

21/7/09

## CMGS Audit April 2008-March 2009

Dear CMGS member

Please find attached the CMGS annual audit form for the year April 2008-March 2009 with completed returns requested by **1<sup>st</sup> September 2009**. UKGTN members are reminded that participation in the audit remains a requisite of UKGTN membership.

Note that the **workload unit (WLU) data is not required** since this data no longer serves as useful comparative measure of activity. Significant progress has been made in developing a new common unit of activity across both molecular and cyto-genetics. It is hoped to move to this new unit next year (details to follow).

There remain 5 sections to 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)

\*optional as more extensive data is collected by workforce planning. However, any submitted data will be collated and presented against corresponding activity as in previous years.

### 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. 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 level of predictive testing taking place in the network. The DH has been grateful for this information to help maintain the moratorium on the use of genetic testing information by insurance companies. [Please complete \(or estimate\) the number of](#) predictive tests undertaken for each disorder. The list of tests has been updated according to last year’s returns. Please distinguish predictive tests (undertaken in at risk asymptomatic relatives) from confirmatory tests (generally undertaken to confirm the molecular diagnosis/pathogenicity in other affected relatives)

### **SHEET 4 STAFF**

This is to record the number and whole time equivalent staff that were working in the lab over the audit year and contributing to the service 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. The data is requested in this format to monitor the relationship between staffing level and activity rather than for workforce planning.

The archive of CMGS audit data is a valuable resource and is shared with the UKGTN to monitor overall activity in molecular genetic testing and by the DH Genetics and Insurance Committee (GAIC) to monitor predictive test activity. The effort associated with collecting the data is very much appreciated by these colleagues.

Many thanks

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Chair CMGS Audit

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