

Date & time: Session 1 31 October 2006 16.00-17.30
Session 2 1 November 2006 11.00-12.30
Location: La Marsa, Tunisia

Draft Minutes

There were two sessions and these are reported together.

1 Opening and welcome

Richard Madden welcomed members and observers to the meeting and encouraged engagement in the discussions.

2 International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY)

Rune Simeonsson reported on the resolutions of the final three issues that were brought to Tunis. He commented on the lessons learned in the process of developing the ICF-CY and expressed his thanks to the WHO and the Network for the opportunity to work on the project.

Nenad Kostanjsek expressed delight in the fact that ICF-CY is ready for acceptance into the WHO-FIC, after a lengthy gestation. The following points were made:

- the ICF-CY includes extensions from the parent ICF to cover the developing person.
- the ICF-CY aligns with ICF for clinical and statistical purposes.
- the proposed changes have been through an extensive process of review.

Matilde Leonardi gave a slide presentation showing the people involved at various stages in the development of the classification and thanked all those who had participated. She was particularly grateful to Don Lollar and the Centre for Disease Control in Atlanta for the financial support to the project.

Richard Madden congratulated the team, most of whom were present, and thanked them heartily for the many years of work to bring the ICF-CY into the Family. He asked the meeting to recommend to the Network that the ICF-CY be endorsed into the WHO-FIC. This was agreed.

Action

- 1 FDC endorsed the ICF-CY and recommended that it be included in the WHO-FIC**

3 Interventions Classification

Pierre Lewalle spoke to paper C403, outlining the current situation with the existing ICHI and the lessons learned from field testing the International Classification of Health Interventions (ICHI).

He mentioned limitations of the classification, such as the limited coverage of public and primary health care interventions that had been reported, and presented some discussion points that may indicate the path forward for the future management of interventions classifications at the international level.

Kerry Innes presented information on the development of a classification of mental health interventions for Australia (paper C410). The draft classification was presented for comment.

Discussion

- The need for the development of a separate mental health interventions classifications was challenged. It was considered that this keeps separate attention on mental health with the associated stigmatization.
- The current version of the MHIC selects subsets of functions particularly in the assessment classes. There needs to be transparency concerning the selections of these domains as they are incomplete in relation to ICF. It was suggested that the ICF can be used to structure the interventions.

Richard Madden presented a short set of slides introducing a proposed way forward on interventions classification. The risks of not having an international classification of interventions were outlined.

It was agreed that the current ICHI should be renamed as Condensed Classification of Health Interventions (CCHI) and remain available on the ACC website with a link from the WHO website for those countries who wish to use it. The ACC will continue to maintain it. The CCHI is proposed as a related classification in the WHO-FIC.

The first steps of a work program for interventions classification were proposed, including:

- 1 Task for 2007 – Define ICHI ‘space’.
 - Define scope
 - Develop backbone
 - Develop high level sub-division of backbone
- 2 Task for 2008 – Consider WHO sentinel list
 - HDP2 sentinel list will be available
 - Develop a WHO list using taxonomic as well as statistical criteria
 - Agree on definitions of sentinel interventions

- Place sentinel interventions in ICHI

It was agreed that this work could be carried forward by a Task Force under FDC or an Interventions Reference Group.

Actions

- 3 Rename the existing beta version as the Condensed Classification of Health Interventions (CCHI) and retain on the ACC website with a link from WHO**
- 4 Revise model of the family to indicate the CCHI as a related classification in the WHO-FIC paper and on the WHO website**
- 5 Form an interventions task force or Interventions Reference Group (IRG), including ICF expertise, and identify a leader to take forward the proposed 2007-08 tasks**
- 6 Commence first steps to develop a common backbone to include interventions provided in diverse settings.**

4 International Classification of Traditional Medicines (ICTM)

Following a separate presentation which took place on 30 October at 18.00 the FDC discussed the possible membership of the ICTM in the WHO-FIC. Rosemary Roberts introduced the partners in the project; Dr. Kenji Watanabe (Japan), Prof Shim Bumsang (Republic of Korea), Mr Zhu Haidong (China) and acknowledged Dr Choi (WPRO); she presented a brief overview of the work so far including the development of an International Standard Terminology for Traditional Medicine (IST). She suggested that the development of the ICTM was challenging the information paradox in a way that is different from the usual understanding of the term. TM is used as the usual method of treatment for a large proportion of the world population and yet there is little formal information about it.

The project team have brought the development of the ICTM to the attention of the FDC with a view to having it considered for membership as a classification derived from ICD-10. The next steps are to

- finalise the codes, terms and definitions in IST;
- map the diagnosis terms to equivalent terms in ICD-10 chapters 1-22;
- create a structure for the 'patterns' (symptom clusters) that are used in TM.

The work will be conducted in English, with language versions to follow. It is envisaged that the new work could be included in the ICD-10 Plus, the proposed first stage of the development of ICD-11, with the TM terms expressed as inclusion and exclusion terms. TM terms would be included in the index and point to the appropriate ICD-10 code.

Dr Watanabe presented an example of the way the TM concepts and equivalent ICD-10 term could co-exist in a classification.

Discussion generally welcomed the approach from the ICTM to WHO-FIC. There was some questioning of the inclusion of TM concepts in ICD, concluding that dialogue was essential. It was agreed that the project team continue to keep the FDC informed of progress in the work, with a view to considering the inclusion of the ICTM in the family at a later date. The Chair acknowledged that considering TM would be challenging to the current way of thinking. He thanked the project team for the presentation on 30 October; for bringing the work to FDC and congratulated them on the work so far.

Action

- 7 FDC welcomed the proposed classification being brought to WHO-FIC for information and advice early in its development, noted the proposal to map the International Standard Terminology (IST) for traditional medicine to ICD and asked ICTM team to keep the FDC informed of progress.**

5 Patient safety classification

Pierre Lewalle as the WHO representative on the working group developing information on patient safety events reported on the work so far. The group has developed a comprehensive conceptual framework identifying the essential elements of patient safety events. The framework is compatible with the WHO-FIC classifications with patient outcomes expressed in terms of ICD and ICF and event type in terms of ICECI. The framework is currently out for consultation with patient safety experts from around the world.

The FDC asked to be kept informed of the development of the Patient Safety Classification.

Action

- 8 Pierre was asked to monitor and report on progress in the development of the Patient Safety Classification at the next meeting of FDC**

6 Report from Joint WICC/WHO Working Group (Nordic Centre)

Martti Virtanen and Dr. Shinsuke Fujita reported on the WICC meeting held in Heidelberg. Both the ICPC and the ICD are undergoing revision and this provides a good opportunity to improve the harmonization between ICPC and the WHO-FIC classifications.

Marie Cuenot reported on the work to map the ICF and ICPC. This mapping showed the need for environmental factors in ICPC.

It was reported that the current ICHI is not of great value to ICPC, but ICPC may inform the development of a new ICHI.

Action

- 9 The committee welcomed the update, especially the work involving ICF. It was agreed to reassess the situation once the ICD revision is launched.**

7 The WHO Family—update of the concept paper

The first version of the WHO Family paper was finalised in 2003 and first put on the WHO website in 2004. With the passage of time the matrix model has outlived its usefulness. The revised paper has been simplified to express current thinking on classifications and terminologies and to make the family more welcoming and inclusive. However the principles have not changed. Comments were invited.

The chair of the PC commended the current version and indicated that she would send comments electronically. She suggested that the definition of the Family be amended by including health as well as the health system; this was agreed.

It was suggested that the ISO references be checked for currency. Lyn Hanmer agreed to provide the necessary references.

Action

- 10 Members of the FDC to provide comments to Catherine on who_fic@aihw.gov.au by 25 December 2006 with a view to finalising the documents for inclusion on the WHO website early in 2007.**

8 Related Classifications

Marijke de Kleijn reported on the status of the ICECI and ISO9999. Posters on recent activities have been reported in posters.

Include some detail from the posters

The Chair thanked Marijke for reporting on recent activities on ICECI and ISO999 and proposed that the FDC consider a meeting (possibly in 2008) of custodians of all WHO-FIC classifications to discuss common issues across the classifications, e.g. availability of language versions and, implementation status.

Action

- 11 It was agreed to continue to monitor the activities of the related classifications and consider holding a meeting of all custodians of WHO-FIC classifications in 2008**

10 Potential new members

International Classification of Health Accounts

To date there has been no progress in bringing the OECD International Classification of Health Accounts into the WHO-FIC. This will be progressed by the Chair, following the update of the WHO Family paper.

Health workforce

Pierre Lewalle reported that following a restructure the ILO has decided to proceed independently with the revision of the International Standard Classification of Occupations (ISCO). WHO is planning to develop a derived classification of ISCO for health personnel using the ISCO structure; the work is on hold at the moment. FDC agreed to continue to follow progress on the ISCO

Nursing

It was suggested that the International Classification of Nursing Practice (ICNP) is well developed and should be brought to the attention of the FDC.

Actions

- 12 Richard Madden to follow up with OECD following revision of the Family paper**
- 13 Pierre Lewalle to monitor the development of ISCO by the ILO and keep FDC informed**
- 14 Catherine Sykes to follow up with Marcelline Harris on the ICNP and report back to FDC.**