

**Wonca International Classification Committee
2008 Annual Meeting
Brasov, Romania
8-12 September, 2008**

MINUTES of the MEETING.

INTRODUCTION: GOALS FOR WICC BRASOV MEETING.

1. SETTLE "BOUNDARIES" FOR ICPC-3
 - what is to remain in basic classification?
 - what is to be linked to ICPC, and how?
2. WORK PLAN FOR REVISION TO ICPC-3
3. WORK PLAN FOR RISK FACTOR CLASSIFICATION
4. REVIEW, APPROVE, AND FORWARD IHTSDO MOU
5. ESTABLISH PLAN (WORKING GROUP) FOR ICPC TRAINING

Monday, 8 September: PM session

Chair: Mike Klinkman

The Chair announced the opening of the 32nd meeting of WICC and welcomed old and new WICC members. Marius Marginaean, local host, welcomed the group to Brasov.

Attendance:

Bernstein, Bob (Canada) - BB
Britt, Helena (Australia) - HB
Booth, Nick (UK) - NBo
Boven, Kees van (The Netherlands) – KB
Cho, Daniel (Hong Kong) – DC
deJonghe, Michel (Belgium) – MDJ
Falkoe, Erik (Denmark) – EF
Fujita, Shin (Japan) – SF
Gardner, Tim (New Zealand) - TG
Grimsmo, Anders (Norway) – AG
Gusso, Gustava (Brazil) - GG
Jamouille, Marc (Belgium) - MJ
Juncosa, Sebastià (Spain) – JS
Kamenski, Gustav (Austria) - GK
Klinkman, Mike (USA) – MK
Kuehle, Thomas (Germany) - TK
Kvist, Mårten (Finland)- MKv
Letrilliant, Laurent (France) – LL
Marginaean, Marius (Romania) - MM
Mennerat, Francois (France) – FM
Miller, Graeme (Australia) - GM
Verbeke, Marc (Belgium) - MVe
Zorz, Gojimir (Slovenia) – GZ

Observers and assistants: none

Apologies were received from:

Rubina Ali (Pakistan)
Niels Bentzen (Denmark)
Susan Dovey (New Zealand)
Jan de Maeseneer (Belgium)
Juan Gervas (Spain)
Dimitris Kounalakis (Greece)
Ian Marshall (Australia)
Lloyd Michener (USA)
Kumara Mendis (now in Australia)
Krishna Mohan (India)
Alejandro Osornio (Argentina)
Marianne Rosendal (Denmark)
Roland Morgell (Sweden)
Ray Simkus (Canada)
Jean Karl Soler (Malta)
Nuno Sousa (Portugal)
Marti Virtanen (Finland)

It was announced that Bent Bentsen of Norway (a founding member of WICC) died a month ago: WICC sent a memorial to the funeral service. Memories were shared.

Welcome and introduction:**Marius Marginean****Introduction to the current Romanian health care system**

In 1999 Romania introduced a national health insurance system, capitation based. Changes in the system have led to improved funding and vocational training for general/family practice, although there remains a relative lack of infrastructure. Data reporting is not routine, and problems with confidentiality and utility of reporting remain. A National Integrated Informatics System has been proposed but development is slow. In September 2008 the Ministry of Health tendered contract for software for GP's using ICPC, in competition with insurance industry.

Approval of Minutes:

The minutes from the 2007 meeting in Dunedin were approved with the following corrections._

Both Henk Lamberts and Maurice Wood have been awarded WONCA Fellowships.

Roundtable Introductions and brief country reports:

all attendees (see collected written reports at WICC website)

Review of WICC and its classification history: Helena Britt

Main points:

- WONCA formed in 1972: collected the world's experts in GP data together for the first time to form WICC
- 1975- 1983: Publications of classifications ICHPPC → ICHPPC-2 → ICHPPC-2 Defined. All conformed to ICD structure but had a separate chapter for symptoms

- 1987 : Publication of ICPC. Work initiated in collaboration with WHO, which wanted to develop a classification for Reasons for Encounter. Extension of the work led to the comprehensive ICPC, which included RFE, process, and diagnostic content. The comprehensive classification was not accepted by WHO.
- ICPC revised in 1998 (ICPC-2), and since to ICPC-2-R and ICPC-2e (electronic).
- ICHPPC and ICPC based on epidemiology of primary care prevalence data, and clinical needs.
- ICPC can provide a core to link all other WHO-FIC classifications (ICF ICHI, ICD) and SNOMED.

Chair's report: State of WICC 2008: Mike Klinkman

Main points:

- Not enough membership from Africa, South America and Asia
- WICC bibliography has over 100 recent references to ICPC
- Last year, Denmark, Brazil, and Iceland purchased national licenses for ICPC for a total of \$100000 to WONCA, with negotiations ongoing in several other countries.
- Current internal WICC efforts: ICPC training, translations, 3C/GP classification, ICPC-3 development, patient safety classification.
- Current external work with WHO: WHO-FIC, field testing of ICF, offer to develop/revise ICD-11 risk factor classification, participation on ICD-11 task forces on chronic disease and mental health
- Proposed WHO-WONCA relationship: ICPC-3 as primary care “core” of ICD-11, Formal appointment of “primary care classification liaison” as member of ICD-11 revision steering committee. A memorandum of understanding is in legal review.
- Current work with IHTSDO (International Health Terminology Standards Development Organization): Primary Care working group composed mainly of WICC members is developing use cases for primary care and developing and validating SNOMED-CT primary care subset and map to ICPC-2e.
- Proposed IHTSDO relationship: GP/FM special interest group, with WICC supplying primary care expertise, ongoing partnership to harmonize SNOMED and ICPC. Draft MOU is under legal review.
- Current WICC organization: composed of “expert volunteers”, led by Chair, deputy Chair, and 3-member executive group. Work will increasingly be carried out by content area working groups.
- Annual WICC meetings will serve to exchange information, provide direction and achieve consensus. The WG’s will present their work at the meeting for review and direction.
- Funding for WICC: has been \$30k USD per year, with a \$20k one time investment in 2007-08. Insufficient to support work at current level, or interactions with professional classification experts. WONCA exec has pledged to find more resources to support ICPC-3 business plan created in 2007.
- Priorities: ICPC-3 is essential, web interface, translation, advice on licensing
- Draft ICPC-3 business plan reviewed.

An extended question-answer session was held at end of this presentation.

Tuesday, 9 September: AM session

Chair: Anders Grimsmo

ICPC-3 Discussion:

Kees van Boven led discussion of plans for ICPC-3.

Anders Grimsmo opened the session by reminding members that at the Dunedin meeting the group decided there was no need for radical change in structure.

Kees van Boven presented the list of collected specific proposals for change requiring decisions, ideally before end of meeting:

1. Merging of chapter X and Y
2. Principles for differentiating symptom and disease needs discussion and “cleaning up” of component 1 and 7
3. Including/linking to ICF
4. Including/linking to a new classification of risk factors
5. Incorporation of patient safety/adverse episodes/unintended events
6. Inclusion of patient perspective in ICPC-3
7. Eliminating inclusion of chapter for process codes
8. Revision of text – inclusion and exclusion criteria, notes, etc - including criteria in component 1 and process codes
9. Preventive and administrative RFEs need more rubrics and granularity – splitting of A98
10. Chapter Z needs revision
11. Merge “Fear of” rubrics into one or two rubrics in chapter P
12. Revision of rubrics containing composite terms
13. The placing of presence/status prosthetic devices and acquired absence of organs requires revision and consistency
14. Maintenance or revision of dagger and asterisk system in mapping to ICD
15. The use of NOS, unspecified, other, other/NOS and other/unspecified is inconsistent in ICPC-2e
16. Somatisation disorders and some other specific rubrics that should be discussed – D29, H77, K82, K87/86, N73, P72, P75, T80, X07, X80

Potential ways to accommodate these and other changes include:

1. Revise existing mapping tables, create new
2. Extending ICPC codes with an additional digit or letter
3. Linkages or single-rubric portals to other classifications
4. “Special” or short versions for primary health care – as appendices

Kees van Boven presented the results of discussions of the ICPC Update working group and others during the past year, including discussions on general principles, relationships with other classifications and terminologies, and perceived problems with prevention and risk factor/family history rubrics. The principle starting point for a new ICPC: as few changes in the basic structure as possible. Do not change the structure because of a new and unproven “terminology” that may not match the ICPC structure. There was general agreement that terminologies could inform the development of ICPC-3 but should not drive the changes.

Key points from general discussion:

- There was extended discussion of need for 4 digit codes (1 alpha, 3 numeric)
- Primary criteria for changing rubrics: data on frequency, clinical relevance, prevalence (in existing data), consensus
- Additional criteria: specificity, consideration of data continuity, prevalence of disease
- How to cope with terminology? Different purposes of classification and terminology, complimentary nature of terminology and classification
- Each country has its own process classification for remuneration, making a uniform “process” classification difficult.

Discussion of relationship between ICPC and ICF.

Marc Verbeke led the group discussion of relationship between ICPC and ICF, based upon the work of the WHO-FIC working group. ICF is a descriptive classification of function with modifiers and qualifiers, with 4 components.

Several key points were raised:

- Difficulty of working with WHO in relation to ICF: for example, it proved very hard to get license to use ICF
- History of meetings regarding ICF in the WHO-FIC – Wonca working party
- The structure of ICF is very difficult to code and incorporate in GP work flow
- One basic option for ICPC-ICF linkage: ICF Component (b) to code -28 in each chapter, ICF Component (d) linked to -48
- Another option: possible new ICPC chapter to contain function codes
- A third option: use of an Appendix to ICPC that will include this material as an alternative
- The meeting of the working group in Nijmegen March 2008 reached the conclusion that we should do nothing: that ICF was too complex for use in general practice

Conclusion: no firm conclusion of the future use of ICF was reached after the discussion. WICC will continue to explore ways to link ICF with ICPC. See minutes from Wednesday 10 September AM.

Scientific paper presentations: ICPC-3 related.

The following presentations (each 10-15 minutes, plus discussion) were held as they related to the development of ICPC-3:

Gustavo Gusso (Brazil): Frequency distribution of ICPC codes in a Brazilian practice.

Julie O’Halloran (Australia): ICPC use data: frequency of use of rubrics.

Kees van Boven (Netherlands): Important Issues for consideration in ICPC-3: prevention, process, risk factors, episode structure

Thomas Kuhlien (Germany): Data from the German CONTENT project.

Tuesday, 9 September: PM session

Chair: Anders Grimsmo (ICPC discussion), Mike Klinkman

Continuation of ICPC-3 Discussion from AM session:**Problems with Chapters X and Y.**

Helena Britt led this discussion: she felt division into gender-specific chapters X and Y is not logical. Many concepts are the same. Why do we need to divide the same condition (ex: gonorrhea) into 2 separate gender driven codes? The gender of the patient is known, and recorded elsewhere in the patient record. This creates mapping difficulties to other structures. 63 codes needed for all current concepts from X+Y including overlap.

Merging frees 20 rubrics.

Discussion points:

- Why bother to make a change? It is easy to cope with the code structure using straight forward queries at the moment.
- X,Y at present make maps almost impossible. Gender is a property of the patient, not the disease. Therefore change is essential.
- Concatenation of concepts in a code is a problem for analysis. Similarly, pre-coordination as in SNOMED-CT can make analysis difficult.
- Warnings against removing rubrics (e.g. separate excessive menstruation, scanty menstruation, reduced to abnormal menstruation), because of problems with backward compatibility.
- “Code migration” (changing the meaning of a specific rubric), as happened in a few cases moving from ICPC-1 to ICPC-2, causes a lot of problems in human checking.
- Extensive discussion ensued about the reuse of codes. Components 1 and 7 need more space.
- Some felt that there is a need to create more code slots.

Codes dealing with Family Violence.

Kees van Boven reported on a communication from the Wonca Working Party on Women in Family Medicine, who state that the current codes dealing with violence and abuse do not reflect current understanding of the dynamics of family violence.

Problems with Chapter Z.

General discussion on issues with Chapter Z. The current Z codes suggest that Z12,13,21,24,25 are a reflection of the physician’s assessment, with no implicit need for agreement by the patient. Yet the coding “rule” for Chapter Z requires that the code not be used without explicit agreement between clinician and patient that the problem exists. This rule is not accepted by all users of ICPC. The question is whether in ICPC it is acceptable for a clinician to record her/his own record of what (s)he thinks of the patient’s clinical situation or whether the problem list must be mutually agreed upon.

A proposal to *rescind* this requirement regarding clinician-patient agreement was made, to allow the use of Z codes without explicit agreement between clinician and payment. No decision was made.

Problems with ICPC Process codes.

Discussion led by Helena Britt (for Jean Karl Soler, lead of Process Working Group). Jean Karl had asked Helena to present work done by WG prior to Dunedin meeting but not presented there. Main points from this discussion:

- Slide presentation by Helena Britt on use of process codes in ICPC based on Australian data, analysis of Process codes as RFE and physician interventions. Use of process codes as RFE (med exam, immunisation, etc.).
- IC-Process-PC book has been considered. More detail might be provided as a supplement to core ICPC process codes.
- Discussion of concept of using process codes as RFE.
- General support from the full committee for dropping alpha prefix in process codes.
- Question of what would be done with the freed-up rubrics if alpha prefixes were deleted? Should there be more process codes, or should there be a greater number of other non- process rubrics – for example, expanding Chapters 1 and 7?

A proposal was made to lay out in Table form the newly proposed structures, so all can see the removed (unused) slots, and then use the frequency data to repopulate the structure. No final decision was made, but the Working Group will consider.

Space in the development of ICPC-3.

A proposal to radically increase the number of available rubrics by extending ICPC to a fourth digit or letter, adding up to 1000 spaces, was again raised and discussed (see Monday minutes). A later discussion added a third option, to change the middle position in the 3-digit ICPC rubric from numeric to an alpha code (e.g. A01 to AA1), which would add about 200 spaces to the classification. As this is beyond the scope of the Process Working Group, it was to be addressed later in the meeting.

Mike Klinkman summarized the major unresolved issues from the ICPC discussion to date, with WICC members responsible for leading next steps.

1. **Structure of X,Y chapters, “space” for new diagnoses – leads – White Papers from Julie O’Halloran (space), Helena Britt (chapters X/Y) to direct next steps**
2. **Prevention rubrics – lead – Anders Grimsmo**
3. **Risk factor classification - a “parallel universe” to ICPC3 - – lead – Sebastian Juncosa**
4. **Process, and resolution of conceptual issues in process codes– lead – Helena Britt, with Jean Karl Soler after the meeting**
5. **Terminology and Structure - – lead – Graeme Miller**

15.30 – 17.15: Working Group meetings

Wednesday 10 September: AM session

Chair: Mike Klinkman

Risk Factor Discussion: (see also Minutes of the Nijmegen working group meeting from March 2008)

Sebastian Juncosa, leader of the Risk Factor Working Group, led this discussion. He highlighted WG discussions over the past year. Key points:

- Their agreed Risk Factor definition: Personal behaviour, lifestyle or environmental exposure; or an inborn or inherited characteristic, affecting health
- Current Risk Factor inclusion in ICPC-2. Explicit codes at A21, A23, K22, with others as individual rubrics.
- There is no consistent way that risk factors are coded or conceptualized. Many potential risk factors (ex: risk factors for malignancy) not covered in ICPC, some can't be changed (age/ family history), some are included but not considered as risk factors.
- No current ICPC rubrics for physical inactivity, poor diet, individual response to stress, sunlight
- Summary - ICPC does not handle risk factors well, and will need to make changes in ICPC-3.

Sebastian led full group discussion on risk factors and possible changes in current ICPC structure. Key points:

- There will be an “explosion” of information about risk from genetic testing to add to more detailed information about family history of disease
- Very difficult to manage this information in current structure of ICPC.
EXAMPLE: positive BRCA1 genetic test for breast cancer risk – variety of ways of handling in different systems (personal A21, family, problem, episode levels). There is a need to decide where to put this information in EHR structures – along with other genomic results.
- There are also problems in how to code and use information on medical conditions as risk factors (hypertension, polyposis coli) and risk factors as medical conditions currently unclassified.
- One possibility is to “double-flag” ICPC rubrics within an electronic record to be retrievable as diagnosis AND separately as risk factor (example: hyperlipidemia)
- Another possibility is to use a 4th digit to expand coding options
- How can we accommodate the need to expand a classification to include future risk factors not yet known ?
- Risk factors are not episode-oriented. How are they to be related to the basic content and structure of ICPC? Possibilities include coding as “clinical modifiers” independent of episodes, as “determining factors” affecting episodes, or keep within the continuous episode of preventive care.
- Relationship with ICD chapter XXI. ICD-10 includes a chapter on risk factors that is not well-used, and requires major revision. WICC has the opportunity to develop a classification that can be integrated with ICD-11.

Proposed possible solutions:

1. **Create a complete Risk Factor classification** as an “appendix” to ICPC (allows easy classification grouping), linked to basic ICPC through a specific rubric, in the same way proposed for linking ICF.
2. **Make no changes in structure**, add codes for new known risk factors, and leave distinction to the structure of the EHR (this would create a specific Family History or Risk window, or view, displaying all related data retrieved from all areas of ICPC). The advantage of this is that it would require minimal change to current structure of ICPC.
3. (related to #2) **Create a new additional component for the extra codes** potentially needed for risk factors when they did not exist yet otherwise in other components, thus in a similar way to the current alternative use of components 1 and 7 for either RFE or 'diagnosis' (assessment).

Action. A small group, composed primarily of Risk Factor Working Group members, will complete a short White Paper to address and propose a solution.

Scientific paper presentations: ICF-related.

From <http://www.who.int/classifications/icf/en/> : 'The International Classification of Functioning, Disability and Health, known more commonly as ICF, is a classification of health and health-related domains. These domains are classified from body, individual and societal perspectives by means of two lists: a list of body functions and structure, and a list of domains of activity and participation. Since an individual's functioning and disability occurs in a context, the ICF also includes a list of environmental factors'.

Marc Jamoulle (Belgium): Exploration of usefulness of ICF in general practice

At practical level, too complex for everyday use.

Laurent Letrilliart (France): ICF and Sick leave certificates

Usability by doctors explored. Most found reasonably quick tool to use, and easy to use except for environmental deficiencies.

General discussion key points:

- It is possible to develop an appropriate subset of ICF to use in primary care.
- Which fields needed in primary care? - esp sick leave, geriatric care, assessment of/research on outcome of care
- solutions for classifying/ limiting disability time unclear

Terminology and Structure discussion:

Discussion was led by Graeme Miller, Terminology Working Group lead. He began by presenting goals and actions of the WG during the past year. Key points:

- Goals of WG - Integration of terminology and classification into standards compliant GP/FM EHRs, and to develop SNOMED into an effective terminology tool
- WG and IHTSDO want to work together to develop “primary care subset” of SNOMED-CT (also known as primary care reference set, or “refset”), and to create map between ICPC and SNOMED
- Discussed methodology for subset and mapping development.

- Current GP/FM input into the IHTSDO – most WICC Terminology WG members are also members of the Primary Care Special Interest Group (PC-SIG) in IHTSDO
- A formal agreement between Wonca and IHTSDO on the scope and support of this work and the partnership between the organizations is in process
- The structure portion of work relates to developing recommended standards for implementation in GP EHRs- structure, architecture, communication.
- EHR structure standards organizations include ISO, CEN, HL7, openEHR.
- Evolving standards related to: Continuity of care/ Communications/ Semantics/ Harmonisation
- Terminology work at a national level in Australia: NEHTA – Australian SNOMED custodian, FMRC- coding/ classification expertise, with collaboration NEHTA/FMRC. Map ICPC-2 Plus to SNOMED is a priority with some extensions to accommodate local terms. There is a small number of people working on this. Major block is funding.
- This is a significant step forward in that a group of primary care experts are meeting regularly and pushing GP needs in terminology.

Nick Booth presented the draft WONCA- IHTSDO agreement, which contains the following core provisions:

1. Create a FM/GP special interest group (Wonca SIG) to serve as the group representing all primary care matters to IHTSDO. Chair of this SIG would be chosen by Wonca, most likely a WICC member.
2. Primary work products will be the SNOMED to ICPC mapping programme and the creation of the SNOMED-CT primary care refset.
3. Freedom to develop the relationship as needed/ agreed upon, with no financial or structural commitments upfront.
4. Note explicit need for countries to hold licences for both ICPC and SNOMED to use the map.
5. Intent for transparency and to distribute maps as open source tools.
6. IP for work products held by IHTSDO, with Wonca granted full free use in perpetuity for mapping process/ tables/ education/ training/ interface specs/ tools/ testing

Action: WICC supports the provisions of the agreement as currently written.

Discussion on access to SNOMED browser – free web content available. Queries about access can be directed to Nick Booth.

Scientific paper presentation: Terminology related.

Julie O'Halloran (Australia): SNOMED primary care subset development

Method: Collection terms + frequencies from many countries, collate – identify overlap. Identify tools to help mapping.

Challenges: Not simple, scope and size/ pre- and post coordination/ variation in terms used in datasets provided. Accounting for non-English termsets/ international subset-localisation/ interfaces and implementation issues (must be standardised).

Wednesday 10 September: PM session

CONFERENCE/WORKSHOP: The Health Information Technology Challenge in Primary Care. Sponsored workshop, organized by Marius Marginean and MEDICOGNOS. See separate list of presentations.

Thursday 11 September: AM session

Chair: Anders Grimsmo

Translations discussion:

Wonca policy on translations – Wonca encourages versions of ICPC-2 in languages other than English; should include the whole book (rather than just the rubrics); there must be no changes to the rubrics; translations must be prepared by named translators; Wonca retains the copyright of translations but usually grants without fee the rights to translating organizations to retain royalties on their versions.

Correct rubrics – some changes have been made to rubrics – a master file is needed to maintain the translations, as changes to rubrics in the English are not reflected in translations.

Marten Kvist led discussion of the status of ICPC translations. At the Dunedin meeting, no-one had any knowledge of the current state of translations after the resignation of Inge Okkes. Marten has been selected to carry on the translations work. Much information about translations is missing. There is a written list of people who created translations, but no database of the translation content. It is not known whether WICC has access to or possesses copies of the published translations in book or manuscript form.

The KITH website contains a section with links to translations and 2-pagers (of which there are 23). When new versions are made and published they are listed by the Update Group as a new version. The webpage does not have all countries listed, some translations are listed as 'not available'.

Key points in presentation and full group discussion:

- The version of ICPC serving as the basis for the translation (Version 1 or 2) should be added to the entry at the KITH website.
- It would be optimal if the books were available on the Amazon website, however many of these are out-of-print.
- ICPC-2-R books are currently held by Alfred Loh in Singapore for purchase.
- The KITH website should say whether the book is in print and list a contact person for that translation.
- At present, only ICPC-2 translations are listed, ICPC-1 translations should also be included so people know they can translate ICPC-1 into ICPC-2.
- Anyone who has any of the ICPC translations in book form should send the details of the contact person for that translation to Marten, so he can compile a complete list.
- The ICPC 2-pagers are difficult to find on the WICC website, and some are not accessible electronically.

Mike Klinkman reported that there is a problem with the contract for the Polish ICPC contract and translation – the terms of the ICPC contract have been agreed to, but the Polish College is objecting to the terms of the translation. This problem confirms that the existing policy for translations is outdated and requires revision. A revised policy needs to be written by WICC and forwarded to Wonca.

Actions:

- 1. Graeme Miller, Bob Bernstein, Mike Klinkman, Marten Kvist to examine existing contract wording and revise.**
- 2. Translations database to be updated by Marten Kvist and re-published, All to forward information to Marten re translations, and we will query Inge to see whether she holds a more current database on translations**
- 3. Marten Kvist will be the contact person for translations, and enquiries about translations should be directed to him.**

Maintenance of ICPC discussion:

Anders Grimsmo led discussion of maintenance and version control of ICPC, focused on ICPC-2e and its electronic/Web interface. At present KITH maintains a website for the English ICPC-2 files, and publishes the master files of ICPC-2e for downloading. The most recent version of ICPC-2-E (ICPC-2e v4.0) is to be published on KITH website ASAP. At present, there is no formal contract between KITH and Wonca/WICC. WICC sees the need for a 'complete production line' where KITH does maintenance, version control, updates, and corrections at the direction of WICC. Mike Klinkman and Anders Grimsmo met with KITH staff in March in Trondheim to discuss options, and received a proposal from KITH.

Main provisions in KITH proposal:

1. The master ICPC-2e database has to be quality assured, edited and published. The current database is in an obsolete format and is not normalized. This makes any update or revision time- and labor- intensive.
2. There are two possibilities for revision of the electronic ICPC database in a current and standard format: using a tool KITH uses, or designing a new SQL database. KITH has indicated that the cost would be USD \$9000.
3. KITH has the ability to print out a book version of the electronic files. This function also could be used to print out translations, but there would be questions about the intellectual property and copyright relating to who owns the translations.

Key points from full group discussion:

- there are no plans to update ICPC-2 further before the revision to ICPC-3, except for very minor mistakes.
- The group agreed that KITH should continue the maintenance and publication of ICPC-2.
- A formal proposal to obtain money in the WICC budget for doing this work should be sent to Wonca. It was suggested that other quotations could be obtained to compare monetarily against the KITH proposal, but that KITH should be the preferred provider of this service due to the goodwill shown by KITH in doing this work for no payment until this time.
- Some members requested a list of changes between versions. These are available on the KITH website by downloading the ICPC database. Bob suggested he could develop a form from the database that provides an easy way of viewing the changes between versions.

ACTIONS:

- 1. Anders Grimsmo will work with KITH on revising their proposal.**
- 2. Mike Klinkman will discuss funding support for maintenance function with Wonca core executive, as detailed in the ICPC-3 Business Plan and budget.**

WICC Website discussion:

General discussion on ways to make known the work of WICC were discussed, focused on the need to have an accessible and current public “face” on the Internet. At present, there are many websites relating to WICC and ICPC, with no standardization or direct linkage between them. For example, a dormant website created several years ago by Marc Jamouille can not be taken down and still shows as a primary hit on a Google search for ICPC. Key points from this discussion:

- Someone within the group needs to take responsibility for reviewing the content. Marius is too busy at present to independently update the WICC website as a volunteer activity
- Out-of-date websites should be removed from the internet.
- Need to ensure that our keywords used on the internet are closely related to our work.
- The information on the WICC web pages at the Wonca website needs to be updated. The Wonca webmaster has not updated the information on the page as a priority.
- If we have an independent WICC website, we will have to deal with Wonca’s perception that we are not ‘in the fold’. The bibliography is one reason for this.
- This is an issue that overlaps with the work of the Wonca Informatics Party.
- Nick Booth received an offer from a friend to set up a basic web page for £300 with maintenance of £20 per hour (including reminders).
- The main problem for all options is in updating the website at regular intervals – Nick suggested that monthly updates (or report of no update) is required.

ACTION:

Mike Klinkman to make a formal proposal to Wonca Exec for Wonca site to formally host our web page. Requirements for the website will include: education (online tutorials), documents that support education, updated contact details, links to KITH, and bibliography. It is not clear who from WICC will supervise and liaise with the Wonca web designer.

ICPC Training discussion:

Over the last year, many parties have requested formal training in the use of ICPC. This need will continue over the coming years as ICPC is disseminated. We will need to develop a standard set of materials and procedures for training new users in ICPC. *The first “use case” is a new country that purchases an ICPC licence and requires basic training.*

Marc Jamouille led the full group discussion about how to develop materials and procedures, with contributions from many members who have carried out training in the past few years. Key points of this discussion included:

- There are many aspects of training, including context, language, methods and used for coding.
- Many members stated that they have their own training methods and resources, that take time to prepare

ACTIONS:

- 1. Marc Jamouille will head an ad hoc working group to investigate training resources (with Gojo, Gustavo, and Marius).**
- 2. All members to provide Marc Jamouille with concepts and materials used in their individual efforts at training.**

Wonca and WICC budget discussion:

Mike Klinkman provided a summary of 2008 WICC budget to date. Wonca provided USD \$30,000 for 2008, and an additional one-time investment of USD \$20,000 for use to support early ICPC-3 and WHO/IHTSDO negotiations. Some Working Groups have used the full funding set aside for 2008, others have not, so there are some funds remaining in the 2008 budget.

As part of the Business Plan for ICPC-3, Mike Klinkman and Niels Bentzen submitted a budget for all WICC activities (ICPC-2 maintenance, WHO/IHTSDO integration, and ICPC-3 development) of approximately \$190,000 per year. This is far beyond the current scope of Wonca and WICC, but is a good estimate of the resources required to carry out the needed work. Wonca Executive is considering this budget, and the changes it will make necessary in the core activities of Wonca.

Conflict of Interest declarations:

Conflict of interest statements are required of all WICC members 2 weeks after the meeting concludes. This is absolutely required by Wonca, and may lead to exclusion from WICC activities if not received. This task is to be monitored by the Nominations Committee.

ACTION: Bob Bernstein and Laurent Letrilliart to send an email to all members reminding them of this requirement.

WICC Elections:

Candidates for Nominations and Executive Committee were unopposed, and election of new members was by acclamation.

Nominations Committee – Laurent Letrilliart (France) for 3 year term.

Executive Committee – Francois Mennerat (France) for 3 year term.

Thursday 11 September: PM session

Working Group meetings.

Friday, 12 September: AM session

Chair: Mike Klinkman

Scientific paper presentations: General.

Marten Kvist (Finland): “Pettu”, a project that attempts to define PHC products based on DRGs.

Goal is to forecast extent of resource need basis of patient RFEs, classified in both ICPC and ICD.

Marc Jamouille (Belgium): 3CGP (Core Content Classification in General Practice)

Undertook a successful indexation exercise for 871 Abstracts from Paris Wonca European Conference in 2007.

WICC Bibliography discussion:

Tim Gardner presented the current WICC bibliography. In the last 12 months we have added another 100 references to ICPC and WICC products. There are potentially many more – search has primarily been through Google Scholar, then followed up, then back to PubMed. Need to follow up with search on authors who regularly publish but don't mention ICPC and search in languages other than English. The Bibliography currently is hosted on the FMRC (Sydney) website. Need for link to Wonca server, but the Wonca web-master has refused to put the necessary software on their web site to allow Wonca to host. This leaves 2 options – to leave at FMRC and link with windows so looks like it is still on Wonca, or use a free public “library”, but this has limited functionality.

Actions:

- 1. Other committee members to report papers that are published in other languages.**
- 2. Bibliography group to come up with a simple list of what we propose for a Web link, send to Wonca Webmaster and request a written response.**

Progress Reports and Action Plans from Working Groups:**Terminology Working Group: Graeme Miller**

- Wonca – IHTSDO MOU in draft form, need to finalise
- Need physical presence at IHTSDO meeting in Helsingor (Denmark) in October to develop plan for IHTSDO 2009 work program, finalise the terms of reference for the Wonca SIG, identify issues that IHTSDO wants the Wonca SIG to address, and identify funding for Wonca SIG work.
- Need also to identify some funding for the Terminology WG.

Action: MK to write to Wonca Exec asking for agreement in principal on the draft agreement. Need this by 30th October for Helsingor meeting. On ‘in principal agreement’ ask Martin Servers to arrange for formal letter to be prepared to be sent to Wonca.

Risk Factors Working Group: Sebastian Juncosa

- Extra people in meeting yesterday- good meeting.
- Discussed risk factors, family history, personal history, genetics
- Still have to think how all this should be structured.
- Plan: identify discrete areas to work and allocate sections, to come up with final plan- work in parallel with a small core group as well (ie: like Nijmegen, a very useful meeting).
- Best option may be an appendix to ICPC-3.

Action: those interested in this area to continue and come up with plan

Process Working Group: Helena Britt

- HB will contact Jean Karl Soler to revise work plan prepared for the Dunedin meeting but not yet carried out.
- The WG will provide a White Paper on proposed approach to process codes in 6 weeks time.

General workplan for ICPC-3.

Based on presentations of past few days, along with content of paper presentations, the full group discussed options and next steps in ICPC-3 development. Key points:

- Agreement that the primary OBJECTIVES were: need more space, managing risk factors, addition of new rubrics, fusion of x-y chapters, maps to ICD and SNOMED, inclusion of prevention in more comprehensive way
- Need to review all the rubrics in current version – to correct content of descriptors and mapping.
- Must agree on basic structure of ICPC. Very difficult, given tremendous variation in use of ICPC from one country/region to another.
- Where possible, base decisions on empirical data. For example, in reviewing current rubrics and consideration of additions, begin with frequency of use in current applications. However, low frequency does not necessarily mean content not need to be reviewed because may need to stay for other reasons (public health, uniformity across chapters)
- *Agreed on overall process of revision - that Working Groups continue in their roles, and WG heads will meet together with WICC Exec to review WG recommendations, then reach consensus on basic structure and overall content. This consensus “blueprint” for ICPC will be presented to full WICC for discussion and approval .*

Actions:

1. Executive will continue to meet monthly
2. Helena Britt and Julie O’Halloran will develop and circulate a White Paper on “space” proposal to WICC members in 6 weeks time
3. Mike Klinkman will propose to Wonca, in response to their desire we attend Wonca meetings, that the above sub-group(WG Heads and Exec) meets and be funded by WONCA/WICC in Hong Kong in April 09, and possibly in Basel in September 09.
4. Mike Klinkman will prepare a white paper on the “ICPC blueprint” for the Argentina/Brazil November 09 so we can make decisions.

8. Future meetings of WICC

2009: Nov 2-6th – on border of Brazil and Argentina at Foz do Iguacu

2010: 11 – 15th – October Ghent (just after Wonca Europe in Malaga).

Special thanks were given to Marius Marginean for his outstanding effort in hosting and helping organize a successful meeting.

The meeting was adjourned at 10:45 on 12 September.