



The global state of genetic counsel(l)ors

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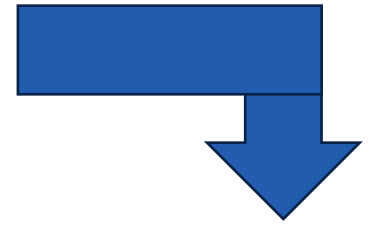
Stanford University School of Medicine

Conflicts of interest

1. No financial interests to declare
2. Currently serving in an unpaid board position as the President of TAGC



Why do genetic counselors matter in prenatal diagnosis



Your Experience with a Genetic Counselor

Appointment with Your Genetic Counselor

What test results may or may not tell you and how results may be used

Review medical history and understand inherited risks

Family History

Test Options

Health care and support options to consider based on possible results

Identify testing options and decide whether to proceed

STEP 3

Support autonomy

Facilitate informed consent and testing decisions

Understand disability issues and PPI viewpoints



www.FindAGeneticCounselor.com



And why do country-specific genetic counselors (and geneticists) matter? One example.... (there are many more)

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DOI: 10.1002/jgc4.70139

ORIGINAL ARTICLE

National Society of
Genetic
Counselors WILEY

Voices in practice: Exploring genetic counseling ethical, cultural, social, and religious dynamics in the UAE

Hind J. Almarri¹ | Sameera Koodakkadavath² | Azhar T. Rahma² | Muna Al Saffar¹

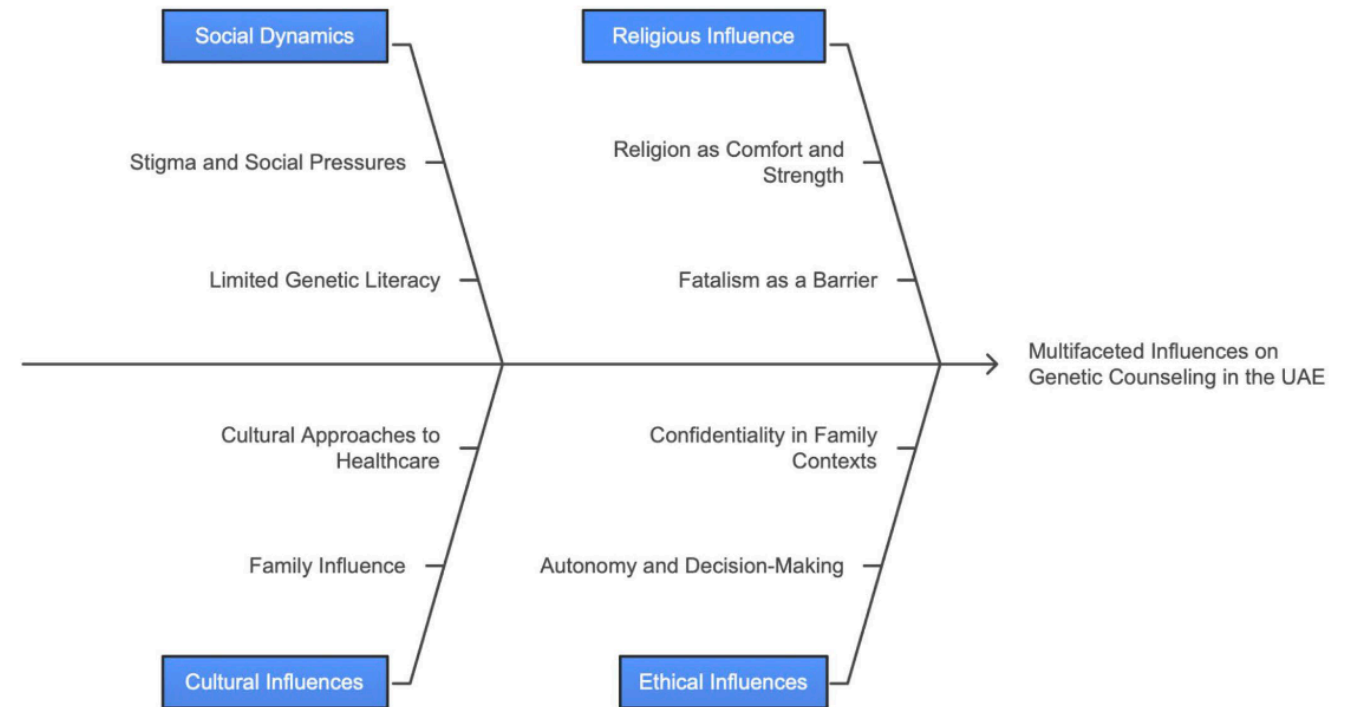
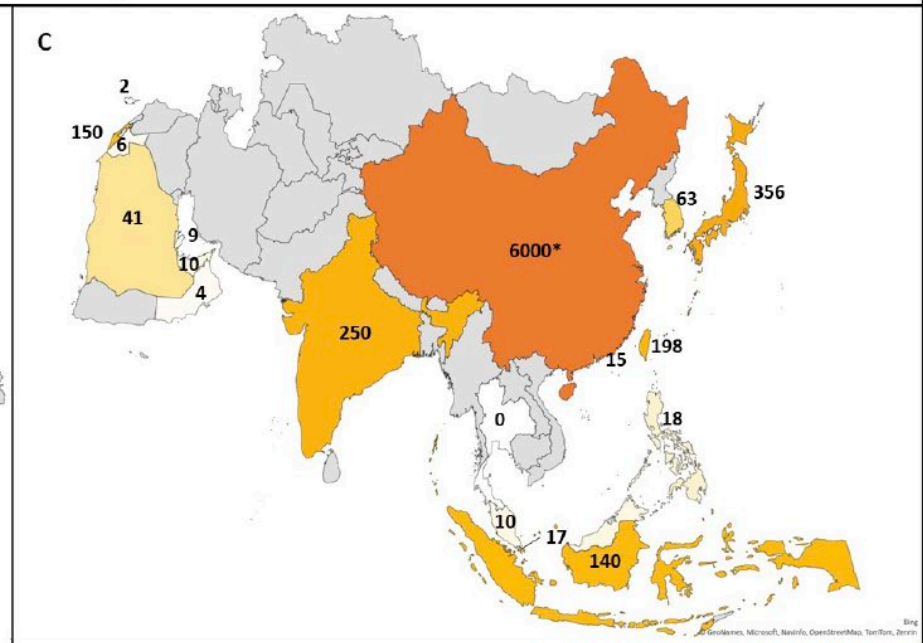
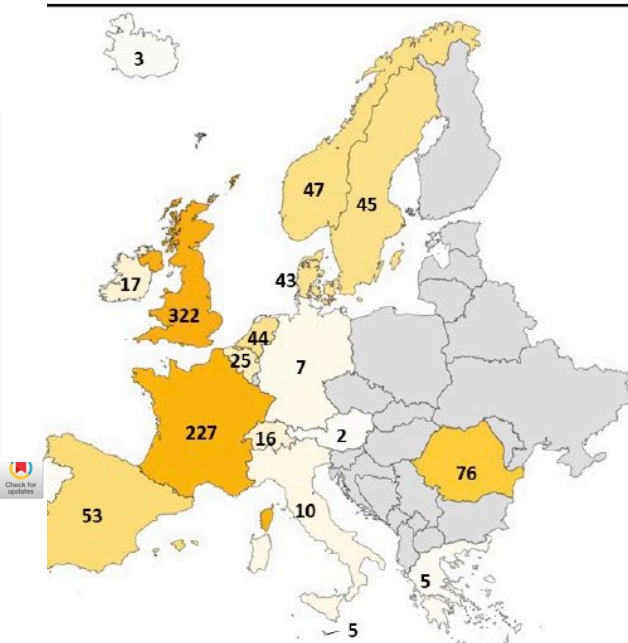
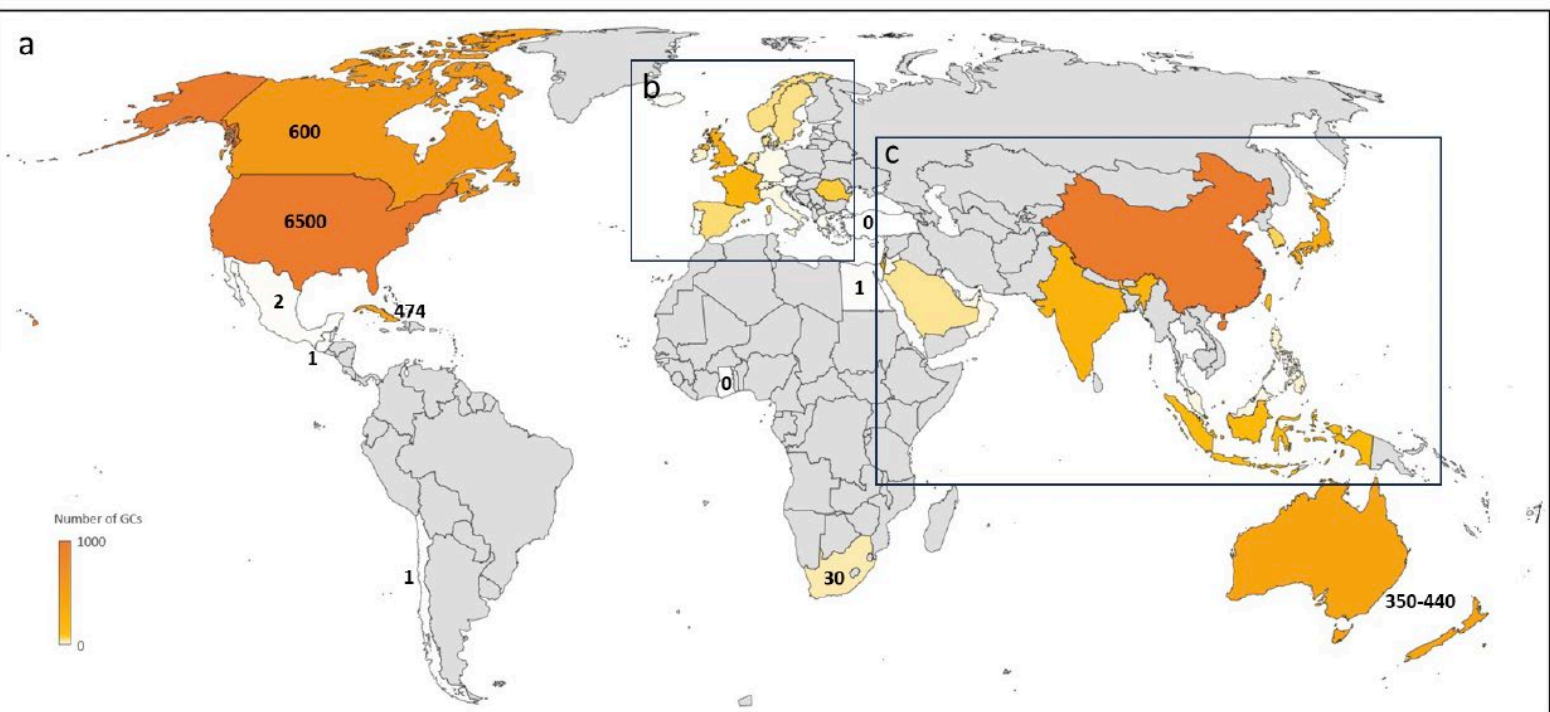


FIGURE 1 Themes and subthemes of barriers in genetic counseling in the UAE. The figure outlines four primary thematic categories: Social and cultural barriers, religious beliefs, and ethical challenges, each branching into detailed subthemes based on participant insights. The visualization highlights the complex interplay of sociocultural, religious, and ethical factors shaping service delivery.

Currently, there is a global presence of GCs...

How did we get here?



* certified with several weeks of short training

Genetics in Medicine Open (2024) ■, 101887



Genetics in Medicine OPEN
An Official Journal of the ACMG
www.journals.elsevier.com/genetics-in-medicine-open

VSI: INTERNATIONAL GC

The global status of genetic counselors in 2023: What has changed in the past 5 years?

Kelly E. Ormond^{1,2,*}, Peter James Abad^{3,4}, Rhona MacLeod^{5,6}, Masakazu Nishigaki⁷, Tina-Marié Wessels⁸

European Journal of Human Genetics
https://doi.org/10.1038/s41431-018-0252-x

REVIEW ARTICLE

The Global State of the Genetic Counseling Profession

MaryAnn Abacan¹, Lamia Alsubaie², Kristine Barlow-Stewart³, Beppy Caanen⁴, Christophe Cordier⁵, Eliza Courtney⁶, Emeline Davoine⁷, Janice Edwards⁸, Niby J. Elackatt⁹, Kate Gardiner¹⁰, Yue Guan¹¹, Lian-Hua Huang^{12,13}, Charlotta Ingvaldstad Malmgren^{14,15,16,17}, Sahil Kejriwal¹⁸, Hyon J. Kim¹⁹, Deborah Lambert²⁰, Paulina Araceli Lantigua-Cruz²¹, Juliana M. H. Lee²², Marianne Lodahl²³, Åshild Lunde²⁴, Shelley Macaulay²⁵, Ivan Macciocca²⁶, Sonia Margarit²⁷, Anna Middleton^{28,29}, Ramona Moldovan³⁰, Joanne Ngeow³¹, Alexandra J. Obregon-Tito³², Kelly E. Ormond^{33,34}, Milena Paneque³⁵, Karen Powell³⁶, Kunal Sanghavi³⁷, Diana Scotcher³⁸, Jenna Scott³⁹, Clara Serra Juhé⁴⁰, Shiri Shkedi-Rafid⁴¹, Tina-Marié Wessels⁴², Sook-Yee Yoon^{43,44}, Catherine Wicklund⁴⁵

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DOI: 10.1002/ajmg.a.31607

COMMENTARY

Genetic counseling globally: Where are we now?

Kelly E. Ormond¹ | Mercy Ygoña Laurino^{2,3} | Kristine Barlow-Stewart⁴ | Tina-Marié Wessels⁵ | Shelley Macaulay⁶ | Jehannine Austin⁷ | Anna Middleton^{8,9,10}

COMMENT

Open Access

Genomic medicine in the Middle East

Ahmad N. Abou Tayoun^{1,2*}, Khalid A. Fakhro^{3,4}, Alawi Alsheikh-Ali^{5,6} and Fowzan S. Alkuraya⁷



Abstract

We discuss the current state of genomic medicine in Arab countries of the Middle East, a region with outsized contribution to Mendelian genetics due to inbreeding yet has poor representation in global variome datasets. We focus on genomic testing, clinical genetics, and genetic counseling services along with associated training and research programs. Finally, we highlight opportunities for improvement in genomic medicine services in this region.



PERSPECTIVE
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Institutional and Social Issues Surrounding Genetic Counselors in Japan: Current Challenges and Implications for the Global Community

Yayoi Aizawa^{1*}, Atsushi Watanabe^{2,3} and Kazuto Kato¹

¹ Department of Biomedical Ethics and Public Policy, Graduate School of Medicine, Osaka University, Suita, Ja; of Clinical Genetics, Kanazawa University Hospital, Kanazawa, Japan, ² Support Center for Genetic Medicine, I University Hospital, Kanazawa, Japan

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ORIGINAL ARTICLE



The genetic counseling profession in Austria: Stakeholders' perspectives

Gunda Schwaninger^{1,2} | Caroline Benjamin² | Sabine Rudnik-Schöneborn¹ | Johannes Zschocke¹

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DOI: 10.1002/mgg3.668

ORIGINAL ARTICLE



A genetic counseling needs assessment of Mexico

Daiana Bucio^{1,2} | Kelly E. Ormond^{1,3} | Daisy Hernandez^{1,4} | Carlos D. Bustamante^{1,5,6} | Arturo Lopez Pineda⁵

Current Issues, Challenges, and Future Perspectives of Genetic Counseling in Korea

Namhee Kim¹, M.D.¹, Sun-Young Kong², M.D., Ph.D.^{2,3}, Jongha Yoo⁴, M.D., Ph.D.⁴, Do-Hoon Kim⁵, M.D., Ph.D.⁵, Soo Hyun Seo⁶, M.D.⁶, and Jieun Kim⁷, M.D., Ph.D.⁷

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Journal of Community Genetics (2021) 12:277–290
https://doi.org/10.1007/s12687-021-00514-7

ORIGINAL ARTICLE



Clinical genetics in transition—a comparison of genetic services in Estonia, Finland, and the Netherlands

T. Vrijenhoek¹ · N. Tonisson^{2,3} · H. Kääriäinen⁴ · L. Leitsalu² · T. Rigter⁵

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CORRESPONDENCE



Building awareness on genetic counselling: the launch of Italian Association of Genetic Counsellors (AIGeCo)

Marco Crimi¹ · Rossana Mineri² · Lea Godino³ · Benedetta Bertonazzi³ · Carla Bruzzone⁴ · Barbara Pivetta⁵ · Christophe Cordier⁶ · Domenico A. Coviello⁷ · Irene Feroce⁸

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PROFESSIONAL ISSUES



Landscape of genetic counseling in the Philippines

Peter James Abad^{1,2} | Ma-Am Joy Tumalak^{3,4} | Romer Guero⁵ | Leniza de Castro-Hamoy^{3,4} | Niecy Grace Bautista⁶ | Ramonito Nuique⁷ | Frances Isabelle Jacalan⁸ | Gay Luz Talapian^{9,10,11} | Eva Belington Felipe-Dimog¹² | John Benedict Lagarde⁶ | Starlene Joy Plaga¹³ | Edbert Jasper Jover⁵ | Kristine Dawn Morales¹⁴ | Graciela Mae Canoy⁵ | Mercy Y. Laurino^{4,15}

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An European overview of genetic counselling supervision provision

Milena Paneque^{a,b,c,1,*}, Lídia Guimarães^{c,d,1}, Joana Bengoa^e, Sara Pasalodos^f, Christophe Cordier^g, Irene Esteban^h, Carolina Lemos^{a,e}, Ramona Moldovan^{i,j}, Clara Serra-Juhé^{k,1}



GC Professional Organizations

Canada	<u>Canadian Association of Genetic Counsellors</u> (CAGC)
	<u>Quebec Association of Genetic Counsellors</u>
	<u>Ontario Association of Genetic Counsellors</u> (OAGC)
United States of America	<u>National Society of Genetic Counselors</u> (NSGC)
	<u>American Board of Genetic Counseling</u> (ABGC)
	<u>Accreditation Council for Genetic Counseling</u> (ACGC)
	<u>Genetic Counselor Educators Association</u> (GCEA)
Mexico	<u>Asociacion Mexicana de Genetica Humana</u> (AMGH)
	<u>Consejo Mexicano de Genetica</u> (CMG)

Austria	<u>Austrian Society for Human Genetics</u> (ÖGH)
Belgium	<u>Belgian Society for Human Genetics</u> (BeSHG)
Denmark	<u>Danish Society for Medical Genetics</u> (DSMG)
France	<u>French Association of Genetic Counselors</u> (AFGC)
Germany	<u>German Society of Human Genetics</u> (GFH)
Italy	<u>Italian Society of Human Genetics</u>
Netherlands	<u>Association of Clinical Genetics Netherlands</u> (VKGN)
Malta	<u>Genetic and Genomic Counselling Association of Malta</u> (GGCAM)
Norway	<u>Norwegian Society of Human Genetics</u> (NSHG)
	Norwegian Interest Association for Genetic Counseling

Portugal	Associação Portuguesa dos Profissionais do Aconselhamento Genético (APPACGen)
	<u>Sociedade Portuguesa de Genética Humana</u> (SPGH)
Romania	Romanian Association for Genetic Counseling
Spain	<u>Spanish Society of Genetic Counseling</u> (SEAGen)
Sweden	<u>Swedish Association for Genetic Counselors</u> (SFGV)
	<u>Swedish Society of Medical Genetics and Genomics</u> (SFMG)
Switzerland	Swiss Association of Genetic Counselors
United Kingdom	<u>Association of Genetic Nurses and Counsellors</u> (AGNC)

Israel	Israeli Association of Genetic Counselors
Oman	Oman Society of Medical Genetics
Saudi Arabia	Saudi Network of Genetic Counselors
	<u>Saudi Society of Medical Genetics</u> (SSMG)
Turkiye	<u>Society for Medical Genetics</u> (TGD)

China	<u>Chinese Board of Genetic Counseling</u> (CBGC)
Hong Kong S.A.R	<u>Hong Kong Society of Genetic Counseling</u> (HKSGC)
India	<u>Board of Genetic Counseling India</u> (BGCI)
Indonesia	<u>Indonesian Society of Human Genetics</u> (InaSHG)
	<u>Indonesian Society of Genetic Counselors</u> (ISGC)
Japan	<u>Japanese Association of Certified Genetic Counselors</u> (JACGC)
	<u>Japanese Society for Genetic Counseling</u> (JSGC)
Malaysia	<u>Genetic Counselling Society Malaysia</u> (GCSM)
Philippines	<u>Philippine Society of Genetic Counselors</u> (PSGC)
Singapore	<u>Genetic Counsellors Society Singapore</u> (GCSS)

South Korea	<u>Korean Society of Medical Genetics and Genomics</u> (KSMG)
Taiwan	<u>Taiwan Association of Genetic Counseling</u> (TAGC)
Thailand	<u>Medical Genetics and Genomics Association</u> (MGA)

South Africa	<u>Genetic Counsellors South Africa</u> (GC-SA)
Australia and New Zealand	<u>Human Genetics Society of Australasia</u> (HGSA)
	<u>Australasian Society of Genetic Counselors</u> (ASGC)

Asia	<u>Professional Society of Genetic Counselors in Asia</u> (PSGCA)
Europe	<u>European Society of Human Genetics</u> (ESHG)
	<u>European Board of Medical Genetics</u> (EBMG)
Latin America	<u>Latin American Professional Society of Genetic Counseling</u> (SPLAGEN)
Various countries	<u>Transnational Alliance of Genetic Counseling</u> (TAGC)
Various countries	<u>Arab Society of Genetic Counselors</u> (ASGC)



About PSGCA

The Professional Society of Genetic Counselors in Asia (PSGCA) is a special interest group of the Asia-Pacific Society of Human Genetics.

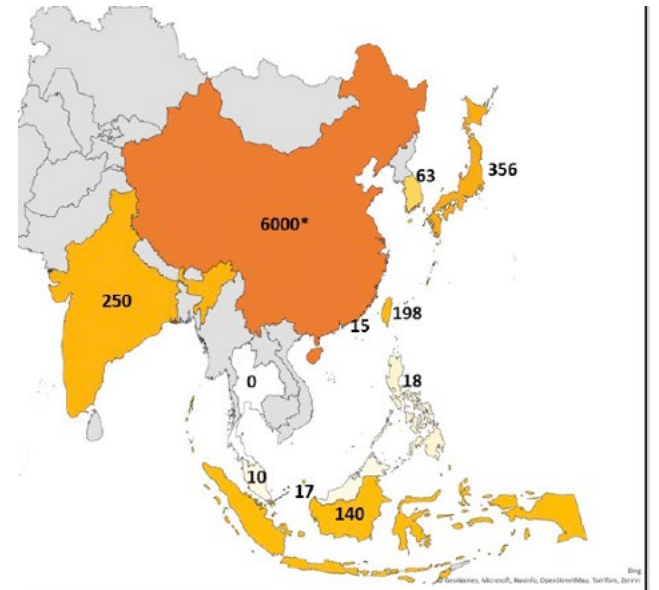
Vision

Advancing and mainstreaming the genetic counseling profession in Asia for equitable access to quality genetic counseling services.

Mission

Empowering genetic counselors to develop and lead in the provision of genetic counseling services.

psgca.org



INICIO SOBRE NOSOTROS RECURSOS MEMBRESIA EN/POR ENTRAR

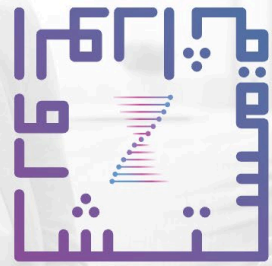
Sociedad Profesional Latinoamericana de Asesoramiento Genético

Somos una comunidad colaborativa de profesionales genéticos motivados en ampliar el conocimiento y el acceso a los servicios de asesoramiento genéticos en Latinoamérica.

[Ver el Localizador de Asesores Genéticos](#)



Map of genetic service providers in Central and South America (GCs and Geneticists)

[Home](#)[About Us](#)[Find A Genetic Counselor](#)[Patient tools](#)[Fact Sheets & Visual Aids](#)[Contact Us](#)

الرابطة العربية لمستشاري الوراثة

ARAB SOCIETY OF GENETIC COUNSELORS



asgcsociety.org

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Search by patient facing

Clear Filter

Name	Country	Speciality	Patient Facing
Alia Elsaddig Mohamed Salman	Qatar	Cancer/Oncology, General Genetics, Prenatal, Pediatrics, Neurology	In person
Aljoharah Alaskar	Saudi Arabia, Riyadh	Preconception/Premarital, Reproductive, General Genetics, Prenatal	In person, Telehealth
Alya Qari	Saudi Arabia, Riyadh	Cancer/Oncology, General Genetics	In person
Ayat Alshoh	Jordan	Cancer/Oncology, Molecular/Laboratory, Reproductive, Prenatal, Research	In person, Telehealth
Batoul Loai Elbassiouny	Egypt	Molecular/Laboratory, Preimplantation Genetic Testing, Laboratory Genetics, Preconception/Premarital, Reproductive, General Genetics, Prenatal, Infertility	In person, Telehealth
Cristina Skrypnyk	Bahrain, Bahrain, Manama	Cardiology, Cancer/Oncology, Molecular/Laboratory, Preconception/Premarital, Reproductive, General Genetics, Pediatrics, Neurology, Research	In person

In collaboration with AfSHG
Please join us for the inaugural meeting and
launch of:

AFRICAN GENETIC COUNSELLORS ASSOCIATION (AGCA)

Join us for an insightful webinar to launch this new
organisation, aiming to increase Genetic Counselling
awareness and services in Africa

Date: 09 October 2025
Time: 16h00-18h00 CAT



AGENDA:

- LANDSCAPE OF GENETIC COUNSELLING IN AFRICA
- LESSONS ON BUILDING GC CAPACITY IN AFRICA
- ADVOCACY AND POLICYS FOR RARE DISEASES IN AFRICA
- GENOMIC RESEARCH IN AFRICA

Register: [Click here or scan:](#)

Registration Deadline: 6 Oct 2025 5pm



Empowering Genetic Counselling in Africa

The newest genetic counseling society
launched in October 2025!

101900 Genetic counseling cooperation and collaboration
Kelly E. Ormond, Juliana Mei-Har Lee

101880 Promoting international genetic counseling
Jon Weil, Dina Alaeddin, Michelle F. Jacobs, Grace

101887 The global status of genetic counseling in the past 5 years
Kelly E. Ormond, Peter J. Tina-Marié Wessels

101862 Genetic counseling in the United States
Tina-Marié Wessels, Jacqui

101848 Genetic counseling in Australia and New Zealand
Anaita Kanga-Parablia, L. Amy Pearn, Rachel Williams, Mithila Belekar, 2023 Health Group, Clara Gaff, and

101861 Bibliometric analysis of genetic counseling insights and implications
Peter James B. Abad, M. Quratulain Hasan

101849 The current state of genetic counseling in German-speaking countries
Gunda Schwaninger, Sir

101855 Workshop report: Integrating genetic counselors into interdisciplinary teams in low- and middle-income countries
Gunda Schwaninger, Ka Corinne Gemperle, Ann Sabine Rudnik-Schöneborn, and Juliana Mei-Har Lee



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Special Issue: Genetic counseling around the globe

We call on genetic counseling professional societies worldwide to work together to support those expanding the horizons of our profession, provide a platform for peer support, and ensure quality by serving as a reliable resource on professional standards. We seek to create a global organization to learn from each other, improve the understanding of genetic counseling practice between countries, and increase international research collaboration and cross-training within the international network.

Edited by

- Kelly Ormond - ETH-Zurich, Zurich, Switzerland and Stanford University School of Medicine (Adjunct), Stanford, California
- Juliana Mei-Har Lee - Genetic Counselling Asia (Kuala Lumpur, Malaysia and Hong Kong)
- Clara Gaff PhD - University of Melbourne, Melbourne, Australia

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sar Echeverría, Esteban San Martín, Francisco Cammarata-Scalisi, and Espinosa-Parrilla, Daniela Zapata-Contreras, Gabriela Norese, Margarit

Counseling (SPLAGen): Advancing genetic

g the journey of the Pakistani Society of Medical

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ontrasts in practice between India and

opportunities for genetic counselors globally
Judek, Debra Duquette, Daniel Riconda, Nancy J. Cox, Gail P. Jarvik,

genetic Counselors (ASGC) Mentor Program
ny Nisselle, Erin Turbitt, Alison McEwen and Laura Yeates

risk of breast and ovarian cancer with digital

ert, Steffi Stegen, Gudrun Rauwolf, Maren Heibges, Viola Westfal,

ico: From establishment of a formal program to

Manuel Moreno-Mirón, Alex Lagunas-Medina, Iñigo Sánchez-Reyes and Jeffrey N. Weitzel

So what is the current status?

Genetics in Medicine Open (2024) ■ 101887







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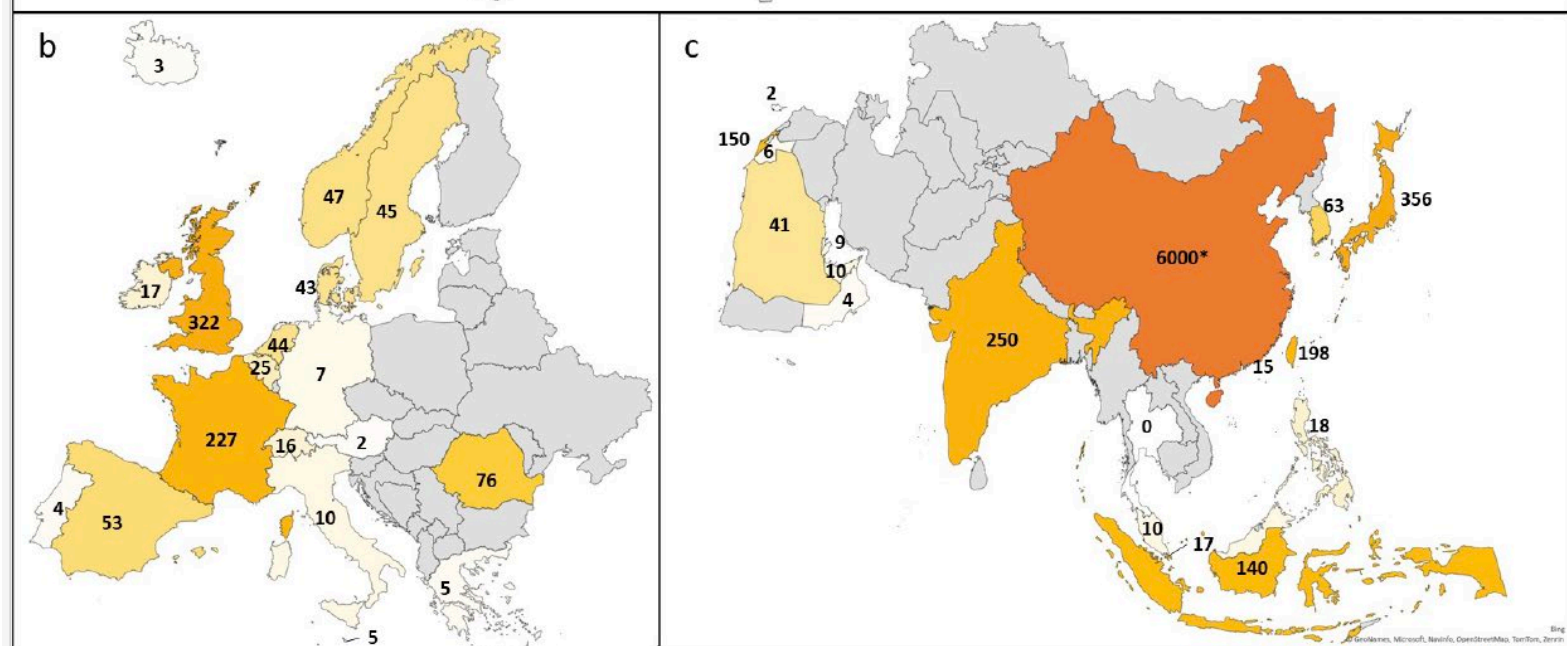
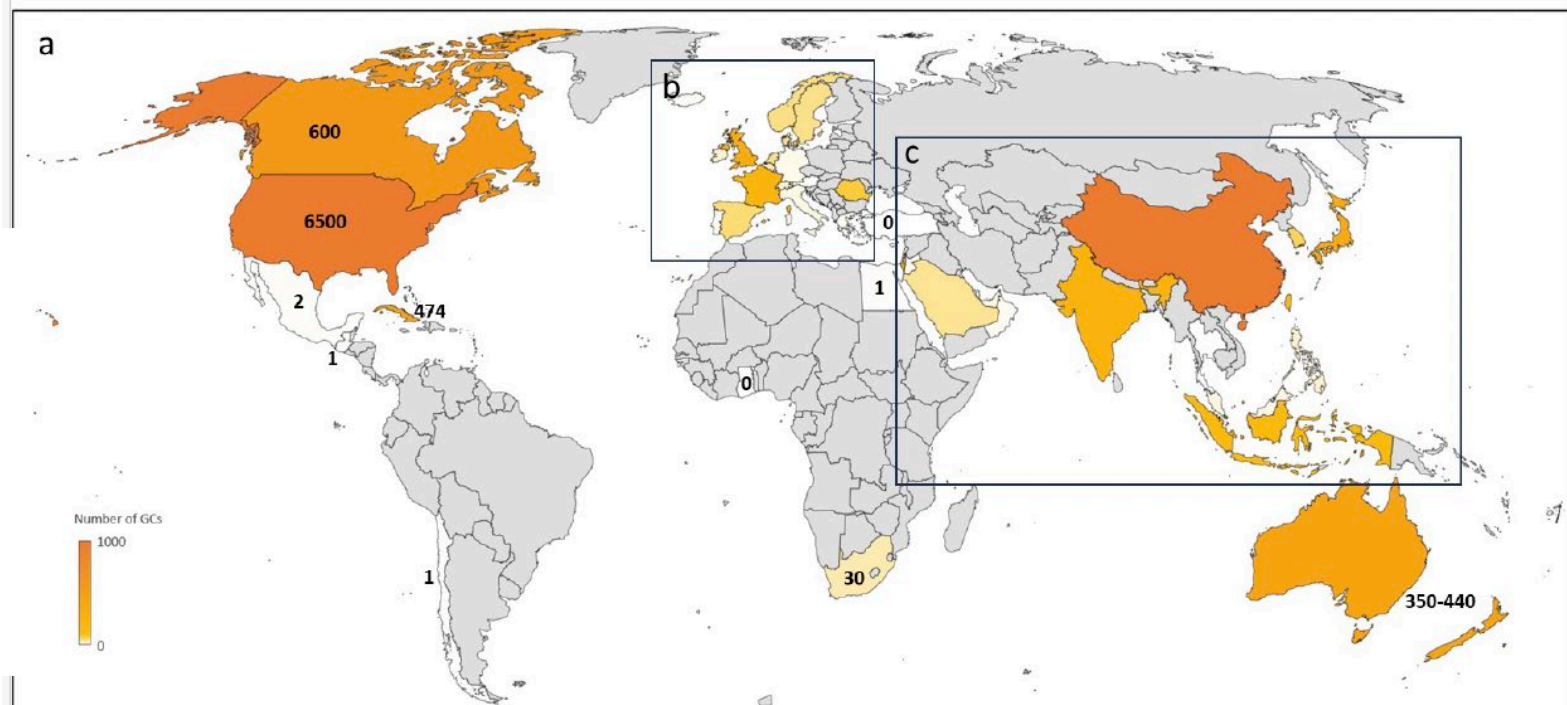
VSI: INTERNATIONAL GC

The global status of genetic counselors in 2023: What has changed in the past 5 years?

Kelly E. Ormond^{1,2,*} , Peter James Abad^{3,4} , Rhona MacLeod^{5,6} , Masakazu Nishigaki⁷ , Tina-Marié Wessels⁸ 

Over 10,000 genetic counselors globally

- Americas -- ~7100 GCs
- Europe - ~960 GCs
- Middle East - ~220 GCs
- Asia - ~1070 GCs + China
- Australasia - >400 GCs
- Africa - ~30 GCs



* certified with several weeks of short training

Major findings

1. WHO is defined as a genetic counsellor?
 1. Most are MS trained
 2. Some medical professionals in other areas undergo specialized certificates
 3. Title protection is an issue and often requires regulation for quality assurance and patient safety
2. WHICH providers do genetic counsellors work with?
3. WHERE do they work?
 1. Medical geneticists, non-genetics specialists/mainstreaming
 2. Laboratories, public health settings, research projects
4. WHAT roles do genetic counsellors play?
 1. Clinical roles, research roles, academic roles

Where do genetic counselors work?

SPECIALTY AREAS



DIVERSE WORK SETTINGS



Other non-clinical genetic counsellor roles as defined by EBMG

(<https://www.ebmgeu/887.0.html>)

- health education activities;
- patient advocacy;
- management or education of genetics professionals;
- research;
- or other relevant roles within the expanding scope of genetic counselling profession.”

ROLES OF GENETIC COUNSELORS





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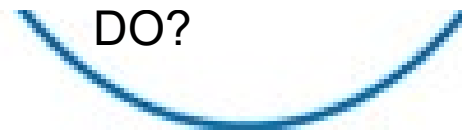
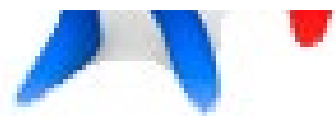
DOI: 10.1002/jgc4.1735

ORIGINAL ARTICLE



International genetic counseling: What do genetic counselors actually do?

Kelly E. Ormond^{1,2,3}  | Laura Hayward¹ | Tina-Marié Wessels⁴  | Christine Patch⁵  | Jon Weil⁶



In most countries, 1/2-2/3 of genetic counselors work, or have worked, in prenatal genetics settings

Supplementary Table 2. Specialties in which respondents have ever worked, currently or in past, across countries.

Country	Preconception	Prenatal	Newborn Screening	Medical Genetics	Cancer Genetics	Cardiology	Neurogenetics	Psychiatric	Laboratory	Genomic Medicine	Pharmacogenetics	Other
Australia N=13	62%	54%	23%	62%	77%	23%	23%	8%	15%	15%	0%	8%
Canada N=26	31%	69%	19%	85%	88%	31%	23%	8%	15%	12%	8%	4%
USA N=59	36%	49%	10%	41%	54%	31%	15%	0%	7%	3%	5%	10%
UK N=17	59%	65%	6%	82%	82%	82%	71%	18%	0%	47%	0%	12%
France N=12	58%	67%	8%	67%	92%	25%	25%	0%	16%	8%	0%	8%
Japan N=19	32%	79%	5%	53%	84%	32%	21%	5%	21%	26%	11%	11%
India N=10	90%	90%	80%	90%	90%	50%	70%	60%	60%	80%	50%	0%
Total N=156	44%	62%	16%	61%	74%	37%	28%	8%	14%	19%	8%	9%

Many genetic counselor jobs are arising around nationalized preconception / prenatal carrier screening programs

Home > SQUMJ > Vol. 18 (2018) > Iss. 1

Should Premarital Screening for Blood Disorders be an Obligatory Measure in Oman?

Amal A. Al-Balushi, Directorate General of Primary Health Care, Ministry of Health, Muscat
Budoor Al-Hinai, Directorate General of Primary Health Care, Ministry of Health, Muscat

> [Genet Med.](#) 2016 Feb;18(2):203-6. doi: 10.1038/gim.2015.55. Epub 2015 Apr 16.

The Israeli national population program of genetic carrier screening for reproductive purposes

[Joël Zlotogora](#)^{1 2 3 4}, [Itamar Grotto](#)^{2 3 5}, [Ehud Kaliner](#)^{2 3}, [Ronni Gamzu](#)³

Affiliations + expand

PMID: 25880436 DOI: [10.1038/gim.2015.55](#)

Six-year outcome of the national premarital screening and genetic counseling program for sickle cell disease and β -thalassemia in Saudi Arabia

Ziad Ahmed Memish [▼] and Mohammad Y. Saeedi [▼]

Published Online: 2 Jun 2011 • <https://doi.org/10.4103/0256-4947.81527>



📅 October 14, 2025

Research | [Open access](#) | Published: 10 June 2024

The perception of genetic diseases and premarital screening tests in the central region of Saudi Arabia

[Mariam M. Al Eissa](#) [✉], [Fahad Almsned](#), [Reem R. Alkharji](#), [Yousif M. Aldossary](#), [Raghad AlQurashi](#), [Esraa A. Hawsa](#), [Sahar M. AlDosari](#), [Amerh S. Alqahtani](#), [Raniah S. Alotibi](#), [Raed Farzan](#), [Reema Alduaiji](#), [Suha M. Sulimani](#), [Shaker A. Alomary](#) & [Abdullah M. Assiri](#)

[BMC Public Health](#) **24**, Article number: 1556 (2024) | [Cite this article](#)

TABLE 2 Similarities in practice patterns where activity endorsement is high (≥74% across each of 7 countries^a).

Component of session (category)	Activity pertaining to theme	Range of % endorsement ^a	Average % endorsement (N=189)
Case preparation	Review patient (and family) medical records	94%-100%	96%
	Confirm eligibility and availability of genetic testing and/or research studies	74%-100%	83%
Contracting and establishing rapport	Establish rapport through verbal and non-verbal interaction or through interpreters	75%-100%	93%
Family history	Determine which diagnoses require confirmation	78%-100%	82%
Risk assessment and risk counseling	Analyze pedigree	84%-100%	93%
	Identify at risk family members	84%-100%	93%
	Integrate medical, laboratory, and genetic information	83%-100%	94%
	Counsel patients on genetic risks, risk modifiers and disease modifiers	74%-100%	91%
Educating about diagnosis and natural history	Educate clients and convey information about basic genetic concepts, diagnosis/ indication, etiology, modes of inheritance, variable expressivity and penetrance, while considering identified factors affecting the client's learning process	74%-100%	92%
	Utilize a range of tools to enhance the learning encounter such as handouts, visual aids and other educational technologies	74%-100%	79%
	Discuss options for prevention, treatment, reproduction and management	74%-100%	87%
Educating about testing options	Explain possible testing options (diagnostic, screening, predictive, carrier, research)	84%-100%	93%
	Explain outcomes and implications	84%-100%	97%
	Facilitate informed decision making and adaptation to genetic risks or conditions	79%-100%	94%
	Discuss potential costs, risks, benefits, limitations, and alternatives to testing	79%-100%	92%
	Identify and select the most appropriate genetic test	74%-100%	88%
Educating about test results	Interpret clinical significance of test result	84%-100%	93%
	Discuss results and potential implications/limitations (e.g., sensitivity, specificity, residual risk)	79%-100%	94%
	Discuss management recommendations on basis of results	79%-100%	88%
Assessing patients psychosocially	Recognize factors that may affect the counseling interaction	75%-100%	88%

^aSee Tables S3-S12 for more detailed information.

- Only two categories didn't have at least one activity listed
 - Medical History.
 - (had some of the lowest endorsed roles)
 - Providing Psychosocial Support
- Most consistently endorsed role was « Review of records »
- Similarities may be due to:
 - Shared scientific basis for genetic counseling
 - Shared psychosocial needs of individuals & families served
 - Multiple forms of international exchange of ideas and

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ORIGINAL ARTICLE



International genetic counseling: What do genetic counselors actually do?

Kelly E. Ormond^{1,2,3} | Laura Hayward¹ | Tina-Marid Wessels⁴ | Christine Patch⁵ | Jon Weil⁶

FIGURE 2 Activities with significant variation ($p < 0.001$) in endorsement between countries. Please see Table S13 for additional information.

1. Case Preparation (1 of 6 activities)
 - Evaluate referral information
2. Contracting and Establishing Rapport (5 of 7 activities)
 - Establish a mutually agreed upon genetic counseling agenda with the client
 - Elicit client concerns, expectations, and perceptions
 - Determine knowledge-base of client
 - Outline the genetic evaluation process
 - Modify genetic counseling agenda as appropriate by continually contracting to address emerging concerns
3. Family History (4 of 6 activities)
 - Construct a complete pedigree using standardized pedigree nomenclature
 - Prompt or facilitate recall (e.g. symptoms, diagnoses, treatments)
 - Document ethnicity and consanguinity
 - Identify social history, family dynamics and/or emotional responses
4. Medical History (6 of 12 activities)
 - Obtain birth history
 - Perform a dysmorphology exam
 - Document physical measurements while exam is completed by physician
 - Obtain developmental history
 - Identify current medications
5. Risk Assessment and Risk Counseling (1 of 8 activities)
 - Modify differential diagnosis
6. Educating about Diagnosis and Natural History (1 of 8 activities)
 - Formulate agenda for discussion of diagnoses and natural history based on client specific findings and need
7. Educating about Testing Options (4 of 12 activities)
 - Identify and select most appropriate laboratory for testing
 - Cost and Payment related to genetic testing (including potential coverage by a health system, insurer or need to self-pay)
 - Explain and address client concerns regarding genetic privacy and related protections
 - Order test in own name (select lab, best testing choice)
8. Educating about Test Results (1 of 7 activities)
 - Assess client's understanding of results and modify counseling based on their response
9. Assessing Patients Psychosocially (3 of 7 activities)
 - Assess client and/or family emotions and well-being
 - Determine support systems and barriers
 - Assess cultural/religious beliefs and values
10. Providing Psychosocial Support (8 out of 9 activities)
 - Address client emotions and/or behavior
 - Employ anticipatory guidance
 - Utilize cross-cultural genetic counseling techniques
 - Promote competence and autonomy with direct, supportive statements
 - Actively facilitate client decision-making that is consistent with the client's values
 - Promote coping and adjustment
 - Identify and respond to boundaries of client/professional relations
 - Provide outside support resources

Areas where there was a **statistically significant variation** in how often activities were performed

- Highest numbers of differences in Providing Psychosocial Support (8 out of 9 areas)

Sometimes variation was country specific, sometimes there was variation across all countries

Differences may be due in part to variation in

- Health care systems
- Values & expectations of populations served
- Historical development of genetic counseling

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ORIGINAL ARTICLE

 WILEY

International genetic counseling: What do genetic counselors actually do?

Kelly E. Ormond^{1,2,3} | Laura Hayward⁴ | Tina-Marié Wessels⁴ | Christine Patch⁵ | Jon Weil⁶

An example of significant cross-country differences

Supplementary Table J. Defining *Providing Psychosocial Support* for a typical case by country

Country	Address client emotions and/or behavior	Employ anticipatory guidance	Utilize cross-cultural genetic counseling techniques	Promote competence and autonomy with direct, supportive statements	Address family communication issues	Actively facilitate client decision-making that is consistent with the client's values	Promote coping and adjustment	Identify and respond to boundaries of client/professional relations	Provide outside support resources
P value	<.001	<.001	<.001	<.001	.008	<.001	<.001	<.001	<.001
Australia N=13	100%	69%	69%	100%	100%	92%	92%	85%	92%
Canada N=26	100%	92%	81%	92%	89%	92%	96%	77%	77%
USA N=59	95%	85%	68%	93%	73%	90%	80%	66%	78%
UK N=17	100%	88%	65%	100%	100%	100%	100%	94%	100%
France N=12	42%	8%	8%	33%	50%	17%	8%	8%	42%
Japan N=19	95%	58%	21%	42%	74%	53%	37%	21%	42%
India N=10	90%	60%	70%	60%	70%	80%	90%	70%	70%
Total N=156	92%	74%	60%	81%	79%	81%	76%	63%	74%

Genetic Counselling training

>130 training programs exist across 30 countries, mostly MS programs

- US - 56 programs
- Canada – 5 programs
- UK – 2 programs
- Australia – 2 programs
- South Africa – 2 programs
- Israel – 3 programs
- France – 3 programs (1 is closing)
- Japan - 28 programs
- India – 4 programs
- Saudi Arabia – 2 programs
- South Korea – 3 programs

Countries with a single training program

- Central and South America - Cuba, Brazil. *Mexico in progress.*
- Europe – Austria (for DACH), Italy, Norway, Portugal, Spain, Sweden; Romania inactive
- Middle East – Qatar, UAE (2024), *Oman (2025)*
- Asia – India, Malaysia, Philippines, Taiwan. {working on one in Singapore}
- Africa - Ghana
- *Post graduate diploma/certificates: Belgium, China, Chile, HongKong, Thailand*

VSI: INTERNATIONAL GC

The global status of genetic counselors in 2023: What has changed in the past 5 years?

Kelly E. Ormond^{1,2,*}, Peter James Abad^{3,4}, Rhona MacLeod^{5,6}, Masakazu Nishigaki⁷, Tina-Marié Wessels⁸

How to get started??!!?'

1. Areas where genetic counseling is emerging, or desired, may struggle to create training approaches from these often aspirational content and skill development lists

2. Evolution over time of the profession: scope of practice and the way that genetic counseling is defined grow and change.




Genetics and Genomics Expertise	Risk Assessment	Counseling	Communication	Research	Healthcare Systems	Professional Identity
1. Apply knowledge of genetics and genomics principles, genetic conditions, and testing technologies to the practice of genetic counseling.	2. Evaluate personalized genetic risk .	3. Promote integration of psychosocial needs and client-centered decision-making into genetic counseling interactions.	4. Communicate genetics and genomics information to clients , colleagues, and other community partners.	5. Synthesize the evidence base relevant to genetic counseling.	6. Demonstrate how genetic counselors fit within the larger healthcare system .	7. Embody the values of the genetic counseling profession.
1.a. Demonstrate knowledge of genetics and genomics principles and concepts.	2.a. Analyze family history to estimate genetic risk .	3.a. Use applicable counseling skills and theories.	4.a. Tailor communication to specific individuals and audiences.	5.a. Critically interpret data and literature.	6.a. Demonstrate how disparities, inequities, and systemic bias affect access to healthcare for diverse populations.	7.a. Adhere to the genetic counselor scope of practice .
1.b. Apply knowledge of genetic conditions to the delivery of genetics services.	2.b. Calculate risk using probability methods and risk models.	3.b. Establish a working alliance with client .	4.b. Use a variety of approaches to communicate genetics and genomic information.	5.b. Apply data and literature considering its strengths, weaknesses, and limitations.	6.b. Describe the financial considerations in the delivery of genetic services.	7.b. Follow applicable professional ethical codes .
1.c. Demonstrate knowledge of genetic testing methodologies and variant interpretation .	2.c. Integrate clinical and laboratory data into risk assessment .	3.c. Promote psychosocial adaptation .	4.c. Convey probabilities based on client's risk perception and numeracy .	5.c. Demonstrate knowledge of how genetic counselors engage and contribute to the research process .	6.c. Advocate for continuity of care .	7.c. Exhibit behaviors that promote an inclusive, just, equitable , and safe environment for all individuals and communities.
	2.d. Order genetic tests guided by client-centered risk assessment .	3.d. Facilitate client's decision-making process.			6.d. Collaborate with members of the Care Team, clients , and other Community Partner .	7.d. Engage in self-reflective practice to promote ongoing growth and development.

ORIGINAL ARTICLE



Developing global consensus about core knowledge and skills for genetic counselor education

Alison McEwen¹  | Kelly E. Ormond^{2,3} | Yasmin Cathcart-King¹ |
HUGO Genetic Counselling Education Sub-Committee | Milena Paneque^{4,5,6}

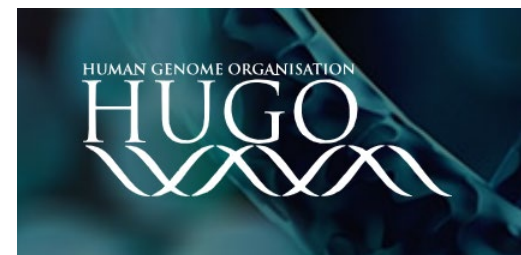


TABLE 2 International genetic counselor curriculum consensus list.

	Tier 1: Minimum and critical components to include in a genetic counselor training program (25 items)	Tier 2: Curriculum items to include based on regional needs and/or as genetic counselor training develops (11 items)
Domain	Curriculum item	Curriculum item
Counseling and communication skills and knowledge	<p>Counseling techniques: Empathy and active listening</p> <p>Interviewing techniques: Developing rapport, asking questions</p> <p>Agenda setting (Contracting)</p> <p>Giving information (Bio-psycho-educational models)</p> <p>Decision-making models</p> <p>Cultural sensitivity training</p> <p>Ethics/ELSI issues relevant to genetic services (Code of ethics, privacy, discrimination, informed consent)</p>	<p>More advanced counseling concepts that should be strongly considered for inclusion or taught electively include:</p> <ul style="list-style-type: none"> grief and bereavement models; family-based counseling theories; disability awareness
	7 items	1 item
Genetic and genomic knowledge	<p>Basics of Mendelian inheritance</p> <p>Basics of Non-Mendelian inheritance (Multifactorial, mitochondrial, imprinting)</p> <p>Make appropriate and accurate genetic risk assessment</p> <p>Laboratory basics: Molecular genetics and basic test result interpretation</p> <p>Laboratory basics that allow the learner to acquire knowledge and adapt skills as new technologies emerge (e.g., understanding foundational concepts of DNA analysis methods)</p>	<p>Laboratory basics: Genomic sequencing (WGS/WES)</p> <p>Basics of human reproduction</p> <p>Embryology/ developmental genetics</p> <p>Programs should include additional testing technology, skills and knowledge relevant to regional needs</p>
	5 items	4 items

TABLE 2 (Continued)

	Tier 1: Minimum and critical components to include in a genetic counselor training program (25 items)	Tier 2: Curriculum items to include based on regional needs and/or as genetic counselor training develops (11 items)
Genetic counseling healthcare professional skills and knowledge	<p>Obtain and draw a family history</p> <p>Analyze pedigree/perform risk assessment</p> <p>Ability to communicate genetic principles, genetic/genomic testing options and results</p> <p>Familiarity with genetics literature, databases, and computerized tools</p> <p>Ability to complete case documentation (chart note, patient letters)</p>	<p>Discuss clinical surveillance and/or clinical screening</p> <p>Reflective practice and counseling supervision</p> <p>Effective working relationships including to function within multidisciplinary teams</p> <p>Preparation for lifelong learning across all domains of knowledge and skills</p> <p>Genetic counseling healthcare professional skills and knowledge that should be considered for inclusion or taught electively based on regional needs include:</p> <ul style="list-style-type: none"> selection and evaluation of genetic/genomic tests/laboratories; knowledge of risk assessment tools/programs; telehealth genetic counseling; group or co-counseling; social and policy issues (including systems change)
	7 items	5 items
Medical knowledge	<p>Clinical features and natural history of common genetic disorders</p> <p>Specialty areas: Prenatal genetics</p> <p>Specialty areas: Pediatric and adult genetic disease</p> <p>Specialty areas: Population based screening (Newborn or Carrier)</p> <p>Specialty areas: Cancer genetics</p> <p>Foundational clinical skills to acquire knowledge for other relevant specialty areas now and in the future</p>	<p>Select from additional specialty areas relevant to regional needs. For example:</p> <ul style="list-style-type: none"> neurogenetics, cardiac genetics, metabolic disorders, infertility genetics preimplantation testing. <p>Select from additional specialty areas as these emerge over time</p>
	6 items	1 item

Credentialling and regulation

1. Differences in who credentials
 1. National or state governments
 2. Professional bodies
2. Differences in the goal of credentialing
 1. Demonstrate entry level competence (right after graduation)
 2. Demonstrate professional level competence (2+ years of supervised clinical work)
3. Differences in what it's called and how it happens
 1. Certification, licensure, registration
 2. Written or oral exam, portfolio, etc

Global Regulation of GCs in 2023

Table 2 Regulation of genetic counselors across countries

Country	Internal Self-Regulation by a Professional Organization ^a	Self-Regulation by National Recognition ^a	Statutory Regulation ^a	Relevant Websites
North America				
Canada	CBGC	NA	NA	https://www.cbgc-ccc.ca/?page=1
United States of America	ABGC	NA	Regulation implemented by 35 (out of 50) states	ABGC: https://www.abgc.net/ State licensure of genetic counselors: https://www.nsgc.org/POLICY/State-Licensure-for-Genetic-Counselors
Europe				
Various European countries				
Netherlands	EBMG	NA	NA	https://www.ebmg.eu/408.0.html
	NA	NA	Registration Committee for Specialties in Nursing (RSV, for Master of Advanced Nursing) Ministry of Health, Wellbeing, and Sports (for Master of Physician Assistant)	RSV: https://www.venvn.nl/registers/verpleegkundig-specialisten-register/het-register/registratiecommissie/ Ministry of Health, Wellbeing, and Sports: https://www.bigregister.nl/herregistratie/criteria-per-beroep/physician-assistant
Sweden	SFMG	NA	NA	https://sfmg.se/arbetsgrupper/genetiska-vagledare/
United Kingdom	NA	GCRAB	HCPC	GCRAB: https://gcrb.org.uk/ HCPC: https://www.aahcs.ac.uk/
Asia				
China	CBGC	NA	NA	https://www.cbgc.org.cn/profile/charters/
India	BGCI	NA	NA	https://www.geneticcounselingboardindia.com/
Indonesia	ISGC ^b	NA	NA	https://inashg.org/about-isgc/
Japan	JSHG and JSJG	NA	NA	https://plaza.umin.ac.jp/~GC/
South Korea	KSMG	NA	NA	http://www.ksmg.or.kr/html/?pmode=cert3_1&MMC_pid=33
Taiwan	TAGC	NA	NA	http://www.taiwangc.org.tw/
Middle East				
Israel	NA	NA	MoH	https://www.gov.il/en/departments/ministry_of_health/govil-landing-page
Qatar	NA	NA	MoPH	https://www.moph.gov.qa/arabic/Pages/default.aspx
Saudi Arabia	NA	NA	SCFHS	https://www.scfhs.org.sa/en
United Arab Emirates	NA	NA	DHA and DoH	DHA: https://www.dha.gov.ae/en Abu Dhabi DoH: https://www.doh.gov.ae/en/pqr/allied-healthcare-professionals
Africa				
Ghana	NA	NA	AHPC	https://www.moh.gov.gh/allied-health-professions-council/
South Africa	NA	NA	HPCSA	https://www.hpcs.co.za/
Oceania				
Australia	HGSA	NASRHP	NA	HGSA: https://www.hgsa.org.au/ NASRHP: https://nasrhp.org.au/
New Zealand	HGSA	NA	NA	https://www.hgsa.org.au/

^aABGC, American Board for Genetic Counseling; AHPC, Allied Health Professions Council; BGCI, Board of Genetic Counseling India; CBGC, Canadian Board of Genetic Counseling; DHA, Dubai Health Authority; DoH, Abu Dhabi Department of Health; EBMG, European Board of Medical Genetics; GCRAB, Genetic Counsellor Registration Advisory Board; HCPC, Health and Care Professions Council; HGSA, Human Genetics Society of Australasia; HPCSA, Health Professions Council of South Africa; ISGC, Indonesian Society of Genetic Counselors; JSHG, Japan Society of Human Genetics; JSJG, Japan Society of Genetic Counseling; KSMG, Korean Society of Medical Genetics and Genomics; MoH, Ministry of Health; MoPH, Ministry of Public Health; NASRHP, National Alliance of Self-Regulating Health Professions; RSV, Registration Committee for Specialties in Nursing; SCFHS, Saudi Commission for Health Specialties; SFMG, Swedish Society of Medical Genetics and Genomics; TAGC, Taiwan Association of Genetic Counseling.

^bThe classification of regulation used in this table is based on Hoskins et al.³¹ 2021.

^cIndonesia will start regulating its genetic counselors through their professional organization in 2024.



VSI: INTERNATIONAL GC

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TAGC

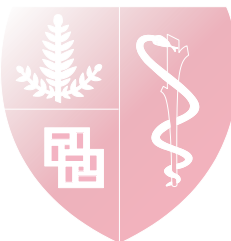


Transnational Alliance for Genetic Counseling



TAGC is a partnership of genetic counselor educators from more than twenty countries. TAGC connects the global genetic counseling community and enhances international communication and collaboration.

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Students in Innsbruck, Austria
and Siena, Italy Nov 2021-Dec
2024

Genetic counseling: Growth of the profession and the professional

Bonnie J. Baty 

- Genetic counseling is **>50** years old in the USA
- NSGC celebrated it's **45th** anniversary in 2024
- ABGC celebrated over **5,000** CGCs on 8/2019
 - Numbers are now **>7,000** in the USA
- There are now **>60** accredited North American GC programs and more in the works
- 610 students matched to 58 programs in 2024. There were ~1860 applicants, **>1000** of whom were interviewed by at least one program
 - <https://natmatch.com/gcadmissions/statistics.html>

TABLE 1 Milestones in the professionalization of the genetic counseling profession

Year	Milestone	References
1941	Hereditary disease clinics established, providing genetic advice to families with members with genetic disease and/or disabilities	Resta (1997)
1947	The term <i>genetic counseling</i> coined	Resta (1997)
1971	Establishment of master's degrees in genetic counseling; first class graduated from Sarah Lawrence College, Bronxville, New York	Sarah Lawrence College (2018)
1975	Conferences to establish minimum educational criteria for graduate genetic counseling programs	Walker (1979); Walker et al. (1990)
1975	Initial widely used definition of genetic counseling	American Society of Human Genetics (1975)
1979	Establishment of national professional society (National Society of Genetic Counselors—NSGC) with professional newsletter (<i>Perspectives in Genetic Counseling</i>)	Heimler (1997)
1981	First annual education meeting of NSGC; first proceedings in 1984	Heimler (1997)
1981	First NSGC Professional Status Survey published	National Society of Genetic Counselors (2004)
1982	Certification of genetic counselors and accreditation of genetic counseling graduate programs, by the American Board of Medical Genetics (established 1981) and later the American Board of Genetic Counseling (ABGC) (established 1993)	American Board of Genetic Counseling (2018b)
1990	NSGC professional awards (Special Projects Award, 1990; Jane Engelberg Memorial Fellowship, 1991; Audrey Heimler Special Projects Award, 1993; Leadership Awards, 1994)	Heimler (1997); www.nsgc.org
1992	Establishment of <i>Journal of Genetic Counseling</i> ; indexed in <i>Index medicus</i> (2004)	NCBI (2018)
1992	Code of Ethics published (last revised in 2017)	Benkendorf, Callanan, Grobstein, Schmerler, and FitzGerald (1992); Senter et al. (2017)
1990s	Genetic counseling training programs and services started outside the United States; first graduate educational program in Manchester, United Kingdom in 1992	Sahhar et al. (2005); Skirton et al. (2013)
1994	Development of Special Interest Groups within NSGC	Balkite and Smith (2009)
1996	Practice-based competencies as basis for entry-level practice and guide for graduate programs	Fiddler et al. (1996); Fine, Baker, and Fiddler (1996); Doyle et al. (2016)
1997	Publication of first special issue (on cancer genetics) on single topic in <i>Journal of Genetic Counseling</i>	Cancer Genetic Counseling (2018)
2000	Licensure of genetic counselors (first law passed in California in 2000; first licenses issued in Utah in 2002; in 2018, 23 states have passed a licensure law)	NSGC: https://www.nsgc.org/p/cm/ld/fid=19
2006	NSGC definition of genetic counseling	Resta et al. (1997)
2006	First international conference of genetic counseling educators in Manchester, United Kingdom	Transnational Alliance for Genetic Counseling (2018a)
2007	National Scope of Practice	National Society of Genetic Counselors (2007)
2008	Establishment of Transnational Alliance for Genetic Counseling (TAGC) (In January 2018, TAGC had 64 member programs from 19 countries and 17 genetic counseling professional organizations from 12 countries.)	Transnational Alliance for Genetic Counseling (2018b)
2010	Explosion in genetic counseling positions	Bureau of Labor Statistics (2017)
2013	Accreditation Council for Genetic Counseling (ACGC) formed, separating certification (ABGC) from accreditation (ACGC). In January 2018, 41 programs in the United States and Canada were accredited by ACGC with 6 more programs in the pipeline.	Accreditation Council for Genetic Counseling (2018)
2015	Consideration of entry-level clinical practice doctorate	Nagy et al. (2015)

Late 1980's and
Early 1990's –
UK professional
development

Original research



Making the 'genetic counsellor' in the UK, 1980–1995

Jenny Bangham

J Genet Counsel (2013) 22:902–906
DOI 10.1007/s10897-012-9560-4

GENETIC COUNSELING: A GLOBAL PERSPECTIVE

Building the Genetic Counsellor Profession in the United Kingdom: Two Decades of Growth and Development

Heather Skirton • Lauren Kerzin-Storarr •
Chris Barnes • Georgina Hall • Mark Longmuir •
Christine Patch • Gillian Scott • Jan Walford-Moore



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POLICY OPEN

Check for updates

The genetic counsellor role in the United Kingdom

Position on behalf of the Association of Genetic Nurses and Counsellors (AGNC),
Endorsed by the Genetic Counsellor Registration Board (GCRB) and Academy for
Healthcare Science (AHCS)

Anna Middleton^{1,2}, Nicola Taverner^{3,4}, Natalie Moreton⁵, Roberta Rizzo⁶, Catherine Houghton⁷, Catherine Watt⁸, Esther Horton⁹, Sara Levene¹⁰, Phil Leonard¹¹, Athalie Melville¹², Somya Ellis⁵, Vishakha Tripathi¹³, Christine Patch¹ and Elaine Jenkins¹⁴

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European Journal of Human Genetics (2023) 31:13–15; <https://doi.org/10.1038/s41431-022-01212-9>

The History of the Genetic Counselling Profession in Australasia

The Beginning:

In the 1970s and 1980's, various non-medical professionals were working in roles related to genetic counselling in Australasia.

In 1987, the first position with the official title of 'Genetic Counsellor' was established in NSW.

By the late 1980s, several Genetic Counsellors were employed in public health institutions throughout Australia and New Zealand.

In 1986, the Human Genetics Society of Australasia (HGSA) formed a working party to consider how this body would guide and support the development of a profession of non-medical Genetic Counsellors.

In 1989, a policy titled 'The Training of Genetic Counsellors' was ratified at the HGSA annual general meeting and HGSA Council endorsed a Board Of Censors (HGSA BOC), which would take responsibility for implementation of the policy, and for ongoing development of training guidelines and the formal assessment process.

J Genet Counsel (2013) 22:753–761

DOI 10.1007/s10897-013-9606-2

GENETIC COUNSELING: A GLOBAL PERSPECTIVE

Roles of Genetic Counselors in South Africa

Jennifer G. R. Kromberg • Tina-Marié Wessels •
Amanda Krause

Similar timelines to start
the profession in
Australia and South
Africa
(late 1980's/early 1990s)

Genetics in Medicine Open (2024) 2, 101862







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SPECIAL ARTICLE

Genetic counseling in South Africa: A growing profession

Tina-Marié Wessels^{1,*}, Jacquie L. Greenberg¹, Katryn Fourie²,
Jennifer G.R. Kromberg²





VIEWPOINT



The recognition of the profession of Genetic Counsellors in Europe

Christophe Cordier¹ · Marion McAllister² · Clara Serra-Juhe³ · Joana Bengoa⁴ · Sara Pasalodos⁵ · Inga Bjornevoll⁶ · Irène Feroce⁷ · Ramona Moldovan⁸ · Milena Paneque⁹ · Debby Lambert¹⁰

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Code of professional practice for genetic counsellors in Europe

The genetic counsellor will:

1. Respect the human rights of the client, in accordance with the recommendations of the World Health Organisation.
2. Work in accordance with the legal and ethical requirements of the setting and country in which he or she practices.
3. Enable equality of access to services, without discrimination on the basis of ethnicity, religion, belief, gender, disability, age or sexual orientation.
4. Protect confidential information obtained in the course of professional practice and obtain the client's consent to disclose information to other professionals and/or family members.
5. Offer accurate information on the range of options available to clients, while respecting the right of the client to make decisions based on their own beliefs and values.
6. Enable clients to make informed decisions, free from coercion.
7. Avoid any abuse of the professional relationship with clients.
8. Maintain clear, contemporaneous and accurate medical records.
9. Collaborate and co-operate with colleagues to achieve standards of good clinical practice.
10. Act as an advocate for service users, as appropriate.
11. Act appropriately to report concerns about the safety of clients and/or quality of care.
12. Be aware of his or her physical, mental and emotional health and take action to prevent adverse impact on practice.
13. Participate in clinical and counselling supervision.
14. Be aware of his or her personal beliefs and limitations of expertise and refer clients as appropriate to ensure they have access to the full range of services and decision options.
15. Maintain his or her knowledge and skills through continuing professional education.

<https://www.eshg.org/fileadmin/eshg/committees/EBMG/EBMGCodeofprofessionalpracticeforgeniccounsellorsinEurope.pdf>