Journal of Genetic Counseling

WILEY | National Society of Genetic Counselors

SPECIAL ISSUE ARTICLE OPEN ACCESS

Position Statement on the Regulation of Genetic Counselors in Canada on Behalf of National and Provincial Genetic Counselor Organizations

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Received: 31 December 2025 | **Revised:** 24 July 2026 | **Accepted:** 1 October 2026

Keywords: Canadian health policy | genetic counselors | genomic medicine | healthcare workforce | professional regulation | public protection

ABSTRACT

Genetic Counselors (GCs) are an integral part of the Canadian health system across clinics, laboratories, and industry. Although most GCs meet educational and certification standards required by professional organizations and workplaces, the profession lacks consistent legal recognition in Canada. As genetic testing options expand, GC practice is extending into novel settings such as primary care and becoming more autonomous to meet growing demand and improve access to service. While GCs are regulated in countries with similar public healthcare systems such as Australia, New Zealand, and the United Kingdom, Canada has yet to establish this critical measure to protect the public against harms such as inaccurate risk assessment, incorrect or inappropriate genetic test ordering, misuse of healthcare resources and undue psychological distress. All national and provincial Canadian GC organizations endorse the need for regulatory oversight across Canadian provinces and territories and recommend that the Canadian Certified Genetic Counsellor (CCGC)/Conseiller(ère) en génétique agréé(e) du Canada (CGAC) credential be adopted as the standard for assessing competence. We call for coordinated action from provincial and territorial governments and Ministries of Health, as well as provincial and national medical and healthcare associations, healthcare providers, employers, patient groups, and our own organizations to advance the implementation of regulation and ultimately improve access to safe genetic healthcare for Canadians.

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What is known about this topic

Previous research has articulated strong arguments and described implementation models for the regulation of genetic counselors in Canada. Despite this, the profession remains without consistent legal recognition in Canada through processes such as regulation/licensure to reduce potential harms to patients and the public.

What this paper adds to the topic

This paper describes a formal position in support of legal recognition of genetic counselors in Canada and calls to action at the local, provincial, and national levels to advance this position and ultimately protect the public from harm, aligning with the evolution and growth of genetic counselor scope around the world. This statement is supported by all Canadian genetic counselor organizations including the Canadian Association of Genetic Counsellors, the Canadian Board of Genetic Counselling, the Association of Genetic Counsellors in Manitoba, the Alberta Association of Genetic Counsellors, the Ontario Association of Genetic Counsellors-Association des conseiller-ère-aer-s en génétique de l'Ontario, the Association des conseillères et conseillers en génétique du Québec-Quebec Association of Genetic Counsellors, and the Society of Genetic Counsellors of British Columbia.

1 | Introduction to Genetic Counselors in Canada

Genetic counselors (GCs) are highly trained allied health professionals who play integral roles across the healthcare system. They are valued for their unique skill set, including genetics expertise and the ability to communicate complex information and provide psychosocially-oriented care to diverse audiences. Despite this, the profession remains without consistent legal recognition in Canada through processes such as regulation and the protections it provides to the public and the profession.

In 2025, most GCs in Canada work in publicly funded clinical settings, providing direct patient care. Their responsibilities include advising about and facilitating genetic testing, interpreting and communicating genetic test results, and assessing genetic risk through evaluation of family and medical histories. GCs also provide patient-centered, psychosocially-oriented counseling to support adaptation, informed decision-making, and promote positive health behaviors as patients navigate and adapt to complex genetic information (Austin 2024). GCs are often the primary point of contact for patients, acting as case managers, while providing clinical support and continuity of care. Finally, GCs are routinely involved in referral triage, during which decisions about the appropriateness and urgency of referrals are made. GCs collaborate closely with physicians within interprofessional models of genetic care that are foundational to Canadian medical genetics training and clinical practice. These roles are explicitly reflected in Royal College Entrustable Professional Activities (EPAs), with physicians retaining responsibility for diagnosis and medical management (Royal College of Physicians and Surgeons of Canada 2021). GCs also work in laboratory settings, where they contribute to laboratory stewardship by managing and approving genetic testing requests, communicate with ordering physicians, interpret genetic variants, and prepare genetic test reports (Christian et al. 2012). In addition to clinical and laboratory roles, GCs are employed in various positions in research, education, government organizations, administration, and industry (CAGC 2024).

GCs have well-established entry to practice standards. GC training involves completion of a Master's degree in Genetic Counseling from a recognized training program, subject to meeting core competencies for practice (ACGC 2023a, 2023b; CBGC and CAGC 2025). Further, English-language GC programs are also subject to external review by the Accreditation Council for Genetic Counseling (ACGC 2023a, 2023b). Upon meeting competency standards for graduation, GCs are eligible for board-certification through the Canadian Board of Genetic Counselling-Conseil canadien de conseil génétique (CBGC) or the American Board of Genetic Counseling (ABGC) (ABGC 2025; CBGC 2025b). These two certification exams are largely equivalent in North America. Certification is maintained through meeting continuing education requirements to ensure continued competency to practice in the evolving field of genetics healthcare.

With an estimated 650 practicing GCs in Canada (Ormond et al. 2024; Jessica Hartley, personal communication, October 2025), and their key role in providing access to genetic healthcare, regulation of the profession is essential to protect the public by establishing clear standards for credentialing and practice, reinforcing professional accountability, and ultimately ensuring high-quality GC-provided services.

2 | Evidence and Rationale for Genetic Counselor Regulation in Canada

The GC health profession is grounded in the goal of maximizing the benefits of genetic information while minimizing the potential for harm to patients, families, and society (Elliott and Friedman 2018). Historically, GCs have largely worked in tertiary care centers in team-based care settings under the supervision of medical geneticists or other specialized physicians with genetics expertise. The recent expansion of genetic testing across the Canadian health ecosystem has resulted in GCs practicing across multidisciplinary tertiary and primary care settings where they may function as the genetics expert and are not necessarily subject to the traditional model of oversight and supervision (Borle et al. 2023; Rojas et al. 2025). As genetic testing becomes more widely available, the expansion of increasingly autonomous practice is likely to continue and is essential for timely and equitable access to genetics healthcare (Quinn and Mazur 2022). As such, over time, many GCs in Canada are practicing with a high degree of autonomy and low supervision (Rojas et al. 2025; Shugar et al. 2017). They consistently apply clinical judgment and decision-making, which could pose negative consequences for patients if errors are made (Knoppers et al. 2025; Patrinos et al. 2020; Shugar et al. 2017).

Many Canadian physicians have indicated that they are supportive of the regulation of GCs as a way to improve access to qualified genetics healthcare providers and reduce the potential for harm to the public (Knoppers et al. 2025; Shugar et al. 2017).

Untrained individuals providing genetics services have caused well-documented harms, such as inaccurate risk assessment, incorrect or inappropriate genetic test ordering, misuse of healthcare resources, and undue psychological distress for patients (Bensend et al. 2014; Bonadies et al. 2014; Brierley et al. 2012; Farmer et al. 2019, 2021). Given the potential harms to patients and the public in the field of clinical genetics, it is concerning that there is currently no regulatory body responsible for overseeing standards for GC credentialing and practice, or for receiving and investigating complaints of negligence. As such, efforts have been made to generate evidence and engage vested parties to advance regulation of GCs in Canada. Previous research has outlined strong arguments for the regulation of GCs in Canada and proposed models to guide the implementation. These arguments include protection of the public from potential harm, clear title protection and prevention of unqualified practice, mechanisms for accountability and discipline, clarification of scope of practice, managing increasing autonomy and expanding roles, improving health systems efficiencies and expanding access, and enhancing public trust and recognition (Knoppers et al. 2025; Lambert et al. 2022; Patrinos et al. 2020, 2023, 2026; Rojas et al. 2025). Elements of these arguments are reflected in a patient partner's testimonial, which highlights the unique role of GCs in supporting patients and healthcare teams, the deep trust required to share sensitive information and support life-altering decisions, and reiterating a public expectation of accountability that would be accomplished through formal recognition by regulation (Table 1).

As an interim solution, in response to increasing service demands and physician shortages, some healthcare institutions have enacted internal processes where specific tasks are delegated by physicians to GCs, such as ordering a limited menu of genetic tests, as a temporary provision in the absence of more fulsome forms of regulation (Rachel Vanneste, personal communication, November 2025; Erika Aberg, personal communication, December 2025; Nada Quercia, personal communication, March 2026). Only one province, Manitoba, has an established legal framework relating to one aspect of the scope of GC service: the "reserved act" of sharing a diagnosis can be delegated by a physician to a GC in specified health settings (College of Physicians and Surgeons of Manitoba General Regulations 2018). Neither of these current procedures, however, provide comprehensive oversight of all aspects of GC practice and have an established process for accountability, adherence to standards, or consequences for noncompliance.

In Canada, the CAGC and CBGC serve as key organizations which support GC practice and both call for harmonized standards and regulation across the country. Central to this position is the establishment of title protection for the term "genetic counselor" which is critical to preventing public harm caused by unqualified individuals using this title. Furthermore, regulating GCs would align Canada with international standards, as many jurisdictions—23 of 49 countries surveyed in 2023—already have forms of regulation (Ormond et al. 2024). While Canada has the third highest number of practicing GCs (approximately 650), it lags behind in meeting global benchmarks for quality and patient safety in genomic medicine achieved through professional regulation. In fact, comparable public health systems in the United Kingdom, Australia, and New Zealand have successfully regulated GCs despite having substantially smaller workforces (322 in the United Kingdom and 440 in Australia and New Zealand) (Abacan et al. 2019; Hoskins et al. 2021; Ormond et al. 2024).

3 | The National Position for the Regulation of Genetic Counselors

It is the position of all national and provincial Canadian GC organizations that regulation and legal title protection of the profession in provinces and territories is necessary. Further, these organizations recommend that the Canadian Certified Genetic Counsellor (CCGC)/Conseiller(ère) en génétique agréé(e) du Canada (CGAC) credential be adopted as the standard for

TABLE 1 | Patient partner statement on the importance of genetic counselor regulation in Canada.

Genetic counselors play a crucial role in patient care. I believe they have a unique role that will change the direction of a patient's life by giving them the facts they need to make informed decisions about their health and the health of their family or loved ones. With their genetics expertise, their empathy, and compassion, they support patients in navigating complex information and difficult decisions. They tailor information to a patient's needs and understanding and importantly give patients room to be heard and to have their questions answered which is not always possible in their other clinical appointments. They have a unique role in the medical team, both in how they support patients and their families, and how they support their colleagues in integrating genetics into healthcare.

As a patient, when I found out that genetic counselors were not regulated in Canada, not only was I dumbfounded, but shocked that there is no legal oversight of genetic counselors like other healthcare professionals and that we, the patients, are not protected. What does that say about our system that we train genetic counselors to the highest degree to share genetic information with patients that change the trajectory of their lives, but we will not formally recognize them within our healthcare framework. Patients trust genetic counselors with their most personal health information and expect the same level of professionalism and accountability that they receive from doctors or other healthcare providers. Regulation is not something that we should have to be worried about.

As both a patient myself and a patient advocate, I strongly support the regulation of genetic counselors, not only to protect patients but also affirm the vital role genetic counselors play in the healthcare system, offering both expertise and compassion when it matters most.

Chiquita Hessels, Patient Partner and Founder & Co-Chair Li Fraumeni Syndrome Association Canada

assessing competence as this certification process reflects Canadian practice and healthcare systems. The Canadian certification process has existed since 1998 and, as one of the world's oldest credentialing systems for GCs, the CBGC has certified the majority of GCs who serve the Canadian public (CBGC 2025a). Using CBGC certification as the regulatory benchmark would promote consistency, relevance, and public protection, while maintaining the integrity of the profession within the Canadian healthcare context. Furthermore, the CBGC is a bilingual organization that offers examinations in both English and French, ensuring that GCs practicing in Canada's two official languages are certified in accordance with the same standards.

The CBGC recognizes that many GCs in Canada hold certification from the ABGC (CAGC 2024). The ABGC and the CBGC have collaborated closely to align their certification in scope and content, as most training programs in both Canada and in the United States are accredited by the ACGC (2023a, 2023b). Consequently, the CBGC recognizes the ABGC credential and has created a pathway for ABGC-certified GCs to obtain CBGC recognition when required by a provincial regulatory body. This ensures that GCs practicing in Canada with the American credential can fully participate in a regulated profession (CBGC 2025b, 2025c).

This position is strongly supported by the boards of directors of the CBGC and the CAGC and provincial GC organizations in Canada, including the Association of Genetic Counsellors in Manitoba, the Alberta Association of Genetic Counsellors, the Ontario Association of Genetic Counsellors-Association de conseiller-ère-ær-s en génétique de l'Ontario, the Association des conseillères et conseillers en génétique du Québec-Quebec Association of Genetic Counsellors, and the Society of Genetic Counsellors of British Columbia.

4 | Calls to Action

We recognize that the needs of each province and territory differ; and therefore, a uniform approach to regulating GCs may not be appropriate or possible. As such, we urge all *provincial and territorial governments and Ministries of Health* to:

1. Work with individuals and vested parties to identify the most effective model for the regulation of GCs within their jurisdiction.
2. Collaborate with their provincial GC association to ensure that the chosen model reflects local needs and aligns with existing provincial regulatory systems.

GCs already work across a range of health specialties, and regulation may allow expansion to more settings. As such, we encourage *health professionals and provincial and national medical and healthcare associations* to:

1. Publicly support advocacy for the regulation of GCs by collaborating with national and provincial GC associations.
2. Promote awareness by educating peers and administrators about GCs' scope of practice, core competencies, and value.
3. Encourage their networks to recognize GCs as essential regulated professionals.

Employers of GCs have a strong voice to demonstrate the value of regulation and readiness to integrate standards for regulated GCs. As such we encourage *employers to*

1. Publicly endorse regulation of GCs to promote safe, consistent, and effective care.
2. Hire appropriately trained and certified GCs using job descriptions aligning with Canadian core competencies, values, and scope of practice.
3. Provide data to Canadian and provincial GC associations on needs that could be addressed by regulation, such as workforce numbers, wait times, geographic barriers, unmet service needs, role confusions, etc.

Once the GC profession becomes regulated in Canada, patients and the public will be better protected and will have a clear mechanism for raising concerns. Regulation may also enable broader access to GC services beyond the current tertiary-system model. As such, we invite *patients and patient advocacy organizations to*:

1. Advocate for the regulation of qualified GCs to improve healthcare access across Canada.
2. Share personal experiences demonstrating the value and importance of accessing qualified GCs.

The CBGC and the CAGC commit to:

1. Fostering interprovincial collaboration and promoting nationwide consistency in GC standards and scope of practice.
2. Advocating for certified GCs as essential contributors in genomics health among professionals, organizations, and the public through outreach and education.
3. Establishing and upholding national standards for the delivery and quality of GC services in Canada.

A regulation toolkit which contains items such as letter templates, contact information, and advocacy workflows is provided on the CBGC and CAGC webpages (https://www.cbgc-cccg.ca/?page=11/ and https://genetic-counsellors.ca/about-cagc/regulation).

5 | Conclusion

Regulation is essential to ensure the delivery of safe, effective, and equitable GC services in Canada. Regulation can reinforce clear standards for education, competency, and ethical practice, ensuring that only qualified individuals are permitted to provide services as a GC. This position is supported by professional consensus and the Canadian scholarship, underscoring the need for regulatory oversight to uphold high standards of practice and safeguard the health and well-being of Canadians. Continued advocacy and action at the local, provincial, and national levels are necessary to advance this position and ultimately ensure high quality of patient care.

Author Contributions

Rachel Vanneste: conceptualization, writing – original draft, writing – review and editing. **Andrea Secord:** writing – original draft, writing – review and editing. **Diane Myles Reid:** conceptualization, writing – review and editing. **Nadine Dumas:** writing – original draft. **Chiquita Hessels:** writing – original draft, writing – review and editing. **Margaret Lilley:** writing – review and editing. **Kennedy Borle:** writing – original draft, writing – review and editing. **Hanna Faghfoury:** writing – review and editing. **Steffany Grondin:** writing – review and editing. **Nada Quercia:** writing – review and editing. **Anastasia Richardson:** writing – review and editing. **Josh Silver:** writing – review and editing. **Ma'n H. Zawati:** writing – review and editing. **Jessica N. Hartley:** writing – original draft, writing – review and editing.

Acknowledgments

We would like to acknowledge the support of the Joint CAGC-CBGC-Provincial/Territorial Working Group and all of the organizations who contributed to this collective position including the Canadian Association of Genetic Counsellors, the Canadian Board of Genetic Counselling, the Association of Genetic Counsellors in Manitoba, the Alberta Association of Genetic Counsellors, the Ontario Association of Genetic Counsellors-Association de conseiller-ère-aer-s en génétique de l'Ontario, the Association des conseillères et conseillers en génétique du Québec-Quebec Association of Genetic Counsellors, and the Society of Genetic Counsellors of British Columbia.

Funding

Canadian Association of Genetic Counsellors and the Canadian Board of Genetic Counselling provided support for a patient partner honorarium.

Disclosure

No AI was used to generate or develop the content presented in this manuscript.

Ethics Statement

This work was determined to be exempt from REB review per Article 2.5 of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

Consent

This is a Canadian position statement that did not involve human subject research. As such there were no participants to collect informed consent from.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

No research data were collected as this is a position statement.

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