First draft of minutes:

World Organisation of Family Doctors
WONCA International Classification Committee

Minutes of the WONCA International Classification Committee meeting at the Washington Duke Inn and Golf Club, Durham, North Carolina, USA, 2-7 May 1999. Edited in accordance with the agenda and not as they were dealt with in the course of the meeting.

Note: Numbering of items continues sequentially from previous minutes.

95. The Meeting

.1 Attendance: There were 24 representatives from 15 countries.

Bentzen N, wife Inge (Denmark)
Booth N (England)
Britt H (Australia)
Falkoe E, wife Inger (Denmark)
Jamoulle M (Belgium)
Kvist M (Finland)
Letrillart L (France)
Miller G (Australia)
Okkes I (The Netherlands)
Patterson, B, wife Suzanne (Scotland)
Virtanen M (Finland)
Yamada T (Japan)
Ed Hammond (USA) (observer)
Bernstein B (Canada)
Bridges-Webb C, wife Anne (Australia)
Elkin J (France)
Grimsmo A (Norway)
Klinkman M, wife Lisa (USA)
Lambert H (The Netherlands)
Micherner L, wife Gwen (USA)
Nunes J (Portugal)
Parkerson G, wife Mary (USA)
Sive P (Israel)
Wood M, wife Ericka (USA)
Zorz G (Slovenia)

Apologies: D. Saltman (Australia), S. Brage (Norway), L. Culpepper (USA), W. Fabb (Australia), T. Gardener (New Zealand), J. Gervas (Spain), M. Liukko (Finland), I. Marshall (UK), M. Olaroiu (Romania), B. Bentsen (Norway) K. Soler (Malta). M. Bujak from Poland had great difficulties in getting e-mail information, which could be the reason why he had not responded.

.2 The Chairman welcomed the new members J. Elkine (France) and E. Falkoe (Denmark) and observer E. Hammon (USA).

.3 The chairman reported that the above- mentioned committee members had been in correspondence with him during the year. There were a few he had not heard from. Miller to contact A. Lee, Chairman to correspond by ordinary mail with M. Bujak. S. Mohan and M. Mirza have not been in contact and are removed from the mailing list.

.4 WICC is an expert committee and therefore only has members who take an active part in the work, ie being in correspondence with the Chairman at least once a year.Minutes of the meeting in Dublin 19-20 June 1998 were approved (final version sent out February 1999).

Business arising from the minutes

.1 Dr. Ames, UK, corresponds with G. Miller and N. Booth (85.6). Deferred.

Correspondence

.1 A report of the WICC to WONCA Council (March 1999) has been sent to all. Jamoulle noticed that the work and the meeting of the CISP Club had not been mentioned, which he feels it should on the same grounds as the collaborating centres. The chairman agreed and would make a note of that.
.2 Letters from B. Sparks regarding the development of ICPC in South Africa.
.3 Letter from A. Stein, Brazil, about collaboration with WICC.
.4 Letter from Dr. O.J. Ibernes, Chile, about the use of ICPC.
.5 Letter from M. Boland, Ireland. Falkoe informed about the meeting, which he attended together with Dr. Reid, UK. The result of the meeting regarding classification in Ireland is not known.
.6 Letter from Springer Verlag.
.7 Letter about ICPC-2 translation in Norway.

.8 Letter from R. Roberts, WONCA Working Party on Quality in Family Medicine, inviting members to participate in work on an updated book on quality assurance. Letter circulated at the meeting.
.9 Letter from Rockefeller Foundation. Lamberts informed that the use of Bellagio had changed and that our committee had too few poor countries as members and too many members for the type of meeting we want. It might be possible for a small working party on a specific topic to stay at Bellagio, but any working group wishing to do so would have to apply to the Rockefeller Foundation themselves.
.10 Letter from Dr.G. Damiani, Italy, regarding ICPC use.
.11 Letter from Dr.S. Crickland, South Africa. Wood takes over the correspondence, copy to Chairman and Miller.
.12 Letter from Dr. Jacobs, UK.
.13 Letter from Dr. Welton, UK.
.14 Letter from Dr. Sweeney, Ireland.
WICC correspondence
.1 Letter from Lamberts. Deferred.
.2 Minutes from CISP Club distributed at the meeting. Considering making a special working group for Latin language group.
.3 Translation problems deferred.
.4 Combined clinical terminology - deferred.

Reports from member countries. These indicate an increased activity regarding the use of ICPC throughout the world. Written reports from Norway, England, Denmark, Japan, Scotland, see Appendix. Important to get reports from other member countries in order to convince WONCA that we need more money to cover more of our expenses..

Bentzen outlined the aim of the dictionary, which is to help general practitioners in their communication at international meetings and when writing articles. The first edition is urgently needed and will provoke comments and criticism, so the work with our common professional language can be further developed. Following decisions were reached:

.1 Title: WONCA International Dictionary for General/Family Practice.
.2 Contributors to be mentioned: Only activity involved in the dictionary. Sources for the dictionary to be mentioned in the preface and thus acknowledging people's previous work.
.3 Content. Clinical terms left out, referred to ICPC-2. Abbreviation for clinical terms left out. Acronyms and abbreviations for important terms for general practice included, eg CISP, WICC, UMLS, MESH etc. All terms defined in the dictionary in capital letters, even in text for cross-referencing, especially important in the electronic version. References to be left out in the text. Old terms which are no longer used should be defined and the new terms should be referred to.
.4 Preface. This is an important chapter. Should state how we have worked, what the goal with the dictionary is and what we expect with regard to feedback. It should state that our most important sources are ICPC-2 and J. Last: A Dictionary of Epidemiology.
.5 Bibliography. Should mention all sources.
.6 Layout. A pocketbook format and an electronic version as a CD-ROM were suggested. No illustrations.
.7 Synonyms - whenever used should refer to one term, which is then defined. The synonyms should be in the text after the defined term, but before the definition, and they should all be indexed.
.8 Language. For publisher to decide.
.9 Only primary care related specialties to be mentioned.
.10 Acronyms of all WONCA member organisations to be included.
.11 OUP to be approached first and preferably so that H. Liepman (OUP) and W. Fabb can have a first preliminary discussion at the Mallorca conference. Promotion, price and distribution have to be clearly agreed with the publisher, so that we avoid the problems we have had with ICPC-2. French and Spanish members should have copy of the dictionary as soon as it is ready to be sent to the publisher's, so that they can start working on translations, unless OUP will do that. The aim is to have the book published by the end of the year.

ICPC-2

.1 ICPC-2 book. OUP has promoted ICPC-2 at GP/FP meetings mostly in UK and Ireland, and only once outside, in Sweden, at a meeting about public health. Information about it has been sent to 18,000 booksellers and agents worldwide, to 500 postgraduate medical centres, 2,000 medical libraries. This has resulted in 720 books sold. The 3rd reprint should be made towards the end of the year, OUP interested in information about the magnitude of required changes.

The retail price was extremely high, almost prohibitive for individuals. Cheapest to purchase through OUP's home page. Problem is that there are a lot of errors especially in chapter 9 and 10. They must be corrected in a new print, the problem this generating is that it is then almost a new book. This will have to be carefully negotiated with OUP.

It was agreed to keep the Hapsara's foreword in all translations of the book. But in addition to this there should also be a country-specific introduction, which should be before of the WHO foreword, and a language-specific WONCA logo. A WICC committee member should oversee this.

Jamoulle and Okkes went through the errors, which had been detected and some general rules were agreed upon, so that Okkes could make a number of standardised corrections. A long list of rubric questions were then discussed and agreed to in the committee. All changes should be documented and sent to the members as well as to translators, OUP and possibly published in Family Practice. It was agreed that Okkes should be given credit for the enormous work she has been doing, in order to be academically accredited for the time she has spent on it, which prevented her from doing other academic work. The Chairman to check with Okkes how this best could be done.

.2 An electronic version of the ICPC-2 book is at OUP. A new will have to be made with all the corrections which we have agreed upon, so that we have an electronic version, ICPC-2E, which should be a master copy for the new print of the ICPC-2 book, and which also should be the version which can be used in electronic medical records. A special electronic version of chapter 10 is needed, including the conversion map. This conversion map should be one we could agree upon and on a 4-digit level. Country-specific modifications depend on the ICD-10 version the country is using and are not the responsibility of WICC. WICC should issue a simple set of rules to ensure that ICPC is not used inappropriately.

An electronic file of ICPC-2E should include:

.1 PDF format of the entire book

.2 Database file in Access - each rubric:
- code
- short title
- long title
- inclusion
- exclusion
- consider
- note field

.3 2nd Access Database conversion ICPC-2 to ICD-10

All the files should be combined in one zip file. This should also include all 6 COOP/WONCA charts as well as all information about DUSOI/WONCA, and an introduction to promote link codes to this.

When the elctronic version is done, it should be sent to Booth who will then talk with Bob to sort things out regarding web site etc.

A list of approved short titles was lacking. Bernstein circulated a list of the problems and it was agree the he would finalize it. He also had a format on which it would be possible to write in the corrections in an electronic version of ICPC-2. Okkes to receive this.

.3 Copyright issues.

Wes Fabb is on behalf of WONCA issuing contracts for translation and distribution of the ICPC-2 book for national colleges which will be free of charge, and for commercial printers where a royalty payment is agreed. There has been some discussion with Duke regarding their royalties when the book was translated and sold for profit, but this has been solved with an internal agreement between WONCA and DUKE and a special addition to the licence agreement issued.

It was agreed that the same should account for the electronic version when that was available. Because of the many errors which have been found during translation procedure, it was decided that ICPC-2E should be put on the web site for individuals to be able to download it for free, while any commercial user should obtain it from WONCA and thus sign an agreement. WONCA has the copyright to the electronic version, in full agreement with OUP.

There were no news about how much individual states should pay as licence for an agreement with WONCA. It is up to WONCA executives to decide this. Grimsmo handed out a draft agreement between WONCA and Norway.

The practical and legal implications of an electronic version were discussed at great length. It was felt that this was a matter for WONCA and not for WICC to decide, both the content of the agreements, the lincence fees and other legal matters. In the book the rules have been clearly stated. WONCA holds the copyright, there should be a fee for commercial use, but that should preferably not be paid by the end user (the GP/FP's). Free of charge for colleges and academies like the CISP Club, free for researchers, but royalties to be paid by commercial companies and governments, unless WONCA waives these. Applications should pass the Chairman, as they do for the ICPC-2 book.

.4 Translations of ICPC-2 has now been carried out in Spain (Gervas), Holland (Okkes/Lamberts), Portugal (Nunes), Denmark (Falkoe/Bentzen) and Belgium/France (Jamoulle/Elkline). Okkes presented a paper pointing out the errors and inconsistencies found in the printed version. These mistakes had become apparent, because a forward and backward translation method had been used. Jamoulle pointed out that he had found problems with precision throughout chapter 10 and difficulties in translating patients' language into French.

A forward and backward translation is the optimal procedure and should be aimed at for the whole of ICPC-2, but at least for chapters 9 and 10. In a preface to the translated version it should be explained how the translation has been done. It should be done in cooperation with a member of WICC whenever possible.

The important thing in a translation is to get the concepts right, it is not the linguistics which count, but the clinical content.

.5 Further developments for ICPC-2

.1 Conversion problems to other classification. Lamberts presented a paper about the problems of a conversion structure between ICPC-2 and ICD-10 and a list of corrected conversions on a 3-digit level. Will be discussed at a meeting in Odense by the conversion working group - 28-29 June.

.2 Inventory of ICPC process codes has still to be developed.

.3 Drug codes including ATC drug codes are avaiting work.

.4 Lay ICPC-2 to ensure patients' understanding of the medical language is awaiting futher work.

.5 Letrillart presented a paper about automatic coding of consultation data from 500 sentinel GP/FPs. Showed that this is possible with a satisfactory reliability, and that it can ensure that valid coding can be done without involving the GP/FP in extra work. Has been succesfully used for hospital referrals since January 99. Very impressive research.

.6 Short titles and ICPC-2 rubrics and all translations to be included in UMLS.

Collaborating Centres:

.1 FMRU. Paper presented which describes what has been achieved with regard to the three year work plan form 1998, commenting on the 9 objectives (can be obtained from FMRU). The status as a collaborating centre gives better recognition from the government and hence a bigger impact both nationally and regionally.

.2 University of Amsterdam and the Sowerby Unit in Newcastle upon Tyne are considering applying to become a joint collaborating centre. The main purpose would be to work on the conversion between ICPC-2 and ICD-10, ICD-10 CM, READ and SNOW-MED, to get ICPC-2

incorporated in UMLS and get it linked to the MESH headings in the National Libary of Medicine in Washington DC.

Web site + electronic version of ICPC-2. Convenors Bernstein and Jamoulle wanted shortened chapters to be produced of relevant chapters in order to facilitate the browsing by users and thier education (??? is that correctly understood). The electronic format should have all corrections included, which should be written in by hand and cross checked. Okkes agreed to do this based on the discussions and decisions taken during the meeting.

Short titles: Each country should check that their short titles are kept within 36 digits (except Japan). About 37 short titles need to be changed. Observe the following:

.1 keep first five letters to facilitate the search for a word

.2 don't use punctuation since it takes up space

.3 Lamberts to send all a list of short titles, comments seny to Bernstein.(Was that not was done for the English list Bob???)

Chairman to contact UMLS. FMRU will send ICPC-2 PLUS to UMLS.

105 Function and severity working group - FWG. Parkerson presented a paper reporting on the activities in the last year. An international study of using the old and the new COOP/WONCA charts had been carried out (is that correct Gerorge??). Translation of DUSOI/WONCA was slow, because it required both a forward and backward translation. Only 10 are fully done, 5 expected to be done within the year. Money had been used to do some of the translation in order to speed up the process, since it is a requirement in order to get chapter 9 in the ICPC-2 book approved when translated.

A book. DUSOI/WONCA is planned with the 15 translations included.

106 Bibliography working group - BWG. All published material relating to or quoting ICPC has been catalogued with the help of Solar. There are 203 references since 1984. BWG consists of Mennerat, Solar and Grimsmo. Acronyms of WONCA member organisations to be included. Possible making a list of commercial software firms who use ICPC. Using Medline has been difficult.

Parkerson: there is an updated bibliography for DUSOI/WONCA on the WWW, but the COOP/WONCA bibliography is not updated.

Conversion working group - ?WG. Lamberts had a list of the errors. The dagger and asterix issue has to be reintroduced. The working group will have a meeting in Odense 28-29 June.

Process working group - PWG. Klinkman convenor, nothing has happened in the past year.

109 Psycho-social working group - XWG. Okkes convenor, due to other work with ICPC-2, translation and conversion, nothing has happened.

110 Data working group - DWG How best to aggregate data collected with ICPC. The members (HL,EF,LL,MK,NBo,HB;GP) are urged to search for existing ICPC databases.

111 Cluster working group - CWG. Britt presented a paper on the progress of the work. It was agreed that there was a need for approved clustering both because of wishes to compare data internationally as well as nationally and in decision support. Also desirable to be able to use clustering in working with severity. The problem often being that the clustering depends on what question the data are supposed to answer, and therefore may vary. (Is this correct - the handwritten note was very difficult to read)

112 Drugs working group - DWG. No information since the group has not had any chance to communicate and the convenor Bujak has not been in contact with WICC.

113 WHO

.2 Lots of things are happening in Geneva after Brundtland has taken over the leadership. Who is doing what, who are removed and what will happen regarding classification work is yet not clear.

.4 Letter from Dr. B.Ustun about WICC collaboration on development of an ICD-10 for primary care use, should not be commented, but WICC shold continue to keep a friendly contact with WHO.

114 Finance.

7,000 US$ has been set aside for those WICC members who couldn't get their travel expenses paid by other funds. A standardized claim has been made in order to be able to transfer the money to the members as quickly as possible after the meeting, and preferably by electronic transfer to the members' bank account.

7,000 US$ was paid towards the cost of the conference in Durham and subsidized accommodation, food etc., but a substantial additional payment had to be made by the Department of Community and Family Medicine at Duke University, for which WICC was very thankful.

5,000 US$ are set aside for additional expenses for DUSOI/WONCA, office expenses, travel expenses for the Chairman (OUP, WHO or other WICC relevant meetings) and the Dictionary. If we for some reason have bigger needs one year than another we can reallocate the money within the yearly budget or ask WONCA for a supplement or reallocation of the money in the 3 year budget period. We may also ask for more if we can argue well for it. If WONCA receives a large sum of money from licence fees, this would be natural since the members and their organisations or private funds stills carry a large part of the expenses the work in WICC is responsible for.

115 Other issues

.1 Jamoulle presented a paper on recent advances in terminology and how translations could be done automatically. It was language engineering developed for hospitals and translating not only the words but also the concepts. The scope for this generated some scepticism and was not thought relevant for ICPC at present.

.2 Miller: presented a paper on ICPC process codes and pathology ordering terms.

.3 Booth gave a presentation on the importance of terminologies in the EPR, where terminologies are used as input tools and classification as output tools. The subjects of terminologies in general and the NHS terms and SNOMED merger will be discussed in greater detail in the future.

.4 SOAP was reviewed by Mennerat, based on a discussion with WICC and CISP club members on the e-mail in the past year. He pointed out some of the future possibilities of using POMR in electronic medical records, because it was here possible to jump between time and problem. The new concept was that a "problem" was not always a health problem but could be a health issue. POMR should include REF as the SOAP heading, and as such be used as an ordering principle in the notes by the GP/FP, remembering that "subjective" was not always that for the patient, nor was "objective" always that for the GP/FP. Should be put on the agenda for the next WICC meeting.

.5 Jamoulle introduced the term: "Quaternary prevention", and explained why this was an important new concept to understand and use in GP/FP. It has to do with the risk of over-medicalisation of patients and the prevention of this often harmful thing to patients, basically caused by physicians' fear and their practice of defensive medicine. The concept was accepted and it was agreed that WICC should promote the term through the dictionary and by other means.

116 Next Meetings:

.1 WICC meeting in 2000: it was agreed that it would be both natural and convenient to have the meeting in Slovenia. Zorz approved and it was suggested to have it from 24-28 September, since it was not practical to place it between the WONCA-regional meetings in Christchurch and Vienna in June-July.

.2 WICC will have a meeting in Durban in SA in relation to the WONCA meeting there in 2001, but only some members are expected to attend, which they will have to finance of their own funds. A proper WICC meeting will be held in Paris, Mennerat responsible. 2002 WICC meetings are planned either in Sydney or in Portugal and for 2003 the WICC meeting could be in Japan.