



WINTER ONLINE MAGAZINE

WENCESLAS VARIATIONS



Image courtesy of Tom Gauld www.tomgauld.com

A Very Happy Christmas and New Year to you all

Professor Anne Harriss, President SOM



Welcome

SOM CEO, Nick Pahl



Welcome to this winter's magazine. Here are some reflections on the past few months:

As the pandemic hit, time seemed to alter, and intensity increased. The pace of “leadership responsiveness” required multiplied. Suddenly, we needed to be “just in time” rather than the days or weeks that medical societies usually take. The office team “disappeared” in March to work (very effectively) at home. A new, wider, team emerged beyond the SOM, of professionals from different disciplines and organisations. Subgroups focused on PPE and mental health at work were formed. New communication channels opened with daily briefs, weekly webinars, and front-line networks.

Occupational medicine (OM) experts quickly called out the Government's position on PPE standards. But we knew little about COVID-19, for example in terms of transmission mechanisms. We quickly hosted a webinar with an Italian OM expert, as to what they were experiencing.

It was inspiring to see leadership across OM. As COVID-19 deaths tragically increased, a former President of the SOM, David McLoughlin kept me in touch as to the military's amazing work setting up the Nightingale Hospitals. Many occupational health professionals working in the private sector volunteered to work in the NHS. NHS England put in place procurement to support NHS occupational health (OH) teams.

In April, we focused on the OH risk of health care professionals. Dr Will Ponsonby, the SOM President, publicly rejected the Government's rhetoric of professionals on a front line “war”. Instead, we campaigned with the BMA and others “that no health care worker should die of COVID-19 transmission” if proper controls are in place. In the middle of this, a refreshing culture emerged of leadership that was still about rationality, objective truth and weighing up the evidence but also about warmth, collaboration and energy.

With the end of the initial lockdown in sight, we focused on the risk of return to work. A collaborative, leadership style continued with new partnerships emerging. We achieved in weeks what would previously have taken months with organisations such as Mind, CIPD, BITC and Acas to offer advice and toolkits. And, even with the frenetic pace of activity, we found out a bit more about each other and our solaces (in my case re-watching a lengthy TV programme about a shepherd taking Herdwick sheep off a hill).

Despite our new confidence of working with trusted partners, with the launch of effective new advice and “toolkits”, we struggled to influence. Government was in an emergency “command / control mode”. Responses from the “Centre” on key issues were delayed or not forthcoming. Some things we did not get right. I regret not reacting to data that emerged showing that some occupational health groups such as minicab drivers and security guards were more at risk of dying from COVID. We must highlight the inequality that COVID-19 is creating and avoid a “white collar” prejudice at the expense of those working in low income public-facing roles, or factories such as in meat packing, who have a higher COVID-19 risk.

In the autumn, we were profiled in The New Scientist magazine. However, pressures quickly started again in terms of questions on testing, and how any vaccine would be delivered. It is important to celebrate success (*the SOM awards* was a great success). We also wish to support current and future leaders and we will be offering a leadership webinar series to address this.

We now need to pace ourselves for the winter and helping roll out the vaccine...

SOM / FOM / University of Glasgow Risk Summit

The Society and Faculty of Occupational Medicine, with the University of Glasgow, hosted this summit in November. The event brought together global academic, public health, and scientific experts to address questions such as:

- Does unemployment create a bigger societal risk to health than COVID-19?
- Are scientific approaches to individual and societal risk to COVID-19 challengeable?
- What long-term approach to risk should medical leaders take to the public?
- Do people understand risk and what level of risk can we afford?

The YouTube recording of the event is [here](#) and a write up is [here](#).

SOM Infection Control Measures in Occupational Health Settings document

This document provides evidence-based guidance from the HSE and NHS England for occupational health practitioners to undertake health surveillance during the current COVID-19 pandemic. All client-facing clinicians face a heightened risk of exposure to COVID-19, in particular those who carry out aerosol generating procedures (AGP) and procedures that result in coughing or the production of sputum. Download our guidance [here](#).

SOM Home Working and DSE during COVID-19 Factsheet

The coronavirus pandemic shifted various work practices, one of which was a transition for individuals from working in an office environment to working from home. Home workers can be considered as those who homework occasionally (ad-hoc), those who homework regularly (50% of time), or those who homework permanently (100% of time). Employees who are asked to work from home must be supported to do so. Our Home Working and Display Screen Equipment (DSE) during COVID-19 Factsheet is available [here](#).

SOM Universal Access to Occupational Health Campaign

SOM's campaign continues to gather pace with many members contacting MPs, and support from Rolls Royce. Mark Pigou, Co-founder of Make A Difference Media, said: "We welcome this campaign from SOM which prioritises practical measures, precaution and prevention, and look forward to hearing the Government's response". Read more [here](#).

Dr Steve Nimmo

Editor of the Journal of Occupational Medicine



As a jobbing occupational physician in an NHS trust, I know how challenging the COVID-19 pandemic has been for all of us. It is a testament to the calibre of the people and the specialty that occupational medicine has stepped up to the plate and played such a vital role at local and national level.

I have just completed my second year as editor of *Occupational Medicine*, and I am pleased to report that the journal continues to go from strength to strength. All our metrics are moving in the right direction with increases in subscriptions, submissions and downloads and we have again exceeded our marketing targets. For the first time in many years the journal impact factor has risen to over 2. Impact factor is an indicator of how often our papers are cited by authors and higher impact factors attract more submissions from high profile authors.

My aim as the editor is continuous improvement in quality, content, coverage, and governance. There are various plans to improve journal content. We are planning a regular in-depth review series and a series of graphical evidence summary pull-outs. I aim to publish two themed issues every year. Recent examples include the 50th anniversary of the Moon landings, and mental health problems in the uniformed services. The next two planned themed issues are fatigue, sleep and shift work, and silicosis / occupational lung disease and I am looking for papers for both issues.

In July we published a COVID-19 themed issue with nearly 40 papers, including editorials, original papers, and fillers. To date this is the largest collection of literature on COVID-19 and work in the world. It is on track to be our most successful issue to date and should have a significant effect on our impact factor. But most importantly, the SOM and the journal have played an invaluable role in keeping people safe at work and potentially saving many lives during the pandemic.

As the journal of the SOM, we aim to reflect the international and multi-disciplinary nature of the organisation. We have broadened the editorial board to include nurses, physiotherapists, and psychologists. Given the prevalence of mental health and MSK problems in the workplace this will help us to improve our coverage of these important areas. We continue to run our very popular free study days for authors and peer reviewers. The next peer reviewer study day in December will be run remotely and we already have nearly 40 attendees. We are always on the lookout for new peer reviewers so please get in touch if you are interested.

Finally, I would like to thank the SOM for its ongoing support and the members for pushing me to drive up quality. But most of all I would like to thank Angela Burnett our administrator, and the editorial board who make it all happen.

Congratulations to Steve for his election as President Elect of the Faculty of Occupational Medicine.

How COVID-19 has made Occupational Health Services Indispensable

Dr Kaveh Asanati FFOM, consultant occupational physician
Nick Pahl, CEO, SOM



Occupational health (OH) services deal with the effect of work on people's health, and conversely, the effect of health on their work. The COVID-19 pandemic has brought to light, now more than ever, the need for OH services to act as a bridge between health and workplaces.

Throughout the pandemic, OH has played a key role in helping NHS employers and employees with risk reduction and assessment. This is particularly important among doctors and other healthcare workers from black, Asian and minority ethnic backgrounds, as we know death rates from COVID-19 are higher among these communities.

OH is proven to help people return to work following an illness by providing independent and impartial advice to employers and employees regarding the nature of health problems, and adaptations which might help people start working again; and yet, only half the UK workforce has access to OH.

To make informed decisions on how to risk manage health and care staff, OH services have been considering workers' individual vulnerability to serious illness or death from COVID-19, in relation to all known risk factors including age, sex, ethnicity, body mass index and underlying medical conditions.

This approach has enabled employers to estimate the individual risk to their staff and supported them to make decisions on how to redeploy staff, or to consider adjustments including mitigating factors such as enhanced PPE, to ensure that the COVID-19 risk is controlled, or at least addressed logically and consistently.

By investing in OH, the government can support employers to safeguard their workforce and manage risks. Sadly, educational institutions where healthcare professionals, both medical and nursing, can undertake training in this specialism are few and far between.

At the Society of Occupational Medicine, we have spent years calling for further investment in training of OH professionals and expert OH advice within government. Along with our partner organisations such as the Faculty of Occupational Medicine, we are calling for an expansion of training places for occupational medicine, a research centre for health and work, incentives to encourage employers to invest in OH, and access to OH for GPs for the benefit of their patients.

We know the health effects of widespread unemployment due to the outbreak could be worse than COVID-19 itself. The government has an opportunity to positively influence the health and wellbeing of the working population through improving access to OH services, and consequently improve the prosperity of the nation.

We hope they take it!

Occupational health commercial sector working to help NHS

Dr Mike Goldsmith Hon FFOM

In April, SOM formed the Commercial Occupational Health Providers Leadership Group to bolster its response to the health crisis.

The focus has been on helping the OH commercial sector work together and support the NHS.

I hope this brief shows the impact of a most effective group.

Terms of reference are [here](#) – with representation from clinicians and Commercial Providers of all sizes.

After four weeks, I was chosen to Chair, a privilege for me and for the Commercial Occupational Health Association, of which I am Life President and Co-Founder.

The DWP/DHSC Work and Health Unit attended a meeting where we explained how to enhance the availability of OH provision to all UK employees.

In addition, we reviewed with Dr Roger Cooke, HSE's advice and regulations on face to face testing and health surveillance.

The last meeting discussed vaccine delivery and leadership training.

Below is a summary of work carried out so far:

- Analysing and producing guidance [as attached](#) on duration of appointment times - thanks to Dr Chandra Mutalik
- Input into the NHS procurement framework, the SOM / FOM guide on face to face medicals and SOM's [Universal Access to OH campaign](#)
- Capacity survey of OH providers during the COVID-19 pandemic. Draft results of a follow up survey are [here](#)
- Testing advice for providers [here](#) and [here](#) – thanks to Dr Eamon Swanton and Dr Philip Johnson
- A paper from Dr Sheetal Chavda on Scaling up OH [here](#).

Find an OH Provider - free registration

SOM regularly receives queries from industry looking to procure from OH companies. SOM points to its free open-to-all directory for UK and international OH companies.

The directory includes details of quality certifications, services offered and direct contact details.

If you are an OH company and wish to submit your details for the directory, for free, please do so [here](#).

Dr Sheetal Chavda

SOM Honorary Treasurer

This year will stand out for a few reasons, the obvious one being the COVID-19 pandemic, but there is another important issue that I want to focus on. The Black Lives Matter protest has gained momentum, once again highlighting injustices and racial inequality in many parts of the world. But some people may find it difficult to relate the specific issue of gun violence in America (which triggered the protests) to this country.



In the UK, we are not immune from structural racism and systemic inequality, which is why the movement has garnered support here. Many people think that racism is overt and obvious, hence they can be quick to discount it, but that is hardly ever the case. It is often subtle and implied, hard to discern or prove, which really is the key to its survival and prevalence in society. However, that does not mean that its impact is trivial or superficial. Having personally experienced racism, I can say that it can have a devastating impact on your very identity, leaving you feeling desperate, hopeless, and paranoid. There is plenty of evidence of racism and disparity based on race in Medicine, whether it is to do with COVID-19 outcomes, referral rates of ethnic minority doctors to the GMC, or lack of representation at leadership level. But there are still people who deny the very existence of racism and think that this does not happen around them.

The first step to address this issue is to ensure that it is acknowledged and discussed. It is not enough to not be racist personally or not discriminate against others, but we must be anti-racist. This means that people, especially those in leadership positions, actively identify inequality within their organisations and do their best to address them. The voices of ethnic minority groups need to be heard at every level and there needs to be enough representation of ethnic minority groups at senior levels. It is not enough to have processes and systems in place to deal with discrimination and complaints - they must be followed and refined if necessary. We are all aware of some companies tweeting their support for #BLM or BAME issues publicly but then have had individuals or employees calling them out for racist behaviour behind closed doors. We need to ensure that people are believed and supported when they stand up to discriminatory behaviour and companies do not just pay lip service to it.

I know it can be very uncomfortable to acknowledge our own privilege in this system and how it may have benefitted us. As a UK-born Asian, I am aware of certain privileges that I have been awarded because of my education in this country and familiarity with the systems and norms that govern it. But we all have a moral imperative to ensure that we build a society that offers equal opportunity. We should start by educating ourselves on the issue and the many ways it can present itself, discuss it openly and listen to people who have first-hand experience of it, so that we can start to do something about it. We need to challenge the status quo and look beyond specious justifications on why someone from an ethnic minority background cannot be recruited into a role or promoted into a leadership position or supported to develop further or given specific opportunities / benefits etc.

I am therefore proud to be a member of the SOM, who want to take an active part in combating racism and supporting equality and diversity within the workplace. SOM will be discussing these issues more deeply at its Board level, gathering information from members of ethnic minority groups on their experiences and from all members to identify how we can make a difference going forward.

I will leave you with a quote that I think is fitting in this context: *"If you are neutral in the face of injustice, you have chosen the side of the oppressor"* **Desmond Tutu**



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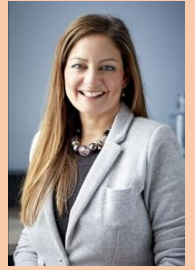
Mental health resources for NHS employees

- Supporting mental wellbeing in the workplace - employers can download this infographic to raise awareness of the factors that affect mental health in the workplace and the impact this has on the NHS.
- Back to basics for a healthy working environment - employers can download this infographic to raise awareness of the importance of rest, sleep, nutrition and breaks for a healthy NHS workforce.
- Tackling bullying and harassment in the NHS - employers can download this infographic to raise awareness of the impact of bullying and what organisations, managers, and individuals can do to tackle it.
- New case study on improving performance by improving staff wellbeing - The recently launched NHS People Plan includes a People Promise calling for improvement in all key dimensions of staff experience. This case study from North Bristol NHS Trust shows how they improved performance across the board and saved hundreds of thousands of pounds by prioritising and enhancing staff health and wellbeing and is a great example of a comprehensive approach at local level.
- New guidance on financial wellbeing - highlights the impact of COVID-19 on exacerbating financial worries and inequalities and covers a range of practical steps to help employers support staff financial wellbeing.
- Summary of the NHS People Plan which has a specific section on looking after NHS people, focusing on supporting staff physical health and mental wellbeing, safety, and flexible working.
- NHS reset Mental health services and COVID-19: preparing for the rising tide here.
- HSE: A good starting point for employers who have yet to complete risk assessments is HSE guidance Health and Safety Made Simple.
- The HSE Talking Toolkit (based on the stress management standards) is designed to both help employers have effective conversations on how to prevent WRS with employees, and then use these discussions to inform tangible actions in the workplace. Also, see Acas guidance here.

Q and A with Emma Persand

How did you get into occupational health?

It was my interest in police personnel's mental health and work-related stress whilst working as a forensic nurse practitioner that led me to apply for my first OH post. I learnt our craft through years of health surveillance in a chemical firm and copious amount of case management in the NHS. Work related stress became my area of expertise, writing policies, designing and delivering prevention and managing stress courses to managers.



I have a BA Hons in English and Media Communication - my dissertation focused on identity and how cultural representations in society influences, not just socio-economic, but also health outcomes (in this case, poor mental health in men). My professional focus shifted towards the workplace culture, as one of the determinants, contributing to the inequality of health outcomes by managing employees as one homogenous group. I founded a workplace wellbeing business four years ago to facilitate the analysis of health needs to identify specific interventions and initiatives for the varying demographic needs of employees. Delivering psychoeducation and management training as part of the overall wellbeing agenda. I was seeing more mid-life women with work related stress symptoms and I completed the Certificate of Menopause Care through the British Menopause Society to deliver education and management training sessions to women and businesses to improve working conditions.

The pandemic has shone a spotlight on the inequality of health outcomes suffered by the ethnic diverse communities, experiencing a disproportionate number of deaths. Other communities, within the protected characteristics, are also at a higher risk to serious ill health and death. With this evidence in mind, I am honoured to be part of the SOM Diversity and Inclusion Task Force.

Occupational health hero?

He is not an OH Professional but influenced my work more than most – Professor David. R. Williams Of Harvard University. His life's work built the strategy basis for the NHS Workforce Race Equality Standards.

Dream dinner party guests?

Trevor Noah, Chadwick Boseman, Reni Eddo-Lodge and Emma Watson.

Best occupational health book?

I have two that I recommend to all to enhance professional practise. Both refer to the workplace - Why I am No Longer Talking to White People About Race by Reni Eddo-Lodge and Invisible Women: Exposing Data Bias in a World Designed for Men by Caroline Criado-Perez.

Tell us a joke...

I sat up all night waiting for the sun rise and then it dawned on me...

Emma Persand founded Lemur Health and Working with the Menopause. Assisting businesses in their wellbeing agenda and supporting employees through psychoeducation and training.

Support for SOM Members

Peer support

SOM members provide peer support to fellow members who request it. Peer support offers many benefits to both parties, for example: increased self-confidence in dealing with a specific situation, the value of helping others for those providing the peer support, and shared development of skills and knowledge including information and signposting. Peer support can occur virtually – it is for each party to decide together, mindful that no cost support is provided by SOM. Members are offering their time freely. The process is of a voluntary nature and can be stopped at any time by either party. Find out more [here](#).

HAVS peer support

The SOM HAVS Special Interest Group offers support for SOM members who undertake HAVS assessments and require advice from a senior colleague with more experience in the subject. Note: this is not for advice related to L140 or other HSE documentation.

Contact admin@som.org.uk with the [attached completed form](#).

Need an Academic buddy?

Contact details agreed at the independent Academic Forum [here](#)

New to OH?

Contact Ann.Caluori@som.org.uk for Shadowing, Mentors and work experience list

OH Nurse?

Contact Nick.Pahl@som.org.uk for a list of OH nurses who can provide help and support

Doing CESR?

Contact Ann.Caluori@som.org.uk for a list of doctors who can support

SOM was featured this year in The New Scientist, in their Signal Boost section – we welcomed this opportunity to get our message out to a wider audience

Signal Boost

Welcome to our Signal Boost project – a weekly page for charitable organisations to get their message out to a global audience, free of charge. Today, a message from **The Society of Occupational Medicine**



The Society of Occupational Medicine (SOM) was established in 1935 as a professional charity to support occupational and workplace health. It informs policymakers, employers, and employees as to evidence-based approaches to workplace health, supporting improvement in current policies.

Through its journal, *Occupational Medicine*, SOM tackles the most pressing issues facing occupational and workplace health today such as reviewing the evidence on airborne transmission of covid-19, the best approaches to control covid-19 transmission in hospitals and support staff. SOM also supports potential authors and trains article reviewers.

During the covid-19 lockdown, SOM campaigned to protect health care workers, highlighting the confliction between their duty to care for patients and the need to protect themselves and loved ones. SOM has supported the development of more effective policies on

issues such as PPE with regulators and Government and the need for universal access to occupational health has been highlighted during this covid-19 crisis.

Recently, SOM convened multidisciplinary expert groups, producing evidence-based toolkits for people returning to work with organisations such as Acas, the Chartered Institute of Personnel Development, the mental health charity Mind and Business in the Community. Currently, with partners, a “covid age” tool is being developed that helps assess an individual’s overall vulnerability to covid-19.

SOM commissions leading researchers at universities and research institutes to improve understanding of key workplace health issues.

Recent reports include a research synthesis around the mental health of doctors and the value of occupational health research.

SOM is a small charity and needs support to:

- Fund research that promotes, protects, and improves good health at work during and after the covid-19 pandemic.
- Increase its capacity to offer evidence-based guidance on key issues (such as protecting gig economy workers) to Government.
- Draw together multidisciplinary expertise to identify and tackle new issues arising in the workplace such as the best way to improve mental health at work.

Want to help?

For more information go to som.org.uk. To donate, telephone 0203 910 4534 or email finance@som.org.uk. We can claim gift aid for UK taxpayers

Working in the Falkland Islands during the COVID-19 pandemic

Guest blog by Dr Bernadette Paver



In November, the news broke that there was a very real possibility of an effective vaccine for Coronavirus becoming imminently available. Stock markets jumped and although Donald Trump continued his insistence that the US election was rigged in his opponent's favour no-one seemed to take much notice. All meaty stuff but for the likes of me, a single-handed GP turned OHP living and working in the Falklands in the South Atlantic by far and away the most important news was the news of the vaccine.

I have lived in this far flung British overseas territory (at the southern tip of South America) for over thirty years. Wide open spaces, lots of penguins and sheep and an economy that is based on fishing and tourism. Island life is always a challenge wherever you are but one of the things that makes it bearable is the ability to leave, visit somewhere else and then return home feeling relaxed and relieved that you have chosen this beautiful archipelago as your home. This year it has felt more like a trap.

We had six weeks of lockdown followed by a rapid return to work in May. The fear of 'is it safe for me to go back to my workplace' was evident for a few high-risk patients but the overwhelming feeling was one of relief that life was back to normal. But it soon became apparent that we were not back to normal. We were in the depths of a southern winter, long and dreary, and a time when many Islanders go overseas for a holiday and expats return to their families, but not this year.

As the only occupational health physician in the Islands I had a steady stream of referrals. The six-week lockdown had given many employees time to assess their situation and some were not at all happy with it. Workplace issues that they had dealt with for years seemed to come to a head, with some either resigning or requesting redeployment. We are, of course, talking tiny numbers here as the total population of the Falklands is around 3000. But in a small workforce with too much work to be done the loss of one or two employees in a business or a government department can have a massive effect on those left behind.

The population here is a mixture with expatriate workers from Chile, Peru, Zimbabwe, The Philippines, Australia and the UK. The busiest time of year is the summer while in the winter many people go overseas – this winter they couldn't. Borders shut and our two flights a week to South America have ceased altogether. The only link we have had for the last six months is a notoriously unreliable RAF flight to the UK once a week. We haven't suffered any deaths from Coronavirus and have had no cases for six months but the pandemic has had a much more insidious effect. Mental health issues have surfaced, boredom and frustration have led to weight gain and there has been a general feeling of despondency with a sense of nothing to look forward to. Foreign workers have been stuck here for months beyond the end of their contracts leading to anxiety and depression which is particularly difficult to manage. The pandemic has added an extra layer of difficulty to everyday life and for an Island population that is already used to dealing with the difficulties of isolation it has put an added strain on just about everybody.

There have been some secondary benefits. Our broadband supply has improved which means that I have been accessing more webinars and am more inclined to contact colleagues in the UK. However, any secondary gains are quite overshadowed by the daily rather grim feeling of 'onwards and along' rather than 'onwards and upwards'.

But, with the latest news of the vaccine there is at least a vague feeling starting to seep in of hope that maybe next year will be better and we can, once again, jump on a flight to Chile or even fly back to the UK to re-connect face to face with colleagues.

Dr Bernadette Paver is an occupational health physician and SOM member living and working in the Falkland Islands in the South Atlantic. Top right, the view from Dr Paver's office.

PHE Project

The Society of Occupational Medicine is pleased to be working with Public Health England on a COVID-19 work, worklessness and health briefing and webinar series up to the end March 2021. Following the current coronavirus (COVID-19) pandemic, this support will focus on addressing the effects of the pandemic on the labour market and workforce. A series of briefing sheets and webinars will be developed to support employers, local authorities and regional governments and health and social care workers to maintain and improve good health and work outcomes in their communities. If you wish to find out more, do contact SOM's Communications and Events Manager: Ann.Caluori@som.org.uk

How can occupational health help to shape the future?

SOM wishes to support the development of occupational health clinicians with key influencing skills, building confidence in the role of occupational health, and creating a supportive environment for organisations to thrive. This leadership series will be focusing on key leadership skills such as empathetic, compassionate, and supportive leadership. Leadership needs to be adaptable to the new changing environment with COVID. It also means building a team (which includes conflict resolution and change management skills). As Dr Jenny Napier, chair of the SOM Leadership Group says, *"Compassion and kindness is important with occupational health being agents of change with active listening skills. Diversity and inclusion are also very important with leadership that is inclusive"*.

The first five Leadership webinars are below. Book at www.som.org.uk

1. Thurs 14 Jan 12-1pm SOM Leadership Series 1
Global Leadership in Occupational and Workplace Health
Dr Ivan Ivanov, MD, PhD Team Lead, World Health Organization
2. Thurs 11 Feb 12-1pm SOM Leadership Series 2
What are Occupational Health commercial providers looking for in a leader?
Dr Paul Williams, Maximus
3. Thurs 25 Feb 12-1pm SOM Leadership Series 3
Leading an MDT in OH
Janet O'Neill, Clinical Nurse Director
4. Thurs 11 Mar 12-1pm SOM Leadership Series 4
CMOs of the future
Dr Rikard Moen, CMO, Optima Health
5. Thurs 25 Mar 12-1pm SOM Leadership Series 5
Leadership in research in work and health in the future
Professor Karen Walker-Bone, University of Southampton