Introduction by Dr Lanre Ogunyemi, SOM President

Occupational Health Awareness Week

Prevention is better than cure: the power of flexible working

Upcoming SOM events

SOM

Supporting occupational health and wellbeing professionals

WINTER MAGAZINE 2024

SOM workplace visit at Morgan Motors in January

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Introduction

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Dr Lanre Ogunyemi,
SOM President

Highlights from the SOM Awards 2023

The winners of the 2023 SOM Occupational Health Awards were announced in December. You can read about the winners in our Awards Pack. Huge congratulations to the very deserving winners and thank you to everyone who entered, all our guests, and our generous sponsors.

SOM/FOM Occupational Health Conference 2024

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Highlights from the HAVS Management Issues Conference

By Jenny Barrett, Wellbeing HR Manager for RSPB

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Health and Wellbeing at Work 2024

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Promoting evidence-informed workplace wellbeing relies on people recognising themselves in evidence-informed examples

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OUP Reviewer Call

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

By Jenny Barrett, Wellbeing HR Manager for RSPB

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SOM and COHPA - supporting occupational health commercial providers

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Occupational Medicine Updates

OH Provider, PAM, has produced a benefits of early intervention report, which contains the following stats:

- Referring people into OH before they become too sick to work can reduce absence by 64%.

- 91% of people referred into OH, while they were still in work, were expected to be in work one month later. This compares to just 45% of those referred between 1-2 months of absence and 27% of those who had been off for over six months.

- Despite the benefits of early OH intervention for reducing sickness absence, 38% of managers wait until the employee goes absent before offering support.

- More than one in two (55%) of absent employees are only referred into OH once they've been off sick for over a month.

SOM special interest groups coming up

- **Diversity and Inclusion** - Tuesday 31st October 2-3pm
- **NIHL** - Tuesday 31st October 3.30-4.30pm
- **MSK** - Wednesday 1st November 2-3pm
- **CESR Support Group** - Tuesday 7th November 4-5pm
- **Academic Forum** - Friday 17th November 12.30-1.30pm
- **Drug and Alcohol** - Monday 20th November 3.30-4.30pm
- **Long COVID** - Monday 4th December 4-5pm
- **Sleep** - Tuesday 6th December 11.30am-12.30pm

Contact Nick.Pahl@som.org.uk if you wish to join any of the above

How Small and Medium-Sized Enterprises (SMEs) can support Neurodivergent Individuals in the Workplace

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Long COVID - Returning to and sustaining work with ongoing symptoms

By Beverly Knops, Specialist Occupational Therapist at Vitality 360

I have been working with people experiencing persistent symptoms following COVID-19 since 2020. At this point I was using the term 'Post Viral Fatigue Syndrome.' Following publication of the NICE COVID-19 rapid guidelines in December 2020, I used the terms 'ongoing symptomatic COVID-19' for symptoms persisting between 4 and 12 weeks. When these guidelines were updated in November 2021, they referred to the term 'Long COVID'. This term was 'patient made' and has become the most commonly used. For me, this reinforces the fact that the patient voice - i.e. those with lived experience - must be listened to and any treatment, therapy and advice offered must be done as a collaborative process.

When I first meet a client with Long COVID my aim is to listen to their story, to find out what happened during the course of their illness from onset to the present day. How did the initial symptoms present, what is changed, how do the symptoms impact on their life? I also want to know their personal beliefs about Long COVID, what they have read and heard, what their expectations are for treatment and the future, what their concerns are. There is an immense amount of information out there that individuals need to navigate. I try to listen without judgment and through careful, respectful discussion help people to gain some clarity regarding the efficacy of treatments and what they may be able to do right now to influence their symptoms. It is at this point that I bring my clinical experience to the table, often offering a distinct perspective based on my research and work within this clinical area. This is a crucial time to also discuss individual experiences and expectations regarding work. What vocational capacity will they need to achieve before a return to work is realistic? Will the employer support a slow, supported return? Will the individual cope with changes to the way they work?

We can then start to identify a way forward. For most of my clients the first stage is trying to find balance in their day. We look at the basics, including rest, activity, exercise, and nutrition. Many people have lost their daily routines, responding to the fluctuating nature of their symptoms, and doing what they can when they feel they can. In my experience it is difficult to move forward without establishing some routine which will help regulate the body. If someone is trying to sustain work, I may advise on temporarily reducing hours or changing a pattern of working whilst a more stable routine is established, but often this stage does require some time off work.

When a reasonable routine is in place, we can then start to consider how to build capacity, focussing on activities that are transferable to the workplace. What physical, cognitive, and social demands are required? Increments need to be made slowly and continuously reviewed and adjusted, but increasing is possible. It is only with cautious experimentation that we can together work out the optimal way forward. People often experience setbacks, i.e. times when the symptoms increase and function declines. Although these times are difficult, they do offer an opportunity to gain experience more about what influences/triggers symptoms, and this can guide the ongoing process. At the start, people often say they have no control over symptoms, but over time and through careful exploration they become more aware of their personal triggers and can consequently take some control over them. The most common ones my clients identify are overexertion (physically, cognitively, or socially), and stress. We can work with all of these to minimise their impact.

So when is the right time to plan a return to work? Many people still say to me that they have to be 100% well to return, or their employer says, 'don't come back until you are fit'. This can take some time to unravel but for the vast majority it is possible to return whilst experiencing symptoms and work itself can be an essential part of therapy. The starting point is probably the most important one: finding the right amount of time and activity that is beneficial to the employee and employer. I often start with two hours of work on four days a week, doing tasks that are not too demanding and have no time pressure. Many of my clients work in high pressure environments with significant cognitive demand. They reflect on their abilities pre-COVID and often describe themselves as thriving under this pressure, being cognitively very capable, being able to synthesise information quickly and make decisions. Adjusting expectations of self and the employer and learning to do things in a moderated way can be particularly challenging.

What I have learned, not only in recent years with Long COVID, but also the 25 years prior to this working with people with post viral syndrome, ME/CFS and Fibromyalgia is:

Every individual is different and needs a personalised therapy and return to work plan

Work can be an important part of therapy, but the hours and tasks need to be carefully planned and agreed at each stage

Setbacks/periods of increased symptoms are part of these conditions and need to be managed as part of a successful plan

A return to full contracted hours and role is possible but much slower than everybody usually expects or wishes for

Some people do not return to their previous roles but are able to work part time with reasonable adjustments and still add considerable value

Working collaboratively will always provide the best outcome

SOM and ANZSOM Learning Together Series: Burnout and improving the health of healthcare workers

Wednesday 21st February, 8.30 - 9.30am

FREE SOM Webinar

The first speaker is Professor Gail Kinman, author of 'Burnout in Healthcare – risk factors and solutions'. Summary: Although people working in healthcare generally find their work meaningful and satisfying, they are at high risk of burnout. Research has found that challenges associated with the COVID-19 pandemic and its aftermath has intensified this risk posing a significant challenge for occupational health professionals. Burnout has serious implications for organisations, patients and service users, as well as the health and wellbeing of practitioners, so it is essential to implement evidence-informed interventions for its prevention and management. In this talk, Gail will draw on the findings of her recent guide on managing burnout in healthcare, but there are key messages for other sectors where jobs are emotionally demanding and stressful.

Gail Kinman is Professor of Occupational Health Psychology at Birkbeck University of London. She is a Chartered Psychologist, a Fellow of the British Psychological Society and the Academy of Social Sciences and a Director of the Council for Work and Health. Gail has a particular interest in the wellbeing of people whose work is emotionally demanding with a high risk of burnout, and she has published widely in this area.

The second speaker is Dr Karina Powers, who is an occupational physician from Perth. She is an OP with a wide clinical practice, and is assisting with the Australasian RACP advocacy initiative called 'Improving the health of health care workers'. Her talk will look at improving the health of healthcare workers.

Title : Healthcare workers are a precious resource we must preserve

Overview: Healthcare worker stress and relative short staffing are common, causing risk not only for patients but also healthcare workers themselves. This talk will discuss some factors responsible, including considerations related to management and the workforce, hazard controls, government bodies and the political milieu. Damage to the populace can be limited by improving the health of healthcare workers and thereby supporting safe and efficacious runni

Register here.

Upcoming SOM webinars

Webinars are free to SOM members and £30 to non-members. *NB. For a member discount to be applied, please login to your SOM account before registering.*

List of upcoming SOM webinars here.

- Recognising and managing eating disorders in our day-to-day clinical work, Tuesday 31st October 12-1pm - register here
- Do we really need the concept of burnout in occupational medicine?, Monday 6th November 4-5pm - register here
- Earl Dotter Presents: A Life's Work in Occupational and Environmental Health Photography, Monday 4th December 4-5pm - register here
- Digital MSK tools for the workforce - benefits, challenges and learnings, Tuesday 23rd January 4-5pm - register here
- SOM/ANZSOM Learning Together Series: Burnout and improving the health of healthcare workers, Wednesday 21st February 8.30-9.30am - register here

Morgan Motors Workplace Visit

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- Liquia volorum explit es volorem natemporerum unt int ati corporestiae lias exeruptio quae porro omnit earciistiam a sapid maxim nihitiis qui con consed mo et idescia tiaerit aeribus necusa voles soluptae. Umque sectium aliae pre, eossit, nia sunt ommoditatet velliquunt que eaquasperum velitio is et ut abor si dessimi, corepro tem esequaspe ne perem et, sequatur, tem lab ius aute prem doluptae et fugit offictusam sim que nostrum hicae et volorerspit, volessimod mod qui dolo officiatur, offictem as senis desti bearunt alis raectatibus.
- Ciam qui qui necero evelit, sum aut minti nossumquam quatat ut qui a in praeria eaturitas ad ut qui to tem quae nonet faccullacea eum dunt mo illenderio mint.
- Ruptaest aspictibus audandipicia am accabo. Est laut odi nihilig entotas imenihi cipit, to minulliquam, nosam im rest, es et veni officab orempos saeceatquis doluptatur?
- Re sima nem et volore si consedigendi voluptatust, quam culparum facerum que es et, nate nat.
- Ximagni mintiis utem atem consequam re nihil mi, velliquidusa aut restia es ad mi, sumquae sandem aut repuda volorep ercias atecuscidem. Et aces etusam, incipis eles et fuga. Et id unto quat quae pos et am ipsant reptate il ilique labo. Et dolum quiam enis preperias as rem autam, volorum ea quidus volupti stiorro eventio santint eos magnis int, ima dolo dolupta tentibus arum, omnihil mo volupti volorep roremquam excepraes ad que solorrovit, consequi tem dolloris dolupta quae voloreium que remperatur?
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Supporting occupational health and wellbeing professionals

About the SOM

The Society of Occupational Medicine (SOM) is the largest and oldest national professional organisation and with an interest in OH. It demonstrates a commitment to improving health at work, supports professional development and improves future employability enhancing our members' reputation and employability. Members are part of a multidisciplinary community – including doctors, technicians, nurses, health specialists and other professionals – with access to the information, expertise and learning needed to keep at the forefront of their role. Members benefit from career development opportunities alongside practical, day-to-day support and guidance, through local and national networks that are open to all. Through its collective voice, SOM advances knowledge, increases awareness and seeks to positively influence the future of OH. Join us - at www.som.org.uk

SOM Membership offer survey

We are currently investigating ways to improve our membership offer. We have created an online survey in the link below which will help us find out more about what potential members want: https://www.surveymonkey.co.uk/r/89J6CSW. If you could help us by completing the survey, that would be great. As a thank you, upon completion of the survey you have the option to receive a discount code for joining the SOM as a new member.