
Professional Issues

Editorial on Supervision

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This Editorial provides background information to inform the report from the United Kingdom (UK) and Eire Association of Genetic Nurses and Counsellors (AGNC) Supervision Working Group on Genetic Counselling Supervision. We begin by introducing the context of practice as a genetic counselor in the UK and then follow with an overview of events that have happened in our profession that led to the need and creation of the report. Genetic counseling supervision has become instrumental to our practice, training and registration as genetic counselors in the UK.

KEY WORDS: genetic counseling; supervision; AGNC; registration; certification.

CONTEXT OF GENETIC COUNSELING PRACTICE IN THE UK AND EIRE

The practice of genetic counseling by genetic counselors is likely to be quite similar across many countries, e.g. United Kingdom (UK) and Eire, United States of America (US), Canada, Australia, New Zealand, South Africa etc. However, one aspect of work as a genetic counselor in the UK that might be different is the infrastructure within which it is placed. Genetic counselors tend to work in teams, together with other genetic counselors as well as clinical geneticists, within the National Health Service, which is a government funded health service. This means that a genetic counseling consultation and accompanying tests are all free to the client. Private genetic healthcare is very unusual in the UK and at this time private practice for genetic counselors is virtually non-existent.

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Service delivery in the UK follows a 'hub and spoke' model with consultant clinical geneticists, specialist registrars and genetic counselors conducting clinics both in the Regional Genetic Center but also at district hospitals throughout the designated region (Donnai and Ellis, 2001). There are 45 clinical, diagnostic and genetic counseling services, most of which are attached to large, teaching hospitals. On the whole genetic counselors and genetic nurses do the same job in the UK and in many centers use the same generic 'genetic counselor' title. We have a joint professional body, the Association of Genetic Nurses and Counsellors (AGNC) in the UK and Eire; there are currently just under 300 members.

COUNSELING SUPERVISION WITHIN REGISTRATION

In 2002 the Registration Board was developed in the UK and Eire to oversee the process of registration in genetic counseling (see www.agnc.uk). This is equivalent to the certification process in Australasia (Human Genetics Society of Australasia: www.hgsa.com.au; Sahhar *et al.*, 2005) or in the US (American Board of Genetic Counselors, www.abgc.net) and involves the assessment of professional standards.

Both post-graduates and experienced nurses who are genetic counselors complete the same registration portfolio (Skirton *et al.*, 2003). Participants are only eligible to submit for registration after completing a minimum of 2 years practice in a 'recognised' clinical genetics service as a genetic counselor following qualification.

The registration portfolio currently involves extensive written work, case studies, two video/audiotaped counseling sessions with reflective feedback from counselor and counseling supervisor; as well as evidence that supports a set of core competencies plus 30 hours of Continuing Professional Development (equivalent to Continuing Education Units in the US) per year for the previous three years together with a reflective commentary indicating the learning experience and impact on practice. The academic writing within the portfolio is assessed at Master's level by two independent assessors and the candidate also completes a two-hour interview with the primary assessor.

Participation in genetic counseling supervision has to be evident throughout the portfolio. The line manager confirms that supervision has been available and that the candidate has participated in it. The counseling supervisor gives feedback on counseling skills as evident in the taped consultations. The candidate is expected to be a 'reflective practitioner' throughout the entire portfolio, with a particular focus on this in the assessment. Participation in counseling supervision is therefore paramount in developing this style of thinking and processing where the 'internal supervisor' (Casement, 1985) is present and offers a running, reflective commentary on practice. Although registration in the UK and Eire is currently voluntary, within time it will likely become mandatory; as with the certification process in some other countries around the world.

DEVELOPMENT OF THE RECOMMENDATIONS

At the 2003 AGNC Spring Meeting in Birmingham, workshops were held with the AGNC membership to discuss the issue of supervision and to document the situation in the UK and Eire at that time, i.e. find out what the common practice was and develop the foundations on which to build future recommendations (see www.agnc.co.uk). It was clear from participant feedback that the practice of super-

vision varied considerably across the country, with some centers having no supervision whatsoever and others having access to both one-to-one and group supervision on a monthly basis. As a result of these findings the AGNC Committee requested that a Supervision Working Group be convened to explore supervision on behalf of the membership. The remit of the group was to create a list of recommendations to support genetic counselors, with clear direction to implement supervision in centers that did not have access to it.

In 2004 the AGNC Supervision Working Group was created, consisting of a team of genetic counselors broadly representative of the AGNC membership in terms of geographical base and experience of supervision, plus a clinical geneticist and a supervisor. The group was affiliated to the AGNC and the Terms of Reference were to create a document that made recommendations for the practice of genetic counseling supervision within the UK and Eire. The group met on 4 separate occasions and corresponded electronically to discuss the literature available on supervision, to create a definition of genetic counseling supervision, to share personal experiences of good practice and to define recommendations. The AGNC sent out the resultant report for review by the membership and its findings were discussed extensively. The AGNC membership had a period of months in which to submit their comments and feedback; the Supervision Working Group revised the report in light of these. The final report was then sent as a Recommendation from the AGNC Committee and membership to every Clinical Genetics Department in the UK and Eire, with the aim that Heads of Department now have guidance to implement the recommendations by 2008.

IMPLICATIONS OF THE GUIDELINES

Genetic counselors working in centers that do not that even meet the minimum requirements for supervision as laid down by the report, *may* have some difficulty in obtaining the necessary criteria to register or maintain their registration as genetic counselors. In the future, an inability to register could have a direct impact on employability, ability to move within the profession and also ability to move up in the profession. It is also possible that centers lacking the minimum requisite of genetic counseling supervision are less likely to become recognised Training Centers for trainee genetic counselors. A

‘trainee genetic counselor’ is the position that may be taken after completing, for example, the MSc in genetic counseling, but before being eligible to register. One of the requirements in order to be awarded the status of Genetic Counselling Training Center is the availability of genetic counseling supervision (Barnes *et al.*, 2003).

Therefore, the aims of the Supervision Working Group were to create recommendations that would help centers to understand the importance and relevance of supervision as well as offer guidance on the type and structure of supervision that could be available. The report was also intended for use by genetic counselors who did not have access to supervision—so that they had formal guidelines to take to their employers to support setting up new supervision services.

BACKGROUND TO THE NEW DEFINITION OF GENETIC COUNSELING SUPERVISION

When searching through the medical, social sciences and nursing literature for publications on genetic counseling supervision (not just supervision available to practicing counselors or psychotherapists, but for practicing genetic counselors), the Working Group found that there was very limited published literature on this area worldwide. The Journal of Genetic Counseling designated one key issue to supervision; the reader is guided to a very comprehensive overview of models and practice in the US - Journal of Genetic Counseling Oct 2000, volume 9, 5. This work gives an interesting insight into the theoretical concepts of supervision (Kennedy, 2000a, 2000b; Kessler, 2000) as well as the personal experiences of supervision (Hiller and Rosenfield, 2000; Schneider *et al.*, 2000; Likhite, 2000; Bosco, 2000). However, none of this work offered direct recommendations for practice, e.g. minimum number of hours, frequency, cost, venue, qualifications of supervisor, nor a succinct definition that encompassed the different aspects of supervision. The UK supervision report therefore aimed to address this.

We were aware of the use of the terms ‘counseling supervision’, ‘psychological supervision’ and ‘clinical supervision’ being used interchangeably in the general counseling and nursing literature and to describe the same concepts. We found this confusing

and so a new definition was created and the practice was renamed ‘genetic counseling supervision’.

CONCLUSION

The AGNC Supervision Working Group is keen that the UK and Eire recommendations on supervision are published and available to the AGNC membership. The Journal of Genetic Counseling is possibly one of the most frequently read journals by practicing genetic counselors in the UK and so publication here offers an exciting opportunity for recommendations to be disseminated widely. We are particularly pleased to be able to share our practice with the international readership of the journal, and through this contribute to the wider genetic counseling profession.

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