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POLICY

Title:	Resumption of Practice for Genetic Counsellors
Document Number:	2026 GC11
Publication Date:	May 2026
Location:	https://hgasa.org.au/Web/Web/Consumer-resources/Policies-Position-Statements.aspx
Replaces:	2024GC11 (split into 2026GC10 Recency of Practice and 2026GC11 Resumption of Practice) 2023GC11 Professional Practice for Genetic Counsellors 2022GC11 Professional Practice for Genetic Counsellors 2019GC07 Recency and Resumption of Practice for Genetic Counsellors
Last Reviewed:	May 2026
Review Date:	April 2028

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

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1. Introduction

The purpose of this Policy is to provide a supportive pathway for genetic counsellors to return to active practice after a period of time out of the profession that ensures they are safe to practice.

2. NASRHP Definition of ‘practice’

For the purposes of regulation, the National Alliance of Self Regulating Health Professions (NASRHP) definition of practice has been adopted, as follows¹: *“Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.”*

According to NASRHP², continuing professional development (CPD) does not constitute practice, and it is addressed separately in the HGSA [Continuing Professional Development \(CPD\) for Genetic Counsellors Policy](#).

3. Resumption of Practice

Genetic counsellors not working in clinical practice may still maintain a Registered status on the HGSA-Register if they meet the minimum CPD and practice requirements (see 2. NASRHP Definition of ‘practice’). Practitioners who do not submit mandatory declarations and/or who do not meet the recency of practice minimum requirement will no longer be considered registered practitioners. Their registration will become LAPSED, and they will not be entitled to call themselves a *Registered Genetic Counsellor*. Registered FHGSA genetic counsellors cannot act as a supervisor for the purposes of genetic counselling training, certification, or resumption of practice while they are lapsed on the Register.

3.1. Lapsed Registration

The maximum timeframe allowed for being LAPSED is three years. Registered FHGSA genetic counsellors can apply to undertake Resumption of Practice (see below).

3.2. Expired Registration

If an application to undertake Resumption of Practice is not made within those three years, the practitioner’s Registration will become EXPIRED. In order to recertify, these practitioners will need to re-apply to the [Professional Practice Committee](#) and to the [Certification Committee](#) to renew their FHGSA clinical certification. Under these circumstances, management will be at the discretion of the Certification Committee, including whether a full or modified portfolio is required.

¹ National Alliance of Self-Regulating Health Professions. (May 2024). *Membership Standards Users Guide*.

² National Alliance of Self-Regulating Health Professions. (May 2024). *Membership Standards Users Guide*.

4. Exclusions

Registered genetic counsellors undertaking certification are not eligible to undertake a Resumption of Practice Program through the [Professional Practice Committee](#). They are required to notify the [Certification Committee](#) of changes to their circumstances (such as extended periods of leave) that may impact on their ability to meet the practice and other requirements of the genetic counselling certification process. Management of certification candidates whose registration has lapsed or expired will be at the discretion of the Certification Committee.

5. Applying for Resumption of Practice

Where a practitioner does not meet recency of practice requirements and becomes LAPSED, they must submit an application and a proposed resumption of practice plan to the [Professional Practice Committee](#). Resumption of Practice applications will be assessed on a case-by-case basis, and Resumption of Practice plans will account for previous area/s of practice, the type of practice they are returning to, and the length of time they have been away from genetic counselling.

An application for Resumption of Practice will include the following:

5.1. Practice plan:

- Demonstration of work in a role that will provide equivalent to at least 200 hours per year of genetic counselling practice.
- Genetic counsellors returning to clinical practice will need to demonstrate that their role includes direct clinical contact of at least 125 clinical contact hours over 3 years.

This ensures that genetic counsellors returning to practice are undertaking sufficient practice hours to refresh their skills and knowledge.

5.2. Continuing professional development plan:

A proposed CPD program, including:

- A log of any CPD activities undertaken since last registration, as described in the CPD policy.
- A detailed outline of proposed CPD activity during the first 12 months of returning to practice.
- The proposed CPD activities/hours must meet or exceed the annual requirements outlined in the [CPD Policy](#) and should include both knowledge and skill-based activities directly related to the area of practice that the candidate is returning to.
- Additional CPD activity may be required in order to meet the Professional Standards and may be requested at the discretion of the [Professional Practice Committee](#).
- A summary of how this CPD plan will assist to re-establish their skill and knowledge base in line with the [Professional Standards](#), with a particular focus on the first three months of return to practice.

5.3. Supervision plan:

Supervised mentoring of practice will be required from commencement of active practice. Applicants must:

- Nominate a genetic counselling supervisor, undertake supervision, and provide a [Supervisor Report Form](#) with each submission meeting the requirements of the HGSA [Supervision Policy for Genetic Counsellors](#).

- Additional or more frequent supervision or supervisors’ reports may be required at the discretion of the [Professional Practice Committee](#).

6. Restoring Registration

A practitioner undertaking an approved Resumption of Practice plan will be granted the appropriate registration status inline with their qualifications, and their registration status will be notated with an * on the HSGA website. They will be required to maintain HGSA-registration throughout the process unless the Board of Censors has granted exemption for exceptional circumstances. They will be subject to annual mandatory declarations and annual practice audit by the [Professional Practice Committee](#). They will also be subject to annual CPD audit by the [Continuing Professional Development Committee](#).

Once all requirements of the Resumption of Practice Plan are fulfilled and have been submitted to and approved by the [Professional Practice Committee](#), including CPD requirements and supervisors’ reports, the * notation will be removed from the registration status.

7. Version History

May 2026	Terminology adjusted based on the new registration statuses now in use that align with the NASRHP Standards. Practitioners on a resumption of practice plan are able to maintain their status on the register which aligns with their qualifications, the plan will be marked by an *.
April 2025	Separated from 2025GC10 Recency of practice policy to align with NASRHP Standards. Content and headers reorganised for clarity. NASRHP definition of Practice updated. Website links and references updated.
April 2023	Updated to clarify requirements for evidence at application, account for ACTIVE status, and that PROVISIONAL status is not granted until Submission 1 (i.e. candidates remain “ACTIVE” until they make Sub 1 after 12 months/250 clinical hours.

8. Figure: Regulation Flowchart

Visit <https://hgsa.org.au/Web/Consumer-resources/Genetic-Counselling.aspx>