

HEE Genomics Programme: Engaging Primary Care

Background

As the field of genomics advances, an increasing number of patients will be able to access testing either through research programmes, as part of clinical care, or by direct-to-consumer testing from commercial companies. They and their relatives will turn to primary care practitioners (PCPs) for discussion and advice of these results; for example a patient with results of a commercial genomic screen, or whose family member carries a pathogenic variant associated with cancer, or a mother wishing to discuss a neonatal screening test. PCPs will need to be equipped with the knowledge and skills to communicate sequenced genomic information, understand the implications and institute appropriate management. Developments in genomics within cancer diagnosis and treatment, Familial Cancer, Pharmacogenomics, Rare Diseases, Infectious Diseases and Complex Disease all have the potential to impact on primary care.

Primary Care Advisory Role

HEE have created a primary care advisory and leadership role which will be performed by Dr. Jude Hayward (GPwSI in Genetics, Yorkshire and Humber Genomic Medicine Centre). Dr. Hayward will provide leadership and input into all engagement activities discussed below.

Educational needs assessment

Identifying core genomic clinical activities and competencies required by PCPs

A working group comprising representatives from HEE, RCGP, Genomic Medicine Centres and other PCPs constructed a preliminary list of training needs. A Delphi-style survey will be conducted by Dr. Jude Hayward with support from HEE, seeking the opinion of experts in different roles including PCPs, with the aim of constructing a comprehensive list to inform resource and curriculum development.

Identifying existing resources (both online and face-to-face teaching)

An audit will be carried out to identify existing resources targeted to those working in primary care. This will include engagement with the Genomic Medicine Centre Education and Training leads to identify any current activity within primary care. It will also include engagement of PCPs on the HEE MSc / PgDiP in Medical Genomics in order to incorporate their experiences of the courses and outputs from any research projects.

Identifying how GPs access resources

There are many excellent 'just-in-case' resources, including modules, specialist websites and training events. Yet PCPs use 'just-in-time' resources to guide clinical decision-making, accessing information as and when they see it benefiting their daily practice. Within genetics, this could be in order to address a particular issue such as family history assessment or referral criteria (Cole et al, 2010). This is likely to occur at the point-of-care within the context of a 10-minute consultation; advances in IT mean that there are now a plethora of resources which can meet this need. These include educational websites, apps, local and national referral guidelines and pathways (e.g. NICE pathways local referral criteria,), all of which may be accessed directly or via templates and links embedded within primary care IT systems.

HEE has commissioned a questionnaire survey inviting up to 1000 general practitioners across the country to consider resources they would prefer to keep up to date with genomic medicine, both in the consultation and for CME. The survey will also capture respondents' preferred format of resources. It will be conducted by Professor Nadeem Qureshi's research team in Nottingham.



Report and Action Plan

The findings of the educational needs assessment will be presented in the format of written reports. These will include an educational framework for PCPs, recommendations for resource development including format and content, and recommendations for effective dissemination through routes most widely utilised by PCPs.

Research evidence to engage primary care

In parallel the previous and current research evidence on implementing genetics and genomics in primary care will be captured through research intelligence collated by genetics interest group of the Society of Academic Primary Care (SAPC).

Dissemination of educational needs assessment findings and resources, and awareness-raising of genomics in primary care

Working alongside the GMC educational and training leads, existing primary care training networks will be utilised including the national Community Education Providers Network (CEPN) and Primary Care Training hubs. It will also be important to engage primary care IT providers (including EMISWeb and SystmOne).

Work will continue in partnership with the RCGP. This will include review and update of the current nMRCGP curriculum statement for genetics and learning objectives. Other strands include development of resources for CPD including e-learning resources and articles within Innovait.

It will also be important to engage other professional bodies for primary care including the National Nursing and Midwifery Council. There will be continued engagement with other key organisations including RCP Clinical Champions programme, society interest groups such as those sitting within the SAPC and the World Organisation of National Colleges and Academies WONCA, as well primary care journals (e.g. BMJ).

Ethical considerations: addressing inequality

Previous advances in healthcare have often failed to benefit underserved populations. The above primary care strategy will pay particular attention to considering approaches to reduce inequalities. This includes approaches to deliver standardised care in the context of limited resources within Primary Care to maximise benefit to all patients and relatives. Specifically, consideration will be given to cultural, religious and language factors in development and dissemination of resources.

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