Clinical practice in medical genetics

Recommendations for Education and Training of Genetic Nurses and Counsellors in the United Kingdom

H Skirton, C Barnes, P Guilbert, A Kershaw, L Kerzin-Storrar, C Patch, G Curtis, J Walford-Moore

Abstract
Genetic nurses and counsellors work as part of the professional team providing clinical genetic services from regional centres in the United Kingdom. The education and training needs of genetic nurses and counsellors have not previously been formally identified. The guidelines presented have been devised to equip practitioners to fulfil their professional role as defined in a previous study, by identifying objectives, educational pathways, and means of assessment. While academic courses provide an essential framework, experiential learning in a clinical setting is also considered a vital component of the preparation for practice. (J Med Genet 1998;35:410-412)

Keywords: genetic nurses; counsellors; recommendations, education, and training

Within the United Kingdom, clinical genetic services are provided by regional units as part of the National Health Service. The professional team providing the service generally consists of consultant doctors in clinical genetics, genetic nurses/counsellors, doctors training in genetics, and administration staff. Each unit may operate differently according to historical background, managerial style, and composition of the team. During 1994, discussion about the developing role of genetic nurses prompted the Association of Genetic Nurses and Counsellors (AGNC) in the United Kingdom (UK) to convene a working party to investigate the practice and role of genetic nurses and counsellors.1

The report on the role and practice of genetic nurses and counsellors indicated that there was sufficient common ground between individual centres and practitioners to devise a set of training and educational guidelines. The decision to produce educational guidelines coincided with the initiatives by the United Kingdom Central Council (UKCC), the statutory regulatory body for nursing practice within the UK, to formalise requirements for specialist nurse practice in all areas of health care. In addition, the establishment of a Master of Science (MSC) course in genetic counselling has provided an alternative pathway to practice. There have been no statutory or generally recognised training requirements for specialist genetic nurses/counsellors; therefore each practitioner has received training dependent upon individual interest and motivation, and the resources and interest of the managers responsible. Both clinical genetics and nursing have altered enormously over the past decade, and this ad hoc approach to professional training is inadequate. In North America, genetic counsellors have developed a formal accreditation process using practice based competencies.2

Based on the previous study, the training and education of genetic nurses and counsellors must equip the practitioner to undertake the following aspects of practice.

Direct client contact
Preclinic contact to take a history and pedigree, give general information about the condition and the genetic service, and elicit the client's concerns.
Clinic consultation in conjunction with a doctor.
Nurse/counsellor consultation to give information, arrange tests, give results, arrange family studies.
Postclinic contact to reinforce information, provide support during decision making, or provide continuing contact as appropriate.
Client counselling, particularly at times of crisis, decision making, or after a new diagnosis has been made.

Education
Provision of education and training for colleagues in the health and social services.

Research
Initiation of research.
Collaboration with research led by colleagues.
Assessment and use of research findings for good practice.
Psychotherapeutic counselling

Psychotherapeutic counselling for issues related to the genetic condition in the family offered by some centres.

Administration

Administrative and managerial tasks in the department.

The prepared guidelines have been based on the findings of the AGNC study on nursing practice, which included the opinions of medical colleagues in clinical genetics, as well as current publications on specialist nurse practice and guidance from the statutory body governing the profession. After preparation of a draft by the AGNC Working Party on Education and Training, the opinion of members of the AGNC was sought, by means of an open workshop. Following revision, the draft was circulated to all members for further opinion before the final document was produced. This is, therefore, a document which represents the views of the entire membership of the AGNC. Recognising the differences in style between regional departments, the guidelines are not intended to be prescriptive, but to offer a pathway for professional development. They emphasise the core competencies considered essential for practice and acknowledge that these may be achieved by different educational pathways. The guidelines (table 1) consist of (1) specific knowledge or skill requirements; (2) the educational or training path recommended to achieve them; and (3) an appropriate means of assessment.

The study findings clearly indicated that genetic nurses fulfil the criteria defining specialist nursing practice published by the Royal College of Nursing (RCN) and reviewed more recently by the UKCC. According to the RCN, specialist nursing practice includes expert clinical practice, consultation, teaching, management, and research, the preparation for which must include both a graduate education and extensive experience. While higher education may equip the nurse with a scientific knowledge base and critical thinking skills, experiential learning will assist the development of the professional competency described by Benner as know-how. Benner is convinced that while academic education provides the necessary theoretical underpinning to practice, the higher skills can only be obtained through extensive practical experience within the field. Observation of good practice by other skilled practitioners, and reflection on personal practice is part of the experiential process. Humphris considers that the specialist role is one which enables the humanitarian concerns of patients to be considered "in the face of increasing technology", an issue of exceptional relevance in the field of clinical genetics. Schön divides clinical practice into two distinct zones, the technical aspects of care, and the more nebulous areas of human response and interaction. The genetic nurse/counsellor needs to be able to operate effectively in both spheres, to understand and explain the complex genetic information, and to deal sensitively and appropriately with the human response. The psychosocial issues can only be adequately addressed if training has included supervised clinical experience over a sufficient period of time, and where feedback and reflection is sought and given. The team structure in clinical genetics lends itself to the use of mentors, which facilitates this process.

At present, there are a number of practitioners in clinical genetics who will have achieved the necessary skill and knowledge to practice...
by means of many years of clinical experience, and their expertise is acknowledged. While these recommendations define a foundation level of skill commensurate with safe practice, it should be recognised that some practitioners have expertise, knowledge, and responsibility which advances the boundaries of practice. Consideration needs to be given to the development of an appropriate career structure in this speciality. The AGNC endorses the increasing emphasis on professional accountability of all practitioners. Genetic nurses and counsellors have both a right and a responsibility to ensure that their educational preparation is appropriate to enable them to deliver an excellent standard of patient care. Discussion and comment from our clinical colleagues is invited.

Recommendations for education and training of genetic nurses and counsellors in the United Kingdom.

H Skirton, C Barnes, P Guilbert, A Kershaw, L Kerzin-Storrar, C Patch, G Curtis and J Walford-Moore

doi: 10.1136/jmg.35.5.410

Updated information and services can be found at:
http://jmg.bmj.com/content/35/5/410

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/