

KSF Outline for Band 6, Genetic Counsellor Trainee

KSF DIMENSION, LEVEL AND INDICATOR						
	No.	Dimension	Foundation Gateway (Subset Outline)		Second Gateway (full Outline)	
			Level	Indicators	Levels	Indicators
Core Dimension	1	Communication	3	all	4	all
	2	Personal & People Development	2	all	2	all
	3	Health, Safety & Security	2	all	3	all
	4	Service Improvement	1	all	2	all
	5	Quality	2	all	2	all
	6	Equality & Diversity	2	all	2	all
Specific Dimension	HEALTH AND WELLBEING					
	HWB1	Promotion of health & Wellbeing & prevention of adverse effects to health & wellbeing				
	HWB2	Assessment & care planning to meet people's health & wellbeing needs	3	All *	3	all
	HWB3	Protection of health & wellbeing				
	HWB4	Enablement to address health & wellbeing needs				
	HWB5	Provision of care to meet health & wellbeing needs				
	HWB6	Assessment & treatment planning	3	a,b,c,d,e,f,g,j	3	all
	HWB7	Interventions & treatment	3	all	3	all
	HWB8	Biomedical investigation & intervention				
	HWB9	Equipment & devices to meet health & wellbeing needs				
	HWB10	Products to meet health & wellbeing needs				
	ESTATES AND FACILITIES					
	EF1	Systems, vehicles & equipment				
	EF2	Environments & buildings				
	EF3	Transport & logistics				
	INFORMATION AND KNOWLEDGE					
	IK1	Information processing				
	IK2	Information collection & analysis				
	IK3	Knowledge & information resources				
	GENERAL					
	G1	Learning & development				
	G2	Development & innovation				
	G3	Procurement & commissioning				
	G4	Financial management				
	G5	Services & project management				
	G6	People management				
	G7	Capacity & capability				
	G8	Public relations & marketing				

* E (Considers & interprets all the information available & makes justifiable assessment of peoples health and wellbeing related needs and risks, and explains outcomes to those concerned'. In Areas of application for this post examples of 'those concerned' = Principal Genetic Counsellor Training Officer'

KSF Profile

Trainee Genetic Counsellor Band 6 (2nd Gateway)

Job Purpose:

To work towards professional registration as a Genetic Counsellor under supervision of the [Insert location] Regional Clinical Genetics Service.

To develop the knowledge and skills to help individuals and families deal with a known or suspected genetic condition. This will be achieved by developing knowledge and skills in counselling the individual/s and their families to:

- Understand the role of the Clinical Genetics Service
- Understand the information about the genetic condition
- Appreciate the inheritance pattern and risk of recurrence
- Understand the options available
- Make decisions appropriate to their personal and family situation
- Make the best possible adjustment to the disorder or risk

The Trainee Genetic Counsellor will develop knowledge and skills in caseload management under supervision.

Core Dimension 1 – Communication

Foundation Gateway Level 3 (All indicators)

Second Gateway Level 4 (All indicators)

Level 3 Indicators

- a) Identifies the range of people likely to be involved in the communication, any potential communication differences and relevant contextual factors
- b) Communicates with people in a form and manner that:
 - i) is consistent with their level of understanding, culture, background and preferred ways of communicating
 - ii) is appropriate to the purpose of the communication and the context in which it is taking place
 - iii) encourages the effective participation of all involved
- c) Recognises and reflects on barriers to effective communication and modifies communication in response
- d) Provides feedback to other workers on their communication at appropriate times
- e) Keeps accurate and complete records of activities and communications consistent with legislation, policies and procedures.
- f) Communicates in a manner that is consistent with relevant legislation, policies and procedures.

Level 4 Indicators

- a) Identifies:
 - i.) the range of people involved in the communication
 - ii.) potential communication differences
 - iii.) relevant contextual factors
 - iv.) broader situational factors, issues and risks
- b) Communicates with people in a form and manner which:

- i.) is consistent with their level of understanding, culture, background and preferred ways of communicating
- ii.) is appropriate to the purpose of the communication and its longer term importance
- iii.) is appropriate to the complexity of the context
- iv.) encourages effective communication between all involved
- v.) enables a constructive outcome to be achieved
- c) Anticipates barriers to communication and takes action to improve communication
- d) Is proactive in seeking out different styles and methods of communicating to assist longer term needs and aims
- e) Takes a proactive role in producing accurate and complete records of the communication consistent with legislation, policies and procedures
- f) Communicates in a manner that is consistent with legislation, policies and procedures.

Examples of application

1. The people with whom the individual is communicating might be:

- Practice supervisor, colleagues and co-workers (Clinical Geneticists, Genetic Counsellors and Molecular and Cytogenetic Laboratory Scientists and other health care professionals)
- AGNC registration committee
- Service users (such as patients, clients, families and relatives), carers (Foster carers, Informal Carers), the public and their representatives (Support Groups)
- NHS managers
- Workers from other statutory agencies (Social Services, Education Department,)
- Through public enquiries to the Clinical Genetic Service
- The media in collaboration with Trust Communications Department and practice supervisor

2. Communication differences might be in relation to:

- Degree of confusion or clarity about the referral to/ and role of Clinical Genetic Services
- Presenting and explaining complex concepts, ideas and issues to others who are unfamiliar with them e.g. genetic conditions and medical information, risks, inheritance patterns, genetic testing process
- Level of knowledge and skills of patient and trainee:
 - contexts and cultures of the different parties
 - first/preferred language
- Patient perceptions.

3. Situational factors, issues and risks might include:

- Context in which the communication is taking place which include changes affecting the people concerned which are outside their control (unexpected

pregnancy, progression of condition, family disclosure of genetic diagnosis, sudden death, bereavement)

- History of poor communication and misunderstandings (learning disability and mental health problems, family dynamics)
- Complexity of scientific/genetic issues and social/ethical issues
- Differences in personal and/or organisational styles and approach that cause difficulties in ongoing communication e.g. different approaches to genetic testing in different specialties, research genetic testing

4. Communication might take a number of forms including:

- Non-directive counselling and interview skills
- Written communication (family summary letters, journal articles)
- Electronic communication (e.g. email, databases, electronic results and reports)
- The use of third parties (such as interpreters and translators)
- The use of communication aids (e.g. genetic counselling aids)
- Written and spoken presentations to genetic and non-genetic colleagues and lay groups.

5. Purpose of communication might include:

Supporting patients and families to:

- Understand the role of Clinical Genetic Services
- Appreciate the inheritance pattern and risk of recurrence
- Seeking consent to review medical records of relatives
- Understand the options available
- Make decisions appropriate to their personal and family situation
- Make the best possible adjustment to the disorder or risk

Education (non Genetic colleagues and lay groups):

- Delivering presentations actively encouraging participation from the audience
- Representing and articulating different viewpoints and testing out others' understanding
- Presenting and explaining complex concepts, ideas and issues to others who are unfamiliar with them

Education (Genetic Service):

- Explaining complex issues in formal situations (case-presentation)
- Sharing decision making with others including practice supervisor and users of services
- Resolving complex issues

6. Barriers to communication may be:

- Environmental (e.g. noise, lack of privacy)
- Personal (e.g. the health and wellbeing of the people involved)
- Social (e.g. conflict, violent and abusive situations, ability to read and write and speak in a particular language or style).

7. Taking action to improve communication might include:

- Assessing responses and acting in response
- Changing the content and structure of communication
- Changing the environment
- Changing the methods of communicating
- Deciding what information and advice to give and what to withhold
- Using a range of skills to influence, inspire and champion people and issues
- Using communication aids
- Using another language e.g. use of interpreting service

8. Legislation, policies and procedures may be international, national or local and may relate to:

- Complaints and issue resolution
- Confidentiality
- Data protection (including the specific provisions relating to access to health records)
- Disability
- Diversity
- Employment
- Equality and good relations
- Human rights (including those of children)
- Information and related technology
- Language.

Core Dimension 2 Personal and People Development

Foundation Gateway Level 2 All indicators

Second Gateway Level 2 All indicators

Indicators

- a) Assesses and identifies:
 - i.) feedback from others on own work
 - ii.) how s/he is applying knowledge and skills in relation to the KSF outline for the post
 - iii.) own development needs and interests in the current post
 - iv.) what has been helpful in his/her learning and development to date
- b) Takes an active part in the development review of own work against the KSF outline for the post with their reviewer and suggests areas for learning and development in the coming year
- c) Takes responsibility for own personal development and takes an active part in learning opportunities
- d) Evaluates the effectiveness of learning opportunities and alerts others to benefits and problems
- e) Keeps up-to-date records of own development review process

- f) Offers information to others when it will help their development and/or help them meet work demands.

Examples of Application

1. Own development needs and interests might include:

- Critically appraising new and changing theoretical models, policies and the law
- Developing new knowledge and skills in a new area
- Developing new knowledge and skills in own work area
- Developing strategies to manage emotional and physical impact of work (e.g. clinical supervision,)
- Keeping up-to-date with evidence-based practice (attending journal club, network meetings, national conferences)
- Keeping up-to-date with information technology
- Maintaining work-life balance and personal well-being
- Managing stress
- Updating existing knowledge and skills in own work area

2. Personal development includes taking part in:

- The development review process - reviewing what you are doing well now and areas for development
- Contribute to the drawing up the 6 monthly learning contracts and participate in the 6 monthly reviews with Genetic Counsellor Practice supervisor.
- Meet the learning objectives agreed with the practice supervisor.
- Attend counselling reflection sessions to discuss difficult cases
- Attend at least 30 hours/year CPD, 50% of which should be from external source. For registration knowledge should be in a range of areas of work, including single gene disorders (Autosomal Dominant, Autosomal Recessive and X linked), Chromosomal (primary trisomies, chromosome rearrangements and sex chromosome abnormalities), prenatal diagnosis, presymptomatic testing and cancer genetics.
- Broaden own understanding of other relevant clinical services, e.g. Sickle Cell Centre, Cystic Fibrosis unit, patient support groups.
- Keep up-to-date with changes in the practice of genetic counselling and AGNC developments.
- Collate clinical & educational development opportunities towards the portfolio of evidence required for Registration as a Genetic Counsellor, including writing case studies, essay, teaching session examples & observed reflective counselling sessions.
- Feedback to Practice Supervisor and presentation at clinic meeting on outcomes from learning experiences.
- Attends departmental & national educational events where appropriate.
- On-job learning and development including: learning through doing, reflective practice, participating in specific areas of work, learning from others on the job, learning from developing others, clinical/ counselling supervision, learning from clinic preparation information gathering, learning from case presentations, and networking
- Individual learning and development including: e-learning, private study, distance learning

- Off-job learning and development with others including: induction, formal courses, scenario-based learning, role play, learning sets, undertaking qualifications in education settings

3. Others, who might support an individual's development or who the individual might help to develop, will include:

- Patients and clients
- Carers
- The wider public
- Colleagues in immediate work team
- Other colleagues
- Workers from other agencies.

4. Enabling others to develop might include:

- Sharing own knowledge, skills and experience by discussing with other Trainee Genetic Counsellors learning opportunities that have been valuable.
- Contribute to the teaching of genetics to medical personnel / other healthcare professionals / members of the public.
- Participate in giving presentations at clinic meetings, audit and journal club. For example, providing cases for discussion of ethics, scientific or counselling issues. Present clinical genetic, counselling and scientific papers, analysing and discussing their importance to practice.
- Acting as a role model
- Demonstrating to others how to do something effectively
- Discussing issues with others and suggesting solutions e.g. ethical and case discussions
- Participating within networks of practitioners who learn from each other (eg electronic forums, bulletin boards, group supervision)
- Supporting others on work placements, secondments and projects

5. Legislation, policies and procedures may be international, national or local and may relate to:

- Confidentiality
 - Data protection (including the specific provisions relating to access to health records)
 - Disability
 - Diversity
 - Employment
 - Equality and good relations
 - Human rights (including those of children)
 - Information and related technology
 - Language
 - Learning and development.
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Core Dimension 3 Health Safety and Security

Foundation Gateway	Level 2	All indicators
Second Gateway	Level 3	All indicators

Level 2 Indicators

- a) Identifies and assesses the potential risks involved in work activities and processes for self and others
- b) Identifies how best to manage the risks
- c) Undertakes work activities consistent with
 - i.) legislation, policies and procedures
 - ii.) the assessment and management of risk
- d) Takes the appropriate action to manage an emergency summoning assistance immediately when this is necessary
- e) Reports actual or potential problems that may put health, safety and security at risk and suggests how they might be addressed
- f) Supports others in maintaining health, safety and security.

Level 3 Indicators

- a) Identifies:
 - i.) the risks involved in work activities and processes
 - ii.) how to manage the risks
 - iii.) how to help others manage risk
- b) Undertakes work activities consistent with:
 - i.) legislation, policies and procedures
 - ii.) the assessment and management of risk
- c) Monitors work areas and practices and ensures they:
 - i.) are safe and free from hazards
 - ii.) conform to health, safety and security legislation, policies, procedures and guidelines
- d) Takes the necessary action in relation to risks
- e) Identifies how health, safety and security can be improved and takes action to put this into effect.

Examples of Application

1. Risks to health, safety and security might be related to:

- the environment (e.g. issues related to ventilation, lighting, heating, systems and equipment, pests, work-related stress)
- individuals (e.g. personal health and wellbeing)
- information and its use (e.g. sharing passwords, sharing information with other agencies)
- physical interactions (e.g. abuse, aggression, violence, theft)
- psychological interactions (e.g. bullying, harassment)
- social interactions (e.g. discrimination, oppression, lone working in clinics and home visits).

2. The others for whom a worker has responsibility for their health, safety and security might be:

- users of services (including patients and clients)
- carers
- communities
- the wider public
- colleagues in immediate work team
- other colleagues
- contractors
- visitors to the organisation
- workers from other agencies.

3. Legislation, policies and procedures may be international, national or local and may relate to:

- accident/incident reporting
- building regulations and standards
- child protection
- clinical negligence
- data and information protection and security
- emergencies
- hazardous substances
- health and safety at work
- infection control
- ionising radiation
- moving and handling
- protection of vulnerable adults
- risk management
- security of premises and people
- working time
- workplace ergonomics (e.g. display screen equipment)
- lone working

4. Monitoring work areas and practices includes:

- confirming individuals maintain good health, safety and security practices (mainly self)
- ensuring individuals wear protective clothing and equipment e.g. use of gloves in phlebotomy
- monitoring aspects of the environment
- monitoring and reporting on compliance.

5. Taking the necessary action in relation to risks might include:

- accident or incident reporting as per Trust policy
- challenging people who put themselves or others at risk
- contributing to maintaining and improving organisational policies and procedures
- evacuating buildings during emergencies
- maintaining and improving the environment
- supporting others to manage risks more effectively

6. Identifying how health, safety and security can be improved might include:

- acting as a role model
- identifying the need for expert advice and support
- identifying training needs
- negotiating resources for training and development in health, safety and security
- reporting and recording lack of resources to act effectively.

Core Dimension 4 Service Improvement

Foundation Gateway	Level 1	All indicators
Second Gateway	Level 2	All indicators

Level 1 Indicators

- a) discusses with line manager / work team the changes that need to be made in own practice and the reasons for them
- b) adapts own practice as agreed and to time seeking support if necessary
- c) effectively carries out tasks related to evaluating services when asked
- d) passes on to the appropriate person constructive views and ideas on improving services for users and the public
- e) alerts line manager / work team when direction, policies and strategies are adversely affecting users of services or the public

Level 2 Indicators

- a) discusses and agrees with the work team
 - i.) the implications of direction, policies and strategies on their current practice
 - ii.) the changes that they can make as a team
 - iii.) the changes s/he can make as an individual
 - iv.) how to take the changes forward
- b) constructively makes agreed changes to own work in the agreed timescale seeking support as and when necessary
- c) supports others in understanding the need for and making agreed changes
- d) evaluates own and other's work when required to do so completing relevant documentation
- e) makes constructive suggestions as to how services can be improved for users and the public
- f) constructively identifies issues with direction, policies and strategies in the interests of users and the public.

Examples of Application

1. Areas for potential service improvement might include:

- assessing legislation, direction, policy and strategy e.g. NICE guidelines, contribute to the development of departmental protocols and policies with guidance from colleagues, Clinical Genetic associations and Department of Health policies.
- consider possible future demand for services – e.g. Population figures, screening developments, new genetic tests, new treatments/trials, waiting time initiatives/targets

- assessing the results of evaluations
- keeping up to date with relevant work areas
- monitoring current service provision
- proactively seeking the views of others
- access & interpret literature reviews relating to clinical practice
- contribute to the audit of clinical genetics to maintain clinical governance and audit profile of department

Others involved might include:

- users of services
- the public
- colleagues and co-workers
- people in other parts of the UK Genetics Service/ Association of Genetic Nurses and Counsellors
- other agencies

2. Evaluation might be through:

- analysis and interpretation of national and/or local policies and strategies and targets
- analysis of complaints and incidents
- audits
- focus groups
- impact assessments (e.g. environmental, equality, health, policy)
- meetings
- networks
- questionnaires
- reflective practice
- risk assessment
- structured observations
- surveys (eg user involvement, customer satisfaction, staff)
- participate in clinical/counselling supervision

3. Further action required to take them forward might include:

- further modifying services
- implementing changes more widely
- maintaining current focus
- not adopting changes as they actually offer no recognised benefit
- providing feedback on their effectiveness - publicising local developments in wider forums
- attending departmental and national educational events where appropriate
- contributing to changes and developments in working practices in line with priorities identified with individual, Departmental, Directorate, Trust and national goals and best practice

Core Dimension 5 Quality

Foundation Gateway Level 2 All indicators
Second Gateway Level 2 All indicators

Level 2 Indicators

- a) acts consistently with legislation, policies, procedures and other quality approaches and encourages others to do so
- b) works within the limits of own competence and levels of responsibility and accountability in the work team and organisation
- c) works as an effective and responsible team member
- d) prioritises own workload and organises own work to meet these priorities and reduce risks to quality
- e) uses and maintains resources efficiently and effectively and encourages others to do so
- f) monitors the quality of work in own area and alerts others to quality issues.

Examples of practice

1. Legislation, policies and procedures may be international, national or local and may relate to:

- Accident/incident reporting/clinical governance/ clinical negligence/ risk management
- corporate identity
- anti-discriminatory practices
- data and information protection and security (including the specific provisions relating to access to medical records)
- Employment
- Emergencies
- Hazardous substances
- Moving and handling
- Equality and diversity
- Harassment and bullying
- Health, safety and security
- Infection control (blood sampling)
- Human rights /language/mental health
- Protection of vulnerable adults/children
- Public interest

2. Being an effective team member would include such aspects as:

- Arriving and leaving promptly and working effectively during agreed hours
- developing the necessary knowledge and skills needed by and in the team
- enabling others to solve problems and address issues
- identifying issues at work and taking action to remedy them
- presenting a positive impression of the team and the service

- reacting constructively to changing circumstances. e.g. developing new roles, prioritising work
- recognising, respecting and promoting the different roles that individuals have in the team
- recognising, respecting and promoting the diversity of the team
- seeking and reflecting on feedback from the team and adapting as necessary
- supporting other team members
- taking a shared approach to team work
- understanding own role in the team and the wider organisation.

3. Quality issues and related risks might include:

- complaints
- data and information gaps
- health, safety and security
- inappropriate policies
- incidents
- ineffective systems
- lack of knowledge or evidence on which to base the work
- lack of shared decision making with users of services
- mistakes and errors
- poor communication
- poor individual or team practice
- resources
- risks
- team working
- workload

4. Taking the appropriate action when there are persistent quality problems might include:

- alerting a trade union official
- alerting one's own manager
- alerting the manager of the person concerned
- participation in the investigation of incidents

Core Dimension 6 Equality and Diversity

Foundation Gateway	Level 2	All indicators
Second Gateway	Level 2	All indicators

Level 2 Indicators

- a) recognises the importance of people's rights and acts in accordance with legislation, policies and procedures
- b) acts in ways that:
 - i.) acknowledge and recognise people's expressed beliefs, preferences and choices

- ii.) respect diversity
- iii.) value people as individuals
- d) takes account of own behaviour and its effect on others
- e) identifies and takes action when own or others' behaviour undermines equality and diversity.

Examples of Application

1. Legislation, policies and procedures may be international, national or local and may relate to:

- age
- complaints and issue resolution (including harassment and bullying)
- employment
- equality
- dependents – people who have caring responsibilities and those who do not
- diversity – age, gender, marital status, political opinion, racial group, religious belief, sexuality
- disability
- gender
- human rights (including those of children)
- language
- marital status
- mental health
- mental incapacity
- political opinion
- racial group
- religious belief
- sexual orientation

2. Evaluating the extent to which legislation is applied in the culture and environment of own sphere of activity might relate to:

- Communication with different people
- health, safety and security including risk management
- systems, standards and guidelines designed to promote quality
- the allocation of resources
- the availability of services
- the development of services

3. Patterns of discrimination might relate to:

- learning and development offered to different people
- recruitment, selection and promotion of staff

4. Enabling others to promote equality and diversity and a non-discriminatory culture might include:

- acting as a role model
- being aware of the wellbeing of all members of the work team and supporting them appropriately
- enabling others to reflect on their behaviour
- identifying training and development needs

5. Supporting people who need assistance might relate to:

- advocacy
- enabling people to make the best use of their abilities
- intervening when someone else is discriminating against someone on a one-off basis or routinely
- making arrangements for support (e.g. as part of the development review process)
- representing people's views
- providing interpreter and translator service and being aware of resources in this area

Specific Dimension HWB2 Assessment and Care planning to meet people's health and wellbeing needs.

Interpretation for Genetic Counselling: Holistic assessment of whole person/family

Foundation Gateway	Level 3	All indicators
Second Gateway	Level 3	All indicators

Level 3 Indicators

- a) plans the assessment of people's health and wellbeing needs and prepares for it to take place
- b) explains clearly to people:
 - i.) own role, responsibilities and accountability
 - ii.) the information that is needed from the assessment and who might have access to it
 - iii.) the benefits and risks of the assessment process and alternative approaches
- c) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent
- d) uses assessment methods and processes of reasoning that:
 - i.) are based on available evidence
 - ii.) are appropriate for the people concerned
 - iii.) obtain sufficient information for informed decision making
 - iv.) s/he has the knowledge, skills and experience to use effectively
 - v.) are consistent with legislation, policies and procedures
- e) considers and interprets all of the information available and makes a justifiable assessment of people's health and well-being, related needs and risks and explains the outcomes to those concerned

- f) develops and records care plans that are appropriate to the people concerned and:
- i.) are consistent with the outcomes of assessing their health and wellbeing needs
 - ii.) identify the risks that need to be managed
 - iii.) have clear goals
 - iv.) involve other practitioners and agencies when this is necessary to meet people's health and wellbeing needs and risks
 - v.) are consistent with the resources available
 - vi.) note people's wishes and needs that it was not possible to meet
- f) monitors the implementation of care plans and makes changes to meet people's needs

Examples of application

Health and wellbeing needs may be:

- emotional
- mental
- physical
- social
- spiritual.

Assessment methods that are appropriate for complex needs include the use of:

- pre-contact preparations, discussions and conversations
- genetic family assessment framework
- verbal interview skills
- non-verbal & observational skills
- interpretation of family, medical and psychosocial history
- non-directive counselling skills
- providing complex information at an appropriate level so to allow informed consent
- develops and records care plans that are appropriate to the people concerned and:
 - are consistent with the outcomes of assessing their health and wellbeing needs
 - identify the risks that need to be managed
 - have clear goals
 - involve other practitioners and agencies when this is necessary to meet people's health and wellbeing needs and risks
 - in discussion with named Genetic Counsellor Practice supervisor and /or Consultant Geneticist, and based upon each family members specific risk of developing/carrying a condition, develop a programme of care for the patient and their family. This may involve referring to multiple specialities.
 - with Genetic Counsellor Practice Supervisor's / Consultant Geneticist's support, assess patients to determine where there is need for referral to specialist therapeutic counselling, psychiatric

assessment or screening, and make appropriate referrals.

Legislation, policies and procedures may be international, national or local and may relate to:

- carers
- children
- disability
- domestic violence
- duty of care
- education
- human rights
- mental health
- mental incapacity
- vulnerable adults.

Risks to health and wellbeing might arise from:

- abuse
- incidents/accidents
- neglect
- rapid deterioration of condition or situation
- self-harm
- the complexity and range of contributory factors
- the environment.

Specific Dimension HWB6 Assessment and Treatment Planning

Interpretation for Genetic Counselling: Assessment of risk and development of management plan for/ with individual/family

Foundation Gateway	Level 3	Indicators a,b,c,d,e,f,g,j
Second Gateway	Level 3	All indicators

Level 3 Indicators

- a) evaluates relevant information to plan the range and sequence of assessment required and determines:
 - i.) the specific activities to be undertaken
 - ii.) the risks to be managed
 - iii.) the urgency with which assessments are needed
- b) selects appropriate assessment approaches, methods, techniques and equipment, in line with:
 - i.) individual needs and characteristics
 - ii.) evidence of effectiveness
 - iii.) the resources available
- c) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent
- d) prepares for, carries out and monitors assessments in line with evidence based practice, and legislation, policies and procedures and/or established protocols / established theories and models
- e) monitors individuals during assessments and takes the appropriate action in relation to any significant changes or possible risks

- f) evaluates assessment findings/results and takes appropriate action when there are issues
- g) considers and interprets all of the information available using systematic processes of reasoning to reach a justifiable assessment and explains the outcomes to those concerned

Examples of Application

1. Assessments may include:

- taking family and personal medical history
- family pedigree drawing
- clarifying motivational factors for seeking referral to Clinical Genetics
- clarifying family questions and issues resulting from the referral to Clinical Genetics
- requesting personal medical records and those of relatives (with consent) for the purpose of clarifying information
- collection of samples for genetic and biochemical tests

And may be carried out:

- with others (at joint genetic counselling sessions)
- by self

Consider and interpret all of the information available using systematic processes of reasoning, reaching justifiable conclusions, including assessment of risks and offering information regarding available family options e.g. pre-natal testing, pre-conceptual genetic counselling

2. Develops and records genetic care plans as agreed with family that:

- are appropriate to the family and clinical context
- are consistent with outcomes of family assessment
- identify risks to be addressed within care plan e.g. lone worker, risks of having an affected child, risks and benefits of screening for cancers, family disclosure, confidentiality
- have clear goals
- involve other practitioners and agencies as and when necessary e.g. psychotherapeutic counsellors
- are consistent with available resources e.g. variation in breast screening across different NHS Trusts, availability of CVS v amniocentesis
- record unmet patient requirements and expectations e.g. availability and limitations of genetic testing

3. Risks might arise from:

- incidents/accidents
- the complexity and range of contributory factors
- neglect of e.g. standards of care, poor communication
- rapid deterioration of condition or situation e.g. miscarriages, chronic disease progression
- the environment e.g. confidentiality of consultation area, disabled access .

4. Legislation, policies and procedures may be international, national or local and may relate to:

- carers
- children
- consent
- disability
- equality and diversity
- health and safety
- information
- mental health
- mental incapacity
- technology and equipment
- the practice and regulation of particular professions
- vulnerable adults.

Specific Dimension HWB7 Interventions and Treatments

Interpretation for Genetic Counselling: The act of providing a service to an individual or family and the evaluation.

Foundation Gateway	Level 3	All indicators
Second Gateway	Level 3	All indicators

Level 3 Indicators

- a) respects individuals' dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent
- b) identifies with the individuals concerned:
 - goals for the specific activities to be undertaken within the context of the overall treatment plan and the individual's physiological and/or psychological functioning
 - the nature of the different aspects of the intervention / treatment
 - the involvement of other people and /or agencies
 - relevant evidence-based practice and/or clinical guidelines
 - any specific precautions or contraindications to the proposed interventions / treatments and takes the appropriate action
- c) prepares appropriately for the intervention / treatment to be undertaken
- d) undertakes the intervention / treatment in a manner that is consistent with:
 - i.) evidence-based practice and/or clinical guidelines / established theories and models
 - ii.) multidisciplinary team working
 - iii.) his/her own knowledge, skills and experience
 - iv.) legislation, policies and procedures and/or established protocols
- g) monitors individuals' reactions to interventions / treatment and takes the appropriate action to address any issues or risks

- h) reviews the effectiveness of the interventions / treatments as they proceed and makes any necessary modifications
- i) provides feedback to the person responsible for the overall treatment plan on its effectiveness and the health and wellbeing and needs of people
- j) makes accurate records of the interventions/treatment undertaken and outcomes
- k) responds to, records and reports any adverse events or incidents relating to the intervention / treatment with an appropriate degree of urgency.

Examples of application

1. Genetic Counselling process and mentorship:

- Undertakes appropriate training with direction from named Genetic Counsellor Practice supervisor
- Work within Genetic Counsellor Competency Frameworks and AGNC Code of Ethics and recognise when to discuss with senior colleague/ discuss or refer on to other appropriate healthcare specialists
- Trainee prepares appropriately for the intervention/treatment to be undertaken
- Prepares all cases in advance by reading appropriate literature, discussing case with practice supervisor / Clinical Geneticist, and organises for there to be more senior co-counsellor present where appropriate
- Interventions will relate to an individual's specific genetic risk and their specific issues. In discussion with the named mentor s/he will develop a programme of care for the patient. This may involve referring to multiple specialities
- Reviews the effectiveness of the interventions/treatments as they proceed and makes any necessary modifications
 - Changing the counselling environment.
 - Making tentative hypotheses.
 - Under supervision, make alterations to counselling procedures where appropriate.
- Provides feedback to the person responsible for the overall treatment plan - discuss cases with named Genetic Counsellor Practice Supervisor or Consultant Geneticist.
- Makes accurate records of the interventions / treatments undertaken and outcomes
- Responds to, records and reports any adverse events or incidents relating to the intervention/treatment with appropriate degree of urgency.

2. Genetic counselling interventions relate to supporting clients/ families:

Goals for the specific activities to be undertaken must appreciate the individuals' physiological and/or psychological functioning and examples of this are when:

- Explaining pre-symptomatic genetic testing procedures, including where there are intervening unaffected relatives
- Explaining prenatal testing counselling and result giving
- Explaining how to communicate genetic information to relatives
- Supporting individuals to make the best possible adjustment to the disorder or their genetic risk e.g. predictive testing for Huntington's disease

- Providing information on the care of other family members to identify at-risk relatives and advise on how they could obtain genetic counselling or screening.
- Supporting individuals to make decisions appropriate to their personal and family situation e.g. supporting families who decide not to proceed with genetic testing

This may be facilitated by:

- non-directive genetic counselling
- and informed by psychotherapeutic counselling approaches

3. Legislation, policies and procedures may be international, national or local and may relate to:

- carers
- children
- consent
- counselling and therapeutic regulation
- disability
- equality and diversity
- health and safety
- information
- mental health
- mental incapacity
- the practice and regulation of particular professions
- vulnerable adults

Risks might be from:

- abuse
- incidents/accidents
- neglect
- rapid deterioration of condition or situation
- the complexity and range of contributory factors
- the environment.