WHO-FIC NETWORK MEETING

Tokyo, Japan
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WHO-FIC –IFHRO Joint Committee: A Status Report 2004-2005

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Abstract:

The WHO-FIC-IFHRO Joint Committee (JC) is, this year, evaluating and approving existing training modules for ICD coders against the standard curricula developed by the WHO-FIC Education Committee. The JC will identify "gold standard" core training packages from multiple approved sources. The materials will be used by approved trainers or recognized educational institutions when conducting ICD-10 training. Standardization will increase user confidence in the data for decision-making, resource allocation, health planning and ultimately lead to improvement in the health of the world's population.

Work by teleconferences and one face to face meeting in 2005 has involved:

Distributing questionnaires on ICD-10 Training Materials to countries throughout the world.

Reviewing responses and developing a spreadsheet of what materials currently exist.

Assessing the materials against the standard core curricula.

Future work will include providing feedback to ICD educators and trainers regarding the adequacy of their materials and encouraging required modifications.

Work has begun on identifying a process whereby educators and trainers are assessed against specific criteria. Work has also just begun on developing a process to certify practicing coders, as well as newly trained coders, and issue certificates. The target date for issuing the first international certificates is 2007.

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Introduction

The purpose of the designated WHO-FIC-IFHRO Joint Committee is to carry out or oversee several major tasks under the Business Plan for the International Training and Certification Program for ICD Mortality and Morbidity Coders. The Joint Committee is in the process of evaluating and approving existing training modules for ICD coders against the standard curricula developed by the WHO-FIC Education Committee. The Joint Committee is identifying "gold standard" core training packages from multiple approved sources. Having "gold standard" core modular training packages will result in more standardized education and training and better trained coders. Education and training materials identified as meeting the "gold standard" will be used by approved trainers or nationally recognized educational institutions when conducting ICD-10 training. Standardization will increase user confidence in the data for decision-making, resource allocation, and health planning. This standardization can ultimately lead to improvement in the health of the world's population.

Background

The WHO Family of International Classifications (WHO-FIC) Collaborating Centers and the International Federation of Health Records Organizations (IFHRO) have been working together since 2000 to develop an international training and certification program to improve ICD-10 coding practice. The overall goals of this program are to improve the quality of mortality and morbidity data and the status of ICD coders.

In October 2004, the IFHRO General Assembly and the WHO-FIC Network endorsed the program, which includes

- The development of an international standard ICD-10 curricula for mortality (underlying cause of death) and morbidity coders,
- The identification of "gold standard" core modular training packages from multiple approved sources,
- The development of specific modules if suitable existing materials cannot be sourced,
- The creation of a methodology by which educators and trainers are approved as meeting an international standard, and
- The identification of a process whereby coders can indicate completion of the required approved modules and thus be eligible to receive an international certificate.

The core curricula for training ICD-10 coders has been endorsed by both the WHO-FIC Network and IFHRO (see Appendix 1).

Membership:

The membership of the Joint Committee includes 3 nominated members from

IFHRO and 3 members representing the WHO-FIC Education committee. Lead individuals have been appointed from the IFHRO and from the WHO-FIC Education Committee, and are the authors of this paper. They are Margaret Skurka representing IFHRO and Sue Walker representing the WHO-FIC Education Committee. The full Joint Committee membership can be found in Appendix 2.

Functions: 2004 and forward

1. To distribute questionnaires on ICD-10 Training Materials and to review responses.
2. To distribute request for submission of existing training materials for assessment against core curricula.
3. To assess submitted materials against the standard core curricula. The curricula are comprised of categories or knowledge clusters that represent broad domains of content.
4. To provide feedback to ICD educators and trainers regarding the adequacy of their materials and to encourage required modifications.
5. To determine a process whereby educators and trainers can be assessed against specific criteria.
6. To develop a process for certifying newly-trained coders, including promotion of availability and benefits of certification, methodology for submitting evidence of training, assessment methodology and issue of certificates.
7. To make proposals to the WHO-FIC Education Committee and IFHRO regarding assessment of practicing coders.
8. To report progress to WHO-FIC Network and IFHRO membership on an annual basis.

Structure and Working Methods

The Committee has integrated membership as described above. In addition to the six official members, the Chair of the WHO-FIC Education Committee serves as an ex-officio member. Other members of the WHO-FIC Education Committee and IFHRO serve on Committee working groups.

Working methods of the Joint Committee include e-mail, conference calls and face to face meetings, with at least one face to face meeting each year. For 2004-2005, there have been five teleconferences and one face to face meeting in Bethesda, MD. Terms of reference have been developed and are guiding the Committee's work (see Appendix 3).

An annual work plan is developed and presented to the first meeting of the Joint Committee in any given year. The annual work plan lists aims, activities, deliverables, timelines and responsibilities for addressing the items raised in the terms of reference.

Timeframe

1. Establishment of Joint WHO-FIC-IFHRO Committee (completed in Dec. 2004)

2. Initial Conference Call (completed Dec. 2004)
3. 2nd Conference Call (completed February 2005)
4. Solicit ICD-10 Training Materials (completed March 2005)
5. Initial review of existing training materials, using core curricula as benchmark, and identification of gaps (completed April 2005)
6. Review of existing training materials, using core curricula as benchmark, and identification of gaps (in process).
7. Face to face committee meeting (completed May 2005)
8. Define trainer qualifications (in process in 2005- 2006)
9. Define process for trainer approval (in process 2005-2006)
10. Consider process for assessment of practicing coders (in process 2005-2006)

Specific progress 2005

Work by teleconferences and one face to face meeting in 2005 has involved:

Distributing questionnaires on ICD-10 Training Materials to countries throughout the world.

- Results of the Call for Questionnaires were that materials were received from Australia, Brazil, Canada, Hong Kong, Italy, Japan, the UK and the Philippines. Materials from Korea were sent but not received.
- Results of the Call for Materials were that materials were received from Australia, Brazil, Canada, Germany, Japan and the US. Follow up is being done with Korea and Italy as of this writing. Materials from Sri Lanka are also expected (See Appendix 4).

Reviewing responses and developing a spreadsheet of what materials currently exist.

The first materials that were received were reviewed from a quantitative standpoint, not a qualitative standpoint. An assessment was made of the materials that existed from the various countries that responded to the call. This information was summarized in a spreadsheet and taken to the face to face meeting of the committee. From the initial pass through, it was felt that huge gaps did not exist, rather that the materials were in existence, but needed to be assimilated into packages that covered all aspects of the core curricula.

3. Assessing the materials against the standard core curricula.

The process is under way to do the qualitative review of the materials. Two working assessment instruments have been developed and are attached to this paper in Appendices 5 and 6.

4. Workgroups established

For the other significant work that needs to be done on this project, workgroups have been established and are in the early phases of operation. There is a workgroup established to develop the application process for trainer recognition. The workgroup will examine existing criteria used in some countries and develop criteria

appropriate for this project. A report is due on September 9.

Another workgroup is working on developing the process for recognition and certification of practicing coders. This work is in its early stages and a report is due on September 9. By the time of the paper presentation in Tokyo, more information will be available from both workgroups.

The Joint Committee is also developing a brochure to provide information on the project and the operation of the committee. Promotion of the work of the group is occurring worldwide with presentations already done in Geneva to the IFHRO organization, to the Canadian HIMA, AHIMA US educators, and the Pacific Islander communities through a workshop convened by the Secretariat of the South Pacific Community and the Korean Medical Record Association. Interest in the work of the committee is strong from the US educators and the Canadian and Korean membership as well. Other presentations are planned at the Chinese Medical Record Association in September 2005 and the Patient Classification Systems/ International Conference in October 2005.

Issues going forward:

Funding sources will now take focus. IFHRO has voiced strong support for the project, but also is an organization with no significant financial resources. Staff support is needed to track the certificate program, certify trainers, and do all follow-up.

Funding discussion will be a part of the meetings in Tokyo with the formation of an Infrastructure Workgroup to identify the specific resources needed to carry out the program and potential sources of funding.

Appendix 1

CORE CURRICULUM FOR UNDERLYING CAUSE OF DEATH CODERS

This core international curriculum describes entry-level requirements. Its purpose is to provide a basis for education for all countries.

Availability of resource materials and essential references needed for coding

- Full set of the ICD-10 (tabular list, instructions and index) (current edition as updated by WHO)
- Periodic official WHO updates to ICD-10
- Medical dictionary
- Training materials relevant to core curriculum
- Drug references
- Abbreviation list
- Contact person to ask questions

Knowledge Clusters:

Knowledge of basic medical science

Intent: To develop an understanding of medical terminology that will be encountered in cause of death statements, the structure and function of the human body and the nature of disease

- Medical terminology (A study of common medical terms related to major disease processes.)
- Basic anatomy (A study of the structure and function of the human body utilizing a system approach.)
- Basic physiology (A study of the disease processes affecting the human body.)
- Concept of etiology and risk factors
- Basic pathology (A study of the causes and nature and effects of diseases.)

Legal/Ethical issues relevant to the country in which coding is being done

Intent: To introduce legal and ethical issues applicable to health information, its collection and release.

- Privacy and confidentiality principles (see appended proposed principles)
  - Use of person-identifiable information
  - Adherence to relevant laws and regulations

  - Access to person-identifiable information
- Release of information
- Professional ethics

General uses of underlying cause of death data

Intent: To explain the purposes for which underlying cause-of-death data are collected and how they are used.

- Context in which coding is done
- Purposes for coding
- Statistical outputs
- Evidence for health policy
- Planning and evaluating health services and programs
- Medical and public health research
- Clinical education

Specific uses of underlying cause of death data

Intent: To introduce the specific uses of coded mortality data

- Health situation and trend analysis
  - Leading causes of death
  - Definition of policies and priorities
  - Planning health programs and services
  - Health indicators
  - Trend analyses
  - A critical element to identify:
    - Public health problems
    - Groups at risk
    - Needs of medical and sanitary research
- Epidemiological surveillance (all listed causes)
  - First or main source of information for certain diseases
  - At local level, investigation of cases, disease control measures
  - Specific population groups/problems (e.g., maternal and infant mortality, adolescents, elderly)
- Evaluation in health
  - Quality of care
  - Outcomes of specific programs
  - Different technologies

Users of mortality data

Intent: To explain the different groups and stakeholders who are users of mortality data.

- Epidemiologists
- Statisticians
- Program managers
- Actuaries
- Policy makers
- Researchers
- Demographers
- Educators and students
- International organizations (World Health Organization, United Nations)

Sources of Mortality Data

Intent: To explain the roles of the different persons responsible for reporting data on the deceased and the sources of that data.

- Providers of data (e.g., medical officers, coroners, medical examiners, funeral directors, and other informants)
- Source documents (e.g., death certificates, police reports, coroner reports, and other reports)

The International Classification of Diseases (ICD)

Intent: To develop an understanding of the ICD and to develop the knowledge and skills that is necessary to assign valid codes for causes of death.

- Nomenclature and Classification
- International context
  - WHO Family of International Classifications
    - Reference Classifications (ICD and International Classification of Functioning, Disability and Health [ICF])
    - Derived and related classifications
- Standardization and comparability
- History of the classification
- Structure of classification
- Updating mechanisms of classification

How to code

Intent: to provide detailed instruction and experience on how to apply the coding rules and assign codes.

- How to use different volumes of the ICD
- Concept of underlying cause of death
  - Definition
  - International format of medical certificate of cause of death
- Rules, instructions and conventions for coding underlying cause of death
- Appropriate exercises in selection and coding

Quality Assurance

Intent: To raise awareness about the various factors that influence the quality of coded data and describe techniques for assuring the highest quality data possible.

- Quality of source documents
- Querying processes (e.g., sequencing on certificate, what and how to query)
- Editing and validation
- Timeliness, completeness and accuracy
- Responsibility for data quality
- Processes for accessing expert advice

CORE CURRICULUM FOR MORBIDITY CODERS

This core international curriculum describes entry-level requirements. Its purpose is to provide a basis for education for all countries. **There may be additional country specific items such as education in the applicable procedure classification not listed here.**

Availability of resource materials and essential references needed for coding

- Full set of the ICD-10 (tabular list, instructions and index) (current edition as updated by WHO)
- Periodic official WHO updates to ICD-10
- Medical dictionary
- Training materials relevant to core curriculum
- Drug references
- Abbreviation list
- Contact person to ask questions

Knowledge Clusters:

Biomedical sciences

Intent: To develop an understanding of clinical knowledge through the study of the structure and function of the human body, pathophysiology, diagnostic and treatment modalities, and pharmacy therapy available for clinical management of patient care and to enhance professional communication in healthcare environments.

- Medical terminology (A study of common medical terms related to major disease processes, diagnostic procedures, laboratory tests, abbreviations, drugs, and treatment modalities.)
- Basic anatomy and physiology (A study of the structure and function of the human body utilizing a system approach. Emphasis placed on the gross and microscopic anatomy as well as the physiology of the cell, skeletal system, skin and muscular system, nervous system cardiovascular, respiratory, urinary, reproductive, endocrine, and digestive systems.)
- Pathophysiology/Disease process (A study of the disease processes affecting the human body via an integrated approach to specific disease entities, including the study of risk factors, etiology, manifestations, diagnosis and treatment of disease)
- Pharmacology (A study of the basic principles of drugs and their interactions)

Legal/Ethical issues relevant to the country in which coding is being done

Intent: To introduce legal and ethical issues applicable to health information, its collection and release.

- Privacy and confidentiality principles (see appended proposed principles)
  - Use of person-identifiable information
  - Adherence to relevant laws and regulations
  - Access to person-identifiable information
- Release of information
- Professional ethics

Healthcare Data Content and Structure

Intent: To introduce the generic components of the content, use and structure of healthcare data and data sets and how these components relate to primary and secondary record systems.

- Content of the health record
- Documentation requirements
- Healthcare record data sets
- Source documents

General uses of morbidity data

Intent: To explain the purposes for which morbidity data are collected and how they are used.

- Context in which morbidity coding is done
- Purposes for coding
- Statistical outputs
- Hospital disease indexing
- Evidence for health policy
- Planning and evaluating health services and programs
- Medical and public health research
- Disease registries
- Clinical education
- Reimbursement, e.g., case mix funding

Specific Uses of Morbidity Data

Intent: To introduce the specific uses of coded morbidity data and health information appropriate to healthcare settings.

- Quality and utilization of healthcare services
- Quality assurance
- Utilization of healthcare services
- Healthcare clinical decision-making and communication

- Monitor outcomes
- Measure performance
- Health situation and trend analysis
- Leading causes of disease and injury
- Notifiable diseases
- Definition of policies and priorities
- Planning health programs and services
- Public health
- Medical research
- Performance improvement activities
- Monitor service and resource utilization, analyse healthcare costs
- Health research and treatment development
- First or main source of information for certain diseases
- At local level, investigation of cases, disease control measures
- Specific population groups/problems (e.g., maternal and infant mortality, adolescents, elderly)
- Healthcare management and policy decision-making

Users of morbidity data

Intent: To explain the different groups and stakeholders who are users of morbidity data.

- Providers (e.g., clinicians, hospitals)
- Third parties (e.g., government, insurance)
- Epidemiologists
- Statisticians
- Program managers
- Actuaries
- Policy makers
- Researchers
- Educators and students

Healthcare Delivery Systems

Intent: To provide an awareness of the organization, financing and delivery of healthcare services

- Organization of healthcare delivery
- Healthcare organizations
- Accreditation standards if any
- Licensure/regulatory agencies if any
- Payment and reimbursement systems if any

International Classification of Diseases (ICD)

Intent: To develop an understanding of the ICD and to develop the knowledge and skills that is necessary to assign valid diagnostic codes.

- Nomenclature and Classification
- International context
    - WHO Family of International Classifications
        - Reference Classifications (ICD and International Classification of Functioning, Disability and Health [ICF])
            - Conceptual framework and structure of ICF
            - Complementary relationship between ICD and ICF
        - Derived and related classifications
- Standardization and comparability
- History of the classification
- Development of clinical modifications
- Structure of classification
- Updating mechanisms of classification

How to code

Intent: To provide detailed instruction and experience on how to apply the coding rules and assign codes.

- How to use different volumes of the ICD
- Coding rules, instructions and conventions of ICD
- Coding Guidelines/standards
- Sequencing Guidelines
- Definition of main diagnosis, secondary diagnoses etc. as per volume II of ICD-10. Local definitions relevant to the country in which training is occurring such as principal diagnosis, other diagnoses
- Appropriate exercises in coding and sequencing

Quality Assurance

Intent: To raise awareness about the various factors that influence the quality of coded data and describe techniques for assuring the highest quality data possible.

- Quality of source documents
- Querying processes (e.g., sequencing of diagnoses/procedures, what and how to query)
- Editing and validation
- Timeliness, completeness and accuracy
- Responsibility for data quality
- Processes for accessing expert advice

- Clinical coding audit

Proposed Confidentiality and Privacy Principles

The following recommendations are for organisations holding personal health data. Organisations and clinical coders should comply with the following principles:

- Justify the purpose – Every proposed use or transfer of person-identifiable information within or from an organisation should be clearly defined and scrutinised, if possible prior to the collection of the data, with continuous uses regularly reviewed.
- Do not use person-identifiable information unless it is absolutely necessary - Person-identifiable information items should not be used unless there is no alternative. Knowledge and consent by the individual should be obtained where necessary.
- Use the minimum necessary person-identifiable information – where it has been considered that person-identifiable information is essential, each data item should be justified separately, with the aim of reducing identifiability.
- Personal health information should be as accurate and up to date as necessary for the purposes for which it is collected.
- Access to person-identifiable information should be on a strictly need to know basis – Only those coders who need access to person-identifiable information should have access to it, and they should only have access to the items they need to see. Both the amount and type of information collected are limited to what is necessary to fulfil the purposes identified.
- Everyone with access to person-identifiable information should be aware of their responsibilities – All coders should be fully aware of their responsibilities and obligations to respect confidentiality. Personal health information should not be disclosed for purposes other than those for which it is collected unless permitted by the country's confidentiality and privacy policies as articulated in law or regulation.
- Understand and comply with the law (Data Protection) of the respective country – Every use of person-identifiable information and data must be lawful and fully upheld by the coder.
- Liaise closely with Data Protection Manager (if in post) – Especially with reference to sending confidential information over the Internet or via e-mail. Personal information should be protected with appropriate security safeguards.

Appendix 2

WHO-FIC – IFHRO Joint Committee Membership

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Appendix 3

FINAL TERMS OF REFERENCE

WHO-FIC –IFHRO Joint Committee

Purpose

The purpose of the designated WHO-FIC-IFHRO Joint Committee is to carry out or oversee several major tasks under the Business Plan for the International Training and Certification Program for ICD Mortality and Morbidity Coders. The Joint Committee will evaluate and approve existing training modules for ICD coders against the standard curricula developed by the WHO-FIC Education committee. The Joint Committee will identify "gold standard" core training packages from multiple approved sources. Having "gold standard" core modular training packages will result in more standardized education and training and better trained coders. Education and training materials identified as meeting the "gold standard" will be used by approved trainers or nationally recognized educational institutions when conducting ICD-10 training. Standardization will increase user confidence in the data for decision-making, resource allocation, and health planning. This standardization can ultimately lead to improvement in the health of the world's population.

Background

The WHO Family of International Classifications (WHO-FIC) Collaborating Centers and the International Federation of Health Records Organization (IFHRO) have been working together since 2000 to develop an international training and certification program. The overall goals of this program are to improve the quality of mortality and morbidity data and the status of ICD coders.

In October 2004, the IFHRO General Assembly and the WHO-FIC Network endorsed the program, which includes

- The development of an international standard ICD-10 curricula for mortality (underlying cause of death) and morbidity coders,
- The identification of "gold standard" core modular training packages from multiple approved sources,
- The development of specific modules if suitable existing materials cannot be sourced,

- The creation of a methodology by which educators and trainers are approved as meeting an international standard, and
- The identification of a process whereby coders can indicate completion of the required approved modules and thus be eligible to receive an international certificate.

The core curricula for training ICD-10 coders has been endorsed by both the WHO-FIC Network and IFHRO.

Membership:

The membership of the Joint Committee includes 3 nominated members from IFHRO and 3 members representing the WHO-FIC Education committee. Lead individuals have been appointed from the IFHRO and from the WHO-FIC Education committee.

Functions

1. To distribute questionnaires on ICD-10 Training Materials and to review responses.
2. To distribute request for submission of existing training materials for assessment against core curricula.
3. To assess submitted materials against the standard core curricula. The curricula are comprised of categories or knowledge clusters that represent broad domains of content.
4. To provide feedback to ICD educators and trainers regarding the adequacy of their materials and to encourage required modifications.
5. To determine a process whereby educators and trainers can be assessed against specific criteria.
6. To develop a process for certifying newly-trained coders, including promotion of availability and benefits of certification, methodology for submitting evidence of training, assessment methodology and issue of certificates.
7. To make proposals to the WHO-FIC Education Committee and IFHRO regarding assessment of practicing coders.
8. To report progress to WHO-FIC Network and IFHRO membership on an annual basis.

Structure and Working Methods

The Committee has integrated membership as described above. In addition to the 6 official members, the Chair of the WHO-FIC Education Committee serves as an ex-officio member. Other members of the WHO-FIC Education Committee and IFHRO may serve on Committee working groups.

Working methods of the Joint Committee include e-mail, conference calls and face to face

meetings, with at least one face to face meeting each year.

An annual work plan will be developed and presented to the first meeting of the Joint Committee in any given year. The annual work plan will list aims, activities, deliverables, timelines and responsibilities for addressing the items raised in the terms of reference.

Timeframe

11. Establishment of Joint WHO-FIC-IFHRO Committee (completed in Dec. 2004)
12. Initial Conference Call (completed Dec. 2004)
13. 2nd Conference Call (completed February 2005)
14. Solicit ICD-10 Training Materials (completed March 2005)
15. Review of existing training materials, using core curricula as benchmark, and identification of gaps (April 2005)
16. Face to face committee meeting (May 2005)
17. Define trainer qualifications (2005)
18. Define process for trainer approval (2005)
19. Consider process for assessment of practicing coders (2005-2006)

Appendix 4

Materials received as of 5/8/05

Country	Type of materials
US	ICD-10 Instructional materials, both print and CD ROM
Brazil	ICD-10 Instructional materials, Print Questionnaires, one for morbidity and one for mortality
Australia	ICD-10 Instructional materials, Print Six questionnaires - Curtin University of Technology - 5 from HIMAA, one on comprehensive medical terminology, Intro to Coding with ICD-10-AM, Intro to Coding Workbook, Intermediate ICD-10-AM coding, Advanced ICD-10-CM coding
Hong Kong	Questionnaire
Canada	Questionnaires from Statistics Canada, CIHI and Douglas College
Germany	Questionnaire Cause of death flyer
Denmark	Response that there was no special education for coders. Coding is performed within each department under the responsibility of the doctors.
Israel	Response but no materials
Italy	Questionnaire

Materials also are expected from Korea and Sri Lanka.

Countries who had responded to the previous questionnaire but did not as of 5/8/05.

1. China
2. Japan
3. Sweden
4. UK
5. Norway
6. France
7. Russia
8. Latin America and Caribbean
9. India
10. Philippines

Appendix 5

Name of Training Material:
Format:
Country:
Contact:
Name of Reviewer:

Assessment Instrument for Underlying Cause of Death	**Present**	**Exam**	**Comments**
1. Basic Medical Science			
1.1 Medical terminology			
1.2 Basic anatomy			
1.3 Basic physiology			
1.4 Concept of etiology and risk factors			
1.5 Basic pathology			
1.6 Reviewer Recommendations			
___Comprehensive			
___Acceptable			
___Acceptable with modifications (specify)_____			
___Not acceptable			
2. Legal/Ethical Issues			
2.1 Privacy and confidentiality principles			
2.2 Release of information			
2.3 Professional ethics			
2.4 Reviewer Recommendations			
___Comprehensive			
___Acceptable			

Assessment Instrument for Underlying Cause of Death	**Present**	**Exam**	**Comments**
___Acceptable with modifications (specify)_____			
___Not acceptable			
3. General uses of underlying cause of death data			
3.1 Context in which coding is done			
3.2 Purpose for coding			
3.3 Statistical outputs			
3.4 Evidence for health policy			
3.5 Planning and evaluating health services and programs			
3.6 Medical and public health research			
3.8 Clinical education			
3.9 Reviewer Recommendations			
___Comprehensive			
___Acceptable			
___Acceptable with modifications (specify)_____			
___Not acceptable			
4. Specific uses of underlying cause of death data			
4.1 Health situation and trend analysis			
4.2 Epidemiological surveillance			
4.3 Evaluation in health			
4.4 Reviewer Recommendations			
___Comprehensive			
___Acceptable			
___Acceptable with modifications (specify)_____			
___Not acceptable			

Assessment Instrument for Underlying Cause of Death	**Present**	**Exam**	**Comments**
5. Users of mortality data			
5.1 Epidemiologists			
5.2 Statisticians			
5.3 Program managers			
5.4 Actuaries			
5.5 Policy makers			
5.6 Researchers			
5.7 Demographers			
5.8 Educators and students			
5.9 International organizations			
5.10 Reviewer Recommendations			
___Comprehensive			
___Acceptable			
___Acceptable with modifications (specify)_____			
___Not acceptable			
6. Sources of Mortality Data			
6.1 Providers of data			
6.2 Source documents			
6.3 Reviewer Recommendations			
___Comprehensive			
___Acceptable			
___Acceptable with modifications (specify)_____			
___Not acceptable			
7. The International Classification of Diseases			
7.1 Nomenclature and Classification			
7.2 International context			

Assessment Instrument for Underlying Cause of Death	**Present**	**Exam**	**Comments**
7.3 Standardization and comparability			
7.4 History of classification			
7.5 Structure of classification			
7.6 Updating mechanisms of classification			
7.7 Reviewer Recommendations			
___Comprehensive			
___Acceptable			
___Acceptable with modifications (specify) _____			
___Not acceptable			
8. How to code			
8.1 How to use different volumes of the ICD			
8.2 Concept of underlying cause of death			
8.3 Rules, instructions and conventions for coding underlying cause of death			
8.4 Appropriate exercises in selection and coding			
8.5 Reviewer Recommendations			
___Comprehensive			
___Acceptable			
___Acceptable with modifications (specify) _____			
___Not acceptable			
9. Quality Assurance			
9.1 Quality of source documents			
9.2 Querying processes			
9.3 Editing and validation			
9.4 Timeliness, completeness and accuracy			
9.5 Responsibility for data quality			

Assessment Instrument for Underlying Cause of Death	**Present**	**Exam**	**Comments**
9.6 Processes for accessing expert advice			
9.7 Reviewer Recommendations			
___Comprehensive			
___Acceptable			
___Acceptable with modifications (specify) _____			
___Not acceptable			

Appendix 6

Name of Training Material:
Format:
Country:
Contact:
Name of Reviewer:

Morbidity Core Curriculum	**Present**	**Exam**	**Comments**
1. Biomedical Sciences			
1.1 Medical terminology			
1.2 Basic anatomy			
1.3 Basic physiology			
1.4 Pathophysiology/Disease process			
1.5 Pharmacology			
1.6 Reviewer Recommendations			
___Comprehensive			
___Acceptable			
___Acceptable with modifications (specify)_____			
___Not acceptable			
2. Legal/Ethical Issues			
2.1 Privacy and confidentiality principles			
2.2 Release of information			
2.3 Professional ethics			
2.4 Reviewer Recommendations			
___Comprehensive			

Morbidity Core Curriculum	**Present**	**Exam**	**Comments**
___Acceptable			
___Acceptable with modifications (specify)_____			
___Not acceptable			
3. Healthcare Data Content and Structure			
3.1 Content of the health record			
3.2 Documentation requirements			
3.3 Healthcare record data sets			
3.4 Source documents			
3.5 Reviewer Recommendations			
___Comprehensive			
___Acceptable			
___Acceptable with modifications (specify)_____			
___Not acceptable			
4. General uses of morbidity data			
4.1 Context in which coding is done			
4.2 Purposes for coding			
4.3 Statistical outputs			
4.4 Hospital disease indexing			
4.5 Evidence for health policy			
4.6 Planning and evaluating health services and programs			
4.7 Medical and public health research			
4.8 Disease registries			
4.9 Clinical education			
4.10 Reimbursement, e.g., case mix funding			
4.11 Reviewer Recommendations			
___Comprehensive			

Morbidity Core Curriculum	**Present**	**Exam**	**Comments**
___Acceptable			
___Acceptable with modifications (specify)_____			
___Not acceptable			
5. Specific uses of underlying cause of death data			
5.1 Quality and utilization of healthcare services			
5.2 Quality assurance			
5.3 Utilization of healthcare services			
5.4 Healthcare clinical decision-making and communication			
5.5 Monitor outcomes			
5.6 Measure performance			
5.7 Health situation and trend analysis			
5.8 Leading causes of disease and injury			
5.9 Notifiable diseases			
5.10 Definition of policies and priorities			
5.11 Planning health programs and services			
5.12 Public health			
5.13 Medical research			
5.14 Performance improvement activities			
5.15 Monitor service and resource utilization, analyze healthcare costs			
5.16 Health research and treatment development			
5.17 First or main source of information for certain diseases			
5.18 At local level, investigation of cases, disease control measures			
5.19 Specific population groups/problems			
5.20 Healthcare management and policy decision-making			
5.21 Reviewer Recommendations			
___Comprehensive			
___Acceptable			

Morbidity Core Curriculum	**Present**	**Exam**	**Comments**
___Acceptable with modifications (specify)_____			
___Not acceptable			
6. Users of mortality data			
6.1 Providers (e.g., clinicians, hospitals)			
6.2 Third parties (e.g., government, insurance)			
6.3 Epidemiologists			
6.4 Statisticians			
6.5 Program managers			
6.6 Actuaries			
6.7 Policy makers			
6.8 Researchers			
6.9 Educators and students			
6.10 Reviewer Recommendations			
___Comprehensive			
___Acceptable			
___Acceptable with modifications (specify)_____			
___Not acceptable			
7. Healthcare Delivery Systems			
7.1 Organization of healthcare delivery			
7.2 Healthcare organizations			
7.3 Accreditation standards if any			
7.4 Licensure/regulatory agencies if any			
7.5 Payment and reimbursement systems if any			
7.6 Reviewer Recommendations			
___Comprehensive			
___Acceptable			

Morbidity Core Curriculum	**Present**	**Exam**	**Comments**
___Acceptable with modifications (specify)_____			
___Not acceptable			