

BEFORE SPECULATING ON WHERE WE, AS A PROFESSION, CAN GO FROM HERE, IT SEEMS APPROPRIATE TO SPEND A FEW MOMENTS DESCRIBING WHERE WE ARE NOW. EACH OF US OBVIOUSLY HAS A SENSE OF THAT - BASED ON OUR OWN EXPERIENCE - BUT THE SURVEY CONDUCTED BY THE PROFESSIONAL ISSUES COMMITTEE LAST JUNE PROVIDES ADDITIONAL DATA THROUGH WHICH WE CAN RELATE THIS EXPERIENCE TO THAT OF NEARLY 200 OTHER NSGC MEMBERS AROUND THE COUNTRY. DEBRA COLLINS PRESENTED SOME OF THESE DATA AT THE NATIONAL MEETING IN NORFOLK, AND I APOLOGIZE TO THOSE OF YOU FOR WHOM THIS IS THE SECOND TIME AROUND. HOWEVER SHE'S SUBSEQUENTLY HAD A CHANCE TO DO SOME ADDITIONAL CROSS-CORRELLATIONS WHICH ARE EQUALLY THOUGHT-PROVOKING.

FOR THOSE OF YOU UNFAMILIAR WITH THE SURVEY, IT EXAMINED A VARIETY OF PARAMETERS PRESUMED TO BE MEASURES OF PROFESSIONAL STATUS AND JOB SECURITY: SALARY, JOB TITLE, JOB RESPONSIBILITIES, MEETING ATTENDANCE, FRINGE BENEFITS RELATED TO PROFESSIONAL ACTIVITIES, FUNDING SOURCES, ETC. FURTHER DEMOGRAPHIC DATA WAS COLLECTED ON AGE, SEX, LEVEL AND ROUTE OF TRAINING, NUMBERS OF YEARS IN GENETIC COUNSELING, LOCATION AND ABMG CERTIFICATION. LASTLY, RESPONDENTS WERE ASKED TO ASSESS THEIR OWN SATISFACTION WITH THEIR CAREER CHOICE AND THEIR INTENTION OF REMAINING IN THE FIELD. RATHER THAN PRESENT ALL THE RESULTS, I'VE SELECTED THOSE THAT SEEM MOST SIGNIFICANT.

SLIDE 1 SALARY BY REGION AND YEARS EXPERIENCE

IMPORTANT POINTS:

1. HIGHEST SALARIES IN REGION VI DESPITE FACT THAT COST OF LIVING PROBABLY NO HIGHER THAN REGION II (MOSTLY NYC) AND FEWER AVG. # YEARS EXPERIENCE (4.9 vs. 5.7)
2. SETTING (URBAN VS. RURAL OR METROPOLITAN VS. STATE-WIDE) NOT SIGNIFICANT

SLIDE 2 SALARY BY YEARS EXPERIENCE

1. OVER $\frac{1}{2}$ OF RESPONDENTS HAVE BEEN IN FIELD 4 YEARS OR LESS. ? IS THIS A REPRESENTATIVE X-SECTION? ARE PEOPLE TENDING TO LEAVE AFTER A FEW YEARS, OR JUST LESS LIKELY TO FILL OUT QUESTIONAIRES?

2. HUGE DISCREPANCY IN SALARY RANGE, EVEN AT A GIVEN LEVEL.
?CORRELLATE WITH COMMENSURATE DIFFERENCE IN JOB RESPONSIBILITIES,
PUBLIC VS. PRIVATE EMPLOYER, WHAT?
3. SIGNIFICANT CORRELLATION BETWEEN SALARY AND EXPERIENCE OVERALL

SLIDE 3 EFFECT OF CERTIFICATION ON SALARY

1. APPEARS TO BE COUNTER-PRODUCTIVE TO BE CERTIFIED, THOUGH PROBABLY NOT THE CASE. POSSIBLE EXPLANATIONS:
 - A) INSUFFICIENT TIME FOR CERTIFICATION TO HAVE MADE IMPACT
(RESULTS: 3/82, SALARY FROM 1/83)
 - B) MORE EXPERIENCED GENETIC COUNSELORS LESS LIKELY TO HAVE TAKEN EXAM 2⁰ TO:
 - 1) LENGTH OF TIME SINCE TRAINING
 - 2) GREATER DIVERSITY OF TRAINING ROUTES
 - 3) UNCERTAINTY RE IMPACT ON PROFESSIONAL ADVANCEMENT

SLIDE 4 EFFECT OF SEX ON COUNSELOR SALARY

1. ?MORE MALES IN PRIVATE SETTINGS
2. ? MALES LIKELY TO BE IN DIFFERENT JOB CLASSIFICATIONS

SLIDE 5 PROFESSIONAL FRINGE BENEFITS

1. > 1/4 HAD CERTIFICATION EXAM FEES PAID IN WHOLE OR PART. NO IDEA HOW THIS COMPARES WITH OTHER PROFESSIONS
2. 1/6 GET NO REIMBURSEMENT FOR PROFESSIONAL MEETINGS
3. > 1/2 GET ALL OR PART OF PROFESSIONAL SOCIETY DUES PAID (FOR REST, EVIDENTLY NOT AN ISSUE)
4. ABOUT 1/3 HAD TRAVEL EXPENSES PAID TO INTERVIEWS
5. NEARLY 1/5 HAD SOME HELP WITH RELOCATION EXPENSES.

SLIDE 6 FACULTY APPOINTMENT

1. NEARLY 1/3 OF THOSE WORKING IN SETTINGS WHERE AN ACADEMIC APPOINTMENT IS POSSIBLE ARE FACULTY MEMBERS
2. PRESUMABLY MOST OF APPOINTMENTS ARE IN CLINICAL SERIES THOUGH NO DATA ON THIS. MOST ARE LECTURERS OR INSTRUCTORS.

SLIDE 7 SATISFACTION WITH CURRENT POSITION

1. ONLY 1/2 OF RESPONDENTS FULLY SATISFIED WITH THEIR CURRENT POSITION
2. SALARY, INSTITUTIONAL SUPPORT, AND ATTENDANCE AT ASHG WERE THE MOST SIGNIFICANT VARIABLES RELATED TO JOB SATISFACTION. SALARY NOT SURPRISING; INSTITUTIONAL SUPPORT CONSIDERED AN INDICATOR OF JOB SECURITY BUT ALSO OF FEELING THAT WORTH IS RECOGNIZED; PARTICIPATION IN ASHG MAY REFLECT RESPONDENTS OWN LEVEL OF INTELLECTUAL CURIOSITY AND ALSO THE DEGREE OF STIMULATION IN THE ENVIRONMENT.
3. OTHER FACTORS CORRELLATING WITH JOB SATISFACTION SEEM TO REFLECT THE DEGREE OF AUTONOMY OF THE COUNSELOR AND THE LEVEL OF PROFESSIONAL ESTEEM EVIDENCED BY THE EMPLOYER. SATISFIED RESPONDENTS WERE MORE LIKELY TO COUNSEL FAMILIES ALONE AND BILL IN THEIR OWN NAME THAN UNSATISFIED RESPONDENTS. THEIR EMPLOYERS ALSO APPEAR TO BE MORE GENEROUS IN SUBSIDIZING MEETING ATTENDANCE.
4. LACK OF CORRELATION OF JOB SATISFACTION WITH FACULTY APPOINTMENT MAY REFLECT IN SUFFICIENT NUMBERS OF FACULTY RESPONDENTS TO MAKE THIS STATISTICALLY SIGNIFICANT. USING THE NUMBER OF COURSES TAUGHT IS AN INACCURATE WAY OF ESTIMATING THE AMOUNT OF TEACHING DONE AND ELIMINATES LARGE NUMBERS OF RESPONDENTS WHO MAY FIND TEACHING ACTIVITIES AN IMPORTANT AND SATISFYING PART OF THEIR JOB BUT WHO MAY NOT ACTUALLY HAVE A FACULTY POSITION AND A COURSE LISTED UNDER THEIR NAME.
5. IT IS INTERESTING THAT THE NUMBER OF FAMILIES WITH WHOM THE COUNSELOR ONLY PARTICIPATED AS A TEAM MEMBER AND PRESUMABLY NOT AS THE PRIMARY COUNSELOR WAS NOT SIGNIFICANTLY CORRELATED WITH JOB SATISFACTION.

SLIDE 8 ANTICIPATE LEAVING GENETIC COUNSELING?

1. IT IS NOT SURPRISING THAT THE NUMBER OF COUNSELORS DISSATISFIED OR ONLY PARTIALLY SATISFIED WITH THEIR JOBS IS ALMOST IDENTICAL TO THE NUMBER WHO ANTICIPATE OR ARE CONTEMPLATING LEAVING THE FIELD. THAT THIS NUMBER SHOULD APPROACH 50% OF THE SURVEY RESPONDENTS IS DISTRESSING PARTICULARLY WHEN HALF OF THE

RESPONDENTS HAVE BEEN IN THE FIELD FOUR YEARS OR LESS. IT WILL BE IMPORTANT TO SEE WHAT, IF ANY, SIMILARITIES EXIST AMONG THOSE WHO ARE CONSIDERING ANOTHER CAREER. HAVE THEY ALL BEEN WORKING A SIMILAR PERIOD OF TIME? DO THEY TEND TO CLUSTER IN CERTAIN GEOGRAPHIC AREAS WHERE THE GENETIC COUNSELOR MAY BE LESS ACCEPTED OR HAVE A MORE CIRCUMSCRIBED ROLE? ARE THEY AT THE LOW END OF THEIR SALARY RANGE COMPARED TO OTHERS WITH COMPARABLE EXPERIENCE? WHAT ARE THEIR JOB RESPONSIBILITIES?

SLIDES OFF

ALL OF THE ABOVE QUESTIONS MAY YIELD TO MANIPULATIONS OF THE EXISTING SURVEY DATA, BUT THERE IS ADDITIONAL INFORMATION WHICH IS NEEDED IF WE ARE TO ENCOURAGE THE FURTHER DEVELOPMENT OF JOB ROLES WHICH ARE REWARDING AND ALLOW FOR PROFESSIONAL GROWTH. FOR EXAMPLE, IT WOULD BE NICE TO KNOW MORE ABOUT THE HALF OF THE MEMBERSHIP THAT DID NOT RESPOND TO THE SURVEY; WAS THE CROSS SECTION TRULY REPRESENTATIVE? A STUDY DESIGNED SPECIFICALLY TO DETERMINE WHAT ASPECTS OF THEIR JOBS COUNSELORS FIND MOST AND LEAST SATISFYING, WHAT PARTS OF THEIR TRAINING WERE DEFICIENT OR SUPERFLUOUS, WHAT THEY WOULD LIKE TO DO THAT THEY'RE NOT CURRENTLY DOING, AND WHAT THEY ENVISION FOR THEMSELVES (BOTH IDEALLY AND REALISTICALLY) OVER THE NEXT FIVE YEARS, MIGHT TELL US MORE ABOUT HOW JOBS AND TRAINING SHOULD BE CHANGED IN ORDER TO RETAIN PEOPLE IN THE FIELD. IT WOULD BE WORTHWHILE ALSO TO POLL THOSE WHO HAVE LEFT THE FIELD. WHAT WERE THEIR FRUSTRATIONS AND HOW DID THE ROLE FALL SHORT OF THEIR EXPECTATIONS? WHAT ARE THEY DOING NOW AND IS THEIR PREVIOUS TRAINING AND EXPERIENCE BEING UTILIZED IN SOME OTHER GUISE?

I DON'T KNOW WHAT THE ATTRITION RATE IS IN OTHER HELPING PROFESSIONS WITH COMPARABLE LEVELS OF TRAINING, OR WHAT IS WAS AT A SIMILAR DEVELOPMENTAL STAGE-AS THOSE PROFESSIONALS APPEARED ON THE HORIZON FOR THE FIRST TIME - TRYING TO INTERCALATE THEMSELVES INTO A MEDICAL MODEL WHICH WAS NOT QUITE READY FOR THEM. CONSIDERING THAT THE FIRST ENTRANTS IN OUR PROFESSION WERE PREDOMINANTLY FEMALE, YOUNG, OFTEN ASSERTIVE, DID NOT HAVE AN M.D., AND WERE ABROGATING INTO THEMSELVES THE TITLE, "GENETIC COUNSELOR" WHICH DESCRIBED A FUNCTION PREVIOUSLY PERFORMED ONLY BY THOSE WITH

OTHER DEGREES, IT'S REMARKABLE THAT THE MASTERS LEVEL GENETIC COUNSELOR HAS BEEN AS WELL ACCEPTED AS IT HAS IN 15 YEARS. MY OWN SENSE IS THAT THIS ACCEPTANCE HAS BEEN SOMEWHAT GREATER IN REGION VI THAN ELSEWHERE IN THE COUNTRY, BUT THIS MAY REFLECT MY PAROCHIALISM RATHER THAN AN INHERENT DIFFERENCE IN THE WILLINGNESS OF OUR MEDICAL COMMUNITY AND PUBLIC TO TRY NEW WAYS OF DOING THINGS. IN A WAY, WE HAVE BEEN MUCH LUCKIER THAN OTHER PROFESSIONS TO HAVE APPEARED, WITH MORE-OR-LESS APPROPRIATE TRAINING, AT A TIME OF AN ENORMOUS EXPLOSION IN PUBLIC DEMAND WHICH COULD NOT BE MET BY THE EXISTING SYSTEM.

IT IS TO BE EXPECTED THAT IN ANY PROFESSION A CERTAIN PROPORTION WILL LEAVE, EITHER BECAUSE THEY FIND THEY ARE NOT PSYCHOLOGICALLY CUT OUT FOR, OR SIMPLY DON'T LIKE THE WORK OR BECAUSE THEY SEE OPPORTUNITY FOR GREATER ADVANCEMENT ELSEWHERE. I AM CONCERNED, HOWEVER THAT ALMOST HALF OF GENETIC COUNSELORS (OR AT LEAST HALF OF THOSE WHO RESPONDED TO THE QUESTIONNAIRE) ARE THINKING ABOUT LEAVING AND THAT HALF OF THE MEMBERS OF A 15 YEAR OLD PROFESSION HAVE BEEN IN THE FIELD FOUR YEARS OR LESS. THIS MUST EITHER SIGNIFY SOME ENORMOUS MISREPRESENTATION ABOUT THE REALITIES OF THE PROFESSION ON THE PART OF THOSE OF US INVOLVED IN TRAINING PROGRAMS OR AN INORDINATELY RESTIVE GROUP OF COUNSELORS WHO ARE EITHER OVER-QUALIFIED FOR OR GROWING FASTER THAN THE JOBS THEY FIND THEMSELVES IN.

A NUMBER OF PEOPLE HAVE SUGGESTED THAT THE LATTER IS THE CASE AND THAT, RATHER THAN ADMITTING THE "BEST AND THE BRIGHTEST" APPLICANTS TO THE TRAINING PROGRAMS, WE SHOULD AIM FOR COMPETENT INDIVIDUALS WHO WILL BE SATISFIED TO PERFORM CERTAIN ROUTINE TASKS AND FULFILL THE ROLE OF "PHYSICIAN EXTENDER". AT THIS TIME OF YEAR, WE AT IRVINE ARE AT THE CULMINATION OF OUR ADMISSIONS PROCESS AND I AM ACUTELY SENSITIVE TO THIS ISSUE. I HAVE A BIAS THAT THE DEVELOPMENT OF THE PROFESSION IS BEST SERVED BY TRAINING THE BEST QUALIFIED INDIVIDUALS POSSIBLE, HELPING THEM TO CHOSE PLACEMENTS WHERE THEY WILL BE ABLE TO DEMONSTRATE AND FURTHER DEVELOP THEIR SKILLS TO THE UTMOST AND HOPING THAT THEY WILL BE ABLE TO CREATE A JOB THAT GROWS WITH THEM. EVEN IF THEY DISCOVER AFTER A FEW YEARS THAT THEY WANT TO MOVE ON TO OTHER CHALLENGES, THEY WILL HAVE

EXPANDED THE PERCEPTION OF THAT PARTICULAR MEDICAL COMMUNITY ABOUT THE ABILITIES AND POSSIBLE ROLES OF A GENETIC COUNSELOR.

WHAT THEN, CAN WE DO TO MAKE THE FIELD SUFFICIENTLY ATTRACTIVE THAT A GREATER PROPORTION WILL WANT TO STAY? THERE ARE A NUMBER OF THINGS THAT CAN BE DONE WITHIN THE EXISTING FRAMEWORK TO ENHANCE RECOGNITION OF THE PROFESSION IN A WAY THAT, HOPEFULLY, WILL IMPACT ON PAY SCALES AND JOB SATISFACTION.

A GOOD PLACE TO START IS WITH JOB DESCRIPTIONS AND TITLES. THE SURVEY REVEALED A BEWILDERING ASSORTMENT (NEARLY 50) OF JOB TITLES. [DESPITE THE FACT THAT 93% OF THE RESPONDENTS LISTED GENETIC COUNSELING AMONG THEIR ACTIVITIES, 20 OF THE TITLES CONTAINED NO MENTION OF GENETICS AND AN EQUAL NUMBER MADE NO REFERENCE TO COUNSELING. SUCH CREATIVE TITLES AS "CLINICAL SPECIALIST, LIFE SCIENCES," OR "UNIVERSITY PROGRAM SPECIALIST" AND "HOSPITAL COUNSELOR" ARE A TRIBUTE TO THE IMAGINATION OF THE PERSONNEL DEPARTMENT BUT DO LITTLE TO EDUCATE THE MEDICAL COMMUNITY ABOUT OUR ROLE - OR EVEN OUR EXISTENCE. EVEN FOR THOSE OF US FUNCTIONING WITHIN THE UNIVERSITY OF CALIFORNIA OR IN OTHER STATE SUPPORTED AGENCIES, THERE IS NO CONSISTENT JOB DESCRIPTION OR TITLE.] A NUMBER OF YEARS AGO, I APPLIED FOR A CIVIL SERVICE CLASSIFICATION SO THAT I WOULD BE "QUALIFIED" FOR A JOB I WAS TRYING TO CREATE AT THE NAVAL HOSPITAL IN SAN DIEGO. THE CLOSEST APPROXIMATION THEY COULD MAKE TO A GENETIC COUNSELOR WAS "X-RAY TECHNOLOGIST III". THE SALARY WOULD HAVE BEEN \$9,500 A YEAR.

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A NUMBER OF US MET YESTERDAY TO ATTEMPT TO DEVISE A JOB DESCRIPTION THAT WOULD BE BROAD ENOUGH TO ALLOW FOR A VARIETY OF ROLES AND YET SPECIFIC ENOUGH TO SPEAK TO REQUIRED SKILLS. ANY JOB CLASSIFICATION SHOULD ALSO ALLOW FOR GROWTH AND ADVANCEMENT WITHIN THE POSITION, AND THE CHALLENGE IS TO DESIGN THESE STEPS IN AT THE BEGINNING WITHOUT SUBSEQUENTLY LIMITING OPTIONS. INITIALLY WE'RE GOING TO TRY TO DEVISE THIS DESCRIPTION JUST FOR THE UC SYSTEM, IN THE HOPES THAT IT WILL LEND ITSELF TO OTHER STATE POSITIONS AND MAY BE UTILIZABLE IN OTHER SETTINGS, AS WELL. I WOULD ENCOURAGE ANY OF YOU WORKING IN SIMILAR SETTINGS AND UNDER THE AEGIS OF A COMMON EMPLOYER TO TRY AND DO THE SAME. WE WILL

NOT GAIN RECOGNITION AS GENETIC COUNSELORS BY MASQUERADING AS OTHER TYPES OF PROFESSIONALS.

A SECOND ISSUE IS THAT OF LICENSURE AS IT RELATES TO REIMBURSEMENT AND ABILITY TO BILL FOR ONE'S SERVICES IN ONE'S OWN NAME. AT PRESENT, ONLY 10% OF SURVEY RESPONDENTS BILL IN THEIR OWN NAME AND ONLY ANOTHER 9% BILL WITH A SUPERVISOR'S COSIGNATURE. 48% OF THOSE RESPONDING BILL IN THEIR SUPERVISOR'S NAME AND ANOTHER 22% DO NOT BILL AT ALL FOR THEIR SERVICES. THE ISSUE IS NOT PERSONAL INCOME, SINCE AT LEAST IN MOST UNITS WITH WHICH I'M FAMILIAR, COUNSELING FEES ARE USED TOWARDS SALARY SUPPORT OF ALL TEAM MEMBERS, INCLUDING CLERICAL AND LABORATORY PERSONNEL. RATHER, THE ISSUE IS ONE OF PROFESSIONAL BEHAVIOR: PEOPLE WHO PROVIDE SERVICES IN A MEDICAL SETTING ARE REIMBURSED FOR THOSE SERVICES, EITHER ON AN HOURLY OR PER CONSULTATION BASIS. NOT TO BILL, OR TO BILL IN SOMEONE ELSE'S NAME IMPLICITLY SAYS EITHER THAT COUNSELING IS NOT CONSIDERED A PROFESSIONAL SERVICE, OR THAT SOMEONE ELSE IS THE REAL PROFESSIONAL.

OBVIOUSLY, NOBODY IS EAGER TO HAVE ANOTHER REGULATORY BODY SUCH AS A LICENSING BOARD, NOBODY WANTS ANOTHER EXAM AND NO ONE IS EAGER FOR ANNUAL LICENSING FEES. IN MOST STATES THERE ARE TOO FEW GENETIC COUNSELORS TO EVEN MAKE SUCH AN AGENCY FEASIBLE. IDEALLY, IF LICENSURE WERE TO BE ATTEMPTED, A NATION WIDE SYSTEM WOULD BE ESTABLISHED AND SOME MECHANISM WOULD BE FOUND TO RECOGNIZE ABMG CERTIFICATION IN LIEU OF YET ANOTHER EXAM. THE PROFESSIONAL ISSUES COMMITTEE IS CURRENTLY EXPLORING THIS PROBLEM FROM SEVERAL ANGLES. FIRST, BEFORE EXAMINING THE FEASIBILITY OF VARIOUS MECHANISMS, IT'S NECESSARY TO ESTABLISH WHETHER LICENSURE REALLY WOULD ENHANCE RECOVERY OF FEES. SECONDLY, IT MUST BE ASCERTAINED IF THIS IS EVEN SOMETHING COUNSELORS WANT. AND THIRDLY, IF SUCH AN EFFORT WERE TO BE UNDERTAKEN, IT WOULD NOT BE POSSIBLE WITHOUT THE BACKING OF THE MEDICAL GENETICS COMMUNITY - MANY OF WHOM ARE CONCERNED THAT LICENSURE WOULD PAVE THE WAY FOR GENETIC COUNSELORS TO ESTABLISH PRIVATE PRACTICES WITH INADEQUATE SUPERVISION. OBVIOUSLY THE SYSTEM WOULD HAVE TO BE DESIGNED WITH APPROPRIATE SAFEGUARDS AND A MAJOR PUBLIC RELATIONS CAMPAIGN WOULD NEED TO

BE UNDERTAKEN WITHIN THE GENETICS AND LEGISLATIVE COMMUNITIES. IN THE MEANTIME, WE CAN AT LEAST ENCOURAGE OUR UNITS TO CONSISTENTLY BILL FOR GENETIC COUNSELING - BY WHOMEVER PROVIDED, AND ENSURE THAT OUR NAMES ARE ON THOSE REPORTS AND LETTERS FROM OUR COUNSELINGS - EVEN THOUGH WE MAY BE CO-SIGNED BY THE M.D.

AS GENETIC COUNSELORS OBSERVE THAT THEY ARE PROVIDING MANY OF THE SERVICES THAT WERE FORMERLY PROVIDED ONLY BY THE PHYSICIAN GENETICIST, THEY OFTEN BECOME FRUSTRATED TO REALIZE THAT THEY MAY NOT RECEIVE EQUAL REMUNERATION OR RECOGNITION FOR THESE SKILLS. I SUSPECT THAT THIS FACT HAS BEEN THE MAJOR IMPETUS IN THE "MOVE-ON-TO-MEDICAL-SCHOOL" PHENOMENON. WE NEED TO COMBAT THIS FRUSTRATION BY FURTHER DEVELOPING A ROLE THAT IS UNIQUE TO THE GENETIC COUNSELOR, SO THAT, RATHER THAN MIMICING, OR BEING "HAND MAIDEN" TO THE PHYSICIAN, WE BRING A DIFFERENT AND SUPPLEMENTAL COMPETENCY TO THE PROVISION OF GENETIC SERVICES. THIS HAS ALREADY HAPPENED, BUT IT NEEDS TO BE DOCUMENTED SO THAT IT CAN BE RECOGNIZED AND BUILT UPON - AND THIS MEANS DEVELOPING A PROFESSIONAL LITERATURE.

INCREASINGLY GENETIC COUNSELORS ARE APPEARING AS CO-AUTHORS, AND EVEN FIRST AUTHORS IN THE EXISTING GENETICS LITERATURE - A SIGNIFICANT STEP IN OUR LEGITIMIZATION. IN ADDITION TO THE CASE REPORTS, REVIEW ARTICLES AND RESEARCH STUDIES, HOWEVER, IT IS IMPORTANT TO DESCRIBE THOSE INSIGHTS WE MAKE IN OUR DAY-TO-DAY PROVISION OF GENETIC COUNSELING. THIS MEANS THE INNOVATIONS IN COUNSELING TECHNIQUES THAT ARE DEvised, OBSERVATIONS ON WHAT WORKS AND DOESN'T WORK, OUR EXPERIENCES WITH THE PSYCHODYNAMICS OF SPECIFIC COUNSELING SITUATIONS, AND SO FORTH. [BY DEMONSTRATING HOW WE BRING OUR COUNSELING AND ADMINISTRATIVE SKILLS AND OBSERVATIONS TO BEAR IN AMELIORATING THE PROVISION OF GENETIC SERVICES, WE WILL CALL ATTENTION TO THOSE THINGS WE DO THAT DISTINGUISH US FROM OTHER MEMBERS OF THE GENETICS TEAM. ALSO, THE EXERCISE OF ATTEMPTING TO OBSERVE AND DESCRIBE THE PROCESS OF GENETIC COUNSELING IN A FORMAL WAY MAY HELP TO IDENTIFY AREAS IN WHICH WE WOULD BENEFIT FROM ADDITIONAL TRAINING, PERHAPS IN RESEARCH SKILLS OR COUNSELING TECHNIQUES.]

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IT IS NOT SURPRISING THAT IN A PROFESSION ONLY 15 YEARS OLD THERE ARE FEW PRECEDENTS FOR WHAT CONSTITUTES A REASONABLE PROGRESSION OF TITLES, SALARY RANGES AND RESPONSIBILITIES.

← HOWEVER, A FREQUENTLY VOICED FRUSTRATION HAS BEEN THE LACK OF A CAREER LADDER IN GENETIC COUNSELING. OFTEN ONE FINDS THAT ADVANCEMENT CONSISTS OF MORE ADMINISTRATIVE DUTIES AND LESS PATIENT CONTACT. THIS IS NOT A PROBLEM THAT IS UNIQUE TO GENETIC COUNSELING. THERE SEEMS TO BE SOME SORT OF MURPHY'S LAW THAT DICTATES THAT THE BETTER YOU ARE AT WHAT YOU WERE TRAINED TO DO, THE LESS OF IT YOU GET TO DO.

INCREASINGLY COUNSELORS ARE COUNTERACTING THE SLOWNESS OF ADVANCEMENT IN TRADITIONAL SETTINGS BY USING THEIR SKILLS IN INNOVATIVE WAYS WHICH MAY OR MAY NOT INVOLVE COUNSELING. PRIVATE ENTERPRISE IS BEGINNING TO BE A SIGNIFICANT FACTOR IN MEDICAL GENETICS AND COUNSELORS ARE FINDING THAT THEIR TALENTS ARE BEING SOUGHT BY OBSTETRIC PRACTICES, INDEPENDENT CYTOGENETICS LABORATORIES, PROPRIETARY CONTINUING EDUCATION OUTFITS AND LEGAL FIRMS. IN MOST CASES, THE PRIVATE SECTOR IS ABLE TO OFFER MUCH MORE ATTRACTIVE SALARIES THAN THE UNIVERSITIES OR PUBLIC AGENCIES, AND THE AFFIRMATION OF BEING SOUGHT AFTER AS A PROFESSIONAL IN ONE'S OWN RIGHT IS HIGHLY GRATIFYING. I HOPE THAT THIS INCREASING COMPETITION FOR GENETIC COUNSELORS WILL HAVE BENEFICIAL EFFECTS FOR ALL IN THE FIELD. THE NEW ROLES PRESENT OPPORTUNITIES TO SERVE AS "AMBASSADORS" INTO PREVIOUSLY UNCHARTED TERRITORY. HOWEVER, BY ESTABLISHING A MUCH MORE AUTONOMOUS POSITION THAN HAS PREVIOUSLY BEEN FILLED BY THE GENETIC COUNSELOR, THEY ALSO DEMAND A HIGH DEGREE OF JUDGEMENT AND RESPONSIBILITY IN RECOGNIZING THE LIMITATIONS OF ONE'S TRAINING AND EXPERIENCE.

THE NEXT 15 YEARS IN MEDICAL GENETICS PROMISE TO BE EVERY BIT AS EXCITING AS THE LAST 15. SERUM ALPHAFETOPROTEIN SCREENING, CHORIONIC VILLUS BIOPSY, PRENATAL AND PRESYMPTOMATIC TESTING UTILIZING DNA POLYMORPHISMS AND THE POSSIBILITY OF SOMATIC GENE TRANSPLANT MAY RADICALLY CHANGE THE FACE OF DIAGNOSIS AND THERAPY OF GENETIC DISORDERS. AS A CONSEQUENCE, THE ROLE OF THE COUNSELOR CAN ONLY EXPAND AND DIVERSIFY. I URGE YOU TO BE ASSERTIVE AND PERSISTENT IN DEMANDING RECOGNITION OF YOUR SKILLS AND CREATIVE

IN INVISIONING NEW WAYS THAT THESE SKILLS CAN BE APPLIED. AT THE SAME TIME, PLEASE RECOGNIZE THAT WHAT YOU DO AFFECTS OTHER GENETIC COUNSELORS AND PROCEED WITH DIPLOMACY, PATIENCE AND A KEEN SENSE OF RESPONSIBILITY FOR THE FURTHER DEVELOPMENT OF OUR PROFESSION.