

Characteristics of Genetic Counselors in Industry-Based Roles: Considerations for Ongoing Workforce Discussions

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Background: Significant shifts within the landscape of genetic counselor (GC) employment have been ongoing for the past decade, with an increasing number of GCs occupying non-clinical roles. This trend has raised questions about the potential impact on the existing GC workforce in terms of adequately managing both clinical patient volume and supervisory clinical training experiences for GC students during their graduate training. As the number of non-clinical job opportunities for GCs within industry settings rises, exploring characteristics of GCs employed in these roles can provide important insights as the field considers how best to adapt to the evolving employment landscape, and develop a GC workforce that can continue to meet clinical care and training needs.

Methods: All GCs employed at one commercial diagnostic laboratory were identified and sent a survey about their GC training, work history, and clinical supervisory experience. Results were compiled and analyzed.

Results: 100 GCs received a survey and 71 were returned (71%). On average, respondents had 6.7 years of GC employment experience prior to coming to work at the laboratory, with 22.5% having >10 years of experience (range 0-18 years). 73.2% (52/71) left a clinical role to work at the laboratory, 14.1% (10/71) came from other labs/non-clinical roles, and 12.7% (9/71) came directly from their graduate GC training. More than half (59.6%) of GCs who were previously in clinical roles served as supervisors to an average of 2.2 GC students per year each. Those graduating in 2010 or later were less likely to have come from a clinical role than those finishing prior to 2010 (51.9% and 86.4%, respectively). The same pattern was seen when comparing whether GCs were supervising students in their prior role (25.9% and 61.3%, respectively).

Discussion: Our data indicate that most GCs transitioned from other GC positions, having on average 6.7 years of prior experience, with a significant minority having more than 10 years. The majority of GCs left a clinical role when coming to the laboratory, and more than half were supervising GC students in that role. These vacancies in clinical care and supervisory training can present challenges for both employers/co-workers and GC training programs, particularly when GCs with extensive clinical experience depart. We also found that many fewer recent graduates came to the laboratory from a clinical setting, instead coming directly out of training or from another non-clinical role. This may reflect the fact that there are more non-clinical jobs available now than in years past. Additionally, GCs in current training programs have more exposure to non-clinical roles during their training and may have a more informed desire to take a non-clinical role immediately upon graduating. It is possible that, over time, the current rate at which clinical roles are being vacated in lieu of non-clinical positions may decrease as a larger portion of the GC workforce moves into industry roles directly from their training.

This data has several implications for the ongoing workforce discussions. As GCs have more options for work settings, employers will need to consider how best to both attract and retain GCs, particularly those with extensive experience. This may include providing various opportunities to develop new skills, move into leadership, and have a clear path to promotion within the institution. GC training programs may consider how best to partner with clinical employers around recruitment and retention activities, for instance offering joint faculty appointments. Interestingly, about 40% of GCs who were previously in clinical roles were not supervising students. There may be an opportunity to develop more clinical training sites by identifying clinical GCs who do not

currently supervise any GC students. It may also be of value to consider other models of clinical training for GC students, and/or other forms of access to GCs with extensive clinical experience other than formal clinical rotations. This data reflects the experience at one laboratory and would benefit from comparison with data from other companies that employ GCs.