

Education and Training Committee, 5 June 2014

Threshold level of qualification for entry to the Register (SET 1)

Executive summary and recommendations

Introduction

The first of the standards of education and training ('SET 1') sets out the threshold level of qualification required for entry to the Register in each of the professions.

Arguments have been made in recent years by stakeholders that the level specified in SET 1 should be changed for operating department practitioners (ODPs) and for paramedics. In late 2013, the Council of Deans of Health published a position statement about the threshold level for ODPs.

The paper argues that given that the vast majority of pre-registration paramedic programmes are now delivered above the existing threshold level, the Committee should first proceed to consider the case for changing the level specified in SET 1 for paramedics.

The paper further concludes that as the majority of pre-registration ODP programmes are delivered at the threshold level, the case for any change in the level in SET 1 should be reviewed and considered at a later point (after SET 1 for paramedics has been considered).

Decision

The Committee is invited to discuss the attached paper and agree the overall approach outlined in section five.

Background information

See paper.

Resource implications

There are none as a result of this paper. Reviewing SET 1 for paramedics has been included in the Policy and Standards Department Work Plan for 2014-2015.

Financial implications

None as a result of this paper.

Appendices

- Appendix 1: SET 1
- Appendix 2: Council of Deans of Health (2013). ODP Pre-registration programmes education threshold. Council of Deans of Health Position Statement.

Date of paper

27 May 2014

Threshold level of qualification for entry to the Register (SET 1)

1. Introduction

- 1.1 The first of the standards of education and training ('SET 1') sets out the threshold level of qualification required for entry to the Register in each of the professions. SET 1 does this by specifying the names of academic awards.
- 1.2 Arguments have been made by stakeholders that the level specified in SET 1 should be changed for operating department practitioners and for paramedics.
- 1.3 This short paper outlines the background to the standard; provides some information about SET 1 for operating department practitioners and paramedics; and discusses next steps.

2. About SET 1

- 2.1 SET 1 provides the threshold levels of qualification 'normally' expected to meet the remainder of the standards of education and training, and thus the standards of proficiency. SET 1 has to be set at no more than the level necessary for someone to meet all the standards of proficiency (which are, in turn, the threshold standards for safe and effective practice).
- 2.2 The standard includes the phrase 'normally' as the HCPC's legislation is based on the outcomes set out in the standards of proficiency. We have no legislative powers to allow us to specify that those standards can only be met by a particular academic award. As a result it would be unlawful for us to refuse to approve a programme which delivered the standards of proficiency and met the remaining standards of education and training solely on the basis that it did not lead to the award of a qualification specified in SET 1.
- 2.3 As SET 1 sets out a threshold, programmes may be delivered at academic awards / levels above. There are a number of professions where at least some provision is delivered above the threshold.
- 2.4 The threshold level of qualification for entry to the Register applies to pre-registration education and training programmes seeking approval – it is the contemporary standard going forward – and does not apply directly to individuals. Therefore it would not affect directly individuals who might have followed programmes delivered at levels below the threshold in the past.
- 2.5 The existing standard is appended at appendix 1.

3. Operating department practitioners (ODPs)

- 3.1 ODPs first became registered with the HCPC from October 2004. The threshold level for ODPs in SET 1 is a Diploma of Higher Education (level 5 on the Framework for Higher Education Qualifications; level 8 on the Scottish Credit and Qualifications Framework). This level has remained unchanged since the ODP register was opened.
- 3.2 In April 2011, the professional body for ODPs, the College of Operating Department Practitioners (CODP), published its revised curriculum at BSc (Hons) degree level in England, Wales and Northern Ireland and Non honours degree level provision in Scotland.¹ In 2013, the Committee received a paper from the Executive on the operational activities relating to ODP programmes.² The paper reviewed the impact of the revised curriculum on approved programmes in the 2010-11 & 2011-12 academic years.
- 3.3 In late 2013, the Council of Deans of Health published a position statement arguing that the threshold level for entry to the profession should be increased to a BSc (Hons) degree (see appendix 2). This is argued on the basis of the need for an extra year to incorporate more content on subjects such as pharmacology and human factors and the need for practitioners with a higher degree of autonomy.
- 3.4 There are 34 approved programmes in operating department practice across 26 education providers, the majority (71%) of which result in the award of a Diploma of Higher Education. Table one gives a breakdown of the awards of approved ODP programmes (figures correct as of 8 April 2014).

Table 1: Approved ODP programmes

Type of award	Number of programmes	
BSc (Hons)	9	26%
BSc (Non honours)	1	3%
Dip HE	24	71%

- 3.5 At the time of writing one education provider was seeking approval of a BSc (Hons) degree to replace its Diploma of Higher Education provision.

¹ College of Operating Department Practitioners (2011). Curriculum document. http://www.codp.org.uk/documents/BSc%20Curriculum_April%202011.pdf

² Education and Training Committee (June 2013). A review of operational activities relating to operating department practitioner programmes 1 September 2010 – 30 November 2012 <http://www.hcpc-uk.org/assets/documents/10004027enc03-DirectorofEducationreportJune2013.pdf>

4. Paramedics

- 4.1 Paramedics first became registered with the Council for Professions Supplementary to Medicine (CPSM) in 2000. The threshold level for paramedics in SET 1 is 'Equivalent to Certificate of Higher Education' (level 4 on the Framework for Higher Education Qualifications; level 7 on the Scottish Credit and Qualifications Framework). This has remained unchanged since the standards of education and training were first published in 2004.
- 4.2 In 2005 the Department of Health published 'Taking Healthcare to the Patient' which made a number of recommendations about the future of NHS ambulance services in England. This report concluded that there should be a move towards higher education for the education of paramedics and that the entry level should develop to either diploma or foundation degree level.³
- 4.3 The existing threshold wording of 'equivalent' reflects that in the past the majority of paramedic training was delivered by ambulance service trusts, often resulting in an 'IHCD paramedic award' of the awarding body Edexcel. Edexcel considered these awards to be equivalent to a Certificate of Higher Education.
- 4.4 In recent years there has been a move to develop more education and training for paramedics in higher education, although a small number of approved programmes are still delivered by ambulance service trusts and private providers.
- 4.5 The latest edition of the curriculum guidance published by the professional body for paramedics, the College of Paramedics (COP), recommends BSc (Hons) degree level provision in England, Wales and Northern Ireland and Non honours degree level provision in Scotland from the 2015-2016 academic year.⁴
- 4.6 There are 49 approved programmes leading to eligibility for registration as a paramedic, across 26 education providers, the majority (83%) of which are delivered at above the level specified in SET 1. Table 2 overleaf gives a breakdown of the awards of approved paramedic programmes (figures correct as of 8 April 2014).

³ Department of Health (2005). Taking healthcare to the patient – Transforming NHS Ambulance Services

http://webarchive.nationalarchives.gov.uk/20061023110946/dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4114269

⁴ College of Paramedics (2013). Paramedic curriculum guidance. 3rd edition.

https://www.collegeofparamedics.co.uk/about_us/member_information/career_framework

Table 2: Approved paramedic programmes

Type of award	Number of programmes	
BSc (Hons)	10	20%
Dip HE	10	20%
Foundation degree	21	43%
Equivalent to Certificate of Higher Education*	8	16%

*Please note, none of these programmes result in the formal award of a Certificate of Higher Education

- 4.7 At time of writing, 11 programmes from six education providers were seeking approval. Nine of these programmes were seeking the approval of BSc (Hons) provision to replace provision at Certificate of Higher Education or Foundation Degree. The remaining two programmes were new Diplomas of Higher Education.
- 4.8 Health Education England is currently undertaking work looking at paramedic education and training, including the level of qualification and funding arrangements. The Director of Policy and Standards is represented on the Steering Group. The group includes representatives of all relevant interested parties, including representatives from the four countries. This work is likely to lead to a series of recommendations about reforming paramedic education and training, and is very likely to include a recommendation about the level of training going forward.
- 4.9 This work has been informed by the Paramedic Evidence Based Education Project (PEEP) Report, considered as a paper to note at a previous meeting of the Committee.⁵

⁵ Education and Training Committee (November 2013). Paramedic Evidence Based Education Project (PEEP)
<http://www.hpc-uk.org/assets/documents/100042D1Enc10-ParamedicEvidenceBasedEducationProject.pdf>

5. Discussion and next steps

Changing SET 1

- 5.1 To date the HCPC has not 'increased' or 'changed' the level set out in SET 1 for any of the professions. The starting point for any decision to change the threshold level for a profession is the standards of proficiency. An increase in the threshold level would need to be justified on the basis that the level was necessary to deliver the standards of proficiency, having regard to the level at which the majority of education and training is delivered.
- 5.2 Our policy to date has therefore been that we might consider whether the threshold level should be increased for a profession if we had evidence that the existing standards of proficiency needed to be changed in order to protect the public and if the majority of entrants to the profession were qualifying above the existing threshold level.
- 5.3 For most of the professions, the level specified in SET 1 was established when the standards of education and training were first developed and published. This was based on the level specified by the CPSM as part of its joint-validation arrangements with the professional bodies.
- 5.4 For most professions the level in SET 1 has therefore been uncontroversial. It simply reflected the unanimous consensus position that the professions, education providers and commissioners had reached over a number of years. The allied health professions were already delivering training at BSc (Hons) degree, with little or no dissent about this being the level that should be required.
- 5.5 However, determining the (continuing) level set out in SET 1 has been more problematic where in the case of a profession being brought onto the Register there is variation in the awards and/or levels of existing entry level education and training, or where the level of education and training for an existing regulated profession is changing (e.g. paramedics and ODPs).
- 5.6 As SET 1 is a 'normative' level, it follows that a change in the level set would not automatically mean that programmes below the new level would have their on-going approval removed. It might be observed that arguably the role of others, particularly commissioners, has a greater role to play in determining the actual level of education and training delivered. However, in discussion with stakeholders, the HCPC is considered nevertheless to have an important leadership role in this area, notwithstanding the 'normative' status of the standard.

Review of SET 1

- 5.7 In 2010, the Committee received two papers from the Executive reviewing SET 1.⁶ The papers discussed a number of issues, drawing on a number of sources including new professions work and discussions with stakeholders, (including visitors who were engaged in workshops). Issues raised in the papers considered by the Committee, and in discussion, included, but were not limited to, the following.
- The 'normative' status of the standard raised questions about the meaningfulness of the standard.
 - Overall there was generally a lack of clarity amongst visitors, education providers, and the professions about the meaning of SET 1, which is frequently misunderstood and misinterpreted.
 - There was a view that there would be a 'vacuum' if SET 1 were to be removed, because it provides a useful benchmark when assessing the standards of proficiency and for the length and depth of training.
 - It can be difficult to read across from standards proficiency to the descriptors of levels or awards in order to determine the appropriate level.
 - The existing policy approach to changing the threshold was criticised by some visitors who considered this to be a 'reactive position' which did not protect the public.
- 5.8 The Committee considered a range of options, including no change to SET 1; removing it; and changing the standard to refer to levels articulated against the qualifications frameworks, rather than stating the names of awards. Legal advice confirmed that as the qualifications frameworks provide a more objective benchmark, it would not be necessary to retain the 'normally' caveat attached to the current standard. However, there were some risks or disadvantages, including that some levels cover more than one form of award which might be perceived as lowering the standard set out in SET 1 for some professions.
- 5.9 The Committee decided that none of the options were ideal and agreed that SET 1 should not be removed and that there should be no immediate change to the standard.
- 5.10 The Committee is not invited to reopen these debates at this meeting. However, this summary is provided to illustrate the complexities that exist

⁶ Education and Training Committee (March 2010 and June 2010). Review of the threshold level of qualification for entry to the Register ('SET 1').

<http://www.hpc-uk.org/assets/documents/10002CD820100310ETC-enc07-thresholdlevelofentrytotheRegister.pdf>

<http://www.hpc-uk.org/assets/documents/10002EA220100608ETC07-thresholdlevelofentry.pdf>

about SET 1 and the role it plays. SET 1 has never been changed for a profession, so these issues are likely to be engaged again in the near future.

Paramedics and ODPs

- 5.11 Just 16% of paramedic pre-registration education programmes are delivered at the current threshold. The majority of provision (63%) is delivered at Diploma of Higher Education / Foundation Degree level. There are signs of a movement towards increased provision at BSc (Hons) degree level.
- 5.12 The Policy and Standards Department work plan for 2014-2015, approved by the Council at its meeting in March 2014, includes work to invite the Committee to discuss whether consideration should be given to increasing the level set out for entry to the Register for paramedics. The Executive plans to bring a paper to the Committee's meeting in September 2014.
- 5.13 The Executive considers that this will be an appropriate point for the Committee to consider its position on this topic, given the profile of pre-registration programmes in this profession; because revised standards of proficiency for paramedics are due to have been approved by that point; and given the on-going work in the sector on issues related to paramedic education and training. At least one if not both of the parts of the HCPC's policy position to date has therefore been engaged (see paragraph 5.2). (Please note that any subsequent proposal to change the level specified in SET1 would require a public consultation.)
- 5.14 Given the issues summarised elsewhere in this paper, discussion in relation to SET 1 for paramedics will also help establish policy principles which we could apply when considering SET 1 in relation to other professions.
- 5.15 Turning to ODPs, a significant majority of provision (71%) is still delivered at the threshold level, although there is an indication of a gradual movement towards the level specified in the professional body's curriculum.
- 5.16 The Executive proposes that the Committee should proceed to consider SET 1 for paramedics in the first instance, before proceeding to consider the case for operating department practitioners in more detail in due course. The Committee is therefore not invited to take any specific action at this stage in relation to the position statement appended at appendix 2.

Appendix 1: Threshold level of qualification for entry to the Register (SET 1)

1. 1 The Council normally expects that the threshold entry routes to the Register will be the following:

Bachelor degree with honours for:

- biomedical scientists (with the Certificate of Competence awarded by the Institute of Biomedical Science, or equivalent);
- chiropodists / podiatrists;
- dietitians;
- occupational therapists;
- orthoptists;
- physiotherapists;
- prosthetists / orthotists;
- radiographers;
- social workers in England; and
- speech and language therapists.

Masters degree for arts therapists.

Masters degree for clinical scientists (with the Certificate of Attainment awarded by the Association of Clinical Scientists, or equivalent).

Foundation degree for hearing aid dispensers.

Diploma of Higher Education for operating department practitioners.

Equivalent to Certificate of Higher Education for paramedics.

Professional doctorate for clinical psychologists.

Professional doctorate for counselling psychologists, or equivalent.

Professional doctorate for educational psychologists, or equivalent.

Masters degree for forensic psychologists (with the award of the British Psychological Society qualification in forensic psychology, or equivalent).

Masters degree for health psychologists (with the award of the British Psychological Society qualification in health psychology, or equivalent).

Masters degree for occupational psychologists (with the award of the British Psychological Society qualification in occupational psychology, or equivalent).

Masters degree for sport and exercise psychologists (with the award of the British Psychological Society qualification in sport and exercise psychology, or equivalent).



ODP Pre-registration Programmes Educational Threshold Council of Deans of Health Position Statement

Embargoed until: 30 October 2013, 0.00 hrs

Introduction

This paper sets out the Council of Deans of Health's position on the educational threshold for operating department practitioner (ODP) pre-registration courses. The paper explores the current context of ODP education and practice and makes the case for raising the threshold for ODP pre-registration programmes from the current Diploma of Higher Education (DipHE) level to a bachelor's degree with honours (BSc (Hons)).

Summary

- The HCPC's review of its profession-specific standards for ODP and up-coming review of its standards of education and training (SETs) mean that it is timely to consider whether changes in ODP practice warrant a shift in the educational threshold from DipHE to BSc (Hons) level.
- The role of ODPs and the context in which they work have both changed significantly since the DipHE curriculum was introduced. Changes include:
 - Developments in the perioperative environment (such as increased surgical time to meet the population's increasingly complex care needs)
 - Changes in staffing, with fewer nurses developing the required level of qualification to provide skilled assistance during anaesthesia
 - Developments in patient safety and the need for more advanced training in human factors and pharmacology
 - Increasing advances in science and technology not reflected in the Dip HE curriculum and requiring higher level knowledge, understanding and skills
 - Increased need for core professional knowledge specific to leadership and change management
 - Need to move perioperative care forward through service informed/led projects (e.g. dissertations)
- These changes lead the Council of Deans of Health to support the revision of the threshold for education programmes from DipHE to BSc (Hons) level and to highlight the risks if this change is not implemented.



Context

The role and title of ODP has been subject to statutory regulation by the Health and Care Professions Council (HCPC) since 2004. There are currently 11,573 ODPs registered with the Health and Care Professions Council. 26 UK universities (24 in England, one in Scotland and one in Wales) offer pre-registration ODP education and training. The current threshold qualification to enter the register is set at DipHE.

Out of the 33 HCPC approved awards eight of them are BSc (Hons) and one a BSc. Many of the institutions that offer the DipHE have plans to validate BSc (Hons) awards by 2014/15. The professional body for ODPs, the College of Operating Department Practitioners (CODP) introduced the DipHE curriculum in 2002 (revising it in 2006) but announced in 2012 that its curriculum would transfer from the two year diploma to a three year bachelor's degree with honours in England. In order for pre-registration programmes to obtain regulatory approval (and therefore for those who successfully complete the programme to join the professional register), the HCPC expects that education programmes will 'reflect the philosophy, core values, skills and knowledge base articulated in the curriculum guidance' and that 'where programmes do not reflect the curriculum guidance, they are expected to detail how students are still able to practise safely and effectively upon completion of the programme' (HCPC 2010, p. 5).

With the HCPC profession-specific standards for ODP recently out for consultation (closing on 18 October 2013) and the HCPC standards of education and training (SETs) due to be reviewed in 2014, the time is right to consider whether developments in ODP practice warrant an uplift in educational threshold.

Developments in ODP Practice

Operating Department Practitioners (ODPs) are a discrete group of healthcare professionals who provide specialist patient care at all three stages of the perioperative journey: preoperative, intraoperative and postoperative. The increasing complexity of perioperative care delivery has driven the development of the ODP and has resulted in highly specialised knowledge and a distinct skillset.

The high risk environment in which ODPs practise is evidenced in the 2012/13 "never events" list (DH, 2012) with 16 out of 25 "never events" directly related to the routine clinical practice undertaken by ODPs. A high proportion of these "never events" are considered to be attributed to human factors. Human factors training cannot be fully addressed within the constraints of the current two year DipHE programme; it has however been identified that human factors training must be embedded in healthcare education (Patient Safety First) and hence this is evident in the BSc curriculum (CODP, 2011). In addition to human factors training, the need for increased pharmacology education for ODPs has also been identified in both the CODP (2011) curriculum and the



National Patient Safety Agency (NPSA) (2010), Including recommendations regarding the proposed use of a second checker for drug preparation and administration; for the continued improvement of patient safety within the perioperative environment.

Since the introduction of the DipHE, the perioperative environment has developed significantly, particularly in the recognition of the changing nature of disease and illness and the subsequent advancement in treatments (DH, 2008). Health demographics nationally indicate that the risk of chronic diseases, for example heart disease, are major pre-cursors to surgical intervention of some kind; in addition surgical treatment of an ageing population, a focus on ambulatory care and targets for cancer care have resulted in the need for greater surgical time which has therefore increased the number of operations (DH, 2011a) in a population with increasingly complex care needs. It has therefore been argued that change to pre-registration ODP education is essential to meet these changing healthcare needs of the population (CODP, 2010).

In addition to an increase in surgical time, changes in staffing within the perioperative environment have presented additional challenges. The numbers of nurses working in the operating theatre has decreased over time and there is a need to provide further post-registration training and experience for nurses to undertake the surgical scrubbed role working with the surgical team during the surgical procedure. In addition, very few nurses develop the required level of qualification to provide skilled assistance during anaesthesia (AAGBI, 2010; AAGBI, 2012) and hence this impacts upon the skill mix within the perioperative environment. The introduction of Modernising Medical Careers (DH, 2003) as well as compliance with the EU Working Time Directive (DH, 2009a) also continues to impact on medical staffing and skill-mix within the operating theatre, and therefore has extended the scope of practice for a growing number of ODPs.

The Centre for Workforce Intelligence's 2012 paper on workforce risks and opportunities for ODP reported that over the 15 year period from 1996-2011 there have been 43% increase in the number of operating theatres and the resultant need for an increase in theatre staff. This report also highlighted the fact that degree level education would respond to a number of clinical care and policy drivers, including the workforce expansion to meet new service delivery models and the need for a flexible, responsive workforce (CfWI, 2012).

Implications

Taken together, the changes to ODP practice, changes to the clinical environment and new expectations for future roles suggest that there is a strong case to move the educational threshold from DipHE to BSc (Hons) on the grounds of patient benefit. An additional year of education at a higher academic level would not only allow critical areas such as human factors and pharmacology to be covered fully but would support



development of increasingly reflective, evidence-based care and critical thinking, with increasing autonomy and an ability to develop into new and extended roles (CODP 2011). Failure to do this may have a detrimental impact on patient care and mean that important opportunities are missed to develop new roles and services that will benefit patients.

Raising the educational threshold also gives greater opportunity to strengthen the connection between theatre and anaesthetic nursing and ODP. As roles that are inextricably linked, moving to a BSc Hons would in particular allow greater flexibility in creating joint CPD pathways. Such a move would also support services in making the most of advanced roles, creating a more flexible workforce.

The Council of Deans of Health therefore takes the position that the threshold for pre-registration education for ODPs should move to a BSc (Hons) degree. This must of course be managed carefully, taking into account the potential problem of a 'fallow year' in transition from two to three year programmes.

Council of Deans of Health

The Council of Deans of Health is the representative voice of the 85 UK university health faculties providing education and research for nursing, midwifery and the allied health professions. The Council plays an influential leadership role in improving health outcomes through its role in developing an expert health professional workforce and utilises its collective expertise to inform innovative educational practice and translational research.

This position paper was developed with: Steve Wordsworth, Head of School, Allied and Public Health Professions, Birmingham City University; Hannah Abbott, Head of Department, Birmingham City University; Rob Corbett, ODP Professional Lead Staffordshire University; Andrew Lowe, ODP Course Director, Coventry University; Nigel Conway, Programme Lead (Acute and Emergency Care), Oxford Brookes University.

For more information

Council of Deans of Health www.councilofdeans.org.uk

Elisabeth Jelfs, Director of Policy Elisabeth.jelfs@cod-health.ac.uk



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