

# Professional Roles in the Multidisciplinary Team in Clinical Genetics

A Framework for Practice prepared by a Working Party of the Association of Genetic Nurses and Counsellors and Clinical Genetics Society.

**Author; Bronwyn Kerr on behalf of the Working Party ( Appendix 1),  
January 2011, review date 2016.**

## 1. Background

Clinical genetic services in the UK are based in Regional Genetic Centres (RGCs) throughout the country. Originally, RGCs were staffed by clinical geneticists (CG), often supported and assisted by genetic nurses who frequently came from a health visitor background.

Over the last decade, the genetic nurse role has evolved as a consequence of the developing role of genetic counsellor (GC). The Association of Genetic Nurses and Counsellors (AGNC) (originally the Genetic Nurses and Social Workers Association) was established in 1980. Two approved Masters Programs in Genetic Counselling are now offered, in Manchester since 1992 and in Cardiff since 2000. Genetic counsellors now enter the profession from a wide variety of backgrounds.

Within the RGCs, the professional development of genetic counsellors has altered working practices. In 2004, the Clinical Genetic Society (CGS) and AGNC established a working party to consider "Professional roles in the multidisciplinary team in genetics" (Appendix 1, Terms of Reference and Membership). The group reconvened in June 2010 to review the document in view of working relationships and developments since the report was produced. Membership of the 2010 group is listed in Appendix 1.

The process of genetic counselling has been defined in several ways. For the purposes of the working party, the definition used was that of the American Society of Human Genetics (1975). This states that genetic counselling is

*'a communication process which deals with human problems associated with the occurrence, or the risk of occurrence, of a genetic disorder in a family. This process involves an attempt by one or more appropriately trained persons to help the individual or family to [1] comprehend the medical facts, including the diagnosis, probable course of the disorder, and the available management; [2] appreciate the way heredity contributes to the disorder, and the risk of recurrence in specified relatives; [3] understand the alternatives for dealing with the risk of recurrence; [4] choose the course of action which seems to them appropriate in view of their risk, their family goals and their ethical and religious standards, and to act in accordance with that decision;*

*and [5] make the best possible adjustment to the disorder in an affected family member and/or the risk of recurrence of that disorder'.*

## **2. Genetic counsellor core competencies / career structure.**

The AGNC is the professional association for Genetic Counsellors in the UK and Ireland and is a constituent body of the British Society of Human Genetics. The AGNC Registration Board was first established in 2001 and, as a regulatory body, became independent of the AGNC in 2008 as the Genetic Counsellor Registration Board (GCRB: [www.gcrb.org.uk](http://www.gcrb.org.uk)).

Included in the Registration Board's remit are:

- To set and monitor standards for entry to the profession
- To establish and monitor standards for registration, maintenance of registration, and the registration process including the provision for mentoring and assessment
- To maintain a professional register of registered practitioners and assessors
- To provide advice on professional standards and scrutinize allegations or concerns about an individual's fitness to practice
- To evaluate and approve MSc Genetic Counselling courses and training requirements for registration.

The Registration Board oversees the re-registration process, which requires completion of CPD (CME) and occurs on a 5 yearly cycle.

Underpinning the Registration process, the GCRB has defined a number of key elements including the AGNC Code of Ethics, Core Competencies for the practice of genetic counselling, portfolio based registration requirements and a career structure. Recommendations for counselling supervision and reciprocity are available on the AGNC website: [www.agnc.org.uk](http://www.agnc.org.uk)

There are two routes of entry into the Genetic Counsellor profession (Appendix 3). The usual training and work experience prior to entry to the profession is a minimum of 6 years for the professional route or 5 years for the MSc in genetic counselling route.

Registration can only be undertaken after a minimum supervised training period of two years following entry into the profession by either route (see Appendix 4, "Genetic Counsellor Trainee"). The requirement is the submission of a Masters Level portfolio of evidence of professional competencies completed within the previous 3 years. By registration therefore, all genetic counsellors will have completed 7 to 8 years of training with many more having considerably longer.

The ratified AGNC "Career and Salary structure for Genetic Counsellors" specifies Genetic Counsellor Trainee, Genetic Counsellor, Genetic Counsellor Principal (formerly Highly Specialised), Genetic Counsellor Consultant and Genetic Counsellor Manager. Registration will be mandatory to achieve

Genetic Counsellor level when the profession is regulated through the Health Professions Council (HPC). Suggested progression up the career pathway is dependent on at least 2 years duration at each level and the attainment of further competencies.

The HPC has accepted the AGNC-sponsored application for professional regulation of Genetic Counsellors in March 2010. This application is now awaiting relevant legislation.

The career structure for Genetic Counsellors is available on the AGNC website. The corresponding job profiles for Agendas for Change were published on the DOH website on 01/07/2005 and are reproduced in Appendix 4.

There is no specification of the types of referral to be seen by genetic counsellors but within the National Profiles document limitations of the role are given, whereby specific clinical situations would not be undertaken until a certain level had been reached. The AGNC Code of Ethics (Appendix 2) includes a specific ability to recognise limitations in knowledge and capabilities and to seek advice or refer when necessary, as one would expect in any professional code of conduct.

The AGNC core competences for genetic counselling were adopted by the European Association of Genetic Counsellors in June 2010.

### **3. Clinical Geneticist training**

The entry criteria for clinical geneticist (CG) training are at least two years general professional training, following completion of a medical degree and internship, and MRCP, MRCPCH or equivalent.

Professional training consists of a supervised four-year training period in a RGC. The essential elements of training include an emphasis on the human aspects of genetics, and exposure to clinical, ethical/legal, laboratory, and the scientific basis of genetics. Full participation in genetic clinics with supervision is essential, and formal counselling supervision is recommended. Completion of a counselling skills course is desirable. Assessment is based on annual review through the RITA process, regular appraisal and completion and scrutiny of a training record and log book.

### **4. Current practice in UK**

Since the first meeting of the working party, although variations in practice persist, meetings of lead clinicians' and lead counsellors' groups suggest some common themes in practice:

#### *Referral and clinic allocation*

Most referrals are still addressed to CGs, with only a minority going directly to GCs. Clinical geneticists and genetic counsellors may both be involved in

clinic allocation. Direct referral to a GC may be appropriate at a certain professional level of expertise,

#### *Pre-clinic contact*

Pre-clinic contact is decreasing but where this takes place it is usually undertaken by a GC.

#### *Consultations*

There is a trend towards GCs conducting more autonomous clinics, with their contribution to medical colleague's clinics varying across centres. This variability includes co-counselling.

#### *Medical supervision arrangements*

Formal medical supervision arrangements remain variable. In most centres, however, many patients seen independently by a GC will be discussed at some stage with a Consultant. The mechanisms used include:

- consultant-led clinics
- formal or informal discussion before or during clinic
- post-clinic discussion
- specific regular departmental meeting

Clinical supervision arrangements vary according to the level of experience of the counsellor. In most centres a consultant or senior colleague reviews the letters of student or trainee counsellors.

### **5. Situations where medical input might be considered critical**

Clinical scenarios where consultation with a clinical geneticist is required cannot be defined by disease as, frequently, post-diagnosis, the issues might relate primarily to adjustment, choices and family implications, where sophisticated and knowledgeable counselling skills are required.

Early input from a clinical geneticist is often required when the diagnosis is unknown, rare or progressive, and raises complicated medical or surgical management issues. This medical input may take the form of pre or post clinic discussion or a face to face consultation with a Clinical Geneticist. Diagnostic testing will usually follow a medical consultation, which may have occurred in another medical speciality.

Consultation with a Clinical Geneticist is also usually necessary when diagnosis or disease management requires physical examination. It is recognised however that professional roles are changing in the NHS. There may be some individuals entering the Genetic Counsellor profession with specific specialised skills that allow an extended role in patient assessment and management. This will be reflected in the individual's job description and annual knowledge and skills assessment

The skills of a genetic counsellor will be particularly appropriate when the need for medical input is small, previously met or met elsewhere. Common scenarios might include a family history of cancer or common chromosome abnormalities or Mendelian disorders where the carrier or affected status is known. Genetic counsellors have an important role when the primary requirement is for a counselling intervention such as facilitating decision making in pregnancy or around genetic testing. In addition, genetic

counsellors play a significant role in the follow up of patients, when appropriate.

For all professionals working in clinical genetics, the problems generated by laboratory results of uncertain significance is increasing. Resolution of these complex problems requires a multidisciplinary team approach, including laboratory colleagues.

## **6. Indemnity issues / arrangements**

The aim of GC registration is to allocate a professional regulatory status to the role of GC. Application to the Health Professions Council has been accepted and awaits Parliamentary ratification. Meanwhile, for those with a nursing background, professional accountability resides with the Nursing and Midwifery Council; for non-nursing (MSc) GCs, there is currently no professional regulatory accountability, though they should be affiliated with a union for their personal protection. Genetic Counsellors working outside the NHS currently may have no professional indemnity or accountability.

Throughout the NHS, in recent years, there has been an emphasis on expanded roles for non-medically qualified professionals. For those GCs working in the NHS, NHS indemnity applies to those acting within their job description, and complying with Trust policies and procedures, irrespective of their role.

The General Medical Council in “Good Medical Practice” (GMC, November 2006) provides clear advice regarding liability for work delegated to another. The duty of care involves ensuring that the person to whom the delegation occurs is competent for the task. Both this advice and the MDU/MPS are clear that professional liability does not extend to the actions of another professional.

## **7. Multidisciplinary working**

Clinical genetics is a speciality that deals with many rare disorders. Some of these may only present to an individual unit at very long intervals. Developing a method of encouraging and harnessing “group” memory facilitates recognition and management of these very rare conditions. Audit of a group’s capacity to diagnose and manage these rare conditions is difficult, as population frequencies may be unreliable, variable or unknown, and for many the diagnosis may only become apparent over time. Sharing knowledge within a group on a regular basis is one way to increase the probability that very rare conditions will be recognised.

For both rare and common disorders, the counselling issues are often similar. Although the effectiveness of counselling is notoriously hard to measure, the quality of counselling is likely to be improved by opportunities for group discussion of difficult or complicated counselling scenarios. This is particularly so where a less than optimum patient episode has been identified. An

extension of the formal Clinical Supervision (counselling supervision), which is now mandatory for the Genetic Counsellor profession, into departmental multi-disciplinary working would enhance the safety and quality of patient work while giving expert support to practitioners working in a difficult speciality.

Multi-disciplinary meetings are therefore a critical part of the provision of a high quality genetic service, and should be a regular part of all RGC activity. It is unlikely that these needs could be met outside the facilities and resources of a RGC.

Completion of CPD for both GCs and CGs is mandatory, and sufficient time needs to be allocated, not only for undertaking CPD but also for sharing the outcome. Audit will be a normal part of this and will require a collaborative approach.

## **8. Multidisciplinary working with other specialties**

All Regional Genetic Centres are having greater interaction with other specialities as awareness of the relevance of genetic medicine increases. This will result in a broader multi-disciplinary genetic team that encompasses a diverse group of professionals. Within this, other health professionals may develop specialised genetic knowledge and roles. As this occurs, new governance arrangements based in Regional Genetic Centres will need to be developed. Planning for these roles should encompass the resources and time for this, and include provision for the special expertise within Regional Genetic Services in providing education, audit and support.

Competences have been developed for other healthcare professionals ([www.geneticseducation.nhs.uk](http://www.geneticseducation.nhs.uk)).

## **9. Impact of New Technologies**

Next generation sequencing / high throughput technologies will increase the information generated by genetic testing. For all professionals working in genetics, greater training in bioinformatics will be required.

The possibilities of next generation genetic testing will change and be relevant for a broader group of patients, specialties and clinicians. In order that the diagnostic, communication and scientific expertise that resides in RGCs is maximised for the benefits of patient, genetic professionals will need to develop new, creative models of working across professional disciplines. Greater development of multidisciplinary working and care pathways is likely to be part of this.

## RECOMMENDATIONS TO AGNC/CGS

I. That recommendations and standards for working practices for Regional Genetic Centres:

- Take account of the diversity of practice, staffing and skill mix within Regional Genetic Centres across the country
- Acknowledge the developing role, professionalism, registration and regulation of Genetic Counsellors.
- Specify that input from a Clinical Geneticist is often required when the diagnosis is unknown, rare or progressive, or raises complicated medical or surgical management issues or decisions around specialised diagnostic testing. Clinical Geneticist input is mostly required when physical examination is necessary. Joint counselling may also be the most appropriate care in situations of complex decision making.
- Specify that multidisciplinary working provides optimal care, through maximising access, timeliness and appropriateness of interventions by use of the different and complementary skills of Genetic Counsellors and Clinical Geneticists.

II. Suitable standards may therefore be:

- That all referred patients are under the care of and are the responsibility of a named genetic professional, either a Clinical Geneticist, or Genetic Counsellor/ Principal/Consultant or both
- That direct referral to either a Clinical Geneticist or Genetic Counsellor is appropriate
- That workforce planning should include the appropriate numbers of Clinical Geneticists, Genetic Counsellor Consultants, Genetic Counsellor Principals and Genetic Counsellors per million population
- Review of all new referrals by a Clinical Geneticist and/or Genetic Counsellor/ Principal/Consultant, and a decision as to the most appropriate named professional and clinic.
- That multi-disciplinary meetings and audit are fundamental activities with a Regional Genetic Centre.
- That formal counselling supervision should be available to the whole clinical team
- Development of clinical protocols that are amenable to audit, including those designed to audit the multidisciplinary care process.
- That all Genetic Counsellors and Clinical Geneticists should be linked to or working within a Regional Genetic Centre
- That new appointments to trainee and Genetic Counsellor posts should usually meet the eligibility requirements for entry into the profession and registration as a Genetic Counsellor respectively or be able to work towards the minimum entry level requirement.
- That Regional Genetic Centres should have sufficient resources to provide support for other health professionals giving genetic advice within their own specialities

## **Appendix 1**

### **Terms of reference**

1. To design a care pathway that encompasses the:
  - ∴ Process of referral
  - ∴ Patient allocation
  - ∴ Responsibility for care and management
  - ∴ Relevant medico legal and indemnity issues
2. To clarify the clinical situations where medical input is critical
3. To develop a robust audit framework for these processes
4. To clarify the training, competencies, assessment tools and experience required for different counselling scenarios
5. To consider inter relationship between the training needs of the whole multi disciplinary team

### **Membership (2005)**

Peter Turnpenny, Fiona Robson, Frances Elmslie, Sarah Durell, Diana Scotcher, Bronwyn Kerr (Chair)

### **Membership (2010)**

Peter Turnpenny (Vice-President, CGS), Gillian Bromilow (Chair, AGNC), Frances Elmslie, Sarah Durell, Diana Scotcher, Bronwyn Kerr (Chair)

## Appendix 2

### AGNC Code of Ethics

#### Introduction

This code of ethics<sup>1</sup> attempts to clarify and guide the conduct of genetic counsellors practising at both Levels One and Two of the Register of Genetic Counsellors. It acknowledges that ethical practice is essential in four main areas of responsibility, as listed below. All genetic counsellors must be aware of the ethical implications of their professional role, and adhere to the principles and guidelines in this code.

#### **(A) Self-awareness and development**

Genetic counsellors should:

- Recognise the limits of their own knowledge and abilities in any given situation, and decline any duties or responsibilities that cannot be carried out in a safe and competent manner
- Be aware of their own physical and emotional health and take appropriate action to prevent an adverse impact on their professional performance
- Report to an appropriate person or authority any conscientious objection that may be relevant to their professional practice
- Maintain and improve their own professional education and competence

#### **(B) Relationships with clients**

Genetic counsellors should:

- Enable clients to make informed independent decisions, free from coercion
- Respect the client's personal beliefs and their right to make their own decisions
- Respect clients, irrespective of their ethnic origin, sexual orientation, religious beliefs and gender
- Avoid any abuse of their professional relationship with clients
- Protect all confidential information concerning clients obtained in the course of professional practice: disclosures of such information should only be made with the client's consent, unless disclosure can be justified because of a significant risk to others
- Report to an appropriate person or authority any circumstance, action or individual that may jeopardise client care, or their health and safety.
- Seek all relevant information required for any given client situation
  - a. Refer clients to other competent professionals if they have needs outside the professional expertise of the genetic counsellor
  - b.

#### **(C) Relationships with colleagues**

Genetic counsellors should:

- Collaborate and co-operate with other colleagues in order to provide the highest quality of service to the client
- Foster relationships with other members of the clinical genetics team, to ensure that clients benefit from a multidisciplinary approach to care
- Assist colleagues to develop their knowledge of clinical genetics and genetic counselling

- Report to an appropriate person or authority any circumstance or action which may jeopardise the health and safety of a colleague

#### **(D) Responsibilities within the wider society**

Genetic counsellors should:

- Provide reliable and expert information to the general public
- Adhere to the laws and regulations of society. However, when such laws are in conflict with the principles of practice, genetic counsellors should work toward change that will benefit the public interest
- Seek to influence policy makers on human genetic issues, both as an individual and/or through membership of professional bodies

- <sup>1</sup>This code of ethics is based on similar documents produced by the National Society of Genetic Counsellors (NSGC) of the USA and the United Kingdom Central Council for Nursing and Midwifery (UKCC). The AGNC wish to acknowledge the guidance provided by these documents and thank these organisations for their availability.

## Appendix 3

### 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

- Attainment of a First or Masters Degree

Plus

- Attainment of a professional qualification as a registered nurse or midwife and maintenance of current professional registration

Plus

- Previous experience as a senior registered practitioner having developed and demonstrated proficiency as an autonomous professional in a health care setting

Plus

- Completion of training in counselling skills of at least 90 guided learning hours<sup>1</sup> (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. The applicant must show evidence of having passed a formal assessment/examination as part of that course

### CRITERIA RELATED TO GENETIC COUNSELLING EXPERIENCE

Applicants may submit their "Intention to Register" form when they have completed at least two years in a genetic counselling post under the supervision and mentorship of a Registered Genetic Counsellor who is based in an approved Genetic Centre<sup>2</sup>. 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.

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<sup>1</sup> 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). GCRB June 2010 - 4

## **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
- Specialist genetic counsellors (e.g. in cancer) can use the general registration process but must demonstrate non-specialist genetic counselling skills
- 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.

### **Source:**

<http://www.gcrb.org.uk/Files/aug2010/2011%20GCRB%20Applicant%20guide%20lines%203%2008%2010.pdf>

## **ELIGIBILITY TO REGISTER CERTIFICATES**

- People applying for genetic counselling jobs who are not registered yet may be interested in applying to the GCRB for an 'Eligibility to Register' certificate. This is only relevant to those who have not yet completed the MSc in Genetic Counselling. The certificate will help employers easily assess whether a potential employee has suitable qualifications and training required for registration.

## Appendix 4

### NATIONAL PROFILES FOR GENETIC COUNSELLORS

#### CONTENTS

Profile Title	AfC Banding	Page
Genetic Counsellor Trainee	6	2
Genetic Counsellor	7	3
Genetic Counsellor Principal	8*	4
Genetic Counsellor Consultant	8b-d	5

\*Generic profile provisions apply - see note below

#### Generic Profiles

The following generic profile note extracted from the Second Edition of the Job Evaluation Handbook explains the position in cases where the minimum score falls below the relevant grade boundary: (See para 5.2 Section 7)

The band for jobs covered by this generic profile is band e.g. 4. The minimum total profile score falls below the band 4 grade boundary. This is the result of using a single generic profile to cover a number of jobs of equivalent but not necessarily similar factor demand. It is not anticipated that any job will be assessed at the minimum level of every possible factor range. If this were the case it indicates that the job should instead be matched against a band 3 profile. If this is not successful, the job must be locally evaluated.

<b>Profile Label:</b>	<b>Genetic Counsellor Trainee</b>
<b>Job Statement:</b>	<ol style="list-style-type: none"> <li>1. Undertakes genetic counselling under the guidance of a more senior counsellor and maintains relevant records</li> <li>2. Attends genetic counselling clinics and carries out home visits</li> <li>3. Working towards registration with professional body</li> </ol>

Factor	Relevant Job Information	JE Level
<b>1. Communication and Relationship Skills</b>	<b>Provide and receive highly complex, sensitive or contentious information; barriers to understanding; provide and receive complex, sensitive information hostile, antagonistic or highly emotive atmosphere</b> Elicits highly sensitive information relating to e.g. prenatal carrier testing, inherited genetic testing where there is resistance to the notion of genetic inheritance and a need to reassure and empathise with the patient/client; communicates sensitive information where patients/clients may be hostile	5(a)(c)
<b>2. Knowledge, Training &amp; Experience</b>	<b>Specialist knowledge across range of procedures underpinned by theory</b> Professional knowledge acquired through relevant degree plus clinical experience and counselling training or equivalent to postgraduate diploma level	6
<b>3. Analytical &amp; Judgmental Skills</b>	<b>Range of facts or situations requiring analysts</b> Initial assessment of patient/client's family tree and history where risk factors are analysed and judgements made on testing and reporting of results	3
<b>4. Planning &amp; Organisational Skills</b>	<b>Plan and organise straightforward activities, some ongoing</b> Manages ongoing caseload of patients/clients	2
<b>5. Physical Skills</b>	<b>Highly developed physical skills, accuracy important; manipulation of fine tools, materials</b> Hand eye co-ordination, accuracy required when carrying out e.g. venepuncture, microscope work	3 (b)
<b>6. Responsibility for Patient/Client Care</b>	<b>Develop programmes of care; provide specialist clinical technical services</b> Arranges appropriate screening and testing programme, counsels accordingly; interprets diagnostic test results	5(a)(b)
<b>7. Responsibility for Policy/Service Development</b>	<b>Follows policies in own role, may be required to comment</b> Follows national and organisational policies applicable to role, may comment on departmental procedures	1
<b>8. Responsibility for Financial &amp; Physical Resources</b>	<b>Personal duty of care in relation to equipment, resources</b> Careful use of genetic counselling facilities	1
<b>9. Responsibility for Human Resources</b>	<b>Demonstrate own duties</b> Demonstrates own duties to others	1
<b>10. Responsibility for Information Resources</b>	<b>Record personally generated information</b> Maintains patient/client records	1
<b>11. Responsibility for Research &amp;</b>	<b>Undertake surveys and audits, as necessary to own work/regularly undertake R&amp;D activities</b>	1-2(a)

<b>Development</b>	Completes regular activity audits and caseload statistics, participates in local, regional or national research projects	
<b>12. Freedom to Act</b>	<b>Clearly defined occupational policies, work is managed rather than supervised</b> Works with patients/clients independently within codes of conduct and policies, work is assessed during clinical supervision	3
<b>13. Physical Effort</b>	<b>Combination of sitting, standing, walking</b> Walks between clinics, sits during assessments	1
<b>14. Mental Effort</b>	<b>Frequent intense concentration</b> In-depth proactive mental attention during patient/client risk assessment and counselling	5
<b>15. Emotional Effort</b>	<b>Frequent distressing or emotional circumstances, occasional/frequent highly distressing</b> Counselling the terminally ill or bereaved where there is a need for genetic testing/dealing with challenging family situations e.g. paternity identification, morbidity/mortality risk assessment	3(a)(b)- 4(b)
<b>16. Working Conditions</b>	<b>Occasional/frequent unpleasant/occasional/frequent highly unpleasant conditions</b> Body odours, exposure to blood during venepuncture	2(a) 3(b) 4(b)
<b>JE Score/Band</b>	<b>JE Score 398 – 423</b>	<b>Band 6</b>

**Profile Label:**  
**Job Statement:**

**Genetic Counsellor**

1. Assesses and provides genetic counselling to patients/clients
2. Manages a caseload and maintains patient/client records
3. Provides support and guidance to students and less experienced counsellors

Factor	Relevant Job Information	JE Level
1. Communication and Relationship Skills	<b>Provide and receive highly complex, sensitive or contentious information; barriers to understanding; provide and receive complex, sensitive information hostile, antagonistic or highly emotive atmosphere</b> Elicits highly sensitive information relating to e.g. prenatal carrier testing, inherited genetic testing where there is resistance to the notion of genetic inheritance and a need to reassure and empathise with the patient/client; communicates sensitive information where patients/clients may be hostile	5(a)(c)
2. Knowledge, Training & Experience	<b>Specialist knowledge across range of procedures underpinned by theory</b> Knowledge of genetic counselling procedures and techniques acquired through relevant degree plus clinical experience and counselling training plus further specialist training to master's level equivalent	7
3. Analytical & Judgmental Skills	<b>Complex facts or situations requiring comparison of a range of options</b> Initial assessment of patient/client's family tree and complex history where risk factors are analysed and judgements made on testing, reporting of results and referral to specialist	4
4. Planning & Organisational Skills	<b>Plan and organise straightforward activities, some ongoing/complex activities requiring formulation, adjustment</b> Manages ongoing caseload of patients/clients, co-ordinates multi-disciplinary case conferences	2-3
5. Physical Skills	<b>Highly developed physical skills, accuracy important; manipulation of fine tools, materials</b> Hand eye co-ordination, accuracy required when carrying out e.g. venepuncture, microscope work	3 (b)
6. Responsibility for Patient/Client Care	<b>Develop programmes of care; provide highly specialist clinical technical services</b> Arranges appropriate specialist screening and testing programme, counsels accordingly; interprets complex diagnostic test results	6(a)(b)
7. Responsibility for Policy/Service Development	<b>Follows policies in own role, may be required to comment/implement policies and propose changes to practices, procedures for own area</b> Follows national and organisational policies/implements policies related to provision of genetic counselling service, proposes changes to service delivery and working practices	1-2
8. Responsibility for Financial & Physical Resources	<b>Personal duty of care in relation to equipment, resources</b> Careful use of genetic counselling facilities	1
9. Responsibility for Human Resources	<b>Professional, clinical supervision</b> Supports and mentors trainees, students undertaking placements	2(b)
10. Responsibility for Information Resources	<b>Records personally generated information</b> Maintains patient/client records	1
11. Responsibility for Research & Development	<b>Undertake surveys and audits, as necessary to own work/regularly undertake R&amp;D activities</b> Completes regular activity audits and caseload statistics, participates in local, regional, national research projects	1-2(a)
12. Freedom to Act	<b>Clearly defined occupational policies, work is managed rather than supervised/broad occupational policies</b> Works within professional guidelines/works autonomously, lead practitioner, own caseload in the community	3-4
13. Physical Effort	<b>Combination of sitting, standing, walking</b> Walks between clinics, sits during assessments	1
14. Mental Effort	<b>Frequent intense concentration</b> In-depth proactive mental attention during patient/client risk assessment and counselling	5
15. Emotional Effort	<b>Frequent distressing or emotional circumstances, occasional/frequent highly distressing</b> Counselling the terminally ill or bereaved where there is a need for genetic testing/dealing with challenging family situations e.g. paternity identification, morbidity or mortality risk assessment	3(a)(b)-4(b)
16. Working Conditions	<b>Occasional/frequent unpleasant/occasional/frequent highly unpleasant conditions</b> Body odours, exposure to blood during venepuncture	2(a) 3(b) 4(b)
JE Score/Band	<b>JE Score 469 – 524</b>	<b>Band 7</b>

**Profile Label: Genetic Counsellor Principal**

- Job Statement:**
1. Assesses and provides specialist genetic counselling to patients/clients
  2. Manages a specialist caseload and maintains patient/client records
  3. Maintains a knowledge of the scientific medical and psychological aspects of clinical genetics and provides support and guidance to students, genetic counsellors and other health professions
  4. Provides specialist training, may lead a specialist team

Factor	Relevant Job Information	JE Level
1. Communication and Relationship Skills	<b>Provide and receive highly complex, sensitive or contentious information; barriers to understanding; present complex, sensitive or contentious information to large groups; provide and receive complex, sensitive information hostile, antagonistic or highly emotive atmosphere</b> Elicits highly sensitive information relating to e.g. prenatal carrier testing, inherited genetic testing where there is resistance to the notion of genetic inheritance and a need to reassure and empathise with the patient/client; gives presentations at conferences; communicates sensitive information where patients/clients may be hostile	5(a)(b)(c)
2. Knowledge, Training & Experience	<b>Highly developed specialist knowledge, underpinned by theory and experience</b> Knowledge of genetic counselling procedures and techniques acquired through relevant degree plus clinical experience and counselling training plus further specialist training to master's level equivalent	7
3. Analytical & Judgmental Skills	<b>Complex/highly complex facts or situations requiring analysis, interpretation, comparison of a range of options</b> Initial assessment of patient/client's family tree and history where complicated risk factors are analysed, test results interpreted and judgements made/expert opinions may differ	4-5
4. Planning & Organisational Skills	<b>Plan and organise complex activities or programmes, requiring formulation, adjustment</b> Plans and organises multidisciplinary clinics and meetings, organises student work placements	3
5. Physical Skills	<b>Highly developed physical skills, accuracy important; manipulation of fine tools, materials</b> Hand eye co-ordination, accuracy required when carrying out e.g. venepuncture, microscope work	3 (b)
6. Responsibility for Patient/Client Care	<b>Develop specialised programmes of care; provide highly specialist clinical technical services</b> Arranges appropriate specialist screening and testing programme, interprets diagnostic test results and advises accordingly	6(a)(b)
7. Responsibility for Policy/Service Development	<b>Propose policy or service, impact beyond own area</b> Develops policies in area of specialism which impact on other disciplines e.g. genetic testing in childhood	3
8. Responsibility for Financial & Physical Resources	<b>Personal duty of care in relation to equipment, resources</b> Careful use of genetic counselling facilities	1
9. Responsibility for Human Resources	<b>Day to day management, allocate, place and supervise staff or students, teach/deliver specialist training/teach, devise programmes as major job responsibility</b> Undertakes placement programmes for students, provides specialist training in area of expertise	3(a)(b)(c) 4(c)
10. Responsibility for Information Resources	<b>Record personally generated information</b> Maintains patient/client records	1
11. Responsibility for Research & Development	<b>Regularly undertake R&amp;D activities/major job requirement</b> Participates in local, regional, national research projects	2(a) - 3
12. Freedom to Act	<b>Broad occupational policies</b> Interprets policies in relation to own specialist caseload	4
13. Physical Effort	<b>Combination of sitting, standing, walking</b> Walks between clinics, sits during assessments	1
14. Mental Effort	<b>Frequent intense concentration</b> In-depth proactive mental attention during patient/client risk assessment and counselling	5
15. Emotional Effort	<b>Frequent distressing or emotional circumstances, occasional/frequent highly distressing</b> Counselling the terminally ill or bereaved where there is a need for genetic testing/dealing with challenging family situations e.g. paternity identification, morbidity/mortality risk assessment	3(a)(b)- 4(b)
16. Working Conditions	<b>Occasional/frequent unpleasant/occasional/frequent highly unpleasant conditions</b> Body odours, exposure to blood during venepuncture	2(a) 3(b) 4(b)
JE Score/Band	<b>JE Score 524* - 580</b>	<b>Band *8a</b>

**Profile Label:**  
**Job Statement:**

**Genetic Counsellor Consultant**

1. Provides expert professional advice to patients/clients, colleagues and other health professionals
2. Acts as lead genetic Counsellor in field of expertise
3. Collaborates with academic institutions to lead on education, research and practice development
4. Provides specialist consultancy within organisation and externally

Factor	Relevant Job Information	JE Level
<b>1. Communication and Relationship Skills</b>	<b>Provide and receive highly complex, sensitive or contentious information; barriers to understanding; present complex, sensitive or contentious information to large groups; provide and receive complex, sensitive information hostile, antagonistic or highly emotive atmosphere</b> Elicits highly sensitive information relating to e.g. prenatal carrier testing, inherited genetic testing where there is resistance to the notion of genetic inheritance and a need to reassure and empathise with the patient/client; gives presentations at conferences; communicates sensitive information where patients/clients may be hostile	5(a)(b)(c)
<b>2. Knowledge, Training &amp; Experience</b>	<b>Advanced theoretical and practical knowledge</b> Professional knowledge acquired through degree, supplemented by specialist training to masters level, PhD or equivalent. Highest level of specialist knowledge in own area	8(a)
<b>3. Analytical &amp; Judgmental Skills</b>	<b>Highly complex facts or situations requiring analysis, interpretation, comparison of a range of options</b> Initial assessment of patient/client's family tree and highly complex history where complicated risk factors are analysed, test results interpreted and judgements made in unique situations or where opinion differs	5
<b>4. Planning &amp; Organisational Skills</b>	<b>Plan and organise broad range of complex activities or programmes, formulates, adjusts plans or strategies</b> Develops strategy, service planning	4
<b>5. Physical Skills</b>	<b>Highly developed physical skills, accuracy important; manipulation of fine tools, materials</b> Hand eye co-ordination, accuracy required when carrying out e.g. venepuncture, microscope work	3 (b)
<b>6. Responsibility for Patient/Client Care</b>	<b>Develop specialised programmes of care; provide highly specialist clinical technical services</b> Arranges appropriate specialist screening and testing programme, interprets diagnostic test results and advises accordingly	6(a)(b)
<b>7. Responsibility for Policy/Service Development</b>	Responsible for policy implementation and development for a service <b>Responsible for proposing, developing and implementing policy changes for genetic counselling service</b>	4
<b>8. Responsibility for Financial &amp; Physical Resources</b>	<b>Personal duty of care in relation to equipment, resources/authorised signatory, small payments</b> Careful use of genetic counselling facilities/signatory for expenses	1-2(d)
<b>9. Responsibility for Human Resources</b>	<b>Teach/deliver specialist training/teach, devise training and development programmes, major job responsibility</b> Provides specialist training & education/develops education programmes	3(c)-4(b)
<b>10. Responsibility for Information Resources</b>	<b>Record personally generated information</b> Maintains patient/client records	1
<b>11. Responsibility for Research &amp; Development</b>	<b>R&amp;D activity as major job requirement/co-ordinate, implement R&amp;D activity as job requirement</b> Involved in research projects on an ongoing basis/supervises collection of data and management of research projects	3-4
<b>12. Freedom to Act</b>	<b>General policies, need to establish interpretation</b> Responsible for establishing how policies should be interpreted	5
<b>13. Physical Effort</b>	<b>Combination of sitting, standing, walking</b> Walks between clinics, sits during assessments	1
<b>14. Mental Effort</b>	<b>Occasional/frequent intense concentration</b> In-depth proactive mental attention during patient/client risk assessment and counselling	4(b)-5
<b>15. Emotional Effort</b>	<b>Frequent distressing or emotional circumstances, occasional/frequent highly distressing</b> Counselling the terminally ill or bereaved where there is a need for genetic testing/dealing with challenging family situations e.g. paternity identification, morbidity/mortality risk assessment	3(a)(b)-4(b)
<b>16. Working Conditions</b>	<b>Occasional/frequent unpleasant/occasional highly unpleasant conditions</b> Body odours, exposure to blood during venepuncture	2(a) 3(a)(b)
<b>JE Score/Band</b>	<b>JE Score 627 – 675</b>	<b>Band 8b-c-d</b>