European registration process - Guidelines for applicants

New timeline: key dates for Genetic Nurse and Genetic Counsellor Registration process

Applicants should submit their Intention to register in the online submission platform between **15th July 2017 – 15th October each year**.

*Applications received after midnight (CET) on **15th October** will not be accepted and the applicant will have to resubmit the following year. Applications for this year will not be accepted after this date.*

The EBMG will review the submission and inform applicants of their **eligibility status** by midnight (CET) on **30th November each year.**

Final date for EBMG to receive full applications is **15th February of the following year**.

Decisions will be made and communicated to applicants **during the ESHG conference in a meeting of the Branch Board each year**.

Certificates will be issued in a digital format after 2017.

If you are applying under GFC and need to perform a **Genetic science exam** it is performed online in **June each year.**

If you are asked to make minor changes, these should be made and the application resubmitted by **31st July of the current year of your application**.

If you are asked to make major changes, these should be submitted by **15th February of the following year to your application** and a further fee will have to be paid.

Section 1. Eligibility to register

It is an educational standard that all registered genetic counsellors and registered genetic nurses should be educated at Master level: for genetic counsellors this should be a Master degree in genetic counselling and for genetic nurses a Master degree in genetic nursing. Master level degrees for training and education of genetic counsellors and genetic nurses should comply with the recommended **core curriculum**. A list of the Master level courses offered in Europe and approved by the EBMG can be found under the Normal route section. Graduates of the Master level courses that do not comply with the EBMG core curriculum may not be eligible for registration, or may be asked to complete additional practical experience or provide additional proof of competence (above what is normally required) before they can be registered. Potential applicants who may fall into these groups should contact the EBMG Genetic Nurse and Genetic Counsellor Division to discuss their own situation.

At present, applicants who do not have a Master's degree in the required subject may be eligible to apply **via the Grandfather Clause**. Applications under the Grandfather clause will be possible for applicants who work in a country where there is an approved Master course that has been running regularly since 2012 **until and including October, 2018** and for applicants who work in a country without an approved Master course **until and including October 2020.**

Section 2. Practical clinical experience

As a new graduate does not have the competence to work autonomously as a genetic counsellor or genetic nurse within the multi-disciplinary team, a period of two years (or equivalent if the practitioner works part-time) of practice within a genetic healthcare environment should precede registration. This will enable practitioners to develop the competences required by the EBMG. This practice could be undertaken in

one or more departments, as long as the practitioner was involved in provision of genetic counselling.

Example 1. An applicant works 35 hours per week in a public genetics service for 2 years. He spends 80% of his time providing direct patient care and 20% of his time doing research related to genetic counselling. He would be eligible to apply for registration after 2 years.

Example 2. An applicant works half time in a genetic service providing patient care. He would be eligible after 4 years of practice.

Example 3. An applicant works full time in a university hospital. For 40% of the time he teaches genetic counselling, for the remaining 60% of his time he provides genetic counselling to patients. He would be eligible for registration after 2 years.

Potential applicants who are not certain of their own situation requiring the amount of time in practice should contact the EBMG Genetic Nurse and Counsellor Division to discuss this: gngc@ebmg.eu

Registrants who practice within one specialist area of genetics (for example, oncogenetics or cardiogenetics) will be required to have some experience in general genetics and include at least ten cases outside their specialisation in the **case log**. If this is not possible due to the legal limitations in some countries, practitioners who have previous general experience may still be able to apply: they should contact the EBMG to discuss this before submitting their intention to register form.

Section 3. Routes of access to the register

3.1 Normal route

All genetic nurses and genetic counsellors educated at Master level in a course approved by the EBMG as complying with the recommended **core curriculum**.

The EBMG Genetic Nurse and Genetic Counsellor Division have reviewed the curricula of European Master's programmes to assess whether the programmes comply with the European core curriculum for genetic counsellors.

Form A is provided to illustrate the information required by the EBMG when approval is requested. If you are a course director and you wish to apply for approval of your Master programme, please contact the EBMG (gngc@ebmg.eu) to request a version of this form in MS Word format. You will be asked to complete that and email the form to the EBMG with the appropriate additional course documents.

The following programmes comply fully with the core curriculum and are suitable training programmes for European genetic counsellors:

- Cardiff University, UK (to be re-assessed 2020)
- University of Manchester, UK (to be re-assessed 2017)
- Université de la Méditerranée - Aix Marseille II, Marseilles, France (to be re-assessed 2020)
- Universitat Pompeu Fabra, Barcelona, Spain (to be re-assessed 2020).
- Professionalizing Master Course on Genetic Counselling at ICBAS, Universidade do Porto, Portugal (to be re-assessed 2017)
- MSc in Genetic Counselling at Babes-Bolyai University, Romania (to be re-assesed 2017). Students who pass this course **and undertake the additional student placement** offered by the programme will be eligible to register as genetic counsellors with the EBMG.

Courses are re-assessed on a three yearly basis (**Form B**).

Please note that after 2017, all MSc programs are expected to introduce Genomics at their curriculum at the moment of the application for renewal.

3.2 Eligibility under the Grandfather clause

There are a number of experienced health professionals who do not have a Master level degree currently working as genetic counsellors. Genetic counsellors and genetic nurses working in a country where there was no current system of registration on 1st June, 2013 may apply for registration using the Grandfather clause. Applications under the Grandfather clause will be possible for applicants who work in a country where there is an approved Master course that has been running regularly since 2012 **until and including October, 2018** and for applicants who work in a country without an approved Master course **until and including October 2020.**

Please note that the assessment for eligibility to register will be based on the work carried out by the applicant, rather than the professional title or background. Only those applicants who fulfil the criteria for working as a genetic counsellor or genetic nurse will be accepted.

Applicants from countries where a national registration system existed before 1st June 2013 (e.g. UK) will not be eligible for European registration via the grandfather clause.

The following options are available:

Grandfather Clause A (GFA)

Genetic counsellors who have completed a two-year Master degree in genetic counselling (which included appropriate periods of practice placements) and have worked as a genetic counsellor for at least three years full time (or equivalent part-time) are eligible for European registration after completing a reduced portfolio. This will comprise 2 references from the senior colleague and the line manager, a case log of 50 cases (verified by a senior colleague), and the CPD record.

Grandfather Clause B (GFB)

Genetic counsellors who have undertaken a specific course in genetic counselling (other than an EBMG approved two year Master degree) and have worked as a genetic counsellor for at least four years full time (or equivalent part- time) are eligible for European registration after completing a reduced portfolio. This will comprise 2 references from the senior colleague and the line manager, a case log of 50 cases (verified by a senior colleague), two case studies and the CPD record. For example, applicants who completed a one-year Master degree or the national genetic counselling training program in the Netherlands would fit into this category. The Postgraduate Certificate Genetic Healthcare Programme from Plymouth University (UK) is another example of a course already approved as it satisfies the EBMG requirements under Grandfather Clause B. Other genetic counselling courses can be valid as a background for applicants under the GFB clause.

Applicants who use any of these courses to qualify under the GFB clause need to have a total of four years of experience, at least one year of experience must take place after completing the course.

Course directors can apply to have their courses approved for use by applicants applying under the GFB clause (**Form C).**

Requirements for genetic counselling course approval as valid for the Grandfather Clause B registration route are:

- Courses are expected to be at postgraduate level and be validated by the host institution.
- Courses need to have a minimum duration of 6 months
- Course structure should include content on counselling skills, human genetics, medical genetics, education and research, psychosocial issues, ethics, law and sociology related to genetic counselling.

The course curriculum can be submitted to the chair and deputy-chairs of the EBMG Genetic Nurse and Genetic Counsellor Professional Branch: gngc@ebmg.eu by email by the 1st of February each year for consideration the ongoing year (**Form C**).

Grandfather Clause C

Genetic counsellors who have not undertaken a specific course in genetic counselling and who have completed five years of experience full time (or equivalent part-time) are eligible for European registration after completing a full portfolio and a written multi-choice questionnaire (MCQ) examination to assess knowledge of genetic science. The examination will be conducted online and the applicant must be supervised during the examination by a senior colleague.

3.3 Registration by an applicant already registered under an approved national registration system

Where a rigorous national system of registration exists, practitioners who are already registered and working in Europe for the prescribed period may apply for entry onto the European register system without the need for additional assessment. They will need to submit two references and the evidence of their national registration. Although it is expected them to be undergoing regular relevant CPD, that evidence not need to be submitted.

There are a number of national registration systems that have been assessed and approved by the EBMG. Applicants who have already successfully registered with one of the EBMG approved systems may apply for EBMG registration using their national registration.

Applicants with a national registration must have been working in a genetic counselling (or genetic nursing, if applying for registration as a genetic nurse) role for a minimum of two years (full time work or equivalent period part-time) before they can apply for European registration. **At least one year of this clinical experience must have taken place in Europe.**

In some cases, additional evidence of competence may be required by the European Board. Conversely, national boards may require additional evidence when registering an applicant who already has European registration. Registration at European level will not supersede local registration systems where those exist.

The systems of national registration that are currently approved by the EBMG are:

- UK - Genetic Counsellor Registration Board,
- USA – American Board of Genetic Counselors,
- Australia – Board of Censors for Genetic Counselling,
- South Africa – Genetic Counselling South Africa,
- Canada – Canadian Association of Genetic Counsellors,

Reciprocity with each national system will be **reviewed every 5 years**.

Section 4. Evidences required for the assessment of competences

Assessment of competence and suitability to be placed on the European register of genetic nurses and counsellors is made by the EBMG Genetic Nurse and Counsellor division. All members of this group are registered and experienced genetic counsellors or genetic nurses. Due to the different needs of each professional group, one part of the register is designated for genetic counsellors and one for genetic nurses.

Where no national registration system exists, an assessment of the individual's competence will be made before they can be registered.

Assessment may differ according to whether the applicant is applying by the normal route or by using a Grandfather Clause. The requirements for each type of applicant are laid out in the following table.

Type of application	**Evidence required**						
	Years of experience	References (2)	Case log of 50 cases signed by manager or senior colleague	Continuing Professional Development Record (CPD) for past 2 years	Case studies (2)	Scientific essays (2)	Genetic science exam
Normal route	2yrs full-time*	X	X	X	X		
Grandfather clause A	3yrs full-time*	X	X	X			
Grandfather clause B	4yrs full-time*	X	X	X	X		
Grandfather clause C	5yrs full-time*	X	X	X	X	X	X
National registration route	2yrs full-time*	X					

* or equivalent part-time

Each section of the process below is designed to examine professional ability in relation to the competences for genetic counsellors.

Assessment will be based on the applicant satisfactorily submitting the following:

4.1 Two references

A minimum of two structured references are required for every applicant. The references are used to enable the EBMG to assess whether the applicant is working in a genetic counselling context, has the appropriate competences and is working within **the Code of Practice**. Hand writing references should be avoided.

One reference should be from a senior colleague, **preferably a registered genetic counsellor or registered genetic nurse**, or a senior medical geneticist who has worked closely with the applicant for a significant period during the two-year period of preparation for registration. **This referee should have been present as an observer during at least two consultations undertaken by the counsellor and provide a short report on the counsellor's competence related to those observations.** Confirmation that cases have been observed is not necessary for applicants who already hold an approved national registration.

Please note references are crucial in the assessment of applications and are expected to be as detailed as possible in the description of the applicant competences and roles, explicitly addressing all the following aspects:

The first reference **MUST** address the ways in which the applicant:

a) Works within the European genetic counsellor **Code of Professional Practice**

b) Manages a clinical caseload

c) Has access to and uses both **counselling and clinical supervision**

d) Maintains their professional knowledge and skills

e) Interacts with members of the multi-disciplinary team.

An additional reference is required from the applicant's line manager. Where the line manager does not work in the department with the applicant, a third reference from a senior colleague will be required.

A line manager is the person to whom the professional is directly responsible for their work in the organisation. Normally the line manager would manage the professional's working contract, attend to any issues regarding their work conditions and be the person who approves study leave.

Form D should be used for the references.

4.2 Case log

Applicant will need to submit a **case log** of at least 50 cases to demonstrate he have all of the **required competences**. The case log must be verified by the line manager or the senior colleague to confirm that the applicant have performed the tasks as stated. **Form E** will be used to record the case log.

Special points to remember:

- In keeping with the Code of Professional Practice, patient names or identifying details **must not** be used,
- The contact the applicant record with the family must have taken place no more than 3 years before the submission,
- Cases seen by the applicant during the Master's programme cannot be used,
- Applicant should demonstrate **each clinical skill in at least 10 cases**,
- **In each case, applicant should demonstrate at least five clinical skills**,
- If applicant works in a specialised area of genetics, he/she must provide evidence of their work **in at least ten cases outside the specialty,**
- You must **use a legend** to make it clear the type of condition in each case (see example of case log). Please be specific about the case. Rather than 'cardiac' or 'prenatal', you should indicate 'hypertrophic cardiomyopathy' or 'autosomal dominant cardiac arrhythmia' or 'prenatal diagnosis of Niemann Pick'.
- See notes on the different competences required for the case log.

4.3 Continuing Professional Development Record (CPD)

All registrants must submit the Continuing Professional Development Record showing their Continuing Professional Development activities undertaken in the previous two years (two years before submission date of 15th February). The applicant must have at least 30 hours of continuing education per year. Of these hours, at least 15 hours must be taken via sources external to the department where the applicant works on a daily basis (such as conferences or educational courses). The remaining hours may include: private study of journal articles (up to 5 hours per year), journal clubs, departmental seminars and preparation for teaching. Research is not considered continuing education, although literature reviews to support your research could be counted as study of journal articles.

Registrants must record the date and type of education, but also write reflective comments on what they learnt from the education and how they have integrated that into their practice. **Please note that the demonstration of integration of the learning**

into practice is an essential part of the CPD record. For a series of lectures or seminars, please list the actual dates and topics.

What can applicants include in the CPD log?

- Conferences
- Educational courses. Courses undertaken where the applicant is registered as a student at another institution would be regarded as external hours. For example, if an applicant is registered for modules, an MSc or a PhD related to genetic counselling at a university, this is regarded as external hours.
- Departmental seminars
- Journal club
- Webinars
- Private study (for example when preparing a manuscript or preparing for teaching) – up to five hours per year.

What is not CPD?

- Clinical case discussion meetings
- Hours spent teaching others (although preparation time can be used).
- Business meetings
- Multi-disciplinary team meetings.

Continuing professional development will be recorded on **Form F** and should be signed by the departmental manager. For examples, see this file.

4.4 Case studies

Applicants will need to write two case studies. One should focus on your use of counselling skills and the second should focus on ethical aspects of your practice. Each case study is to be between 2000 and 2500 words. The case studies may be written in your preferred language and professionally translated into English (submit both the English version and the original version).

Instructions for writing the case studies are included in **Form G**. Remember you are using these to demonstrate your competence so it is very important that you show your use of counselling skills in the first case study and his awareness of ethical issues in case management in the second.

All material must be in the applicant's own words and referenced appropriately.

You must make it clear that pseudonyms have been used to conceal the identity of the patient(s).

Plagiarism

When writing case studies, essay or letter for submission, it is very important that you do not commit plagiarism. This is a type of academic dishonesty and a breach of ethical practice. The EBMG takes this very seriously and if you have committed plagiarism applicant may be refused registration, or his registration may be deferred.

Applicant may be committing plagiarism if he:

- Copies text from any other source and do not make it clear it is a quotation
- Include information in the text in his own words that he does not reference.

As a general rule, you can avoid plagiarism by using your own words to explain concepts and by adding references to all key statements in the text. For registration level work, we would not expect applicants to use direct quotes, but if you do then the quotation should be in inverted commas and you must reference the source with author(s), year and page number of the quote after it appears in the text.

There is more information about what plagiarism is and how to avoid it at: http://www.plagiarism.org/plagiarism-101/overview/

4.5 Scientific essay and letter

Each applicant will need to submit two short pieces of work to demonstrate scientific knowledge on topics set by the EBMG. It is important that you do not copy material from other sources; you must put the information into your own words.

The first piece of work will be an essay. In the essay, you will be asked to write an explanation of the underlying mutation or abnormality and the method of laboratory testing used to support diagnosis of the condition. All key statements should be referenced. See **Form H** for more details.

In the second piece of work, you will be asked to write a letter to a patient, explaining a specific condition.

Topics for this year call (2017) will be:

-The scientific essay will be on incontinentia pigmenti

-The letter to the patient will be related to a balanced translocation in a preconceptional setting. Scenario: You have visited Mark (34 year old) and Emma (30 year old) in your clinic. They are married and they have been trying to have children for three years. In 2016, Emma got pregnant but she had a spontaneous abortion at 11 weeks of pregnancy. Because of this difficulty to get pregnant and the spontaneous abortion, their doctor decided to get both of them a karyotype done and the results revealed that Mark is a carrier of a balanced translocation: 46,XY,t(11;22)(q23;q11). During the consultation you explain them the chromosomal alteration and the possible implications for their reproduction, as well as the different reproductive options they could consider.

4.6 Genetic science exam

Applicants under **Grandfather C** need to do a written multi-choice questionnaire (MCQ) examination to assess knowledge of genetic science. The examination will be conducted online and the applicant must be supervised during the examination by a senior colleague.

Topics that may be included on the EBMG genetic counsellor science exam are listed in the download section as **Form I**.

Section 5. How to apply

Applicants will be asked to submit online an initial application, giving notification of their wish to register **by 15th October in each year**. The Branch Board will review the submission and inform applicants of their **eligibility status** by midnight (CET) **on 30th November 2017.**

At the moment when you submit your intention to be register, you will be notify by the ESHG/EBMG office about how to pay the fee, either by debit/credit card or bank transfer. The fee for an application for registration includes assessment and initial five-year registration and a partial refund will be done if the applicant isn't eligible. Please note the registration assessment will not be possible until payment has been confirmed.

Those who are eligible to apply will be asked to submit their full application **by 15th February midnight** of the following year and will be informed of the outcome of their

application **during the ESHG meeting (Open meeting of Genetic Nurses and Counsellors).**

If applying under GFC applicants need to perform a **Genetic science exam** and it is done online in **June each year.**

Each application will be assessed in detail by at least three members of the Board and discussed at a full Branch Board meeting. Where there is any discrepancy in the assessment between the two assessors, this will be resolved through discussion and consideration by all members. Those applicants who are asked to make minor amendments may **resubmit these by 31th July** for consideration and no further fee will be charged. Those who need to make major amendments **can resubmit on 15th February of the following year** and a further application fee will be payable.

If an applicant is not approved for registration after two attempts, further education and training may be suggested before he or she can re-apply. Subsequent applications may have to be based on new cases/case studies.

In a situation where the applicant experiences a serious event that is outside their control and that interrupts their ability to submit the portfolio on time, they may apply to have these circumstances considered. They must inform the Chair of the division as soon as possible of the event and submit evidence to validate their application for an extension of time to submit. Where this is not possible within a reasonable period, they may be granted permission to submit the following year without paying a further fee.

Format of application

- Please scan each page of the signed case log
- Place all documents into one pdf file
- The file should be labelled with your last name and the date of submission, for example: **Skirton.15Feb2017.pdf**
- Upload the pdf file in your area at online submission platform

The documents should be in the following order:

1. Front page **(Form J)**
2. References **(Form D)**
3. Case log **(Form E)**
4. Continuing Professional Development record **(Form F)**
5. Case Study 1 **(Form G)**
6. Case Study 2 **(Form G)**
7. Science essay **(Form H)**

8. Patient letter **(Form H)**
   (See the download section at the bottom of the page for templates)

Section 6. Fees

Application for registration (includes assessment and initial five-year registration cost)	**€ 180**
Application for European registration by a person who is already registered under a recognised national system (includes assessment and initial five-year registration cost)	€ 80
Renewal of registration for five years (equivalent to 30 euros per year registered)	€ 150
First MSc course assessment	€ 300
Renewal of MSc courses accreditation	€ 200
Courses assessed as valid for Grandfather B route	€ 150
Assessment of MSc programs outside Europe for the Associate registration route of their graduates	€ 300*
Genetic counsellors working outside Europe applying for an Associate Registration	€ 200*

All fees are payable to the EBMG.
After we make an initial assessment of your intention to register, the ESHG/EBMG office will send you details about how to pay your fee, either by debit/credit card or bank transfer. Those applying for renewal of registration will also be sent details of how to pay.

* see also the list of Underprivileged countries. Applications from these countries qualify for a reduced registration fee (https://2017.eshg.org/index.php/list-of-underprivileged-countries/)

Section 7. Maintenance of registration

In most cases, registration will be granted for a period of five years. Registrants will then have to renew registration through submission of a record of continuing professional development (CPD) and two references, one from a senior colleague and one from the line manager. The referees must confirm that the registrant is still working in a role directly relevant to the profession and works within the Code of Professional Practice.

The record of Continuing Professional Development should indicate how the applicant has maintained their learning through at least 30 hours of continuing education per year (**for every year since registration**) irrespective of the hours worked. Of these hours, at least 15 hours per year must be taken via sources external to the department

(such as conferences or educational courses). The remaining hours may include: private study of journal articles (up to 5 hours per year), journal clubs, departmental seminars and preparation for teaching.

Statutory Leave (E.G. Maternity/Long Term Sickness/Sabbatical/Career Break): If a registrant has been away from the workplace for a statutory reason (e.g. maternity/long term sickness/sabbatical/career break) the EBMG appreciates that it might not be possible to acquire 30 hours of CPD in each year. The total number of CPD hours (**150 hours over 5 years**) is still required to ensure the registrant is maintaining their current knowledge, but the registrant should contact the EBMG to discuss whether the proportion of CPD hours needed per year can be adjusted over the 5-year period.

What can applicants include in the CPD log?

- Conferences
- Educational courses. Courses undertaken where the applicant is registered as a student at another institution would be regarded as external hours. For example, if an applicant is registered for modules, an MSc or a PhD related to genetic counselling at a university, this is regarded as external hours.
- Departmental seminars
- Journal club
- Webinars
- Private study (for example when preparing a manuscript or preparing for teaching) – up to five hours per year.

What is not CPD?

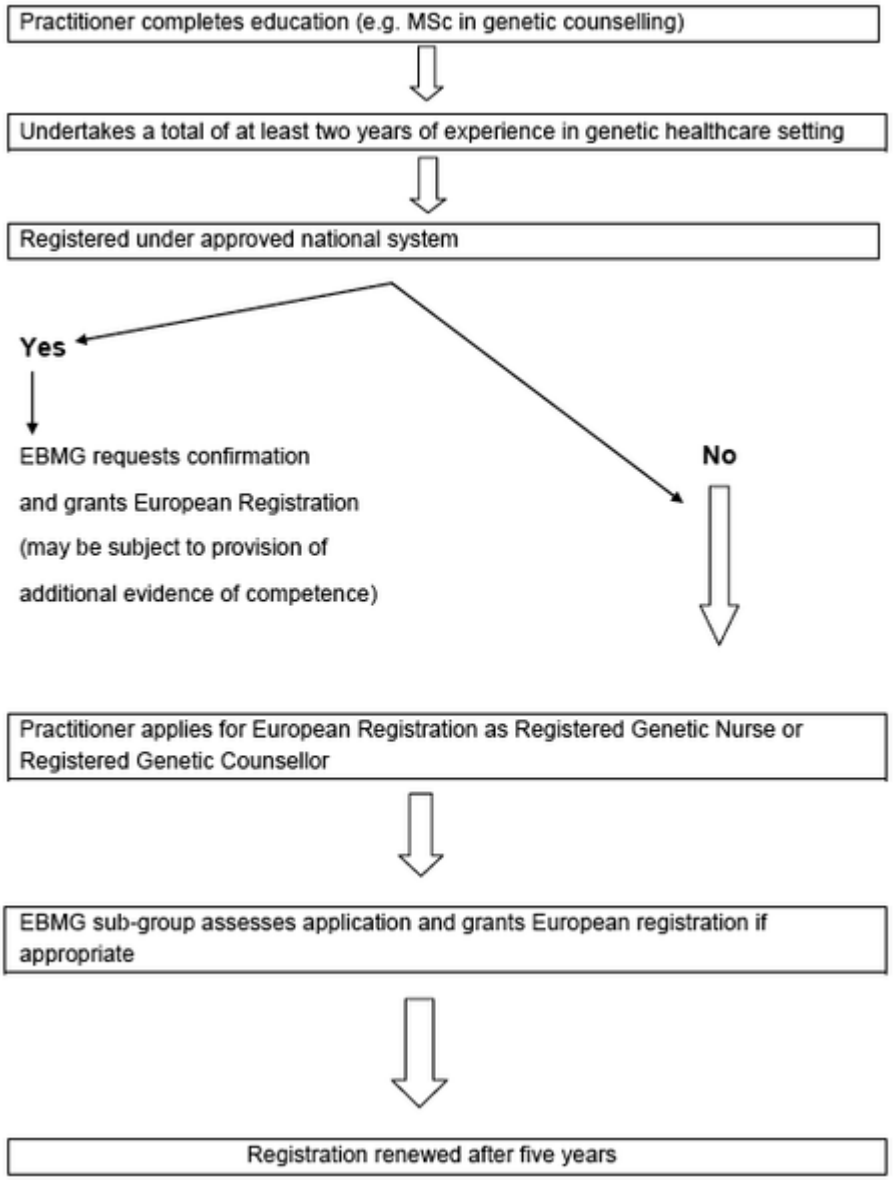
- Clinical case discussion meetings
- Hours spent teaching others (although preparation time can be used).
- Business meetings
- Multi-disciplinary team meetings.

Registrants must record the date and type of education, but also write reflective comments on what they learnt from the education and how they have integrated that into their practice. Demonstration of integration of the learning into practice is an

essential part of the CPD record. For a series of lectures or seminars, please list the actual dates and topics.

Continuing professional development will be recorded on **Form F** and should be signed by the departmental manager.

Figure 1. Flow chart demonstrating process



Section 8. How to contact us

Please use the email account we have created for the Genetic Nurse and Genetic Counsellor Branch Board: gngc@ebmg.eu

Section 9. Frequently Asked Questions

- ***When can I submit my intention to register?***

You can submit your intention to register **between 15th July and 15th October** in each year by completing the relevant intention to register form at the online submission platform and uploading copies of your qualifications to the Branch Board. The EBMG will consider your intention to register application and assess your eligibility to apply. You will be sent a notification by email informing of your eligibility by **15th November**.

- ***How long do I have to be in practice before I can apply?***

You must have been working as a genetic counsellor or genetic nurse for at least two years full time (or equivalent part time) by the date you submit your intention to register.

If you are applying under the **grandfather clause**, the required period of practice must have been completed by the date of intention to register.

Please note that the assessment for eligibility to register will be based on the work carried out by the applicant, rather than the professional title or background. Only those applicants who fulfil the criteria for working as a genetic counsellor or genetic nurse will be accepted.

- ***I am a medical doctor, can I apply?***

A medical practitioner who is employed as a doctor, even if he or she performs genetic counselling, will not be registered as a genetic counsellor. The EBMG has a Branch Board for these professionals as well as another Division for Clinical Laboratory Geneticists.

- ***How can I notify the Branch about my Intention to Register?***

Please submit your initial application form at the online submission platform and upload copies of your qualifications to the Branch Board.

- ***What happens next?***

If you are eligible, you will then need to submit your full application by **15th February the following year**. For example, if you submit your intention to register by 15th October 2017, you would submit your full application by 15th February 2018. You should therefore have allowed time to complete the full portfolio before you send your intention to register. *Previous applicants have stressed that the portfolio does take some time to complete and you need to allow sufficient time to do this.*

Please note the registration assessment will not be possible until payment has been confirmed. As soon as the notification of fee payment is received, applicants will be able to upload their full-applications into their login area at the online system. **Final date for EBMG to receive full applications is 15t February.**

- ***How do I pay the fee?***

At the moment when you submit your intention to be register, you will be notify by the ESHG/EBMG office about how to pay the fee, either by debit/credit card or bank transfer. The fee for an application for registration includes assessment and initial five-year registration cost is 180 euros. A partial refund of 130 euros will be done if the applicant isn't eligible.

The fee for an application for European registration by a person who is already registered under a recognised national system, including assessment and initial five-year registration cost is 80 euros.

Downloads

- Registration Process (pdf)
- Form A. Application for Master course assessment
- Form B. Application for Master course renewal
- Form C. Application for genetic counselling course approval (valid for Grandfather B registration route)
- Form D. References (Word)
- Form E. Case Log Record (Word)
- Form F. Record of continuing education and professional development (Word)
- Form G. Additional case study information
- Form H Additional assignment information
- Form I. Topics that may be included on the EBMG genetic counsellor science examination (pdf)
- Form J. Front page of portfolio

Available documents

- Assessment of competence of genetic nurses and genetic counsellors in Europe

- http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4755385/pdf/ejhg2015234a.pdf Proposed European Curriculum for MSc Genetic Counselling
- EMBG Code of professional practice for genetic counsellors in Europe

- EMBG Core competences for genetic counsellors
- EMBG Professional and educational standards for genetic counsellors

EUROPEAN BOARD OF MEDICAL GENETICS

Genetic Nurse and Counsellor Professional Branch Board

Form A. Application for course approval: MSc Genetic Counselling or MSc Genetic Nursing

Section 1. Details of person responsible for the application

First name	
Last name	
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

Please complete this application and submit with the following documents:

- Evidence of course validation by your institution
- Course entry requirements
- Student selection methods
- Full curriculum, including content of each course or module
- Methods of assessment.
- The student handbook.

You may also submit other documents you think will be helpful to us.

Section 3. Course and staff details

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	
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.

Name	**Qualifications**	**Professional role or background**

Clinical supervision

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

Name	Qualifications	Professional role or background

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.

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.	

2. 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 care[3] - obtain broad experience in provision of genetic services - develop counselling and communication skills - understand limitations of own skills and knowledge.	

3. 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.	

4. 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 counselling[1] and clinical supervision[2] - 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.	

5. 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.	

6. 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.	

7. Ethics/Law Sociology	7.1 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.	
	7.2 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.	
	7.3 Provide an environment in which the student can develop: - respect for the individual's culture, values and beliefs.	
8. Education and research	8.1 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.	
	8.2 Provide adequate opportunity for students to develop the ability to: - conduct critical appraisal of relevant research evidence - conduct a research study related to genetic counselling[4] - provide education to patients - provide education to other health professionals.	
	8.3 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. Supporting documents

Please supply the files containing the following information. Copy and paste the files into this document after this section. Save the entire application as a pdf document before sending to the EBMG.

Document type	**Confirm attached**
Evidence of course validation by your institution	
Course entry requirements	
Student selection methods	
Full curriculum, including content of each course or module	
Methods of assessment.	
The student handbook.	
Other (please list)	

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Form B. Application for Master course renewal

Master courses that have been approved by the EBMG as suitable for the education and training of genetic counsellors or genetic nurses should be reassessed on a three yearly basis according, to the European core curriculum for Master programmes.

The required elements for genetic counsellor training are related to practical components of the master course, the practical preparation – through practical clinical placements; how the course enables students to acquire knowledge and competences in counselling practice and psychosocial issues involved, medical and human genetics as well as ethics, law and psychosocial aspects of genetic healthcare. The established standards also require that there are adequate opportunities for students to conduct critical appraisal of relevant research evidence and provide education to patients and other health professionals.

We are now inviting you to renew the accreditation of the master course being delivered at your University. Please complete this form and submit with the following documents:

- Evidence of current course validation by your institution
- Course entry requirements
- Student selection methods
- Full curriculum, including content of each course or module
- Methods of assessment.
- The student handbook.

You may also submit other documents you think will be helpful to us during the renewal process. **Please note that after 2017, all MSc programs are expected to introduce Genomics at their curriculum at the moment of the application for renewal.**

Please indicate if there have been any substantive changes made after the last accreditation especially regarding the course entry requirements, student selection methods, curriculum or methods of assessment.

Yes: ___ No: ___

If appropriate, please refer to specific pages in your course documents.

Signed	
Date (dd/mm/yyyy)	

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Form C. Application for genetic counselling course approval (valid for Grandfather B registration route)

Section 1. Details of person responsible for the application

First name	
Last name	
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 details

Please complete this application and submit with the following documents:

- Evidence of course validation at post-graduate level by your institution or other national authorities
- Course entry requirements
- Duration
- Attributable credits ECTS (if applicable)
- Full curriculum, including content of each course or module
- The student handbook.
- Type of examination

You may also submit other documents you think will be helpful to us.

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

Course content	**Detail**	
1.Practical Component	• The practical component of the course (role-play sessions/clinical rotations) should account for at least 50% of the course teaching hours. • A minimum of 25% of the course teaching hours must be in-place learning activities of the student with a	

	genetic counsellor (or where this is not possible, the mentor can be an experienced medical geneticist). 1.1 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.	
	1.2 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 care[3] - obtain broad experience in provision of genetic services - develop counselling and communication skills - understand limitations of own skills and knowledge.	
2.Counselling skills	2.1 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	
	2.2 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.	
	2.3. Provide an environment in which the student can develop: unconditional acceptance of each individual.	
3.Psychological issues	3.1 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	
	3.2 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 counselling[1] and clinical supervision[2]	

	- use skills to explore patients' past and current psychosocial situation.	
	3.3 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.	
	3.4 Make the student aware of their own possible psychological responses to patient or professional situations.	
4.Medical Genetics	4.1 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.	
	4.2 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.	
5.Human genetics	5.1 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.	
	5.2 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.	
6. Ethics/Law Sociology	6.1 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.	
	6.2 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.	
	6.3 Provide an environment in which the student can develop: - respect for the individual's culture, values and beliefs.	

7. Education and research	7.1 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 .	
	7.2 Provide adequate opportunity for students to develop the ability to: - conduct critical appraisal of relevant research evidence - provide education to patients - provide education to other health professionals.	
	7.3 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.

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Form D. Applicant Reference Form

Information

A minimum of two structured references are required for every applicant. The references are used to enable the EBMG to assess whether the applicant is working in a genetic counselling context, has the appropriate competences and is working within the Code of Practice (see the EBMG website). One reference should be from a senior colleague, **preferably a registered genetic counsellor or registered genetic nurse**, or a senior medical geneticist who has worked closely with the applicant for a significant period during the two year period of preparation for registration. Another reference should also be provided by the applicant's line manager.

The first referee should have been present as an observer during at least two consultations undertaken by the counsellor and provide a short report on the counsellor's competence related to those observations. Please note that references are crucial in the assessment of applications and are expected to be as detailed as possible in the description of the applicant competences and roles, explicitly addressing all the following aspects:

The first reference MUST address the ways in which the applicant:

a) Works within the European genetic counsellor Code of Ethics
b) Manages a clinical caseload
c) Has access to and uses both counselling (hyperlink) and clinical (hyperlink) supervision
d) Maintains their professional knowledge and skills
e) Interacts with members of the multi-disciplinary team.

Where the line manager does not work in the department with the applicant, a third reference from a senior colleague will be required.

Reference 1.

The first referee should have been present as an observer during at least two consultations undertaken by the counsellor and provide a short report on the counsellor's competence related to those observations. It should also include comments on how the applicant:

a) works within the European genetic counsellor Code of Ethics

b) manages a clinical caseload

c) has access to and uses both counselling and clinical supervision

d) maintains their professional knowledge and skills

e) interacts with members of the multi-disciplinary team.

Name of Applicant	
Name of Referee	
Position of Referee in the institute	
Professional background of the Referee	
Email address of referee (may be used to verify reference)	
How long have you worked with the applicant?	

Reference (insert here, use as much space as needed)

I confirm I have observed at least two genetic counselling sessions conducted by the applicant.

Signed	
Date (dd/mm/yyyy)	

Reference 2.

Name of Applicant	
Name of Referee	
Position of Referee in the institute	
Professional background of the Referee	
Email address of referee (may be used to verify reference)	
Do you work within the same department as the applicant?	
How long have you worked with the applicant?	

Reference (insert here, use as much space as needed)

Signed	
Date (dd/mm/yyyy)	

Reference 3.

Additional reference from a senior clinical colleague.

REQUIRED ONLY IF THE APPLICANT'S LINE MANAGER DOES NOT WORK WITHIN THE SAME DEPARTMENT AS THE APPLICANT

Name of Applicant	
Name of Referee	
Position of Referee in the institute	
Professional background of the Referee	
Email address of referee (may be used to verify reference)	
How long have you worked with the applicant?	

Reference (insert here, use as much space as needed)

Signed	
Date (dd/mm/yyyy)	

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Form E. Case Log Record

Important points:

- You must record 50 family cases
- You can only use cases where you saw the family within the last three years (dated up to the date you submit your case log)
- You may not use cases from when you were a student
- Each clinical skill must be achieved in at least ten cases
- For each included case, you should show you have used at least five clinical skills
- If you work in a special area of genetics, you must use at least 10 cases from outside your specialty.
- Please provide a legend for 'Diagnosis at referral and 'Final diagnosis' to clarify the type of condition in each case. Please be specific about the case. Rather than 'cardiac' or 'prenatal', you should indicate 'hypertrophic cardiomyopathy' or 'autosomal dominant cardiac arrhythmia' or 'prenatal diagnosis of Niemann Pick'

Number	1	2	3	4	5	6	7	8	9	10
Registration family code										
Date of counsellor's relevant contact with the family										
Diagnosis at referral										
Final diagnosis (if identified)										
CLINICAL SKILLS										
Draw a family tree										
Take consultand's (patient or client) medical history										
Discuss the consultand's needs and expectations										
Discuss the family psychosocial history										
Confirm the diagnosis (e.g. by using medical records, checking registry, checking test results)										
Provide information on condition										
Assess risk to patient/client (consultand)										
Assess risk to other family members										
Assess risk to future children										
Explain inheritance pattern										
Discuss possible testing options										
Discuss reproductive options										
Discuss clinical surveillance and/or clinical screening										
Provide additional psychological support										
Refer to other health, social care or support groups or provide additional information resources										
Discuss case at clinical meeting or with clinical colleagues										
Keep accurate clinical record to record contact										
Present option for client to be involved in research (this is not mandatory for all applicants)										

Initials or signature of senior colleague: _____

Number	11	12	13	14	15	16	17	18	19	20
Registration family code										
Date of counsellor's relevant contact with the family										
Diagnosis at referral										
Final diagnosis (if identified)										
CLINICAL SKILLS										
Draw a family tree										
Take consultand's (patient or client) medical history										
Discuss the consultand's needs and expectations										
Discuss the family psychosocial history										
Confirm the diagnosis (e.g. by using medical records, checking registry, checking test results)										
Provide information on condition										
Assess risk to patient/client (consultand)										
Assess risk to other family members										
Assess risk to future children										
Explain inheritance pattern										
Discuss possible testing options										
Discuss reproductive options										
Discuss clinical surveillance and/or clinical screening										
Provide additional psychological support										
Refer to other health, social care or support groups or provide additional information resources										
Discuss case at clinical meeting or with clinical colleagues										
Keep accurate clinical record to record contact										
Present option for client to be involved in research (this is not mandatory for all applicants)										

Initials or signature of senior colleague: _____

Number	21	22	23	24	25	26	27	28	29	30
Registration family code										
Date of counsellor's relevant contact with the family										
Diagnosis at referral										
Final diagnosis (if identified)										
CLINICAL SKILLS										
Draw a family tree										
Take consultand's (patient or client) medical history										
Discuss the consultand's needs and expectations										
Discuss the family psychosocial history										
Confirm the diagnosis (e.g. by using medical records, checking registry, checking test results)										
Provide information on condition										
Assess risk to patient/client (consultand)										
Assess risk to other family members										
Assess risk to future children										
Explain inheritance pattern										
Discuss possible testing options										
Discuss reproductive options										
Discuss clinical surveillance and/or clinical screening										
Provide additional psychological support										
Refer to other health, social care or support groups or provide additional information resources										
Discuss case at clinical meeting or with clinical colleagues										
Keep accurate clinical record to record contact										
Present option for client to be involved in research (this is not mandatory for all applicants)										

Initials or signature of senior colleague: _____

Number	31	32	33	34	35	36	37	38	39	40
Registration family code										
Date of counsellor's relevant contact with the family										
Diagnosis at referral										
Final diagnosis (if identified)										
CLINICAL SKILLS										
Draw a family tree										
Take consultand's (patient or client) medical history										
Discuss the consultand's needs and expectations										
Discuss the family psychosocial history										
Confirm the diagnosis (e.g. by using medical records, checking registry, checking test results)										
Provide information on condition										
Assess risk to patient/client (consultand)										
Assess risk to other family members										
Assess risk to future children										
Explain inheritance pattern										
Discuss possible testing options										
Discuss reproductive options										
Discuss clinical surveillance and/or clinical screening										
Provide additional psychological support										
Refer to other health, social care or support groups or provide additional information resources										
Discuss case at clinical meeting or with clinical colleagues										
Keep accurate clinical record to record contact										
Present option for client to be involved in research (this is not mandatory for all applicants)										

Initials or signature of senior colleague: _____

Number	41	42	43	44	45	46	47	48	49	50
Registration family code										
Date of counsellor's relevant contact with the family										
Diagnosis at referral										
Final diagnosis (if identified)										
CLINICAL SKILLS										
Draw a family tree										
Take consultand's (patient or client) medical history										
Discuss the consultand's needs and expectations										
Discuss the family psychosocial history										
Confirm the diagnosis (e.g. by using medical records, checking registry, checking test results)										
Provide information on condition										
Assess risk to patient/client (consultand)										
Assess risk to other family members										
Assess risk to future children										
Explain inheritance pattern										
Discuss possible testing options										
Discuss reproductive options										
Discuss clinical surveillance and/or clinical screening										
Provide additional psychological support										
Refer to other health, social care or support groups or provide additional information resources										
Discuss case at clinical meeting or with clinical colleagues										
Keep accurate clinical record to record contact										
Present option for client to be involved in research (this is not mandatory for all applicants)										

Initials or signature of senior colleague: _____

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Form F. Record of continuing education and professional development (CPD).

You should record all activities related to your own continuing professional development. These can include:

1. External activities (held outside your department): attendance at courses, study days, conferences, external seminars. At least 50% of your activities should be external.
2. Internal activities (undertaken inside your department): private study (no more than 5 hours per year), internal seminars, journal club.

You need to have undertaken a minimum of 30 hours per year for the two years before your registration application date , e.g. if you apply for registration on 15 January 2015, you need 30 hours between 15 January 2013 and 15 January 2014, and another 30 hours between 15 January 2014 and 15 January 2015. Of these hours, at least 15h must be taken via sources external to the department where the applicant works on a daily basis (such as conferences or educational courses).

The remaining hours may include: private study of journal articles (up to 5 hours, *i.e* 10h in two years), journal clubs, departmental seminars and preparation for teaching. Research is not considered continuing education, although literature reviews to support your research could be counted as study of journal articles.

Please copy the following table onto new pages if needed.

Date of activity	**Type of activity (e.g. conference, seminar, private study)**	**Number of hours**		**Title of the activity**	**Reflective notes on learning experience.** **What did you learn?** **How have you applied this to your own practice?**
		Internal	External		

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Form G. Additional case study information

Case studies

Applicant must write two case studies. These can be written in his own language and translated into English to a professional standard. Applicant must submit copies in both languages.

The word count for each case study is 2000-2500 words. Applicant should put the word count on the front page of the case study.

Applicant must reference all significant statements with current and appropriate references and provide a reference list at the end of the case study. Applicant must use the Harvard system of referencing, providing author names and year of publication in the text. The title and reference list are not included in the word count.

Applicant may include a family tree if he wishes to, but this is not necessary.

Applicant must include a clear statement at the beginning of the case that he have used pseudonyms to protect the patient's confidentiality.

Case Study 1 should focus on a psychosocial family issue and the way in which it was addressed by the counsellor or nurse.

Case Study 2 should focus on an ethical issue, and should demonstrate the applicant's awareness of the ethical issues surrounding genetic counselling, and the principles that underpin practice. The case should include the way in which the counsellor or nurse dealt with the ethical issue.

Suggested structure

A good case study should include:

- A brief introduction to the clinical setting (without name the institution)
- A description of the case (with pseudonyms to protect confidentiality of all individuals),
- Discussion of the issues in this case, integrated with theory and research evidence related to the case,
- Analysis of the applicant's role as a counsellor or nurse in the case and reflection on what he did well and what he feels he could have done differently,
- Conclusion to the case.

For guidance, the assessment of the case study is based on the following questions.

1. Is the setting for the case described?
2. Is the case described sufficiently?
3. Is the patient's confidentiality assured, e.g. by use of pseudonyms?
4. Are the psychological and counselling aspects of the case discussed appropriately?
5. Does the applicant's response to the psychological issue appear appropriate?
6. Are any relevant ethical aspects of the case discussed appropriately?
7. Does the applicant show an ability to reflect on his or her own practice?
8. Are key statements of fact referenced appropriately?
9. Is the work within the required word count?

Plagiarism

When writing case studies, essay or letter for submission, it is very important that you do not commit plagiarism. This is a type of academic dishonesty and a breach of ethical practice. The EBMG takes this very seriously and if you have committed plagiarism applicant may be refused registration, or his registration may be deferred.

Applicant may be committing plagiarism if he:

- Copies text from any other source and do not make it clear it is a quotation
- Include information in the text in his own words that he does not reference.

As a general rule, applicant can avoid plagiarism by using his own words to explain concepts and by adding references to all key statements in the text. For registration level work, we would not expect applicant to use direct quotes, but if he does then the quotation should be in inverted commas and he must reference the source with author(s), year and page number of the quote after it in the text.

There is more information about what plagiarism is and how to avoid it at: http://www.plagiarism.org/plagiarism-101/overview/

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Form H. Additional assignment information

Science assignments

Applicant must write on two assignments (one essay and one patient letter) to demonstrate his ability to apply scientific concepts to practice.

Assignment 1. The essay should be between 900-1100 words. Applicant must put the word count (excluding references) on the first page of the essay.

Applicant should include material on the genetic basis of the condition, tests used to confirm diagnosis, the implications of being a carrier and populations at high risk.

For guidance, the assessment of the science essay is based on the following questions.

1. Is the work well-written in English?
2. Is the condition or concept accurately described?
3. Is the genetic basis of the condition or concept described accurately?
4. Are the potential tests accurately described?
5. Are key statements of fact referenced appropriately?
6. Is the work within the required word count?

Applicant must explain the concepts in his own words, citing relevant scientific texts. He must reference all significant statements with current and appropriate references and provide a reference list at the end of the assignment. Applicant must use the Harvard system of referencing, providing author names and year of publication in the text. The title and reference list are not included in the word count.

Assignment 2. Write a letter to the patient described below. Applicant should write as though he has seen the patient and need to summarise the discussion for him. The letter should be between 500-1200 words.

Examples of Scenario. Each year this information is update accordingly to the selected topic.

You have seen a 27 year old woman, named Celine Bianchi, in your clinic. She is married with two children. The first, Adam is 4 years old, very active and healthy. The second is Elise. She is 2 months old and was diagnosed with congenital myotonic dystrophy at birth. She is still requiring hospital care.

Celine has now been diagnosed with myotonic dystrophy. She has problems with her handgrip and some mild muscle weakness. Her father, George, is dead but Celine remembers him also having problems releasing his hand grip.

Celine and her daughter have both had genetic testing to confirm the diagnosis.

Include:

- A paragraph stating the reason for the referral,
- Explanation of the genetic cause of mytonic dystrophy,
- Explanation of the inheritance pattern,
- Explanation of the increased severity of the condition in the baby,
- Option for prenatal testing in a future pregnancy,
- Psychosocial issues e.g. associated with adjusting to a new diagnosis in the patient and potential poor prognosis for the baby.

For guidance, the assessment of the letter is based on the following questions.

1. Is the work well-written in English?
2. Is the condition accurately described?
3. Is the genetic basis of the condition described accurately?
4. Is the inheritance pattern clearly explained?
5. Is the prenatal test explained clearly?
6. Have any relevant psychosocial issues been addressed?
7. Is the language clearly understandable by a patient?

Applicant may wish to read the paper on letter writing by Baker et al (2002)

Diane L. Baker, Timothy Eash, Jane L. Schuette,Wendy R. Uhlmann (2002) Guidelines for Writing Letters to Patients Journal of Genetic Counseling, 11(5): 399-418.

Plagiarism

When writing case studies, essay or letter for submission, it is very important that you do not commit plagiarism. This is a type of academic dishonesty and a breach of ethical practice. The EBMG takes this very seriously and if you have committed plagiarism applicant may be refused registration, or his registration may be deferred.

Applicant may be committing plagiarism if he:

- Copies text from any other source and do not make it clear it is a quotation

- Include information in the text in his own words that he does not reference.

As a general rule, applicant can avoid plagiarism by using his own words to explain concepts and by adding references to all key statements in the text. For registration level work, we would not expect applicant to use direct quotes, but if he does then the quotation should be in inverted commas and he must reference the source with author(s), year and page number of the quote after it in the text.

There is more information about what plagiarism is and how to avoid it at: http://www.plagiarism.org/plagiarism-101/overview/

References

In the case studies and essays, all key statements in the text should be referenced. We suggest applicant use the Harvard system, giving authors' last names and year of publication after the statement in the text, and listing the references alphabetically at the end of the text.

Example of reference

The new European registration system was based on standards of education and practice (Skirton et al, 2012).
Or
Skirton et al (2012) developed standards of practice and education as a basis for the new European registration system for genetic counsellors.

Reference

Skirton H, Voelckel MA, Patch C. (2010) Using a community of practice to develop standards of practice and education for genetic counsellors in Europe. *Journal of Community Genetics* 1: 169-173.

EUROPEAN BOARD OF MEDICAL GENETICS

Genetic Nurse and Counsellor Professional Branch Board

Form J

Portfolio for Full Application for Registration

Front page of portfolio

Name of applicant	
Country of work	
Type of application	**Genetic counsellor** **Genetic nurse**
Please confirm under which system you are applying	**Normal route** **Grandfather Clause A** **Grandfather Clause B** **Grandfather Clause C** **National registration**
I confirm that the contents of this portfolio are my own work and that all information included is true and correct. **Print name below in next space to confirm the above the statement.** **Name:**	