



Policy

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Executive Summary

CPD Program

- CPD activity is **mandatory** for all genetic counsellors on the [Register of Genetic Counsellors](#).
- All CPD activity is to be logged using the HGSA website [CPD Tracker](#).
- A minimum of **25 hours** of CPD activities is required per membership year. There is no pro rata allowance. It is strongly encouraged that individuals exceed the 25-hour minimum.
- Genetic Counsellors should accumulate a **variety of learning activities** and experiences to reflect the competencies and standards of the profession.
- Every learning activity requires you to **provide evidence** that you attended the event. Accepted evidence is outlined in 4.3. Written reflections are no longer mandatory, but should be used in the absence of an accepted form of evidence.
- While a reflection is not mandatory, genetic counsellors are encouraged to incorporate a reflection in order to consolidate learning

Annual CPD Audit

- The annual CPD entries cover the **membership year - 1 April to 31 March** the following year.
- The audit is conducted by the [CPD Committee](#) of the [HGSA Board of Censors for Genetic Counselling](#).

Assistance

- If you think you will require **special consideration** for any reason, please notify the CPD Committee as soon as possible. Email the CPD Committee gccpd@hgasa.org.au with an explanation of your circumstances so a plan can be put in place as early as possible.
- Anyone experiencing **technical difficulties** with the [CPD Tracker](#) should contact the HGSA Secretariat (secretariat@hgasa.org.au) as soon as possible.



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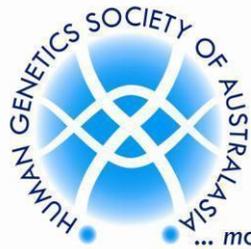


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1. Introduction

The Human Genetics Society of Australasia (HGSA) and the Australasian Society of Genetic Counsellors (ASGC) are committed to ensuring that people seeking genetic counselling services in Australasia receive services from an appropriately trained genetic counsellor meeting the [HGSA Competency Standards for Genetic Counsellors](#). The HGSA administers a continuing professional development (CPD) program for assessing and maintaining the knowledge and skills of its practitioners, to ensure client safety.

The HGSA is a member of the National Alliance of Self Regulating Health Professions (NASRHP), which has adopted the following definition of Continuing Professional Development:

*'a wide range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice.'*¹

The [HGSA Code of Ethics for Genetic Counsellors](#) states that genetic counsellors must meet current standards of practice and continue education and training, demonstrating these through engaging in the CPD program and annual CPD submissions.

2. Administration of CPD

CPD activity is mandatory for all genetic counsellors listed on the [Register of Genetic Counsellors](#), with a status of ACTIVE, PROVISIONAL, or REGISTERED. All CPD activity is to be logged using the HGSA website [CPD Tracker](#). Annual CPD audit is conducted by the [CPD Committee](#) of the [HGSA Board of Censors for Genetic Counselling](#).

New graduates are encouraged to apply to the [Professional Practice Committee](#) for ACTIVE status on the Register.

The [Certification Committee](#) requires that all MHGSA candidates undertaking FHGSA Clinical Certification in Genetic Counselling complete CPD and maintain PROVISIONAL status on the Register.

Annual CPD entries cover the membership year - 1 April to 31 March the following year. Audit logs are created at midnight on 31 March. Entries related to the preceding year should not be entered after 31 March as it will jeopardise the individual's audit.

Anyone experiencing technical difficulties with the [CPD Tracker](#) should contact the HGSA Secretariat (secretariat@hgasa.org.au) as soon as possible.

¹ Department of Health (2002) [Allied health professions project: Demonstrating competence through continuing professional development](#).



3. CPD Requirements

- **A minimum of 25 hours of CPD activities per membership year. Only activities completed in the relevant membership year will be eligible for the 25 hours of CPD at audit.**
- Genetic counsellors should accumulate a variety of learning activities as described below.
- 25 hours per annum is expected regardless of:
 - when a GC joins the register - there is no pro rata allowance. Retrospective activities can be logged in the CPD tracker, up until 31 March.
 - whether a GC is in full-time or part-time practice. The rationale for this is that this is the minimum requirement to be able to maintain knowledge and skills, irrespective of the number of hours worked.

Most genetic counsellors practicing full-time should be able to achieve well over 25 hours per year in the course of their routine practice. While the HGSA, ASGC, and many employers provide CPD opportunities, applicants are encouraged to seek out relevant learning experiences for themselves to meet their training needs.

It is strongly recommended that all CPD activities are logged, even if they exceed the required 25-hour minimum, in order to accurately reflect the variety and range of learning activities undertaken in the CPD year. This will be useful in the event of a CPD audit, or assessment for a Resumption of Practice Program through the Professional Practice Committee.

4. CPD Learning Activities

Genetic Counsellors should accumulate a **variety of learning activities** and experiences to reflect the competencies and standards of the profession. For example, the applicant should not accumulate all their hours by only attending one type of meeting or attending a single conference. **In the event of an audit, applicants with a limited range of activities may, at the discretion of the CPD Committee, be required to undertake additional learning activities to address this, even if they have logged sufficient total hours.** See Appendix 1 for suggested CPD activities.

4.1. Activities not accepted

The following activities do not constitute CPD and will not be accepted in the event of an audit:

- Attendance at clinical management meetings, case conferences or multidisciplinary meetings.
- Annual General Meetings cannot be counted, unless there is an educational component (only the educational component can be counted).



4.2. Capped hours

There is a cap on the number of hours that can be logged for certain activities to encourage a broad range of learning activities:

Professional Committees (e.g. acting as a member of a committee of the HGSA or ASGC, EviQ)	5 hours maximum per year per committee. Written reflection demonstrating the educational component is required for each committee.
Presentations	3 hours preparation time per hour of presentation for each presentation. Preparation time can only be counted once, even if the talk is presented multiple times. e.g., preparation and first presentation of a 1 hour talk = 4 hours total CPD. The presentation is to be provided as evidence of authorship. If the same presentation is given to a different audience, a written reflection should then be used as evidence to demonstrate the additional learning from multiple presentations.
Teaching	5 hours in total per year combined for all teaching styles. Written reflection required.
Reading publications	Maximum of 1 hour per paper. 5 hours in total per year. Written reflection required.
Authorship/Publications/Research	5 hours per 1 st author or senior author publication. 2 hours per publication for other authors. Publication, poster, or HREC approval to be provided as evidence.
Supervision (including the provision and receipt of individual, group, peer, student, research projects, mentoring)	5 hours in total per year combined for all supervision styles. Written reflection required.

4.3. Evidence

Every learning activity requires you to be able to provide evidence that you attended the event. The evidence should ideally include the date(s) and details of the activity. Evidence should be uploaded to the



CPD tracker and will be relied upon to demonstrate the successful completion of the CPD activity if audited. Genetic counsellors are encouraged to incorporate a reflection in order to support the identification of the impact of their CPD on consolidating or enhancing practice. If you have no physical evidence to upload, a written reflection must be sufficiently detailed to demonstrate your attendance.

Accepted evidence includes:

- Certificate of attendance
- Email of attendance
- Academic transcript or statement of attainment
- Confirmation of activity assessment
- Evidence confirming a poster/oral presentation at a conference
- Powerpoint presentation, webinar screenshot or equivalent (as evidence of authorship)
- Publication details (as evidence of authorship)
- Written reflection

A written reflection is an excellent way to demonstrate your attendance, and the outcomes from the professional development event. A reflection should be included for each presentation or themed session at a conference if no other form of evidence of attendance is provided. Any reflection being used as evidence would benefit from using the following points:

- A personalised and specific reflection on the knowledge or skill learnt.
- How the activity may impact on the individual's practice or knowledge base.
- Optional: Discuss the relevance of this activity in career development.
- Optional: Discuss how the broader field of genetic counselling may be evolving.

See Appendix 2 for some examples of reflections.

5. Audit

The CPD Committee will annually audit:

- A minimum of five per cent of all genetic counsellors on register.
- PROVISIONAL genetic counsellors including:
 - MHGSA genetic counsellors as part of the Certification process.
 - FHGSA genetic counsellors returning to practice as part of their Resumption of Practice Plan.
- Genetic counsellors who have failed an audit in the previous year

Those audited may be contacted to provide further evidence of CPD activity if the committee requires it to complete their assessment.



5.1. Extended leave and exceptional circumstances

Many genetic counsellors will encounter periods of extended leave over their professional life. This may include parental, long service, or other forms of leave. It is expected that, even in these circumstances, 25 hours of CPD is achievable and is considered the minimum standard required each year to maintain professional standards for the genetic counsellor's return to practice.

Examples of exceptional considerations include extended illness for the individual or a family member, chronic illness, or stressful or exceptional life events impacting ability to practice. In these cases an individual plan will support the genetic counsellor to return to practice in a way that is safe for them and their clients.

If you feel you will not be able to meet the CPD requirements for any reason, please notify the CPD Committee as soon as possible via the CPD email gccpd@hgasa.org.au with an explanation of your circumstances to put a plan in place.

To respect privacy, any issues of a personal nature will only be discussed between the Chair, Deputy Chair and Secretary as required, of the CPD Committee.

6. What happens if the audit shows I do not meet the CPD requirements?

Any genetic counsellor who has not met the minimum 25 hour CPD requirement will lapse on the Register. The genetic counsellor will be notified by email of a CPD plan to make up the hours. The genetic counsellor must reply within two weeks to accept the plan, or their registration will remain as LAPSED for the remainder of the membership year. If the genetic counsellor accepts the plan, they will return to the register so long as they fulfill the other mandatory requirements of registration. Once the plan is accepted:

- MHGSA or FHGSA genetic counsellors must still complete 25 hours for the current membership year **plus** the hours required from the CPD plan in order to renew their registration in March the following year.
- Genetic counsellors who had ACTIVE status will be returned to ACTIVE on the register once the plan is accepted.
- MHGSA genetic counsellors undertaking Certification or FHGSA genetic counsellors undertaking a Resumption of Practice Plan will return to PROVISIONAL status on the Register. **Submissions for certification will not be accepted from genetic counsellors whose registration is LAPSED.**
- FHGSA genetic counsellors who were previously REGISTERED will return to the Register with PROVISIONAL status until the current CPD year is complete. If they have met all requirements of the CPD plan to make up their total required CPD hours (i.e. 25 hours for the current membership year plus the hours required from the CPD plan), they will be reinstated as REGISTERED at the next audit date. **An**



FHGSA genetic counsellor is unable to act as a supervisor while their status is PROVISIONAL without permission from the BOC. An FHGSA genetic counsellor is unable to act as a supervisor while their status is LAPSED.

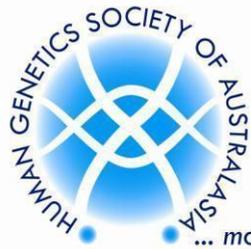
- Genetic counsellors who accept a CPD plan will be audited in the following year.
- If a genetic counsellor has three years of a LAPSED status, they will be changed to EXPIRED on the Register.
- If a genetic counsellor is LAPSED for any period of time during three consecutive audit years, they are considered non-compliant and will have up to three (3) months to become compliant. If they fail to do so they will become EXPIRED on the Register.
- Genetic counsellors who are EXPIRED on the Register will need to contact the Professional Practice Committee to seek advice on applying for a different status.

6.1 HGSA CPD Tracker

The [CPD Tracker](#) and instructions are on the [HGSA website](#). You can return to previous entries to edit or delete prior to the end of each audit year. All entries must be made before 1st April. Any entries related to the preceding year should not be entered after 31 March as this will jeopardise the individual's audit.

7. Policy Review

This Policy will be reviewed every three years, or sooner if necessary, to maintain consistency with current best-practice, emerging professional trends, evidence-based guidelines and benchmarking against other allied health professionals. A draft policy will be prepared by the CPD Committee, accounting for feedback received from the membership, and submitted to the Board of Censors for review. A final draft will be approved by the Board of Censors for Genetic Counselling and ratified by the HGSA Council. Final ratified versions of the revised documents will be posted on the HGSA website.



8. Appendix

Appendix 1 : Example CPD Activities

- journal clubs
- reading of books or journal articles relevant to counselling and genetics
- grand rounds
- conferences, in particular the HGSA Annual Scientific Meeting and ASGC SIG meeting
- workshops and education meetings regarding cultural safety, diversity and inclusion
- education meetings
- presentations prepared and given
- webinars
- publications
- podcasts relevant to genetics and counselling
- variant curation workshops
- supervision workshops (supervisor or supervisee training workshops)
- mindfulness workshops
- grief counselling or counselling workshops
- risk assessment workshops

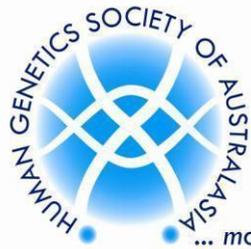
Appendix 2 : Example Reflections

Below are examples of different types of reflections. The reflection length should align with the number of hours being claimed. A specific reflection on the CPD content in relation to your own knowledge and/or practice can constitute evidence in the event that your CPD is audited.

Reflection 1: WEBINAR

A webinar by (INSERT NAMES) (INSTITUTION) focusing on loss and grief from a cardiac, adult neurological and familial cancer perspective. This webinar was a good opportunity to review the theories surrounding grief and loss. I also found it useful to revise particular aspects of grief such as disenfranchised grief and ambiguous loss. Some of the practical applications discussed, such as using direct language to acknowledge and help clients to verbalise the significance of their grief and loss, using indirect language such as metaphor when barriers to exploring strong emotions may be present, ways to explore processing of upheaval of connections, daily life and roles, and exploring proactive coping strategies, were incredibly useful for me to reflect on how I might respond to my clients in similar situations.

Reflection 2: JOURNAL CLUB



A journal presentation by (INSERT NAME) (INSTITUTION) about the benefits and limitations of tele-genetics. Given our experience with the COVID pandemic and our delivery of care changing to more telehealth appointments, this article was a good summary of the benefits and limitations of telehealth prior to 2020. This article and the robust discussion that followed highlighted our own experiences, including discussion about when telehealth worked well (when the client was familiar with the technology, was in a private environment, or at a local health service for assisted telehealth, etc) and when it was less successful (when connections were unreliable, clients not prepared to be in a private environment, client preferred in person discussion, sensitive topic where client non-verbal language unable to be ascertained, etc). These discussions were useful because it is important how we continue to utilise telehealth. I continue to adapt and improve my own practices by learning from my own experiences but also the experiences of others, and gained some ideas about how to negotiate the telehealth appointment from the outset (eg direct question about whether others present in the background; asking for direct feedback about the telehealth appointment and preference for next appointment; pros/cons of screen sharing).

Reflection 3: CONFERENCE SESSION

Overall Reflection: The presentations today were largely educational, which I feel updated my knowledge, and I will use these learnings in the clinical context. Of note, was NAME's presentation. We have had a low volume to date of referrals for these haematological conditions. However, within our team, we have contemplated how we may promote this service. I valued the insights NAME shared, especially highlighting the unique needs of the donor, with potential for conflicting motivations and emotions including sense of responsibility, guilt, worry, grief, purpose and family roles and values. I reflected how predictive testing in the setting of donor eligibility could be considered to be a form of coercion. My experience in working with BMT donors has been their desire to help their FDR if compatible. The complex genetic, counselling and ethical aspects are areas I will consider carefully in any future counselling, and will seek input from colleagues and supervisors, as I don't believe there are other similar areas in cancer genetic counselling.