CORRECTION

Correction to: The stepwise process of integrating a genetic counsellor into primary care

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In the original publication of the article, Table 2 was incorrect. The correct Table 2 appears as below.

Table 2. Needs, barriers and facilitators of participants' progression between stages of collaboration.

	Needs required to transition to the next stage	Barriers to needs being met	Facilitators of needs being met
Disinterest to pre-collaboration	Perceived alignment of genetic counselling profession with personal and/or clinic values	Fear of genetic counselling Negative perceptions of genetic counselling Higher degree of paternalism	Education and reiteration of the GC's training or credentials, and purpose of genetic counselling Strong value for interdisciplinarity and inherent trust in other HCPs Positive past experiences with genetic counselling/a GC
Pre-collaboration to initial collaboration	To confirm patient safety with the GC To confirm basic trust in the <i>individual</i> GC; the GC demonstrates alignment with clinic values Basic understanding of the genetic counselling role and goals	Unfamiliarity with the genetic counselling role	Education on genetic counselling Positive attributes of the GC (professionalism, approachability, warmth) Seeing that the GC is knowledgeable and competent Evidence that the GC practices in a values-aligned way (specific to clinical context) Seeing safe and comfortable interactions between the GC and patients
Initial collaboration to effective collaboration	Initial development of deeper trust and the beginning of a relationship with the <i>individual</i> GC Deeper/more practical understanding of genetic counselling Shared clinical goals and priorities with the GC ("complementing each other's practice") Evidence of genetic counselling utility <i>for these patients</i> Identification of who should be referred Regular, effective communication and feedback Confirmation that genetic counselling is of interest and is acceptable to patients	Disconnect between theoretical and real-life understanding of genetic counselling Discomfort with referring Other/acute needs taking priority Lack of communication or feedback regarding patients Negative clinician perceptions of genetic counselling Lack of investment/support from leadership	Time, shared experiences Casual interactions with the GC Clinician-observed patient outcomes Positive patient report/experience GC identifying and seeking out possible referrals Clear, informative documentation Hands-on education RE genetic counselling (observing an appointment, case examples) Seeing another HCP "model" collaboration with the GC Contracting with individual clinicians; identifying the needs of patients and clinicians and how the GC can fit into and help meet those needs

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