



HUMAN GENETICS SOCIETY OF AUSTRALASIA LTD.

# Genetic Counsellors' FAQ: Professional Regulation (V.7)

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## HUMAN GENETICS SOCIETY OF AUSTRALASIA LTD.

### General

#### Where can I review the policies for GC regulation?

All final Policies ratified by HGSA Council are available on the HGSA website at:

<https://www.hgsa.org.au/Web/Web/Consumer-resources/Policies-Position-Statements.aspx>

You can also submit questions about the current Certification and Regulation Policies and processes to the appropriate BOC Committee. Please check the FAQ below and the published [HGSA Policies](#) before emailing with a query.

**We also strongly encourage you to read any emails from the BOC and/or announcements in the HGSA and ASGC newsletters, as we will continue to notify you of changes and important information.**

|   |  |
|---|--|
| Certification Committee                                       | <a href="mailto:gccertification@hgsa.org.au">gccertification@hgsa.org.au</a> |
| Accreditation Committee                                       | <a href="mailto:gcaccreditation@hgsa.org.au">gcaccreditation@hgsa.org.au</a> |
| Continuing Professional Development Committee                 | <a href="mailto:gccpd@hgsa.org.au">gccpd@hgsa.org.au</a>                     |
| Recency and Resumption of Practice Committee                  | <a href="mailto:gcpractice@hgsa.org.au">gcpractice@hgsa.org.au</a>           |
| Technical queries relating to website functionality or access | <a href="mailto:secretariat@hgsa.org.au">secretariat@hgsa.org.au</a>         |
| General Enquiries/Correspondence                              | <a href="mailto:gcboc@hgsa.org.au">gcboc@hgsa.org.au</a>                     |

#### Where can I view a recording of the BOC Q&A Webinars?

All ASGC Webinars are recorded, and members can access them on the website at:

<https://www.hgsa.org.au/ASGC/ASGC/Education/ASGC-Webinar-Recordings.aspx>

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## HUMAN GENETICS SOCIETY OF AUSTRALASIA LTD.

### GC Register

The Register is public and searchable on the HGSA website at: <https://www.hgsa.org.au/Web/Web/Register-of-Genetic-Counsellors/Register-of-Genetic-Counsellors.aspx>.

Registration is via the HGSA website and is separate to HGSA and ASGC membership renewal. It is not automatic after graduation. You will be required to make an application and complete a mandatory declaration. For technical issues joining the register, please contact [secretariat@hgsa.org.au](mailto:secretariat@hgsa.org.au). <https://www.hgsa.org.au/Web/Join/Genetic-Counsellor/Apply-Genetic-Counsellor.aspx>

#### Who is included on the online Register?

All genetic counsellors can have their practice, CPD, and supervision recognised by the HGSA. This provides credibility not only for individual genetic counsellors, but for the profession as a whole. The online Register includes Genetic Counsellors who:

**Registered-Clinical:** Applies to genetic counsellors who have achieved FHGSA Certification and practice as a genetic counsellor with no restrictions.

**Provisional-Clinical:** Applies to genetic counsellors who have been granted MHGSA and are actively making submissions towards FHGSA Certification.

**Active:** The ACTIVE status is for any genetic counsellor who holds a tertiary qualification in genetic counselling, has been granted MHGSA by the HGSA, and meets the annual requirements for registration (including practice, CPD, and supervision).

- Any genetic counsellor with a tertiary qualification in genetic counselling, including new graduates, can apply to have this recognised by the HGSA to be granted MHGSA status.
- Any MHGSA genetic counsellor can be listed on the Register with ACTIVE status.
- ACTIVE status requires practice in a role that is relevant to genetic counselling, but there is no requirement for direct clinical or patient-facing contact.

**Lapsed:** Failed to meet or submit the fee, practice, supervision, or CPD requirements for annual registration.

**Expired:** Lapsed registration for more than 3 years.

**Suspended:** Registration suspended for a defined period of time by the [HGSA Professional Concerns and Complaints Committee](#) or Appeal Panel.

**Terminated:** Registration has been terminated indefinitely by the [HGSA Professional Concerns and Complaints Committee](#) or Appeal Panel.

**Retired:** Retired from practice.

#### Who is not on the Register?

- Students undertaking Masters of Genetic Counselling courses.
- Graduates with a tertiary qualification in genetic counselling who have not applied for or been granted MHGSA.

**Commented [1]:** Needs updating on the register if all FHGSA GC can stay registered regardless of area of practice.

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### What does this mean for new graduates?

**New Master of Genetic Counselling graduates** are eligible to apply to be a Member of the Human Genetics Society of Australasia (MHGSA). Once approved, you will be listed as ACTIVE on the Register. New graduates will have up to 3 years to begin active practice and supervision as a genetic counsellor in any area of practice.

### What about people who have previously applied for MHGSA/Board Eligibility or started certification but not completed it?

As part of the transitional period, everyone with Board Eligibility (BE) was granted PROVISIONAL clinical registration as long as they maintained their Registration. This transitional period (3 years from the introduction of the Register) was based on NASRHP standards, ending on 1 April 2023.

**-From 1 April 2023, anyone with PROVISIONAL clinical registration who has not made Submission 1 has reverted to ACTIVE registration status.**

**-ACTIVE registration status has been introduced** to ensure that genetic counsellors working in **any area of practice** will be able to meet NASRHP requirements (practitioners must not be unregistered for more than 3 years). ACTIVE status acknowledges genetic counsellors who meet the qualification requirements to enter practice as a GC and allows them to evidence continuing practice, continuing education, and supervision. Maintaining ACTIVE status will avoid the need for a Resumption of Practice plan in the future.

**-Board Eligibility (BE) has been replaced by ACTIVE registration status**, and maintaining Registration is a requirement to commence and make submissions for Clinical Certification.

**-PROVISIONAL status is now linked to making Submission 1** for Clinical Certification. You will need to stay ACTIVE (maintain practice hours, CPD, and supervision) on the Register to be eligible to make Submission 1 and be granted PROVISIONAL clinical status. You must have completed a minimum 12 calendar months in clinical practice and 250 clinical hours in order to make Submission 1.

**-There is currently no maximum timeframe for someone working in clinical practice to start certification/make Submission 1.** However, it is a professional expectation addressed in the HGSA Code of Ethics and Scope of Practice (Clinical) for Genetic Counsellors, and there will be flow on effects (for example, avenues for title protection linked to Registration like Medicare item and provider numbers and Enterprise Bargaining Agreements).

**-After making Submission 1 you have a maximum of 3 years before making Submission 2.** Otherwise, you will revert to ACTIVE status and need to recommence from Submission 1.

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**What about genetic counsellors employed outside of tertiary public genetic service employment settings (such a private practice, general practice, or other health settings for clinical practice)? What about people who are involved in more than one area of practice (Research, Public Health Policy, Education, Industry, Consultancy)?**

All genetic counsellors can now have their practice, CPD, and supervision recognised by the HGSA. This provides credibility not only for individual genetic counsellors, but for the profession as a whole.

**ACTIVE registration status has been introduced** to ensure that genetic counsellors working in **any area of practice** will be able to meet NASRHP requirements (practitioners must not be unregistered for more than 3 years). ACTIVE status acknowledges genetic counsellors who meet the qualification requirements to enter practice as a GC and allows them to evidence continuing practice, continuing education, and supervision.

Any practicing genetic counsellor will be held to the same minimum standards by the HGSA, regardless of their location or specialty of work in public or private health. The Register includes areas of specialty/practice/employment on an opt-in basis, based on the information provided in your membership/registration renewal.

**What about people who are on a break from work (e.g., on maternity leave or working in another field)?**

The Continuing Practice requirement has not changed from the MOPS requirements and is in line with the NASRHP requirement of “at least 1000 hours of practice over the previous 5 years”. Someone can meet this requirement and continue to renew their registration, even if they aren’t currently working or are working in a different role.

If someone can’t meet the Continuing Practice requirement, they have the opportunity to undertake Resumption of Practice when they are ready to return to practice, as long as they are not unregistered for more than 3 years. This provides an individualised pathway by which a previously registered genetic counsellor can be supported to safely return to practice, and is a balance between ensuring that practitioners have maintained their knowledge and skills and providing reasonable flexibility for situations such as part-time work, other employment, study leave and parenting leave. Clinical genetic counsellors under a Resumption of Practice program will be listed as Provisional on the Register.

Someone who has worked as a GC could still maintain registration by submitting CPD and mandatory declarations in future years while not working as a GC. If they were then unable to meet the Continuing Practice requirement and their Registration Lapsed, they would have an additional 3 years within which to apply to the Board to undertake a Resumption of Practice program without being listed as Expired on the Register.

**What will regulation mean for inclusivity and the roles for genetic counsellors outside of clinical practice?**

At present FHGSA certification is limited to clinically practicing genetic counsellors. Inclusivity of the diverse roles of genetic counsellors is important and is a priority consideration for the ongoing major review of the regulatory policies. Regular review and updating of the Policies are important to adapt to our needs as a developing profession, whilst providing transitional arrangements to support the membership in adjusting to these changes.

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### After what period of time does a Registration Status become Lapsed or

#### Expired?

NASRHP requires mandatory declarations on an annual basis, which will be done in line with the HGSA membership year (April-March). A genetic counsellor's registration status will automatically become Lapsed after the annual membership deadline if they have failed to submit or have not met the requirements to submit, including not meeting minimum CPD or recent practice requirements. However, according to NASRHP requirements, they then have 3 years within which to submit and return to being registered if they meet the requirements of the BOC.

#### How have the Registration Status categories been defined? What will they mean to employers or members of the public? What is the difference between Suspended and Terminated, and why are these people included on the Register?

Some of the categories have been defined based on NASRHP requirements, and others to be consistent with regulatory structures for genetic counsellors internationally, and other allied health professionals in Australia and New Zealand. Each "status" category is clearly defined on the page for the online register.

Suspension or termination of registration is governed by the Professional Concerns and Complaints Process, and overseen by the [Professional Concerns and Complaints Committee \(PCCC\)](#), reporting directly to the HGSA Council. Suspension would be a temporary status while investigation of misconduct is underway. Termination would be permanent removal of registration as an outcome of the PCC process. NASRHP requires that both of these be shown on the Register, but someone with Suspended status may have full or provisional registration restored once the issue is resolved. A confidential register will be kept by the PCCC of complaints received and their outcome, and a Terminated status will be permanently listed on the register, but a Suspended status will only be visible on the register until the outcome has been decided. The PCCC will review and revise the PCC policy on a regular basis, and update it as needed in line with NASRHP and other national guidelines.

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### Title Protection

Title protection for genetic counsellors will require legislative support. NASRHP membership forms the foundation for a regulatory structure to define and support those titles. There is a specific working group of the Implementation Committee investigating our options, including how professional titles are used by other similarly structured professional groups, and how they can be protected (e.g., trademarked titles/logos, legislated titles). Title protection may require us as a profession to consider the titles we use, and their transparency to the public and employers.

Title protection may also be indirect, by the inclusion of regulatory requirements in Enterprise Bargaining Agreements, Job Description Forms, and other formal documentation. Registration is also likely to be a requirement in the application to the Medicare Services Advisory Committee for Medicare Provider and MBS item numbers for genetic counsellors.

### **What does regulation mean for people using the title “Associate Genetic Counsellor”?**

Implementation of the Register and regulatory structure will not immediately change anything for people using the title of Associate Genetic Counsellor. The HGSA defines Associate Genetic Counsellors as “tertiary-qualified health professionals whom the Board has determined fulfil the eligibility requirements to undertake HGSA certification in genetic counselling”. In addition, MHGSA genetic counsellors will be listed as “Provisional” on the Register once they have made Submission 1 and until they have completed the certification process. The Professional Issues Committee is working with employers and unions who define position titles for genetic counsellors to keep them informed about regulation and the requirements for genetic counsellors, but job titles may be applied differently between states and employers until title protection is legislated.

### **Is regulation mandatory or required for me to continue working?**

HGSA genetic counsellors are currently recognised as a “self-regulating” professional group under NASRHP. Self-regulation is a voluntary process, as the HGSA does not yet have statutory powers to license members.

Employers may choose to uphold a voluntary regulatory system through their policies, formal job descriptions and advertised position descriptions. Indirect title protection will occur if regulation is taken into account in employer Job Description Form (JDF) and position descriptions, enterprise bargaining agreements (EBA) and pay scales.

Although members of a voluntary regulatory system may be expelled for misconduct and serious breaches of the code of ethics, expelled practitioners cannot be prevented from practising, which is not in the best interests of the public. One of the goals of implementation is to seek co-regulation in partnership with government, which has been achieved by a number of other NASRHP professions. The key difference between co-regulation and self-regulation is that some regulatory functions may be carried out under delegation from government or recognised by government for access to some authority, benefit or entitlement, for example, Medicare provider numbers (see [Funding models](#)) and [Title Protection](#).

### **How will this process affect people who are working as a genetic counsellor but not certified (FHGSA) or in the process?**

- **ACTIVE registration status has been introduced** to ensure that genetic counsellors working in **any area of practice** will be able to meet NASRHP requirements (practitioners must not be unregistered for more than 3 years). ACTIVE status acknowledges genetic counsellors who meet

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the qualification requirements to enter practice as a GC and allows them to evidence continuing practice, continuing education, and supervision. Maintaining ACTIVE status will avoid the need for a Resumption of Practice plan in the future.

- **There is currently no maximum timeframe for someone working in clinical practice to start certification.** However, it is a professional expectation addressed in the HGSA Code of Ethics and Scope of Practice (Clinical) for Genetic Counsellors, and there will be flow on effects (for example, avenues for title protection linked to Registration like Medicare item and provider numbers and Enterprise Bargaining Agreements).
- See above "[Is regulation mandatory or required for me to continue working?](#)"

### Will I lose my FHGSA? How will this process affect FHGSA Certified genetic counsellors who are not working in clinical practice?

FHGSA is granted in recognition of the additional training undertaken to obtain clinical certification. This is linked but separate to registration, which recognises annual requirements to maintain skills and competency.

- Working in a non-clinical GC role does not impact on your ability to use the title FHGSA.
- The BOC uses the NASRHP definition of "practice"<sup>1</sup> which is not restricted to the provision of direct clinical care and includes any area of practice that is drawing on relevant professional skills and knowledge.
- FHGSA GCs who have met the continuing practice requirement of 1000 hours of practice in any area of practice within the last 5 years can maintain REGISTERED status.
- Maintaining evidence of continuing practice, continuing education, and supervision (appropriate to your area of practice) is still an annual requirement to maintain registration, and are addressed in the relevant policies.
- We'd encourage all genetic counsellors, including those working in diverse areas of practice, to register and maintain registration to support the credibility of the profession as a whole.

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<sup>1</sup> "[Practice]...indicates that an individual is drawing on their relevant professional skills and knowledge in the course of their work to contribute to safe and effective delivery of services within the profession.... It is not restricted to the provision of direct clinical care and may also include working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles, for example. This work can be of a paid or formal volunteer nature on a full or part-time basis." NASRHP; *Self Regulating Health Profession Peak Bodies Membership Standards*; 2/12/2016

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## HUMAN GENETICS SOCIETY OF AUSTRALASIA LTD.

### Certification

#### **What does regulation mean for the Certification Guidelines/Policy?**

The Guidelines for Training and Certification were substantially revised and modified in 2008, and a major review of the Certification Policy was completed in 2021-22. The Board of Censors and Committees are responsible for reviewing and updating Policies for Training, Certification and Regulation. Revisions to the Policy have been made in response to your feedback, to align with the regulatory structure for genetic counsellors under the HGSA and NASRHP, and to recognise the changes in genetic counsellor training and practice since the last major revision. It aims to be more accessible and achievable for all genetic counsellors who provide clinical genetic counselling in a variety of settings, and for different types of employers or institutions.

The BOC is continuing to consider certification pathways that are inclusive of other areas of practice, while maintaining the high standards of the profession. The next review of the Certification Policy will be due in 2025-26. In the meantime, please submit your feedback to [gccertification@hgsa.org.au](mailto:gccertification@hgsa.org.au).

#### **Will there be clear printable instructions to follow for certification submissions?**

One of the intentions in revising the Certification Policy was to make it more user-friendly. There is a lot of detail that needs to be included in the Policy to make sure you have all of the information you need to make the most successful submissions possible. The revisions include:

- a restructured document and table of contents that links to the section.
- Hyperlinked cross-references within the document so you can more easily navigate between sections for more information and detail.
- a graphic flowchart outlining the Certification Process.

#### **Where do associate genetic counsellors fit who are employed 0.4 FTE or more and are working towards the FTE requirement to begin their certification?**

**Board Eligibility (BE) has been replaced by ACTIVE registration status**, and maintaining Registration is a requirement to commence and make submissions for Clinical Certification. Genetic counsellors can apply for MHGSA at any stage after graduation to be listed as ACTIVE on the Register until they make and meet the requirements to submit Submission 1 for FHGSA Clinical Certification. They must have completed a minimum 12 calendar months in clinical practice and 250 clinical hours in order to make Submission 1.

#### **Can you please clarify the 250 clinical hours required before/between Submissions? Are they proposed to be within one calendar year?**

A minimum of 250 clinical contact hours\* AND a minimum of 12 calendar months in a role involving direct clinical care are required in the period before making Submission 1, and between Submission 1 and Submission 2 (there is no longer a Submission 3. The timeframe must be at least 12 calendar months, but can be longer. This is intended to be more inclusive of any genetic counsellors providing direct clinical care regardless of their FTE employment.

E.g. Someone working at 1.0 FTE in a role involving direct clinical care might achieve 250 clinical hours in a matter of months, but would not be eligible to make Submission 1 until they had

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completed 12 calendar months. Someone working part-time, in a combined research/clinical role with some direct clinical contact may take more than 12 months to achieve 250 clinical contact hours, but they would be eligible to make Submission 1 once they have met this requirement.

*\*Clinical contact is defined as a significant interaction between the genetic counsellor candidate and one or more clients, which **must contain therapeutic/clinical content**, and which would have a dated entry in the client's genetic file. That is, both the genetic counsellor candidate and client are interacting in a mutually responsive manner in person, by phone, or by video.*

### **If my genetic counselling supervisor doesn't work with me or is outside the field of genetic counselling, are they the appropriate person to complete my Supervisor's Report?**

The purpose of the Supervisor's Report is to show the Certification Committee that you are meeting all competencies within your practice. If a genetic counselling supervisor is unable to comment on the majority of the competencies in your Supervisor's Report, it would be recommended that a manager, senior genetic counsellor or medical practitioner to complete an additional Supervisor's Report to show you are meeting all competencies. If there is any confusion, please reach out to the Certification Committee about your individual situation for advice.

### **What does the checklist format mean for the Logbook?**

To reduce the burden on both candidates and reviewers the candidate will indicate by checkbox which activities they performed for the logged case. Each case will not be required to meet everything on the checklist; the logbook will be assessed as a whole, showing sufficient experience with each of the tasks. It will not require written notes about GC involvement or summary of contacts. A template is available on the [Certification Committee](#) page.

### **Who can observe my logbook cases? Do they have to attend the whole session?**

Five logbook cases must be at least partially observed by a supervisor. The supervisor may be a FHGSA GC (2 year post certification), another qualified counselling supervisor who meets the criteria in the HGSA supervision policy for genetic counsellors, a clinical geneticist or a fully qualified medical professional with expertise in genetics. They do not need to be present for the entire session but need to attend a significant proportion. The supervisor must sign the case observation form and mark the competencies that were observed. Not all competencies on the list need to be observed. You may wish to print copies of the form to make it easy for a supervisor to fill it out on the same day – it should only take a few minutes. The idea of these forms is to be completed together with the observer as this provides a learning opportunity for the candidate.

### **I don't do any research in my role; how do I meet the competency 'Research' (Critically analyse evidence to inform practice) in my logbook?**

All genetic counsellors conduct research in preparation for appointments by reading guidelines, journal articles, literature, and reviews. The Committee is looking to see that candidates are remaining up to date with current practice and applying this to their genetic counselling process. This competency is not about a research role.

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## HUMAN GENETICS SOCIETY OF AUSTRALASIA LTD.

### What is happening with cross training?

The revised policy allows for cross training either through 20% of logbook cases from outside the candidate's main specialty area OR through a reflective essay demonstrating an understanding of the role of the genetic counsellors in different clinical settings. This is expected to reduce the burden on candidates who are unable to access logbook cases cross training outside of their specialist clinical area. However, the Board has also identified this as an area to keep under close consideration, and to further assess the need for cross training at the next review of the Policy.

### Given there are now only three Long Cases, is the submission standard higher?

The submission standard will be expected to be of high professional standard, with less leniency on accepting work with errors.

### Can I use tables and figures in my Long Cases?

Yes, you are welcome to use tables or figures to summarise information discussed in your counselling section. We request these are used infrequently and only provide a summary, rather than to present a significant proportion of information.

### Are there any other tips and advice about Long Cases?

The revised Certification Policy includes detail about writing cases, and now includes the Certification Committee's assessment rubric for long cases. Please edit and proof-read cases carefully as this means you are less likely to need a resubmission to meet these standards. Ask your supervisor or other genetic counsellors who have completed FHGSA certification if you can read their successful long cases, especially later submissions and/or those that received positive feedback. With only two Submissions, it is even more important to show a high standard and development of practice over time.

Some tips for candidates are:

- Use Australian English spelling
- Use appropriate and up to date language (for example pathogenic variant is more appropriate than mutation)
- Referencing is to be in APA 7th Edition
- Pay close attention to accuracy and formatting of pedigrees as per the references in the guidelines, ensuring appropriate labelling of probands, family history details, accurate symbols etc. Pedigrees will not be accepted if incorrect.
- Ensure that you relate the genetics section to the specific case presented

### Can cases/clinical contact hours from the previous years of work be used?

As per the Certification Policy, cases and contact within the three years preceding submission can be used. E.g. for a submission made on 30 March 2023, any cases/contacts from 1 April 2020 onwards can be used.

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## HUMAN GENETICS SOCIETY OF AUSTRALASIA LTD.

### What are the requirements for the recorded/supervised session under the new policy?

The Certification Policy includes a reflective essay in both Submission 1 and Submission 2 (replacing the need for a simulated consult and interview/submission 3). Either the recorded (audio/video) or observed case can be done in either submission, but each submission must include one reflective essay. As with the long cases, the requirements for a reflective essay are outlined in the revised policy, but the second submission is expected to show development over time.

### Who can observe my session for the second reflective task? Do they need to attend the whole session?

This task is designed to enhance professional development through experiential learning and immediacy of feedback. The candidate will conduct a consultation with their genetic counselling supervisor present for the entire session. This may be in person or via telehealth. The observing supervisor is asked to provide feedback in writing to the candidate as soon as practicable after the session. A Supervisor Feedback Letter Template is available on the Certification Committee page of the HGSA website.

If the candidate's usual genetic counselling supervisor cannot attend, then another supervisor who meets requirements for genetic counselling or counselling supervisors can stand in (see the HGSA Supervision Policy for Genetic Counsellors). If the candidate is not able to find an appropriate supervisor to observe a session, they should contact the Certification Committee to discuss other options. For example, a member of the Certification Committee may be able to join a telehealth session. Candidates will need to check with their organisation if a confidentiality form is required for supervisors who work outside their organisation.

### Why have I been asked to resubmit?

The Certification Committee responds to all submissions with written feedback that is intended to be constructive and facilitate reflective practice and development. Resubmissions are most valuable when they relate to improvement of the candidate's knowledge, skills, or reflection.

It is common for resubmissions to be required for specific format requirements, like referencing, that could be addressed with adequate editing and proofreading. Unnecessary resubmissions can be avoided by paying careful attention to:

- word counts
- cover page, title, and footer requirements
- pedigree nomenclature and annotation
- referencing [do not rely on automatic style formats, e.g. Endnote]

### What is the timeframe for making submissions/achieving Certification?

**-There is currently no maximum timeframe for someone working in clinical practice to start certification/make Submission 1.** However, it is a professional expectation addressed in the HGSA Code of Ethics and Scope of Practice (Clinical) for Genetic Counsellors, and there will be flow on effects (for example, avenues for title protection linked to Registration like Medicare item and provider numbers and Enterprise Bargaining Agreements).

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-After making Submission 1 you have a **maximum** of 3 years before making Submission 2. Otherwise, you will revert to ACTIVE status and need to recommence from Submission 1.

- The BOC would like to remind candidates and supervisors of the expectations for the quality of submissions, especially in light of the reduced submission requirements. Please ensure all aspects of the submissions are professional standard and of high quality. The Certification Committee does not have capacity to review submissions that are significantly below standard and may return these without proceeding to full review. Please make sure to:

- follow the guidelines and all of the criteria for each task
- proofread carefully
- review your submissions with your supervisor before submitting
- delay submission if you need more time to reach a high professional standard of writing and editing

### How has the timeline for Certification aligned with that in comparable countries?

The current FHGSA Certification process can be completed in a minimum of 2 years from commencing clinical practice (depending on FTE and clinical contact hours). This is aligned with the timeframe for completing Certification by portfolio with the GCRB, and in USA and Canada certification exams are run every 2 years.

### Has accessibility to the certification process been considered for people who have completed an HGSA Accredited Masters course, but who reside outside Australia and New Zealand (e.g. in Asia)?

International students who have qualified through an HGSA Accredited Masters program can apply to be granted Member of the Human Genetics Society of Australasia (MHGSA). They can then be listed on the HGSA Register of Genetic Counsellors as 'Active', which has replaced the Board Eligible status. This will allow them to evidence maintenance of their skills and practice over time, and would enable them to apply for certification should they commence clinical practice in Australia or New Zealand. Registration (ACTIVE status) and current practice in Australia or New Zealand are both required to undertake FHGSA Certification.

- This aligns with the existing HGSA requirements for overseas certified genetic counsellors to have been practicing in Australia or New Zealand for a period of time before they are able to apply for Reciprocal/Reduced Portfolio (this is not new, and was already in the guidelines).
- There are similar requirements for certification in the UK, Europe, and other countries, to be practicing locally in order to be eligible for certification.
- The BOC receives numerous enquiries from all over the world. As a small organisation of volunteers, the BOC and Committees do not have the capacity to facilitate worldwide certification.
- Other countries have differing health systems, legal and cultural settings, access to supervision, and role expectations.
- It is important that genetic counsellors achieve certification equivalency in the country in which they are working if certification exists in that country

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- By definition (HGSA Constitution), “Australasia” or “Australasian” pertains to Australia and New Zealand (not the entirety of the Asia-Pacific region). While the HGSA has some members located in other countries, its objective is to act in the interests of, and provide a forum for, those dedicated to the study and practice of human genetics in Australia or New Zealand. The HGSA (including the BOC) is primarily staffed by volunteers (who do this in addition to their professional work) and needs to prioritise limited resources to meet the growing demands for genetic workforce and services locally. In addition, we have reciprocal agreements with boards in other countries which could be compromised unless our certification standards are strict and consistent.





## HUMAN GENETICS SOCIETY OF AUSTRALASIA LTD.

### Costs and Fees

#### What are the fees/costs for Regulation?

- HGSA Genetic Counsellor regulation is intended to be cost-neutral, and not revenue-generating. This means that the fee per member for regulation has been determined based on the budgeted annual costs of administering regulation. For example, annual NASRHP membership fees, support for the Board of Censors, and the number of practitioners we expect will participate. Benchmarking has been undertaken to ensure that the fees for regulation will be comparable to other Allied Health Professional registration costs.
- The regular annual fee (currently set at \$150) will be due at the time of HGSA membership renewal in March each year. This covers all regulation activity for FHGSA and MHGSA Genetic Counsellors (including Certification).
- The one-off fees to apply for Board Eligible Status and for MHGSA genetic counsellors to apply to undertake Certification no longer apply.

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### Funding models (Medicare, ABF, Private Health)

#### **What's the likelihood of GCs becoming eligible for a Medicare number by becoming regulated through NASRHP?**

- The NASRHP Standards are closely aligned with the standards for AHPRA Registration. Formal recognition through NASRHP shows that our regulatory process also aligns with these standards and is an important foundation for pursuing public and private healthcare provider numbers.
- The Professional Issues Committee has opened the conversation with Private Health insurers, and full membership with NASRHP (as a parallel process to AHPRA registration) is an important step in these conversations.
- A number of other NASRHP professions are in a similar situation. Some have formed a co-regulation partnership with Medicare, allowing appropriately certified practitioners to obtain Medicare Provider Numbers and access Medicare rebates for their customers. In this case, Medicare Australia (the government body) delegates responsibility for assessing the qualifications and credentials of the professional body. Practitioners who meet the requirements can then apply to become an approved Medicare provider.
- The HGSA initially applied to the Medical Service Advisory Committee (MSAC) in July 2021. We were advised by the Department of Health that the creation of MBS items for genetic counsellors' services was more suitable for consideration by the newly formed MBS Review Advisory Committee (MRAC). The HGSA was one of the first to submit to MRAC in January 2022. MRAC established a Genetic Counselling Working Group (GCWG) to assess our application, but the proposal was not supported in their final report submitted to the Government. The HGSA have been directed to build a close relationship with the new Genomics and Health Technology Assessment Policy division in the Department of Health and this has been ongoing since February. All of the application and response documents are available through the [ASGC Community Forum](#).
- Although MBS item/Medicare provider numbers are predominantly used by allied health practitioners in private practice, the Implementation Committee is also working to improve Activity Based Funding for public services, and access to private health insurance rebates.

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### Implementing Regulation

#### When was the start date for the application of the regulatory framework?

- The administration of Registration was aligned with the HGSA membership renewal in March 2020, to be renewed on an annual basis.
- Mandatory Declarations are submitted annually, and pertain to the year prior (i.e., you will be declaring that you have met the supervision, CPD and hours of practice requirements in the previous 12 months).
- The requirements for CPD hours, supervision, and hours of practice **have not changed** and are based on the previous MOPS program.
- Online CPD logging was launched in April 2019 and is required for renewal.
- Transitional provisions for genetic counsellor regulation were in place until March 2023.

#### What was the consultation process for the regulatory policies?

- A huge amount of voluntary work was undertaken to prepare the application to NASRHP for membership, which is an important foundation to advance the profession of genetic counselling in Australia and New Zealand. There are specific requirements that we need to meet for regulation under NASRHP.
- Both the Professional Issues for Genetic Counselling Working Party (2017-18) and the Implementation Committee for Genetic Counsellor Regulation were convened through an EOI process to recruit genetic counsellors from the HGSA and ASGC membership. There were many highly qualified applicants, and the selection of the core Implementation Committee ensured the best skill mix and diverse representation. Opportunities for involvement in smaller working groups were also advertised by the committee to assist with specific tasks.
- A consultation process for revisions to relevant HGSA Policies included a Q&A webinar session with the Board of Censors in June 2021, a consultation survey open to members and non-members in July 2021, and the option of providing additional feedback or questions by email to [gcregulation@hgsa.org.au](mailto:gcregulation@hgsa.org.au).

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## HUMAN GENETICS SOCIETY OF AUSTRALASIA LTD.

### Professional Concerns and Complaints Committee (PCCC)

NASRHP Standards require us to have a complaints procedure to receive and effectively respond to complaints about alleged ethical and/or professional misconduct of genetic counsellors. The [Genetic Counsellor Professional Concerns and Complaints Committee \(PCCC\)](#) has been formed to administer the [HGSA Professional Concerns and Complaints Policy for Genetic Counsellors](#). This process will serve to protect genetic counsellors and the public, but we hope to never need it!

#### **What areas of evidence will inform a complaint?**

- This will vary depending on the nature of the complaint, and will be at the discretion of the PCCC, but could include reports or progress notes, letters, or website links. Any patient-related information is to be de-identified.
- A Complaints Form will guide Complainants when submitting a complaint, including being as specific as possible and attaching any relevant documentation, and identifying which values and principles in the Code of Ethics for Genetic Counsellors may be relevant to the complaint.
- The PCCC may gather further information if deemed appropriate, prudent, relevant or necessary to the subject or the circumstances of the complaint.

#### **Will the person who the complaint has been lodged against (the Respondent) have an opportunity to respond to the committee or panel about the complaint?**

- The Complaints Officer will inform the Respondent of the complaint.
- The Respondent may reply to the complaint.
- The complaint may be referred to mediation between the Complainant and Respondent.
- If the complaint requires a hearing of the PCCC, both Complainant and Respondent may attend.
- The Respondent has the right of appeal.
- The Complaints Officer or the PCCC may determine that the complaint is to be referred to an external agency for resolution (e.g. law enforcement in the case of a criminal complaint).

#### **How will we ensure a fair and just process?**

- The Professional Concerns and Complaints Policy and Procedure has been rigorously developed, not only to meet the requirements of NASRHP, but also in line with the complaints processes of other allied health groups, and the HGSA constitution. The first task of the Professional Concerns and Complaints Committee will be to review and test the Professional Concerns and Complaints Policy to ensure that it is a transparent, robust, and fair process.
- The PCCC is planned to include members external to the HGSA, including a consumer representative and a member of AHPA.
- Governance of the PCCC is separate to the BoC and ASGC and reports only to HGSA Council.
- Conflict of interest and confidentiality, as well as an appeals process, are central to the PCCC Policy.

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## HUMAN GENETICS SOCIETY OF AUSTRALASIA LTD.

### Continuing Professional Development

All CPD activity from April 1, 2019, should be logged online through the CPD Tracker in “My account” on the HGSA website. A [Guide to CPD for Genetic Counsellors](#) is available on the web page.

#### **What is the time frame in which a candidate can be audited for CPD? What if the link/file for evidence that is uploaded has been deleted or "lost" over time?**

- Regulation will be an annual process, and CPD requirements will be audited within the following year.
- This does not preclude an audit of activities logged in prior years if a concern or inconsistency is raised.
- You should keep an electronic copy of attendance certificates or other evidence that you upload to the portal (websites can also be “printed” to PDF files) for your own records.

#### **What do we do if we register for a HGSA scheduled webinar as a group?**

- You can manually enter the event in your CPD Tracker yourself. Evidence can be uploaded manually.

#### **Should candidates for Board Certification submit their CPD as part of their portfolio or should they use the new portal?**

- All CPD attended **from 1st April 2019** must be logged via the HGSA CPD portal.
- Please follow the [guide for logging CPD](#) that has been posted on the HGSA website.

#### **Should we log CPD beyond the minimum requirement of 25hrs/pts?**

- Although not required, there is no limit to logging CPD events beyond the required 25 hours. This will ensure you have a complete record of all CPD events you have attended.
- **The BOC encourages logging all CPD activities so that you have a complete record in the event of an audit or need to undertake resumption of practice.**
- For Resumption of Practice, or in the case of an audit, it may be useful to have more than the minimum requirement to ensure you have evidenced a variety of learning events over time.

#### **Is there a cost for annual CPD?**

- There is only one fee that will cover all regulation activity (including submission of CPD and Mandatory Declarations) that will be due at the time of HGSA membership renewal in March each year.
- See “[What are the fees/costs for Regulation?](#)” above.

#### **How do we prove attendance at a CPD event?**

- There is a list of accepted evidence in section 4.3 of the CPD policy. Reasonable forms of evidence will be considered, and approval of evidence will be at the discretion of the Board of Censors at the time of auditing.

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- An attendance certificate is ideal to evidence attendance at a conference.
- Written reflection is another form of evidence in the absence of a physical certificate.

### Can we add the learning reflection retrospectively at a later time? Or do they need to be done at the time of logging, before saving?

- It is now possible to edit an event that is already logged to later add a learning reflection.
- One of the purposes of the learning reflection is to demonstrate that the individual attended the event that they have logged.
- All activities being logged require a form of evidence, as per section 4.3 of the [CPD Policy](#). Learning reflection is a valid form of evidence, and these must be entered before the end of the CPD year (ending 31 March each year).

### For GCs who are part way through the 5 yr MOPS submission requirements, what do you advise? Can we use CPDs from last year? What counts as historical CPD?

- The MOPS program for FHGSA certified GCs is no longer operational, and has been replaced with annual Registration.
- The CPD requirements for Registration are annual, so the March registration will account for CPD points accrued from the previous membership year (Apr 1 to Mar 31).
- If you would like to upload CPD activities from personal logs prior to the current membership/CPD year to be formally logged in the CPD Tracker, you can upload an electronic version of your log and evidence for prior years as a “Historical CPD” entry.
- This is optional and won’t count towards CPD for the current registration year but will be a formal record of CPD you have done that is available to the Board of Censors should you need it in the future.

### What has happened to skills vs knowledge-based activities for CPD? Can you please clarify the external hours and skills/knowledge section?

The total required CPD is 25 hours. You are encouraged to have a mixture of internal and external CPD activities from your primary place of work, but there is no longer a minimum number of external hours of CPD required. There are no longer separate requirements for skills- and knowledge-based activities, but the CPD Committee will still review submissions to ensure a variety and balance of different types of learning activities. The HGSA [Continuing Professional Development for Genetic Counsellors](#) Policy outlines what types of activities can and can’t be counted towards CPD. This will be interpreted at the discretion of the CPD Committee at the time of auditing. For more information, please see the [Guide to CPD for Genetic Counsellors](#) on the CPD tracker of the HGSA website. There is no longer a minimum requirement for hours of skills-based activities. Skills-based activities are now grouped with knowledge-based activities but are not required as a separate mandatory activity. However, the variety of learning activities achieved (internal, external, skills-based and knowledge-based) will still be assessed in CPD audits, and all genetic counsellors are recommended to attain some hours of skills-based CPD each year.

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### Is CPD required whilst on parental or other extended leave?

- The requirement of 25 hours of CPD in a year for MHGSA and FHGSA genetic counsellors is generally achievable (less than 1 hour per fortnight ) and has not changed from the previous Certification and MOPS guidelines. It is possible to achieve this in less than one membership year. Many genetic counsellors exceed the requirements each year, especially if they log all eligible activities (including things such as reading papers or other relevant literature, listening to podcasts, viewing videos or webinars online, many of which are free and publicly accessible).
- Skills and knowledge are maintained through a combination of ongoing practice and CPD. The 25-hour CPD requirement is not pro-rata or reduced for people doing fewer hours of practice, because they have less active practice contributing to the maintenance of their skills and knowledge. The same is applied to those who have done fewer hours of active practice because they are returning to work from a period of absence. Parental leave is not the only reason that someone could be on extended leave or absent from practice, and this applies to personal leave, long service leave, or any other extended period of leave for any reason.
- There have always been provisions in the CPD policy, in accordance with NASRHP guidelines, to allow for extensions under extenuating circumstances. **What is critical is that you contact the CPD committee as soon as you are aware that you may not meet the CPD requirement in order to put a plan in place to make up the lacking hours** (generally in the following membership year, but applications for extensions will be considered by the CPD Committee on a case-by-case basis). If you have a plan in place with the CPD Committee before the end of the membership year (31 March each year), your registration will not lapse.

### How long do CPD reflections need to be for attendance at a whole conference and how do I enter these?

- Reflections should represent what you attended, and the expectation is that a reflection is provided for each session attended, but not each individual talk. A succinct summary of what you learned and how you can apply it to genetic counselling practice is what is required. These need to be entered in the reflection box for the activity in your tracker. See the HGSA [Continuing Professional Development for Genetic Counsellors](#) Policy for examples.

### What does a good learning reflection look like?

A learning reflection should articulate what you learned from the activity, and how you will use it in practice/its relevance to your practice. For example:

*Activity- Supervision skills workshop by Alison McEwen: "One of the biggest learning and skill-focused take homes for me from this workshop was around responsibility for supervision in terms of taking the lead on reflecting on your practice and setting an agenda/contract for supervision. When I tried agenda setting with my supervisor at my next one-on-one I felt I got more from the time and generated new ideas about a troubling case for potential use in certification. Using the pre-readings and workshop discussion on identifying what you're looking for from supervision and preparing your own ideas and reflections ahead of time really assisted my development in this space."*

See the HGSA [Continuing Professional Development for Genetic Counsellors](#) Policy for more examples.

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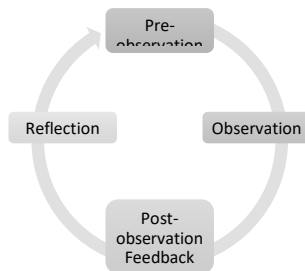
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**Are learning reflections required? How do I retrospectively add a reflection or edit an entry on the CPD tracker?**

**Learning reflections are encouraged for ALL CPD activities, but not mandatory. Some form of evidence as per section 4.3 of the policy is mandatory though.** There are instructions on using the CPD tracker, including how to edit an entry to add a reflection in the [Guide to CPD for Genetic Counsellors](#). For technical issues or help with the CPD tracker, please contact [secretariat@hgsa.org.au](mailto:secretariat@hgsa.org.au).

**What is peer observation, and can it be counted as CPD activity?**

Peer observation is a reflective practice, and as such is counted as a CPD activity. It involves genetic counsellors observing each other's practice, having the opportunity to both learn from the others' practice and offer constructive feedback. It also allows the development of skills in giving and receiving feedback. It includes a pre-observation discussion, an observed session, post-observation feedback, debrief and discussion, and practitioner reflection which may feed into future observed sessions.



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### Indemnity Insurance

#### Within this new process, has insurance been discussed?

- NASRHP requires organisations to provide practitioners with information about indemnity insurance. A [Professional Indemnity Insurance policy](#) and [information about Professional Insurance for genetic counsellors](#) has been posted on the HGSA website, and is relevant to those practicing in public as well as those in private.



## HUMAN GENETICS SOCIETY OF AUSTRALASIA LTD.

### Overseas certification

The HGSA publishes information about [International Reciprocal Arrangements for Genetic Counsellors](#) and requirements for:

- Overseas Trained/Certified Genetic Counsellors seeking HGSA Certification and
- HGSA Trained/Certified Genetic Counselors seeking Certification overseas

See the HGSA Website for more information.

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## HUMAN GENETICS SOCIETY OF AUSTRALASIA LTD.

### Supervision

The [HGSA Supervision Policy for Genetic Counsellors](#) came into effect on 1 April 2022, clarifying the supervision requirements for all genetic counsellors on the HGSA Register of Genetic Counsellors (Active, Provisional, and Registered).

Regardless of the role or workplace, supervision is foundational to reflective practice, which is an essential component of genetic counselling practice.

A 12 month grace period (until 1 April 2023) was put in place to allow practicing genetic counsellors to put supervision arrangements in place, and for more supervisors to participate in training. Availability for Genetic Counselling Supervision is a searchable field on the HGSA Register of Genetic Counsellors.

The grace period has ended, and the following applies from 1 April 2023:

- Supervision is required for all genetic counsellors on the HGSA Register of Genetic Counsellors (Active, Provisional, or Registered)
- Supervision is required for genetic counsellors working in any area of practice including clinical, research, laboratory, education, policy and any other area that meets the NASRHP definition of practice<sup>2</sup>.
- **1 hour per month of genetic counselling supervision is the minimum standard for all actively practicing genetic counsellors, and is not pro-rata.** This is equated to 10 hours per year to account for leave and public holidays.
- Additional requirements apply to Provisionally Registered genetic counsellors, which are pro-rata based on hours of genetic counselling practice. If pro-rata hours would be less than 1 hour per month, the 1 hour minimum still applies.
- If an FHGSA or MHGSA genetic counsellor is on extended leave (greater than 4 weeks) they are not required to participate in supervision during this time.
- Any genetic counsellor on the Register may have their supervision arrangements audited from 1 April 2024 (for the membership year prior). All Genetic Counselling Supervisors are expected to have undertaken formal training in supervision, and evidence may be required in the event of an audit. Supervisors can also upload their evidence of training to the Registered Genetic Counsellor details in their HGSA Member Account.

For more detailed information about supervision and supervisor requirements, please see the current [HGSA Supervision Policy for Genetic Counsellors](#).

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<sup>2</sup> “[Practice]...indicates that an individual is drawing on their relevant professional skills and knowledge in the course of their work to contribute to safe and effective delivery of services within the profession.... It is not restricted to the provision of direct clinical care and may also include working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles, for example. This work can be of a paid or formal volunteer nature on a full or part-time basis.” NASRHP; *Self Regulating Health Profession Peak Bodies Membership Standards*; 2/12/2016

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