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## **Genetic Counselors and Private Practice: professional turbulence and common values**

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**Running title: genetic counselors and private practice**

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## ABSTRACT

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3 Genetic counselors face tensions between past and future identities: between established values  
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5 and goals, and a broadening scope of settings and activities. This study examines the advent of  
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7 genetic counselors in private practice in Australia and New Zealand from the perspectives of the  
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9 small numbers working in this sector and those who have only worked in public practice. Semi  
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11 structured interviews were conducted with sixteen genetic counselors who had experience in private  
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13 practice, and fourteen genetic counselors without private sector experience. Results demonstrated  
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15 that circumstantial and personal factors can mitigate the challenges experienced and the amount of  
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17 support desired by those who had established a private practice, and those who were employed by  
18  
19 private companies. Notably, most participants with private sector experience perceived themselves  
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21 to be viewed negatively by other genetic counselors. Most participants without private sector  
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23 experience expressed concern that the challenges they believed genetic counselors face in private  
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25 practice may impact service quality, but wished to address such concerns by providing appropriate  
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27 support. Together, our results reinforce that participants in private and public sectors are strong  
28  
29 advocates for peer support, multidisciplinary team work, and professional development. These core  
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31 values, and seeking understanding of different circumstances and support needs, will enable genetic  
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33 counselors in different sectors to move forward together. Our results suggest supports that may be  
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35 acted upon by members of the profession, professional groups, and training programs, in Australia,  
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37 New Zealand, and overseas.  
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49 **KEYWORDS:** Private practice, Genetic counseling, Genetic services, Allied health professional,  
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## INTRODUCTION

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3 The genetic counseling profession continually evolves in response to our understanding of human  
4 genetics and the development of genetic technologies (Resta, 2006). There has been rapid growth in  
5 public and private employment opportunities for genetic counselors in speciality fields, research  
6 roles, and laboratory settings. (Field, Brewster, Towne, & Campion, 2016; McWalter & Gaviglio,  
7 2015). In the 2014 professional status survey of the National Society of Genetic Counselors in the  
8 United States, 344 of 1935 respondents worked in a private medical facility, 85 in a physician's  
9 private practice, but only 8 were self-employed (National Society of Genetic Counselors, 2014). To  
10 ensure the profession remains one that delivers best practice care, training schemes and  
11 professional guidelines must remain abreast of changes to the roles and responsibilities of genetic  
12 counselors.

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14  
15 Genetic counsellors in Australia and New Zealand established a common peak professional body, the  
16 Australasian Society of Genetic Counsellors. Australia and New Zealand have traditionally utilised a  
17 publicly funded, multidisciplinary approach to deliver genetic counseling services, however, there  
18 are growing numbers of genetic counselors working in the private sector (Australasian Society of  
19 Genetic Counsellors, 2012; Sane et al., 2014). In Australian and New Zealand health care settings,  
20 private practice providers are typically associated with a 'fee for service' payment model (Bates,  
21 2002; Hanson & Berman, 1998). In the census conducted in 2017 by the Australasian Society of  
22 Genetic Counsellors, 33 of the 239 respondents stated that their main employer was a private  
23 provider, 20 respondents indicated that the main funding for their position was private, and 4  
24 respondents stated they were self-employed (A. Niselle, personal communication, November 10,  
25 2017). A recent study explored Australian genetic counselors' perceptions about hypothetical  
26 models of private practice in the primary care setting using an online survey (Sane et al., 2014). Most  
27 genetic counselors surveyed were enthusiastic about the potential of working in private thus  
28 prompting further research. There is otherwise limited published literature on genetic counseling

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1 and private practice. In recent years, formal and informal discussions at professional forums in  
2 Australia and New Zealand indicated that there was a lack of support for genetic counsellors working  
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4 in private practice.  
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7 We sought to understand the role and experiences of genetic counselors who work in private  
8  
9 practice in Australia or New Zealand to identify if there are ways these genetic counselors can be  
10 supported. We also obtained public practitioner's perceptions of private practice; we draw on the  
11  
12 results to provide recommendations to support genetic counselors in private practice.  
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## 21 **METHODOLOGY**

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23 For the purposes of this exploratory study, 'private practice' was broadly defined as genetic  
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25 counseling services provided outside of the Australian and New Zealand public healthcare systems.  
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28 Eligible private practitioners (hereafter referred to as 'private participants') had experience working  
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30 in private practice in Australia and New Zealand. To optimise recruitment of private participants, a  
31  
32 recruitment email was sent to members of the Australasian Society of Genetic Counsellors (ASGC)  
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34 private practice working party with a request to also send on the invitation to eligible contacts. In  
35  
36 addition, a recruitment email was sent to the ASGC membership.  
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41 Public practitioners (hereafter referred to as 'public participants') were eligible for inclusion if they  
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43 did not have experience working in private practice in Australia and New Zealand. They were also  
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45 recruited through an email to the ASGC membership. All respondents were interviewed to get the  
46  
47 broadest spread of experience levels.  
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51 Data was collected by semi-structured telephone interviews. All interviews were digitally recorded,  
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53 transcribed verbatim, and deidentified. The topic guide was based on a conventional content  
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55 analysis of documents (minutes and guidelines) from an ASGC working party established in 2015 to  
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57 develop professional guidelines for genetic counselors in private practice (Human Genetics Society  
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1 of Australasia, 2016; Hsieh & Shannon, 2005). Directed content analysis on interview data was  
2 performed using the categories that emerged from the working party document content analysis  
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4 (Table 1). Directed content analysis was used to elaborate on these existing categories as they arose  
5  
6 from the interview data (Elo & Kyngaes, 2008; Hsieh & Shannon, 2005). Interviews with public  
7  
8 participants included the categories that emerged from the private participant interviews.  
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12 The project received approval through the Department of Paediatrics, Human Ethics Advisory  
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14 Committee, The University of Melbourne.  
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## 16 17 18 19 20 21 **RESULTS**

### 22 23 24 **Demographics**

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27 The demographic details of participants are presented collectively in Table 2 to protect participant  
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29 confidentiality.  
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32 Eighteen private participants responded to the recruitment email; sixteen were interviewed, and  
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34 two were unable to be recontacted. All fourteen public participants who responded to the  
35  
36 recruitment email were interviewed.  
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39 Private participants are distinguished as those that established their own practice (referred to as  
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41 'self-employed private practitioners') and those employed by a practice (referred to as 'private  
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43 practice employees').  
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47 Exemplary quotes for each topic heading are included in Table 3. Quotes are attributed to gender  
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49 neutral pseudonyms to maintain participant anonymity.  
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### 52 53 **Private Practice Models**

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55 Private participants operated in one of two distinct models to provide genetic counseling services: as  
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57 self-employed private practitioners or as private practice employees.  
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1 Self-employed private practitioners were either approached by other health professionals to  
2 participate in the establishment of a business, or established businesses themselves; most had  
3  
4 significant prior genetic counseling experience before entering private practice (between 0 and 22  
5  
6 years). Only one self-employed private practitioner worked exclusively in private practice.  
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10 Seven private practice employees entered positions immediately after training; the remaining four  
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12 private practice employees had between two and six years of prior experience in the public sector  
13  
14 before working for a private company.  
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17 Most public participants were aware of a distinction between self-employed private practitioners  
18  
19 and private practice employees. However, few demonstrated a comprehensive understanding of the  
20  
21 scope of differences within the private sector, and many volunteered that their knowledge was  
22  
23 limited because private genetic counseling positions were non-existent or relatively new in their  
24  
25 location.  
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### 28 29 **Commercial Issues**

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32 One difference between the two groups of private practitioners was that most self-employed private  
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34 practitioners acquired forms of medical indemnity insurance and obtained Australian Business  
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36 Numbers (ABNs), while private practice employees were covered by their companies' insurance and  
37  
38 business registration.  
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41  
42 Both self-employed private practitioners and private practice employees reported that their services  
43  
44 had been promoted through websites, word of mouth, social media, presentations, and direct  
45  
46 correspondence with referrers. Some private practice employees also stated that additional  
47  
48 company services are promoted to current clients.  
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53 *"whenever people come in for their initial ultrasound, say if they are coming to us for NIPT, then we*  
54  
55 *always suggest these are the next scans that we would like you to come back for. They're always free*  
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*to go elsewhere but we like to sort of push make sure make a bit of a sell and make them aware that they can come back to us for a top quality service”- Jamie, [private]*

For private practice employees, the cost of their services was typically built into the other testing or screening products provided by the company. Self-employed private practitioners typically charged patients for services directly or accessed a public healthcare funding scheme if there was clinical geneticist involvement. One participant mentioned that it was difficult to determine what to charge for their services, as there is no standard rate.

Private practice employees frequently spoke of challenges associated with their company’s focus of revenue generation. A high workload was a common challenge for many these participants.

Remuneration also arose in the context of this topic. One private practice employee participant felt other genetic counselors incorrectly perceived private practice employees to be earning more than public practice employees. In contrast, two private practice employees thought they received a higher income than they might in public sector positions.

Several private practice employees had occasionally found it challenging to refer outwards due to pressure from their employers to keep client business.

*“I felt like some of the cases that were quite complex should have been referred onto a clinical geneticist, whether it be in the private or the public sector, and that did not always happen... being a private practice obviously, there is a focus on money... the business wants to keep those clients, so that was a challenge for me” – Max, [private]*

Most public participants were concerned that the quality of services provided in the private sector may be impacted by challenges relating to remaining financially viable.

### **Professional Issues**

Self-employed private practitioners and private practice employees reported benefits of their position to be working in a specialised area, learning new skills, growing their self-awareness, and a

1 high level of autonomy. An additional benefit for self-employed private practitioners was the  
2 satisfaction of growing a business; for several private practice employees, a benefit was the  
3  
4 opportunity to enter the profession.  
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7 Many private practice employees found it difficult to negotiate funding or leave to attend  
8  
9 conferences or to justify to their employers the importance, cost and time required for supervision.  
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11 Many self-employed private practitioners and private practice employees found it challenging to  
12  
13 work towards board certification in their full time private positions. Challenges included limited  
14  
15 exposure to a variety of cases, difficulty fitting certification requirements into workload, personal  
16  
17 circumstances, and issues accessing supervision.  
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21  
22 *“my employers aren’t particularly concerned about me doing level two [certification] so they’re*  
23  
24 *happy for me to just stick where I am... I suppose I might save it for the future” – Jamie, [private]*  
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28 There were three, interconnected factors that tended to exacerbate the challenges faced by private  
29  
30 practice employees: working in isolation, establishing new roles, or being relatively inexperienced.  
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33 Isolation was described as a challenge by those who worked exclusively in private practice and did  
34  
35 not have other genetic counselors in the workplace, or who had not established connections  
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37 through previous work experience.  
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41 *“I think could be a little bit isolating... you didn’t have that level of peer support that you might have*  
42  
43 *if you were working in a team with at least one other genetic counselor at the same premises as you”*  
44  
45 *– Stevie, [private]*  
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49 For private practice employees who established new positions within companies, negotiating  
50  
51 position boundaries and advocating for support systems were typically greater challenges.  
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54 *“so when I first started the role there were difficulties in... what the definition of the role was... being*  
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56 *recruited by an organisation that’s never had a GC there before” – Pat, [private]*  
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1 Eight private practice employees talked about how their lack of prior genetic counseling experience  
2 contributed to challenges such as difficulty defining the boundaries of their position and challenges  
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4 advocating for support. Several private participants expressed the opinion that more experienced  
5  
6 genetic counselors would be better suited for private positions due to their increased skill base.  
7

8  
9 Many public participants also supposed that challenges associated with private practice positions  
10  
11 would be exacerbated by a lack of prior genetic counseling experience, and in fact suggested it might  
12  
13 be challenging for these individuals to be aware of and negotiate appropriate position description  
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15 boundaries. Public participants were concerned that these circumstances may have a negative  
16  
17 impact on service provision and the profession's reputation.  
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21 Most private practice employees received genetic and counseling supervision within their company  
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23 or from external sources. Some of these participants attended external supervision groups with  
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25 public sector genetic counselors.  
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29 Four self-employed private practitioners and three private practice employees held public positions  
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31 at the same time as their private positions. These participants had access to conference funding  
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33 through their public position, and valued the access to professional development opportunities and  
34  
35 informal or formal supervision provided via their public positions.  
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40 *"I get things like supervision through my public role which I don't get in private, so I think it's very*  
41  
42 *helpful to do both" – Emerson, [private]*  
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45 However, several public participants were concerned about scarce public resources being used to  
46  
47 support those in private positions to access supervision or professional development.  
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51 *"I feel they are being paid directly for the work they do and we can't offer that [supervision] from the*  
52  
53 *public system because it would deplete our resources, so that would be an area that I actually don't*  
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55 *think that the public sector can offer because we're short on resources anyway" – Terri, [public]*  
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## 58 **Perceived Stigma**

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1 Private participants' perceptions of the attitudes of other genetic counselors towards private  
2 practitioners varied. Some thought that public genetic counselors viewed private positions positively  
3 with interest and respect. However, many private participants thought that others had negative  
4 views about private practice positions including: that individuals in private positions were more  
5 financially motivated, that private positions were not as interesting or desirable, that private services  
6 were stealing patients from the public system, and that private services were of a lower quality than  
7 public services. Most private participants who commented that other genetic counselors held  
8 negative perceptions about private practice positions found this personally challenging.  
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19 Public participants were not specifically asked about potential negative perceptions towards genetic  
20 counselors working in private positions. While none of the public participants reported attitudes that  
21 could be described as negative, some volunteered that they were aware other genetic counselors  
22 may have biases against private practice, believing that those in private positions may be financially  
23 motivated or be providing lower quality services.  
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32 *"also the potential for some old school geneticists and genetic counselors sort of thinking that it's not*  
33 *real genetic counseling that... the the private service maybe is doing it for more financial gain and not*  
34 *really... doing it for a patient's best needs, I think there is still a little bit a bit of prejudice against*  
35 *some private services" – Shannon, [public]*  
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## 42 **Perceptions of Private Practice**

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45 We did find that public participants expressed concerns that the potential for isolation, especially for  
46 relatively inexperienced genetic counselors, might impact the quality of services provided in the  
47 private sector. Many public participants commented that they worked within the support of a  
48 multidisciplinary team setting and imagined it would be challenging to work without opportunities to  
49 debrief and ask advice. However, they also recognised that this challenge is not limited to private  
50 practice: several had worked in isolated settings within the public system and supposed the  
51 challenges presented by this isolation would be similar across settings.  
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## Support Needs

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3 Private participants had mixed opinions about the type and extent of support they desired. Self-  
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5 employed private practitioners did not typically wish for additional external support. Private practice  
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7 employees tended to desire additional supports if they were working in isolation, were relatively  
8  
9 inexperienced, or had established a new position.  
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11  
12 Self-employed private practitioners often mentioned their willingness to help other genetic  
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14 counselors in private practice. On the other hand, Alex noted that some could be hesitant to share  
15  
16 information pertaining to commercial business decisions.  
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21 *“other people have come to me and asked how to set out a private practice, I’m very happy to share,*  
22  
23 *but I think, well if you’re thinking about this as a commercial enterprise there’s no obligation to*  
24  
25 *share” – Alex, [private]*  
26

27  
28 Eight of the ten private practice employees received support from other genetic counselors  
29  
30 employed by their company including advice from more experienced genetic counselors, peer  
31  
32 support, or workload sharing.  
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35  
36 Private participants had mixed opinions about the benefit of formalised peer support options for  
37  
38 those working in private practice. Some participants suggested it would be beneficial to have a peer  
39  
40 support group, an email support group, or a list of individuals who were willing to be contacted for  
41  
42 advice. Peer support options tended to be considered most valuable by those who worked in  
43  
44 isolation. Other private participants commented they did not need formalised peer support as their  
45  
46 own experience or their joint public position provided adequate support. A few private participants  
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48 suggested that peer support groups may not be possible due to practical considerations and  
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50 confidentiality concerns.  
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*“part of me wonders whether it would work because of the number of people who are in private practice being quite small, it probably having to be outside work hours ... and people feeling a little bit coy about how much they can say about their private company” – Taylor, [private]*

Some private participants commented that it might be beneficial for training programs to provide more information about the nature of private positions and to offer private placement options.

*“perhaps having students seek out placements in private practice so they get a bit more of a feel for it... whether or not they think it’s a good thing but just being aware from personal experience” – Stevie, [private]*

Participants were asked for their impressions of the ASGC working party guidelines on private practice. Many private participants valued that the ASGC had shown leadership in recognising the legitimacy of private practice roles. Some private practice employees commented that the guidelines would have helped them negotiate aspects of their role with employers, but others noted that this function may be limited as outcomes were ultimately commercial business decisions between individual employers and employees. Several self-employed private practitioners believed that it was their responsibility, not the professional body’s, to manage commercial business decisions.

Most public participants expressed their desire to recognise and address their concerns about private practice so that the profession, as a collective group, could provide appropriate support to genetic counselors working in private positions. Many commented that the move of genetic counselors into the private sector was an important and inevitable expansion in response to demand. Three public participants explicitly volunteered their support of the profession’s movement into the private sector.

Three public participants commented that they wished local genetic counselors in private positions had communicated more openly about their activities. Public participants desired knowledge about

1 their services so that they could refer patients and become more informed about private practice  
2 opportunities for genetic counselors in their area.  
3

## 4 5 **DISCUSSION** 6

7  
8 This study examined private practice in Australia and New Zealand from the perspectives of those  
9 working in this sector and those who have only worked in public practice. Two distinct groups of  
10 genetic counselors in private practice were identified: those who established their own private  
11 practice, and those employed by private companies. Some of the issues reported related to business  
12 considerations that are characteristic components of private healthcare roles in general (Macklin,  
13 Smith, & Dollard, 2006). However, our results indicated that additional circumstantial and individual  
14 factors modulated the challenges experienced and amount of support desired by participants.  
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17  
18 Self-employed private practitioners in this study tended to state that external support was  
19 unnecessary, perhaps indicating a sense of agency that it was their responsibility to use initiative,  
20 experience, connections, and hard work to manage issues (Elder, 1994). This may reflect their  
21 greater work experience relative to employees in private practice, but the role of intrinsic attributes  
22 should also be considered.  
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25  
26 Establishing a genetic counselling private practice could be seen as taking innovative action in  
27 response to the unmet needs of the public. Self-employed private practitioners have embraced the  
28 risks inherent in novel ventures and demonstrated leadership in forging new directions for genetic  
29 counsellors in Australia and New Zealand. These actions are consistent with the key characteristics  
30 of entrepreneurs: early adoption of innovations, propensity for risk taking, sense of agency, and  
31 leadership skills (Fischer, Arnold, & Gibbs, 1996; Kearney, 2010; Weil, 2010).  
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35 In contrast, private practice employees tended to be more challenged by the responsibilities of their  
36 positions, especially if they worked in isolation, had established new roles, or were relatively  
37 inexperienced.  
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1 Challenges associated with isolation included difficulty obtaining supervision, lack of peer support,  
2 limited resources for certification, and a high workload. Similar challenges have also been reported  
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4 by those in Australian outreach services (James, 2003). Many of those in outreach services have  
5  
6 taken deliberate action to overcome challenges such as initiating supervision sessions through  
7  
8 videoconferencing or traveling to professional meetings (Alliman et al., 2009; James, 2003). Similar  
9  
10 persistence and initiative may need to be taken by genetic counselors to overcome challenges  
11  
12 associated with isolating private practice positions. Knowledge of the challenges associated with  
13  
14 these factors could help individuals considering such positions to make informed decisions about  
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16 whether they are willing to, and capable of, embracing likely challenges.  
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22 Private practice employees who established a new position within a private business reported  
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24 challenges such as negotiating position description boundaries and support structures. These have  
25  
26 also been reported by genetic counselors in the United States who created new positions in  
27  
28 laboratories and start-up companies. (Groeppe, 2015; Field et al., 2016; Rabideau et al., 2016;  
29  
30 Zetzsche, Kotzer, & Wain, 2014). Rabideau et al. advised that genetic counselors entering new  
31  
32 positions ought to anticipate the need to create support structures and learn business related  
33  
34 information unlikely gained from training programs or experience in traditional clinical roles  
35  
36 (Rabideau et al., 2016).  
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42 Prior genetic counseling experience did appear to equip private practitioners to both better manage  
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44 and be less challenged by potential issues. In general, fewer challenges in this study were reported  
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46 by genetic counselors who had experience working as a genetic counselor before they entered  
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48 private practice. Previous research has demonstrated professional development and working  
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50 experience helps genetic counselors to expand their knowledge, build skills, and gain confidence in  
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52 their judgement (Callanan & Grosse, 2016; Runyon, Zahm, Veach, MacFarlane, & LeRoy, 2010; Zahm,  
53  
54 Veach, Martyr, & LeRoy, 2016). Stronger connections built over time with professional colleagues  
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1 also contribute to the ability of some genetic counselors to better manage challenging events. (Zahm  
2 et al., 2016).  
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4  
5 Importantly, our study identified that perceptions of being viewed negatively by their public  
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7 practitioner peers were a significant challenge faced by genetic counselors working in private  
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9 practice, increasing feelings of isolation from the genetic counseling community. Perceptions of  
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11 feeling negatively perceived have also been experienced by others in the genetic counseling  
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13 profession in diversified positions, such as laboratory, and research based positions (Groeppe, 2015;  
14  
15 Zetzsche et al., 2014; Hippman & Davis, 2016). Negative perceptions can arise from preconceived  
16  
17 ideas, misunderstandings, and lack of trust (Groeppe, 2015). In fact, public participants in this study  
18  
19 were concerned that the integrity of private services may be impacted by isolation, a lack of genetic  
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21 counseling experience, and the need for financial viability. However, they also recognised that  
22  
23 isolation and lack of experience occur in public sector clinical roles. We note that financial concerns  
24  
25 impact on genetic counseling practice in all settings albeit in different ways: the private sector's  
26  
27 focus is on revenue generation, while the emphasis is on cost reduction in the public sector (Mary,  
28  
29 2008). Interestingly, many public participants in this study voiced their concerns indirectly, by using  
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31 a passive tense, or referring to opinions held by others. This hesitancy suggests to us a reluctance to  
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33 be divisive and a desire to be part of the solution.  
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41 The results of our study imply that a lack communication within our profession may have  
42  
43 contributed to the challenges faced by some genetic counselors in private practice. Many private  
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45 participants in this study welcomed the opportunity to communicate the nature of their private  
46  
47 positions and needs for support. These participants wished that those outside private practice could  
48  
49 better understand the diversity of private practice positions in terms of challenges experienced and  
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51 supports desired. Private participants in this study urged other genetic counselors in private  
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53 positions to initiate contact with others and to actively communicate their experiences, and  
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55 expressed the hope that those outside private practice would display a sense of open-mindedness.  
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1 Private participants' sought acceptance and recognition with proposed supports centred around  
2 forms of communication with the same attitude of curiosity and inquiry that we use with our clients  
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4 (Kessler, 1998). Importantly, most public participants expressed their desire to address their  
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6 concerns about the private sector by ensuring appropriate support is provided by the profession as a  
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8 collective.  
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### 10 11 **Practical Implications**

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15 Based upon private and public participant's suggestions, recommendations for ways that current  
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17 and future genetic counselors in private practice could be supported are summarised in Table 4.  
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19 Support may not be desired by all genetic counselors in private practice positions. Data from this  
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21 study indicates that peer support and professional guidelines are more applicable for genetic  
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23 counselors employed by private companies, especially those who are establishing new positions,  
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25 have less experience, or are working in isolation.  
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30 These suggestions for support may have been limited by how study participants wished to be  
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32 perceived in a professional setting (Peel, Parry, Douglas, & Lawton, 2006; Ribbens, 1989). It is  
33  
34 possible that some participants may have labelled fewer events as challenges in order to reinforce  
35  
36 their perceived, professional competency. This limitation may have been especially applicable to  
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38 those who had taken on business ventures and demonstrated entrepreneurial qualities. These  
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40 individuals may have wished to convey their embracing attitude towards risks and capacity to  
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42 manage difficult issues.  
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### 46 47 **Conclusion**

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50 Genetic counselors at the forefront of diversifying roles face numerous challenges. For those in the  
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52 private sector, some relate to the nature of private businesses, others reflect turbulence in our  
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54 collective professional identity. To move forward as a united profession, we must address feelings of  
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1 being negatively viewed held by genetic counselors in private practice, and unhelpful misperceptions  
2 held by those without experience in private practice.  
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5 Together, our results suggest that although workplace settings and activities are diversifying, genetic  
6 counselors in public and private sectors continue to identify with shared core values. Participants  
7 from both private and public sectors in this study were strong advocates for peer support,  
8 multidisciplinary team work, and professional development. By finding common ground in these  
9 values, and seeking to better understand different circumstances and support needs, genetic  
10 counselors can strengthen their resolve to address challenges that face the profession collectively.  
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14 The appropriate support of genetic counselors working in private practice can enable the profession  
15 to move forward as a united front during the ongoing evolution of the genetic counseling profession.  
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#### 19 **CONFLICT OF INTEREST**

20 Author SC, Author CG, Author SW and Author AM declare that they have no conflict of interest.  
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## ANOWLEDGEMENTS

1  
2  
3 We wish to acknowledge the genetic counselors who participated in this research; thank you for  
4  
5 generously sharing your experiences. This study was completed in partial fulfilment of the  
6  
7 requirements for the first author's Master of Genetic Counselling at The University of Melbourne,  
8  
9 financially assisted by a Graduate Access Melbourne Bursary (2015), and The Samantha Wake Travel  
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11 Grant (2016).  
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**Table I. Professional Issues Relevant for Genetic Counselors in Private Practice**

<b>Category</b>	<b>Description</b>
<b>Nature of Services</b>	The nature of services provided by GCs in PP <sup>a</sup>
<b>Colleagues</b>	Other health professionals with whom PP GCs work
<b>Demand for services</b>	The nature of the demand for PP GC services
<b>Business Considerations</b>	Aspects that are important for PP GCs to consider in order to run a viable business
<b>Consideration of other health care providers</b>	Aspects involved when working with other healthcare providers which are important for all GCs and require consideration by PP GCs
<b>Consideration of professional development requirements</b>	Professional development requirements that are important to all GCs and require consideration by GCs in PP
<b>Role promotion considerations</b>	Considerations involved with role promotion that are important for all GCs and require consideration by PP GCs
<b>Ongoing professional issues</b>	Ongoing professional issues that may have implications for GCs in PP
<b>Unique professional issues</b>	Professional issues experienced by GCs in PP that are not typically experienced by GCs with public roles
<b>Support System Considerations</b>	Support systems that are valuable for all GCs and require consideration by GCs in PP
<b>Desired Support Systems</b>	Support systems desired by GCs in PP
<i><b>Experience of being a private practitioner<sup>b</sup></b></i>	<i>Relating to the GC's experience of working in PP</i>
<i><b>Impact of prior GC employment</b></i>	<i>Impact of prior employment or lack of in PP role</i>
<u><b>Interactions with PP GCs<sup>c</sup></b></u>	<u>The nature of public GC's interactions (or lack of) with PP GCs</u>
<u><b>Views on PP</b></u>	<u>Comments related to the place of PP in general healthcare and in genetic counseling</u>

<sup>a</sup> Abbreviations: PP – Private Practice, GC – Genetic Counselor

<sup>b</sup> Italicised categories and subcategories were added following the private interviews

<sup>c</sup> Underlined categories and subcategories were added following the public interviews

Note: public participants were asked about their awareness or perceptions of the topics included in the interview schedule

**Table II. Collective Demographic Information**

<b>Descriptor</b>	<b>Private Participants</b>	<b>Public Participants</b>
<b>Total number of participants</b> (from five states within Australia and from New Zealand)	<b>16</b>	<b>14</b>
<b>Positions held</b>	<b>20 private positions<sup>a</sup></b>	<b>14 public positions</b>
<b>Mean time spent in private roles for private participants and in public roles for public participants</b>	<b>4 years</b> (4 months - 11 years)	<b>10 years</b> (7 months – 21 years)
<b>Mean time spent in other genetic counseling roles before entering private practice</b>	<b>4.2 years</b> (0 years - 22 years)	<b>N/A</b>
<b>Number of participants who had worked outside private practice roles</b>	<b>11</b>	<b>14</b>
<b>Number of certified genetic counselors</b>	<b>5</b>	<b>9</b>
<b>Number of associate genetic counselors</b>	<b>11</b>	<b>5</b>
<b>Number of self-employed private practitioners</b>	<b>6</b> (2 full time, 4 part time)	<b>N/A</b>
<b>Number of participants employed by private companies</b>	<b>12</b> (8 full time, 4 part time)	
<b>Number of participants who held concurrent private and public roles</b>	<b>7</b>	
<b>Position setting<sup>b</sup></b>	Prenatal, general, cardiology, neurogenetics, familial cancer	

<sup>a</sup> Four participants each held two private roles.

<sup>b</sup> The numbers of GCs in each setting are not specified to protect participant confidentiality

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Table III: Exemplary quotes

Category	Exemplary Quote		
	Self-employed Private Practitioners	Private Practice Employees	Public Participants
<b>Private Practice Models</b>	<i>"I found... that's why the geneticist approached me to work with them... they recognised I was in a fairly senior role and that I could... run with those sort of cases on my own"- Casey</i>	<i>"it allowed me to get my foot in the door to the genetic counseling field... it's a competitive... field to get into" – Max</i>	<i>"[my understanding of private roles has] been more on a personal basis through people I know and friends that work in private... most of my genetic counseling experience really has been in [location] and there are no private genetic counsellors that I know of... so I guess it's been quite limited" – Gabriel</i>
<b>Commercial Issues</b>	<i>"it was difficult working out what to charge... as far as I know for genetic counseling there's no sort of standard per hour rate" – Casey</i>	<i>"another challenge... was that they want a high enough volume of patients so that they're making enough money, and sometimes I felt as though the number of patients that I was seeing in a day was potentially too many if I had some more complex counseling situations arise" – Stevie</i>	<i>"the demands the corporate world might put on them to see more and more patients... impacts on the quality of how much genetic counseling support they can lend" – Chris</i>
<b>Professional Issues</b>	<i>"I guess it comes with the autonomy of the role... if there's a way that we can better meet the needs of patients then I don't have the red tape to jump through I can change things... to meet the needs of myself, of my employer, and of the patients" – Jordan</i>	<i>"I think a lot of this stuff [challenges] was covered by the fact that I was young and... it was my first job in a genetic counseling field and I was working on my own" – Max, [private]</i>  <i>"it was tricky for my employer to understand why... supervision was important because they've not employed a genetic counselor before ... so there was a bit of negotiation about what it is that I need professionally to make this a sustainable role" – Jordan</i>	<i>"I guess it's that that old issue of you often don't know what you don't know; somebody who's new... they could not even be aware that maybe the way in which they're practicing maybe ethically isn't appropriate or they're actually taking on a role that isn't appropriate for a genetic counsellor" – Chris</i>
<b>Perceived Stigma &amp; Perceptions of Private Practice</b>	<i>"I've felt incredible stigmatisation against being... in the private system and I've spoken to... other people about it, I especially find it in conferences... and they [genetic counselors not working in private practice] certainly look down on me in private industry which I find very annoying and discriminatory" – Jesse</i>	<i>"[public genetic counselors] think maybe our role is not as interesting or that we get paid bucket loads of money or that we've got a quota of patients that we have to see in a day none of which is true for me anyway" – Andy</i>	<i>"it's that whole fear of people working in isolation I think if you've got someone who works in isolation you've got limited support there and for the patients that's the at the end of the day this is about patients... making sure that they're safe, giving them the right information" – Nat</i>



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Area of Support	Specific Suggestions	Applicability	Responsibility
<p><b>Support Needs</b></p>	<p><i>"I had those contacts already before I started here, and I certainly did, and still do, call my colleagues when I run into issues or want their advice" – Andy</i></p> <p><i>"if you want to make a commercial business decision then you need to make that decision and you need to you know do all the due diligence that you need to do and it's not really up to anyone else to tell you to do that" – Alex</i></p>	<p><i>"I'm very lucky in that there's been genetic counselors working in my particular workplace... so a lot of the other challenges that some people might experience I think have all kind of been worked out before I got here" – Harper</i></p> <p><i>"I think peer support would be really good, I think if you're working on your own...you're not sure... what's part of your role, I think it would be good to be able to pick up the phone and call someone and ask" – Andy</i></p>	<p><i>"I think the main... reason why I wanted to sign up to do the interview was to really show support for private practice... genetic counselors I think that... that's the way things are going and I think we need to support that... as a membership" – Gabriel</i></p> <p><i>"some of us... who have worked in the profession for a [time], like me, we could have certain biases and they could be very uninformed unless those out in private do begin to tell us... about their role, their challenges, how it's working, how the professional body could support them better et cetera" – Chris</i></p>

**Table IV. Suggestions for Supports**

Area of Support	Specific Suggestions	Applicability	Responsibility
<b>Peer Support</b>	Peer support meetings with others in private practices, either face to face or videoconferences	PP <sup>a</sup> employees	GCs in PP
	An online forum for comments and queries	All PP GCs	GCs in PP, professional body
	A list of mentors available for advice and support	All PP GCs	GCs in PP, professional body
	Lunchtime meetings at conferences	All PP GCs	GCs in PP
<b>Recognition and Acceptance</b>	A list of private practice services available for patients and health professionals	All PP GCs	GCs in PP, professional body
	Involvement by genetic counselors in private roles in professional meetings	All PP GCs	GCs in PP
	Attitudes of inquiry and curiosity from genetic counselors about private practice roles	All GCs	Culture created by all GCs, professional body
<b>Regulation</b>	Monitoring system to ensure those in private roles have appropriate qualifications	Employers of PP GCs, PP GCs	Professional body
<b>Professional Guidelines</b>	Specific requirements for supervision and professional development	All PP GCs	Professional body
<b>Training</b>	Education about business considerations, potential for isolation, and challenges associated with establishing a new role	MGC students	Training programs
	Placement opportunities offered in private practices	MGC students	Training programs

<sup>a</sup>Abbreviations: PP – Private Practice, GC – Genetic Counselor