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GCRB
Genetic Counsellor
Registration Board

professional™ standards authority
accredited register

Applicant Guidelines

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CONTENTS

INTRODUCTION

These guidelines describe the process of UK Genetic Counsellor registration. It is recommended they are read thoroughly before developing a portfolio. Please use the current version of the guidelines on the GCRB website. The guidelines are usually updated annually. Should you wish to clarify whether you are using the most updated version of the guidelines, please contact the GCRB Board Administrator.

All relevant paperwork for Registration is available on the GCRB website. A written portfolio of work is submitted for assessment. Part of this work is assessed by a Sign-Off Mentor and the remainder by a pool of GCRB Registered assessors including experienced academics and genetic counsellors.

ELIGIBILITY TO REGISTER

To be eligible to submit a "Notification of Intention to Register" form applicants must fulfill at least one of the following sets of criteria (Set A or B) and the criteria related to genetic counselling experience:

Set A

- Attainment of a GCRB approved/accredited Master of Science (MSc) degree in Genetic Counselling

Set B (all of below)

- Attainment of an Undergraduate or Masters Degree
- Attainment of a professional qualification as a registered nurse or midwife and evidence of maintenance of current professional registration
- Previous experience as a senior registered practitioner having developed and demonstrated proficiency as an autonomous professional in a health care setting
- Completion of training in counselling skills of at least 90 guided learning hours[1] (from 2012 at least 30 hours of the counselling training must be delivered via an academically accredited course and the applicant must show evidence of having passed a formal assessment/examination as part of that course)
- Completion of an academically accredited course in the science of human genetics of no less than 30 guided learning hours[1]. The applicant must show evidence of having passed a formal assessment/examination as part of that course

[1] *Guided learning hours (GLHs) are defined as "all times when a member of staff is present to give specific guidance towards the learning aim being studied on a programme. This includes lectures, tutorials and supervised study in; for example, open learning centres and learning workshops. It also includes time spent by staff assessing a learner's achievements..." (Learning and Skills Council, Funding Guidance for Further Education, 2004).*

If you have any questions about your eligibility to register, please seek advice from the GCRB **BEFORE** submitting your 'Notification of Intention to Register' form. All overseas applicants MUST apply for an eligibility certificate before submitting their 'Notification of Intention to Register'.

CRITERIA RELATED TO GENETIC COUNSELLING EXPERIENCE

Applicants may submit their Notification of Intention to Register form when they have completed at least two years fulltime (or fulltime equivalent) before the date of portfolio submission in a genetic counselling post under the supervision and mentorship of a Registered Genetic Counsellor who is based in a Regional Genetic Centre[2].

An applicant working outside a Regional Genetic Centre will require an Honorary contract with their supervisor / SOM's Trust and vice versa. The Honorary contract should be submitted with the Notification of Intention to Register but further evidence will be required in the portfolio submission[3].

For at least two years full time (or equivalent part time), the main focus of an applicant's work *must* have been clinical (rather than in other areas such as research or education) and should have included a breadth of experience involving both general and cancer cases.

ADDITIONAL NOTES AND GUIDANCE

- For applicants that have taken a Masters level degree in Genetic Counselling, the two year clinical period of genetic counselling experience begins when formal written notification from the university of successful completion of the degree is received
- For applicants who have a nursing or midwifery qualification the two year clinical period of genetic counselling experience begins when formal written notification from the university or institution of successful completion of both the counselling and the science courses has been received.
- Specialist genetic counsellors (e.g. in cancer or cardiac) can use the general registration process but must demonstrate non-specialist genetic counselling skills.
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[2] *Applicants who are uncertain as to whether their post or Genetic Centre is appropriate and all applicants based outside the UK or Republic of Ireland should contact the Board for guidance.*

Applicants not working in a Regional Genetics Centre must read about the requirements of the Clinical Standards for a Genetics Unit as set out in the document published by the Clinical Genetics Society, The Clinical Governance Sub-Committee August 2005 (http://www.clingensoc.org/media/43560/clinicalstandards.pdf) and demonstrate links with such a centre so that the requirements are met. Evidence of these links will be required with portfolio submission and applicants are advised to discuss this with a member of the GCRB before submitting their Notification of Intention to Register

[3] *Applicants must provide documented evidence of regular clinical contact which should include evidence of: appropriate levels of case discussion and supervision of clinical practice; attendance at Multidisciplinary Team meetings; access to expert clinical advice; support and education activities; regular counseling supervision.*

A new website management system is due to be launched which will alter the way a Notification of Intention to Register is submitted and also alter the way portfolios are submitted. This will not affect portfolio content. The relevant sections of the guidelines will be updated as soon as the system goes live.

SUBMITTING INTENTION TO REGISTER

An Intention to Register form must be submitted electronically between 1st February and 1st March (inclusive) each year. Submission will be between **midday** on 1st February and **midday** on 8th February (inclusive) each year. Intention forms received earlier than this, or after the application closing date, will not be processed. All forms received will be managed on a "first come, first served" basis. If it is not possible to assess all applicants, acceptance will be made in order of receipt of the electronic Notification of Intention form.

To submit an Notification of Intention to Register the following documentation is required:

- Completed Notification of Intention to Register Form form detailing your Sign-Off Mentor (see Sign-Off Mentor section)
- Copies of relevant academic/professional certificates
- Copy of current NMC Registration if applying under Set B eligibility criteria
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- The documents should be sent by email to the GCRB Administrator (enquiries@gcrb.org.uk) with confirmation that the payment fee has been arranged as follows:

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• Payment of £200 should be made electronically to the GCRB TSB Account:			
Account Number:	76510260	Sort Code:	87-70-27
IBAN:	GB71TSBS87702776510260	BIC:	TSBSGB21123
Please ensure that you enter a REFERENCE for the payment such as "**Application Fee**" and your "**Name**".			

If any of the required documentation is omitted, the form is illegible or the fee is not received, the Intention to Register application will not be processed.

On receipt of completed documentation and fee, an email will be sent by the GCRB Administrator acknowledging receipt.

Applicant details will be entered on the GCRB registration database and the GCRB Chair will review the application. ***If eligibility is confirmed***, applicants will be sent a letter confirming their eligibility to register, a receipt for their registration fee and an 8-digit applicant number. This is usually within 2 weeks.

It is essential that applicants insert the correct 8-digit number as a header on every page of their portfolio: incorrectly marked portfolios will not be assessed.

E-PORTFOLIO SUBMISSION

The electronic portfolio should be completed in five files (Parts A, B and C should be in PDF format and submitted within one email [if possible]: see Portfolio Presentation section). Applicants must also submit a plagiarism (iThenticate) report of Part C of their portfolio (see Appendix 3 and Appendix 4).

Compressing the PDF format to <5 Mbs if necessary can help to ensure safe and complete electronic delivery. The portfolio should be submitted by email to the GCRB Administrator no later than 12 midday on the 1st April (irrespective of the day of the week the 1st occurs). Applicants are advised that failure to do this could result in a refusal to process the application for registration. Parts D and E contain the references and are to be submitted directly to the GCRB Administrator by the Sign-Off Mentor and Manager respectively.

FAILURE TO SUBMIT PORTFOLIO BY THE REQUIRED DATE

Notification of Intention to Register form should NOT be submitted unless applicants have a prepared portfolio ready to submit on 1st April. It will not be possible to extend the submission period. FAILURE TO SUBMIT WILL RESULT IN LOSS OF THE REGISTRATION FEE. A new intention to register with the fee will be required. If there are extenuating circumstances an Extenuating Circumstances Application Form (available from the Appeals Section of the GCRB website) needs to be completed and the applicant may be allowed to submit the following year without payment of an additional fee.

ASSESSMENT PROCESS

All e-portfolios are subjected to rigorous assessment. The clinical components of the portfolio are assessed by the Sign-Off Mentor during portfolio preparation. The Sign-Off Mentor and Manager also send in a confidential reference that the applicant does not see. The academic components (essay and case studies) are assessed by 'Assessor Pairs' (consisting of a Primary Assessor (who is a GCRB Board Member or experienced assessor and a Secondary Assessor) who are allocated to each applicant randomly. All assessors are Registered Genetic Counsellors. As the portfolios are anonymised Assessors will not know the identity of the applicants they are assessing.

Assessors have a minimum of one month to read the essay and case studies and prepare and submit their individual assessment.

- If no concerns are raised in the academic work, the Assessors compile a final report and submit this to the GCRB Administrator prior to Assessment Panel meeting/Marking Day.
- If either of the assessors raises concerns about the academic work, the work is forwarded to a Moderator for review and a final decision is made at the Assessment Panel meeting/Marking Day*. The final decision is made by the Moderator/s. The Moderator/s will also be consulted if there is any concern over plagiarism.

Assessment Panel meeting/Marking Day is around the end of June (the exact date can be found on the GCRB calendar).

From 2017, a rubric will be used for marking the academic work (see supporting information in the Registrants section of the GCRB website) with a pass mark of 50%. Although the rubric produces a percentage mark, the percentage will NOT be reported in the feedback of the portfolio (see Outcomes of Portfolio Assessment section below).

Two Moderators are available each year, one of whom is usually the GCRB Academic Advisor. A third Moderator may be available as a back-up if necessary. Moderators have an established academic career and/or experience of marking at Master's Level, and may be experienced GCRB Registered Genetic Counsellors. Moderators are co-opted into the role, and have an initial 3 year tenure that can be extended up to 6 years. Unlike the GCRB Academic Advisor, co-opted Moderators do not have a role in other GCRB activities.

Once the academic work has been assessed, the clinical competence sections of the portfolio assessed by the Sign-Off Mentor are amalgamated and reviewed by the assessors. At this point the 8-digit number will be matched with the applicant's identity.

If the content of the essay, case studies, or any part of the portfolio raises concern over patient/public safety, this will be reported to the GCRB Chair who will inform the applicant's SOM and Manager.

A date for issuing results will be posted on the GCRB website. This will be approximately 4 weeks after the Assessment Panel meeting. The applicant will receive feedback detailing whether their registration is classed as 'pass', interview', 'deferred' 'or 'fail'. The feedback is copied to the SOM and if the outcome is 'deferred' or 'fail' a copy will also be sent to the manager.

The outcomes of portfolio assessments may be discussed at the GCRB business meeting following the Assessment Panel meeting to ensure the GCRB's regulatory and quality responsibilities can be met.

See Appendix 6 for a flow diagram of the Assessment Process.

*If one or both assessors cannot attend the assessment day due to unforeseen circumstances, the assessment process may be completed by teleconference, telephone or email communication.

OUTCOMES OF PORTFOLIO ASSESSMENT

After assessment, portfolios will be categorised as one of the following:

1. **Pass** - applicant has demonstrated competence as a genetic counsellor. The applicant can be entered onto the Register of Genetic Counsellors
2. **Interview** - the GCRB reserve the right to request any applicant to attend a *viva voce* examination. The applicants would be informed of this within a month following marking day.
3. **Deferred** - competence not fully demonstrated, amendments to be resubmitted.
4. **Fail** – competence not demonstrated and a new portfolio required.

Amendments after deferral

If there are issues to be addressed, the applicant will receive a letter from the GCRB outlining the details. They will be given the name of a board member who will be available for further discussion. The applicant will be given the opportunity to resubmit their amended portfolio on or before 1st January the following year with a new plagiarism report (see page 19).

Failure to submit amendments after deferral

Unless extenuating circumstances apply (see GCRB Extenuating Circumstances form) the applicant must submit amendments by the next submission date (see above). If the applicant fails to do this they forfeit the registration fee and must start the registration process again, i.e. send in a new Notification of Intention to Register form, portfolio and fee.

Unsatisfactory amendments after deferral

If the amendments submitted are unsatisfactory, the applicant cannot proceed further. If applicants still wish to register in the future they will have to start again with the registration process, via the submission of a new Notification of Intention to Register form, fee and portfolio. Any evidence documented in the first portfolio that required no amendments and is within the three years prior to notification of the new Intention to Register may be used for the resubmission.

Fail

If there are major concerns about the applicant's competence, registration will be denied. The GCRB will give written feedback with the reasons for this. If the applicant wishes to register in the future they will have to start again with the registration process, via the submission of a new Notification of Intention to Register form, fee and portfolio. In the event that an applicant has previously failed registration then they are expected to create a completely new portfolio.

Applicants will automatically fail registration if there is:

- Evidence of plagiarism
- Evidence that the applicant has not acted in accordance with the GCRB Code of Conduct or the AGNC Code of Ethics e.g.

- Falsification of records or other experience
- Evidence of Professional malpractice
- Failure to disclose a conflict of interest

APPEALS

Applicants who wish to appeal the decision of the GCRB can consult the Appeals Process document.

PORTFOLIO PREPARATION

The competence standards within the Registration documentation provide the framework against which applicants are asked to submit evidence. The evidence submitted should demonstrate reflection on practice that is likely to be strengthened through experience. Applicants must not use case studies submitted for an MSc in Genetic Counselling within the 50 Case Logs. However, work used within any courses can be revised and submitted as case studies or the essay, as long as the work has been completed no earlier than three years before the submission of the Notification of Intention to Register. If first-author publications are to be used within the portfolio, then the date of publication must be no earlier than three years before the submission of the Intention to Register.

An example of a reflective model and guidance on Masters level assessment is provided in Appendix 2. The whole portfolio should reflect an academic standard consistent with Master's level, including evidence of critical analysis and synthesis of evidence in support of practice and problems.

All evidence contained within the portfolio MUST have been completed within 3 YEARS of the 'Notification of Intention to Register' date.

PLAGIARISM

Where plagiarism is identified in a portfolio the assessment process will be discontinued and the applicant will be denied registration. A further opportunity to register with a new portfolio will be at the discretion of the GCRB (see Appendix 3).

COUNSELLING SUPERVISION

In line with the AGNC Supervision Working Group Report (2006), it is mandatory that genetic counsellors receive regular counselling supervision, as defined in the Report. The counselling supervisor must

provide details of their qualifications and membership of professional bodies and write the commentary on the taped sessions.

SIGN-OFF MENTORS

Applicants must identify a Sign-Off Mentor (SOM) for support and guidance throughout the submission process. The Sign-Off Mentor must be a Registered Genetic Counsellor with at least five years experience working as a Genetic Counsellor. They **MUST** have undertaken the Sign-Off Mentor training provided by the GCRB within three years of the Notification of Intention to Register date. For example, if acting as a SOM for submission in 2018 the SOM will need to have completed training during or after 2015. It is the responsibility of the applicant and SOM to verify that the chosen SOM meets this training requirement. Failure to do so may lead to a submitted portfolio not being assessed.

If it is necessary for the SOM to change during the portfolio preparation, the SOM should sign off any work that is completed and submit a SOM reference. The subsequent SOM should then sign off the remainder of the portfolio and provide a further reference.

The GCRB maintains a list of Registered Genetic Counsellors who have completed SOM training. This is available on the GCRB website (under 'Check the Register').

Where possible the SOM should be working in the same department as the applicant. If a SOM from another Trust or location is required, it may be necessary for the SOM to have an honorary contract. Applicants are responsible for organising this and are advised to seek advice from their managers.

The GCRB are unable to cover any travel expenses for the SOM or applicant in this situation and suggest that the applicant covers the cost of the SOM's travel or an acceptable agreement is made between the two individuals.

Please refer to the Sign-Off Mentor Guidelines for further information.

Sign-Off Mentors must:

- Sit in on a minimum of five counselling sessions used in the Case Log and provide evaluation of this in the Sign-Off Mentor's reference
- Sign off the 50 cases log, this means that all 50 sets of case notes have been seen and the work evaluated.

Sign-Off Mentors and applicants should:

- Agree a timetable of contact and submission of work for review. See Genetic Counsellor Registration Mentoring Framework.
- Use acceptable timeframes. Sign-Off Mentors should not be expected to review portfolio evidence within unacceptable time frames (e.g. within two weeks of portfolio submission date). Their involvement in the portfolio development should be incorporated over the entire period of the portfolio preparation. Applicants in turn should expect review of work to be completed as per the agreed timescale.
- Ensure that periods of leave have been noted and allowances made to accommodate these within the time frame.
- Approach the GCRB with queries or concerns.

The Sign-Off Mentor has a responsibility to guide the applicant to submit a portfolio of the required academic and clinical standard that demonstrates ability to work as a reflective and competent genetic counsellor. The Sign-Off Mentor will be expected to sign a confidential reference to this effect (Part D, Confidential Reference), which will be submitted directly to the Board Administrator. Therefore the Sign-Off Mentor should reinforce the fact that work not demonstrating these competences will be discussed in detail with the applicant as part of the mentoring process. If after discussion the applicant still wishes to submit a portfolio that in the Sign-Off Mentor's opinion is not of the required standard, they should complete and sign the report stating their concerns. If the Sign-Off Mentor has other concerns about the applicant's competence they should also state these in their report.

PORTFOLIO PRESENTATION

- The portfolio is submitted completely in electronic PDF format, therefore evidence only available as hard copy must be scanned. Once eligibility to register has been confirmed, the applicant's 8-digit number should be inserted as a header on each page of the portfolio.
- All signatures must be inserted electronically.
- The portfolio is made up of five sections, Parts A to E.
- The applicant’s sections of the portfolio is submitted in three PDF files, Part A to C and submitted within one email (if possible). Applicants must also submit a plagiarism report of Part C of their portfolio (see Appendix 3 and Appendix 4)

- Parts D and E are emailed directly to the Board Administrator by the Sign-Off Mentor and Manager/Senior Colleague respectively. It is not essential but preferable if these are in PDF format. All references should have an electronic signature.
- The evidence should be free from typographical and grammatical errors. Double spacing is preferred. Word limits **must be adhered to** and word counts must be recorded. Work exceeding the upper limit by more than 10% will not be assessed (automatic deferral)
- Harvard referencing must be used. However, if a published paper is being submitted as part of the portfolio, which used a system other than Harvard, the referencing system used can be retained for that paper only (see Appendix 4).
- Each piece of evidence should be numbered and logged against the appropriate competence in the evidence column of the Core Competences section.
- Two references are required, one from the Sign-Off Mentor and the other from a manager or senior colleague. The same person cannot complete both these references. These references are confidential so cannot be used by the applicant as evidence for competencies. However, extra testimony from the Sign-Off Mentor, Manager or Senior Colleague can be sought by the applicant and included in the portfolio to confirm some of the competencies.
- Use numbers 1-50 for case log items. The case log should provide evidence of a breadth of experience including prenatal, paediatric, adult and cancer genetics. Those genetic counsellors working in a specialist area (e.g. cancer or HD) need to complete **ten cases** from an area in which they do not usually work, e.g. cystic fibrosis, fragile X, prenatal. Genetic Counsellors working with a general caseload should include **ten cancer genetic cases**. Genetic counsellors are expected to feel confident in working in the non-specialist area and if additional training is required then this should be organised. The client information used in the counselling reports and three case studies may also be used as part of the 50 cases in the case log.
- In five of the 50 cases included in the log, a consultation between the applicant and the client must be observed by the Sign-Off Mentor. The Sign-Off Mentor will be required to write a short report (paragraph) within their reference on each observed consultation, highlighting two to three competencies particularly observed in the consultation. Genetic counsellors working in a specialist area (e.g. cancer or HD) need to have one observed case from an area outside the applicant's usual area of specialist practice (e.g. cystic fibrosis, fragile X, prenatal).

- One piece of evidence e.g. a case study may demonstrate more than one competence so may be entered several times
- All documentation relating to individuals and families must be anonymised.

CONFIDENTIALITY

The applicant's work will remain confidential to the Sign-Off Mentor and Assessor Pairs. In situations where the assessor is not familiar with the area of practice, they may seek advice from a colleague with expertise of the area in question, provided this does not infringe anonymity of the candidate.

Sign-Off Mentors may require honorary contracts if they work outside the applicant's own Trust. It is the applicant's responsibility to check and organise this.

REGISTRATION PROCESS EVALUATION

Evaluation is obligatory for those participating in the assessment process. The evaluation will take the form of questionnaires that must be submitted by non-Board assessors, applicants and Sign-Off Mentors after assessments are completed. Completed evaluation forms are anonymised and are only accessible to the GCRB. When possible the evaluation forms are collated and the overall results summarised by a professional outside of the GCRB such as the Patient and Public Representative.

COMPLETION OF PORTFOLIO

The portfolio is presented in the following sections:

- Part A: Personal details and signature of authenticity
- Part B: Record of continuing professional development, competence, cases log, reflective counseling cases
- Part C: Case studies, Essay / Article.
- Part D: Manager/Senior Colleague Reference
- Part E: Sign-Off Mentor Reference

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Part A:

PERSONAL DETAILS AND SIGNATURE OF AUTHENTICITY

Part B:

RECORD OF CONTINUING PROFESSIONAL DEVELOPMENT

Applicants are required to write a reflection on each piece of evidence of Continuing Professional Development (CPD). Irrespective of the hours worked, a minimum of 30 hours of CPD per year is required. See CPD Guidelines for full instructions.

RECORD OF EVIDENCE OF COMPETENCE

The Competence Standard Statements are provided in the Genetic Counsellor Registration Application Form: an example of this is provided below. Applicants should provide five pieces of evidence demonstrating competence for each statement. The Sign-Off Mentor is required to assess the pieces of evidence provided.

Additional information:

- Each piece of evidence submitted should be numbered
- The number for each piece of evidence must be provided against the competence demonstrated. Other pieces of evidence can be labeled as the applicant chooses, but must be clearly identifiable.
- The counselling cases, case studies and essay may provide evidence for competences
- One piece of evidence, e.g. case study may demonstrate more than one competence so may be entered several times. There is an expectation that competences will be met through a range of evidence
- Additional evidence should be placed in an appendix.

Example taken from the Registration Application Form

THE CLIENT/COUNSELLOR RELATIONSHIP		
Competence Standard Statement A: Establish and maintain a relationship with clients through effective communication, which promotes clients' goodwill, trust and confidentiality and shows particular concern for their personal beliefs and values		
COMPETENCE	OUTCOMES	EVIDENCE
a) Establish relationship and elicit clients' concerns and	a) An environment is created which is conducive to the identification and expression of feelings, anxieties, beliefs, and expectations and considers clients'	E.g. you could enter: **1.** Case notes 12, 25 & 31 tape report 53, letter 3.
2. Elicit and interpret appropriate medical, family and psychological history	a) Through the promotion of trust and confidence the client is enabled to disclose their medical, family and psychosocial history.	E.g. you could enter: **2.** Video/audio tape of session 54, letters 6 & 8, case notes 10

CASE LOG BOOK

Fifty cases demonstrating varied clinical experience must be recorded. This is broken down into separate tasks, e.g. draw pedigree, take medical history etc. The applicant must have seen the family and completed the task within the previous three years prior to submitting the Intention to Register. Every task must have been performed in at least five cases and some of them are likely to have been performed much more e.g. the 'assess risk' task may apply to more than ten cases.

Each task performed should be marked with a cross in the square provided. An evidence item number should be allocated to each case used. If there is insufficient space to record the diagnosis, use a code and put a key at the bottom of the table.

The Sign-Off Mentor will be asked to check and digitally initial each case and comment on the breadth of Case Log experience in their reference. Sign-Off Mentors must observe a minimum of five consultations from those cases in the Log and provide evaluation of this in the Sign-Off Mentor's reference.

The Case Log record must include evidence of participation in genetic counselling in the following areas:

- Single gene disorders with a range of inheritance patterns
- A range of chromosomal disorders
- A range of genetic testing situations, including prenatal, presymptomatic and carrier testing
- Cancer genetics.

If the applicant is working in a specialist area at least ten cases should be from a different area of practice. Genetic Counsellors working with a general caseload should include ten cancer genetic cases and vice versa. If further advice is required on this issue prior to portfolio submission it is advisable to contact the GCRB (enquiries@gcrb.org.uk), as there is an expectation that a wide range of conditions are included.

If the applicant has worked in more than one centre, cases from a previous centre may be included providing they occurred within three years prior to the submission of the Notification of Intention to Register. In those cases, documentation from a manager or supervisor from that centre must be provided to confirm the applicant's involvement in those cases.

Example of Case Log:

NUMBER	1	2	3	4	5
Your family code	A	B	C	D	E
Diagnosis at referral (Use a code and attach legend)	HD	BC	CF	Dys	T
Final diagnosis	HD	BC	CF	22q	T
CLINICAL SKILLS					
Draw pedigree	X	X	X	X	
Take medical history	X	X	X	X	
Take psychosocial history	X	X		X	X
Document case appropriately	X	X	X	X	X

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Example of legend for disease codes:

HD = Huntington's disease	BC = breast cancer history	CF = cystic fibrosis
Dys = dysmorphic	22q = 22q microdeletion	T= Turner syndrome

Definitions:

Provide additional psychological support: Provision of **additional** counselling sessions and/or support on top of what might be considered ***routine*** for that patient. For example, providing additional pretest counselling sessions or follow up contact to adjust/cope with information/test results. Referral on or signposting to other agency for additional support where the counsellor has used their counselling skills to identify **specific additional** needs of a patient. The SOM should see evidence of this in the patient records.

Refer to other agency: Routine referral to screening services or signposting to support groups or other agencies

REFLECTIVE RECORD OF TWO COUNSELLING SESSIONS

Both of the sessions should be taped (video or audio)* with the client's verbal consent recorded at the start and close of the session. The review of the cases should include analysis, reflection and reference to the techniques used, which should be recorded in the format illustrated below. Tapes should be retained in a secure place by the applicant until after registration is granted.

The counselling supervisor completing this section of the portfolio **must** have a counselling diploma and should have supervisor training / experience (see AGNC Supervision Working Group Report 2006). **Therefore if no-one from the department fulfils these requirements, a supervisor should be sought from outside the applicant's department.**

In their comments, the supervisor is asked to include the appropriateness of the beginning and closure of the session, the pace of the session, the rapport / climate of understanding achieved, the

appropriateness of counselling skills and techniques and awareness of transference and counter transference.

It may be helpful to review the GMC (2013) Making and using visual and audio recordings of patients. http://www.gmc-uk.org/static/documents/content/Making_and_using_visual_and_audio_recordings_of_patients.pdf (accessed June 2017)

Example of Reflective Record

Case 1	Your code: 26
Signature of counselling supervisor:	
Name of counselling supervisor (please also provide counselling qualifications and details of supervision training): Mrs L, Diploma in Psychodynamic Therapy, Certificate in Supervision	
Brief description of case: Mrs M had been diagnosed with breast cancer age 46. She had a family history that met the department 'high risk breast cancer' criteria; there was therefore a chance that she was a gene fault carrier for BRCA1 or BRCA2. She had previously had a mastectomy of her affected breast and was referred to discuss risks of breast cancer in the contra lateral breast, as well as genetic testing for the BRCA genes. Mrs M had only just had her surgery and was still coming to terms with her diagnosis.	
Comments by genetic counsellor on session: Mrs M was a high-powered executive with an important job. She took the minimum amount of time off work to have her surgery; she arrived late for the genetic counselling consultation. As she walked towards the clinic room she appeared flustered; two different mobile phones rang, which she hastily switched off while carrying her work papers under her arm. Mrs M was assertive and articulate in the language she used. She seemed to find it difficult to settle into the consultation and appeared rather agitated. She fired questions at me about her genetic risk and the evidence base that this assessment had come from. She interrupted at	

every stage wanting to know which research supported the information I was giving.

I found it difficult to enable Mrs M to divert herself from this coping mechanism; she did not seem to have any emotion surrounding her cancer and dismissed talking about how she felt about it when asked. I felt as if Mrs M was transferring her agitation to me. I also felt as if she needed to test my clinical knowledge. Every time I tried to steer the conversation to our agenda (to discuss genetic testing, risks of a contra lateral breast cancer and also what she felt about her situation and how this might affect her decision making) she turned it back into a question about facts, figures, calculations and statistics.

Although I wanted the session to be patient-centred, I found I got caught up in the detail of each question and I found myself colluding with Mrs M. We talked a lot about risk and the evidence behind the information I was giving. In the end I found myself promising to send her some papers that would give all the research data that she required.

The session was very tiring, and afterwards I identified that I had felt powerless and also stripped of my skills. The “internal supervisor” in my head knew that these emotions did not belong to me and that I could be picking up her own feelings about her cancer and surgery (transference and counter-transference). I also reflected that the feelings of exhaustion that I had as I left the clinic seemed to reflect how exhausted Mrs M was when she arrived. As Mrs M had dismissed any level of emotional conversation it seemed difficult to use Immediacy (Rogerian Theory) and label these feelings with her. I left it that I would arrange another appointment to discuss the pros and cons of genetic testing after she had discussed this a little with her husband. She also had not decided whether to have a prophylactic mastectomy of her contra lateral breast and so I said we could meet again to explore this further next time. The consultation lasted over an hour, I hadn't realised the time since I was trying to keep up with Mrs M's questioning and my own agenda slipped. On reflection I needed to take control of the session in a more constructive matter and ensure tighter boundaries were in place. I brought this case to supervision so that I could explore to what extent my collusion was helpful or not and to discuss if and how I could have gently challenged Mrs M's coping style.

Comments by supervisor on session:

This genetic counsellor (GC) arrived at her supervision feeling very deskilled by her session – perhaps still in the thrall of Mrs M's powerful projections. GC reflected very constructively on their session, pinpointing areas that could have been handled differently if she had been able to free

herself of the effects of the client's deflection away from the difficult thoughts that invaded her decision making processes. Perhaps Mrs M was horrified to think of the further possibility of life-threatening illness, her uncertain future, prophylactic body “mutilating” surgery, and defended against the possibility of the GC recognising, exploring and addressing this “out of control” part of her psychological functioning.

The GC could appreciate that boundaries around the session were required for the feeling of safety of both counsellor and counselled. She has planned further interventions with this in mind. In addition, she has planned certain flexibility around the agenda in order to prevent competition over “who controls the session” and to allow the possibility of useful exploration.

Despite her self-criticism, GC did well to manage the session in the way that she did, and to reflect upon it.

In conclusion, she admirably employed fearless self-examination resulting in a moving on of her understanding, and used her transference/counter transference response to inform her practice for effective planning of the next interview.

Describe what you learnt from the session and feedback:

It was useful to discuss my role in the consultation and what I may have represented to Mrs M – by dismissing me and the information I was giving this seemed to represent a dismissal of the cancer and its

potential return. If I could be challenged and rebuffed then perhaps the cancer could too. It was helpful to see our interaction in terms of this. Mrs M seemed to have completely denied any emotional reaction to her cancer; she was trying to keep everything together and working excessively to prove that she was OK. I really wanted to help her to let her guard down and hoped to be able to explore this in a future session. We pondered whether she may find it difficult to let her guard down to anyone and whether it was helpful, therefore, to challenge this. We also discussed what she might fear would happen, if she did. The supervisor suggested that I could explore this tentatively and if it felt appropriate in the next session, I could ask Mrs M to slow down and re-focus. I could also gently suggest to her that her questions relating to where each piece of evidence came from appeared to me, as a cover to avoid looking at how she felt.

It was also helpful to look at boundaries and the supervisor suggested that I have a clearer agenda next time and to stick to it. I also needed to feel able to say when the agenda strayed (i.e. questioning every piece of research evidence) and have the confidence to say no to certain requests. After supervision I had clarified how to more helpfully work with this patient in the next session.

APPENDICES AND OTHER EVIDENCE

Please include here other evidence in support of education and service delivery competence.

Part C:

CASE STUDIES

Three case studies of 2000 words each (not including references) must be submitted. There is 10% flexibility on this word limit, i.e. an upper limit of 2200 words. **If the word count is more than 10% above upper word limit this is an automatic DEFERAL for the case study. The case study will not be read or marked.** Each case study is required to demonstrate the applicant's knowledge, skills and attitudes within a specific area. Reflective practice must be demonstrated within each case study (see General Tips for Academic Writing).

Case Study 1 should demonstrate the applicant's knowledge and understanding of counselling theory and its application to practice. The rationale for the application of a particular counselling approach should be justified.

Case Study 2 should focus on an ethical issue, and should demonstrate the applicant's awareness of the ethical issues surrounding genetic counselling, and the principles that underpin practice.

Case Study 3 should demonstrate the applicant's knowledge and understanding of the scientific principles that inform practice in clinical genetics. This may focus on a specific element of practice, but should be accompanied by a clear explanation of the underlying science. The use of diagrams is encouraged and these will not be included in the word count.

If the applicant is working in a specialist area, at least one case study should be outside the applicant's area of usual practice.

As guidance for the applicant and to help with assessment of the case studies, studies should be set out in a similar format broadly under the headings below:

- Heading stating the specific issue being addressed (i.e. ethics, counselling, scientific)
- Background to the case history and the context of the applicant's contact with the patient/family
- Specific issues raised by the case
- Discussion of the issues in the context of the applicant's own management of this case
- Outcome and reflection of impact on future practice.

To demonstrate the skills required at Master's level, the applicant should try to minimise description and focus on the last three bullet points above.

Each case study should provide appropriate referencing to evidence / theory supporting practice (see Appendix 5). As a general guide, in a piece of work of 2000 words, you would be expected to use at least ten references from current literature. The use of secondary references at Master's level should be limited, therefore care needs to be taken when referencing textbooks. Case studies written for a course or publication may be used. All case studies must have been written within three years of submission of the Intention to Register.

ESSAY/ARTICLE

The applicant is required to submit an essay, article or other scholarly piece of work on a topic directly related to genetic counselling and/or its operational context. This should demonstrate ability to critique and synthesise the scientific and professional literature on the topic and evaluate its relevance to practice. There is an minimum word limit of 3000 words and a maximum upper word limit of 5000 words (not including references and appendices). **If the word count is more than 10% above upper word limit this is an automatic DEFERAL for the essay.** As a general guide, in a piece of work of 3000 - 5000 words, you would be expected to use 15 - 30 references from current literature.

If the applicant is the first author on a published paper, this can be submitted in place of the essay. This will be assessed using the same criteria as other essays. There is no word limit for a published paper. The paper must have been ACCEPTED for publication within three years of submission of the Intention to Register Form.

A piece of work written for a course may also be used, but the 3000 - 5000 word limit applies in this instance. The work must have been written within three years of submission of the Intention to Register and must demonstrate its relevance to current practice.

Essay proforma

Where the submitted piece of work has NOT been specifically written for Registration, ALL sections of the proforma should be completed to indicate the context of the piece of work i.e. the purpose for which it was first written and the implications for genetic counselling practice.

Each case study AND essay should be accompanied by a PDF report to demonstrate that it has been through the iThenticate software (see **Appendix 4** and Instructions for using iThenticate document, Registrant section of GCRB website).

Please refer to "GCRB Tips for preparing academic component of the portfolio" for additional information.

Word counts:

- **Includes:** heading, subheadings, citations
- **Excludes:** text in tables and diagrams, reference list.

Parts D & E: References

There are some aspects of competence that will need comments from the applicant's Sign-Off Mentor and Manager. These are to be sent in directly by the Sign-Off Mentor and Manager to the GCRB Administrator by the 1st April.

If a previous Sign-Off Mentor has signed of any sections of the portfolio, both Sign-Off Mentors should submit a reference. An additional Manager's reference is required if the applicant has changed centres within the last year.

Reference sheets are available on the GCRB website and should be signed electronically.

- References are confidential so cannot be used by the applicant as evidence for competencies. However, extra testimony from the Sign-Off Mentor, Manager or Senior Colleague can be sought by the applicant and included in the portfolio to confirm some of the competencies

PART D: SIGN-OFF MENTOR REFERENCE

The expectation is that the applicant and the Sign-Off Mentor will have discussed the portfolio in great detail. The Sign-Off Mentor will verify the evidence submitted as the applicant's own and have proofread the work. The Sign-Off Mentor **must** be able to comment on all of the following points:

- The adequacy and currency of the applicant's genetic knowledge base and expertise overall.
- The applicant's self-awareness, recognition of boundaries and ability to liaise appropriately with colleagues.
- The applicant's professional/academic activities.
- The applicant's use of counselling supervision (as defined by the AGNC Supervision Working Group Report on Supervision, 2006) and practice within the AGNC Code of Ethics and the GCRB Code of Conduct (available on the GCRB website).
- The Sign-Off Mentor's support of the submission
- The Sign-Off Mentor's assessment of the five observed consultations.

PART E: MANAGER/SENIOR COLLEAGUE REFERENCE

The Manager or Senior Colleague must be able to include comments on:

- Efficiency of caseload management
- Adequacy of record keeping, both within local policies and standards of record keeping (http://www.nmc-uk.org/Documents/Guidance/nmcGuidanceRecordKeepingGuidanceforNursesandMidwives.pdf).
- Effectiveness of team participation including contribution to service planning and audit.
- The applicant's practice within the AGNC Code of Ethics and the GCRB Code of Conduct.
- The applicant's continuing professional development.

APPENDIX 1: MASTER'S LEVEL

Master's Level: Descriptor for a higher education qualification at level 7

Achieved when Registrants have demonstrated:

- a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study or area of professional practice
- a comprehensive understanding of techniques applicable to their own research or advanced scholarship
- originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline
- conceptual understanding that enables the student:
    - to evaluate critically current research and advanced scholarship in the discipline
    - to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.

Typically, Registrants will be able to:

- deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences
- demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional or equivalent level
- continue to advance their knowledge and understanding, and to develop new skills to a high level.

Additionally Registrants will have:

- the qualities and transferable skills necessary for employment requiring:
    - the exercise of initiative and personal responsibility
    - decision-making in complex and unpredictable situations
    - the independent learning ability required for continuing professional development.

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Based on: *QAA Master's degree characteristics*, 2010 (Appendix 2a: Descriptor for a higher education qualification at level 7: master's degree (England, Wales and Northern Ireland) Available at: http://www.qaa.ac.uk/en/Publications/Documents/Masters-degree-characteristics.pdf [Accessed 28 July 2016]

GCRB Assessment

Assessment of Master's level, as specified by QAA (Quality Assurance Agency for Higher Education), has been operationalised in a set of rubrics, one for case studies and another for essays. The rubrics are a set of marking rules that enable marking of academic work to be standardised for GCRB registration portfolios.

APPENDIX 2: JOHN'S MODEL FOR STRUCTURED REFLECTION

1. Reflection

- What was I trying to achieve? Why did I intervene as I did?
- What were the consequences of my actions for: myself, the patient/family, my colleagues?
- How did I feel about this experience when it was happening? How did the patient feel about it?
- How do I know how the patient felt about it?
- What factors/knowledge influenced my decisions and actions?

2. Alternative actions

- What other choices did I have?
- What would the consequences of these other choices?

3. Learning

- How do I now feel about this experience?
- Could I have dealt better with the situation?
- What have I learned from this experience?

Adapted from Johns C (1992) Reflective practice and nursing. *Nurse Education Today*. (12) pp 174 -181

APPENDIX 3: GUIDELINES ON PLAGIARISM

Acknowledgement and appropriate citation of references is an important part of the portfolio writing and application. Care must be taken to ensure that the work presented is that written by the applicant. Applicants must submit a plagiarism report with their portfolio (see below for further details). The use of plagiarism software is an accepted practice in academia and offers benefits to both applicants and assessors. Full instructions for using the GCRB chosen software package (iThenticate) can be found on the GCRB website.

Plagiarism includes using text, pictures and quotes from another's work and failing to acknowledge this. Using another author's words is acceptable as long as the words are in quotation marks and the source is referenced, but paraphrasing must ensure that the text is significantly changed and not represented by a few alternative words. Academic departments regard plagiarism as a serious academic offence as it is, essentially, the theft of someone else's work.

Permission has been given by the authors of the website www.e-radiography.net/ to use the following text on plagiarism in this document:

SAMPLE TEXT

The following is a (imaginary) piece of text from a book called Counselling for Health Workers by Allan Jones, published in 1994 by Jacobs and Jacobs.

There are debates about whether or not counselling "works". Various outcome studies have been conducted (e.g. Davies, 1992; Andrews, 1993; Jowett, 1993) in which researchers have tested clients both before and after counselling sessions as an attempt to try to establish (or otherwise) the efficacy of counselling. The problem with undertaking these sorts of studies is that they cannot control all of the variables that are present. Do clients get better because of counselling or do they "just recover"? Do their families help them and support them while they are being counselled? What is it that works? The counselling or the relationship that they have with the counsellor? All of these things (and, no doubt, many others) make outcome studies difficult.

OUTRIGHT PLAGIARISM

In the following example, a student has simply copied out the above text and included it, without any sort of reference, in his own essay. This is an obvious case of plagiarism.

Research into counselling is difficult. There are debates about whether or not counselling "works". Various outcome studies have been conducted (e.g. Davies, 1992; Andrews, 1993; Jowett, 1993) in which researchers have tested clients both before and after counselling sessions as an attempt to try to establish (or otherwise) the efficacy of counselling. The problem with undertaking these sorts of studies is that they cannot control all of the variables that are present. Do clients get better because of counselling or do they "just recover"? Do their families help them and support them while they are being counselled? What is it that works? The counselling or the relationship that they have with the counsellor? All of these things (and, no doubt, many others) make outcome studies difficult.

A BORDERLINE CASE

The following case shows that plagiarism is not always black and white. Some people quote direct chunks of other peoples work and offer a reference to the original work. In the following example, though, it is still unclear what the student is claiming as his own work and what he is expecting the reader to attribute to Jones.

Research into counselling is difficult. Jones (1994) points out that there are debates about whether counselling "works". Various outcome studies have been conducted (e.g. Davies, 1992; Andrews, 1993; Jowett, 1993) in which researchers have tested clients both before and after counselling sessions as an attempt to try to establish (or otherwise) the efficacy of counselling. The problem with undertaking these sorts of studies is that they cannot control all of the variables that are present. This means that attempts at really clarifying whether or not counselling makes a difference are likely to be thwarted.

In this example the student has skilfully (or unskilfully, depending on your point of view) intermeshed Jones's direct words with this own. Some might argue that the inclusion of a reference to Jones's work renders the above example acceptable. The fact is, though, that the student is still passing off Jones's work as if it were his own.

NOT PLAGIARISM

The following two examples show how the student might have tackled the issue by using Jones's work but not attempting to claim the words as the student's own.

EXAMPLE 1

In this example, the student paraphrases what Jones has written and makes it clear when he is referring, directly, to Jones work. The student does not quote directly from the work of Jones.

Attempts at trying to find out whether or not counselling works have been problematic. Jones (1994) points out that outcome studies are likely to be difficult because so many variables are at work. Jones suggests that in outcome studies it is difficult knowing whether or not it is the "counselling" that works or if other factors, such as the client's relatives or even the relationship between client and counsellor contribute to the client getting better.

EXAMPLE 2

In this example, the student quotes directly from Jones's work but makes it very clear that he is using a direct quote by indenting the paragraph and citing the reference and page number. This is not plagiarism but appropriate quotation from another writer's work.

It is nearly always difficult to find out whether or not counselling makes a difference to clients. Jones (1984) writes clearly and at length on this topic. He argues that:

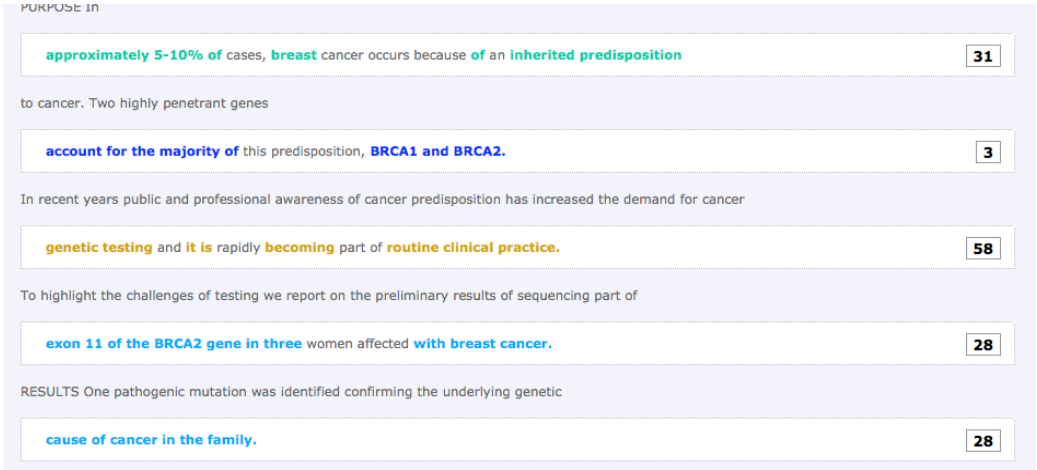
"Various outcome studies have been conducted (e.g. Davies, 1992; Andrews, 1993; Jowett, 1993) in which researchers have tested clients both before and after counselling sessions as an attempt to try to establish (or otherwise) the efficacy of counselling. The problem with undertaking these sorts of studies is that they cannot control all of the variables that are present." (Jones, 1994:24)

APPENDIX 4: PLAGIARISM SOFTWARE

Plagiarism software highlights text within the document that exactly matches sources from published literature or the Internet and identifies the source of the match. An overall percentage match is provided. Judgment on the presence of plagiarism however is not based solely on the percentage but on the pattern of matched text and whether or not the writer has cited the sources. A document may produce a very high percentage match if the subject area has been extensively published, purely by highlighting short common phrases (see Example 1). Of greater concern would be extensive highlighted sections in the document from a single source, particularly if the source has not been cited (see Example 2).

The major benefit to the applicant is the opportunity to review and amend any areas of concern before submission as the chosen software allows a number of review slots thereby enabling the applicant to avoid any unintentional plagiarism.

Example 1



Example 2

national and international guidelines have agreed. These statements identified a [1] number of possible benefits and harms of predictive genetic testing for adult-onset conditions. Medical benefits include the possibility of evolving therapeutic interventions, targeted surveillance, refinement of prognosis, and clarification of diagnosis. Medical harms include misdiagnosis to the extent that genotype does not correlate with phenotype, ambiguous results in which a specific phenotype cannot be predicted (e.g., incompletely penetrant Huntington disease with 36–39 CAG repeats), and use of ineffective or harmful preventive or therapeutic interventions. Psychosocial benefits include reduction of uncertainty and anxiety, the opportunity for psychological adjustment, the ability to

APPENDIX 5: GUIDELINES ON REFERENCING

When you use the Harvard referencing system, you cite the work in the text and provide a list of the references in alphabetical order at the end of the main document. Do be aware that there is more than one Harvard referencing style and a key aspect of citing references in academic work is that punctuation of citations and of references must be consistent throughout.

In general, citations within the text are written as:

- One author - in the middle of a sentence: Smith (2008), or at the end of a sentence: (Smith, 2008).
- Two authors – in the middle of a sentence: Smith and Jones (2008), or at the end of a sentence: (Smith & Jones, 2008).
- Three or more authors - in the middle of a sentence: Smith et al. (2008), or at the end of a sentence: (Smith et al., 2008).
- Two references with identical authors who have published in the same year: Smith et al. (2008a,b) or Smith 2008(a) and later in the text Smith 2008(b).
- Order of references if more than one at the end of a sentence: use alphabetical order: (Benjamin, 2001; Smith, 1999).

You need to reference every significant statement. If you use the name of the author in the sentence, put the year in brackets after the name.

The use of secondary references at Master's level should be limited, therefore care needs to be taken when citing textbooks. Page numbers should only be provided in the text when using direct quotations.

Example:

> Students often find it difficult to reference properly when they first start writing (Smith, 2008). However, Jones (2007) believes that they improve with time. A study by Morecombe and Wise (2006) indicated that standards are improving, but other authors have shown this is not the case (Cannon & Ball, 2007).

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When the reference is in parentheses you can use "&" instead of "and" if you wish. In the reference list, do not number the references but present them in alphabetical order.

JOURNAL ARTICLE

Surname, initial(s). (Year in parentheses) Title of the paper. *Title of the journal in italics*, volume number (bold), (issue number in parentheses, if there is one): page numbers.

Example:

> Skirton H, Barr O. (2007) Influences on uptake of antenatal screening for Down syndrome; a review of the literature. *Evidence Based Midwifery*, **5** (1): 4-9.

BOOK

Surname, initial(s). (Year in parentheses) *Title of the book in italics.* Edition number. Place of publication: publisher name.

Example:

> Strauss A, Corbin J. (1998) *Basics of Qualitative Research.* Second Edition. London: Sage Publications, Inc.

CHAPTER IN BOOK

Surname initial(s). (Year in parentheses) Title of the chapter, Chapter number in Title of the book, edited by editor initial and surname. Place of publication: publisher name.

Example:

> Skirton H (1999) Telling the Children, Chapter 9 in Genetic Testing of Children, edited by A Clarke. Oxford: BIOS publishing.

WEBSITES

Authors. (year of publication) Title. Available from: Website URL [Accessed: date].

Example:

Skirton H, Lewis C, Kent A, Coviello D. (2007) EuroGentest Unit 6: Patient and Professional Perspectives of Genetic Information/Education in Europe. Unit 6.2. Professional Perspective. Core competences in genetics for health professionals in Europe. Available from: http://www.eurogentest.org/professionals/documents/info/public/unit6/core_competences.xhtml [Accessed: 6 Jan 2010].

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E-PUBLICATIONS

Authors. (year of publication) Title of the paper. *Title of the journal in italics* [Online] Available at: url [Accessed: Date]

Example:

Merchant AT. (2007) Diet, physical activity, and adiposity in children in poor and rich neighbourhoods: a cross-sectional comparison. *Nutrition Journal* [Online] Available at: http://www.nutritionj.com/content/pdf/1475-2891-6-1.pdf [Accessed: 10 May 2007].

APPENDIX 6: Assessment Process Diagram