
WHY NOT?

Why not be a good employer?

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ON 1 April 1975 all general practitioners became subject to the Health and Safety at Work Act. This Act imposed on general practitioners a duty of care not the traditional one for their patients but an additional one for the health, safety, and welfare of themselves and all their employees. The Act, the most notable of its kind since the first Factories Act of 1833, provides a comprehensive system of law which protects the whole of the public at work. Doctors, nurses, paramedical staff, receptionists, secretaries, cleaners, and patients all thus gain protection under the Act.

Doctors' premises, like all other places of work, are liable to be inspected by HM Inspectors of Factories, and general practitioners, like every employer, are bound to ensure that people in their employment are not exposed to unnecessary risks to their health or safety. These include risks not only attributable to medical equipment such as x-ray, centrifuges, or diathermy, but also to the control, safe-keeping, and use of dangerous substances and the prevention of unlawful acquisition, possession, and use of such substances. The general practitioner must make sure, as far as is reasonably practicable, that the surgery premises and all its entrances and exits are safe.

Everyone who employs five or more people is required to make a written statement of the general policy, organization, and arrangements for his employees' health and safety at work and make sure that they see and understand this. In turn, every employee must take reasonable care to protect himself and other people who may be affected by his actions, and to co-operate with his employer in this respect.

From 1 October 1978 recognized trades unions had the right to appoint safety representatives to represent the employees in consultations with the employer about health and safety matters, but this Regulation applies only to work places where trades unions are recognized for collective bargaining.

Section 3 of the Act protects the public from the effects of work activity and the medical profession has expressed anxiety that this might invade the territory of clinical practice (*British Medical Journal*, 1978). However, this section of the Act was intended to cover the incidental effect of work activities on the health of the

public, whereas in the case of medical practice the primary purpose of work activity is to foster the health of patients (the public). The Health and Safety Executive (1978) state clearly: "Inspectors will initially take the line that they will not concern themselves with the professional care of patients except as far as it may be necessary to do so when dealing with certain systems of work."

HM Chief Inspector of Factories in a letter to the *British Medical Journal* (Hammer, 1978) writes that this will be the position "until the legal situation of how, in equity, this Section of the Act should apply to Medical Services has been thoroughly discussed with all concerned."

Crown status and immunity from prosecution are enjoyed by regional and area health boards but not by doctors in general medical practice. The situation regarding the status of group practice premises will depend on whether the staff is employed by the area health board and the premises owned by them or not.

The enforcement of the Health and Safety at Work Act is the responsibility of HM Inspectors of Factories who will approach the Health Services in the same way as they approach other types of employment. An Inspector has several lines of action open to him: he may consider advice to be enough; he may issue an Improvement Notice to remedy a fault within a specified time; he may issue a Prohibition Notice if there is a risk of serious personal injury, which has the effect of stopping this activity at once; or he may prosecute any person contravening the statutory provisions instead of, or in addition to, serving a Notice. The Health and Safety Executive recognizes, however, that it may not always be possible to remedy problems immediately and is prepared to discuss priorities.

Why not learn the requirements of the Act?

References

- British Medical Journal* (1978). Health and safety at work. Editorial, 2, 715.
- Hammer, J. D. G. (1978). Health and safety at work. *British Medical Journal*, 2, 1157.
- Health and Safety Executive (1978). *The Approach of the Health and Safety Executive to the Inspection of Hospitals and Health Services*. 25 Chapel Street, London: HSE.