**Introduction**

Purpose of the Update and Revision Committee (URC) is to support WHO and WHO-FIC Network in keeping the WHO Family of International Classifications “Reference Classifications” up to date in line with current knowledge. The functions of the URC are the development of Update policies, Update coordination & decision making and the participation in the revision work in order to ensure synchronization from one revision to the other and consistency within the members of Family of International Classification.

**Methods & Materials**

The URC work is conducted in accordance with the relevant part of the WHO-FIC Strategic work plan (Tab. 1). Activities are mainly carried out through the update and revision platforms which are workflow engines designed to facilitate communication within expert workgroups and ensure transparency of the processes. Work and communications are also carried out via e-mail, conference calls and meetings, including an annual meeting during the WHO-FIC Annual Meeting. Key deliverables of the URC work are the lists of updates for WHO-FIC member classifications.

In year 2012, 32 updates to ICD and 7 updates to ICF were approved by the URC and endorsed by the WHO-FIC Council at the annual meeting held in Brasilia, Brazil 13-19 October, 2012 (Fig. 1 and 2).

Updates to ICD-10 will continue to 2016 with final major updates to be approved in 2014. In terms of developing and maintaining the update policy, a new version of the ICF update platform user guide has been finalized (Fig. 3). Functions, activities and completeness of deliverables are represented in the latest version of the Strategic Work Plan submitted to the WHO-FIC Council.

**Conclusions**

The achievements of the Committee are made possible by the generous efforts of members and relative institutions. The increasing number of ICD proposals being processed, the synchronization from one ICD revision to the other, and the realization of a foundation ICF with the implementation of the classification items coming from the ICF-CY, require an increasing engagement of the Collaborating Centres in the Committee’s work.

**Acknowledgements**

Members of the Committee:

**References**

1. Terms of Reference for WHO FIC Update and Revision Committee (URC) version Dec 2012
2. URC SWP, March 4, 2013
5. The WHO Updating & Revision Committee http://www.who.int/classifications/committees/URC.pdf

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**Tab. 1 – The URC relevant part of the WHO-FIC SWP (August 22, 2013 v, simplified):**

- ICD-10 related items
- ICD-11 related items
- ICF related items
- overall coordination

**Fig. 1 – Snap shot from the ICD-10 Vol. 1 annual updates document v. 2013 (simplified)**

**Fig. 2 – Snap shot from the ICF annual updates document v. 2013**

In 2013, in terms of annual updates to ICD, 121 proposals have been moderated and put to vote by members. In terms of updating ICF, 78 proposals have been reviewed by the FDRG and put to vote by URC members: the majority of these updates still relate to ICF-CY items reviewed in order to become part of a foundation ICF.

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**Fig. 3 – 2013 version of the ICF Platform User Guide**

**Download this AR**

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This is the 15th annual report of the Mortality Reference Group (MRG), established at the 1997 meeting of the Centre Heads as part of an updating mechanism for ICD-10.

The MRG has dealt with hundreds of issues related to updating and clarifying ICD-10 as it applies to mortality classification and coding. The MRG has settled over 470 issues selected largely from the Mortality Forum (an international mortality classification discussion network) and submitted 313 recommendations to the Update and Revision Committee (URC) for consideration.

This report describes the background of the MRG and the issues decided in the 15th year.

Provisions for the MRG are described in two documents: the WHO long-term strategy document (WHO/HST/ICD/C/97.39) and the Centre Heads' Report for 1997 (WHO/HST/ICD/C/97.65). Briefly, for updating ICD-10, WHO - working with the Centre Heads - established two separate bodies: the MRG and URC. The MRG discusses issues raised in the Mortality Forum or those referred from other sources including the Centre Heads and WHO. The MRG can make decisions regarding the application and interpretation of ICD to mortality and submit a subset as recommendations to the URC for a vote on ICD updates and changes. The decisions requiring no change in the ICD are forwarded for the URC’s consideration.

In the 15th year, the MRG met in Washington, DC, April 18-19, and in Beijing, October 12-13, 2013. A smaller table group also met around those dates to work through issues concerning ACME decision tables where MRG decisions left details open. The MRG relied on electronic means to carry forward action between the face-to-face meetings.

The MRG conferred about 70 issues, and submitted 15 decisions (Table 2): 14 recommendations (2 major and 12 minor) to the URC. One decision, involving no change to the ICD, was forwarded for the URC’s information.

In the 15th year, the MRG met in April and in October, communicated by e-mail, posted proposals and comments on the ICD-10+ Platform, did considerable work on a number of issues outside the committee meetings, circulated documentation for issues under consideration; and comprehensively documented all activities. During the fifteenth year, a total of about 70 issues were reviewed by the MRG and more than 200 issues were reviewed by the MRG’s Table Group. Closure was reached for many of these and 15 recommendations were submitted to the URC. Fourteen recommendations for change were made to the URC in 2013. Decisions on 1 issue did not involve any changes in the ICD.
Abstract

The Family Development Committee 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. This poster presents a summary of the activities of the FDC from October 2012 – October 2013.

Introduction

The Family Development Committee (FDC) has been established since 1999 and has worked to develop the concept of the Family, and to expand its content to include all relevant dimensions of health.

The 2013 year marked a new phase for the FDC, with new separate arrangements for the ongoing development of the International Classification of Health Interventions (ICHI), which had previously been a major focus, and new WHO priorities for the Committee.

The new WHO priorities for the FDC include Integration of the Family, Applications of the WHO-FIC and Support for Universal Health Coverage. These resulted in the need for a largely new work program, presented as its 2013 strategic workplan (SWP) activities. Progress against each of the SWP activities is outlined here. Much of the progress was achieved at the FDC mid-year meeting in Uddevalla, Sweden, hosted by the Nordic Centre (see photo).

The FDC co-chairs would like to thank all the FDC members for their valuable contributions to the FDC work-plan activities.

Task 1 – Refine the Strategic Work Plan

The mid-year meeting provided an opportunity for members to consider the SWP in light of the new work program of the FDC as initially discussed at the 2012 WHO-FIC Network meeting. The agreed workplan is to be tabled with Council at the Annual meeting in Beijing.

Task 2 – WHO-FIC as the focal point for ICHI

The FDC will act in an advisory capacity for the ICHI development work. This will include monitoring the progress of the project planning, budget, content and links to other WHO-FIC members, and to relevant committees and reference groups. This oversight included co-ordination of the mid-year meeting of the FDC with meetings of the ICHI groups.

Task 3 – Integration of the Family

At the FDC mid-year meeting there was a major focus on ‘Integration of the Family’ with work undertaken towards revision of the 2007 WHO paper that describes the Family and processes used to update and add classifications to it. Consideration was also given to describing what ‘integration’ should look like in the future, in the light of the methods being used to develop ICD-11 (including links to SNOMED or other terminologies, and use of content/concept models that span the classification family).

Task 4 – Applications of the WHO-FIC

Another major focus of the mid-year meeting was on applications of the WHO-FIC and, in particular, use of the classifications in Casemix. A ‘stocktake’ document is being prepared on Casemix uses of the classifications nation-by-nation, as is a document that will detail general principles for use of the classifications (including ICF and ICHI in the future) in Casemix. The eventual outputs of this work could be specifications for a ‘core’ international grouper that could be used for international comparisons and as a basis of more detailed, national groupers used for funding and other management purposes.

An international grouper framework is likely to become more important over coming years, in particular for countries currently using groupers based on the procedure classification in the US ICD-9-CM, which will not be supported by the US into the future.

Task 5 – WHO-FIC support for Universal Health Coverage

The FDC are considering how the WHO-FIC could support the WHO’s UHC initiative. In support of this the FDC will be investigating the extent to which the classifications would support measurement of any articulated goals or indicators for the UHC initiative, and any other indicators that could be useful, based on national experiences in related measurement work. They could, for example, relate to immunisation, and health service access for maternal and child health, mental health and injuries. Further work may also include consideration of how current and future primary care linearisations of the WHO-FIC could support UHC.

Task 6 – Health Services Classifications

The FDC committee also gave preliminary consideration to incorporation of the OECD’s classification of health care service provider industries in the System of Health Accounts. It is possible that this could serve to fill a gap in the Family relating to types of health service providers that provide health interventions to be classified in ICHI.

Task 7 – Alignment of ICNP and ICF

Cooperation with the International Council of Nurses will be needed to align the International Classification for Nursing Practice content on functioning aspects with the content of ICF. ICNP is updated more frequently than ICF and already has an ontological underpinning. ICNP involvement has been secured within the FDC. The FDC will be informed on any further steps.

Task 8 – Harmonisation of ICF EF codes with ISO 9999

Yvonne Heerkens, FDRG collaborating expert and member of the Dutch Collaborating Centre holds the position of chair on the ISO 9999 committee. At the mid-year meeting the FDC endorsed Yvonne’s involvement in this work and agreed she will be well placed to keep the FDC, the FDRG and broader WHO-FIC Network informed of progress in this work.
## Informatics and Terminology Committee – Annual Report

Karen Carvell\(^1\), Vincenzo Della Mea\(^2\)

\(^1\)Canadian Institute for Health Information and North-American Collaborating Center; 
\(^2\)University of Udine, Italy and Italian Collaborating Center

### Abstract

The purpose of the annual report is to communicate to the WHO-FIC network the key activities of the Informatics and Terminology Committee (ITC) since the Brasilia meeting in October 2012. Activities of the ITC to be highlighted in the annual report include the administration of the committee and work completed and underway in 2012-2013.

### Administration

Two new co-chairs were elected in 2012 at the WHO-FIC Meeting in Brasilia, Karen Carvell from the North-American Collaborating Centre and Dr. Vincenzo Della Mea from the Italian Collaborating Centre. Co-chairs decided not to select a secretary for the Committee. Due to the lack of resources no face-to-face mid-year meeting could be held; however, a teleconference meeting has been held with good participation by committee members. Specific work described in the next sections is grouped by the Strategic Workplan item.

### ITC-01: classifications and revision platforms

ITC-01 is the SWP item devoted to the maintenance and enhancement of browsers for WHO Classifications and the ICD revision platform. There was continued work on the classification update platforms and on the ICD Revision Platform, specifically maintaining and enhancing the browsers, plus:

- the development of the core ICD-11 authoring tool **iCat** continued in the Stanford University;
- the development of a prototype **ICHI browser** in cooperation between the Australian and Italian Collaborating Centres;
- work by the Italian Collaborating Centre to develop software and apps needed to integrate the ICD revision platform with the social networks Facebook and Twitter.

### ITC-02: multilingual support

ITC-02 is the SWP item devoted to the technical support to multilanguage developments of WHO classifications. Work completed includes:

- the release of a multilingual platform which allows collaborative translations of ICD11 in a social fashion. The platform is based on the Revision platform, and
- the Korean Collaborating Centre’s continued work on the translation model.

### ITC-03: submission system

ITC-03 is a new work item introduced in Brasilia for supporting a novel way of abstract and poster submissions for WHO-FIC network meetings, to reduce the effort of both network members and WHO headquarters. During the last year, the Italian Collaborating Centre implemented a website for submission of abstracts and posters. The web site, based on the open source software **OpenConf**, has been used for the Beijing meeting.

### ITC-04: standards

ITC-04 is aimed at enabling the electronic exchange of WHO classifications by providing necessary technical standards. Since last year, two paths are being followed. The German Collaborating Centre continued its work in supporting WHO by generating print formats of ICD-10, including maintaining **CIAML** and the Classification Toolkit. This may allow an offline, yet electronic, distribution of WHO classifications. Work is also in progress by the German Collaborating Centre to place ICDO-3 stylesheets into CIAML. The WHO Headquarters developed a **URI scheme** to identify ICD11 entities, accompanied by a web services interface. This may allow online distribution of single WHO classification entities directly from the network. A paper is being prepared on identifiers and web services.

### ITC-05: formal representation

ITC-05 is the SWP item devoted to enhancing formal knowledge representation of WHO classifications and their linkages to related terminologies. This is a multilateral item requiring coordination with other committees, reference groups, and external participants. For the Beijing meeting, a joint ITC-FDRG session has been proposed to discuss the evolution of ICF towards a more formalized representation, including the possibility of a content model like the one at the basis of ICD11.

Regarding the WHO-IHTSDO harmonization process, ITC members, V. Della Mea and S. Kim are members of the WHO-IHTSDO Joint Advisory Group. They participated in meetings of that Group and supported WHO in the ICD-11 to SNOMED CT mapping exercise on the circulatory system. V. Della Mea designed and developed the software needed for the mapping exercise.

### Conclusions

ITC work during the year focused on moving forward on unified data exchange models (including harmonization with other terminologies) and better maintenance and publication standards and tools. Broader involvement of users has been sought by supporting translations with web-based tools and introducing social features for the maintenance of classifications. Any work identified in this annual report that was not undertaken by a collaborating centre was completed by Can Celik at WHO HQ. ITC wishes to acknowledge the work of the WHO HQ and collaborating centres for their contributions over the past year.
Abstract
This poster describes the activities of the Functioning and Disability Reference Group in the 12 months from October 2012 to October 2013. Four main streams of work are reported: 1 ICF updates, 2 ICF Practical Manual, 3 Measurement, 4 Harmonisation and development.

Background
The items on the FDRG component of the WHO-FIC strategic plan are reported on below. The co-chairs met monthly by teleconference. FDRG members and collaborators were informed of progress on the projects during the year and invited to comment on draft materials. There were teleconferences and ad hoc meetings between co-chairs and FDRG members taking the lead on projects occurred in May (Updates), June (ICHI development) and August (Ontology development).

ICF Updates
Updates workshops have been instrumental in the progress on ICF updates. A total of 65 proposals were passed to the URC for voting. This represents almost half of the proposals on the update platform and a significant increase in the number processed from 37 in the previous year.

Summary of ICF updates in 2012-2013

<table>
<thead>
<tr>
<th>LAYERS</th>
<th>Number of proposals with new review comments in 2013 &amp; 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>INITIAL REVIEW LAYER</td>
<td>2013 15 Feb - 10 March 12/12</td>
</tr>
<tr>
<td></td>
<td>2012 104/204</td>
</tr>
<tr>
<td>FDRG LAYER</td>
<td>2013 1st - 26 April 7/7</td>
</tr>
<tr>
<td></td>
<td>2012 43/104</td>
</tr>
<tr>
<td>OPEN DISCUSSION LAYER</td>
<td>2013 1st May - 16 June 51/145</td>
</tr>
<tr>
<td></td>
<td>2012 47/174</td>
</tr>
<tr>
<td>CLOSED DISCUSSION LAYER</td>
<td>Recommendations before vote 2013 65</td>
</tr>
<tr>
<td></td>
<td>2012 95</td>
</tr>
</tbody>
</table>

ICF Practical Manual
The final draft of the practical manual for ICF use has been completed. It consists of 8 sections, covering both general aspects of ICF use ("getting started" and "describing functioning") and special areas of ICF use: clinical, community support services and income support, population based census and survey, education systems, policy and program purposes, advocacy and empowerment). The text run through a first turn of revision and commenting by the members of FDRG, of the EIC, and by WHO, which was completed in February. All the comments and suggestions have been taken into consideration and dealt with. The resulting version was finally presented to WHO for final comment and approval in June. Pending this last step, the Practical Manual will be ready and will be posted on the WHO web site. The writing group led by Ros Madden and including Andrea Martinuzzi, Judith Hollenweger, Diane Caulfield, Jennifer Madans, Mitch Loeb are thanked for their tireless efforts to produce the manual. Thanks also go to those members of FDRG and EIC who commented on drafts and to WHO staff for their input.

Harmonization and development
Education and Implementation Committee (EIC)
The completion of an exposure draft of the ICF Practical Manual has been supported by EIC. FDRG members have commented on the ICF eLearning tool following major changes in a new draft. Determining the path to completion and future ICF education requirements will be the subject of discussion at a joint session with the EIC.

ICHI development group
Andrea Martinuzzi chaired the technical working group for functioning interventions. FDRG members and collaborators have contributed to the development of the axes and tabular list of functioning interventions. The scope of this work will be presented during the meeting in a joint session.

Informatics and Terminology Committee (ITC)
In addition to working on ontology development the FDRG is working with ITC on the mapping database and the possible development of a mobile application for the collection of functional status data. A joint session is scheduled at the WHO-FIC meeting in Beijing.

functioning Technical Advisory Group (fTAG)
FDRG member Haejung Lee was nominated to join the fTAG to replace Ros Madden who resigned in 2012. Haejung has led the task of identifying codes in ICD and ICF that ‘mirror’ each other. Catherine Sykes with Solvejg Bang and Francesco Gongolo have reviewed ICD-10 Chapter XXI with a view to restructuring for ICD-11.

Conclusions
There is evidence that show that ICF, as it stands now, does not have a clear ontological structure. A more stringent and logical redefining of the ICF categories would:
• reduce ambiguity of concepts and improve ICF use;
• facilitate semantic interchangeability among the major WHO classifications; and
• ease the process of ICF update and maintenance.

What has been done so far?
The first steps towards an ICF ontology were including this task on the SWP and preliminary scoping of the project by the co-chairs of URC, ITC and FDRG. There was shared acknowledgment of the relevance of this work, and agreement to focus efforts on the analysis of the state of the art in this area and on possible strategies to tackle the task.

What is needed to proceed?
If this issue is deemed relevant, commitment by WHO and the WHO-FIC community is essential if the immediate aim of delineating a realistic roadmap is to be achieved.

Measurement
After considering the amount of data and literature presently addressing the issue of mapping measurement tools to ICF and vice-versa, and the potential difficulty researchers may find in orienting themselves into such abundance, this stream was directed to design a set of criteria (filters) to be applied to a web based tool, that could help researchers and users to weight the evidence in the various reports present, and find among the numerous sources the one best fitting their needs. The development of this stream is fully described in a set of companion posters presented at this meeting.

Why an ICF ontology?
There is evidence that show that ICF, as it stands now, does not have a clear ontological structure. A more stringent and logical redefining of the ICF categories would:
• reduce ambiguity of concepts and improve ICF use;
• facilitate semantic interchangeability among the major WHO classifications; and
• ease the process of ICF update and maintenance.
Report from the Council
Lars Berg and Stefanie Weber

Abstract. During the 2007 annual meeting, a WHO-FIC Council was established to accommodate the need for broader participation in the core decision process of the WHO-FIC Network. The functions of the Council are to 1) develop a Strategic Work Plan for the Network, 2) monitor and follow-up on progress of the Work Plan and Business Plan for the classifications, 3) review action items from the annual meeting and address new action items that arise, 4) participate in planning the Annual Meeting, and 5) establish and revise, as needed, procedures for the conduct of annual meetings of the Network.

Introduction
During 2008, the Council agreed to establish a Small Executive Group (SEG) to prepare recommendations for discussion by the Council and identify other issues for Council discussion and decision.

The SEG includes the co-chairs of the Council, two additional committee or reference group co-chairs and WHO Headquarters Staff.

The SEG conducted teleconferences on a monthly basis. The principal focus of these calls was to follow up on action items from the Brasilia meeting, to review the status of the Strategic Work Plan and to explore ways to enhance participation in the Network.

One of the Council-Co-Chairs serves as member of the RSG-SEG, both Co-Chairs are involved in the monthly RSG telephone conferences.

Work during the last year
The Council convened during the annual WHO-FIC Network meeting in Brasilia in October 2012.

In the final session of the Council in Brasilia the elections of new Committee and Reference Group Chairs were confirmed.
As well two resolutions were finalized: A resolution on the future Updating process of ICF and ICF-CY and a resolution on the management of the ICHI development process.

During the working period October 2012 - September 2013 the Council conducted three telephone conferences, of which one was the mid-year telephone conference in May 2013.

The Small Executive Group (SEG) prepares and identifies issues for discussion and decision by the Council and meet in monthly teleconferences.

The SEG has focused on two main topics:

Paper on Conduct of the WHO-FIC Network:

The paper is a Compilation of existing and approved papers about the network. As new members of the network join and get involved in the work of the Network, the Compilation of the papers is intended to facilitate easy access to all agreed rules and guidelines.
In an iterative process the paper was compiled, aligned and updated. A pre-final draft will be put on the website before the meeting for participants to inform themselves on governing rules and the structure of the Network. The compiled paper will be presented in the Annual Network meeting in Beijing for final approval through the Council.

Alignment of the Strategic Work Plan:

A series of Teleconferences with the six committees/reference group co-chairs were performed, each involving a Co-Chair of the Council and an additional member of The SEG. The Strategic Work Plan (SWP) for the WHO-FIC Network was reviewed in order to align it to a complete and comprehensive Work Plan that reflects the full work of the Network.
Therefore duplications of topics between groups were reviewed and discussed. A compilation to one single sheet in Excel was performed. The work plan style, the products and collaboration between Committees and Reference Groups needed standardization. Further discussions will take place in Beijing.

ICD Revision
Both Council Chairs are members of the Revision steering Group of the ICD Revision towards ICD-11.
Monthly Telephone Conferences of the RSG were attended by both co-chairs.
One Co-chair joined phone Conferences and face-to-face meetings of the RSG-SEG, a steering Group for the Revision in analogy to the Council SEG.

In these meetings the input from the network was given on yellow papers, general Revision questions and the discussions were reported to the Council SEG and the Council.

Conclusions
In 2012/2013 the work of the Council focused on the continuation of on-going work. A compilation of papers on the conduct of the Network was performed, which went through many iterations and was discussed at two Council telephone conferences with the full Council.

The Strategic Work plan of the Network was revised and the two Co-Chairs assisted WHO in further strengthening of the focus on key issues for the upcoming years.

Major part of the work was as well the support and input to the ICD-Revision in order to represent the needs and interest of the WHO-FIC Collaborating Centres in the Revision process. Main credit for this work goes to Lars Berg.

For the upcoming meeting the Council in conjunction with WHO headquarters tried to facilitate the proceedings and structure of the meeting by assisting in the organisation and recommending enhancements to the structure and time table of the meeting.

Upcoming elections for the meeting are including only the positions of the Council Co-Chairs. As Stefanie Weber has served two consecutive terms she will not be available for re-election at this meeting. At least one new candidate needs to be identified. But as the additional members of the SEG have become acquainted with the work of the Council and the SEG it is estimated that a smooth transition will take place.
The EIC aims to improve the quality of health data and the use of the WHO Family of International Classifications. Activities related to these objectives, and listed in the EIC strategic work plan, are reported according to their level of development.

**Introduction**

The work of the EIC aims at improving the level of classification use and the quality of coded health data. To meet these objectives, the EIC has been developing resources, tools and programs since 1999.

During this year the EIC met twice by teleconference and once in a face-to-face meeting. The status of the EIC activities for the period 2012-2013 is presented here.

**ICD-10 training tool**

This on-line training tool for ICD-10 is available on the WHO classifications website. It is also possible to download and copy to a CD-ROM in order to have the training applied where there is no internet access.

This version is being updated and adapted to be used in all 5 continents. It is also aligned with the current ICD edition.

**Next steps:** finalize updating of training tool; define and establish guide for work of training tool support groups (TTSG) for each language version; consider including assessment items; review software platform.

**ICF e-Learning tool**

This is an on-line Introductory Module for the ICF, prepared in a joint collaboration with FDRG. Its content was recently reviewed by WHO, FDRG and EIC and final changes are being made.

**Next steps:** approve and post tool on the WHO website; prepare translation kit and stimulate translation and dissemination; organize an ICF e-Learning tool users support group; review software platform.

**Training tools**

**ICF Practical Manual**

This is a product of the joint collaboration with the FDRG aimed to replace the current ICF user guide on the WHO website. The final version is will be endorsed at the WHO-FIC 2013 meeting.

**Next Steps:** endorsement by EIC, posting on EIC and WHO classifications websites; stimulate translation to other languages and its dissemination.

**ITCP- International Training and Certification Program**

The EIC developed curricula for training courses for morbidity and mortality coders, certifiers and ICF training. International Exams for coders were prepared and pilot tested and are available. A regional approach is encouraged.

**Trainer database**

EIC and IFHIMA (International Federation of Health Management Associations) are working with WHO and the Korean CC to develop a database of potential ICD trainers. A draft is currently under review. Once trainers are identified, the database will provide a mechanism to connect trainers with countries that require training in morbidity/ mortality coding.

**Classifications Implementation**

**WHO-FIC Implementation database: ICD module and ICF module**

With support from the Dutch CC, a new database was designed to report ICD and ICF implementation status. WHO CC and Countries have been asked to complete the questions in the database. The database will be linked with Global and Regional Health Observatories and other relevant WHO databases to provide coding metadata.

**Next steps:** Promote responses, upload database to WHO website, prepare guide for users.

**ICD-11 Volume 2**

The EIC has reviewed and commented on requirements for the ICD-11 vol 2 – The Reference Manual. The specific aim of the review was to improve the consistency and readability of the material presented.

**Next steps:** Work with WHO to prepare a Manual for the ICD-11 field trials and other educational materials to support ICD-11 use.

**Information Products on the FIC**

**A- Information sheets (IS)- the following IS are available:**

- Training and Certification to Promote High Quality Data
- International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10)
- International Classification of Functioning, Disability and Health – ICF
- What You Should Know about Clinical Documentation in Acute Care Hospitals
- Uses of Coded Clinical Data
- Mortality (Cause of Death) Data
- Civil Registration and Vital Statistics
- International Classification of Diseases (ICD) and Standard Clinical Reference Terminologies: A 21st Century Informatics Solution

The following are being created:

- Automated Systems for Coding Cause-of-Death Data
- New International Death Certificate

**B- Briefing kit (BK)**

A collection of updated documents regarding the WHO FIC network has been created for new Collaborating Centers. This kit includes the EIC products, information on all designated Collaborating Centers and other useful information for those who are new to the WHO FIC Network.

**C- Papers and posters on best training practices**

These are products related to the Education and Implementation Committee member activities that are prepared for presentation and discussion in EIC meetings. Materials are also available on the EIC website.

**Where to find EIC Products**

http://www.cdc.gov/nchs/icd/nacc_education_committee.htm
Introduction:

- The WHO Collaborating Centre for FIC on India (CBHI) is actively involved in the implementation of WHO – Family of International Classifications (ICD -10 & ICF) by capacity building of medical & paramedical persons in India. Regional Health & Statistics Training Centre (RHSTC) at Mohali, Punjab state, is one of its National Level Training Centres in the country. RHSTC not only organizes short term trainings on WHO-FIC (ICD-10 & ICF) but also mass orientation workshops on ICD-10 in various medical institutions in the Govt. / private sectors. It is also imparting Trainings on ICD-10 to the WHO sponsored Fellows from South East Asian countries.

Experiences of a WHO-FIC Training Centre:

- The wide spectrum of trainees include International WHO fellows, Medical College Faculty, in-service Medical Officers, Resident Doctors and Paramedical Staff of medical record department, Staff Nurses and even final year medical students.

- From the year 2007 till date, RHSTC, Mohali has organized 13 Trainings of Trainers on WHO-FIC, 13 Trainings for Paramedical Staff on WHO – FIC (both one week trainings), 5 Mass Orientation Workshops on ICD 10 (for half day each) and 2 WHO Fellowship Trainings on ICD -10 for Fellows from Myanmar (for two weeks each). In all these trainings, total 1029 participants attended as per details given in the Pie diagram:-

Results of feedback:-

- 869 (84%) trainees had no prior knowledge of WHO – FIC importance & uses and method of coding.
- 740 (72%) were previously not aware of Morbidity & Mortality coding guidelines, Death certificate, Underlying Cause and Main Cause of Death.
- 92% expressed to have learnt WHO - FIC satisfactorily.
- 96% agreed that WHO - FIC training is useful for professional career.
- 78% convinced with duration of training.
- 87% were satisfied about content of curriculum.
- 76% more comfortable with WHO – FIC Training Module (hard copy) instead of software programme to do WHO - FIC coding.

Impact Evaluation:

Assessment of Medical Records Departments of various Medical Institutions for coding on ICD-10/ICF is an important step to evaluate the impact of our trainings and mass orientation programmes on WHO - FIC Implementation.

Conclusion

With continuous efforts of R.H.S.T.C., Mohali, there is a gradual increase in awareness about WHO - FIC and capacity building of trained manpower in India.
The functioning Topic Advisory Group (fTAG) was formed by WHO in 2010 and is currently made up of 10 members including two Co-chairs and a Managing Editor. Two outgoing members have been replace by new members from the same WHO region.

fTAG has held a meeting during each of the WHO-FIC annual network meetings. At the 2012 Brasilia meeting 36 enthusiastic participants (25 were interactive “observers”), worked on refining case examples of ICD-ICF joint use, addressed functioning properties issues and discussed possible mirror-coding between ICD and ICF for intellectual development disorders.

In addition, monthly executive group and quarterly full fTAG teleconferences were held and fTAG was represented at regular Revision Steering Group (RSG) teleconferences throughout the year.

fTAG and functioning properties were described in Harmonizing WHO’s ICD and ICF: Importance and methods to link disease and functioning published in BMC Public Health August 2013.

Since the Brasilia meeting, online tutorials have been given to experts on how to populate functioning properties. The tutorials were part of efforts to recruit rehabilitation clinicians of various disciplines worldwide willing to populate the functioning properties for 103 rehabilitation-relevant health conditions. Recruitment efforts also included 1) following up with practitioners who were recommended as possible contributors by participants of the 2012 fTAG meeting in Brasilia, 2) contacting rehabilitation-oriented societies via email or at conferences. Recruitment and follow-up of task completion with those who have agreed to contribute have proven to be a challenge.

Since Brasilia, non-disease specific entities e.g war, violence, road traffic accidents etc. have been deleted from the list. Up to now, 34 disease entities have been populated.

fTAG has the task of identifying mirror coding - conceptual and terminological overlaps between disease entities in the ICD-11 beta version with the ICF, specifically for visual impairment including (binocular or monocular) blindness, specific learning disorders, conductive and sensorineural hearing loss, disorders of intellectual development and paraplegia. Since the Brasilia meeting, Information note 13, entitled “ICD-ICF Joint Use - Mirror Coding Approach and Operationalization”, has been approved by the ICD-11 Revision Steering Group.

The case examples discussed in Brasilia have been made into a document "A Case for the Joint Use of ICD and ICF". With increasing interest in functioning in reimbursement and disability evaluation (e.g. Taiwanese legislation mandating ICF-based assessment in eligibility determination, Medicare in the US), this document can be used by WHO to gather additional support for the ICD-11 by exemplifying complementary use of the ICD and ICF. The final document will be submitted to WHO by December 2013.

The working group has had several teleconferences to review the current Z-codes and prepare an initial proposal for discussion at the Beijing meeting.

See separate poster outlining the work of the Z-codes working group.

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