GC RAB Genetic Counsellor Registration Advisory Board

professional standards authority accredited register

AHCS Academy for Healthcare Science

# Applicant Guidelines

Dear Applicant,
Thank you for your interest in becoming a Registered Genetic Counsellor. This document sets out the eligibility criteria and process for submitting your portfolio to the Genetic Counsellor Registration Advisory Board (GCRAB) for assessment for entry onto the register held by the Academy for Healthcare Science (AHCS). If you have any questions about this process, we encourage you to contact the GCRAB for clarification, to ensure you are following the guidelines correctly, so you are best placed to successfully submit your portfolio.

Broadly speaking the steps are:
Step 1 – determine if you are eligible to apply for Registration +/- obtain Eligibility Certificate
Step 2 – identify and set up contract with your Sign Off Mentor (SOM)
Step 3 – determine what type of portfolio you need to prepare and start working on your portfolio immediately – it takes longer than you think!
Step 4 – complete your PERSONAL DETAILS and INTENTION to REGISTER form any time between November 1st - February 1st (Part A of the portfolio) so that you are ready to submit your Notification of Intention to Register between February 1st and February 8th in the year you plan to submit your portfolio.
Step 5 – submit your portfolio for assessment by April 1st.
Step 6 – portfolio assessed and results reported to candidate at the end of July each year.
This document is divided into sections that expand on the steps mentioned above. There is also an additional notes/guidance section at the back of the document. The Association of Genetic Nurses and Counsellors (AGNC) have a group for New Genetic Counsellors which gives applicants a chance to get support and compare notes with others. We would encourage you to contact the AGNC to find out how you can join this group.

We wish you well with your training and look forward to welcoming you into the profession as Registered Genetic Counsellor soon.

Best wishes,

GCRAB Chair
November 2024

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## Step 1 Determine if you are eligible to apply for Registration +/- obtain eligibility certificate.

There are several routes of entry into the profession.

Set A Attainment of MSc in Genetic/Genetic and Genomic Counselling from a GCRAB-accredited UK course, or attainment of an MSc in Genetic/Genetic and Genomic Counselling from an overseas institution in a territory with which the GCRAB has reciprocal arrangements, and which the local Board has approved as a suitable MSc course for genetic counsellor training.

Set B Professional qualification as a Nurse/Midwife/Clinical Psychologist/GMC-Registered medical doctor + specified additional training or overseas equivalent

Set C Attainment of STP in genomic counselling

Once you have identified which set of criteria you will be applying under, please ensure you follow the submission process for that Set as the rules differ slightly between the groups.

## Criteria for each set

**Set A Criteria**

**UK route to registration for Genetic Counsellor with MSc in Genetic Counselling from a GCRAB-accredited UK course**

Attainment of a MSc in Genetic Counselling from a GCRAB -accredited UK course.

Two years FTE working as a genetic counsellor before submission date (April 1st). The genetic counsellor must be working under the supervision and mentorship of a Registered Genetic Counsellor. The experience gained must be in a clinical post. The two-year training period starts from the official notification of successful completion of your MSc.

OR

UK route to registration for overseas Genetic Counsellor with recognised MSc qualification and Board Registration/ Certification in home country with reciprocity

As of 2023, the GCRAB offers reciprocal arrangements with the following Boards:

Human Genetics Society of Australasia
South African Society for Human Genetics & Health Professions Council of South Africa
European Board of Medical Genetics
Canadian Association of Genetic Counsellors Certification Board

GCRAB will consider overseas Genetic Counsellors for UK registration, if their home country registration board recognises UK MSc Genetic Counselling courses and the GCRAB registered genetic counselling process and qualification, and offers a reciprocal registration process.

Genetic Counsellors who are registered with one of these Boards are eligible to be able to apply for GCRAB Registration by submitting a reduced UK portfolio.

| All criteria required for candidate to be able to apply to register with a reduced portfolio (all work for portfolio to be based on UK cases). | |
|---|---|
| | MSc in Genetic Counselling accredited by recognised Overseas Board in home country which has reciprocity with UK GCRAB |
| | Current registration/certification via recognised Overseas Board |
| | After registration/certification of MSc date in home country or UK, at least two (2) years (WTE) of clinical experience. This should include at least one (1) year of experience working in the UK, with any overseas experience being in a country with reciprocity. |

OR

**UK route to registration for overseas Genetic Counsellor with recognised MSc qualification and either do not have Board Registration/Certification in home country or do have Board Registration/ Certification but the Board does not have reciprocity with GCRAB**

The GCRAB does not assess non-UK MSc Genetic Counselling courses. If the MSc course is not approved by the home country's genetic counsellor certification/registration Board then it will not be recognised by the GCRAB and graduates of the MSc course will not be eligible for UK registration.

The GCRAB will accept MSc courses approved by the following Boards, (based on information available from the Boards' websites, at the point of application to the GCRAB):

Human Genetics Society of Australasia
South African Society for Human Genetics & Health Professions Council of South Africa
European Board of Medical Genetics
American Board of Genetic Counselling
Canadian Association of Genetic Counsellors Certification Board

Genetic Counsellors who have completed a 'recognised' overseas MSc in Genetic Counselling but who have not yet completed certification/registration in their home country, or their boards do not have reciprocity agreements with the GCRAB board - such as the American Board of Medical

Genetics - will have to gain clinical experience, working for at least 2 years in the UK as a Genetic Counsellor before being eligible to apply for registration by completing a full UK portfolio.

| **All criteria required for candidate to be able to apply to register with a complete portfolio (all work for portfolio to be based on UK cases).** | |
|---|---|
| | MSc in Genetic Counselling accredited by recognised Overseas Board in country which has reciprocity with UK GCRAB |
| | Applicant has registration in their home country, which does not have reciprocity with the UK GCRAB. |
| | After certification of MSc date in home country, at least two (2) years (WTE) of clinical experience in the UK. |

### Certificate of Eligibility

All applicants whose training does not include a GCRAB-accredited UK MSc programme **MUST** submit an **evaluation of eligibility** along with the correct fee to the GCRAB prior to submitting their intention to register.

Applying for Eligibility Certificate:

Prospective applicants are required to demonstrate:

1. Contact hours of learning on the course: Number of hours, types of contact
2. Content of the course (required to involve both skills and theory) – could be timetable or unit specification
3. Certificate of completion

**Set B Criteria**

- Attainment of an Undergraduate or master's degree in a relevant field.
- Attainment of a professional qualification as a registered Nurse/Midwife/Clinical Psychologist/GMC-Registered medical doctor and evidence 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 with a minimum of two years clinical experience.
- Completion of an academically-accredited course in the science of human genetics/genomics of no less than 30 guided learning hours and the application must show

evidence of having passed a formal assessment/ examination as part of the course. The 'Gateway to Genetic Counselling for Nurses and Midwives' course provides both a molecular genetics qualification and counselling 30 taught hours in one bespoke course for nurses and midwives interested in training in genetic counselling https://cambridgebrc.nihr.ac.uk/gateway-genetic-counselling-nurses-midwives/
Molecular genetics courses are provided by several universities including those providing the MSc Genomic Medicine https://www.genomicseducation.hee.nhs.uk/education/taught-courses/

- Two years FTE working as a genetic counsellor before submission date (April 1st), acknowledging that there will be variability between workloads. The applicant must be working under the supervision and mentorship of a Registered Genetic Counsellor. The experience gained must be in a clinical post. The two-year training period starts from the official notification of successful completion of all of the courses listed above.
- Completion of training in counselling skills of at least 90 guided learning hours (GLH) in counselling theory and skills, including at least 30 hours of counselling training delivered via an academically accredited course. The applicant must show evidence of having passed a formal assessment/examination as part of the course.

The GCRAB does not provide accreditation of counselling courses, but there are many high-quality providers of genetic counselling and counselling training. There is a wide variety of counselling and psychotherapy courses and qualification available, provided by colleges, universities as well as private providers. Some examples are below:

Prospective applicants may consider a formal counselling qualification. For example, the CPCAP (http://www.cpcab.co.uk/) Level 2 Counselling Certificate provides the full requirement of 90 GLH.

Alternatively, prospective applicants may develop a portfolio of counselling training and experience. For example, applicants could consider the Introduction to Counselling Skills in Genomic Medicine. https://www.genomicseducation.hee.nhs.uk/education/taught-courses/introduction-to-the-counselling-skills-used-in-genomic-medicine/. Along with this 15 credit module (30 GLH), applicants would require additional learning experiences through short counselling courses that include practical/experiential counselling skills sessions with guided reflection supervised by a qualified counsellor. Examples may include short courses on bereavement counselling or CBT therapy or effective listening skills, personal development groups, or counselling supervision with a qualified counsellor. These additional courses and learning hours may be face to face or through online interaction with a course tutor and should total an additional 60 hours. There are many good providers for these short courses.

We advise prospective applicants to be discerning in their choice of counselling courses. The GCRAB have been alerted to genetic counselling courses advertised where neither the course organisers nor the teaching staff are genetic counsellors or have direct experience of genetic counselling. Genetic counselling courses should be delivered by genetic counsellors as well as psychology/counselling educators.

Before you decide which course, you may like to think about:

1) Is the course accredited / validated by a training provider? See BACP website (https://www.bacp.co.uk/careers/careers-in-counselling/training/) for more information.
2) What draws you to a specific course, the learning style, content, provider?
3) What skills are you hoping to learn from the course?
4) How might your learning impact on your professional practice?

**OR**

**Nurses and Midwives who qualified overseas**

Nurses and Midwives who qualified overseas and hold current professional registration by the UK Nursing & Midwifery Council (NMC) in one of the following categories:

- Nurses part of the register sub part 1
- Midwives part of the register
- Community public health nursing part of the register can register using Set B criteria (Applicant Guidelines) after completing two (2) years FTE work experience in a UK genetic centre.

Overseas nurses and midwives can check the process for NMC application by checking the NMC website https://www.nmc.org.uk/registration/joining-the-register/.

Nurses who qualified overseas and are eligible to work as nurses in the UK can register using Set B criteria (Applicant Guidelines) after completing two (2) years FTE work experience in a UK Genetics Centre.

| **All criteria required for candidate overseas Genetic Counsellor with nursing qualification to be able to apply to register with a complete portfolio (all work for portfolio to be based on UK cases).** | |
|---|---|
| | Must be eligible to work as a nurse in the UK |
| | Meets Set Criteria B |
| | At least two (2) years (WTE) of genetic counselling clinical experience in the UK |

**Genetic Counsellors/Genetic Nurses/Psychologists who have completed a 'non-recognised' genetic counselling training course and/or certification**

Genetic Counsellors from other health professional backgrounds who have completed a 'non-recognised' genetic counselling training and/or certification will not be eligible for UK Registration via the GCRAB for entry onto the AHCS register.

### Certificate of Eligibility

All applicants whose training does not include a GCRAB-accredited UK MSc programme **MUST** submit an **evaluation of eligibility** along with the correct fee to the GCRAB prior to submitting their intention to register.

Applying for Eligibility Certificate:

Prospective applicants are required to demonstrate

1. Contact hours of learning on the course: Number of hours, types of contact
2. Content of the course (required to involve both skills and theory) – could be timetable or unit specification
3. Short reflection on learning on the course (s)
    a. What brought you to the course?
    b. What skills did you hope to develop?
    c. What learning have you applied in your practice?
4. Certificate of completion

**Set C Criteria**

- Attainment of the NHS Scientific Training Programme (STP) Genomic Counselling
- Formal notification of completion of your STP and MSc in Genomic Counselling
- Experience of clinical practice in the UK or Republic of Ireland for 6 months (FTE) from date of attainment. Experience must be in a clinical role.

### Step 2 Identify and establish contract with Sign Off Mentor

The next stage in the process is to find a sign-off mentor (SOM). A SOM will help support and guide you through the process of preparing and submitting your portfolio for Registration. It is important to find a SOM before you start working on the elements of the portfolio.

A SOM will be a Registered Genetic Counsellor, who has at least 3 years' experience working as a genetic counsellor post registration. They will have attended an SOM training session provided by the GCRAB within three years of your Notification of Intention to Register date. For example, if you are planning to register in 2024 your SOM will have had to attend the training session during or after 2021. If you are unable to identify a SOM within your own department, please contact the GCARB. It is the responsibility of the SOM and the applicant to check that their SOM training is in date. The GCRAB run annual training courses for SOMs to attend, as required.

It is best to choose someone who works in your department. 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.

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 (Applicant Mentor Reference Form PART D). The subsequent SOM should then sign off the remainder of the portfolio and provide a further reference (Applicant Mentor Reference Form PART D).

A second Registered GC with SOM training, can sign off a subset of cases for an applicant without having further responsibilities for the rest of the portfolio. This supervisor should also supply a reference for the cases they have overseen (Applicant Mentor Reference Form PART D).

The GCRAB 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 (dependent on set):

- 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 (Applicant Mentor Reference Form PART D).
- Sign off the log of 50 cases; 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 GCRAB 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 (Applicant Mentor Reference Form PART D), which will be submitted directly to the Board Administrator. Therefore, the Sign-Off Mentor should reinforce the fact that work not demonstrating these competencies 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, the SOM should complete and sign the reference including

these concerns. If the Sign-Off Mentor has other concerns about the applicant's competence, they should also state these in their reference.

We hope you will find the process of preparing your portfolio under this mentorship scheme valuable to your professional development. Your SOM will be volunteering a significant amount of time to help you prepare your portfolio so bear this in mind in your communication and adherence to agreed guidelines. The GCRAB are aware that very occasionally the relationship between the applicant and SOM may break down. If this happens it is important to contact the Board as soon as possible to discuss your concerns.

### Step 3 Determine what type of portfolio you need to prepare and start working on your portfolio as soon as possible.

It cannot be overstated to say that the portfolio is a large piece of work and is not something that can be pulled together at the last minute. If you are submitting your intention to register form on February 1st your portfolio should be 90% complete by this stage. You also must leave enough time for your SOM to read, comment and return work to you for revision. Please speak to your SOM before submitting your Intention to Register form and check you have their full support.

For **Set A, Set B** and **overseas equivalent** (based on Eligibility Certificate issued by GCRAB board) applicants who need to submit a full portfolio will need to complete 5 sections which consist of:

- Part A Personal details, signature of authenticity, and Disclosure and Barring Service (DBS) certificate (online).
- Part B CPD log, competencies, case log, reflective counselling cases.
- Part C Three case studies and Essay or published article.
- Part D and Part E (Sign-Off Mentor and Manager/Senior Colleague references) it is your responsibility to provide your SOM and Manager/Senior colleague with reference forms and ask them to submit a reference prior to 1st April to enquiries@gcrab.org. Set A applicants who attained an MSc in Genetic/Genetic and Genomic Counselling from an overseas institution will also need to provide their previous line manager from their home country with reference forms and ask them to submit a reference prior to 1st April to enquiries@gcrab.org.

New **Set A Overseas equivalent** applicants (based on Eligibility Certificate issued by GCRAB board) applicants who need to submit a reduced portfolio will need to complete the following sections:

- Part A Personal details, signature of authenticity, and Disclosure and Barring Service (DBS) certificate (online).
- Reflective record of TWO counselling sessions & & CPD log covering period of time from certification (minimum 2 years to maximum of 5 years) – see Applicant Form Part B for details.
- A counselling case study and Essay that reflects on the different health systems and related agencies, shows awareness of working in the UK, how the individual handles a clinical case, includes cultural awareness, ordering of genetic tests, referrals, academic writing. The essay is 2000 word (excluding references; +/-10%) – see Applicant Form Part C for details.

- SOM assessment of five observed consultations – see Applicant Form Part D for details.
- Part D and Part E (Sign-Off Mentor and Manager/Senior Colleague references) it is your responsibility to provide your SOM and Manager/Senior colleague in the UK with reference forms, as well as your previous line manager from your home country and ask them to submit their references prior to 1st April to enquiries@gcrab.org.

New **Set C** applicants need to submit a reduced portfolio which consists of:

- Part A Personal details, signature of authenticity, and Disclosure and Barring Service (DBS) certificate (online).
- Reflective record of TWO counselling sessions & reflection on each piece of evidence of 15 hours of CPD per six months – see Applicant Form Part B for details.
- A counselling case study – see Applicant Form Part C for details.
- SOM assessment of five observed consultations – see Applicant Form Part D for details.
- Part D and Part E (Sign-Off Mentor and Manager/Senior Colleague references) it is your responsibility to provide your SOM and Manager/Senior colleague with reference forms and ask them to submit a reference prior to 1st April to enquiries@gcrab.org

**If your AHCS registration has lapsed** please access the AHCS Lapsed Registration and Non-Renewal Guidance Policy located on the AHCS Registration page Registration Guidance - The Academy For Healthcare Science (ahcs.ac.uk).

Please refer to Appendix 1 for a full explanation of the portfolio content and familiarise yourself with the additional notes and guidance and the set of appendices. There are also documents on the GCRAB website that provide additional useful information.

### Step 4 – submit your Notification of Intention to Register (1st February, 12 midday – 8th February, 12 midday)

Registration will open at midday on 1st February until midday on 8th February (inclusive) each year (irrespective of the day of the week the 1st occurs) but may close earlier if high number of applicants. You may only submit your application during this period.

All applications received will be managed on a "first come, first served" basis from 1st February. If it is not possible to assess all applicants, acceptance will be made in order of receipt.

The GCRAB Chair will review the application. If eligibility is confirmed and a place allocated, applicants will receive notification by email including an invoice to pay the application fee before 1st April. Applications will not proceed until payments are received.

Applicants will be allocated an applicant number. It is essential that applicants insert this number as a header on every page of their portfolio: incorrectly numbered portfolios will not be assessed.

Set A & B overseas applicants must submit a valid **GCRAB Eligibility to Register certificate** along with electronic copies of their certification and qualifications alongside their **intention to register** application.

### Step 5 – submit portfolio by 1st April, 12 midday

#### E-PORTFOLIO SUBMISSION

All parts of portfolios must be submitted before 12 midday on 1st April (irrespective of the day of the week the 1st occurs). All documents should be in PDF format. Any other format will not be accepted. The electronic portfolio consists of five parts. The applicant will be responsible for submitting Parts A, B & C. Parts D and E contain the references and must be sent directly to the GCRAB Administrator at enquiries@gcrab.org by the SOM and Manager/Senior Colleague(s) respectively.

#### FAILURE TO SUBMIT PORTFOLIO BY THE REQUIRED DATE

Notification of Intention to Register should NOT be submitted unless applicants have prepared a portfolio which they will be ready to submit on 1st April. It is not possible to extend the submission period. FAILURE TO SUBMIT WILL RESULT IN LOSS OF THE REGISTRATION FEE. A new Intention to Register form and subsequent fee will be required. If there are extenuating circumstances, an Extenuating Circumstances Application Form (045-FORM) must be completed before 12 midday on 1st April. Forms received after this time will not be accepted.

### Step 6 Assessment Process

All 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/Published Article and Case Studies) are assessed by 'Assessor Pairs', consisting of a Primary Assessor (who is a GCRAB Board Member or experienced assessor, and a Secondary Assessor) who are allocated to each applicant. All assessors are Registered Genetic Counsellors, who have attended SOM/Assessor training with the GCRAB within the last 3 years. As the academic part of the portfolios are anonymised, Assessors will not know the identity of the applicants they are assessing at this point.

#### OUTCOMES OF PORTFOLIO ASSESSMENT

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

- Pass - applicant has demonstrated competence as a Registered Genetic Counsellor with the Academy for Healthcare Science. The applicant will be entered onto the Register of Genetic Counsellors held by the AHCS.
- Interview - the GCRAB reserve the right to request any applicant to attend a *viva voce* examination. The applicant would be informed of this within a month of the marking day.
- Deferred - competence not fully demonstrated, amendments to be resubmitted.
- Fail - competence not demonstrated and a new portfolio is required.

### Amendments after deferral

If there are issues to be addressed, the applicant will receive a letter from the GCRAB outlining the details. They will be given the name of their assessor who will be available for further discussion. The applicant must resubmit their amended portfolio by email/ website by 12 midday on the 3rd January the following year with a new plagiarism report, regardless of the day of the week on which 3rd of January falls.

### Failure to submit amendments after deferral

Unless extenuating circumstances apply and an Extenuating Circumstance Form (045-FORM) has been submitted before 3rd January and agreed, the applicant must start the registration process again, i.e. submit a new Notification of Intention to Register, 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 the registration process again, 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 dated within the three years prior to receipt of the new Intention to Register form may be used for the resubmission.

### Fail

If there are major concerns about the applicant's competence, registration will be denied. The GCRAB will provide written feedback and reasoning for this. If the applicant wishes to register in the future, they will have to start the registration process again, 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 GCRAB 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

In the first instance applicants can take any concerns to the Chair of the GCRAB either directly or by emailing enquiries@gcrab.org. If the concern is not resolved in this manner, then it may be appropriate to take it to the **Academy for Healthcare Science** **(AHCS)**.

The ***AHCS Appeals and Complaints Procedure GCRAB Registration Portfolio Assessment Process Date: August 2023 VERSION 1.0*** outlines the process. Applicants who wish to appeal the decision of the GCRAB should review this document which sets out how the AHCS manages registration appeals to the GCRAB register.

All appeal proceedings are subject to review by the Academy of Healthcare Science. The GCRAB reserves the right to seek professional advice from any parties it sees fit in order to ensure a fair appeals process has been followed.

## Additional notes/guidance

### GUIDED LEARNING HOURS

Guided learning hours (GLHs) are defined as all time when a member of staff is present to give specific guidance towards the learning aim being studied on a course/programme. This includes lectures, workshops, tutorials, and supervised studying. It does not include time spent by staff in the day to day marking or assignments or homework where the learner is not present. It does not include hours where the supervision or assistance is of a general nature and is not specific to the study of the learners.

### CRITERIA RELATED TO GENETIC COUNSELLING EXPERIENCE

Set A and Set B applicants may submit their Notification of Intention to Register 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.

Set C applicants may submit their Notification of Intention to Register when they have completed at least six months 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.

An applicant working outside a UK or Republic of Ireland centre will require an Honorary Contract with their supervisor / SOM's institution 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.

For at least two years full time or six months full time (or equivalent part time) based on applicable entry Set, the 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.

- For applicants that have taken a Master's 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.
- For applicants who have completed the Scientific Training Programme (STP) through the National School of Healthcare Science the six-month clinical period of genetic counselling

experience begins upon receipt of formal notification of successful completion of STP programme and MSc.

- Specialist genetic counsellors (e.g. in cancer or cardiac) can use the general registration process but must demonstrate a broad range of non-specialist genetic counselling skills, which may require them to arrange additional working experience outside their specialism. Applicants who are uncertain as to whether their post is appropriate, and all applicants based outside the UK or Republic of Ireland, should contact the GCRAB for guidance.

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, and regular counselling supervision.

### 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 GCRAB (see Appendix 4).

### USING GENERATIVE ARTIFICIAL INTELLIGENCE

The use of Generative Artificial Intelligence (AI) is growing rapidly. AI can be used for a variety of purposes see **https://www.gov.uk/government/publications/generative-artificial-intelligence-in-education/generative-artificial-intelligence-ai-in-education** for some examples. However Generative AI can be used in ethical and unethical ways. For example, it can be used as a source of inspiration and help create ideas, or as a source of information, or to help with planning and management.

In the context of assessment, however, the unethical use of Generative AI can be considered to be a form of plagiarism and therefore if found could lead to the rejection of an application.

For further details please refer to the relevant guidance statement on the AHCS website: **Use of Generative Artificial Intelligence in AHCS Equivalence.**

### 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 submitted in Applicant Form Part B.

### CONFIDENTIALITY

The applicant's work will remain confidential to the Assessor Pairs, Moderator (if required), and GCRAB Chair (if necessary). In situations where the assessor is not familiar with the area of practice,

**Commented [CT1]:** @Georgie Hall have added AI statement as per AHCS website. @Kathryn Lubasch kat can you please help me amend the contents page again to make it PLAGIARISM and AI .....17.
It has moved Appendix 1: the portfolio down to pg 18.

**Commented [KL2R1]:** @Charlotte - updated AI in contents for you. Note that currently Document control is listed in the contents. If you tag me in the final version for the website where it is removed before you make it a pdf then I can update the contents list again for you.

**Commented [KL3R1]:** PS will also check this on the contents list for other finishedndocs as only just realised that it is on there

**Commented [4R1]:** Thanks very much Kat. I have removed the doucment control so if you could please amend the contents page and then create into a pdf and save for upload I would be very grateful. Its https://gcrboard.sharepoint.com/:w:/r/sites/GeneticCounsellorRegistrationAdvisoryBoard/_layouts/15/Doc.aspx?sourcedoc=%7B6EB2E29E-7212-465A-BE11-92DFC8B33A91%7D&file=027_DOC%20Applicant%20guidelines%20-%20Copy.docx&action=default&mobileredirect=true

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.

## APPENDIX 1: THE PORTFOLIO

### Portfolio requirements per Application Set

Set A & B full portfolio requirements:

- Part A: Personal details, signature of authenticity, and DBS certificate (online).
- Part B: Record of continuing professional development, competence, cases log, reflective counselling cases.
- Part C: Case studies, Essay / Published Article.
- Part D: Sign-Off Mentor Reference.
- Part E: Manager/Senior Colleague Reference & Set A applicants who attained an MSc in Genetic/Genetic and Genomic Counselling from an overseas institution will also need to provide a reference from their previous line manager in their home country.

Set C portfolio requirements:

- Part A: Personal details, signature of authenticity, and DBS certificate (online).
- Reflective record of TWO counselling sessions & reflection on each piece of evidence of 15 hours of CPD per six months – see Applicant Form Part B for details.
- A Counselling case study – see Applicant Form Part C for details.
- The Sign-Off Mentor's assessment of the five observed consultations – see Applicant Form Part D for details.

Set A reduced portfolio requirements:

- Part A: Personal details, signature of authenticity, and DBS certificate (online).
- Reflective record of TWO counselling sessions & CPD log covering period of time from certification (minimum 2 years to maximum of 5 years) – see Applicant Form Part B for details.
- A Counselling Case Study & Essay that reflects on the different health systems and related agencies, shows awareness of working in the UK, how the individual handles a clinical case, includes cultural awareness, ordering of genetic tests, referrals, academic writing 2000 words – see Applicant Form Part C for details.
- Three confidential references submitted directly to the GCRAB. Applicant to provide referees with forms and ask them to submit a reference prior to 1st April to enquiries@gcrab.org

- UK line manager confirming: At least 1 year WTE work experience in the UK in a clinical post (not research/academic) – this can be included in the 2 years post-certification experience. The range of clinical work must include a wide variety of clinical scenarios including single gene disorders, AD, AR, XL, chromosomal disorders, primary trisomies, chromosome rearrangements (e.g. translocations) and sex chromosome abnormalities, prenatal diagnosis, predictive and diagnostic testing and cancer genetics. Attendance at monthly genetic counselling supervision in the UK in accordance with the AGNC Supervision Working Group recommendations.
- Sign-off Mentor confirming clinical and counselling skills (including commentary of 5 observed cases) and the range of clinical work must include a wide variety of clinical scenarios including single gene disorders, AD, AR, XL, chromosomal disorders, primary trisomies, chromosome rearrangements (e.g. translocations) and sex chromosome abnormalities, prenatal diagnosis, predictive and diagnostic testing and cancer genetics.
- Previous line manager from home country confirming previous clinical experience, spread of clinical work, qualifications and length of time in work.

**Portfolio parts in detail**

**Part A:**

**PERSONAL DETAILS, SIGNATURE OF AUTHENTICITY AND DBS**

- A Basic Disclosure and Barring Service (DBS) certificate or equivalent (e.g Garda vetting for genetic counsellors working in the Republic of Ireland), dated within the last 3 years is to be uploaded to the Documents section.
- Any level of DBS Certificate or equivalent that is more than 3 years old, will also require a supporting letter, on employer-headed paper, dated and signed by the applicant's line manager, confirming that since the date of the original DBS or equivalent, no further disclosures have been highlighted. The letter must contain the applicant's name and reference to the DBS (or equivalent) Certificate Number.
- Those without a DBS or equivalent will be required to apply, as an individual, for a Basic level DBS or equivalent at their own cost.

**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 for Set A and Set B applicants and 15 hours of CPD per six months for Set C applicants.

The format is suggested in the AHCS guidelines: AHCS CPD Guidelines for full instructions. Please visit the AHCS website (https://www.ahcs.ac.uk/our-registers/hcs-register/continuing-professional-development/) for further information on CPD requirements.

No other reflective pieces required for submission.

## RECORD OF EVIDENCE OF COMPETENCE

The Competence Standard Statements are provided in the GCRAB Applicant Form (Part B): 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 competency demonstrated. Other pieces of evidence can be labelled as the applicant chooses, but must be clearly identifiable.
- The counselling cases, case studies and the essay/published article may provide evidence for competencies.
- 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 competencies will be met through a range of types 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 |
| Establish relationship and elicit clients' concerns and expectations | An environment is created which is conducive to the identification and expression of feelings, anxieties, beliefs, and expectations and considers clients' experiences. | E.g., you could enter:<br>Case notes 12, 25 & 31 tape report 53, letter 3. |

| | | |
|---|---|---|
| | Clients are enabled to make informed choices about the implications of their family history. | |
| **2.** Elicit and interpret appropriate medical, family and psychological history | Through the promotion of trust and confidence the client is enabled to disclose their medical, family and psychosocial history.<br>The medical, family and psychosocial history is interpreted accurately. | E.g., you could enter:<br>Video/audio tape of session 54, letters 6 & 8, case notes 10 and case study 1. |

**CASE LOGBOOK**

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 their Intention to Register form. Every task must have been performed in at least five cases and some of them are likely to have been performed many more times 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 experience demonstrated by the Case Log in their reference. Sign-Off Mentors must observe a minimum of five consultations from those cases listed in the Log and provide evaluation of these five cases 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 GCRAB (enquiries@gcrab.org), 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, usually in the form of an additional Reference Form (D and/or E as applicable).

**Example of Case Log:**

| NUMBER | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Your family code | A | B | C | D | E |
| Diagnosis at referral<br>(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 |

**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. Alternatively, onward referrals, or signposting to another agency for additional support, where the counsellor has used their counselling skills to identify specific additional needs of a patient may be appropriate. The SOM should be able to see evidence of this in the patient's 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 sessions should be taped (video or audio) with the client's verbal consent recorded at the start and close of the session. Review of the cases should include analysis, reflection and reference to the techniques used, which should be recorded in the format illustrated below. Recordings 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 diploma in counselling or psychotherapy or 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 counselling supervisor is asked to include comment on 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 used, and awareness of transference and countertransference.
- It may be helpful to review the GMC guidance (2013) on 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:**<br>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:**<br>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 countertransference). 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 list 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 the word limit, the case study will be **automatically DEFERRED**: 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).

Each case study is marked out of 20. The total combined score for the case studies comprises 60% of the total mark.

**Case study 1** should focus on a counselling issue. Demonstrate your knowledge and understanding of a counselling theory, identify and justify the selected counselling theory and discuss how this was applied in practice. Reflect on what you have learned from the case and how this learning will inform your future practice to achieve better outcomes for your patients.

**Case study 2** should focus on an ethical issue which should be clearly identified, e.g. confidentiality, autonomy etc. Demonstrate your knowledge and understanding of the ethical issues surrounding genetic counselling. Discuss the application of bioethical principles to the case, presenting a clear and logical argument. Reflect on what you have learned from the case and how this learning will inform your future practice to achieve better outcomes for your patients.

**Case study 3** should focus on a scientific issue. Demonstrate your knowledge and understanding of the scientific principles that inform clinical practice relevant to the case study. Explain how this scientific knowledge was used to help the patient move forward with the problem that brought them to the genetics clinic. Reflect on what you have learned from the case and how this learning will inform your future practice to achieve better outcomes for your patients.

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, case 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 6). 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. The essay is marked out of 40 and comprises 40% of the total mark.

Demonstrate your ability to critically appraise and synthesise the scientific and professional literature on the topic and evaluate its relevance to practice. The minimum word limit is 3000 words, and the maximum word limit is 5000 words (N.B. in-text references are included in the word count but the reference list is not included. Appendices are not included in the word count, but do not include anything in an appendix that is essential to your essay as this section will not be marked). As a general guide, in a piece of work of 3000 - 5000 words, you would be expected to use 15 - 30 references from literature published within 10 years. If older references are provided the rationale for this should be explained.

If you are 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. The full citation for the paper should be included.

A piece of work written for a course may also be used, but the 3000 to 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. If you are submitting an edited research dissertation from your MSc, cut the words carefully. Remember that the assessor will need to have sufficient information about the purpose and aims of the study and how the study was conducted (the methods) to assess the trustworthiness of the study.

For more information, please see GCRAB 072_DOC Marking Rubric for Essay

### Set A reduced Portfolio Overseas Essay

New **Set A Overseas equivalent** applicants (based on Eligibility Certificate issued by GCRAB board) applicants who need to submit a reduced portfolio need to submit an essay reflecting on the different health systems and related agencies, shows awareness of working in the UK, how the individual handles a clinical case, includes cultural awareness, ordering of genetic tests, referrals, academic writing. The essay is 2000 word (excluding references; +/-10%).

### Essay pro forma

Where the submitted piece of work has NOT been specifically written for Registration, ALL sections of the pro forma in Applicant Form Part B 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. The maximum word count for this section is 300 words and if the word count for this section is more than 10% above upper word limit the essay will be **automatically DEFERRED**.

Each case study AND essay should be accompanied by a PDF report to demonstrate that it has been through the iThenticate software (see Appendix 5 and Instructions for using iThenticate document, which can be found in the Registrant section of GCRAB website).

Please refer to "GCRAB 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 and E: References

There are some aspects of competence that require comment from the applicant's Sign-Off Mentor and Manager (or a Senior Colleague). These are to be provided in Applicant Form Parts D and E respectively, and sent directly by the referees to the GCRAB Administrator by 1st April.

If a previous or additional Sign-Off Mentor has signed off 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 GCRAB 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 will have read the work. If an additional SOM has signed off cases, then they will be expected to submit an additional reference using the same form. 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).

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 GCRAB Code of Conduct (005_POL, available on the GCRAB website).

The Sign-Off Mentor's support of the submission.

The Sign-Off Mentor's assessment of the five observed consultations.

Comment on whether the applicant is able to effectively prioritise their work and undertake on call duties in line with the stipulated role.

**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/nmcGuidanceRecordKeepingGuidancefor NursesandMidwives.pdf).

Effectiveness of team participation including contribution to service planning and audit.

The applicant's practice within the AGNC Code of Ethics and the GCRAB Code of Conduct.

Training officers for Set C applicants to endorse adherence to HCPC standards of conduct, performance and ethics.

- https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/

The applicant's continuing professional development.

Regular attendance and participation at clinical supervision.

The applicant's ability to effectively prioritise their work and undertake on-call duties in line with the stipulated role.

**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 - E.

The applicant completes PART A (Profile Details & DBS) online. Parts B and C should be uploaded in PDF format. Applicants must also upload a plagiarism report covering Part C of their portfolio (see Appendix 4 and Appendix 5)

Parts D and E (Sign-Off Mentor and Manager/Senior Colleague references) are requested directly by the Board by email. It is not essential but preferable if these are in PDF format. All references should have an electronic signature. Please ensure your referees are aware that the Board will contact them and that references must be submitted on or before 1st April.

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 and declared. Work exceeding the upper limit 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 6).

Each piece of evidence should be numbered and logged against the appropriate competence in the evidence column of the Core Competences section on Applicant Form Part B. Any additional evidence should be uploaded in PDF format as one Appendix document.

Two references are required (PARTS D & E), one from the Sign-Off Mentor and the other from a Manager or Senior colleague. The same person cannot complete both 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. Cases which are being countersigned will be accepted as long as the applicant is leading on those cases. 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 cases used in the counselling reports and three case studies may also be used as part of the 50 cases in the case log.

For 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.

## 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 Master's level assessment is provided in Appendix 2/3. 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. For Set C applicants, all evidence contained within the portfolio MUST have been completed within 6 MONTHS of the 'Notification of Intention to Register' date**.**

## APPENDIX 2: 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.

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]

**GCRAB 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 AHCS registration portfolios. The GCRAB specific rubric tools can be found on the GCRAB website.

## APPENDIX 3: 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 4: 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 GCRAB chosen software package (iThenticate) can be found on the GCRAB 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 5: PLAGIARISM SOFTWARE

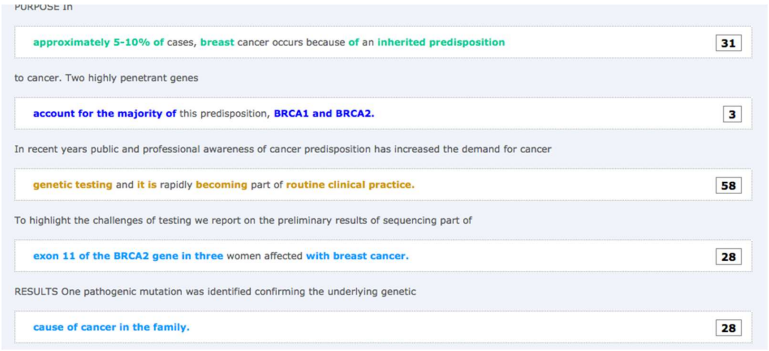
Plagiarism software highlights text within the document that exactly matches sources from published literature or the Internet and identifies the source of the match. An overall percentage match is provided. Judgment on the presence of plagiarism, however, is not based solely on the percentage but on 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.

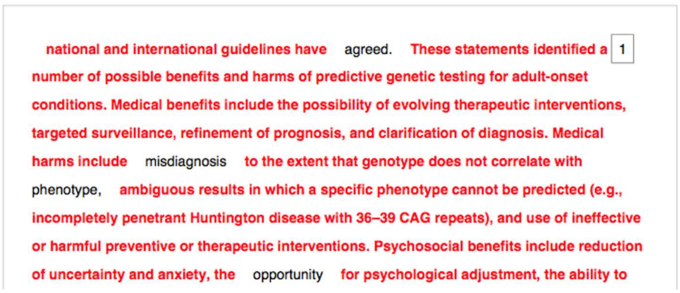
**Example 1**

Commented [GH5]: @Charlotte Tomlinson I think these haven't copied across?

Commented [CT6R5]: thanks have added




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 6: 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).

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].

**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].