



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

## **ACCREDITATION MANUAL FOR MASTER'S DEGREE GENETIC COUNSELING PROGRAMS**

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## I. Accreditation Performed by the Accreditation Council for Genetic Counseling

### A. Overview

Accreditation performed by the Accreditation Council for Genetic Counseling (ACGC) is a voluntary peer-review process to assure quality and promote continual improvement in genetic counseling education. ACGC was established as a separate organization from the American Board of Genetic Counseling in 2012 for the purpose of accrediting graduate level degree programs in genetic counseling.

Currently, ACGC accredits master's degree programs in genetic counseling in the United States and Canada. To be accredited, genetic counseling programs are required to be in compliance with [ACGC Standards](#).

ACGC is a member of the Association of Specialized and Professional Accreditors (ASPA) and adheres to ASPA's [Member Code of Good Practice](#) described on ASPA's website: <http://www.aspa-usa.org/>

### B. Benefits of Accreditation

ACGC accreditation assures students, employers, educational institutions, the profession, and the public that a program meets established standards that will enable it to produce graduates prepared to enter the genetic counseling workforce. Interactions between ACGC, program directors, practicing genetic counselors, other genetic counseling professional organizations, and professional accrediting organizations, inform the development of standards for accreditation and contribute to the vitality of the discipline.

*Genetic Counseling Graduate Programs* can critically evaluate their program at regular intervals by engaging faculty, staff, students, alumni, and employers in the Accreditation Self-Study. The interaction between these stakeholders and ACGC provides an opportunity to make changes that will improve the program and can stimulate discussion of how to innovate and benefit from the program's unique strengths and assets. This, in turn, enhances education for the profession.

*Prospective students* can identify accredited programs that meet their chosen profession's standards for academic education and fieldwork training. Graduation from a program that was accredited by ACGC at the time of matriculation is required to establish eligibility for the certification examination in genetic counseling by the American Board of Genetic Counseling (ABGC) and satisfies the educational requirements to be eligible for the Canadian Association of Genetic Counsellors (CAGC) board examination.

*Employers* can expect that new graduates of ACGC accredited programs will have received academic and fieldwork preparation that qualifies them to be well-prepared, entry-level genetic counselors.

*Colleges and universities* can refer to published ACGC Standards for guidance in developing and maintaining graduate programs in genetic counseling. Programs and their institutions both benefit from the self-evaluation and ongoing quality improvement that the accreditation process encourages.

*The public* can be assured that accredited programs in genetic counseling are evaluated extensively and meet high standards established by the profession. They can expect graduates of these programs to have received academic and fieldwork experiences that prepare them to acquire the necessary Practice Based Competencies to practice.

### **C. Mission and Values of the Accreditation Council for Genetic Counseling**

ACGC advances quality in genetic education by developing, maintaining, and applying standards for accreditation that reflect current knowledge and practice and by encouraging innovation and excellence in training, evaluating and accrediting programs.

ACGC is the leading accrediting body for educational programs in genetic counseling. ACGC supports the development of quality educational programs in genetic counseling by:

- Providing visionary leadership and excellent communication
- Working collaboratively
- Engaging stakeholders in a standard-setting process that proactively considers the impact of new standards and policies
- Applying the Standards fairly and consistently
- Collecting and disseminating data that support best practices and quality assessment
- Permitting flexibility and innovation in programs and curricula
- Assessing quality, based on educational outcomes

#### **ACGC's Organizational Core Values:**

- **Integrity:** We value honesty and good character in all aspects of our work
- **Quality:** We incorporate accreditation best practices within a dynamic environment
- **Fairness:** We are committed to consistent, equitable, and objective accreditation decision-making
- **Accountability:** We take responsibility for our actions and the impact of our decisions
- **Collaboration:** We value interacting with others committed to quality in genetic counseling education and accreditation

- **Transparency:** We provide clear, direct, accessible information about our mission, scope, standards, and policies
- **Stewardship:** We are strategic in using our staff, volunteers, and financial resources to assure sustainability and to maximize value to accredited programs

#### **D. Board of Directors**

##### **Authority of the Board of Directors**

ACGC is incorporated as an independent 501(c)(3) organization in the state of Kansas. The Board of Directors ("Board") is the governing body of the organization and is solely responsible for adopting standards and criteria by which genetic counseling graduate programs are evaluated, for establishing accreditation policies and procedures for making accreditation decisions, and for overseeing the affairs of the organization including setting financial policies. ACGC accredits graduate-level degree programs in genetic counseling in the United States and Canada.

##### **Board Composition**

The governing body of ACGC is the Board which includes members who represent academic programs, administrators/educators, professional practitioners, and the public. The Executive Director, who serves as Chief Operating Officer of ACGC, is an ex-officio member of the Board. The responsibilities of the Board are described in the Bylaws of the-ACGC which also describe election to the Board, terms of office, and process for removal from office, and Board responsibilities. View our current Board members [here](#).

The Board consists of the following:

- Academic Members
- Educator Members
- Certified Genetic Counselor Members
- Public Member
- At-large Member

An *Academic Member* is someone currently or recently engaged to a significant degree in teaching, research, or administration at an educational institution not necessarily associated with a genetic counseling program.

An *Educator Member* is someone directly **and** significantly involved with an accredited graduate-program in genetic counseling (e.g., professor, instructor, academic dean, clinical supervisor, or program leader).

A *Certified Genetic Counselor Member* is someone who is certified by the American Board of Genetic Counseling and whose primary job focuses on genetic counseling.

A *Public Member* is not professionally associated with the genetic counseling profession. A representative of the public: is a person who is not (a) an employee, member of the governing board, owner or shareholder of, or consultant to a program that either is accredited or has applied for accreditation by ACGC; (b) a member of any trade association or membership organization related to, affiliated with, or associated with ACGC; or (c) a spouse, parent, child, or sibling of an individual identified in (a) or (b). For a list of current Board members, please see the ACGC website.

An *At-large Member* may be appointed from any of the other member categories.

### **Officers of the Board of Directors**

The officers of the ACGC Board of Directors are the President, President-Elect, Secretary/Treasurer, Program Review Committee Chair, and Immediate Past President.

### **ACGC Committees**

The ACGC Board of Directors and or the President of ACGC create committees to fulfil necessary functions of the Board. There are several committees, including:

*Executive Committee* (Standing Committee as defined by Bylaws), which consists of the President, President-Elect, Secretary/Treasurer, Program Review Committee Chair and Immediate Past President or designee as agreed upon by the Board.

*Finance Committee* (Standing Committee as defined by Bylaws), which develops and monitors fiscal policies for the organization and oversees its financial affairs.

*Nominating Committee* (Standing Committee as defined by Bylaws), responsible for the process of slating Directors to the Board, consists of four appointed Certified Genetic Counselors and at least one Director who serves as the Board liaison.



*Communications Committee*, which is charged with creating an integrated communication strategy for ACGC, for making recommendations on the strategy's implementation, and how resources will be deployed; maintaining branding for the association including the website, social media, and publications; regularly updating and marketing information about the organization's activities; as well as contributing to industry publications on behalf of ACGC.

*Grievance Committee*, which considers complaints about compliance by accredited programs with ACGC's standards, policies, and procedures.

*Program Review Committee (PRC)*, which reviews accreditation applications (Candidacy, New Program Accreditation, Reaccreditation/Self-Study, and Report of Current Status), recruits and trains members, organizes and writes program reports from site visits, evaluates program responses, and makes recommendations to the Board regarding accreditation decisions.

*Standards Committee*, which develops, regularly reviews, and proposes revisions to the Standards.

### **Executive Director and Staff**

The Executive Director is responsible for the management and daily operations of ACGC and serves as a non-voting, *ex-officio* member of the Board of Directors and Grievance Committee. The staff of ACGC report directly to the Executive Director.

## II. Accreditation Standards for Graduate Programs ("The Standards")

### A. Overview

The Standards are used by ACGC to evaluate and accredit master's degree-granting programs that prepare individuals to enter the genetic counseling profession. (The [Standards](#) can be downloaded from the ACGC website.) 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 a program that was accredited by ACGC at the time of matriculation is a requirement for eligibility to sit for the certification examination by the American Board of Genetic Counseling (ABGC) and the Canadian Association of Genetic Counsellors (CAGC) board examination.

In 1996, the American Board of Genetic Counseling (ABGC) established the Standards for accreditation of graduate programs in genetic counseling. In 2012 ACGC separated from ABGC. ACGC led a revision of the Standards which were approved as of February 13, 2013 (revised February 13, 2014). The most recent revision to the Standards, intended to keep pace with changes in the genetic counseling field, was approved by the Board in October 2019.

Compliance with the 2019 Standards for all accredited programs was required as of June 15, 2021 shown in the submitted Report of Current Status (RCS). The Standards are reviewed every four years. Please see the website for a list of all relevant compliance dates for Candidacy applications and New Program accreditation applications.

The Standards are the basis for accreditation decisions (See Section D. Standards; Section V Accreditation Manual). Program leadership must provide persuasive evidence to the Board that the program is fully compliant with the Standards. The Board strives to assure that the Standards are sufficiently detailed to be capable of consistent application but not overly prescriptive. Thus, the Standards are applied within the context of a program's expressed mission, student body, institutional policies and procedures, and other unique characteristics that impact the program's leadership and administration.

### B. Public Participation

ACGC values the input of all stakeholders in the development of Standards. Therefore, the Board provides advance notice of, and an opportunity to comment on all proposed new Standards and Standards revisions to accredited programs, professional genetic counseling organizations, certifying bodies, state licensing and other state regulatory agencies, accrediting organizations, and ACGC's

other communities of interest prior to their adoption. The public announcement provides specific instructions on the process and timeline for submitting comments to the Board. Wherever possible and appropriate, the Standards provide specific guidance regarding items that are deemed essential for a program to be in compliance. Such items are delineated by use of the terms "required" or "must" and when specific documentation is required, this is noted. Where the term "should", "adequate", "sufficient", or "such as" is utilized, this provides allowance for variation among programs. 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, as this information will be considered in evaluating the self-study.

### **C. ACGC Standards and Relevant Documents - ACGC Standards**

#### **Section A: Administration**

This section outlines requirements for the sponsoring institution, the graduate program, financial budget and security, program leadership, other personnel, and facilities that will support program functioning.

#### ***Standard A1 Sponsorship***

Program leadership is required to report substantive changes in the budget that result in a reduction of revenue or resources to the ACGC Executive Office using the Substantive Change Report in the Accreditation Management System (AMS) as soon as the changes are known. (See Section VII)

#### ***A1.1.3 Affiliation agreements and Memorandum of Understanding***

ACGC strongly encourages the use of Affiliation Agreements or Memorandum of Understanding to protect programs and student experiences.

#### ***Standard A2: Program Personnel and Faculty***

If a program leadership change is required, Programs must submit notification of the leadership change (including interim leadership or a leave of absence), to the ACGC Executive Office 30 days in advance using the Program Leadership Change Report via AMS. A blank Program Leadership Change Report is available for review on the ACGC website. Late fees (\$500) will be assessed for all notifications that are received less than 30 days prior to the leadership change. In the case of an emergency leave, programs must contact the ACGC Executive Office as soon as the program becomes aware that a change in leadership is imminent or has occurred unexpectedly.

***Standard A2.2.2 All individuals becoming a program director for the first time must have provided fieldwork supervision for at least five genetic counseling students for a minimum of 500 total contact hours in the last 10 years.***

One contact hour is equivalent to one hour of student fieldwork supervision via video, conference, telephone or in person (e.g., Direct observation, case preparation or discussion, feedback to students, assessment of student-patient standardized encounters, case conference). What does not count: email conversations, reviewing letters, teaching a class, curriculum development, course directorship, research hours, office hours.

As it is possible that program leadership positions (as outlined in Standard A2.3) do not allow for direct fieldwork supervision of students, demonstration of activities related to Standards C3.2.5; C3.2.6; and C3.2.7 will be considered in review of this Standard.

***Standard A2.2.2 Documentation of training, workshops, or other experiences***

ACGC will accept multiple forms of documentation, such as course name and transcript, or other proof of attendance.

***Standard A2.3 Additional Leadership***

Additional leadership positions may include Medical Director, Associate or Assistant Program Director, Director of Curriculum, Director of Fieldwork Training or Director of Research. This provides examples of potential leadership options. Few programs will require someone in each of these positions.

***Standard A2.5: Faculty and Instructional Staff***

Programs are responsible to submit ACGC bio sketch forms for primary instructional faculty/course directors at the time when all accreditation applications are submitted and to report new instructors at the time of the annual Report of Current Status (Section VI). The bio sketch form templates are available on the [ACGC website](#).

In addition, programs are responsible for reporting significant changes in faculty as explained in the Substantive Changes found in Section VII. Notification of substantive changes must be communicated to the ACGC Executive Office via the Substantive Change Report in the AMS.

### ***Standard A3: Operational Policies and Procedures***

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

Programs must report any change in the sponsoring institution, including acquisition by another institution or program as soon as the change is finalized to the ACGC Executive Office via the Substantive Change Report the AMS (See Section VII).

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

Programs must report any change that substantively impacts the previously stated mission or goals using via the Substantive Change Report in the AMS. (See Section VII).

### **Section B: Curriculum and Instruction**

Standard B outlines the requirements for comprehensive documentation of all curriculum and instructional requirements including curricular and fieldwork design, content, learning objectives with mapping to relevant PBCs.

#### ***B3: Fieldwork Training***

Programs must regularly train, orient, evaluate, and communicate with its supervisors. ACGC does not outline specific supervisor training or evaluation modalities.

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

The Standards no longer list specific case numbers for the various counseling methodologies. The key is overall diversity in the different types of experiences as students will need to be prepared for a variety of ways in which they might interact with clients in practice. The focus is on ensuring that each student achieves the practice-based competencies through the variety of participatory cases they experience and in different practice areas. Training should prepare students to practice in a wide variety of specialty areas using a variety of service delivery methodologies.

Programs are required to report substantive changes in fieldwork placement sites to the ACGC Executive Office as soon as they become known via the Substantive Change Report in the AMS. (See Section VII).

### **Section C: Evaluation**

Section C involves the Standards that pertain to all aspects of evaluation and assessment of program infrastructure, student outcomes, leadership, faculty, and curriculum.

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

Programs that fall beneath a first-time board pass rate of 80% over a three-year period must submit a Substantive Change Report via AMS to the ACGC Executive Office. (See Section VII)

If the program's first-time board pass rate is consistently below the first-time pass rate national average for more than two consecutive years, the program will be required to submit a remediation plan to the Board. If the remediation plan or implementation does not result in an improved pass rate the program may receive an Accreditation Warning or to have its accreditation status changed to Probationary Accreditation. (See Section V)

### III. ACGC Peer Review Process

#### A. Program Review Committee (PRC)/Site Visitors

The PRC recruits certified genetic counselors, medical geneticists, and PhD geneticists via public call for volunteers to perform program review and site visits (See PRC Committee Charge). Extensive training for PRC members is conducted annually. PRC members work in teams to review accreditation applications (candidacy, new program, reaccreditation), self-study, and the annual Report of Current Status to determine compliance with Standards. This committee creates reports documenting deficiencies and areas needing further clarification which are sent to programs by the Executive Office. Once these program issues are addressed/resolved, the PRC makes an accreditation recommendation to the Board.

Program site visits are required for all programs undergoing reaccreditation. Site visits may also be performed for programs seeking new program accreditation and those with probationary accreditation. Each program's site visit team is typically composed of those PRC members who reviewed the accreditation application.

The site visit provides an opportunity for the PRC and ACGC Board to gain a more comprehensive understanding of the program, to verify that information contained in the accreditation self-study document is accurate, and to gather additional information about compliance concerns. Site visitors will assess physical facilities, meet with students, faculty, alumni, clinical supervisors, institutional and program administrators, and examine internal documents such as student records, clinical case documentation, and faculty or student evaluations.

#### B. Conflict of Interest and Confidentiality

MCI staff, including the Executive Director, the Accreditation Manager and other staff assigned to work with ACGC, and program accreditation documents and procedures must comply with the published [Conflict of Interest Policy](#).

Volunteers completing work for ACGC including members of the Board of Directors, committees and task forces must comply with ACGC Conflict of Interest and Confidentiality policies. Conflict of Interest documentation is maintained by the Executive Office and updated at the outset of each ACGC activity. The following relationships may create a conflict of interest.

- A volunteer is currently an employee or consultant to a sponsoring institution.

- A volunteer has one or more relatives who are appointees or employees of the sponsoring institution; or have served in one of these capacities during the current accreditation cycle.
- A volunteer is a graduate of a sponsoring institution.
- A volunteer is involved with, or has been significantly involved with, supervising clinical rotations or teaching students from the sponsoring institution during the current accreditation cycle.
- A volunteer has a close personal or professional relationship with members of the program leadership or core faculty at the institution.
- A volunteer is a program leader or core faculty member of a program that shares clinical sites, courses, and/or teaching modules with the program under review

ACGC policy regarding confidentiality states that volunteers and representatives of programs under review must hold all program information in strict confidence and may not disclose any program information, either verbally or in writing, which is discovered through their participation in the accreditation application process except during ACGC calls, discussions and/or meetings convened for the purpose of accreditation reviews.

## IV. Applying for Accreditation Status

### A. Overview

ACGC accredits qualified, Masters-level genetic counseling graduate programs located within institutions chartered by and physically located within the United States and Canada. Sponsoring institutions must be accredited by, and in good standing with, a recognized regional accrediting agency in the United States or approved by the provincial or territorial government in Canada and must be authorized by that agency to confer a master's degree upon graduates of the program. (Standards A1).

The accreditation process is entirely dependent on the information submitted by the program leadership as a part of accreditation application and/or self-study documentation. Completion of the application and self-study materials should engage the program's entire community including its current and former students, faculty, administration, clinical supervisors, advisory board, and other stakeholders, such as employers who work with its graduates. The Accreditation Self-Study provides an opportunity to critically review the program's mission, goals, and educational components, to examine its strengths and weaknesses, to consider the impact of changes affecting the profession and the institution, and to give the ACGC Board and the Program Review Committee (PRC) a detailed description of the program and its compliance with the Standards. For new programs, the application materials enable peer review by ACGC to conduct a comprehensive assessment of the developing program's proposed structure and educational plan for evidence of adequacy in compliance with the Standards.

### B. The Candidacy Application Process

Candidacy applications are submitted by the sponsoring institution of a proposed genetic counseling graduate program. The application process for Candidacy status is outlined on the [ACGC website](#) and is completed within the AMS program portal. Sponsoring institutions and the proposed Program Director must request permission from the ACGC Executive Office for their program to access the Accreditation Management System (AMS). Program candidates must submit a New Program Application within two (2) years of receiving Candidacy status.

**Fees:** A non-refundable fee must be paid upon submission of the Application for Candidacy. (See Appendix B for current fee schedule)

A Candidacy Maintenance fee is assessed every 12 months following achievement of Candidacy Status until a final determination is rendered about the New Program Application. This fee is due on or before June 15<sup>th</sup> of the current year.

Programs with Candidacy Status are required to submit the Report of Current Status to maintain Candidacy Status.

**Action Timeline:**

ACGC will respond to the submitted Application for Candidacy within 6 weeks from the date of receipt. The two ACGC response options are: 1) the program receives Candidacy status or 2) the program is asked to submit additional information because the application has missing information or lacks clarity. ACGC will notify the proposed program leadership and the sponsoring institution of the issues that need to be addressed. The institution has 60 days to respond. If the institution does not satisfactorily respond to the information request within the 60-day timeframe, the Application for Candidacy will be abandoned, and the program will be required to submit a new Application for Candidacy to reinitiate the process.

**C. Application for Accredited, New Program Status**

Program candidates must submit a New Program Application within two (2) years of receiving Candidacy status via the AMS. Applications are accepted twice per year (January 15 and May 15). A maximum of three applications will be reviewed in each cycle for a total of six (6) new program application reviews per year.

**Fees:** A New Program application fee is due at the time of submission. (See Appendix B for current fee schedule)

A Candidacy Maintenance fee is assessed every 12-months following achievement of Candidacy Status until a final determination is rendered about the New Program Application.

**Action Timeline:**

Program leadership will be notified by the ACGC Executive Office of available openings in January and May dates for the next three review cycles. The program must select one of the three review cycle dates provided. Space in the cycle will not be considered reserved until the application fee is received by ACGC.

A maximum of three applications will be reviewed in each cycle for a total of six (6) new program application reviews per year. If a particular cycle is full, it is possible that a developing program may not receive the review cycle that is their first choice. Programs must then select one of the next three upcoming review cycle dates. In the unlikely event that all slots over the three cycles have

already been assigned, the Executive Office will contact the program leadership to discuss additional options.

Applications reviewed in the January 15 cycle will receive the first response from ACGC by April 1. Applications reviewed in the May 15 cycle will receive the first response from ACGC by August 1.

It is important to note that the first ACGC response is not equivalent to approval. Most developing programs go through more than one round of peer review by the ACGC Program Review Committee (PRC) and/or the ACGC Board prior to receiving a final accreditation decision. In addition, the Board may require the developing program to host a site visit prior to rendering a decision on the application.

The overall review timeline is dependent on the completeness and quality of the application, the time taken by developing programs to respond to requests for additional information, the number of communications required between ACGC and the proposed program, and whether a site visit is required as part of the review process. The average time for a final accreditation decision for a New Program Application is 8-12 months, however, ACGC does not guarantee an accreditation decision by any specific date.

#### **Request for Change in Review Cycle:**

Once a New Program application review cycle date has been selected and reserved, Candidate programs may file a written request to change the review cycle. The newly selected review cycle cannot exceed 2 years from the time Candidacy status was granted. Requests must be accompanied by a fee (See Appendix B for current fee schedule) and are granted subject to availability.

Any program that fails to submit a completed New Program Application for Accreditation by its review cycle date, or a written request to change review cycles, will forfeit any and all fees paid and will have its Candidacy status removed. A new Application for Candidacy and fee would then be required if the program wishes to continue working towards accreditation.

A program achieving Accredited, New Program status may admit students, who, upon success fully completing their degrees, will be deemed to have graduated from an ACGC accredited program.

#### **Maintaining Accreditation as a New Program:**

An Accredited, New Program is expected to maintain compliance with Accreditation Standards and reporting requirements such as annual submission of the Report of Current Status and the corresponding annual maintenance fee. Programs that hold Accredited, New Program statuses are subject to accreditation decisions described in Section D of the Accreditation Standards.

## **D. Application for Full Accreditation and Reaccreditation**

The Application for Full Accreditation and Reaccreditation has two components: 1) A self-study submission and 2) A site visit.

### **Self-Study Submission**

Programs applying for Full Accreditation or Reaccreditation will be notified by the ACGC Executive Office 18 months prior to the due date for submission of their self-study via AMS. A second notice from ACGC will be sent to program leadership six to nine months before the self-study is due. The self-study should be submitted on August 1st of the year prior to the accreditation review year (e.g., due August 1, 2022 for a 2023 review year cycle).

Program leadership is responsible for submitting fully completed self-study materials via AMS prior to the August 1st date. The Executive Office will confirm receipt of the application within 48 hours of submission, excluding non-business days.

### **The Site Visit**

The program director will be notified by the PRC Program Reviewer or the Executive Office with names of the proposed site visit team. A team leader will be identified. Programs will be given the opportunity to reject any member of the site visit team for reasons of conflict.

Depending on the size of the program, the visit usually spans 1.5-2 days and involves 2-4 site visitors. As part of a typical visit, the team will expect to tour the facilities (classrooms, laboratories, library, computer resources, and students' workspace) and to conduct interviews with the program director, administrative officers, the medical director, faculty, students, and program graduates.

Prior to the site visit, the team leader or the Executive Office will contact the program director to:

- a. Describe what the team will need during the visit, including but not limited to:
  - i. Private room(s) for interviews,
  - ii. List of individuals (students, faculty, program leadership, administrators) that the team wishes to interview
  - iii. Documents
- b. Develop an agenda for the visit

- c. Confirm operational or logistical details (e.g., ground transportation, access to building, etc.)

During the site visit, program leadership will be asked to have documents, and or access to electronic documents ready for review by the team. These may include:

- Students' records (to determine if student progress is being appropriately monitored, and to confirm that they can complete degree requirements in the expected time)
- Progress sheets, or evaluations from students' clinical experiences
- Internal documentation of the numbers and types of clinical cases seen by students, and their roles in the patients' evaluation and counseling
- Documentation of academic achievements, such as exams, presentations, thesis or capstone project, and papers
- Affiliation agreements or memos of understanding with clinical sites involved in training

If necessary, team members may request to travel to visit clinic sites to tour the facilities and interview clinical supervisors. They may request additional interviews or documents based on the findings during the first day's site visit.

The team leader will schedule an exit briefing with the program director which usually occurs by early afternoon of the second day. During this discussion, the team leader may share an initial summary of observations. The team leader will outline the next steps and timeline for the PRC and Board review of the team's findings. Site visitors are not involved in, and do not make, the accreditation decision which is solely the responsibility of ACGC Board.

In certain situations, site visits may need to be conducted virtually. Documents that are needed for review by the site visitors will be requested prior to the virtual site visit. The documents must be provided at least X weeks (determined by the site visitors) prior to the site visit to allow for adequate review by the site visitors. The program will provide access to the site visitors, program staff, and others that will participate in the site visit via a stable videoconferencing platform. Arrangements may be made for a virtual tour of the facilities. If additional documentation is needed during the site visit, arrangements to scan and email the information or the ability to share it on the videoconferencing platform should be available.

**Action Timeline:**

Within two (2) weeks of the visit, the site visit team leader will forward the completed final Site Visit Report to the ACGC Executive Director. The Executive Director then sends the report to the program director and the PRC chair. The program director has two weeks to respond with any clarifications to the report. After this response period, members of the PRC and the site visit team leader meet by

conference call to discuss their findings and formulate a recommendation to the Board regarding accreditation. If areas of non-compliance are revealed in the peer review process, the Program Director will be notified by the Executive Office of the specific areas of concern. The notification will include a formal request for program response and or a plan for remediation of the potential area(s) of non-compliance with Standards. The Accreditation decision may be deferred until the program response is received and any remediation has been successfully accomplished.

*For a list of possible accreditation decisions see the Accreditation Standards Section D.*

## V. Accreditation Status and Decisions (Revised Standards, Section D)

### A. Overview

The following sections describe accreditation statuses and decisions that may be made by ACGC. All decisions regarding accreditation are at the sole discretion of ACGC, which reserves the right to interpret the Standards and to modify conditions and terms of a program's accreditation when warranted.

#### **Standard D1 Accreditation Status**

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

Candidacy applies to a developing program that has submitted an Application for Candidacy which has been approved by the Board. ACGC Candidates are eligible to submit a New Program Application for Accreditation.

Candidacy is a public status.

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

Accredited, New Program status applies to a Candidate program that has submitted a New Program Application for Accreditation which has been approved by the Board.

Accredited, New Program is a public status.

##### **Standard D1.3 Accredited with Contingencies**

Accredited with Contingencies status applies to a program that the ACGC Board has determined does not fully comply with one or more Standards or has deficiencies that have the potential to negatively affect student progress or success.

These contingencies may include, but are not limited to:

- shortened accreditation periods
- a requirement to adjust class size and/or numbers of faculty, staff, or supervisors
- denial of new class matriculation
- requirements for additional reporting to document progress in achieving compliance

Accredited with Contingencies is not a public status.

*Failure to comply with contingency requirements may result in an Accreditation Warning, Probationary Accreditation, or Revocation of Accreditation*

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

Full Accreditation status applies to a program that has submitted an Accreditation Self-study, undergone a site visit, and demonstrated that it meets or exceeds all ACGC Standards.

Full Accreditation is a public status.

#### **Standard D1.5 Probationary Accreditation**

Probationary Accreditation status applies to a program that the ACGC Board has determined is out of compliance with one or more Standards, causing serious, pervasive issues that interfere with the educational effectiveness of the program. Probationary Accreditation may be held for no longer than 12 months.

Probationary Accreditation is a public status.

*Any contingency described in Standard D1 .3. Accredited with Contingencies may be imposed during the period of probationary accreditation. Failure to comply with probation requirements may result in Revocation of Accreditation.*

#### **Standard D2 Accreditation Decisions**

##### *1. Grant of Candidacy or Accreditation Status*

- Program review demonstrates that all applicable Standards have been met
- Candidacy status can be held for two (2) years
- Accredited, New Program status is held for four (4) years at which time the program is reviewed for Accredited program status
- Accredited program status is granted for up to eight (8) years

##### *2. Deferral*

At times, ACGC may defer an accreditation decision and request additional information from the program. During this period, the program maintains its existing status (e.g., "Accredited,"

"Accredited with Contingencies," or "Probationary Accreditation") until a decision on the accreditation status is made.

### *3. Change of Accreditation Status*

The Board may change the accreditation status of a program if the Board determines that the program does not fully comply with one or more Standards or has deficiencies that have the potential to negatively affect student progress or success.

### *4. Accreditation Warning*

If during a program's period of accreditation, the Board determines that the program is out of compliance with one or more of the Standards, but with proper attention by the program, areas of non-compliance can be remedied within a short period of time, the Board may issue a warning to the program.

- ACGC Executive Director will provide a written warning to the program describing the specific areas of non-compliance and specifying the length of time the program has to provide a response.
- By the end of the allotted time, the program must provide written evidence of satisfactory resolution of the area(s) of non-compliance.
- If the program does not respond to the warning satisfactorily by the deadline, ACGC can decide (based on the number and type of non-compliance) to assign Accreditation with Contingencies, Probationary Accreditation or to revoke accreditation. ACGC does not consider a warning to be public information and the program is not required to make it public.
- Any contingency described in *Standard D1.3* may be imposed together with an Accreditation Warning.

### *5. Denial of Accreditation*

ACGC will deny an application where a program seeking Accredited New Program status, accreditation, or reaccreditation does not demonstrate compliance with the Standards.

### *6. Denial of Candidacy*

ACGC will deny an application for Candidacy Status if the institution does not demonstrate compliance with the Standards required within the Candidacy Application.

### *7. Revocation of Accreditation*

ACGC may revoke accreditation if, in its judgment, an accredited program is so seriously out of compliance with Standards that it cannot provide satisfactory educational and/or clinical training and is unlikely to be able to achieve compliance within a reasonable timeframe. Revocation of accreditation is subject to reconsideration and appeal (Section VIII).

### *8. New Application After Denial or Revocation of Accreditation.*

As Programs whose applications have been denied or whose accreditation has been revoked may submit an application for candidacy after at least one year has elapsed.

### *9. Voluntary Withdrawal of Accreditation*

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

### *10. 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 reaccreditation, its accreditation will be deemed to have lapsed. A lapse in accreditation is not subject to reconsideration or appeal.

Programs holding candidacy status must submit the application for New Program Accreditation within two (2) years of receiving Candidacy status. If an application is not received within two (2) years, candidacy status will lapse.

## VI. Maintaining Accreditation

### A. Overview

Annually, during its period of accreditation, a program must complete a Report of Current Status (RCS) and pay all required fees by the date specified by the Executive Office. Specific requirements for annual reporting can be found on the ACGC website. RCS forms are completed and submitted via ACGC's web-based Accreditation Management System (AMS).

The purpose of the RCS is to provide ACGC with information about the program's compliance with the Standards throughout the period of accreditation. Programs must also report specific information about student fieldwork experiences. This is a templated report administered annually through AMS that documents ongoing data relative to student performance and success. It provides a onetime snapshot of program function, student access to program fundamentals, and non-substantive changes in finances and budget, curriculum, and faculty.

### B. Report of Current Status

The Report of Current (RCS) announcement is sent to program leadership early in each new year with a program-specific link to the AMS system. The report is completed online using the AMS link. Completed reports are due June 15. Data from previous years is saved and available for review when completing the current RCS information. Program directors should contact the Executive Office for appropriate access for additional leadership who may assist in completing the RCS information form.

In the year that programs undergo reaccreditation review, they are not required to submit an RCS in June as they will submit an Accreditation Self-Study on August 1.

### C. Report of Program Leadership Change (See Standards A)

### D. Substantive Change Notification (See Section VII)

## VII. Substantive Change Policy

### A. Overview

It is the responsibility of each accredited program to notify the Executive Office of substantive changes in a program to ensure maintenance of accreditation status and protection of students. Failure to report a substantive change might place the accreditation of a program in jeopardy. Program directors are encouraged to contact the Executive Office with any questions about whether a contemplated change would be considered substantive under ACGC policies and seek approval before implementing the change.

### B. Substantive Changes

Notification of substantive change is submitted by letter from the program director to the Executive office and must document the nature and scope of the substantive change, as well as the rationale for the change. The letter must outline how, if at all, the change affects the program's compliance with the accreditation standards. The program is responsible for documenting that it has the necessary resources in place to implement the proposed change.

A substantive change is a significant modification or expansion of the nature and scope of a program. A substantive change includes, but is not limited to:

1. Change in Established Sponsoring Institution (Standard A1)

This includes acquisition by another institution or program.

2. Change in Delivery Method of Didactic Coursework (Standards B1; B2; C2.4; C3)

Any change in the delivery method of didactic coursework in which more than 10% of the curriculum will be offered through a different modality than previously reported (i.e., a program currently offers 13 courses in person and would like to transition three (3) of these courses to an online/distance learning format).

Please provide the following information:

- Rationale for the change to instructional delivery mode
- Description of how outcomes for a new delivery mode will be assessed and evaluated on an ongoing basis
- Description of how faculty will be trained for this new delivery mode

- Description of how effectiveness of the new delivery mode will be evaluated, including documentation of student learning outcomes (SLOs)
  - Documentation of information to be provided to students regarding the new delivery mode (e.g., equipment requirements; access to help desk, etc.)
3. Establishing A New Off-Campus Instructional (Not Including Fieldwork) Site or Closing an Approved Off-Campus Instructional Site or Branch Campus. (Standards A1.2; A1.3; C3)

Please provide the following information:

- Projected date of the change of operations at the additional location
  - Address and distance from main campus, transportation, and housing available for students
  - Rationale for change; description of how outcomes of the new location will be assessed
  - Description of current and prospective student communication regarding program instructional site change
  - Description of support services and learning resources available at the location
  - Evidence of sufficient fiscal, physical, and technology resources to support and sustain the additional location and an analysis of fiscal impact on the institution's budget
4. Increase in Program Enrollment (Standards all of A; all of B)

Any change in student enrollment not previously approved by ACGC that increases the total number of students enrolled in the program by more than 10% or four (4) total students (whichever is smaller). Student enrollment is defined as the class size at the time of the most recent accreditation decision.

Please provide the following information:

- Describe proposed expansion change in student enrollment over the accreditation period
- Provide updated budget
- Provide proposed rotation schedule map with list of clinical sites/supervisors/affiliation agreements
- Describe the impact on program capacity to accommodate the increase

The Board of Directors review the substantive change notification. Upon review of the notification, the Board of Directors may act to approve the change or may request additional information. The Board's review of a substantive change application may result in additional reporting requirements, or a focused or comprehensive on-site evaluation. In the event the program undertakes a substantive change without prior notification to ACGC or otherwise does not follow the Substantive Change Policy, the program's accreditation could be negatively impacted. Late notification may be subject to additional fees and jeopardizes a program's compliance with the Standards.

A denial of a substantive change is subject to reconsideration and appeal in accordance with *Section VIII* of ACGC Policies and Procedures.

## VIII. Complaints, Requests for Reconsideration and Appeals

### A. Overview

Any person (including student, member of the general public, faculty, government agency, and any other organization) concerned about the quality of a Genetic Counseling Program accredited by the Accreditation Council for Genetic Counseling (ACGC) may contact the ACGC Executive Office.

### B. Complaint Jurisdiction

ACGC will consider and investigate only those complaints containing allegations which, if substantiated, may indicate noncompliance with the ACGC Standards of Accreditation.

ACGC is not a mediator of disputes and will not interpose itself in a manner that limits the discretion of a program in the normal management and supervision of its academic policies and procedures or personnel unless a violation of the ACGC Standards is specifically alleged. Such matters include admission, appointment, promotion, or dismissal of faculty or students.

ACGC expects that a complainant shall attempt to resolve an issue through a program's published grievance policy/procedures (as applicable) before submitting a complaint to ACGC.

ACGC will not seek any type of compensation, re-admission, or other redress on behalf of an individual.

ACGC will not respond to or take action upon any complaint that is defamatory, hostile, or profane. In addition, ACGC will not involve itself in collective bargaining disputes.

ACGC will not intervene on behalf of individuals in cases where the situation giving rise to the complaint occurred so far in the past that ascertaining the facts might prove to be difficult or impossible.

ACGC typically will not take any action based on an anonymous complaint.

### C. Filing a Complaint

The steps to follow in filing a complaint with ACGC are as follows:

ACGC complaint must be made using the [ACGC Complaint Form](#). The form must either be emailed or mailed to the ACGC Executive Office. A complaint must set forth specific facts and circumstances

that, if found to be true, would show that the program is not meeting one or more of ACGC's Standards of Accreditation or other requirements. It is expected that the complaint will include the specific Standards enumerated in the complaint documentation.

#### **D. Processing a Complaint**

Within 10 days after receipt of the complaint, the ACGC Executive Director will send a letter or email to the complainant acknowledging receipt of the complaint and explaining the process ACGC will follow in investigating the complaint.

ACGC staff may request that written corroboration be provided within 30 days of the date of the complaint. Such corroboration might include letters or other documentation not previously provided to ACGC by the complainant.

Although the complaint will be treated with discretion, ACGC does not guarantee the confidentiality of the complainant. Specifically:

Any information about a program or school may be released to the Program Official, Dean, Department Head, or Administrative Supervisor (hereinafter, each is referred to as a "Program-Official"), members and staff of ACGC, their respective attorneys, and other persons authorized by the Program Official, required by law, or necessary, in the discretion of ACGC, to fully investigate the complaint.

The complainant and any corroborators will be required to sign an authorization to release the written complaint and corroborating materials to the Program Official, members, and staff of ACGC, their respective attorneys, and appropriate outside parties.

The ACGC Executive Committee will determine whether a complaint raises issues relating to compliance with accreditation Standards. If the ACGC Executive Committee determines that the complaint does not raise such issues, the ACGC Executive Director will notify the complainant in a timely manner that the complaint is outside the jurisdiction of ACGC and will close the matter. Otherwise, the Executive Director will notify the complainant that ACGC has initiated an investigation.

If the ACGC Executive Committee determines that the complaint raises issues relating to compliance with accreditation Standards, the ACGC Executive Director will investigate the complaint in accordance with the procedure set forth in the following section.

### **E. Investigating a Complaint**

The Executive Director will notify the Program Official of the complaint in writing within 30 days and require a response to allegations which may include answers to specific questions or the submission of documentation or materials. The Executive Director will set a deadline for response not to exceed 60 days.

If after receiving the program's response, the Executive Committee determines that there is evidence that the program is not in compliance with accreditation Standards, the complaint will be referred to the ACGC Grievance Committee. Otherwise, the Executive Director will close the complaint. In all instances, the complainant will receive notice of the status of the complaint.

### **F. Grievance Committee Review**

The Grievance Committee is appointed by the President of the Board and must include at least one public member, one practicing genetic counselor, and one academic representative. No more than one member of the Grievance Committee shall be a current program director. All members of the Grievance Committee are subject to the ACGC Conflict of Interest and Confidentiality Policies.

After reviewing the complaint and the program's response, the Grievance Committee may request additional information or a progress report, schedule a limited survey or site visit, or take any other appropriate action to further investigate the matter. The Grievance Committee will review and report their findings to the Executive Committee.

In the event the Grievance Committee determines that sufficient evidence exists that the program may not be in compliance with accreditation Standards, the Grievance Committee shall recommend to the Board that a program's status be changed to Accreditation Warning, Accreditation with Contingencies, Probationary Accreditation, or that Revocation of Accreditation.

### **G. Board of Directors Hearing and Review**

#### **Action**

Based upon the Board's review of the Grievance Committee Record and its recommendation, the Board shall determine the appropriate action relative to accreditation status of the program named in the complaint whether to ratify, reverse, or modify the Grievance Committee's recommendation.

The Executive Director shall notify the primary program contact on file in writing of the Board's decision, including the reasons for this decision, within 30 days. This decision shall be sent to the

Program Official by overnight/traceable carrier or electronically. This decision by the Board shall constitute the final decision of ACGC on the matter. Any decision to revoke accreditation will be subject to reconsideration and appeal pursuant to Section VIII of the ACGC Rules.

### **Expenses**

If the complaint is found to have merit, all expenses (i.e., site visit, interviews, etc.) incurred by ACGC in investigating and resolving the complaint will be reimbursed by the program.

### **H. Decisions Subject to Reconsideration and Appeals**

Denial of Accreditation and Revocation of Accreditation are *adverse* actions. Adverse actions are *subject to reconsideration* and are *appealable*. In the case of an appealable action, ACGC notifies the program and its Dean or Program Director and Chief Executive Officer, stating specific reasons for the denial or revocation.

Such actions are not made public for 30 days following notification to the program to allow for appeal or request for reconsideration. The decisions are not made public until appeal or reconsideration are completed and final.

Decisions to assign Accreditation Warning, Accreditation with Contingencies, Probationary Accreditation, or to defer an accreditation decision are not deemed adverse actions and accordingly, are not subject to reconsideration or appeal.

### **I. Request for Reconsideration**

A program that has received notice of denial or revocation of accreditation will be promptly notified of the decision by written notice delivered by overnight/traceable carrier by the deadline for notification stated by the Board. The notice shall state the reason(s) for the decision and inform the program director that he or she has the right to seek review of the decision by filing a written "Request for Reconsideration" with the Executive Office. At the time of notification, the Executive Office shall furnish the program director with a copy of the ACGC Process for Reconsideration and Appeal. To be valid, the Executive Office must receive a Request for Reconsideration no more than thirty (30) calendar days after the program director receives notice of the adverse decision.

A Request for Reconsideration must contain a statement of why the program director believes that ACGC's decision was improper and include any supporting documentation that the program wishes to have considered during the review. Information contained in the Request for Reconsideration

may include evidence that the program has remedied the deficiencies that were the subject of the adverse accreditation decision.

#### **J. Reconsideration Process**

A Request for Reconsideration must be accompanied by a check, money order or credit card payment in the amount of \$500, made payable to the Accreditation Council for Genetic Counseling. This fee will not be refunded regardless of the outcome of the review.

The Executive Office forwards to each member of the Board the program's Request for Reconsideration and the complete file of all documents available to the Program Review Committee and the Board.

If, after reviewing the Request for Reconsideration and the Review Record, the Board determines that there is no reason to alter the decision, it shall affirm its decision. If, on the other hand, the Board determines that the program submitted adequate evidence of remediation, that the original decision was not supported by the evidence, or that ACGC's policies and procedures were not followed, it shall modify or reverse its original decision.

The Executive Director is responsible for providing a written summary of the Board's findings and a justification for its decision to the program director within 60 calendar days of receipt of request.

Decisions on reconsideration are appealable in accordance with *Section VIII K* below.

#### **K. Appeals**

- *Notice of Appeal:* A program that intends to appeal a Board decision after reconsideration must file a written Notice of Appeal addressed to the Executive Director within 10 days of receipt of the notice of decision. In the event a Notice of Appeal is not timely filed, the adverse decision will become final.
- *Appeal Brief:* Within 30 days of filing the Notice of Appeal, the program must submit an appeal brief setting forth the reasons why the Board's decision should be changed.
- *Standard of Review:* The Appeal Panel (see below) will consider whether the decision of the Board was erroneous as a matter of fact, was arbitrary and capricious, or not based on substantial evidence on the record at the time the Board made its decision.
- *Burden of Proof:* The program has the burden of proof.

### **Appeal Panel Composition**

The Appeal Panel is appointed by the Board of Directors and is composed of individuals who were not involved in the original decision. The Appeal Panel should include:

- Public Member
- Academic member/educator
- Current Genetic Counseling Practitioner
- Current or recent Site Visitor who was not involved in the appellant program's review

### **Protections Against Conflict of Interest in Appeals**

A member of the Appeal Panel shall not have participated in the most recent site visit or any review of the program that led to the Board's adverse accreditation decision and:

- shall not have or have had any close personal relationship or professional association with the program or the program's director.
- shall declare any potential conflict of interest and sign a confidentiality statement.

The ACGC Executive Committee shall resolve any question regarding a potential conflict.

### **The Record on Appeal**

The Appeal Panel will consider the entire record in the matter, including the program's appeal brief. No new evidence will be considered by the Appeal Panel. New evidence is information that was not formally before the Board on the record at the time the Board made its decision to deny or revoke accreditation.

### **Decision on Appeal**

The Appeal Panel will determine by majority vote whether to affirm, reverse, remand, or modify the appealed decision and report the decision and rationale to the Board within 15 days of the date of the decision.

### **Notification of Decision**

The Executive Office shall notify the program director of the Appeal Panel's decision and the reasons for the decision in writing, either electronically or via overnight/traceable carrier, within 30 days after receipt of the Appeal Panel's Report.

### **L. Appeal Hearing**

The program may request a hearing before the Appeal Panel. The request must be made at the time the program files the Notice of Intent to Appeal and must include the names and affiliations of the representatives of the program and state whether the program will be represented by legal counsel.

All expenses incurred by the program director and his/her representatives in connection with the hearing shall be borne by the program and/or its sponsoring institution.

### **Hearing Procedure**

The Appeal Panel will set aside two hours for the appeal hearing. The hearing will include an opening statement by the Chair of the Appeal Panel which will describe the proceedings and the process of review. Representatives of the program and ACGC will have an opportunity to offer opening and closing statements addressing the grounds for appeal which will be limited to twenty ~~20~~ minutes, the Appeal Panel will pose questions to the program representative's closing statement.

The appeal hearing is not considered to be adversarial in nature. Accordingly, there will not be witnesses or cross examination by the parties.



A record of the hearing will be maintained by ACGC as a permanent part of the archives of the Board. A copy of the hearing record shall be made available to the program director upon payment of the cost of preparing the transcript.

## IX. Choice of Forum

Accredited members, former members, and applicants for accreditation agree that they must exhaust all administrative remedies provided for in the ACGC Bylaws and Accreditation Manual before initiating any suit, claim, or proceeding in a court of law; that any suit, claim, or proceeding relating to accreditation status (whether a claim for damages or for injunctive or declaratory relief), that is brought against ACGC, a Board member, a volunteer, or a staff member acting in his or her official capacity by an accredited member, a former member, or an applicant for accreditation be adjudicated exclusively in the U.S. District Court for the Eastern District of Virginia. The laws of the State of Virginia shall govern the interpretation and performance of the terms of the ACGC Bylaws and Accreditation Manual, as well as any dispute between an accredited member, former member, or applicant for accreditation and ACGC, regardless of the law that might otherwise be applied under any principles of conflicts of laws.

## X. Public Notifications

The Board publishes the following final accreditation decisions after notification to the program on the [ACGC Website](#):

- The award of Candidacy status, Accredited, New Program status, Accreditation, and Reaccreditation
- The denial of Candidate status, Accredited New Program status, Accreditation and Reaccreditation; Probationary Accreditation; and Revocation of Accreditation

## XI. Relevant Information Available on the ACGC Website

On its website, [www.gceducation.org](http://www.gceducation.org), ACGC publishes:

- A list of the programs currently accredited, with the state or province of their sponsoring institution and their accreditation status;
- ACGC's Bylaws and Policies;
- The Accreditation Manual for Master's Degree Genetic Counseling Programs;
- The Standards of Accreditation for Graduate Programs in Genetic Counseling;
- Practice-Based Competencies;
- Schedule of fees for Accreditation;
- Information on establishing a new program;
- A list of resources, including other genetics professional organizations;
- The names of the ACGC's Board of Directors and staff;
- Procedures for handling complaints about program compliance;
- Adverse decision appeals policy;
- Information and news about ACGC; and
- How to contact ACGC email [info@gceducation.org](mailto:info@gceducation.org) or call (703) 506-7667

## Appendix A

### ACGC 2021 - 2024 Strategic Plan

#### **Goal 1: Communicate the value and role of accreditation in ensuring quality in genetic counselor graduate education.**

OBJ 1a: Create a communications strategy

OBJ 1b: Elevate DEIJ issues related to accreditation in Genetic Counseling

#### **Goal 2: Explore areas of challenge and opportunity for genetic counselor graduate education, as identified by training programs and other key stakeholders, to inform standards, policies, and procedures.**

OBJ 2a: Determine opportunities for growth in Genetic Counseling education

OBJ 2b: Identify Standards of Accreditation that could be revised to ensure greater diversity, equity, and inclusion

#### **Goal 3: Ensure long-term stability of ACGC.**

OBJ 3a: Enhance recruitment and training efforts for ACGC volunteers

OBJ 3b: Transition Board to more strategic leadership role

OBJ 3c: Conduct continuous process improvement of accreditation review procedures

#### **Goal 4: Establish a diverse, equitable, inclusive, and just organizational culture.**

OBJ 4a: Embed a DEIJ focus across ACGC activities and initiatives

OBJ 4b: Provide resources for DEIJ activities

OBJ 4c: Address systemic inequities in accreditation of genetic counseling programs

## Appendix B

### ACGC 2023 Fee Updates

As part of the ongoing effort to facilitate genetic counseling graduate program growth, ACGC has not increased fees for the past 4 years despite rising costs for services required to support the process of accreditation. During this time, there has been a rapid expansion in the number and size of programs, necessitating increased investment in support services, volunteer coordination, and Board time dedicated to maintaining program compliance with the Standards. To continue to meet our mission of fostering excellence in education for the future of genetic counseling, ACGC is announcing an updated fee structure effective January 1, 2023.

Aligned with ACGC's continuing commitment to keep accreditation fees at manageable levels for programs, annual fees for accredited programs in good standing and site visit fees will remain the same. Rather than raising all fees, ACGC has approved new fees that reflect accreditation requests/requirements beyond the scope of those services provided as part of annual fees. The ACGC Board of Directors and Finance Committee reviewed accreditation best practices and the fees charged by accrediting agencies for comparable healthcare professions to guide the creation of this fee structure. The updated fee structure is outlined below.

## Accredited Program Fees

Type of Fee	Amount	Description
<b>Annual Maintenance of Accreditation</b>	\$5500 Accredited	Fee to maintain accreditation, includes: <ul style="list-style-type: none"> <li>• Review of annual Report of Current Status, including determination.</li> <li>• Review of Reaccreditation Application/Self Study and Site Visit Report at the time of reaccreditation, including determination.</li> <li>• User account on Accreditation Management Software platform for online submission and tracking of all accreditation related documents and deadlines.</li> <li>• Routine communication/requests to ACGC throughout the year, excluding requests for: <b>substantive change, interpretive guidance, and petition for variance</b>. Fees associated with these requests are outlined below.</li> </ul> <p><b>*Assessed annually, due on or before June 15th</b></p>
	\$6000 Accredited New Program	
	\$6000 Probationary Accreditation	
<b>Site Visit</b>	\$5000 < 30 students	Fee for any site visit to the program (routine or additional/special): includes costs associated with preparation for site visit, travel to/from program, preparation of documents following the visit. <p><b>*Due on or before June 15th for routine and at time of invoice for additional/special</b></p>
	\$7000 ≥ 30 students	

<b>Substantive Change</b>	\$2000	Fee for review of Substantive Change Application: includes review of application and submitted documentation, and determination <b>*Due at the time of submission</b>
<b>Interpretive Guidance</b>	\$150	Fee for request for guidance regarding one Standard: includes review of request and documentation <b>*Due at the time of submission</b>
<b>Petition for Variance</b>	\$500	Fee for request of variance for one Standard, policy or rule: includes review of request and documentation, and determination <b>*Due at the time of submission</b>
<b>Late</b>	\$500	Penalty fee for late submission includes review of any required/requested documentation that is submitted more than 7 calendar days beyond due date <b>*Due at the time of submission</b>
<b>Documentation Review</b>	\$150	Fee for review of additional documentation that must be submitted by the program to meet special requirements set forth by the Board (e.g., non-compliance): includes review and determination.  Does not apply to programs holding Probationary Accreditation. <b>*Due at the time of submission</b>

Developing Program Fees		
Type of Fee	Amount	Description
<b>Application for Candidacy</b>	\$4500	<p>Fee for review of Application for Candidacy includes review of application and submitted documentation, and determination of Candidacy status</p> <p><b>*Due at the time of submission</b></p>
<b>Annual Maintenance of Candidacy Status</b>	\$4000	<p>Fee to maintain active Candidacy status, includes:</p> <ul style="list-style-type: none"> <li>• Review of required/requested documentation during period of Candidacy.</li> <li>• User account on Accreditation Management Software platform for online submission and tracking of all accreditation related documents and deadlines.</li> <li>• Routine communication/requests to ACGC throughout the year, excluding requests for: substantive change, interpretive guidance regarding one or more Standards, and petition for variance for a policy, Standard, or rule. Fees associated with these three requests are outlined below.</li> </ul> <p><b>*Assessed every 12 months following achievement of Candidacy Status until a final determination is rendered about the New Program Application, due on or before June 15<sup>th</sup></b></p>

<b>New Program Application</b>	\$7000	Fee to review New Program Application: includes review of application and submitted documents, and determination <b>*Due at the time of submission</b>
<b>Interpretive Guidance</b>	\$150	Fee for request for guidance regarding one Standard: includes review of request and documentation, and determination <b>*Due at the time of submission</b>
<b>Substantive Change</b>	\$2000	Fee for review of Substantive Change Report: includes review of report and submitted documentation, and determination <b>*Due at the time of submission</b>
<b>Petition for Variance</b>	\$500	Fee for request of variance for one Standard, policy or rule: includes review of request and documentation, and determination <b>*Due at the time of submission</b>
<b>Late</b>	\$500	Penalty fee for late submission includes review of any required/requested documentation that is submitted more than 7 calendar days beyond due date <b>*Due at the time of submission</b>

<b>Request for Change in Review Cycle</b>	\$1,000	<p>Once a review cycle date has been selected and reserved, proposed programs may file a written request to change their review cycles. Requests must be accompanied by a fee as outlined and are subject to availability.</p> <p>Any program that fails to submit a completed New Program Application by its review cycle date, or a written request to change review cycles, will forfeit any and all fees paid and will have its Candidate status removed. A new Application for Candidacy and fee would then be required if the program wishes to continue working towards accreditation.</p> <p><b>*Due at the time of submission</b></p>
	Less than 3 months prior to application deadline	
	\$500	
	3-6 months prior to application deadline	
	\$250	
	More than 7 months prior to application deadline	

***\*The ACGC Board has sole discretion and authority in determining and assessing fees.***

Programs must submit documentation regarding program leadership changes and other substantive changes to ACGC separately from submitting the annual Report of Current Status form and must comply with timelines and documentation as required in the Accreditation Manual and Standards of Accreditation.

The clinical rotation schedule for the current academic year, giving the names of the sites and types of practice settings they represent (e.g., cancer, pediatrics, etc.). whether the program and each clinical training site has a formal, written affiliation agreement that protects the institution, its students, and the site and its patients .the advisory board: its composition, and the date(s), format(s), and de-identified minutes of its meeting(s) within the previous year. any changes in how personnel, courses, and clinical training are evaluated, fiscal considerations, including significant changes in tuition and fees, operating expenses, or budget.

## Appendix C

### Accreditation Standards Definitions

#### Affiliation Agreements:

The written academic agreement that is a legal document between the institution of the genetic counseling program and outside organizations (either domestic or international) accepting graduate program genetic counseling students and for all genetic counseling students who come to the genetic counseling from other educational institutions for clinical experience. This is usually executed at the institutional level.

Standard A1.1.3

#### Memorandum of Understanding (MOU):

A memorandum of understanding (MOU) is a written agreement. MOUs specify mutually- accepted expectations between the genetic counseling program and organizations as they arrange for student experiences.

Standard A1.1.3

#### Fieldwork Experiences: Participatory Cases:

Refers to cases accumulated by students that support development of the Practice Based Competencies. Participatory cases may be obtained through patient/client contact or through supplemental fieldwork experiences. 50 required participatory cases must involve genetic counseling with patients/clients who are at risk for or affected by diverse genetic conditions across the lifespan.

Standards B3.1.1; B3.1.2; B3.1.3; B3.1.4; B3.1.5; B4.1

#### Research Participant:

Individuals are consented into research studies are considered research participants. Research participants may include patients/clients seen in clinic settings for genetic counseling services provided within a research protocol. Such patients, while research participants, are considered eligible to be included as required participatory cases when they meet the definition outlined in Standard B3.1.2: patients/ clients who are being evaluated for risk of or affected by diverse genetic conditions across the lifespan.

Research participants who are consented to participate in research studies in which they are asked to be interviewed, or participate in focus groups for example, but who are not receiving genetic counseling services are not eligible to be included as one of the 50 required participatory cases.

Standard B3.1.2; B3.6.3

**Should:**

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.

Standards A1.1.3c; A2.1; A2.7; B5.2; C1.2; C2.3.2b; C3.2.6

**Standardized or Simulated Patients:**

The Board recognized that the term “standardized” rather than simulated more correctly describes current educational use of individuals in a trained patient role.

Standardized patients are used in the training of many health professionals. It refers to either designated simulation centers or actors who are trained to play the role of a patient and engage with the learner in a controlled patient encounter. GC student role play is not considered to meet the definition of a ‘standardized patient’ encounter. Research participants may be used for participatory cases, if the trainee is providing clinical genetic counseling services although within a research protocol. This does not include, for example, consenting individuals to participate in a research protocol or clinical trial.

Standards B3.1.1; B3.1.2; B3.6.3

**Supervision Contact Hours:**

One (1) contact hour is equivalent to one (1) hour of student fieldwork supervision via video conference, telephone or in person (e.g., either direct observation, case preparation discussion, feedback to students, assessment of student-patient standardized encounters, case conference).

Standard A2.2.i

**Program Leadership Acquisition of Supervision Hours – Contact Hours:**

Some program leadership positions do not allow for direct fieldwork supervision of students. Individuals in program leadership roles may demonstrate the 500 contact hours in activities related to Standard C3.2.5 There must be a formal mechanism by which the program leadership regularly communicates 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 must be placed in the student's record.

Standard 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.

Standard 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.