HUMAN GENETICS SOCIETY OF AUSTRALASIA Ltd

... making sense of your genes

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POLICY

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Table of Contents

PURPOSE AND APPLICATION

Professional Standards describe the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a genetic counsellor.

These Professional Standards are the integrated knowledge, skills, attitudes, and judgment required to practise safely and ethically as a genetic counsellor, as endorsed by the Human Genetics Society of Australasia (HGSA). They represent the core set of skills of a genetic counsellor, and that genetic counsellors can apply to any area of genetic counselling practice. They serve as a foundation for the practice, training, and certification for genetic counsellors in Australia and New Zealand and underpin regulation and other quality assurance measures of the profession.

The Professional Standards are intended to be inclusive, and to apply to all practising genetic counsellors regardless of designated role, client, or practice setting. They do not preclude the need for, and development of, advanced skills specific to a particular area of practice or specialty for career progression or professional development, which are beyond the scope of this document. The standards will be developed and exercised to different degrees and in different ways dependent on the genetic counsellor's level of experience and practice setting. They will be exercised within the context of applicable legal, institutional, and departmental jurisdictions.

Graduates of an HGSA Accredited Masters course in Genetic Counselling

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

The Human Genetic Society of Australasia-Register of Genetic Counsellors

The Professional Standards provide a framework for assessing the competency of genetic counsellors and who is eligible to be listed on the HGSA-Register of Genetic Counsellors. Genetic counsellors who fulfil the mandatory requirements and declarations are eligible to join the HGSA-Register of genetic counsellors. This includes but is not limited to, having graduated from an HGSA accredited Master of Genetic Counselling program, or equivalent, such as an overseas tertiary qualification in genetic counselling recognised by the HGSA Board of Censors for Genetic Counselling. They are an actively practising genetic counsellors and are undertaking appropriate supervision and continued professional development. These genetic counsellors are registered with the HGSA and engaged with the HGSA Board of Censors for Genetic Counselling for ongoing development and maintenance of their Professional Standards. Please refer to the Policy on Professional Registration Requirements for Genetic Counsellors for more details.

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

For those genetic counsellors who fulfil the requirements of to join the HGSA-Register of genetic counsellors, those who are financial members of the HGSA are invited to use the postnominals MHGSA to indicate their Member of the Human Genetic Society of Australasia (MHGSA) status. MHGSA genetic counsellors are graduates of an HGSA accredited Master of Genetic Counselling program (or overseas tertiary qualification in genetic counselling recognised by the HGSA Board of Censors for Genetic Counselling) and are actively practising as entry-level genetic counsellors under appropriate supervision. MHGSA genetic counsellors are registered with the HGSA and engaged with the HGSA Board of Censors for Genetic Counselling for further development and assessment of the Professional Standards according to the HGSA Practitioner Certification Policy for Genetic Counsellors.

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

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

PROFESSIONAL STANDARDS FOR GENETIC COUNSELLORS

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

1. Relationship building

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

1.1. Use effective verbal and nonverbal communication to establish rapport and respect with clients, colleagues, and other stakeholders.

1.2. Explain the nature and boundaries of the role of the genetic counsellor to clients, colleagues and other stakeholders.

1.3. Develop and communicate a mutually agreed agenda with clients, colleagues, and other stakeholders.

1.4. Enable/encourage disclosure of relevant information and concerns by promoting trust and confidence through a holistic, client-centred approach.

2. Communication

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

2.1. Identify, assess, and address barriers to communication and/or engagement.

2.2. Elicit client perceptions, knowledge, understanding, and information needs.

2.3. Explain risk-assessment and communicate relevant risks to the client and relevant stakeholders in a meaningful way.

2.4. Integrate genetic counselling skills with theoretical and scientific knowledge in communications with clients and stakeholders.

2.5. Adapt and convey oral, written, and visual information, in a culturally safe and linguistically competent manner appropriate to the client's capacity, health literacy, and communication needs, that is inclusive for all forms of individual diversity (including but not limited to age, gender identity, sexual orientation, geographic location, education, and spiritual orientation)[1, 2, 3].See 13.4)

2.6. Facilitate timely dissemination of relevant information to clients, colleagues, and other

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[1] Australian Government Department of Health and Aged Care. (2021). National Aboriginal and Torres Strait Islander Health Plan 2021–2031.

[2] Te Kaunihera Rata o Aotearoa The Medical Council of New Zealand with Te Ohu Rata O Aotearoa. (2020). *Cultural Safety Baseline Data Report Release and Recommendations*.

[3] Curtis, E., Jones, R., Tipene-Leach, D. *et al.* Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *Int J Equity Health* 18, 174 (2019). https://doi.org/10.1186/s12939-019-1082-3

stakeholders.

3. Education

Deliver accurate, sensitive and timely education to professional, consumer, and community groups.

3.1. Develop, make use of, and promote access and awareness of information and educational resources relevant to genetic knowledge, healthcare, support, and related health condition(s).

3.2. Assess the effectiveness of educational interventions (new learning and understanding), using evidence-based and appropriate evaluation or improvement processes as applicable, to modify educational process and strategies as necessary.

4. Risk assessment

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

4.1. Elicit client's perception of risk.

4.2. Provide information based on appropriate and accurate interpretation of genetic and clinical knowledge.

4.3. Explore options to manage identified risk, including benefits and limitations, based on best evidence and context.

4.4. Identify and facilitate communication of risks to other stakeholders (e.g. families, organisations).

5. Client-centred counselling

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

5.1. Understand and apply evidence-based genetic counselling models, theories, and approaches as appropriate.

5.2. Support clients to navigate and adapt to the implications of genetic health information.

5.3. Create a supportive environment for clients to express emotions/feelings, concerns, expectations, motivations, and beliefs.

5.4. Use non-judgemental and empathetic communication and active listening skills.

5.5. Identify client needs, provide support, and modify genetic counselling as appropriate.

5.6. Interpret verbal and nonverbal cues and respond to the client's emotional state with non-judgemental and empathetic communication.

5.7. Recognise the impact of emotions on cognition and retention of information.

5.8. Consider each client's self-identified best interests, preferences, and decisions, as well as their individual and shared lived experiences, beliefs, values, and culture.

5.9. Promote autonomy, facilitate decision making, and enable informed choices.

5.10. Identify factors that promote or hinder client autonomy and use appropriate interventions to address them.

5.11. Acknowledge and understand interpersonal dynamics (e.g. family dynamics).

5.12. Assess clients' decision-making strategies, capacity, adaptation, and sources of support.

5.13. Recognise when a client may benefit from appropriate interventions and/or onward referral.

6. Reflective practice

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

6.1. Evaluate genetic counselling practice considering new evidence and using evidence-based and appropriate evaluation and practice improvement processes to modify practice accordingly.

6.2. Reflect on one's beliefs, values, judgments, and practices, and address personal biases and cultural differences when interacting with clients, colleagues, and other stakeholders.[4, 5, 6]

6.3. Recognise limitations in knowledge, experience, and capabilities.

6.4. Seek a collaborative approach. Consult with or escalate to other professionals when necessary.

6.5. Understand methods, roles, and responsibilities in the process of supervision. See the HGSA Supervision Policy for Genetic Counsellors.

6.6. Engage in professional mentorship and genetic counselling supervision to underpin and improve performance and provide mentorship and supervision as appropriate. See the HGSA Supervision Policy for Genetic Counsellors.

7. Clinical genetics

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

7.1. Understand, explain and apply current knowledge of genetic conditions.

7.2. Understand, explain and apply current knowledge of genetic technologies and/or techniques, including testing strategies, approaches, strengths/limitations, and result interpretation.

7.3. Understand and explain the strengths and limitations of various types of genetic investigations, including but not limited to sensitivity, specificity, positive predictive value and clinical utility.

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[4] Australian Government Department of Health and Aged Care. (2021). National Aboriginal and Torres Strait Islander Health Plan 2021–2031.

[5] Te Kaunihera Rata o Aotearoa The Medical Council of New Zealand with Te Ohu Rata O Aotearoa. (2020). *Cultural Safety Baseline Data Report Release and Recommendations*.

[6] Curtis, E., Jones, R., Tipene-Leach, D. *et al.* Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *Int J Equity Health* 18, 174 (2019). https://doi.org/10.1186/s12939-019-1082-3

7.4. Understand and explain the testing scenarios that clients may be exposed to (e.g. diagnostic tests, predictive tests, screening tests, research testing).

7.5. Understand the implications of genetic tests and technologies for clients and/or family in the clinical context.

8. Research skills

Understand research principles and study design.

8.1. Critically analyse research outcomes to inform evidence-based practice and professional development.

8.2. Develop, identify, evaluate, and/or facilitate opportunities to engage in research and research translation.

8.3. Understand and communicate the risks, benefits, and limitations of engagement in presenting research opportunities to clients, colleagues, and stakeholders.

8.4. Identify, assess, and present relevant research and research translation outcomes to clients, collaborators, and/or academic audiences (e.g. conference, journal club).

8.5. Engage in ethically sound, high-quality research and research translation with the aim of improving genetic health care.

9. Case management

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

9.1. Provide care in a sensitive, fair and timely manner, with an awareness of resource allocation and cost-effectiveness.

9.2. Maintain clear, concise, and accurate documentation (e.g., case notes, project documentation, correspondence).

9.3. Promote continuity of care in partnership with the client and other stakeholders (e.g. their family, appropriate care providers, members of the multidisciplinary team).

9.4. Provide follow up according to client needs within the boundaries of personal scope of practice and capacity of the service and refer on when appropriate.

10. Advocacy

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

10.1. Identify and engage effectively with local, regional, national, and international resources and services.

10.2. Recognise the medical genetic needs of patients, families, and communities to promote health and well-being.

10.3. Demonstrate awareness of the potential barriers to accessing genetic healthcare and genetic counselling services and seek to redress these.

11. Service delivery

Promote effective service delivery and contribute to improving services through the identification of barriers and inequities and using suitable evidence-based approaches.

11.1. Maintain an awareness of current/relevant regulatory and policy environments and practice within these.

11.2. Understand the development and implementation of standards, practice guidelines, education, research and research translation initiatives.

11.3. Evaluate outcomes and participate in strategic planning to improve services.

11.4. Identify issues that may influence practice, service quality, and outcomes, and contribute to opportunities for improvement.

11.5. Recognise when an issue or incident must be escalated or reported within an organisation, or when additional stakeholders or expertise should be engaged.

11.6. Discuss professional issues and innovations, best practice, and opportunities to improve standards of service with colleagues.

11.7. Recognise the benefit of genetic counsellor participation in public health policy development and participating where possible.

11.8. Promote the implementation and adoption of project/policy outcomes in partnership with relevant stakeholders.

12. Professional Practice

Understand and maintain professional behaviour and boundaries in keeping with relevant accepted practice guidelines, including these Professional Standards and the HGSA Scope of Practice for Genetic Counsellors.

12.1. Understand and comply with all relevant laws and regulations that apply to genetic counselling, healthcare, privacy, and professional practice as well as any changes to laws that may impact their work and relate to their practice.

12.2. Consult appropriately and maintain productive collaborations with genetics and other healthcare colleagues, to ensure client and personal safety and enhance client/patient care.

12.3. Promote evidence-based practice for themself and others through continuing professional development (CPD), awareness of new practice standards as well as scientific and societal developments. Actively seek CPD opportunities, reflect on the practice implications, and maintain a record of CPD activities.

12.4. Actively support an organisational culture that facilitates professional growth, continuous learning, and collaborative practice which is free from discrimination, bullying, and harassment.

12.5. Understand how to adapt genetic counselling skills for varied service delivery models.

12.6. Recognise evolving scientific, medical and societal arenas relevant to genetic counselling, and embrace and facilitate positive changes to genetic counselling practice.

12.7. Contribute to the overall landscape of the profession, including participation in and contribution to the activities of the HGSA and ASGC.

13. Ethical Practice

Understand and maintain professional behaviour and boundaries in keeping with relevant accepted codes of ethical practice, including the HGSA Code of Conduct for Genetic Counsellors.

13.1. Recognise and respond to ethical and moral dilemmas arising in practice and seek appropriate support and assistance from senior colleagues and experts to rationally resolve cases of ethical conflict.

13.2. Practice self-care to sustain professional functioning and wellbeing, with awareness that both physical and emotional health impact on individual competency to practice, and support colleagues to do the same. See the HGSA Scope of Practice and Code of Conduct for Genetic Counsellors.

13.3. Uphold ethical principles related to the exchange of genetic information, including privacy, informed consent, confidentiality, and non-discrimination.

13.4. Apply cultural safety and responsiveness in communication and practice; recognising, acknowledging, and respecting diversity; including but not limited to cultural, spiritual, physical, cognitive, political, and sexual orientation.[7, 8, 9]

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[7] Australian Government Department of Health and Aged Care. (2021). National Aboriginal and Torres Strait Islander Health Plan 2021–2031.

[8] Te Kaunihera Rata o Aotearoa The Medical Council of New Zealand with Te Ohu Rata O Aotearoa. (2020). *Cultural Safety Baseline Data Report Release and Recommendations*.

[9] Curtis, E., Jones, R., Tipene-Leach, D. *et al.* Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *Int J Equity Health* 18, 174 (2019). https://doi.org/10.1186/s12939-019-1082-3

REVIEW PROCESS

Review Period

The Code of Conduct, along with the Professional Standards and Scope of Practice for Genetic Counsellors, will be reviewed every five years to ensure they remain current and in line with best practices. If necessary, these documents may be reviewed sooner to address any urgent changes or updates.

Review Working Group

Six months before the end of each five-year period, the Board of Censors will initiate a review of the Code. This will include the Board of Censors for Genetic Counselling, the HGSA Education, Conduct and Social Issues Committee (EESIC), a genetic counsellor with expertise in ethics or law (if not included in the EESIC review), the Professional Concerns and Complaints Committee for genetic counsellors (PCCC) and the Australasian Society of Genetic Counsellors (ASGC) Executive. The group may also include other experts as needed to ensure a thorough and inclusive review.

Review Process

The review will consider current trends in genetic counselling practice and benchmark the Code against international standards for genetic counsellors, including:

Body	**Jurisdiction**	**Year**	**Document**
Canadian Association of Genetic Counsellors(CAGC)	Canada	2018 2012	Knowledge Based Competencies Practice Based Competencies
European Board of Medical Genetics (EBMG)	Europe	2021	Appendix I Core competences for genetic counsellors (in: Professional and educational standards for genetic counsellors in Europe)
Genetic Counsellor Registration Board (GCRB)	United Kingdom	2017	GCRB Competencies for Registration
Health Professions Council of South Africa (HPCSA) and Genetic Counsellors South Africa (GCSA)	South Africa	2013	Standards of Practice for Genetic Counsellors
Accreditation Council for Genetic Counseling (ACGC)	United States of America	2019	Practice-Based Competencies for Genetic Counsellors

Consultation

A draft of the revised Code will be circulated to the broader ASGC and HGSA membership, as well as the following key stakeholders for a four-week consultation period.

Allied Health Professions Australia (AHPA)	Australia	admin@ahpa.com.au
Office of the Chief Allied Health Officer	Australia (ACT)	ChiefAlliedHealthOffice@act.gov.au
Office of the Chief Allied Health Officer	Australia (Federal)	caho@health.gov.au
Allied Health Workforce Portfolio, Workforce Planning and Development Branch, NSW Health	Australia (NSW)	MOH-WPTD@health.nsw.gov.au
Office of the Chief Allied Health Officer	Australia (NT)	chiefalliedhealthoffice.doh@nt.gov.au
Office of the Chief Allied Health Officer	Australia (QLD)	allied_health_advisory@health.qld.gov.au
Chief Allied and Scientific Health Officer	Australia (SA)	Health.ChiefAlliedandScientificHealthOfficeCASHO@sa.gov.au
Chief Allied Health Advisor, Department of Health	Australia (TAS)	(Kendra.Strong@health.tas.gov.au)
Chief Allied Health Officer	Australia (VIC)	caho@safercare.vic.gov.au
Chief Allied Health Office (CAHO)	Australia (WA)	CAHO.CED@health.wa.gov.au
Allied Health Aotearoa New Zealand (AHANZ)	New Zealand	executivedirector@alliedhealth.org.nz
Chief Allied Health Professions Officer	New Zealand	info@health.govt.nz (Martin.Chadwick@health.govt.nz)
Māori Health Directorate at the Ministry of Health	New Zealand	maorihealth@health.govt.nz

After incorporating feedback, the final draft will be approved by the Board of Censors and ratified by the HGSA Board. The updated Code will then be published on the HGSA website.

BACKGROUND

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

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

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

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

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Sahhar, M., Young, M. A., Sheffield, L., & Aitken, M. A. (2005). Educating genetic counselors in Australia: developing an international perspective. Journal of Genetic Counseling, 14(4), 283–294.

TERMINOLOGY

consumer	*Consumers* are people, including family and carers, who currently use a particular service, have used the service in the past, or who may use the service in the future.
client	The term '*client'* applies to any individual or organisation receiving services from a genetic counsellor, including patients and their families, the general public, students, other health care providers, and government/non-governmental agencies or departments. Clients are also consumers of genetic counselling services.
Good Clinical Practice (GCP)	With a foundation in the Declaration of Helsinki, the principles of Good Clinical Practice (GCP) provide guidance for the conduct of clinical research. The Guideline for Good Clinical Practice (GCP) is an internationally accepted standard for the designing, conducting, recording and reporting of clinical trials, and is incorporated in the Therapeutic Goods Regulations 1990. Designed for trials of clinical products, treatments, and interventions, GCP guidelines also apply to other clinical investigations that may have an impact on the safety and well-being of human participants. GCP is considered good research practice, and has relevant elements that apply to all research. Compliance is a requirement for Human Research Ethics Committee (HREC) approved research protocols and GCP certification is a requirement for named investigators.
genomic (genetic)	For the purpose of this document, the term *'genomic'* is inclusive of single genes (genetics), multiple genes (genomics) and the interactions between genes and environmental or non-genetic factors that have health implications.[10] These terms may be used interchangeably in this document.
patient	A *'patient'* is a person receiving direct clinical care in the context of a health service. A patient is also a client of a healthcare provider(s) and a consumer of health services.
stakeholder	The term *stakeholder* refers to colleagues, other professionals, individuals, services, or organisations who are not clients, but who have a common interest in client-related goal, or with whom the genetic counsellor engages in the course of providing services.

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[10] Commonwealth of Australia Department of Health. (2017). National Health Genomics Policy Framework.

supervision	*a forum for reflection and learning. … an interactive dialogue between at least two people, one of whom is a supervisor. This dialogue shapes a process of review, reflection, critique and replenishment for professional practitioners... a professional activity in which practitioners are engaged throughout the duration of their careers regardless of experience or qualification. The participants are accountable to professional standards and defined competencies and to organisational policy and procedures.* (Davys & Beddoe, 2010: 21) Genetic counselling supervision encompasses counselling skills, clinical knowledge, and reflective practice, in a supportive, non-judgmental environment. See the HGSA Supervision Policy for Genetic Counsellors. Supervision is distinct from line management and differs from personal psychotherapy.
practice	The term *practice* "…indicates that an individual is drawing on their relevant professional skills and knowledge in the course of their work to contribute to safe and effective delivery of services within the profession… It is not restricted to the provision of direct clinical care and may also include working in a direct non-clinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles, for example. This work can be of a paid or formal volunteer nature on a full or part-time basis."[11] The term practice also includes staying informed of, and adhering to, evidence-based professional guidelines.
MHGSA	The HGSA grants the title Member of the Human Genetics Society of Australasia (MHGSA) in recognition that a genetic counsellor meets the minimum educational requirements to practice as a genetic counsellor.
FHGSA	The HGSA grants the title Fellow of the Human Genetics Society of Australasia (FHGSA) to tertiary-qualified health professionals who have completed specialist practice training requirements in genetics and counselling, and are certified by the HGSA Board of Censors for Genetic Counselling.

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[11] National Alliance of Self Regulating Health Professions (NASRHP). (2016). Self Regulating Health Profession Peak Bodies Membership Standards.

VERSION HISTORY

DATE	CHANGE
May 2026	Paragraph titled The Human Genetic Society of Australasia-Register of Genetic Counsellors added. Minor terminology changed to align with NASRHP 2026 Standards.
February 2025	Updated wording from Competencies to Professional Standards in line with NASRHP. Added phrasing to definition of Professional Standards in the Purpose and Application to clarify how they apply to Masters training, MHGSA, and FHGSA GCs. Reference to Supervision Policy added to 6.5 Definition of supervision added to Terminology section, based on the HGSA Supervision Policy for Genetic Counsellors. In line with NASRHP requirements: Added 12.1 based on the information on the Code of Conduct (4.8 Comply with Laws and Regulations) Modified wording of 9.1 to highlight value based care. Modified 2.5, 6.2, 13.4 and added references for culturally safe and responsive care as per Code of Conduct (5.7 Culturally Safe and Responsive Care). Modified 11.3 to include "evaluate outcomes" Modified wording in 11 to reference to the Practice Standards themselves. Updated Review Process in line with updates made to the Code of Conduct and Scope of Practice. Review cycle adjusted to 5 years minimum (7 years is maximum under NASRHP). Table of stakeholders added to meet NASRHP consultation requirements.