STANDARDS OF ACCREDITATION FOR GRADUATE PROGRAMS IN GENETIC COUNSELING

Adopted 02/13/2013
Compliance Start Date 06/01/2014

Table of Contents

I. INTRODUCTION

The Accreditation Council for Genetic Counseling (ACGC) was established in 2012 to serve as the accrediting body for the genetic counseling profession. The ACGC's mission is to provide leadership by establishing Standards for graduate level genetic counseling education in order to protect the interests of students and the public, as well as the integrity of the genetic counseling profession through:

a. Evaluating educational programs to ensure compliance with those Standards; and
b. Accrediting genetic counseling training programs that meet the Standards established by the ACGC.

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 extent to which a program complies with these Standards determines its accreditation status. 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 ABGC Certification Examination in Genetic Counseling. A list of accredited programs is publicly available at www.gceducation.org.

The American Board of Genetic Counseling (ABGC) established the original requirements for accreditation of graduate programs in genetic counseling in 1996. Upon the separation of the ACGC from the ABGC in 2012, the accreditation requirements were revised and updated. The ACGC Board of Directors approved the revised requirements (the "Standards") on February 13, 2013, and all accredited genetic counseling training programs are required to be in compliance with these Standards beginning June 1, 2014.

While these Standards are the basis of accreditation decisions, the ACGC recognizes that genetic counseling training programs have unique institutional, regional and situational challenges and opportunities. Thus, the ACGC is willing to evaluate, with appropriate documentation, situations that may preclude a program from meeting a given Standard, particularly if such situations are the result of institutional policies that lie outside the program's authority. It is the program's responsibility to identify such issues and provide relevant documentation to the ACGC as early as possible, but at minimum, 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" or "sufficient" or "such as" are utilized to allow for inter-program variation. In these circumstances, it is up to the program to define its own specific parameters and metrics. However, the program should be able to provide the rationale behind its choices, and this information will be considered in the self-study evaluation process.

Description of the Profession

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
- 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)

As defined by the NSGC Scope of Practice, the responsibilities of a genetic counselor are threefold:

- To provide expertise in clinical genetics
- To counsel and communicate with patients on matters of clinical genetics
- To provide genetic counseling services in accordance with professional ethics and values

Specific responsibilities are defined in the major areas of Clinical Genetics, Counseling and Communication, and Professional Ethics and Values.

II. 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 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. 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.

A1.1.2 The graduate degree-granting institution is the sponsoring institution that applies for accreditation. 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.

The graduate degree-granting institution is responsible for:

- Complying with the ACGC Accreditation Standards and policies
- Hiring and maintaining faculty and staff in sufficient numbers, and with the expertise and experience required to fulfill ACGC requirements
- Supporting the planning by program faculty of curriculum design, course selection and program assessment
- Permanently maintaining student transcripts
- Conferring the credential and/or academic degree which documents satisfactory completion of the educational program
- Ensuring that all genetic counseling program personnel and student policies are consistent with federal and state statutes, rules and regulations
- Addressing appropriate security and personal safety measures for genetic counseling students and faculty in all locations where instruction occurs
- Ensuring fiscal stability of the program

A1.1.3 Affiliation agreements are strongly encouraged when other institutions contribute significantly to the program.

- For permanent and temporary clinical placements that are not part of the sponsoring institution, the program is responsible for obtaining formal affiliation agreement(s) whenever the sponsoring institution requires them.
- Affiliation agreements may also be required when outside institutions assist the program in research, laboratory, or other types of activities
- When formal affiliation agreements are not required, it may be useful for the sponsoring institution to draft a Memorandum of Understanding specifying the agreement for services between the program and the outside institution

A1.1.4 The sponsoring institution must provide the opportunity for continuing professional development of the program director and principal faculty by supporting the development of their clinical, teaching, scholarly and administrative skills. Professional development involves remaining current with clinical and academic skills and developing new skills needed for position responsibilities.

The types of opportunities supported by institutions vary and may include the following:

- Supporting the genetic counseling program's principal faculty members in maintaining their ABGC certification status and providing payment of dues and fees related to certification maintenance
- Providing funding to attend continuing education conferences
- Allowing non-vacation time to attend professional organizational meetings
- Providing funding to attend professional organizational meetings
- Allowing time for clinical practice
- Allowing time for research/scholarly activities
- Allowing time to pursue an advanced degree and/or providing tuition remission for an advanced degree
- Allowing opportunities for faculty review and promotion

A1.2 Institutional Resources

A1.2.1 Financial Resources

There must be sufficient financial resources to operate the educational programs for the length of the accreditation term in order to fulfill obligations to matriculating and enrolled students. A program must demonstrate financial stability with a 5-year budget plan and a letter of commitment from the sponsoring institution. Refer to the budget guidance in the self-study application. The budget plan must at minimum include the following components:

a. Program Income
   - Tuition recovery
   - Departmental funding
   - Non-tuition institutional funding
   - Grant funding

b. In-Kind Contributions
   - Staff/faculty
   - Operational expenses/supplies

c. Program Expenses
   - Salaries
   - Accreditation fees
   - Clinical supervisor stipends/academic honoraria/training
   - Office/administrative supplies/capital equipment
   - Student support (stipends/scholarships)
   - Travel/meetings/CEU programs
   - Recruitment/interviews
   - Memberships/subscriptions/books

A1.2.2 Physical Resources

a. Facilities

- The sponsoring institution must provide the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students.
- Physical facilities relate to office, classroom and other educational space. This includes space to provide confidential academic counseling of students by the program leadership and principal faculty, space for program conferences and meetings, space for secure storage of student files and records, appropriate didactic and clinical facilities sufficient in number and size and appropriate in design to meet their intended use, and appropriate classroom space conducive to student learning.

b. Learning Resources

- The sponsoring institution must provide the program with the academic resources needed by the program, staff and students to operate the educational program and to fulfill obligations to matriculating and enrolled students.
- Academic resources include computer and audio/visual equipment; instructional materials; technological resources that provide access to the Internet, medical information and current literature; and the full text of current books, journals, periodicals and other reference materials related to curricular and patient care activities.

A2 Program Personnel/Faculty

The program personnel and faculty must possess the educational and experiential qualifications to perform their assigned duties and to facilitate the students' achievement of the practice-based competencies. Current and specific job descriptions for program leadership must be maintained by the program and available to the ACGC upon request.

Program leadership should have designated time that is sufficiently free from clinical service and institutional responsibilities to perform their educational and administrative duties directly related to the genetic counseling program. 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

Required program leadership positions include the Program Director (or Co-Directors) and the Medical Director. Recommended, but not required, leadership positions include the Assistant/Associate Program Director and/or Clinical Practicum/Fieldwork Coordinator. Program leadership requirements vary by program size; see A2.1.1.

Individuals in leadership positions in the program should have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution.

The program leadership is responsible for the following:

- Maintaining program compliance with the Standards
- Designing, implementing, coordinating, and evaluating program components
- Developing, reviewing and revising the program mission, goals and philosophy through strategic planning
- Developing, reviewing and overseeing the program admissions process
- Coordinating, monitoring and evaluating student clinical experiences
- Coordinating, monitoring and evaluating clinical supervisors
- Coordinating, monitoring and evaluating student didactic training
- Developing and overseeing the budget and administrative responsibilities
- Providing academic counseling of students and ensuring the availability of remedial instruction
- Ensuring program strategic planning and implementation of appropriate recommendations of the Advisory Board
- Research/capstone project coordination, monitoring and evaluation

ANNOTATION: No one member of the program leadership 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 Policies

a. Program Leadership full time equivalent (FTE) requirements

- There should be an institutionally supported minimum of 1.0 FTE dedicated to Program Leadership. In addition to standard administrative responsibilities as defined above, Program Leadership activities may include course instruction, thesis/research committee participation and departmental responsibilities related to faculty appointment, but not direct clinical supervision
- There should be a minimum ratio of paid FTE Program Leadership per total student enrollment (full or part time):
    - ≤10 students: 1.0 FTE
    - 11-15 students: 1.0 -1.25 FTE
    - 16-20 students: 1.25-1.5 FTE
    - 21-25 students: 1.5-1.75 FTE
    - ≥26 students: 1.75-2.0 FTE

ANNOTATIONS:

- ACGC will consider, on a case-by-case basis, program requests to have *less than* the required FTE dedicated to Program Leadership. Such requests must be submitted in writing. The request must include description of current activities of Program Leadership, total student enrollment, and justification for the request.
- 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.

b. Program Leadership Personnel Change Policy

The program has a responsibility to communicate to the ACGC, in a timely manner, all personnel changes involving Program Leadership positions. When such a change occurs, the Program Director or program administration must notify the ACGC in writing and include the following items:

- The expected date of the personnel change
- Formal plan and timeline for replacement
- The person or persons who will be responsible for fulfilling the duties of the position – if more than one, designate primary contact for communications with ACGC
- The time commitment (FTE) of each interim/replacement individual
- The CV of the responsible person(s) to confirm his/her qualifications

ANNOTATION: Except in the cases of an emergency change in personnel, the ACGC must be notified at least 30 days prior to commencement of the change. The failure to comply with any aspect of this policy places a program in noncompliance with the Standards and at risk for probation or revocation of accreditation status. In the case of sudden, unplanned loss of Program Leadership personnel, ACGC must be notified within 2 weeks of the occurrence, and a plan/timeline for replacement must be provided.

c. Program Director/Co-Director Leave of Absence 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 may be anticipated, e.g. due to a maternity leave, or unanticipated, e.g. due to illness.
- The program administration must notify the ACGC in writing of the Program Director's leave of absence in a timely fashion. Except in the case of an emergency leave of absence, the ACGC must be notified at least 30 days prior to commencement of the leave. This notification must include:
  - The expected length of time the Program Director will be absent
  - The anticipated date of return
  - The person or persons who will be responsible for fulfilling the specific duties of the Program Director as the Interim Director(s)
  - The CV of the Interim Director(s)
  - The time commitment (FTE) and specific responsibilities of this/these individual(s) during the Director's absence
  - If more than one person will be Interim Director, one person must be designated as the primary contact for communications with the ACGC

ANNOTATION: During the leave of absence, the total FTE for the Director position is still expected to account for at least 1.0 FTE and total program leadership should be maintained at minimum requirements for size. The program is expected to have a current, operational plan in place at all times for sustaining the activities handled by the Program Director(s) during extended absences. This plan must be outlined in every accreditation application. Failure to comply with any aspect of the leave of absence policy places a program in noncompliance with the Standards and at risk for probation or revocation of accreditation status.

A2.1.2 Program Director or Co-Directors

The Program Director(s) must possess the experience and skills to provide effective leadership and management. The program director(s) must be available for program administration year round.

a. Qualifications

The Program Director(s) must:

- Hold a master's degree or beyond
- Be certified in genetic counseling by the ABGC or the American Board of Medical Genetics (ABMG)
- Have at least 5 years experience as a genetic counselor
- Be knowledgeable and experienced in genetic counseling, teaching, clinical supervision and other related subjects

b. Responsibilities

The Program Director(s) is responsible for at minimum the following:

- The design, organization, coordination, administration, planning, development and continual review of the program, including curriculum, clinical, and research components
- Long term planning to ensure program fiscal and educational stability
- Coordinating, monitoring, and evaluating all aspects of clinical training/field work, either him or herself or by designating an appropriate individual

- Collaborating with the other Program Leaders (if applicable) in all activities that directly relate to the program
- Supervising instructional faculty, supervisors, program and administrative staff in all activities that directly relate to the program
- Ensuring the program remains in compliance with the ACGC Accreditation Standards
- Communicating with the ACGC about significant staffing, administrative, financial and/or clinical site changes
- Maintaining and collaborating with the program Advisory Board

A2.1.3 Medical Director

All programs must have a Medical Director who is an active participant in the program. The Medical Director supports the program in ensuring that both didactic instruction and supervised clinical practice experiences support development of the required competencies.

a. Qualifications

The Medical Director must:

- Hold a medical degree
- Be certified by the ABMG, or an equivalent Canadian credentialing organization.

And should:

- Dedicate 5% (0.05) or more FTE (or in-kind time) toward program leadership activities

b. Responsibilities

The Medical Director, in collaboration with the Program Director and other Program Leaders, will be involved in the planning, developing, and monitoring of those aspects of the curriculum that support students' integration of knowledge, skills, experience, and professional ethics into the practice of genetic counseling. This may include, but is not limited to, the following:

- Designing, implementing, coordinating and evaluating the curriculum
- Providing course instruction
- Evaluating student performance
- Assisting with student thesis/capstone projects
- Contributing to administrative responsibilities as needed
- Providing review and assessment of the appropriateness of clinical sites, and qualifications of supervising physicians

A2.1.4 Assistant/Associate Program Director

A program is not required to have an Assistant/Associate Program Director. If it does have one, the Assistant Program Director may have a complementary professional background other than genetics (e.g., social work, nursing or education).

a. Qualifications

An Assistant/Associate Program Director must:

- Hold a master's degree or beyond
- Have professional board certification in his or her specific field, if available
- Have a minimum of 3 years experience in his or her field
- Have knowledge of and experience with the profession of genetic counseling and related subjects

b. Responsibilities

In collaboration with the Program Director and other Program Leaders, the Assistant/Associate Program Director is responsible for the planning, developing, and monitoring of those aspects of the curriculum that support students' integration of knowledge, skills, experience, and professional ethics into the practice of genetic counseling. This may include, but is not limited to, the following:

- Providing program coordination and instructional planning
- Designing, implementing, coordinating, and evaluating clinical or instructional aspects of the curriculum
- Monitoring, evaluating, and remediating student performance
- Providing course instruction
- Contributing to administrative responsibilities as needed

A2.1.5 Clinical Practicum/Fieldwork Coordinator (or equivalent)

A program is not required to have a Clinical Practicum/Fieldwork Coordinator as a separate role. However, if one exists and is to be included in the Program Leadership FTE requirement, the following applies.

a. Qualifications

- Current certification by the ABGC, the ABMG or the Canadian Association of Genetic Counselors (CAGC).
- Minimum 3 years experience as a genetic counselor
- Knowledge and experience in genetic counseling, teaching, and clinical supervision

b. Responsibilities

Working in collaboration with the Program Director and other Program Leadership:

- Coordinate, monitor and evaluate student clinical/practicum experiences
- Develop annual plans for assuring an appropriate variety and number of cases for each student, implementing modifications as needed
- Orient new clinical supervisors to their responsibilities
- Regularly oversee and evaluate the effectiveness of each supervisor
- Plan and implement clinical supervisor training experiences

ANNOTATION: The above responsibilities fall under the purview of the Program Director(s) or Assistant/Associate Director if the program does not have a separate Clinical Practicum/Fieldwork Coordinator.

A2.2 Instructional Faculty/Staff

A2.2.1 Qualifications

The individuals on the instructional faculty/staff must be qualified through academic preparation and/or experience to teach assigned subjects, be knowledgeable in course content, and be effective in teaching. The instructional faculty/staff may include:

- Genetic counselors
- Physicians
- Basic scientists
- Psychologists
- Social workers

- Other qualified individuals with advanced degrees, experience or previous academic background in a relevant field or discipline

ANNOTATION: Biosketches of primary instructional faculty/course directors will be required as part of the self-study, or for new instructors at the time of annual report.

A2.2.2 Requirements

There must be 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 practice-based competencies needed to complete the program. There must be sufficient instructional staff to cover the necessary content areas and to fulfill their responsibilities.

A2.2.3 Responsibilities

The members of the instructional faculty/staff must establish an atmosphere that is conducive to learning. The instructional faculty/staff is responsible for one or more of the following items:

- 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

A2.3 Clinical Supervisors

The program must ensure that the students have sufficient access to clinical supervision by board-certified genetic counselors and geneticists who represent a broad range of genetic counseling techniques and styles. The Standards below are specific to those supervisors who are involved in the 50 required core clinical cases (see B3.2.4).

For non-core clinical case or field experiences, the participating faculty and staff may also include social workers, psychologists, non-genetics physicians, and other health professionals with adequate training, experience, and credentials in their respective fields.

A2.3.1 Qualifications

- Current certification in genetic counseling (ABGC, ABMG, CAGC) or medical genetics (ABMG or Canadian equivalent).
- Sufficient experience as a clinical genetic counselor or medical geneticist
    - At least one year experience as clinical genetic counselor or medical geneticist is recommended.
    - If a clinical supervisor has less than one year of experience, he or she must have a mentorship relationship with a genetic counselor/medical geneticist with supervision experience.
- Adequate preparation in clinical supervision

A2.3.2 Responsibilities

The clinical faculty and supervisors are responsible for student supervision and performance assessment in clinical training sites. Clinical supervisors work with the Program Leadership to:

- Establish clinical training goals specific to their setting
- Define how students will be involved, supervised, and evaluated in patient care and related activities
- Observe, monitor and evaluate student/patient encounters
- Provide clinical environments conducive to student learning
- Communicate with program directors when situations of poor student performance arise

A2.4 Administrative Support Staff

The program must have adequate administrative support staff to provide for the administrative needs of the program, with an institutionally supported minimum of 0.5 FTE strongly recommended. The person(s) assigned to provide administrative support report to the Program Leaders who will define his/her specific responsibilities. The ACGC may determine that the FTE allotted to program administrative support may need to be more than the 0.5 FTE based on the number of students, academic and administrative complexity of the program and responsibilities required.

A3 Operational Policies and Procedures

A3.1 Sponsoring Institution

A3.1.1 Announcements and advertising must accurately reflect the program offered.

A3.1.2 The institution must publish and make readily available a general bulletin or catalogue (web and/or paper-based) about the educational program. It must include:

- All admission requirements
- Current accreditation status
- Estimation of all cost (tuition, fees, etc.) related to the program
- Degree requirements

A3.1.3 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.

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

A 3.1.5 The health, safety and privacy of clients, students, and faculty associated with the educational activities must be reasonably safeguarded by the institution.

A3.2 Training Program

A3.2.1 Policies

a. Program policies apply to all students, principal faculty, and the Program Leadership, regardless of location.

- A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site.

b. The program must inform students and faculty of program policies and practices.
c. The program must have written policies that provide for timely access and/or referral of students to appropriate support services.
d. The program must have defined, written policies and procedures for processing student grievances and allegations of harassment that are readily available to faculty and students.
e. The program must make readily available to faculty institutional policies and procedures for processing faculty grievances and allegations of harassment.
    - If the program has policies related to grievances and harassment in addition to those of the institution, the program is expected to document these and make them readily available to faculty.

A3.2.2 Admissions

Admission of students must be made in accordance with clearly defined and published practices of the institution.

a. The program must define, publish, and make readily available the admission practices of the program. Such information must include:
    - Accreditation status
    - All required courses for admission
    - All required academic standards for enrollment
    - Admission requirements regarding prior education, work, or volunteer experiences
    - Estimation of all costs (tuition, fees, etc.) related to the program

    Programs are encouraged also to include the following information:
    - Cumulative board examination average pass rates (1st time test takers) for the 3 most recent classes
    - Diversity of student body
    - Other information such as employment rates, graduation rates, etc.
b. The ACGC supports increasing diversity in the genetic counseling profession. Programs are encouraged to develop strategies to promote applications from underrepresented populations and to summarize their efforts and progress in the accreditation application. Some examples of possible strategies include:
    - The program establishes annual recruitment goals, including target numbers 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.
    - The program adds one or more individuals to the admissions committee from local community groups serving underrepresented populations.

A3.2.3 Mission Statement & Objectives

A program's mission and objectives must be consistent with both the institution's mission and with the National Society of Genetic Counselors Code of Ethics. (National Society of Genetic Counselors. The Code of Ethics of the National Society of Genetic Counselors. *J Genet Counsel*, 2006;15(5):309-311)

A3.2.4 Student Handbook

The program must have a Student Handbook or equivalent that contains the following information:

- Required academic standards
- Requirements for progression in the program
- Policies and procedures for processing student grievances
- Policies and procedures for withdrawal and dismissal from the program
- Policies and procedures for remediation
- Policies and procedures for processing allegations of harassment

A3.2.5 Length of Training:

All graduate programs in genetic counseling are required to provide training over a minimum of 21 months or 2 academic years.

A3.2.6 Student Records

a. Student files kept by the program and/or institution must include documentation showing:
    - That the student has met the published admissions criteria
    - That the student has met institutional and program health screening and immunization requirements
    - Student performance while enrolled, including all student evaluations
    - Any referrals for support or academic services, including follow-up as allowed by the program's institutional regulations and requirements
    - Any remediation efforts and outcomes
    - Any formal academic guidance/advising the student received
    - Primary and summary documents regarding any formal academic and/or behavioral disciplinary action taken against a student by faculty, staff or others
    - 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 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 must be kept in a secure location in the program's facilities.
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

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

A3.2.8 Guidance/Advising

a. Guidance must be available to assist students with course content, the development of clinical skills and in adhering to program policies and practices. Programs must provide one-on-one academic guidance in a timely and continuous basis.
b. Students must receive information about the full range of support services available at the institution.
c. Programs should refer students to appropriate support services when there are issues that interfere with a student's academic performance or progress.
d. Programs are responsible for following up on any referrals made to either academic or other support services in the manner allowed by the program's institutional regulations and requirements.

SECTION B: CURRICULUM AND INSTRUCTION

The program curriculum must prepare students to provide patient-centered, culturally competent care while demonstrating professional behavior during all encounters with the healthcare team. The curriculum must establish a strong foundation in classical and molecular genetics and genomics, medical genetics, psychosocial counseling, and approaches to research, while always emphasizing the importance of remaining current with the dynamic field of genetic counseling.

Educational experiences, including didactic courses, independent study, clinical training, and supplementary activities such as case conferences, seminars, grand rounds, and journal clubs must provide students with the necessary knowledge and skills to perform, accurately and reliably, as genetic counselors.

The ACGC Practice-Based Competencies (PBCs) 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.

B1 General

B1.1 Instructional Plan

B1.1.1 Instruction must follow a plan that documents and assesses appropriate learning experiences and curriculum sequence to develop the competencies necessary for graduation. A variety of methods and materials can be used, including online learning and distance education.

B1.1.2 The curriculum design must reflect a sequence that enables students to develop the competencies necessary for current and evolving clinical practice.

B1.1.3 Instructional Objectives
For each didactic and clinical course, the program must define and publish instructional objectives that guide student acquisition of required competencies.

ANNOTATION: Instructional objectives stated in measurable terms allow assessment of student progress in developing the competencies required for entry into practice. They address learning expectations of students and the level of student performance required for success.

B1.1.4 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.

B1.1.5 The program must ensure educational adequacy and equivalency of course content, and/or clinical experiences when instruction is:

- conducted at geographically separate locations
- provided using different pedagogical and instructional methods or techniques for some students
- provided outside the home department

B1.1.6 The program must review its curriculum regularly and subsequently update the corresponding syllabi.

B1.2 Clinical Training/Fieldwork Experience
B1.2.1 Clinical training/fieldwork experiences must support the development of the practice-based competencies by coordinating and integrating didactic and experiential training. The program must 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.

B1.2.2 It is strongly encouraged that clinical supervisors have acquired some workplace counseling experience (e.g. minimum of 1 year practice) *before* they are allowed to supervise students, especially for core cases. However, when this is not possible, the new counselor must be under the mentorship of an experienced supervisor for a period of time in which he or she is allowed to strengthen his or her own supervision skills.

B1.3 Practice-Based Competencies
B1.3.1 An entry-level genetic counselor must demonstrate the Practice-Based Competencies as defined by the ACGC 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 these competencies that are categorized into the following domains:

- Genetic Expertise and Analysis
- Interpersonal, Psychosocial and Counseling Skills
- Education
- Professional Development & Practice

B1.3.2 Some competencies may pertain to more than one domain. These domains represent practice areas that define the expertise and activities of a genetic counselor.

B2 Instructional Content

B2.1 Curriculum

B2.1.1 The curriculum must include core knowledge about established and evolving medical and clinical genetics and the application of this knowledge to patient care.

B2.1.2 The curriculum must be sufficient in breadth and depth to prepare the student for the clinical practice of genetic counseling.

B2.2 Content Areas

General content areas required to support the development of practice-based competencies in genetic counseling should include, but are not limited to, the following:

B2.2.1 Principles of Human Genetics

- Mendelian and non-Mendelian inheritance
- Population and quantitative genetics
- The basis of human variation and disease susceptibility
- Family history and pedigree analysis
- Normal/abnormal human development
- Human reproduction
- Personalized genomic medicine

B2.2.2 Applicability of Related Sciences to Medical Genetics/Genomics

- Cytogenetics
- Biochemical genetics
- Molecular genetics
- Embryology/developmental genetics
- Teratology
- Cancer genetics
- Adult genetics
- Cardiovascular genetics
- Neurogenetics
- Pharmacogenetics

B2.2.3 Principles and Practice of Clinical/Medical Genetics

- Clinical features and natural history of a broad range of genetic diseases, complex common disorders and syndromes of unknown etiology
- The diagnostic process, including dysmorphology, syndromology, physical assessment, and differential diagnoses
- Modalities, methods and applications of cytogenetic, molecular and biochemical tests, including new/emerging technologies (e.g. microarray, high throughput screening, whole exome/genome sequencing)
- Risk assessment

- Use of genetics literature, bioinformatics, and computerized tools

B2.2.4 Psychosocial Content

- Theories of counseling
- Interviewing techniques
- Psychosocial development
- Family dynamics
- Dynamics of grief and bereavement
- Multicultural sensitivity and competency
- Disability awareness
- Crisis intervention

B2.2.5 Social, Ethical, and Legal Issues in Genetics

- Facilitating informed decision making via informed consent
- Patient/subject privacy issues (e.g. HIPAA)
- Genetic discrimination and related legislation
- Health disparities
- Genetic counseling Code of Ethics

B2.2.6 Health Care Delivery Systems and Principles of Public Health

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

B2.2.7 Education

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

B2.2.8 Research Methods

- Clinical and laboratory research methodologies and protocols using both quantitative and qualitative methods
- Funding and publication topics: grant writing, data analysis, abstract development, preparing a manuscript for publication

B2.2.9 Professional Development/Self-Care

- CV development
- Negotiation techniques
- Stress management
- ABGC certification exam readiness
- Structure and purpose of genetics-related professional societies

- Self-care topics to prepare students for the emotional, as well as intellectual, strain of clinical practice

B3 Clinical Training/Fieldwork Experience

B3.1 General Description

B3.1.1 Clinical training and fieldwork experiences must provide students with opportunities to have first-hand experience with individuals and families affected by a broad range of genetic conditions.

B3.1.2 These experiences must expose students to the natural history and management of common genetic conditions and birth defects and to the relevant psychosocial issues.

B3.1.3 Clinical cases must illustrate a diverse and well-rounded training that prepares an individual to provide effective genetic counseling services within a variety of practice settings.

B3.1.4 Programs are expected to foster and support student independence while assuring that the level of supervision is commensurate with the student's documented skills and competencies.

B3.1.5 To prepare students to achieve certification successfully, clinical training must encompass the relevant areas in the ABGC Certification Examination content outline.

B3.1.6 In each location where students may be assigned for clinical practice experiences, there must be an on-site clinical faculty member or supervisor designated by the program to assess and supervise the student's progress in achieving learning outcomes.

B3.1.7 There must be a sufficient quantity of clinical supervision faculty and staff to ensure adequate and equivalent supervision for all enrolled students.

B3.1.8 There must be a sufficient number and variety of clinical activities available to ensure that all enrolled students receive adequate and comparable clinical training experiences.

B3.1.9 Programs are expected to supplement clinical training opportunities with a variety of fieldwork experiences to enhance the richness of the overall training experience.

B3.2 Specific Requirements for Core Cases

B3.2.1 A minimum of 50 "core cases" from a wide variety of clinical settings and service delivery models are required, reflecting students' robust and evolving clinical involvement. Core cases focus on the development of the fundamental clinical counseling roles as described in B3.2.2 below.

ANNOTATION: Core cases are ANY or ALL cases that meet the *minimum* specifications cited in B3.2.2. Each student must have at least 50, but the ACGC sets no upper limit on the number of designated core cases.

B3.2.2 To be considered a "core case", the clinical interaction must occur face-to-face (see annotation), and active student participation in at least 1 role in each of the 3 categories of Fundamental Counseling Roles (Management, Education, and Counseling) must be documented.

Fundamental Clinical Counseling Roles

a. Management Roles:
   - **Case preparation** involves reviewing all relevant information about the client and the indication for genetic counseling prior to the session.
   - **Collection/documentation of medical, developmental and/or pregnancy history** implies the eliciting of pertinent medical information including pregnancy, development and medical histories and environmental exposures.
   - **Collection/documentation of family history/pedigree** involves the eliciting of information for and construction of a complete pedigree.
   - **Risk assessment** involves pedigree analysis and evaluation of medical and laboratory data to determine recurrence/occurrence risks.
   - **Evaluation/coordination of genetic testing** includes determining the appropriate genetic test(s), evaluating laboratories, and/or coordinating the testing.
   - **Clinical documentation (clinic notes, letters)** implies writing clinic notes or letters about the appointment
   - **Other follow-up (calls, referrals)** includes but not limited to conducting further literature review, maintaining contact with the family to address any additional concerns, or identification of other health care professionals or resources for patient care.

b. Education Roles
   - **Develop** a counseling plan and agenda that includes pertinent education issues to address
   - **Inheritance pattern** involves educating patients about modes of inheritance.
   - **Risk counseling** involves educating patients about their personal and/or familial risks
   - **Diagnosis/prognosis/natural history** includes conveying genetic, medical, and technical information about the diagnosis, etiology, natural history and prognosis of genetic conditions and/or birth defects.
   - **Medical management/prevention/treatment** includes discussing current medical management, prevention, and treatment of genetic conditions and/or birth defects.
   - **Genetic and/or prenatal testing options and possible results/benefits/limitations** includes explaining the technical and medical aspects of diagnostic and screening methods and reproductive options, including associated risks, benefits, and limitations.
   - **Results disclosure** involves interpreting the results and discussing them with the patient; can include the development of teaching aids and the provision of educational materials
   - **Research options /consenting** involves discussion about research opportunities and/or consenting the patient for the study.

c. Counseling Roles
- **Establishing rapport/contracting** refers to initiating the genetic counseling session, eliciting client concerns and expectations and establishing the agenda.
- **Psychosocial assessment** includes eliciting and evaluating social and psychological histories and assessing clients' psychosocial needs.
- **Psychosocial support/counseling** involves providing short term, client-centered counseling, psychosocial support, and anticipatory guidance to the family as well as addressing client concerns.
- **Resource identification/referral** includes helping the client identify local, regional and national support groups and resources in the community.
- **Case processing/self-assessment/self-reflection:** involves critical thinking about the session; what was done successfully as well as areas to improve.

The program is responsible for ensuring that each of these roles is adequately represented in the full clinical case experiences of the student.

ANNOTATION: Telemedicine cases, where the student has visual and audio contact with the patient during the counseling session, may be counted as core cases if they otherwise meet the above requirements. However, students must have at least 45 core cases that are *in-person* encounters.

B3.2.3 The 50 "core cases" must be supervised by an experienced certified geneticist (ABMG or Canadian equivalent) and/or an ABGC/ABMG/CAGC certified genetic counselor (see A2.3.1). Programs are expected to use a flexible and graduated supervision plan where the level of direct (in-person) supervision is commensurate with each student's documented skills and competencies.

ANNOTATION: A student in the early part of his/her training should 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, to protect students from taking on responsibilities that they are not yet ready to handle or that are inappropriate for a trainee. The program is responsible for ensuring patients 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 clinical training sites.

B3.2.4 Cases must indicate exposure to a variety of genetic issues throughout the life cycle, including:
- Preconception counseling
- Prenatal counseling (advanced maternal age, maternal serum/1st trimester screening abnormal ultrasound, maternal disease, teratogen, etc.)
- Pediatric genetics (general, disease-specific)
- Adult/presymptomatic 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 only count as one [1] case)

B3.2.5 To prepare students for the workforce in the best manner possible, clinical training should reflect current trends in the workplace. Programs should refer to the most recent ABGC Practice Analysis for a general breakdown of the distribution of the core cases across different practice areas.

ANNOTATION: Using this information as a guideline, it is the responsibility of the Program Director to ensure that all students have adequate exposure and involvement in a wide breadth of clinical cases in an approximately similar ratio to that determined by the most recent ABGC Practice Analysis. The student should not have an overwhelming majority of cases in any single practice area.

B3.2.6 Trainees must be exposed to multiple clinical and fieldwork settings. In order to enhance a trainee's clinical training, programs should ensure that students are able to augment core cases with opportunities such as:

- Non-face-to-face genetic counseling encounters (e.g. phone counseling)
- Laboratory experiences
- Involvement with research/family studies/registries
- Clinical experiences with non-genetics providers (physicians, nurse practitioners, etc.)
- Cases seen with genetics professionals who are not ABGC/ABMG/CAGC/CCMG certified
- International clinical experiences
- Public health genetics-related activities and settings

ANNOTATION: When utilizing these types of non-traditional clinical training/fieldwork experiences, programs should 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 placement.

B3.3 Documentation

B3.3.1 The ACGC expects each program to determine how its students' clinical training/fieldwork experiences will be tracked (e.g., a traditional "logbook" format, portfolio format, etc.) The aggregate of these experiences provides a complete picture of each student's acquisition of skills and competencies over time, as well as insight into the richness and diversity of his or her clinical training experiences.

B3.3.2 Documentation of clinical training/fieldwork experiences must be maintained with the students' files and include the entirety of the students' clinical encounters, without any patient identifiers. These files must be available for review during site visits as part of the accreditation review process.

B3.3.3 The collection of documents demonstrating students' ongoing clinical training should include:

a. Documentation of designated core cases including:
   - Month and year of patient encounter
   - The management, education and counseling roles performed by the student
   - The type of clinical setting (e.g., prenatal, pediatric, adult, etc.)
   - The primary indication/diagnosis
   - The clinical supervision provided
   - The student's reflections about the case, including the supervision feedback

   ANNOTATION: All cases designated as meeting core requirements must be clearly identified within the students' overall portfolio or logbook.

b. Documentation of other participatory and observational experiences obtained in clinical and non-clinical or fieldwork settings such as:
   - Support groups
   - Community outreach activities
   - Laboratories
   - Research settings
   - Industry
   - Educational conferences

B4 Additional Requirements

B4.1 Teaching Experience

B4.1.1 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 educational presentations
- Formal teaching assistant experience
- Class exercises or projects to develop patient, professional or community educational materials
- Professional genetics presentations such as journal clubs, research seminars, platform or poster presentations

B4.2 Laboratory Experience

B4.2.1 Programs are required to provide students with instruction in, and observation of, genetic laboratory activities, and ensure opportunities for the students to interface with professionals involved in the performance and interpretation of genetic/genomic tests. Students must be exposed to such experiences in one or more of the following laboratory settings:

- Private or academic
- Clinical or research
- Cytogenetic
- Molecular
- Biochemical
- Public health screening laboratories

B4.2.2 Students are expected to become proficient in choosing appropriate clinical and research laboratories including understanding the analytic and clinical validity and clinical utility of various genetic testing modalities.

B4.3 Research and Scholarly Endeavors

B4.3.1 Programs must require that students perform research and other scholarly activities.

B4.3.2 Programs can utilize a variety of ways to meet this requirement including a formal thesis, other independent research project or capstone project.

B4.3.2 Programs should encourage and facilitate student publication of their 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, clinical supervisors, students and graduates. On an annual basis, evaluation findings must be shared with the Advisory Board as explained below, and a plan and timeline 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

C.1.1 Programs applying for accredited new program or full accreditation are required to establish an Advisory Board.

C1.2 The purpose of this group is to ensure requirements for accreditation are met, and appropriate standards are established and maintained.

C1.3 Each program will be expected to define the function and expectations of its Advisory Board, including the frequency of meetings, the policy for reviewing program evaluations, and the process of providing counsel regarding changes to the curriculum.

C1.4 Advisory 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.

C2 Program Evaluation

C2.1 Outcome Measures

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

C2.1.1 Student Performance on the ABGC Certification Exam

Programs must annually document and evaluate the performance of their graduates on the ABGC board certification examination. If consistent deficiencies are identified in specific categories, changes to the curriculum and/or program design must be made and documented.

C2.1.2 Alumni and Employer Surveys

Programs must conduct surveys and/or interviews with alumni and their employers/supervisors at least once every four years. Data collected through this process related to graduates from this time period should include, but not be limited to:

- Alumni:
  - Employment setting/type of practice
  - Extent to which clinical, didactic and research skills were adequately addressed in the educational program
  - Major professional achievements
- Employer:
  - Employee's level of educational preparation in practice-based competencies of genetic counseling
  - Degree to which employee required additional training for position
  - Identified knowledge or skill gaps
  - Overall satisfaction with job performance

C2.1.3 Personnel Evaluations

Programs must define a process for evaluating the performance of key program personnel including Program Leadership and primary instructional faculty/course directors that provides measurement of delineated job responsibilities.

a. Program Leadership (Director, Assistant/Associate Director, Medical Director, Clinical Practicum Coordinator or equivalent):
   - Evaluations should include input from multiple stakeholders, such as students, primary faculty, clinical supervisors, department chair, and/or fellow program leaders, as appropriate for the roles of each position
   - Evaluations should include self-reflection, goal setting and measurable performance objectives

b. Instructional Faculty/Primary Course Directors
   Program Leadership should review the performance of primary instructional faculty/course directors including teaching methods and effectiveness conducted as part of the standard course evaluations. Where concerns are noted, a meeting with the faculty member that includes plans for modification/improvement should be documented.

C2.1.4 Course Evaluations

a. 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 teaching faculty involved. There must be appropriate documentation of assessment and plans for modification/improvement.
b. The Program Leadership should 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 that they are meeting the expectations of the students and program.

C2.1.5 Evaluation of Clinical Training/ Fieldwork Experience

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

a. Rotation sites:
    - The program must document that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.
    - Site evaluation involves Program Leadership monitoring the sites used for supervised clinical practice experiences, and modifying them as necessary to ensure that each student will complete the expected learning outcomes by program completion.
    - Students must be provided the opportunity to evaluate each clinical rotation site.
b. Clinical supervision:
    - Program Leadership must document that clinical supervisors are providing direct supervision of student performance in accordance with each individual student's skill level and needs, as well as providing appropriate feedback and mentoring throughout the student's clinical training experience.
    - Students must be provided with the opportunity to evaluate the primary clinical supervisor(s) for each rotation experience.

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 should be maintained in the student's permanent record.

C3.1 Student Notification

Each matriculating student must be provided in writing at the beginning of his or her training with the following:

a. The criteria for successful completion of the curriculum and for graduation
b. The evaluation methods that will be employed during his or her training
c. The program's remediation policy
d. Policies regarding academic probation or dismissal

C3.2 General Guidelines for Student Evaluation

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

C3.2.2 The evaluations must include objective measures for assessment of knowledge acquisition, problem-solving skills, clinical competencies, and professional behaviors.

C3.2.3 Each evaluation must reflect the student's ability to meet defined learning objectives (both in class and in various clinical settings).

C3.2.4 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.

C3.2.5 There must be a formal mechanism by which the Program Director(s) regularly communicate with each student about his/her 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 placed in the student's program records.

C3.2.6 Each program should conduct and document a written evaluation of each student prior to the final 3 months of the program to verify that the student is on track with his/her preparation to enter into the genetic counseling profession.

C3.2.7 Each program must have a remediation policy in place. When remediation is necessary, there must be documentation of deficiencies identified, the plan that is agreed upon, and the 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.

C3.3 Specific Guidelines for Clinical Training Evaluation

C3.3.1 Programs must develop an evaluation metric that measures and documents how students are meeting clinical training objectives and requirements.

C3.3.2 Each student must receive specific and timely feedback from his/her supervisors on individual clinical cases, as well as formal summative evaluations at minimum at the end of each clinical rotation. Mid-point evaluations are strongly encouraged.

C3.3.3 Students must be given the opportunity to review each evaluation with their clinical supervisors and/or Program Leadership to maximize the potential for successful completion of their rotations.

C3.3.4 Formal clinical evaluations must be documented in writing with evidence of direct input by the supervisor(s) and review by the Program Director(s) (e.g. comments, signature, date) and maintained in the students' program records.

SECTION D: ACCREDITATION DECISIONS

The following definitions describe the possible outcomes of decisions made by the Accreditation Council for Genetic Counseling with respect to accreditation. All decisions regarding accreditation shall be at the sole discretion of the ACGC. The ACGC reserves the right to interpret and/or modify conditions and terms of accreditation as needed to address specific circumstances.

D1 Accredited New Program

This category applies to a new program that has completed and submitted an initial application for becoming an accredited program. Such a program must meet the ACGC Standards for providing a master's degree in genetic counseling.

D1.1 A program whose *initial* application for accreditation is denied may submit a new application no sooner than 6 months from the original date of denial.

D1.2 Accredited New Programs must complete an initial self study, undergo a site visit and apply for Full Accreditation (D2) within one year of graduating its second class.

D1.3 If the program does not obtain Full Accreditation or Accreditation with Contingencies after the ACGC has reviewed the findings of the initial self study and site visit, the program will no longer be eligible for accreditation status. (See D6 Denial of Accreditation)

D1.4 An Accredited New Program may receive an Accreditation Warning (D4) if prior to the initial self-study the ACGC determines that the program is out of compliance with the ACGC Standards, and/or has short-term fixable problems that in the judgment of the ACGC are interfering with optimal education of students.

D1.5 Probationary Accreditation is not an option for an Accredited New Program.

D2 Full Accreditation

This accreditation decision indicates that the program meets or exceeds the Standards established by the ACGC.

D2.1 The Accreditation Process

D2.1.1 As the first step in the accreditation review, the graduate program will conduct a self-study that involves program administration, faculty, staff, and students.

> ANNOTATION: The self-study report *and* supporting documentation about program resources, didactic courses, clinical experiences, and training sites constitute the application for Full Accreditation.

D2.1.2 Upon receipt of the required documents and receipt of the annual accreditation fee, the Accreditation Application Review Committee (AARC) will review the application, and the Site Visit Committee will appoint an evaluation team to conduct the site visit and provide a written report to the AARC.

> ANNOTATION: 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.

D2.1.3 The AARC will review the Site Visit Committee report, and present its recommendations to the ACGC for a final accreditation decision.

D2.1.4 In the accreditation decision letter, the ACGC may cite areas for improvement and require or suggest program modifications. The program is required to address the areas cited for improvement and any requested modifications when submitting its annual report the following year.

D2.2 Full Accreditation is granted for 6 years for programs transitioning from accredited new program status, and 8 years for programs with current full accreditation status or accreditation with contingencies (D3), which are found to meet or exceed the ACGC Standards.

D2.3 In order to maintain its accreditation status, the program must complete and submit all annual reports and required fees by the dates requested. Specific requirements for annual reporting can be found on the ACGC website.

D3 Accreditation with Contingencies

This accreditation decision indicates that the program has accredited status, but either does not fully comply with one or more of the Standards established by the ACGC, or demonstrates deficiencies that in the judgment of the ACGC have the potential to negatively impact student progress or success.

D3.1 The accreditation contingencies may include, but are not limited to:

- Shortened accreditation cycle
- Requirement to adjust class size and/or number of faculty/staff/supervisors
- Additional reporting requirements

Failure to comply with contingency requirements may result in Probationary status.

D3.2 The next self-study document and site visit will be scheduled for the end of the adjusted accreditation time period, or at another time determined by the ACGC.

D4 Accreditation Warning

D4.1 A program may receive an Accreditation Warning if, during the assigned period of accreditation, ACGC determines that the program is out of compliance with ACGC Standards, and/or has short-term fixable problems that in the judgment of the ACGC are interfering with optimal education of students.

D4.2 The ACGC President will issue a written warning to the program describing the specific areas of concern, and specifying the length of time allotted to the program to address the deficiencies noted.

D4.3 The program must respond by the end of the assigned time interval with written documentation providing evidence of satisfactory resolution of the problem(s) cited.

D4.4 If the program fails to respond by the assigned time interval, the ACGC will make the decision to either place the program on immediate probation or revoke accreditation, based on the number and type(s) of deficiencies identified.

D4.5 The program is not required to make an Accreditation Warning public.

D5 Probationary Accreditation

D5.1 This accreditation decision indicates that, while the program continues to have Accredited status, it does not meet one or more of the ACGC Standards for providing educational and clinical training for students and has serious, pervasive problems that interfere with adequate student training.

D5.2 The program must make public its Probationary status (including on their website) and provide the ACGC with a copy of the notice given to current and prospective students regarding their Probationary status.

D5.3 The program must immediately notify their Advisory Board of their Probationary status and convene (either in person or by conference call) its Advisory Board within 2 months of receiving notice of Probationary status. A documented plan must be developed and approved by the Advisory Board to address all unmet Standards and deficiencies noted. This plan must be submitted to the ACGC within one month of the Advisory Board meeting.

D5.4 The program must provide ongoing documentation that the recommended plan to address the unmet Standards and deficiencies is being implemented. These documents must be provided at intervals of every six months or less as determined by the ACGC.

D5.5 The ACGC will review each submission of the required documents and determine whether adequate progress toward remediation is being accomplished.

D5.6 Failure to comply with any of these requirements will result in revocation of accreditation.

D5.7 Programs will be notified of the length of the probation period. At the end of this time, the program must submit all required documentation and host a site visit (at its expense), at which time the ACGC will determine whether to grant accreditation, with or without contingencies, or to revoke the program's accreditation.

D6 Denial of Accreditation

This decision refers to denial of accreditation at the time of application and indicates that the program does not meet one or more of the ACGC Standards for accreditation and has significant or pervasive problems that limit its capacity to offer a quality program that adequately prepares students to enter the genetic counseling profession.

D6.1 Denial of *Full* Accreditation is subject to appeal as delineated in section D8.

D6.2 A program that is denied accreditation status may submit an application for Accredited New Program Accreditation as a new program after a period of one year from the time of the denial notification. Although the program is applying for Accredited New Program Accreditation, the ACGC will take into consideration the previous issues and concerns that led to the original adverse decision. If the program is granted Accredited New Program Accreditation Status, an early, modified site-visit or additional reports may be required.

D7 Revocation of Accreditation

D7.1 The ACGC may revoke accreditation from a program if, in the opinion of the ACGC, the program is out of compliance and has serious challenges such that it is unable to provide a satisfactory educational and/or clinical program for students, *and* the ACGC determines that remediation is unlikely to occur in a timely fashion.

D7.2 A program whose accreditation is revoked may submit an application for Accredited New Program Accreditation as a new program as delineated in D6.2.

D8 Appeals

D8.1 Any established program that receives an adverse decision regarding Accreditation that is subject to appeal may appeal that decision pursuant to the procedures set forth in the ACGC's *Appeals Process for Adverse Accreditation Decisions*.

D8.2 In the event that an appeal of a denial or revocation decision is unsuccessful, the program may submit an application for Accredited New Program Accreditation as a new program as delineated in D6.2.