PERSPECTIVES IN GENETIC COUNSELING
NATIONAL SOCIETY OF GENETIC COUNSELORS, INC.
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NSGC PROFESSIONAL STATUS SURVEY

Michael L. Begleiter, Debra L. Collins, and Karen Greendale

During the winter of 1981 the National Society of Genetic Counselors (NSGC) initiated a professional status survey of its membership. The preliminary results of this project were reported at the 1981 NSGC Conference in San Diego, California. The goal of this survey was to determine the precise function of the genetic counselor and the activities counselors perform on a daily basis. In addition, we hoped to learn something about opportunities for advancement, professional goals, and areas in which the NSGC could be most helpful. A questionnaire containing both demographic and open-ended items was mailed to all 238 full members of NSGC. One hundred and fifty completed questionnaires (63%) were returned.

Results

The membership is relatively young, with more than 60% of individuals in the 25-34 year age group. As in many other helping professions, there is a preponderance of female members (90%). All respondents have completed undergraduate degrees; approximately 2/3 have degrees in the natural sciences. The majority of members (80%) received a master's degree from one of the genetic counseling training programs. An additional 18% also have a master's degree in a related area, including social work, public health, biology, and counseling. Members are involved in genetic counseling and a variety of related activities (Table 1). These activities revolve around genetic counseling and the necessary administrative tasks related to the provision of such services. Most members in genetic counseling centers provide services including prenatal diagnosis counseling, teaching, administration, lectures to community groups, and clinic coordination. Most genetic counseling services are located in university medical centers, and, accordingly, approximately 60% of the respondents are located in these centers. An additional 20% are employed by private hospitals. Other

TABLE 1

ACTIVITY	NUMBER	PERCENT
Genetic Counseling-General	112	78.3
Prenatal Diagnosis Counseling	87	60.8
Specialty Disease Counseling	41	28.7
Newborn Screening Program	7	4.9
Clinic Coordination	71	49.7
Teaching	71	49.7
Laboratory	4	2.8
Research	51	35.7
Lectures to Community Groups	78	54.5
Administration	83	58.0
Clerical	4	2.8
	143	

locations reported include private practice settings, planned parenthood clinics, private residential facilities for the mentally handicapped, the National Clearinghouse for Human Genetic Diseases, and an attorney's office. Supervisors are usually MDs (85%) within an established department of pediatrics, medicine, genetics, or obstetrics-gynecology.

Only a handful of respondents have achieved faculty appointments in their university settings. Twelve individuals (8%) indicated that they have faculty status at the instructor level and 3 individuals (2%) are assistant professors.

Approximately 50% of respondents are dependent on grant money for maintenance of their positions. Salaries range from a high of $34,000 per year to a low of $12,000. In general, more experienced individuals reported higher salaries than those with less experience, as indicated in Table 2. There were some exceptions in which people with considerable experience were earning significantly less than their colleagues in other institutions. An analysis of median salaries by years of experience and geographical location did not yield any significant findings. (Unfortunately, there were not enough respondents in each category to permit valid comparisons.) "Genetic counselor" and/or "genetic associate" were listed as job titles by 75% of the membership. Specific, job related benefits represent those offered by most institutions. Vacation time, health insurance, life insurance, pension plans, and professional insurance appear to be strictly controlled by the policies of the employing institution. Approximately half of those who travel for job interviews are compensated for their expenses. In addition, 20% of those who had to move significant distances were reimbursed. Seventy-five percent of respondents had at least one professional meeting paid for by their institution and 43% of the membership had two or more. One out of five respondents have society memberships paid for by their employers. Only 16% indicated that their employers would pay for the American Board of Medical Genetics examination.

All respondents indicate providing some genetic counseling to families by themselves, although most members also function within a team setting. Half the respondents have published articles in the professional literature. The majority of publications are original research. Other publications include case presentations and other types of reports. Seventy-five percent of respondents are satisfied with their current position, although 60% of all respondents indicated that there is no opportunity for advancement in their current position.

SALARY			
YEARS EXPERIENCE	MEDIAN INCOME	RANGE	N
1	16,000	14,000-25,000	20
2	18,000	14,000-26,000	30
3	18,000	13,200-26,400	26
4	17,360	15,340-26,000	12
5	18,700	15,000-27,000	18
6	19,500	12,000-25,000	12
7	20,000	16,684-23,000	9
8	22,500	16,700-34,000	4
9	27,500	27,000-28,000	2
10 or more	23,100	19,000-32,000	10
			143

TABLE 2

In response to the question, "What is a reasonable starting salary for 1981?" most people felt that $15,000-$20,000 was an acceptable range. (Many commented that their own starting salary was too low.) About 25% feel that they will return to school for an additional professional degree and about 10% indicated that they anticipate leaving the field of genetic counseling.

When asked to describe an ideal job title and responsibilities in the next ten years, about 1/3 indicated that their present position is acceptable but that they would like some additional freedom and less supervision. Others desire faculty appointment (12%) and some feel that a position as director of genetic counseling services is a reasonable goal (11%). In terms of NSGC activities to advance the position of genetic counselor, the majority of respondents see a need for continuing education as well as a need for a precise job description and guidelines. Also noted was the need for public and professional education concerning the need for genetic counselors and genetic counseling services.

The data indicate that the position of genetic counselor is firmly entrenched in the field of clinical genetics. Although the initial goals of this survey have been met, it is hoped that the membership will use these data to further their professional status in their current positions. Toward that end the NSGC plans to update these survey data on a regular basis.

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CONTINUING EDUCATION CRITERIA

A Proposal Presented to the Annual Membership Meeting of the National Society of Genetic Counselors, Inc.

by Beverly R. Rollnick, Retiring President

The National Society of Genetic Counselors (NSGC) represents genetic counseling professionals at the national level. We are interested in the professional advancement of our members and in their maintaining and advancing professional skills and knowledge. We also have an interest in developing our own policies and programs of the highest standards. For these reasons, the NSGC Board of Directors, at its September, 1980 meeting, decided to explore continuing education criteria. The board approved development of a proposal to be submitted to the board and the Education Committee for critical review.

The following proposal for continuing education criteria was developed in consultation with Dr. William Young, Director of the Office of Continuing Education at the University of Illinois. Dr. Young is an authority in the field, sits on many national, regional and state committees, and has consulted with other professional organizations in developing continuing education criteria.

The proposal adheres to the highest existing standards used by any of the medical professions. These standards are not specific in every detail. Rather, they are broad guidelines for quality program planning and development to allow for maximum flexibility and creativity within prescribed standards of excellence. This proposal has been reviewed by the Education Committee and the Board of Directors. Four major areas are addressed: 1) What are continuing education criteria and continuing education units? 2) Why are they necessary? 3) What are some specific examples? 4) How are they implemented?

What are continuing education criteria and continuing education units?

Continuing education criteria are standards of quality required for continuing professional education programs. These standards apply to all phases of continuing education programs, including planning and development, course content, and course evaluation. Continuing education criteria can be followed in one of three ways:

1) a profession can adopt its own criteria and apply them to its own continuing education programs. The American Medical Association (AMA), American Nursing Association (ANA), and National Association of Social Workers (NASW) have followed this course; or

2) a profession can plan its education meetings with other organizations or accredited institutions such as universities. The institution or organization is responsible for adhering to continuing education criteria; or

3) an outside body such as a governmental licensing authority can impose continuing education criteria on a profession.

Continuing education units

Continuing education units are distinct from continuing education criteria. Continuing education units refer to credit awarded for attending a continuing professional education program that meets continuing education criteria. The criteria can be those of the specific profession or of another profession, organization, or institution. Many medical professions such as the AMA and ANA expect or require their members to obtain a specified, minimum number of continuing education units. In some instances, continuing education units are required for relicensing or recertification. In other instances, each member of a profession accumulates continuing education units on a voluntary basis.

Why are continuing education criteria and continuing education units necessary?

All professionals are interested in professional advancement. One criterion for professional advancement is the demonstration of continued professional competence. It is generally agreed that attendance at continuing professional education programs is one important method of keeping up to date in a field and maintaining and advancing professional skills and competence. Because the quality of continuing education programs can and does vary, many professions have recognized the importance of developing and adopting continuing education criteria to provide systematic quality guidelines for professional education programs. They also recognize the value of granting continuing education units to members who attend such meetings. Again, sometimes units are acquired on a voluntary basis. In other instances, units are required for relicensing or recertification. This is not yet the case with human geneticists and genetic counselors, but may be in the future.

What are some specific examples?

Several elements must be present to produce quality continuing professional education for genetic counselors. A professional need must be demonstrated, resources must be available to address the need, strategies for programming must be developed, someone must assume responsibility for program content and administration, and the program must be evaluated.

- **The need for programs**

  The need for programs must relate to the professional practice of genetic counseling. Professional practice problems may be general or specific. The goal of the need assessment process is identification of the gaps between theory and practice. These gaps may exist in knowledge, skills, or attitudes affecting the practice of genetic counseling. The level of sophistication used in needs identification must be based upon what data are needed, available and usable methods, and human and financial constraints.

- **The availability of resources**

  Resources utilized in continuing education must, of course, address demonstrated needs. Resources utilized should represent evolving theories and methods of practice or expert opinion as reflected in the professional literature and community. The resources must be consistent with the goals of the program, i.e., improvement of professional competence.

- **Strategies for programming**

  Appropriate learning strategies must be utilized to ensure that the resources address the need. These strategies must be learner centered, be interactive in nature, be sound in principle, and proven successful. Strategies chosen should reflect how best to transmit material and incorporate learner input. Cost factors, accessibility, and limitations for use with available resources must also become a part of the strategy decision.

- **Responsibility for program content and administration**

  Institutions that educate, train, and employ genetic counselors are acceptable program sponsors.

Organizations that represent the professional interests of genetic counselors and support the field of human genetics are viewed as legitimate program sponsors. Sponsorship is defined as taking responsibility for the quality of the program content. Clearly, the society can sponsor its own professional education meetings.

Responsibility for the administration of the continuing professional education program is determined by the program sponsor. The sponsor must employ or select individuals skilled in providing those services.

- **Program evaluation**

  Evidence indicating participant satisfaction with all facets of the program must be collected by program sponsors. Evaluation results should be disseminated to all program sponsors, resource individuals, educational strategists, and representatives of the learner group.

These are the broad outlines of quality standards. Specific guidelines exist for each component. For example, the following methods and instrumentation can be used to assess the needs of genetic counselors:

a) professional self-assessment examinations
b) professional testing by experts
c) professional practice audits
d) analysis of client care
e) expert opinion
f) expressions of need from formal surveys
g) analysis of previous program offerings
h) expressions of individuals representing the profession
i) expressions of clients utilizing professional services
j) professional group input with random selections for consensus.

How is this implemented?

Programs can be organized by continuing education services associated with most academic health science centers. A continuing education service adheres to continuing education criteria of a profession. It will

- provide administrative support services
- develop a budget
- coordinate a program
- manage registration
- keep records
- handle logistics such as conference site, meeting arrangements, lodging, and meals
- lend stature to the education program
- meet broad criteria for continuing education units

Another method is to have the appropriate committee(s) of the NSGC be responsible for all facets of program planning and development. A combination of those two approaches is also valid.

Recommendations

Careful analysis of the problem and development of a proposal in consultation with an expert in continuing education criteria lead to the following recommendations:

1) That the NSGC adopt continuing education criteria as delineated in the proposal;
2) That the NSGC folow those criteria in the planning and development of its continuing professional education programs;
3) That the NSGC encourage genetic counseling professionals to obtain continuing education units on a voluntary basis;
4) That the NSGC award continuing education units to members of the NSGC and to other professionals, and store the records in its computer.

THE STATE OF THE SOCIETY

Remarks to the Annual Business Meeting of the National Society of Genetic Counselors, Inc.
October 28, 1981

By Beverly R. Rollnick, Retiring President

Welcome to the annual membership meeting of the National Society of Genetic Counselors (NSGC). The purpose of this meeting is to report on the programs and progress of the society during the last year, and to present issues to the membership for discussion.

My last official responsibility as president of the society is to preside at this meeting. Before leaving office, I would like to report to you on the state of the society. I am proud to report that the society is prosperous and thriving. My pride is based on the people, the program, and the policies of the NSGC and its promise for the future.

The purpose of a national professional society is to promote the profession and to represent the shared interests of its members. These interests are both short-term and long-range. They include our goals for personal advancement and our commitment to human genetics and genetic counseling. How are these broad goals defined more specifically and translated into policy and program? I hope the following examples will provide a better understanding of the deliberations and function of the Board of Directors and its interaction with the membership.

Formulation of policy and program of the NSGC is a complex process. It relies on background knowledge of genetic counseling professionals and national trends in the field of human genetics. Three major methods are used: information gathering; information exchange; and information synthesis.

Information gathering

Knowledge of national trends in the field of human genetics is essential. For example, it is important to be aware of changing patterns in the delivery and funding of genetic services. These services, formerly concentrated almost exclusively within major medical centers, are increasingly based in public health facilities, outreach programs, and for-profit organizations. The latter represent a major, potential source of funding. Research dollars, formerly used to support experimental genetic services, are less available. Funding from all government sources is likely to stabilize or decrease. The need for third party payers is becoming more urgent. Congressional efforts to define when life begins and to restrict accessibility to abortion affect public perception and support of certain types of genetic services, especially prenatal diagnosis.

The leadership of the NSGC strives to maintain an awareness of these trends and their impact upon our profession. The Social Issues and Professional Issues Committees play important roles in that regard. At the level of the individual genetic counselor, the Professional Status Committee has surveyed the membership to assess where we are and where we wish to be. Once acquired, this information is then exchanged between members of the board and with the membership at large.

Information exchange

Information exchange occurs at many levels. At the committee level, members discuss their findings and try to expand their information base. The board relies heavily on memos, meetings, and long distance telephone calls. The most important type of exchange is with the membership. That is achieved through our newsletter, *Perspectives in Genetic Counseling*, through our regional and national education and membership meetings, and through our regional representatives. Regional representatives keep regional members informed of society business and are also responsible for keeping the board informed of the interests and concerns of the regional membership. This bilateral responsibility cannot be overemphasized. It provides an important mechanism for involving members in the society.

Information synthesis

Information derived from a variety of sources must be assessed and synthesized into policies and programs. The process requires recognition of short-term and long-range goals. This involves a synthesis of what is desirable and what is possible.

Acquisition, sharing, and synthesis of information have resulted in a number of NSGC policy and program decisions during the last year. We know, for example, that government funding for genetic services is in some jeopardy and that the role of the genetic counselor is still uncertain. The problem, then, is one of job opportunities for genetic counselors. As a matter of policy, the NSGC has an interest in identifying and safeguarding stable sources of funding for genetic counselors and enhancing their employment opportunities. Our program includes the professional status survey of the membership, preparation of a statement on the role of genetic counselors, development of guidelines for employers, active support of the office of Maternal and Child Health and its component programs, including the National Genetic Diseases Act and the university affiliated facilities for developmental disabilities, and opposition to the congressional bill that asserts that life begins at conception.

A second example of NSGC policy and program involves professional advancement. We wish to join with other professionals in demonstrating continued professional competence and setting minimum professional standards. The problem is that no formal mechanism exists to achieve these goals. As a matter of policy, the NSGC is interested in opportunities for professional advancement for genetic counselors and in demonstration of continued professional competence. Our program includes support of certification of genetic counselors, sponsorship of national and regional continuing education programs, and development of a proposal for continuing education criteria.

These two examples of the society's comprehensive approach to policy and program development underscore our mutual interest in achieving a strong, national, professional organization that can represent us all. We have made significant progress in a few short years. But the process requires time, effort, and trust. Many colleagues have contributed to these achievements. Circumstances change and so do the people addressing the needs. There are always opportunities for dedicated and creative individuals to foster the interests of the society. Our active membership is our most precious resource. We must continue to marshall our energies to achieve our mutual, constructive goals.

It has been a privilege to work with the Board of Directors and the many other professionals who have been responsible for the impressive achievements of the society. I thank them for their contributions and their support, and I look forward to working with them for the continued growth and development of the NSGC. Over the past year I have worked closely with our new president, Ann C.M. Smith. The NSGC will have at its helm an intelligent and vigorous leader.

The year has been a full one and has passed quickly. I am gratified at the progress and exhilarated at the prospect. Thank you for giving me the honor of serving.

THE PRESIDENTIAL ADDRESS TO THE NATIONAL SOCIETY OF GENETIC COUNSELORS

THE EVOLUTIONARY GROWTH OF THE NSGC

Ann C.M. Smith, President

The field of clinical genetics is still in a rapid state of evolution. In recent years, the genetic counselor has emerged as a recognized specialist, representing one of the five subspecialities to be certified by the American Board of Medical Genetics. Like the field of clinical genetics and genetic counseling, the National Society of Genetic Counselors (NSGC) is still in a rapid state of evolution. In terms of the potential of our society, we are still in our early adolescence.

The past year has been an active one, and the progress achieved during that period was made possible by many dedicated and talented colleagues who deserve our thanks. In particular, I would like to thank Beverly Rollnick for providing the strong, professional leadership that has enabled the NSGC to branch out into new arenas. The legacy you have left me represents quite a challenge. Highlights of our evolution and plans for our future follow.

Since incorporation in 1979, the NSGC has grown considerably. Our membership now stands at almost 400, and represents the United States, Canada, Israel, and Germany. The members seem rather mobile, and the availability of a computerized membership list has helped ease the burden of keeping track of members. The first directory of the NSGC is due to be printed in December, 1981, one of my first projects as president.

Financially, the NSGC is quite solvent. In addition to our annual dues, we have been successful in receiving grant awards from the March of Dimes Birth Defects Foundation for *Perspectives in Genetic Counseling* and for our 1981 education meeting. More recently, we received a grant award from the National Foundation for Jewish Genetic Diseass. *Perspectives* has grown to include an editorial staff and is evolving from a simple newsletter to a future journal format. The results of the professional status survey (see page 1) emphasize the heterogeneity within our profession. The usefulness of this survey cannot be overstated.

In the area of continuing professional education, the society's first education meeting, held in San Diego in June, was an overwhelming success. Planning for the 1982 education meeting is well underway and plans for the 1983 meeting are already in progress. The NSGC has prepared a proposal for continuing education criteria in anticipation fo the need for continuing education units for recertification. The Board of Directors will act on this proposal during the coming year.

As a professional society, we must not confine our activities to personal professional growth; we must also take an active, professional role in contributing to the scientific community. Good research is needed in the area of genetic counseling and we should be contributing to the literature along with our colleagues. In addition, this past year has witnessed a dramatic change in public policy, which may greatly affect the future of clinical genetics. Thanks to the Social Issues Committee, we have been able to maintain a watchful eye on several policy issues over the past year. Our society must continue to address and respond to these issues in the future.

Since 1979 the NSGC has gained considerable momentum. We have initiated a number of projects, some completed and others in need of completion. The next few years are critical in terms of maintaining this momentum and there are a number of new areas that our society must address.

One year ago I was elected president elect of the NSGC. I wish to thank you all for that expression of confidence. As I begin this next year as your president, I challenge each of you to take an active part in our society. As a professional society, the NSGC represents those professionals who are its members. Successful leadership, however, depends upon the active and unified support of the membership. So, let your voices be heard. We have many important, unfinished projects to complete and new areas to tackle. The challenge is there and I am ready to meet it. Together, with your support, we can ensure the evolutionary growth of the NSGC.

Report of the Annual Business Meeting

The annual business meeting of the National Society of Genetic Counselors, Inc. was held on October 28, 1981 in Dallas, Texas. To permit thorough presentation, the president's and past-president's addresses and detailed reports regarding the professional status questionnaire and the proposal for continuing education criteria are included elsewhere in this issue. Highlights of reports of board members and committee chairpersons are presented here.

Ann Smith reported that the directory of members is nearing completion and will be mailed to all members soon. Members' addresses are now maintained on a computerized mailing list, thereby facilitating changes of address and preparation of mailing lists for regional representatives.

Elizabeth Thompson, co-chair of the 1981 national educational meeting, reported that the 182 registrants represented most states, some territories, Canada, and other countries. Evaluations by participants indicated that the program was well received. Plans are in progress for the 1982 educational meeting.

The number of members nearly doubled in 1981, according to Hody Tannenbaum, Membership Committee chairperson. There are now 395 members in three categories: 286 full, 32 associate, and 77 student.

Hody Tannenbaum also presented information about the proposed changes in the section of by-laws dealing with the composition and functioning of the Nominating Committee. These changes were sponsored by two members. Ballots mailed to all 245 full, voting members in August were returned by mail or collected at the business meeting. The return was low; only 101, or 42.1%, of those eligible to vote returned ballots. To amend the by-laws, a majority of all members eligible to vote must vote in favor of the proposed amendment. Therefore, this vote could not be counted, and the by-laws will stand unaltered.

Due to a lack of support from other organizations, the pedigree standardization project of the Professional Issues Committee was discontinued. Phyllis Klass, chairperson, reported that the committee has been researching the availability of professional liability insurance for genetic counselors and is developing a formal statement of the roles and responsibilities assumed by genetic counselors.

Ann Walker, chairperson of the Social Issues Committee, reported that a questionnaire developed by the committee will soon be sent to all members. The committee has continued to anticipate key legislation, alerting members in time to voice their opinions on these important subjects.

Election results were presented by the Nominating Committee: President-Elect, Virginia Corson; Treasurer, Dorothy Halperin; Regional Representatives: Region I-Edward Klóza; Region III—Helen Travers; and Region V—Joan Scott.

Board of Directors Meeting

At its annual meeting the Board of Directors of the National Society of Genetic Counselors, Inc. discussed and voted on the following issues.

Professional Status Questionnaire: During discussion at the business meeting, some members asked whether cross tabulations or a more detailed analysis of the data would be done. In response to those questions, the board voted to support investigation of the means available and expense to undertake this expanded analysis.

Continuing Education Criteria: At the annual business meeting the membership voted in favor of the board's continuing to explore the adoption of continuing education criteria. The board voted to approve the proposal for continuing education criteria developed by William Young, Director of Continuing Education of the University of Illinois and Beverly R. Rollnick, past-president of the NSGC, Inc. President-Elect Virginia Corson was charged with the responsibility of exploring the implementation of the proposal.

Statements of Public Policy: Beverly R. Rollnick, acting as president of the NSGC, Inc., reported that she made the following public policy statements on behalf of the membership in 1981:

1. Supported a position paper signed by the March of Dimes Birth Defects Foundation, the American Medical Association, and numerous other health professions, urging a strong federally funded Office of Maternal and Child Health. The intent was to maintain federal funding for a variety of programs, including the National Genetics Diseases Act, rather than funding these programs through state block grants. Letters of support were sent to Senator Robert Dole, chair, Senate Finance Committee; Senator Orrin Hatch, chair, Senate Labor and Human Resources Committee; and Congressman John Dingell, chair, House Energy and Commerce Committee. Telephone calls were made to members of the Appropriations Committee.

2. Opposed Senate Bill #158, which states that human life exists from conception. The following reasons were given for that opposition: no scientific evidence exists as to when life begins; the question is a religious and philosophic one, and therefore inappropriate for congressional action; if implemented, use of certain routine genetic procedures such as prenatal diagnosis could be in jeopardy; and the U.S. Supreme Court has ruled on abortion in Roe v Wade.

The Board of Directors voted unanimously to send a similar statement to Senators John East and Orrin Hatch of the Senate Judiciary Committee and other committee members. The basis of this opposition was that definition of "...the time at which the fertilized egg becomes a 'person' is a matter of philosophical and religious values, and beyond the statutory power of Congress."

POSITIONS AVAILABLE

Genetic Associate: The Department of Clinical Genetics of the Children's Medical Center, Tulsa, Oklahoma, has a position available immediately for a full-time genetic associate. Primary responsibilities will include coordination of satellite clinics in eastern Oklahoma, genetic counseling, and genetics education of the medical and lay community. Applicants must have a master's degree in genetic counseling and be board-eligible as a genetic counselor with the American Board of Medical Genetics. Experience in computer use is desirable.

Submit curriculum vitae and references to:

Nancy Carpenter, Ph.D.
Associate Director, Department of Clinical Genetics
Children's Medical Center
5300 E. Skelly Drive
P.O. Box 35648
Tulsa, Oklahoma 74135
Tel: (918) 664-6600

Genetic Associate: A full-time position is available in the Genetics-Birth Defects Clinic at Texas Children's Hospital in Houston, Texas. This position will involve working with patients with a wide variety of genetic problems as well as with an initiation of a maternal serum alphafetoprotein screening program with research potentials. Please submit a current curriculum vitae and three references to:

Dr. Frank Greenberg
Genetics-Birth Defects Clinic
Texas Children's Hospital
6621 Fannin
Houston, Texas 77030
(713) 791-3261

Genetic Counselor: Position available for an energetic genetic counselor in a large urban hospital with active genetic service consisting of two physicians, two fellows, four technicians, and three genetic laboratories. Clinically oriented service with approximately 30-40 patient visits per week (approximately 10-15 new-patient evaluations). Three weekly clinics including: general genetics, Down syndrome, prenatal/obstetric counseling.

Responsibilities

1. Coordination of clinics
2. Genetic counseling for the entire service

Opportunities

1. Participate in patient diagnosis evaluation (including toxicology and teratology searches, etc.) as indicated by candidate's experience and skill
2. Opportunity for participation in clinical and cytogenetic research and publications
3. Education of genetics fellows, residents, fellow geneticists and staff members, nurses, and patient groups
4. There are weekly activities which include genetic lectures and journal clubs, cytogenetic conferences, clinical genetic and endocrinology conferences. There is an association with several other geneticists, hospitals, and specialty clinics in the immediate Chicago area.

COMPARABLE STARTING SALARY

CONTACT: Dr. Jeannette Israel, Acting Director
Division of Genetics & Metabolism
Cook County Children's Hospital
700 South Wood Street
Chicago, Illinois 60601
Telephone: (312) 633-5580

REGIONAL REPORTS

The first meeting of Region III was held in Atlanta, GA, on July 17-18, 1981. We had an excellent turnout, with 20 individuals in attendance. A variety of disciplines within genetic counseling were represented, including nurses, social workers, genetic counselors, and administrators. Those attending were employed in a variety of settings, including individuals in university settings, outreach clinics, and private practice genetic counseling. CEU credits from Emory University were awarded to the participants.

The theme for the conference was, "Dilemmas in Genetic Counseling: Counseling in Rural Areas." As we all learned, this is truly a dilemma in the southeast, where most of the states have high rural populations with very limited access to the major medical centers. Our discussions and presentations centered on the development of outreach clinics, the necessity of continuing educational seminars and conference for local health care professionals and the public to maintain the outreach clinics, and the difficulties counselors encounter in trying to provide assistance or intervention to families over long distances. One conclusion was that when families live long distances from the genetic counseling group, the use of local health care professionals, such as public health nurses, developmental trainers, and physical therapists, can be particularly helpful for long-term followup. Dr. Jose Cordero, the Center for Disease Control, discussed the center's teratogen registry, birth defects surveillance, and ongoing epidemiologic studies on teratogen and birth defects.

Deborah J. Timmons
Region III Representative

On September 25-26, 1981, Region IV held its annual education meeting near the Amana Colonies in Iowa. The theme of the meeting was "Genetic Counseling and the Family with Neuromuscular Disorders." About 37 participants listened to talks on the historical perspectives of neuromuscular disorders, an overview of those conditions and recent laboratory methods for carrier detection. A pastoral counselor/family therapist discussed long-term counseling of these families. Members of our region shared experiences in working in Muscular Dystrophy Association (MDA) clinics and their strategies for becoming involved in these clinics. MDA representatives shared information about their agency and their role with families. An after-dinner film, "Fighting Back," provoked interesting discussions concerning ways to deal with families with MD. A review of prenatal aspects and case presentations by participants closed the education portion of the meeting.

Beth A. Fine
Region IV Representative

ANNOUNCEMENT OF CONFERENCE AND CALL FOR ABSTRACTS

The second annual Professional Education Meeting of the NSGC will be held on June 11-12, 1982 at the Downtown Medical Center Holiday Inn in Birmingham, Alabama. The theme of the conference is "Strategies in Genetic Counseling: The Community Around Us." The purpose of the meeting is to assist genetic counselors in identifying, utilizing and working with community resources to provide families with optimal and comprehensive services. Abstracts are being accepted from members and students and non-members with member sponsors. Please send all abstracts to Anne L. Matthews, Genetics Unit B-160, University of Colorado Health Sciences Center, 4200 East Ninth Avenue, Denver, Colorado 80262. Abstract forms will be enclosed in registration mailing. Anyone who is not on the mailing list of the NSGC should contact Beth A. Fine, Clinical Genetics Center, Children's Memorial Hospital, 8301 Dodge, Omaha, Nebraska 68114, for information on the conference and abstracts.

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