Genomics and Your Hospital

A toolkit to support high-quality genomic care

Tool: Principles and suggested activities for effective workforce credentialling and support

*This document is part of the **Genomics and Your Hospital toolkit**, a resource developed to support a 'whole of hospital' approach to genomic care. The complete toolkit is available at **GenomicsToolkit.org.au.***

The genomics toolkit was co-designed with Victoria's leading health services. During the process, it was identified that as multi-disciplinary, multi-specialty organisations should develop an approach to genomics credentialling that: supports the local workforce, minimises unwarranted variation and supports the achievement of safe, effective genomic medicine care.

Using an iterative, co-design approach, a set of principles for credentialling and workforce support were developed by the Melbourne Genomics *Professional Governance* working group. This resource recognises hospitals respond to workforce needs in different ways. It is not intended to be exhaustive or prescriptive, but rather guide health services in a structured approach to determine credentialling and workforce approaches.

This document contains a set of fifteen principles for consideration. To support practical usage, it also includes a list of suggested activities to undertake for workforce support and planning. It is recommended that this credentialling and workforce support resource is considered together with the broader Genomics and Your Hospital toolkit.

Principles and considerations

Principle	Specific questions for hospitals to consider
Decisions about credentialling for genomic medicine should be based on: ▪ an assessment of risk, ▪ an assessment of the complexity of the planned activity, ▪ the emerging nature of genomic medicine and practical impacts of that (such as workforce challenges), and ▪ the need to provide a structured pathway in response to increasing demand for genomics practice across diverse fields of medicine	▪ What genomic medicine is to be undertaken? Is it considered standard or emerging practice? ▪ Has a risk register for genomic medicine been done and, if so, how is this informing the workforce model? ▪ What do the models of care look like? Have these been mapped and agreed and, if so, how is this informing the workforce model? ▪ How and where will determinations about core and special scope of practice, and any related training/competency/audit requirements will be stored and monitored? How does this link to broader organisational credentialling processes?

Principle	Specific questions for hospitals to consider
Consideration should be given to the workforce model appropriate to the hospital.	▪ What do the agreed models of care look like? Have these been mapped and, if so, how is this informing the workforce model? ▪ What roles will different clinical groups play in this model of care? What is under supervision? What is autonomous? ▪ Do any role descriptions need updating to reflect new accountabilities? ▪ Has a map of workforce needs against available workforce been undertaken, gaps identified, and mitigations agreed? ▪ Is there role clarity? ▪ Is there redundancy so that processes are not dependent on a single person?
Decisions about credentialling for genomic medicine should take into account an assessment of other controls available.	▪ What controls are in place to ensure safe, effective practice? – Is there a multi-disciplinary team meeting held regularly? Is it constructed to support peer review and clinical audit? Who attends? What cases are discussed? – Are there genomic champions in clinical units? – Are there clear escalation pathways for questions/concerns – Are there any other guardrails in place to ensure safe and effective care? – Are controls graded such that they increase as risk/complexity increases?
Decisions about credentialling for genomic medicine should be done after a horizon scan of training/education/capability assessment.	▪ Does your organisation currently have any training requirements for people undertaking genomic medicine? ▪ Does the relevant college/governing body have a position statement on credentialling for genomic medicine? ▪ Are there external organisations that offer training that meets your needs? ▪ Would any training be mandated/required? For whom? How would that be managed?
Consideration should be given to the scope of practice of practitioners, in the context of the environment which they operate, and optimal supervision for junior and non-credentialled practitioners.	▪ What workforce(s) will be undertaking genomic medicine care? ▪ If genomic medicine is to be practised across multiple specialties/disciplines, how will approaches be standardised and harmonised? ▪ Consider what activities are part of core scope of practice for key groups (senior genetic counsellors, junior genetic counsellors, doctors in training, consultant doctors across a range of specialties). Consider what may be out of scope. – For each professional group and level, what activity will be done under supervision and what is proposed to be undertaken autonomously? – If activity is to be undertaken autonomously, what process will be undertaken to determine/agree competence?

Principle	Specific questions for hospitals to consider
	– What authorisation is required for staff to move from supervised to autonomous practise? ▪ If an activity is to be undertaken under supervision, does the relevant supervisor have the necessary content and supervisory skills, as well as the time capacity to effectively undertake supervisions? ▪ Is there an agreement about who can order which tests and thus undertake consent (e.g., Junior Doctor needs Consultant approval) ▪ What is the minimum training/competency requirements for different clinician groups for both core and special scope of practice? ***Note**: it is anticipated a range of activities will likely be considered to be in standard scope of practice for some clinicians, however there may be specific tests that warrant a special scope of practice.*
If there is any mismatch between organisational capability and organisational need, a structured approach to assessing options, risks and benefits of alternatives options should be undertaken.	▪ How essential is it to undertake the service? Can the service be provided another way (e.g., in partnership with another service)? ▪ If it is essential to undertake the service, are there options for remote supervision/proctoring/peer review as the workforce capability is developing? ▪ Is there a clear plan for local capacity building?
Senior content experts (e.g., senior geneticists/genetic counsellors/ pharmacogenomics leads) should be involved in determination of credentials.	▪ How will content expertise be harnessed in developing and overseeing credentialing approaches? ▪ How will this link into your broader credentialling approaches?
Credentialling and recredentialling should require participation in audit/peer review.	▪ What multi-disciplinary team meeting/peer review processes are in place to support minimisation of unwarranted clinical variation and maximise best practice? ▪ What feedback loops exist to clinicians undertaking genomic medicine to obtain expert opinion and advice about decisions? ▪ What requirements for participation in peer review/benchmarking/audit should be included in your credentialling? ▪ What audit/peer review processes are required for clinicians involved in genomic medicine? Does this differ across roles? What are the reporting arrangements and frequency of reporting?
Consideration of an individual's application for a scope of practice that includes genomic medicine should include assessment of:	▪ Has the organisation determined their role delineation (organisational scope) for genomic medicine? Does an individual's application fit within the agreement role delineation?

Principle	Specific questions for hospitals to consider
▪ The role delineation of the hospital and the need for the proposed activity ▪ Relevant demonstrated genomic medicine competency	▪ Have required competencies been defined for genomic medicine? Do they include: – Ability to effectively consent the patient and family. – Ability to effectively interpret test results. – Ability to effectively act on test results. – Capacity to troubleshoot expected/resolve unexpected issues. ▪ What is the process to confirm an individual application meets your defined requirements? ▪ Have the following been reviewed for evidence of genomic medicine competence? – Qualifications, education, training (noting AHPRA recency of practice requirements) – Evidence of relevant previous experience – References/referee assessments
Consideration should be given to what aspects/models of care may require a special scope of practice. This is likely to be related to risk, complexity and emerging areas of genomic medicine.	▪ What is the risk assessment for any specific models of care? ▪ How complex is the planned activity? – Is it within a single specialty? – Does it require a new model of care? – What logistics are required for achieving a safe, effective care pathway? ▪ What other guardrails exist to mitigate risk in this care pathway? ▪ What are the financial implications of the pathway?
Decisions about credentialling for emerging genomic medicine should be undertaken jointly with assessment of the new practice by the new technology committee (or equivalent).	▪ Does the organisation have a process for reviewing new genomic practice and models of care? ▪ How does that inform individual credentialling decisions and/or the organisational approach to credentialling?
Consideration should be given as to how a hospital will recognise practitioners credentialled in genomic medicine at other services.	▪ If an individual practitioner advises they have a genomic medicine scope of practice at another hospital, how will that be managed at your facility? ▪ How does the scope of work undertaken at the other hospital compare with that proposed here?
Consideration should be given to what role(s) genetic counsellors and junior medical staff will play at each step in the model of care.	▪ What is the role(s) of genetic counsellors in the model of care? – How will they interface with other team members? – Is it clear who/how they escalate questions/concerns? ▪ What is the role of junior doctors in the model of care? – What supervision arrangements are in place for doctors in training to support learning while ensuring safe, effective genomic medicine care is delivered? – How will they interface with other team members?

Principle	Specific questions for hospitals to consider
	– Is it clear who/how they escalate questions/concerns? – What other guardrails are in place to ensure safe and effective care? ▪ Is there an multi-disciplinary team meeting held regularly? Is it constructed to support peer review and clinical audit? – Will genetic counsellors be attending/presenting/participating? – Will doctors in training involved in genomic medicine attend?
Genomic medicine should be oversighted as an integrated care across all disciplines relevant to the patient/family.	▪ What is the organisational approach to bringing all specialties and disciplines involved in genomic medicine care together? ▪ Is there an integrated strategy? Is there an integrated workforce plan? ▪ How is activity undertaken in different silos brought together to ensure best practice, build workforce capability, and reduce unwarranted clinical variation?
Consideration should be given to ensuring there is a professional governance 'home' for any and all individuals involved in genomic medicine.	▪ For each professional group undertaking autonomous practice in genomic medicine, what is the professional governance reporting line? ▪ What is the organisational oversight of these reporting lines if more than one?

Suggested activities to develop a genomic medicine workforce approach

It's recommended that all hospitals considering undertaking genomic care establish a genomics leadership group, led by an executive sponsor responsible for clinical and/or operational governance of genomic medicine.

The genomics leadership group is responsible for overseeing all elements of implementation, including achieving a safe, effective workforce. The principles and considerations above can be used to guide initial workforce planning and discussion. It's recommended that your risk register and models of care are used to inform this planning.

Suggested activities for your genomics leadership group to undertake include:

- ☐ Determine workforce requirements for each step of the agreed model of care.
  - ☐ Consider whether an agreement/partnership with an external site may be required to facilitate safe and effective care.
  - ☐ Consider what stewardship/escalation and feedback mechanisms will be in place.
  - ☐ Consider specific roles and their associated responsibilities and risks. Ensure any changes to role description/accountabilities are captured in the position description. Ensure role clarity for each step.
  - ☐ Determine the roles that different clinicians will play (a) under supervision and (b) autonomously
  - ☐ Determine essential roles in the model of care and consider whether sufficient redundancy is in place. If not, determine how redundancy will occur.
- ☐ From your model of care, determine workforce needs, current workforce availability, gaps or challenges, and any workforce planning required.
- ☐ Review your genomic medicine risk register against your workforce arrangements to ensure alignment.
- ☐ Determine your approach to new genomic practice and new models of genomic care and how these link to workforce support and credentialling arrangements.
- ☐ Credentialling and scope of practice:
  - ☐ Consider what activities are part of core scope of practice for key groups (senior genetic counsellors, junior genetic counsellors, doctors in training, consultant doctors across a range of specialties). Consider what may be out of scope.
  - ☐ Consider what activities may need to be considered 'special' scope of practice due to factors such as risk or complexity.
  - ☐ Determine minimum training/competency requirements for different clinician groups for both core and special scope of practice,
  - ☐ Determine how and where determinations about core and special scope of practice, and any related training/competency/audit requirements will be stored and monitored.

- ☐ Determine what audit/peer review processes are required for clinicians involved in genomic medicine and whether this differs across roles. Determine reporting arrangements and frequency (see *Support and monitor quality and value*).
- ☐ Determine process for role progression (e.g., from supervised to autonomous)

☐ Professional governance:

- ☐ Determine who has professional governance of each group involved in genomic medicine.
- ☐ Determine whether professional governance structures are appropriate for performance and professional development and role support.

☐ Ensure credentialling considerations are included in organisational assessment of overall success of genomic medicine care.

How was this tool developed?

These tools were developed as part of the Genomics and Your Hospital toolkit by the Melbourne Genomics Health Alliance, with ongoing input from Victorian healthcare leaders.

Checking workforce skills and support was identified as a key action for health services to undertake when planning for genomic medicine. Using an iterative, co-design approach, these tools were drafted and reviewed with members from the Melbourne Genomics *Professional Governance Working Group*. The tools were tested to assess usefulness and utility and were refined over time.

The toolkit remains a living resource that will evolve as genomics becomes more widely integrated into routine care.