Pre-population of the Alpha draft is an indispensable and time-consuming step which must be completed in order to provide a foundation, a pre-Alpha draft, on which to work. In this process, ICTM will enter all compiled and raw edited resources into the portal while engaging input from all stakeholders, including relevant experts, government representatives, NGOs and Health Systems Specialists.

3. Alpha Draft

Building on pre-population, the population of the Alpha Draft will involve assembling the data and revising the terminology, as well as piloting the intermediate phase of the multilingual generation. As this is done, additional information and input will be sought through consultation with selected expert and user representatives. Throughout this process, the ICTM will incorporate comments and input received from all relevant sources.

Meeting 5: Alpha draft discussion

The primary formulation of the Alpha Draft will be completed through the TM portal with proposals from content experts submitted for review and potential inclusion. Each relevant proposal will be organized and then evaluated by a panel of expert reviewers. The Working Groups will also be responsible for the necessary editing at this time, prior to presentation to the ICTM Advisory Group. Once accepted by the ICTM Advisory Group, the Alpha Draft will undergo web-based pilot testing before moving into the next stage of the development process. Several rounds of testing and editing are necessary to ensure the highest possible quality product.

Meeting 6: ICTM Advisory Group meeting on Alpha draft
Milestone5: Alpha draft completed

4. Beta Draft

The results of the web-based pilot testing will help to identify strengths and issues which will be the focus of revision of the existing Apha Draft to create the Beta Draft. This may include the assembling of additional data with which to address identified issues, as necessary.

Although the content models and terminology will be rigorously designed during the development phase, the Beta Drafting process will provide an additional opportunity to make minor adjustments or revisions to the content models and / or the terminology, if weaknesses have been identified by this point, both through the web-based testing, input from the TM portal, and through broad consultation with experts and national governments

Meeting 7: Beta draft discussion with experts and national governments
Meeting 8: SG meeting on Beta Draft
Milestone6: Beta draft completed

5. Field Testing

The Beta Draft round of field testing will allow the gathering of additional input and comments. This will allow the continued improvement of the features and utility of the classification and terminology.

Part of this round of field testing will also require the development of a guide for end-users so that they understand how to correctly utilize and apply the ICTM terminology and classification in their work. An additional part will examine the feasibility and consistency of multi-national use including examination of the reliability in coding by different users and evaluating the ICTM utility in different health system settings.

Milestone7: Field Testing completed

6. *Final Drafts*

Following the completion of the Beta Draft process, ICTM will undergo a final web portal-based consultation to verify the quality of the ICTM. This consultation may lead to the ICTM being reviewed again to incorporate all data and comments gathered through consultations and meetings, any additional focus field testing, and gathered through the web portal, as necessary.

Meeting 9: Joint ICTM meeting to discuss Final Draft

The culmination of several years of work will be a document that has been drafted, reviewed, tested, and edited for quality, utility, reliability, and excellence. The ICTM will be presented to the World Health Assembly upon completion for approval, and proposed for inclusion in the 11th revision of the ICD. The cross-linking and integration of the international classifications will support and promote an efficient, seamless health information network. Further to the potential offered by simultaneous multi-lingual generation, it may be advisable to further translate the ICTM into additional languages.

Milestone8: Project Goals achieved - Publication of documents

CONTENT MODEL - ICD

1) **Title of Entity**
2) Hierarchy, Type and Use
   a) Parents
   b) Type
      i) Disease
      ii) Disorder / Syndrome
      iii) External Cause and / or Injury
      iv) Sign / Symptom
      v) Reason for Encounter
      vi) Unspecified
   c) Use
      i) Primary Care
      ii) Mortality
      iii) Morbidity
      iv) Research
      v) Specialty Adaptation
      vi) Clinical Modification
3) Textual Definition(s)
4) Terms
   a) Index Terms
      i) Synonyms
      ii) Inclusion Terms
   b) Exclusions Terms
5) Clinical Description
   a) Body System(s)
   b) Body Part(s)
6) Manifestation Properties
   a) Signs and Symptoms
   b) Findings
7) Causal Properties
   a) Etiological Type (etiology)
      i) Infection
         (1) Agent(s)
      ii) Injury
         (1) Mechanism(s)
   b) Risk Factors
   c) Genomic Characteristics
8) Temporal Properties
9) Severity Properties
10) Functional Properties
11) Specific Condition Properties
12) Treatment Properties
13) Diagnostic Criteria

# CONTENT MODEL DRAFT - ICTM

1) **Title of Entity**
2) Hierarchy, Type and Use
   a) Parents
   b) Type
      i) Disease
      ii) Disorder / Syndrome / Pattern
      iii) External Cause and / or Injury
      iv) Sign / Symptom
      v) Reason for Encounter
      vi) Unspecified
   c) Use
      i) Primary Care
      ii) Mortality
      iii) Morbidity
      iv) Research
      v) Specialty Adaptation
      vi) Clinical Modification
3) Textual Definition(s)
4) Terms
   a) Index Terms
      i) Synonyms
      ii) Inclusion Terms
   b) Exclusions Terms
5) Clinical Description
   a) Body System(s)
   b) Body Part(s)
   c) **Traditional Theory**
      i) Factor-Based Diagnosis
      ii) Three regions
      iii) The Six Stages of Disease Transformation
      iv) Patterns of Qi, Blood, and Fluids
      v) Zang Fu Organs
      vi) Aspect Patterns
      vii) Four Constitution Types
6) **Manifestation Properties**
   a) Signs and Symptoms
   b) Findings
7) Causal Properties
   a) Etiological Type (etiology)
      i) Infection
         (1) Agent(s)
      ii) Injury
         (1) Mechanism(s)
   b) Risk Factors
   c) Triple Etiology Doctrine
8) Temporal Properties
9) Severity Properties
10) Functional Properties
11) Specific Condition Properties
12) Treatment Properties
13) Diagnostic Criteria

CONTENT MODEL – ICTM

1) Title of Entity
2) Type
   a) Type
      i) Disease
      ii) Disorder / Syndrome / Pattern
      iii) External Cause and / or Injury
      iv) Sign / Symptom
      v) Reason for Encounter
      vi) Unspecified
3) Textual Definition(s)
4) Terms
   a) Index Terms
      i) Synonyms
      ii) Inclusion Terms
5) Clinical Description
   a) Body System(s)
   b) Body Part(s)
   c) Traditional Theory
      i) Factor-Based Diagnosis
         (1) Deficiency or Excess
            (a) Deficiency
            (b) Between deficiency and excess
            (c) Excess
         (2) Cold or Heat
            (a) Cold
            (b) Between heat and cold
            (c) Heat
            (d) Upper body heat and lower body cold
            (e) Irritable heat sensation in hand and foot
            (f) Severe coldness of extremities
            (g) Cold abdominal colic
         (3) Exterior or Interior
            (a) Exterior
            (b) Half and Half (exterior and interior)
            (c) Interior
         (4) Yin or Yang
            (a) Yin
            (b) Yang
      ii) Three regions (*choose all that apply*)
            (a) Upper region
            (b) Middle Region
            (c) Lower Regions
      iii) The Six Stages of Disease Transformation (*choose all that apply*)
            (a) Tai Yang Stage
            (b) Yang Ming Stage
            (c) Shao Yang Stage
            (d) Tai Yin Stage
            (e) Shao Yin Stage
            (f) Jue Yin Stage
            (g) Destroyed Stage
      iv) Patterns of Qi, Blood, and Fluids
         (1) Pattern of Qi (*choose all that apply*)
            (a) Qi Deficiency
            (b) Qi Stagnation
            (c) Qi Depression
            (d) Qi Counterflow
            (e) Qi Block (convulsion)
            (f) Qi Collapse
            (g) Qi Fall
         (2) Pattern of Blood (*choose all that apply*)
            (a) Blood Deficiency
            (b) Stagnant Blood
            (c) Blood Heat
            (d) Blood Cold
            (e) Blood Collapse
            (f) Blood Counterflow
         (3) Pattern of Fluid (*choose all that apply*)

CONTENT MODEL – ICTM

- (a) Water Retention
- (b) Humor Collapse
- (c) Damage to Fluid
- (d) Fluid-humour depletion

v) Zang Fu Organs
- (1) Heart / Small Intestine
  - (a) Heart
  - (b) Small intestine
- (2) Liver / Gall Bladder
  - (a) Liver
  - (b) Gall Bladder
- (3) Spleen / Stomach
  - (a) Spleen
  - (b) Stomach
- (4) Lung / Large Intestine
  - (a) Lung
  - (b) Large Intestine
- (5) Kidney / Urinary Bladder
  - (a) Kidney
  - (b) Urinary Bladder

vi) Aspect Patterns *(choose all that apply)*
- (1) Defense aspect pattern
- (2) Qi aspect pattern
- (3) Nutrient aspect pattern
- (4) Blood aspect pattern

vii) Four Constitution Types
- (1) Greater yang person
- (2) Lesser yang person
- (3) Greater yin person
- (4) Lesser yin person

6) Manifestation Properties
- a) Signs and Symptoms
- b) Findings

7) Causal Properties
- a) Etiological Type (etiology)
  - i) Infection
    - (1) Agent(s)
  - ii) Injury
    - (1) Mechanism(s)
  - iii) Triple Etiology Doctrine
    - (1) Exopathic Factors
      - (a) Wind
      - (b) Cold
      - (c) Summer heat
      - (d) Dampness
      - (e) Dryness
      - (f) Fire (heat)
    - (2) Endopathic Factors
      - (a) Joy
      - (b) Anger
      - (c) Melancholy
      - (d) Anxiety
      - (e) Grief
      - (f) Fear
      - (g) Terror
    - (3) Other Factors
      - (a) Diet
      - (b) Fatigue
      - (c) Trauma
      - (d) Beasts and Insects
      - (e) Drowning
      - (f) Phlegm
- b) Risk Factors

8) Temporal Properties
9) Functional Properties
10) Specific Condition Properties
11) Treatment Properties

ICTM Groups
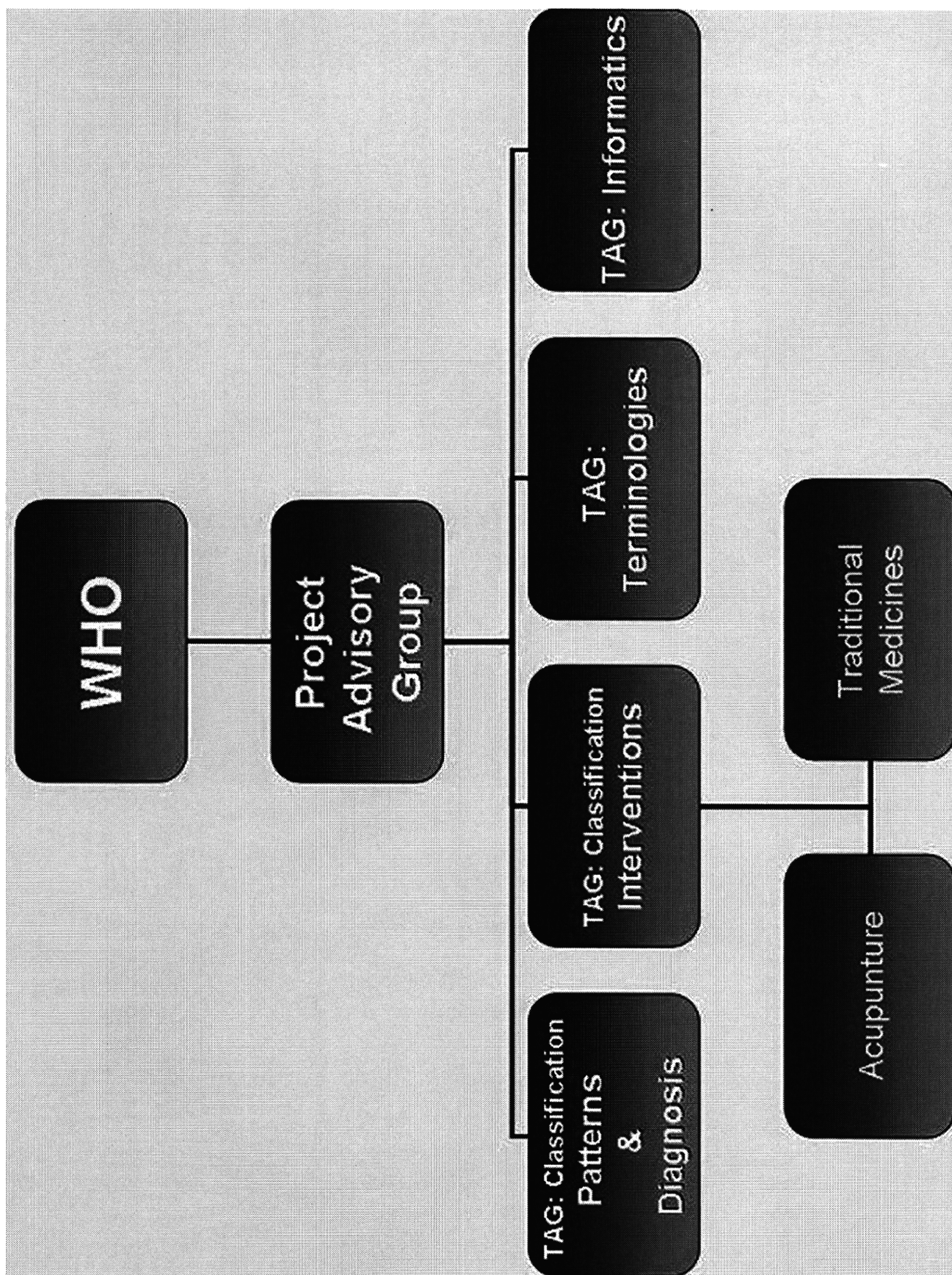
Content Model – ICTM Patterns and Diagnosis

10 December 2010 – v3.3

1. Title of Entity
   1.1. Fully Specified Name
2. Classification Properties
   2.1. Parent(s)
   2.2. Type
      2.2.1. Disease
      2.2.2. Disease (TM)
      2.2.3. Disorder / Syndrome
      2.2.4. Pattern (TM)
      2.2.5. Sign / Symptom
      2.2.6. Reason for Encounter
      2.2.7. External Causes (Chapter 20)
      2.2.8. Unspecified
   2.3. Use and Linearizations
      2.3.1. Morbidity
      2.3.2. Mortality
      2.3.3. Primary Care
      2.3.4. Etc.
      2.3.5. ICD-11 Chapter 23
      2.3.6. National Modification
         2.3.6.1.   Chinese Modification
         2.3.6.2.   Japanese Modification
         2.3.6.3.   Korean Modification
         2.3.6.4.   US Modification
         2.3.6.5.   Australian Modification
3. Textual Definition(s)
4. Terms
   4.1. Base Index Terms
      4.1.1. Synonyms
      4.1.2. Narrower Terms *("Children")*
   4.2. Exclusion Terms
5. Body System/Structure Description
   5.1. Body System(s)
   5.2. Body Part(s) [Anatomical Site(s)]
   5.3. Morphology Properties
   5.4. Body System(s) (TM)
      5.4.1. Zangfu System
      5.4.2. Meridian System
      5.4.3. Essence Component
         5.4.3.1.   Qi
         5.4.3.2.   Blood
         5.4.3.3.   Fluid / Humor
         5.4.3.4.   Jing
      5.4.4. Sanjiao Regions

Content Model – ICTM Patterns and Diagnosis

iSummary

of the *Informal Consultation* on the *ICTM Project Plan*
Summary and Action Items

A. Overall review of the Informal Consultation

Positive points:

1. General direction and objectives of the project shared by all informal consultation participants - good momentum achieved

2. The process of producing the ICTM was clarified, including:
   a. detailed discussion of the Project Plan
   b. review of ontology-based classification development

3. Informatics in TM, as a topic, was considered as an essential component of the project to generate ICTM related ontology, terminology and classifications in a standard way

4. The Content Model was explained, explored, examined and discussed

5. The Terms of Reference of the ICTM-Project Advisory Group, Topic Advisory Groups and Work groups were reviewed and discussed

6. Additional resources (technical and financial) for the project and pre-population were identified

Pending points:

1. Additional detail on the exact time commitments required of participants is necessary

2. Minimal deliverables at specific points (i.e. linkage to ICD-11 Beta draft as a specific chapter on TM codes) must be clearly identified

3. The Content Model for interventions needs to be developed and must be compatible with the other WHO Family of International Classification products, such as the International Classification of Health Interventions

4. There is some resistance to an "internationalization" based on national work, however, the current development plan allows for national modifications to be represented within the project

5. The scope of ICTM may indicate that collaboration is in order with ISO work on TC 215 and 249 and interorganizational relations need to be clarified

Action Points:

1. Finalize the Content Model for Diagnoses / Patterns

2. Develop and finalize a Content Model for Interventions

3. Create a "User Manual" for each Content Model

4. Create a straw-man draft of "Chapter 23" for May 2010

5. Develop and draft Use Case proposals for review at the meeting in May 2010

B. Review of the ICTM Project Plan

Positive points:

1. The ICTM project plan is well-defined in its background, specific aims, and deliverables

2. The international and health care benefits are clearly outlined

3. The details of the budgets and timelines for the overall project are comprehensive and easily understood

Pending points:

1. The time frame for the project is very demanding, but it accommodates for external demands, such as the timeline for ICD-11 revision

2. Not all Member States will intuitively see how the benefits of this project will apply to them

3. The budget is not yet fully funded: There is a funding gap of 33% above and beyond the pledged US$3.6 million from Japan, China and Korea. Additional resources will be required.

Other Considerations:

1. By paralleling the project to the other, existing WHO Family of International Classification (WHO-FIC) projects, we can increase our chances for inclusion in ICD-11

Action Points:

1. Expand awareness of the benefits of the project for the participating countries and other countries who may be able to partner for this work (especially addressing the contributions from Australia, USA and EU)

2. Create additional, visual timelines and calendars to more clearly represent the project from different perspectives

3. Each participant will liaise with their own governments and associations to fulfil or expand the existing commitments and to cover the funding gap

C. Review of the Content Model

Positive points:
1. The draft Content Model for Patterns and Diagnosis is a good start, but it should be further developed to be fully comprehensive in its representation of TM entities

2. It proved feasible to fill in the Content Model for various patterns in TM

3. It is possible to incorporate parameters from all the represented TM/CAM practices, leaving some unpopulated, as necessary, should they not apply

Pending points:

1. As the Content Model is still very new, not all participants are clear on how it can work to represent their knowledge

2. Some necessary parameters have been left out of this Content Model draft

3. Although the Content Model for patterns and diagnosis seems logical, there are concerns for how best to represent interventions

4. Treatment properties need to be reviewed and developed further
    a. How will this relate to other WHO-FIC classifications?
    b. If there will be a separate Content Model for interventions, how will the two link?

5. There are concerns about multilingual generation of content, however standard guidelines will be based on language independent concept representation in English as a working language to enable international participation

Other Considerations:

1. Although several countries have already designed their own system, which may be considered their model, we have yet to find an area where the national models are incompatible with the draft Content Model proposed here
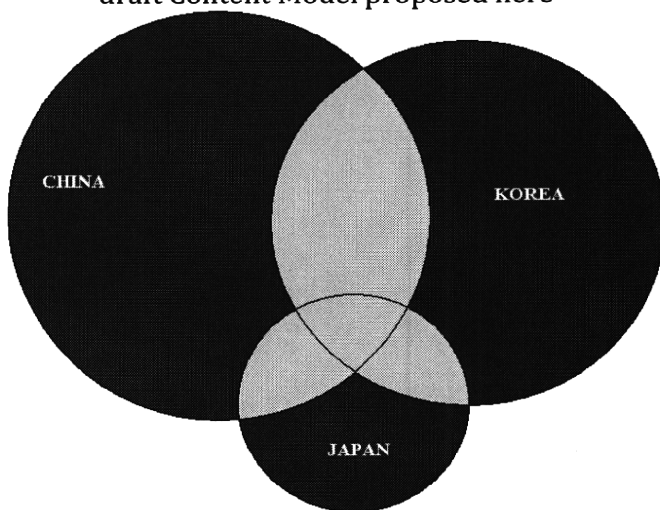
Figure 1. Previous work has focused on the area of overlap in TM knowledge between East Asian countries.
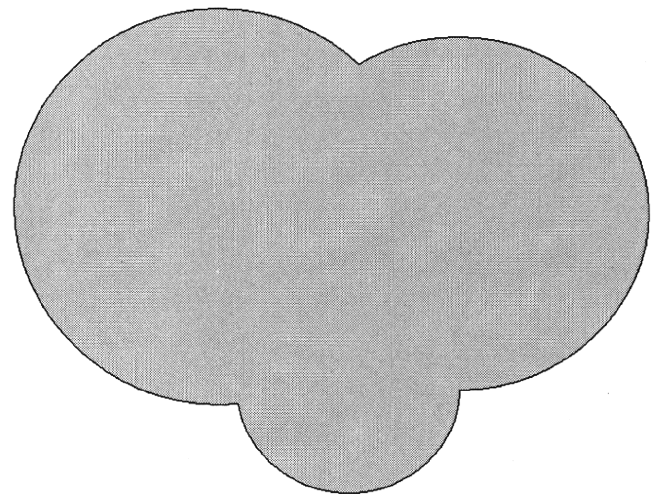
Figure 2. The ICTM project first module intends to cover the full spectrum of East Asian TM knowledge, allowing each national variation to be wholly represented within the larger, international product.

Action Points:

1. Refine the Content Model for Patterns and Diagnosis, identifying and including the missing parameters

2. Expand and further define the value sets, as necessary

3. Develop a Content Model for Interventions
    a. WHO International Classification compatible design
    b. Include both chemical and procedural interventions in a single model

4. Populate additional Content Model examples for TM/CAM patterns and diagnoses

5. Develop populated Content Model examples for TM/CAM interventions

D. Review of Terms of Reference

Positive points:

1. The working procedures and expectations for participants are clearly defined and reasonable

Pending points:

1. The necessary time-commitment from each participant is not clearly specified

Other Considerations:

1. The ability to parallel the terms of reference for the ICTM with those for ICD revision will make integration into the larger project easier in the future, should that be the outcome

Action Points:

1. Review the various terms of reference to identify improvements, corrections, changes, and suggestions

2. Finalize the terms of reference for all groups

3. Develop additional timelines and calendars from different perspectives so that participants can be aware of the temporal requirements and better allocate the necessary time to complete the project

E. Resources:

Positive points:
1. WHO has gathered some existing knowledge resources as a foundation to the ICTM project development

2. Additional resources are available at country level

3. The iCAT software platform can serve as a model for the informatics needs of ICTM

4. Some financial resources have already been committed, and additional sources have been identified

5. Online resources such as Google and various social media outlets are open access, widely used, and easy to navigate

Pending points:

1. The available resources are not comprehensive

2. Not all existing resources are available in electronic format

3. Some countries may be unwilling to share their resources with the project

4. Even if all of the identified funding resources do commit, there is still a funding gap, overall, for the project

Other Considerations:

1. KCDOM-3 can serve as a model for dual-coding efforts when we reach the stage of applying for integration into ICD-11

Action Points:

1. Gather remaining resources available in electronic format

2. Gather resources not available in electronic format and convert them manually

3. Negotiate, as possible, with various sources for access to existing resources and information sharing

4. Identify Grant sources, if possible:
   a. European Community
   b. Others?

5. Work as efficiently as possible, including:
   a. Limiting the number of meetings each year
   b. Limiting the number of participants at each meeting
   c. Utilizing other resources, such as GoToMeeting, Skype, and iCAT

6. Identify existing open access applications which may be utilized

7. Collaborate with other WHO-FIC products to share resources and eliminate overlap

F. Other Issues:

1. Identification of potential additional project participants
   a. Project Advisory Group (PAG)
   b. Topic Advisory Groups (TAGs)
      i. Classifications
         1. Patterns and Diagnosis
         2. Interventions
      ii. Terminologies
      iii. Informatics
   c. WorkGroups
      i. On specific identified areas of work within each topic

2. Intellectual Property issues
   a. National work
   b. Local practitioner knowledge

3. Publication rules
   a. Academic papers
   b. ICTM related derivatives:
      i. Country modifications
      ii. Potential specialty adaptations

iSummary
of the *First WHO Meeting* on the
International Classification of Traditional Medicine
25-29 May 2010, Hong Kong SAR
Draft Summary and Action Items

A. Overall review of the Meeting

Positive points:

1. General consensus on the importance, goals, and benefits of the ICTM project was achieved. The deliverables and the production process for the ICTM (i) Diagnostic and (ii) Intervention Classifications were clarified within the WHO Family of Classifications. ICTM Diseases and Patterns will have a stand-alone classification as well as a suggested new chapter to be included in the ICD-11. ICTM interventions will parallel the development of International Classification of Health Interventions with inclusion in the ICHI Content Model sought.

2. The Terms of Reference and the Membership of the ICTM-Project Advisory Group (PAG), Topic Advisory Groups (TAG), and Work groups (WGs) were reviewed. The ICTM PAG may also serve as a Topic Advisory Group for the ICD revision process.

3. The ICTM Content Models for (i) TM Patterns and Diagnosis, and (ii) TM Interventions were further examined in detail, and suggestions for improvements were made. Additional knowledge and technical resources for their population were investigated.

4. Shared learning aims of the first WHO meeting on the ICTM were largely met:

   a. Classification experts for patterns and diagnosis are prepared to present a draft Classification chapter within 12 months to be included in the ICD-11 Beta Draft and to create a union of existing national classifications.

   b. Classification experts for interventions reorganized and edited the relevant Content Model and prepared to cooperate and collaborate with the International Classification of Health Interventions (ICHI).

   c. Informatics experts learned more about the requirements and user preferences. A draft ICTM iCAT platform was demonstrated and further requirements were identified *(see more in Section C later)*

   d. WHO learned about the feasibility of, and the challenges to, the project. Special meetings were arranged with participating Member State Delegations and their participation in the project (both technical and financial) was discussed.

5. The ICTM Project Plan was reviewed in detail and additional information needs were identified:

   a. Time requirements from PAG and TAG Members, and areas of responsibility, including the boundaries of the scope and content of each working group.
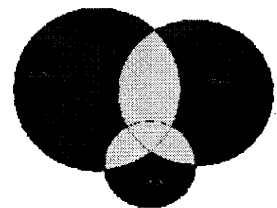
b. Key personnel and time requirements to carry out the population of the content model.

c. A "big-picture" calendar to identify the essential milestones (e.g. drafting of the ICD-11 Beta Draft Chapter 23; annual meetings).

d. Clear identification of the "value sets" for the content model parameters and their provision to the computer team in electronic format to build the digital iCAT-TM platform to enable joint work on the internet.

e. Educational materials for the collaborative partners to understand the details of the project and clearly instruct the effective use of the computerized tools.

f. Sufficient support to populate the Content Models

g. Sufficient support for the TAGs and underlying working groups

6. Collaboration with the International Organization for Standardization (in particular ISO Technical Committees 215 and 249) was seen positively, and future efforts to ensure cooperation were suggested.

Action Points:

1. Finalize the Content Model for Diagnoses / Patterns full value sets (by Jul. 31 2010)

2. Finalize the Content Model for Interventions, including initial value sets (by Dec. 31 2010)

3. Value sets need to be updated with input from:
   a. Existing national standards from China, Korea, Japan, Australia and the USA.
   b. Experts identified by WHO through the PAG and TAGs
   c. Available knowledge resources, preferably in digital format

4. Standard Operating Procedures for collaborative authoring of the content of the ICTM has to be clearly identified with workflows and rules with indications as to who will do what and when.

5. Create a "User Manual" for each Content Model together with educational materials.

6. An updated project plan to reflect the work of this meeting must be produced by 30 September by WHO/HQ.

7. Create a draft Traditional Medicine Diseases and Patterns chapter for the ICD-11 Beta Draft (e.g. a Chapter 23") by May 2011.

8. Organize a follow-up meeting with select TAGs and a joint meeting of the PAG by December 2010. The next annual meeting for the project should be in March or April 2011.

B. Review of the Content Model

Positive points:

1. The Content Models allow description of the categories for TM patterns and diagnosis or TM interventions with their operational characteristics (which are precise, non-ambiguous, logically consistent statements that qualify or quantify the attributes). In this way we can test the consistency between different users/authors and whether the human readable textual definitions could be computerized in a systematic, structured way.

2. The draft Content Model for Patterns and Diagnosis is largely comprehensive and feasible. Some improvements were suggested to more precisely represent various TM practices, including:
    a. moving the Zang Fu organ systems™ to Body Systems parameter
    b. renaming "Traditional Theory" parameter to more accurately represent the clinical use of the terms
    c. expanding the "Diagnostic Findings" parameter to include the principle methods of pattern differentiation, including history taking and examination of the face, tongue, pulse, and body scents
    d. Treatment properties must be developed in line with the Interventions TAG and should use the similar parameters and value sets.

3. It is essential to understand that not all classification categories will have all content model parameters populated. If a parameter does not apply to an entity, it can be left blank.

4. The Content Model for Interventions was reviewed and revised to include additional parameters in line with the International Classification of Healthcare Interventions. Some improvements were suggested, including:
    a. Representation of herbal medicines poses a difficulty in terms of granularity (e.g. composite preparations with different proportions; different national pharmacopeias). Higher level granularity has been agreed upon.
    b. The parameters and value sets for "acupuncture / moxibustion", "manual interventions", and "exercise" must also be identified

Action Points:

1. Expand the value set for Zang Fu Organ Systems™

2. Finalize the Content Model for Patterns and Diagnosis by 30 June 2010

3. Draft the User Manual for the Content Model for Patterns and Diagnosis by 31 July 2010

4. Work with the ICHI meeting in July 27-29 2010 to refine the Content Model for Interventions

5. Define the value sets for representation of different categories of herbal medicines

6. Create a first draft of the Content Model for Interventions by 31 August 2010

7. Draft a User Manual for the Content Model for Interventions by 30 October 2010

8. Populate additional Content Model examples for both Patterns & Diagnosis and Interventions, starting with the common categories in ICD and ICHI by 30 October 2010.

C. Review of the iCAT Platform

Positive points:

1. The development of the iCAT-TM allowed for real-time demonstration of the future of the ICTM web portal. The tool displays the content models with direct linkages to the value sets. It was found to be very intuitive and easy to use. It will enable world-wide authoring with open-source, web-based drafting.

2. The same platform will be used for other WHO-FIC classifications, most notably the ICD-11 revision. The use of similar approach with ICD and ICHI will enable joint use of resources and will enable integration of Traditional Medicine and other aspects of Health Care.

3. It will be necessary to allow for the multiple proposal generation stage within the next 3-6 months to allow us to move into the Beta Phase as planned.

4. The platform allows for use of multiple languages (including Chinese, Korean and Japanese) however, the multilingual generation process will be further defined as identified in section E below.

Action Points:

1. Provide the finalized Content Models to the iCAT team including the complete value sets.

2. Produce a User Manual for the Content Models

3. Request the creation of a "sandbox" Demo platform

4. Define the Multiple Language representation component

D. Review of Terms of Reference

Positive points:

1. The initial set of TORs for the (i) Classification of Patterns and Diagnosis, (ii) Interventions and (iv) Informatics TAG are reasonable and clear. The status of the (iii) Terminology TAG is controversial, as there is no single standard work example in this area. The whole set of TORs and the workplans are reviewed by the WHO and the PAG to improve the following points:
   a. The scope and depth of work in each group
   b. The responsibilities and workflows
   c. The necessary time-commitment from each participant

2. The PAG should also be acting as a TAG for the ICD revision process.

Action Points:

1. Refine the TORs for all groups, making clarifications or specific alterations to address each group, as deemed necessary

2. Finalize the terms of reference for all groups by 31 July 2010 in light of the comments received.

3. Develop additional documents and workflows to address any identified uncertainty.

E. Multilingual Representation

Positive points:

1. The proposed method of ICTM, which will compile individual categories from national classifications such as those in Chinese, Korean and Japanese, using the original characters for the concept and using English for language-independent representation was accepted by all parties.

2. The ICTM experts from the key involved Member States have expressed willingness to facilitate English representation for their national standards.

3. The content model and the computer platform will include workflow processes (i) to differentiate similar yet distinct concepts, and (ii) to select from multiple potential English concept representations proposed by the experts.

Action Points:

1. WHO to oversee the production of multilingual representation.

2. Identify partners to assist with production of multilingual representation from Key Member States and/or in key languages

G. Resources:

Positive points:

1. Existing knowledge resources have been acquired to use for the foundation of the ICTM classifications. Additional resources may still be available. Participating countries have agreed to contribute to the creation of an international public good whose intellectual property rights will benevolently be held by the World Health Organization.

2. The iCAT software platform can serve as a model for the informatics needs of ICTM. Participating countries have agreed to provide input material in structured digital format in electronic media both in the original language and English.

3. WHO has generated funding from Member States and other stakeholders to start up the project and for the central coordination. According to the ICTM project plan, the estimated cost of the project over 4 years costs 5,5 million dollars. Currently there is a gap of at least US$1,8 million dollars. Additional financial resources have been committed and these will have to be identified by September 2010 so as to enable rational planning by WHO and Project Advisory Group.

Action Points:

1. Gather remaining information resources available in electronic format.

2. Gather resources not available in electronic format and convert them manually, as appropriate.

3. Negotiate, as required, with various sources for access to existing resources and information sharing

4. Carry out a feasibility study to determine how much time each Content Model will take to populate. This will be useful to plan timeframes and identify resource needs for the workgroups.

5. Identify other Grant sources, if possible:
    a. European Community
    b. NIH
    c. Others as necessary.

6. Work as efficiently as possible, including:
    a. Limiting the number of live meetings each year
    b. Limiting the number of participants at each meeting
    c. Utilizing other resources, such as GoToMeeting, Skype, and iCAT

7. Identify existing open access applications which may be utilized

8. Collaborate with other WHO-FIC products to share resources and eliminate overlap

9. Combine all available resources in a collaborative plan
    a. Stanford Team
    b. WHO Team

iSummary of the *First WHO Meeting* on the *ICTM*