

## Chairs update September 2018

I hope you have all had a good summer. As I write, the rain is lashing down and the summer heatwave seems like a very long time ago. BSGM council was kept busy over the summer, with several consultations that required responses. For example, the Topol review - [link here](#) - asked 3 questions very pertinent to our practice:

1. How are technological (genomics, digital medicine and AI) and other developments likely to change the roles and functions of clinical staff and the support in all professions over the next 2 decades.
2. What are the implications of these changes for the skills required? For which professions or sub-specialisms are these likely to be particularly significant? and
3. What does this mean for the selection, curricula, education, training, development and lifelong learning of current and future staff?

Professor dame Sue Hill also asked us to inform the NHS long term plan with respect to genomics by asking a series of questions:

1. As the NHS begins to mainstream the use of genomics across clinical specialities, what actions could we take to support implementation?
2. What are the barriers that prevent the NHS from achieving systematic adoption and equity of access to genomic technologies for patients?
3. How can the NHS best enable clinicians and patients to use genomic information to achieve shared decision making?

Many of you responded individually to either or both these consultations, or as part of BSGM constituent societies, and I thank you for taking the time to do so. The general tone of the responses I have seen was positive, demonstrating our track record in adapting to change in our speciality and our willingness to take on new roles and to help in the mainstreaming of genomic medicine. Most saw the rapid changes facilitated by genomic technology as an opportunity to be harnessed whilst at the same time pointing out some of the ways we should not throw the genomic baby out with the bathwater. Frustrations with the apparent lack of an innovative mindset within NHS structures were commented on, including the delay in adapting training numbers across the board and thus the difficulties in facilitating change in the shape of the extant workforce. BSGM members have been instrumental in the success of the 100,000 genomes project and will be in the new genomic medicine service (GMS). Please continue to demonstrate your willingness to evolve your role, in my opinion the GMS cannot hope to succeed without you.

Alison Hall, chair of Ethics and policy committee also responded to the draft revised Code on Predictive Genetic Testing Concordat and Moratorium on insurance and I thank her for that. The draft is not yet for general circulation I understand, but one of the difficulties will of course be that the boundary between predictive and diagnostic genetic testing is becoming more blurred in many situations informed by genomic testing. Watch this space for more information.

## BSGM Conference 2018

It's not too late to sign up for this year's annual conference at the Royal College of Physicians in London which will be held next week on the 2nd October. If like me, you leave such things till the last minute, then please hurry as there are only limited places left and registration closes tomorrow. The line-up looks [really stellar](#) and I thank Fiona Togneri and Emma Woodward for their sterling efforts in planning and organising what will definitely be a most interesting day.

## Roles within BSGM

I'm very pleased to announce that Dr Eamonn Sheridan, Professor of Clinical Genetics and consultant clinical geneticist at Leeds regional genetic service, was voted by council (from a very strong field) to be the next BSGM vice-chair. Eamonn will take up office on 2nd October and become chair of the BSGM from October 2019-2021

## Other news:

Consent and Confidentiality guidelines. These guidelines, last issued in 2011 and ripe for updating in the wake of genomic medicine advances have been updated over the last year and a near final draft

for a 2018 edition has been compiled. We have tried to align this with plans for the new genomic medicine service approach to consent and confidentiality, so discussions are ongoing to ensure the final guidance facilitates GMS plans. Thanks again to Alison Hall, chair of the ethics and policy committee for keeping his difficult task going, and to a small team of BSGM members who have helped with this. We will be looking for comments on the draft very soon, so please let me know if this is something you would be interested in doing.

Please contact me ([annekel@soton.ac.uk](mailto:annekel@soton.ac.uk), or [Anneke.lucassen@nhs.net](mailto:Anneke.lucassen@nhs.net) ) if you have any queries about the content of this email or any other suggestions relating to the Society. I look forward to seeing many of you next week.

Anneke Lucassen Southampton 24th September 2018

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