New Genetic Counsellor (GC) Training Pack

Produced by the Genetic Counsellor Training Panel (GCTP)

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Contents

Introduction

The aim of this training pack is to provide a guide to useful resources and a potential structure for mentored training of new, pre-registration, genetic counsellors. It is aimed at trainee GCs that have joined a genetics service from a variety of backgrounds, usually entering the profession at a band 6 level. For the purposes of this pack a pre-registered GC will be described as a Trainee GC.

Genetic counselling and the need for training

Genetic counselling is the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease. This process integrates:

- Interpretation of family and medical histories to assess the chance of disease occurrence or recurrence
- Education about inheritance, testing, management, prevention, resources and research.
- Counselling to promote informed choices and adaptation to the risk or condition.

Genetic Counsellors (GCs) communicate complex genetic information to clients and their families. They provide individual risk assessments and make recommendations for clinical management for a wide variety of genetic conditions. They also have a key role in providing education for other health professionals such as specialist cancer nurses, midwives or general practitioners, who require some understanding of genetics within their role. This is likely to increase as certain genetic and genomic tests become main stream.

Although mainly employed as integral members of the specialist clinical genetics services(soon to be Genomic Medicine Services), GCs increasingly work in other areas of medicine. As genomic analysis accelerates, GCs are ideally placed to provide a key role in communicating the variety of information that will emerge from whole genome and exome analysis. Safe and ethical use of the information generated will require GCs to both communicate information and teach other health professionals about genomic variation.

In order to work safely and autonomously GCs need a broad training in the scientific, clinical and psychosocial aspects of genetic counselling.

The professional body for GCs in the UK and Republic of Ireland is the Association of Genetic Nurses and Counsellors (AGNC) and further information about the evolving role of the GC can be found on their website (http://www.agnc.org.uk/).

Genetic counselling training and career structure

There are now several routes through to become a registered GC. There are currently two accredited MSc genetic counselling programmes in the UK. MSc graduates, or nurses with a relevant degree and GCRB stipulated counselling and genetics education, can apply for band 6 trainee Genetic Counsellor posts in a Regional Genetics Service. Job titles and banding of trainee GC roles may vary across the UK for example some NHS trusts /Local Health Boards will employ trainee GC's on an annex U contract. The name of this type of contract may differ depending on the employer but essentially this type of contact involves a progression through the pay scale at set intervals independent of the Agenda for Change incremental system. Two years of supervised clinical training should provide sufficient

experience to fulfil competencies for GC registration under the GCRB (Genetic Counsellor Registration Board http://www.gcrb.org.uk).

2017 saw the start of a new 3-year Health Education England-funded programme for training GCs under the umbrella of the Scientific Training Programme (STP) (In England only). GCs training under this scheme will undertake a registration process equivalent to that provided under the GCRB.

The clinical experience and knowledge of a new GC emerging from an MSc or a nursing background will vary widely and it is important that new GCs are allowed a period of supervised training within which to gradually accumulate the skills to work autonomously as well as gather the evidence they need for going through registration. In this pack we have therefore included tips for working towards registration.

Typically, a trainee will start at band 6 level and be eligible to apply for or be promoted to a band 7 position once registered. The career structure for GCs is briefly outlined below. GCs who have successfully completed the STP may be able to enter the career structure at the point of registered GC. At present decisions about the future regulation of the profession are ongoing. For the most up to date information about genetic counselling registration visit the GCRB website.

- **Trainee Genetic Counsellor**
  The trainee must meet entry level criteria for GCRB registration and after a period of at least 2 years clinical experience, they will be in a position to apply to register as a genetic counsellor. Trainees are under the supervision and mentorship of a registered GC.

- **Registered Genetic Counsellor**
  The Genetic Counsellor now works independently with an extensive knowledge used in direct clinical involvement in genetic counselling. They will have achieved the core competencies for GCRB registration. The Genetic counsellor is not usually responsible for managing other staff.

- **Principal Genetic Counsellor**
  This post is seen as an expert clinical grade where independent responsibility is taken for complex cases. The role usually includes elements of training, service development and management.

- **Consultant Genetic Counsellor, Lead Genetic Counsellor, Genetic Counsellor Manager**
  These positions require fulfilment of a broad range of service leadership with at least 25 -50% of time spent on clinical work. Other roles undertaken may include education and training, research and management of personnel.

The New GC Training Panel (New GCTP)

The New GC Training Panel is a subpanel of the AGNC and consists of a small group of registered GCs. The remit of the panel is to support the training of preregistration GCs. The training of a new GC is the responsibility of the host Department but the Training Panel helps support this by providing resources to structure training and opportunities for professional development on specific training days. The panel liaises with the New GC group in this supportive role.

Becoming a New GC

Entering a clinical genetics service as a new GC can be an overwhelming experience. Depending on your background you may feel more or less equipped to cope in a clinical consultation or navigate your new role. This section provides some of the things to consider doing or discussing with your line manager/mentor when you first arrive and are planning your training.

Get a mentor

If you have not been assigned a mentor to oversee your training, discuss this with your line manager. Meet with your mentor to decide how often and where you will have regular meetings and consider the form these meetings will take. You could consider using the mentor's contract (appendix 4)

Plan a structure for your training

Use the Learning Framework to develop a structure for your training and to help you set achievable goals (see appendices). The Learning Framework is designed around the competencies that you will need to fulfil and provide evidence for when submitting for registration. Typically after 2 years of clinical work you may be eligible to submit a portfolio of evidence to the GCRB. It is worth familiarising yourself with the competencies and evidence so that you can work steadily towards this without a last minute panic http://www.gcrb.org.uk/registrants/ (under applicant form part B)

Depending on your background and previous experience, some activities that you may want to consider in each of these sections are listed on page 8.

Discuss with your mentor whether completing a training framework and reviewing this at intervals throughout your training would be helpful. A suggested schedule would be to review the learning framework every 6 months and identify your learning needs for the following 6 months.

Experiences from a trainee GC who has used a 'Learning Framework' to structure their training

"…I found using a learning framework helpful as a more structured way to agree with my line manager on additional experiences outside of my routine caseload to help broaden my knowledge/skills and attain Registration competencies, for example agreeing I could spend a day in Cardiology and attend a GenEthics conference.

It also helped my line manager and I to review my general workload and progress towards Registration at regular intervals. The feedback from the GCTP also provided evidence towards certain competencies in Registration…" *(Amy Goldman, Trainee Genetic Counsellor, Manchester)*

Become a member of your professional body

Join the AGNC to keep abreast of developments in the profession, opportunities for additional training and notification of relevant conferences, including annual AGNC meetings (http://www.agnc.org.uk/)

Join the New GC Group. Genetic counselling is a small profession within the health service and having contact with, and swapping experiences with, other GCs in training is a very beneficial to your development. (http://www.agnc.org.uk/new-gc-group/)

Ask about Clinical Supervision

It is a requirement for safe reflective practice and for registration that GCs have access to regular genetic counselling supervision. Ask you line manager how this will be offered to you. For more information about the AGNC's recommendations for access to genetic counselling supervision visit the document section of their website.

Mentorship

In order to train safely it is important that a new GC has an assigned mentor or mentors to help them structure their training and with whom they can discuss training issues and challenging clinical situations. This may be the same or a different mentor from the 'sign off mentor' that helps them through the registration process.

For more information about the sign off mentors can be found here: http://www.gcrb.org.uk/sign-off-mentors/ it is good idea for you and your line manager to be familiar with the GCRB training requirements for sign off mentor before allocating you a mentor for the registration process.

Guide for Mentors

Your role of a mentor is to support, guide and to ensure your trainee is provided with all the necessary experience to become a Registered Genetic Counsellor. This responsibility, in most centres, will be shared amongst the GC team.

- It is important that you and your trainee have signed a training framework (see Appendix 1, 2 and 3). This document can be personalised to suit the individual training set up of your department. This document lays out your and your trainees responsibilities. This can be reviewed at appropriate milestones.
- Meet your trainee regularly, for some this may be weekly to start with, for some monthly may be appropriate. This will change throughout the training period. A mentor contract (appendix 4) can help in agreeing frequency of meetings.
- Consider having two mentors per trainee, if your department structure allows.
- Raise and deal with any concerns as soon as possible, if necessary, in line with your department policies and management structure.

Advice for mainstream GCs and mentorship

A mainstream GC is a genetic counsellor working outside of a regional clinical genetics service, for example a genetic counsellor working within a specialist cancer hospital. Working within a specialist centre as a new GC can be both rewarding and challenging. You have the opportunity to develop specialist skills in one area, however, exposure to a varied caseload is a requirement for GCRB registration. More information is available on the GCRB website – applicant guidelines/eligibility to register.

Peer support for mainstream genetic counsellors may come from other members of the team who are not genetic counsellors. Making links with other mainstream GC's may help and the AGNC has supported the formation of a mainstream GC group. This group is currently administrated by Ellie Quinn, Genetic Counsellor, who can be contacted via email Ellie.Quinn@bartshealth.nhs.uk

It is worth addressing with your line manager whether arrangements can be made with a regional genetics service for obtaining a broader experience.

Suggested Activities for Training

These are suggested activities that you could discuss with your mentor when structuring your training. Which of these are relevant or useful may depend on your background knowledge and previous experience or the way clinical activity is organised in your host institution. Of course some of these activities will help you meet more than one competency.

For a full list of competencies see the GCRB registration website – registration guidelines

Client / counsellor relationships (registration competencies 1-8)
• Arrange a timetable of opportunities to sit in with and observe the clinical practice of experienced GCs and clinical geneticists. • Build your own clinical experience at an appropriate pace by leading consultations initially in a supervised fashion • Reflect on clinical experiences, especially challenging cases, with your mentor and in clinical supervision • Practice taking a family and personal history initially with colleagues • Arrange to attend clinics or procedures in specialist services that enable you to understand a patient's experience better. E.g. colonoscopy, breast imaging, discussion of risk reducing surgery for increased cancer risk, prenatal imaging and CVS or amniocentesis, management clinic (HD, CF, NF) • Attend local courses on managing grief and loss or breaking bad news (available in most hospitals) as well as other courses that enhance your counselling skills • Familiarise yourself with support groups relevant to genetic conditions • Find out about Language Line or interpreting services and check if your trust offers specific training regarding working with interpreters
Management and organisation of care (registration competencies 9-13)
• Review your Departmental guidelines for completing risk assessments for cancer and general clinics. • Familiarise yourself with Departmental pathways
Professional and ethical practice (registration competencies 14-20)
• Familiarise yourself with the ethical code of conduct for GCs on the AGNC website • Take challenging cases for discussion with your mentor, supervisor and perhaps to Departmental clinical meetings • Attend, or take a case to 'Genethics' meeting www.genethicsclub.org/ • Good Clinic Practice training/maintenance • Consider what teaching opportunities are available – students, patient support groups. Discuss with your mentor/line manager what the department's policy is about supervision of trainees for teaching sessions • Attend MDT meetings – present appropriate cases for discussion • Visit your laboratory – understand laboratory workflow and where to direct your queries

Professional and personal development (registration competencies 21-23)

• Help to conduct an audit or service evaluation of some aspect of clinical care in your Department
• Prepare a leaflet, guideline or information sheet that will help streamline patient care
• Attend regular seminars relevant to genetic counselling – departmental education meetings, Trust Grand Rounds
• National conferences and international Conferences - AGNC, BSGM, EMPAG, ISONG, Royal Society lectures, Rare Diseases meetings
  • Consider presentation of research work or service development ideas
  • Consider applying for a travel award from AGNC
• Wellcome Genome Campus courses. Genomic Counselling updates – course re: variant interpretation.
• Health Education England MOOCs – review number of hours that can be included in CPD

Top Tips for Registration

1. Familiarise yourself with the applicant guidelines (you can download these from the GCRB website), perhaps keep a copy with your registration work that you can refer to as you go along. The majority of the questions you may have about the registration process are answered in this document.

2. Continued professional development: is documented from 1st April to 31st March of each year. It is important to make a note of date (d/m/yr); the title of the conference or presentation; the name of the speaker; the location of the conference or presentation. It can be helpful to keep all your CPD notes and reflections in one place; for example; a dedicated CPD book or write notes directly into the registration document template and amend / add reflections afterwards. A useful resource is the Continuing Professional Development (CPD) Guideline which can be found on the GCRB website.
    - Reflection is key – don't have to write heaps of description in the log but reflecting on the impact / your learning is very important.
    - It's good to have a breadth of CPD demonstrate varied experience. However be sensible do not write up lots of extra hours (over the required amount)

3. Record of evidence of competence: There are 23 competencies, 5 pieces of evidence are required for each competence. Get familiar with the competencies (same as competencies used in GCTP training pack). Most of the evidence will come from your clinical documentation – so be thorough! Other evidence you can use can be varied, e.g. Slides from teaching sessions, poster presentations, publications, reflective summaries, leaflets, audit.
    - Remember you can also use your reflective records, CPD log , case studies and essay as evidence
    - A case or a piece of extra evidence can be used to support more than one competency

4. The case log: Identifying a method of keeping a personal record of cases you may want to use as part of the 50 cases in your case log from the beginning of your training can he useful and can save you time later on. A spreadsheet of genetics number / brief description securely saved on your trust account can be a useful reference when it comes to choosing your cases.
    - Leave space for your 5 observed consultations and your video sessions; these have to be part of your case log.
    - Discuss plan with mentor re logistics of approving competencies and reviewing case notes.

5. Formatting, converting to PDF and reducing the size of your documents – all pretty straight forward however a nightmare to do if stressed and time pressured. Some top tips include:
    - Be clear about word limits
    - If unsure email GCRB to enquire and file responses

FAQ's

Who should be my mentor, and should I have more than one?

This depends on your department and its staffing. Often a mentor is an experienced, Registered Genetic Counsellor. In some centres it may not be a Registered GC. Often it is useful, but not necessary, to have two mentors. This is useful due to annual leave and acts as a support structure for both the trainee and mentor. The critical thing is that your mentor has the appropriate genetic counselling experience and time to support you.

My mentor never seems to have time.

This is a common problem for all of us working in busy genetic departments. Your training contract (Appendix) is important to lay out the amount of time you and your mentor spend together in terms of meetings. This also lays out the amount and variety of clinical experience you should be exposed to. If this is a problem, raise it with your mentor. It is important to have an open and honest relationship with your mentor.

I feel that I am not getting a variety of clinical experience needed for registration?

This again highlights the use of your training contract with your mentor. Any issues should first be raised with your mentor and then if this does not meet your needs you can speak to your line manager. Some trainees discuss multi-centre training in order to obtain a broad training and your Department could consider setting this up with another service.

Do check our section on 'Top-tips for registration' and the GCRB website for up to date guidance.

How much clinical work should I be doing and how much CPD?

It is important that you have a gradual introduction to clinical work that begins by shadowing other GCs and geneticists as well as familiarising yourself with local referral, triage and follow-up pathways. This should be followed by supervised trainee led consultations and only when you have enough knowledge and confidence, should you be working autonomously. This enables you to gather information about how your Department works and gain confidence at an appropriate pace. The timeframe for this will vary for different new GCs and be influenced by their prior experience.

You should be allowed enough time to include sufficient CPD for your general development as well as being able to fulfil registration criteria (30h per year) so you need enough time allocated for this. It is worth discussing this with your line manager and your mentor when you start and set up your learning contract.

Glossary:

AGNC	Association of Genetic Nurses and Counsellors
GCRB	Genetic Counsellor Registration Board
STP	Scientific Training Programme
TO	Training Officer
GCTP	Genetic Counsellor Training Panel
SOM	Sign off mentor

Appendix 1 – Template Training Framework

Experience	Cross ref to GCRB Registration competencies http://www.gcrb.org.uk/registrants/ (see applicant form part B for full list of competencies)	6 month plan (XX/XX/XX to XX/XX/XX)	Evidence / progress
Clinical	Client/Counsellor relationship (1 - 8)		
	Management and organisation of care (9 - 13)		
	Professional and ethical practice (14 - 20)		
Non-clinical	Professional and personal development (21 – 23)	***Continuing professional development***	
		Research informing practice	
		Service development/ improvement	

Trainee statement: ***Signed:*** ***Dated:***
Mentor statement   ***Signed:*** ***Dated:***

Appendix 2 - Example Training Framework (0 – 6 months)

** Please note the examples used are not an exhaustive list of suggested training experiences, a trainee's training framework will be tailored to their specific role and training opportunities in their department.

Experience	Cross ref to GCRB Registration competencies http://www.gcrb.org.uk/registrants/ (see applicant form part B for full list of competencies)	6 month plan (XX/XX/XX to XX/XX/XX)
Clinical	**Client/Counsellor relationship (1 - 8)**	• *Observe a range of consultant, SpR and GC clinics within the department and reflect on these with mentor.* • *Undertake and reflect with mentor on an agreed number of supervised consultations.* • *Discuss cases at Thursday weekly case meetings* • *Attend consultant clinics and assist in delivering genetic explanations and psychosocial support.* • *Visit local screening services for high risk Breast/ Bowel screening to improve knowledge of local services.* • *Seek opportunities to see patients who require interpreters.* • *Shadow a genetic counsellor on call or covering urgent prenatal referrals.* • *Investigate local support services e.g. counselling services, IAPT, benefits advice, helplines, local cancer genetic support groups etc.*
	Management and organisation of care (9 - 13)	• *Ensure clinical notes are written to trust standards.* • *Review X number of case notes and reflect on the information gathered and*

		recorded after different consultations. • Compile own collection of standard paragraphs for cancer letters. • Regular attendance at departmental teaching opportunities. • Literature searches for unfamiliar conditions. • Undertake breast cancer risk assessment training
	Professional and ethical practice (14 - 20)	• Reflect on own cases using an ethical framework with mentor. • Research specific local and national supportive services for couples who have a TOP. • Attend monthly clinical supervision meetings.
Non-clinical	**Professional and personal development (21 – 23)**	***Continuing professional development*** • Review the GCRB CPD template and produce a 6 month CPD file and review with mentor.
		Research informing practice • Offer appropriate information to patients about local and national research opportunities. • Reflect on own presentation of research opportunities for X different cases with mentor
		Service development/ improvement • Attend departmental audit meetings • Complete / or assist with a short audit for the department

Appendix 3 - Example Training Framework (6 – 12 months)

Experience	Cross ref to GCRB Registration competencies http://www.gcrb.org.uk/registrants/ (see applicant form part B for full list of competencies)	Evidence / progress	6 month plan (XX/XX/XX to XX/XX/XX)
Clinical	**Client/Counsellor relationship (1 - 8)**	*This column is completed prior to 6 month review with short statements to evidence progress against the previous 6 month plan (Example below)* • I have undertaken 5 supervised consultations (1 with mentor and 4 with another experienced GC) and reflected on them with my mentor. • Discussed the difficulty in arranging supervised consultations with mentor and made a plan for wider supervision within the team. • Case log number GXXX saw patient patients who required BSL interpreter – reflected on experience with mentor.	*The GC and mentor agree on plan for the next 6 months of training.* • Attend multidisciplinary clinics for VHL and cardiac cases • Continue to observe cases in cancer and general clinics • Lead in cancer clinic and continue to reflect with mentor • Attend Trust run grief and Loss courses

		• Worked with on-call GC team for 1 week and assisted in co-counselling capacity for 2 prenatal cases.	
	Management and organisation of care (9 - 13)	• Completed breast cancer as well as bowel cancer risk assessment training • Prepared set of standard letters cancer clinics • Identified a need for more concise clinic letters and notes and discussed strategies with mentor • Reviewed literature including gene reviews for the following conditions : XXX	• Shadow GC undertaking triage of family history forms for 1 week • Begin supervised cancer triage • Become familiar with pathway for urgent cases and shadow GC on call dealing with pregnancy cases • Improve on letters and note taking and review with mentor
	Professional and ethical practice (14 - 20)	• Provided feedback in GC meeting about National and local TOP support services	• Attend Genethics meeting • Continue to reflect with mentor and at supervision
Non-clinical	**Professional and personal development (21 – 23)**	***Continuing professional development*** • Attended Departmental meeting and internal seminars on xx • Developed a CPD template according to GCRB model and have begun	***Continuing professional development*** • Attend genomics for GCs training • Attend AGNC and BSGM meetings • Review information about Cowden Syndrome for information sheet

		reflective practice on CPD and reviewed with mentor	
		Research informing practice • Have recruited patients seen in clinic to EMBRACE and CORGI research studies • Reviewed research papers on latest research on screening in Cowden syndrome	***Research informing practice*** • Become familiar with CAPP3 clinic • Prepare a review for GC journal club
		Service development/ improvement • commenced audit of Cowden syndrome families and screening Helped develop a new pathway for rapid access to genetic testing for young breast cancer patients	***Service development/ improvement*** • complete audit • Create a patient information sheet on Cowden syndrome
Trainee statement: *The trainee provides a brief statement about what they want to achieve during their first 6 months* ***Signed:*** ***Dated:***			

Mentor statement
The mentor provides details of ongoing support and a plan for review

Signed:
Dated:

Appendix 4

Mentoring Contract

To ensure that the mentoring relationship is beneficial to both parties, the following forms the basis upon which we agree to meet and work

Agreement between: Registrant & Mentor

What do we want to achieve?

- Structure and monitor progress together based on prior experience and training needs , towards meeting competencies for registration
- Set action points deadlines for mentee/mentor tasks

Practicalities of Meeting

- Punctuality
- 30-60m meetings every *** weeks
- Quiet room, no interruptions
- Work to be reviewed by the mentor preferably provided a few days before the meeting to optimise use of time
- Mentor/mentee to take notes at each meeting and document action points

The Relationship

- Honest interaction with the opportunity for two-way criticism and adaptation of the process
- Commitment to work together to facilitate mentee managing work load
- Mentee is the more active party with emphasis on them to provide the motivation
- Mentor's roles include helping to steer mentee in a direction to achieve competence, observe mentee's clinical practice and acting as their advocate, if required, to help ensure protected time outside clinical activities.
- If there are difficulties in the relationship the mentee/mentor will make efforts to solve the problems but if the relationship is unhelpful either party can choose to terminate the contract.

Confidentiality

- Issues discussed at meetings will be kept in confidence and, in general, updates on progress will NOT be provided for the line manager although any concerns regarding clinical practice can be shared with a line manager.
- The meeting will not be a forum for 'gossip' about work colleagues
- Other colleagues will know of the relationship

Signed Mentee _____

Mentor_____ Date _____