

GPs' compliance with health and safety legislation and their occupational health needs in one London health authority

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SUMMARY

This survey assessed general practitioners' (GPs') knowledge of, and compliance with, health and safety legislation and occupational health guidance in one London health authority. The response rate was 85%. Although the majority of practices were aware of the most important piece of legislation — The Management of Health and Safety at Work Regulations, 1992 — less than one in ten practices had carried out the required systematic risk assessments. Compliance with other health and safety legislation and related employment issues was also poor. The health of GPs and their staff may be at risk and these general practices may be vulnerable to prosecution by the Health and Safety Executive.

Keywords: *general practice; safety legislation; infection control; violence; occupational health.*

Introduction

As employers, GPs must comply with health and safety legislation.¹ They also need arrangements for managing pre-employment health screening, staff sickness absence and staff with disabilities affecting their work. In 1997, the Royal College of General Practitioners and the General Medical Services Committee called for the development of an occupational health service for all GPs in the UK.² The Government's new NHS Plan promises £8 million by the year 2004 'to extend occupational health services — already a requirement in the NHS — to GPs and their staff'.³ To date, few GPs have access to such a service, and little research has been done on GPs' needs in this area.⁴

This paper reports the results of our survey that assessed GPs' compliance with health and safety legislation and occupational health guidance in a London health authority.

Method

This was a cross-sectional survey of all 82 general practices in one London health authority. A questionnaire was developed in consultation with the local medical committee. (The questionnaire is available from the authors on request.) A researcher visited each practice and administered the questionnaire to the practice manager, or one of the GPs in their absence. The questionnaire asked about responsibility for health and safety within the practice, knowledge and compliance with health and safety legislation, infection control, hepatitis B immunisation programmes, universal precautions, HIV needlestick management, prevention of violence, fire arrangements, and employment practice.

The Epi-Info software package was used for data entry and analysis.

Results

Seventy (85%) practices participated in the study. In 59 (84%) of these practices, the questionnaire was administered to the practice manager, in 10 (14%) practices to a GP and in one (1%) practice to the business manager.

Responsibility for health and safety

Sixty-six (94%) practices had a named person with executive responsibility for health and safety arrangements. Fifty-nine (84%) practices had a named person responsible for day-to-day health and safety arrangements.

Compliance with health and safety legislation

Table 1 shows that although many responders had heard of relevant health and safety legislation they had rarely imple-

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HOW THIS FITS IN*What do we know?*

As employers, GPs must comply with health and safety legislation by providing a safe working environment for their staff. They also need to manage pre-employment health screening, sickness absence, and occupational ill health in staff.

What does this paper add?

This survey reveals a profound lack of knowledge and implementation of health and safety legislation and occupational health provision in the general practices surveyed. Our results support the government's initiative for occupational health provision throughout general practice.



mented it in the practice. Twenty-nine (41%) practices stated that they had a written health and safety policy, but only half of these were able to produce a copy.

Infection control

Forty-three (61%) of all 70 practices, and 22 (41%) of the 54 practices carrying out minor surgery, had no documented infection control procedures.

Forty-three (61%) practices recommended hepatitis B immunisation for their staff. Twelve (17%) of all 70 practices, and 11 (20%) of the 54 practices that perform minor surgery, had a documented hepatitis B immunisation programme.

Forty-three (61%) practices kept a written record of staff blood exposure incidents. Three (4%) practices had formal management systems in place for this type of incident. In the majority of practices the advice given on such occasions was informal and usually given by one of the practice doctors. One practice had a formal agreement with a local hospital for access to specialist advice with follow up.

Violence

In 40 (57%) practices, staff (between two and nine) had reported verbal violence, and in three (4%) practices, staff had reported physical violence over the preceding 12 months. Interviewees acknowledged that other violent incidents may have gone unreported. Twenty (29%) practices had done risk assessments for violence, but only one assessment had been documented. Sixty-seven (96%) practices had no violence policy.

Health of staff in relation to work

Sixteen (23%) practices had procedures for pre-employment health screening. In ten (63%) practices, this was done internally, usually by one of the practice doctors; only six (38%) practices used an occupational health service. Fifty-seven (84%) practices kept written sickness absence records and were aware of the overall sickness absence level of their staff.

In one (1%) practice, GPs and other members of staff had attended a stress management course. Four (6%) practices had informal arrangements to provide support for work-related stress, either through one of the GPs or the counsellor in the practice.

Discussion

Our survey reveals a serious lack of knowledge and implementation of health and safety legislation in the general practices surveyed. There seems to have been little improvement over recent years. For instance, a survey in the same health authority in 1994 found that 27% of practices had documented infection control procedures,⁵ compared with 39% of the same practices in our survey. Poor compliance with more general health and safety procedures is probably not restricted to the health authority we surveyed. In a national sample of general practices in 1995, only 42% were aware of manual handling legislation,⁴ similar to the 47% of practices in our survey.

Our results support the need for a national initiative for occupational health provision in general practice.³ Access to good occupational health services would enable GPs to comply with relevant legislation and manage the health of their staff more effectively. Importantly, the service could provide independent, objective advice to GPs on their own health in relation to work.⁶

References

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Table 1. Practice managers' (or in their absence the senior partners') knowledge and implementation of health and safety legislation.

Legislation (current at the time of the survey)	Aware of the legislation (n = 70)	Provided staff training on the legislation (n = 70)	Carried out risk assessment (n = 70)
Management of Health and Safety at Work Regulations, 1992	54 (77%)	25 (36%)	6 (9%)
Manual Handling Operations Regulations, 1992	33 (47%)	3 (4%)	2 (3%)
Control of Substances Hazardous to Health (COSHH) Regulations, 1994	59 (84%)	7 (10%)	6 (9%)
Display Screen Equipment Regulations, 1992	56 (80%)	4 (6%)	4 (6%)
Personal Protective Equipment Regulations, 1992	17 (24%)	0	Not asked
Management of Health and Safety at Work (amendment) Regulations, 1994 [re: pregnant women]	21 (30%)	Not asked	Not asked
Disability Discrimination Act, 1995	65 (93%)	Not asked	Not asked