

**Occupational Health and Safety**  
for general medical and dental practitioners and their staff





***OCCUPATIONAL HEALTH AND SAFETY***

***for***

***GENERAL MEDICAL AND DENTAL PRACTITIONERS  
AND THEIR STAFF***

**Short Life Working Group Report  
SCOTTISH EXECUTIVE HEALTH DEPARTMENT**

*Occupational Health and Safety Service Strategy  
Towards a Safer Healthier Workplace*

**OCCUPATIONAL HEALTH AND SAFETY FOR GENERAL MEDICAL AND  
DENTAL PRACTITIONERS AND THEIR STAFF**

**Report of the Short Life Working Group**

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# 1. Introduction

1.1 "Our National Health, A plan for action, a plan for change" reinforced the Ministerial commitment to provide an occupational health and safety service to General Medical and Dental Practitioners and their staff which was made in the occupational health and safety strategy for NHSScotland staff entitled "Towards a Safer Healthier Workplace". Ministers are concerned that staff working in the wider NHSScotland receive the same occupational health and safety service as their colleagues and have facilitated this with £0.5 million funding for this year and each of the following two years. This aim links with the wider aims in "Revitalising Health and Safety" and "Securing Health Together" and to Ministers commitment to provide Small and Medium Enterprises with access to occupational health, as part of the overall commitment to improve the health of the Scottish working population.

## 2. Short Life Working Group Membership

2.1 Membership of the Short Life Working Group has been drawn from all parties with an interest in the provision of an occupational health and safety service for General Medical and Dental Practitioners and their staff. The Group reports to the Scottish Partnership Forum through the Occupational Health and Safety Strategy Implementation Group (OHSSIG) which has responsibility for ensuring the action points in "Towards Safer Healthier Workplace" are achieved.

Mr Ray Watkins	Chair, Chief Dental Officer, SEHD
Mr Bill Welsh	Secretary, Directorate of Human Resources, SEHD
Dr Colin Blair	Community Dentist, UNISON
Dr Robert Donald	Dental Practitioner, BDA
Mr Alex Killick	Director of HR, Tayside PC NHS Trust
Dr David R Love	General Medical Practitioner, Joint Vice Chair of SGPC
Mrs Mary Mitchell	Practice Managers, IHM
Mrs Thelma McGuire	Occupational Health Director, Lothian NHS OHS
Mr Chris Naldrett	Directorate of Finance, SEHD
Mr Michael Proctor	Directorate of Policy, SEHD
Dr Chris Pugh	Occupational Health Manager, OHSAS (Tayside/Fife)
Mr Tony Wells	Chief Executive, Tayside PC NHS Trust
Dr Hugh Whyte	Directorate of Policy, SEHD

## 3. Remit

3.1 The Remit of the Short Life Working Group reflects the commitment made in "Towards a Safer Healthier Workplace" and is:

"To review how Occupational Health and Safety (OHS) costs and provision of the service can be met for General Medical and Dental Practitioners and their staff."

## **4. Health and Safety Responsibilities**

### **Legislative**

4.1 The Group acknowledge that Health and Safety Legislation and employment law are reserved matters under the Scotland Act 1998 and are for the Westminster Parliament. It is also the responsibility of the Westminster Parliament to ensure that European Community legislation is enacted within the UK. A brief resume of current health and safety legislation is set out in the Annex.

### **People Working in the Practice**

4.2 Everyone has a right to a safe working environment and all have a responsibility to work together to ensure that it is maintained. This right applies whether the individual is employed or self-employed and regardless of the time they are employed in the practice. To achieve this aim everyone should work together to promote and develop safe working practices and procedures for their own benefit and that of patients. It is in the interests of everyone that individuals actively seek to attend health and safety training, to put the training into effect and inform managers when improper or unsafe procedures are used which could put peoples health or safety at risk.

### **Employers**

4.3 Under existing legislation, employers have a duty to provide a safe working environment. They also have a responsibility to ensure the tasks and activities carried out in the workplace are properly risk assessed and action taken to minimise risk to the health and safety of staff and others using the premises. The ultimate legal responsibility rests with the General Medical or Dental Practitioner. While that legal responsibility cannot be delegated, General Medical and Dental Practitioners will wish to ensure that they have a structure in place which promotes and develops health and safety with staff. That structure should include appropriate audit and monitoring arrangements to make sure that current health and safety practices and procedures are working.

## **5. Occupational Health and Safety Service**

### **Occupational Health and Safety Service**

5.1 The case for the provision of an OHS Service for General Medical and Dental Practitioners and their staff has already been accepted by Ministers. Staff in NHSScotland already have access to an OHS Service which is at least at the minimum level standard of service outlined in *"Towards a Safer Healthier Workplace"* and there is no good reason why those in the wider NHS should be treated differently and less well, to the detriment of their well being.

5.2 The Group recognise that NHS Boards may wish to provide an OHS Service to groups other than General Medical and Dental Practices and their staff and it is open to them have that debate within their organisation locally. No additional cash funding will be available however and any extension of the service should not be to the detriment of the service provided for NHSScotland or General Medical and Dental Practitioners and their staff.

### **Funding the Service**

5.3 *"Our National Health"* committed funding of £0.5 million a year for 2001/02 and the following two years to provide an occupational health and safety service for General Medical and Dental Practitioners and their staff. This money is ring fenced. The Group recognise that Health Boards are providing varying levels of an OHS Service for General Medical and Dental Practitioners and their staff. Some are therefore well prepared to provide the kind of service envisaged and will be able to use the funding to consolidate the level of service they currently provide, however, others may not be so well prepared. The Group also recognise that the provision of a full OHS Service will have staff resource implications for the NHSScotland which will impact on the OHS Service ability to deliver immediately. It would therefore be an unreasonable aim to ask OHS Service to provide a full occupational health and safety service immediately and it is therefore proposed that a stepped service is introduced over the three year period. The proposed priority stepped service is set out in Section 5.15 on OHS Standard Priority Waves. NHS Boards may however wish to devote additional funding and move to the full service in a shorter timescale.

### **Allocation of Funding**

5.4 The Group discussed the four options identified for disbursing funding for the OHS Service. The options were to provide the funding to:

- the GPs and Dental Practitioners;
- NHS Boards, who would then fund the OHS Service for the NHS Board area directly or through the Primary Care Trust or LHCC;
- Primary Care Trusts, who would fund the OHS Service in their areas;
- the OHS Service direct for the provision of the service.

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5.5 On balance the Group concluded that NHS Boards would provide the best repository for the funding. This would allow NHS Boards to consider how the comprehensive OHS Service should be delivered in their area and ensure implementation of the OHS Service from 1 October 2001 and for the following two years for which funding is available. It will be for each NHS Board locally to determine how best to commission the OHS Service, this could be done by the NHS Board direct, through the Primary care Trust or LHCC. In future it is anticipated that funding for OHS for General Medical and Dental Practitioners and their staff will continue to be provided as part of the normal funding allocation to NHS Boards. The Group further discussed the allocation of funding between NHS Boards and considered funding in accordance with the number of GPs, Dentists and estimated staff in each NHS Board area and compared the allocation calculated in this way to that using the Arbuthnott formula. The results using both methods were similar and the Group therefore recommend using Arbuthnott to identify individual NHS Boards allocations.

## Standard of the Service

5.6 To be consistent and fair across the wider NHSScotland, the Group consider that the aim must be to provide General Medical and Dental Practitioners and their staff with at least the standard minimum service for OHS provided to NHSScotland staff. It is important that as well as an occupational health service, the service provided should also include advice on risk assessment and health and safety issues. The advice should recognise that General Medical and Dental Practitioners will continue to be legally responsible for the health and safety of their staff at work and for meeting the requirements of the legislation. The OHS Service advice should help General Medical and Dental Practices to fulfil the legal requirement and form the basis for a jointly developed health and safety needs assessment.

5.7 Given the constraints and differing levels of service provision and expertise within Health Board areas the Group propose to introduce the OHS Service in three priority stepped waves. The first wave should ensure the clinical services are set in place and enable the OHS Service to build in years 2 and 3 towards a comprehensive service. In determining the OHS Standard Priority Waves account has been taken of:

- clinical occupational health priorities;
- the aims of “*Revitalising Health and Safety*”;
- the aims of “*Securing Health Together*”.

5.8 A vital aspect of the process is that the provision of the OHS Service must contribute towards the aims of:

- increased awareness of the occupational health service;
- improved access to the occupational health service;
- improved awareness of health and safety issues;
- minimise health and safety risk to staff and patients;
- reduced accidents and injuries to staff;
- reduced ill-health retirements;
- improved rehabilitation processes.

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5.9 The NHS Board will be responsible for ensuring implementation of the Service. A service agreement should be made with the OHS Service outlining the standard of service to be provided based on the OHS Standard Priority Waves. The service agreement should clearly inform Medical and Dental Practices of the service to be provided.

## Equity of Access

5.10 As outlined in the occupational health and safety service strategy "*Towards a Safer Healthier Workplace*", NHS Boards are encouraged to ensure occupational health and health and safety provision is integrated within their area and has the capacity to provide the appropriate level, quality and standard of service.

5.11 Access to the OHS Service should be open to everyone working in the practice, whether self-employed or employed, permanent or temporary.

## Promoting OHS

5.12 General Medical and Dental Practitioners as employers have a legal responsibility to ensure the health and safety of their staff. They must therefore look to actively promote and tackle health and safety by encouraging the adoption of good health and safety practice at all times.

5.13 Practices are encouraged to develop links with Scotland's Health at Work (SHAW) and to promote good personal health for all working in the Practice.

5.14 The OHS Service in partnership with the NHS Board, Primary Care Trust and LHCC's should publicise and raise General Medical and Dental Practitioners and their staff awareness of the OHS Service available together with the positive advantages of accessing the free service.

## OHS Standard Priority Waves

5.15 The following OHS Standard Priority Waves reflect the Group's conclusion that the proposed OHS Service should be brought into practice in stepped waves over three years. In preparing the stepped waves it is recognised that some OHS Services may already be providing a service to medical and dental practitioners and their staff and may be in a good position to easily achieve the first wave requirements. In these circumstances the Group would wish to encourage the OHS Service to bring forward and develop as full a service as practicable as early as possible. Progress against the milestones will be assessed as part of the monitoring process. Use of techniques such as risk assessment and health and safety needs assessment will help inform the development of OHS Services in their settings.

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2001/02

- pre-employment checks of all prospective employees
- screening programmes as part of a Risk Management Strategy
- health surveillance programmes
- confidential counselling service
- immunisation programmes
- return to work/rehabilitation/ill health early retirement assessment
- accidental blood exposure treatment programme (including advice on needlestick injuries)
- advice on compliance with statute and common law

2002/03

- advice on data collection and monitoring (the Occupational Health Minimum Dataset in HDL(2001)22 is commended to General Medical and Dental Practices)
- advice on health at work (stress, management of aggression, manual handling)
- advice on programmes for the elimination of accidents which cause personal injury
- advice and assistance with risk assessment programmes
- advice on health and safety education and training

2003/04

- advice on health promotion programmes
- advice on benchmarking and safety audit

5.16 Clinical Governance circulars NHS MEL(2000)29 and NHS MEL(1998)75 highlight the need for appropriate collection of information. Take up and provision of the OHS Service for General Medical and Dental Practitioners and their staff should be part of the peer audit and review of the service through the OHSSIG. The OHS Service will be required as part of the audit process to show the benefit gained from funding devoted to the OHS Service and should therefore maintain a statistical database detailing the service outcomes. Practices have a responsibility to ensure they maintain and collect appropriate data to show they are meeting their legal obligations. They may also wish to seek quality assurance accreditation for occupational health and safety. Collectively, practices, Primary Care Trusts, LHCC's and occupational health and safety services are recommended to share appropriate best practice and data/information.

## Accountability

5.17 The Group recommend that NHS Boards are held accountable through the Performance Assessment Framework.

5.18 Accountability for service delivery is clear, but in order to implement the OHS Service within independent clinical practices, good communication and clear responsibilities as highlighted in this document between Health Boards, Primary Care Trusts, LHCC's, Practices and the OHS is essential.

## Recommendations

The Working Group makes the following recommendations:

1. An OHS Service which includes advice on health and safety issues and which is comparable to that provided to NHSScotland staff should be provided for General Medical and Dental Practitioners and their staff.
2. NHS Boards with the OHS Service locally should determine whether they wish to extend the OHS Service to groups other than General Medical and Dental Practitioners and their staff.
3. General Medical and Dental Practitioners should ensure they have a structure in place that actively promotes, develops and encourages the adoption of good health and safety practices with everyone in the practice.
4. Everyone working in the practice should work to promote and develop safe working practices and procedures for their own benefit and that of patients.
5. A stepped OHS Service, leading to a full service, should be introduced over the next three years.
6. Funding should be allocated using the Arbutnott formula to NHS Boards to enable them to ensure implementation of the service locally through an appropriate OHS Service with effect from 1 October 2001.
7. The OHS Service should be responsible for implementing the service locally, based on the OHS standard stepped priorities to the required standard.
8. Where an OHS Service is able, it should aim to develop a full service as early as possible.
9. NHS Boards should be held accountable for the provision of the service through the Performance Assessment Framework.
10. The aims of "Towards a Safer Healthier Workplace" and the Occupational Health Minimum Dataset are commended to all General Medical and Dental Practices.
11. NHS Boards, Primary Care Trusts, LHCC's and the OHS Service should promote the use of the service with all staff working within their Practices.

## Annex

### Legislation Framework

#### **Health and Safety at Work Act**

Primary care medical and dental practitioners have legal obligations under the Health and Safety at Work Act 1974 (HSWA). They have a duty to protect their employees and others that may be affected by their work activities such as contractors, agency staff, patients and visitors. Under HSWA employers must ensure their employees are appropriately trained and proficient in the procedures necessary for working safely. Employees have duties to comply with systems and procedures put in place by employers to ensure their health, safety and welfare; they also have a duty not to do anything that would put others at risk.

#### **Management of Health and Safety at Work Regulations**

Under the Management of Health and Safety at Work Regulations 1999, employers must carry out a risk assessment and must have arrangements for the effective planning, organisation, control, monitoring and review of the preventive and protective measures. They must also provide their employees with adequate health and safety training. The Medical Devices Agency have recently published a helpful booklet on risk assessment related to devices for GPs and Dentists entitled "*Devices in Practice: A Guide for Health and Social Care Professionals*".

#### **Control of Substances Hazardous to Health (COSHH)**

The COSHH Regulations 1999 are designed to protect employees against recognised hazards. COSHH requires employers to control hazardous substances to protect employees and others who may be exposed from work activities. Where prevention is not reasonably practicable, employers must take steps to eliminate, reduce or control the risk of exposure by using the measures listed in Schedule 3 to the Regulations. These measures include: the design of work processes and engineering control measures so as to prevent or minimise exposure in the work place; instituting means for safe collection, storage and disposal of waste; and specifying procedures for taking, handling and processing contaminated samples. Employers must carry out a risk assessment considering all the factors pertinent to the work and make an informed and valid judgement about the risks, the steps that need to be taken to achieve and maintain adequate control, and whether health surveillance is necessary.

#### **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995**

RIDDOR requires the reporting of work-related accidents, diseases and dangerous occurrences. It applies to all work activities, but not to all incidents. The information collected enables the enforcing authorities to identify where and how risks arise and investigate serious accidents. The enforcing authorities can then help and advise on prevention action to reduce injury, ill health and accidental loss. Accidents (including physical violence) connected with work and which result in an over three day injury

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to an employee or self-employed person must be reported to the enforcing authority. Reportable work-related diseases must be reported to the enforcing authority under RIDDOR as should incidents or accidents which do not result in a reportable injury, but which clearly could have done.

**Working Time Regulations**

The Working Time Regulations are an important addition to health and safety protection for workers. Government policy favours maximum flexibility in implementation but believes that all workers should be protected from the risks of working long hours, which could affect their health and safety. The Regulations protect the most vulnerable workers against working excessive hours and gives a right to rest breaks, rest periods away from work and paid annual leave.

While many of their staff will be covered general medical and dental practitioners are classed as self employed and are therefore excluded from the scope of the Working Time Regulations which implement the EC Working Time Directive (93/104/EC).

**Disability Discrimination Act**

The Disability Discrimination Act deals with discrimination against disabled people – that is, when someone treats a disabled person less favourably than someone else without justification, for a reason related to their disability. Discrimination also occurs if, without justification, a "reasonable adjustment" for the disability is not made. The Act applies to all those who provide goods, facilities and services to the public.



ISBN 0 7559 0262 9

Further copies available from The Stationery Office Bookshop  
71 Lothian Road, Edinburgh EH3 9AZ  
Tel:0870 606 55 66

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Designed and produced on behalf of the Scottish Executive by **Astron** 09/2001 B21980

ISBN 0-7559-0262-9



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