**Genetic Nurse and Counsellor Professional Branch Board**

**Checklist for documents to submit with application for Master’s assessment**

* Evidence of course validation by your institution
* Course entry requirements
* Full curriculum, including content of each course or module, with breakdown by topic or lecture, with hours spent on each topic
* Methods of assessment including assessment forms for practical placements; research evaluation criteria; and marking scheme for theory courses
* Supporting documentation made available to students: may include handbook, website or other documents
* Any other documents that you feel are relevant to the program
* English translations of any of the above documents

**Form A** must be completed and enclosed. Please expand as necessary. This form is a is a synthesis of the information from your other documents and must be completed in full.

Please create one file, composed of this checklist; Form A; and supporting documents, and save in pdf format before sending to the EBMG.

Once the submission has been received at [**gc.master.ebmg@gmail.com**](mailto:gc.master.ebmg@gmail.com), you will receive instructions regarding payment from the EBMG office.

### Form A. Application for course approval: MSc Genetic Counselling

**Section 1. Details of person responsible for the application**

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| First name |  |
| Last name |  |
| Title (Mr/Ms/Miss/Dr/Prof/other) |  |
| Position in the institution |  |
| Department in the institution |  |
| Email address |  |
| Work address |  |
| Telephone number (with country code) |  |

**Section 2. Statement by person responsible for the application**

**I confirm that all details provided in this application are correct to the best of my knowledge.**

**Name**

**Signature**

**Date**

**Section 3. Course and staff details**

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| **Official name of Institution** |  |
| **Official address of Institution** |  |
| **Department (Faculty or School) in which course is offered** |  |
| **Name of Programme (e.g. MSc in Genetic Counselling)** |  |
| **Length of programme if taken full time** |  |
| **Is the programme offered** | Full time Part time Either full or part time |
| **Number of students per cohort** |  |
| **Name(s) of course Director(s)** |  |
| **Qualifications of course director** |  |
| **Title (Mr/Ms/Miss/Dr/Prof/other)** |  |
| **Experience of course director in clinical genetics** |  |
| **Email address of course director** |  |
| **Work address of course director** |  |

**Main programme teachers/supervisors**

Please provide the names, qualifications and roles of the **main** staff involved in teaching students.

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| **Name** | **Qualifications** | **Professional role or background** | **Course/Module taught** |
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**Clinical supervision**

Please provide the details of staff providing clinical supervision during genetic counselling placements.

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| **Name** | **Qualifications** | **Professional role or background** | **Placement which they supervise** |
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**Section 4. Course structure and content**

Please indicate how the course fulfils each requirement. If appropriate, you may refer to specific pages in your course documents and attach those documents.

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| **Course content** | **Detail** |  |
| 1. **Practical Component** | The practical component of the course (placements) should account for at least 50% of the course teaching hours. A minimum of 25% of the course teaching hours (50% of the practical placement hours) must be spent by the student in a genetics centre under the mentorship of a genetic counsellor (or where this is not possible, the mentorship of an experienced medical geneticist).  Guide: as a rough guide, the student should spend around 120 days in practical clinical (not laboratory) placements. Of these, at least half should be in a genetics department. |  |

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| 1. **Practical preparation – through practical clinical placements** | 2.1 Enable the student to acquire knowledge on:  - the health service structure in the country of training  - sources of support and information for self and patients  - the impact of a genetic condition on individual, family and society  - effective functioning of the multi-disciplinary team  - the role of health and social care professionals involved with an individual with a genetic condition  - counselling skills  - communication skills, including contacting patients face to face, by telephone and in writing. |  |
|  | 2.2 Provide adequate opportunity for students to develop the ability to:  - manage a genetic caseload  - develop an empathic relationship with the patient  - work collaboratively within the multi-disciplinary team  - manage cases safely and effectively  - produce clear correspondence including referral letters and post-consultation summary letters  - make clear and contemporaneous health records  - work within the professional code of conduct for genetic counsellors  - work safely as an autonomous practitioner  - gain broad experience in different relevant areas of healthcare and/or social care3  - obtain broad experience in provision of genetic services  - develop counselling and communication skills  - understand limitations of own skills and knowledge. |  |

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| 1. **Counselling skills** | 3.1 Enable the student to acquire knowledge on:  - philosophy of genetic counselling (including a non-directive counselling approach)  - relevant counselling theories  - core and advanced counselling skills  - the range of potential psychological and emotional reactions to living with a genetic condition in the family or living at risk |  |
| 3.2 Provide adequate opportunity for students to develop the ability to:  - use of a range of appropriate communication and counselling skills  - communicate effectively with the patient and family  - assess the patient’s psychological state (prior/current)  - facilitate decision-making  - reflect on own practice  - adopt a non-judgemental approach  - develop self-awareness to reflect on and inform own practice  - use clinical and counselling supervision. |  |
| 3.3 Provide an environment in which the student can develop:  - Unconditional acceptance of each individual. |  |

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| 1. **Psychological issues** | 4.1 Enable the student to acquire knowledge on:  - relevant psychological theories including grief and loss, responses to risk, impact of event – impact of family history on individual and family |  |
| 4.2 Provide adequate opportunity for students to develop the ability to:  - prepare a patient for the potential outcomes of a genetic test  - support individuals to disclose genetic information to family  - facilitate decision making  - use counselling1 and clinical supervision2  - use skills to explore patients’ past and current psychosocial situation. |  |
| 4.3 Enable students to develop the ability to make the patient aware of:  - impact of positive and negative test results on individual and family  - potential reactions of individuals such as siblings, parents, obligate carriers to genetic risk or test results  - impact of living with disease and test result  - the nature of pre-symptomatic testing and differences to diagnostic testing  - the issues related to family communication, including the possibility of non-disclosure of information between family members. |  |
| 4.4 Make the student aware of their own possible psychological responses to patient or professional situations. |  |

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| 1. **Medical Genetics** | 5.1 Enable the student to acquire knowledge on:  - inheritance patterns  - common genetic conditions (symptoms, prevalence, penetrance, testing options, inheritance pattern, condition management), including cardiac, neurological, oncology, dysmorphology, metabolic /endocrine, haematology conditions  .- types of mutations  - interpretation of test results  - technologies for testing  - different uses of testing (PST, carrier, PND, diagnostic)  - application of testing  - research methods  - embryology including normal embryology and its relationship to congenital malformations  - therapeutic technologies  - Impact of consanguinity. |  |
|  | 5.2 Provide adequate opportunity for students to develop the ability to:  - draw and interpret pedigrees  - explain inheritance and genetic concepts in patient appropriate language  - access relevant medical information  - Interpret test results  - prepare patients for testing and offering post-test support  - assess genetic risk. |  |

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| 1. **Human genetics** | 6.1 Enable the student to acquire knowledge on:  - structure of DNA, genes and chromosomes (and common terms)  - transcription, translation, protein synthesis  - mutations and their effects  - meiosis and mitosis  - gametogenesis  - recombination, non-disjunction, sister chromatic exchange  - X-inactivation  - inheritance patterns and mechanisms  - chromosomal aberrations,  structural and numerical  - mitochondrial inheritance  - patterns of inheritance  - multifactorial disease  - non-traditional types inheritance eg imprinting  - techniques for detecting abnormalities  - methods of finding a disease gene  - epigenetics. |  |
| 6.2 Provide adequate opportunity for students to develop the ability to:  - draw and interpret a family pedigree  - explain genetic concepts and concepts or risk/probability to the patient in appropriate and culturally sensitive language  - correlate mutations and chromosomal abnormalities to disease. |  |

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| 1. **Genomics** | * 1. Enable the student to acquire an introduction to:   - Next generation sequencing, whole exome and whole genome analysis.  - Analytical and clinical sensitivity and specificity of these tests   * how bioinformatics strategies can be applied to genomic and genetic data * potential application of emerging technologies * development of Genomic services in your own country and Europe |  |
|  | 7.2 Provide adequate opportunity for students to understand the theory of sequence analysis and the use of genome analysis tools and bioinformatics databases |  |
|  | 7.3 Provide adequate opportunity for students to understand:  - Types of sequencing, applications and limitations.  - Visualising sequencing outputs with Genome browsers such as IGV.  - Types of sequencing performed: whole-genome sequencing, exome-seq, RNA-seq, ChIP-seq.  - Processing the output - genome assemblies as the key to many analyses: mapped versus de-novo assemblies.  - Analysis, annotation and interpretation of genomic information of VUS  - The different Guidelines and Standards for the Interpretation, classification and Report of Sequence Variants  - The limitations and challenges faced by current sequencing technologies and additional, incidental and secondary findings from whole genome sequencing. |  |
| 1. **Ethics/Law Sociology** | 8.1 Enable the student to acquire knowledge on:  - ethical principles for healthcare practice  - components of informed consent  - human rights (including those of the fetus)  - genetic law and guidelines  - cultural competence  - impact of illness and/or disability on the individual, family and society  - insurance, employment and discrimination issues relevant to genetic conditions. |  |
| 8.2 Provide adequate opportunity for students to develop the ability to:  - work within the ethical and legal framework relevant to their practice and national setting  - obtain and record informed consent  - practice in a reflective manner  - be aware of their own limitations and seek help or guidance when appropriate  - deliver non-directive care in a supportive manner  - utilise listening skills  - be sensitive to the patient’s concerns and psychological needs. |  |
| 8.3 Provide an environment in which the student can develop:  - respect for the individual’s culture, values and beliefs. |  |
| 1. **Education and research** | 91 Enable the student to acquire knowledge on:  - a range of relevant research methods in relation to genetic counselling practice 4,5  - tools for use in adult education. |  |
|  | 9.2 Provide adequate opportunity for students to develop the ability to:  - conduct critical appraisal of relevant research evidence  - conduct a research study related to genetic counselling4  - provide education to patients  - provide education to other health professionals. |  |
|  | 9.3 Provide an environment in which the student becomes a lifelong learner |  |

1. Counselling supervision is ‘a contracted, professional relationship between two or more individuals engaged with counselling activities, which leads to reflection on the counselling situation and its structure’. For more details, see *European Association for Counselling (2012) Counselling Supervision. Accessed at [http://www.eacnet.org/index.php?/Standards-and-Ethics/counselling-supervision.html].*

2. Clinical supervision is formalised support offered within the clinical team to ensure patient safety and the development of the practitioner. It usually involves case discussion and review.

3. The purpose is to help the student understand the impact of a genetic condition on the life of the individual and family.

4. The research should be focussed on genetic counselling and should not include laboratory research.

5. Social science research methods should be included.

**Section 5. Student Experience**

Please indicate how the course fulfils each requirement. If appropriate, you may refer to specific pages in your course documents and attach those documents, or provide links to webpages that contain the information.

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| 5.1 Evidence of a programme led or co-led by a senior genetic counsellor (with at least 5 years’ experience?) and a multidisciplinary programme team that may include registered genetic counsellors, clinical geneticists, researchers of genetic counselling, clinical scientists, psychologists, and psychotherapists |  |
| 5.2 Evidence of the process of student selection |  |
| 5.3 Evidence of how students have access to registered genetic counsellors with sufficient time committed to supervise students on placements, supervise dissertations, and to lecture or teach seminars in areas of expertise |  |
| 5.4 Evidence of how the students access and interact with programme staff, mentors, scientific supervisors, and personal advisors |  |
| 5.5 Evidence of how students benefit from a range of teaching and training methods (e.g. didactic lectures, group discussions and debates, case study presentations, role-plays and workshops, clinical exposure, independent study, appropriate placements, etc.) |  |
| 5.6 Evidence of the appropriate teaching facilities, access to a library including the relevant genetic journals, computers and office space to accommodate the student numbers |  |
| 5.7 Evidence of the documentation provided to students outlining all learning objectives and methods of assessment, whether in hard copy or online |  |
| 5.8 Evidence of students’ evaluation and feedback of the master course |  |
| 5.9 Evidence of how the programme provides opportunities for the students to enhance their personal and professional development (e.g. extra-curricular activities, additional professional training, job opportunities) |  |