Proposed Contract Currencies for Clinical Genetics
Draft 02.06.01 – Professor Robin M. Winter

Introduction

A small working group of clinical geneticists and genetic counsellors has discussed contract currencies and have set out a scheme below. In view of the short timescale, it has not been possible to consult very widely amongst the professions and some of the items, particularly workload weightings, will need to be changed in the future, in the light of experience of using the scheme.

Members of the working group were:-
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Basis of Contract Currencies

It was decided to base the contract currencies on clinical contacts (type of referral). Usually these would be clinic appointments but could also be home visits, ward visits, and phone call consultations where significant counselling is carried out. The scheme requires centres to collect two data items (which they should be collecting already). These are:

a) The type of referral (see Table 1);
b) Who was involved (doctor or genetic counsellor) (see Table 2). Note that trainees are not distinguished from consultants/trained genetic counsellors as they are always supervised and the workload is the same;

Rules for recording clinical contacts

Because genetics involves counselling families, frequently, several family members can be present at an appointment and may need to be individually counselled and examined. For this reason, there was discussion about whether appointment numbers should be collected, or whether the number of patients coming to the clinic should be counted. After discussion, it was considered that formulating precise rules as to which family members should be counted, was too problematic, and that appointment numbers should be counted according to the following rules.

Rule 1.
Each appointment/ward visit/home visit/phone call must have a separate entry on the computer database to be counted.

Rule 2
To be counted, extra family members seen or examined in the same clinic should be entered as a separate appointment in the database (N.B. counselling a couple counts as one appointment – for example, counselling an additional family member and their partner).

Workload weighting

Each type of referral has been given a workload weighting. This is because it is important to distinguish between types of referral - some centres may do a thousand routine pre-amnio counsellings, whereas another may do a thousand new cancer families, which is not the same workload. However, the workload weightings have not been validated and are subjective assessments. Alteration of workload weightings for individual referral types might be necessary in the future in the light of further experience and research.

Phone consultations

It appears that a number of centres carrying out cancer genetic work do significant consultations over the phone and individuals do not subsequently come to the clinic. It was suggested that this activity should only be recorded where the family has been logged on to the patient database, the family do not subsequently come to the clinic, and specific advice has been given over the phone. Each telephone consultation should just count as one unit, even if there are further follow-up telephone calls (see Table 1).

Genetic registers

Additional clinical workload is generated by maintaining registers and this activity needs to be recorded. It was therefore suggested that there should be yearly recording of the following data:

Number of new families put on register
Number of new individuals put on register
Number of patient contacts (letter/phone etc)

Disease codes

At the moment, precise disease coding at different centres uses different schemes. However, most are based around the McKusick number. It was felt that precise disease codes were not needed for contract currencies and the issue of standardisation of disease codes was outside the remit of this working party.

Clinical Reason for Referral

What we don't get with this scheme is a breakdown of what sort of referrals are being seen (dysmorphology/prenatal/cancer etc.). This could be catered for with a further field for these categories. However this was not thought to be relevant to the topic of contract currencies.

Table 1 - suggested workload weighting for Clinical Genetics referrals

Type of Referral	Work Involved	Score
Simple counselling	Defined as anything that doesn't need detailed pre-clinic work-up or diagnostic examination in the clinic – eg: consanguinity, maternal age, carrier screening, diagnosed trisomy, neural tube defect, recurrent miscarriage, member from known translocation family, routine prenatal counselling.	1
Non-simple new clinic appointments (no preclinic visit)	Any new clinic visit not covered by the above definition	3
Non-simple new clinic appointments (with preclinic visit)	See above	4
Additional family member/couple	Examination/counselling as part of same extended family appointment . See Rule 2.	1
Ward visit or fetal examination for diagnosis	Parents not counselled at that stage	2
Follow up clinic appointment	Patient previously seen in clinic and follow-up arranged. Includes clinic follow-up generated by genetic register. Re-referral by external clinician counts as new referral	1
Post-clinic visit		1
Telephone/letter consult	Patient does not subsequently come to the clinic. Only one entry for each clinical query how ever many calls. See Rule 1.	1

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Table 2 - Classification of who was involved in patient contact / referral	
DOCTOR	
GENETIC COUNSELLOR	
DOCTOR and GENETIC COUNSELLOR	