
Council, 10 September 2009

Application for the regulation of Genetic counsellors by the
Association of Genetic Counsellors and Nurses

Executive summary and recommendations

Introduction

The Council is invited to consider the application for the regulation of sonographers submitted by the Association of Genetic Counsellors and Nurses.

The following are attached:

- Criteria for aspirant professions, reproduced from the guidance notes
- Initial scoring by the HPC Executive of the application against the criteria

The application by the Association of Genetic Counsellors and Nurses and the accompanying appendices have been separately circulated.

Decision

The Council is invited to discuss the application and the Executive's scoring of the application.

The Council is invited to discuss the attached application and to consider inviting the Association of Genetic Counsellors and Nurses to present on their application at the next available Council meeting (the next available meeting would be the meeting on 10 December 2009).

Background information

None

Resource implications

None

Financial implications

None

Appendices

The application by the Association of Genetic Counsellors and Nurses and the accompanying appendices have been separately circulated.

Date of paper

10 September 2009

Each criteria to be addressed (taken from the Guidance Notes)

Part A of the assessment

The Council will first assess whether an occupation is eligible for regulation. Only those occupations involving at least one of the following activities are eligible:

- Invasive procedures
- Clinical intervention with the potential for harm
- Exercise of judgment by unsupervised professionals which can substantially impact on patient health or welfare.

Additionally, occupations where these activities are already regulated by other means will be ineligible. This includes occupations that already have a regulator (such as nurses and medical practitioners) or do not make independent clinical judgments. In general, the Council regulates health workers who are not otherwise supervised, practising autonomously, making professional and independent judgments on treatment, and taking full responsibility for their actions.

Part B of the assessment

The criteria that the Council will apply in Part B of the assessment were settled following a public consultation in the summer of 2002. The criteria will each have equal weight. Each occupation wishing to be regulated will be required to:

- 1) Cover a discrete area of activity displaying some homogeneity
- 2) Apply a defined body of knowledge
- 3) Practise based on evidence of efficacy
- 4) Have at least one established professional body which accounts for a significant proportion of that occupational group
- 5) Operate a voluntary register
- 6) Have defined routes of entry to the profession
- 7) Have independently assessed entry qualifications
- 8) Have standards in relation to conduct, performance and ethics
- 9) Have fitness to practise procedures to enforce those standards
- 10) Be committed to continuous professional development (CPD)

1. The occupation must cover a discrete area of activity displaying some homogeneity

This criterion covers **what a profession's scope of practice is**. The Council will assess applications for evidence that demonstrates that the applicant occupation practises activities that:

- Are distinctly its own
- Are common across the occupation
- Are distinct from the scope of practice of other occupations, although there may be some overlap.

2. The occupation must apply a defined body of knowledge

The *body of knowledge* criterion covers **what a profession does**. Frequently, the *body of knowledge* of a health profession will overlap those of other professions. However, each profession that the Council regulates has its own distinct *body of knowledge* and applications will not be successful if the Council considers that the applicant occupation has not provided sufficient evidence to demonstrate that it, too, has a distinct *body of knowledge*.

3. The occupation must practise based on evidence of efficacy

This criterion covers **how a profession practises**. The Council recognizes the centrality of evidence-based practice to modern health care and will assess applicant occupations for evidence that demonstrates that:

- Their practice is subject to research into its effectiveness. Suitable evidence would include publication in journals that are accepted as learned by the health sciences and/or social care communities
- There is an established scientific and measurable basis for measuring outcomes of their practice. This is a minimum—the Council welcomes evidence of there being a scientific basis for other aspects of practice and the *body of knowledge* of an applicant occupation
- It subscribes to the ethos of evidence-based practice, including being open to changing treatment strategies when the evidence is in favour of doing so.

4. The occupation must have at least one established professional body which accounts for a significant proportion of that occupational group

This criterion covers **how a profession has established itself**. The Council will assess applications for evidence that there is at least one established professional body. The Council will assess the application for evidence that membership of the body or bodies accounts for a significant proportion—at least 25%—of the occupation's practitioners. Suitable evidence for the existence of established professional body or bodies would include:

- A constitution or rules
- Minutes
- Standing Orders for the body or bodies and committees
- Election Rules and results

Where there is more than one professional body or representative organization for an applicant occupation, the Council will additionally seek evidence that all the bodies are involved in, and supportive of, the application process. The Council would welcome evidence of the existence of a steering group with representatives from all the bodies, and that a fair and effective decision-making process is in place. The Council would expect to work primarily with such a steering group and would also expect evidence that the steering group, and not an individual professional body, was involved in drawing up the application for regulation.

The Council will require an attestation from the applicant that there are no professional bodies or other representative organizations in existence for the profession that have not been informed of the application.

The Council will also seek evidence that practitioners who do not belong to the professional body or bodies or representative organization(s) are also supportive of the application. If any of these practitioners are likely not to have followed the applicant occupation's entry routes as described in sections 6 and 7 below, then the Council will require information about likely grandparenting requirements.

5. The occupation must operate a voluntary register(s)

This criterion covers **how a profession accounts for its members**. The Council's Register is its primary mechanism for protecting the public. The Council will seek to assess whether workers in an applicant occupation have accepted the principles, benefits and obligations of registration, by enrolling on a voluntary register or registers. The Council will require evidence that the voluntary register(s) cover at least 25% of an applicant occupation's workforce. These requirements are a minimum and the Council would consider very favourably evidence of plans to inform an applicant occupation's practitioners of the consequences of regulation by the Council. Such plans should cover issues that will be of particular importance to those members, particularly:

- Regulation of the practice of the profession's members. As explained in the introduction, members of the profession will be subject to the Council's regulatory authority, which it will exercise to protect the public.
- Arrangements for applying for entry to the Council's Register
- Protection of title
- Fees and other potential financial implications

The Council has published leaflets on these topics.

6. The occupation must have defined routes of entry

This criterion covers **how a profession ensures its practitioners have the requisite knowledge and skills on entry**. The Council will assess evidence of how entry to the applicant occupation is controlled. The Council will seek evidence that only individuals who have chosen defined routes of entry are recognized as being practitioners of the profession, in the eyes of educational institutions, employers, professional bodies and (where appropriate) the public at large. The Council will also assess evidence that the applicant occupation either already has a Subject Benchmark from the Quality Assurance Agency or equivalent body, or intends to work towards one as part of the process of becoming a regulated profession.

7. The occupation must have independently assessed entry qualifications

This criterion covers **how a profession ensures its recognized qualifications are valid**. The Council will require evidence that there are qualifications that are recognized as being a necessity for entry to the profession, awarded by

recognized educational institutions and independently assessed and monitored through a system of quality control.

8. The occupation must have standards of conduct, performance and ethics

This criterion covers **how a profession ensures high standards**. The Council will assess evidence that an applicant occupation has written standards of conduct, performance and ethics, covering the behaviour it expects of practitioners. The standards should cover similar ground to the Council's standards, and include health, character and competence, among other topics.

9. The occupation must have fitness to practise procedures to enforce those standards

This criterion covers **how a profession polices the behaviour of its practitioners**. The Council will assess evidence that an applicant occupation has a system for disciplining practitioners on its voluntary register (including striking-off) when it is determined that they are unfit to practice by reason of:

- Incompetence
- Misconduct
- Health

The Council will also assess evidence that breaches of the applicant occupation's code of ethics are taken into account when deciding whether a practitioner is unfit to practise. The Council will assess evidence of written procedures covering the administration of the system, and requires applicant occupations to submit anonymised information regarding cases that have been dealt with through the system.

10. The occupation must require commitment to continuous professional development (CPD)

This criterion covers **how a profession ensures its practitioners engage in life-long learning**. The Council is committed to the principles underpinning CPD, and will be requiring all registrants to undertake CPD from August 2005. Many of the currently regulated professions run CPD schemes at present. The Council will therefore be seeking evidence from applicant occupations that they are also committed to the principles of CPD. Suitable evidence would include written details of planned or existing CPD schemes.

Application for the regulation of genetic counsellors scoring: Overview

Part	Number	Criteria	Score	Comments
A		At least 1 of invasive procedures, clinical intervention with potential for harm, exercise of judgement by unsupervised professionals	Met	There is evidence of the potential of harm through the exercise of judgement by unsupervised professionals.
B	1	Discrete area of activity displaying some homogeneity	Met	The profession has a discrete area of activity, although there is the potential for limited overlap with other professions.
B	2	Defined body of knowledge	Met	There is limited evidence of some overlap in body of knowledge, but the profession has a defined body of knowledge.
B	3	Evidence of efficacy	Met	Evidence provided of efficacy but the nature of the intervention makes it difficult to identify appropriate outcome measures.
B	4	At least 1 established professional body a/c for significant proportion of occupation	Met	Association of Genetic Nurses and Counsellors membership accounts for the majority of those working as genetic counsellors. Some practitioners may also be registered with other bodies.
B	5	Voluntary register(s)	Met	A voluntary register exists which has previously run a grandparenting period. Some of those on the voluntary register may already be regulated.
B	6	Defined routes of entry to the profession	Met	There are defined routes of entry.
B	7	Independently assessed entry qualifications	Partly met	There is some independent assessment of entry qualifications and internal mechanisms in place for quality ensuring the qualifications which are not independently assessed.
B	8	Conduct, performance and ethics standards	Met	There is an established code of ethics.
B	9	Disciplinary procedures to enforce those standards	Partly met	There is a proposed disciplinary procedure but it has not been established or used.
B	10	Commitment to continuous professional development (CPD)	Met	Registered genetic counsellors must demonstrate CPD activities when they renew their registration.
Overall		The Council may wish to consider whether there is a case for statutory regulation on the basis of public protection whilst recognising that some genetic counsellors are currently already within statutory regulation.		

Application for the regulation of genetic counsellors scoring: A

CRITERIA:	SCORE:
<i>Either invasive procedures or clinical intervention with the potential for harm or exercise of judgment by unsupervised professionals which can substantially impact on patient health or welfare</i>	Met
Summary comments (10 words max.) Evidence of potential for harm.	
Detailed comments Exercise of exercise of professional judgement which could have potential for harm. Genetic counsellors provide information and support around decision making, often to vulnerable or distressed people. Incorrect information or decision making can have serious implications for those using the services of genetic counsellors, including misdiagnosis or false reassurance. Some practitioners are registered nurses or social workers as the first genetic counsellors were from these professions. A recent survey by the Association for Genetic Nurses and Counsellors (AGNC) identified 253 people working as genetic counsellors. Of these, 5% were registered with the NMC. However, the demographics of the profession are changing. It is recognised that a significant majority of the practitioners retiring in the next five years are those from a nursing background. In addition, changes to training now allow entry routes for those who are not qualified nurses.	

Application for the regulation of genetic counsellors scoring: 1

[illegible]

Application for the regulation of genetic counsellors scoring: 2

[illegible]

Application for the regulation of genetic counsellors scoring: 3

[illegible]

Application for the regulation of genetic counsellors scoring: 4

CRITERIA:	SCORE:
<i>At least 1 established professional body a/c for significant proportion of occupation</i>	Met
Summary comments (10 words max.) There is an established professional body.	
Detailed comments AGNC surveys suggest that most genetic counsellors working within the NHS are registered with the AGNC. A small number of practitioners may be NMC registered or members of other professional bodies such as the United Kingdom Council for Psychotherapy or Association of Clinical Cytogeneticists. The AGNC has contacted other groups likely to be interested in the regulation of genetic counsellors to ensure that their views are considered.	

Application for the regulation of genetic counsellors scoring: 5

[illegible]

Application for the regulation of genetic counsellors scoring: 6

CRITERIA:	SCORE:
<i>Defined routes of entry to the profession</i>	Met
Summary comments (10 words max.)	
There are defined routes of entry followed by most practitioners.	
Detailed comments	
<p>Applicants must complete a two year training period and submit a portfolio which is assessed against GCRB standards before becoming registered. This takes place after completing a first degree or Masters and is similar to the Clinical Science Certificate of Attainment qualification route.</p> <p>Training must take place at a GCRB approved training environment.</p> <p>There are two sets of criteria for entry to the two year training period.</p> <p>Applicants must either have completed a GCRB accredited Master of Science degree or apply on the basis of a nursing or midwifery qualification plus additional training in counselling and genetics.</p> <p>The MSc courses have a programme specification. The AGNC has established a working group to take forwards developing a subject benchmark.</p> <p>The GCRB has previously run a grandparenting period which has now shut.</p>	

Application for the regulation of genetic counsellors scoring: 7

[illegible]

Application for the regulation of genetic counsellors scoring: 8

[illegible]

Application for the regulation of genetic counsellors scoring: 9

CRITERIA:	SCORE:
<i>Disciplinary procedures to enforce those standards</i>	Partly met
Summary comments (10 words max.)	
The disciplinary procedure is not in use.	
Detailed comments	
<p>The AGNC states that the GCRB has a disciplinary procedure but the procedure has not been implemented or tested to see if it is appropriate.</p> <p>The AGNC indicates that the registration board is awaiting the outcome of the application for statutory regulation before investing in making the procedure fit for process.</p> <p>The disciplinary procedure has not been used as the GCRB has not yet received a complaint about a genetic counsellor.</p>	

Application for the regulation of genetic counsellors scoring: 10

[illegible]