PRACTICE OBSERVED

Practising Prevention

Adolescents

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Adolescence is an imprecisely defined time of life. It is presumably postpubertal and preadulthood, but chronologically both of these landmarks in human development vary with social, genetic, nutritional, and ethnic deviations from any arbitrarily chosen norm. Dependent on constant social change, however, it seems that in the developed world adolescence may extend from the age of 15 to 25. As an age group—just under 25%, of the population in Europe and North America, but 50%, of the population elsewhere—they provide the highest incidence of accidents, abortion, venereal disease, crime, drug addiction, and drunkenness, yet remain in strictly medical terms the apparently healthiest proportion of the whole population. The contrast of the high incidence of social ill-health and maladjustment with the relative freedom from disease makes adolescents relatively rare consulters of general practitioners. The opportunity, therefore, for practising preventive medicine—particularly when one of the other characteristics of this age group is a high social and geographical mobility—is infrequent once they have left school or home. Nevertheless, effective prevention for the adolescent may be defined as being in two areas: the practical and the hopeful.

Practical prevention

The need for immunisation and contraception provides the two most frequent opportunities for practising prevention that the general practitioner has with adolescent patients. Unfortunately, in neither case does the delivery seem to meet the demand. About 10%, of young women enter their childbearing years unprotected against rubella, and about 11%, of pregnancies are not wanted, which is increasing the demand for abortion each year. With regard to tetanus immunisation, school-leavers are found in increasing numbers to require a booster, if not a full course, and every year universities and colleges find that more and more 18 to 19 year olds are insufficiently protected against poliomyelitis. With the absence of any requirement for routine medical surveillance after leaving school (and it is sparse enough at school) the general practitioner's contact with the adolescent depends almost invariably on illness occurring. In the days of age and sex registers and computerised records, however, it behoves the GP to maintain an accurate record of the immune status of his adolescent patients and update it continually—not leaving it to casualty departments or antenatal clinics to define the person's need for tetanus or rubella protection. Similarly, with the greater frequency of foreign travel—so often undertaken by the adolescent—providing separate immunisation clinics in the group practice to administer the cholera, tetanus, typhoid, or gamma globulin protection as well as the prescription for antimalarial preparations is essential for effective prevention of tropical disease.

Contraception is sought seemingly more often by the adolescent female from the local clinic than from the family doctor—a recognition of the embarrassment in declaring publicly a private commitment to sexual activity. Nevertheless, many young people find the requirements of an internal examination and cervical cytology distinctly unacceptable and prefer to "chance it" at first, rather than approach their sexual adventures appropriately protected. By linking the provision of contraception with illness the medical profession may have contributed to the failure of its total acceptability. Every attempt should be made to overcome this. It is necessary to provide appropriate leaflets in the waiting room and well-advertised clinics for check-ups that are seen and known to be separate from normal surgery attendance for oral contraception prescriptions. Similarly, the "signal" symptoms of disorder from cystitis to vaginitis, or balanitis to warts in young men, should initiate a discussion of effective contraception. Recommending the use of sheaths to those with transmissible genital disorders until their treatment is effective would also go far to reduce the frequency of non-specific urethritis, monilia, trichomonas, and warts that seems to increase every year.

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Injury on the sportsfield or at play, work, or on the roads is the next most frequent cause of contact with the GP, and the need for the GP to have access to facilities for physiotherapy is paramount. Rehabilitation of the active sportsman or woman is rewarding because of their enthusiasm to get better, and the development of keep-fit and exercise classes as an adjunct to the service is distinctly lacking in the National Health Service. As a result separate—and extremely popular—sports injury clinics have developed in certain areas. Skills acquired from courses given by the British Association of Sports Medicine are rightly in high demand. Tuition in avoiding further injury and the proper way to keep physically fit is well repaid when offered to the earnest adolescent. If it cannot be done by access to specialised facilities then appropriate personal instructions and leaflets on exercises are necessary.

Skin disorders cause the next most frequent series of consultations, with acne, tinea in its various forms and sites of attack, verruccae, warts, dandruff, pediculosis, and scabies being the order of frequency. At each of these consultations verbal (and ideally, appropriately written) instruction and education about hygiene, washing, cosmetics, diet, and personal care are essential. Too often it is left to the commercial advertisement to instruct, not the doctor.

Measuring haemoglobin and blood count frequently is rewarded by the detection of ever-present but insidious iron deficiency anaemia, from which one in 10 (both male and female) adolescents suffer, often undiagnosed until rejected by the Blood Transfusion Service. Growth, diet, injury, and menstruation are responsible.

Hopeful prevention

The hopeful area for prevention in adolescence is the influence of the physician on the young person at each consultation. Obesity, smoking, alcohol consumption, and a misplaced reliance on some pharmacological preparation to solve a personal problem all fall into this area. Health education is much less effective by poster, leaflet, or advertisement than it is at the doctor's consultation, for the patient is at that time receptive to and anxious for advice. Height and weight charts can be distributed, a firm attitude to the use of tranquillisers and hypnotics shown, and a discussion of the individual's social life style initiated—so that the doctor can learn too. The adolescent is naturally curious and requires clear sensible advice—not a sermon—for the myths of teenage culture to be laid.

Summary

(1) Give effective and up-to-date immunisation.
(2) Provide contraception separated from the clinical routine of examination.
(3) Encourage the use of sheaths in all appropriate circumstances.
(4) Provide access to physiotherapy and instruction in physical fitness routines.
(5) Provide appropriate verbal and written information on personal hygiene and nutrition.
(6) Always offer advice, tempered with educational instruction.

Hiring Staff

Part-time staff: what may influence your choice?

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Many general practitioners employ part-time ancillary staff. When a full-time post becomes vacant there may be a choice between finding a full-time replacement, employing two or more part-time staff, or not filling the vacancy. Most general practitioners undoubtedly choose between these options intuitively. The choice probably depends on the availability of suitable staff, on whether existing full-time staff are willing to work longer hours, or simply on the traditions of their practice organisation. Only the GP and his or her partners can decide which staffing arrangements are best suited to their particular needs. Some factors that may need to be taken into account when reaching a decision are the costs and benefits of employing either whole-time or part-time employees, and the legal, financial, and administrative implications of these employment arrangements.

Advantages and disadvantages

Some advantages of employing part-time staff are:
(1) Staffing levels can be matched more easily with predictable levels of work load. Part-timers can provide additional cover during busy periods and allow staffing levels to be cut during slack periods, thus reducing total staff costs.
(2) Most surgery staff are often reluctant to take sick leave. But there is *reputedly* a lower rate of absenteeism among part-time staff; domestic commitments and appointments can be arranged during the employee's own time.
(3) The use of part-time staff can reduce the need for additional payments to full-time staff for overtime or unsocial hours.
(4) The surgery may be more easily run continuously with part-time staff by providing cover for meal breaks and the early morning and evening shifts.
(5) There is a comparatively new option of job sharing, which is growing in popularity. This arrangement enables two people to agree to share the responsibilities of a single full-time job and the pay and benefits in proportion to the hours each works.
Disadvantages of employing part-time staff may include:
(1) Problems of continuity may still arise if there is difficulty in matching morning, afternoon, and evening shifts.
(2) The purely administrative costs of employing two part-timers are often higher than those of one full-time employee.

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(3) The rate of turnover—that is, resignation—among part-timers is often higher; their commitment to the employer may be weaker, and their earnings may not be so important in relation to the total family income.
(4) They may be less committed to the practice than full-time staff and thus may be less willing to acquire new skills and to be flexible in their working arrangements.

Employment rights of part-time staff

In general the part-time employee has fewer rights of employment protection than his or her full-time counterpart. But the law is precise about who is a part-time employee for the purposes of employment protection rights and which rights apply to all employees, irrespective of how many hours a week they work.

The law regards all employees who work 16 or more hours a week and employees who work between eight and 16 hours a week and also have five years' continuous service as qualifying for certain employment rights. Those employment rights which are dependent on the number of hours worked are listed below.

Employment right	Length of service* required for employees working 16+ hours a week
Redundancy pay	2 years after age 18
Maternity pay leave	2 years before 11th week before expected date of confinement
Unfair dismissal	1 year (2 years where at no time during the employment did the total number of employees exceed 20)
Written reasons for dismissal	26 weeks
Written particulars of employment	13 weeks
Minimum notice	4 weeks
Guaranteed pay	4 weeks
Dismissal connected with medical suspension	4 weeks
Time off for trade union duties, training, activities, and public duties, and itemised pay statement	None

*The new Employment Act proposes to change the method of calculating the qualifying periods in certain instances from weeks to months or years.

Employees working less than eight hours per week have no claim to any of these employment rights. But certain other employment rights apply universally and are not dependent on the number of hours worked or length of service. These include rights under the Equal Pay, Sex Discrimination, and Race Relations Acts; victimisation or discrimination for trade union activities; and rights to paid time off for antenatal care.

What happens if the hours of work are changed?

If an employee is employed initially under a contract of 16 hours or more a week, but his or her hours are subsequently *temporarily* reduced to under 16 (but remain more than eight hours a week) each week of working this reduced week will still count towards length of service requirements, up to a maximum period of 26 weeks.

In addition, when a particular employment right requires a minimum period of continuous service and the employee has already qualified for it, if the employee's contracted hours are subsequently reduced to between eight and 16 hours a week he or she will not lose the rights already acquired.

Variable patterns of part-time working

The number of hours worked by part-timers can vary from week to week. Some may be working by arrangement alternate weeks—that is, full-time working one week and the following week off. Under this arrangement staff are considered to be continuously in employment during the week off and therefore they do not lose their employment rights.

Administering part-time contracts

If the part-time employee has more than one part-time job income tax may be deducted by either the principal employer or by two or more employers. The tax office will make the necessary arrangements by allotting an appropriate coding.

For national insurance, the lower earnings limit is currently £29·50, and this is reviewed annually. If an employee earns less than £29·50 a week neither the employer nor the employee pays national insurance contributions on the employee's earnings. If, however, the employee earns an amount greater than or equal to this both employer and employee pay contributions on the whole of the employee's earnings. Savings may be made if a pattern of hours is agreed so that total pay does not exceed the lower earnings limit.

Married women who are part-time employees (and full-time employees) earning £29·50 or more may be paying either full-rate class 1 national insurance contributions or the lower rate married women's contributions. But since May 1977 the option of paying a married women's rate of contribution has been phased out. Married women who paid the lower rate before May 1977 may continue to do so. If a married woman has been away from employment for two complete tax years she must pay the full rate of contribution when she returns to work.

Hours of work and pay

The hours of work of part-time staff vary greatly according to the needs of the practice. Some part-timers may be employed two or three hours a day to cover the midday meal break or the busy periods during morning, afternoon, or evening surgery. Other arrangements may require only a couple of hours a day two or three days a week, or even a few hours on alternate weeks.

It is not uncommon to find that part-time employees are paid at a higher hourly rate than full-timers. If the part-time employees are women (over 95%, of part-time staff are women) it may appear that they could claim that they were being discriminated against under the Equal Pay Act. The provisions of this Act, however, now require a woman to compare her position with a man doing similar work, but the Government is reviewing this requirement after a recent judgment of the Court of Justice of the European Communities. Since it is unlikely that a man will be doing similar work to a part-time woman employee there are rarely any grounds for a case to be brought. Thus, if all your part-time staff are women there is no legislation to prevent you from paying a different hourly rate from that paid to full-time staff. But this may be affected by the EEC "directive" mentioned below.

Should part-time staff be paid overtime rates? There are different views of what constitutes "overtime" for such staff: (*i*) any work in excess of a full-time working week—for example, beyond 40 hours a week; (*ii*) any work in excess of daily full-time hours—for example, beyond eight hours a day; (*iii*) any work after normal business hours—for example, working well beyond the end of evening surgery; (*iv*) any work in excess of the contracted part-time hours.

In practice most employers pay overtime rates to part-timers only when they work beyond the full-time working week. And this will in turn depend on whether any full-time staff are paid overtime rates. The danger of paying part-timers overtime rates for time worked in excess of their part-time hours is that your full-time staff may see it as being unfair to them, and they may prefer to opt for part-time contracts so that they benefit from these premium rates. One arrangement may be to decide to fix the part-time rate as a percentage of the full time rate—say, 80%,—and then to pay an overtime premium rate to part-time staff, which brings them into line with the basic full-time hourly rate.

Pension arrangements

Part-time staff rarely qualify for occupational pension schemes. Their entitlement to state basic pensions depends on their record of national insurance contributions. A married woman over the age of 60 can only qualify in her own right if she has paid full-rate national insurance contributions for a qualifying period. If she has opted for the married woman's reduced rate of national insurance contribution she only qualifies for the lower rate of pension on her husband's contributions.

Maternity arrangements

A pregnant employee may acquire these statutory legal rights: (*i*) to return to work with her employer after maternity leave; (*ii*) to receive maternity pay; (*iii*) to complain of unfair dismissal if her employer dismisses her because of pregnancy; (*iv*) not to be "unreasonably" refused paid time off for antenatal care.

A minimum period of service must be completed for the first three of these rights, but not for the fourth.

MATERNITY LEAVE

A woman employee is entitled to take up to a maximum of 40 weeks' maternity leave (starting any time after the eleventh week before the baby is due, together with 29 weeks after the birth). The period of leave may be extended in certain circumstances. Entitlement to maternity leave depends on the employee having 104 weeks' continuous service if she works 16 or more hours a week. This period of service must be fulfilled before the eleventh week before the expected date of confinement. If the woman works between eight and 16 hours a week and has had five years' continuous service before the 11th week before the expected date of confinement she also qualifies for the 40-week maximum statutory period of maternity leave. Women who work less than eight hours a week have no legal rights to maternity leave.

Any woman who qualifies for maternity leave is also entitled to return either to her previous job or to other suitable work if it is not "reasonably practicable" for her employer to offer her previous job back. But, if the employer has five or less employees the woman cannot claim unfair dismissal if he finds it impracticable to take her back. After her maternity leave a woman may prefer to return to work part-time. There is no statutory legal obligation on an employer to agree to this arrangement, and it may be particularly difficult for an employer with few staff to adjust his staffing to accommodate this change.

MATERNITY PAY

If an employee qualifies for maternity leave she also qualifies for maternity pay. Those who qualify are entitled to six weeks' pay at nine-tenths of their normal weekly pay, less the amount of the flat-rate national insurance maternity allowance. The full amount of this payment may be reclaimed by the employer from the Maternity Pay Fund. The employer should contact the regional office of the Department of Employment and ask for the maternity section where the appropriate claim form can be obtained. If a woman has completed two years' continuous service working 16 or more hours a week and subsequently changes her contract to work between eight and 16 hours her rights to maternity leave and pay are preserved.

UNFAIR DISMISSAL

It is automatically unfair to dismiss an employee because she is pregnant if she has qualified by length of service to complain of unfair dismissal. There are certain specific exceptions to this general principle.

PAID TIME OFF FOR ANTENATAL CARE

All pregnant employees have a right to take "reasonable" paid time off to attend antenatal clinics. Except for a request for a first appointment, the employee may be asked by her employer to produce a certificate stating that she is pregnant and an appointment card showing the time of her appointment. Because this is a comparatively new statutory legal right few problems have arisen. It may be reasonable, however, for an employer to ask a part-time employee to try to arrange the appointment outside working hours.

Sick pay and holiday pay

Current employment legislation does not require any employer to pay an employee during periods of sickness or holidays. Moreover, if you provide sick pay or holiday pay for full-time employees, there is no obligation to extend these arrangements to cover part-time employees. The same discretion also applies to the arrangements you may wish to make for public holidays. But it is advisable to let your employees know in advance which arrangement you intend to apply.

The right to receive state sickness benefits depends on an employee's national insurance contributions. To qualify, an employee must have paid class 1 contributions. Married women who have opted for the reduced national insurance contributions do not qualify for sickness benefit, though they are eligible for industrial injury benefit.

After April 1983 part-time employees will be entitled to receive statutory sick pay from their employers when the new Statutory Sick Pay Scheme is introduced. They will qualify for sick pay irrespective of whether they pay the full or reduced national insurance contributions. The employer will be responsible for paying statutory sick pay for the first eight weeks of an employee's sick leave in a tax year. After this a part-time employee who is still on sick leave will only qualify for state sick benefit if they have paid the full rate of national insurance contributions for the qualifying period. The employer will be responsible for keeping certain records. (See DHSS leaflet *Employers' Guide to Statutory Sick Pay*, NI 227, July 1982, 60 pages.)

Future legislation

The EEC is considering the introduction of a "directive" that will prevent discrimination against part-time employees in their terms of service and to guarantee that they are paid in proportion to full-time employees doing equivalent work. The timetable of this legislation is uncertain, but once it is approved by the European Commission member countries will be required to introduce legislation to implement it. It is unlikely that any new legislation will be introduced in the United Kingdom before 1985.

If this "directive" is implemented it will fundamentally change the status of the part-time employee. It sets out to ensure that there is no discrimination as between part-time and full-time employees and that they enjoy proportional rights with regard to remuneration, holiday pay, redundancy pay, and pensions, that each part-timer is provided with a written contract of employment, and that priority is given to employees who seek to transfer from part-time to full-time employment or vice-versa.

Employees should know where they stand

In deciding what arrangements to make for your part-time staff you need to make sure that all of your staff know exactly where they stand. The arrangements applying to part-timers—that is, their pay, holidays, sick leave, and hours of work—should be spelt out in a written statement of their conditions of service or in a contract of employment. In four previous articles