

CONSULTATION PAPER BY DG INTERNAL MARKET AND SERVICES ON THE PROFESSIONAL QUALIFICATIONS DIRECTIVE

Response by Professor Heather Skirton to the consultation document

I am the Chairperson of the Ad Hoc Genetic Nurse and Counsellor Accreditation Committee of the European Society of Human Genetics. I also lead the European Network of Genetic Nurses and Counsellors, a group of over 150 professionals from 24 countries.

I am pleased to have the opportunity to comment on these proposals and would be very willing to provide more details on the implications for my profession (Genetic Counselling) if that would be helpful.

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General comments

Genetic counselling is a small profession when compared to nursing or midwifery (although some genetic counsellors may have a background in those professions). Genetic counsellors work in teams with medical doctors (usually genetic specialists) and genetic scientists. However, regulation, common educational pathways and registration of practitioners is essential to ensure that the public is protected. Those using genetic counselling services often have serious long term genetic conditions, or may be facing the chance of having children with serious conditions. The practice of genetic counselling therefore concerns health consumers who are making important life decisions and/or facing difficult health and social circumstances and are therefore frequently vulnerable. At present there is no mechanism for protecting the use of the title 'genetic counsellor' in Europe. These proposals would greatly facilitate the acceptance of minimum standards of education and practice within the profession across Member States and therefore enhance protection of the public.

Q7

Regardless of the excellence of an educational programme, in some cases the cultural context of training is extremely important. For example in genetic counselling we may be dealing with issues related to familial conditions, disclosure of sensitive information, reproductive decisions and cultural norms regarding the main decision makers in a family. In these cases, it may be necessary for the country in

which the professional eventually practises as a registered practitioner to require further experience within that cultural context before final registration is granted in that country.

Q8

This would be dependent on the profession, but it would be acceptable for the registration organisation to require some additional experience in the cultural context in which the professional will practice. This should not be onerous, but should be sufficient for the professional to demonstrate competence against a set of standards in that country.

Q10

I definitely agree that evidence that the practitioner is able to practise safely, assessed using a set of minimum competences, is an appropriate solution.

Q11

I agree with the principle of introducing a professional card. In a relatively new and growing profession, there are inevitable differences in the progression of states towards regulation. This proposed system would not penalise professionals from those states where regulation is not yet in existence, and would protect the public.

Q12

I am not sure how a home Member State where the profession is not regulated could make an assessment of this type. It may not have the necessary infrastructure or qualified professionals to do so, therefore it may be possible for a European body (for example, a committee formed under the auspices of a European professional organisation) to undertake this role if there is no suitable national body to do this.

Q14

I prefer professional passport, because it implies mobility and an element of assessment for fitness to work professionally across Member State boundaries.

Q15

I thoroughly endorse the new approach. In my profession, genetic counselling, there is a wide variation in approaches between member States. While the profession is well established and regulated in some member States, in others it is relatively new

and still developing and it is extremely important that health consumers in all Member States are protected through a system of standards. I represent over 150 genetic counsellors from 24 European countries and believe that this solution would be extremely appropriate for the profession of genetic counselling. In fact, we have actually developed a set of core competences and a draft curriculum for use in Europe; this was relatively straightforward to achieve (Skirton et al, 2010).

The use of a competence- based curriculum enables those who come from states with varied health and education systems to achieve parity in terms of the care and services offered by a professional using a specific professional title. The emphasis on the European curriculum running alongside national requirements is attractive, as it will not place onerous additional requirements on practitioners whose home country has a registration system in place. However, in countries where there are currently no national requirements, the use of a '28th regime' by a number of other states will provide an acceptable benchmark and encourage setting of standards in those countries. I therefore believe this will enhance the quality of professional education/training in Europe, to the benefit of both practitioners and European healthcare consumers.

I endorse the suggestion that a 28th regime is developed and agreed by a minimum number of States initially. Nine would appear to be a realistic and appropriate number.

Q21

In healthcare, the safety of the public is paramount. I believe that competence based assessment systems enhance the ability of the registration body to ensure safe practice.