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Genetic Counselling Supervision in France: Mapping study

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Abstract

Genetic Counselling Supervision (GCS) is increasingly recognized as a key component of professional development, reflective practice, and practitioner well-being in genetic healthcare. However, its implementation remains heterogeneous. This is the case in France, where formal structures are still limited. This study aimed to explore current practices, perceptions, facilitators and barriers related to GCS among professionals working in genetic counselling and clinical genetics in France

A national mixed-methods survey was conducted within the framework of the MAG-SUDOE project (Interreg Sudoe). An online questionnaire addressing GCS and reflective practices was distributed through French professional associations. Quantitative and qualitative data were collected and analysed descriptively.

A total of 71 professionals participated, predominantly genetic counsellors. While GCS was widely recognized (94%), 70% of respondents reported no access to formal supervision. Among those without formal supervision, 71% reported informal support mechanisms, mainly within their own teams. Reported benefits of GCS included improved reflective practice, enhanced management of complex clinical situations, increased professional confidence, and better patient–professional relationships. The principal barriers to implementation were lack of funding, limited time, shortage of trained supervisors, and absence of regulatory frameworks.

Despite the strong perceived value of GCS, access remains limited among professionals providing genetic counselling in France. These findings highlight the need for structured frameworks, dedicated training opportunities, and institutional support. The results will inform the development of supervision models and training programs within the MAG-SUDOE project.

Introduction

Genetic counselling is a healthcare practice situated at the interface between highly specialized biomedical knowledge and deeply personal human experience. In addition to interpreting and communicating genetic information, professionals routinely support individuals and families facing uncertainty, vulnerability, reproductive decision-making, emotional distress, and the psychosocial consequences of hereditary conditions. As both a communicative and supportive practice, genetic counselling seeks not only to facilitate informed decision-making, but also to promote adaptation to the emotional and relational impact of genetic conditions (Cina, 2008; Resta et al., 2006). Accordingly, effective genetic counselling requires more than scientific and clinical expertise, as it also relies on sustained ethical, interpersonal, and emotional engagement.

The rapid integration of genomic medicine into healthcare systems has substantially expanded the scope, visibility, and complexity of genetic counselling practice worldwide (Ormond et al., 2018). As consultations become increasingly frequent and technologically sophisticated, professionals are more often confronted with ambiguous findings and evolving ethical dilemmas. These encounters frequently involve emotionally complex communication, requiring genetic counsellors and medical geneticists to support patients, families through uncertainty, prenatal decision-making, and adaptation to the psychosocial consequences of genetic conditions (Biesecker, 2020). At the same time, genetic counsellors have assumed increasingly autonomous and relationally demanding roles within multidisciplinary models of care.

In France, the genetic counselling profession was established in 2004, in response to the increasing demand for genetic expertise associated with the expansion of molecular testing and genomic medicine. The number of medical geneticists in the territory was insufficient to absorb the growing demand for genetic counselling consultations. French genetic counsellors are now increasingly involved in autonomous consultations, patient communication, and coordination of care within multidisciplinary genetic services, always under the delegation of a medical geneticist (Cordier et al., 2013; Cordier et al., 2016). Together, these developments have intensified the need for reflective clinical practice capable of supporting professionals in managing emotional burden, relational complexity, and uncertainty while maintaining high-quality patient care.

Within this context, genetic counselling supervision (GCS), a structured and facilitated process of reflective practice focused on professional development and clinical practice, has emerged as an important component of high-quality genetic healthcare (Terry et al., 2020). Especially within genetic healthcare services, genetic counselling supervision provides a structured reflective space in which professionals can explore clinical encounters, emotional responses, relational challenges, and ethical tensions inherent to practice. By supporting reflexivity and professional development, supervision may facilitate the integration of technical expertise with empathic communication, while also helping practitioners navigate the emotional demands associated with long-term patient care and complex decision-making (McEwen et al., 2025).

Despite the progressive integration of genetic counsellors within French clinical genetics services, little empirical data are currently available regarding GCS practices, professionals' experiences, or perceived supervision needs within French genetic counselling settings (Paneque et al., 2023). Understanding how this supervision is currently perceived and implemented is particularly relevant in a context marked by the continued expansion of genomic medicine and the evolving responsibilities of professionals working within clinical genetics services.

Although GCS is increasingly recognised internationally, its implementation remains uneven across healthcare systems (Paneque et al., 2023). Key barriers include organisational pressures, shortage of trained supervisors, limited protected time dedicated to GCS, lack of institutional recognition, and the absence of formal regulatory frameworks. More broadly, genetic counselling supervision may challenge traditional healthcare cultures in which emotional vulnerability, uncertainty, and reflexive discussion remain insufficiently legitimized within professional practice (Guimarães et al., 2026).

To date, no national study has explored how GCS is currently implemented and perceived among professionals providing genetic counselling in France. France therefore represents a particularly relevant setting for this research, given its well-established genetic counselling training pathway and the continued lack of structured supervision frameworks in routine practice. Addressing this evidence gap is essential to inform the development of context-specific

supervision frameworks. In this context, the MAG-SUDOE project (Implementation of Genetic Counselling Mentorship in the Southwestern Region of Europe) a European collaborative initiative funded through the Interreg SUDOE program, was developed (Paneque and al., 2026).

As part of its initial phase, this national mapping was conducted in France. Given the lack of empirical evidence, an exploratory study was designed. The aim of this study was to map current GCS practices in France, explore perceived benefits and barriers to its implementation, and identify professional expectations regarding the future development of GCS frameworks and training initiatives among professionals working in genetic counselling and clinical genetics.

Method

Study Design

A cross-sectional mixed-methods survey was conducted between July and September 2025 to explore GCS practices, perceptions, and supervision needs among professionals working in genetic counselling and clinical genetics in France.

Participants and Recruitment

Eligible participants included genetic counsellors and medical geneticists involved in the provision of genetic counselling in France. Healthcare professionals not involved in providing genetic counselling and students were not eligible.

Recruitment was carried out through national professional associations like the French Association of Genetic Counsellors (AFCG) and the French-speaking Association of Clinical Genetics (AFGC), representing over 400 professionals each. Participation was voluntary and anonymous. Dissemination included informative material and an informed consent.

The survey invitation was distributed through professional mailing lists on two occasions, in July and September 2025, to maximize participation.

As the survey was disseminated through professional mailing lists, the exact response rate could not be determined.

Instrument

The questionnaire was based on a survey previously developed within the MAG-SUDOE project for use in a Spanish study with the same aims, currently in the process of being published, designed to assess GCS practices in this territory. The french version was translated and reviewed by bilingual members of the project team to ensure conceptual equivalence and relevance to the French context. The questionnaire explored access to GCS; its characteristics (frequency, format, participants); perceived benefits and barriers to implementation; expectations, needs; and perceptions regarding regulation and professional recognition.

The questionnaire included both closed-ended quantitative questions and open-ended qualitative questions. In total, the questionnaire comprised 23 quantitative items and 8 qualitative open-ended items. The French translated version of the questionnaire is provided in Supplementary Data 1.

Data Collection

Data were collected through an anonymous online questionnaire administered using Google Forms. No identifying personal information was collected. No patient data was collected.

Data obtained from Google Forms were exported to an Excel Microsoft® Office 2019 spreadsheet to facilitate data organisation and analysis.

Data Analysis

Quantitative data were analysed using descriptive statistics (frequencies and percentages).

Qualitative responses were examined using content analysis, following the approach described by Elo and Kyngäs (2008), to identify recurrent themes. Responses were read repeatedly to achieve familiarity with the data, coded according to their meaning, and subsequently grouped into recurrent themes describing participants' experiences, perceived benefits, barriers, and expectations regarding GCS. Three researchers conducted the content analysis independently and reached a consensus regarding the emerged themes.

As the questionnaire was disseminated in two waves (initial distribution in July followed by a reminder in September), particular attention was paid to identifying and removing potential duplicate responses. Entries were screened manually by comparing demographic and professional characteristics, response patterns, and timestamps to ensure that each participant was represented only once in the final dataset. Questionnaire data were extracted into a Microsoft® Office Excel database and subsequently imported into STATA version 14 (StataCorp, College Station, TX, USA) for statistical analysis. Data quality was assessed by verifying the number of responses and missing values for each questionnaire item. Open-ended responses were reviewed and recoded according to recurring response patterns to consolidate categories and facilitate subsequent analyses.

Data visualization was performed using Microsoft® Office Excel 2019. Graphical outputs included pie charts, histograms, and geographical distribution maps to illustrate the main study findings.

Results

Participant characteristics

A total of 71 questionnaires were received. Five responses were excluded: one response because it was completed by a student who did not meet the eligibility criteria and four responses because the respondents were not working in France. The final sample comprised 66 participants. Table 1 summarises the sociodemographic characteristics of the participants. Most respondents were genetic counsellors (90,9%), with medical geneticists representing 9.1% of the sample. Participants represented a wide range of professional experience, with almost half reporting more than 10 years of experience in the field (45,4%). Most participants worked in university hospitals (56 participants), while 1 worked in private clinics and 9 in semi-public institutions (essentially into the oncogenetics field). A wide range of genetic counselling areas were represented in this sample: 37 respondents worked into several genetic fields and 29 had a specialization (oncogenetics, cardiogenetics, one specific rare disease). Among the physicians, all held the postgraduate diploma (DESS) in medical genetics.

Among genetic counsellors (n = 60), 37 entered into the genetic counselling master's degree after obtaining a bachelor's degree, 15 after a master's degree (called M2 according to the higher French education system), 3 after a nursing degree, 2 after a Maitrise degree (former French degree of the 6th level according to the European Qualifications Framework), 2 after a PhD, 1 after a law degree, and 1 after a state diploma in medical laboratory technology. Most genetic counsellors graduated from the Aix-Marseille Master's program (50), followed by Paris Cité (5), Lyon 1 (4), and 1 abroad (Cardiff).

Table 1
Sociodemographic and professional characteristics of respondents (N = 66)

Characteristic	n	%
Profession		
Genetic counsellor	60	90.9%
Medical geneticist	6	9.1%
Gender		
Female	55	83.3%
Male	11	16.4%
Years of professional experience		
< 2 years	11	16.7%
2–5 years	10	15.1%
6–10 years	15	22.7%
10–20 years	27	39.4%
> 20 years	4	6.0%
Practice setting		
University hospitals	56	84.9%
Cancer centre	9	13.6%
Other	1	1.5%

Participants represented a broad geographical distribution across France, covering 11 metropolitan regions, with additional representation from Overseas Departments and Territories (n = 3), represented into Fig. 1. We also received contribution from French speaking professionals working in Belgium (n = 2) and in Switzerland (n = 2).

Awareness and Recognition of Genetic counselling Supervision

41 participants (62.1%) reported being familiar with the concept and understanding of GCS, while 21 (31.8%) had heard of GCS but reported limited knowledge. Only four respondents (6.1%) indicated that they were unfamiliar with the concept.

Current access and models of supervision

Many respondents (73%) reported having no access to formal GCS, whereas 27.0% reported access to a structured supervision programme.

Among 48 respondents without formal supervision, 70.8% of them reported having access to an alternative support space. These support arrangements were most provided monthly (15/31, 48.4%) and were typically facilitated by psychologists (71%), professionals trained in supervision (33.3%), or senior genetic counsellors (18.2%).

Among respondents with access to formal GCS (n = 18), supervision was most commonly provided monthly or weekly. Sessions were predominantly delivered face-to-face, most frequently in a group format, and typically lasted approximately one hour (Table 2). Among respondents with access to formal GCS, supervision was most frequently provided monthly (38.9%) or weekly (33.3%). Sessions were predominantly delivered face-to-face (33.3%), most frequently in a group format, and typically lasted approximately one hour (61.1%). Multiple answers were permitted (Table 2).

Formal supervision commonly involved multidisciplinary professionals, including genetic counsellors, physicians and psychologists.

Table 2
Access to and characteristics of genetic counselling supervision among respondents

Characteristic	n	%
Access to supervision		
Formal GCS available	18	34.7%
No formal GCS available	34	65.3%
Characteristics of alternative support spaces (n = 31)		
Monthly meetings	17	51.5%
Facilitated by psychologists	8	48.5%
Facilitated by professionals with supervision skills	11	33.3%
Facilitated by senior genetic counsellors	6	18.2%
Characteristics of formal GCS (n = 18)		
Face-to-face delivery	9	50.0%
Monthly supervision	7	38.9%
Weekly supervision	6	33.3%
Quarterly supervision	4	22.2%
Group supervision	9	50.0%
Individual supervision with another healthcare professional	6	33.3%
Sessions lasting approximately 1 hour	11	61.1%

Perceived professional and emotional benefits

Among respondents with access to GCS, the perceived benefits most frequently reported included improved reflective practice, improved management of complex and emotionally challenging situations, increased professional confidence, improved communication and empathetic engagement with patients.

Among respondents with access to supervision (n = 18), 83.3% considered supervision to be important or very important for maintaining the quality of their clinical practice, while 77.8% rated it as important or very important for their psychological well-being.

Among respondents without access to formal supervision (n = 48), 85.8% reported experiencing multiple negative consequences that they attributed to the lack of supervision (Fig. 2). The most frequently reported consequences were rumination about challenging genetic counselling situations (62.5%), anxiety (50.0%), stress (50.0%), doubts about professional practice (45.8%), and burnout (37.5%).

Qualitative analysis identified four main themes related to the perceived benefits of GCS: (1) harmonisation of professional practice, (2) interprofessional support, (3) reflective practice, and (4) professional development.

Participants reported that GCS promoted the harmonisation of professional practice by encouraging discussion of clinical cases and greater consistency in patient care and management. Interprofessional support was also highlighted as a key theme, with supervision being described as a space for sharing experiences, receiving advice, and obtaining both emotional and professional support from colleagues and supervisors.

Reflective practice also emerged as a central theme. Supervision was perceived as providing opportunities to reflect on difficult situations, consider different viewpoints, and explore alternative strategies for managing complex cases. Participants also reported that supervision contributed to professional development by improving practice and skills supporting preparation for consultations, anticipation potential challenges and planning patient interactions.

Participants identified both technical and relational competencies as benefiting from supervision. Technical competencies included prenatal diagnosis, clinical ethics, patient consultations, communication skills and the management of cultural diversity in clinical practice. Relational competencies included

empathy, professional relationships with colleagues, management of burnout, exploration of transference phenomena, personal development, relationships with patients, emotional management and dealing with aggressivity of patients.

Additionally, participants described several practical tools and strategies discussed during supervision that they considered particularly valuable in their professional practice, including discussion of complex clinical cases, feedback from supervisors and peers, reflection on professional boundaries and ethical practice, emotional regulation and self-care strategies, and the sharing of evidence-based resources and professional information.

Structural and organisational barriers

Overall, 59 respondents (89.4%) identified one or more barriers to the implementation of GCS in France (Fig. 3). Multiple answers were permitted. The most frequently reported barriers included insufficient funding (80.3%), lack of institutional support (69.7%), and lack of dedicated time within working hours (62.9%). Difficulties integrating GCS into routine clinical practice were reported less frequently (18.18%).

Qualitative analysis of open questions identified four main themes related to the barriers to implementing GCS: (1) supervision format, (2) supervision frequency and organisation, (3) supervisor characteristics, and (4) resource constraints.

Participants described challenges related to the format and organisation of supervision, including preferences for individual versus group supervision and difficulties associated with group dynamics. Language also emerged as a barrier when supervision was delivered in a language with which participants were less familiar.

Supervisor characteristics were perceived as influencing the effectiveness of supervision with participants highlighting the importance of the supervisor's skills, experience, and approach. Lastly, funding and resource constraints were identified as major barriers affecting both access to supervision and the continuity or availability of supervision sessions.

Future expectations and development needs

Respondents identified several priorities for the future development of GCS in France (Fig. 4). The most frequently endorsed measures were dedicated funding for supervision programmes (77.3%), the establishment of a national regulatory framework (65.2%), and the development of formal training programmes for supervisors (54.5%). Nearly half of respondents (42.4%) also highlighted the importance of awareness-raising initiatives to promote understanding of supervision and its role in professional practice.

Qualitative analysis identified three main themes related to the future development of GCS: (1) integration of supervision into professional practice, (2) development of regulations and practical guidelines, and (3) recognition of the value of supervision for the profession and practitioners. Participants emphasized the need to integrate supervision into professional standards, institutional policies, and routine clinical practice to ensure equitable and sustainable access across the profession. Participants identified several expected benefits of regulations and practical guidelines for GCS. Improved consistency and quality of supervision practices was the most frequently reported expectation. They also suggested that regulations could strengthen the institutional framework surrounding supervision by providing clearer structures and expectations. Another theme concerned the promotion of the genetic counselling profession. Respondents perceived supervision as a means of reducing institutional barriers affecting the profession and increasing its recognition and highlighted the importance of recognizing supervision as a source of professional resilience. Increased awareness of its role in supporting professionals and promoting resilience was identified as a potential benefit of formal regulations or practical guidance.

Main benefits of the supervisory system

One frequently reported benefit was the harmonisation of professional practices. Participants indicated that discussions of clinical cases contributed to greater consistency in approaches to patient care and patient management. Interprofessional support was also highlighted. Participants described supervision as a space for sharing experiences, receiving advice, and obtaining emotional and professional support from colleagues and supervisors. Another theme concerned reflective discussion and exposure to alternative perspectives. Supervision was perceived as providing opportunities to reflect on difficult situations, consider different viewpoints, and explore alternative strategies for managing complex cases. Participants additionally reported that supervision contributed to improvements in practice and skills. Supervision was described as supporting preparation for consultations, anticipation of potential challenges and planning of patient interactions.

Skills and areas of practice benefiting from supervision

Participants identified a range of professional competencies that had benefited from supervision. These included prenatal diagnosis, clinical ethics, patient consultations, communication skills and the management of cultural diversity in clinical practice. They also described benefits related to the human dimensions of practice. These included professional empathy, professional relationships with colleagues, management of burnout, exploration of transference phenomena, personal development, relationships with patients, emotional management and the management of patients' anger.

Difficulties encountered during supervision

Several difficulties associated with supervision were reported by participants. A first theme concerned the delivery format of genetic counselling supervision with the difficulties of the type of supervision provided, its structure, frequency, and language. Some participants specifically mentioned challenges when supervision was conducted in a language with which they were less comfortable. The format of supervision itself also emerged as a challenge. Participants referred to issues related to individual versus group supervision and highlighted specific aspects of group dynamics. The characteristics of the supervisor were identified as another factor influencing the supervision experience; participants indicated that the supervisor's qualities and approach could affect the perceived effectiveness of supervision. Lastly, funding and resource constraints were reported as barriers affecting access to supervision and the continuity or availability of sessions.

Expected benefits of regulations or practical guidelines

The most frequently mentioned benefit concerned the harmonisation and quality improvement of supervision practices and genetic counselling. Respondents anticipated that guidelines would contribute to greater consistency in supervision practices. They also suggested that regulations could strengthen the institutional framework surrounding supervision by providing clearer structures and expectations. Another theme concerned the promotion of the genetic counselling profession. Respondents perceived supervision as a means of reducing institutional barriers affecting the profession and increasing its recognition. At last, participants highlighted the importance of recognizing supervision as a source of professional resilience. Increased awareness of its role in supporting professionals and promoting resilience was identified as a potential benefit of formal regulations or practical guidance.

Discussion

This study provides, to our knowledge, the first national overview of genetic counselling supervision practices and perceptions among genetic healthcare professionals in France. The findings highlight a substantial discrepancy between the recognised importance of supervision and its actual accessibility within current professional practice.

The majority of respondents were genetic counsellors although it was disseminated broadly through national associations of genetics healthcare. This contrasts with the results from the Spanish part of the study where 35,3% of respondents were physicians. It might be caused by the long-standing association of GCS to genetic counsellors in France, starting by its inception as a theoretical and practical component of GC MSc program (Costa et al., 2025). Therefore, GCS is not yet in the cultural practices of French medical geneticist and very few of them have access to supervision program. Another possible explanation for the limited engagement of medical geneticists is the fact that the questionary referring to a study about genetic counselling supervision was sent under the signature of a genetic counsellor which may have mislead physicians to think that the study was focused on genetic counsellors. Further studies can explore the potential benefits of extending GCS to other genetic healthcare professionals as their needs and challenges closely mirror those of genetic counsellors.

Although most participants considered supervision to be essential for professional practice and psychological well-being, access to formal supervision remained limited. Most respondents described relying primarily on informal support systems within multidisciplinary teams or among colleagues, suggesting that informal support mechanisms partially compensate for the absence of formal supervision. While these informal exchanges may provide valuable emotional and professional support, they differ substantially from structured genetic counselling supervision. Informal support mechanisms may lack defined objectives, trained supervisors, confidentiality agreements and dedicated reflective frameworks. Consequently, reliance on informal support alone may contribute to variability in the quality and consistency of reflective practice across institutions. These findings suggest that reflective and emotional support needs are present in routine practice but are not currently addressed through structured or standardised frameworks. Similar gaps between perceived importance and practical implementation of supervision have been reported in other healthcare professions, including nursing, psychology, palliative care and oncology (Hession & Habenicht, 2020 ; Jarden et al., 2025 ; Keane et al., 2020 ; Navelet, 2013), where supervision is recognised as an important contributor to professional resilience, reflective practice and quality of care, yet remains inconsistently accessible due to organisational and institutional constraints.

The benefits described by participants were improvements in reflective practice, emotional regulation, management of ethically or emotionally complex situations, communication with patients, and professional self-confidence. Previous studies in nursing and mental health professions have similarly shown that supervision may reduce professional isolation, support clinical decision-making, improve coping strategies and contribute to burnout prevention and staff retention (Howard & Eddy-Imishue, 2020; Scaife, 2001). In genetic counselling specifically, international literature has increasingly emphasised the emotional complexity of consultations and the importance of dedicated reflective spaces to process uncertainty, difficult family dynamics and emotionally charged encounters. An interesting finding of this study was the multidisciplinary nature of the supervision experiences reported by participants. When supervision was available, it frequently involved medical geneticists, psychologists and genetic counsellors. This reflects the collaborative nature of genetic healthcare in France and may represent a particular strength of supervision models developed within this context. The integration of multiple professional perspectives could enrich reflection on complex clinical, ethical and psychosocial situations.

An important issue emerging from the present study concerns the distinction between genetic counselling supervision, clinical supervision and psychological therapy. Several participants appeared to associate supervision primarily with emotional support or psychological debriefing, whereas others emphasised its educational and reflective dimensions. This highlights the need for clearer conceptual definitions and professional frameworks regarding GCS in France. Clarifying these distinctions may be essential for improving acceptance, implementation and institutional recognition of supervision models.

The study also identified several barriers limiting the development of supervision practices in France. Lack of protected time, insufficient funding, shortage of trained supervisors and absence of formal institutional or regulatory frameworks were consistently reported by participants. These obstacles are comparable to those described in studies conducted in other European healthcare contexts, where supervision often depends on local initiatives rather than national recommendations or professional requirements (Paneque et al., 2023). In France specifically, the absence of formal recognition and standardisation of genetic counselling supervision may further contribute to heterogeneity in access and practices between institutions.

Given that the majority of the responses are from genetic counsellors, we focus our discussion on this profession. Compared with several countries where supervision is integrated into professional standards and training pathways for genetic counsellors, France appears to be at an earlier stage of development. In countries such as the United Kingdom and Australia, professional organisations have progressively incorporated supervision into competency frameworks and recommendations for clinical practice (Human Genetics Society of Australasia, 2024). The present findings therefore highlight an opportunity to strengthen supervision structures within the French genetic counselling profession through national guidance, training initiatives and institutional support.

The paradox of professional maturity

This study highlights a high level of awareness on the relevance of GCS as good standards of practice contrasting with a low rate of effective implementation. Awareness can be explained by the maturity of genetic counselling in France which was among the first European countries to introduce a genetic counselling educational pathway at the level of MSc degree, as the recommended standard of the European Board of Medical Genetics (Paneque et al., 2024). Accordingly, French genetic counsellors constituted the most highly represented group among registered genetic counsellors through the European Board of Medical Genetics (Paneque et al, 2016).

Contradictorily, it seems the health system (or local institutions) has not created the proper spaces, provided the protected time or the will to implement GCS in a systematic way. This may also reflect the difficulties of having this large group of professionals integrated in the National Health System, because in France genetic counsellor profession still suffer from lack of institutional support with disparities in wages, reimbursement of care and prescription rights (Cordier et al, 2015). Additionally there are not enough supervisors trained specifically in the GCS methodology to cover the demand. Another contributing factor may be the overload faced by the more senior professionals, with clinical and teaching tasks, leaving aside the supervision of their peers. Finally, it may also reflect educational models and previous background of training of genetic counsellors in France, as a biomedical model may be more valued than a psychosocial one. In such biomedical structures, 'supervision' is frequently conflated with clinical case review or medical oversight, rather than the reflective, psychological, and supportive space that defines GCS. Consequently, the psychological and emotional demands of the profession may be underestimated within the institutional culture.

This paradox supports that educational and regulatory maturity does not automatically translate into the implementation of continuous clinical and counselling support of genetic healthcare professionals. Furthermore, future efforts can be endorsed by the national association of French speaking genetic counsellors, by implementing training dedicated to GCS in the master. The AFCG has now the responsibility and the opportunity to lead in the implementation of national supervision guidelines.

Limitations of the study

Several limitations should be acknowledged. First, recruitment bias may have influenced the findings. Participants with a pre-existing interest in supervision or professional support may have been more likely to respond to the survey. In addition, the questionnaire was distributed during the summer period, which may have reduced participation rates, particularly among younger professionals or recently qualified genetic counsellors. Although the French genetic counselling workforce currently includes a growing number of newly graduated professionals, respondents in this study were predominantly experienced practitioners with more than 10 years of practice. This may have influenced the results, as experienced professionals could be more aware of long-term emotional demands and supervision needs associated with clinical practice. Conversely, the relatively limited participation of early-career professionals restricts interpretation regarding the specific supervision expectations and support needs of newly qualified counsellors entering the profession.

Despite these limitations, this study provides important preliminary data regarding supervision practices in French genetic counselling and demonstrates a clear demand for more structured and accessible supervision models. The findings suggest that future developments should focus on establishing clearer definitions of genetic counselling supervision, increasing access to trained supervisors and promoting institutional recognition of supervision as a component of professional practice. Training programmes, professional associations and healthcare institutions may all play a role in supporting implementation. These results also contribute directly to the objectives of the MAG-SUDOE project by identifying current needs, barriers and opportunities for the development of sustainable supervision frameworks across European genetic counselling settings.

Conclusion

Supervision is widely recognized as a valuable component of professional practice among genetic healthcare professionals in France, yet access to structured genetic counselling supervision remains limited and particularly tailored to genetic counsellors. This study highlights a clear discrepancy between the perceived importance of GCS and its availability in routine clinical practice, as well as a strong interest in the development of more accessible and formalised supervision models. Addressing the identified barriers will require coordinated efforts from training programmes, professional associations, healthcare institutions and policy makers, including the development of supervisor training, allocation of dedicated resources and establishment of clear professional frameworks. These findings provide an important foundation for the next phases of the MAG-SUDOE project and support the development of sustainable supervision practices aimed at enhancing professional well-being, reflective practice and quality of patient care.

Declarations

This article does not contain any studies with human or animal subjects performed by the any of the authors.

Conflict of interest: all authors declare that they have no conflict of interest

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22. This article does not contain any studies with human or animal subjects performed by the any of the authors

Figures

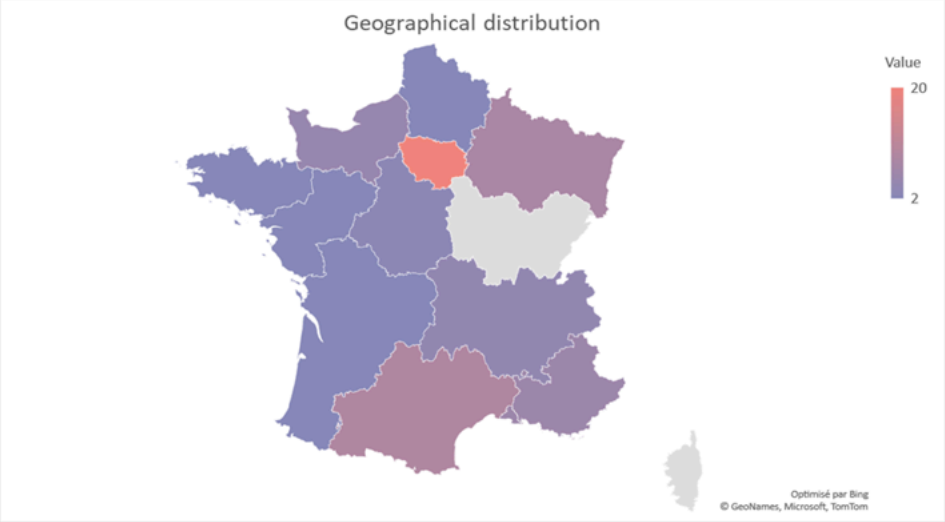


Figure 1

Geographic distribution of survey respondents across French regions.

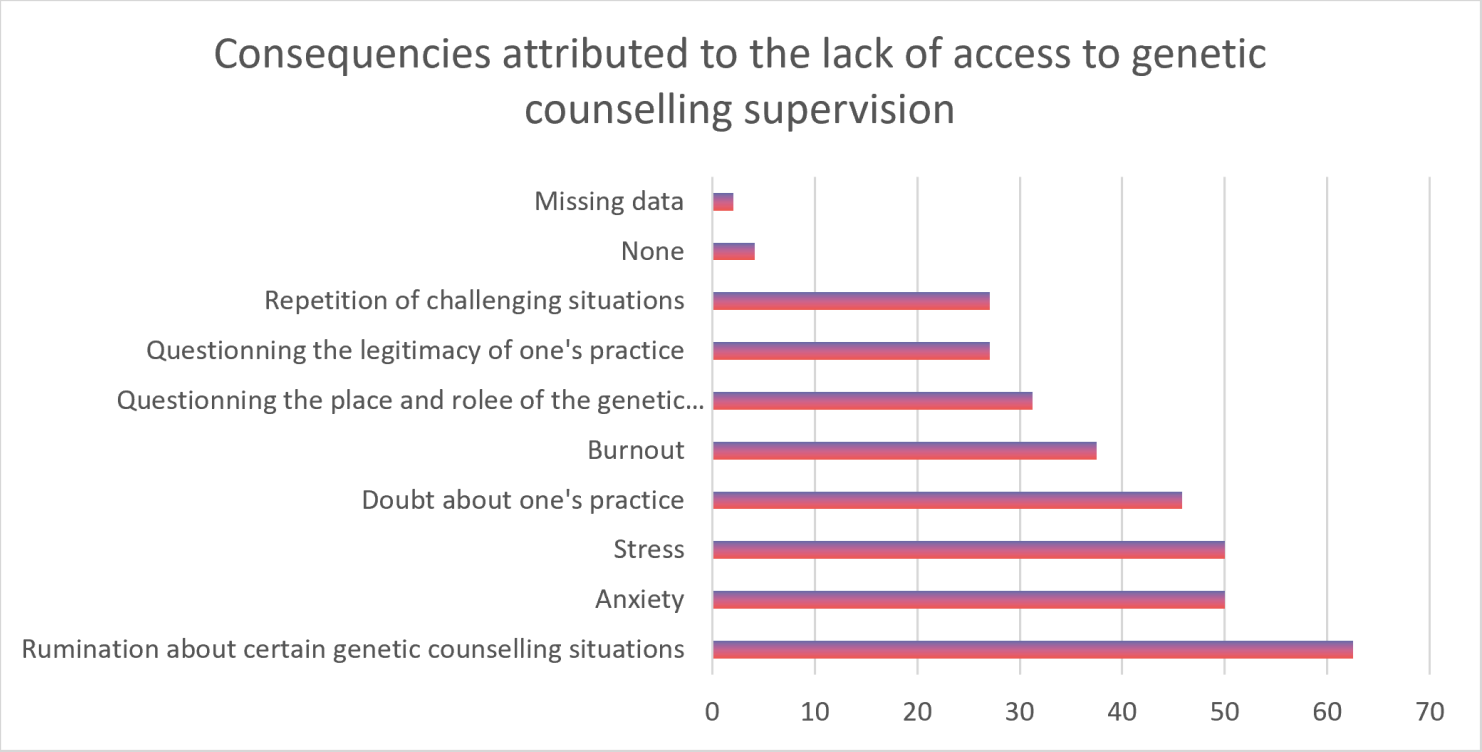


Figure 2

Reported consequences attributed to the lack of access to formal GCS among respondents without access to supervision (n = 47). Multiple responses were permitted.

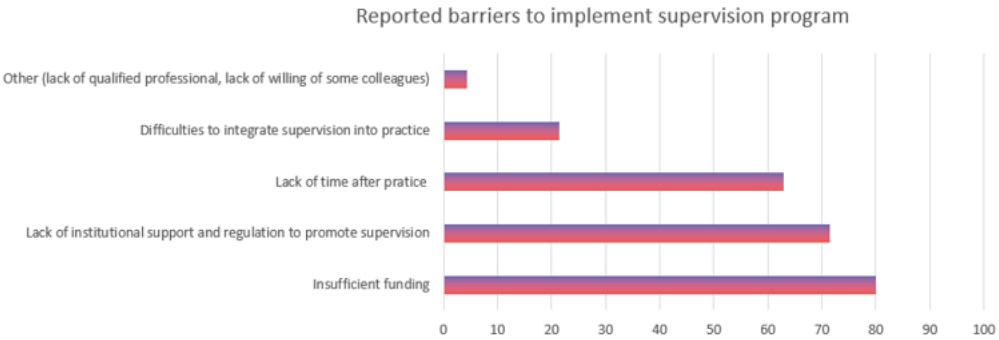


Figure 3

Reported barriers to implement a supervision program. Multiple responses were permitted.

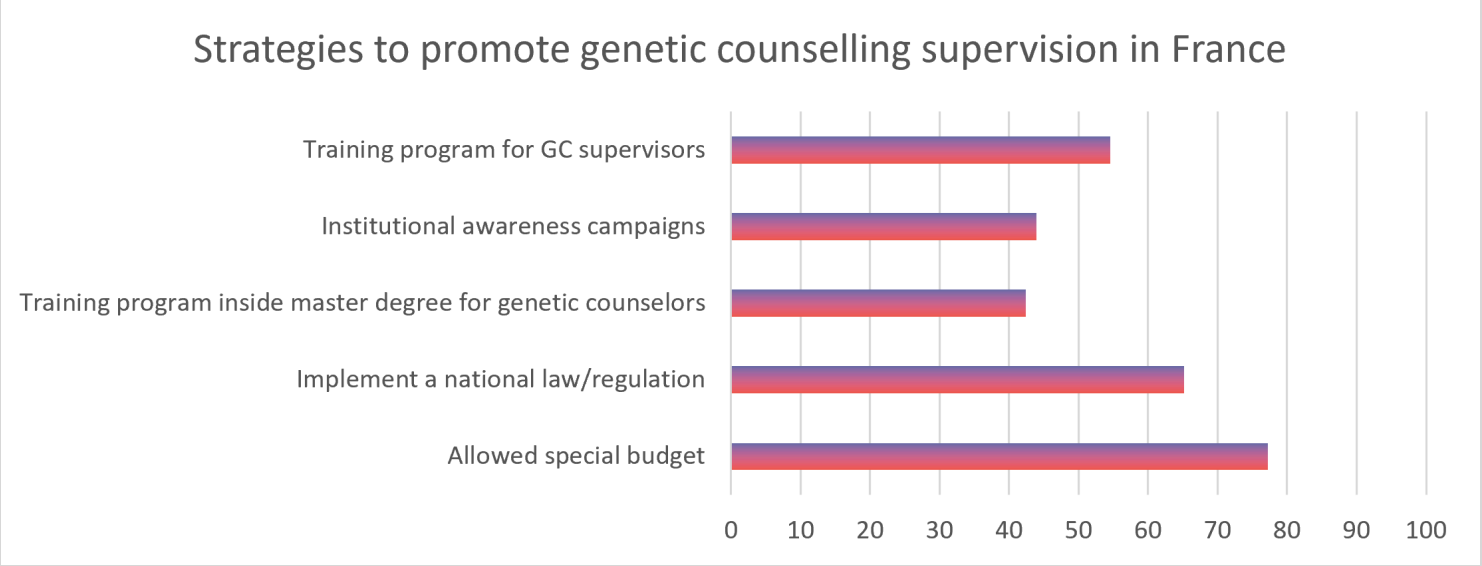


Figure 4

Suggested strategies to promote genetic counselling supervision in France