



## Core Competencies for Genetic Counsellors in Canada

The **Core Competencies for Genetic Counsellors in Canada** outline the knowledge, skills, attitudes, and behaviours required of a minimally competent genetic counsellor, defined as an entry-level practitioner working without direct supervision. These competencies establish a national standard of practice, supporting consistency in and quality of genetic counselling services across Canada. While these competencies describe the baseline for safe, effective, and ethical practice, they are not intended to define the upper limits of the genetic counsellor scope of practice in Canada.

Developed for use by practising genetic counsellors, educators, students, and future regulatory bodies, the core competencies serve as a foundation for training, evaluation, and ongoing professional development. The framework is organized into five overarching core competencies:

1. Genetics and Genomics Expertise
2. Communication
3. Counselling
4. Evidence-Informed Practice
5. Ethical and Values-Driven Behaviours

These are further broken down into 21 sub-competencies that are provided on the next page.

Each competency is designed to be clear, measurable, and relevant to current practice. The fundamental knowledge that underlies the skills, attitudes, and behaviours of the core competencies is defined by the Canadian Board of Genetic Counselling and assessed by the certification exam.

The sub-competencies are interrelated and not intended to function in isolation. For instance, while some principles (such as anti-oppression, inclusion, and equity) are explicitly named in certain sub-competencies, they are in fact relevant across all core competencies. The competencies and sub-competencies do not include embedded examples; instead, expanded descriptions are provided in the **Glossary** section.



1. **Genetics and Genomics Expertise: Apply knowledge of genetics and genetic testing to assess risk**
  - a. Demonstrate knowledge of genetic conditions, human genetics, and genomics concepts across diverse populations
  - b. Evaluate the benefits, limitations, and test performance of genetic screening and testing technologies in accordance with risk assessments
  - c. Interpret the significance of genomic test results considering client and familial implications
  - d. Assess the probability of genomic conditions considering personal and family history, risk models, laboratory data, and the literature
  
2. **Communication: Employ inclusive communication skills to educate and exchange information with a diverse audience**
  - a. Employ strategies to effectively convey information, adapting to diverse clients and their informational needs
  - b. Use interviewing techniques to elicit pertinent information
  - c. Tailor the communication of complex information in written and oral format to maximize audience understanding and minimize potential barriers to comprehension
  - d. Employ risk communication models and strategies that integrate the client's lived experience
  
3. **Counselling: Apply counselling skills and models to support person-centred decision-making and adaptation**
  - a. Establish and maintain rapport to foster a working alliance with clients
  - b. Apply a variety of counselling models and theories to explore and engage client values, preferences, and expectations in the decision-making process
  - c. Assess and respond to client reactions and emotions to promote adaptation to a genetic risk or condition
  - d. Implement a flexible mutual plan that aligns with personal context, values, and needs
  - e. Facilitate person-centered decision-making that upholds the client's values
  
4. **Evidence-Informed Practice: Integrate literature and contextual factors to provide high quality and evidence-informed service, while recognizing systemic biases and gaps in the evidence base**
  - a. Critically assess and synthesize literature, available data, and professional resources
  - b. Apply relevant practice guidelines and research findings according to contextual factors
  - c. Contribute to the design, implementation, and analysis of research and service delivery models
  
5. **Ethical and Values-Driven Behaviour: Ensure ethical practices and values are upheld in all actions and decisions**
  - a. Adapt approaches to advance inclusion, equity, access, and reconciliation, considering counsellor, client, and systemic factors, including historical and ongoing injustices in health care
  - b. Demonstrate commitment to learning and personal growth by engaging in ongoing reflection, self-assessment, and continuing education
  - c. Practice cultural humility to promote meaningful and respectful engagement with diverse individuals and communities
  - d. Act with integrity by adhering to professional ethical codes, principles, and privacy/confidentiality regulations
  - e. Consider ethical implications of decisions and choose an acceptable course of action



## Glossary

- **Access:** The opportunity or ability to use and benefit from a resource or service.
- **Available resources:** The staff, services, equipment, space, time, and funding that are accessible to support patient care and service delivery.
- **Audience:** The group of people who receive or use health information. Examples include patients, families, the community, colleagues, students, and health care professionals.
- **Client:** A person who receives professional services, care, or support from a health care professional. Depending on the setting, a client could be a patient, a healthcare professional, a customer, etc.
- **Counselling skills:** The core communication and interpersonal abilities used to support and guide individuals in exploring their thoughts, feelings, and behaviours. Examples include active listening, questioning, primary empathy (e.g., reflecting, summarizing), advanced empathy (e.g., confrontation), reframing, and anticipatory guidance. Counselling should incorporate a trauma-informed approach and cultural humility, as appropriate.
- **Contextual factors:** Elements that affect how care is given or received such as location/setting, culture, personal situation, or available resources.
- **Counselling models:** The counselling frameworks that guide health care professionals during a counselling session. Examples include reciprocal engagement, person-centred counselling, teaching/counselling, and narrative models.
- **Cultural humility:** The ongoing process of learning, open-mindedness, and respectfulness about and towards different cultures, while considering one's personal beliefs, biases, experiences, and limitations.
- **Diverse:** Involving individuals with a wide range of identities, including but not limited to different social and ethnic backgrounds, genders, sexual orientations, and abilities.
- **Equity:** Fair and just decisions that aim to address historical injustices and provide access depending on individual needs.
- **Evidence-informed practice:** The use of evidence from a wide variety of sources (including research, clinical guidelines, professional expertise, and client preferences) in one's practice.
- **Inclusion:** The practice of ensuring all individuals are welcomed and included, regardless of their identities.
- **Injustice:** An action or inaction that is unfair, typically towards a specific person or population.
- **Lived experience:** The influence of personal, familial, cultural, and systemic experiences that shape how someone understands and responds to health information.
- **Person-centred decision-making:** A collaborative process where health care professionals support individuals in making informed choices that align with their lived experience, personal values, preferences, and needs.
- **Professional resources:** The tools, materials, or people that health care professionals utilize to support the delivery of high-quality care. Examples include expert advice, position statements, policies, guidelines, and professional standards.
- **Promote adaptation:** The process of supporting a client to positively adjust to the presence or risk of a genomic condition.
- **Reconciliation:** Efforts to repair relationships and build trust with Indigenous persons and communities, including acknowledging past and ongoing harms in health care.
- **Reflection and self-assessment:** The process of thoughtfully reviewing one's clinical experiences, decisions, interactions, knowledge, skills, performance, biases, and social positioning to gain insight, recognize strengths and areas for improvement, and support ongoing personal and professional development.



- **Risk communication:** The process of conveying the probability of a health condition or outcome in a way that considers cognitive and psychosocial factors and the client's perception of the risk and information.
- **Risk models:** Tools that incorporate a client's personal and family history to estimate the probability of a health condition or outcome.
- **Systemic bias:** Patterns within health care systems or research that disadvantage certain populations.
- **Systemic factors:** Policies, practices, and structures that shape how health care is accessed and experienced by diverse populations.
- **Tailoring:** The modification of the method or style of interaction to respond to the unique needs, values, culture, communication preferences, and experiences of an individual or family. For example, the communication approach can be adapted to consider informational preferences, language proficiency, health care literacy, learning preferences, and potential systemic barriers to comprehension.
- **Test performance:** The quality and usefulness of a test, such as clinical and analytical validity and utility.
- **Working alliance:** The professional relationship between a health care professional and a patient built on safety, trust, respect, and mutual goals.

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