

**Inter-Society Coordinating Committee for
Practitioner Education in Genomics (ISCC-PEG)
Tenth Annual Meeting, Virtual, (Eastern Time Zone), Minutes
February 16, 2021
genome.gov/iscc**



145 registrants (110 external; 22 from NHGRI; 13 from other NIH institutes)

Welcome and Introductions

Donna Messersmith, Ph.D., welcomed the ISCC members to the 10th annual Inter-Society Coordinating Committee for Practitioner Education in Genomics (ISCC-PEG).

Roadmap for Today's Meeting

Richard Haspel, M.D., Ph.D., Co-Chair, Inter-Society Coordinating Committee for Practitioner Education in Genomics

The meeting began with Richard Haspel, M.D., Ph.D., introducing the roadmap for the day. Dr. Haspel shared some ISCC-PEG insights:

- The committee has 230 members, from 48 organizations, 13 government agencies including the National Institutes of Health and 10 private companies
- There are 76 individual members with seven student members
- New members are individuals, government agencies, professional organizations, industry, and students

Dr. Haspel reminded the ISCC-PEG to encourage members to invite others to join.

The new ISCC-PEG Scholars program was introduced. Through a competitive selection process and consideration of 26 applications, four new student members were selected.

- Samantha Bailey, Pharm.D., Ph.D. (ISCC-PEG Mentor: Phil Empey, Pharm.D., Ph.D.)
- Rene Begay, M.P.H. (ISCC-PEG Mentors: Carla Easter, Ph.D., and Christina Daulton, M.A.)
- Kelsey Ellis, M.S. (ISCC-PEG Mentor: Michelle Snyder, M.S., CGC)
- Katherine Robinson, Ph.D. (ISCC-PEG Mentor: Kristine Crews, Pharm.D.)

Each scholar is paired with an ISCC-PEG member who will serve as a mentor and provide guidance on a scholar-led project. Each scholar will receive travel funds to the next in-person ISCC-PEG meeting. Each scholar had an opportunity to introduce themselves and their research interests. ISCC-PEG members are encouraged to reach out with ideas to help the scholars.

The goals of ISCC-PEG were presented:

- To improve genomic literacy
- To determine practitioner needs and create useful resources
- To disseminate and promote best practices

A poll was conducted with the following questions and results:

- I have heard of the following:
 - ISCC-PEG Compendium = 73%
 - G2C2 = 65%
 - None = 20%
- I have viewed/used the following:
 - ISCC-PEG Compendium = 30%

- G2C2 = 45%
- None = 46%

The ISCC-PEG is open to new project groups. Industry is allowed to join any project group discussion at the annual meeting. Other participation may be limited if the project group is considering developing resources for possible CME (refer to conflict of interest policy below). The project groups are creating useful resources and ways to disseminate resources. Project groups are encouraged to apply to present the resources at organizations' annual meetings. To meet funding and salary support needs, project groups can apply for funding such as through R25 grants from institutes including the National Human Genome Research Institute and National Cancer Institute. Project groups can consider evaluation mechanisms and publication opportunities resulting from project group resources. Scholarship can raise the profile of the ISCC-PEG and can be added to CVs. (NHGRI funding opportunity regarding genomic medicine courses: "Initiative to Maximize Research Education in Genomics: Courses" at <https://grants.nih.gov/grants/guide/pa-files/PAR-19-185.html> ." Expires January 26, 2022).

The conflict of interest policy can be found in the "[Description and Policies](#)" document on [the ISCC-PEG website](#).

Keynote: A 2020 Strategic Vision for Improving Human Health at the Forefront of Genomics
Eric Green, M.D., Ph.D., Director, National Human Genome Research Institute, National Institutes of Health

Eric Green, M.D., Ph.D., provided the keynote address to the ISCC-PEG. The NHGRI has developed a new strategic vision that was published in October 2020. The strategic vision can be read at <https://www.genome.gov/2020SV>. Because NHGRI is at the forefront of genomics, Dr. Green discussed what the NHGRI needs to accomplish and take responsibility for as a leader in genomics. The strategic vision also included bold predictions for genomics that are inspirational and aspirational in nature and a [video](#) has been created highlighting the predictions. In addition, a [commentary](#) was written for *Scientific American*. A year-long seminar series is being conducted and the videos can be viewed on YouTube on the [NHGRI's](#) channel.

One of the highest priorities in the vision is championing a diverse genomics workforce. Vence Bonham, J.D., led the development of the [agenda](#) for fostering a more diverse workforce. Also, a [commentary](#) co-authored by Dr. Green and Mr. Bonham was published in the *American Journal of Human Genetics*. Other initiatives are being launched, or already launched, that focus on training, the basic research side, and clinically-oriented initiatives. Some are already launched, others are coming. ISCC-PEG members can subscribe to the [Genomics Landscape](#) newsletter to stay up-to-date about the latest at NHGRI and follow him on Twitter (@NHGRI_Director).

During the discussion it was asked how other organizations can help move NHGRI's vision forward. Dr. Green emphasized that the vision can only be successful if the ecosystem of individuals and the world recognize and embrace the vision. When questioned about institute

funding, Dr. Green mentioned that NHGRI has made a commitment to increase overall funding in training and will consider the greatest areas in need, including those that impact healthcare professionals. Dr. Green concluded the discussion by noting that the institute looks to the ISCC for updates from the healthcare field and direction on materials that would be useful for societies of healthcare professionals.

Serving the Needs of Patients and the Public Through Independent Accredited Continuing Education:

Suzanne Ziemnik, M.Ed.

*Chief Officer, Learning and Educational Research, American Society for Clinical Pathology
Chair, Board of Directors, Accreditation Council for Continuing Medical Education (ACCME)*

Professionals working in clinical care are required to engage periodically with educational activities that maintain, develop, or increase professional performance. Such continuous education effort is broader than clinical skills (i.e., practice management, leadership) and must address every medical specialty for physicians working in clinical care. Continuous education is required in the continuum of clinical teams. Nurses, pharmacists, and others can apply for joint accreditation with the ACCME.

The accreditation process navigates with independence and integrity the interphase between industry and healthcare professionals to ensure all training is trustworthy and presents scientifically sound content; tends to the interests of patients only; best practices are employed and content is evidence-based; and a clear distinction between marketing/sales and CME is kept. Such best practices ensure a protected space that is free from commercial bias into education.

There are two organizations, Accreditation Council for Continuing Medical Education (ACCME) and American Medical Association (AMA), that certify continuous education.

- ACCME does not accredit individual education activities; instead works with accrediting bodies. ACCME is based in self-regulation plus peer review.
- AMA Physician's Recognition Award (PRA) accredits organizations, and they in turn provide CME for the physicians.
AMA has rigorous requirements to accredit (*i.e. accreditation criteria, core criteria*); Organizations have to meet standards for integrity and independence; and follow certain policies.

Examples of eligible organizations for accreditation are: hospitals, health care systems, clinical societies, pharmacies, government or military bodies, health sciences schools.

Examples of non-eligible organizations for accreditation are those selling, marketing, producing healthcare products used by or on patients (pharmaceutical companies, biomedical startups, 23andMe, ancestry.com, genetic tests developers).

Key considerations when thinking of obtaining accreditation:

- A lot of education does not have CMEs and that is OK.
- Accreditation is a lot of work (*think about it earlier than later; not two weeks before the event*).
- If an organization wants to provide CME but is not accredited, they may work with another accredited organization.
- Unresolvable financial relationships are not allowed (*The financial threshold is \$0 for the previous 24 months and applies to speakers, planners, authors of content, consultants, researchers and others*).
- Limited circumstances allow for accreditation of CMEs with non-eligible institutions (*i.e., the content of the activity does not relate to the business line; Technicians teach how to use medical devices if no sales of devices are allowed*).
- Mitigation steps for financial conflict exist (*i.e., diversion of the financial relationship; Peer review of a third party with no financial interest; Disclosure of presence or absence of all financial relationships to the learner before the engagement, and others*).

Direct-to-Consumer Genetic Testing (DTC-GT) Project Group Session

Tracey Weiler, Ph.D., the project group co-chair, provided the introduction to the project group session. Houriya Ayoubieh, M.D., project group co-chair, is the only geneticist in El Paso, TX, and was introduced along with three new student members:

- Julian Ramelow – Ph.D. Candidate, Florida International University
- Yesileth Diaz - Graduate Certificate Pre-Med Student, Florida International University
- Brenda Obana - Graduate Certificate Pre-Med Student, Florida International University

The project group is preparing a “Frequently-Asked-Questions” (FAQ) document that can be shared during Healthcare Provider Genomics Education Week. Drs. Ayoubieh and Weiler are editing the FAQ to comply with guidelines shared by the genome.gov editors. The FAQ has been forwarded to Drs. Haspel and Easter for their input.

The next steps for the group include:

- Finalize the pharmacogenetics section and figure.
 - Send to PGx leads for feedback?
- Update FAQ as per recommendations from Drs. Haspel and Easter
- Send updated FAQ to Dr. Messersmith to send to Genome.gov team
 - It was suggested that instructional materials and a section of the page can acknowledge contributors
- How should the FAQ be launched?
 - Dr. Jacoby Morris can assist with publicizing the FAQ
 - It can be launched during the Healthcare Provider Genomics Education Week
 - Link to it through Genome.gov
 - Genomic Landscapes newsletter
 - Key succinct description for google searches- consider common phrases.

A question arose about the bold prediction made by Dr. Green that the genome could be on a person's phone or in their medical record. There is no explicit statement about including the DTC genomic test results in the electronic medical record. The group should consider adding this if the results are in the medical record because they could be shared with the insurance provider. DTC is not clinical grade and it was suggested to follow up on the importance of Point of Care (POC) tools, and doctors can add information to the chart or just put it in the notes. The group was reminded that they are creating educational material, not policies for medical records.

The project group reviewed the POC tool and the decision tree after Dr. Ayoubieh made changes. The group has created about 11 vignette cases that have been validated by several subgroups. Next steps include:

- Volunteers are welcome to review the tool
- Share with ISCC-PEG members first for feedback- "ask" for the last part of the general meeting
 - Get feedback and modify flowchart
- Ask ISCC PEG members to share with their members from their professional societies
 - Get feedback and modify flowchart
- The group discussed the question as to whether there is a need for a set of questions for people to answer.
 - They can develop a user-friendly format/Qualtrics survey borrowing previously validated questions.
 - Rachel Mills and Dr. Ayoubieh can consider this
 - Cases can be developed to further test the tool
- Need an expert to transform the tool to a user-friendly version/App.
 - Donna is happy to raise the issue to genome.gov (may not work)
 - Computer science student?
 - Ask Dr. Eric Green for support developing an app
 - The development of the app can be shared with multiple project groups
 - Can write one app using "Smart on FHIR" so the app can be hosted across multiple EMRs
 - Grant Wood (Healthcare IT) recommended creating something within EHR, professionals often prefer that to an external app
 - A chatbot can be created that follows the complete algorithm - and also doesn't require the doctor's time
 - Consider working with the My Family Health Portrait tool (<https://phgkb.cdc.gov/FHH/>)
- Funding support
 - The project group needs to look for grants
 - Small Business and Innovation Research (SBIR) products may be an avenue for such grants

- Division for Research Capacity Building > Science Education Partnership Awards (SEPA) > [SEPA-Related Funding Opportunities](#)
 - Invite as a speaker, Tony Beck, to talk about Science Education Partnership Awards
- How much should the project group ask for?
 - Can someone provide the project group with an estimate?
 - Dr. Messersmith may be able to obtain an idea by reaching out to d’Vinci Interactive, currently working on the G3C website
- The project group discussed hosting a workshop at any cardio, neuro, or physician meeting that indicates that yes, doctors need genetics
 - The project group needs to determine which meetings are a good fit and consider a proposal
 - Can also host a genomic workshop through the ISCC-PEG
- Additional notes per the discussion:
 - The idea of putting the tool on an APP with other ISCC-PEG group resources
 - Potentially writing a letter to Dr. Green for additional funding
 - Would the app be on the physician’s phone or attached to the electronic record app?
 - SMART on FHIR is good for all electronic file environments
 - Consider going through a vignette on the POC tool
 - How to get feedback from the POC Tool
 - Mocking up a set up questions on Qualtrics

Obstetrics/Gynecology Education Project Group Session

Physicians providing obstetrical and gynecological care are increasingly asked to include genetics and genomics in their practices but they are chronically undertrained. There is limited training during residency and genetics the training does not necessarily align with clinical practice. The group has developed a survey with a scale of 1-6, where 1 is the information should not be included in the curriculum at all to 6, which states information should absolutely be included. Thus far, three genetic counselors, one family practitioner, one OB-GYN physician, one genetics physician and one physician assistant have taken the survey. The results include the following (% agreeing should be included on the curriculum):

- 100%: compare and contrast the different genomic techniques such as sequencing or FISH
- 71%: utilize publicly available resources
- 71% understand ELSI limitations
- 100%: provide counseling post-test

The group discussed curriculum development and the following questions:

- How to approach the curriculum and what to include?
- Should it be case-based?
- Should the group work with genetic counselors?
- If a curriculum is developed, how could it be disseminated and its use ensured?

- How does the group take advantage of remote learning?
- Could the course materials developed be promoted as a teaching opportunity?
 - There are very few lecture slots available for genetics in residencies

Pharmacogenomics (PGx) Project Group Session

Two new genomic scholars introduced themselves to the group and gave a brief overview of their projects: Samantha Bailey and Katherine Robinson.

The pharmacogenomics project group has 9 modules in development: four are done and 5 are in development. There was an extensive discussion on CME accreditation strategies for the modules. Alternative funding options were discussed. American Academy of Family Physicians (AAFP) funding of CMEs is to-be-determined at this point. It could be done by a grant mechanism, although additional funding streams (*NHGRI grant applications, R25*) would delay the delivery. It could be user-funded (*i.e., free content accessible to all; post-test for CME credit by subscription only*). Production costs will add up with the CME costs (*integration costs money*)

From the discussion:

- Target deadlines to finish the modules need to be set (the goal is to finish within 6 months)
- Is there interest in releasing the modules with no CME credit? CMEs are not a necessity, but they help with dissemination and uptake in large numbers. This needs to be figured out.
- Could the content be repurposed as free bits in platforms such as Vimeo to meet the requirement of free access? Or is there a benefit for distribution via a single provider?
- Will there be interest for presenting the modules in a professional meeting?
- Could the group consider micro-certification programs in multiple organizations (*i.e., EDX.org, Coursera*)?
- Discuss dissemination strategies through social media
- Medical schools need case-based learning modules and sometimes they use cases from publications.

Updates on each module were as follows:

Done:

- **Clopidogrel** (*specific clinical example*): all done, signed off, ready for review by the ISCC leadership (*Rich, Donna*)
- **PGx resources**: all done, needs external review (*FDA engaged*)
- **Health economics**: all done, signed off, ready for ISCC leadership (*Rich, Donna*)
- **DTC testing**: all done and ready for external review

In progress:

- **Nomenclature, PGx basis**: advanced stage, editing in progress; headed to external review

- **Psychiatric PGx:** developed, under review by authors, content development, needs to go back to the project group
- **Genetic testing:** draft stage
- **Reimbursement:** developed, under review by author, content development
- **Contemporary topics:** developed, under review by author, content development

Other wish list items for 2021

- Society meeting?
- Develop a community-based resource on dissemination strategies (tool kit) that could be used for all modules for wider and faster dissemination (*i.e., identify 10-15 organizations you should contact first*)
- Can education be centralized or pushed by NHGRI, G2C2 website?

Rare Diseases Project Group Session

Michelle Snyder informed the group that Rare Disease Day at NIH 2021 is being held on March 1, 2021 from 10:30am-5:30pm. The Rare Disease Group from the ISCC-PEG will be hosting the presentation titled: “Partnership for Educating Healthcare Providers on Rare Diseases,” at 3:20pm on that day. There will also be a virtual exhibit staffed by ISCC-PEG members. A video has been created to be shown as part of the presentation highlighting the work of this group.

In addition, the Rare Diseases group will be hosting a workshop at the 2021 Pediatric Academic Societies Annual Meeting. The title of the two-hour workshop is: “Training Next Generation Pediatricians in Genomics: A Case Study Approach to Interactive Team-based Learning (TBL) Model”. The group discussed edits to the workshop materials during the breakout session and it was suggested that the model be presented to the ISCC-PEG at a later date.

Project Group Summaries and “Asks” of ISCC Membership

Rare Diseases Project Group, Michelle Snyder

Summary: The Rare Diseases group will be hosting a workshop at the 2021 Pediatric Academic Societies Annual Meeting. The title of the two-hour workshop is: “Training Next Generation Pediatricians in Genomics: A Case Study Approach to Interactive Team-based Learning (TBL) Model”. The group discussed edits to the workshop materials during the breakout session and it was suggested that the model be presented to the ISCC-PEG at a later date.

Ask: The ISCC-PEG was encouraged to register for the Rare Disease Day at NIH 2021 being held on March 1, 2021. ISCC-PEG can learn more about this day at

<https://ncats.nih.gov/news/events/rdd>

Direct-to-Consumer Genetic Testing Project Group, Tracey Weiler and Houriya Ayoubieh

Summary: The Direct-to-Consumer Genetic Testing project group discussed the status of the FAQ and reviewed the POC tool. They are interested in funding opportunities for app development and exploring the possibility of a genomics workshop at a physician conference or meeting in the future. The project group should work with Google to ensure resource information comes up higher during searches for those unaware of genome.gov.

Obstetrics/Gynecology Educational Materials Project Group, Barbara O'Brien and Louise Wilkins-Haug

Summary: More experts are needed to take the survey. The case-based approach is best for the curriculum. The results of the survey could potentially be published.

Ask: ISCC-PEG members take the survey and share with networks.

Inclusive Genetics:

Summary: Shoumita Dasgupta presented slides summarizing the work of this Project Group.

Ask: Additional input into the module is requested (Project Inclusive Genetics Link:

<https://storystreetconsulting.com/project-inclusive/>).

Pharmacogenomics, Phil Empey and Andrew Monte

Summary: Andrew Monte presented slides summarizing the work of this Project Group.

PDFs of slide presentations are available at genome.gov/iscc.

General Discussion:

Ideas for consideration:

- 1) ISCC-PEG listserv: post meetings, conferences, new tools. Can opt-out if necessary. May get more use compared to the EXCEL spreadsheet on Google drive. Received thumbs-up to the idea from members.
- 2) Young faculty mentoring program similar to ISCC-PEG Scholars. Volunteers could be mentors; create as a competitive process; target new or existing ISCC-PEG members? Ideas are just forming.
- 3) Exploring ways to disseminate resources through the Compendium and G2C2. G2C2 is a searchable database while Compendium has a somewhat different role: for members to share their resources with others and possibly collaborate; a "mini-survey". Compendium has been used to identify where there are possible gaps in resource availability.

General discussions:

- Need for genomics education among primary care providers: AAFP has supported the idea through the ISCC-PEG pharmacogenomics modules.
- OB/GYN Project Group might benefit from collaborations with the direct-to-consumer project group.
- AAFP is working on developing policy statements on direct-to-consumer testing.
- We can share certain things about applying to do these workshops at meetings or how to apply for grants. We could share these ideas at the plenary or annual meetings.
- Please raise topics that people think cut across the different project groups. We can work those suggestions into the calls and presentations.

- There is data out there supporting the need among the primary care and frontline clinicians. ISCC-PEG has representatives who are passionate about genetics and they're in different areas, and they can plug people into the different Project Groups.
- Please contact us if you'd like to start a Project Group; if there's an area you're passionate about and we can help to bring people together. ISCC-PEG really provides a unique opportunity to bring people together.
- I want to thank everyone for participating today. I thought it was a great meeting. We had approximately twice as many attendees, as we have had in previous years. The remote format, as people have found in other conferences, has been effective. We had 20 or 30 people attending the project groups. We may have to think of ways to break into subgroups. Many thanks to the NHGRI team. The meeting was terrific.

CHAT:

Point-of-Care Tools:

- It sounds like Point of Care tools are going to be a part of a number of different projects, including one with the DTC-GT working group. Let's find a way to work together!
- Great idea to share best practices on developing and disseminating POC tools!
- Also best practices on how to evaluate POC tools in a practical way would be incredibly helpful.
- At plenary meetings, would be helpful to share best practices across project groups on things like formats and dissemination of POC tools, accreditation for CME, etc
- Great idea.

Dr. Green's video and related links:

- Link to Dr. Green's video: https://www.youtube.com/watch?v=5kAL11m_fwM
- [genome.gov/2020sv](https://www.genome.gov/2020sv) - NHGRI Strategic Vision
- NHGRI Building a Diverse Genomics Workforce: <https://www.genome.gov/about-nhgri/leadership-initiatives/diversity-in-genomics-workforce>
- For the upcoming events Dr. Green just mentioned: [genome.gov/bold-predictions](https://www.genome.gov/bold-predictions)
- How can other organizations outside of NHGRI be involved to move this vision forward?
- Is there a mechanism to increase funding for training healthcare professionals in genetics/genomics?
- Commentary - Building a Diverse Genomics Workforce: An NHGRI Action Agenda: [https://www.cell.com/ajhg/fulltext/S0002-9297\(20\)30449-3](https://www.cell.com/ajhg/fulltext/S0002-9297(20)30449-3)
- I am intrigued by the bold idea of moving personal genomic information into personal smartphones! What an opportunity not only for education of the work force but also the public.
- Is NHGRI sharing this strategic plan directly with Health Care Providers (societies), or is that up to us at ISCC-PEG to do?
- 2020 NHGRI Strategic Vision <https://www.genome.gov/2020SV>

Minutes of today's meeting as well as PDFs of presentations will be available on genome.gov/iscc. The recording will not be publicly available on the website, but will be made available to ISCC-PEG members.

CME Presentation:

- May be an ironic question, but did we apply for CME for this meeting? It does meet all the criteria....
- Great presentation on CMEs! Yes "weedy" but so informative.
- I got our Project Inclusive Genetics module CME accredited for the first year it was available, and it was far from a minor endeavor! The accreditation process was managed through my institution, Boston University School of Medicine.
- Has there been any attempt to align with NSGC in a similar way that you have for other organizations? Currently, an NSGC member has to submit an application for CEUs separately for any CME-approved event and even then, is only eligible for Category 2 and not Category 1.
- We arranged our CME process to include CEUs for GCs. It can be done!
- This is another topic where it would be useful to share best practices across project groups for having our educational modules/POC tools etc CME accredited.
- We use similar rules to have CPE (continuing pharmacists education).
- Can you provide us with tools to help us make our resources more accessible to the masses?

Interested Participants for HCPGenEd Week:

- American Society of Pharmacovigilance for participation with PGX groups
- Project Inclusive Genetics is tentatively on the calendar.
- Association of Professors of Human and Medical Genetics (APHMG)
- The Society of Physician Assistants in Genetics/Genomics/AAPA
- Rady Children's Institute for Genomic Medicine
- Association for Molecular Pathology
- PharmGKB and CPIC have active Twitter accounts and would love to get involved in dissemination of PGx resources
- International Society for Psychiatric Genetics
- Illumina
- American Academy of Pediatrics (AAP)
- The Jackson Laboratory Clinical Education
- The Oncology Nursing Society
- Cincinnati Children's. Our Twitter is @CincyKidsGenomX Please follow us!
- HudsonAlpha
- Kim, would you be able to talk to the ISCC DTC group about the direct to consumer genetics portion of the week and how we could participate?
- GARD (Genetic and Rare Diseases Information Center/NCATS)
- American Medical Women's Association: ElizaChin_md@yahoo.com
- International Society of Prenatal Diagnosis (ISPD)--LWILKINSHAUG@partners.org

- NANAINA (National Alaska Native/American Indian Nurses Association), AIANNH Caucus (American Indian/Alaska Native/Native Hawaiian)Caucus of the APHA, and NCEMNA (National Coalition of Ethnic Minority Nurses Associations. contact Lillian.Tomorme@hsc.utah.edu

The American Physiological Society will be having a webinar on Implicit Bias and Stereotype Threat: <https://www.physiology.org/detail/event/2021/03/31/default-calendar/webinar-series-diversity-equity-and-inclusion-%28dei%29-implicit-bias-and-stereotype-threat?SSO=Y>
 Inclusive Genetics module:

Inclusive Genetics Module:

- Do you know if students take the module more than once?
- Thanks, Shoumita, Claudia Mikail will be sharing this module with students!
- APHMG (aphmg.org) is a fantastic meeting! Lots of people engaged in genetics education in medical school, residency and laboratory testing
- Are you wanting global participants, Shoumita?
- Should people contact Shoumita prior to having students or clinical colleagues participate in the module?
- Will share with American College of Preventive Medicine (ACPM)
- Project Inclusive Genetics Link: <https://storystreetconsulting.com/project-inclusive/>
- The migration of the site has been slowed due to technical issues, but this link is still the best for now. I hope the migration will be done soon, but I don't want to send people to a dead end link too early. We will set up a referring link once that is in place.
- Advance notice to Shoumita is not required, but I would love to know in general if people are adopting Project Inclusive Genetics in their curricula.
- Re: the Genetics Education meeting sponsored by the Association of Professors of Human and Medical Genetics: more info at

DTC-GT Project Group:

- If anyone is interested in working through the POC tool using the vignettes, let us know. Tracey Weiler tweiler@fiu.edu
- If anyone is interested in partnering with us to develop a workshop for your favourite annual meeting let us know too!
- The DTC PGx module is terrific. I am thoroughly impressed with how interactive it is
- It teaches people where to go to find more information and how to interpret it.
- The DTC-GT working group would like to connect with your Rare Diseases group regarding the workshop for the PAS meeting.
- Connecting the DTC-GT for the PAS workshop is a great idea!

The AMA is also looking at creating education materials in PGx – Shoumita Dasgupta has offered to make the connection on their end, but I want the PGx team here to know too so that we can connect the dots!

OB-GYN Curriculum Development:

- Is the point of the survey to determine which objectives should be included in the new curriculum?
- I'm happy to share with OBGYN and GC colleagues at UCSF. can you share a link to the survey?
- Thank you! Yes I can ... you can email me at bmobrien@bidmc.harvard.edu, I'm going to be editing the survey first so it may be a couple of weeks
- @Barbara ok great - you can email me when its ready at katherine.hyland@ucsf.edu

Listserv discussion:

- Is the ISCC Listserv just the one that Donna emails us from?
- The current ISCC email distribution list is the one that Donna emails the group from, in addition, another more broadly disseminated Listserv is a work in progress.
- Can the new 'resources' listserv have special settings so folks can subscribe for daily or weekly digest in case you don't want an inbox flooded with messages?
- I think these settings are much like Slack. Personally, I find Slack to be just another thing to check, but lots of people swear by it.

Mentoring early career professionals:

- I think it's a great idea Rich
- I like especially if we can make this competitive process
- Great idea. Could we have mentors with some expertise and mentees who are interested in a specific area?
- I think a great idea also in this time when young faculty are not at meetings to be able to network, would be glad to help, Louise
- Yes! / yes / yes sure / Count me in
- Especially Black, Indigenous and people of colour (BIPOC) faculty
- Might not necessarily to be so young either! Just inexperienced in a particular area.
- There is definitely a need for young faculty mentorship
- Happy to help lhowley@aamc.org
- Yes, agree! / yes / I agree with / Young is relative here
- I could mentor with respect to education, but need mentorship with respect to grant funding.
- Yes, there is a need for mentorship Especially for underrepresented minority faculty
- I agree with you.

Compendium:

- I found it very interesting to browse. I had a bunch of stuff I could add but not much of it is in public domain. My hesitation was whether it would be helpful for ISCC-PEG members to know it existed, even if not public? (picking up point of potential collaboration).

- I've used it for social media promotion of resources and connecting to other organizations.
- Last year social media content related to the compendium reached 18k people.

Needs assessment discussion regarding whether primary care practitioners need genetics/genomics education:

- I work in the VA. We have the largest healthcare system in the US. We conducted a needs assessment survey last summer, and about half state that if more informed about genetics it would change their practice. It may not be highest priority, but many are interested in learning more about genetics.
- I should have said we conducted needs assessment survey to frontline clinicians. Response rate n=909.
- From the VA survey, only 20% said they are prepared to use genetics in their practice.
- So there is a definite need for genetics education and we hope to work with you all.
- We also did a national survey in Australia where 42% of 409 Australian non-genetic medical specialists said improved knowledge would change practice, but 42% also weren't sure.... Our survey results should be coming out in BMJ Open in the next few months.
- Similar in Canada with family physicians.

Additional ideas:

- Clinical genetics for Undergraduate Medical Education?
- Clinical genetics for undergraduate medical education is one of the main focuses of APHMG, together with graduate medical education. Would love to have people engage with our group!

Meeting Evaluation: <https://www.surveymonkey.com/r/isccpeg>