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Genomics

Advanced genomics knowledge guide for pharmacists

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Endorsed by:





Background

Genomic technology has developed at pace since the early 2000's and is now in regular clinical use in both diagnostics and treatment in the UK. Pharmacogenomics — the use of genomics to predict how patients will metabolise and respond to medicines, including adverse drug reactions, — is in its relative infancy in clinical practice in the UK. However, pharmacogenetic testing is anticipated to become more widespread within the coming years, and the use of genomics to personalise or individualise medicine choices in cancer and rare disease is already commonplace.¹

The pharmacy workforce has been identified as key to the implementation of genomic medicine,² and genomics is now incorporated into the GPhC standards for initial education and training of pharmacists.³ Whilst an indicative curriculum for undergraduate and trainee pharmacists has been published,⁴ to date there has been no description of genomic knowledge requirements of post-registration pharmacists beyond this.

We have compiled a separate document describing knowledge requirements for all pharmacists (**UKCPA Genomics knowledge guide for pharmacists**); this Advanced genomics knowledge guide describes the 'next steps' for pharmacists wishing to develop their knowledge beyond the basics, and also some of the attributes and knowledge required by specialist genomics pharmacists.

Aim of this guidance

The structured guidance given in this document will help guide individual development and allow education providers to identify gaps in education and training resources.

This guidance has been developed by the authors and the UKCPA Genomics Committee, taking into account the North Thames Genomic Advisors Competency Framework, and with reference to genomics competencies from other professions⁶⁻⁹ and published studies.^{10,11}

How to use this guidance

This document is intended to be an outline to guide practice rather than a prescriptive list, and where used for educational purposes, should be read in conjunction with the appropriate Royal Pharmaceutical Society (RPS) curricula, 12-14 and, where appropriate, the RPS Prescribing Competency Framework. 15 Further work to produce a syllabus and knowledge guide for pharmacy technicians working in genomics will be developed as roles across both professions develop.

This document supports the delivery of the Pharmacy Genomics Workforce Strategic Framework² Aim 3 (identify pharmacy genomics workforce needs) and Aim 4 (educate and develop the pharmacy workforce).

The sections within the knowledge guide are:

- 1. Fundamentals of genomics (knowledge)
- 2. Applications of genomic medicine (knowledge)
- 3. Genomics skills and behaviours for pharmacists (skills and behaviours)

1. Fundamentals of genomics

			Entry level (generalist)	Advanced (generalist, or specialist in field other than genomics)	Genomics specialist
1.1 Basic science: DNA, RNA and	a.	Fundamental concepts of DNA, RNA and protein, and the basics of transcription and translation	√	√	√
protein	b.	The organisation of human genome into 23 pairs of chromosomes and approximately 20,000 genes RNA splicing and epigenetics	✓	√ ✓	√ ✓

1.2
Contribution
of genetics to
disease states

impact on sequence (missense, stop gain, frameshift)
b. Loss of function and gain of function variants and impact on disease
c. Types of copy number variation and impact on disease (e.g. trisomy, translocations, microdeletions)
d. Constitutional and somatic variation and the roles of these in development

of disease including cancer

Single nucleotide variation leading to

√	√	√
√	✓	✓
√	√	√
√	√	√

e.	Homozygosity and heterozygosity
	and impact on disease states
f.	Inheritance patterns of single gene
	disorders (e.g. autosomal
	dominant/recessive, increased risk of
	recessive disorders in
	consanguinuity)
g.	Mitochondrial inheritance and
	relevance for pharmacogenomics
h.	Concepts of penetrance and variable
	expressivity
i.	Genomic mosaicism and implications

√	✓	√
✓	√	√
√	✓	✓
	✓	✓
		√

1.3 Normal genomic variation

 The extent of normal genomic variation, including that the majority of variation is non-pathogenic.

for disease

- The existence of the Human
 Reference Genome and its limitations
- c. The influence of ancestry on normal genomic variation
- d. The role of normal genomic variation in drug response in terms of drug targets, drug metabolism and risk of adverse effects (see also 2.1)
- e. The use of databases of variation (e.g. GnomAD) and their limitations

✓	√	√
√	✓	✓
√	✓	✓
√	√	√
		✓

1.4 Genetic
contribution
to common
complex
disease

- a. Genomic factors that influence development of common complex disease, e.g. cardiovascular disease
- b. Interactions of genetics and environment in disease
- Awareness of benefits and limitations of polygenic risk scores

✓	√	√
✓	√	√
√	✓	✓

1.5 Genomic technologies

- Definitions of single gene/SNV testing, panel testing, clinical/whole exome sequencing, whole genome sequencing
- Advantages and disadvantages of each testing approach
- Point of care vs. laboratory based testing and associated considerations
- d. Comparison of long and short read technologies

✓	√	√
✓	✓	✓
√	√	√
	✓	✓

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2. Applications of genomic medicine

			Entry level (generalist)	Advanced (generalist, or specialist in field other than genomics)	Genomics specialist
2.1 Pharmaco-	a.	Concept of pharmacogenomics in drug metabolism (ADME)	√	√	√
genomics: basic	b.	Role of pharmacogenomic variation in predicting adverse drug reactions	√	✓	√
principles	C.	Role of pharmacogenomic variation in targeted treatment/ precision medicine (e.g. drug-gene matches)	√	√	✓
	d.	Locating information on pharmacogenomics in manufacturers Summary of Product Characteristics	√	√	✓
	e.	Awareness of key pharmacogenomics reference sources (e.g. PharmGKb, DPWG guidelines, CPIC)	√	√	√
	f.	Concept of pharmacogenomics as part of holistic clinical pharmacy review (e.g. renal function, adherence etc)	√	√	✓
	g.	Use of key specialist reference sources as above		✓	✓
	h.	Concept of phenoconversion		✓	✓

2.2 Genomics
in medicines
safety

- a. MHRA Drug Safety Alerts concerning genetic variation leading to adverse outcomes
- Regulatory aspects of medicines with linked genomic tests for dosing or indication

√	√	√
		✓

2.3 Genomics in the NHS: systems and practice

- Awareness of the NHS genomic medicine services and key genomics policies
- Awareness of national genomic test directories / national commissioning of genetic tests
- c. Awareness of how a genomic/pharmacogenomic test would be requested in the individual's practice setting

√	√	√
√	√	√
✓	√	✓

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3. Genomics skills and behaviours for pharmacists

			Entry level (generalist)	Advanced (generalist, or specialist in field other than genomics)	Genomics specialist
3.1 Assess and advise on when	a.	Advise prescribers on choice of appropriate NHS-commissioned genomic tests related to medicines	√	√	✓
pharmaco- genetic testing is	b.	Awareness of strengths and limitations Direct to Consumer pharmacogenomic tests	√	√	√
indicated and choose appropriate test	c.	Awareness of advantages and limitations of different testing methodologies including turnaround time (e.g. POCT vs local vs central laboratory)	√	✓	√

- 3.2
 Communicate
 effectively
 with patients
 regarding
 genomic/
 pharmacogenomic
 testing
- a. Provide information to patients
 around options for
 pharmacogenomic testing,
 discussing the risks and benefits in a
 non-directive way, respecting patient
 autonomy
- b. Describe potential impact of test result on other family members

✓	√	√
√	√	✓

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c.	Awareness of the Code of Testing and
	Insurance agreed between HM
	Government and Association of
	British Insurers on the role of genetic
	testing in insurance
d.	Understand why consent for data to
	be used in research may be important
	and how to discuss this with patients
e.	Understand principles of
	confidentiality concerning genomic

√	✓	✓
√	√	√
✓	√	√

3.3 Understand how to interpret and action a pharmacogenetic report

 Understand the basic format of a pharmacogenetic report e.g. genes and variants tested, star alleles/diplotype, phenotype

data¹⁶

- Understand that previous genomic test results may have an updated interpretation due to reclassification of variants
- Interpret test report in context of phenotype and holistic clinical picture, including other prescriptions, and make recommendation for prescribing
- d. Apply an evidence-based approach to pharmacogenomic results, utilising appropriate reference sources (see also 2.1d)

✓	✓	✓
√	√	√
√	√	√
√	✓	✓

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e.	Make appropriate records in patient
	notes with recommendations,
	considering visibility to other
	prescribers/professionals within
	context of e.g. electronic systems,
	and following local policy

f. Awareness of national recommendations regarding record keeping for pharmacogenomic results

✓	✓	✓
	√	√

3.4 Communicate a genomic result

- Communicate a genomic test result to patients/carer in a manner that they understand
- b. Communicate any implications for family members e.g. further testing
- Frame context: where there is uncertainty around result or risk, or incidental findings, explain these to the patient

✓	✓	√
√	✓	✓
		√

Recognising limitations

3.5

- Recognise personal limitations and refers appropriately to specialist genomics pharmacist
- Recognise where a patient may require referral to specialist genomic counselling services

√	√	√
√	✓	✓

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3.6
Leadership
and
education

	a.	Represents the speciality on regional			
		committees/boards to influence	✓	✓	
		genomic strategies and direction			
	b.	Represents the speciality on national			
		committees/boards to influence		✓	
		genomic strategies and direction			
	c.	Provides speciality-specific	,		
		leadership at a local/regional level	√	√	
	d.	Provides speciality-specific			
		leadership at a regional/national		✓	
		level			
	e.	Leads on local initiatives to foster			
		learning so that colleagues can use	,	,	
		genomic data safely and effectively	~	V	
		for patient benefit			
	f.	Leads on regional/national initiatives			
		to foster learning so that colleagues			
		can use genomic data safely and		~	
		effectively for patient benefit			
	g.	Establishes links with national			
		specialty specific stakeholders,			
		implements specialty service			
		specification (regarding genomics),		√	
		and assists regional advisors to			
		navigate the NHS GMS infrastructure.			
	1				ı

h.	Mentors regional genomic advisors;		
	interacts with Genomic Education		
	Programme (GEP), specialist genomic		
	services, and Academy of Medical		✓
	Royal Colleges (AoMRC). Represents		
	genomics for specialty, including		
	specialty professional bodies.		
i.	Represents the specialty on national		
	committees/boards to influence		✓
	genomic strategies and directions		
j.	Shapes the NHS National Genomic		
	Test Directory through annual		,
	submission of specialty		√

recommendations.

Acknowledgments

UKCPA Genomics committee members

Rachel Palmer Lucy Galloway Aris Saoulidis Farah Longerstaey Sadaf Qureshi Paul Selby

North Thames Genomics Advisors Competency Framework

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Endorsing bodies

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The Genomics in Pharmacy page of the National Genomics Education Programme website also provides further reading, case studies, and links to educational resources and key references in genomics: https://www.genomicseducation.hee.nhs.uk/genomics-in-healthcare/genomics-in-pharmacy/