Implementing the merger of the ICF and ICF-CY:

Background and proposed resolution for adoption by the WHO FIC Council.

The International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY) is a WHO approved “derived” classification based on the International Classification of Functioning, Disability and Health (ICF). As a derived classification, it includes further detailed information on the application of the ICF when documenting the relevant aspects of functioning and health in children and youth.

As a derived classification within the WHO FIC, the ICF-CY conforms to the following taxonomic principles:

1. sharing the same classification properties with its reference classification the ICF:
   a. common classification hierarchy structure
   b. taxonomic principles
   c. qualifiers
   d. common concepts:
      i. identical concept names
      ii. identical concept definitions
      iii. identical terminology
      iv. identical information model (ontology) - when developed.

   o ICF and ICF-CY are maintained within the same family of WHO FIC.
   o It is assumed that ICF-CY does not contradict or override the ICF as reference classification.
   o This view allows the building of a consistent long term transition data mechanism to follow-up what happens to functioning in transition from childhood to adulthood.
      ▪ ICF-CY may contain additional concepts and parameters than ICF, however these additional concepts should be further specifications of the existing classification structure and concepts.

These principles were discussed and applied through the production of the ICF-CY by and large. Additional discussions took place in the FDRG. The merger of ICF-CY and ICF was recommended in the FDRG mid-year meeting in Madrid (June 2010) and endorsed at the WHO FIC Toronto Meeting – October 2010.

Based on the above-mentioned clarifications for the ICF and ICF-CY:

1. The additional items that have been added to the ICF-CY were proposed to be put in the ICF update process so that they are shared and so that the ICF is enhanced.
2. It is foreseen that the ICF and ICF-CY should share a common ontology (in similarity with the ICD revision process and in line with the Shared Ontologies within the WHO FIC under
In this context it is required that ICF-CY items are added to the ICF foundation layer. In this way, ICF-CY will be expressed as a “linearization” of the same foundation layer.

The proposed merger of the ICF and ICF-CY foundation will have important implications not only for the classification and maintenance, but also will improve ICF coverage and usage for the transition across life-span.

Within the ongoing update process, additional items that are currently listed in the ICF-CY but not in ICF should be included in the ICF foundation layer. ICF-CY should be expressed as a linearization from the ICF foundation.

This will allow easier maintenance, translation, printing as well as incorporation in electronic health applications. It will also reduce redundancy of work, avoiding double efforts for computerization and linking with SNOMED-CT and other applications.

In this context, the following resolution is proposed for adoption by the WHO FIC Advisory Council:

**Proposed resolution for adoption by the WHO FIC Advisory Council**

The plan for implementing the merger includes the following steps:

1. The ICF-CY additional items should be included in the ICF through the ICF update process or incorporated in the ICF foundation layer, in congruence with the information model.

2. ICF-CY should be maintained as a special derived classification (i.e. as linearization of the common ICF foundation) sharing that common foundation. Therefore, there will be no separate ICF-CY updates, rather a unified process for all ICF updates. Other relevant linearizations may also be developed in the future, if there is a specific use case.

3. The Advisory Council asks the relevant committees (such as FDRG, FDC, ITC) to work on the information model and to report back to the council.