General Medical Council

Clinical genetics

Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Clinical Genetics. You will also need to read the CCT curriculum for Clinical genetics.

This is the specialty specific guidance for CLINICAL GENETICS updated June 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

Introduction

This document is designed to provide helpful information and guidance to enable you to make an application for a Certificate of Eligibility for Specialist Registration (CESR) in Clinical genetics. This is not a standalone document and should be read in conjunction with the CCT curriculum for Clinical genetics– please see the Clinical genetics specialty page on the Joint Royal Colleges of Physicians Training Board (JRCPTB) website for more details. You can contact us for advice before you apply.

What is the indicative period of training for a Certificate of Completion of Training (CCT) in Clinical genetics?

The indicative period of training for a CCT in Clinical genetics is six years and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time.

The structure of the training programme (in indicative timescales) is as follows:

- Two years of Internal Medicine (stage 1) or three years of Acute Care Common Stem – Internal Medicine (ACCS – IM) including MRCP (UK) or one of the following alternative pathways
  - Three years of General Practice (including MRCGP)
  - Three years of Acute Care Common Stem (ACCS – including MRCP (UK))
  - Two years of Core Surgical Training (including MRCS)
  - Two years of Core Psychiatry training (including MRCPsych)
  - Three years of Level 1 Paediatrics training (including MRCPCH)
  - Three years of core level training in Anaesthetics (including Primary FRCA)
  - Two years of basic ST1 & ST2 Obstetrics and Gynaecology (including MRCOG Part 1)
  - Two years of ST1 & ST2 Ophthalmic Specialist training (including FRCOphth Part 1)

- Four years of Clinical genetics specialty training (including KBA Certificate Examination in Medical Genetics)

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Applicants need to demonstrate that they have achieved the learning outcomes required for all stages of the curriculum.

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Curriculum Framework

The Clinical genetics curriculum is structured into 12 high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic and specialty specific capabilities, as outlined below. Acquiring a CESR depends upon you providing evidence that you're working at the level of being entrusted to perform safely and independently for each CiP.

The first six CiPs are generic and shared across all physician specialties, covering the universal requirements of Good Medical Practice and the Generic Professional Capabilities (GPC) framework.

The remaining six CiPs describe the clinical tasks or activities which are essential to the practice of Clinical genetics. The CiPs have been mapped to the GPC domains to reflect the professional generic capabilities required to undertake the clinical tasks.

The range of experience needed to achieve the CiPs is outlined in the curriculum – this covers different settings, contexts, clinical problems, conditions and stages of a person's life and illness.

Generic CiPs
1. Able to function successfully within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focussed on patient safety and delivers effective quality improvement in patient care
5. Carries out research and manages data appropriately
6. Acts as a clinical teacher and clinical supervisor

Specialty Specific CiPs
1. Managing a comprehensive genetic medicine service for both inpatients and outpatients
2. Working within multidisciplinary teams and consultations related to the management and treatment of complex genetic disorders.
3. Managing predictive genetic testing and advising on cascade genetic testing in families.
4. Managing storage and testing of genetic material in the prenatal and post mortem settings.
5. Interrogating and interpreting genetic data and communicating effectively with laboratory colleagues.
6. Contributing to genetic research and clinical trials.

Submitting your evidence

Please keep the following in mind when gathering your evidence:

- The evaluators want to see quality, relevant evidence to demonstrate the required CiPs. It is more important to carefully select your evidence and present it in an organised way, than provide large volumes of minimally relevant evidence
- Triangulated evidence will make a stronger application
- Evidence of your recent practice (i.e. less than five years old) will be given more weight, as it reflects current capabilities
- Your evidence must be legible

All your evidence, other than qualifications you are getting authenticated, **must** be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our important notice about evidence.

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our translation requirements.

Your evidence **must** be accurate and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You **must** remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

The following details **do not** need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our website.

How much evidence to submit

As a general guide, most applications are expected to include around 100 electronically uploaded documents. You must ensure that you follow our guidance on how to present and group your evidence in the online application.

The total number of documents and assessments presented is less important than the quality of the documents, and the breadth of cases covered. This allows the evaluators to form reliable judgements of performance and capabilities.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities. We recognise that you may not have all the evidence that is required but it will help us process your application more quickly if you ensure that you only submit evidence that is directly relevant. Triangulation of evidence will strengthen an application, and we recommend that you delay submitting an application until you have achieved this.

Your evidence **must** cover your knowledge, skills and experience to demonstrate the required CiPs in all areas of the Clinical genetics curriculum. You should focus on providing **good quality** evidence, rather than quantity. You are advised to review the curriculum and ARCP decision aid to see what is expected from doctors in training in Clinical genetics in the UK.

You should bear in mind the following points:

- Evidence should show that you are able to assess and offer a first opinion in any setting and for any age
- Don't duplicate evidence that is relevant to more than one CiP – you should include one copy and list it under each relevant CiP (cross referencing)
- Evidence should only be cross referenced where it adds significant support to a CiP
- Evidence should be provided from a variety of clinical settings.

Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You need to gather your evidence by CiP and then attach this under the relevant section in your online application.

This is the specialty specific guidance for CLINICAL GENETICS updated June 2021

Please refer to our user guide for information on grouping and uploading your evidence.

Your evidence must be mapped to the curriculum by providing primary evidence for knowledge, skills and qualifications to demonstrate the required CiPs for all areas of the CCT curriculum for Clinical genetics. If evidence is missing from any area of the curriculum, your application may be unsuccessful.

You will not be able to compensate for shortfalls in your evidence of training and experience in a particular area, by providing extra evidence in other areas.

Tips for a successful application

In our experience, CESR applications fail because they provide inadequate or poor evidence of current capability covering the entire curriculum. Below are some tips for you to consider when making an application:

- Before submitting an application in Clinical genetics, you should review the current CCT curriculum in conjunction with this document. A strong CESR application will provide evidence to demonstrate that knowledge, skills and experience are equivalent in both the breadth and level of capability, to that set out in the curriculum

- Provide evidence of **current capability** in all areas of the curriculum, including maintenance of capability (i.e. CPD). This includes the maintenance of CiPs and key skills over the last five years – all evidence should be clearly linked to the CiPs

- Ensure you have evidence demonstrating core medical knowledge and application of this knowledge in practice to the level of two years of Internal Medicine stage 1 training. To demonstrate core internal medical capabilities, applicants need to provide MRCP (UK) or equivalent evidence showing the application of core skills including outpatient capability. This evidence could include supervised learning events (SLEs) and workplace based assessments (WPBAs) including multisource feedback (MSF). Evidence for alternative core medical knowledge and training can be provided – e.g.

MRCPCH, MRCGP, MRCS or MRCPsych.

- Present your evidence in a clear, logical manner. You should refer to our user guide for advice on how to group, title and upload your evidence
- Ensure your referees provide detailed support for your key skills across all (or most) areas of the curriculum and understand the requirements for specialist training and registration in Clinical genetics in the UK
- Provide evidence of managing a broad range of patients, as seen daily by Clinical genetics doctors in the UK
- Provide evidence of your clinical capability across the range of experience, ages and settings
- Ensure your evidence demonstrates you are entrusted to act at consultant level across all of the specialty CiPs

We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.

How your evidence can be used to demonstrate key capabilities in different CiPs

You will notice that some of the suggested evidence is listed more than once. This is because these documents are relevant to more than one CiP. For example, MSF can be used to demonstrate competence in most CiPs – therefore, you can use the same MSF to demonstrate the required capability across several CiPs

If you have a document that is relevant to more than one CiP, do not include multiple copies of it. Instead, provide one copy and list it in your application under each relevant CiP, stating that the document is located elsewhere, and you would like to cross reference it.

Below is a list of evidence that are relevant to most CiPs – it is by no means exhaustive, and you are encouraged to submit a variety of evidence.

A description of the assessments below, together with template forms, can be found on the JRCPTB website

Evidence / requirement	About	Minimum expectation over four years
Supervised Learning Events (SLEs)		
Case-based discussion and/ or mini-clinical evaluation exercise (mini-CEX)	These should have been undertaken with a consultant. CbDs and Mini CEXs should cover different aspects of Clinical genetics - differing in disease, main impairments, context or the main problem	8 across the application/curriculum

Workplace Based Assessments (WPBAs)		
Quality Improvement Project Assessment Tool (QIPAT)	Can be used to demonstrate active involvement in service audit or development projects.	1 completed in last 12 months
Patient Survey (PS)	Formal patient feedback is strong evidence as it's an anonymous feedback exercise. It should include approximately 15 patients. The JRCPTB has a template available on their website. A reflective entry reflecting on the survey must be made. If it is not possible to provide a formal patient survey an applicant could provide alternative evidence. However, this must provide equivalent details and breadth of information. Alternative evidence could include: ▪ Thank you letters/cards from patients ▪ Statements from referees ▪ Testimonial letters from colleagues ▪ Feedback from patients/colleagues	1 completed in last 12 months

Teaching observation (TO)	At least 1 should be completed by a consultant in Clinical Genetics	2 completed in the last 12 months
Multi Source Feedback (MSF)	MSF is a strong piece of evidence as it is an anonymous feedback exercise. Minimum of 1 in the year before the application has been submitted – any available from the last 5 years should also be submitted. MSF should include approximately 15 colleagues, and not more than 4 should be doctors.	1 completed in the last 12 months
Supervisor reports		
Multiple consultant report (MCR)	Each MCR is completed by a consultant supervisor. Reports from trainers and supervisors are important evidence to affirm and support capabilities and performance in both clinical and non-clinical activities.	4 completed in the last 12 months
Other evidence		
To be included in the portfolio of evidence	▪ **Appraisal** is good evidence of engaging with systems, processes and mandatory requirements and demonstrates performance (clinical and non-clinical) ▪ **Reflective** diaries/ evidence of self-reflection ▪ **Supervisor report** reports from trainers and supervisors are important evidence to affirm and support capabilities and performance in both clinical and non-clinical activities. JRCPTB provides a Multiple Consultant Report	4 completed in the last 12 months (e.g. MCRs)

	(MCR) template for the purpose of these reports of which there should be 4 in the last 12 months. ▪ **Logbooks** must cover the last 5 years and show the type of cases dealt with and your role in their management ▪ **Training events** (courses, study days, meetings) over the last five years ▪ **Evidence of seeing patients** over the last five years covering a range of settings, referral contexts, conditions, stages of illness, ages ▪ **Academic activities** (research involvement, teaching, publications) over the last five years ▪ **Management activities** ▪ **Structured reports**	
Continuing Professional Development (CPD)	CPD represents the acquisition and maintenance of knowledge, skills and key skills. Courses you may want to provide evidence of include: o Life support o Teaching o Simulation o Management o Research methodology o Business o Communication	

	o Education Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended.	

Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should **only** be submitted if the training is directly relevant to your CESR capabilities **and** dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

Primary medical qualification (PMQ)	If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration. If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise. You can find out more about primary source verification on our website. You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with our guidance.
Specialist medical qualification(s)	Please provide an **authenticated copy** of any specialist medical qualifications you hold. Evidence of completion of full **MRCP(UK)** or equivalent test of knowledge. Alternative tests of knowledge are acceptable for applicants demonstrating alternative core capabilities in

	paediatrics, surgery, psychiatry or general practice - **MRCPCH, MRCS, MRCPysch or MRCGP.** There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision. If your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence **in addition** to your qualification: • Training curriculum or examination syllabus • Formal period assessments completed during training (these may be older than 5 years)
Recent specialist training	If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an **authenticated copy** of the curriculum or syllabus that was in place when you undertook your training. If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination. You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply

	formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement. If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them. If you have undertaken approved specialty training towards a CCT or CESR(CP) in **Clinical Genetics** in the UK in the past five years, you should provide a copy of your ARCPs.
Specialist registration outside the UK	Please provide an **authenticated copy** of details of the registration requirements of that authority.
Other relevant qualifications and certificates	You may include postgraduate qualifications if they are relevant to associated capabilities e.g. teaching, management, research methodology. Please provide **copies** of certificates.

Evidence of employment in posts and duties (including training posts)

Employment letters and contracts of employment	The information in these letters and contracts **must** match your CV. They will confirm the following: • dates you were in post • post title, grade, training • type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)
Job descriptions	These **must** match the information in your CV. They will confirm the following: • your position within the structure of your department • your post title • your clinical and non-clinical commitment • your involvement in teaching or training.
Departmental/Unit annual caseload statistics	You should provide departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years.

Appraisal	Those working in an NHS or managed environment should submit evidence of annual appraisals. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided). For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor). For those applicants working in independent practice it is recommended that at least one appraisal is undertaken and summary documentation of this submitted with the application. Where an applicant is not based in the UK alternative forms of appraisal are strongly advised. Alternative evidence may include letters (written at the time) commenting on your performance. In addition, where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression.

Generic CiPs

The suggested documentation is given below each CiP and the overall numbers expected are given in the section above. Each piece of evidence can support more than one CiP and you should cross reference

CiP 1: Able to function successfully within NHS organisational and management systems

Key skills:

- Aware of and adheres to the GMC professional requirements
- Aware of public health issues including population health, social determinants of health and global health perspectives
- Demonstrates effective clinical leadership
- Demonstrates promotion of an open and transparent culture
- Keeps up to date through learning and teaching
- Demonstrates engagement in career planning
- Demonstrates capabilities in dealing with complexity and uncertainty
- Aware of the role and processes for commissioning
- Aware of the need to use resources wisely

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)

- Evidence of taking an active role in governance structures, including service development. This may, for example, include the minutes of meetings for governance and unit management in which the applicant has been involved, MDT meetings, and any documented service development initiatives such as QIPAT.
- Evidence of attendance at an NHS / health service management course

CiP 2: Able to deal with ethical and legal issues related to clinical practice

Key skills:

- Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups
- Behaves in accordance with ethical and legal requirements
- Demonstrates ability to offer apology or explanation when appropriate
- Demonstrate ability to lead the clinical team in ensuring that ethical and legal factors are considered openly and consistently

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of ability to assess the mental capacity of patients to make healthcare decisions. Evidence could include:
  - Reflections on cases where you had to assess a patient's mental capacity

- Evidence of involvement in making best interests' decisions, such as:
  - Notes
  - Letters
  - Meeting minutes
- Awareness of relevant legislation, including mental capacity legislation by completion of an online training course, for example:
  - eLfH Mental Capacity Act: https://www.e-lfh.org.uk/programmes/mental-capacity-act/
  - CPD Online Mental Capacity Act: https://cpdonline.co.uk/course/mental-capacity-act/
  - SCIE Mental Capacity Act: https://www.scie.org.uk/e-learning/mca

CiP 3: Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement

Key skills:

- Communicates clearly with patients and carers in a variety of settings
- Communicates effectively with clinical and other professional colleagues
- Identifies and manages barriers to communication (e.g. cognitive impairment, speech and hearing problems, capacity issues)
- Demonstrates effective consultation skills including effective verbal and non-verbal interpersonal skills
- Shares decision making by informing the patient, prioritising the patient's goals and wishes, and respecting the patient's beliefs, concerns and expectations
- Shares decision making with children and young people
- Applies management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of your ability to analyse a patient's communication difficulties: ▪ Reflective diaries
▪ Feedback from patients, such as a patient survey
▪ Reflective practice entries about patients or families who posed difficulties
▪ Supervised learning event

CiP 4: Is focused on patient safety and delivers effective quality improvement in patient care

Key skills:

- Makes patient safety a priority in clinical practice
- Raises and escalates concerns where there is an issue with patient safety or quality of care
- Demonstrates commitment to learning from patient safety investigations and complaints
- Shares good practice appropriately
- Contributes to and delivers quality improvement
- Understands basic Human Factors principles and practice at individual, team, organisational and system levels
- Understands the importance of non-technical skills and crisis resource management

- Recognises and works within limit of personal competence
- Avoids organising unnecessary investigations or prescribing poorly evidenced treatments

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Reflective practice entries about patients or families who posed difficulties
▪ Evidence that you have arranged and attended meetings about a patient with Social Services or other non-health organisations. For example: ▪ Meeting minutes, demonstrating your attendance and participation ▪ Invites sent from you demonstrating arranging meetings
▪ Supervised learning event
▪ Documented evidence of development of procedures to improve inter-service and inter-agency communication, you will need to demonstrate your involvement in the new procedure and its effectiveness
▪ Specific quality improvement activity, such as a QIPAT
▪ Copies of letters you have written to NHS and non-NHS services involved with patients

CiP 5: Carries out research and manages data appropriately

Key skills:

- Manages clinical information / data appropriately
- Understands principles of research and academic writing
- Demonstrates ability to carry out critical appraisal of the literature
- Understands the role of evidence in clinical practice and demonstrates shared decision making with patients
- Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry
- Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice
- Follows guidelines on ethical conduct in research and consent for research
- Understands public health epidemiology and global health patterns
- Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of completion of Good Clinical Practice (GCP) training:
  - https://www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice.htm
- Documented evidence of research activity:
  - Helping in a project
  - Reviewed research papers / grants
  - Writing and co-authoring research papers
  - Contributed to research projects

- Presentations – either lectures (podium presentations) or poster presentations
- Publications

CiP 6: Acts as a clinical teacher and clinical supervisor

Key skills:

- Delivers effective teaching and training to medical students, junior doctors and other healthcare professionals
- Delivers effective feedback with action plan
- Able to supervise less experienced trainees in their clinical assessment and management of patients
- Able to supervise less experienced trainees in carrying out appropriate practical procedures
- Able to act as a clinical supervisor to doctors in earlier stages of training

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Completion of relevant training course(s), such as management or leadership courses
- Feedback from formal teaching sessions to medical and non-medical staff:
  - Teaching Observation

Specialty Specific CiPs

Applicants must demonstrate that they are currently practising at the level of 'entrusted to act unsupervised' in all specialty CiPs.

Further detail regarding the descriptors for the key skills in each specialty specific CiP can be found in the curriculum.

Specialty CiP 1: Managing a comprehensive genetic medicine service for both inpatients and outpatients

Key skills:

- Conducts essential pre-clinic preparation
- Constructs an accurate genogram
- Assesses patient and family history
- Undertakes clinical examination relevant to clinical condition
- Discusses utility of genetic testing including limitations/uncertainties
- Takes appropriate consent for testing/storage of genetic material
- Manages confidentiality relating to genetic information/testing in family
- Diagnoses genetic disorders based on clinical findings and/or genomic results
- Discusses genetic test results and recommends/institutes appropriate clinical management for immediate and longitudinal care of family members.
- Documents accurately the outcome and implications of the genetic episode

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Reflective practice entries about patients or families you have seen
▪ Evidence of awareness of ethical considerations surrounding the use and storage of genomic data for families as well as individuals
▪ Copies of letters you have written to patients and other healthcare professionals
▪ Supervised learning events (SLEs) from the options listed below: • CbDs • Mini CEXs

Specialty CiP 2: Working within multidisciplinary teams and consultations related to the management and treatment of complex genetic disorders

Key skills:

- Adapts the genetic consultation to participate effectively in the multidisciplinary clinic setting
- Recognises and effectively communicates the value of the genetic contribution to colleagues and patients
- Manages genetic investigations including the communication of patient test results
- Demonstrates appropriate knowledge of the specific speciality with the MDT and makes relevant and focused contribution
- Integrates genetic investigations , results and counselling into the patient pathway effectively

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Reflective practice entries about patients or families you have seen
▪ Copies of letters you have written to patients and other healthcare professionals
▪ Minutes from MDT meetings with evidence of your contribution
▪ Supervised learning events (SLEs) from the options listed below:

- CbDs
- Mini CEXs

- Evidence of feedback from patients such as patient surveys, thank you letters or cards

Specialty CiP 3: Managing predictive genetic testing and advising on cascade genetic testing in families

Key skills:

- Discriminate between diagnostic and predictive genetic testing pathways
- Evaluates and communicates the advantages and disadvantages of a predictive genetic test
- Demonstrates understanding of lasting impact of predictive genetic test results
- Demonstrates ability to accurately calculate or otherwise assess the risks of a genetic disorder to a family member
- Implements an appropriate management plan to allow testing/screening for family members
- Demonstrates effective working with speciality and genetic counselling colleagues to plan cascade testing or screening

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reflective practice entries about patients or families you have seen

- Copies of letters you have written to patients and other healthcare professionals
- Evidence of participation in case discussion meetings with colleagues
- Supervised learning events (SLEs) from the options listed below:
  - CbDs
  - Mini CEXs

Specialty CiP 4: Managing storage and testing of genetic material in the prenatal and post mortem settings

Key skills:

- Demonstrates ability to apply genetic principles in the prenatal setting and for pre-implantation genetic diagnosis and non-invasive prenatal diagnosis when applicable
- Manages the appropriate handling of genetic data/material after death of patient with a genetic condition
- Demonstrates accurate understanding of the legal framework relating to storage and testing of genetic material including implications for families

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)

▪ Evidence of awareness of relevant national legislation such as the Human Tissue Act e.g. by completion of an online training course
▪ Reflective practice entries about patients or families you have seen
▪ Evidence of involvement in managing cases in the prenatal and post-mortem settings, such as: ▪ Clinic notes ▪ Clinic letters ▪ Meeting minutes
▪ Supervised learning events (SLEs) from the options listed below: • CbDs • Mini CEXs
▪ Evidence of feedback from patients such as patient surveys, thank you letters or cards

Specialty CiP 5: Interrogating and interpreting genetic data and communicating effectively with laboratory colleagues

Key skills:

- Demonstrates understanding of genetic architecture and the cellular and molecular mechanisms that underpin inheritance in man
- Demonstrates understanding and application of the laboratory techniques that underpin current genetic testing
- Demonstrates ability to interrogate bioinformatics databases to aid in the interpretation of genomic variants
- Discusses the genetic testing strategy with clinical and scientific colleagues
- Demonstrates the ability to critically appraise cytogenetic and molecular reports and assess their relevance for patient care

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues (including clinical scientists) who have worked with you, such as the Multisource Feedback (MSF)
▪ Reflective practice entries about patients or families you have discussed with clinical and laboratory colleagues
▪ Supervised learning events (SLEs) from the options listed below: ▪ CbDs ▪ Mini CEXs
▪ Minutes from Genomics MDT meetings with evidence of your contribution

Specialty CiP 6: Contributing to Genetic Research and clinical trials

Key skills:

- Recognises unsolved genetic questions at the limit of knowledge
- Contributes to and collaborates in research studies for patient benefit
- Demonstrates understanding of genome-based therapies
- Seeks opportunities to develop new strategies that will benefit patients in the future

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Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of completion of Good Clinical Practice (GCP) training:
  - https://www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice.htm
- Evidence of genetic research activity:
  - Role as CI/PI/collaborator of a genetics research project
  - Recruitment of patients to genetic research projects
  - Reviewed research papers / grants
  - Written research papers
- Presentations – either lectures (podium presentations) or poster presentations
- Publications - four (at least two should be in peer-reviewed journals)