



**AMERICAN BOARD OF GENETIC COUNSELING, INC.**

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**REQUIRED CRITERIA FOR  
GRADUATE PROGRAMS IN GENETIC COUNSELING  
SEEKING ACCREDITATION BY  
THE AMERICAN BOARD OF GENETIC COUNSELING**

[(Adopted January 25, 1996)

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The Required Criteria are the minimum standards of quality used by the American Board of Genetic Counseling (ABGC) to accredit master's degree-granting programs that prepare individuals to enter the genetic counseling profession. The extent to which a program complies with these standards determines its accreditation status. The Required Criteria therefore constitute the minimum requirements to which an accredited program is held accountable. The Required Criteria are to be used for external and internal evaluation of existing graduate programs in genetic counseling and should provide guidance for the development of new graduate programs. The glossary at the end of this document defines the terminology used herein.

## **I. PREAMBLE**

The American Board of Genetic Counseling, Inc. establishes and maintains criteria and procedures for certification and recertification of genetic counselors and accreditation and reaccreditation of graduate programs in genetic counseling. It aims to improve facilities for training genetic counselors and to improve the quality of education in genetic counseling.<sup>1</sup> The ABGC established the requirements for accreditation of graduate programs in genetic counseling in 1996. Because rapid growth in the field necessitates ongoing review and revision of these requirements, the ABGC may periodically alter the requirements to reflect the changing demands of the profession. Modifications to the original requirements are incorporated into this document. These requirements apply to programs undergoing accreditation or reaccreditation. The ABGC publishes appropriate standards of quality for educational programs in genetic counseling and provides recognition for degree-granting programs at the master's level that meet or exceed the minimum standards outlined in these Required Criteria. Graduation from an accredited program is a requirement for eligibility to sit for the Certification Examination in Genetic Counseling. A list of accredited programs is publicly available on [www.abgc.net](http://www.abgc.net).

### **A. Description of the Professional**

A genetic counselor is a health professional who is academically and clinically prepared to provide genetic services to individuals and families seeking information about the occurrence, or risk of occurrence, of a genetic condition or birth defect. The genetic counselor practices as part of a genetic services delivery team. The genetic counselor communicates genetic, medical, and technical information in a comprehensive, understandable, non-directive manner with knowledge of and insight into the psychosocial and ethno-cultural experiences important to each client<sup>2</sup> and family. The counselor provides client-centered, supportive counseling regarding the issues, concerns, and experiences meaningful to the client's circumstances. Genetic counseling includes:

<sup>1</sup> American Board of Genetic Counseling, Inc., Bylaws, 1993.

<sup>2</sup> The word **client** denotes the recipient of genetic services; this terminology is consistent with that in the National Society of Genetic Counselors' Code of Ethics.

(a) eliciting and interpreting individual and family medical, developmental and reproductive histories; (b) determining the mode of inheritance and risk of occurrence and recurrence of genetic conditions and birth defects; (c) explaining the etiology, natural history, diagnosis, and management of these conditions; (d) interpreting and explaining the results of genetic tests and other diagnostic studies; (e) performing a psychosocial assessment to identify emotional, social, educational, and cultural issues; (f) evaluating the client's and/or family's responses to the condition or risk of occurrence; (g) providing client-centered counseling and anticipatory guidance; (h) promoting informed decision-making about testing, management, reproduction, and communication with family members; (i) identifying and using community resources that provide medical, educational, financial, and psychosocial support and advocacy; and (j) providing written documentation of medical, genetic, and counseling information for families and other health professionals. As the field of genetics has grown, so too have the roles for genetic counselors. Genetic counselors now work in a variety of specialty areas, such as laboratories, industry, and public health departments.

## **B. Accreditation Process**

### **1. Provisional Accreditation**

Institutions wishing to offer master's level training in genetic counseling must submit an application for Provisional Accreditation (previously referred to as Recognized New Program Status). Such a program must meet the minimum criteria for providing master's level training in genetic counseling as established by the ABGC. Provisionally accredited programs must complete a self study and undergo a site visit within three years of matriculating their first class. If the program does not obtain Full Accreditation or Accreditation with Restrictions after the ABGC has reviewed the findings of the self study and site visit team, Provisional Accreditation will be revoked. Probationary accreditation will not be an option for a provisionally accredited program.

### **2. Full Accreditation and Reaccreditation**

As the first step in an accreditation review, the graduate program will conduct a self-study that involves program administration, faculty, staff, and students. The self-study report and supporting documentation about program resources, didactic courses, clinical experiences, and training sites constitute the accreditation application. Upon receipt of these documents and the annual accreditation fee, the ABGC will appoint an evaluation team to review the application and conduct a site visit. The site visit allows for comprehensive review of those components of the program that a written application cannot describe adequately. The site visit can help verify information and clarify issues raised in the self-study document. Following the visit, the site visit team will present its written report to the ABGC Accreditation Committee. The Accreditation Committee will present its recommendations to the full ABGC Board for a vote. Full Accreditation is conferred for a period of up to six years. With programs undergoing a re-accreditation review (at the conclusion of a six year Full Accreditation period), the Accreditation Committee may elect to grant program re-accreditation for a period of up to eight years. The ABGC may, however, accredit programs for a shorter term. If a program falls out of compliance with the Required Criteria, the ABGC reserves the right to place the program

on Probationary Accreditation or to withdraw the program's accreditation.

### **3. Probation**

If, based on a review of the self-study document and the site visit report, the Board identifies significant concerns and/or deficiencies in a program, or if a program otherwise falls out of compliance with the Required Criteria for Graduate Programs in Genetic Counseling, the Board may elect to place the program on Probationary Accreditation for a period not to exceed three years. Programs placed on Probationary Accreditation must notify all enrolled students, students newly accepted for enrollment, and those seeking enrollment, of the change in accreditation status. Programs on Probationary Accreditation are required to have an Advisory Board, with at least 50% of its members coming from outside the sponsoring institution. For the duration of the probationary period, at six month intervals, the program must submit to the Board a summary update discussing the steps taken to correct the concerns cited by the Board, the outcomes achieved by these measures, and the planned steps for the next 6 month period. At the conclusion of the probationary period, or earlier at the agreement of the program and the Board, the program will be expected to submit a self-study document and participate in a site visit.

### **4. Revocation/Termination of Accreditation**

If, following review of the self-study document and the site visit team's written report, the Board determines that the program has either not made sufficient progress or taken adequate steps toward correcting the identified concerns and/or deficiencies, the Board may withdraw the program's accreditation. If accreditation is withdrawn and the program wishes to reapply for accreditation, the application must be submitted to the Board for Provisional Accreditation. This application may not be submitted prior to twelve months from the effective date of withdrawal. An appeals process is available following any adverse accreditation decision (described below).

## **II. GENERAL REQUIREMENTS FOR ACCREDITATION**

### **A. Sponsorship of Graduate Program in Genetic Counseling**

1. The graduate program must reside in a degree-granting college, medical school, or university. United States institutions must be accredited by the regional accrediting association recognized by the United States Department of Education. Canadian institutions must have the appropriate degree-granting authority provided by the laws of the relevant province.
2. The degree-granting institution must be authorized under applicable law or other acceptable authority to provide a program of graduate education.
3. In programs where two or more institutions provide didactic courses, only one institution, the sponsoring institution, can apply for accreditation. A formal affiliation agreement must document the responsibilities for program administration, instruction,

- supervision, and other functions of the sponsoring institution and the affiliate institutions. When clinical placements are not part of the sponsoring institution, the institution may require a formal affiliation agreement, but for the purposes of ABGC accreditation we require E forms with appropriate signatures for clinical placements.
4. The sponsoring institution assumes primary responsibility for student admissions, curriculum planning, course content, coordination of classroom teaching and supervised clinical practice, appointment of faculty, processing of admissions applications, and granting of the master's degree documenting satisfactory completion of the educational program. The sponsoring institution must provide adequate opportunity for students to obtain sufficient clinical experience.

## **B. Resources**

Accreditation is based, in part, on the long-term stability of the program. This section should provide evidence with regard to long-term (at least 5-year) program viability and stability in terms of staffing, space and financial resources.

### **1. Personnel**

The program must have adequate leadership and management to support the development of the practice-based competencies listed below. Program faculty and staff must possess the necessary qualifications to perform the functions identified in documented job descriptions. The instructional faculty and staff must establish an atmosphere that is conducive to learning. There must be sufficient faculty to provide students with adequate attention, instruction and supervised practice to acquire the necessary knowledge and to support the development of practice-based competencies needed to complete the program. Program officials should be sufficiently free from clinical service and other non-teaching and administrative responsibilities to perform the educational and administrative duties indicated below. Faculty and staff should have access to continuing professional education to maintain and update their professional, teaching, supervisory, and administrative knowledge and skills. Qualifications and responsibilities of personnel required for programs are as follows. For Key Personnel Policies, see Appendix VI.

#### **a. Program Director or Program Co-Directors**

##### **(1) Qualifications**

A Program Director or Co-Directors appointed after July 1, 1995 must be certified by the ABGC or the American Board of Medical Genetics (ABMG) in genetic counseling. A Program Director or Co-Director appointed after April 1, 2006 must have at least five (5) years of experience as a genetic counselor. The following skills are recommended when considering the qualifications of a Program Director/Co-Director: he or she should be knowledgeable and experienced in genetic counseling, teaching, clinical supervision and other related subjects. Any Program Director appointed after January 1, 2007 should be employed in that

position for at least 0.5 FTE. If there are co-directors, the total FTE should account for at least 0.5 FTE.

**(2) Responsibilities**

The Program Director is responsible for the organization, coordination, administration, planning, development and continual review of the program. The Program Director ensures that the program remains in compliance with ABGC Required Criteria and must communicate with the ABGC about changes that could affect the accreditation of the program or the status of training sites where students obtain cases for their clinical experience.

**b. Associate/Assistant Program Director**

**(1) Qualifications**

Programs that were in existence prior to July 1, 1995 and that do not have a certified genetic counselor as Program Director; must have an Associate/Assistant Program Director who is certified by the ABMG or ABGC in genetic counseling. They must be knowledgeable and experienced in genetic counseling and related subjects. However, if the Program Director is a genetic counselor, the Associate/Assistant Director can have a professional background other than genetics (e.g., social work, nursing, education). As of April 1, 2006, the Associate/Assistant Director should have a minimum of three (3) years of experience in his/her respective field of expertise. The Associate/Assistant Program Director must have substantial administrative responsibility for program coordination and instructional planning.

**(2) Responsibilities**

The Associate/Assistant Program Director's responsibilities must include planning, developing, and monitoring those aspects of the curriculum that support students' integration of knowledge, skills, experience, and professional ethics into the practice of genetic counseling.

**c. Program Medical Director**

**(1) Qualifications**

The Medical Director must hold a medical degree and be certified by the ABMG or Canadian College of Medical Geneticists (CCMG) in Clinical Genetics.

(2) **Responsibilities**

A program must have a designated Medical Director who provides guidance and oversight to ensure that the medical components of the didactic and clinical curricula support development of the required competencies.

d. **Instructional Faculty and Staff**

(1) **Qualifications**

The instructional faculty and staff should be competent teachers who are knowledgeable in the course content for which they are responsible. There should be sufficient faculty and staff instructors to cover the necessary content areas and to fulfill the responsibilities described above. Instructors may include physicians, basic scientists, genetic counselors, psychologists, social workers, and other qualified individuals. For the primary instructor(s) of the core curriculum, a brief description of their relevant experience and training is required.

(2) **Responsibilities**

The instructional faculty and staff are responsible for classroom and clinical teaching; assessing student performance; identifying, referring, and counseling students who are not achieving defined objectives; providing remedial instruction; supervising student research when appropriate; and evaluating the effectiveness of their own teaching.

e. **Clinical Faculty and Staff**

(1) **Qualifications**

The ABGC recognizes that it is beneficial for students to be exposed to a broad range of genetic counseling techniques and styles demonstrated by different certified genetics personnel. In addition, the program should assure that the students have sufficient access to supervision by board certified genetic counselors. The clinical faculty and staff must have adequate training, experience, and credentials in their respective fields. Clinical training sites where students acquire cases for clinical experience must have at least one certified geneticist or genetic counselor who has primary responsibility for supervising genetic counseling trainees. The clinical supervisor must be on site and immediately available to provide clinical supervision. Additional clinical faculty and staff may include social workers, psychologists, nongeneticist physicians, and other health professionals.

(2) **Responsibilities**

The clinical faculty and staff are responsible for student supervision and performance assessment in clinical training sites. Clinical faculty should work with the Program Director and Co-Director to establish clinical training goals and to define how students will be involved, supervised, and evaluated in patient care and related activities.

**f. Clerical and Support Staff**

There must be adequate clerical and support staff to support the administrative and educational needs of the program.

**2. Financial Resources**

A program should demonstrate financial stability with a 5-year budget plan (see self-study budget template in the graduate program application materials) a letter of commitment from the sponsoring institution, or other supporting documentation. There must be sufficient financial resources to operate the educational program in order to fulfill obligations to matriculating and enrolled students.

**3. Physical Resources****a. Facilities**

The sponsoring institution and affiliated clinical training sites must provide adequate classrooms, laboratories, clinics, and administrative offices for program staff, faculty and students.

**b. Learning Resources****(1) Access to a Library and Electronic Media**

Students must have an adequate and readily accessible supply of current books, journals, periodicals, on-line databases, and other reference materials related to curricular and patient care activities.

**(2) Instructional Aids**

Reference materials, computer hardware and software, and audio and visual resources must be available in sufficient number and quality to support student learning.

**C. Students****1. Admissions Policies and Procedures**

Admission of students must be made in accordance with clearly defined and published practices of the institution. Any specific academic and technical standards required for admission to the program must be clearly defined, published, and readily accessible to prospective students and the public. The ABGC supports increasing diversity in the genetic counseling profession. Programs are encouraged to develop strategies to promote applications from underrepresented populations.

**2. Evaluation of Students**

Each matriculating student must receive the published criteria for successful completion of the curriculum and for graduation. Student evaluation methods must relate to the objectives and competencies described in the curriculum for both didactic and supervised

clinical training (see Section III). Evaluation methods must be employed frequently enough to provide students, faculty, and staff with timely indications of progress and academic standing and to serve as reliable indicators of the effectiveness of program design and instruction. Each program should have a policy in place for remediation.

### **3. Guidance/Advising**

Guidance must be available to assist students with course content, the development of clinical skills and in adhering to program policies and practices. Counseling or referral for concerns that may interfere with the students' progress through the program must be made available by the program.

## **D. Operational Policies**

### **1. Institutional Practices**

- a. The institution must publish a general bulletin or catalogue about the educational program and should include information about costs, financial aid, etc.
- b. Announcements and advertising must accurately reflect the program offered.
- c. Student and faculty recruitment, faculty employment, and student admission practices must be non-discriminatory with respect to race, ethnicity, creed, gender, sexual preference, age, disabling conditions, and national origin.
- d. Students must be informed about, and have access to, student health and counseling services.
- e. The health, safety and privacy of clients, students, and faculty associated with the educational activities must be reasonably safeguarded by faculty, staff and students.

### **2. Student Records**

The institution must maintain records of student admission, attendance, and evaluation and must protect the confidentiality of student information. Grades and credits for courses must be available in the form of an official transcript and must be permanently maintained by the sponsoring institution.

## **E. Program Design**

1. A program's overall objectives must be in concert with the institution's mission and with genetic counseling standards for the profession.
2. Instruction must follow a plan that documents and assesses appropriate learning experiences and curriculum sequence to develop the competencies necessary for graduation, including appropriate instructional materials, classroom presentations,

discussions, demonstrations, and supervised clinical training. The program may choose to deliver some program instruction by the use of distance education.

3. The syllabi must describe learning objectives and competencies to be achieved for both didactic and supervised clinical education components. The program must provide students with a clear description of its content, learning objectives, requirements, and the criteria for grading and evaluation.
4. In considering the time and effort that is essential for students to acquire familiarity with the increasing complexity of the genetic counseling field and to acquire the maturity and experience necessary to develop into professionals, the ABGC requires that all graduate programs in genetic counseling consist of at least 4 academic semesters or 6 academic quarters (may include the summer semester or quarter). In addition, for optimal learning, programs are required to provide training over a minimum 21-month time period or two academic years.
5. Clinical training experiences must support the development of the practice-based competencies by coordinating and integrating didactic and experiential training. The program should regularly train, orient, evaluate, and communicate with its clinical supervisors so that program administration, supervisors, and students have a common, clear understanding of the objectives, expectations, and evaluation measures for clinical placements.
6. Programs must ensure that there are objective measures for evaluating students' progress in didactic courses and clinical experiences. Assessment of knowledge acquisition, problem-solving skills, clinical competencies, and professional behaviors must occur at frequent intervals to identify any deficiencies early and to allow for corrective action. There must be a formal mechanism for regularly communicating with individual students about their progress, individual educational needs, and goals.

**Board Approved March 24, 2010**

The changes highlighted in yellow below are the changes approved by the Board of Directors at its meeting on March 24, 2010. Please note the effective dates listed for both new programs applying for provisional accreditation and programs currently accredited. A complete and revised version of the Required Criteria is available on the ABGC website.

**Section II.F.1 – page 9-10****F. Program Evaluation****1. Outcomes Assessment Measures**

The program must have an ongoing system to review the effectiveness of the educational program, especially as measured by student achievement. For programs applying for provisional accreditation, starting April 1, 2010, and programs applying for full accreditation, starting January 1, 2012, the ABGC requires the establishment of an advisory board to review the process and help guide this effort. Advisory Board membership may include instructional, research, and/or clinical faculty, alumni, consumers, and representatives of community organizations. At least one member of the Advisory Board must be external to the program's institution. Programs must routinely secure sufficient qualitative and quantitative information about graduates to demonstrate ongoing evaluation of outcomes consistent with the competencies specified by the educational program and ABGC. The manner in which programs seek to comply with these criteria may vary. The outcome measures should include data on student performance on the ABGC certification examination and may include, but are not limited to, surveys of graduates and employers on such matters as employment settings, type and scope of practice, salary, job satisfaction, education and skills sufficiently and inadequately addressed in the educational program; interviews with program graduates and employers of graduates.;

**2. Incorporation of Assessment Findings**

The curriculum and other dimensions of the program must reflect the results of ongoing evaluation. The program must systematically use the information obtained in its evaluation to foster student achievement of the competencies. Program evaluation must be a continual process with internal and external curriculum validation in consultation with employers, faculty, clinical supervisors, students and graduates. The program must conduct follow-up studies of graduates' employment and certification examination performance.

**III. SPECIFIC REQUIREMENTS FOR ACCREDITATION IN GENETIC COUNSELING****A. Curriculum****1. Description of the Program**

Educational experiences, including didactic courses, independent study, clinical training,

and supplementary activities such as case conferences, seminars, grand rounds, and journal clubs must provide the graduates with the necessary knowledge and skills to perform, accurately and reliably, the functions delineated in the "Description of the Profession" on pages 1-2. The practice-based competencies listed below serve as guidelines for preparing entry-level genetic counselors. Each program will maintain its own curriculum and unique methods for supporting the development of these competencies.

## 2. Instructional Content

General content areas required to support the development of practice-based competencies in genetic counseling include the following.<sup>3</sup>

<sup>3</sup> Walker AP, Scott JA, Biesecker BB, Conover B, Blake W, Djurdjinovic L (1990) Report of the 1989 Asilomar meeting on education in genetic counseling. *Am J Hum Genet* 46:1223-1230.

### a. Principles of Human Genetics

- (1) Mendelian and Non-Mendelian Inheritance
- (2) Population and Quantitative Genetics
- (3) Basis of Human Variation and Susceptibility
- (4) Family History and Pedigree Analysis
- (5) Normal Development/Abnormal Development
- (6) Human Reproduction

### b. Applicability of Related Sciences to Medical Genetics

- (1) Cytogenetics
- (2) Biochemical Genetics
- (3) Molecular Genetics
- (4) Embryology/Developmental Genetics
- (5) Teratology
- (6) Cancer Genetics

### c. Principles and Practice of Clinical/Medical Genetics

- (1) Clinical features and natural history of a broad range of genetic diseases, complex common disorders and syndromes of unknown etiology.
- (2) Understanding the diagnostic process, including dysmorphology, syndromology, and physical assessment.

- (3) Understanding genetic testing, including cytogenetic, molecular, biochemical, prenatal diagnosis, pre-implantation diagnosis and assisted reproductive testing.
- (4) Utilizing risk assessment skills.
- (5) Use of genetics literature, databases, and computerized tools.

**d. Psychosocial Content**

- (1) Theories of Counseling
- (2) Interviewing Techniques
- (3) Individual Psychosocial Development
- (4) Family Dynamics
- (5) Dynamics of Grief and Bereavement
- (6) Multicultural Sensitivity and Competency
- (7) Crisis Intervention

**e. Social, Ethical, and Legal Issues as They Pertain to the Delivery of Genetic Services**

**f. Health Care Delivery Systems and Principles of Public Health**

- (1) Health and Social Policy
- (2) Community, Regional, and National Resources
- (3) Financial/Reimbursement Issues
- (4) Screening
- (5) Genetics as a Component of Public Health Services

**g. Teaching Skills**

Preparation to identify and address the genetics educational needs of clients, community and lay groups, students, and health and human service professionals.

**h. Research Methods**

Familiarity with clinical and laboratory research methodologies and protocols using both quantitative and qualitative methods.

**3. Clinical Training**

a. Description: Clinical training must provide students with opportunities to have first-hand experience with individuals and families affected by a broad range of genetic disorders. These clinical experiences must expose trainees to the natural history and management of common genetic conditions and birth defects and to the relevant psychosocial issues. Students must have the opportunity to develop counseling skills in a variety of clinical settings when

genetic services are provided. There must be a sufficient number and variety of clinical activities to ensure that all enrolled students will receive adequate supervised counseling experience. The program must foster and support student independence while providing guidance and the availability of supervisors to discuss student performance with students and Program Directors. In addition, to prepare students to achieve certification successfully, clinical training should encompass the relevant areas in the ABGC Certification Examination content outline. The program must provide each student with supervision by certified genetics professionals and the opportunity for involvement in a variety of cases. The program accreditation process includes approval of clinical training sites where students can obtain clinical experience. The criteria for an approved site include supervision by a certified genetics professional and meaningful student involvement. The ABGC encourages programs to use a variety of clinical training opportunities to enhance the richness of the training experience. Therefore, programs may choose to include clinical training sites that do not qualify as approved sites because they enhance the breadth and depth of clinical experience. As of January 2008, the Logbook of Supervised Clinical Experience will no longer be required for active candidate status. It is now the responsibility of the program to determine that a minimum of 50 cases demonstrating varied experience among patient types and student roles and responsibilities have been seen by the student. Clinical cases should illustrate a diverse and well-rounded training that prepares an individual to provide genetic counseling services in a range of settings and that allows him/her to respond effectively to a spectrum of genetic counseling scenarios.

b. Requirements: A minimum of 50 “core” cases must be face-to-face and involve active trainee participation. Clinical training should focus on the development of the fundamental 12 roles and how they can be applied to a wide variety of clinical settings and service delivery models. To be considered a case, participation in at least 3 of the following management and counseling roles during the session must be demonstrated by the trainee:

- case preparation
- contracting
- eliciting of medical history
- pedigree documentation
- risk assessment
- discussion of inheritance/risk counseling
- discussion of diagnosis and natural history
- discussion of testing options/results
- psychosocial assessment
- psychosocial support/counseling
- resource identification/referral
- follow-up

These 50 core cases must be in approved ABGC sites and must be supervised by an ABMG/CCMG certified geneticist and/or ABGC/ABMG certified genetic counselor. Cases must indicate a variety of exposure to genetic issues throughout the life cycle. Therefore, cases should be varied by:

- preconception counseling
- prenatal counseling (routine, abnormal US, maternal disease, teratogen, etc.)

- pediatric genetics (general, disease-specific)
- adult genetics (cancer, cardiovascular, neurogenetic, etc)
- individuals affected with genetic conditions
- family sessions, i.e., sessions in which multiple family members are evaluated and/or counseled (note: these sessions may only count as one (1) case)

To prepare students best for the workforce, clinical training should reflect current trends in the workplace. Demographics from the 2008 ABGC practice analysis survey revealed that the approximate proportion of genetic counselors practicing in various roles is as follows: 40% prenatal, 30% cancer, 25% pediatrics, and 5% adult. Using this information as a guideline, it is the responsibility of the Program Director to ensure that a trainee is exposed to a wide breadth of clinical cases in approximately a similar ratio. It is not appropriate for a student to have an overwhelming majority of cases in any one practice area.

As genetic counselors expand beyond the traditional settings, it is of great benefit for trainees to be exposed to additional clinical opportunities. In order to enhance a trainee's clinical training, we encourage programs to augment the core 50 cases with the following types of experiences:

- non-face-to-face cases (e.g., phone genetic counseling and telemedicine cases)
- laboratory experience
- research/family studies/registries
- clinical experiences supervised by non-genetic providers (physicians, nurse practitioners, etc.)
- cases seen with non-ABGC/ABMG certified genetic professionals
- foreign clinical experiences
- cases seen in public health settings

When utilizing these types of clinical training opportunities, it is important that programs assess and document the credentials and qualifications of those who will be supervising the students, develop clear objectives and outcome measures for student experiences, and monitor the students' activities during the rotation.

### **Section III.3.c – page 14**

c. **Evaluation & Documentation:** ABGC will allow each program to determine the best manner to track trainees' clinical training. Programs may elect to continue to use a logbook-like format, or they may choose to use a portfolio. Regardless of the tracking method, documentation of clinical training experiences should be maintained with the students' files and include the entirety of the students' clinical encounters. **Files must not include patient identifiers.** These files should be available for

review during site visits as part of the accreditation review process. The record should be a collection of documents which demonstrates the trainee's ongoing clinical training. Items to be included are:

- the 50 cases with information documenting the student's active participation (e.g., the management and counseling roles performed), the type of clinical encounter (e.g., prenatal pediatric, adult, etc.), and supervision provided
- documentation of observations in settings that could include:
  - genetics clinics
  - support groups or other community activities
  - conferences
- documentation of clinical interactions with individuals/families affected by a broad range of genetic conditions
- documentation of participation in clinical encounters that are not part of the 50 core cases
- evaluation by a metric that measures and reports how the student is meeting clinical training requirements
- Evaluations related to clinical training.

***Programs undergoing accreditation in 2011 must have this evaluation metric in place prior to the application deadline January 2, 2011.***

For more information regarding the rationale around these decisions, please see ABGC's article in the Summer Issue of *Perspectives*. To download the entire revised document visit the website at [http://www.abgc.net/CMFiles/REQUIRED\\_CRITERIA\\_final\\_Mar\\_24\\_201051NAW-5112010-7109.pdf](http://www.abgc.net/CMFiles/REQUIRED_CRITERIA_final_Mar_24_201051NAW-5112010-7109.pdf)

#### **4. Additional Requirements**

##### **a. Teaching Experience**

The ABGC recognizes that teaching is an important component of the professional activities of genetic counselors (Practice Based Competency I.9). Programs are required to include teaching opportunities for their students. This can be accomplished in a variety of ways including, but not limited to, the following.

- (1) Prepare, deliver and evaluate educational presentations to various populations of learners.
- (2) Peer educational presentations.
- (3) Formal teaching assistant experience.
- (4) Class exercises or projects to develop patient, professional or community educational materials.
- (5) Delivery of professional genetics presentations such as journal clubs, research seminars, platform or poster presentations.

##### **b. Laboratory Experience**

The ABGC recognizes that genetic counselors must demonstrate knowledge of diagnostic laboratory methods and procedures (Practice Based Competencies I.6; II.3). Therefore, programs are required to provide students with instruction, observation and/or hands-on experience in one or more of the following settings:

private or academic, clinical or research, cytogenetic, molecular, biochemical, and/or public health screening laboratories.

**c. Research and Scholarly Endeavors**

The ABGC recognizes the importance of continued professional growth for genetic counselors (Practice Based Competency IV.5). Professional growth may be demonstrated by involvement in research and other scholarly endeavors. Therefore, programs must require that students perform research and/or other scholarly activities. This can be accomplished in a variety of ways, including formal thesis or other independent research project, preparation of literature review and case report, formal needs assessment, designing and implementing innovative patient, professional, or community educational programs, and/or grant writing.

**5. Practice-Based Competencies**

An entry-level genetic counselor must demonstrate the practice-based competencies listed below to manage a genetic counseling case before, during, and after the clinic visit or session. Therefore, the didactic and clinical training components of a curriculum must support the development of competencies that are categorized into the following domains: Communication Skills; Critical-Thinking Skills; Interpersonal, Counseling, and Psychosocial Assessment Skills; and Professional Ethics and Values. Some competencies may pertain to more than one domain. These domains represent practice areas that define activities of a genetic counselor. The italicized facet below each competency elaborates on skills necessary for achievement of each competency. These elaborations should assist program faculty in curriculum planning, development, and program and student evaluation.

**B. Domain I: Communication Skills**

**1. Can Establish a Mutually Agreed Upon Genetic Counseling Agenda with the Client**

The student is able to contract with a client or family throughout the relationship; explain the genetic counseling process; elicit expectations, perceptions and knowledge; and establish rapport through verbal and non-verbal interaction.

**2. Can Elicit an Appropriate and Inclusive Family History**

The student is able to construct a complete pedigree; demonstrate proficiency in the use of pedigree symbols, standard notation, and nomenclature; structure questioning for the individual case and probable diagnosis; use interviewing skills; facilitate recall for symptoms and pertinent history by pursuing a relevant path of inquiry; and in the course of this interaction, identify family dynamics, emotional responses, and other relevant information.

**3. Can Elicit Pertinent Medical Information including Pregnancy, Developmental, and Medical Histories**

The student is able to apply knowledge of the inheritance patterns, etiology, clinical features, and natural history of a variety of genetic disorders, birth defects, and other conditions; obtain appropriate medical histories; identify essential medical records and secure releases of medical information.

**4. Can Elicit a Social and Psychosocial History**

The student is able to conduct a client or family interview that demonstrates an appreciation of family systems theory and dynamics. The student is able to listen effectively, identify potential strengths and weaknesses, and assess individual and family support systems and coping mechanisms.

**5. Can Convey Genetic, Medical, and Technical Information including but Not Limited to Diagnosis, Etiology, Natural History, Prognosis, and Treatment/Management of Genetic Conditions and/or Birth Defects to Clients with a Variety of Educational, Socioeconomic, and Ethno-cultural Backgrounds**

The student is able to demonstrate knowledge of clinical genetics and relevant medical topics by effectively communicating this information in a given session.

**6. Can Explain the Technical and Medical Aspects of Diagnostic and Screening Methods and Reproductive Options including Associated Risks, Benefits, and Limitations**

The student is able to demonstrate knowledge of diagnostic and screening procedures and clearly communicate relevant information to clients. The student is able to facilitate the informed-consent process. The student is able to determine client comprehension and adjust counseling accordingly.

**7. Can Understand, Listen, Communicate, and Manage a Genetic Counseling Case in a Culturally Responsive Manner**

The student can care for clients using cultural self-awareness and familiarity with a variety of ethno-cultural issues, traditions, health beliefs, attitudes, lifestyles, and values.

**8. Can Document and Present Case Information Clearly and Concisely, Both Orally and in Writing, as Appropriate to the Audience**

The student can present succinct and precise case-summary information to colleagues and other professionals. The student can write at an appropriate level for clients and professionals and produce written documentation within a reasonable time frame. The student can demonstrate respect for privacy and confidentiality of medical information.

**9. Can Plan, Organize, and Conduct Public and Professional Education Programs on Human Genetics, Patient Care, and Genetic Counseling Issues**

The student is able to identify educational needs and design programs for specific audiences, demonstrate public speaking skills, use visual aids, and identify and access

supplemental educational materials.

## **C. Domain II: Critical-Thinking Skills**

### **1. Can Assess and Calculate Genetic and Teratogenic Risks**

The student is able to calculate risks based on pedigree analysis and knowledge of inheritance patterns, genetic epidemiologic data, and quantitative genetics principles.

### **2. Can Evaluate a Social and Psychosocial History**

The student demonstrates understanding of family and interpersonal dynamics and can recognize the impact of emotions on cognition and retention, as well as the need for intervention and referral.

### **3. Can Identify, Synthesize, Organize and Summarize Pertinent Medical and Genetic Information for Use in Genetic Counseling**

The student is able to use a variety of sources of information including client/family member(s), laboratory results, medical records, medical and genetic literature and computerized databases. The student is able to analyze and interpret information that provides the basis for differential diagnosis, risk assessment and genetic testing. The student is able to apply knowledge of the natural history and characteristics/symptoms of common genetic conditions.

### **4. Can Demonstrate Successful Case Management Skills**

The student is able to analyze and interpret medical, genetic and family data; to design, conduct, and periodically assess the case management plan; arrange for testing; and follow up with the client, laboratory, and other professionals. The student should demonstrate understanding of legal and ethical issues related to privacy and confidentiality in communications about clients.

### **5. Can Assess Client Understanding and Response to Information and Its Implications to Modify a Counseling Session as Needed**

The student is able to respond to verbal and nonverbal cues and to structure and modify information presented to maximize comprehension by clients.

### **6. Can Identify and Access Local, Regional, and National Resources and Services**

The student is familiar with local, regional, and national support groups and other resources, and can access and make referrals to other professionals and agencies.

### **7. Can Identify and Access Information Resources Pertinent to Clinical Genetics and Counseling**

The student is able to demonstrate familiarity with the genetic, medical and social-science literature, and on-line databases. The student is able to review the literature and synthesize the information for a case in a critical and meaningful way.

**D. Domain III: Interpersonal, Counseling, and Psychosocial Assessment Skills****1. Can Establish Rapport, Identify Major Concerns, and Respond to Emerging Issues of a Client or Family**

The student is able to display empathic listening and interviewing skills and address clients' concerns.

**2. Can Elicit and Interpret Individual and Family Experiences, Behaviors, Emotions, Perceptions, and Attitudes that Clarify Beliefs and Values**

The student is able to assess and interpret verbal and non-verbal cues and use this information in the genetic counseling session. The student is able to engage clients in an exploration of their responses to risks and options.

**3. Can Use a Range of Interviewing Techniques**

The student is able to identify and select from a variety of communication approaches throughout a counseling session.

**4. Can Provide Short-Term, Client-Centered Counseling and Psychological Support**

The student is able to assess clients' psychosocial needs and recognize psychopathology. The student can demonstrate knowledge of psychological defenses, family dynamics, family theory, crisis-intervention techniques, coping models, the grief process, and reactions to illness. The student can use open-ended questions; listen empathically; employ crisis intervention skills; and provide anticipatory guidance.

**5. Can Promote Client Decision-Making in an Unbiased, Non-Coercive Manner**

The student understands the philosophy of non-directiveness and is able to recognize his or her values and biases as they relate to genetic counseling issues. The student is able to recognize and respond to dynamics, such as counter transference, that may affect the counseling interaction.

**6. Can Establish and Maintain Inter- and Intradisciplinary Professional Relationships to Function as Part of a Health Care Delivery Team**

The student behaves professionally and understands the roles of other professionals with whom he or she interacts.

**E. Domain IV: Professional Ethics and Values****1. Can Act in Accordance with the Ethical, Legal, and Philosophical Principles and Values of the Profession**

The student is able to recognize and respond to ethical and moral dilemmas arising in practice and seek assistance from experts in these areas. The student is able to identify factors that promote or hinder client autonomy. The student demonstrates an appreciation

of the issues surrounding privacy, informed consent, confidentiality, real or potential discrimination, and other ethical/legal matters related to the exchange of genetic information.

**2. Can Serve as an Advocate for Clients**

The student can understand clients' needs and perceptions and represent their interests in accessing services and responses from the medical and social service systems.

**3. Can Introduce Research Options and Issues to Clients and Families**

The student is able to critique and evaluate the risks, benefits, and limitations of client participation in research; access information on new research studies; present this information clearly and completely to clients; and promote an informed-consent process.

**4. Can Recognize His or Her Own Limitations in Knowledge and Capabilities Regarding Medical, Psychosocial, and Ethno-Cultural Issues and Seek Consultation or Refer Clients When Needed**

The student demonstrates the ability to self-assess and to be self-critical. The student demonstrates the ability to respond to performance critique and integrates supervision feedback into his or her subsequent performance. The student is able to identify and obtain appropriate consultative assistance for self and clients.

**5. Can Demonstrate Initiative for Continued Professional Growth**

The student displays a knowledge of current standards of practice and shows independent knowledge-seeking behavior and lifelong learning.

**DATE LAST MODIFIED**

*MARCH 24, 2010*

#### **IV. GLOSSARY OF TERMS USED IN THIS DOCUMENT**

**Academic Residence:** Refers to the number of consecutive semesters, quarters, or terms of study typically necessary for an enrolled, full-time student to complete all requirements of study.

**Accreditation, Institutional:** The accreditation granted to a university or college that recognizes its authority to offer post-secondary studies leading to a degree. In the United States, such accreditation is conferred by one of six accrediting bodies<sup>4</sup> listed by the Secretary of the Department of Education (DOE)<sup>5</sup> or recognized by the Council on Post-Secondary Accreditation, including:

- Middle States Association of Colleges and Schools
- New England Association of Schools and Colleges
- North Central Association of Colleges and Schools
- Northwest Association of Schools and Colleges
- Southern Association of Colleges and Schools
- Western Association of Schools and Colleges

This accreditation is customarily awarded for a ten-year period, but may be awarded for a shorter period of time. Canadian universities and colleges are not accredited per se, but receive their authority to grant degrees from the appropriate provincial law governing degree-granting within that province.<sup>6</sup> Information about an institution's accreditation status is usually available through the Office of Academic Affairs or the Central Administrative Office.

**Accreditation, Program:** The voluntary peer review process by which the ABGC grants public recognition to a graduate program in genetic counseling within an educational institution that meets or exceeds the established standards of acceptable educational quality. This includes programs that were granted Provisional Accreditation (formally known as Recognized New Program Status) by the ABGC.

Accreditation by the ABGC signifies that the institution sponsoring the program, along with any necessary affiliate(s), provides the resources and planned learning experiences specified by the ABGC as essential. ABGC Full Accreditation is typically conferred for a period of six years and reaccreditation is typically conferred for a period of up to eight years, although the ABGC reserves the right to provide probationary or shorter-term accreditation.

<sup>4</sup> 1995 Higher Education Directory, p. vi.

<sup>5</sup> The DOE may substitute the New York State Board of Regents accreditation of an institution for regional accreditation in New York State.

<sup>6</sup> Ontario Ministry of Education and Training, Toronto, Canada.

**Active Candidate Status:** This status, designated by the ABGC, confers eligibility to sit for the certification examination.

**Affiliation Agreement/Contract:** A formal, written understanding between the institution sponsoring a graduate program in genetic counseling and an independent facility, e.g., hospital, clinic, HMO, or other educational institution that agrees to provide appropriate clinical or classroom learning experiences for students.

**Associate/Assistant Program Director:** An individual within an institution's genetic counseling program who, in coordination with the Program Director, is responsible for substantial administrative responsibility for program coordination and instructional planning.

**Board Certified:** An individual who has met all of the requirements of the particular board administering the certification examination. Genetic counselors were certified by the ABMG from 1982 through 1992. Since 1993, the ABGC has certified genetic counselors. Clinical geneticists with a medical degree are certified by the ABMG or the CCMG. The ABMG also certifies geneticists in the areas of medical genetics, clinical biochemical genetics, clinical molecular genetics, and clinical cytogenetics.

**Certification:** The credentialing and examination process by which a certifying board grants public recognition to an individual who has met certain predetermined minimum requirements and who voluntarily seeks such recognition.

**Clinical Training:** Clinical training includes those activities occurring in a supervised clinical setting where the student learns how to apply the knowledge, practice and skills taught in the didactic and clinical phases of the program. It may be referred to as clinical experience, fieldwork, practicum, rotation, or internship.

**Clinical Training Site:** A specific patient-care service within a hospital, medical center, clinic, or other health-care delivery setting that is recognized, used and maintained by the respective institution. The clinical training site possesses identified and qualified staff appropriately prepared in genetics who serve clients on a regularly scheduled basis at a specific locale. The clinic may exist at one physical location, or may "travel" with its resources and members of its staff to other locations.

**Co-Director, Program:** An individual within an institution's genetic counseling program who, in coordination with the Program Director, is responsible for designated aspects of program coordination, administration, design, and instruction.

**Courses, Required:** The unique classes approved by an educational institution with specific titles, numbers, instructors, designated credits, published schedules and syllabi for which successful completion is deemed mandatory for obtaining a degree.

**Director, Program:** The appropriately qualified and designated individual within an institution's genetic counseling program who has primary authority and responsibility for overall program coordination, administration, design, and instruction.

**Full Accreditation or Re-Accreditation:** This accreditation decision indicates that the program meets the minimum standards established by the American Board of Genetic Counseling to provide a well-rounded and adequate educational and clinical program for students.

**Logbook of Supervised Clinical Experience:** This documents clinical cases obtained during training. This is no longer a requirement to achieve active candidate status as of January 2008.

**Medical Director, Program:** A physician, certified in Clinical Genetics by the ABMG or the CCMG, who provides guidance and advice to the program with respect to the medical content of the curriculum and the medical activities of students.

**Medical Director, Clinic:** A physician who has authority as the director of a specific clinical training site, and who may or may not be certified by the ABMG or CCMG.

**Practice-Based Competencies:** A series of activities, skills, and tasks derived from the clinical practice of genetic counseling. Mastery of these competencies by trainees is necessary to function as an entry-level genetic counselor.

**Probationary Accreditation:** This accreditation decision indicates that, while the program continues to have accredited status, it does not meet the minimum standards for providing educational and clinical training for students, and has generalized problems that appear to interfere with optimal education of the candidates. The program must make public its probationary status.

**Program:** A university or college-sponsored specialized course of study in genetic counseling that culminates in the awarding of a master's degree.

**Provisional Accreditation (previously referred to as Recognized New Program Status):** This category applies to a new program that has completed and submitted an application for becoming an accredited program. Such a program must meet the minimum criteria for providing the Masters Degree in Genetic Counseling as established by the ABGC.

**Self-Study:** The formal process during which an institution or program critically examines its structure and substance, judges the program's overall effectiveness relative to its mission, identifies specific strengths and deficiencies, and indicates a plan for modification and improvements. The process should include an examination of external factors influencing educational directions and an assessment of the degree to which a program complies with required criteria for accreditation. A Self-Study Report is prepared by the program for use by the ABGC Accreditation Committee and site visitors.

**Site Visitor:** A trained professional, with expertise in genetics, genetic counseling, or education and evaluation who will participate in the program accreditation process through an on-site, structured interview and assessment of a graduate program.

**Supervising Genetic Counselor:** The certified genetic counselor with designated responsibility for student supervision at a specific training site for a specific program.

**Supervising Geneticist:** A qualified doctoral-level individual, certified by the ABMG or the CCMG in any subspecialty, who is responsible for the overall clinical genetics practice of students at a specific training site for a specific program.

**Supplementary Activities:** Those activities regularly conducted in a genetic counseling program in addition to required courses and training, such as rounds, journal clubs, seminars, guest lectures, and case conferences.

## **V. DECISIONS OF THE ABGC**

The following definitions describe the possible outcomes of decisions made by the American Board of Genetic Counseling with respect to accreditation. All decisions regarding accreditation shall be at the sole discretion of the American Board of Genetic Counseling.

### **1. Provisional Accreditation (previously referred to as Recognized New Program Status)**

This category applies to a new program that has completed and submitted an application for becoming an accredited program. Such a program must meet the minimum criteria for providing masters degree in genetic counseling as established by the ABGC. Provisionally accredited programs must complete a self study and undergo a site visit within three years of matriculating their first class. If the program does not obtain Full Accreditation or accreditation with restrictions after the ABGC has reviewed the findings of the self study and site visit team, Provisional Accreditation will be revoked. Probationary accreditation will not be an option for a provisionally accredited program.

### **2. Full Accreditation and Reaccreditation**

This accreditation decision indicates that the program meets the minimum standards established by the American Board of Genetic Counseling to provide a well-rounded and adequate educational and clinical program for students. The Board may cite areas for improvement that warrant the program's attention. Each accredited program is required to submit an annual report accompanied by an annual fee and is expected to address the areas for improvement cited in the Board's action report. The first Full Accreditation is valid for six years at which time the next cycle will be initiated. Full Accreditation or re-accreditation can only be obtained after a program has undergone a self evaluation and had a site visit. Full re-accreditation will be granted for up to 8 years.

### **3. Accreditation or Reaccreditation with Restrictions**

This accreditation decision indicates that the program has accredited status, but does not meet one or more of the minimum standards established by the American Board of Genetic Counseling. The Board may grant accreditation for less than the typical six-year period (first accreditation) or eight-year period (reaccreditation) and/or require the program to submit written documents that address the unmet standard(s) within a time period to be determined by the Board. The next self-study document and on-site visit will be scheduled for the end of the accreditation time period established by the Board.

### **4a. Probationary Accreditation**

This accreditation decision indicates that, while the program continues to have accredited status, it does not meet the minimum standards for providing educational and clinical training for students, and has generalized problems that appear to interfere with optimal education of the candidates. The program must make public its probationary status, provide the Board with a copy of the notice given to students and prospective students

about the probationary status, and submit documentation that addresses the unmet standards and deficiencies. These documents will be provided at intervals no longer than every six months or at shorter intervals to be determined by the Board. At each review, the Board must agree that progress toward remediation is being accomplished. Any program that does not have an Advisory Board at the time it was placed on probation must form one immediately, and must include members who are neither faculty nor other professionals from within the same institution housing the program. Failure to comply with any of these requirements will result in immediate revocation of accreditation. A program may have Probationary Accreditation for no longer than three years. At the end of that time, the program must submit a complete self-study document and host an on-site visit, following which the Board will determine whether to grant accreditation, with or without restrictions, or to revoke accreditation.

#### **4b. Temporary Probationary Accreditation**

A program may be assigned temporary probationary accreditation status if, during the assigned period of accreditation, the Board determines that the program is no longer in compliance with ABGC requirements for continuing accreditation. The Accreditation Committee Chair will issue a written warning to the program specifying the length of time allotted to the program during which it must address the deficiencies. The program must respond by the end of the assigned interval with written documentation providing evidence of satisfactory resolution of the problem/problems cited. Failure to do so will result in the program being placed immediately on probationary accreditation or, in extreme circumstances, accreditation will be revoked.

#### **5. Denial of Accreditation**

This decision refers to denial of accreditation at the time of initial application, and indicates that the program does not meet minimum standards for accreditation and has pervasive problems that limit its capacity to offer a quality program that adequately prepares candidates. Denial of Provisional Accreditation is NOT subject to appeal, but an institution may re-apply if the appropriate fees are paid and a new provisional application addressing the concerns identified in the previous denial are submitted to the ABGC.

#### **6. Revocation of Accreditation**

The Board may revoke accreditation from a program if, in the opinion of a majority of Board members, the program is unable to provide a satisfactory educational and/or clinical program for students and there is little hope of remediation in a timely fashion.

#### **7. Appeals**

Any program that receives an adverse decision regarding accreditation, may appeal that decision pursuant to the procedures set forth in the American Board of Genetic Counseling's *Appeals Process for Adverse Accreditation Decisions*.

## **VI. REQUIRED CRITERIA APPENDICES**

### **1. PROGRAM DIRECTOR LEAVE OF ABSENCE POLICY**

Approved November 2006; Revised March 2009

#### **A. Background**

The Program Director of an accredited graduate program in genetic counseling is responsible for the organization, coordination, administration, planning, development and continual review of the program. The Program Director ensures that the program remains in compliance with ABGC Required Criteria and communicates with the ABGC about changes that could affect the accreditation of the program or the status of training sites. Given the critical functions of the Program Director, the extended absence of a Program Director could have negative consequences for the program's operations. The intent of this document is to set forth a policy regarding the necessary actions a Program Director needs to take when embarking on a leave of absence from his/her director position.

#### **B. General**

1. For the purposes of this policy a leave of absence is defined as being absent from the position of Program Director for 30 or more consecutive days. A leave of absence, for example, could be due to a maternity leave or a family medical leave.

#### **C. Procedure**

1. When taking a leave of absence the Program Director must notify the ABGC in writing and include the following items:
  - a. The expected length of time the Program Director will be absent and the anticipated date of return.
  - b. The person or persons who will be responsible for fulfilling the duties of the Program Director. The qualifications and CV of the person(s) should be sent to the ABGC for review and approval. If more than one individual will be responsible for performing the director's duties, then one person should be designated as the primary contact for communications with the ABGC. Upon the appointment of an Interim Director, the time commitment (FTE) of the individual(s) should be made known to the ABGC. Any Program Director appointed after January 1, 2007, should be employed in that position for at least 0.5 FTE. If there are co-directors, the total FTE should account for at least 0.5 FTE. Therefore, the person or persons who will be fulfilling the duties of the Program Director should be dedicating at least 0.5 FTE to covering program-related responsibilities.
2. Except in the cases of an emergency leave of absence, the ABGC should be notified about the leave at least 30 days prior to commencement of the leave of absence.

3. The failure to comply with the aforementioned items may result in a program being deemed in noncompliance with accreditation standards. Programs that are out of compliance with accreditation standards are at risk for revocation of accreditation or being placed on probationary accreditation.

## 2. NOTIFICATION OF KEY PROGRAM PERSONNEL CHANGE POLICY

Approved November 14, 2006; Revised March 2009

### A. Background

Accreditation is based, in part, on the long-term stability of the program. The program should provide evidence with regard to long-term (5-year) program viability and stability in terms of staffing. The Program Director, assistant or associate Program Directors, and the Medical Directors are the key program personnel that provide the leadership and management to support the development of the practice-based competencies. The Program Director ensures that the program remains in compliance with ABGC Required Criteria and communicates with the ABGC about changes that could affect the accreditation of the program or the status of training sites where students obtain cases for supervised clinical experience. The associate/assistant Program Directors have substantial administrative responsibility for program coordination and instructional planning. A program Medical Director provides guidance and oversight to ensure that the medical components of the didactic and clinical curricula support development of the required competencies.

Given the critical functions of these individuals, the program has a responsibility to communicate to the ABGC, in a timely manner, any personnel changes in these key positions. The intent of this document is to set forth a policy regarding the necessary actions a program needs to take when personnel changes occur.

### B. General

For the purposes of this policy a key personnel, as defined above, change is the resignation or termination of the Program Director, an associate or assistant director, or Medical Director of a genetic counseling program.

### C. Procedure

1. When there is a change in the key personnel of a program, the Program Director or acting director must notify the ABGC in writing and include the following items:
  - a. The expected date of the key personnel change.
  - b. The person or persons who will be responsible for fulfilling the duties of the key personnel. The qualifications and CV of the person(s) should be sent to the ABGC for review and approval. If more than one individual will be responsible for performing the key personnel's duties, then one person should be designated as the primary contact for communications with the ABGC. Upon the appointment of key personnel, the time commitment (FTE) of the individual should be made known to the ABGC.
2. Except in the cases of an emergency change in personnel, the ABGC should be notified about the change at least 30 days prior to commencement of the change.

3. The failure to comply with the aforementioned items may place a program in noncompliance with accreditation standards. Programs that are out of compliance with accreditation standards are at risk for revocation of accreditation or being placed on probationary accreditation.