## HGSA Clinical Certification for Genetic Counsellors- Supervisor Report Form

The following assessment form is to be completed by the candidates and their primary supervisor(s) at each Submission for Certification. Please see the HGSA [Supervision Policy for Genetic Counsellors](https://hgsa.org.au/Web/Web/Consumer-resources/Policies-Position-Statements.aspx). Reports are to be made with each submission until the candidate is notified that their final portfolio submission/re-submission has been accepted and passed by the Board of Censors for Genetic Counselling.

**If a candidate has more than one supervisor, each supervisor is to complete a separate report.**

**This form is to be read in conjunction with the HGSA** [**Clinical Certification for Genetic Counsellors**](https://hgsa.org.au/Web/Web/Consumer-resources/Policies-Position-Statements.aspx)**,** [**Competency Standards for Genetic Counsellors**](https://hgsa.org.au/Web/Web/Consumer-resources/Policies-Position-Statements.aspx) **and** [**Supervision for Genetic Counsellors**](https://hgsa.org.au/Web/Web/Consumer-resources/Policies-Position-Statements.aspx) **Policies.**

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| Candidate details and current position |
| Full name of candidate |  |
| Report covers period | From | [DATE OF LAST SUBMISSION] OR PRECEDING 12 MONTHS FOR SUBMISSION 1 | To | [DATE OF CURRENT SUBMISSION] |
| Current employer/job title |  |

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| Supervisor details |
| Full name of supervisor |  |
| Qualifications/Registration |  |
| Supervisor’s employer |  |
| Professional relationship to candidate  | (e.g. senior colleague, external supervisor provided by employer, external supervisor, include any perceived or actual conflicts of interest and how these are managed) |
| Phone |  |
| Email |  |
| Supervision qualifications | See the HGSA [Supervision Policy for Genetic Counsellors](https://hgsa.org.au/Web/Web/Consumer-resources/Policies-Position-Statements.aspx) (e.g. accreditation through a relevant professional body, workshops and date last attended, formal learning or training) |

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| Supervision arrangements |
| Average length of individual supervision session | (e.g. 1 hour) |
| Frequency of individual supervision  | (e.g. monthly) |
| Details of candidate’s access to clinical case review and consultation | (e.g. weekly 30 minute meeting with a supervising clinical geneticist, weekly 1 hour clinical case review meeting) |

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| Assessment of training (to be completed by Supervisor(s) |
| Rating scales for  |
| 1 | Falls far short of expected standards |
| 2 | Falls short of expected standards |
| 3 | Consistent with level of training  |
| 4 | Better than expected standards |
| 5 | Exceptional performance |
| N/A\* | Unable to comment/skill not observed by supervisor\* |

\*If the primary supervisor marks multiple competencies with ‘N/A Unable to comment/skill not observed’ you will need to have a colleague (for example a manager, supervisor, or senior genetic counsellor) provide an additional report to ensure most competencies are covered.

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| **COMPETENCY** | **RATING** |
| **1. Relationship building** |
| Establishes relationship with client and elicits their concerns and expectations |  |
| Establishes a mutually agreed upon genetic counselling agenda with the client |  |
| **2. Communication** |
| Conveys clinical and genetic information to clients appropriate to their individual needs |  |
| **3. Education** |
| Assesses client understanding and response to information and its implications, and modifies the counselling session as necessary |  |
| Plans, organises and conducts public and professional education programs on human genetics, client care and genetic counselling issues |  |
| **4. Risk assessment** |
| Identifies, synthesises, organises and summarises pertinent medical and genetic information |  |
| Makes appropriate and accurate genetic risk assessments |  |
| **5. Client-centred counselling** |
| Elicits and evaluates psychosocial history |  |
| Acknowledges the implications of individual and family experiences, beliefs, values and culture for the genetic counselling process |  |
| Uses a range of counselling skills to facilitate clients’ autonomy and decision making |  |
| **6. Reflective practice** |
| Recognises their own limitations in knowledge and capabilities, and seeks consultation and refers clients when necessary |  |
| Demonstrates reflective skills within the counselling context and participates in genetic counselling supervision  |  |
| **7. Clinical genetics** |
| Elicits and interprets appropriate medical, family and psychosocial history |  |
| Explains options available to the client, including the risks, benefits and limitations |  |
| **8. Research skills** |
| Develops the necessary skills to critically analyse research findings to inform practice development |  |
| Presents opportunities for client to participate in research projects in a manner that facilitates informed choice |  |
| **9. Case management** |
| Demonstrates ability to organise, prioritise and manage a case load  |  |
| **10. Advocacy** |
| Identifies and supports clients’ access to local, regional and national resources and services |  |
| Serves as an advocate for clients |  |
| **11. Service delivery** |
| Establishes effective working relationships to function within a multidisciplinary team and as part of the wider health and social care network |  |
| Contributes to the development and organisation of genetic services |  |
| **12. Professional Practice** |
| Demonstrates continuing professional development as an individual practitioner and for the development of the profession |  |
| **13. Ethical Practice** |
| Acts in accordance with the ethical, legal and philosophical principles and values of the HGSA Code of Ethics for Genetic Counsellors |  |

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| Please comment on any **additional strengths** that the candidate displays with regard to the HGSA [Competency Standards for Genetic Counsellors](https://hgsa.org.au/Web/Web/Consumer-resources/Policies-Position-Statements.aspx). |
| Please comment on any suggested **areas for improvement** with regard to the HGSA [Competency Standards for Genetic Counsellors](https://hgsa.org.au/Web/Web/Consumer-resources/Policies-Position-Statements.aspx). |
| **Supervisor:** Please comment on the process of supervision including the commitment of the candidate to the process. |
| **Candidate:** Please comment on the process of supervision and how this has supported your professional development. |

## Signatures

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| Candidate’s full name |  |
| Candidate’s signature |  | Date: |

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| Supervisor’s full name |  |
| Supervisor’s signature |  | Date: |