
Book Review

IFMRO TO IFHRO TO IFHIMA: AN HISTORICAL OVERVIEW 1949–2019

Reviewed by Craig Ryan*

IFMRO to IFHRO to IFHIMA: An Historical Overview 1949–2019 (2nd ed), by Professor Phyllis J Watson AM, Health Information Management Association of Australia Ltd, 2019; ISBN 9780987510204.

INTRODUCTION

If doctors and nurses are in the front line of our war against COVID-19, then the maintainers of medical records must be akin to intelligence troops – undertaking the clinical classification and compilation of vital health information, including those all too familiar statistics, which helps governments and health authorities plan the allocation of health resources to fight the pandemic.

Yet despite performing such an essential function, the medical record profession and the role it performs is probably not front of mind for most people when they think about what goes into the provision of high-quality health care.

In her history of the International Federation¹ of medical record professionals, Professor Phyllis Watson sheds light on the profoundly important part played by medical records, and the people who maintain them, in our health systems. It is an invaluable contribution to redressing any lack of awareness.

FROM PAPYRUS TO COMPUTERS

Medical recordings have occurred for thousands of years, at least since “when a scribe copied an old surgical treatise, written in primordial form” known as the Edwin Smith Surgical Papyrus (p 11). Progress towards establishing an international organisation of medical record professionals is more recent. In the late 1940s, a British medical record administrator, Elsie Royle, became the first driving force behind the idea of international co-operation and communication on medical record practices, after a trip to Canada and the United States, where she visited the respective national associations of medical record librarians.

For Royle, international co-operation was envisioned as facilitating the enhancement of medical record practices – “the next step in the development of medical and scientific research” (p 10). This higher purpose of constant improvement of medical record practices in the ultimate service of improving health care delivery, has continued as a primary motivation underlying the development of international co-operation and organisation in medical records.

It is reflected in the range of activities engaged in by the International Federation over the years, even before its 1968 establishment, and the subject areas covered in those activities. Often in conjunction with the four-yearly (changed to three-yearly in 2010) international medical record congresses, but also between congresses, activities included: papers and presentations (including at national conferences); workshops; symposia; education days; task forces; special congress sessions (eg scientific); exhibitions; and educational tours.

The International Federation, including in its embryonic form, has been at the forefront of consideration, education, and training around the most important developments in health care delivery: from the first international congress on medical records in 1952, when papers were presented on disease classification for diagnostic indexing, cancer registration and follow-up, public health records, and mental health records, (to name some), through the fifth international congress in 1968, which included a session on *Computers and Medical Records* with five “forward-looking” papers presented on the use of computers

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¹ For convenience referred to as the International Federation in this review as it has undergone a number of name changes over the years reflecting changing perceptions and developing roles of medical record workers, including their professional recognition: International Federation of Medical Record Organizations (IFMRO); International Federation of Health Record Organizations (IFHRO); and International Federation of Health Information Management Associations (IFHIMA).

in health care, to the most recent years, when the International Federation published *Advancing Health Information Governance: A Global Imperative* (2018) and *Privacy of Health Information, an IFHIMA Global Perspective* (2019).

Achievement of the International Federation's underlying purpose of contributing to the development of health care delivery on a global scale, was necessarily intertwined with developing, and maintaining the viability of, national medical record associations, and achieving professional recognition for medical record managers/administrators.

Professor Watson mentions that at the ninth international congress in 1984 there was discussion that a number of national associations who were active members of the International Federation were facing threats to their survival. Contributing factors included limited membership and lack of government support. To help address these issues, the International Federation made considerable efforts over the years "to support professional associations struggling for professional recognition" (p 89).

Particular attention was paid to assisting medical record workers in the developing world. Efforts included providing sponsorship for medical record officers from developing countries to be Associate Members of the International Federation, and the establishment of a Support Group for New Organisations in Developing Countries, under whose auspices key individuals from larger national associations became mentors to medical record personnel in many developing countries.

As ever though, provision of educational and training assistance was a key factor in professional development. One example of this was the International Federation's collaboration with the World Health Organization in the provision of a Workshop for Teachers of Health Records in the Western Pacific Region in 1984, which included participants from Vietnam, Indonesia, and the Philippines. Among the subjects covered, were exercises in writing educational objectives and course syllabus writing.

This work has continued well into this century, with the International Federation's creation in the 2010s of a working group to foster health information management training in developing countries.²

WHO: A STRATEGIC PARTNERSHIP

The International Federation's collaboration with the World Health Organization (WHO), going back to at least 1969, raised the Federation's work to a whole new level.

The two organisations entered into formal relations in 1979 when the International Federation was accepted as a non-government organisation (NGO). As well as bringing advantages to the International Federation in terms of enhancing its capacity, it "also implied increased responsibilities" (p 57). The International Federation clearly accepted these enthusiastically – as the "rather ambitious" (p 59) plan for action between it and WHO for the years 1980–1984 demonstrated. The plan included a research project, workshops, preparation of a manual for teachers of medical record personnel, development of a simple record system for primary health care, and many more activities.

Workshops and other educational events engaged in by the International Federation and WHO, were on topics such as primary health care records and educational issues for health record teachers – again demonstrating the twin, connected goals of developing medical record practices and the profession. One notable International Federation/WHO project was the preparation of basic guidelines for setting up health record services in hospitals, culminating in publication of the booklet *Guidelines for Medical Record Practice*.

Perhaps most indicative of the significance of the work performed by medical record personnel (these days, health information managers) is the long-term collaboration between the International Federation and WHO in "improving the production of accurate and complete morbidity and mortality statistics worldwide" (p 68). This has particular resonance in these COVID times.

² In 2007, the International Federation introduced a major change to a "regional way of working" enabling Regional Directors to engage in "positive promotion of [the International Federation] in their individual regions" (p 163).

From 2004, the International Federation and WHO collaborated on the development of an international training and certification program for morbidity and mortality coders. Improving the quality of mortality and morbidity data and improving the status of coders went hand-in-hand.

The importance of such work may be gauged from remarks made by a WHO representative to senior officers of the International Federation prior to the 2010 international congress in relation to mortality statistics, as reported by Professor Watson:

approximately 40 million babies born each year globally are not registered, and approximately 40 million deaths globally are also not registered. Eighty-five countries around the world do not have appropriate vital statistic collection mechanisms in place, and there are no reliable data on causes of death for 66% of the world's population. (p 171)

A DIFFICULT ROAD

In her history of the International Federation, Professor Watson is frank in her discussion of the difficulties encountered in the evolution of international co-operation among medical record personnel. These included insufficient financial resources, poor communications, and reliance on individuals working on a voluntary basis towards the creation of, and eventually for, the International Federation while still having to hold down their paid employment.

Progress towards the establishment of the International Federation was halting, and it obviously had a sobering effect on the “ ‘old guard’ ”, who since the first international congress in 1952 had worked towards establishing a formal international organisation which only came to fruition in 1968.

At each Congress hopes were raised only to be dashed when a decision could not be made. Such an organization seemed to be an enormous undertaking by a small group of people given the limited number of national associations and no obvious means of raising revenue. (p 27)

But “they were not defeated” (p 27) adds the author, who, with her own very close involvement with the International Federation over many years,³ brings her personal insights to the story.

She knew and worked with many of the people involved and so is able to convey their concerns and hopes in a way that formal written records cannot so easily do. As a participant at the 1968 congress which established the International Federation, she is uniquely well placed to convey with immediacy the mood of the congress when that decision was finally made: “an excited ‘buzz’ ran through the hall ... Many celebrations followed.” (p 32)

Financial concerns, communication difficulties, and a limited workforce remained problems for the International Federation for many years after its formation.

It is particularly interesting to see the measures that were taken to deal with the financial problems. For example, the introduction of a surcharge added to congress registration fees “ ‘to be dedicated to the International Federation account ...’ ” (p 44), and the setting up of a bank account for the International Federation in 1987 which helped stabilise its financial situation.

In the days prior to the internet, communications by letter were often unreliable leading to frustration: “some members ... might be waiting for a response to a letter, which had never been received by the person to whom it was sent” (p 68). Things gradually improved, however. For example, there had been a hard copy International Health Records Newsletter in existence since 1973, which was widely distributed and served as a communication tool with the membership. Then, in 2001, the International Federation's home page on the internet was set up and it became the main communication channel for Executive Committee members with the entire membership.

The discussion of these practical obstacles and how the International Federation grappled with them and the solutions it came up with to address them, over many years, adds verisimilitude to this history, which makes it an even more heroic tale.

³ Including as the President of IFHRO from 1988 to 1992.

APPENDICES

This history contains multiple helpful appendices, setting out the congress resolutions back to the first congress in 1952, outlining the International Federation's strategic initiatives and strategic plan, and much else besides. Also provided is a list of member nation associations of the International Federation and when they joined it, and a collection of comments provided by past Presidents of the International Federation.

CONCLUSION

Professor Watson has provided a comprehensive, immensely detailed history of the International Federation of medical record professionals/health information managers. It is truly a foundational work, which will be a first point of reference for future scholars investigating the medical/health record profession.

From a workplace perspective, it is testamentary of the innate value of workers engaged in a common occupation, organising for their benefit, particularly at an international level, and thereby serving society's betterment.

As Professor Watson said:

the original underlying philosophy of the Federation, [is] the maintenance of a well-documented, accurate and accessible medical/health record, available immediately for patient care and an important source of data of national and global interest ... (p 8)