Supplementary section - survey design

	Question	Response options		Question type
1	Current deanery	East of England East Midland Kent, Surrey & Sussex North East NW Mersey NW North Western SW Peninsula SW Severn Thames Valley	Wessex West Midlands Yorkshire & The Humber London – NW Thames London – NE and Central London – S Thames Scotland Wales Northern Ireland	Multiple Choice – one answer only
2	Year of training (if in OOPE select the year you are returning to)	ST3 ST4 ST5	ST6 ST7 Post-CCT	Multiple Choice – one answer only
3	Additional degree beyond medical degree	None BSc	MSc MD/PhD	Multiple Choice – one answer only
4	Name	(free text)		Free text
5a	Do you feel confident that your local training programme adequately prepares you for future clinical practice utilising genomic medicine	 Very Poorly Prepared Poorly Prepared Neither Well nor Poorly Prepared Well Prepared Very Well Prepared 		Matrix / rating scale

5b	Do you feel confident that your local training programme adequately prepares you for future clinical practice utilising personalised or precision medicine	 Very Poorly Prepared Poorly Prepared Neither Well nor Poorly Prepared Well Prepared Very Well Prepared 	Matrix / rating scale
6a	Do you know what the mainstreaming of genomics means for your future clinical practice?	Yes No	Multiple Choice – one answer only
6b	If yes, what does mainstreaming of genomics mean to you?	(free text)	Free text
7	Have you recruited patients to the 100,000 genomes project?	Yes No	Multiple Choice – one answer only
8	 Do you feel enabled to perform genetic testing for the following conditions? Lynch syndrome testing Genetic screening for polyposis syndromes KRAS testing in colorectal cancer TPMT status prior to thiopurine use HFE genotyping for suspected haemochromatosis HLA subtyping in coeliac disease Genetic screening for hereditary pancreatitis 	Yes No	Multiple Choice – one answer only
9	A 32-year-old lady has been referred to outpatients. Her 35-year-old brother has been diagnosed with	For each statement:	Matrix / rating scale

	 bowel cancer and she is concerned about her own cancer risk. How strongly do you agree with the following statements? I feel comfortable adhering to national guidance on colorectal cancer screening in this patient I feel clinically prepared to counsel this patient on cancer risk I am comfortable obtaining informed consent for genetic testing I am aware of local pathways for the genetic 	 Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree 	
10	How strongly do you agree with the following statements? • More education is needed before widespread genomic testing can be implemented • Genetically-determined conditions are too rare to justify mainstream use of genomic testing in all secondary care settings • There is not enough clinical guidance for interventions based on the results of genomic testing • Genomic testing will be overused or misused by healthcare professionals • Genomic testing results will be misinterpreted by patients	For each statement: 1. Strongly Disagree 2. Disagree 3. Neither Agree nor Disagree 4. Agree 5. Strongly Agree	Matrix / rating scale

12	Any other comments	(free text)	Free text
	 Dedicated training days focusing on genomics Updated gastroenterology JRCPTB curriculum and SCE examination Better defined pathways for referral into local genomic services Novel opportunities for subspecialty training in genomic medicine Training in 'mainstreaming' genetic testing i.e. performing gene testing in your own clinics rather than referring elsewhere 	No	
11	Which of these changes do you think would be useful to help prepare you in utilising genomics in your future clinical practice?	For each statement: Yes Maybe	Matrix / rating scale
	 There is insufficient legal protection from discrimination (e.g. insurance) for individuals with genetic susceptibilities to disease Genomic testing is not cost-effective 		