



HUMAN GENETICS SOCIETY OF AUSTRALASIA

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Policy

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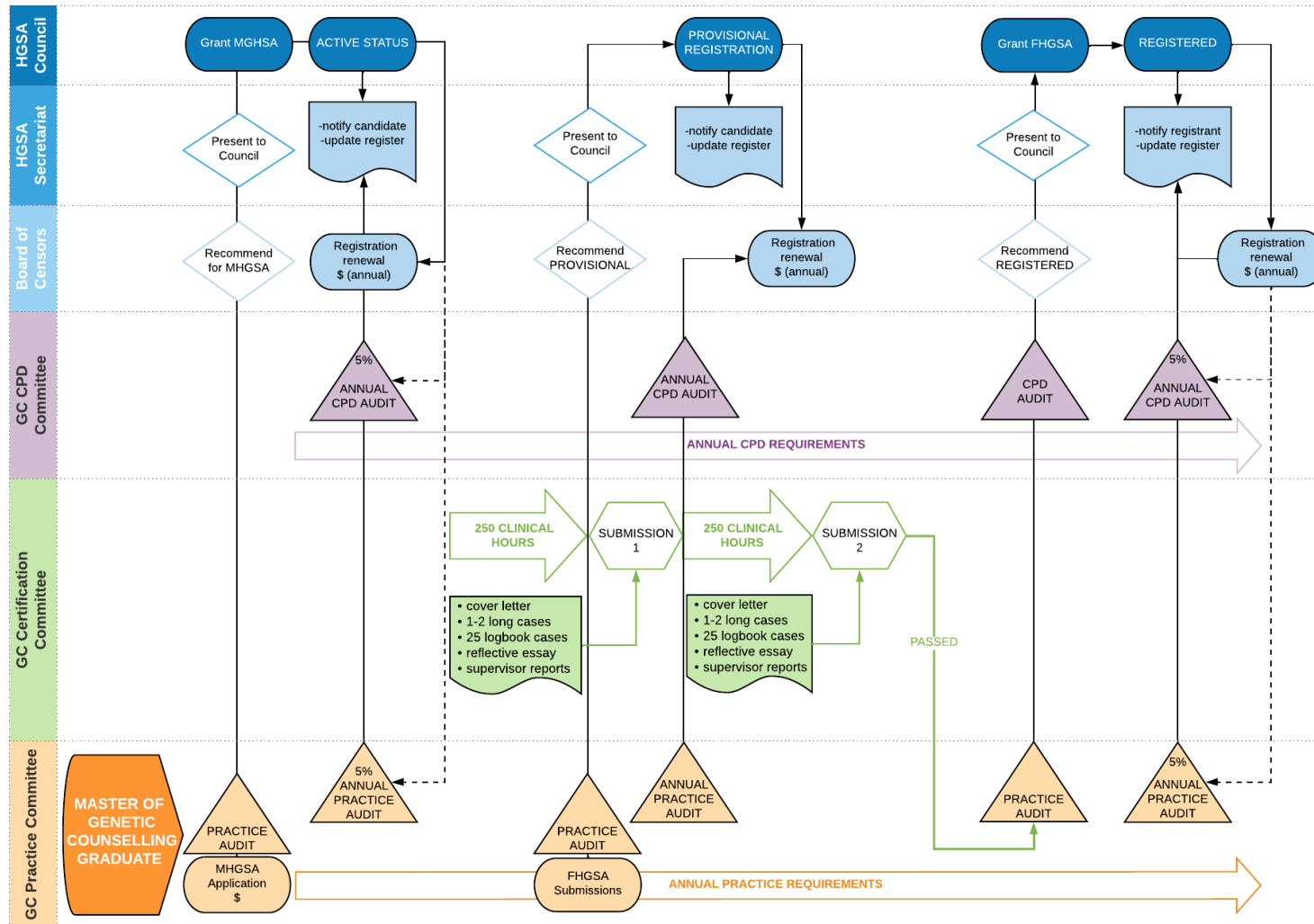
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1. Introduction

To attain clinical certification, candidates must satisfy the knowledge, skills and competency requirements of the [HGSA Board of Censors for Genetic Counselling](#) and demonstrate competency as a clinical genetic counsellor. Certification in specialty areas (e.g., oncology, prenatal) is no longer offered by the HGSA. The assessment process is structured to allow candidates working in specialty areas to obtain clinical certification. Certification is granted by HGSA Council by recommendation from the Board, after collating the information from the [Certification Committee](#) and the [CPD Committee](#). On achieving clinical certification, a genetic counsellor is entitled to use the title Fellow of the Human Genetics Society of Australasia (FHGSA).

Although this Clinical Certification Policy only applies to genetic counsellors with direct clinical client contact as part of their practice, the Board acknowledges the evolving and diverse roles of genetic counsellors and continues to work towards achieving inclusivity of genetic counsellors working in a range of roles and settings. For the purpose of this document, the term certification applies to FHGSA clinical certification for genetic counsellors under the HGSA.

1.1. Figure: Certification Pathway



2. Transitional Provisions

This Policy is in effect as of 1 April 2022. Candidates who have already commenced the certification process and have made a certification submission since March 2017 should submit a cover letter noting which tasks have been submitted and accepted.

Work submitted and accepted under the previous Certification Policy for Genetic Counsellors will be credited towards this process. **This includes candidates who commenced the certification process under the Modified Portfolio for Graduate Diploma Genetic Counsellors.** The [Certification Committee](#) will credit accepted long cases, logbook/short cases, and a reflective essay towards the new requirements.

Regardless of the number of cases already submitted and accepted:

- at least one long case must be submitted in Submission 2 to show development of practice over time.
- If a case focusing on an ethical issue has not yet been submitted, this will need to be done (see Section 6.4.1 Ethics case, page).
- A second reflective task will be required in Submission 2 and replaces the requirement for a simulated consultation and reflective essay (see Section 6.5 [Reflective skills assessments](#) page).

Please see the HGSA [Transitional Provisions for Board Eligibility, Certification, and Registration for Genetic Counsellors](#) on the HGSA website if you are:

- Board Eligible/MHGSA and made Submission 1 prior to March 2017
- Board Eligible/MHGSA but have never made a certification submission.
- clinically practicing and have never applied for Board Eligibility/MHGSA
- unsure if you have Board Eligible/MHGSA status

According to NASRHP requirements, practitioners cannot be uncertified for more than 3 years. In the context of HGSA Regulation for genetic counsellors, “certified” means FHGSA Certified OR actively in the process of becoming certified. The HGSA [Transitional Provisions for Board Eligibility, Certification, and Registration for Genetic Counsellors](#)

- **If you are clinically practicing but have never applied to undertake Certification, you must apply before March 31, 2023 through the HGSA website.**
- **If you have previously applied and been approved to undertake Certification, but have never submitted,** you have until March 31, 2023 to make your first submission. When you make your submission, you will need to confirm that you still meet the requirements for qualification, employment, and supervision.
- **If you have commenced Certification and have made Submission 1 since March 2017,** you have up to three years from the date of making Submission 1 to complete any required revisions and make Submission 2. Time-limited extensions of up to 2 years are at the discretion of the Board of Censors (you will need to make a formal request in writing). When you make your submission, you will need to confirm that you still meet the Board Eligibility requirements for qualification, employment, and supervision, and include this information in your submission.
- **If you made Submission 1 prior to March 2017,** you will need to re-apply for Certification by 31 March 2023 and re-submit Submission 1 within 3 years.

3. Eligibility

Master in Genetic Counselling became the entry level qualification for FHGSA certification in 2008. Genetic counsellors who have successfully completed a tertiary qualification in genetic counselling recognised by the HGSA are eligible to pursue FHGSA certification. Please see the [Genetic Counselling Course Accreditation Committee](#) page of the HGSA website for a list of accredited courses or contact the [Board of Censors for Genetic Counselling](#) to determine if a course is recognised.

Candidates must be financial members of the HGSA and have been granted MHGSA status by application to the [HGSA Practice Committee for Genetic Counsellors](#) prior to applying for Certification. MHGSA is not automatically granted for graduates.

Candidates must be actively practicing in a clinical role in Australia or New Zealand to apply to undertake certification. This helps to ensure that the candidate's genetic counselling practice setting is appropriate for the HGSA certification expectations and process.

3.1. Graduate Diploma Genetic Counsellors

This applies to candidates who completed a Graduate Diploma (GDip) in Genetic Counselling prior to 2008. Board Eligibility/MHGSA is not automatic for graduates. If they have not done so already, genetic counsellors with a Graduate Diploma can apply to the [Professional Practice Committee](#) for MHGSA status and apply to undertake FHGSA certification. The Modified Portfolio for genetic counsellors with a Graduate Diploma no longer applies to GDip genetic counsellors who have been in clinical practice and meet recency of practice requirements according to the HGSA [Professional Practice Policy](#) for Genetic Counsellors. Genetic counsellors not meeting the requirements for recency of practice in a clinical setting can also apply to undertake Certification by Portfolio, and any additional requirements will be considered on a case-by-case basis at the time of application, based on professional experience, practice history and continuing professional development.

3.2. Overseas trained and/or certified genetic counsellors

The Certification Committee has examined policies from countries that have well established training and certification requirements (Canada, South Africa, the UK, and the USA). It is important that genetic counsellors achieve certification equivalency in the country in which they are working if certification exists in that country. The Board of Censors can be contacted to advise on and assist with development of processes in jurisdictions that do not have established regulatory frameworks for genetic counsellors, and enquiries can be directed to [hoc@hgsa.org.au](mailto:boc@hgsa.org.au).

Genetic counsellors who have trained overseas may also apply to the [Professional Practice Committee](#) for MHGSA status. The Committee will consider the relevance and transferability of their postgraduate qualification in genetic counselling obtained from an overseas institution. Applicants who completed their qualification where English was not the first language of instruction and assessment may be required to provide evidence of English language proficiency (refer to the [HGSA English Language Requirements for Genetic Counsellors Policy](#)). MHGSA genetic counsellors working in Australia or New Zealand will then be eligible to undertake the HGSA Clinical Certification process once they can demonstrate that they meet the clinical practice, supervision, and CPD requirements.

Genetic counsellors working in Australia or New Zealand who have completed their training and are already certified by an overseas professional body for genetic counsellors may apply to the [Certification Committee](#). The Committee will assess their training, qualification, and experience and they may be eligible for reciprocal certification, or to complete a reduced portfolio for FHGSA certification. This is to ensure that all genetic counsellors with FHGSA in clinical genetic counselling have obtained equivalent clinical experience and had their competency as a genetic counsellor assessed in a comparable manner. The candidate will be listed on the [HGSA Register of Genetic Counsellors](#) as Provisional until their certification has been approved.

If a genetic counsellor was certified overseas, but their certification has lapsed or not been renewed for any reason, the candidate must write to the [Certification Committee](#) to determine their eligibility for HGSA certification and the necessary requirements. They will need to be working in Australia or New Zealand in order to undertake the certification process.

3.2.1. ABGC (USA) or CBGC (Canada) Certified genetic counsellors or HPCSA (South African) Registered genetic counsellors

The university training of genetic counsellors in USA, South Africa and Canada is similar to the two-year clinical Master of Genetic Counselling degree in Australia. Genetic counsellors in USA and Canada obtain certification by undertaking a professional board examination, which assesses both clinical genetic and counselling knowledge. Genetic counsellors in South Africa complete a 2-year internship as part of the Masters training and transition to the workplace. Genetic counsellors in these countries have means to demonstrate the breadth of their clinical experience using clinical placements and/or logbooks and examination.

In the USA or Canada there is no minimum requirement for clinical experience after graduation before writing the certification exam. In South Africa, the internship overlaps with the MSc degree.

Genetic counsellors certified by the [American Board of Genetic Counseling \(ABGC\)](#) or the [Canadian Board of Genetic Counselling-Conseil Canadien de Conseil Génétique \(CBGC-CCCG\)](#), or Registered by the [Health Professionals Council of South Africa \(HPCSA\)](#) will be eligible to apply for MHGSA. They will need to be working in Australia or New Zealand in order to apply to undertake HGSA certification by Reduced Portfolio for ABGC (USA) or CBGC (Canada) Certified or HPCSA (South Africa) Registered genetic counsellors (Section 5.3 page).

3.2.2. GCRB (UK and Republic of Ireland) Registered genetic counsellors

The training and certification standards are comparable between the UK and Australia/New Zealand. Genetic counsellors certified by the UK and Republic of Ireland [Genetic Counsellor Registration Board \(GCRB\)](#) will be eligible for MHGSA. They will need to be working in Australia or New Zealand in order to apply to undertake GCRB (UK and Republic of Ireland) Registered genetic counsellors (Section 5.4 page).

3.2.3. Genetic counsellors with certification from any other country

Genetic counsellors who have attained certification from a country other than those already mentioned are invited to apply to the [Professional Practice Committee](#), who will review their training, certification, and experience to determine their eligibility for MHGSA status. Those granted MHGSA status can then write to the [Certification Committee](#) to determine their eligibility and requirements to demonstrate their competencies for HGSA certification. They will need to be working in Australia or New Zealand in order to apply for or undertake HGSA certification.

4. Clinical Certification Requirements

At any stage in the Certification process, candidates must notify the [Certification Committee](#) of any changes that may impact on their eligibility for undertaking certification, as outlined below.

4.1. Professional Status

Candidates must be financial members of the HGSA and have been granted MHGSA status by application to the [Practice Committee](#) prior to applying for Certification. Candidates are required to maintain HGSA membership and Provisional [HGSA Registration](#) throughout the certification process unless the Board has granted exemption for exceptional circumstances.

4.2. Continuing Professional Development

Continuing Professional Development (CPD) is a requirement for all MHGSA and FHGSA genetic counsellors. CPD tracking through the HGSA website is required for all candidates and is a requirement for Provisional [HGSA Registration](#). See the [HGSA Continuing Professional Development for Genetic Counsellors Policy](#).

4.3. Supervision

Continuing Professional Development (CPD) is a requirement for all MHGSA and FHGSA genetic counsellors. All candidates are expected to undertake supervision according to the [HGSA Supervision Policy for Genetic Counsellors](#), and appropriate supervision is a requirement for maintaining Provisional [HGSA Registration](#). Please refer to the [HGSA Supervision Policy for Genetic Counsellors](#) for supervision requirements.

4.4. Clinical Practice

Candidates must be working in Australia or New Zealand in a genetic counselling role with direct clinical client contact (see the [HGSA Scope of Practice Policy for Genetic Counsellors](#)).

Before making Submission 1, candidates must have completed a minimum of one calendar year working in a genetic counselling role AND 250 hours of direct clinical genetic counselling client contact. Client contact hours must be post completion of their post-graduate degree. Practical placement hours completed as part of a degree program are not included.

4.4.1. Definition of Clinical Contact

For the purpose of this Policy, clinical contact is defined as a significant interaction between the genetic counsellor candidate and one or more clients, which **must contain therapeutic/clinical content**, and which would have a dated entry in the client's genetic file. That is, both the genetic counsellor candidate and client are interacting in a mutually responsive manner in person, by phone, or by video.

Hours should be calculated based on the amount of time spent on clinical contact, rather than the number of clients involved (e.g., a one-hour appointment with two members of the same family present at the same time is counted as one hour of clinical contact, not two).

Administrative phone calls (such as booking or rescheduling appointments), or case-related activities about a client but without the client being present (such as a letter, email, or case review), are not considered clinical

contact.

4.4.2. *Evidence of Practice*

Candidates must be able to provide evidence of their clinical contact hours on request. This may be a list of appointments/contacts, reference letter, or other reasonable form of evidence signed off by their manager or supervisor.

5. Certification Submissions

This is an overview of Certification by Portfolio and should be viewed in conjunction with the details of the Assessment tasks outlined in Section 6. Submissions consist overall of:

TASK	REFERENCE
Three long cases, one of which should have an ethical focus	6.4 Long cases page 6.4.1 Ethics case, page Long and Ethics Cases Template
Fifty logbook cases in checklist format, 5 of which have been observed by a supervisor	6.2 Logbook checklist, page Logbook Template Observed Logbook Case Form
A reflective essay about a recorded consultation	6.5.1 Reflective essay-recorded session, page Reflective Essay Template
A reflective essay about a consultation observed by a supervising GC who provides feedback	6.5.2 Reflective essay-with an observing supervisor, page Reflective Essay Template Supervisor Feedback Letter Template
Supervisors' reports	HGSA Supervision Policy for Genetic Counsellors Supervisor Report Form
CPD submitted via the HGSA website.	CPD Committee webpage CPD Policy CPD Tracker
Provisional Registration with the HGSA	HGSA Register of Genetic Counsellors

There are two submission dates each year:

- 31 March
- 30 September

Details and all necessary forms and templates will be available to candidates through the [Certification Committee](#) page on the HGSA website after their application is approved. Candidates are required to make electronic submissions according to the instructions on the [Certification Committee page](#) on the HGSA website. Incomplete submissions will not be processed. Applications received after the due date will not be accepted and will not be processed until the following round. If you experience technical difficulties applying through the website or uploading your submission, please contact the [HGSA Secretariat](#) as soon as possible for assistance.

The [Certification Committee](#) will provide written feedback after each submission. Any resubmissions will be due at the next submission date.

Varying requirements apply to candidates without an HGSA Accredited Master of Genetic Counselling qualification, see:

- **Reduced Portfolio for ABGC (USA) or CBGC (Canada) Certified or HPCSA (South Africa) Registered genetic counsellors, [page](#)**
- **5.4 Reciprocal Certification for GCRB (UK and Republic of Ireland) Registered genetic counsellors, [page](#)**

5.1. All submissions

All submissions must include:

- a cover letter stating current employment details, genetic counselling clinical contact hours, supervision arrangements, and list of contents of the submission.
- the prescribed assessment tasks with candidate's name, submission number, pages numbered and name of assessment task in header or footer.

5.2. Certification by Portfolio

5.2.1. Submission 1

Submission 1 requirements (forms and templates available on the [Certification Committee](#) webpage):

PORTFOLIO	REFERENCE
no earlier than one calendar year after commencing clinical practice	1.1 Figure: Certification Pathway, page
250 clinical contact hours*	4.4.1 Definition of Clinical Contact, page
1-2 long cases, one of which may have an ethical focus	6.4 Long cases page 6.4.1 Ethics case, page Long and Ethics Cases Template
25 logbook cases	6.2 Logbook checklist, page Logbook Template Observed Logbook Case Form
EITHER a reflective essay about a recorded consultation OR a reflective essay about a consultation observed by a supervising GC who provides feedback	6.5.2 Reflective essay-with an observing supervisor, page Reflective Essay Template Supervisor Feedback Letter Template
Supervisors' reports**	HGSA Supervision Policy for Genetic Counsellors Supervisor Report Form
CPD submitted via the HGSA website	CPD Committee webpage CPD Policy CPD Tracker
Provisional Registration with the HGSA	HGSA Register of Genetic Counsellors

* Clinical contact hours are irrespective of FTE.

**Candidates are required to submit supervisors' reports at Submission 1 and Submission 2, covering the duration of the period prior (i.e. from achieving MHGSA to Submission 1, and from the time of Submission 1 until Submission 2). Submissions will not be accepted if these reports have not been completed adequately.

5.2.2. Submission 2

Candidates may only submit Submission 2 after the [Certification Committee](#) has agreed that Submission 1 has been completed satisfactorily. Submission 2 requirements (forms and templates available on the [Certification Committee](#) webpage):

PORTFOLIO	REFERENCE
no earlier than one year and no more than three years after Submission 1	1.1 Figure: Certification Pathway
completion of an additional 250 clinical contact hours since Submission 1*	4.4.1 Definition of Clinical Contact, page
1-2 long cases to bring the total long cases to three, of which one of the three must have an ethical focus	6.4 Long cases page 6.4.1 Ethics case, page Long and Ethics Cases Template
25 logbook cases	6.2 Logbook checklist, page Logbook Template Observed Logbook Case Form
EITHER a reflective essay about a recorded consultation OR a reflective essay about a consultation observed by a supervising GC who provides feedback, whichever was not done in Submission 1	6.5 Reflective skills assessments, page Reflective Essay Template Supervisor Feedback Letter Template
Supervisors' reports**	HGSA Supervision Policy for Genetic Counsellors Supervisor Report Form
CPD submitted via the HGSA website	CPD Committee webpage CPD Policy CPD Tracker
Provisional Registration with the HGSA	HGSA Register of Genetic Counsellors

* Clinical contact hours are irrespective of FTE.

** Candidates are required to submit supervision reports at Submission 1 and Submission 2 covering the duration of the period prior (i.e., from application to Submission 1, and from the time of Submission 1 until Submission 2).

5.3.Reduced Portfolio for ABGC (USA) or CBGC (Canada) Certified or HPCSA (South Africa) Registered genetic counsellors

Genetic counsellors certified by the ABGC or CBGC will be eligible to apply for FHGSA Clinical Certification by Reduced Portfolio with the following requirements:

- financial membership of HGSA, MHGSA status granted by the [Practice Committee](#), and current [HGSA Registration](#)
- at least one calendar year of clinical practice AND at least 250 hours direct genetic counselling client contact in Australia or New Zealand (see 4.4.1 Definition of Clinical Contact, page)
- a cover letter stating:
 - current employment details, AND
 - genetic counselling client contact hours (see section 4.4 Clinical Practice, page), AND
 - supervision arrangements (see section 4.3 Supervision, page and the [HGSA Supervision Policy for Genetic Counsellors](#)), AND
 - list of contents of the submission.
- Curriculum vitae
- Three references:
 - current manager/supervisor who can confirm six months in Australia or New Zealand and regular attendance at supervision (refer to the [HGSA Supervision Policy for Genetic Counsellors](#)).
 - previous overseas supervisor confirming clinical skills, counselling skills, varied clinical experience across different aspects of clinical genetics, and participation in ongoing supervision.
 - previous overseas manager confirming duration (FTE) of clinical experience and clinical contact hours (see 4.4.1 Definition of Clinical Contact, page).
- proof of continued professional development in the time since overseas Certification/recertification was granted. A copy of the applicant's CPD logbook for their overseas certifying body, or other reasonable evidence of CPD, must be uploaded as a historical submission through the [CPD Tracker](#) on the HGSA website (see the [CPD Committee](#) webpage, [HGSA CPD Policy for Genetic Counsellors](#), and [CPD Tracker](#))
- the prescribed assessment tasks with candidate's name, submission number, pages numbered and name of assessment task in header or footer;
 - one long case study (see 6.4 Long cases, page)
 - essay of 3000 words (+/- 10%, not including references) demonstrating the candidate's understanding of how clinical practice in the country where they are certified and/or have worked clinically differs from practice in Australia/New Zealand. Topics for discussion may include health care systems, clinical and laboratory protocols, cultural issues, medico-legal issues, or any other relevant issue. This essay must use academic writing style and cite appropriate references to genetic counselling literature and counselling theory.

OR

- Candidates who have not worked in a clinical genetic counselling role overseas will need to replace the essay with a reflective essay on a recorded or observed session from their clinical practice in Australia/New Zealand (see **Section 6.5 Reflective skills assessments, page)**

5.4. Reciprocal Certification for GCRB (UK and Republic of Ireland) Registered genetic counsellors

The training and certification process is comparable between the UK and Australia/New Zealand. Genetic counsellors certified by the GCRB/AGNC will be eligible to make a submission for reciprocal FHGSA Clinical Certification with the following requirements:

- financial membership of HGSA, MHGSA status granted by the [Practice Committee](#), and current [HGSA Registration](#)
- at least six calendar months AND at least 125 hours direct genetic counselling client contact in Australia or New Zealand (see 4.4.1 Definition of Clinical Contact, page)
- a cover letter stating:
 - current employment details, AND
 - genetic counselling client contact hours (see section 4.4 Clinical Practice, page), AND
 - supervision arrangements (see section 4.3 Supervision, page and the HGSA [Supervision Policy for Genetic Counsellors](#)), AND
 - list of contents of the submission.
- Curriculum vitae
- Three references:
 - current manager/supervisor who can confirm 6 months in Australia or New Zealand and regular attendance at supervision.
 - previous overseas supervisor confirming clinical skills, counselling skills, varied clinical experience across different aspects of clinical genetics, and participation in ongoing supervision.
 - previous overseas manager confirming duration (FTE) of clinical experience and clinical contact hours (see 4.4.1 Definition of Clinical Contact, page)
- the prescribed assessment tasks with candidate's name, submission number, pages numbered and name of assessment task in header or footer:
 - essay or case study (up to 3000 words) demonstrating the candidate's understanding of how clinical practice differs between the two countries. Topics for discussion may include things such as health care systems, clinical and laboratory protocols, cultural issues, medico-legal issues, or any other relevant issue. This essay must use academic writing style and cite appropriate references to genetic counselling literature and counselling theory.
- proof of continued professional development in the time since overseas Certification/recertification was granted. A copy of the applicant's CPD logbook for their overseas certifying body, or other reasonable evidence of CPD, must be uploaded as a historical submission through the [CPD Tracker](#) on the HGSA website (see the [CPD Committee](#) webpage, [CPD Policy](#) for Genetic Counsellors, and [CPD Tracker](#)).

5.5. Resubmissions and Revisions

The [Certification Committee](#) will respond to submissions with written feedback and may request resubmission of tasks. Resubmissions must be accompanied by a cover letter, clearly listing the feedback, and describing the changes made in response (with page and line numbers noted). The resubmitted work must be clearly distinguishable from the original using colours, different font, or highlighted text but not *Track Changes*. The resubmission should be labelled (e.g., Submission 1 – Revision 1).

If resubmissions are requested, the candidate should submit this work at the next available submission date (six months later, at the March or September submission date). If a candidate is unable to complete their resubmission by the next submission date, they must apply in writing to the [Certification Committee](#) for an extension.

If a resubmission is accepted, it is possible to make Submission 2 at the following available submission date. For example, if Submission 1 – Revision 1 was accepted at the March submission date, it would be possible to make Submission 2 at the September submission date that year.

If any activity (e.g., case/essay) is resubmitted twice and still does not meet acceptable standards, the work will not be reviewed again, and the candidate must submit a new activity in that category.

6. Assessment Tasks

Summary. This table is intended as a summary only and should be viewed in conjunction with this document in its entirety.

	Completed Clinical Practice	Clinical contact	Cover letter	Supervisor Reports	Logbook	Long Case-General*	Long Case - Ethical*	Reflective Assessment	References	Essay/ case study	C V
Portfolio											
Submission 1	1 year	250 hours	Yes	Yes	25 cases	1-2	Optional	Recorded or observed			
Submission 2	1-3 years after Sub 1	250 hours*	Yes	Yes	25 cases	1-2	Mandatory if not in Sub 1	Recorded or observed**			
Reciprocal Certification	6 calendar months in Australasia	125 hours	Yes						3 referees	3000 words	<input type="checkbox"/>
Reduced Portfolio	1 calendar year in Australasia	250 hours	Yes			1		if required***	3 referees	3000 words OR by Reflective Assessment	<input type="checkbox"/>
Resubmissions****			Yes	as required	as required	as required	as required	as required	as required	as required	
Cross-training (EITHER by Logbook OR by Essay)					20% of cases OR by Essay					2000 words OR by Logbook	

* Total of 3 long cases over both Submissions 1 and 2, one of which must have an ethical focus (see Section 6.4.1 Ethics case, page).

** Whichever was not submitted in Submission 1.

*** A Reflective Assessment replaces the Essay for candidates who have not worked in clinical practice overseas (i.e., outside Australia and New Zealand).

**** Maximum of two resubmissions for any one case, after which a new case must be selected/submitted.

6.1. Supervisor reports

Candidates are required to submit supervisors' reports with Submission 1 and 2, covering the entire preceding period. These reports must be completed by the supervisor(s) and candidate together. Templates can be accessed with the forms for Certification available to candidates on the [Certification Committee](#) page of the HGSA website.

It is expected that a candidate's supervisor(s) will regularly discuss the candidate's progress to ensure they are working satisfactorily towards their certification. However, the principles of confidentiality should be observed during this discussion. To facilitate this process, candidates are encouraged to discuss their supervisors' reports with all their supervisors and share the [Certification Committee's](#) response to submissions with them.

Please refer to the HGSA [Supervision Policy for Genetic Counsellors](#).

6.2. Logbook checklist

The logbook of cases should be in table format and signed by relevant supervisors who can attest that the work has been completed. This should be signed by a clinical manager if the genetic counselling supervisor is not employed at the candidate's workplace. Cases may not be the same as those used for long cases or reflective essay.

- Only cases within the three years preceding the submission can be used for the logbook.
- The logbook format must be in accordance with the Excel [Logbook Template](#) and [Observed Logbook Case Form](#) (Word document) available on the [Certification Committee webpage](#).
- The logbook should be signed by the candidate's formal supervisors, see the HGSA [Supervision Policy for Genetic Counsellors](#).

Further detail or evidence may be requested by the [Certification Committee](#) at their discretion.

The objective of the logbook is to demonstrate a breadth of clinical experience with respect to genetics, psychosocial issues, and counselling skills. Cases selected should reflect specific clinical encounters rather than support group meetings, presentations given to members of the community, managerial, or other activities outside the clinic setting. Cases should only include those where the candidate has primary responsibility for and significant involvement in the genetic counselling. This does not refer to the amount of time spent with the client, but rather that the quality of the contact or contacts is sufficient to demonstrate the relevant competency in a clinical context. As a general guide, the majority of logbook cases should address most of the competencies on the checklist. Only cases with significant contact in the three years preceding submission can be used for the logbook.

6.2.1. Observed Logbook Cases

Five cases at each Submission must be signed by an FHGSA certified genetic counsellor FHGSA/FRACP clinical geneticist, or other medical specialist who was present during part or all of the session, and who meets the requirements for supervisors in the HGSA [Supervision Policy for Genetic Counsellors](#). The Observed Logbook Case Form must be completed for each of these cases, and is available on the [Certification Committee webpage](#). It is strongly recommended that the candidate completes the form and presents it to the FHGSA certified genetic counsellor or specialist who was present, for signing at the time, to avoid requiring retrospective signatures. These five signed cases can be cross-training cases if relevant (see 6.3 Cross-training, page .

6.3. Cross-training

Supervised work experience external to a candidate's specialty area is referred to as cross-training. Genetic counsellors would usually undertake cross-training once they have attained a degree of competence in their usual working role, determined through consultation between the genetic counsellor, their supervisors, and line managers.

Cross-training provides an opportunity for genetic counsellors to broaden their genetic counselling knowledge base and enhance the development of their skills and competencies through experience gained working outside their usual area of practice. In addition, cross-training facilitates the development and strengthening of relationships across the field of genetic counselling. This is valuable for the genetic counsellors and their employers as well as the wider genetic counselling professional community.

Ideally, candidates will demonstrate cross-training in as many areas of genetics outside their specialty area as is practicable.

6.3.1. Cross-training by logbook

The Board recognises that opportunities for this will vary. The minimum requirement is that 20% of logbook cases are chosen from any area outside a specialty area. For example, this may be in the area of paediatrics or cancer or other area of adult general medicine if working exclusively in the area of prenatal genetics. This is equivalent to 10 of 50 cases for certification by Certification by Portfolio (Section 5.2, page).

Genetic counsellors may demonstrate cross-training within their own organisation or at an organisation external to their usual employer. Their current employer and the organisation hosting the cross-training placement will need to ensure all relevant and necessary requirements of both organisations are met (for example regarding human resources, occupational health and safety, indemnity insurance).

The Board recognises that the duration of cross-training placements (full/part-time for a defined period of time or sessional only) and associated activities (such as client intakes, pre- and post-clinic meetings, multidisciplinary team meetings and liaison with other relevant health professionals) will need to be negotiated as practicable. Candidates must clearly state the negotiated arrangements in their submission cover letter (dot points preferable) as well as noting cross-training experiences in their logbook entries.

6.3.2. Cross-training by essay

If the candidate is unable to meet the 20% threshold for cross-training cases, they may submit an additional 2000-word reflective essay. The essay should compare and contrast the role of the genetic counsellor in different clinical settings. The essay should discuss counselling skills used regularly in their current practice with those that may be used in different specialty areas or in more general genetic counselling settings. The essay should also highlight the impact of the scope of practice within their workplace on the diversity of their counselling experiences, and a reflection on how the candidate plans to foster ongoing development of their skills in this setting. The candidate should discuss this with their counselling supervisor.

The essay should draw on counselling theory and processes and should include appropriate references to relevant literature. The essay must meet academic writing standards, and should address the Competency Standards for Genetic Counsellors, in particular each competency outlined in 10. Appendix: Long case and reflective essay assessment rubric, page . The essay must be signed by the candidate's supervisor(s).

6.4. Long cases

Long cases should be 4000 words each (+/- 10%, not including references). The [Certification Committee](#) will not review work that exceeds the word limit. This is to encourage candidates to write succinctly, and to identify and focus on the key topic(s) of discussion. There is no lower limit; however, if insufficient detail is included in any section, cases will need to be resubmitted. Cases with significant grammatical and typographical errors and incorrect referencing style may not be accepted or may require resubmission, so careful proof-reading is recommended. Only cases with significant involvement in the three years preceding the submission can be used as long cases. Candidates must not use cases that have been included in their logbook.

Each case study is required to demonstrate:

- description of the genetic counselling interaction, including the conversation, thoughts, emotions, reactions, communication style (verbal and non-verbal) between the client(s) and counsellor, key moments, and outcome of the session(s).
- skills and strategies used by the counsellor, and effect during the session.
- candidate's knowledge, skills, and attitudes within a specific area.
- reflective practice must be demonstrated with each case study.
- use of supervision, genetic counselling theory, and literature to aid learning and reflection.
- the [Certification Committee](#) expects to see an increase in the complexity of cases and counselling skills demonstrated over time.
- Thorough application of relevant theory and literature should be evidenced, with references cited appropriately.

6.4.1. Ethics case

Submission of the ethics case may be made with Submission 1 or 2 and should be clearly identified in the cover letter for the submission. The case should focus on an ethical issue and should demonstrate (in addition to the general criteria for long cases):

- The candidate's awareness of the ethical issues surrounding genetic counselling and the principles that underpin practice. Theories covered may include Medical Principlism (autonomy, beneficence, non-maleficence, justice) or other relevant bioethical theories, such as the Ethics of Care, Religious Ethics, Feminism and Narrative Ethics.
- Any number of case-related ethical considerations may be included, and the discussion should emphasise these and any resulting counselling dilemmas that may have arisen.
- The case does not necessarily need to involve a dilemma, but must clearly outline an ethical issue, and must discuss direct application of ethical principles/theory in relation to the candidate's reflection on the case. Examples of ethical issues include, but are not limited to non-disclosure, testing of children for an adult-onset condition, testing one person in a family where the result may reveal another person's gene status, confidentiality issues when working with multiple relatives, paternalism, issues relating to autonomous decision-making, situations where beneficence and non-maleficence are in conflict regarding the same or more than one person.
- Although other issues may be summarised, due to word limit constraints, the candidate would not be expected to explore other major counselling issues emerging from the case unless directly relevant to the ethical issue(s).
- Reference to the [HGSA Code of Ethics for Genetic Counsellors](#).

6.4.2. Long case format

Cases should be set out according to the [Long and Ethics Cases Template](#) on the [Certification Committee page](#) of the HGSA website, and should include the following:

- a completed cover page.
- the title of the case stating the specific issue being addressed.
- a word count (excluding references and tables).
- a footer containing candidate's name, submission number, page numbers and the case number/title.
- background to the case history and the context of the candidate's contact with the client; a statement confirming that names used in the case are pseudonyms.
- a description of the genetic counselling session.
- a list of specific issues raised during the case (dot points are acceptable). This list should be followed by discussion of one or more of these issues in the context of the candidate's own management of the case.
- discussion of the counselling or ethical issues, and the counselling interventions that were used.
- discussion of the use of supervision.
- a genetics discussion that is specific to the case and its management; that is, it should be applied genetics (rather than merely a factual general discussion) including discussion of any genetic testing undertaken, and the rationale, limitations, and interpretation of results as relevant. This section should be approximately 600 words.
- an appropriately annotated pedigree¹ with nomenclature and annotation in line with Bennett et al. (1995, 2008) and Barnes (2020)². Generations should be numbered using Roman numerals.
- references in current APA format³. **Please carefully proof-read your style format and do not rely on automatic or suggested style formats.**

6.4.3. Assessment criteria for long cases

Candidate's long cases will be assessed according to:

- presentation of the genetic counselling interaction, outlining the interaction between client and genetic counsellor including thoughts, emotions, reactions, turning points, counselling approach and interventions used, showing insight into the thoughts, feelings, communication, motivations and outcomes for client and counsellor.
- demonstration of an understanding of counselling issues relevant to the case.
- by a review of the relevant literature, the candidate should demonstrate that the interventions and management of the case is based on a sound understanding of counselling theory and ethics.
- a review of relevant theory and literature its relation to the counselling strategies used and considered.

¹ Bennett, R. L., Steinhaus, K. A., Uhrich, S. B., O'Sullivan, C. K., Resta, R. G., Lochner-Doyle, D., Markel, D. S., Vincent, V., & Hamanishi, J. (1995). Recommendations for standardized human pedigree nomenclature. Pedigree Standardization Task Force of the National Society of Genetic Counselors. *American Journal of Human Genetics*, 56(3), 745–752.

Bennett, R. L., French, K. S., Resta, R. G., & Doyle, D. L. (2008). Standardized human pedigree nomenclature: update and assessment of the recommendations of the National Society of Genetic Counselors. *Journal of Genetic Counseling*, 17(5), 424–433.

² Barnes, H., Morris, E., & Austin, J. (2020). Trans-inclusive genetic counseling services: Recommendations from members of the transgender and non-binary community. *Journal of Genetic Counseling*, 29(3), 423–434. <https://doi.org/10.1002/jgc4.1187>

³ American Psychological Association. <https://apastyle.apa.org/>

- demonstration of an understanding of genetic testing process and limitations, and test result interpretation (as relevant to the case).
- demonstration of use of supervision, including reflection on the case, learning gained through supervision and the impact of this on future practice.
- writing, practice, and reflection at acceptable professional standard for a genetic counsellor prepared to achieve certification and independent practice, with reference to the HGSA [Competency Standards for Genetic Counsellors](#).
- see Section 10 Appendix: Long case and reflective essay assessment rubric (page) for supplementary details on the competencies being assessed.

6.5. Reflective skills assessments

The reflective skills assessments are to be submitted, one in each of Submissions 1 and 2. Note the requirements for each submission are different. A [Reflective Essay Template](#) is available on the [Certification Committee page](#) of the HGSA website.

6.5.1. Reflective essay-recorded session

Candidates are required to submit a reflective essay of 2000 words (+/- 10%, not including references) describing an audio or video-recorded consultation conducted as part of their standard caseload. The word count must be specified on the submitted work. The recording should be discussed in counselling supervision. Written consent for recording the session should be obtained, in accordance with the requirements of the candidate's place of employment. For confidentiality, the recording should not be submitted to the [Certification Committee](#). The essay will include the following:

- a brief description of the context of the session, including (but not limited to) client and counsellor perceptions of referral; prior contact with the service; and a brief family history and annotated pedigree⁴ in line with Bennett et al. (1995, 2008) and Barnes (2020)⁵. No more than 200 words.
- reflection on the consultation overall, including an evaluation of (but not limited to) the key counselling issues; key points in the interview; what went well; what might have been done differently; and issues arising for the counsellor (including any transference or countertransference). Length 500-750 words.
- use of supervision during the case and insights gained from supervision (100-200 words), self-awareness and ability to reflect on the client-counsellor dynamics. In the counselling supervision section, this should include reflection on the case and any areas of development in relation to the counsellor's own philosophy of practice (see McEwen and Jacobs, 2021⁶).

⁴ Bennett, R. L., Steinhaus, K. A., Uhrich, S. B., O'Sullivan, C. K., Resta, R. G., Lochner-Doyle, D., Markel, D. S., Vincent, V., & Hamanishi, J. (1995). Recommendations for standardized human pedigree nomenclature. Pedigree Standardization Task Force of the National Society of Genetic Counselors. *American Journal of Human Genetics*, 56(3), 745–752.

Bennett, R. L., French, K. S., Resta, R. G., & Doyle, D. L. (2008). Standardized human pedigree nomenclature: update and assessment of the recommendations of the National Society of Genetic Counselors. *Journal of Genetic Counseling*, 17(5), 424-433.

⁵ Barnes, H., Morris, E., & Austin, J. (2020). Trans-inclusive genetic counseling services: Recommendations from members of the transgender and non-binary community. *Journal of Genetic Counseling*, 29(3), 423–434. <https://doi.org/10.1002/jgc4.1187>

⁶ McEwen, A., & Jacobs, C. (2021). Who we are, what we do, and how we add value: The role of the genetic counselling 'philosophy of practice' statement in a changing time. *Journal of Genetic Counseling*, 30(1), 114–120. <https://doi.org/10.1002/jgc4.1308>

- transcription of a key continuous three to five-minute section of the consultation, with a detailed analysis of the counselling interventions used with reference to the literature (1000-1250 words; transcribed section not included in word count).
- supervisors' comments on the case including acknowledgment that they have reviewed the recording (no less than 200 words; additional to essay word limit).

6.5.2. *Reflective essay-with an observing supervisor*

This task is designed to enhance professional development through experiential learning and immediacy of feedback. The candidate will conduct a consultation with their genetic counselling supervisor present. This may be in person (preferable) or via telehealth. If the candidate's usual genetic counselling supervisor cannot attend, then another supervisor who meets requirements for genetic counselling or counselling supervisors can stand in (see the HGSA [Supervision Policy for Genetic Counsellors](#)). If the candidate is not able to find an appropriate supervisor to observe a session, they should contact the [Certification Committee](#) to discuss other options. For example, a member of the [Certification Committee](#) may be able to join a telehealth session.

The observing supervisor is asked to provide feedback in writing to the candidate as soon as practicable after the session. It is also important that the candidate has an opportunity to discuss this feedback with the observing supervisor. A [Supervisor Feedback Letter Template](#) is available on the [Certification Committee page](#) of the HGSA website. This feedback letter must be submitted with the reflective essay, and should include:

- any key points in the session,
- discussion of the counsellor-client relationship,
- how the client's emotions and information needs were addressed,
- what went well and why,
- anything that might have been overlooked,
- any alternative strategies or skills to consider.

The reflective essay of 2000 words (+/- 10%, not including references) will be based on the consultation and addressing the feedback provided by the observing supervisor. The candidate must discuss the session in counselling supervision and indicate clearly the insights gained through supervision. The essay will include:

- reflection on the consultation overall, including an evaluation of (but not limited to) what went well, the key counselling issues arising, any key moments or turning points, counselling skills and strategies used, what might have been done differently, and issues arising for the candidate (including transference or countertransference).
- reflection on the observing supervisor's feedback (500-1000 words).
- identification of key points in the interview and the reasons why these points are perceived as crucial or turning points (250-500 words). Key points include points that the observing supervisor or candidate felt were crucial or critical times in the counselling session, and that influenced the direction of the session or its outcomes. For instance, it might be a point at which the counselling seemed to 'stall' or where an insight was made, or the emotions expressed verbally or nonverbally changed.
- discussion of counselling skills/strategies and/or counselling theory as applied to the session, with reference to the literature (500-1250 words).
- a copy of the observing supervisor's feedback letter, for the [Certification Committee's](#) reference.

6.5.3. *Assessment criteria for reflective essays*

The assessment will not be based on how well the consultation was performed but on the reflective ability of

the candidate as demonstrated in the essay.

Candidates' reflective essays will be assessed according to a demonstration of the [HGSA Competency Standards for Genetic Counsellors](#) including:

- self-awareness and ability to reflect on the client-counsellor dynamics. In the counselling supervision section, this should include reflection on the case and any areas of development in relation to the counsellor's own philosophy of practice (see McEwen and Jacobs, 2021⁷).
- an understanding of counselling issues relevant to the case.
- identification of counselling skills and strategies used.
- analysis of the effectiveness of the counselling skills and strategies applied and alternative strategies that could have been adopted.
- review of relevant theory and literature and how this relates to the counselling skills and strategies used.
- use of supervision and professional approach to receiving feedback.
- practice and reflection at acceptable professional standard for a genetic counsellor about to achieve certification and independent practice, with reference to the HGSA Competency Standards for Genetic Counsellors.
- academic writing style including current APA style referencing⁸, consistent formatting, and careful proof-reading to avoid errors in spelling and grammar.
- pedigree nomenclature and annotation in line with Bennett et al. (1995, 2008)⁹. Each generation should be numbered using roman numerals.
- see 10. Appendix: Long case and reflective essay assessment rubric on page for supplementary details on the competencies being assessed.

⁷ McEwen, A., & Jacobs, C. (2021). Who we are, what we do, and how we add value: The role of the genetic counselling 'philosophy of practice' statement in a changing time. *Journal of Genetic Counseling*, 30(1), 114–120.
<https://doi.org/10.1002/jgc4.1308>

⁸ American Psychological Association. <https://apastyle.apa.org/>

⁹ Bennett, R. L., Steinhaus, K. A., Uhrich, S. B., O'Sullivan, C. K., Resta, R. G., Lochner-Doyle, D., Markel, D. S., Vincent, V., & Hamanishi, J. (1995). Recommendations for standardized human pedigree nomenclature. Pedigree Standardization Task Force of the National Society of Genetic Counselors. *American Journal of Human Genetics*, 56(3), 745–752.

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Barnes, H., Morris, E., & Austin, J. (2020). Trans-inclusive genetic counseling services: Recommendations from members of the transgender and non-binary community. *Journal of Genetic Counseling*, 29(3), 423–434.
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7. Assessment process

The goal of the certification process is professional development via expert feedback on detailed case reports. Feedback is intended to facilitate practice improvement and is intended to be constructive. This qualitative feedback process differs from an educational course assessment where grades are awarded. The cases are intended to assess the criteria outlined in 6.4.3 Assessment criteria for long cases (page) and 6.5.3 Assessment criteria for reflective essays (page). Candidates with extenuating circumstances may apply to the [Certification Committee](#) for an extension of up to two years. If a candidate has a disability, chronic illness, or other extenuating circumstance, they may write to the committee to suggest a personalised timeframe for submissions.

8. Governance and History

In 1989, the Council of the HGSA appointed the first [Board of Censors for Genetic Counselling](#) to serve for a three-year term. Training guidelines for HGSA certification in genetic counselling were developed in 1990 and substantially revised in 2002. Around 2005, discussions began regarding the future of genetic counselling training in Australasia. After much consultation, a Masters level postgraduate qualification (two-year full-time equivalent) became the minimum requirement for eligibility to undertake HGSA Certification in genetic counselling. A further minimum period of employment in the field of genetic counselling and satisfactory completion of a prescribed body of work was required to be awarded Board Certification.

In 2008, the Board and the Australasian Society of Genetic Counsellors (ASGC), with the approval of the HGSA Council, again reviewed the guidelines and developed a broad set of competencies, which in turn informed the development of the assessment tasks for certification. Candidates must complete these assessment tasks satisfactorily to attain HGSA certification in genetic counselling. For further information, refer to the [HGSA Competency Standards for Genetic Counsellors](#) which is regularly reviewed and updated to maintain consistency with current best-practice and evidence-based guidelines.

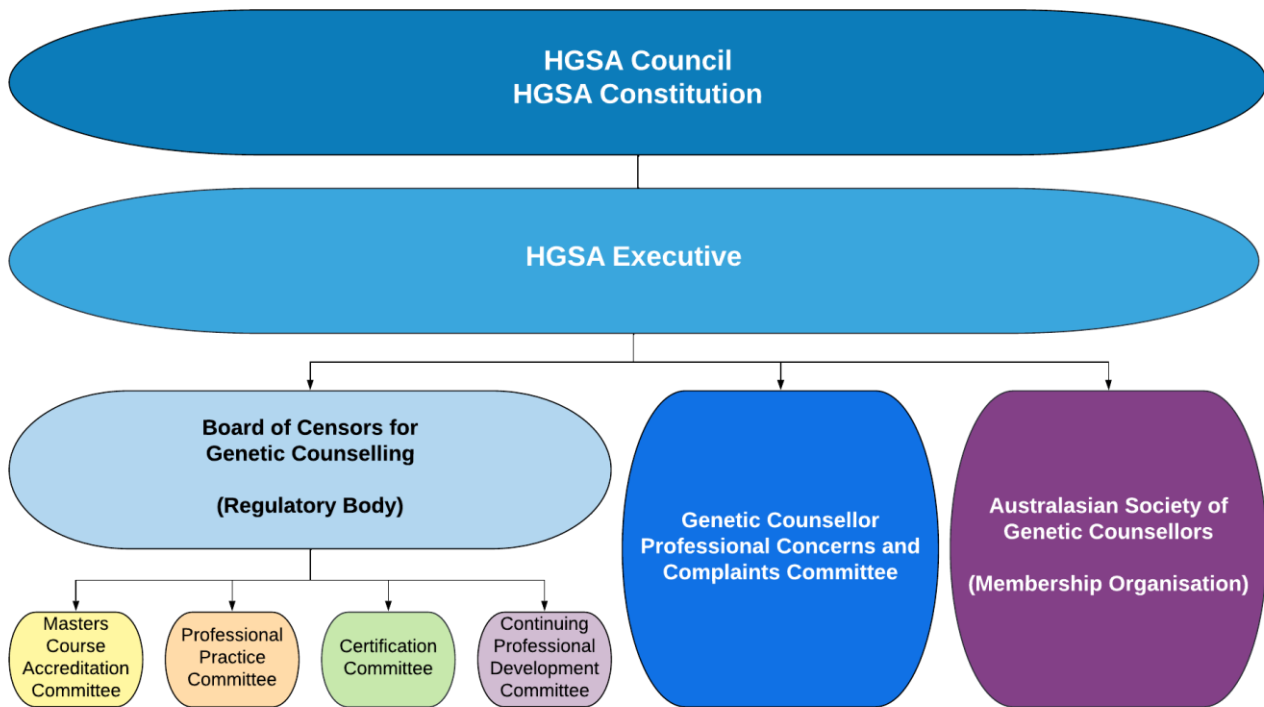
In 2020, after many years of consultation and work by the ASGC and the Implementation Committee for Genetic Counsellor Regulation, the Board of Censors was granted full membership of the National Alliance of Self-Regulating Health Professions (NASRHP) for the regulation of genetic counsellors in Australia. To align with NASRHP standards, the Guidelines for Training and Certification in Genetic Counselling were restructured into 11 HGSA Policies for the training, certification, and regulation of genetic counsellors. Restructuring the guidelines necessitated a restructure of the Board of Censors as an overarching committee governing several sub-committees, including the [Certification Committee](#) now responsible for administering this policy. (See 8.1 Figure: Board of Censors Governance Structure, page).

The Clinical Certification Policy has undergone a major review to bring it in line with current practice, the new regulatory structure, and in an effort to make Certification accessible and achievable for all clinically practicing genetic counsellors. There are ongoing efforts to make the regulatory process more inclusive of genetic counsellors working in other areas of practice.

The [Certification Committee](#) is a functional sub-committee of the Board of Censors for Genetic Counselling, and is responsible for administering the [Clinical Certification Policy for Genetic Counsellors](#) . Details of the current Committee membership and Terms of Reference can be found on the [Certification Committee](#) page of the HGSA website.

8.1. Figure: Board of Censors Governance Structure

HGSA Governance Structure for Genetic Counsellors



9. References

American Board of Genetic Counseling (ABGC): <http://www.abgc.net/>

American Psychological Association. APA Style <https://apastyle.apa.org/>

UK Genetic Counsellor Registration Board: <http://www.gcrb.org.uk/>

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Canadian Board of Genetic Counselling-Conseil Canadien de Conseil Génétique (CBGC-CCCG): <https://www.cbgc-cccg.ca/>

Health Professions Council of South Africa, Medical and Dental Professions Board (HPSCA): <https://www.hpcs.co.za/>

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10. Appendix: Long case and reflective essay assessment rubric

This Appendix should be viewed in conjunction with the [HGSA Competency Standards for Genetic Counsellors](#). Please see the [Clinical Certification Policy for Genetic Counsellors](#) for detailed requirements for Long cases.

The assessment and feedback process involves independent assessment by two reviewers from the [Certification Committee](#) and, in the event of any significant discrepancy, assessment by a third reviewer. This qualitative feedback process differs from an educational course assessment where grades are awarded. The reviewers present all cases to the [Certification Committee](#) to determine whether the case meets adequate standard for acceptance OR needs resubmission for each of the criteria/competencies. The [Certification Committee](#) discusses all submissions and any potentially contentious feedback prior to finalising a feedback letter to the candidate. Candidates are encouraged to seek support from their supervisor to discuss the feedback and assistance with reflection.

Competency	Demonstrable outcomes
Education and Communication	Works to objectives and standards including case format word lengths, clear and concise writing, appropriate methodologies, and academic conventions.
	Uses academic writing style including current APA style referencing (American Psychological Association. https://apastyle.apa.org/), consistent formatting, and careful proof-reading to avoid errors in spelling and grammar.
	<p>Uses pedigree nomenclature and annotation in line with:</p> <ul style="list-style-type: none"> • Bennett, R. L., Steinhaus, K. A., Uhrich, S. B., O'Sullivan, C. K., Resta, R. G., Lochner-Doyle, D., Markel, D. S., Vincent, V., & Hamanishi, J. (1995). Recommendations for standardized human pedigree nomenclature. Pedigree Standardization Task Force of the National Society of Genetic Counselors. <i>American Journal of Human Genetics</i>, 56(3), 745–752. • Bennett, R. L., French, K. S., Resta, R. G., & Doyle, D. L. (2008). Standardized human pedigree nomenclature: update and assessment of the recommendations of the National Society of Genetic Counselors. <i>Journal of Genetic Counseling</i>, 17(5), 424–433. • Barnes, H., Morris, E., & Austin, J. (2020). Trans-inclusive genetic counseling services: Recommendations from members of the transgender and non-binary community. <i>Journal of Genetic Counseling</i>, 29(3), 423–434. https://doi.org/10.1002/jgc4.1187
Relationship development	Outlines the interaction between client and genetic counsellor including thoughts, emotions, reactions, turning points, counselling approach and interventions used.
	Clearly describes their role (the candidate genetic counsellor) in the case
Risk assessment	Provides background to the case history and the context of the candidate's contact with the client.
	Includes an appropriately annotated pedigree.

Client-centred counselling	Identifies a list of relevant counselling issues specific to the case.
	Thorough and insightful discussion of one or more of these issues in the context of the candidate's case management.
	Describes interventions and management of the case based on a sound understanding of counselling theory.
	Clearly identifies and describes the counselling interventions used, including how and when in sessions these were used, and considers alternative strategies.
	Shows understanding of and insight into the thoughts, feelings, communication, motivations, and outcomes of the counselling process for both client and counsellor.
Reflective practice	Insightful and reflective discussion of the use of supervision and demonstrates a professional approach to receiving feedback.
	Describes the use of supervision, including reflection on the case, learning gained through supervision and the impact of this on future practice.
	Demonstrates self-awareness and ability to reflect on the client-counsellor dynamics.
	Reflects on strengths and weaknesses with insight into areas of professional skills development in relation to their own philosophy of practice.
	Analyses of the effectiveness of the counselling skills and strategies applied and considers alternative strategies that could have been adopted
Clinical genetics	Demonstrates an understanding of genetic testing process and limitations, and test result interpretation (as relevant to the case).
	Demonstrates specific application of genetic knowledge to the case and its management, including any genetic testing undertaken, and the rationale, limitations, and interpretation of results as relevant.
Research	In-depth and insightful analysis of and reference to relevant and up-to-date genetics, counselling theory, and ethics literature.
Ethical practice	Demonstrates interventions or management of the case based on a sound understanding of ethics.