First thoughts.....

- It’s a big topic... (!) Start with the basics:
  - After 40 years, it’s good that we have a future
    - Everybody here and many others have contributed to that
    - Thanks
  - We’ve been through a lot of changes in those 40 years
    - We’ve kept an identity and core values
    - But we look different - not just individually (older, greyer...)
      but organisationally
    - I’ll focus on two aspects...

Linking research, consultancies and services

- Research tradition
  - Applied research, practical - to inform policy for health protection
  - Still crucial to our identity
  - Especially in the last 10-15 years, we have actively developed consultancies and services;
  - It’s now the major activity in terms of volume of work
  - Entirely consistent with a mission to protect health
  - It benefits from the research tradition...
    - And it helps keep research closer to the issues that matter
  - It’s a mixture that seems to work and that gives us, I think, a distinctive and useful voice
Customer focus and long-term strategy

- Customer focus is crucial, no matter how big or how small
  - It keeps us connected with current issues and felt needs, and keeps us reaching to answer new questions
  - But there is more to strategy than customer focus

- Strategy
  - Fortunately, we have been able to develop five major themes and many sub-themes
    - (i) asbestos; (ii) (other) workplace exposures; (iii) fitness to work; (iv) nanoparticles; (v) environment and health;
  - We are becoming aware that after 40 years, we have something to say, about work, environment and health more generally

And so, looking ahead...

- What will we be doing?
  - Thanks to Bob for laying out a view for an organisation like ours
  - Any speculation about detail will surely be wrong … but we can at least look ahead
  - It helps to start with the bigger picture, and narrow in

- Hopefully the IOM will be around much longer than I will (and I hope I have a good few more years)

- In that time, there will be very big changes - the shape of some of them is getting clearer

Financial and economic crisis

- This present one...
  - Immediate impact....
  - Medium term… major cuts in public spending?
  - And the next one?
    - If this one is short, there may well be another… [and another one again after that?]

- There may be some silver linings, with some evidence of:
  - A re-assertion of public service values - we have for some time promoted IOM’s role as a social enterprise (‘3rd Sector’)
  - An understanding that we’re in this together - that local solutions only are not enough; and that inequalities, international and local, are not sustainable
Global warming

- It’s happening
- It will continue, even if we dramatically slow down emissions
- The implications are big...
  - Mitigation - energy, transport, agriculture… lots of implications
  - Adaptation… Resource scarcity, ‘natural disasters’, migration, war...
- This will affect the work we do - research, services and consultancies
- But it will also affect how we and others live and work
  - The changes won’t all be bad.
  - We may even learn (rediscover?) something about sharing a planet together

What does it all mean for what IOM does and how we do it (1)?

- I expect that IOM will still have the same broad themes - workplace exposures, fitness to work, environment and health, [asbestos], [nanoparticles]
- Asbestos
  - We thought it would be sorted long before now
  - As well as clean-up, there are still unsolved questions
    - Risks from low-level occasional exposures occupationally
    - Risks from non-asbestos fibre-like particles in the environment
    - Relative risks from different types of asbestos
  - Need to continue to control
  - Internationally, a priority of WHO

What does it all mean for what IOM does and how we do it (2)?

- Occupational cancer - can we ‘simply’ eliminate it, in the UK, in Europe, world-wide, within (say) 20-25 years?
- Chemical exposures
  - REACH - it’s good that there is a regulatory system, but is there capacity to meet the need?
  - Public concern about involuntary exposure to chemicals in the environment - in food; bystander exposures; etc.
- New technologies, new products, new hazards
  - Engineered nano-particles - high profile, but more investment needed to characterise risks reliably?
  - What will be the new nano?
What does it all mean for what IOM does and how we do it (3)?

- Demography
  - An ageing population - older workers, longer working life...
  - Migration
- Psycho-social issues and traditional hazards; an integral role for the social sciences
  - Risk perception, behaviour and how to bring about change;
  - The role of beliefs in developing and recovering from stress; musculo-skeletal injury; multiple chemical sensitivity...
  - Illness and disease - do they need different solutions?
- What is a healthy workplace and a healthy environment? What sustains us?
- Even newer modes of communication!

And we have some responsibilities to the work, environment and health community

- UK
  - Skills shortage - occupational exposure and health; environmental also
  - Academic training needs to be allied to practical experience
  - IOM didn’t set out to be a nursery of wider talent, but it has played a part there
- World-wide
  - ‘Traditional’ occupational diseases from exposure to asbestos, silica…
  - How do we and others like us - make available what we know, before we forget it and ‘move on’?
- Maybe we can and should get more deliberate about these issues

As I said at the beginning:
It’s good to have a future to think about

[The closing words will be from Russel]