

# Terms of Reference for WHO Topic Advisory Group on FUNCTIONING (f-TAG) for ICD Revision

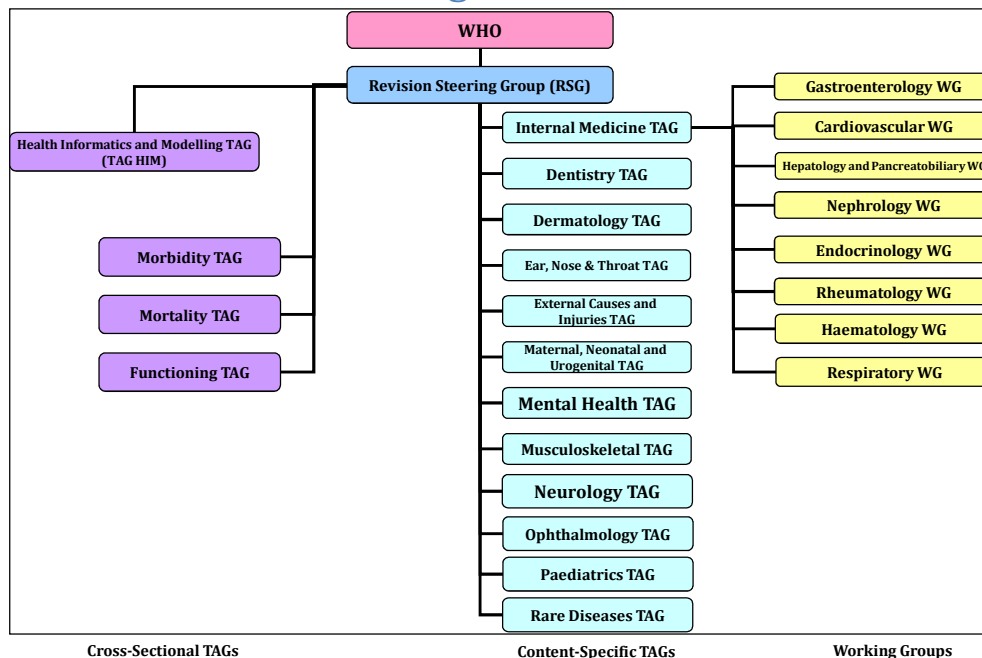
## Purpose of f-TAG

f-TAG will support WHO in the linking of ICD and ICF in the context of development of ICD-11.

## Method of Work of f-TAG

This group will complement the work of existing Topic Advisory Groups in different disease areas with a particular focus on linking and improving the alignment between ICD and ICF. Within the context of the overall ICD Revision the **f-TAG** is regarded as a cross-sectional TAG as depicted in the following organigram.

## ICD Revision Organizational Structure



## **Functions and Tasks of F-TAG:**

### **I. Development and review of Functional Properties (FP)**

1. Make proposals for
  - 1.1 the refinement of a value set on impact on Activities and Participation;
  - 1.2 the development of a value set on contextual factors and revamping of Chapter Z codes in ICD-11;
  - 1.3 the development of a value set on body functions in accordance with clinical manifestations in the ICD content model;
  - 1.4 improvement of the wording and user friendliness of value sets and their correspondence with ICF.
2. Assist in the population functional properties through
  - 2.1 studying the epidemiology of functional impact and the delineation between functioning and disease severity with the aim to create a knowledge base and refine the methodology;
  - 2.2 preparation of support material (e.g. user guide, examples of functional impact for specific ICD concepts);
  - 2.3 collaboration with disease specific TAGs to generate salient areas of functioning relevant for descriptive content in the ICD content model.
3. Conduct reviews of functional properties components completed by the respective disease specific TAGs
  - 3.1 review functional properties for specific ICD concepts;
  - 3.2 seek for clarification and propose edits where information on scientific evidence of the proposed functional properties is insufficient;
  - 3.3 verify that the proposed functional properties are useful and feasible in different settings (e.g. use cases at clinical and population health level).

### **II. Terminological and taxonomic alignment between ICD and ICF**

1. Identify the nature and scope of overlap between existing ICD-10 concepts, newly proposed ICD-11 concepts and ICF concepts
2. Advise and assist in establishing conceptual consistency and terminological congruency between ICD and ICF through
  - a. specifying the boundaries and attributes of disease/disorder and body function entities;
  - b. clarifying the delineation between functioning and disease severity;
  - c. clean-up of deprecated ICF-related terminology in ICD;

- d. Identifying linearization options for possible double coding in ICD and ICF.

### **III. Use cases for joint ICD & ICF application**

1. Formulate use cases for joint ICD & ICF applications. Use cases should:
  - a. capture *who* (actor) does *what* (interaction) with the ICD & ICF classification, for what *purpose* (goal)
  - b. illustrate the "added value" of ICD-ICF joint use
  - c. indicate requirements for ICD-11 development stemming from use cases

### **Composition and Membership**

Proposed membership will be composed by equal numbers of experts from inside and outside the WHO-FIC Network.

Membership should reflect geographical distribution, represent a variety of settings and have expertise and experience in documenting and coding of disability and disease data using ICF and ICD.

The group will be chaired by two co-chairs, which are appointed by WHO.

The life span of the group is limited to the ICD-11 development process at present 2015.

The group shall draw up a workplan which lists in detail aims, activities, deliverables, timelines and responsibilities in concordance with the overall ICD Revision Plan.

Working methods should include e-mail, conference calls, virtual meetings and face-to-face meetings.