



**Zuckerberg San Francisco General Hospital and Trauma
Committee on Interdisciplinary Practice**

STANDARDIZED PROCEDURE: Licensed Certified Genetic Counselors

**Title: Licensed Certified Genetic Counselors (LCGC) in the San Francisco Health
Network**

PREAMBLE

I. Policy Statement

- A. It is the policy of Zuckerberg San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Nurse Midwives, Physician Assistants, Pharmacists, Registered Nurses, Physicians, and Administrators and must conform to all eleven steps of the standardized procedure guidelines as specified in Title16, CCR Section 1474.
- B. All standardized procedures are to be kept in a unit-based manual. A copy of these signed procedures will be kept in an operational manual on file in the Medical Staff Office.

II. Functions to Be Performed

Each practice area will vary in the functions that will be performed, such as; hereditary cancer, adult genetics, prenatal, and metabolic, in a clinical, specialty clinic care setting or inpatient care in a unit-based hospital setting. These privileges apply to all Licensed California Genetic Counselors and to those with a Temporary California License under the supervision of a licensed genetic counselor. The statute authorizes the holder of a genetic counseling license to engage in the practice of genetic counseling as described below:

Genetic Counseling. "Genetic counseling" means providing information to clients regarding the medical, psychological, and familial implications of inherited risks for disease, including interpretation of family and medical histories to assess the chance of disease occurrence or recurrence, and education about inheritance, testing, management, prevention, resources and research. (a) Obtaining and evaluating individual, family, and medical

histories to determine genetic risk for genetic/medical conditions and diseases in a patient, his/her offspring, and other family members; (b) Discussing the features, natural history, means of diagnosis, genetic and environmental factors, and management of risk for genetic/medical conditions and diseases; (c) Identifying and coordinating genetic laboratory tests and other diagnostic studies as appropriate for the genetic assessment. Nothing in this subsection shall be construed to authorize a genetic counselor to diagnose, test or treat any genetic disease or condition or other disease or condition; (d) Integrating genetic laboratory test results and other diagnostic studies with personal and family medical history to assess and communicate risk factors for genetic/medical conditions and diseases; (e) Explaining the clinical implications of genetic laboratory tests and other diagnostic studies and their results; (f) Evaluating the client's or family's responses to the condition or risk of recurrence and providing client-centered counseling and anticipatory guidance; (g) Identifying and utilizing community resources that provide medical, educational, financial, and psychosocial support and advocacy; and (h) Providing written documentation of medical, genetic, and counseling information for families and health care professionals.

LCGC do not admit patients. Also LCGC are not authorized to order diagnostic studies or laboratory tests other than the ordering of genetic tests defined by the approved UCSF genetic counseling protocols.

III. Circumstances under which an LCGC may perform functions

A. Setting

LCGC may perform the following standardized procedure function in the following clinics: Oncology clinic, 3M breast clinic, 5M Women's clinic and the AVON Breast Center.

B. Requirement for referral

LCGC assessment and management will be provided only to patients who: have been 1) identified by a family history screening form, or 2) Identified by their primary care providers or specialist providers to be at risk of inherited cancer, or 3) evaluated by designee of the provider on their behalf, who accepts responsibility for follow up after the referral, or 4) have been identified to be at an increased reproductive risk due to advanced maternal age, abnormal ultrasound, or blood screening tests and obstetric history (e.g. prior pregnancy with genetic abnormality).

C. Overall accountability and supervision

Commented [JK1]: Misa Perron-Burdick, MD CDP meeting

1. LCGC is responsible and accountable to the medical director of breast and cervical cancer program ~~and also~~ remotely to a licensed medical geneticist who will be privileged at ZSFG and based at UCSF Medical Center.
2. A qualified consulting physician who is an attending in division of hematology and oncology ([hereditary cancer](#)), [division of Maternal Fetal Medicine \(prenatal diagnosis\)](#) or a [Medical Geneticist](#) will be available to LCGC in person or by phone/pager at all times.
3. Physician consultations are to be obtained in following circumstances:
 - a. Immediately for any urgent or emergent condition arising which requires prompt medical attention
 - b. Immediately for problems requiring hospital admission or potential hospital admission
 - c. In a timely manner for a patient requiring expedited work up for diagnosis and treatment of cancer [or further consultation for a new genetic prenatal diagnosis.](#)

Commented [SA2]: If this is meant to be a joint document for ALL ZSFG genetic counselors we should change the word from AND to OR, as the 5M genetic counselors are not accountable to the breast cancer program.

IV. Prerequisites; Requirements for the LCGCs

A. Basic Training and Education

1. Minimum of a Master's degree in genetic counseling and board certification by American Board of Genetic Counseling.
2. The LCGC shall maintain a current and valid license issued by the State of California Genetic Counseling Board pursuant to Senate Bill No. 1364, Chapter 941.
3. Copies of licensure and certification will be available in the medical staff office.
4. Receipt or filed application for a CHN number.

V. Evaluation

A. Evaluation of LCGC in performance of standardized procedures

1. Initial: Proctoring period 3 months: at the conclusion of training 10 charts will be reviewed by medical director and/or medical geneticist to assess the ability of LCGC to provide care detailed in standardized procedures. Documentation will be signed off by division chief or designee at [ZSFG](#).

Commented [SA3]: Can cases seen at UCSF be reviewed for this process or does it need to be cases see at ZSFG?

2. Follow-up: Ongoing Professional Performance Evaluation (OPPE) every six months, the Medical Director or designee will monitor compliance with specific departmental indicators and send reports to the Medical Staff Office and to the Medical Directors of the involved facilities.
3. Biennial Reappointment: Medical Director, designated physician or designated same discipline peer will utilize feedback from colleagues and consulting providers and the review of at least five charts in order to evaluate the LCGC clinical competence and the quality and consistency of their documentation. At least 25 unduplicated patient encounters must be documented for each biennial period.

VI. Development and Approval of Standardized Procedure

A. Method of Development

1. Standardized procedures are developed collaboratively by the Nurse Practitioners/Physician Assistants, Nurse Midwives, Pharmacists, Physicians, Genetic Counselors and Administrators and must conform to the standardized procedure guidelines.

B. Approval

1. The CIDP, Credentials, Medical Executive and Joint Conference Committees must approve all standardized procedures prior to their implementation.

C. Review Schedule

1. The standardized procedure will be reviewed every three years and as practice changes by the LCGC, the Medical Director, and the Chiefs of Services in which LCGCs are practicing.

D. Revisions

1. All changes or additions to the standardized procedures are to be approved by the CIDP accompanied by the dated and signed approval sheet.