The field of genetic counseling is increasing exponentially. Job openings outpace new graduates, leading to a workforce shortage. Expanding training slots to meet this demand is presumably linked to the number of supervisors. Thus, there is need to systematically review barriers to supervision. This study aimed to determine and compare barriers to expansion of supervision networks at genetic counseling training programs as perceived by current supervisors, non-supervisors, and Program Directors. Certified genetic counselors were recruited via a National Society of Genetic Counselors eblast with an invitation to complete an online survey; Program Directors were emailed personal letters of invitation. Twenty-three Program Directors, 216 supervisors, and 98 non-supervisors completed surveys. Medians and percentages were used to rate impactfulness of 35 barriers and Kruskal-Wallis and Wilcoxon rank sum tests were used to compare perceptions between groups. Half of supervisors (51%) and all non-supervisors indicated a willingness to increase or to participate in supervision. All agreed, however, that being too busy impacted ability to expand time supervising. This is highlighted by the most impactful barriers for supervisors: lack of time, too many responsibilities, intensive nature of supervision, desire for breaks, and unfilled genetic counselor positions. Non-supervisors noted unique barriers, including distance from a program, institutional barriers, and being in a nonclinical role (industry, laboratory or telemedicine). Program Directors’ perceptions were congruent with many of the barriers noted by supervisors and non-supervisors; however, they also had differing perceptions of several barriers: lack of money, prefer not to supervise, and never been asked. In order to be time efficient and provide comprehensive experiences for genetic counseling students, the profession must examine current service delivery models to increase efficiency in the workplace, examine the current supervision paradigm, and consider if non-clinical cases can be recognized as countable logbook cases.

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