

WICC Meeting Minutes Dunedin, New Zealand

Sunday September 16, 2007

The meeting:

The Chair announced the opening of the 31st meeting of WICC and welcomed old and new WICC members. Tim welcomed us to Dunedin. He reported that there was sponsorship from Accident Compensation Organization, Royal New Zealand College of General Practice, Southlink Health

.1 Attendance:

Bentzen, Niels & Inge (Norway) - NB
Bernstein, Bob (Canada), supported by CFPC – College of Family Physicians of Canada - BB
Britt, Helena (Australia) - HB
Booth, Nick (UK) - NBo
Boven, Kees van (The Netherlands) – KB
Fujita, Shin (Japan) - SF
Gardner, Tim & Shiree (New Zealand) - TG
Gervas, Juan & Mercedes (Spain), supported by SEMRGEN – Spanish Ass. of Rural General Practitioners - JG
Grimsmo, Anders (Norway) – AG
Gusso, Gustava (Brazil), supported by the Brazil government - GG
Juncosa, Sebastià and Montse (Spain), supported by semFYC – Spanish Society of Family Medicine - JS
Klinkman, Mike (USA) – MK
Kvist, Mårten & Riitta (Finland), supported by The Association of Finnish Local and Regional Authorities (Kuntaliitto) - MKv
Letrilliart, Laurent (France) – LL
Marshall, Ian & Jane (Australia) - IM
Mennerat, Francois (France) - FM
Michener, Lloyd (USA) - LM
Miller, Graeme (Australia) - GM
Mohan, Krishna (India) - KMo
Osornio, Alejandro Lopez (Argentine) – AO
Simkus, Ray (Canada) - RS
Verbeke, Marc (Belgium), supported by the Belgium Government and Ghent University - MVe
Virtanen, Martti (Finland) – Mvi

Gojimir Zorz (Slovenia) – GZ

New Members

Marianne Rosendal Denmark

Julie O'Halloran Australia

Gustav Kamenski Austria

Nuno Sousa Portugal
Rubina Shah Pakistan

The Chair had removed from the WICC membership list since he had heard nothing of them for the last year. Daniel, Elana and Takashi

.2 Observers and assistants:

Kuehleln, Thomas (Germany) - TKo

.3 Apologies

were received from: Rubina Ali (Pakistan), Jan de Maeseneer (Belgium), Kounalakis, Dimitris (Greece) – KB
Kumara Mendis (Shri Lanka), Soler, Jean Karl & Joyce (Malta) – JK
De Jonghe, Michel (Belgium)– Belgian bilingual classified (ICPC-2/ICD-10) thesaurus – MJ

Resigned

Henk Lamberts (NL)
Maurice Wood (USA)
Kristian Ulfves (Finland)
Philip Sive (Israel)
Köerner, Thorsten (Germany) –TK
Szecsenyi, Joachim (Germany) - JS

.4 Lists of members was circulated for updating.

Minutes from Heidelberg 2006 meeting were approved.

Chair's Report

Niels Bentzen delivered his report of activities over the past year.

Review of Membership:

Henk Lamberts was given a life fellowship by Wonca
Maurice Wood noted as the the longest-serving member of WICC

Ian Marshall has moved to Australia

The agenda for this meeting was approved.

The group noted that the structural revisions that had been decided on in Heidelberg seem to have worked over the past year.

The SNOMED and the Terminology Working groups have merged into one group.

Niels Bentzen, the Chair, had tendered his resignation prior to the meeting, but the Nominating Committee had not received any nominations. Juan Gervas, the chair of the nominating committee will solicit the group for nominations during this meeting.

WICC Working Groups.

Niels commented on the budget that WICC had received from Wonca and felt that it was important that the current Working Groups should be more accountable and more productive. WICC receives more money from Wonca than other Wonca Working Parties/Working Groups and it is important that Wonca sees some value in the work that WICC does. The budget for WICC was \$30,000 for 2007.

A number of possible goals were mentioned in relation to further work on ICPC. These were to continue with updating ICPC-2, to develop ICPC-3 in collaboration with WHO for ICD-11 or develop ICPC-3 on our own.

It was also important to provide feedback to Wonca about licensing issues for ICPC. Niels and Mike will talk to Chris the president of Wonca to clarify the licensing issues.

The ICF group had been very active before have there is no activity lately because of limited feedback from WHO.

It is not clear what the Process WG is doing.

Business Plan for WICC and Wonca related to classification

Report from Mike Klinkman was presented and discussed. During the discussion it was pointed out that the yearly budget of IHTSDO (SNOMED) is about \$10 million, for the WHO classification unit (ICD) about \$2 million, compared to a Wonca/WICC classification budget of about \$21,000.

Two years ago WHO decided to change their revenue model for classification to a sales and maintenance model. In other words, the product (ICD) would be essentially free and there would be income generated from providing support, maintenance, and update services. This would replace the current revenue model based on one-time sale of a book or the right to use a classification.

During the discussion it was mentioned that while there is representation of WICC members on various WHO-FIC committees there is little mention of ICPC in reference to the 'family of classifications'.

There was some discussion about how to visually represent ICPC in relation with other vocabulary systems. It was said that ICPC was "fit for purpose", while ICD was used for purposes that it was not designed for and could benefit by some of the concepts contained in ICPC such as risk factors, symptoms. It was mentioned that SNOMED as a

terminology is purpose independent. As a purpose is imposed the need for a classification is necessary.

Over the years there has been much debate over the value of various coding systems. Recently there have been harmonization efforts between CEN, ISO and HL7 to make their individual systems compatible. A meeting to this purpose was held in Brisbane in August 2007.

The final comment was that we should focus on ICPC-3 rather than on working to maintain ICPC-2. Wonca should continue to support these efforts because of its central role in global primary care. The role of ICPC within WHO-FIC should be endorsed and promoted with Wonca.

Presentation from Susan Dovey on patient safety classification.

Susan Dovey, representing the Working Group on Methods and Measures for Patient Safety of WHO. This group is chaired by Dr. Ross Baker and Bill Runcimon. She has been using ICPC for 20 years and wished that there was a better classification available for patient safety issues. Her presentation was titled “Patient Safety Issues: latest developments”.

Monday 16 September: AM session.

Elections

Juan Gervas, of Nominating Committee, described the nominations procedure. The Committee must elect a chair and one member of the executive and nominating committees at this meeting. Helena Britt has completed her term on executive, Bob Bernstein has finished his term on nominating. Only full members can vote, and all full members must vote.

Reminder that all new members will become full members after 2 years service on the committee.

Working Group Reports.

1. Terminology and SNOMED Working Groups.

IHTSDO (International Health Terminology Standards Development Organization)

Nick Booth presented a review of activities related to SNOMED, now administered by the IHTSDO. Several points of emphasis were made.

- WICC structure and SNOMED groups have worked together
- Brief review of SNOMED, now run by IHTSDO (a charitable or not-for-profit legal entity) and not CAP.
- The reasons behind creating the IHTSDO are: (1) to have stable funding; (2) support clinical at point of service care internationally; (3) enable secondary uses of data; and (4) ensure clinical, organizational and technical integrity.
- Three year plan to create the next 3 year plan.
- Nine countries - UK, US, Canada, Sweden, Netherlands, Denmark, NZ, Australia, and Lithuania
- Committees: Content, Technical, R & D, and Quality.
- Working groups within each Committee do the actual work
- Previous working groups were ad hoc, now the idea is that the working groups are going to be more tightly controlled
- Each country will set up its own terminology association - regional distribution centres - RDC's
- Licensing - any country participating has access free, other countries will have to pay. Alejandro's hospital pays \$8000 per year because they do some development work.
- Need NEW countries to join to generate funds
- Organization has to transform away from small powerful groups to a more decentralized structure; and to move to open source tools.

Graeme Miller reported on an IHTSDO meeting in Brisbane, Australia, where harmonization between classification/terminologies were discussed. Graeme served as a formal representative of WONCA-WICC and gave a formal presentation outlining the Wonca-WICC position on classification and ICPC, including:

- Importance of primary care, Kerr White's diagram.
- Importance of the episode model and continuity of care
- RFE's vs diagnostic labels.
- Integration and complementarity of terminologies and classifications
- Background of Wonca-WICC
- Background of ICPC - weighted to more common terms.
- Relationship to WHO-FIC
- Previous collaboration on Primary Care Working Group of SNOMED
- Need \$\$ support to overcome commercial bias.

IHTSDO is preparing a written offer to WONCA to negotiate collaborative agreement.

Outcomes of WHO/IHTSDO meetings

The WHO classification unit has met with IHTSDO leadership, and has agreed upon the following next steps to coordinate their work.

- Agreement to concentrate on SNOMED ICD-10 statistical map
- Extended versions (CM, AM, CA DM etc.) should be done by individual countries.
- Developing a formal collaborative agreement between WHO and IHTSDO.

Outcomes of IHTSDO Primary Care Working Group (PCWG) meeting

- Agreement to proceed with work in spite of uncertainties
- Collection of SNOMED terms for a primary care subset (Subset collection)
- Subset mapping to ICPC, eventually a full map
- Development of implementation guidelines.

Proposed next steps in relationship between Wonca/WICC and IHTSDO.

- ID of resources
- WONCA IHT-SDO agreement - Graeme is concerned about Wonca's policies regarding licensing, WICC needs to take more responsibility
- Need for national as well as international work.

General Committee discussion on IHTSDO and terminology issues

Main points in the discussion.

- ICPC helps with uncertainty - problems without diagnosis- new products need to do this.
- Does a change in structure of the SNOMED organization suggests a change in focus and a more primary care friendly (not US insurance industry definition). Most Terminology WG members believe this is true.
- New focus on implementation - too much work in the past has been in theory by enthusiasts, not enough on practicality and quality.

- Importance of considering needs of both developed and developing countries, and usability of terminology/classifications in developing countries.
- Long discussion on interoperability, and whether “translating” SNOMED into a language other than English requires reconstructing of SNOMED hierarchical structure, which would mean that there is no interoperability with multilinguality. Members with experience in other-language versions disagreed as to whether this is in fact true, but there was agreement that this is a major obstacle to overcome. No one has yet developed a common ontology for all languages. Translations so far have failed. Semantic and syntactic interoperability are different, and present another layer of complexity in understanding whether translations are “correct”. These issues were difficult for ICPC-2, and will be much harder for SNOMED.
- We need to make sure that the goal of coding everything in SNOMED does not result in poor signal and high noise levels, i.e. coding error, or overtax the capability of GPS to record valid data while they are providing direct care to patients.

Alejandro Lopez Orsonio addressed the issue of “why subsets?” through a presentation of mapping work done at his hospital. Key points from this presentation:

- SNOMED not designed to be used as a list of terms. Hemangioma is both a diagnosis and a finding
- Subsets are a collection of concepts for a specific use (for example, problem lists)
- One way to approach this is to use an epidemiological approach like ICPC. Primary care at Hospital Italiano now uses a site-specific interface vocabulary site of SNOMED-CT concepts. 5200 concepts were used, only 3700 >1 and 1700 >10 times. Many concepts were extensions like laterality (“right” or “left”). In the record, you cannot add a parent concept to the problem list without discontinuing the more specific term.
- Eventually, a created subset is refined, corrected, and becomes a local or regional Reference Set (RefSet)
- Maintenance of all this is difficult.
- Opportunities for WICC. There are no primary care subsets yet. It is not clear if there is there a revenue model to support the cost of creating one.

Alejandro also presented one feasible approach to ICPC-SNOMED mapping:

- SNOMED--> ICPC direction
- Including only SNOMED concepts related to ICPC
- Revised 2 times per year
- Distributed in standard SNOMED format
- May need additional clinical rules, so components 1 & 7 would be done first.
- Pick an ICPC rubric and find all SNOMED related concepts, because many ICPC terms cross SNOMED hierarchical boundaries.
- Created subsets from SNOMED subset editor (a proprietary tool)

- Can do it, but it is impossible to know which SNOMED terms may be missing. For example: R01 worked. R29 is OK - processed by inclusion, R99 is all minus everything taken out as specific coded above. There remains overlap between 29 and 99 so this is not perfect yet.
- Use interface terminology to access ICPC coding and the relationship ontology of SNOMED.
- Creating rules to begin the mapping exercise for chapter R took 15 hours
- Fear of.. and limited function.\disab are not in SNOMED and will have to be added.
- Symptoms have to be called symptoms - patient orientation implied.
- Inter coder reliability of the process has to be tested.
- The method is feasible but it is hard to identify or understand wrong mappings, and especially hard to find omissions

Ray Simkus presented current experience with SNOMED in Canada. Key points included:

- Canada has adopted SNOMED with HL-7 messages in the iEHR project.
- Concerns - Not a lot of current implementations of SNOMED-CT, anxiety regarding post coordination terms, and the sheer volume of legacy data

Martti Virtanen described some current WHO-FIC- SNOMED issues.

- Moving target. WHO is concerned that SNOMED will incorporate ICD so that WHO can't modify ICD over time
- ICD wants to solve the “dagger and asterisk” problem in ICD-11, but SNOMED has solved it already - pneumonia is BOTH a lung disease and infection in the terminology structure

Question for WICC members:

Should WICC recommend that Wonca..

- 1. form a relationship with IHTSDO alone**
- 2. form a relationship with WHO alone**
- 3. form a relationship with both WHO and IHTSDO, or**
- 4. work alone, without formal relationship with IHTSDO or WHO.**

General Committee discussion on IHTSDO and terminology issues

- Main points in the discussion. Initially costs should be IHTSDO now, then later for harmonization with both WHO and IHD SDO
- We cannot develop ICPC-3 in isolation from IHT-SDO activities.
- We need to be careful not to divert our resources, and anyone working on SNOMED needs to be part of the work of ICPC-3
- Structure and SNOMED WG's should merge. Several members in support of this change, and to call the group the “terminology WG”.

Consensus of Committee:

Terminology WG continues - produce a 3 pager of benefits to both WICC/WONCA, IHT-SDO and patient population health, and to make a statement to WONCA exec.

Structure group is distinct.

Support ICPC SNOMED mapping in principle, with ownership of intellectual property rights of the map to be negotiated, and funding of the work to produce the map not determined.

Tuesday, 18 September - morning session.

Chair: Anders

Special presentation by Professor Murray Tilyard: Decision support in general practice.

Professor Tilyard presented National Formulary of New Zealand-sponsored software called "Best Practice": the software includes an on-line risk assessment and management module based on data exported from GP's EPR, corrected and completed online by the GP and re-imported in the EPR. It contains graphics and figures (anatomical, for ex.), educational videos (examination procedures, exercises, for ex.), gives suggestions regarding risk management, lifestyle recommendation, drugs, etc. and can link to other electronic decision support tools. Several points were emphasized:

- No systematic evaluation but it's obvious it saves time
- Time and cost to put information into the system? -it is a non profit organization and depends on cooperation of users
- Automatic Read coding in background
- Information to support home visits possible with lap tops and mobile internet connection
- Ethical issues - the record is compliant with all ethical committee and country laws
- There are up to 3500 users at the same time; the system is integrated and designed for GPs

Working Group Reports- continued.

2. Process

- Helena: there were no arrangements for work in the group or presentation. Jean Karl, the head of the group, was unable to attend the meeting.
- Jean Karl suggested and Marc collected data using process codes and present it in the afternoon;
- Group should meet more
- New members should be allocated in this group

3. Outcome/ Errors:

- Lloyd presented taxonomy for errors/ quality concerns in primary care
- Research - Types of concerns reported in primary care setting (could be more than one): communication, investigations/ studies, diagnosis, medications, other treatment or follow up, records, administration, no error => investigations/ studies were the most common concerns
- Number of concerns reported are increasing year by year although the number of patients remained the same

4. Structure:

- The group met some times by webconference
- Francois presented two diagrams (Julie and Alejandro`s)
- Francois synthesized these two approaches in one diagram

- Mike pondered that episodes are not mandatory and the diagram should take it in consideration
- Graeme pondered that this is in working progress

5. Risk factors

- Gojo invited to discuss the concepts of risk factors and prevention.
- Gojo presented the codes that can be used as risk factors; they are scattered through ICPC
- Each country deals differently with Risk factors
- Anders: it needs more systematic work to better definitions
- Sebastian presented the definition of risk factors from Wonca's dictionary of GP; but it is difficult to differentiate what is only risk factor or health problem as well
- A complete list of Risk Factors not included in ICPC-2 (not following the 1/1000 year rule)
- Options for ICPC-3:
 - maintain ICPC 2 structure, with "risk factors" as another component;
 - link risk factors to health problems
 - mark health problems linked to some risk factor
 - Risk factors at a whole-patient level, in a new chapter to describe non episode and not health issue linked data but patient linked data (read text from ICF group)
- Discussion about definition of "risk factor" and the structure to be adopted to deal better with risk factors in ICPC 2

Committee consensus:

Working Groups remaining active for next year:

- **Process**
- **ICPC Update**
- **ICF**
- **Terminology (+ SNOMED)**
- **Structure**
- **Risk factors**

Tuesday, 18 September - afternoon session.

Chairman: Tim Gardner

The following presentations (each 10 minutes, plus discussion) were held:

1. *Karen Thomas (RNZGP): Current GP info initiatives in New Zealand.*
2. *Laurent Letrilliart, C Simon (France): Connecting to French speaking guidelines: the refCisp website (<http://www.refcisp.info/>).*

- 3 ***Marianne Rosendal (University of Århus, Denmark): Medically Unexplained Symptoms – concept and classification.***
- 4 ***Marc Verbeke (Belgium): The use of ICPC process codes by GP.***
- 5 ***Juan Gervas (Spain): The power of medicine. The power to define health and disease. The case of the definition of heart failure.***
- 6 ***Julie O'Halloran (Family Medicine Research Centre, Sydney): Mapping ICPC-2 PLUS terms to SNOMED CT: a method to measure the validity of SNOMED CT for primary care data entry.***
- 7 ***Thomas Kühlein, Gunther Laux, Andreas Gutscher, Joachim Szecsenyi (UniversitätsKlinikum Heidelberg, Germany): Continuous Morbidity Registration Epidemiological Network. Lessons learned, problems faced and challenges.***
- 8 ***Marc Jamouille (Belgium): Attempt to classify main descriptors of GP/FM job. Proposal for a new classification. Core content Classification of GP/FM 3C GP/FM [Videoconferencepresentation].***

Wednesday 19th of September, morning:

Chair: Juan Gervas

269 Candidates for posts: Chair, Executive, Nominating committee (JG):

While election rules for this round have not followed the formal process that nominations/election of posts be completed 3 months prior to Wonca Meeting (under this rule, the process should have been completed by March 2007), there was general recognition that when unable to follow formal process a sensible decision may be made by members at the meeting if a quorum present at the meeting.

Chair:

Single candidate for Chairman: Mike Klinkman

Lloyd: Moved (Seconded : Graeme): That Mike be elected chair with acclamation.

Passed with acclamation, unanimous, nil abstentions.

Bob: recognition of Niels' service as previous Chair.

Mike: Nominates Anders (who accepts) as Co-Chair

Passed with acclamation.

Executive positions:

Current members (years left)-

Anders Grimsmo (2)

Francois Mennerat (1)

Helena Britt (0)

Helena available for re-election. Anders moves up to Co-Chair, so 2 positions up for vote.

There were 4 nominations for Executive Committee: Kees van Boven, Marc Verbeke, Helena Britt, Nick Booth

Nominating Committee:

Current members (years left)

Juan Gervas (2)

Laurent Letrilliart (1)

Bob Bernstein (0)

Bob is available for re-election. One position up for vote:.

There were 2 nominations for Nominating Committee: Bob Bernstein, Graeme Miller

Elections for Executive and Nominating Committee positions to be held this afternoon.

276 Review of Policy Document.

Chair: Helena Britt

Updated Policy document was delivered to WICC Nov 2006. This session addressed any

comments, questions, or suggested changes by Committee members, whether written and submitted or raised at this session by members in attendance.

1. Jean-Karl (only written respondent) comments on apparent conflict:

Objectives: no mention of ICPC

Membership: includes mention of ICPC knowledge

Discussed – decision: to rewrite as follows:

7.2 Becoming a member of WICC

- Applicants **should** demonstrate they are:
Knowledgeable about and interested in classifications in primary care that **MAY** include...

2. JK: concerned clause on final decision regarding acceptance of new members gives chair too much power:

Discussed - decision: no change.

3. JK: concern re breadth of responsibility of Chair

Discussed – decision: does not preclude delegation. No change

4. JK: concern re Working Groups time frames:

Discussed – decision: no change.

5. JK: concern re Annual Meeting consensus voting:

Discussed – decision: no change.

6. HB: Need statement to be included in Policy that allows for a procedure (“Spanish clause”) whereby if necessary nominations may be called for at the Annual Meeting when nominations are not received by deadlines, as was the case in this year.

Discussed:

LM: Should be able to change rules as needed to get our work done rather than spend all the time dealing with/ being bogged down by process.

Decision – no change.

7. HB: Need statement in policy document: re if no attendance/contribution over 2 years then notified no longer a member or associate member.

Discussed - decision: the Nominations Committee will take responsibility for this issue – include attempts to contact person – then report to chair to action.

277 WICC’s mission and priorities - Directions/ Priorities for the Executive:

The purpose of this session was for Committee members to discuss and reach consensus on WICC mission and priorities to guide the actions of Chair and Executive over the next 12 months. During this discussion, Committee members were reminded again to complete specific task assignments between annual meetings to facilitate the work of the Committee. Consensus was reached on the following priorities:

- Development of WHO-FIC relationships

- Resolution of ICPC-2 licensing issue
- Formalizing the relationship with IHTSDO
- Further development of the relationship with KITH
- Development of an ethics policy
- Closer association with the President and President-Elect of Wonca
- It was also agreed that short reports from the Executive committee to the members at least 4 times a year would be useful

In relation to the ethics policy, the decision was made that each member will provide a declaration of Conflicts of Interest to Juan. He will make and circulate an example (model) to guide members. The aim was to have the same declaration submitted prior to start of each meeting – with option of verbal report at the annual meeting.

273 Working Group reports: work completed during sessions at this meeting and plans for next year of work

Structure Group: Alejandro Lopez Orsonio

Displayed UML diagram in order to explain different concepts that should be included in ICPC 3.

Tasks for next year:

Produce 2 White Papers by end of year:

1. Review of ICPC-2 'as is'
2. Understanding of current international work on structure

Final paper by Mar 08

Make formal recommendations on the structure for ICPC-3 by May 08.

The final version of ICPC-3 structure to be produced by Sept 08 for review at Brasov meeting.

Terminology Group: Nick Booth

Tasks for next year - 2 streams of work:

1. Political-Strategic with WHO/WONCA
2. Developing formal relationship with IHTSDO, focused on creating use case(s) for mapping SNOMED to ICPC and completing mapping

Actions: To describe the work by Nov07 Meeting, and to organise the mapping effort

ICPC-2-Update: Kees van Boven

Tasks for the next year:

- Aim for any update to inform V3
- Julie will be in charge of looking at NOS “ragbags”
- Symptoms (Component 1), Diseases (Component 7) – aim at more clarity

- Project of collecting existing ICPC-2 data and analysing use of rubrics – will suggest items to delete or that need to be added.
- July 08 deadline completion for inclusion for next meeting.
- Format for submitting proposals: to WICC forum – Erik (who will notify us)- then to update group. Comments/questions can also be submitted via the WICC forum.
- Next year the group will come back with proposal as how to deal with requests for change etc..
- Need automatic subject heading for e-mails within WICC forum.

Risk factors: Sebastian Juncosa

Work here is still being defined. Options for the next year include:

- List risk factors known- need to be REAL Risk Factors with strong evidence base
- Build up an n x n table that relates Risk Factor with Health Problem to see overlaps and look at feasibility of this approach.
- Examine studies looking at frequency of Risk Factors
- Compare with ICPC-2 – to make proposals for changes. It will be necessary to work in parallel with other groups, such as the structure group in order to see how the relationship between rubrics can be solved and the process group in order to see how prevention can be managed.
- patient characteristics and how are they included in the future ICPC must be considered.

Process Group: Helena Britt

Marc V has developed Belgium process code work, which has approximately 100 codes – with 10 high level headings (to add to 2-pager). This could serve as one model. Other options to consider for a new process component for ICPC:

- Consider use of a new Chapter “I” – would free up space in each existing chapter for use
- As a chapter attached “to the side” of ICPC – able to be linked to ICPC but not part of its basic structure
- Look at Australian/Belgian data and linkages to see how they have implemented, and whether this approach can be used for all
- Look at resulting usage frequency, especially in primary care.

Other considerations:

- Contact with other countries
- Concept of 2 pager really important for simplicity
- Relationship to the ICPC-Process book published in 1980s (now out of print)

Bibliography Group: Tim Gardner

- Over last year a few references provided by individual WICC members
- Learning curve for RefMan11 software, problems with some of the search engines (indexing/ differences in results for same references depending which search engine used)
- Current version of Bibliography `complete' /cleansed as at end of May 2007.
- Awaiting solution re hosting RefMan on suitable server.
- Plan to submit flat file bibliography in interim.
- Laurent: inclusion of appropriate websites ?? - to be debated further.

Wednesday 19th of September, 4 pm session:

Chair: Juan Gervas

WICC Election Results

Chair: Juan Gervas

Elected to Executive Committee:

Helena Britt to 3 year term, Nick Booth to 2 year term

Elected to Nominations Committee:

Bob Bernstein to 3 year term.