

Inter-Society Coordinating Committee Webinar: Plenary Session
Wednesday, June 26, 2013

Attending: Alice Bailey (NHGRI)*, Anna Berry (AMP), Ben Clark (ASCO), Laurie Demmer (ABMG), Anne Grupe (ASCO), Susanne Haga (Duke), Leslie Howell (ACCME), Carol Kasten (NICHD), Brandi Kattman (NCBI), Donna Krasnewich (NIGMS), Thomas Lehner (NIMH), Mel Limson (AMP), Christina Lockwood (ACCME), Teri Manolio (NHGRI), Ian Marpuri (NHGRI), Marcia Martin (ACCME), Mike Murray (ACP), Jackie Odgis (NHGRI), Gene Passamani (NHGRI), Bob Roberts (ACC), Laura Rodriguez (NHGRI), Nancy Rose (ACOG), Joni Rutter (NIDA), Bob Saul (AAP), Nonniekaye Shelburne (NCI), John Tooker (ACP), Marc Williams (Geisinger), Louis Wright (CAP)

* See list of abbreviations in Appendix.

Competencies WG (Mike Murray, Chair)

Decision/Information Items

- The WG has defined genomics competencies that will cut across all medical specialties and is developing guidelines on which societies may base their own specialty-specific genomics competencies. It will engage subspecialty professional societies to obtain any existing society-specific competencies and to develop subspecialty-specific genetic competencies.
- Bruce Korf (ACMG) presented an initial list of Genetic Entrustable Professional Activities (EPAs), which are defined as “those professional activities that together constitute the mass of critical elements that operationally define a profession” (ten Cate O, Scheele, F, Academic Medicine 82:542-7, 2007). The WG plans to apply these genomics EPAs to existing ACGME core competencies and to specialty-specific competencies. The ACCME approved of these initial competencies.
- The group plans to create a manuscript for a peer-reviewed journal which will be reviewed by subspecialties and the ISCC before publication.
- Competencies will be developed based on EPAs as generalizable principles.

Action Items

- The WG will review the proposed genetic EPAs and present the final EPAs to specialty societies.
- The WG will encourage specialty societies to develop assessment tools and educational modules that will reference the genetic EPAs.

Educational Products WG (Bob Roberts, Chair)

Decision/Information Items

- A great deal of educational material already exists as documented by ACCME’s educational reporting system.

- The Educational Products WG will use G2C2 (<http://www.g-2-c-2.org/>) to vet and store educational products collected from professional societies.
- A letter to these specialty societies is needed to describe the ISCC's goal and to request links to these societies' educational materials; these should be sent through the societies' named ISCC representative.
- Given the large number of educational activities in hospitals and academic medical centers, a speakers' bureau could be readily assembled. It may be possible to use G2C2 to make this list of speakers available to educational institutions for help in finding expert speakers. Speakers could also self-nominate and propose specific topics, though some vetting might be needed.
- A licensing agreement may be needed for some depositions into G2C2.

Action Items

- Bob Roberts will draft a letter for the specialty societies' ISCC representatives to share with their societies' leadership requesting their collaboration by sharing educational materials on the G2C2 platform and use cases on the G3C platform.
- The WG will collaborate with specialty societies to identify speakers and reviewers for the speakers' bureau.
- Marcia Martin will summarize the ACCME's data on existing genomics education products for consideration by the WG.
- Jean Jenkins and Gene Passamani will talk with Bob Roberts about the G2C2 license.

Specialty Boards WG (Nancy Rose, Chair)

Decision/Information Items

- The WG will focus its initial efforts on six high-impact specialties: Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pathology, Pediatrics, and Psychiatry/Neurology. Experience gained from these initial groups will be used to address the next tier of specialty societies.
- The WG will promote engagement of societies by sharing materials from the Competencies and Use Cases WGs as ways that the ISCC can help the societies identify needs for physician education.
- The WG will review the APHMG survey results, when available, on the presence of genomics in medical school curricula. The survey is estimated to conclude in about 6 months. Other useful surveys/documents that have been completed or are in progress include:
 - The AMP's [Training Residents in Genomics \(TRIG\)](#) program which will be published soon in the Archives of Pathology & Laboratory Medicine.
 - The AAP's survey of 190 pediatric residency directors which will be finalized in the next few weeks and results will be available in early 2014.
- There may be some value in the WG collecting survey instruments from the APHMG, AMP, and AAP to share with other professional societies wishing to conduct their own surveys.

Action Items

- Bob Saul will share the finalized AAP survey of pediatric residency directors with Nancy and the Specialty Boards WG as soon as it is available.
- Nancy Rose and Mimi Blitzer will draft a letter to the member boards of the ABMS asking for content outlines and any MOC/certification exam preparation materials from the specialty societies, as well as the timelines that each society uses for updating and distributing these materials.
- ISCC representatives will email any available content outlines or websites describing exam preparation material from their societies to Jackie.

Use Cases WG (Marc Williams, Chair)

Decision/Information Items

- The WG decided that it would be best for societies themselves to develop their own use cases, but will provide examples of available genetics use cases to assist in developing specialty-specific cases.
- The WG will work with the Educational Products WG to create support materials and guidelines for these societies to develop use cases, and it will work with the Competencies WG to make sure proposed genetics use cases fit in with their competencies.
- Bob Saul presented four pediatric use cases during the WG sessions that represent four primary types of use cases: pharmacogenomics, family history, single gene disorders, and common diseases. The group will encourage specialties to design use cases in these four primary areas.
- The ISCC agreed that the WG should include a fifth type, around incidental findings discovered in genome/exome sequencing, based on recent advances such as genome sequencing for BRCA variants.
- Another potential use case could involve direct inquiries from genetic testing agencies to physicians. Academic detailing to help clinicians respond to this kind of marketing may be helpful in this use case.
- The ISCC also suggested that the WG focus on use cases with high levels of evidence when developing and selecting which cases to present to specialties.
- The AAFP, ACC, ACOG, and ASCO will name representatives to join the working group, especially those with experience with case-based learning.
- The WG will create general principles and guidelines that could be used for use case development by the societies.
- Branding of use cases (such as “provided by AAP”) may encourage their adoption by other groups or engagement of relevant physicians.

Action Items

- NHGRI encourages ISCC members to review the G3C (<http://g-3-c.org/en/>) website which provides students and healthcare practitioners with case-based learning modules for unfolding case studies in genetic/genomic concepts.

- ISCC professional society representatives who would like to join or name someone to the WG will contact Marc Williams (mwilliams1@geisinger.edu).
- The WG will develop use cases around incidental findings.
- The WG will ask ISCC representatives to collect and distribute any existing use cases that their societies have already created.
- The WG will engage front-line clinicians to see what use cases would be most relevant to them.
- Jackie Odgis will schedule the next working group call in 2 weeks.

ISCC White Paper and Society Companion Papers

Decision/Information Items

- The target journal for the white paper will be the Journal of the American Medical Association.
- The logistical details of the ISCC that are in the white paper can be deleted for space reasons.
- It would be preferable if a society could publish its partner editorial at the same time that the white paper is published, but coordinating this may be difficult. Publishing a companion editorial at a later date would still be useful.

Action Items

- *Anna Berry and Bob Saul will send references for their society surveys to Teri Manolio. [DONE]*
- *Other ISCC representatives will send any society surveys that have been published in peer-reviewed journals to Teri. [DONE]*
- *Marc Williams will try to find a reference on point-of-care learning. [DONE]*
- Comments on the white paper version that was circulated are due to Teri by Wednesday, July 3.
- Teri will contact Greg Feero about approaches to coordinating releasing research articles across multiple journals.
- Teri and Bob Roberts will draft a letter for ISCC representatives to send to their leadership encouraging them to write a commentary on the white paper in their flagship journals.

September in-person meeting

Decision/Information Items

- The date currently proposed for the meeting is September 19-20.
- We still need to identify key additional societies to join the ISCC.
- We will include presentations from NIH ICs that have resources that would be useful to this group (e.g. NHGRI's Clinically Relevant Variants Resource).

Action Items

- *Teri will follow up with ISCC representatives who did not respond to the Doodle poll about scheduling the in-person meeting. [DONE]*

Summary and Next Steps

Action Items

- Working group chairs needing NHGRI assistance in setting up future meetings will contact Jackie.

Appendix: Acronym Glossary

AAFP = American Academy of Family Physicians

AAP = American Academy of Pediatrics

ABMG = American Board of Medical Genetics

ABMS = American Board of Medical Specialties

ACC = American College of Cardiology

ACCME = Accreditation Council for Continuing Medical Education

ACGME = Accreditation Council for Graduate Medical Education

ACMG = American College of Medical Genetics and Genomics

ACOG = American College of Obstetricians and Gynecologists

ACP = American College of Physicians

AHA = American Heart Association

AMP = Association for Molecular Pathology

APHMG = Association of Professors of Human and Medical Genetics

ASCO = American Society of Clinical Oncology

ATS = American Thoracic Society

CAP = College of American Pathologists

NCBI = National Center for Biotechnology Information

NCI = National Cancer Institute

NHGRI = National Human Genome Research Institute

NHLBI = National Heart, Lung, and Blood Institute

NIAAA = National Institute on Alcohol Abuse and Alcoholism

NIAID = National Institute of Allergy and Infectious Diseases

NIAMS = National Institute of Arthritis and Musculoskeletal and Skin Diseases

NICHHD = National Institute of Child Health and Human Development

NIDA = National Institute on Drug Abuse

NIDCD = National Institute on Deafness and Other Communication Disorders

NIDCR = National Institute of Dental and Craniofacial Research

NIGMS = National Institute of General Medical Sciences

NIMH = National Institute of Mental Health

NINDS = National Institute of Neurological Disorders and Stroke