



HUMAN GENETICS SOCIETY OF AUSTRALASIA

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

PO Box 6012, Alexandria, NSW 2015

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Policy

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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](#). Like most professional organisations, the HGSA has adopted a continuing professional development (CPD) program for assessing and maintaining the knowledge and skills of its practitioners, to ensure client safety.

Within the CPD program for genetic counsellors, MHGSA and FHGSA genetic counsellors undertake self-directed learning activities in order to adapt to the changing needs of their clients and responding to developments in the field. The process of CPD demonstrates a commitment on the part of the HGSA and its membership to continuing education and maintaining standards of practice.

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.

The HGSA Board of Censors for Genetic Counselling has adopted the National Alliance of Self Regulating Health Professions (NASRHP) definition of practice, as follows:

“[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 nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles, for example. This work can be of a paid or formal volunteer nature on a full or part-time basis.”¹

2. Administration of CPD

- ALL HGSA members have access to and can log CPD activities electronically using the [CPD Tracker](#) on the HGSA website. **All genetic counsellors are required to submit their CPD using the CPD Tracker.** It is strongly recommended that this is done as and when they are accumulated over the course of the year rather than batched, to make the process easier.
- CPD for genetic counsellors will be administered and audited by the [CPD Committee](#) of the [HGSA Board of Censors for Genetic Counselling](#).

¹ NASRHP; Self Regulating Health Profession Peak Bodies Membership Standards; 2/12/2016, p. 31



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- CPD activity is mandatory for all MHGSA and FHGSA genetic counsellors listed on the [Register of Genetic Counsellors](#). (ACTIVE, PROVISIONAL, REGISTERED).
 - All PROVISIONAL and a proportion of ACTIVE and REGISTERED genetic counsellors are subject to annual CPD audits, by the [CPD Committee](#).
 - New graduates are encouraged to apply to the [Professional Practice Committee](#) for ACTIVE status on the Register and to log their CPD.
 - The [Certification Committee](#) requires that all MHGSA candidates undertaking FHGSA Clinical Certification in Genetic Counselling complete CPD and maintain PROVISIONAL status on the Register.
 - The [Professional Practice Committee](#) requires CPD for FHGSA genetic counsellors granted PROVISIONAL status as part of any Resumption of Practice Program.
 - All FHGSA REGISTERED genetic counsellors are required to log adequate CPD.
- Annual CPD submissions close on March 31 and will be audited after this date. Late submissions will not be accepted.
- Anyone experiencing technical difficulties with the Tracker should contact the [HGSA Secretariat](#) (secretariat@hgasa.org.au) for assistance.

3. CPD Requirements

- **All genetic counsellors are required to complete a minimum of 25 hours of skills and knowledge-based activities per membership year as part of the CPD program.**
- Of the 25 hours, a minimum of 12 hours must be external learning activities.
- Genetic counsellors must accumulate a variety of learning activities as described below (see Section 4).

25 hours per year is a minimum standard that applies to any genetic counsellor, regardless of whether they are 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 so that they accurately reflect the variety and range of learning activities undertaken. 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 must accumulate a variety of learning activities. We encourage genetic counsellors to vary their learning 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.

The learning activities described below are not exhaustive and are examples only.

4.1. Knowledge-based activities

Knowledge-based activities are those that increase understanding of genetic counselling. It can apply to genetics or counselling knowledge. The reflection needs to relate to one's practice, illustrating how it improved clinical practice and what you learned.

- journal clubs
- reading of books or journal articles relevant to counselling and genetics
- study days
- grand rounds
- conferences
- education meetings
- podcasts relevant to genetics and counselling

4.2. Skills-based activities

Skills-based activities are those that include a practical component directly applicable to the field of Genetic Counselling. The reflection needs to relate to one's practice, illustrating how it improved clinical practice and what you learned. **Even though there is no longer a distinct category for skills-based activities, we encourage all genetic counsellors to attain some hours of CPD in this area each year.**

- variant curation workshops
- supervision workshops (supervisor or supervisee training workshops)
- mindfulness workshops
- grief counselling or counselling workshops
- peer supervision workshops
- CanRisk or BOADICEA workshops
- polygenic risk score workshops



4.3. External learning activities

External learning activities include courses, conferences, seminars, workshops, lectures, and membership of relevant committees that are arranged **externally** to the applicant's immediate workplace (e.g., genetics department). Time spent writing publications and preparing for and delivering a presentation can be included (as noted below). These may include:

- Activities organised by the applicant's place of employment (e.g., through the hospital, rather than the genetics service/department they work in).
- Activities organised with an external presenter.
- Genetic Counsellors are strongly encouraged to regularly attend the HGSA Annual Scientific Meeting and/or ASGC SIG day or other relevant meetings specific to your area of work (e.g., KConfab) to maintain current knowledge and skills in the Australasian context, and connection with the HGSA professional community.

4.4. Internal learning activities

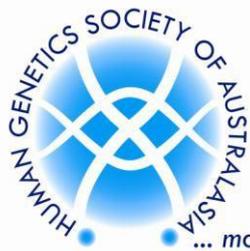
Internal learning activities include study days, journal clubs and lectures arranged within the applicant's genetics service/ department. Time spent writing publications and preparing for and delivering a presentation can be included (as noted below).

4.5. 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.
- Activities related to supervision, including individual, group and peer supervision.*
- Supervision of students or research projects.*

**Supervision is considered a separate core activity of genetic counselling practice, and does not constitute CPD.*



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4.6. 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)	5 hours in total per year combined for all committees.
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 CPD, future presentations of the same 1 hour talk = 1 hour CPD.
Authorship/Publications	5 hours per 1 st author or corresponding/senior author publication. 1 hour per publication for other authors.

4.7. Reflections and Evidence

Every learning activity requires a reflection on how the activity has or will impact on the applicant's practice.

This applies to **all activities**, even those automatically applied to the CPD Tracker such as the HGSA ASM and ASGC webinars. These reflections do not need to be lengthy, but do need to capture what you learned (skills and/or knowledge) from the activity and how you can apply it/or have previously applied it to your genetic counselling practice. See Appendix one for some examples of reflections

Evidence of completion should be attached to the submission, as this provides the CPD Committee with information about the nature of the learning activity. This could include:

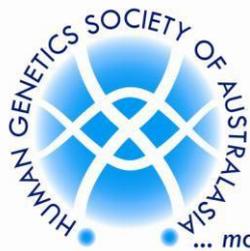
- an attendance certificate
- a copy of an email regarding a poster/oral presentation at a conference
- the first page of an article that was read or on which the applicant is an author
- web links can be supplied if they remain active

5. Audit

The **CPD Committee** will annually audit:

- A minimum of five per cent of all REGISTERED and ACTIVE genetic counsellors each year
- All PROVISIONAL genetic counsellors each year including:
 - MHGSA genetic counsellors as part of the Certification process.
 - FHGSA genetic counsellors returning to practice as part of their Resumption of Practice Plan.

Those audited may be contacted to provide further evidence of CPD activity if necessary.



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 of the [CPD Committee](#).

6. CPD and the Register

Maintaining CPD is a requirement to maintain REGISTERED, PROVISIONAL, or ACTIVE status on the [Register of Genetic Counsellors](#). Any genetic counsellor who has not met the minimum 25 hour CPD requirement will be notified by email of a CPD plan to make up the hours, and their <https://www.hgasa.org.au/about/boc-subcommittees/continuing-professional-development-committee> registration will lapse on the Register. They must reply within 2 weeks to accept the plan, or their registration will remain as lapsed for the remainder of the membership year. Once this 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 has 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). **An FHGSA genetic counsellor is unable to act as a supervisor while their status is PROVISIONAL or if their registration has lapsed.**



7. HGSA CPD Tracker

The [CPD Tracker](#) and instructions are on the HGSA website. You can return to previous entries to add a reflection or more detail, or to delete entries that were made in error prior to the end of each audit year. All entries are editable (up until midnight March 31 of the current membership year).

8. Policy Review

The CPD Policy for Genetic Counsellors will be reviewed every three years, or sooner if necessary, to maintain consistency with current best-practice and evidence-based guidelines in the light of current and emerging trends in the practice of genetic counselling and benchmark against other allied health professions. 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.

9. Appendix: Example Reflections

Below are examples of different types of reflections. A reflection only needs to be a few lines but can be more detailed. As per the detail in this policy, each CPD activity requires a reflection and must address the following:

- brief description of the content of the learning activity
- describe what you learned from the activity
- describe how you may or do apply this to your genetic counselling practice

Reflection 1: PODCAST

This podcast detailed the story of a newborn diagnosed with Pompe disease. It was particularly insightful to hear their mother's perspective on the counselling strategies used. This provided me with an opportunity to listen to her views on the effectiveness of the support and intervention provided. It prompted me to reflect on my own practices and consider how I might adjust my own counselling practices.

Reflection 2: ASGC WEBINAR

An ASGC webinar by (INSERT NAMES) 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 were incredibly useful for me to reflect on how I might respond to my clients in similar situations.



Reflection 3: JOURNAL CLUB

A journal presentation by (INSERT NAME) (INSTITUTION) about the benefits and limitations of tele-genetics. Given our experience of the last 12 months with Covid 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 and when it was less successful. 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.

Reflection 4: SKILLS WORKSHOP

Facilitator NAME, ORGANISATION. 2-day workshop. Accreditation gained for 3 yrs. I found the video scenarios very insightful to understand verbal and non-verbal cues in dealing with people with poor mental health. In particular, I learned and practised techniques for raising concerns with clients and people in the community about suicidal ideation. I practised how to manage someone behaving with psychosis. I also discussed and practised strategies for people presenting with anxiety and depression. I will take the skills I have learned from this workshop and apply them to my clinical practice as needed. The workshop has given me more confidence in being able to address these concerns in an appropriate way.

Reflection 5: 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 and predictive testing. I reflected how it 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. This is an area I will consider carefully in any future counselling, as I don't believe there are other similar areas in cancer genetic counselling.

Reflection 6 : SKILLS WORKSHOP

One of the biggest learning and skill-focused take home messages for me from this workshop was around responsibility for supervision in terms of taking the lead on reflecting on your practice and setting an agenda/contract for supervision. When I tried agenda setting with my supervisor at my next one-on-one, I felt I got more from the time and generated new ideas about a troubling case for potential use in certification. Using the pre-readings and workshop discussion on identifying what you're looking for from supervision and preparing your own ideas and reflections ahead of time really assisted my development in this space.