GCTP: New Genetic Counsellor Training Day 2017

The Genetic Counsellor Training Panel (GCTP) organised another fantastic New Genetic Counsellor (GC) Training Day this year, which was held in Cambridge on the 27th October 2017. The day was attended by 28 New GCs from all over the country, including a number of NHS Scientist Training Programme (STP) Genetic Counsellors in their second year of training.

The first part of the day included; a talk from Alex Freeman on Risk Communication and Perception, a session from Helen Jolley on Top Tips for Registration Submission, and a talk from Sue Kenwrick about the GCTP and use of learning contracts. This was followed by an afternoon of short case presentations and discussions from each attendee on an interesting case they had led or been involved in.

Attendees were each asked to complete a feedback form about the day, including reflections from the day as well as suggestions for future meetings and activities/resources to support New GC training. Attendees also submitted a couple of key learning points from their case to help other New GCs benefit from their experience. Ellie Davies had kindly collated the feedback and produced the report below.

On behalf of the New GCs, we would very much like to thank the GCTP for providing such a wonderful training day and networking event for us. I know the New GC Day is much appreciated every year by all who are able to attend.

E. Davies
A. Goldman

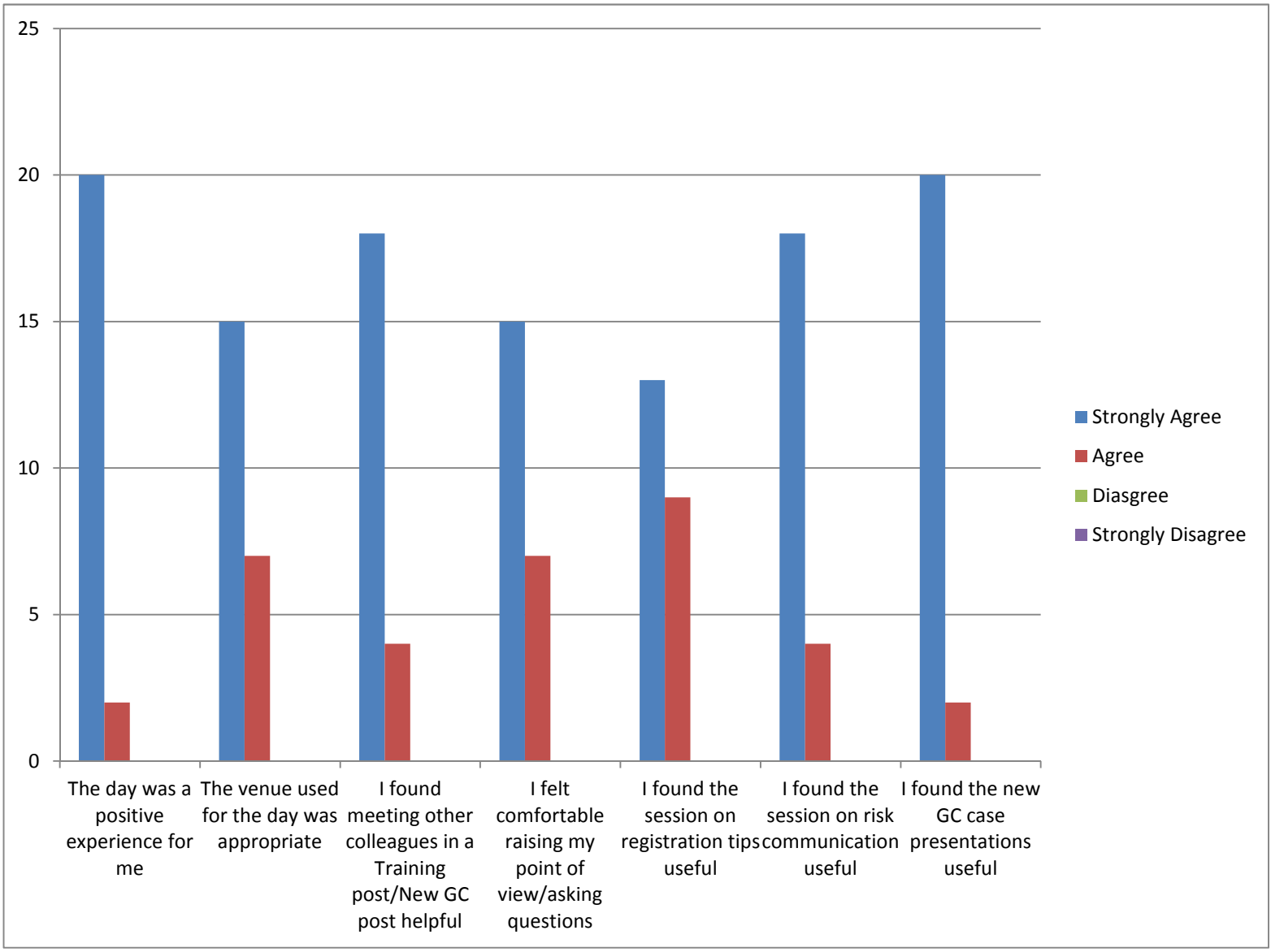
Ellie Davies (New GC, Cambridge) **Amy Goldman (AGNC New GC Representative)**

Feedback and Learning Points from the Day

Summary

Feedback from the day was overwhelmingly positive! All new GCs who attended the training day said they would choose to attend a similar meeting in the future.

Only 7 of the 17 new GCs (not the 5 STP students) currently use the GCTP learning contract. The reason for this given by most was that they had been unaware of the learning contract until the training day, but many said they hope to use it from now on. One person said they already have a good structure in place at their centre but plans to use the learning contract to influence their progress.



Reflections of Attendees

"Really useful to hear how other GCs have worked through issues"

"It was great to meet colleagues in other centres and other recent graduates"

"Really positive day. Appropriately targeted content, directly relevant for my practice."

"Very helpful/humbling/reassuring to hear each other's case presentations."

"Found risk presentation very helpful and eye opening."

"Very useful day – has been really great meeting other new GCs and realise that we are often in the same boat and at times all experience difficulties."

"I always find hearing other people's cases interesting and learning about peoples experiences working in different centres."

"I thoroughly enjoyed the risk communication presentation to consider how best to present this info to a patient."

"Really enjoyed the day. Interesting to learn other new GCs cases and some good learning points."

"Registration tips session very useful"

"Thought it was great, nice lectures, nice amount of time to chat/network."

"Great to have the opportunity to learn more about others' experiences and I valued being able to present in an informal/safe environment."

"We need more of these!"

Do you have any suggestions for future meetings, including talks or activities?

- Case study presentation/discussion again
- Counselling skills session/workshop
- Ethics session
- Other opportunities to compare practice between different centres
- Group work (and then feedback to the whole group)
- Casual dinner afterwards

Do you have any suggestions for what activities/resources, outside your department, would be best to support you in your training as a new GC?

- Resources explaining the different jobs eg. Band 6/7/trainee/annexU
- More regular opportunities to meet new and training GCs
- Activity on the Facebook group
- Information on unions

- Meetings regarding registration

Learning Points from Case Discussion

Check the pathogenicity of the variant on the proband's report before offering predictive testing. If you're faced with a 'hot' class 3 variant, consider doing further research/family studies to try and classify it.
To try and get as much clarification as possible about reported cancers prior to the appointment, especially with an adopted in proband.
Consider all options (other than non-paternity) if both parents are not found to be a carrier of a recessive condition that affects their child: ○ Could be a new mutation in the affected child. ○ Both mutations may have been inherited from one parent 'in cis' (on one allele). ○ The genetic test may have missed the parental mutation due to some sort of error (primer binding, test failure, error in reporting). ○ Parental germline mosacism possibility. If parental carrier status is unknown, it is acceptable to test the partner of the child even when they have been tested for the common mutations and have been found to not be a carrier. This is to rule out rare mutations not picked up by testing, and to ensure the risk to future offspring can be calculated.
Always expect the unexpected. Be confident to use challenging skills.
Where possible relatives of the same family see the same GC to prevent the repetition of work etc (though I suppose this can have its cons!) Some extrapolation from my case - the importance of having clear phenotype information from other clinicians to aid and direct genetic testing.
Being confident with the psychosocial aspect of genetic counselling is important as some consultations focus entirely on psychosocial concerns and not genetic concerns such as risk figures. Attending to immediate needs of a patient can really help in building a strong rapport.
Address cases with adoption issues/social workers/ LAC/foster parents with increased awareness of complex social situation. In cases such as these, active listening is crucially important; sometimes decisions are already made by foster parents (for example), but they want/need to voice their concerns.
Understanding how patient risk perception can be influenced by different factors, perhaps not directly relevant to the diagnosis/risk assessment in question. Possible challenges where a patient may misreport or misperceive a 'type' of cancer - Cervical precancerous condition as an example.
Don't deal with a referral for someone you have met outside of your clinical role (even if you hardly know them and think it would be okay!) Have a clear understanding on departmental policy on DTC tests before engaging with a patient.
There are no clear guidelines for carrier testing and the decision to test is currently seemingly made on a case by case basis (and includes factors such as population carrier freq, any testing for common mutations, severity of condition, confirmation of diagnosis/known familial mutation). A patient's perception of risk can being massively influenced by the family history, making 'reassuringly low risks' difficult to accept.
Prenatals can be really difficult and tug at the heart strings! Even when you think you may not be helping or feeling helpless in a situation, you are still probably helping them in some capacity which is all we can do.