



HUMAN GENETICS SOCIETY OF AUSTRALASIA

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Policy

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1 Introduction

1.1 Purpose

The Course Accreditation Policy describes the process for accreditation of Master of Genetic Counselling programs by the Human Genetics Society of Australasia (HGSA), including minimum requirements, application for accreditation and re-accreditation, and the assessment process.

The accreditation process has been established to ensure minimum standards of education and training for people entering the genetic counselling profession in Australasia. Graduation from an accredited program is a requirement for eligibility to undertake certification in genetic counselling and employment as a genetic counsellor in Australia and New Zealand.

The HGSA accredits programs on advice from the [Course Accreditation Committee](#) of the [HGSA Board of Censors for Genetic Counselling](#) (BOC). The [Certification Committee](#) of the BOC oversees the certification of genetic counsellors in Australasia.

The [Accreditation Committee](#) may periodically alter the Policy to reflect changing requirements for genetic counselling practice. This Policy supersedes all previous guidelines.

A list of accredited programs can be found on the HGSA website¹.

1.2 Benefits of Accreditation

Masters Course Accreditation ensures established standards that will enable graduates to enter practice as genetic counsellors. It allows students, employers, educational institutions, the profession, and the public to have confidence in the qualifications of genetic counsellors graduating from these programs. The development of accreditation standards is done with input from program directors, and is aligned with regulatory requirements for genetic counsellors under the National Alliance of Self Regulating Health Professions. The accreditation standards are also reviewed alongside standards for genetic counsellors in other countries to ensure best practice, and facilitate certification of HGSA genetic counsellors practising outside of Australia and New Zealand. This interconnectedness between the BOC, practising genetic counsellors, and professional organisations forms a robust foundation for the ongoing development and sustainability of the genetic counselling profession.

1.3 Background

Genetic counsellors

Genetic counsellors are allied health professionals who work with individuals and families to help them understand and adapt to the medical, psychological, familial and reproductive implications of the genetic contribution to specific health conditions.

The process of genetic counselling integrates the following (National Society of Genetic Counsellors 1995–

¹ www.hgsa.org.au

2006):

- interpretation of family and medical histories to assess the chance of disease occurrence or recurrence
- education about the natural history of the condition, inheritance pattern, testing, management, prevention, support resources and research
- counselling to promote informed choices in view of risk assessment, family goals, and ethical and religious values
- support to encourage the best possible adjustment to the disorder in an affected family member or to the risk of recurrence of that disorder.

In Australasia, genetic counsellors work in partnership with clinical geneticists or other medical specialists, often as part of a multidisciplinary team that may include other health professionals, such as nurses, social workers and scientists.

Key terms

MHGSA: Member of the HGSA (Genetic Counselling), allied health professionals who have completed a tertiary qualification in Genetic Counselling that is recognised by the HGSA for practice as a genetic counsellor.

FHGSA: Fellow of the HGSA (Genetic Counselling): tertiary-trained health professionals with specialist training in genetics and counselling, certified by the HGSA in genetic counselling.

The HGSA recommends that genetic counselling be conducted by appropriately trained professionals to maintain high standards and consistency (Human Genetics Society of Australasia, 2008).

To ensure a high standard of practice the HGSA:

- Assesses competency as a genetic counsellor based on the [HGSA Competency Standards for Genetic Counsellors](#)
 - On completion of an Accredited Master of Genetic Counselling program, genetic counsellors meeting the standards to enter practice as a genetic counsellor are awarded MHGSA
- Awards FHGSA certification in genetic counselling after demonstration of clinical competence. The requisite skills and competencies are defined by the HGSA [Clinical Certification Policy for Genetic Counsellors](#)
- Conducts a Continuing Professional Development (CPD) program for genetic counsellors described in the HGSA [Continuing Professional Development Policy for Genetic Counsellors](#)
- Administers Registration for genetic counsellors making annual Mandatory Declarations and meeting ongoing CPD and continuing practice requirements

A two-year clinical Master of Genetic Counselling from a program accredited under the HGSA Accreditation Policy for Masters of Genetic Counselling Courses is considered by the HGSA to be sufficient for employment in an entry-level position and is a requirement for certification (HGSA [Clinical Certification Policy for Genetic Counsellors](#)).

Governance

The BOC is a committee of the Human Genetics Society of Australasia. The [Accreditation Committee](#) of the

BOC assesses applications for course accreditation and makes recommendations to the Council of the HGSA, which grants accreditation to genetic counselling programs.

In 2008 the BOC, together with the [Australasian Society of Genetic Counsellors \(ASGC\)](#), and with the approval of the HGSA Council, established an Oversight Committee to oversee the review of the process of certification in genetic counselling and to substantially revise the training guideline document. Further details of this process can be found in the HGSA [Clinical Certification Policy for Genetic Counsellors](#). During 2009 the Oversight Committee established a working party to develop an accreditation process. The accreditation processes applied or proposed in the USA and UK, respectively, were reviewed. The course convenors of existing courses and those proposing to establish courses were consulted prior to writing the initial draft of the accreditation document. Further consultation occurred with these people and the ASGC during the drafting process. The BOC drew extensively on the documentation of the American Board of Genetic Counselling (<http://www.abgc.net>) and Accreditation Council (<https://www.gceducation.org/>) for Genetic Counseling for accreditation of graduate programs in genetic counselling.

2 Accreditation

Section 2 describes the accreditation process.

2.1 Accreditation Status

Programs are required to meet the minimum standards defined in this document for accreditation. These standards should provide guidance for the development of new graduate programs. The extent to which a program complies with these standards determines its accreditation status. The accreditation categories are as follows:

Full accreditation: is awarded when a genetic counselling program fully meets or exceeds the minimum requirements for the training and education of associate genetic counsellors described in this document. Full accreditation will be awarded for a five-year period. In keeping with international standards and practices, all programs will be asked to complete an annual report in the intervening years.

Provisional accreditation: is awarded when some requirements have not been met but the Program substantially meets the minimum criteria, and the Program has provided an acceptable plan and time-frame to meet these criteria. This status may also apply to a program that is found to not meet requirements at a time after Accreditation has been granted; the program will be notified in writing.

Not accredited: applies to new courses which have not yet sought HGSA accreditation and courses that have not substantially met the minimum requirements for provisional accreditation. This will also apply to courses with full or provisional accreditation that have had their accreditation revoked due to circumstances that cannot be remediated within a reasonable timeframe.

Accreditation Applicant: applies to programs where all requirements under the self-assessment have been met, and the BOC has accepted the application for review, but determination of accreditation status remains pending.

Accreditation Deferred: applies when the BOC makes the decision to defer an accreditation decision pending the receipt of further information. If a program has either full or provisional accreditation, it will maintain this status until a determination on accreditation status is made.

Accreditation Withdrawn: applies after a program has voluntarily notified the BOC in writing of their withdrawal from accreditation for any reason.

Accreditation Lapsed: applies to any full or provisionally accredited program that does not submit an application for accreditation, annual report (see 2.4 Annual Status Reporting below), or notification of change to a program (see 2.5 Notification of Changes below) within the required timeframe.

2.2 Application Process

A Program seeking accreditation must submit evidence that it fulfils the requirements for accreditation.

2.2.1 Notification of Intent

The Program must notify the Accreditation Committee of its intention to apply for accreditation three months prior to the written application in order for the Accreditation Committee to ensure the Committee is available to review the submission. The Accreditation Committee will acknowledge receipt of the notification. The three months will begin from the date of the Accreditation Committee's acknowledgement of intention to apply. The Accreditation Committee will contact the Program to arrange a site visit after receipt of the written application.

Programs will be expected to apply for reaccreditation five years from the date of award of full accreditation. The Program must notify the Accreditation Committee of its intention to apply for reaccreditation three months prior to submitting the written application.

2.2.2 Application Fees

An application fee of AUD\$500 must be provided with the written application. A site visit is required and travel and accommodation costs of the site visit must be met by the Program.

2.2.3 Written Application

The Program will submit a written application with all the necessary documentation provided as appendices. The Accreditation Committee anticipates that the submission will to a large extent comprise existing course documentation.

The format of the application can be determined by the Program. At a minimum, the application must:

- include a completed application form ([Appendix 1: Application Form For Accreditation of Genetic Counselling Programs](#)) and a receipt for payment of application fee.
- address each of the criteria in numerical order ([Program Administration \(Section 3\)](#) and [Program Design and Delivery \(Section 4\)](#)), with clear referencing to the appendices); note that [Appendix 4: Curriculum Content Checklist](#) must be completed
- provide a self-assessment for each criterion, namely 'met' or 'not met'
- where a requirement is not yet met, a plan with a timeframe to address this deficit should be provided
- include any major changes which may affect accreditation that are anticipated or scheduled to occur in the following five-year period.

2.3 Assessment of Application

2.3.1 Accreditation Committee

An Accreditation Committee (the Committee) will be nominated by the BOC to assess applications for accreditation and will be approved by the HGSA Executive on behalf of the HGSA Council. The Committee will comprise a minimum of three people and be constituted such that it includes:

- a current Board member
- a Registered FHGSA Genetic Counsellor
- a member/s with experience in the provision of coursework postgraduate degree programs
- a member/s experienced in the accreditation of genetic counselling programs (where feasible).

Several of these criteria may be met by one member. In addition, the Committee may consult other members of the BOC during the assessment process if there are any issues arising that the Committee considers require

additional or specialist expertise.

2.3.2 Site Visit

After reviewing the written application, two members of the Accreditation Committee will conduct a site visit of the Program. One of the site reviewers will be a current member of the Certification Committee and the site reviewers will be approved by the BOC.

At a minimum, the site visit will include:

- a tour of the facilities
- a meeting with the Program director
- a meeting with faculty of the Program
- a discussion with current students of the Program
- a discussion with past students of the Program (where feasible)
- an audit of student placement and related documentation
- an audit of research dissertations.

The site visit will be an opportunity for the Program to discuss any criteria which have not been met in its self-assessment and the plan submitted to address these criteria (refer to Written Application in [Application Process](#) above). The Program will be notified in advance of any specific issues arising from the written application that the Committee wishes to discuss at the site visit.

The Program will be responsible for developing the schedule for the site visit in conjunction with the Committee.

2.3.3 Determination of Status

The site reviewers will report to the Committee on the site visit. The Committee will prepare a report to the BOC, which will in turn make a recommendation to the HGSA Council. The Program will be notified of its accreditation status within three months of the site visit.

If the Accreditation Committee determines that any criteria are not met, the Program will have the opportunity to submit a plan to address these (if it has not already done so). Provisional accreditation will be awarded on approval of this plan by the Accreditation Committee and confirmation by the HGSA Executive. If the plan is not approved the Program will be designated as “not accredited” by the HGSA.

2.4 Annual Status Reporting

Programs will be expected to report annually on compliance and changes in order to maintain their accreditation status. Programs will be sent a reminder, and an invitation to complete the online form (see Appendix 2). Programs that do not submit an annual report within three months of the report becoming due, will have their accreditation lapse (see 2.1 Accreditation Status).

Annual reporting does not replace the need to report notifiable changes in the interim, or to apply for full accreditation or reaccreditation within the required timeframe.

2.4.1 Application Fees

An annual report fee of AUD\$300 must be provided with the submission of the online form (see Appendix 2).

2.5 Notification of Changes

The Accreditation Committee must be notified in writing of any changes to accredited programs which may affect the Program's ability to meet accreditation requirements (e.g. resignation of the Program director) no less than three months beforehand or as soon as the Program is aware of the proposed changes. These should be documented using the online form (see Appendix 3) so that the proposed arrangements can be evaluated by the Accreditation Committee.

2.5.1 Notification of Change Fees

An annual report fee of AUD\$300 must be provided with the submission of the online form (see Appendix 2).

2.5.2 Notifiable changes

Notifiable changes include, but are not limited to:

1. Change in sponsoring institution, including acquisition by another institution or program.
2. Change in Program Director
3. Change in program delivery impacting more than 10% of didactic coursework or curriculum (e.g. transition from in-person to online learning format).
4. Change in student enrolment by more than 10% compared to the enrolment numbers at the most recent accreditation decision
5. Change in instructional location (i.e., establishment of a new or closing of an existing site, not including placement sites)

The following information will be required for each notifiable change:

- Projected date and period of time
- Rationale for the change
- Interim or transitional arrangements
- How faculty will be informed and supported
- How students will be informed and supported
- Resources required to implement, support, and sustain (including budget impacts)
- Impact on the Program over the accreditation period
- How outcomes and effectiveness will be assessed and evaluated

The outcome of change notification will be at the discretion of the BOC, who may:

- Approve the change
- Request additional information
- Require additional reporting
- Require an additional site visit, with travel and accommodation costs to be met by the Program
- Deny the change request

In the event the program undertakes a notifiable change without notifying the BOC or in contradiction to any of the above requirements, the BOC may change the Program's accreditation status upon becoming aware of the change.

2.6 Appeal Process for Accreditation Decisions

An appeal on an accreditation decision may be made to the HGSA. The appeal will be conducted in accordance with the [HGSA Constitution](#) (including the Appeal Committee By-Laws pursuant to Clause 81), except that the Appellant will be an organisation external to the Society rather than a member of the Society.

Before convening the Appeal Committee the HGSA Executive may advise an Appellant to seek a reconsideration and/or review of the original decision. Such reconsideration and/or review shall not and does not constitute an appeal. In this event, the Board of Censors (BOC) will reconvene the Accreditation Committee to review the application and documentation of the Accreditation Committee's deliberations. The Accreditation Committee may consult with others on the BOC as it reviews the decision. The Accreditation Committee may recommend to the BOC to affirm, modify, or reverse the adverse decision. The BOC will advise the HGSA Executive of the final determination.

2.7 Complaints About Program Compliance

2.7.1 Complaint Procedure

Complaints about the quality of a Program accredited by the HGSA may be made to the BOC via the [HGSA Secretariat](#) (secretariat@hgsa.org.au). The BOC will consider and investigate only those complaints containing allegations, which, if substantiated, may indicate noncompliance with accreditation standards.

The Chair and members of the BOC and Accreditation Committee are available to discuss concerns in confidence, but complaints will only be investigated upon receipt of a written, signed complaint. While complaints will be handled with discretion, the BOC cannot guarantee the confidentiality of the complainant. Corroborating material must be made available to the BOC and/or Accreditation Committee upon request.

2.7.2 Investigation Procedure

The BOC will determine if a complaint raises issues relating to compliance with accreditation standards. The Program Director of the relevant Program will be informed of the complaint in writing and may be requested by the BOC or Accreditation Committee to answer specific questions or provide documentation. The Accreditation Committee or BOC may instigate an investigation of the Program. If the BOC determines, on the advice of the Accreditation Committee, that the Program is not compliant with accreditation standards, it may recommend to the HGSA Council that accreditation be revoked or that accreditation status is changed to provisional, with a requirement that the Program demonstrate it fully meets the criteria within a defined time-frame.

The complainant will be informed of the BOC's decision whether or not to initiate an investigation, but will not be informed of the findings of any investigation. The BOC will correspond with both the complainant and the Program convenor in a timely manner. If accreditation standards are found not to be met, the BOC may seek to recoup from the Program any costs arising from investigation of the complaint.

The BOC and/or Accreditation Committee will not intervene on behalf of an individual complainant regarding decisions of the Program that are unrelated to accreditation standards. This includes decisions on admission and assessment.

3 Program Administration

Section 3 describes the minimum requirements of program administration and evidence required.

3.1 Academic Status

The Program must reside in a recognised Australian or New Zealand university. The institution must be authorised under applicable law or other acceptable authority to provide a program of graduate education.

The Program must be conducted at the standard of a two-year Master's by coursework as defined by the relevant Australian² and New Zealand³ bodies.

Application requirements

Details of the governance structure: i.e. university, faculty and department within which the Program is conducted.

Details of institutional accreditation.

3.2 Institutional Support

The university assumes primary responsibility for student admissions, curriculum planning, course content, coordination of classroom teaching and supervised clinical practice, appointment of staff, processing of admissions applications and granting the Master's degree documenting satisfactory completion of the educational program.

The Accreditation Committee expects that graduate programs will comply with the policies of the university with respect to non-discrimination, access to health care, maintenance of records, privacy and other relevant policies. It is expected that the institution has a published complaints or grievance policy.

It is also assumed that the university has assessed the Program as viable and supports its continuance.

Programs must have adequate administrative support to ensure the effective conduct of the Program and administration and management of student candidature. It is recommended that the program has a minimum 0.5 FTE of Administrative support staff time, or more based on the enrolment, academic and administrative complexity, and other requirements of the program.

It is expected that standard documentation of student candidature and progress by the Program will include the information required for audit during the site visits (see [2.3.2 Site Visit](#)).

Application requirements

Letter from the Head of the university department or Faculty Dean demonstrating that the university provides

² Australian Qualifications Framework Council (www.aqf.edu.au)

³ Committee on University Academic Programs (<http://www.universitiesnz.ac.nz/>)

the necessary infrastructure for the Program and supports the Program's continuance.

Documentation of the institutional grievance or complaints policy and/or procedures.

Description of administrative support directly available to the Program for the administration and management of student candidature.

3.3 Faculty And Personnel

The Program must have adequate leadership and management to support the development of the practice-based competencies as described in the [HGSA Competency Standards for Genetic Counsellors](#).

The faculty of the Program must possess the necessary qualifications to perform the functions identified in documented job descriptions and continue to maintain and update their professional, teaching, supervisory and administrative knowledge and skills. There must be sufficient staff to provide students with adequate attention, instruction and supervision to acquire the necessary knowledge and to support the development of the practice-based competencies needed to complete the Program.

Director:

There must be a faculty member (termed Director for the purposes of this document) who convenes the Program. The Director is responsible for the genetic counselling program in its entirety. Any Director commencing on or after 31 March 2023 should be an [FHGSA Registered](#) Genetic Counsellor with at least five years of clinical experience as a genetic counsellor and previous experience supervising genetic counselling students.

If, after recruitment attempts, a Program is unable to recruit a suitable Director who meets these requirements (and the requirements of the affiliated university for Director position), and a candidate with equivalent qualifications and experience is being considered, the Program must write to the Accreditation Committee to determine the suitability of this candidate. In this scenario, the Program must have an FHGSA Registered Genetic Counsellor with at least five years' experience in clinical practice as Co-Chair of the Curriculum Committee, who works closely with the Director to ensure that curriculum development is in line with clinical competencies according to the [HGSA Competency Standards for Genetic Counsellors](#). See section [4.2 Curriculum](#), below, for further information about curriculum development and review.

The Accreditation Committee recommends that the Director be skilled and experienced in professional practice, teaching, and supervision. If teaching experience is limited, the Accreditation Committee suggests professional development in teaching and assessment skills. Research experience is also desirable but research expertise may be contributed by another member of the Program's faculty.

Instructional staff: including sessional lecturers, should be competent teachers who are knowledgeable in the course content for which they are responsible. The expectation of the Accreditation Committee is that instructional staff will include professionals with general counselling skills and experience such as psychologists and social workers, medical geneticists, scientists and other qualified individuals. These instructors should demonstrate ongoing professional development, maintenance of their professional skills and competencies and, where relevant, maintenance of certification or registration.

Clinical supervisors: The clinical supervisor is the practitioner within the genetics service or department who has responsibility for a student's clinical placement, including quality of experience, formal supervision arrangements and performance assessment. Clinical supervisors must be FHGSA Registered genetic counsellors, or equivalent if placement is outside Australasia. Other genetic counsellors with Provisional or Active registration may provide day to day supervision of the student during placement, but the clinical supervisor has overall responsibility for the student and their formal clinical supervision and assessment. If placement is being undertaken in a service that does not have access to an FHGSA Registered genetic counsellor, clinical supervision may be provided by an FHGSA Registered genetic counsellor who is a course faculty member, in liaison with the supervising genetic counsellor(s) at the placement site.

Application requirements

CV, including relevant qualifications, experience and professional development, for the Director.

List of instructional staff with subject(s) taught, role (e.g. subject coordinator, sessional teacher, tutor), qualifications and certification/registration status where relevant.

List of clinical supervisors including qualifications, certification status, job title and workplace (professional development activities for clinical staff may be requested).

3.4 Learning Resources and Opportunities

The university must provide adequate classrooms, laboratories, clinics and administrative offices for program staff and students. Students must have adequate and readily accessible access to current books, journals, online databases and other reference materials related to curricular and clinical activities.

The program is responsible for arranging, coordinating and allocating clinical placements.

See also section [4.5 Clinical Placement Standards](#), below.

Application requirements

Description of resources and/or infrastructure for student learning.

Statement from the Director that they, or a delegated faculty member, arrange, co-ordinate and allocate clinical placements.

3.5 Student Selection

Admission of students must be made in accordance with clearly defined and published practices of the institution for Master's level programs. Any academic standards required for admission must be clearly defined, published and readily available to prospective students. The Accreditation Committee supports diversity in the genetic counselling profession so Programs are encouraged to develop strategies to support applications from underrepresented populations.

In view of the academic requirements and the vocational nature of the training, it is recommended that

applicants for recognised programs are graduates with a Bachelor degree, preferably in biological sciences, genetics, nursing, psychology, social sciences or education. In addition, it is preferable that applicants will also have gained substantial experience of working in a caring role through either paid or voluntary work in health, social or educational settings, or through previous professional qualification (e.g. nursing or social work).

Admission practices of the program must be transparent to prospective students, and the following information available on the program's website:

1. HGSA Accreditation status
2. Mission and objectives
3. Admission requirements and academic standards for enrolment (including prior education and prerequisite courses, work, and volunteer experience)
4. Degree requirements (including placements)
5. Estimated costs (tuition, fees, etc.)
6. Average annual salary for genetic counsellors based on HGSA Workforce Census data
7. Information about Registration and Certification through the HGSA post-graduation including:
 - a. The availability of Student Membership of the HGSA and ASGC
 - b. The requirements for Active Registration with the HGSA, and that practice requirements are met by course placements for up to 3 years from graduation
 - c. The application process required for the award of MHGSA
 - d. The expectation under the HGSA Code of Ethics and Scope of Practice for Genetic Counsellors that genetic counsellors practising in a clinical setting in Australia or New Zealand undertake clinical FHGSA Certification
 - e. That Active Registration is available to any genetic counsellor graduating from an HGSA Accredited Master of Genetic Counselling Program, but FHGSA Certification is limited to genetic counsellors practising in Australia or New Zealand.

The BOC is committed to diversity, inclusion, and equity in the development of the genetic counselling profession. Programs should be able to demonstrate strategies to promote applications from and support the admissions process for underrepresented populations.

Application requirements

Copies of the program-specific selection policies and criteria, highlighting diversity, inclusion and equity strategies in the admissions process

Reference to where this information is publicly available online/through the Program's website.

4 Program Design and Delivery

Section 4 describes the minimum requirements for the design and delivery of the Program. It is expected that the Program will provide clear documentation for students that describes the following, in one or more forms such as a handbook and individual subject descriptions, as required by the relevant university.

4.1 Program Design

For optimal learning, clinical genetic counselling Programs are required to provide training over a minimum of the equivalent of two academic years of full-time study. The program should be provided as Master's by coursework.

The Program's overall aims and objectives should be clearly stated, align with the awarding institution's mission and be consistent with development of competency relative to the genetic counselling Competency Standards defined by the BOC ([HGSA Competency Standards for Genetic Counsellors](#)). Program Directors will be consulted about any changes to the Competency Standards and notified within six months of changes being made. Programs will be required to comply with the updated Competency Standards at next Accreditation (every five years), or demonstrate a plan to do so by the end of the next calendar year.

Course instruction must follow a plan (Program Design) that documents and assesses appropriate subjects, learning experiences and curriculum sequence to attain the learning outcomes necessary for graduation. The relationship between the learning experiences and curriculum with the [HGSA Competency Standards for Genetic Counsellors](#) should be clear.

Application requirements

Copy of the Program aims and objectives.

Copy of the Program design, as described above. The number of units or hours for each subject must be included. Where units are given, the university's guidelines for allocation of units must also be included.

4.2 Curriculum

The Program must have a Curriculum Committee which reviews the curriculum regularly, the Chair of which will be the Director of the Program. If the Director is not a Registered FHGSA genetic counsellor, the Curriculum Committee must have as Co-Chair a Registered FHGSA genetic counsellor with at least five years' experience in clinical practice.

Curriculum development and review should be informed by genetic counselling professionals, the majority of whom are Registered FHGSA genetic counsellors, and may also include experts in medical genetics, laboratory genetics, and other relevant counselling professions (e.g. social work, psychology). The Accreditation Committee also recommends that professionals with expertise in bioethics and health research be included. Committee members should be in positions that enable them to remain abreast of the latest developments in their field of expertise and education and training of related content and skills relevant to genetic counselling.

A breadth of educational experiences should provide students with the necessary knowledge and skills to accurately and reliably perform the functions of a genetic counsellor. The [HGSA Competency Standards for Genetic Counsellors](#) serve as guidelines for preparing entry-level genetic counsellors. Relevant educational experiences include didactic teaching, role plays, observation, experiential learning (including clinical placements), independent study, and supplementary activities such as case conferences, seminars, grand rounds and journal clubs.

Students must be provided with a clear description of each subject, including content, learning objectives and competencies, requirements, and the criteria for assessment.

The curriculum should cover the following domains:

a. Principles of Human Genetics

1. Mendelian and Non-Mendelian Inheritance
2. Population and Quantitative Genetics
3. Basis of Human Variation and Susceptibility
4. Family History and Pedigree Analysis
5. Normal Development/Abnormal Development
6. Human Reproduction.

b. Applicability of Related Sciences to Medical Genetics

1. Cytogenetics
2. Biochemical Genetics
3. Molecular Genetics and Genomics
4. Embryology/Developmental Genetics
5. Teratology
6. Neurogenetics
7. Cancer Genetics
8. Cardiac Genetics.

c. Principles and Practice of Clinical/Medical Genetics

1. Clinical features and natural history of a broad range of genetic diseases, complex common disorders and syndromes of unknown aetiology.
2. Understanding the diagnostic process, including dysmorphology, syndromology, and physical assessment.
3. Understanding genetic/genomic testing, including cytogenetic, molecular, biochemical, multi-gene testing and variant curation, prenatal screening and diagnosis, pre-implantation diagnosis and assisted reproductive testing.
4. Utilising risk assessment skills.
5. Use of genetics literature, databases, and computerised tools.

d. Psychosocial Content

1. Theories of Counselling
2. Interviewing Techniques
3. Individual Psychosocial Development
4. Family Dynamics
5. Dynamics of Grief and Bereavement
6. Multicultural Sensitivity and Competency
7. Disability Sensitivity and Competency
8. Crisis Intervention
9. Health behaviour and health promotion.

e. Social, Ethical, and Legal Issues as they pertain to the delivery of Genetics Services

f. Health Care Delivery Systems and Principles of Public Health

1. Health and Social Policy
2. Community, Regional, and National Resources and Support Groups
3. Financial/Reimbursement Issues
4. Screening
5. Models of delivery of clinical and laboratory genetic services

g. Teaching Skills

1. Ability to identify and address effectively the genetics educational needs of clients, community and lay groups, students, and health and human service professionals.

h. Research Methods

1. Familiarity with clinical research methodologies, research design and both quantitative and qualitative data collection and analysis.

A detailed checklist is provided in [Appendix 4: Curriculum Content Checklist](#).

Application requirements

Copy of detailed subject descriptions provided to students for each subject.

Completed checklist ([Appendix 4: Curriculum Content Checklist](#)).

Details of the policies for curriculum development and review.

A list of the professionals involved in curriculum development and review.

4.3 Mode of Teaching

The mode of teaching should be relevant to the content of the subject and consistent with evidence of effective learning (e.g. adult learning theory). In particular, role plays are considered essential for the development of counselling skills and genetic counselling competence and students should be participating in role plays regularly.

Students should be informed of the modes of teaching and learning experiences in each subject.

Application requirements

Copies of documentation describing the modes of teaching and learning experiences for each subject, as provided to students.

Evidence of role plays in the relevant subjects.

4.4 Research Project

In addition to research methods training, students should complete a research project consistent with a minor research dissertation. The purpose of the research project is to enhance the student's understanding of the research process informing genetic counselling practice and to better equip them to contribute to research as a practising genetic counsellor. Graduates of Master's degree programs with a research dissertation are eligible to apply for PhD programs.

In this context, research is meant broadly and encompasses (but is not limited to) evidence-based education program design, piloting of education programs (including an evaluation component), needs assessment, comprehensive clinical audit and evaluation, and should use appropriate qualitative or quantitative methodologies. The project should be related to an aspect of genetic counselling. As genetic counsellors in Australasia do not usually perform laboratory work, extensive laboratory based-research would not usually be considered appropriate as the sole basis for a project.

The research project should be original – that is, it should not duplicate research previously conducted on the same dataset. While the student may not initiate the project, they should provide intellectual input and be able to justify the research design, explain the findings and identify study limitations. The project should entail a literature review, formulation of research questions, (usually) data collection, and data analysis and presentation of results. While secondary data analysis may be necessary, the complexity of analysis should reflect the focus on this element of the project. Analyses of existing datasets or a systematic literature review would satisfy the criteria.

Programs should ensure adequate supervision from genetic counsellors and/or researchers with a suitable level of expertise in the research methodology. The model of supervision used will depend on the resources of the Program.

Application Requirements

Student handbook for research or equivalent, documenting supervision arrangements, project requirements and assessment criteria.

List of dissertation titles with abstracts and grades awarded each year since last accreditation.

Random audit of research dissertations (site visit).

4.5 Clinical Placement Standards

Clinical training experiences must support the development of the practice-based competencies by coordinating and integrating didactic and experiential learning. Placements should be configured so that students obtain a breadth of experience. The Program should communicate regularly with clinical supervisors to ensure that the program staff, clinical supervisors and students have a clear understanding of the objectives, expectations and assessment measures for clinical placements.

Clinical faculty and staff are responsible for students' clinical placements, supervision and support during placement, with each student having a clinical supervisor within the hosting service allocated by the Program. The clinical supervisor is responsible for the overall supervision and assessment of the student and ensuring that the clinical experience is sufficient to meet the requirements of the Program. The relationship between the university and genetic service providing the placement and the responsibilities of each party should be clearly documented.

4.5.1 Simulated Clinics/Consults

Up to 10 days of placements per year can be simulated clinics/consults. Simulated consults cannot exceed 15 days across both years.

Simulation (SIM) with standardised clients has been used in nursing, medicine, physiotherapy, occupational therapy and speech pathology to enhance or replace clinical placements, with positive outcomes (Blackstock et al., 2013; Cook et al., 2011; Hayden et al., 2014; Hill et al., 2020; Ward et al., 2014). As this is an emerging tool in genetic counsellor education and training, evidence regarding the efficacy of simulated placements, relative to standard clinical placements will be reviewed in 2027.

4.5.2 Telehealth Clinics/Consults

Placement days can be comprised of face-to-face clinics and/or onsite telehealth clinics, and there is no specific limit on the proportion of telehealth consults that may be done as part of clinical placement.

This is to account for the widespread use and acceptability of telehealth in genetic counselling practice (Mills et al., 2021). Many clinical sites have incorporated a large proportion of telehealth into their regular practice, some of which have moved wholly to telehealth or providing a majority of telehealth appointments in clinical practice. However, it is anticipated that the majority of placement days will take place while physically on-site at a genetic service

The majority of placement days (more than 50%) must take place while physically working on-site at a genetic service.

This is to ensure that student's placement experiences outside of clinic appointments are maximised in a live clinical environment. If the onsite component (face-to-face or telehealth) is anticipated to make up less than 50% of a student's placement days in either the first or the second year, then the convenors are asked to contact the accreditation committee to review on case-by-case basis.

4.5.3 First Year

In the first year of the program, the student should attend a minimum of 26 days of clinical placement in addition to any genetics clinic observational activities undertaken. These may be in a clinical genetic service, but may also include other community or health settings that provide students with insight into living with an

inherited condition.

4.5.4 Second Year

Clinical placements in the second year must include a minimum of 48 days in clinical settings where genetics services are provided. Students are encouraged to undertake an additional placement of two to four weeks (10-20 days) duration, where possible, to broaden their clinical exposure.

Clinical placement in the second year must provide students with opportunities to have first-hand experience of genetic counselling of individuals and families affected by a broad range of genetic disorders. Clinical experiences must expose students to the natural history and management of common genetic conditions and to the relevant psychosocial issues, as well as provide opportunities to observe and practise a range of genetic counselling functions consistent with development of the core practice-based competencies.

Students should not have an overwhelming majority of cases in any one practice area. It is the responsibility of the Director to ensure that a student is exposed to a wide breadth of clinical cases from diverse practice areas.

4.5.5 Case Logbook

Students must prepare a logbook of a minimum of 50 cases from those in which they have participated, that and may be from first or second year clinical placements. These cases must have been supervised by a Registered FHGSA genetic counsellor and/or clinical geneticist and illustrate a diverse and well-rounded training which will prepare the student to work in a range of settings.

The Accreditation Committee recommends using the logbook templates found in the current HGSA [Clinical Certification Policy for Genetic Counsellors](#).

To be considered a case, the student must demonstrate participation in at least three of the management and counselling activities listed in Table 1 during the face-to-face session.

i. Table 1: Management and Counselling Activities

Case preparation	Contracting	Eliciting medical history
Pedigree documentation	Risk assessment	Discussion of inheritance & risk counselling
Discussion of diagnosis and natural history	Discussion of testing options/results	Psychosocial assessment
Psychosocial support & counselling	Resource identification & referral	Follow up

As genetic counsellors expand beyond the traditional settings, it is beneficial for students to be exposed to additional clinical opportunities. In order to enhance a student's clinical training, programs are encouraged to augment the core 50 cases with experiences such as genetic counselling in a research context, genetic

registries, public health genetics practice, laboratory experiences including variant curation, and clinical experiences supervised by non-genetic providers (e.g. physicians, nurse practitioners). In these situations, it is important that programs assess and document the credentials and qualifications of those who will be supervising the students, develop clear objectives and outcome measures for student experiences, and monitor the students' activities during the rotation.

Application requirements

Details of placements (community and clinical) provided in first and second year, including the minimum time requirements.

Submission of letters from organisations providing placements in genetics clinics documenting the relationship between the Program and provider, their commitment to provide clinical placements and a list of named clinical supervisors employed by them.

Audit of student documentation (site visit).

4.6 Clinical Practice-Related Activities and Professional Development

In addition to clinical placement, students in the second year must attend a minimum of 12 days equivalent (100 hours) of clinical practice-related activities. Examples of these include journal clubs, reflective tutorials and other clinically focussed professional development activities.

Application requirements

List of clinically-related activities available to students.

Audit of student documentation (site visit).

4.7 Assessment Standards

Programs must ensure that there are objective measures for assessing students' progress in didactic courses and clinical experiences and that the methods of measuring progress are consistent with the objectives set.

Measures and their assessment should be consistent with standards expected of Master's level students.

For assessment of research dissertations, the Accreditation Committee encourages, but does not require, inclusion of an assessor external to the Program or an assessor other than the supervisor(s).

Assessment criteria and standards should be clearly documented and available to students.

Application requirements

Copies of assessment criteria and standards as made available to students.

4.8 Program Evaluation

The Program must have systems to measure the effectiveness of the course and curriculum, including student evaluation, and to appropriately incorporate evaluation findings.

All key aspects of the program should be assessed either quantitatively or qualitatively as appropriate for the coursework under assessment. Where the institution participates in Quality of Teaching surveys or equivalent, it is expected that the program will encourage their students to complete these.

Application requirements

Copies of policies and protocols for conducting program evaluation.

Copies of policies and protocols for responding to program evaluation findings.

The results of program evaluation conducted since the program's inception (including response rate) OR since the program's last accreditation application, as relevant.

Initiatives undertaken in response to program evaluation results since the program's inception OR since the program's last accreditation application, as relevant.

5 Summary of Course Accreditation Procedures

b. Program Administration (Section 3)			
Criteria	Standard	Application Requirements	Format
Academic Status	<ul style="list-style-type: none"> Conducted by a recognised university Master's standard program 	<ul style="list-style-type: none"> Details of institutional accreditation Details of governance structure: i.e. department, faculty and university 	Application form
Institution support	<ul style="list-style-type: none"> Adequate university infrastructure for candidature administration and management Viability of program 	<ul style="list-style-type: none"> Letter from the Head of Department or Dean of Faculty demonstrating support for program Description of administrative support directly available to the program for administration and management of student candidature. 	Written Application
Faculty and personnel	<ul style="list-style-type: none"> Program Director/Associate Director <ul style="list-style-type: none"> Registered FHGSA genetic counsellor 5 years' clinical experience Experience in clinical practice, teaching and supervision 	<ul style="list-style-type: none"> CV(s) including relevant experience and professional development, 	Application form Written Application
	<ul style="list-style-type: none"> Instructional Staff <ul style="list-style-type: none"> Relevant qualifications Relevant knowledge and/or skills 	<ul style="list-style-type: none"> List of staff with subject(s) taught role (e.g. subject coordinator, sessional teacher, tutor), qualifications and certification/registration status where relevant. 	Written Application Site Visit: faculty meeting
	<ul style="list-style-type: none"> Clinical Supervisors Registered FHGSA genetic counsellors 	<ul style="list-style-type: none"> List of clinical supervisors, including qualifications, certification status, job title and workplace. 	Written Application
Learning resources & opportunities	<ul style="list-style-type: none"> Adequate Resources <ul style="list-style-type: none"> Facilities Clinical Placements Information Resources 	<ul style="list-style-type: none"> Description of resources and/or infrastructure for student learning Statement from the Director that they, or a delegated faculty member, arrange, coordinate and allocate clinical placements. 	Written Application Site Visit: tour Site Visit: student meeting
Student Selection	<ul style="list-style-type: none"> Appropriate policies, criteria and process 	<ul style="list-style-type: none"> Copies of Program-specific selection policies and criteria 	Written Application

c. Program Design and Delivery (Section 4)

Criteria	Standard	Application Requirements	Format
Design	<ul style="list-style-type: none"> Two years FTE Master's degree by coursework Stated aims and objectives consistent with development towards genetic counselling competency Clear program design 	<ul style="list-style-type: none"> Copy of the Program aims and objectives Copy of the Program design including subject hours or units 	Written application
Curriculum	<ul style="list-style-type: none"> Curriculum covers the required domains Clear documentation for students Multidisciplinary curriculum development and review 	<ul style="list-style-type: none"> Subject descriptions Details of policies for curriculum development and review List of the professionals involved in curriculum development and review 	Written application
Mode of teaching	<ul style="list-style-type: none"> Mode of teaching clearly relevant to the subject content and consistent with effective learning. Use of role plays in relevant subjects 	<ul style="list-style-type: none"> Copies of documentation describing the modes of teaching and learning experiences for each subject, as provided to students. Evidence of role plays in the relevant subjects 	Written application
Research project	<ul style="list-style-type: none"> Original research relevant to genetic counselling 	<ul style="list-style-type: none"> Student handbook documenting project requirements List of dissertations and abstracts, and grades awarded 	Written application Site Visit: audit
Clinical placements	<ul style="list-style-type: none"> Minimum of 26 days of placement in first year Minimum of 48 days of clinical placement in second year Student Logbook of 50 diverse cases meeting required standards 	<ul style="list-style-type: none"> Details of the clinical placements offered in first and second year Letters from organisations providing placements in genetic clinics Audit of student documentation 	Written application Site Visit: audit
Clinical practice-related and professional development	<ul style="list-style-type: none"> 100 hours of clinical practice-related activities in addition to clinical placement 	<ul style="list-style-type: none"> List of related activities available Audit of student documentation 	Written application Site visit: audit
Assessment standards	<ul style="list-style-type: none"> Objective measures of assessing student progress Measures and their assessment consistent with Master's degree standard 	<ul style="list-style-type: none"> Copies of the assessment criteria and standards as made available to students 	Written application

c. Program Design and Delivery (Section 4)

Criteria	Standard	Application Requirements	Format
Program evaluation	<ul style="list-style-type: none"> • Robust program evaluation with protocols that support student involvement • Mechanisms for appropriate response to program evaluation 	<ul style="list-style-type: none"> • Copies of policies and protocols for conducting program evaluation • Copies of policies and protocols for responding to program evaluation findings • The results of program evaluation conducted since the program's inception (including response rate) OR since the program's last accreditation application, as relevant • Initiatives undertaken in response to program evaluation results since the program's inception OR since the program's last accreditation application, as relevant 	Written Application

6 References

[HGSA Competency Standards for Genetic Counsellors](#)
[HGSA Clinical Certification Policy for Genetic Counsellors](#)
[HGSA Mandatory Declarations for Registered Genetic Counsellors](#)
[HGSA Continuing Professional Development for Genetic Counsellors](#)
[HGSA Professional Practice for Genetic Counsellors](#)

[Accreditation Council for Genetic Counseling, Accreditation Manual for Master's Degree Genetic Counseling Programs \(2020\)](#)

[Accreditation Council for Genetic Counseling, Standards of Accreditation for Graduate Programs In Genetic Counseling \(2019\)](#)

Blackstock, F. C., Watson, K. M., Morris, N. R., Jones, A., Wright, A., McMeeken, J. M., Rivett, D. A., O'Connor, V., Peterson, R. F., Haines, T. P., Watson, G., & Jull, G. A. (2013). Simulation can contribute a part of cardiorespiratory physiotherapy clinical education. *Simulation in Healthcare*, 8, 32–42. <https://doi.org/10.1097/SIH.0b013e318273101a>

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Jacobs, C. and McEwen, A. (2021). Adapting to the challenges of the global pandemic on genetic counsellor education: Evaluating students' satisfaction with virtual clinical experiences. *J Genet Couns.*2021;30:1074–1083DOI: 10.1002/jgc4.1490

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Alison McEwen, Jenny Berkman, Chris Jacobs (2022). Using Virtual Clinical Placement to enhance student learning and readiness for practice, HGSA, Perth

Mills, R., MacFarlane, I. M., Caleshu, C., Ringler, M. A., & Zierhut, H. A. (2021). Genetic counselor experiences with telehealth before and after COVID-19. *Journal of genetic counseling*, 30(4), 999–1009. <https://doi.org/10.1002/jgc4.1465>

7 Version history

Date	Summary of Changes
10/2/23	<p>Overall alignment with ACGC (USA) Manual and Standards to facilitate renewal of recognition as an ABGC (USA) Recognised Accrediting Body.</p> <p>2.1 Accreditation status added for Applicant, Deferred, Withdrawn, Lapsed</p> <p>2.2.2 Application fee reviewed</p> <p>2.4 Annual status reporting requirements added, fee and form implemented</p> <p>2.5 Notifiable changes updated, fee TBD and notification form implemented</p> <p>3.2 Institutional Support to include minimum administrative support and course compliance with institutional policies, with a requirement for a published complaints or grievance policy.</p> <p>3.3 Requirement for Course Directors to be FHGSA Registered</p> <p>3.3 Clinical supervisors no longer require two years' experience post FHGSA to supervise students (two years' experience still applies to supervising MHGSA candidate undertaking FHGSA Certification).</p> <p>3.5 Transparency of admission practices</p> <p>4.5 Clarification of clinical placements and logbook requirements. Up to 10 days each year of SIM placement, but no more than 15 days across both years. No restriction on the proportion of telehealth appointments but 50% of cases must be conducted onsite at a clinical service (whether they are done in-person or by telehealth). Logbook cases may be from first year placements. First year placements may include clinical genetics and/or community placements.</p> <p>Appendix 4: Course Curriculum Checklist updated to reflect HGSA Competency Standards for Genetic Counsellors Policy (V.2022GC04)</p>

1. Appendix 1: Application Form for Accreditation of Genetic Counselling Programs

Please click the link below to download the Application Form for Accreditation of Genetic Counselling Programs.

<https://hgsa.org.au/Web/Web/About/HGSA-Committees/Genetic-Counselling-Course-Accreditation-Committee.aspx>

2. Appendix 2: Annual Report Form

Please click the link below to download the Annual Report Form for Accreditation of Genetic Counselling Programs.

<https://hgsa.org.au/Web/Web/About/HGSA-Committees/Genetic-Counselling-Course-Accreditation-Committee.aspx>

3. Appendix 3: Variation Form

Please click the link below to download the Variation Form for Accreditation of Genetic Counselling Programs.

<https://hgsa.org.au/Web/Web/About/HGSA-Committees/Genetic-Counselling-Course-Accreditation-Committee.aspx>

4. Appendix 4: Curriculum Content Checklist

1. Knowledge Base

In the table below specify the main subjects and supplementary activities in which students receive instruction in the topics listed.

Content Areas	Subjects	Suppl. (specify)	Activities
Mendelian inheritance			
Non-Mendelian inheritance			
Population and quantitative genetics			
Human variation and disease susceptibility			
Family history and pedigree analysis			
Normal development/abnormal development			
Human reproduction			
Prenatal Screening			
Cytogenetics			
Biochemical genetics			
Molecular genetics			
Embryology/developmental genetics			
Immunogenetics			
Teratology			
Cancer genetics			
Cardiac genetics			
Neurogenetics			
Clinical features and natural history of genetic diagnosis			
Dysmorphology/physical assessment			
Prenatal and preimplantation genetic diagnosis			
Genetic/genomic testing, screening, and variant curation			
Risk assessment			
Genetics literature, databases, and computerised tools			

Counselling theory and techniques		
Interviewing techniques		
Individual psychosocial development		
Family dynamics		
Grief and bereavement		
Multicultural sensitivity and competency		
Crisis intervention		
Assessment and referral of psychiatric disturbance		
Societal and public policy issues		
Ethical and legal issues		
Health care delivery systems		
Community, regional and national resources		
Health service funding models and direct to consumer testing		
Principles of public health		
Theory of health behaviour and health promotion		
Teaching skills		
Research methodology		

2. Professional Skills

Specify the courses and relevant supplementary activities in which students learn the following competencies (based on the [HGSA Competency Standards for Genetic Counsellors](#)).

Knowledge and Skills Acquired in:	Placement	Supervisor
1. Relationship building		
Establish rapport with clients, colleagues and other stakeholders		
Develop and communicate mutually agreed agenda		
Explain boundaries of the role to clients, colleagues and other stakeholders		
Promoting trust to enable/encourage disclosure of relevant information and concerns		
2. Communication		

Identify, assess, and address barriers to communication and/or engagement.		
Elicit client perceptions, knowledge, understanding, and information needs.		
Provide information based on appropriate and accurate interpretation of genetic and clinical knowledge.		
Integrate genetic counselling skills with theoretical and scientific knowledge in communications with clients and stakeholders		
Communicate in a culturally and linguistically competent manner appropriate to the client's needs		
Facilitate dissemination of relevant information to clients, colleagues, and stakeholders		
3. Education		
Develop, make use of, and promote access and awareness of information and educational resources		
Assess the effectiveness of educational interventions and modify as necessary		
4. Risk assessment		
Elicit client's perception of risk		
Communicate risk to client and stakeholders in a meaningful way		
Explore options to manage risk, including benefits and limitations, based on best evidence		
Identify and facilitate communication of risks to other stakeholders		
5. Client-centred counselling		
Understand and apply evidence-based counselling models, theories, and approaches		
Support clients to navigate and adapt to information		
Create a safe and comfortable environment to support expression of the client's emotions/feelings, concerns, expectations, motivations, and beliefs		
Use active listening skills		
Identify client needs and adapt counselling as appropriate		
Respond to the client's emotional state, by interpreting cues, with non-judgemental and empathetic communication		
Recognise the impact of emotions, providing support and modifying genetic counselling as needed		

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		
Promote autonomy and facilitate decision making, enabling informed choices		
Identify factors that promote or hinder client autonomy and use appropriate interventions to address them		
Acknowledge and understand interpersonal roles and relationships (family dynamics)		
Explore clients' coping skills including decision-making strategies and capacity, adaptation, and sources of support		
Recognise when a client may benefit from appropriate interventions, referrals, or stakeholder engagement and refers onward when appropriate		
6. Reflective practice		
Evaluate and modify genetic counselling practice in light of new evidence		
Reflect on and address personal biases and cultural differences when interacting with clients, colleagues, and other stakeholders		
Recognise limitations in knowledge, seek consultation/supervision		
Understand methods, roles, and responsibilities in the process of supervision		
Engage in professional mentorship and supervision		
7. Clinical genetics		
Understand and apply current knowledge of genetic conditions		
Understand and apply current knowledge of genetic technologies		
Understand and explain the strengths and limitations of various types of genetic investigations		
Understand and explain the testing scenarios that clients may be exposed to (e.g. diagnostic tests, predictive tests, screening tests, research testing).		
Understand the implications of genetic tests and technologies for management of a client and/or family in the clinical context		
8. Research skills		
Critically analyse research outcomes to inform evidence-based practice		
Develop, identify, evaluate, and/or facilitate opportunities to engage in research		
Understand and communicate the risks, benefits, and limitations of engagement		

in presenting research opportunities to clients, colleagues, and stakeholders		
Identify, assess, and present relevant research outcomes to clients, collaborators, and/or academic audiences (journal club)		
Participate and collaborate in ethically sound, high-quality research that has the aim of improving genetic health care		
9. Case management		
Identify /refer to additional resources and services		
Maintain clear, concise, and accurate documentation		
Promote continuity of care		
Provide follow up according to client needs within personal scope of practice		
10. Advocacy		
Identify and engage effectively with local, regional, national, and international resources and services		
Recognise the medical genetic needs of patients, families, and communities to promote health and well-being		
Demonstrate an awareness of the potential barriers to accessing genetic healthcare and genetic counselling services and seeks to redress these		
11. Service delivery		
Maintains an awareness of current/relevant regulatory and policy environments		
Understand the development and implementation of standards, practice guidelines, education, and research initiatives		
Participate in opportunities to collaborate in strategic planning to improve services		
Identify issues that may influence practice, service quality, and outcomes, and contribute to opportunities for improvement		
Recognise when an issue or incident must be escalated or reported within an organisation, or when additional stakeholders or expertise should be engaged		
Discuss professional issues and innovations, best practice, and opportunities to improve standards of service with colleagues		
Recognise the benefit of genetic counsellor participation in public health policy development and participating where possible		
Promote the implementation and adoption of project/policy outcomes in partnership with relevant stakeholders		

12. Professional Practice		
Consult appropriately with genetics and other healthcare colleagues, to ensure client and personal safety		
Promote evidence-based practice for themselves and others through continuing professional development (CPD)		
Actively support an organisational culture that facilitates professional growth, continuous learning, and collaborative practice		
Understand how to adapt genetic counselling skills for varied service delivery models		
Recognise evolving scientific, medical and societal arenas relevant to genetic counselling, and embrace and facilitate positive changes to genetic counselling practice		
Contribute to the overall landscape of the profession, including participation in and contribution to the activities of the HGSA and ASGC		
13. Ethical Practice		
Recognise and respond to ethical and moral dilemmas		
Practice self-care with awareness that both physical and emotional health impact on individual competency to practice		
Uphold ethical principles related to the exchange of genetic information, including privacy, informed consent, confidentiality, and non-discrimination		
Apply cultural safety in communication and practice		