

OPINION

American Board of Medical Genetics Restructuring: Make an Informed Decision

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The proposed disunion of physician and Ph.D. diplomates of the American Board of Medical Genetics (ABMG) from diplomates in genetic counseling, for the purpose of achieving ABMG membership in the American Board of Medical Specialties (ABMS), has critical implications for the medical genetics community and for genetic counselors in particular. In addition, there is an implied impact on the practice and definition of medical genetics services. This statement of opinion has been prepared by genetic counselors with leadership roles in the medical genetics community, with the intention of addressing and representing the interests of genetic counselors from varied backgrounds as well as the views of medical geneticists with similar concerns.

From our perspective as individuals who have held positions in the ABMG, The American Society of Human Genetics (ASHG) and the National Society of Genetic Counselors (NSGC) for 2 decades, we view with concern the undoing of 10 years of shared certification. While many relevant issues have been discussed in a recent editorial in the *Journal* (Epstein 1992) and in two issues of *Perspectives in Genetic Counseling* (Kloza 1992; Restructuring Committee 1992), there are factors of importance to genetic counselors that have not been fully presented to diplomates of the ABMG who will soon be asked to vote.

In 1975 a definition of genetic counseling appeared in the *Journal*, authored by a group of eminent geneti-

cists (Ad Hoc Committee on Genetic Counseling 1975). The revolutionary aspects of this statement were (1) recognition of the team approach to medical care and (2) the importance of counseling in addition to the communication of medical facts. In 1980, the concept of a multidisciplinary team and the indispensable contribution of each member was codified with the establishment of the ABMG as the certifying board for all of these professionals. No other specialty could boast such diversity among its members. The same article described a precedent-setting new group of professionals, genetic counselors, trained at the masters degree level, who combine expertise in medical genetics and counseling. During the following 17 years, it has been the genetic counselors who have assumed the greater responsibility for carrying out the mission of the definition. They have gone beyond early professional expectations and currently hold faculty positions in prestigious universities and medical schools; train medical students, residents, and other health professionals; and act as consultants to physicians and other health care providers, personally caring for and managing thousands of patients yearly.

The ABMG was incorporated at the request of the ASHG, to provide accreditation of training programs and certification of all professionals providing medical genetics services. The structure and purpose of ABMG have served as a model of high-quality medical care. Two genetic counselors were elected to the board of directors. The achievement of elected representation signaled official acceptance of genetic counselors in the medical genetics community. Since then, genetic counselors have been elected to the board of directors and have been appointed to committees of the ASHG. Representation within these organizations has pro-

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vided genetic counselors an opportunity to participate in decisions affecting quality and delivery of genetic services, genetic education, certification and accreditation.

At the ABMG business meeting in October 1991, the membership learned of acceptance of an application to the ABMS, limited to doctoral level members. To comply, two-thirds of ABMG membership must vote in favor of restructuring the ABMG bylaws to exclude certification of genetic counselors. At the business meeting of the NSGC earlier that same week, Dr. Anne Spence, President of ABMG, pledged that ABMG would continue to support counselors' interests (Kloza 1992). Many genetic counselors view restructuring as a breach of trust with regard to the stated commitment and the original mandate of the ABMG.

ABMG members have had no voice in subsequent events, including whether they supported (1) the ABMS application—and, if so, under what conditions; (2) steps toward establishing a board to certify genetic counselors; and (3) the concept of a Council of Medical Genetics Societies (COMGENS). For example, Dr. Spence appointed a "restructuring committee" of genetic counselors who were ABMG diplomates and former directors of ABMG or NSGC. This committee was asked to write bylaws and articles of incorporation (Restructuring Committee 1992). They designated themselves as the founding board of directors of a proposed American Board of Genetic Counseling. These actions give the illusion that a separate board is a *fait accompli*, but none of these plans have been reviewed or approved by the ABMG membership.

In his editorial, Dr. Epstein (1992) emphasized the unique composition of the medical genetics community as a medical specialty based on delivery of genetic services by physicians and nonphysician colleagues. If genetic counselors become the only members of this team to be cast out of the ABMG, is there not the potential to alter the way that genetic services are perceived and delivered? Could the result be a two class system for medical genetics? Will genetic counselors lose some degree of the prestige accorded to them in the field of medicine? Dr. Epstein (1992, p. 233) emphasized that recognition of ABMG by ABMS and the new American College of Medical Genetics (ACMG) place Ph.D.'s and M.D.'s "firmly within the camp of the medical establishment." Genetic counselors are firmly excluded from this camp and the associated advantages.

Financial aspects must also be considered if restructuring is approved. Geneticists are a relatively small group among medical specialties. The per-person cost of administering a certifying examination is high. Genetic counselors with a comparatively lower salary level have paid a lower fee for the examination. Will the genetic counselors' share of ABMG assets and subsequent examination fees suffice to fund the first independent examination and underwrite future examinations? Establishing two boards may incur increased costs to current and future diplomates of both boards.

Genetic counselors alone will have no vote in any of the new or proposed organizations. COMGENS, the only organization in which genetic counselors could have representation, is described as a "body for the coordination of the activities of all of the organized groups" and "a forum for communication" (Epstein 1992, pp. 233–234). It seems, however, that policy decisions will be made elsewhere. Writing their own test questions and accrediting their training programs seem to be minuscule rewards for asking genetic counselors to vote in favor of their exclusion from the mainstream of medical genetics power bases. For genetic counselors who already have professional independence in the NSGC, restructuring will foster their isolation in the medical genetics community.

We hope that voting does not occur in blocks based on certification classifications. Genetic counselors working within the NSGC or in collaboration with their M.D. and Ph.D. colleagues have been dedicated to common causes benefiting medical genetics. We believe the choice should hinge on a decision to vote in favor of what is best for the entire medical genetics community. While we recognize some of the benefits of ABMS recognition outlined by Dr. Epstein (1992), we hope that the majority of counselors, physicians, and Ph.D.'s envision future standards for medical care as the ultimate goal when voting. We believe that voting in favor of affiliating with the ABMS at this time, under the current requirements, will have a negative effect on the paradigm of good medical care provided through the close cooperation of the professionals comprising the medical genetics team.

Dr. Epstein (1992) entitled his editorial "Organized Medical Genetics at a Crossroad." Genetic counselors are at risk to be alone on one of those roads. While the effort to provide a forum to include genetic counselors is appreciated and well intended, is it compensation for what stands to be lost? Genetic counselors are exceptional members of the medical community because of their skill, knowledge, and responsibilities.

We urge medical geneticists spearheading this application process to press ABMS and ACMG to set precedents for acceptance of genetic counselors.

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