

## CMGS Audit April 2007-March 2008

Dear CMGS member

Please find attached the CMGS annual audit form for the year April 2007-March 2008 that is the same format as last year.

The considerable effort required of laboratories to generate this information is greatly appreciated both by fellow members of the CMGS and by other professional bodies for whom it provides a very valuable resource. Data from the audit will continue to be presented in an anonymous state and shared with the UKGTN to monitor overall activity in molecular genetic testing and by the Genetics and Insurance Committee (DH) to monitor predictive test activity. However to overcome some of the interpretation issues and in the spirit of openness, I would like to suggest that the identity of the laboratories be available to fellow contributors and the DH.

Work is in progressing through a subgroup of the UKGTN LMA chaired by Dr Ann Curtis on workload units/currency

Your timely co-operation is therefore requested in submitting the attached excel workbook by **1<sup>st</sup> September 2008**.

Please note, as previously there are 5 sections of the audit covering

1. Samples
2. Reports
3. Predictive tests
4. Workforce
5. Overall activity totals.

Please make sure you complete the attached spread sheet (rather than a previous one as there were some changes last year)

### KEY

#### SHEET 1- SAMPLES

This section records the total number of samples and extractions undertaken, whether they were extracted by manual or automated procedures and the associated failure rate. Please record all sample preparation activity but ensure any research/development work is distinct from the diagnostic activity. Samples received as DNA should also be recorded separately.

#### SHEET2-REPORTS

1. A standardised list of disease/test/abbreviation has been compiled to be in general alignment with the UKGTN inventory and last year's returns ie new tests have been added so [please use this list not the one from last year](#). Please record activity against these row names, breaking down as far as possible under the column headings. If the disease is not listed, please add to the end and provide full details so the standardised list can be updated. For some services there is an overlap eg BRCA1/2, AS/PWS etc. Where possible, please break down data as far as possible eg AS, PWS, but if this is not possible use the combined section (AS/PWS). Please do not delete the empty rows (if necessary sort them to the bottom). [Please also feedback any comments/addition/corrections on the list itself](#).

2. The WLU activity should include the extraction/booking in work i.e. reflect the total work for that report as a single figure as agreed at the CMGS WLU workshop. [Please confirm if you have been using the ¼ or 1/10 modifying factors.](#)

3. For turn around times (TAT), this should be calculated from the point at which time there was sufficient information to start the analysis (“activation date”) and should be counted in work rather than calendar days if possible.

Urgent requests should follow the definition as per CMGS WLU guidelines 2003/4.

Please follow the **3 day, 2 week (10 day) and 2 month (40 day)** White Paper categories as agreed by the CMGS (ie as a guide, 2 month/complex will be the longer, mutation-screening category, 2 week will be routine known mutations (eg CF, FraX), 3 day will be urgent/prenatal test. Please provide an estimate if actual data is not available for the percentage of reports meeting the reporting time target.

### **SHEET 3-PREDICTIVE**

This information is extremely useful in determining the extent of predictive testing actually taking place in the network. The DH has been grateful to use this information to help extend the moratorium on use of genetic testing information by insurance companies. [Please complete \(or estimate\)](#) for each disorder for which predictive tests are undertaken. The list of tests has been updated according to last year’s returns. Where possible it is helpful to distinguish those tests undertaken in other affected relatives, which are used primarily to confirm the disorder, rather than for predictive purposes (ie where the patient is thought to be affected rather than asymptomatic).

### **SHEET 4 STAFF**

This is to record number and whole time equivalent staff that were working in the lab over the audit year and contributing to the activity. This should exclude maternity leave or other extended absence but should include standard annual leave. Where staff are shared, please estimate the WTE spent on your service. This data is requested to monitor the relationship between staffing level and activity.

### **SHEET 5 – TOTAL ACTIVITY**

This section is to determine the total WLU for the diagnostic service in order to avoid confusion over double counting between the sample and report activity data. There is also the opportunity to record any other activity that is part of the service eg training, but has not been accounted for in the previous total. If it is not possible to assign a WLU activity to this work, please still consider recording areas of work so that these may at least be referenced in the audit report.

Many thanks

Gail Norbury

Chair CMGS Audit

30/05/2008