



HUMAN GENETICS SOCIETY OF AUSTRALASIA

ARBN. 076 130 937 (Incorporated Under the Associations Incorporation Act)
The liability of members is limited

PO Box 6012, Alexandria, NSW 2015

ABN No. 17 076 130 937

Telephone: 02 9669 6602 Fax: 02 9669 6607

Email: secretariat@hgsa.org.au

Policy

| | |
|-------------------|---|
| Title: | Competency Standards for Genetic Counsellors |
| Document Number: | 2022GC04 |
| Publication Date: | 1 April 2022 |
| Location: | https://hgsa.org.au/Web/Web/Consumer-resources/Policies-Position-Statements.aspx |
| Replaces: | 2019GC12 |
| Last Reviewed: | August 2021 |
| Review Date: | September 2024 |

This document is published online, please access the most current version at the location above.

Table of Contents

| | |
|--|----|
| TERMINOLOGY | 3 |
| FIGURE: CODE OF ETHICS, COMPETENCY STANDARDS, AND SCOPE OF PRACTICE..... | 4 |
| PURPOSE AND APPLICATION | 5 |
| GENETIC COUNSELLING COMPETENCIES | 6 |
| 1. Relationship building..... | 6 |
| 2. Communication..... | 6 |
| 3. Education | 6 |
| 4. Risk assessment | 7 |
| 5. Client-centred counselling | 7 |
| 6. Reflective practice..... | 8 |
| 7. Clinical genetics..... | 8 |
| 8. Research skills | 8 |
| 9. Case management | 9 |
| 10. Advocacy | 9 |
| 11. Service delivery | 9 |
| 12. Professional Practice..... | 10 |
| 13. Ethical Practice | 10 |
| REVIEW PROCESS | 11 |
| BACKGROUND..... | 12 |
| REFERENCES..... | 13 |
| HISTORICAL REFERENCES..... | 13 |

TERMINOLOGY

The term *genetic*, for the purposes of this document, is intended to mean both genetic (relating to single genes) and genomic (relating to multiple genes).

The term *client* applies to any individual or organisation receiving services from a genetic counsellor, including patients and their families, the general public, students, other health care providers, and government/non-governmental agencies or departments.

The term *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 non-clinical 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.”¹

The term *stakeholder* refers to colleagues, other professionals, individuals, services, or organisations who are not clients, but who have a common interest in client-related goal, or with whom the genetic counsellor engages in the course of providing services.

A **Code of Ethics** expresses the overarching values and responsibilities which are integral to and characterise the profession, assist practitioners (collectively and individually) to act in ethically accountable ways in the pursuit of the profession’s aims, and by which practitioners are held accountable for ethical practice.

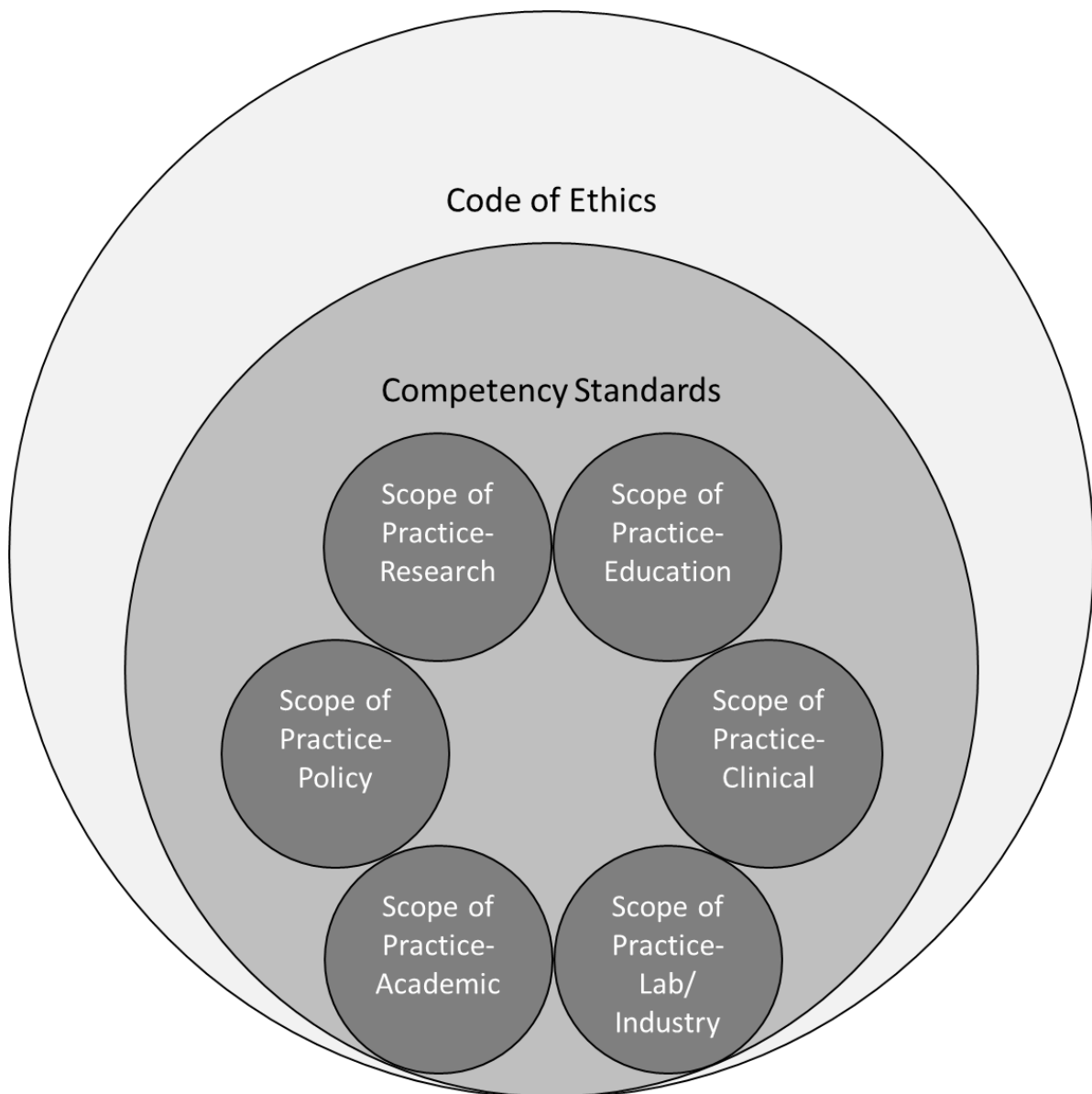
Competency Standards are standards for professional practice that set out what individuals should know, understand and be able to do, in order to practice safely and effectively.

A **Scope of Practice** describes the area or areas of the profession in which a practitioner has the particular knowledge, skills, and experience to practise lawfully, safely, and effectively, in a way that meets professional standards and does not pose any danger to the public or themselves.

¹ National Alliance of Self Regulating Health Professions (NASRHP); Self Regulating Health Profession Peak Bodies Membership Standards; 2/12/2016

FIGURE: CODE OF ETHICS, COMPETENCY STANDARDS, AND SCOPE OF PRACTICE

This figure shows the relationship between these three documents as defined below (from the definitions in the National Alliance of Self Regulating Health Professions (NASRHP) Self Regulating Health Profession Peak Bodies Membership Standards, 2016).



PURPOSE AND APPLICATION

These Competency Standards are the integrated knowledge, skills, attitudes, and judgment required to practise safely and ethically as a genetic counsellor, as endorsed by the Human Genetics Society of Australasia. They represent the core set of skills of a genetic counsellor, and that genetic counsellors can apply to any area of genetic counselling practice. They serve as a foundation for the practice, training, and certification for genetic counsellors in Australia and New Zealand and underpin regulation and other quality assurance measures of the profession. The Competency Standards are intended to be inclusive, and to apply to all practising genetic counsellors regardless of designated role, client, or practice setting. They do not preclude the need for, and development of, advanced skills specific to a particular area of practice or specialty for career progression or professional development, which are beyond the scope of this document. The competencies will be developed and exercised to different degrees and in different ways dependent on the genetic counsellor's level of experience and practice setting. The competencies will be exercised within the context of applicable legal, institutional, and departmental jurisdictions.

Graduates of an HGSA Accredited Masters course in Genetic Counselling

The Competency Standards provide a platform/guidance for the training of genetic counsellors, informing the design and accreditation of Master of Genetic Counselling education programs in Australasia. The curricula of HGSA accredited Master of Genetic Counselling programs are consistent with, and provide a foundation for, the development of the Competency Standards as outlined in the [HGSA Accreditation of Masters of Genetic Counselling Programs Policy](#). Graduates of an HGSA accredited Master of Genetic Counselling program are considered sufficiently competent and eligible to practise as entry-level genetic counsellors under appropriate supervision.

Member of the Human Genetic Society of Australasia (MHGSA) Genetic Counsellors

The Competency Standards provide a framework for assessing the competency of entry-level genetic counsellors. MHGSA genetic counsellors are graduates of an HGSA accredited Master of Genetic Counselling program (or overseas tertiary qualification in genetic counselling recognised by the HGSA Board of Censors for Genetic Counselling) and are actively practising as entry-level genetic counsellors under appropriate supervision. MHGSA genetic counsellors are provisionally registered and engaged with the [HGSA Board of Censors for Genetic Counselling](#) for further development and assessment of the Competency Standards according to the [HGSA Practitioner Certification Policy for Genetic Counsellors](#).

Fellow of the Human Genetic Society of Australasia (FHGSA) Genetic Counsellors

The Competency Policy provides standards for maintenance of competency for practising genetic counsellors. FHGSA genetic counsellors have demonstrated their achievement of the Competency Standards to the [HGSA Board of Censors for Genetic Counselling](#) (BOC). They continue to maintain and further develop their practice through ongoing practice ([HGSA Professional Practice Policy for Genetic Counsellors](#)), professional supervision ([HGSA Supervision Policy for Genetic Counsellors](#)), and continuing professional development ([HGSA Continuing Professional Development Policy for Genetic Counsellors](#)), as evidenced at annual registration with the HGSA.

GENETIC COUNSELLING COMPETENCIES

These competencies will be developed and exercised to different degrees and in different ways dependent on the genetic counsellor's level of experience and practice setting.

1. Relationship building

Establish, develop, and maintain appropriate and effective relationships with clients, within a multidisciplinary team, and as part of the wider health and social care network.

- 1.1. Use effective verbal and nonverbal communication to establish rapport with clients, colleagues, and other stakeholders.
- 1.2. Explain the nature and boundaries of the role of the genetic counsellor to clients, colleagues and other stakeholders.
- 1.3. Develop and communicate a mutually agreed agenda with clients, colleagues, and other stakeholders.
- 1.4. Enable/encourage disclosure of relevant information and concerns by promoting trust and confidence through a holistic, client-centred approach.

2. Communication

Deliver timely, clear, and professional communication to clients, colleagues and stakeholders.

- 2.1. Identify, assess, and address barriers to communication and/or engagement.
- 2.2. Elicit client perceptions, knowledge, understanding, and information needs.
- 2.3. Provide information based on appropriate and accurate interpretation of genetic and clinical knowledge.
- 2.4. Integrate genetic counselling skills with theoretical and scientific knowledge in communications with clients and stakeholders.
- 2.5. Adapt and convey oral, written, and visual information, in a culturally and linguistically competent manner appropriate to the client's capacity, health literacy, and communication needs.
- 2.6. Facilitate dissemination of relevant information to clients, colleagues, and stakeholders (e.g family members, multidisciplinary care teams).

3. Education

Identify educational needs, act as a resource, and conduct education for other professional, consumer and community groups.

- 3.1. Develop, make use of, and promote access and awareness of information and educational resources relevant to genetic knowledge, healthcare, support, and related health condition(s).
- 3.2. Assess the effectiveness of educational interventions (new learning and understanding), and modify the educational process and strategies as necessary.

4. Risk assessment

Identify, access, organise, analyse, summarise, and interpret sufficient information and history from a variety of sources to make appropriate and accurate risk assessments (e.g., the client(s), laboratory results, clinical reports, medical records, medical and genetic literature, consultation with colleagues, and relevant databases).

- 4.1. Elicit client's perception of risk.
- 4.2. Explain risk-assessment and communicate relevant risks to the client and relevant stakeholders in a meaningful way.
- 4.3. Explore options to manage identified risk, including benefits and limitations, based on best evidence and context.
- 4.4. Identify and facilitate communication of risks to other stakeholders (e.g. families, organisations).

5. Client-centred counselling

Apply client-centred principles to provide safe and effective genetic counselling services.

- 5.1. Understand and apply evidence-based counselling models, theories, and approaches as appropriate.
- 5.2. Support clients to navigate and adapt to the implications of genetic health information.
- 5.3. Create a safe and comfortable environment to support expression of the client's emotions/feelings, concerns, expectations, motivations, and beliefs.
- 5.4. Use active listening skills (attention, paraphrasing, reflecting back to the speaker, checking understanding, summarising).
- 5.5. Identify client needs and adapt counselling as appropriate.
- 5.6. Respond to the client's emotional state, by interpreting verbal and nonverbal cues, with non-judgemental and empathetic communication.
- 5.7. Recognise the impact of emotions on cognition and retention of information, providing support and modifying genetic counselling as needed.
- 5.8. Consider each client's individual lived experiences, values, preferences, decisions, and self-identified best interests, and recognise that they will also have shared experiences, beliefs, values, and culture with others.
- 5.9. Promote autonomy and facilitate decision making, enabling informed choices, and understanding of the implications of those choices.
- 5.10. Identify factors that promote or hinder client autonomy and use appropriate interventions to address them.
- 5.11. Acknowledge interpersonal roles and relationships and understand interpersonal dynamics (e.g. family dynamics).

- 5.12. Explore clients' coping skills including decision-making strategies and capacity, adaptation, and sources of support.
- 5.13. Recognise when a client may benefit from appropriate interventions, referrals, or stakeholder engagement and refers onward when appropriate.

6. Reflective practice

Employ reflection to recognise personal competency and skills, as well as areas for development, to inform future practice.

- 6.1. Evaluate genetic counselling practice in light of new evidence and modify personal practice accordingly.
- 6.2. Reflect on and address personal biases and cultural differences when interacting with clients, colleagues, and other stakeholders.
- 6.3. Recognise limitations in knowledge and capabilities and seek a collaborative approach, consulting with or escalating to other professionals when necessary.
- 6.4. Understand methods, roles, and responsibilities in the process of supervision.
- 6.5. Engage in professional mentorship and supervision to underpin and improve performance and provides mentorship and supervision as appropriate.

7. Clinical genetics

Appropriately identify, assess, and facilitate access to genetic healthcare, including genetic testing and research options.

- 7.1. Understand and apply current knowledge of genetic conditions, including differential diagnosis.
- 7.2. Understand and apply current knowledge of genetic technologies and/or techniques, including testing strategies, approaches and result interpretation, with awareness of the limitations and quickly changing landscape.
- 7.3. Understand and explain the strengths and limitations of various types of genetic investigations, including but not limited to sensitivity, specificity, positive predictive value and clinical utility.
- 7.4. Understand and explain the testing scenarios that clients may be exposed to (e.g. diagnostic tests, predictive tests, screening tests, research testing).
- 7.5. Understand the implications of genetic tests and technologies for management of a client and/or family in the clinical context.

8. Research skills

Understand research principles and study design.

- 8.1. Critically analyse research outcomes to inform evidence-based practice and professional development.
- 8.2. Develop, identify, evaluate, and/or facilitate opportunities to engage in research when available and appropriate.

- 8.3. Understand and communicate the risks, benefits, and limitations of engagement in presenting research opportunities to clients, colleagues, and stakeholders.
- 8.4. Identify, assess, and present relevant research outcomes to clients, collaborators, and/or academic audiences (e.g. conference, journal club).
- 8.5. Participate and collaborate in ethically sound, high-quality research that has the aim of improving genetic health care.

9. Case management

Appropriately organise, prioritise, and manage clients, projects, and programs (e.g., clinical case, research project, policy development, educational program, etc.).

- 9.1. Make the best use of available resources to provide services in a sensitive, fair and timely manner, with an awareness of resource allocation and cost-effectiveness.
- 9.2. Maintain clear, concise, and accurate documentation (e.g., case notes, project documentation, correspondence).
- 9.3. Promote continuity of care in partnership with the client and other stakeholders (e.g. their family, appropriate care providers, members of the multidisciplinary team).
- 9.4. Provide follow up according to client needs within the boundaries of personal scope of practice and capacity of the service.

10. Advocacy

Advocate for people/families impacted by or at risk of a genetic condition, and represent their interests (e.g. access to genetic, healthcare and other services, or addressing genetic discrimination).

- 10.1. Identify and engage effectively with local, regional, national, and international resources and services.
- 10.2. Recognise the medical genetic needs of patients, families, and communities to promote health and well-being.
- 10.3. Demonstrate an awareness of the potential barriers to accessing genetic healthcare and genetic counselling services and seeks to redress these.

11. Service delivery

Promote effective service delivery, identify barriers and inequities, and contribute to their resolution.

- 11.1. Maintains an awareness of current/relevant regulatory and policy environments and practices within these.
- 11.2. Understand the development and implementation of standards, practice guidelines, education, and research initiatives.
- 11.3. Participate in opportunities to collaborate in strategic planning to improve services.

- 11.4. Identify issues that may influence practice, service quality, and outcomes, and contribute to opportunities for improvement.
- 11.5. Recognise when an issue or incident must be escalated or reported within an organisation, or when additional stakeholders or expertise should be engaged.
- 11.6. Discuss professional issues and innovations, best practice, and opportunities to improve standards of service with colleagues.
- 11.7. Recognise the benefit of genetic counsellor participation in public health policy development and participating where possible.
- 11.8. Promote the implementation and adoption of project/policy outcomes in partnership with relevant stakeholders.

12. Professional Practice

Understand and maintain professional behaviour and boundaries in keeping with relevant accepted practice guidelines, including the [HGSA Scope of Practice for Genetic Counsellors](#).

- 12.1. Consult appropriately with genetics and other healthcare colleagues, to ensure client and personal safety.
- 12.2. Promote evidence-based practice for themselves and others through continuing professional development (CPD), awareness of new practice standards as well as scientific and societal developments. Actively seek CPD opportunities, reflect on the practice implications, and maintain a record of CPD activities.
- 12.3. Actively support an organisational culture that facilitates professional growth, continuous learning, and collaborative practice.
- 12.4. Understand how to adapt genetic counselling skills for varied service delivery models.
- 12.5. Recognise evolving scientific, medical and societal arenas relevant to genetic counselling, and embrace and facilitate positive changes to genetic counselling practice.
- 12.6. Contribute to the overall landscape of the profession, including participation in and contribution to the activities of the HGSA and ASGC.

13. Ethical Practice

Understand and maintain professional behaviour and boundaries in keeping with relevant accepted codes of ethical practice, including the [HGSA Code of Ethics for Genetic Counsellors](#).

- 13.1. Recognise and respond to ethical and moral dilemmas arising in practice and seek appropriate support and assistance from experts to rationally resolve cases of ethical conflict.
- 13.2. Practice self-care with awareness that both physical and emotional health impact on individual competency to practice, and support colleagues to do the same. See the HGSA [Scope of Practice](#) and [Code of Ethics](#) for Genetic Counsellors.
- 13.3. Uphold ethical principles related to the exchange of genetic information, including privacy, informed consent, confidentiality, and non-discrimination.

13.4. Apply cultural safety in communication and practice; recognising, acknowledging, and respecting diversity; including but not limited to cultural, spiritual, physical, cognitive, political, and sexual orientation.

REVIEW PROCESS

The HGSA Code of Ethics (COE), [Competency Standards](#), and [Scope of Practice \(SOP\)](#) for Genetic Counsellors will be reviewed together every three years, or sooner if necessary, to maintain consistency with current evidence-based best-practice guidelines. A working group will be formed by the HGSA Board of Censors (BOC) for Genetic Counselling Chairperson no later than six months before the end of the third year. The size and membership requirements of the working group will be determined by the BoC Chairperson.

The working group shall include, but not be limited to:

- The members of the Board of Censors. The Chair of the Board of Censors will act as the Chair of the working group.
- A genetic counsellor and/or academic member with an interest in the process of genetic counselling, and with training in medical ethics and/or law.
- A member of the HGSA Education, Ethics and Social Issues Committee (EESIC).
- A member of the Australasian Society of Genetic Counsellors (ASGC) Executive.
- A Master of Genetic Counselling course convener/academic genetic counsellor.
- Any other member representation deemed necessary for a thorough review, including additional legal or medical ethics experts. Representation from diverse areas of genetic counselling practice is necessary to ensure that the documents remain inclusive and applicable to all practicing genetic counsellors.

Any genetic counsellor members must be practising genetic counsellors in good standing on the HGSA Register of Genetic Counsellors with at least two years of professional experience in a genetic counselling role.

The working group will review the documents in light of the current and developing trends in the practice of genetic counselling and benchmark them internationally and against other allied health professions. A draft of the revised documents must be circulated to the ASGC Executive for comment and feedback before being circulated to the membership for a period of four weeks. Feedback will be considered and incorporated by the working group as appropriate. A final draft should be approved by the Board of Censors for Genetic Counselling and ratified by the HGSA Council. Final ratified versions of the revised documents are posted on the [HGSA website](#).

BACKGROUND

The original Human Genetics Society of Australasia (HGSA) competencies for genetic counsellors were developed as part of the 2010 revision of the HGSA Guidelines for Training and Certification for Genetic Counsellors, to inform the development of assessment tasks for FHGSA Certification. The practice-based competencies were developed with reference to those developed in the United States of America (USA) and the United Kingdom (UK) (Fiddler, Fine & Baker, 1996; Fine, Baker & Fiddler, 1996; Association of Genetic Nurses and Counsellors, 2008) to reflect genetic counselling practice in Australasia (Sahhar et al., 2005). The skills and competencies developed by other professional groups, including social work and nursing were also reviewed to ensure they encapsulated the work of genetic counsellors in Australasia. This process and outcomes of the guideline review are described in detail by McEwen, et al (2013).

The HGSA Professional Issues for Genetic Counselling Working Party was established in June 2017, to provide strategic leadership for the professional recognition of genetic counselling. The HGSA recognised the increasing diversity of the profession and professional roles of genetic counsellors. Consequently, the inclusivity of all areas of genetic counsellor practice was a key priority for the working party and the subsequent Implementation Committee for Genetic Counsellor Regulation. In 2018 and 2019, the Guidelines for Training and Certification in Genetic Counselling were restructured into 11 HGSA Policies for the training, certification, and regulation of genetic counsellors, including the HGSA Competency Standards for Genetic Counsellors. The Board of Censors for Genetic Counselling was also restructured to facilitate the administration of the policies. The first task of the new Board of Censors was to review and revise the content of the policies, including considering their inclusivity of genetic counsellors in diverse areas of practice.

An Inclusivity working group was formed to provide consultation and perspective to the review of the policies. This group reviewed the existing competencies and suggested revisions based on mapping to current international competencies for genetic counsellors (Canada, Europe, UK, USA), and in consideration of the members' diverse areas of practice. These were reviewed by the Board of Censors, and a review committee as described in the Review Process above. This was circulated for consultation and comment to genetic counsellors practicing in Australia and New Zealand. The final revised competencies were ratified by the HGSA Council and published in 2022.

Genetic counselling practice will continue to evolve with advancements in knowledge and technologies and in response to changes in health care environments. The HGSA Competency Standards for Genetic Counsellors will be reviewed 3 yearly by the HGSA Board of Censors for Genetic Counselling and revised as necessary to keep them current.

REFERENCES

- Accreditation Council for Genetic Counseling (2019). Practice-Based Competencies for Genetic Counselors https://www.gceducation.org/wp-content/uploads/2019/06/ACGC-Core-Competencies-Brochure_15_Web_REV-6-2019.pdf.
- Canadian Association of Genetic Counselors (2018). Knowledge-Based Competencies for Canadian Genetic Counsellors. <https://www.cagc-accg.ca/doc/CAGC%20-%20Knowledge-based%20competencies%20June%202018%20EN%20%26%20FR.pdf>
- Canadian Association of Genetic Counselors (2012). Practice Based Competencies for Canadian Genetic Counsellors <https://www.cagc-accg.ca/doc/cagc%20practice%20based%20competencies.pdf>
- European Board of Medical Genetics (not dated). Core Competences in Genetics for Health Professionals in Europe: 04 – Suggested core competences for health professionals who are specialists in genetics. https://www.ebmg.eu/fileadmin/GCGN_Downloads/Forms/CoreCompetenceGeneticSpecialists.pdf
- European Board of Medical Genetics (2010) Professional and educational standards for genetic counsellors in Europe. <https://www.eshg.org/fileadmin/eshg/committees/EBMG/EBMGProfessionalAndEducationalStandardsForGeneticCounsellors-July2010.pdf>
- Genetic Counsellor Registration Board (GCRB) (2015) Registration Portfolio Form: Part <https://www.gcrb.org.uk/registrants/>
- McEwen AR, Young MA, Wake SA (2013) Genetic counseling training and certification in Australasia. *J Genet Counsel* 22:875–884.

HISTORICAL REFERENCES

- AGNC (Association of Genetic Nurses and Counselors) (2008). Section 1—New applicants registering, online text. www.agnc.org.uk (viewed on 24 November 2008).
- Fiddler, M., Fine, B., & Baker, D. (1996). A case-based approach to the development of practice-based competencies for accreditation and training in graduate programs in genetic counseling. *Journal of Genetic Counseling*, 5(3), 105–112.
- Fine, B., Baker, D., & Fiddler, M. (1996). Practice-based competencies for accreditation of and training in graduate programs in genetic counseling. *Journal of Genetic Counseling*, 5(3), 113–121.
- Sahhar, M., Young, M. A., Sheffield, L., & Aitken, M. A. (2005). Educating genetic counselors in Australia: developing an international perspective. *Journal of Genetic Counseling*, 14(4), 283–294.