KSF Outline for Band 7, Genetic Counsellor

	No.	Dimension	Foundation Gateway (Subset Outline)		Second Gateway (full Outline)	
KSF DIMENSION, LEVEL AND INDICATOR						
			Level	Indicators	Levels	Indicators
Core Dimension	1	Communication	4	all	4	all
	2	Personal & People Development	3	all	3	alll
	3	Health, Safety & Security	3	all	3	all
	4	Service Improvement	3	a,b,	3	all
	5	Quality	3	all	3	all
	6	Equality & Diversity	3	a,e	3	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	4	a,b,c,d,e,f,h	4	all
	HWB3	Protection of health & wellbeing				
	HWB4	Enablement to address health &b wellbeing needs				
	HWB5	Provision of care to meet health & wellbeing needs				
	HWB6	Assessment & treatment planning	4	a,b,c,d,f,i	4	all
	HWB7	Interventions & treatment	3		4	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				

Notes:
HWB2: Whole person,
HBW6: Assess risk,
HBW7: Action. In our case, the counselling process

Job Purpose:

To actively participate and contribute to the provision of a high quality Clinical Genetic Service for the population of [Insert location].
To help individuals and families deal with a known or suspected genetic condition. This is achieved by counselling the individuals 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 Genetic Counsellor will manage a clinical caseload of new and follow-up cases, and provide an independent Genetic Counselling Service or arrange and participate in [Insert e.g. Joint-Geneticist co counselling appointments with medical and Genetic Counsellor colleagues].

To act as a significant educational resource both to the wider health care system and trainees in clinical genetics and genetic counselling. To act as Student Supervisor for those undertaking MSc Genetic Counselling Course, and be prepared to supervise placements for non genetic colleagues requiring experience at various levels e.g. non-participant observation, participant observation, etc within Clinical Genetics.

Core dimension 1   Communication
Foundation Gateway	**Level 4**	**All indicators**
Second Gateway	**Level 4`**	**All indicators**

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 relevant legislation, policies and procedures.

Examples of application:

1.The people with whom the individual is communicating might be:
- users of services (such as patients, clients, families and relatives)
- carers (Foster carers, Informal Carers)
- the public and their representatives (Support Groups)
- colleagues and co-workers (Clinical Geneticists, Genetic Counsellors and Molecular and Cytogenetic Laboratory Scientists and other health care professionals)
- NHS managers
- workers from other statutory agencies (Social Services, Education)
- public enquiries to Genetic Services
- the media in collaboration with Trust Communication Officer

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
- 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 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 of condition, family disclosure of genetic diagnosis, sudden death, bereavement)
- history of poor communication and misunderstandings (learning disability and mental health problems, 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, Clients and Families to:
- Understand the medical facts
- 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 for non Genetic colleagues and lay groups:
- delivering presentations (with and without a script) actively encouraging participation from the audience
- motivating people
- providing advice on complex issues or in difficult situations
- representing and articulating different viewpoints 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-presentations)
- motivating people
- sharing decision making with others including 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).

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

7. 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 3**	**All indicators**
Second Gateway	**Level 3**	**All indicators**

Indicators
(a) Reflects on and evaluates how well s/he is applying knowledge and skills to meet current and emerging work demands and the requirements of the KSF outline for his/ her post
(b) Identifies own development needs and sets own personal development objectives in discussion with his/ her reviewer
(c) Takes responsibility for own personal development and maintains own personal development portfolio
(d) Makes effective use of learning opportunities within and outside the workplace evaluating their effectiveness and feeding back relevant information
(e) Enables others to develop and apply their knowledge and skills in practice
(f) Contributes to the development of others in a manner that is consistent with legislation, policies and procedures
(g) Contributes to developing the workplace as a learning environment

Examples of application:

Reflects on and evaluates how well s/he is applying knowledge & skills to meet current and emerging work demands & the requirements for the KSF outline for his/her post by assessing:

1. Own development needs and interests which 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 wellbeing
- 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
- identifying own learning needs and interests and how to address these
- meet the personal objectives agreed in the annual appraisal process
- attend at least 30 hours/year CPD, 50% of which should be from external source.
- keep up-to-date with changes in the practice of genetic counselling and AGNC developments
- 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
- evaluating the effectiveness of learning and its effect on own work.
- working towards and maintaining registration

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:
- acting as a coach to others
- acting as a mentor to others
- acting as a role model
- acting in the role of reviewer in the development review process
- demonstrating to others how to do something effectively
- discussing issues with others and suggesting solutions e.g. ethical and case discussions
- facilitating networks of practitioners to learn from each other (e.g. electronic forums, bulletin boards, group supervision)

- providing feedback and encouragement to others
- providing feedback during assessment in the workplace (e.g. for NVQs / SVQs, student placement, Specialist Registrars).
- providing information and advice
- providing pre-registration or post-registration placements
- providing professional supervision
- providing protected learning time if in power to do so
- sharing own knowledge, skills and experience
- supporting individuals who are focusing on specific learning to improve their work and practice e.g. mentoring those preparing for registration, assessing registration portfolios.
- supporting others on work placements, secondments and projects

5. Resource issues might include:
- pressure of service delivery affecting the development of individuals and groups in the short and longer term
- lack of funding for development
- raising governance issues
- broader workforce issues which cannot be managed by training and development of current team members (e.g. high turnover, inability to attract people of the necessary calibre).

6. 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.

Core Dimension 3 Health Safety and Security

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

Level 3 Indicators
  (a) the worker 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.) t**he 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 in 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
- 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
- apprehending or expelling people consistent with organisational and statutory requirements
- 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 3   **Indicators a, b, c, d, e, g**
Second Gateway   Level 3   **All indicators**

Indicators
The worker:
   (a)   Identifies and evaluates areas for potential service improvement
   (b)   Discusses and agrees with others:
       (i.)   how services should be improved as a result of suggestions, recommendations and directives
       (ii.)   how to balance and prioritise competing interests
      (iii.)   how improvements will be taken forward and implemented
   (c)   constructively undertakes own role in improving services as agreed and to time, supporting others effectively during times of change and working with others to overcome problems and tensions as they arise

(d) maintains and sustains direction, policies and strategies until they are firmly embedded in the culture inspiring others with values and a vision of the future whilst acknowledging traditions and background

(e) enables and encourages others to:
  (i.) understand and appreciate the influences on services and the reasons why improvements are being made
  (ii.) offer suggestions, ideas and views for improving services and developing direction, policies and strategies
  (iii.) alter their practice in line with agreed improvements
  (iv.) share achievements
  (v.) challenge tradition

(f) evaluates with others the effectiveness of service improvements and agrees that further action is required to take them forward

(g) appraises draft policies and strategies for their effect on users and the public and makes recommendations for improvement

Examples of application:

1. Areas for potential service improvement might include:
- assessing legislation, direction, policy and strategy e.g. NICE guidelines
- assessing 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

2. Individuals/ groups that may be 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

3. 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 (e.g. user involvement, customer satisfaction, staff)

4. 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

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Core Dimension 5   Quality

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

Indicators

The worker:

(a)   acts consistently with legislation, policies, procedures and other quality approaches and promotes the value of quality approaches to others

(b)   understands own role in the organisation and its scope and identifies how this may develop over time

c)   works as an effective and responsible team member and enables others to do so

(d)   prioritises own workload and organises and carries out own work in a manner that maintains and promotes quality

(e)   evaluates the quality of own and others' work and raises quality issues and related risks with the relevant people

(f)   supports the introduction and maintenance of quality systems and processes in own work area

(h)   takes the appropriate action when there are persistent quality problems.

Examples of Practice:

1. Legislation, policies and procedures may be international, national or local and may relate to:
- AGNC code of conduct and core competencies for registration, mentoring and assessment
- 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. <u>Being an effective team member would include such aspects as:</u>
- 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. <u>Quality issues and related risks might include:</u>
- 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. <u>Taking the appropriate action when there are persistent quality problems might include:</u>
- 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 3   Indicators a, e
Second Gateway   Level 3   All indicators

Indicators
The worker:
a)   interprets equality, diversity and rights in accordance with legislation, policies, procedures and relevant standards
b)   evaluates the extent to which legislation is applied in the culture and environment of own sphere of activity
c)   identifies patterns of discrimination and takes action to overcome discrimination and promote diversity and equality of opportunity
d)   enables others to promote equality and diversity and a non-discriminatory culture
e)   supports people who need assistance in exercising their rights.

Examples of Practice:

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:
- the learning and development offered to different people
- the 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

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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 4   Indicators   a, b, c, d, e, f, h
Second Gateway   Level 4   All indicators

Indicators
The worker:
a)   explains clearly to people:
   (i.)   own role, responsibilities and accountability
   (ii.) the information that is needed from the assessment of health and wellbeing needs and who might have access to it
   (iii.) the benefits and risks of the assessment process and alternative approaches
   (iv.) the outcomes of assessment
   (v.)   options within care plans and associated benefits and risks
b)   respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent
c)   plans and uses assessment methods that are appropriate for complex needs, and uses processes of reasoning that:
   (i.)   are appropriate for the complex needs of the people concerned
   (ii.) s/he has the knowledge, skills and experience to use effectively
   (iii.) are based on available evidence

(iv.) obtain sufficient information for decision making including gaining assessment information from other practitioners

d) follows processes of reasoning which:
(i.) balance additional information against the overall picture of the individual's needs to confirm or deny developing hypotheses
(ii.) are capable of justification given the available information at the time
(iii.) are likely to result in the optimum outcome

e) interprets all of the information available and makes a justifiable assessment of:
(i.) people's health and wellbeing
(ii.) their related complex needs and prognosis
(iii.) risks to their health and wellbeing in the short and longer term transferring and applying her/his skills and knowledge to address the complexity of people's needs

f) develops and records care plans that are appropriate to the people concerned and:
(i.) are consistent with the outcomes of assessing their complex health and wellbeing needs
(ii.) identify the risks that need to be managed
(iii.) have clear goals
(iv.) involve other practitioners and agencies to meet people's complex 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

g) coordinates the delivery of care plans, feeding in relevant information to support wider service planning

h) monitors the implementation of care plans and makes changes to better meet people's complex health and wellbeing needs.

Examples of Practice:

1. Health and wellbeing needs may be:
- emotional
- mental
- physical
- social
- spiritual.

2. 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

3. 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.

4. 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 4**   **Indicators a, b, c, d, f, i**
Second Gateway   **Level 4**   **All indicators**

Indicators
The worker:
a)   identifies and evaluates:
     (i.)   the particular factors which contribute to the complex nature of the cases
     (ii.) evidence from similar cases which may inform the approach to be taken
     (iii.) the nature and urgency of the case
b)   determines and plans the range and sequence of assessments that evidence suggests are most likely to provide answers to the clinical questions, including:
     (i.) the specific activities to be undertaken

(ii.) any modifications to standard procedures/protocols

(iii.) methods, techniques and equipment to be used

(iv.) the risks to be managed

c) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent

d) carries out assessments in line with evidence based practice, legislation, policies and procedures and/or established protocols / established theories and models, monitoring individuals and adjusting the approach in the light of arising information and any significant changes or risks, and considers and interprets all of the information available using systematic processes of reasoning and reaches justifiable conclusions, including the making of a differential

e) diagnosis and the listing and rank of possible alternatives if appropriate, and explains the outcomes to individuals

f) develops and records treatment plans that are:

(i.) appropriate to the clinical context

(ii.) consistent with the outcomes of assessment and the most probable diagnosis

(iii.) identify the risks that need to be managed

(iv.) have clear goals

(v.) involve other practitioners and agencies as and when necessary

(vi.) are consistent with the resources available

(vii.) note people's wishes and needs that it was not possible to meet

g) coordinates the delivery of treatment plans feeding in relevant information to support wider service planning

h) monitors the implementation of treatment plans and makes changes as a result of emerging information

i) identifies individuals whose needs fall outside own expertise and makes referrals to the appropriate practitioners with the necessary degree of urgency.

Examples of Practice:

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
- 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 4**	**All indicators**

Indicators

The worker:

a)   respects individuals' dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent

b)   identifies with the people concerned:
  - (i.) goals for the specific interventions / treatments to be undertaken within the context of the overall treatment plan and the individual's physiological and/or psychological functioning
  - (ii.) the nature of the different interventions / treatments given the complexity of the issues and/or the seriousness of the illness
  - (iii.) relevant care pathways
  - (iv.) the involvement of other people and/or agencies
  - (v.) relevant evidence-based practice and/or clinical guidelines / theories and models
  - (vi.) any specific precautions or contraindications to the proposed interventions / treatment and takes the appropriate action
  - (vii.) how to manage potential risks

c)   undertakes interventions / treatments in a manner that is consistent with:
  - (i.) evidence-based practice and/or clinical guidelines / theories and models
  - (ii.) multidisciplinary team working
  - (iii.) his/her own knowledge, skills and experience
  - (iv.) legislation, policies and procedures
  - (v.) applying own skills, knowledge and experience and using considered

d)   judgment to meet individual's complex needs

e)   takes the appropriate action to address any issues or risks

f)   evaluates the effectiveness of the interventions / treatments and makes any necessary modifications

g)   provides effective feedback to inform the overall treatment plan
makes complete records of the interventions / treatments undertaken, people's health and wellbeing, needs and related risks

h)   responds to, records and reports any adverse events or incidents relating to the intervention/treatment with an appropriate degree of urgency.

Examples of Practice:

1. Genetic counselling interventions relate to supporting clients/ families:
  - make decisions appropriate to their personal and family situation e.g. supporting families who decide not to proceed with genetic testing
  - facilitating and requesting genetic and other tests and screening as appropriate and in line with the individuals wishes and giving results.
  - make the best possible adjustment to the disorder or their genetic risk e.g. predictive testing for Huntington's

2. This may be facilitated by:
  - non-directive genetic counselling
  - and informed by psychotherapeutic counselling approaches

3. Evaluation of interventions undertaken and modifications made as appropriate

4. Respond to adverse and complex circumstances:
- case-presentations
- counselling supervision
- clinical incident reporting

4. 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.