally, we focused on strengthening SOM's governance and member engagement. I was particularly proud to support independent practitioners to ensure SOM remained a welcoming and inclusive space for professionals at every stage of their careers. This includes developing specialist interest groups for allied health professionals and diploma doctors. The journey was not without its challenges and the OH workforce remains under constant challenge and scrutiny.

On a personal note, serving as the first person of colour to hold this role since SOM's founding in 1935 was both humbling and empowering. It underscored the importance of representation and the need to create pathways for diverse and inclusive leadership within our profession. It has helped me promote the values I believe in of advocacy, inclusion and compassion.

I am immensely grateful for the support of our SOM family, the board, the dedication of our operational team, and the passion of our members. Together, we strengthened SOM's foundation and positioned it for a future that honours its legacy while embracing innovation. Here's to the next 90 years of SOM – may they be as impactful and inspiring as the last.



Anne Harriss



Shriti Pattani

A HISTORY OF SOM 1935–2010

Andy Slovak, President 1995-1996



SOM's past presidents meet at the RAF Club for dinner in October 2022

Part 6: Change and transformation

Up until the establishment of the Faculty of Occupational Medicine (FOM) in 1978, entry into specialist status lay in the acquisition of the Diploma in Industrial Health (DIH), an examination administered by two separate bodies, the Society of Apothecaries and the Royal College of Physicians (RCP). Specialists by diploma were perceived to be of lesser standing compared to the award of memberships of the medical royal colleges. Our speciality sought to follow the path of other former "subordinate" disciplines in seeking fully equivalent standing. This presented serious uncertainties as at that time, those colleges were very different entities from the inclusive and outward-reaching bodies that they have now become. Moreover, the task was left to a very small group of members of SOM who were already members or fellows of RCP.

This uncomfortable coming of age, brought to a satisfactory conclusion, was a herald of a more transformational era. The issue that arose was of the future relationship and partition of roles of the established SOM and the newcomer FOM. Given that the membership of both bodies would have been largely the same, the dichotomy had a somewhat schizoid nature. Each body demands a substantial administrative structure, has a large overlap of aspiration and is likely to be delivered by many of the self-same people wearing two different hats.

The solutions, if solutions they be, are three: merge, share or split. Over time, we have toyed with them all. A first airing of the idea of a limited merger came in the mid-1990s but was met with a mixture of indifference and mild antipathy. Much the same indifference applied to the idea of broadening the scope of SOM membership. An untidy situation, but politics being the art of the possible, we had to accept a sharing between SOM and FOM which has gradually developed both scope and boundaries. But time moves mountains, even occupational medical ones. As we now know.

Europe

During the period of EU membership, both SOM and FOM were represented at coordinating level in official networks linking societies and schools of occupational medicine and took a leading role. This resulted in papers on comparative standards in OH education, priorities and general standard setting. Sadly, this progression to 'an ever-closer union' was brought abruptly to an end by Brexit. However, a great deal of goodwill was generated, which persists to this day.

Epilogue

It is a considerable curiosity that the rise of the occupational health professions in the UK has marched in parallel with the decline of the industrial base. Those of an epidemiological turn of mind might well just dismiss this association as mere confounding. And yet, as my contemporaries and I worked our way through the residuum of those industries enumerating and classifying and reporting those diseases they caused, we were not wholly unaware of the on-costs our work would generate. Nor of the enhanced likelihood of exporting those industries to more accommodating, permissive societies. Progress, however laudable and triumphant, is not without its ironies.

LANRE OGUNYEMI

President of SOM 2023–2025

It was an immense privilege to serve as president of SOM during a period of accelerated change and renewed opportunity. As SOM marks its 90th anniversary, we celebrate not only a remarkable legacy but also a future full of promise – if we choose to shape it boldly.

Mine was SOM's first two-year presidential term in the modern era, a structural change that I believe enabled SOM to maintain more sustained momentum. This extended term allowed deeper policy engagement, stronger development of new initiatives, and smoother continuity through leadership transitions.

My presidency began at a pivotal moment. Occupational health was gaining overdue recognition in national policy through the formation of a Dame Carol Black-led expert group on OH for SMEs and, more recently, the Keep Britain Working review. SOM contributed directly to these developments, engaging with Minister Timms, Sir Charlie Mayfield, and others to advocate for investment in workforce capacity and the integration of OH into broader health and economic reform.

Yet, visibility must be matched with consistency. National programmes such as Work Well and the trailblazer pilots have revealed and continue to reveal regional disparities and a fragmented understanding of OH. SOM has both collaborated with and constructively challenged policymakers, for example, by hosting webinars with FPH, DWP, and DHSC to support the development of WorkWell from the outset. We have also expanded our ties with FOM, FOHN, COHPA, CWH, NSOH, FPH, HSE and others to promote a more coherent national voice.

Internally, we focused on building resilience. We modernised governance, updated policies, and launched new special interest groups aligned with today's pressing challenges. Our international work has expanded, from training in Nigeria and Ethiopia, to an artisanal and small-scale mining initiative and convening corporate medical leaders at the ILO in Geneva.

One development was the launch of the SOM leadership academy, which reflects a shared understanding that our speciality needs not only technical excellence but also leadership capability. With a structured competency framework in development, the academy will help equip future OH leaders to shape systems, influence policy and drive change.

Opposite: SOM President Dr Lanre Ogunyemi, with from left to right, SOM Treasurer Dr Sheetal Chavda, SOM Honorary Secretary Dr Rae Chang, SOM Council Chair Dr Vicky Mason, SOM Immediate Past President Dr Shriti Pattani, SOM President Professor Neil Greenberg, and SOM Board member Dr Lucy Wright. At the 2024 SOM/ FOM Conference.

I believe five priorities should define SOM's next decade:

1. **Integration:** Embedding OH across public health, primary care, employment services and business strategy.
2. **Visibility and Advocacy:** Repositioning OH to highlight its critical value to health, productivity and inclusion.
3. **Innovation and Evidence:** Strengthening influence through data, evaluation and research-informed practice.
4. **Workforce Quality and Supervision:** Establishing/supporting the development of national systems for credentialing, mentoring and clinical governance across a growing and diversifying workforce.
5. **Global Reach and Leadership:** Expanding SOM's international partnerships beyond the current ones (IOMSC, ACOEM, India, Japan), while progressing towards hosting the ICOH congress in the UK with community allies.

SOM's strength lies not only in its proud history but in its capacity to evolve with clarity, ambition and unity. I'm grateful to have contributed and am confident that SOM's most impactful years lie ahead.



NEIL GREENBERG

President of SOM 2025–present

Whilst I was at medical school in Southampton, somewhat by chance I found out that the Royal Navy employed doctors after chatting to a friend whose brother was a naval officer. After a few meetings with recruiters, and passing officer selection, I embarked on my 23-year career in the armed forces during which I was lucky enough to circumnavigate the world in a warship, spend months underwater in a nuclear submarine and complete commando training and serve with the Royal Marines in a number of highly challenging environments. I also specialised in psychiatry and completed my Diploma in Occupational Medicine.

Military doctors, including psychiatrists, have to maintain a strong occupational focus in their clinical work as it is routine practice to determine whether your patient is fit to fight and, if not, what you can do about it. As my military career progressed, I became increasingly interested in research focusing not just on the presence or absence of symptoms, but also in measuring functional impairment. Operational military personnel routinely experience high levels of stress and trauma and unsurprisingly many develop some psychological symptoms such as disturbed sleep, intrusive thoughts and increased vigilance. However, the majority continue to function well. I was interested in why this was, and my research looked at ways of preventing mental health disorders as well as how to return patients to active duty.

After I left the military in 2013, as well as continuing to research service personnel and veterans, I was able to expand my research portfolio and scope of clinical practice. I have been lucky enough to work with many occupational groups including healthcare staff, train operators, emergency service personnel and media professionals. Furthermore, I have really enjoyed maintaining an occupational focus to my psychiatric practice.

I joined the SOM board in 2020 having been a trustee with two charities before. It quickly became apparent to me that not only was SOM a forward-thinking organisation, but the SOM board, and the SOM staff, were fabulous to work with. I have had the pleasure of serving alongside some fantastic SOM presidents and over the years my desire to help the society promote the fantastic work of occupational health professionals has grown.

I have worked as an occupational psychiatrist for nearly 30 years now and I think the current government's agenda to 'get Britain working' provides an excellent opportunity to 'make some noise' about the value of occupational health. Those of us who work in the field know just how much of a positive impact we can make to workers' lives and to the organisations that employ them. Hopefully, the government and more employers will come to realise what we already know, which is that making better use of our expert advice, ideally in a preventative manner before major problems occur, is a complete win-win.

THE FUTURE FOR SOM

Nick Pahl

We are your society, connecting the unique perspectives of all members. In the last decade, membership has diversified and is now well over 2,000. Recently SOM has embraced the voice of commercial OH and occupational health nurses. Membership growth reflects what members value – from regional and special interest groups, career support, webinars, the Occupational Medicine journal, and publications. SOM's charitable purpose emphasises education, helping build the careers of new and established OH professionals through its leadership academy, mentoring and scholarships.

A challenge is wellbeing products and services and the need for quality-assured training and professionalism. It is critical for OH to 'hold the ring' on this rather than allowing a wellbeing industry to balloon with poor practice – there is a risk of disinvestment as organisations become frustrated with the 'Wild West' of wellbeing products and services.

During the Covid pandemic SOM offered a rapid, expert, guiding voice with evidence-based advice for members and employers. SOM needs to continue to respond to emerging health threats – a current challenge being preventing workplace silicosis-based deaths.

SOM does need to improve the brand of OH. It has a unique voice to bring to government, employers and trade unions – a critical friend offering evidence-based advice. Unfortunately it seems politicians only seem to 'get' the value of OH later in the electoral cycle, despite our best efforts. There has also been a 'coming together' of OH with a joint voice – with FOM, the Council for Work & Health and others – calling for universal access to occupational health. Partnerships with organisations such as CIPD and the TUC have strengthened.

A key issue is climate change and its impact, such as heat stress on workers. SOM members as generalists are well placed to meet this and other challenges, such as the ageing UK population with its increased multimorbidity and increasingly complex needs.

Artificial intelligence offers a huge opportunity to use data to review where OH is needed. SOM as an organisation will also need to continue to use technology to enhance the member experience, get feedback and facilitate digital networking. By our 100th Anniversary, I hope everyone with a workplace health issue can access OH, with support to tackle whatever barriers they face so they can flourish in their working lives.

THE SOCIETY OF OCCUPATIONAL MEDICINE:

1935 Twenty doctors formed the Association of Industrial Medical Officers (AIMO). Founder members included Leonard Lockhart of Boots, Howard Mummery of Lyons (Chairman), Donald Stewart of ICI Metals (Secretary) and Margaret Dobbie-Bateman of Harrods (Treasurer) – the only female member. They were enthusiastic about the scope of medical services in the workplace and saw them as an important contribution to both the health of the nation and the viability of the enterprises for which they worked. From the start, their interest was the improvement of industrial health practice for the benefit of the employees, the enterprise and themselves. Lockhart presented the paper at the inaugural meeting on 'The Future of Occupational Medicine'. He identified industrial medicine as a function of management, stressed the need to extend services or face extinction, and noted the economic benefits of treatment in the workplace, all issues which remain contentious to this day.

1938 The constitution was written with a simple statement: 'To form a group of medical men and women engaged in the practice of Industrial Medicine in any of its branches for the purpose of scientific study, social intercourse and mutual help.'

1941 Membership was opened to doctors working part-time in industrial health.

1942 Persuaded the British Medical Association to publish a specialist journal for industrial medicine – the British Journal of Industrial Medicine – which became Occupational and Environmental Medicine.

1942 Eight regional groups were formed, as travel was dangerous during World War Two.

1946 Working with the Worshipful Society of Apothecaries, AIMO introduced the examination for the Diploma in Industrial Health.

1951 Launched a quarterly journal – Transactions of the Association of Industrial Medical Officers – which became the journal Occupational Medicine.

1953 Proposal to include two new officers, an assistant honorary secretary and an assistant honorary treasurer at the annual general meeting.

1956 Celebrated its 21st anniversary. The president received the presidential jewel, commissioned by members, which is still worn by presidents today.

1963 Representatives from SOM council met with representatives of The Royal Society of Medicine and agreed on the formation of an occupational health section.

1965 Became the Society of Occupational Medicine (SOM). The president's term of office changed from two years to one. A special AGM was held at the Royal College of Surgeons of England regarding adopting a new constitution.

1967 The education panel reviewed methods of teaching first aid in industry. A memorandum was submitted to the joint sub-committee on health and welfare services for epileptic people, set up by the Ministry of Health.

1968 Conference on current problems in occupational medicine at the RCP, arranged by SOM and concerned with general medicine and occupational medicine.

KEY EVENTS 1935–2025

1972 The president advised SOM council that appointment of younger members to panels was a way to involve as many as possible in the running of the society.

1975 Written evidence was submitted to the Equal Opportunities Commission on protective legislation as it applies to women at the workplace.

1976 Supported a separate Faculty of Occupational Medicine, as part of the Royal College of Physicians of London, to be responsible for specialist training and examinations.

1977 The research panel gave advice on studying mental health and stress in industry. The education panel considered the training needs of occupational physicians.

1986 SOM celebrated its Golden Jubilee.

1988 Steady recruitment continued with analysis of resignation giving no trends to cause concern.

1999 The proposal for a complete merger of SOM and FOM was finally rejected, and the working group dissolved itself to be replaced with a liaison body which would continue to encompass the principles of cooperation between the two organisations as they had overlapping interests.

Late 1990s Strategic review, with a new logo designed.

2002 Colleagues in Disability Assessment Medicine joined the society.

2004 The development of a Quality Assured Appraisal Scheme.

2010 SOM celebrated its 75th anniversary.

2012 Associated healthcare practitioners engaged in improving working age health became eligible to join.

2014 Vote on a merger between FOM and SOM – majority in favour, but not great enough to pass for SOM constitutional reasons.

2016 Board and council reconstituted.

2017 Lord Blunkett became patron, followed by Dame Carol Black in 2018, Sir Norman Lamb in 2019 and Lord Popat in 2021.

2018 Incorporated as a company limited by guarantee, special interest groups and a corporate supporter scheme launched.

2022 Awards started, alongside OH Awareness Week.

2023 Membership passed 2,000. The president's term increased from one to two years.

2024 Hosted the International Occupational Medicine Society Collaborative charity and started an international project in Nigeria; Leadership Academy started.

2025 SOM celebrates its 90th anniversary.

THE SOCIETY OF OCCUPATIONAL MEDICINE

List of Presidents 1935-2025

Association of Industrial Medical Officers

1935-1937	N Howard Mummary	1951-1953	A Meiklejohn
1937-1939	L P Lockhart	1953-1955	J J O'Dwyer
1939-1941	R E Lane	1955-1957	R S F Schilling
1941-1943	M W Goldblatt	1957-1959	W E Chiesman
1943-1945	J C Bridge	1959-1961	S Scott
1945-1947	W Blood	1961-1963	A Lloyd Potter
1947-1949	A J Amor	1963-1965	R A Trevethick
1949-1951	L G Norman		

The Society of Occupational Medicine

1965-1966	J C Graham	1995-1996	A J Slovak
1966-1967	J A Smiley	1996-1997	S A Robson
1967-1968	P A B Raffle	1997-1998	D O Todd
1968-1969	G P Hudson	1998-1999	A Reid
1969-1970	D Malcolm	1999-2000	N L McElearney
1970-1971	R Murray	2000-2001	P J Nicholson
1971-1972	J M Rogan	2001-2002	J Challenor
1972-1973	K P Duncan	2002-2003	A M Roberts
1973-1974	J D Cameron	2003-2004	D H Wright
1974-1975	M A Cooke	2004-2005	I J Lawson
1975-1976	P J Taylor	2005-2006	E R Waclawski
1976-1977	J A L Bonnell	2006-2007	D G Bruce
1977-1978	R H R Aston	2007-2008	G Parker
1978-1979	W M Dixon	2008-2010	A B Stevens
1979-1980	R I McCallum	2010-2011	O H Carlton
1980-1981	R L Archibald	2011-2012	H N Goodall
1981-1982	F H Tyrer	2012-2013	R J L Heron
1982-1983	A Ward Gardner	2013-2014	A M Leckie
1983-1984	J L Kearns	2014-2015	A J Emslie
1984-1985	A L M Fingret	2015-2016	R F Cordell
1985-1986	S E Brill	2016-2017	S Coomber
1986-1987	F S Preston	2017-2018	P Williams
1987-1988	A P Wright	2018-2019	D McLoughlin
1988-1989	A N B Stott	2019-2020	W Ponsonby
1989-1990	F G Taylor	2020-2021	A Harriss
1990-1991	B E Beattie	2021-2022	J Moore
1991-1992	P G Harries	2022-2023	S Pattani
1992-1993	I S Symington	2023-2025	L Ogunyemi
1993-1994	E C McCloy	2025-	N Greenberg
1994-1995	D M Baxendine		



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The SOM offices as part of the Royal College of Physicians estate

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** – for example for a Diploma in Occupational Medicine, a Diploma of Occupational Health Practice, or training in medical leadership to encourage clinicians to join occupational health and develop.
- **Research** – for occupational health research in the UK and globally.

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

Please donate!

Email finance@som.org.uk with details of your donation, including the date. This will allow us to keep track of your transfer and thank you once we have received it. (Your bank will provide you with a receipt as proof of payment.) Do state if you are a UK taxpayer so we can claim Gift Aid.

Do consider SOM in your will – contact SOM for details.

