The Commission on Education is chaired by Jaime Carrizosa (Colombia). Education has been a cornerstone of League activity from the beginning, with Congresses continuing as the main educational venue. In June 2016, the Epilepsy Commission in Istanbul, educational courses had a privileged place in the program. They were organized in five series that covered very current, as well as controversial, topics. The courses were guided by recognized experts on the topics. During the five days, 66 teaching sessions with 39 speakers were held, and they provided a total of 33 educational hours. Several types of courses were especially interesting to the meeting attendees, including the case-oriented series and the sessions that were open to discussion, such as those about the classification system, about diagnosis and about therapeutic approaches. The success of these programs came through the tireless efforts in the planning of these exceptional educational courses under the leadership of Walter van Emde Boas and Sandor Benicky.

A pilot educational project in epilepsy started in October, 2015 in Latin America. The goal is to reach general practitioners working in primary health care in rural and urban places. The National University and the Neurologic Institute of Uruguay gave their logistical experience and support to a program that reached nearly 50 physicians from several countries of Latin America. During eight weeks, the course themes included epidemiology, semiology, diagnosis, pharmacology, referral systems, and public and legal aspects of epilepsy (such as international drafts or local laws about epilepsy). The courses included discussions under the guidance of recognized professors of several universities of Latin and North America. The evaluation of the course is in progress at the moment of this writing, but we hope that these comments about the value of the outreach, as well as the quality of the material and instruction, will lead to further development of the project so that it can be repeated during 2016. If successful, we hope that this effort can serve as an example for implementation in other parts of the world with a wide possibility to reach distant areas.

A survey regarding epilepsy-training opportunities was developed and sent out to ILAE Chapters in October and November, 2015. The survey covers issues regarding opportunities for physician training programs in epilepsy and neurophysiology, a number of University Hospitals with an identified epilepsy department or with epilepsy units, training hours, as well as the contents of epilepsy instruction for under and postgraduate medical trainees. In addition, there were questions about continuous medical education opportunities in epilepsy, including the availability of resource training materials. There were also requests for information about the accessibility of research opportunities in basic, clinical social sciences. Finally, we wished to know the nature and extent of ILAE Chapter contact with universities and hospitals. The analysis and final report is planned for September, 2016.

The Commission continues to look for new ways to improve and expand educational opportunities for epilepsy to the members of our community, as well as for professionals who treat epilepsy. The Commission is always looking for new ideas.

The ILAE Commission on Genetics (Daniel Lowenstein, Chair) was created with several goals. Its first goal is to organize the search for human epilepsy genes on a worldwide scale, including the complex epilepsies that require for multicenter collaboration. Secondly, it will make the results of genetic research on the epilepsies readily accessible to clinicians, and improve the public understanding of genetic factors in epilepsy. Finally, the Commission will work with other ILAE commissions to increase understanding of how these genes cause epilepsy.

In the last several years, the Commission has worked on several initiatives. The first is to facilitate access to information about the identification and interpretation of gene mutations associated with epilepsy. The Epilepsy Genetic Association Database (EpiGAD) is growing and is being used regularly. However, to simplify on investigator’s search, it will be merged with Epilepsione, which is a more comprehensive database on epilepsy and genes that will allow professionals, patient organizations and families to gather relevant information on epilepsy-related genes. Epilepsione will integrate with other available online resources (ClinGen, GeneReviews), but will have “trusted expert opinion” and regular updates as distinguishing features. Forty scientific volunteers are fully engaged in the gene curation efforts of this project. The Epilepsione project is currently in a beta phase and the commission is coordinating efforts with other initiatives to provide a new visually oriented web.

The second initiative is to assist in the creation of a centralized database of complete sequence data with variants that are paired with clinical information for as many patients as possible throughout the world. Formally known as the “Epilepsy Genetics Initiative (EGI),” it has been launched through a collaboration of the NIH-sponsored “Epi4K Center Without Walls” and the Chicago-based “Citizens United for Research in Epilepsy.” The website [http://www.cureepilepsy.org/egi/index.asp](http://www.cureepilepsy.org/egi/index.asp) allows people to track this project and to help patients learn about the benefits of participation.

The third initiative continues the work of the ILAE Consortium on Complex Epilepsies. Lancet Neurology (Sept 2014, [http://www.ncbi.nlm.nih.gov/pubmed/?term=lan+c+neurology+v+:+consortium+on+complex+epilepsies](http://www.ncbi.nlm.nih.gov/pubmed/?term=lan+c+neurology+v+:+consortium+on+complex+epilepsies)) published the consortium’s first meta-analysis of GWAS data from nearly 9,000 subjects, which demonstrated risk alleles for the combined epilepsy cohort and for genetic generalized epilepsy. The Consortium is now undertaking sub-analyses of more specific phenotypes and of the relationship of loci influencing brain structure to those raising risk for epilepsies. Further collaborations are planned on epilepsy comorbidities by combined analyses investigating migraine and neuropsychiatric disorders.

Finally, the commission is working to increase genetics literacy among patients and clinicians. There are two primary efforts: the creation of educational brochures and the development of a Genetics Literacy Series for clinicians. The educational brochures include “Epilepsy and Genetics: Things You Want to Know,” and were designed by Aliza Goldman and other Commission members for patients and family members. It is available through the ILAE Genetics Commission website. Culturally sensitive Spanish and Arabic translations ([http://www.ilae.org/Commission/genetics/](http://www.ilae.org/Commission/genetics/)) are on the ILAE website. A Japanese translation is under the review of the Japanese Epilepsy Society and the approval is planned for early 2016. Similar brochures in Chinese and other languages are a high priority by the ILAE. The Genetic Literacy Series targets clinicians who are often uncertain about or uncomfortable with genetic testing in epilepsy. The Genetics Commission, under the leadership of Nigel Tan, has a new series on Genetic Literacy in *Epilepsia*. These 12 papers aim to update and educate practicing clinicians about clinically relevant epilepsy genetics. The first paper was published in November 2015, and we anticipate this series will run to mid-2017.

Looking forward, there needs to be further effort in helping clinicians stay up-to-date on the latest findings in epilepsy genetics, given that we are now beginning to see the emergence of individualized therapies based on the patient’s genomic profile. We will encourage patients and family members to understand the role that genetic testing may play in epilepsy evaluation and the value of involvement in the Epilepsy Genetics Initiative. Finally, we intend to explore the potential value of a global registry of patients with defined epilepsy gene mutations, with the goal of expediting observational studies and treatment trials.