



# ACGC

Accreditation Council  
for Genetic Counseling

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

## STANDARDS OF ACCREDITATION FOR GRADUATE PROGRAMS IN GENETIC COUNSELING

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## INTRODUCTION

### THE GENETIC COUNSELING 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; and
- Counseling to promote informed choices and adaptation to the risk or condition.”

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

### THE ACCREDITATION COUNCIL FOR GENETIC COUNSELING (ACGC)

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

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

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

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

# STANDARDS OF ACCREDITATION

## SECTION A: ADMINISTRATION

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

### A1 Sponsorship

#### A1.1 Institutional Responsibilities

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

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

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

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

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

- a. For permanent and temporary placements that are not part of the sponsoring institution, the program is responsible for obtaining formal affiliation agreements whenever the sponsoring institution requires them. When formal affiliation agreements are not required, the sponsoring institution should execute a Memorandum of Understanding (MOU) specifying the agreement for services between the program and the outside institution.
- b. The program is responsible for ensuring that there are adequate personnel to provide supervision/training for students and that personnel acknowledge the agreements (See Standard **A2**).

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

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

## **A1.2 Institutional Resources**

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

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

The budget plan must, at a minimum, include all program income and the following details:

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

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

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

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

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

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

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

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

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

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

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

- a. Academic resources include instructional materials, medical information and current literature, other reference materials related to curricular and patient care activities, computer and audio/visual equipment, and other technological resources.
- b. For distance learning programs, the institution must provide equivalent student and academic services to support students enrolled in online learning.

#### **A2 Program Personnel and Faculty**

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

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

## **A2.1 Program Leadership**

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

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

- Maintaining program compliance with the Standards;
- Developing, reviewing, and revising the program's strategic plan, which may include mission, vision, goals, and/or philosophy;
- Developing, reviewing, and revising the program's plan to identify and address diversity, equity, inclusion, and justice for students, faculty, staff, and leadership;
- Communicating with the ACGC about significant staffing, administrative, financial, and/or practicum training changes;
- Developing, reviewing, and overseeing the program admissions process;
- Developing, implementing, and continuously evaluating the program, including all curricular requirements outlined in Section B;
- Providing guidance to faculty and staff about where to access required continuing education;
- Providing academic advising, as well as monitoring, evaluating, and remediating student performance;
- Incorporating the principles of diversity, equity, inclusion, and justice into the curriculum, and;
- Fostering an inclusive environment where all individuals are valued and supported.

### **A2.1.2 Program Leadership Team Qualifications**

Program leadership teams must collectively possess the skills and experience necessary to deliver a comprehensive genetic counseling curriculum. While no single leader is required to meet every qualification listed below, each qualification must be fulfilled by at least one member of the leadership team. The leadership team is strongly encouraged to have members with overlapping qualifications to ensure program continuity and depth of expertise.

Collectively, program leadership teams must have at least one member who:

- a. Holds a master's degree in the discipline of genetic counseling;
- b. Is currently certified in genetic counseling by the ABGC or the American Board of Medical Genetics and Genomics (ABMGG);
- c. Has at least five years of experience as a certified genetic counselor, a minimum of three which must be in a patient-facing role (clinical or research);
- d. Has provided practicum supervision or clinical training for at least five post-secondary health care students for a minimum of 500 total contact hours.

## **A2.2 Program Leadership Positions**

Programs may structure their leadership teams according to programmatic needs and institutional requirements, provided the team collectively meets the qualifications specified in A2.1.2.

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

- a. Programs must have a minimum of one program director;
- b. At least one must have at least 0.5 FTE dedicated to academic and administrative responsibilities in support of the program;
- c. Program directors or co-directors may not serve as program leadership for another genetic counseling program; they may serve as faculty for other programs so long as it does not create a conflict of interest.

### **A2.2.2 Program Director/Co-Directors Qualifications**

All program directors/co-directors must:

- a. Hold a master's degree in the discipline of genetic counseling;
- b. Have a current professional board certification in their specific field;
- c. Have a minimum of five years of experience in their field;
- d. Have knowledge of and experience with the genetic counseling profession and practice;
- e. Have knowledge and experience with the leadership roles assigned;
- f. Have been the course instructor/instructor of record for at least two courses of post-secondary education;
- g. Prior to becoming a program director, have completed at least 10 hours of training/coursework in curriculum design, assessment, evaluation, educational andragogy, or principles of diversity, equity, inclusion, and justice within the last 10 years; and
- h. Complete a minimum of two hours per year of continuing training/coursework in curriculum design, assessment, evaluation, or educational andragogy; including at least one hour of training/coursework related to principles of diversity, equity, inclusion, and justice.

### **A2.2.3 Program Director/Co-Director Responsibilities**

At a minimum, the program director/co-director is responsible for overseeing the responsibilities in A2.1.1, as well as the following:

- Coordinating, monitoring, and evaluating all personnel in activities that directly relate to the program;
- Being available for program administration year-round;
- Long-term planning to ensure the program's fiscal stability;
- Serving as or designating the primary contact for communication with ACGC; and
- Maintaining and collaborating with the program advisory board and implementing appropriate recommendations.

### **A2.2.4 Additional Leadership Positions**

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

In addition to the complement role described above, program leadership positions may include but are not limited to:

- Co-director, assistant/associate director, coordinator or other title of:
  - Curriculum,
  - Practicum training,
  - Research, or
  - Other
- Medical Director

#### **A2.2.5 Additional Leadership Position Qualifications**

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

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

#### **A2.2.6 Additional Leadership Position Responsibilities**

The additional program leadership positions are responsible for working in collaboration with the program director/co-directors to fulfill the responsibilities outlined in Standard A2.1.1.

### **A2.3 Program Leadership Policies**

#### **A2.3.1 Program Leadership Full-Time Equivalent (FTE) Requirements**

- a. There is a required minimum ratio of paid FTE dedicated to program leadership per total student enrollment (full or part time):
  - i. ≤10 students: 1.0 FTE
  - ii. 11-15 students > 1.0 FTE
  - iii. 16-20 students > 1.25 FTE
  - iv. 21-25 students > 1.5 FTE
  - v. 26-30 students > 1.75 FTE
  - vi. 31-35 students > 2.0 FTE
  - vii. 36-40 students > 2.25 FTE
  - viii. 41-45 students > 2.5 FTE
  - ix. 46-50 students > 2.75 FTE
- b. ACGC recognizes that program leaders often hold other roles within the institution or spend non-program time in clinical practice, administration, or research, but these roles may not be included in the FTE requirements specified above.

### **A2.3.2 Program Leadership Personnel Change Policy**

The program has a responsibility to promptly communicate to the ACGC all personnel changes involving program leadership positions. Except in cases of an emergency change in personnel, the ACGC must be notified in writing at least 30 days prior to commencement of any program leadership change (additions and departures).

### **A2.3.3 Interim Program Director or Co-Director**

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

### **A2.3.4 Program Leadership Leave of Absence**

The program is expected to have a current operational plan in place at all times for sustaining the activities handled by the program leadership personnel during extended absences. This plan must be outlined in every accreditation application.

## **A2.4 Instructional Faculty/Staff**

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

### **A2.4.1 Instructional Faculty/Staff Qualifications**

The instructional faculty/staff must be qualified through:

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

### **A2.4.2 Instructional Faculty/Staff Requirements**

The program is required to:

- a. Ensure sufficient depth and breadth of instructional staff to provide students with adequate attention, instruction, and supervised practice to acquire the necessary knowledge and to support the attainment of the PBCs needed to complete the program;
- b. Provide opportunity for continuing education; and
- c. Submit ACGC biosketches of primary instructional faculty/course directors as part of the accreditation application, the Self-Study, or for new instructors at the time of the annual Report of Current Status.

### **A2.4.3 Instructional Faculty/Staff Responsibilities**

The instructional faculty/staff is responsible for the following items:

- Classroom and practicum teaching;
- Assessment and communication of student performance;
- Identifying students who are not achieving defined objectives;

- Providing remedial instruction;
- Supervising student research when appropriate;
- Incorporation of principles of diversity, inclusion, equity, and justice; and
- Fostering an inclusive environment where all individuals are valued and supported.

## **A2.5 Practicum Supervisors**

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

The Standards below are specific to those supervisors who are involved in the 50 required participatory practicum cases (see Standard B3.1). For cases that are not part of the 50 required participatory practicum experiences, the participating faculty and staff may also include medical geneticists, social workers, psychologists, non-genetics physicians, genetic counselors who do not meet the qualifications outlined in A2.5.1, and other health professionals with adequate training, experience, and credentials in their respective fields.

### **A2.5.1 Practicum Supervisors Qualifications**

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

### **A2.5.2 Practicum Supervisors Responsibilities**

The practicum supervisors are responsible for student supervision and performance assessment at practicum training sites. Practicum supervisors work with the program leadership to:

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

### **A2.6 Administrative Support Staff**

At a minimum, the program must have 0.5 FTE of administrative support staff time that is in addition to the program leadership administrative FTE (as outlined in Standard A2.3.1). The personnel assigned to provide administrative support report to the program leadership, and the program leadership will define the specific responsibilities of the administrative support staff.

## **A3 Operational Policies and Procedures**

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

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

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

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

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

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

### **A3.2 Graduate Program**

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

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

#### **A3.2.2 Admissions**

- a. Admission of students must be made in accordance with clearly defined and published practices of the institution.
- b. The program must define, publish, and make readily available on the program website the admission practices of the program. At a minimum, programs are required to include the following information on the program's website:
  - i. Accreditation status;
  - ii. Mission and objectives;
  - iii. Admission requirements regarding prior education (including prerequisite courses), work, and volunteer experiences;
  - iv. All required academic standards for enrollment;
  - v. Graduation requirements;
  - vi. Estimation of all costs (tuition, fees, etc.) related to the program;
  - vii. Cumulative first-time board examination pass rates and overall board pass rates (number of test takers who passed/total number of test takers) for the three most recent classes. For new programs, the first time this posting would be expected is within one year of graduating their third class.
  - viii. Attrition rate (number of students who have left the program/total number of matriculated students) for the past three years;

- ix. Job placement rate (number of students who secured a position within 12 months of graduation/total number of graduates); and
  - x. Institutional services/offices available through the institution such as disability services, diversity offices, first generation services, tutoring/writing support, underrepresented student groups, and affinity groups.
- c. Programs are expected to develop strategies to encourage student applications from all walks of life, thereby enhancing the potential for broad community representation in the field of genetic counseling, and to encourage retention and success of all accepted students.

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

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

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

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

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

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

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

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

- a. Student files kept by the program and/or institution must include documentation showing:
  - i. That the student has met the published admissions criteria;
  - ii. That the student has met institutional, program, and practicum rotation site screening and immunization requirements;
  - iii. Student performance while enrolled, including all student evaluations;
  - iv. Referrals for support or academic services, including follow-up as allowed by the program's institutional regulations and requirements;
  - v. Remediation efforts and outcomes;
  - vi. Formal academic guidance/advising the student received;
  - vii. Primary and summary documents regarding any formal academic and/or behavioral disciplinary action taken against a student by faculty, staff, or others; and
  - viii. That the student has met the requirements for program completion.

- b. Students must have access to their own records, but must not have access to the academic records or other confidential information of other students, staff or faculty.
- c. Student health records are confidential and must not be accessible to or reviewed by the program or instructional faculty or staff except for institutional and practicum related requirements.
- d. All student records, electronic and/or paper, must be stored securely by the program and institution. These records must be made available for review by ACGC or their representatives upon request.
- e. Grades and credits for courses must be available in the form of an official transcript and must be permanently maintained by the sponsoring institution.

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

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

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

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

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

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

### **B1 Instructional Plan**

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

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

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

**B1.4** The program must demonstrate educational adequacy of course content and/or practicum experiences in student progression toward attaining the PBCs when instruction is:

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

## **B2 Instructional Content**

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

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

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

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

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

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

- a. Mendelian and non-Mendelian inheritance;
- b. Population and quantitative genetics;
- c. Human variation and disease susceptibility;
- d. Family history and pedigree analysis;
- e. Typical and variations of anatomical human development;
- f. Human reproduction;
- g. Personalized genomic medicine;
- h. Cytogenetics;
- i. Biochemical genetics;
- j. Molecular genetics;
- k. Embryology;
- l. Developmental genetics;
- m. Teratology;
- n. Variant classification and interpretation; and
- o. Patterns of typical as well as variations of cognitive and behavioral development/decline across the lifespan.

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

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

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

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

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

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

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

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

### **B2.1.7 Education**

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

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

- a. Research methodologies and protocol development using both quantitative and qualitative methods;
- b. Formulation of research question(s), data collection, data analysis, and interpretation/application of results;
- c. Dissemination of findings (both oral and written); and
- d. Recognition of human subjects' protection and the Institutional Review Board (IRB), Research Ethics Board (REB), or other related processes.

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

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

## **B3 Practicum Training**

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

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

**B3.1.1** Must include a minimum of 50 required participatory cases, to ensure that students have adequate practicum opportunities to attain the PBCs.

- a. At least 40 of the 50 required participatory cases must be with patients; not simulated or research patients.
- b. The minimum required cases must expose students to areas of current practice.

**B3.1.2** The 50 required participatory cases described above must be supervised by an experienced ABGC/ABMGG/CBGC-CCGC certified genetic counselor.

**B3.1.3** Programs must demonstrate that participatory cases and other practicum experiences are conducted:

- a. Across the lifespan;
- b. Within multiple specialties;
- c. Within multiple settings; and
- d. Using more than one service delivery mode.

**B3.1.4** Programs must provide sufficient opportunities such that students demonstrate competency to practice in the profession of genetic counseling. All participatory encounters (not just the minimum 50 required participatory cases) must be distributed across multiple specialties

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

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

**B3.2.2** Programs must ensure that the number of practicum supervisors can accommodate the required supervised practicum experiences for all enrolled students.

**B3.3** Programs must provide all enrolled students equitable and comparable practicum training experiences that facilitate exposure to a range of practice settings across the lifespan and the full range of PBCs.

**B3.4** For each practicum placement, programs must develop clear objectives, outline outcome measures, document student progress, and monitor student activities during the placement.

**B3.5** Programs must maintain documentation of all student practicum experiences.

**B3.5.1** Each program should determine how each student's practicum training will be tracked (e.g., a traditional "logbook" format, practicum format, etc.). This documentation must provide a complete picture of each student's practicum training experiences.

**B3.5.2** Documentation of practicum training must be maintained within each student's record and include the entirety of the student's practicum encounters, without client identifiers. These files must be available for review during site visits as part of the accreditation review process.

**B3.5.3** The collection of documents demonstrating each student's ongoing practicum training as defined in **B3.1** must include:

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

## **B4 Supplemental Practicum Experiences**

**B4.1** In order to enhance a student's acquisition of the PBCs, programs must ensure that practicum training for students is augmented with supplemental activities and/or practicum placements such as, but not limited to:

- Observational experiences;
- Practicum experiences with non-genetics providers (physicians, nurse practitioners, etc.);
- Cases seen with genetics professionals who are not certified by ABGC/CBGC-CCCG or by the ABMGG, Royal College of Physicians and Surgeons of Canada (RCPSC) in Medical Genetics and Genomics, or the Canadian College of Medical Geneticists (CCMG-CCGM) in Clinical (Medical) Genetics;
- International practicum experiences;
- Community centers/clinics that serve groups experiencing disadvantages;
- Public health genetics related activities and settings;
- Experiences with genetic counselors that do not meet Standard B3.1.2, which may include, but are not limited to, variant interpretation; test development, implementation, and performance; utilization management; customer liaison and support; sales and marketing; leadership and management; and case coordination; and
- Involvement with support groups and other advocacy organizations.

## **B4.2 Documentation**

**B4.2.1** Programs must develop clear goals for student experiences and monitor student activities during the supplemental practicum placements and activities.

**B4.2.2** Programs must document the credentials and/or qualifications of those who will be evaluating the students in supplemental practicum activities if student performance is evaluated.

## **B5 Additional Requirements**

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

**B5.1.1** Programs are required to include teaching opportunities for their students. This can be accomplished in a variety of ways, including but not limited to the following:

- Educational presentations to various populations of learners;
- Peer education presentations;

- Teaching experience;
- Class exercises or projects to develop patient, professional, or community educational materials; and
- Professional genetics presentations such as journal clubs, research seminars, platform, or poster presentations.

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

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

## **SECTION C: EVALUATION**

To ensure that PBCs and content areas, along with any other objectives specified by the educational program, are maintained, program and student evaluation must be a continual process. This includes internal and external curriculum review in consultation with employers, faculty, practicum supervisors, students, and alumni.

### **C1 Advisory Board**

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

Advisory Board membership must include:

- Program Leadership;
- Representatives from instructional, research, and/or practicum faculty;
- At least one individual with work, advocacy, and/or experiences with underrepresented populations;
- A member who is a practicing healthcare provider with expertise in genomic medicine. At least half of this person's time should be spent in direct patient care;
- At least one member who is external to the program leadership, faculty, practicum supervisors, staff, and the sponsoring/partnering institution(s); and
- Additional members may include alumni, consumers, and representatives of community organizations.

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

- Each program will be expected to define the specific expectations, goals, and processes of its Advisory Board.
- At a minimum, the Advisory Board is required to meet on an annual basis. Evaluation findings must be shared with the Advisory Board, and a plan and timeline must be developed for appropriate modifications to be incorporated into the curriculum. The manner in which programs seek to comply with these evaluation requirements may vary; however, both the process and outcomes need to be well-defined and documented.

### **C2 Program Evaluation Outcome Measures**

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

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

Programs must demonstrate outcomes on the certification examination that reflect adequate preparation of graduates for professional practice. ACGC will use the national overall pass rate published by ABGC and a fixed margin below the national average as an independent benchmark for each exam cycle.

- A program meets the benchmark for a given cycle if the overall pass rate is above or within five (5) percentage points (pp) of the national overall pass rate.
- Programs must meet the benchmark (be above or within 5 pp of the national mean) in at least four (4) of the last six (6) exam cycles (i.e. the most recent three (3) years) to be compliant. Programs that do not meet this requirement must submit a remediation plan.

### **C2.1.1 Small Cohort Safeguard**

If a program has fewer than twenty-five (25) exam takers across the six most recent exam cycles and does not meet the benchmark in four of the last six exam cycles, the program will be placed into a 'Monitoring' status due to the small denominator, rather than automatic remediation, until 25 exam takers have been reached. Additional data from more than six cycles will be required.

### **C2.1.2 Transparency Requirement**

Programs must also report their three (3) year first-time pass rate. The first-time pass rate data must be published on the program website for transparency and prospective applicant decision-making.

## **C2.2 Alumni Feedback**

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

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

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

## **C2.3 Personnel Evaluations**

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

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

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

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

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

### **C2.4 Course Evaluations and Curricular Review**

The program is required to review its curriculum annually, incorporating course evaluations, and including a review of content for bias and diversity.

**C2.4.1** Course evaluations must be completed for each course taught within the genetic counseling program.

**C2.4.2** The evaluations must be reviewed by both the program leadership and the primary instructional faculty/course directors involved. There must be documentation of plans for modification/improvement (if warranted), and syllabi must be updated accordingly.

**C2.4.3** The program leadership must obtain copies or summaries of evaluations for required courses that students take through other schools or departments. Alternatively, the program may conduct internal assessments of these external courses to ensure they are meeting the expectations of the students and program.

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

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

#### **C2.5.1 Practicum Sites**

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

### **C2.5.2 Practicum Supervision**

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

### **C3 Student Evaluation**

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

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

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

- a. The criteria for successful completion of the program and for graduation;
- b. The evaluation methods that will be employed during training;
- c. The program's remediation policy;
- d. Policies regarding academic probation or dismissal;
- e. Technology requirements;
- f. On-campus/in-person attendance and general transportation expectations;
- g. Process for requesting accommodations.

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

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

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

**C3.2.3** Each student must receive specific and timely feedback at regular intervals on the acquisition of PBCs from supervisors and/or instructors, as well as formal summative evaluations at the end of each program component.

- a. For practicum training lasting six weeks or more, mid-rotation evaluations are required;
- b. For coursework and research, students must be made aware of their progress prior to completion.

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

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

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

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

**C3.2.8** Documentation must be maintained for a minimum of 10 years for all students who withdraw or are dismissed from the program, including reasons, retention efforts, and/or dismissal procedures followed.

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

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

### **D1 Accreditation Status**

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

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

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

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

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

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

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

## **D1.4 Full Accreditation**

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

## **D1.5 Probationary Accreditation**

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

## **D2 Accreditation Decisions**

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

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

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

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

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

# APPENDIX 1 - FREQUENTLY ASKED QUESTIONS

## 1. Why was the diversity, equity, inclusion, and justice language from the previous Standards maintained?

During the public comment review period, there was broad support from the community and the ACGC DEIJ Committee to maintain the language as it was in the 2023 Standards. The community felt that the language in the 2023 Standards reflected the values and educational needs of the genetic counseling field.

## 2. Which Standards were revised?

### Section A

A1.1.3, A1.2.1, A1.3.2

A2.1.1, A2.1.2, A2.2, A2.2.1, A2.2.2, A2.2.3, A2.3, A2.3.1, A2.3.2, A2.4.1, A2.4.2, A2.4.3, A2.4.4, A2.5, A2.5.3, A2.6, A2.6.2, A2.7

A3.2.1, A3.2.2, A3.2.6

### Section B

B1.4, B1.5, B1.6

B2.1.1, B2.1.2, B2.1.3, B2.1.5, B2.1.8

B3.1.1, B3.1.2, B3.1.4, B3.1.5, B3.2.2, B3.3, B3.4, B3.5

B4.1, B4.2.1, B4.2.2, B5.1.1

### Section C

Section C Introduction

C1.1, C1.2, C1.3, C1.4

C2.1, C2.4, C2.4.1, C2.5.1

## 3. When is the next full revision?

Excluding the possibility of any off-cycle revision needs, the next full revision will begin in 2031 and historically has taken 24 months to complete. This process includes input from the ACGC Board of Directors, identification and survey of community partners, and a public comment period.

## 4. Why were the Program Leadership Personnel Change Policy and Program Leadership Leave of Absence removed from the Standards?

ACGC concluded that Program Leadership Personnel Changes and Program Leadership Leaves of Absence are related to the Standards but are not Standards themselves. Therefore, processes were created for notifying ACGC regarding these changes. These policies and processes are now documented in the Accreditation Manual. Program Leadership Personnel changes invariably affect a program's compliance with the Standards; thus, notification to ACGC of how a program will maintain compliance with the Standards following a change in leadership personnel continues to be required.

## 5. What is the difference between Standards that have lists presented with bullet points and lists that use letters?

The list format used in the Standards of Accreditation distinguishes a single Standard that is made up of multiple, interconnected components from a Standard that has distinct, individual sub-standards. This distinction is important for how compliance is determined. A single Standard with multiple components (such as A2.5.2) can only be met if all the items specified by bullet points are demonstrated. A Standard with distinct sub-standards (such as A3.2.6) can be partially met if some but not all the listed areas are demonstrated. Ultimately, all Standards must be met in full for a program to be in compliance, unless the Board has granted a program a variance.

## COMPLIANCE

### 1. When are programs required to be in compliance with the 2026 revisions?

At the time of application submission: All Candidacy and New Program applications accepted by ACGC must be in compliance with the 2026 Standards.

All Accredited Programs must be in compliance with the 2026 Standards by August 1, 2027.

## TERMINOLOGY

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

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

### 2. Where can I find terms and phrases defined as intended to be interpreted within these Standards?

Right here in the Appendices of the Standards. If you feel that you need further clarification, or these materials have not answered your question, please contact the ACGC Executive Office.

### 3. Why has the word "fieldwork" been changed to "practicum" throughout the Standards?

During the public comment review period, it was noted that the word "practicum" is a more inclusive term that many academic and professional institutions have already started using to replace the word "fieldwork".

Programs are **not obligated** to replace the word fieldwork with practicum in their program materials, such as position titles, handbooks, course titles, evaluation forms, etc. in order to be in compliance with the Standards.

### 4. Why has the term "standardized patient" been changed to "simulated patient" throughout the Standards?

During the public comment review period, it was noted that the term "simulated patients" is a more inclusive term within healthcare simulation pedagogy and aligns with the best practices of healthcare simulation education.

Programs are **not obligated** to replace the words ‘standardized patient’ with the words ‘simulated patient’ in their program materials, such as handbooks, evaluation forms, etc. in order to be in compliance with the Standards.

**5. What is meant by “multiple specialties”?**

In the context of the ACGC Standards, this is referring to a minimum of three specialties (e.g. prenatal, cancer, biochemical, etc.) within the field of genetic counseling.

**6. What is meant by "settings"?**

This can include clinical, laboratory, research, industry, and/or simulated environments.

## **SECTION A**

**1. What types of activities would fulfill the annual continuing education requirements in diversity, equity, inclusion, and justice?**

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

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

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

**3. How can departmental funding for program leadership from multiple sources be addressed in budget submissions?**

If there are additional funding sources outside of the departmental budget that are supporting the fulfillment of the program leadership FTE, ACGC asks that documentation of an agreement or a formal letter of support between these sources and the program be submitted along with any budgets. These agreements are intended to protect the program from any unexpected changes to leadership in the future, which could impact compliance with Standard A2.3.1, as well as provide boundaries on the workload for the individuals in these roles.

#### **4. Why was 'Standard A2 Program Personnel and Faculty' revised?**

The ACGC Board of Directors recognized the need to revise Standard A2 to reduce barriers in hiring qualified program leaders. The Board determined that a means of promoting greater inclusivity within genetic counseling leadership teams required extensive changes to this Standard.

Standard A2 was restructured such that the same attributes, experiences, and qualifications previously required of one person (the Program Director) may now be held collectively by the leadership team. This maintains the integrity of the high-caliber qualifications of the team directing genetic counseling programs. These changes give programs more flexibility in their hiring decisions for members of their leadership team. The Board of Directors wants to impress upon programs that the revised Standard A2 simply redistributes the minimum attributes, experiences, and qualifications of the leadership team; however, programs may elect to exceed these Standards and require additional experience in their own hiring practices.

#### **5. What are the training requirements if an individual serves as both Instructional Faculty/Staff and as a Practicum Supervisor?**

If someone is fulfilling both roles, they will be held to the expectations outlined in Standard A2.4.1c.

#### **6. What are the expectations for guest lecturers?**

A guest lecturer is an individual who provides instruction for limited class sessions (typically one to two sessions) within a course but is not responsible for course design, student assessment, grading, or ongoing instructional oversight. Guest lecturers supplement the curriculum with specialized expertise under the supervision of primary instructional faculty/course directors. Guest lecturers are not required to meet Standard A2.4.1. The primary instructor is responsible for ensuring that content presented by guest lecturers supports the course learning objectives and fosters an inclusive learning environment.

#### **7. Are students still required to submit vaccination records for compliance with Standard A3.2.6?**

Students are required to submit any health records to fulfill institutional and practicum related requirements. This includes vaccination records per the legal agreements and contracts as set up with the practicum sites.

## **SECTION B**

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

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

## 2. What are examples of areas intended for discussion for B2.1.3h?

- Roles and responsibilities: Involvement in the performance and interpretation of genetic/genomic tests, test development and implementation, customer liaison support, sales and marketing, etc.
- Laboratory settings: Commercial, academic, research, and/or public health screening laboratories, etc.
- Industry settings: Biotechnology and pharmaceutical companies, medical and educational affairs, product design and management, regulatory bodies.
- Public health setting: Advocacy, ethical considerations, population screening, health equity and access

## SECTION C

### 1. Why was the benchmark for the overall pass rate determined to be above or within five percentage points of the national overall pass rate in at least four of the last six exam cycles (ie. the most recent three-year period) selected as the threshold for submitting an examination report?

Several health professions establish pass rate benchmarks with thresholds. For instance, nursing programs typically achieve 88-90% pass rates on the NCLEX exam, with accrediting standards requiring a minimum of 80%. Similarly, pharmacy programs have pass rates of 75-85%, with institutional benchmarks commonly set at 80-85%. Drawing from these precedents, the Board initially established a threshold of 10 percentage points below the national mean as the acceptable margin for genetic counseling programs. Following review of public comments, however, the Board revised this Standard to 5 percentage points below the national average pass rate to ensure more rigorous program oversight.

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

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

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

## APPENDIX 2 – ACCREDITATION STANDARDS DEFINITIONS

**Across the lifespan:** preconception through geriatric care. (*Standards B2.1.2, B3.1.1, B3.1.3, B3.3*)

**Advisory Board:** A group of individuals charged with providing program leadership with guidance on program development, implementation, and ongoing evaluation. Additionally, the Advisory Board should participate in the program's self-study evaluations and, where appropriate, assist in the development of modification plans regarding areas identified for improvement. The Advisory Board should be familiar with the genetic counseling profession, the clients served by genetic counselors, and the requirements for accreditation. (*Standard C1*)

**Affiliation Agreements:** An affiliation agreement is a signed legal document between the University/program and an organization/site with the purpose of providing clinical experiences or rotations to the students enrolled in the genetic counseling program. (*Standard A1.1.3*)

**Bioethics:** The study of ethical, legal, and social questions arising from advances in biology, medicine, technology, and healthcare. It addresses moral questions related to life and health, emphasizing informed consent, patient autonomy, privacy, justice, beneficence, and non-maleficence to ensure individuals can make informed decisions aligned with their values, particularly in areas such as genetic testing and therapies. (*Standard B2.1.5*)

**Client:** Refers to individuals seen in a clinic setting; as standardized/simulated patients, or in certain research participant encounters. (*Standards A2.5.2, A3.1.5, B2.1, B3.2.1, B3.5.2, B3.5.3, C1.1, C2.5.1*)

**Cohort:** A *cohort* refers to a group of students who begin a specific academic program at the same time. (*Standard C2.1.1*)

**Distance learning:** For in-depth definitions of distance learning, please refer to the ACGC Distance Learning Definitions resource on the [ACGC website](#). (*Standard A1.3.2*)

**Diversity:** The representation of shared and distinct personal and group characteristics and identities and how they may intersect, including, but not limited to, race, ethnicity, national origin, age, religion, disability, veteran status, sex, sexual orientation, gender identity/ expression, pregnancy, genetic information, socioeconomic class, geographic location, and socioeconomic background. Additionally, diversity may also include characteristics that describe genetic counseling programs, such as location of the academic institution, institution type (private, public, other), and methods of delivering didactic, clinical, and research components of genetic counseling training. (*Standards A2.1.1, A2.2.2, A2.2.5, A2.4.1, A2.4.3, A2.5.1, A2.5.2, A3.2.2, A3.2.3, B2.1.1, C2.2, C2.4*)

**Equity:** Fair accessibility to, and opportunities for advancement within, a community or organization, regardless of shared or distinct personal and group characteristics and identities. Equity should guide the continuous activities of genetic counseling education access and delivery, including, but not limited to, identifying and eliminating barriers to full participation in genetic counseling training programs, creating and reviewing standards for genetic counseling education, and evaluating genetic counseling programs to foster an environment that is supportive of faculty, staff, and students. *(Standards A2.1.1, A2.2.2, A2.2.5, A2.4.1, A2.4.3, A2.5.1, A2.5.2, A3.2.3, B2.1.1, C2.2)*

**Exam cycle:** The ABGC (American Board of Genetic Counseling) exam occurs twice a year. An exam cycle includes one of these test windows (e.g. August = one exam cycle). *(Standards C2.1, C2.1.1)*

**Matriculate:** To *matriculate* means to officially enroll in an academic institution as a student. This term typically refers to the formal process of becoming a registered student after being accepted.

**Memorandum of Understanding (MOU):** A memorandum of understanding (MOU) is a written agreement that specifies mutually- accepted expectations between the genetic counseling program and organizations as they arrange for student experiences. *(Standard A1.1.3)*

**Multiple specialties:** In the context of the ACGC Standards, this refers to a minimum of three specialties (e.g., prenatal, cancer, biochemical) within the field of genetic counseling. *(Standards B2.1.3, B3.1.3)*

**Inclusion:** Intentionally inviting, welcoming, and engaging all members of diverse communities, including staff, volunteers, students, and community members, to contribute and fully participate in all aspects of organizational work including, for example, program evaluation and management. *(Standards A2.1.1, A2.2.2, A2.2.5, A2.4.1, A2.4.3, A2.5.1, A2.5.2, A3.2.3, B2.1.1, C2.2)*

**Justice:** The deliberate creation of diverse and equitable opportunities, and the continued reassessment and dismantling of barriers and systems that prevent access to such opportunities. Striving towards justice requires active work to address differentials in power and privilege, including provision of information and standards for program operations. *(Standards A2.1.1, A2.2.2, A2.2.5, A2.4.1, A2.4.3, A2.5.1, A2.5.2, A3.2.3, B2.1.1, C2.2)*

**Participatory Case:** Refers to a case supervised by a genetic counselor meeting the requirements of Standard A2.5.1 with a client that supports attainment of the Practice Based Competencies. *(Standards A2.5, B3.1)*

**Practicum:** A specific, structured, and supervised training experience. *(Standards A2.1.1, A2.1.2, A2.2.4, A2.4.3, A2.5, A2.6, A3.2.6, B1.4, B3, B4, C2.2, C2.3.1, C2.5, C3.2.3)*

**Practicum Experiences:** The activities of a student during their practicum training that support their attainment of the PBCs through experiential learning. These activities include participatory cases and supplemental practicum experiences. *(Standards A2.5, B1.4, B3, B4, C2.5)*

**Primary Instructional Faculty/Staff:** The instructor of record with the university. *(Standards A2.4.2, C2.3, C2.4.2)*

**Post-secondary healthcare students:** anyone pursuing formal healthcare education beyond high school – whether through a university, college, technical school, or professional program – to prepare for a clinical or non-clinical health career. *(Standard A2.1.2)*

**Research:** The systematic inquiry or investigation aimed at discovering new information, revising existing theories, or finding practical applications for new knowledge. *(Standards A1.1.4, A1.2.4, A2, B2.1.3, B2.1.8, B3.1.1, B3.5.3, B5.1.1, B5.2, C1.1, C2.2, C3.2.3)*

**Research Participant:** Individuals who are consented into research studies are considered research participants. Such clients, while research participants, can be included as required participatory cases when they are being evaluated for risk of or affected by diverse genetic conditions across the lifespan. *(Standard B3.5.3)*

**Scholarly Activities** - Scholarly activities are intellectual endeavors that support the discovery, interpretation, dissemination, and application of knowledge. Examples of scholarly activities include but are not limited to presentation of peer-reviewed articles, invited talks, poster presentations, clinical case reports, etc. *(Standards A1.1.4, B5.2)*

**Settings:** The place, surroundings, or environment in which a practicum experience occurs. This can include clinical, laboratory, research, government, industry, and/or simulated environments. *(Standards B2.1.3, B3.1.3, B3.1.4, B3.3, B4.1)*

**Service Delivery Modes:** Telephone, group, in-person, and/or telemedicine. *(Standard B3.1.3)*

**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 A1.1.3, A1.2.1, A1.3.1, A2.1, A3.2.3, B2.1.1, B3.5.1, B5.2, C1, C2.3.2, C3.2.6)*

**Standardized/Simulated Patients:** The educational use of individuals in a trained patient role. In particular, standardized/simulated patients refer 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. Genetic counseling student role play is not considered to meet the definition of a ‘standardized/simulated patient’ encounter. *(Standards B3.1.1, B3.5.3)*

**Supervision Contact Hours:** One (1) contact hour is equivalent to one (1) hour of student practicum supervision via video conference, telephone or in person (e.g., direct observation, case preparation discussion, feedback to students, assessment of student-patient standardized encounters, case conference). *(Standard A2.1.2)*

**Supplemental Practicum Experiences:** Supplemental experiences are additional training activities and practicum placements that programs must facilitate to enhance students' attainment of the Practice-Based Competencies (PBCs). These experiences broaden students' professional exposure and skill development through diverse learning opportunities that complement genetic counseling training. *(Standard B4.1)*

**Support Services:** Examples may include, but are not limited to, academic advising, library access, health and wellness resources, disability services, diversity offices, and financial resources. (*Standards A1.3.2, A3.1.4, A3.2*)

