



**ACGC**

Accreditation Council  
for Genetic Counseling

*Fostering excellence in education for the future of genetic counseling*

# STANDARDS OF ACCREDITATION FOR GRADUATE PROGRAMS IN GENETIC COUNSELING

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<b>INTRODUCTION</b> .....	<b>3</b>	<b>B4 Supplemental Fieldwork Experiences</b> .....	<b>22</b>
<b>STANDARDS FOR ACCREDITATION</b> .....	<b>4</b>	B4.1 .....	22
<b>SECTION A: ADMINISTRATION</b> .....	<b>4</b>	B4.2 Documentation.....	22
<b>A1 Sponsorship</b> .....	<b>4</b>	<b>B5 Additional Requirements</b> .....	<b>23</b>
A1.1 Institutional Responsibilities.....	4	B5.1 Student Teaching Experience.....	23
A1.2 Institutional Resources.....	5	B5.2 Research and Scholarly Endeavors....	23
A1.3 Physical and Learning Resources.....	6	<b>SECTION C: EVALUATION</b> .....	<b>24</b>
<b>A2 Program Personnel and Faculty</b> .....	<b>7</b>	<b>C1 Advisory Board</b> .....	<b>24</b>
A2.1 Program Leadership .....	7	C1.1 .....	24
A2.2 Program Leadership Positions.....	8	C1.2 .....	24
A2.3 Additional Leadership Positions.....	9	C1.3 .....	24
A2.4 Program Leadership Policies .....	10	C1.4 .....	24
A2.5 Instructional Faculty/Staff .....	11	<b>C2 Program Evaluation Outcome Measures</b> ...	<b>25</b>
A2.6 Fieldwork Supervisors .....	12	C2.1 Student Performance on the ABGC	
A2.7 Administrative Support Staff.....	13	Certification Examination.....	25
<b>A3 Operational Policies and Procedures</b> .....	<b>13</b>	C2.2 Alumni Feedback .....	25
A3.1 Sponsoring Institution .....	13	C2.3 Personnel Evaluations .....	25
A3.2 Graduate Program .....	14	C2.4 Course Evaluations .....	26
<b>SECTION B: CURRICULUM AND INSTRUCTION</b> ...	<b>17</b>	C2.5 .....	26
<b>B1 Instructional Plan</b> .....	<b>17</b>	<b>C3 Student Evaluation</b> .....	<b>27</b>
B1.1 .....	17	C3.1 Student Notification.....	27
B1.2 .....	17	C3.2 Guidelines for Student Evaluation.....	27
B1.3 .....	17	<b>SECTION D: ACCREDITATION</b>	
B1.4 .....	17	<b>STATUS AND DECISIONS</b> .....	<b>29</b>
B1.5 .....	18	<b>D1 Accreditation Status</b> .....	<b>29</b>
<b>B2 Instructional Content</b> .....	<b>18</b>	D1.1 Candidacy.....	29
B2.1 Content Areas .....	18	D1.2 Accredited New Program .....	29
<b>B3 Fieldwork Training</b> .....	<b>20</b>	D1.3 Accreditation with Contingencies.....	29
B3.1 General Description Fieldwork Training:		D1.4 Full Accreditation .....	29
Participatory Cases .....	20	D1.5 Probationary Accreditation .....	30
B3.2 General Description Fieldwork Training:		<b>D2 Accreditation Decisions</b> .....	<b>30</b>
Fieldwork Supervision .....	21	D2.1 Voluntary Withdrawal Accreditation ..	30
B3.3 .....	21	D2.2 Lapse of Accreditation Status .....	30
B3.4 .....	21	<b>Appendix 1 Standards Revision</b>	
B3.5 .....	21	<b>Frequently Asked Questions</b> .....	<b>31</b>
B3.6 .....	21		

# INTRODUCTION

## THE GENETIC COUNSELING PROFESSION COUNSELING

The National Society of Genetic Counselors (NSGC) defines genetic counseling as “the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease. This process integrates:

- Interpretation of family and medical histories to assess the chance of disease occurrence or recurrence;
- Education about inheritance, testing, management, prevention, resources, and research; and
- Counseling to promote informed choices and adaptation to the risk or condition.”

*(The National Society of Genetic Counselors Task Force. A New Definition of Genetic Counseling: National Society of Genetic Counselors’ Task Force Report. J Genet Counsel. 2006:15:77-83)*

## THE ACCREDITATION COUNCIL FOR GENETIC COUNSELING (ACGC)

The ACGC was established in 2012 to serve as the accrediting body for genetic counseling graduate programs in North America. The ACGC’s mission is to advance quality in genetic counseling education by developing standards and by evaluating and accrediting programs.

- The standards set forth in this document are used by the ACGC to accredit master’s degree-granting programs that prepare individuals to enter the genetic counseling profession. The standards are used for external and internal evaluation of existing graduate programs in genetic counseling and to provide guidance for the development of new graduate programs. Graduation from an accredited program is a requirement for eligibility to sit for the American Board of Genetic Counseling (ABGC) Certification Examination in Genetic Counseling. A list of accredited programs is publicly available at [www.gceducation.org](http://www.gceducation.org).

The extent to which a program complies with these standards determines its accreditation status. Failure to comply with any aspect of these standards places a program in noncompliance and at risk for probation or revocation of accreditation. However, while these standards are the basis of accreditation decisions, the ACGC recognizes that genetic counseling graduate programs have unique institutional, regional, and situational challenges and opportunities. Thus, the ACGC is willing to give special consideration, with appropriate documentation, where exigent circumstances or institutional policies outside the program’s authority or control may preclude a program from meeting a given standard. It is the program’s responsibility to identify such issues and provide relevant documentation to the ACGC as early as possible, but at a minimum of three months in advance of submitting an accreditation application.

Wherever possible and appropriate, this document provides specific guidance regarding items that are deemed essential for a program to be in compliance with a given standard. Such items are delineated by use of the terms “required” or “must,” and where specific documentation is required, this is noted. Where the term “should” is used, the item is still required, but variation will be considered based on specific institutional policies and/or critical program needs. In some cases, descriptors such as “adequate,” “sufficient” or “such as” are utilized to allow for flexibility in a program’s approach to meeting the standard. However, in these circumstances, the program is expected to provide the rationale behind its choices and demonstrate program effectiveness. This information is considered in the self-study evaluation process.

# STANDARDS FOR ACCREDITATION

## SECTION A: ADMINISTRATION

The administration of a genetic counseling program involves collaboration between the faculty and administrative staff of the program and the graduate degree-granting institution, known as the sponsoring institution. As such, the sponsoring institution is explicitly committed to the success of the program. The program provides an environment that fosters intellectual challenge and a spirit of inquiry. Well-defined policies reflect the missions and goals of the program and sponsoring institution.

### A1 Sponsorship

#### A1.1 Institutional Responsibilities

**A1.1.1** The program must reside in a graduate degree-granting institution in the United States or Canada. This institution assumes primary responsibility for the program, although it can partner with other institutions that are responsible for providing one or more core program components. United States institutions must be accredited by an institutional accrediting organization recognized by the U.S. Department of Education. Canadian institutions must have the appropriate degree-granting authority provided by the relevant provincial or territorial governments.

ACGC serves to accredit master's level genetic counseling programs that prepare individuals to enter the genetic counseling profession.

**A1.1.2** The mission, goals, and expected outcomes of the program are aligned with those of the sponsoring institution and reflect standards and guidelines of the genetic counseling profession. Policies of the sponsoring institution and genetic counseling program clearly support the program's mission, goals, and expected outcomes and encourage shared governance, fiscal stability, and ongoing efforts to improve program quality and compliance with ACGC Standards and Policies.

- Complying with all requirements of the regional/state accrediting body or Canadian provincial or territorial governments;
- Hiring and maintaining faculty and staff in sufficient numbers and with the expertise and experience required to fulfill ACGC requirements;
- Supporting program faculty's planning of curriculum design, course selection, and program evaluation;
- Permanently maintaining student transcripts;
- Conferring the credential and/or academic degree that documents satisfactory completion of the educational program;
- Ensuring that all genetic counseling program personnel and student policies are consistent with federal and state, provincial or territorial statutes, rules, and regulations;
- Addressing appropriate security and personal safety measures for genetic counseling students, staff and faculty in all locations where instruction occurs;
- Identifying and managing conflict of interest for program faculty and staff, including financial interest or other activities that could impact program integrity or sustainability (e.g., individuals who have roles in more than one program);
- Ensuring the fiscal stability of the program; and
- Resolving conflicts between accreditation standards and state or local laws governing the institution or program seeking accreditation.



**A1.1.3** Programs must maintain affiliation agreements in accordance with institutional requirements. Affiliation agreements are strongly encouraged when other institutions contribute to the program.

- a. For permanent and temporary placements that are not part of the sponsoring institution, the program is responsible for obtaining formal affiliation agreements whenever the sponsoring institution requires them.
- b. Affiliation agreements may also be required when outside institutions assist the program in research, instructional content/coursework, laboratory work, or other types of activities.
- c. When formal affiliation agreements are not required, the sponsoring institution should execute a Memorandum of Understanding specifying the agreement for services between the program and the outside institution.
- d. The program is responsible for ensuring that there are adequate personnel to provide supervision/training for students and that personnel acknowledge the agreements (See Standard **A2**).

**A1.1.4** Resources are allocated to advance the skills and meet the required continuing education requirements for program leadership and principal faculty. Resource support may include:

- Financial support to maintain genetic counseling certification status;
- Providing funding to attend continuing education conferences and meetings;
- Hosting educational workshops or meetings;
- Allowing:
  - i. Non-vacation time to attend continuing education conferences and meetings;
  - ii. Time for clinical practice and research/scholarly activities;
  - iii. Time to pursue an advanced degree and/or providing tuition remission for an advanced degree; and
  - iv. Opportunities for faculty review and promotion.

## **A1.2 Institutional Resources**

### **A1.2.1 Financial Resources**

There must be financial resources to operate the educational program in order to fulfill obligations to matriculating and enrolled students. A program must demonstrate financial stability with a three (3) year budget plan and a letter of commitment from the sponsoring institution to cover any budget shortfalls. Please refer to the budget guidance in the self-study application.

The budget plan must, at a minimum, include the following components:

### **A1.2.2 Program Income**

- a. Tuition recovery;
- b. Departmental funding;
- c. Non-tuition institutional funding;
- d. Grant funding; and
- e. Additional sources of income.

### **A1.2.3 In-Kind Contributions**

- a. Staff/faculty; and
- b. Operational expenses/supplies.

### **A1.2.4 Program Expenses**

- a. Salaries;
- b. Accreditation fees;
- c. Stipends/honoraria/training for lecturers, fieldwork supervisors, and research mentors;
- d. Office/administrative supplies/capital equipment;
- e. Student support (stipends/scholarships);
- f. Travel/meetings/CEU programs;
- g. Recruitment/interviews;
- h. Memberships/subscriptions/books; and
- i. Other expenses.

### **A1.3 Physical and Learning Resources**

The program has physical facilities and learning resources needed to successfully operate the educational program and to fulfill obligations to matriculating and enrolled students.

#### **A1.3.1 Facilities**

Physical facilities relate to office, classroom and/or other educational spaces that are necessary for student learning. This includes space to provide confidential academic advising of students by the program leadership, staff and principal faculty offices, space for program conferences and meetings, physical and/or digital space for secure storage of student files and records, and didactic and fieldwork resources designed in number, size, and location to operate the educational program proposed. Programs should be aware of and demonstrate compliance with applicable policies and legislation in regard to privacy and accessibility.

#### **A1.3.2 Learning Resources**

Academic resources include instructional materials, medical information and current literature, other reference materials related to curricular and patient care activities, computer and audio/visual equipment, and other technological resources.

## **A2 Program Personnel and Faculty**

The program staff and faculty must possess the educational and experiential qualifications to perform their assigned duties and to facilitate student achievement of the [ACGC Practice-Based Competencies](#) (PBCs). Current and specific job descriptions for program leadership must be maintained by the program and available to the ACGC upon request.

Program leadership is required to have designated time that is free from clinical service, research efforts, and institutional responsibilities to perform their educational and administrative duties directly related to the genetic counseling program. Clinical, research and other non-program administrative FTE cannot be used in the program leadership FTE calculation. Faculty and staff must have access and time to participate in continuing professional education to maintain and update their professional, teaching, supervisory, and administrative knowledge, and skills.

### **A2.1 Program Leadership**

Individuals in program leadership positions are expected to have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution. At minimum, each program must have a program director and one additional program leadership position, which is designated to provide immediate oversight of the program in the event of an unexpected leave of absence of the program director. No one member of the program leadership team should be responsible for all of the program-related activities. Overlap in responsibilities and skills among program leaders is encouraged.

#### **A2.1.1 Program leadership responsibilities include the following:**

- Maintaining program compliance with the standards;
- Developing, reviewing, and revising the program's strategic plan, which may include mission, vision, goals, and/or philosophy;
- Developing, reviewing, and revising the program's plan to identify and address diversity, equity, inclusion, and justice for students, faculty, staff, and leadership;
- Long-term planning to ensure the program's fiscal stability;
- Communicating with the ACGC about significant staffing, administrative, financial, and/or fieldwork training changes;
- Developing, reviewing, and overseeing the program admissions process;
- Developing, implementing, and continuously evaluating the program, including all curricular requirements outlined in Section B, page 16;
- Coordinating, monitoring, and evaluating all personnel in activities that directly relate to the program;
- Providing guidance to faculty and staff about where to access required continuing education;
- Providing academic advising, as well as monitoring, evaluating, and remediating student performance; and
- Maintaining and collaborating with the program advisory board and implementing appropriate recommendations.

## A2.2 Program Leadership Positions

### A2.2.1 Program Director or Co-Directors

- a. Programs may have no more than two (2) co-directors, and both must meet the qualifications delineated below;
- b. At least one must have a minimum of 0.5 FTE dedicated time to program administration and leadership; and
- c. Program directors may not serve as program leadership for another program; program directors may serve as faculty for other programs so long as it does not create a conflict of interest.

### A2.2.2 Qualifications

Program directors of currently accredited programs, developing programs and programs holding Accredited New Program status *must*:

- a. Hold a master's degree in the discipline of genetic counseling;
- b. Have current certification in genetic counseling by the ABGC or the American Board of Medical Genetics and Genomics (ABMGG);
- c. Recertify with ABGC;
- d. Have at least five years of experience as a certified genetic counselor, a minimum of three of which must be in a patient-facing role (clinic or research);
- e. Have been the course instructor/instructor of record for at least six credit hours of post-secondary education;
- f. Be available for program administration year-round;
- g. Complete a minimum of two hours per year of continuing training/coursework in curriculum design, assessment, evaluation, or educational andragogy; including at least one hour of training/coursework related to principles of diversity, equity, inclusion, and justice;
- h. All individuals becoming a program director for the first time must have completed at least 10 hours of training/coursework in curriculum design, assessment, evaluation, educational andragogy, or principles of diversity, equity, inclusion, and justice within the last 10 years;
- i. All individuals becoming a program director for the first time must have provided fieldwork supervision for at least five genetic counseling graduate students for a minimum of 500 total contact hours in the last 10 years; and
- j. Document training, workshops or other experiences related to:
  - i. Leadership;
  - ii. Professional development;
  - iii. Management;
  - iv. Scholarly activities;
  - v. Mentoring;
  - vi. Academic advising;
  - vii. Andragogy; and
  - viii. Diversity, equity, inclusion, and justice



### **A2.2.3 Responsibilities**

At a minimum, the program director/co-director is responsible for the following:

- Maintaining program compliance with the standards;
- Developing, reviewing, and revising the program's strategic plan, which may include mission, vision, goals, and/or philosophy;
- Providing academic advising, as well as monitoring, evaluating, and remediating student performance;
- Long-term planning to ensure the program's fiscal stability;
- Serving as the primary contact for communication with ACGC;
- Communicating with the ACGC about compliance with the standards, such as significant staffing, administrative, financial, and/or fieldwork training changes.
- Incorporation of principles of diversity, inclusion, equity, and justice; and
- Fostering an inclusive environment where all individuals are valued and supported.

### **A2.3 Additional Leadership Positions**

At least one other additional program leadership position must be filled to complement the role of the program director, fulfill the program leadership FTE requirement in Standard A2.2.1, and provide immediate oversight of the program in the event of an unexpected leave of absence of the program director. Additional program leadership positions may include:

- Medical director; and/or
- Associate/assistant program director; and/or
- Director, assistant director, or associate director of:
  - Curriculum,
  - Fieldwork training, or
  - Research.

#### **A2.3.1 Qualifications**

Individuals fulfilling additional program leadership positions may have a complementary professional background other than genetics. However, this individual must:

- a. Hold a master's degree or beyond;
- b. Have professional board certification in the specific field, if available and applicable;
- c. Have a minimum of three years of experience in the field;
- d. Have knowledge of and experience with the genetic counseling profession and practice; and
- e. Have knowledge and experience with the leadership roles assigned.
- f. Complete two hours per year of training/coursework related to their position in the program; including at least one hour of training/coursework related to principles of diversity, equity, inclusion, and justice

### **A2.3.2 Responsibilities**

The other program leadership positions are responsible for working in collaboration with the program director(s) to fulfill the responsibilities outlined in Standard A2.1.1.

### **A2.4 Program Leadership Policies**

#### **A2.4.1 Program Leadership Full-Time Equivalent (FTE) Requirements**

- a. There is a required minimum ratio of paid FTE dedicated to program leadership per total student enrollment (full or part time):
  - i.  $\leq 10$  students: 1.0 FTE
  - ii. 11-15 students > 1.0 FTE
  - iii. 16-20 students > 1.25 FTE
  - iv. 21-25 students > 1.5 FTE
  - v.  $\geq 26$  students: >1.75 FTE
- b. A program director or co-director, specifically, must have at least 0.5 FTE dedicated to academic and administrative responsibilities in support of the program.
- c. ACGC recognizes that program leaders often hold other roles within the institution or spend non-program time in clinical practice, administration, or research, but these roles may not be included in the FTE requirements.
- d. The above ratio requirement for an individual program may be increased if, based on the judgment of ACGC, the above-listed ratios are insufficient to meet the needs of a specific program.

#### **A2.4.2 Program Leadership Personnel Change Policy**

The program has a responsibility to promptly communicate to the ACGC all personnel changes involving program leadership positions. Except in cases of an emergency change in personnel, the ACGC must be notified in writing at least 30 days prior to commencement of any program leadership change (additions, departures, and leaves of absence). In the case of sudden, unplanned loss of program leadership personnel, ACGC must be notified in writing within two weeks of the occurrence, and a plan/timeline for replacement must be provided. Written notification to ACGC must include the following items (*Please see form to report program leadership change*):

- a. The expected date of the personnel change;
- b. A formal plan and timeline for the change;
- c. The contact information of the new/interim/replacement individual(s) who will be responsible for fulfilling the duties of the position – if more than one, designate primary contact for communications with ACGC;
- d. The time commitment (FTE) of each new/interim/replacement individual; and (Note: During interim appointments and leaves of absence, the total FTE for the program director position is still expected to account for at least 0.5 FTE, and total program leadership is required to be maintained at minimum requirements for student enrollment.)
- e. The ACGC bio sketch form for the new/interim/replacement individual for ACGC to confirm their qualifications.

### **A2.4.3 Interim Program Director or Co-Director**

- a. During interim leadership, the program must submit quarterly reports to ACGC that include the composition of the search committee, job placement postings, number of applicants, progress in recruiting qualified personnel, and changes in the recruitment plan.
- b. An interim program director or co-director who is serving in a temporary capacity may not serve more than six months without prior authorization from ACGC.

### **A2.4.4 Program Leadership Leave of Absence**

- a. A leave of absence is defined as being absent from a program leadership position for 30 or more consecutive days. A leave of absence may be anticipated (e.g., due to parental or family leave) or unanticipated (e.g., due to illness).
- b. In addition to the required notification information listed above, leave of absence notifications must also include:
  - i. The expected length of time the program leadership personnel will be absent; and
  - ii. The anticipated date of return.
- c. The program is expected to have a current operational plan in place at all times for sustaining the activities handled by the program leadership personnel during extended absences. This plan must be outlined in every accreditation application.

### **A2.5 Instructional Faculty/Staff**

The instructional faculty/staff may include genetic counselors, physicians, basic scientists, psychologists, social workers, and/or other individuals with advanced degrees or experience in a relevant field or discipline.

#### **A2.5.1 Qualifications**

The instructional faculty/staff must be qualified through:

- a. Academic preparation and/or experience in assigned subject
- b. Knowledge about the roles and responsibilities of genetic counselors
- c. Completion of two hours per year of training/coursework in course design, assessment, evaluation, or educational andragogy; includes at least one hour of training/coursework in principles of diversity, equity, inclusion, and justice

#### **A2.5.2 Requirements**

The program is required to:

- a. Ensure sufficient depth and breadth of instructional staff to provide students with adequate attention, instruction, and supervised practice to acquire the necessary knowledge and to support the development of the PBCs needed to complete the program;
- b. Provide opportunity for continuing education; and
- c. Submit ACGC bio sketches of primary instructional faculty/course directors as part of the accreditation application or the self-study or for new instructors at the time of the annual report of current status.

### A2.5.3 Responsibilities

The members of the instructional faculty/staff must provide an atmosphere that is conducive to student learning. The instructional faculty/staff is responsible for the following items:

- Classroom and fieldwork teaching;
- Assessment and communication of student performance;
- Identifying students who are not achieving defined objectives;
- Providing remedial instruction;
- Supervising student research when appropriate;
- Incorporation of principles of diversity, inclusion, equity, and justice; and
- Fostering an inclusive environment where all individuals are valued and supported.

### A2.6 Fieldwork Supervisors

The program must ensure that the students have sufficient access to fieldwork supervision by board-certified genetic counselors who represent a broad range of genetic counseling techniques and styles. Programs must assess and document the credentials and qualifications of those who will be supervising the students' fieldwork experiences.

The standards below are specific to those supervisors who are involved in the **50 required participatory fieldwork cases** (see Standard **B3.1**). For cases that are not part of the 50 required participatory fieldwork **experiences**, the participating faculty and staff **may also include** medical geneticists, social workers, psychologists, non-genetics physicians, and other health professionals with adequate training, experience, and credentials in their respective fields.

#### A2.6.1 Qualifications

- a. Current genetic counselor certification by ABGC, the Canadian Association of Genetic Counsellors (CAGC), or ABMG[G];
- b. At least one (1) year of experience as a clinical genetic counselor or in relevant fieldwork placement; and
- c. Complete one (1) hour per year of training/coursework related to fieldwork supervision; including at least 0.5 hour of training/coursework related to principles of diversity, equity, inclusion, and justice.

## **A2.6.2 Responsibilities**

The fieldwork supervisors are responsible for student supervision and performance assessment in fieldwork training sites. Fieldwork supervisors work with the program leadership to:

- Establish fieldwork training goals specific to their setting;
- Define how students will be involved, supervised, and evaluated in client care and related activities;
- Observe, monitor, and evaluate student/client encounters;
- Provide an inclusive atmosphere conducive to student learning;
- Provide environments conducive to student learning; and
- Communicate with program leadership when situations of poor student performance arise.
- Incorporate principles of diversity, inclusion, equity, and justice into patient care and mentoring
- Foster an inclusive environment where all individuals are valued and supported.

## **A2.7 Administrative Support Staff**

At a minimum, the program must have 0.5 FTE of administrative support staff time. The personnel assigned to provide administrative support report to the program leadership, and the program leadership will define the specific responsibilities of the administrative support staff. The ACGC may determine if the FTE allotted to program administrative support should exceed 0.5 FTE based on the number of students, the academic and administrative complexity of the program, and the responsibilities required.

## **A3 Operational Policies and Procedures**

### **A3.1 Sponsoring Institution**

**A3.1.1** The sponsoring institution is required to publish information about the program. All announcements and advertising must accurately reflect the program offered and be in compliance with applicable accessibility policies and legislation.

**A3.1.2** Student, faculty, and staff recruitment, faculty and staff employment, and student admission practices must be non-discriminatory in alignment with applicable federal, state, and provincial non-discriminatory policies and legislation.

**A3.1.3** Students, faculty and staff must be informed about the institution's defined written policies and procedures for processing student and faculty grievances and allegations of harassment.

**A3.1.4** Students must be informed about, and have access to, student health and counseling services.

**A3.1.5** The health, safety, and privacy of clients, students, faculty, and staff associated with the educational activities must be reasonably safeguarded by the institution.



## **A3.2 Graduate Program**

**A3.2.1** Program policies apply to all students, principal faculty, staff, and program leadership regardless of location, unless otherwise noted by institutional, state, or provincial requirements.

- a. The program must inform students, staff and faculty of program policies and practices.
- b. The program must have written policies that provide for timely access and/or referral of students to appropriate support services.
- c. If the program has additional policies (other than those of the institution's policies or policies) that supersede institutional policies related to grievances and harassment, the program is expected to document these and make them readily available to students, staff, and faculty.

### **A3.2.2 Admissions**

- a. Admission of students must be made in accordance with clearly defined and published practices of the institution.
- b. The program must define, publish, and make readily available on the program website the admission practices of the program. At a minimum, programs are required to include the following information on the program's website:
  - i. Accreditation status.
  - ii. Mission and objectives.
  - iii. Admission requirements regarding prior education (including prerequisite courses), work, and volunteer experiences.
  - iv. All required academic standards for enrollment.
  - v. Degree requirements.
  - vi. Estimation of all costs (tuition, fees, etc.) related to the program.
  - vii. Cumulative first-time board examination pass rates (number of test takers who passed/total number of test takers and percentage) for the three most recent classes. For new programs, the first time this posting would be expected is within one year of graduating their third class.
  - viii. Attrition rate (number of students who have left the program/total number of matriculated students and percentage) for the past three years.
  - ix. Job placement rate (number of students who secured a position within 3 months of graduation/total number of graduates and percentage).
  - x. Institutional services/offices such as disability services, diversity offices, first generation services, tutoring/writing support, underrepresented student groups, and affinity groups.

- c. Programs are expected to develop strategies to foster diverse representation in the genetic counseling profession. Possible strategies can include, but are not limited to:
  - The program establishes annual recruitment goals for underrepresented populations;
  - The program identifies new student scholarship opportunities for underrepresented populations;
  - The program documents activities and attendance by underrepresented candidates at local, regional, and national outreach events; and
  - The program adds one or more individuals to the admissions committee from local community groups serving underrepresented populations.

### **A3.2.3 Mission Statement and Objectives**

A program's mission, vision, and/or value statement should include articulation of the program's commitment to diversity, equity, inclusion, and justice and be consistent with both the institution's mission and with the National Society of Genetic Counselors (NSGC) Code of Ethics and/or, where applicable, the Canadian Association of Genetic Counselors (CAGC) Code of Ethics.

### **A3.2.4 Student Handbook**

The program must provide students with a student handbook or equivalent that contains the following information:

- a. Program mission and vision statement;
- b. Required academic standards;
- c. Requirements for progression in the program;
- d. Policies and procedures and information pertaining to:
  - i. Remediation;
  - ii. Withdrawal and dismissal from the program;
  - iii. Processing of student grievances;
  - iv. Processing of allegations of harassment, discrimination, or maltreatment related to their training;
  - v. Availability of support services; and
  - vi. Student advising/guidance.

### **A3.2.5 Length of Training**

All graduate programs in genetic counseling are required to provide training over a minimum of 21 months or two academic years.

### **A3.2.6 Student Records**

- a. Student files kept by the program and/or institution must include documentation showing--
  - i. That the student has met the published admissions criteria;
  - ii. That the student has met institutional and program health screening and immunization requirements;
  - iii. Student performance while enrolled, including all student evaluations;
  - iv. Referrals for support or academic services, including follow-up as allowed by the program's institutional regulations and requirements;
  - v. Remediation efforts and outcomes;
  - vi. Formal academic guidance/advising the student received;
  - vii. Primary and summary documents regarding any formal academic and/or behavioral disciplinary action taken against a student by faculty, staff, or others; and
  - viii. That the student has met the requirements for program completion.
- b. Students must have access to their own records, but must not have access to the academic records or other confidential information of other students, staff or faculty.
- c. Student health records are confidential and must not be accessible to or reviewed by the program or instructional faculty or staff except for immunization and tuberculosis and drug screening results, which may be maintained and released with written permission from the student.
- d. All student records, electronic and/or paper, must be stored securely by the program and institution. These records must be made available for review by ACGC or their representatives upon request.
- e. Grades and credits for courses must be available in the form of an official transcript and must be permanently maintained by the sponsoring institution.

### **A3.2.7 Program Leadership Records must be kept by the program and must include:**

- a. Current job descriptions that include duties and responsibilities specific to each program leadership position;
- b. Current curriculum vitae updated annually; and
- c. Annual employee/faculty/program leadership evaluations.

## **SECTION B: CURRICULUM AND INSTRUCTION**

An entry-level genetic counselor must demonstrate attainment of the [ACGC Practice Based Competencies](#) (PBCs).

Each program will develop and maintain its own curriculum and unique methods for developing these competencies. However, the curriculum must establish a strong foundation in the core areas of genetics/genomics and psychosocial counseling while always emphasizing the importance of remaining current with the dynamic field of genetic counseling.

Educational experiences, including didactic courses, fieldwork training, research, and additional experiences such as case conferences, seminars, and journal clubs, must demonstrate breadth and depth to provide students with the necessary knowledge and skills to perform, accurately and reliably, as genetic counselors.

### **B1 Instructional Plan**

**B1.1** Instruction must follow a plan that documents and assesses appropriate learning experiences and curriculum sequence to develop the PBCs necessary for graduation. A variety of methods and materials can be used, including online learning and distance education. The curriculum design must reflect a progression that enables students to develop the PBCs necessary for current and evolving genetic counseling practice.

**B1.2** For each curricular component, the program must define and publish instructional objectives that guide student acquisition of required PBCs. Instructional objectives must be stated in measurable terms and allow assessment of student progress in developing the PBCs. Instructional objectives must address learning expectations of students and the level of student performance required for success.

**B1.3** The program is expected to work collaboratively with faculty in designing and implementing courses with appropriate learning outcomes and student assessment tools that reflect the learning outcomes expected of students.

**B1.4** The program must demonstrate educational adequacy and equivalency of course content and/or fieldwork experiences when instruction is:

- Conducted at geographically separate locations;
- Provided using different andragogical and instructional methods or techniques for some students; and
- Provided outside the home department.

**B1.5** The program is required to review its curriculum annually and subsequently update the corresponding syllabi.

**B1.6** The program is required to review its curriculum annually, including a review of content for bias and diversity, and subsequently update the corresponding syllabi.

## **B2 Instructional Content**

### **B2.1 Content Areas**

General content areas required to support the development of the PBCs in genetic counseling must include, but are not limited to, the following:

#### **B2.1.1 Diversity, Equity, Inclusion and Justice**

The topics addressed in B2.1.1 should be incorporated across all content areas in section B2.1.

- a. Awareness and appreciation of multiple forms of identity including, but not limited to: age, race, ethnicity, sex, gender, sexual orientation, socioeconomic status, country of origin, culture, language, religion, spiritual beliefs, legal status, health history, and disability;
- b. Personal identity and implicit bias;
- c. Critical historical events that affect diverse client populations and their interaction with the genetic counseling field, as well as the broader healthcare system;
- d. Systemic health care disparities and social determinants of health; and
- e. Addressing and preventing instances of prejudice/discrimination.

#### **B2.1.2 Principles of Human Genetics/Genomics**

- a. Mendelian and non-Mendelian inheritance;
- b. Population and quantitative genetics;
- c. Human variation and disease susceptibility;
- d. Family history and pedigree analysis;
- e. Normal/abnormal human development;
- f. Human reproduction;
- g. Personalized genomic medicine;
- h. Cytogenetics;
- i. Biochemical genetics;
- j. Molecular genetics;
- k. Embryology/developmental genetics;
- l. Teratology; and
- m. Variant classification and interpretation.



### **B2.1.3 Principles of Genetic Counseling and Clinical Genetics**

- a. Clinical features and natural history of a broad range of genetic diseases, complex common disorders and syndromes of unknown etiology;
- b. The diagnostic process, including dysmorphology, syndromology, physical assessment, and differential diagnoses;
- c. The process for managing a case in the context of different genetic counseling specialties, including but not limited to: preconception, prenatal, pediatrics, general genetics, cancer, cardiology, neurogenetics, genomic medicine, and laboratory genetic counseling;
- d. Modalities, methods, and applications of cytogenetic, molecular, and biochemical tests, including new/emerging technologies;
- e. Incorporation of individual client factors, including medical history, family history, and systemic barriers to select the most appropriate genetic testing plan;
- f. Responsibilities related to ordering genetic testing, including but not limited to: interpretation of results, awareness of follow-up implied by results, and liability implications of test practices;
- g. Approaches to choosing appropriate clinical and research laboratories and the role of analytic validity, clinical validity, and clinical utility in the evaluation process;
- h. The role of genetic counselors and other professionals in laboratory settings (e.g., commercial, academic, research, and/or public health screening laboratories), including their involvement in the performance and interpretation of genetic/genomic tests, test development and implementation, customer liaison and support, and sales and marketing;
- i. Risk assessment; and
- j. Use of genetics literature, bioinformatics, and computerized tools.

### **B2.1.4 Psychosocial Content**

- a. Theories of counseling;
- b. Interviewing techniques;
- c. Promoting informed decision making;
- d. Facilitating adaptation;
- e. Psychosocial development;
- f. Psychosocial assessment;
- g. Family dynamics;
- h. Dynamics of grief and bereavement; and
- i. Crisis intervention.

### **B2.1.5 Social, Ethical, and Legal Issues in Genetics**

- a. NSGC/CAGC Code of Ethics ;
- b. Patient/subject privacy issues;
- c. Genetic discrimination and related legislation.

### **B2.1.6 Health Care Delivery Systems and Principles of Public Health**

- a. Health and social policy;
- b. Community, regional, and national resources;
- c. Financial/reimbursement issues;
- d. Population-based screening (e.g., newborn screening and carrier screening); and
- e. Genetics/Genomics as a component of public health services.

### **B2.1.7 Education**

- a. Identification of the genetics educational needs of clients, patients, community and lay groups, students, and health and human services professionals;
- b. Development of educational tools and materials appropriate to a given audience; and
- c. Delivery and evaluation of educational tools and materials.

### **B2.1.8 Research Methods**

- a. Clinical and laboratory research methodologies and protocol development using both quantitative and qualitative methods;
- b. Formulation of research question(s), data collection, and data analysis;
- c. Dissemination of findings (both oral and written); and
- d. Recognition of human subjects' protection and Institutional Review Board (IRB) processes.

### **B2.1.9 Professional Development**

- a. Certification examination preparation;
- b. Employment preparation;
- c. Transitioning into the workforce;
- d. Credentialing and licensure;
- e. Opportunities for professional growth; and
- f. Self-care topics to prepare students for genetic counseling practice.

## **B3 Fieldwork Training**

Fieldwork experiences must support the development of the PBCs by integrating didactic and experiential training. The program must regularly train, orient, evaluate, and communicate with its supervisors so that program administration, supervisors, and students have a common, clear understanding of the objectives, expectations, and evaluation measures for fieldwork placements.

### **B3.1 General Description Fieldwork Training: Participatory Cases**

**B3.1.1** Refers to participatory encounters (cases) with a client that support the development of the PBCs. "Client" can refer to individuals seen in a clinic setting; as standardized patients; or in certain research participant encounters.

**B3.1.2** Must include a minimum of 50 required participatory cases. At least 40 of the 50 required participatory cases must be with individuals being evaluated for risk of or affected by diverse genetic conditions across the lifespan (i.e., patients; not individuals who are being consented to research; and not standardized patients).

**B3.1.3** The 50 required participatory cases described above must be supervised by an experienced ABGC/ABMGG/CAGC certified genetic counselor.

**B3.1.4** Programs must demonstrate that participatory cases and other field experiences are conducted (1) across multiple specialties, including prenatal, pediatric, cancer, and other adult; (2) in a variety of diverse settings that may include clinical, laboratory, research, industry, and/or other environments; and (3) using more than one service delivery mode, such as telephone, group, in-person, and/or telemedicine.

**B3.1.5** Programs must provide sufficient opportunities such that students are prepared to practice in each of the main specialties and settings. All participatory encounters (not just the minimum 50 required participatory cases) must be distributed across prenatal, pediatric, cancer, and other adult with no one specialty dominating.

### **B3.2 General Description Fieldwork Training: Fieldwork Supervision**

**B3.2.1** Programs must use a flexible and graduated supervision plan where the level of supervision is commensurate with each student's documented skills and competencies. A student in the early part of their training must be directly supervised at all times. After the student consistently achieves specific skills, the focus of direct supervision is expected to position the student to develop not-yet achieved or emerging skills. Programs are expected to monitor their supervisory protocols regularly and to protect students from taking on responsibilities they are not yet ready to handle or that are inappropriate for a student. The program is responsible for ensuring clients are not seen independently by a student who has not yet achieved the necessary skills to provide competent genetic counseling. Furthermore, the program must guard against students being used to compensate for inadequate genetic counselor staffing levels at given fieldwork training sites.

**B3.2.2** Programs must ensure that the number of fieldwork supervisors enables equitable and comparable supervision experiences for all enrolled students.

**B3.3** Programs must ensure that the number and variety of fieldwork opportunities offer all enrolled students equitable and comparable fieldwork training experiences that provide exposure to the full range of practice settings and full range of PBCs.

**B3.4** Programs must develop clear objectives for each fieldwork placement.

**B3.5** Programs must outline outcome measures for each fieldwork experience, document student progress, and monitor student activities during the placement.

**B3.6** Programs must maintain documentation of all student fieldwork experiences.

**B3.6.1** Each program should determine how each student's fieldwork training will be tracked (e.g., a traditional "logbook" format, portfolio format, etc.). This documentation must provide a complete picture of each student's fieldwork training experiences.

**B3.6.2** Documentation of fieldwork training must be maintained within each student's record and include the entirety of the student's fieldwork encounters, without client identifiers. These files must be available for review during site visits as part of the accreditation review process.

**B3.6.3** The collection of documents demonstrating each student’s ongoing fieldwork training as defined in **B3.1** must include:

- Fieldwork name;
- Term and year of client encounter;
- PBC(s) addressed;
- The type of practice setting (e.g., clinical, laboratory, research, industry, other);
- The type of service delivery model (e.g., in person, telephone, telemedicine, group, other);
- The type of client (e.g., clinic patient, standardized patient, healthcare provider, research participant);
- Stage of lifecycle for the client (e.g., prenatal, pediatric, adult);
- The primary indication/diagnosis; and
- The fieldwork supervisor.

## **B4 Supplemental Fieldwork Experiences**

**B4.1** In order to enhance a student’s acquisition of the PBCs, programs must ensure that fieldwork training for students is augmented with supplemental experiences such as, but not limited to:

- Observational experiences;
- Fieldwork experiences with non-genetics providers (physicians, nurse practitioners, etc.);
- Cases seen with genetics professionals who are not certified by ABGC/CAGC or by the ABMGG, Royal College of Physicians and Surgeons of Canada (RCPSC) in Medical Genetics and Genomics, or the Canadian College of Medical Geneticists (CCMG-CCGM) in Clinical (Medical) Genetics;
- International fieldwork experiences;
- Community centers/clinics that serve groups experiencing disadvantages;
- Public health genetics-related activities and settings;
- Experiences with genetic counselors that do not meet Standard B3.1.3, which may include, but are not limited to, variant interpretation; test development, implementation, and performance; utilization management; customer liaison and support; sales and marketing; leadership and management; and case coordination; and
- Involvement with support groups and other advocacy organizations.

### **B4.2 Documentation**

**B4.2.1** Programs must document the credentials and qualifications of those who will be supervising the students in supplemental fieldwork experiences.

**B4.2.2** Programs must develop clear objectives and outcome measures for student experiences and monitor student activities during the supplemental fieldwork placements.

## **B5 Additional Requirements**

### **B5.1 Student Teaching Experience**

**B5.1.1** 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:

- Educational presentations to various populations of learners;
- Peer education presentations;
- Formal teaching assistant experience;
- Class exercises or projects to develop patient, professional, or community educational materials; and
- Professional genetics presentations such as journal clubs, research seminars, platform, or poster presentations.

### **B5.2 Research and Scholarly Endeavors**

Programs must require that students perform research and other scholarly activities.

Programs can utilize a variety of ways to meet this requirement, including a formal thesis, other independent research project, or capstone project. Programs should encourage and facilitate dissemination of their students' research and scholarly endeavors.



## **SECTION C: EVALUATION**

To ensure that competencies specified by the educational program and the ACGC are maintained, program and student evaluation must be a continual process. This includes internal and external curriculum validation in consultation with employers, faculty, fieldwork supervisors, students, and alumni. On an annual basis, evaluation findings must be shared with the Advisory Board as explained below, and a plan and timeline must be developed for appropriate modifications to be incorporated into the curriculum. The manner in which programs seek to comply with these evaluation requirements may vary; however, both the process and outcomes need to be well defined and documented.

### **C1 Advisory Board**

**C1.1** Programs are required to establish and maintain an Advisory Board that is familiar with the genetic counseling profession, the clients served by genetic counselors, and the requirements for accreditation.

**C1.2** The purpose of the Advisory Board is to provide program leadership with guidance on program development, implementation, and ongoing evaluation. Additionally, the Advisory Board should participate in the program's self-study evaluations and, where appropriate, assist in the development of modification plans regarding areas identified for improvement.

**C1.3** The Advisory Board is required to meet at least once a year to discuss, review, and act upon suggested modifications to the program based on feedback from both internal and external evaluations. Each program will be expected to define the specific expectations, goals, and processes of its Advisory Board.

**C1.4** Advisory Board membership must include program leadership and instructional, research, and/or fieldwork faculty. Advisory Board membership must include 1) at least one individual with work, advocacy, and/or lived experiences with underrepresented populations in genetic counseling and 2) a medical geneticist (holding current certification by ABMGG, Royal College of Physicians and Surgeons of Canada (RCPSC) in Medical Genetics and Genomics, or Canadian College of Medical Geneticists (CCMG-CCGM) in Clinical (Medical) Genetics). Additional members may be alumni, consumers, and representatives of community organizations. At least one member of the Advisory Board must be external to the program leadership, faculty, fieldwork supervisors, staff, and the sponsoring/partnering institution(s).

## **C2 Program Evaluation Outcome Measures**

At a minimum, the following outcome measures must be included in the program's ongoing evaluative processes.

### **C2.1 Student Performance on the ABGC Certification Examination**

Programs must annually document and evaluate the performance of their alumni on the ABGC board certification examination.

- Programs that fall beneath a first-time board pass rate of 80% over a three-year period must submit a plan for remediation at the time of submission of their Report of Current Status or self-study.
- A program may be put on probation if ACGC identifies programmatic deficiencies that have not been addressed.

### **C2.2 Alumni Feedback**

Programs are required to conduct surveys and/or interviews with their alumni at least once every four years. Data collected through this process must focus on alumni who graduated since the last four-year cycle. Data must include, but not be limited to, the following:

- Employment setting/type of practice;
- Extent to which fieldwork, didactic, and research skills were adequately addressed in the educational program;
- Identified knowledge or skill gaps;
- Major professional achievements; and
- Evaluation of program leadership; and
- Evaluation of the utility, effectiveness, and satisfaction with diversity, equity, inclusion, and justice-related efforts and education

Soliciting summative feedback from employers, fieldwork supervisors, and research mentors, is encouraged but not required.

### **C2.3 Personnel Evaluations**

Programs must define a process for evaluating the performance of key program personnel, including program leadership, staff, and primary instructional faculty/course directors, that provides measurement of delineated job responsibilities. This process may be determined by the program's institutional policies.

### **C2.3.1 Program Leadership**

- a. Evaluations must include input from some combination of the following individuals as appropriate for each position:
  - i. students,
  - ii. primary faculty,
  - iii. fieldwork supervisors,
  - iv. department chair, and/or
  - v. fellow program leaders
- b. Evaluations must include self-reflection, goal setting, and measurable performance objectives.

### **C2.3.2 Primary Instructional Faculty/Course Directors**

- a. Program leadership must have a mechanism to review the performance of primary instructional faculty/course directors, including teaching methods and effectiveness, conducted as part of the standard course evaluations; and
- b. Where concerns are noted, a meeting with the faculty member that includes plans for modification/improvement should be documented.

## **C2.4 Course Evaluations**

**C2.4.1** Course evaluations must be completed for each course taught within the genetic counseling program. The evaluations must be reviewed by both the program leadership and the primary instructional faculty/course directors involved. There must be appropriate documentation of assessment and plans for modification/improvement.

**C2.4.2** The program leadership must obtain copies or summaries of evaluations for required courses that students take through other schools or departments. Alternatively, the program may conduct internal assessments of these external courses to ensure they are meeting the expectations of the students and program.

## **C2.5 Evaluation of Fieldwork Experience**

The program must define, maintain, and document effective processes for the initial and ongoing evaluation of all fieldwork experiences to ensure that sites and supervisors meet program-defined expectations for learning outcomes and performance evaluation measures.

### **C2.5.1 Fieldwork sites**

- a. The program must document that each fieldwork site provides the student access to physical facilities, client populations, and supervision necessary to fulfill program expectations of the experience.
- b. Program leadership must regularly monitor each fieldwork site to ensure that each student has completed the expected learning outcomes.
- c. Students must be provided the opportunity to evaluate each fieldwork site.

### **C2.5.2 Fieldwork supervision**

- a. Program leadership must document that supervisors are providing appropriate feedback and mentoring throughout the student fieldwork experience.
- b. Students must be provided with the opportunity to anonymously evaluate the primary supervisor(s) for each fieldwork experience. This feedback must only be shared in aggregate, and after a sufficient number of students have contributed, so as to maintain confidentiality.

## **C3 Student Evaluation**

The program must define the process by which it will perform regular and ongoing student evaluation and identify areas for growth and remediation. All documentation regarding student performance and evaluation must be maintained in the student's record.

### **C3.1 Student Notification**

Each matriculating student must be provided in writing, at the beginning of their training, with the following:

**C3.1.1** The criteria for successful completion of the program and for graduation;

**C3.1.2** The evaluation methods that will be employed during training;

**C3.1.3** The program's remediation policy; and

**C3.1.4** Policies regarding academic probation or dismissal.

### **C3.2 Guidelines for Student Evaluation**

**C3.2.1** The constellation of student evaluations employed must encompass the program's stated objectives.

**C3.2.2** The evaluations must include measures for assessing the acquisition of the PBCs. The evaluations must reflect the student's ability to meet defined learning objectives in all components of the program.

**C3.2.3** Each student must receive specific and timely feedback at regular intervals on the acquisition of PBCs from supervisors and/or instructors, as well as formal summative evaluations at the end of each program component. For fieldwork training, mid-rotation evaluations are required; for coursework and research, students must be made aware of their progress prior to completion.

**C3.2.4** Formal evaluations must be (1) documented in writing, with evidence of direct input by the appropriate faculty/supervisor; (2) reviewed by the program leadership; and (3) maintained in the student's record.

**C3.2.5** There must be a formal mechanism by which the program leadership regularly communicates with each student about their overall progress, individual educational needs, and goals (minimum of twice per year). This communication must be documented in writing with a general summary of the topics discussed, and a copy must be placed in the student's record.

**C3.2.6** Program leadership must conduct a formal evaluation of each student's readiness for graduation at least three months prior to program completion. Program leadership is expected to meet with each student to communicate their readiness, discuss potential outstanding issues, and manage timelines for completion. Written documentation of the discussion should be provided to the student and placed within the student's record.

**C3.2.7** When remediation is necessary, there must be documentation of deficiencies identified, the remediation plan that is agreed upon, and outcome of the remediation.

**C3.2.8** Documentation must be maintained for all students who withdraw or are dismissed from the program, including reasons, retention efforts, and/or dismissal procedures followed.



## **SECTION D: ACCREDITATION STATUS AND DECISIONS**

The following information describes the possible outcomes of decisions made by the Accreditation Council for Genetic Counseling (ACGC) with respect to accreditation status. All decisions regarding accreditation shall be at the sole discretion of the ACGC. The ACGC aims to make accreditation decisions in a consistent manner that aligns with the intent of the existing rules, and reserves the right to make exceptions and/or modify conditions of accreditation as needed to address specific circumstances or situations. Students who start a program that holds an accreditation status of Accredited New Program, Full Accreditation or Probationary Accreditation at the time of matriculation are eligible to sit for the American Board of Genetic Counseling's (ABGC) certification examination.

### **D1 Accreditation Status**

#### **D1.1 Candidacy**

Candidacy applies to a developing program that has submitted an Application for Candidacy which has been determined by the board to meet all of the requirements for candidacy. This status indicates that the program's administrative structure, proposed educational plan, and evaluative components meet ACGC Standards for providing a master's degree in genetic counseling.

Candidates must select an accreditation review cycle from one of the next three available cycles. Candidates that fail to submit an application by the selected deadline or transfer to a future cycle forfeit their candidacy status and must resubmit another Application for Candidacy before moving forward. Candidates may choose to withdraw from candidacy status by providing written notification to the ACGC Executive Office.

#### **D1.2 Accredited New Program**

This status applies to a developing program that has submitted an Accreditation Application for New Program and has undergone a successful review of the application.

#### **D1.3 Accreditation with Contingencies**

If a program does not fully comply with one or more ACGC Standards or has deficiencies that, in the judgment of the ACGC, have the potential to negatively affect student progress or success, it may receive Accreditation with Contingencies. Contingencies may include a shortened accreditation period, a requirement to adjust class size and/or numbers of faculty, staff, or supervisors, denial of new class matriculation; or requirements for additional reporting to document progress in achieving compliance with the standards.

#### **D1.4 Full Accreditation**

To achieve Full Accreditation, a program must conduct and document a self-study, undergo a site visit, and demonstrate through this process that it meets or exceeds all or substantially all of the ACGC Standards. A program may receive accreditation for a period of up to eight years.

## **D1.5 Probationary Accreditation**

When a program is out of compliance with standards and this non-compliance is causing serious, pervasive compliance issues that interfere with student training, the ACGC may change the status of the program to Probationary Accreditation. Probationary Accreditation indicates that the educational effectiveness of the program is in jeopardy. Although the program retains accreditation, it must, together with its Advisory Board, develop a plan for remediation that addresses all of the areas of non-compliance. ACGC may impose contingencies and require programs on Probationary Accreditation to host a site visit. Probationary Accreditation is a public accreditation status; accordingly, it is posted on the ACGC website and requires notification by the program to students and prospective students.

## **D2 Accreditation Decisions**

Board decisions to grant candidacy or accreditation, to change the status of a program's accreditation, and/or to deny or revoke accreditation subject to reconsideration and appeal are described in the Accreditation Manual.

### **D2.1 Voluntary Withdrawal of Accreditation**

Programs may voluntarily withdraw from accreditation by notifying the Executive Director of ACGC in writing.

### **D2.2 Lapse of Accreditation Status**

In the event a program that holds the status of Full Accreditation, Probationary Accreditation or Accreditation with Contingencies does not, after notice from ACGC, submit a timely application for re-accreditation, its accreditation may be deemed to have lapsed. A lapse in accreditation is not subject to reconsideration or appeal.

# APPENDIX 1 STANDARDS REVISION FREQUENTLY ASKED QUESTIONS

## 1. How does ACGC define diversity, equity, inclusion, and justice (DEIJ)?

**Diversity:** the representation of shared and distinct personal and group characteristics and identities and how they may intersect, including, but not limited to, race, ethnicity, national origin, age, religion, disability, veteran status, sex, sexual orientation, gender identity/ expression, pregnancy, genetic information, socioeconomic class, geographic location, and socioeconomic background. Additionally, diversity may also include characteristics that describe genetic counseling programs, such as location of the academic institution, institution type (private, public, other), and methods of delivering didactic, clinical, and research components of genetic counseling training.

**Equity:** fair accessibility to, and opportunities for advancement within, a community or organization, regardless of shared or distinct personal and group characteristics and identities. Equity should guide the continuous activities of genetic counseling education access and delivery, including, but not limited to, identifying and eliminating barriers to full participation in genetic counseling training programs, creating and reviewing standards for genetic counseling education, and evaluating genetic counseling programs to foster an environment that is supportive of faculty, staff, and students.

**Inclusion:** intentionally inviting, welcoming, and engaging all members of diverse communities, including staff, volunteers, students, and community members, to contribute and fully participate in all aspects of organizational work including, for example, program evaluation and management.

**Justice:** The deliberate creation of diverse and equitable opportunities, and the continued reassessment and dismantling of barriers and systems that prevent access to such opportunities. Striving towards justice requires active work to address differentials in power and privilege, including provision of information and standards for program operations.

## 2. Which Standards were revised?

### *Section A*

A1.1.1, A1.1.2, A1.1.4, and A1.3.1

A2.1.1, A2.2.2, A2.2.3, A2.3.1, A2.4.1, A2.5, A2.5.1, A2.5.2, A2.5.3, A2.6.1, and A2.6.2

A3.1.1, A3.1.2, A3.2.2 a & b, A3.2.2 c, A3.2.3, and A3.2.4

### *Section B*

B1.6

B2.1.1, B2.1.2, B2.1.3, B2.1.3 e, B2.1.4, B2.1.5, B2.1.6, B2.1.7, B2.1.8, and B2.1.9

B3.6.1

B4

### *Section C*

C1.4

C2.1, C2.2, and C2.3.1

C3.1, C3.1.2, and C3.2.5

**3. Why were only some Standards revised for this revision? How did the Standards Committee determine which Standards required revision?**

The ACGC Diversity Taskforce was convened in the winter of 2019 with the goal of outlining recommendations for updates to the existing ACGC Standards for Accreditation related to the topics of diversity, equity, inclusion, and justice. These recommendations were provided to the ACGC Board of Directors in the summer of 2021. In 2022, the ACGC Standards Committee was charged with incorporating the Diversity Taskforce recommendations into the existing standards as well as reviewing the standards for inclusive language. These recommendations were circulated for public comment in December 2022 and the revisions were finalized in summer 2023. The ACGC Diversity, Equity, Inclusion, and Justice Committee was convened in 2022 and were consulted by the Standards Committee as the public comment was incorporated into the revisions.

**4. Why were some Standards revised that do not appear to be related to diversity, equity, inclusion, and justice?**

The ACGC Board of Directors requested that the Standards Committee revise two standards off-cycle as follows:

- a. A1.1.1: The ACGC Board of Directors requested that “regional accrediting organization” be changed to “institutional accrediting organization” to mirror the language used by the United States Department of Education. The United States Department of Education refers to those agencies as institutional accrediting agencies, not regional accrediting agencies, and many of the “regionals” are now accrediting institutions outside of their traditional geographic region.
- b. A2.4.1: The ACGC Board of Directors requested revision of this standard because the leadership FTE amounts overlap between categories. The revision defines the minimum amount of leadership FTE based upon the number of students. At the next full review, the Standards committee will assess whether the minimum amount of leadership FTE should be adjusted.

**5. When is the next full revision?**

The next full revision will begin in 2024 and historically has taken 24 months to complete. This process includes input from the ACGC Board of Directors, identification and survey of community partners, and a public comment period.

# COMPLIANCE

## 1. When are programs required to be in compliance with the 2023 revisions?

### *Standards*

At time of application: All Candidacy and New Program applications accepted by ACGC must be in compliance with the August 2023 Standards.

August 1, 2024: All Accredited Programs must be in compliance with the August 2023 Standards by August 1, 2024.

### *Practice-Based Competencies*

Applications accepted in 2024: Candidacy and New Program applications accepted by ACGC as of January 1, 2024, must be in compliance with the August 2023 Practice Based Competencies.

June 15, 2025: All Accredited Programs must be in compliance with the August 2023 ACGC Practice Based Competencies by June 15, 2025.



## TERMINOLOGY

### 1. **What does it mean to incorporate DEIJ principles?**

This means incorporating DEIJ principles when developing and delivering every aspect of a program from recruitment and admissions to curriculum, clinical training, and research. Some examples include having diverse staff and students, creating opportunities to learn about DEIJ topics, practicing cultural humility, protecting and amplifying the needs and voices of individuals in vulnerable positions, and prioritizing self-reflection. Incorporating DEIJ should not entail a single event, lecture, course, etc., though these are examples of ways to incorporate these principles within a program's structure. The Association of American Medical Colleges provides a description of what equity-mindedness looks like in academic medicine here.

### 2. **How does ACGC define *underrepresented in genetic counseling*?**

ACGC defines *underrepresented in genetic counseling* as all individuals with characteristics and identities that are not equitably included or represented in the profession, with consideration for the demographics of the communities we serve. These characteristics include, but are not limited to age, race, ethnicity, sex, gender, sexual orientation, socioeconomic status, country of origin, culture, language, religion, spiritual beliefs, legal status, health history, and disability.

### 3. **Why were the terms *professional* and *professionalism* removed from the Standards?**

The terms *professional* and *professionalism* were removed from the Standards due to the Eurocentric history of these words and their use in medical, educational, and workplace environments to perpetuate discrimination against historically excluded groups. In place of the words *professional* or *professionalism*, we encourage the description of specific expectations and/or criteria.

### 4. **What resources were consulted to determine appropriate terminology?**

The following resources were used to identify terminology throughout the Standards in an effort to use language that is reflective of health equity.

- A [guide](#) from the American Medical Association's Center for Health Equity and the Association of American Medical College's Center for Health Justice entitled, "Advancing Health Equity: A Guide to Language, Narrative, and Concepts".
- The [Center for Disease Control's](#) health equity guiding principles for inclusive communication.

## SECTION A

### 1. How did the Standards Committee determine what amount of coursework/training related to the principles of diversity, equity, inclusion, and justice would be sufficient?

The Standards Committee researched several allied health professional groups and their related training programs' accreditation standards. Based on this information, the Standards Committee determined best practices for genetic counseling training programs. Minimum requirements were set forth for ongoing training/coursework related to roles and responsibilities within the program, encompassing DEIJ training.

### 2. What types of activities would be appropriate to meet the annual continuing education requirements in diversity, equity, inclusion, and justice?

- Individuals are encouraged to engage in a variety of activities related to DEIJ, which could include but are not limited to:
  - Lectures, seminars, webinars, and related talks
  - Workshops, retreats, and focus groups
- Can be found through resources such as:
  - Employer or school-sponsored programs (either in person or online)
  - Professional organizations, such as: NSGC's resources: <https://www.nsgc.org/Policy-Research-and-Publications/Justice-Equity-Diversity-and-Inclusion-JEDI/DEI-Resources> and AMA's online classes for DEIJ: <https://www.amanet.org/training-topics/diversity-and-inclusion/>
- JOGC CEU articles, books, podcasts,
- Tied to CEUS, certificates.
- Committee, advisory board, task force, community engagement

### 3. How should programs determine if they are in compliance with applicable policies and legislation about privacy, accessibility, and non-discrimination?

All programs are required to be in compliance with federal, state, and provincial laws regarding student privacy, accessibility, and non-discrimination. It is encouraged to consult with your university's office for disability/accessibility services for applicable federal, provincial, and state legislation. Some examples include (but are not limited to): FERPA (Family Educational Rights and Privacy Act), The Accessible Canada Act, Title IX, and the Americans with Disabilities Act.

**4. Why are cumulative first-time board pass rates for the last three graduating classes required to appear on program websites? How should this be formatted?**

Success with respect to student achievement is at the heart of accreditation. In the interest of transparency, accrediting agencies that are recognized or are seeking such recognition (which ACGC is working towards) by the Council on Higher Education Accreditation ([www.chea.org](http://www.chea.org)) are required to have the institutions and programs they accredit make available to the public evidence of student success, including board pass rates, attrition rates, and job placement rates.

All programs should format this data in the following way: “For the three most recent graduating classes (Year – Year), the [insert Name of Graduate Program] has a [insert % (n of first –time test takers who passed/number of first-time test takers) first-time pass rate on the American Board of Genetic Counseling’s Certification Examination.”

It should be noted that programs are also able to and encouraged to publish their overall ABGC Board Pass Rate.

## **SECTION B**

**1. What does it mean to review content for bias and diversity?**

Programs may identify a variety of means to review curricular content for bias, gaps, demonstration of balanced representation of diverse populations, and elucidate disparities in healthcare. Programs have discretion on how to perform such reviews, but one example of a tool that can be used is the [TACCT](#) (Tool for Assessing Cultural Competency Training) created by the American Association of Medical Colleges. Programs may wish to consult with their Office of Multicultural Affairs/Diversity Office for guidance.

## SECTION C

### 1. Why was an 80% first-time board pass rate over a three-year period selected as the threshold for submitting an examination report?

During this off-cycle revision of the ACGC's Standards Committee had extensive discussions about defining a standard related to the American Board of Genetic Counseling (ABGC) Board Examination Pass Rate. A 3-year period was again selected in order to include several years' worth of graduate data to prevent issues that may arise due to small class cohorts. Since the passing score for the certification exam is an absolute criterion and not a comparative one, it stands to reason that this should work in a similar manner. The 80% pass rate was also maintained because it is consistent with what is used for certification exams for other similar organizations. The 80% threshold is also below the first-time board pass rate of 87.5% reported in the paper by Myers and colleagues for individuals who took the test for the first-time between 2010 and 2018 (Myers et al., *J Genet Counsel.* 2021; 31:302-315).

If a program falls below this threshold, they are required to complete an additional instrument in Armature. This allows the program an opportunity to determine if there are any changes which could be made to their curriculum that could enhance student performance on the board examination and develop a plan to address these issues.

### 2. How can programs measure utility, effectiveness, and satisfaction with diversity, equity, inclusion, and justice-related efforts and education?

Programs may utilize a variety of tools including (but not limited to) graduate exit interviews, alumni surveys, employer surveys, advisory board input, and faculty feedback to assess these metrics. Programs may wish to see the [NSGC Professional Status Survey](#) Professional Diversity, Inclusion, and Satisfaction reports for example questions. Programs may wish to consult with their Office of Multicultural Affairs/Diversity Office for guidance.

