



**CMS 02 GC**

**GUIDELINE FOR SUBMISSION AND ASSESSMENT OF PORTFOLIO OF EVIDENCE: GENETIC COUNSELLORS**

**MEDICAL AND DENTAL PROFESSIONS BOARD: MEDICAL SCIENCE**

**CHECKLIST FOR SUBMISSION AND ASSESSMENT OF PORTFOLIO OF EVIDENCE: GENETIC COUNSELLORS**

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

- a) *Submission: A completed checklist MUST accompany the request for submission of assessment (applicable to the intern candidate).*
- b) *Assessment: Please use the checklist in the assessment process to ensure a standardised national quality of performance (applicable to assessors and moderators).*
- c) *A completed Duty Certificate MUST accompany the assessment.*
- d) *Please indicate proof of evidence by “Y” for yes (available) and “N” for no (not available)*
- e) *Indicate level of competency for practical competencies e.g. has theoretical knowledge, is competent under supervision, is competent independently.*
- f) *Indicate the specific page(s) in the Portfolio of Evidence.*
- g) *This guideline is a summary of the National Curriculum for Genetic Counsellors*

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**1. DETAILS OF INTERN MEDICAL SCIENTIST**

<b>1. DETAILS OF INTERN MEDICAL SCIENTIST</b>	
<b>Name and surname of intern:</b>	<b>HPCSA Intern Registration No:</b>
<b>Professional category:</b>	
<b>Name of HPCSA accredited training facility:</b>	
<b>Supervisor:</b>	<b>HPCSA Registration No:</b>
<b>Professional category:</b>	<b>Registration date:</b>

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

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

<b>1. OVERALL OUTCOMES</b> <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>	<b>COMPETENCY ACHIEVEMENT</b>	Signature of Head of Department or official deputy confirming that the internship period had been completed <b>satisfactorily</b> and in an <b>approved diagnostic/clinical setting</b>
	<b>ADEQUATE</b> <b>INADEQUATE</b>	<b>PRINTED NAME</b> <b>SIGNATURE</b> <b>DATE</b>
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		
<b>2. LEAVE TAKEN:</b>		
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><b>This signature is compulsory and validates internship training</b></p> <p>_____</p> <p>Name and signature of Head of Training Facility <span style="float: right;">Official stamp</span></p> <p>Date _____</p> <p>No alterations to this document will be accepted</p>		

<b>3 ADMINISTRATIVE REQUIREMENTS (FOR OFFICIAL USE)</b>		
Application received on		
GCIN date of registration		
Non-compliant	Return	
<b>COMPLIANT:</b>		
Identity document		
Qualifications		
HPCSA intern certificate		
Fees for assessment		
Form 36 GC		
Form 24 GC		

**4. MINIMUM REQUIREMENTS: PORTFOLIO OF EVIDENCE**

	<b>To be completed by intern</b> <b>Yes (include page no.) or</b> <b>No (provide reasons)</b>	<b>Compliance</b> <b>(assessor/moderator)</b> <b>Yes or No</b> <i>(if no please provide reasons)</i>
<b>Cover page:</b>		
Full names		
Discipline		
Affiliation		
Period of internship		
Contact details		
Date of submission		
<b>Contents page (numbered)</b>		
<b>Letter from head(s) of training program(s)*</b> <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		
<b>Copy of HPCSA-approved training program</b>		
<b>CV of candidate</b>		
<b>Copy of the HPCSA certificate of registration as an intern</b>		

<b>4.1 Evidence of clinical exposure</b>		
<b>Clinic roster</b> ( <i>including dates, role, location and supervisor for internship period</i> )		
<b>Patient logbook (de-identified)</b>		
<b>4.2 Scientific and discipline-specific knowledge:</b>		
	<b>To be completed by intern</b> <b>Yes</b> ( <i>include page no.</i> ) <b>or</b> <b>No</b> ( <i>provide reasons</i> )	<b>Compliance (assessor/moderator)</b> <b>Yes or No</b> <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>		

<b>4.3 Assessments and assignments:</b>		
	<b>To be completed by intern</b> <b>Yes (include page no.)</b> <b>or</b> <b>No (provide reasons)</b>	<b>Compliance (assessor/moderator)</b> <b>Yes or No</b> <i>(if no please provide reasons)</i>
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>		
<b>4.4 Research experience</b>		
<i>MUST be performed in a diagnostic/clinical setting</i>		
	<b>To be completed by intern</b> <b>Yes (include page no.)</b> <b>or</b> <b>No (provide reasons)</b>	<b>Compliance (assessor/moderator)</b> <b>Yes or No</b> <i>(if no please provide reasons)</i>
Evidence of research experience		
Abstracts from conference proceedings (oral, poster etc)		
<i>Comments by assessor/reasons for non-compliance</i>		



4.5 Final exit assessment by training facility (Head of Training Program)		
4.6 Intern experience		
4.7 Final outcome by HPCSA	Approved / Failed / Revised	
4.8 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 summaries activities and provide evidence to support listed activities.*