

# REGISTRATION PORTFOLIO FORM: Part B

# RECORD OF CONTINUOUS PROFESSIONAL DEVELOPMENT

READ **AHCS CPD GUIDELINES** AND **GCRB APPLICANT GUIDELINES** BEFORE COMPLETNG

## SUMMARY OF HOURS COMPLETED

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| --- | --- | --- | --- |
| **Year** | **From** | **To** | **Total CPD hours** |
| **1** | 01/04/20\_ \_ | 31/03/20\_ \_ |  |
| **2** | 01/04/20\_ \_ | 31/03/20\_ \_ |  |
| **Total** | | |  |

## CPD REFLECTIVE RECORD

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| **Date of CPD**  **Activity**  (DD/MM/YY) | **Number of hours** | **Type and title of CPD activity**  (including title of conference/ activity/presentation; name of speaker; location of conference or presentation) | **Reflection and implications for practice** |
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### **Please also list any publications/presentations over the past 3 years**

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| RECORD OF EVIDENCE OF COMPETENCE | | |
| **THE CLIENT/COUNSELLOR RELATIONSHIP** | | |
| **Competence Standard Statement A:** Establish and maintain a relationship with clients through effective communication, which promotes clients’ goodwill, trust and confidentiality and shows particular concern for their personal beliefs and values. | | |
| **COMPETENCE** | **OUTCOMES** | **EVIDENCE** |
| 1. Establish relationship and elicit clients’ concerns and expectations | An environment is created which is conducive to the identification and expression of feelings, anxieties, beliefs, and expectations and considers clients’ experiences.  Clients are enabled to make informed choices about the implications of their family history. |  |
| 2. Elicit and interpret appropriate medical, family and psychological history | Through the promotion of trust and confidence the client is enabled to disclose their medical, family and psychosocial history.  The medical, family, and psychosocial history is interpreted accurately. |  |
| 3. Convey clinical and genetic information to clients appropriate to their individual needs | Information about the genetic disorder is provided appropriate to the client’s assessed needs, reflecting their values, religious and cultural beliefs, and preferences. |  |
| 4. Explain options available to the client, including the risks, benefits, and limitations | Information given is based upon appropriate interpretation of genetic and clinical knowledge.  Genetic risk assessment and possible options to manage identified risk are explained and are based on best evidence and clinical judgement. |  |
| 5. Acknowledge the implications of individual and family experiences, beliefs, values, and culture for the genetic counselling process | Roles and relationships in families are acknowledged.  Dissemination of information about the genetic disorder to at risk relatives by the client is facilitated and supported. |  |
| **Competence Standard Statement B:** Take a flexible and client centred approach to identifying and responding to emerging needs, working with the client to facilitate and support decision making. | | |
| **COMPETENCE** | **OUTCOMES** | **EVIDENCE** |
| 6. Identify and respond to emerging issues of the client or family | Needs emerging from the social, cultural, and emotional assessments are identified with the client.  With the client’s agreement appropriate action is taken to meet identified needs. |  |
| 7. Make a psychosocial assessment of clients’ needs and resources and provide support, ensuring referral to other agencies as appropriate | The psychological needs of the individual or family are ascertained.  Respecting client preferences, support is given and appropriate referral is made to other agencies. |  |
| 8. Use of a range of counselling skills to facilitate clients’ adjustment and decision- making | The client is enabled to respond to their individual circumstances by the counsellor’s use of a range of safe, effective, and appropriate counselling skills. |  |
| **MANAGEMENT AND ORGANISATION OF CARE** | | |
| **Competence Standard Statement C:** Maintain comprehensive, accurate and objective records of all client contact in a systematic manner that facilitates best practice and manage care to maximise the use of local, regional and national resources. | | |
| **COMPETENCE** | **OUTCOMES** | **EVIDENCE** |
| 9. Document information including case notes and correspondence in an appropriate manner | A systematic approach is applied to collecting and maintaining comprehensive and accurate records that detail the rationale underpinning any interventions.  Confidentiality and security of written and verbal information is maintained.  In normal circumstances information about individuals is disclosed to appropriate third parties only with the client’s permission. |  |
| 10. Identify, synthesise, organise and summarise relevant medical and genetic information for use in genetic counselling | Relevant information about the genetic disorder in question, and its pattern of inheritance, is collated and used in a manner appropriate to the consultation. |  |
| 11. Make appropriate and accurate genetic risk assessment | Ascertains sufficient medical, family and personal information from the client to make appropriate genetic risk assessment.  Ascertains medical information from other sources to confirm family information and diagnosis. |  |
| 12. Identify and support clients’ access to local, regional and national resources and services | Services that would provide information and support to clients are identified and details offered to the client as appropriate and/or at the clients’ request.  Effective service delivery is identified and encouraged at local and regional level.  Barriers to effective service delivery are identified and contributions are made to their resolution. |  |
| 13. Demonstrate ability to organise and prioritise a case load | Clients’ needs are addressed in a sensitive and fair manner making best use of resources available. |  |
| **PROFESSIONAL AND ETHICAL PRACTICE** | | |
| **Competence Standard Statement D:** Promote knowledge and understanding of the impact of genetics on health and facilitate access to genetics services through effective communication and education. | | |
| **COMPETENCE** | **OUTCOMES** | **EVIDENCE** |
| 14. Plan, organise and deliver professional and public education | Facilitates understanding of how genetics impacts on affected individuals, their families, partners and carers.  Promotes the aims of the clinical genetics service and seeks to raise awareness of available services and resources.  Acts as a resource for other professionals and lay groups (both statutory and voluntary) whatever their discipline. |  |
| 15. Establish effective working relationships to function within a multi-disciplinary team and as part of the wider health and social care network | Promotion of seamless care and interventions in partnership with the client, their family, and appropriate care providers and members of the multi-disciplinary team.  Communication is facilitated by via establishing a strong multidisciplinary network of professional and lay colleagues. |  |
| 16. Practice in accordance with the AGNC Code of Ethical Conduct | Professional standards of safe and ethical practice are upheld at all times.  Uses professional standards of practice to evaluate own and others’ performance.  Recognises the duty to seek professional advice if standards of care are threatened. |  |
| 17. Recognise and maintain professional boundaries | Recognises practice limitations when the client’s needs fall outside the scope of genetic practice. |  |
| 18. Recognise his or her own limitations in knowledge and capabilities and discuss with colleagues or refer clients when necessary | Consults other health professionals and demonstrates referrals when appropriate. |  |
| 19. Demonstrate reflective skills within the counselling context and in personal awareness for the safety of clients and families by participation in genetic counselling supervision (as defined in the AGNC Supervision Working Group Report, 2006) | Demonstrates reflective practice, which informs future clinical interactions.  Evidence of access to counselling/clinical supervision to underpin and enhance practice. |  |
| 20. Present opportunities for clients to participate in research projects in a manner that facilitates informed choice | Clients can make an informed choice on whether to participate in research project or not. |  |
| **PROFESSIONAL AND PERSONAL DEVELOPMENT** | | |
| **Competence Standard Statement F:** Seek at all times to maintain and improve service delivery and professional standards by promoting evidence-based practice for oneself and others through continual professional development. | | |
| **COMPETENCE** | **OUTCOMES** | **EVIDENCE** |
| 21. Demonstrate continuing professional development as an individual practitioner and for the development of the Profession in light of new evidence gained from activities such as audit | Actively seeks opportunities to update knowledge and skills, and reflects on the implications of these for own practice and that of professional colleagues, and maintains a portfolio of professional development detailing this. |  |
| 22. Develop the necessary skills to critically analyse research findings to inform practice development as a means of reviewing new technology and increasing awareness of new developments | Critically appraises current evidence to inform practice, professional development and leadership.  Disseminates evidence of good practice and service improvement through verbal and written media. |  |
| 23. Contribute to the development and organisation of genetic services | Evaluates own practice and that of others in the light of new evidence and modifies practice appropriately.  Uses skills of critical appraisal to consider how new evidence may contribute to the improvement of service organisation and delivery.  Actively seeks opportunities to meet with colleagues to discuss professional issues and innovations in care, in order to disseminate best practice and improve standards of care.  Actively seeks opportunities to collaborate with colleagues in audit and research that has the ultimate aim of improving client care. |  |

# CASE LOG BOOK (Please \* the five SOM observed consultations)

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| **NUMBER** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Registration family code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diagnosis at referral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Final diagnosis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CLINICAL SKILLS** | | | | | | | | | | | | | | | | | |
| Draw pedigree |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Take medical history |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Take psychosocial history |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Discussion of family’s needs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Documentation of diagnosis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provide information on condition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Assess risk |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Explain inheritance pattern |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Discuss tests |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Discuss reproductive options |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Arrange screening program |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provide additional psychological support |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Refer to other agency |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Discuss case at clinical meeting, case conference or multidisciplinary meeting |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Present option for client to be involved in research |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Document case appropriately |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INITIALLED eSIGNATURE of MENTOR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **NUMBER** | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
| Registration family code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diagnosis at referral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Final diagnosis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CLINICAL SKILLS** | | | | | | | | | | | | | | | | | |
| Draw pedigree |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Take medical history |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Take psychosocial history |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Discussion of family’s needs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Documentation of diagnosis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provide information on condition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Assess risk |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Explain inheritance pattern |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Discuss tests |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Discuss reproductive options |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Arrange screening program |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provide additional psychological support |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Refer to other agency |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Discuss case at clinical meeting, case conference or multidisciplinary meeting |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Present option for client to be involved in research |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Document case appropriately |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INITIALLED eSIGNATURE of MENTOR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **NUMBER** | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |
| Registration family code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diagnosis at referral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Final diagnosis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CLINICAL SKILLS** | | | | | | | | | | | | | | | | |
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| Provide information on condition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Assess risk |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Explain inheritance pattern |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Discuss tests |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Discuss reproductive options |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Arrange screening program |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provide additional psychological support |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Present option for client to be involved in research |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Document case appropriately |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INITIALLED eSIGNATURE of MENTOR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# **Insert Key for Case Log**

# REFLECTIVE RECORD OF COUNSELLING SESSIONS

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| --- | --- | --- | --- |
| **Case 1** | **Case Log Number** | **eSignature of counselling supervisor:** | **Name of counselling supervisor** (please also provide counselling qualifications and details of supervision training): |
| Brief description of case: | | | |
| Comments by genetic counsellor on session: | | | |
| Comments by supervisor on session: | | | |
| Describe what was learnt from the session and feedback: | | | |

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| **Case 2** | **Case Log Number** | **eSignature of counselling supervisor:** | **Name of counselling supervisor** (please also provide counselling qualifications and details of supervision training): |
| Brief description of case: | | | |
| Comments by genetic counsellor on session: | | | |
| Comments by supervisor on session: | | | |
| Describe what was learnt from the session and feedback: | | | |

# APPENDICES AND OTHER EVIDENCE:

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