

Checklist for submission and assessment of Portfolio of Evidence: Genetic Counsellors

This guideline is a summary of The National Curriculum for Genetic Counsellors and should be read in conjunction with CMS 01 GC and CMS A.

ALL requirements have to be met before assessment of Portfolio of Evidence will be considered.

a) Submission of documents for the assessment of the Portfolio of Evidence by the intern candidate

- *A structured Portfolio of Evidence as prescribed in The Policy Regarding the Training of Intern Medical Scientists (Form CMS A)*
- *A completed checklist shall accompany the request for submission of assessment (applicable to the intern candidate).*
- *A completed Duty Certificate with official stamp.*
- *Please indicate proof of evidence by “Y” for yes (available) and “N” for no (not available).*
- *Indicate the specific page(s) of evidence in the Portfolio of Evidence on the Checklist.*

b) Assessment of Portfolio of Evidence by assessors and moderator

- *Please use the checklist (completed by the intern candidate) in the assessment process to ensure a standardized national quality of performance.*
- *Please indicate proof of evidence by “Y” for yes (available) and “N” for no (not available).*

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1. DETAILS OF INTERN MEDICAL SCIENTIST

Name and surname of intern:

**HPCSA Intern Registration
No:**

Professional category:

Name of HPCSA accredited training facility:

Supervisor:

HPCSA Registration No:

Professional category:

Registration date:

2. FORM MSC C – INTERN DUTY CERTIFICATE: GENETIC COUNSELLING

COMPLETION OF 2-YEAR INTERNSHIP TRAINING AT AN HPCSA ACCREDITED TRAINING FACILITY

1. OVERALL OUTCOMES <i>At the end of the training program the candidate should have gained knowledge, expertise, skill and a certain degree of experience in the following area:</i>	COMPETENCY ACHIEVEMENT		Signature of <u>Head of Department</u> or official deputy confirming that the internship period had been completed satisfactorily and in an approved diagnostic/clinical setting		
	ADEQUATE	INADEQUATE	PRINTED NAME	SIGNATURE	DATE
1.1 Application of basic genetic counselling and medical genetics principles (including discipline-specific academic knowledge)					
1.2 Can communicate effectively in written and oral format before, during and after patient genetic counselling consultations					
1.3 Can apply critical thinking skills to effectively manage patients and perform effective administration, management in a clinical environment					
1.4 Can perform psychosocial assessment and practice self awareness					
1.5 Can apply ethical principles, and the principles governing genetic counselling					
1.6 Demonstrate computer and database literacy pertinent to genetic conditions and patients and perform interpretation of test results					
2. LEAVE TAKEN:					
2.1 Vacation leave			Total number of weeks		
2.2 Maternity leave			Total number of weeks		
2.3 Sick leave			Total number of weeks		
<p>This signature is compulsory and validates internship training</p> <p>_____</p> <p>Name and signature of Head of Training Facility Official stamp</p> <p>Date _____</p> <p>No alterations to this document will be accepted</p>					

3. ADMINISTRATIVE REQUIREMENTS (FOR OFFICIAL USE)

Application received on		
Application received by		
GCIN date of registration		
Non-compliant	Return	
COMPLIANT:		
Identity document		
Qualifications		
HPCSA intern certificate		
Fees for assessment		
Form 36 GC		
Form 24 GC		

4. MINIMUM REQUIREMENTS: PORTFOLIO OF EVIDENCE

The Portfolio of Evidence is an evidence-based program and shall contain original evidence properly signed off by trainer and intern candidate. The Portfolio of Evidence shall be structured in a formal, manner as described in this document:

- All pages shall be numbered and reflected in the Contents page
- The portfolio shall contain all the components (as heading) and sub-components (as sub-headings)
- Assessment method shall be indicated and provided for each component.
- Each component shall be indicated by:
 - (i) a front page with the specific heading,
 - (ii) each sub-component shall be indicated by a page with the specific sub-heading, (iii) completed relevant table (as summary) and properly signed off by both candidate and trainer, (iv) evidence of assessment, (v) original signed off evidence.
- All components shall be listed in the proposed Tables listed below

	To be completed by intern <i>Yes (include page no.) or No (provide reasons)</i>	Compliance (assessor/moderator) Yes or No <i>(if no please provide reasons)</i>
Cover page:		
Full names		
Discipline		
Affiliation		
Period of internship		
Contact details		
Date of submission		
Contents page (numbered)		
Letter from head(s) of training program(s)* <i>(including the following):</i> <i>(*if more than one training facility involved in training letters must be submitted from all institutions)</i>		
Period of internship (dates)		
List of responsibilities of intern		

Copy of HPCSA-approved training program		
CV of candidate		
Copy of the HPCSA certificate of registration as an intern		

4.1 Evidence of clinical exposure		
Clinic roster <i>(including dates, role, location and supervisor for internship period)</i>		
Patient logbook (de-identified)		
4.2 Scientific and discipline-specific knowledge:		
	To be completed by intern Yes (include page no.) or No (provide reasons)	Compliance (assessor/moderator) Yes or No <i>(if no please provide reasons)</i>
Summary/Evidence of courses/lectures attendance and knowledge obtained		
Summary Seminar attendance		
Summary of journal club attendance with additional information on those presented		
Summary of patient case discussions		
Evidence of ability to interpret a finding in clinical practice and report results		
Additional list of lectures/ seminars/ workshops/ conferences/ courses etc		
Additional presentations to public/ lay patient support groups		
<i>Comments by assessor/reasons for non-compliance</i>		

4.3 Assessments and assignments:		
	To be completed by intern Yes (include page no.) or No (provide reasons)	Compliance (assessor/moderator) Yes or No (if no please provide reasons)
Performance reports		
External examiner report		
Case report feedback (actual case reports to be included in appendices) x 3		
Reflective report and feedback		
Additional assignments		
<i>Comments by assessor/reasons for non-compliance</i>		
4.4 Research experience		
<i>MUST be performed in a diagnostic/clinical setting</i>		
	To be completed by intern Yes (include page no.) or No (provide reasons)	Compliance (assessor/moderator) Yes or No (if no please provide reasons)
Evidence of research experience		
Abstracts from conference proceedings (oral, poster etc)		
<i>Comments by assessor/reasons for non-compliance</i>		

4.5 Final approval by the supervisor of the Portfolio of Evidence and permission to take the facility-based exit-assessment		
4.6 Final exit assessment by training facility (Head of Training Program)		
4.7 Intern experience		
4.8 Final outcome by HPCSA	Approved / Failed / Revised	
4.9 Registration		

LIST OF MINIMUM TABLES TO BE SUBMITTED

Clinical rotation roster during two-year internship

De-identified patient logbook with conditions and numbers of patients seen (with headings: observed, history taking, direct supervision and indirect supervision)

Table of split of Prenatal, Paediatric and Adult case numbers

List of journal clubs attended and presented

List of lectures / seminars / workshops / conferences / courses (indicate attendance / presentation)

List of assessments / assignments / case studies

Evidence MUST be provided under the appropriate heading indicated below – please summarise activities and provide evidence to support listed activities.