Introduction

The term ‘practice’ indicates that an individual is drawing on their relevant professional skills and knowledge in the course of their work to contribute to the safe and effective delivery of services within their profession. It encompasses the provision of direct clinical care, as well as working in management, administration, education, research, laboratory, advisory, regulatory or policy development roles, for example. The term practice also includes staying informed of and practising within evidence-based professional guidelines.

The Scope of Practice (SoP) for Genetic Counsellors should be referred to in conjunction with the Code of Ethics for Genetic Counsellors and the Competency Standards for Genetic Counsellors Policy.

Genetic counselling is a rapidly evolving, dynamic profession; hence the breadth and nature of professional practice within the profession of genetic counselling continues to expand. While the majority of genetic counsellors are engaged in clinical roles, they are also engaged in management, education, research and policy roles. As the role of a genetic counsellor continues to develop, their role should not be considered inclusive of all practices, or exclusive of practices, that might achieve the same outcomes.

Genetic Counsellor Scope of Practice

- Obtain and evaluate individual, family, and medical histories to determine genetic risk for genetic/medical conditions and diseases in a patient, his/her offspring, and other family members
- Discuss the features, natural history, means of diagnosis, genetic and environmental factors, and management of risk for genetic/medical conditions and diseases
- Identify, coordinate, and facilitate informed consent of appropriate genetic/genomic tests and other diagnostic studies as appropriate for the genetic assessment
- Integrate clinical and psychosocial implications of genetic/genomic test results and other diagnostic studies with personal and family medical history to assess and communicate risk factors for genetic/medical conditions and diseases
- Explain the clinical and psychosocial implications of genetic/genomic tests and other diagnostic
studies and their results

- Provide client-centred counselling and anticipatory guidance; evaluate the client's or family's responses to the information discussed; and assess and support adjustment to the information provided
- Identify and utilise community resources that provide medical, educational, financial, and psychosocial support and advocacy; and provide written documentation of medical, genetic, and counselling information for families and health care professionals
- Engage in regular supervision that encourages self-reflection and continued development of personal practice
- Continually develop critical skills in logical philosophical reasoning through engagement in Continuing Professional Development (CPD) in order to rationally resolve the individual cases of ethical conflict that arise in the work setting
- In addition to those working in clinical roles, genetic counsellors engaged in roles including management, administration, education, research, laboratory, advisory, regulatory and policy development roles should strive to achieve and maintain best practice.

**Review Process**

The Scope of Practice (SoP) will be reviewed every three years, or sooner if necessary to maintain consistency with current evidence-based best-practice guidelines.

A working group shall be formed by the Board of Censors (BoC) for Genetic Counselling Chairperson no later than six months before the end of the third year. The size of the working group shall be determined by the BoC Chairperson.

Representation within the working group shall include, but not be limited to:

- a member of the previous working group
- a member of the Board of Censors for Genetic Counselling, who shall be the Chair of the working group
- a member of the Australasian Society of Genetic Counsellors (ASGC) executive
- a Master of Genetic Counselling course convener/academic genetic counsellor.

All members must have at least two years of experience in clinical practice.

The working group will review the SoP in the light of current and emerging trends in the practice of genetic counselling and will benchmark the SoP internationally, and against other allied health professions. A draft of the revised SoP will be circulated to the ASGC executive for comment and feedback before being circulated to the membership for a period of four weeks. Feedback will be considered and incorporated by the working group as appropriate. The HGSA Council will ratify a final draft.

The final version of the revised SoP will be posted on the HGSA website.
References

NASRHP; Self Regulating Health Profession Peak Bodies Membership Standards; 2/12/2016