

Terms of Reference of the WHO-FIC Committees

Family Development Committee

Purpose

The Family Development Committee 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. The Committee identifies and prioritises gaps in the WHO-FIC. It sets criteria for and assesses potential new member classifications against these criteria.

Functions

1. To keep under review, and update as necessary, the structure and content of the WHO-FIC
2. To specify a mechanism for consideration of new family members.
3. To consider proposals for membership of WHO-FIC, to nominate location within the family, and to assign an appropriate status to the classification.
4. To consider the implications for WHO-FIC of the development and implementation of clinical terminologies, and recommend appropriate actions to the Network.
5. To work with other proprietors of classifications to consider appropriate linkages between WHO-FIC and other classifications.
6. To oversee work on development or application of WHO-FIC as requested by the Network.
7. To prepare an annual report to the Network on the activities of the Committee.

Structure and working methods

Membership of the Family Development Committee is open to representatives of WHO, including the Regional Offices and all Collaborating Centres. All WHO-FIC Collaborating Centres may nominate participants and additional participants may take part in committee meetings as observers. Ad-hoc working groups are established as need arises. Currently there are working groups for Primary Care (WHO/Wonca Working Group), Terminologies/clinical vocabularies Working Group, and the Hospital Data Working Group.

The Committee shall draw up a work plan, which lists in detail aims, activities, deliverables, timelines and responsibilities. The work plan shall be consistent with the WHO-FIC business plan of the WHO-FIC Network.

Working methods include e-mail, conference calls and meetings, including an annual meeting during the WHO-FIC Network meeting and a meeting in April in conjunction with the WHO-FIC Planning Committee.

Implementation Committee

Purpose

Assist and advise WHO and the WHO-FIC Network in improving the level and quality of implementation and use of WHO-FIC members in Member States, with priority for WHO-FIC core members (ICD & ICF).

Functions

1. To conduct through the WHO HQ and ROs international stock-take of WHO-FIC implementation in all WHO Member States on a continuous basis: with annual updates and in a systematic and comprehensive manner.
- 1.1 To develop and maintain an information database of current and planned use of classifications and in the development and refinement of mechanisms for collecting and analysing WHO-FIC implementation data. The database should include information on the use of WHO-FIC in both public and private sectors in terms of: areas and purpose of use, version in use, coverage, barriers and facilitators to implementation, degree of data reporting to WHO, quality control, coding method (automated, physician coders, clerk coders etc.), impact of classification change, measuring impact of the change, understanding effect of change on data output and published statistics, bridge coding, comparability studies;
- 1.2 Prepare a periodic summary of the global implementation status in WHO Member States;
- 1.3 Monitor and make proposals in the improvement of the technical and scientific quality of implementation related studies presented to the annual WHO-FIC meetings and other international meetings.
2. Develop plans and projects for a wider application and implementation of WHO-FIC in all Member States
3. Assist WHO in the development and application of implementation guidelines.
4. Assist WHO and Member States in the creation of methodologies for the joint use of WHO-FIC members in health information systems and surveys.
5. Provide WHO with guidance on user needs in terms of instruments, tools, training materials etc.
6. To act as an international support network for countries, through the WHO, on issues relating to implementation. And promote information sharing.
7. Interact with other WHO-FIC committees in the establishment of integrated work plans to ensure consistency with the general policy on WHO-FIC implementation.

8. Act as advocates both nationally and internationally, through WHO, to obtain high level support and financial commitment to develop and implement improved information systems using WHO-FIC, particularly in developing nations

Structure and working methods

The committee should have an integrated mandate of WHO-FIC implementation although the nature and phase of different members of WHO-FIC may differ in different countries. The Committee should be responsible to develop generic, overall principles that will apply to all members of the WHO-FIC and to handle implementation matters which are specific and unique to the individual classifications.

The structure of the Implementation Committee should involve 10-12 permanent members that will primarily devote their time in actually developing methods and application of the tasks in the field. The committee may have temporary members, who work on particular tasks.

Membership is open to Regional Offices and all Collaborating Centres with national and regional responsibilities for WHO-FIC implementation. All WHO-FIC centers may nominate participants and beyond the permanent members additional participants may take part in committee meetings as observers.

The committee is co-chaired at present but a single chair should be established in future to emphasize the integration of WHO-FIC implementation.

The committee shall draw up a work plan, which lists in detail aims, activities, deliverables, timelines and responsibilities. The work plan shall be consistent with the WHO-FIC business plan of the WHO-FIC Network.

Working methods should include e-mail, conference calls and meetings, including an annual meeting during the WHO-FIC HOC. Official meetings of the committee must be held in conjunction with international WHO-FIC meetings. Ad-hoc working groups can be established as need arises.

WHO FIC Education Committee

Purpose

Assist and advise WHO and the WHO-FIC Network in improving the level and quality of use of the WHO Family of International Classifications (WHO-FIC) in Member States by developing an education, training and credentialing strategy for the WHO-FIC, identifying best training practices and providing a network for sharing expertise and experience on training. The first priority will be for the reference terminologies, ICD and ICF.

Background

The Subgroup on Training and Credentialing of the WHO-FIC Implementation Committee was established at the 1999 meeting of Heads of Collaborating Centres in recognition of:

- The critical role of education and training for the successful implementation, use and maintenance of a classification system and for the quality of data produced
- The opportunities for sharing and strengthening education and training in members of the Family of International Classifications through international efforts, and
- The resulting benefits for comparability of national and international statistics

The Subgroup was established specifically to:

- Advise WHO and the WHO Regional Offices on best training practices
- Provide a network for sharing expertise and experiences on training
- Work with WHO Regional Offices in identifying needs for skills and training in countries both covered and not covered by Collaborating Centres
- Address the unique issues concerning mortality medical coders and nosologists in an automated environment
- Explore the possibilities for developing an international training and credentialing program for coders of WHO-FIC classifications
- Make recommendations to WHO and the WHO-FIC Collaborating Centres through the WHO-FIC Implementation Committee.

Following the integration of ICF into the Family in 2001, the Subgroup was expanded to consider parallel and related activities for users of the International Classification of Functioning, Disability and Health. During the 2003 annual meeting, the Subgroup reorganized as the WHO FIC Education Committee to better describe its broad mission and the role of education beyond the implementation phase of a classification.

Functions

The primary function of the Committee is to develop an integrated educational strategy for the International Classification of Diseases and the International Classification of Functioning, Disability and Health. Other members of the Family of International Classifications will be considered as resources permit. The components of this strategy include the following functions:

1. Assessment of the needs of users of the classifications, including those who provide source information, apply codes, conduct research or use the resulting data.
2. Identification of the learning objectives for educational approaches.
3. Inventory of existing educational materials and capacity.
4. Recommendations for learning content including development of core curricula
5. Recommendations for best practices for promotion and delivery of educational material.

The components of the strategy for the ICD include the following tasks:

1. Conduct needs assessments about the capacity, skills and responsibilities of ICD coders in member states
2. Identify the additional groups requiring education and training about ICD (e.g., statisticians, epidemiologists, policymakers, relevant systems managers, physicians, other clinicians and health sciences educators and students)
3. Identify groups requiring education and training in the proper completion of source documents (e.g., death certificate, health record)
4. Define the skills and levels of education and training required for coders and nosologists, as well as other users of the classification
5. Catalogue, characterize (e.g., purpose, subject, language, availability, media and technology) and disseminate information on current educational and training curricula and modules for the ICD, and identify gaps and methods for filling them
6. Review existing training materials and the mechanisms for their dissemination and identify best practices
7. Gather information from Collaborating Centres and Regional Offices on capacity for ICD-10 training in WHO member states
8. Explore national and international organizations (e.g., the International Federation of Health Record Organizations) with which coders and nosologists can affiliate
9. Explore the capacity of these organizations to support an international training and credentialing program

10. Identify approaches for assuring that training and credentialing are dynamic processes, responsive to changes in medical science, technology, coding rules, etc.

The components of the strategy for the ICF include the following tasks:

1. Liaise with Implementation Committee concerning applications and intended applications of ICF in order to identify educational needs.
2. Identify the groups requiring education and training about ICF (e.g., coders, statisticians, epidemiologists, policymakers, administrators, relevant systems and program managers, clinicians, survey developers, health sciences educators and students, consumers) the objective of the required education and the need for training trainers.
3. Catalogue, characterize (e.g., purpose, audience, content, language, availability, media and technology) and disseminate information on existing educational materials for ICF applications.
4. Create a database on educational products based on the Framework agreed by the Implementation and Education Committees and provide ongoing maintenance.
5. Review existing training materials and the mechanisms for their dissemination and identify best practices. Identify gaps and methods for filling them.
6. Provide advice on best practices to developers of ICF educational materials.
7. Explore the capacity of Collaborating Centres and Regional Offices for providing ICF education in WHO member states.
8. Explore the need for international credentialing of those trained to use ICF as a coding and classification system or of ICF training materials. Identify a support network or mechanism.
9. Identify approaches for assuring that training and credentialing 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, E-learning.

Structure and Working Methods

The Subgroup should have an integrated mandate of WHO-FIC education, although the nature and phase of different members of WHO-FIC may differ in different countries. If necessary, different work groups may be formed on specific WHO-FIC classifications so as to address different issues.

The structure of the Subgroup 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 and all Collaborating Centres with national and regional responsibilities for WHO FIC implementation. All WHO-FIC centers may nominate participants and beyond the permanent members additional participants may take part in committee meetings as observers.

The chair should preferably be a single person to emphasize the integration of WHO-FIC implementation.

The Subgroup should develop an annual work plan, which lists in detail aims, activities, deliverables, timelines and responsibilities for addressing the terms of reference.

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

Updating & Revision Committee

Purpose

The Update Reference Committee recommends modifications to ICD-10 to the annual meeting of heads of Centers.

The committee also develops policy on and mechanisms for updating ICD-10.

Functions

1. Determine policy on updating of ICD-10 (frequency, tabular, index, rules)
2. Establish criteria for updates to ICD-10
3. Review and comment on ICD-10 update proposals from MRG, Collaborating Centers and the secretariat
4. Submit recommendations for ICD-10 updates for ratification by Centre Heads meeting
5. Evaluate update mechanism (structure, process, outcome)

Meetings

Face to face 1 per year, at the annual Network meeting, Teleconferences 3 per year, to be organised through WHO, E-mail as necessary

Policies

Update cycle:

Tabular list: three yearly for major changes, annually for minor changes

Index: annually for changes that do not impact on the structure of the tabular list

Updates to ICD-10

Minor updates accepted at the annual Network meeting are posted the following year to the URC website before implementation in January of the year following posting

Major updates accepted at the annual Network meeting are posted the following year to the URC website before implementation in January of the year designated as major.

Official Updates

Produced in 2 formats:

1. A cumulative list of all changes made to ICD-10 from 1996 onwards
2. An annual list of changes made to ICD-10 since 1996

Both lists indicate the source of recommendation and implementation date. Date of approval has been indicated for all changes except the corrigenda.

Relevant changes in other language versions of ICD-10 and in related tools will also have to be made and disseminated by the appropriate authority.

Version control

The year of implementation is added to all versions of ICD-10. For example, the version of ICD-10 implemented in January 1999 will be labelled ICD-10 (1999).

Work program

- 1 URC members submit proposed ICD-10 updates to the URC secretariat between:
 - **1st February to 31st March** from the Heads of WHO Collaborating Centres
 - **1st March to 30th April** from the Mortality Reference Group.
- 2 URC secretariat collates and distributes proposed ICD-10 updates to members of the URC **by the end of April**.
- 3 URC members submit comments on the proposed ICD-10 updates to the URC secretariat **by the end of May**, taking into account:
 - the feasibility or desirability of accepting the change
 - the impact of the change upon data quality and comparability, education, specificity of documentation, needs for definitions, etc.
- 4 URC secretariat collates comments from members of the URC and makes recommendations for ICD-10 updates based on those comments. Recirculated for comment **by the end of June**.
- 5 URC members submit comments about draft ICD-10 updates to the URC secretariat **by the end of July**.
- 6 URC secretariat submits final recommendations for ICD-10 updates to WHO **by the end of August** for distribution to Heads of Centres.
- 7 URC recommendations for ICD-10 updates are ratified at WHO Heads of Centres meeting **in October**.
- 8 WHO disseminates the official ICD-10 updates via Collaborating Centres, national organisations and the URC website **by the end of January**.

Mortality Reference Group

Purpose:

The objective of the Mortality Reference Group (MRG) is to improve international comparability of mortality data by establishing standardized application of the ICD-10.

Functions:

1. To identify and solve problems related to the interpretation and application of ICD-10 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-10 updates through a democratic process which attempts to achieve consensus.
4. To submit annual recommendations to the Update Reference Committee by the end of April.
5. To provide documentation of discussions and decisions.

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 chairperson is elected by the MRG. The election is submitted to the Centre Heads for confirmation.

The MRG will work through email, meet in person twice a year, and use telephone conferences as needed.

Once a recommendation to the Update Reference 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-10 home page.

Electronic Tools Committee

Purpose

Support WHO and the WHO-FIC Network in developing policies on electronic classification-related tools and their dissemination.

Functions

1. Agree on the scope and definition of 'electronic tools'
2. 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, such as the Education Committee, on overlapping areas
4. Establish liaison with other organizations/groups working in electronic classification such as the ICE on Automating Mortality Statistics, the Eurostat automated coding group or the UN Expert Group on International Economic and Social Classifications.
5. Establish criteria for the evaluation and accreditation of electronic classification-related tools
6. Survey existing tools and identify gaps
7. Evaluate such tools on behalf of WHO or oversee such evaluation in some circumstances
8. Needs assessment

Structure and working methods

The committee should have an integrated mandate of WHO-FIC implementation although the nature and phase of different members of WHO-FIC may differ in different countries. The Committee should be responsible to develop generic, overall principles that will apply to all members of the WHO-FIC. If necessary different sub committees may be formed on ICD, ICF and other WHO-FIC classifications so as to address different issues.

The structure of the Electronic Tools Committee should involve 10-12 permanent members that will primarily devote their time in actually developing methods and application of the tasks in the field.

Membership to the ETC is open to any individuals from collaborating organizations who wish to participate actively in the work and aims of the committee. They should submit their names to the Chair with copy to the WHO-FIC secretariat.

The chair should preferably be a single person to emphasize the integration of WHO-FIC implementation.

The committee shall draw up a work plan, which lists in detail aims, activities, deliverables, timelines and responsibilities.

Working methods should 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. Official meetings of the committee must be held in conjunction with international WHO-FIC meetings.

Electronic Tools Sub-committees

Within the structure and mandate of the WHO-FIC Implementation Committee, sub-committees for individual classifications can be established as the need arises. Sub-Committees assist and advise WHO on implementation matters which are specific and unique to the individual classifications.

The sub-committees shall specify the WHO-FIC Electronic Tools Committee functions for the respective classification in detailed work plans. The work plans shall list in detail aims, activities, deliverables, timelines and responsibilities

Working methods should 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. Official meetings of the sub-committee must be held in conjunction with international WHO-FIC meetings.

Committee members should give a commitment to work on both, committee and subcommittee tasks.