Medical and Scientific Advisory Committee (MSAC) TOR and Governance

A Medical and Scientific Advisory Committee (MSAC) was launched at the Revision Conference in 2016 and will be comprised of no more than 12 experts selected by WHO, some of whom may be drawn from the existing vertical TAGs. A primary role of the MSAC will be to advise WHO on scientific updates to ICD-11.
The advice by this committee will accelerate the decision process in relation to updates to ICD-11, make the advice less dependent of national experts, and allow inclusion of important scientific innovations in a timely fashion.

MSAC TOR

1. MSAC provides medical and scientific advice on changes or enhancements to the ICD-11, particularly in response to proposals received or requests from the CSAC and associated Reference Groups. These proposals may relate to the foundation aspect of ICD-11, or to the classification aspect. The group will be mediating conflicting advice that may result for example from different experts or groups of experts, and address questions of medical or scientific accuracy or currency.
2. MSAC may also recommend changes or enhancements to ICD based on scientific advances or other new information.
3. MSAC may draw on expertise from the scientific community.
4. MSAC may also engage in additional special projects at the request of WHO.

Governance

MSAC members are appointed by WHO and serve in an advisory capacity for a duration of 3 years.

- The MSAC has two cochairs.
- The MSAC is constituted of about 12 members.
- Two of these members are the co-chairs. The other members may be nominated by anyone, but will be appointed by WHO.
- All terms are for three years, with the right to extend for additional terms of 3 years. There is no limit to the number of terms an individual may serve.
- The MSAC may draw on a pool of subject matter experts, but they provide their advice in their individual capacity.
- The experts will be identified so that there is coverage of the different expertise. Identification will be done in many instances in collaboration with relevant WHO departments and IARC. Principles of geographical coverage, different resources settings and gender balance are applied.

Overall Workflow and part of MSAC

- Proposals are filtered prior to their submission to MSAC.
- The MSAC will review the proposals and the MSAC member with the background closest to the relevant subject area will take the lead on the matter.
- Outside expertise could be sought from publications, or contributing experts. The latter may be organised in international groups by specialty, as necessary and desired by the relevant NGO or centres.
- The other MSAC members will use their experience of different regions, settings and medical subject areas, to address possible questions on areas of overlap and to ensure that the advice provided by the MSAC takes into account the differences in settings and regions.
- The MSAC cochairs supervise the work and track the progress.
- All MSAC members provide advice in their personal capacity, independently of their affiliation.
- There may be bidirectional communications between the committee requesting advice and the MSAC.
- The summary of the individual advice will be posted together with the proposal, and address a range of aspects. The relevant aspects are listed in Annex 1.

Working method

The MSAC will work in teleconferences with online file sharing. During the annual WHOFIC Network meeting the committee has the opportunity for a face-to-face meeting.

ANNEX 1

I. **Definition of the diagnostic entity as a medical disease or disorder.**

Any new entity should include a definition that addresses the points below:

I.2) Identifying its critical properties.

I.3) Comparison with the full spectrum of disorders/diseases in this chapter/field in terms of their classification

I.4) Key criteria and level of evidence.

II. **Clustering of signs, symptoms, and operational characteristics.**
A proposal should describe the features that are necessary and sufficient to define the disease/disorder, based on the common disease model of ICD.

III. **Link to underlying pathophysiology and genetic markers.**
The proposal should identify the intra-individual markers that are associated with the disease/disorder, considering their biological plausibility, their measurement properties (e.g., specificity, predictive power), and their role in treatment response.

IV. **Clinical utility of the classification entity.**
A proposal and its review should specify the usefulness of the classification entity in diagnosis, predicting treatment response, course, and outcome.

V. **Reliability of the use of the classification entity.**
Any proposal and review should consider the stability of the classification entity over time and its consistency of detection across assessors and measurement instruments.

VI. **Validity of the classification entity.**
A proposal and its review should consider the associations of theoretically relevant variables with measures of the disorder and the support they provide for the validity of the diagnostic construct.

VII. **Separation of disease and disability elements.**
It is desirable that a proposal identifies the features that signal the presence of the disease/disorder, defining the disease/disorder without reference to the distress, impairment, or other consequences that it produces. They may include suggestions to link to WHO ICF and operationalize specifically the criteria on disability and distress related rubrics.

VIII. **Cultural elements that need to be attended.**

Proposals and reviews need to consider variability in the presentation of the disease/disorder across cultures and identify ways to achieve cross-cultural comparability and utility of diagnostic criteria rather than listing separate culture-bound syndromes or formulations.

IX. Threshold considerations.

Proposals and reviews may eventually

IX.2) identify the number and nature of diagnostic criteria that should be required to qualify for the classification entity and

IX.3) consider the nature of the boundary separating the disease/disorder from normality, including evidence for the categorical/continuous distinction, as well as

IX.4) consider the classification entity boundaries with other classes, including challenges of differential diagnosis.

X. Other nosological issues relevant to this entity

Proposals and reviews should Identify whether there any other aspects of the classification entity that is related and in need of evaluation, including potentially controversial aspects of the disorder that will need to be addressed.