

Terms of Reference of the WHO-FIC Committees and Reference Groups

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Terms of Reference of the Family Development Committee (FDC)

Purpose

The Family Development Committee (FDC) aims to develop the WHO-FIC as an integrated and comprehensive suite of classifications. It also aims to ensure that the WHO-FIC has a logical structure so that the classifications needed for each component and setting within the health system can be identified.

Functions

1. To keep under review, and update as necessary, the structure and content of the WHO-FIC
2. To identify and prioritise gaps in the WHO-FIC.
3. To specify a mechanism, including assessment criteria, for consideration of new family members.
4. To consider proposals for membership of WHO-FIC, to nominate location within the structure of the family, and to assign an appropriate status (derived or related) to the classification.
5. To consider the implications for WHO-FIC of the development and implementation of clinical terminologies, and recommend appropriate actions to the Network.
6. To work with custodians of other classifications to consider appropriate linkages between WHO-FIC and these classifications.
7. To oversee work on development or application of WHO-FIC as requested by the Network.
8. To serve as a focal point for the Network for the development of ICHI.
9. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
10. To prepare strategic workplans for the Committee and annual reports to the Network on the activities of the Committee.

Structure and working methods

Ad-hoc working groups are established as need arises.

Working methods include e-mail, conference calls, participating in management tasks on relevant developments on request, and meetings, including an annual meeting during the WHO-FIC Network meeting and a mid-year meeting, optionally.

Terms of Reference of the WHO-FIC Update and Revision Committee (URC)

Purpose

Support WHO and WHO-FIC Network in keeping the reference classifications of the WHO Family of International Classifications up to date with current knowledge.

Functions

1. Update policy
 - 1.1 Contribute to the establishment of integrated update processes to maintain and enhance each of the reference classifications of the WHO-FIC.
 - 1.2 Develop and implement update principles and criteria.
 - 1.3 Develop and implement update schedules.
 - 1.4 Evaluate update mechanisms, tools and applications.
 - 1.5 Recommend mechanisms for improving the update processes.
2. Update coordination & decision making
 - 2.1 Moderate and assign update proposal to relevant Reference Groups as necessary.
 - 2.2 Review resulting feedback and suggestions submitted by Reference Groups, Collaborating Centers and other sources.
 - 2.3 Check for consistency between WHO-FIC classifications update proposals.
 - 2.4 Decide on update proposals for final approval by WHO-FIC Council.
3. Revision
 - 3.1 Identify areas where major revision is required and decide how such a revision could be undertaken.
 - 3.2 Participate in the revision work to ensure synchronization from one revision to the other and consistency within WHO-FIC classifications.

Structure

4. Membership and voting rights
 - 4.1 All WHO-FIC Centers may nominate up to a maximum of two official members per single country CC and to a maximum of four official members per multiple countries CC. On a single voting process (e.g. ICD update, ICF update, Co-chair election) there is only one

voting right per single country CC and up to a maximum of two voting rights per multiple countries CC. Countries may transfer voting rights following WHO-FIC rules.

- 4.2 WHO-FIC Centers may nominate additional “observers”, who do not participate in voting.
- 4.3 WHO, including the regional offices, is represented by its delegated officer, who participates in voting.
- 4.4 Each NGO currently participating in the WHO-FIC Network may nominate one member, who participates in voting.
- 4.5 Each WHO-FIC Committees or Reference Groups may nominate a delegate to join URC meetings for the discussion of relevant items.

5. Chairs

- 5.1 The URC will have two co-chairs, which are elected by URC members for a two-year period.
- 5.2 The role of Co-chairs is detailed in the document “Responsibilities and privileges of chairs and co-chairs of WHO-FIC Network committees and reference groups”. In particular, the 2 URC Co-chairs:
 - have joint responsibility for WHO-FIC reference classifications;
 - update URC section of WHO-FIC Strategic Work Plan annually, listing in detail aims, activities, deliverables, timelines and responsibilities.

6. Secretariat

- 6.1 The Secretariat is chosen by the 2 Co-chairs together with WHO.
- 6.2 Main roles of the Secretariat are:
 - act as Moderator of the Update Platform;
 - prepare the mid-year and final reports of Committee activity for annual WHO-FIC Network meeting;
 - compile official update documents, both yearly and cumulative, for submission to WHO.

Working methods

7. The URC work is mainly conducted through the update and revision platforms which are workflow engines designed to facilitate communication within expert workgroups and ensure transparency of the processes.
8. Work and communications are also carried out via e-mail, conference calls and meetings, including an annual meeting during the WHO-FIC Annual Meeting:
 - 8.1 Official meetings of the Committee must be held in conjunction with international WHO-FIC meetings. Extraordinary meeting, if needed, must be previously approved by the WHO-FIC Council.
 - 8.2 In order to enable standardized and harmonized maintenance of WHO classifications, members of the URC, are encouraged to follow all the URC sessions
 - 8.3 Separate sessions can be established for individual classifications as the need arises.
9. Key deliverable of the URC work include the lists of updates for WHO-FIC member classifications.

Terms of Reference of the Education and Implementation Committee (EIC)

Purpose

Assist and advise WHO and the WHO-FIC Network in implementing the WHO Family of International Classifications (WHO-FIC) and improving the level and quality of their use in Member States. Track implementation of the classifications and develop implementation, education, training and certification strategies for the WHO-FIC, identifying best training and implementation practices and providing a network for sharing expertise and experience on training and implementation. The first priority will be for the reference classifications, ICD and ICF.

Background

The Implementation Committee was established in 1999 with a Subgroup on Training and Credentialing. In 2003, the Subgroup became a separate Education Committee. The two committees were merged into the Education and Implementation Committee in 2010.

Functions

The primary functions of the Committee are to develop strategies for the implementation of the WHO-FIC with an integrated educational approach for the Reference Classifications, ICD and ICF. Other members of the Family of International Classifications, including new and emerging classifications, will be considered as resources permit. The components of this strategy include the following functions:

1. To conduct through the WHO HQ and ROs an international stocktaking of WHO-FIC implementation in a timely, systematic and comprehensive manner:
 - 1.1 Review periodically the planned or existing use of classifications in both the public and private sectors in terms of: areas and purposes of use, version in use, coverage, coding method (automated, health profession coders, clerical coders, self report etc.);
 - 1.2 Prepare a periodic summary of the global implementation status in Member States;
 - 1.3 Work with WHO in the development and refinement of mechanisms for collecting and analyzing WHO-FIC implementation data (by conventional questionnaire and web-based applications);
 - 1.4 Monitor and make proposals for the improvement of the technical and scientific quality of implementation-related studies presented to the annual WHO-FIC meetings and other international meetings.
2. Assess the needs of users and potential users of the classifications, including those who provide source information, apply codes, conduct research or use the resulting data.
 - 2.1 Identify the learning objectives for educational approaches.
 - 2.2 Maintain an inventory of existing educational materials and capacity.
 - 2.3 Make recommendations for learning content including development of core curricula
 - 2.4 Make recommendations for best practices for promotion and delivery of educational material.
 - 2.5 Develop, harmonize and maintain self-learning tools.
- 3 Assist WHO in the development and application of implementation guidelines.
- 4 Provide WHO with guidance on user needs in terms of instruments, tools, training materials, etc.
- 5 Act as an international support network for countries, through the WHO and ROs, on issues relating to implementation and best practices on the use of the WHO-FIC.
- 6 Act as advocates both nationally and internationally to obtain high level support and financial commitment to develop and implement improved information systems using WHO-FIC, particularly in developing nations

- 7 Work with the other WHO-FIC Network committees and reference groups in the creation of methodologies for the joint use of WHO-FIC members in health information systems and surveys and development of educational products.

The components of the education and implementation strategies include the following tasks:

1. Inventory the use of ICD and ICF in member states
2. Inventory the availability of the classifications in multiple languages and translation strategies
3. Gather information from Collaborating Centres and regional offices on use and capacity for implementation of ICD and ICF in WHO member states
4. Maintain a Checklist for implementation of WHO Family of International Classifications
5. Identify groups with interest in the implementation of WHO-FIC and approaches to address them.
6. Gather information from Collaborating Centres, regional offices and other Network members on capacity for ICD-10 and ICF training in WHO member states
7. Conduct needs assessments about the capacity, skills and responsibilities of ICD mortality and morbidity coders and ICF users and data collectors in member states. Define the skills and levels of education and training required for coders and nosologists, as well as other users of the classifications.
8. Identify groups requiring education and training about ICD and ICF (e.g., coders, statisticians, epidemiologists, policymakers, administrators, relevant systems and program managers, clinicians, survey developers, health sciences educators, students and consumers) and in the proper completion of source documents (e.g., death certificate, health record, person self-reports) and approaches to address them.
9. Identify groups requiring education and training in the proper completion of source documents (e.g., death certificate, health record, person self-report instruments) and approaches to address them.
10. Catalogue, characterize (e.g., purpose, audience, content, language, availability, media and technology) and disseminate information on current educational and training curricula and modules for the ICD and ICF and identify gaps and methods for filling them.
11. Review existing training materials and the mechanisms for their dissemination and identify best practices. Provide advice on best practices to developers of ICD and ICF educational materials.
12. Promote the multi-lingual development of educational materials on ICD and ICF
13. Work with ITC and IHTSDO and other relevant groups on educational materials and implementation strategies for the joint use of classifications and terminologies
14. Collaborate with national and international organizations (e.g., the International Federation of Health Records Organizations) with which users of the classifications can affiliate.
15. Continue to explore the capacity of these organizations to support an international training and certification program for coders and users of the reference classifications.
16. Explore the need for international certification or assessment of those trained to use the reference classifications or of classification training materials. Identify a support network or mechanism.
17. Identify approaches for assuring that training and certification are dynamic processes, responsive to changes in medical science, disability policy, technology, coding rules, etc. Explore different approaches to training, e.g., face-to-face, eLearning.

Structure and Working Methods

The structure of the Committee should involve permanent members from WHO (including the regional offices) and each Collaborating Centre who will primarily devote their time to developing and, to the extent possible, carrying out strategies for addressing the functions specified above.

Membership is open to Regional Offices, Collaborating Centres with national and regional responsibilities for WHO-FIC implementation and education and Network members representing non-governmental organisations and academic institutions. All WHO-FIC Centres may nominate two official members per country (up to a maximum of four members) and additional “collaborators”, who can participate fully but do not participate in voting. Beyond these permanent members, additional participants may take part in committee meetings as observers. The Committee will elect co-chairs from its membership during even-numbered years in a closed ballot at an annual meeting of the network for a term of two years. WHO-FIC Network governance documents specify election procedures.

The Committee should develop a biennial work plan consistent with the WHO-FIC Strategic Workplan, which reflects the priorities of the Network. It should list in detail goals, objectives, activities, deliverables, timelines and responsibilities for addressing the terms of reference. If necessary, different work groups (sub-committees) may be formed on specific tasks or WHO-FIC classifications so as to address different issues.

Working methods should include e-mail, conference calls and meetings, including an annual meeting during the WHO-FIC Network annual meeting. Official meetings of the committee must be held in conjunction with international WHO-FIC meetings.

Terms of Reference of the Informatics and Terminology Committee (ITC)

Purpose

- Promote standards for classification maintenance and exchange for WHO-FIC Classifications to enable interoperability.
- Support WHO and the WHO-FIC Network in developing standards for electronic classification- related tools and tools using terminologies together with classifications.
- Promote awareness of the need to ensure and verify congruence between concepts underlying clinical terminologies and the categories available within the WHO-FIC member products.
- Enhance alignment of WHO-FIC classifications with terminologies for standardised use in eHealth applications.

Functions

1. To promote that the standard classification format ClAML is used for all WHO-FIC classification exchange in order to ensure that classification data is usable throughout the network.
2. To cover tools which are only for morbidity, mortality or functioning as well as ones with a more general application or for joint use.
3. Work closely with other WHO-FIC Committees on overlapping areas.
4. Support other WHO-FIC Committees with information technology and terminologies.
5. Establish liaison with other organizations/groups working in electronic classification and terminologies.
6. To take into consideration the needs of non-English-speaking countries and developing countries.
7. To verify evidence-based best practices for mappings from and to WHO-FIC classifications.
8. To prepare recommendations on terminology issues for Member States to consider when contemplating other language versions of WHO-FIC member products, and submit them for discussion and eventual endorsement by the WHO-FIC Network.

Structure and working methods

The Informatics and Terminology Committee (ITC) will endeavor to ensure that its membership reflects the widest possible representation of WHO-FIC Network Centres.

The structure of the ITC should involve permanent members that will primarily devote their time in actually developing methods and application of the tasks in the field.

Membership to the ITC is open to any individuals from collaborating organizations who wish to participate actively in the work of the Committee. They should submit their names to the Chairs with

copy to the WHO-FIC secretariat.

Working methods include e-mail and more interactive ways of electronic communication, conference calls and meetings, including an annual meeting during the WHO-FIC Network Annual Meeting. Additional meetings can be held if needed.

Terms of Reference of the Mortality Reference Group (MRG)

Purpose:

The objective of the Mortality Reference Group (MRG) is to improve international comparability of mortality data by establishing standardized application of the ICD.

Functions:

1. To identify and solve problems related to the interpretation and application of ICD to coding and classification of mortality.
2. To establish standardized application of mortality coding rules and guidelines by a) making decisions regarding the interpretation of rules and guidelines for mortality, and b) deliberating on updates to the classification and the rules and guidelines. Such updates include both clarifications and correction of errors
3. To develop recommendations for ICD updates through a democratic process which attempts to achieve consensus
4. To submit annual recommendations to the Update and Revision Committee (URC) by the end of April.
5. To support the development and application of international software for mortality coding and classification
6. To address issues of analysis and assessment of mortality statistics
7. To provide documentation of discussions and decisions in a database.

Structure and working methods

The MRG will endeavour to ensure that its membership reflects the widest possible representation from centres and WHO regional offices.

The chair and co-chair are elected by the MRG for terms of two years. The election is submitted to the Secretariat for confirmation.

The MRG will work through email and the ICD Update and Revision Platform, meet in person at least twice a year, and use telephone conferences as needed.

Once a recommendation to the Update and Revision Committee (URC) has been agreed to by the MRG, members will support the recommendation.

Decisions from the MRG which are endorsed by the URC and the Centre Heads should be available from the WHO ICD home page.

TOR MBRG

To be revisited after re-activation of Group

Terms of Reference of the Functioning and Disability Reference Group (FDRG)

Purpose:

The objective of the Functioning and Disability Reference Group (FDRG) is, in the context of WHO-FIC strategic directions for ICF implementation:

- to advise the WHO-FIC Network on functioning, disability and health classification and coding issues;
- to improve the quality and comparability of national and international data that describe functioning, disability and health by enhancing the appropriate use of ICF in statistics and information systems and scientific publications;
- to collaborate, through WHO and the WHO-FIC Network, with the producers and users of health and disability data to promote optimal use of ICF and, as appropriate, other WHO-FIC classifications.

Functions:

1. To promote the standardised interpretation of ICF concepts and categories (allowing, as far as possible, for geographical, cultural and specialty-based variations) through developing principles of use, coding rules and guidelines.
2. To identify issues related to the interpretation and application of ICF to coding and classification of functioning, disability and health.
3. To facilitate evaluation of ICF as a classification system and recommend changes, as appropriate.
4. To develop recommendations for ICF updates through an evidence-based process and to submit annual recommendations on updates to the Update and Revision Committee.
5. To advise WHO and WHO-FIC Committees responsible for revising the ICD about ICF implications for the ICD revision.
6. To secure and support appropriate membership, toward ensuring that a breadth of perspectives informs the Group's deliberations.
7. To facilitate the sharing of information within the group and with other international groups working in similar areas.
8. To provide documentation of discussions and decisions in a WHO-supported database that can be used online and offline.

Structure and working methods

Membership and structure

The Functioning and Disability Reference Group (FDRG) will endeavour to ensure that its membership reflects the widest possible representation from WHO-FIC centres, WHO regional

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offices and a wider network of non-government organizations (NGOs), disabled people's organisations (DPOs) and other experts, including people from 'information paradox' countries.

Nominations will be solicited from designated WHO-FIC Collaborating Centres, WHO-FIC Collaborating Centres under designation, Regional Offices, NGO's in official relations with WHO, and countries not affiliated with a Collaborating Centre but interested in contributing to the work of the Reference Group. For the latter WHO will work with relevant country officials to identify or confirm appropriate membership.

Criteria for membership should be set out and updated from time to time as an Appendix to this document, but should include:

- have expertise in functioning and disability related to the functions of the group;
- hold a role in a country or organisation that enables representation and consultation;
- be able to contribute actively to a work task.

The co-chairs are elected by the FDRG for a term of two years. The election is submitted to the WHO- FIC Network for confirmation. The co-chairs and WHO, in consultation, are responsible for confirming membership. WHO is responsible for issuing formal invitations to join the Group, when needed. A possible conflict of interest is a reason for exclusion from membership.

The FDRG may appoint task groups to carry out its work program. Experts, in addition to members, can be invited (by task group leaders in consultation with co-chairs) to participate in these task groups, which will address specific projects and report back to the FDRG.

The FDRG is supported by a FDRG 'secretariat', which is responsible for achievement of work program goals and accountable for FDRG recommendations and actions. The FDRG Secretariat will comprise 6-10 FDRG members including the chairs, and generally including task group leaders.

The FDRG will establish and support a mechanism for wider discussion and consultation on its work program, for instance a web based forum.

Working methods

The FDRG will work through technology, such as e-mail, Skype and the WHO Share Point website, will convene at least once a year, and use telephone conferences as needed.

Decisions of the FDRG are in the form of recommendations to the WHO-FIC Network.

To the extent possible, decisions will be reached by consensus. All FDRG members will have the opportunity to express their views. The co-chairs may call for a vote; all members vote. If the co-chairs decide a formal (rather than indicative) vote is required the chair may request that each centre or organisation submit one vote only. If consensus is not achieved within a reasonable period of time, the chairs and 'secretariat' will set a time limit for completion of discussion, will inform the Group of their conclusions or proposed actions, and will then take responsibility for recommendations or actions.

In making recommendations to WHO-FIC Committees the Chairs should clarify the process used

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to reach a decision and any diversity of views in the FDRG.

Recommendations from the FDRG which are endorsed by the relevant Committee(s) and the WHO- FIC Network should be available from the WHO-FIC web site.