



## ICPC-3 Consortium

Secretariat: Radboud University Nijmegen, Department of Primary and Community Care,  
Geert Grooteplein 21, 6525 EZ Nijmegen, The Netherlands

### Invitation for participation in the ICPC-3 Consortium

May 11, 2018

Dear –,

On behalf of the Wonca ICPC-3 Consortium, we would like you to consider to take part in the ICPC-3 Consortium.

The ICPC-3 Consortium is bringing together Countries and parties that are presently using versions of ICPC, or are interested in using ICPC for Primary and Community care.

These Countries and parties use the ICPC, or intend to use ICPC because Primary and Community care requires a different approach to classification and terminology, not reflected by any other classification or clinical terminology: the principles of reasons for encounter and episodes of care.

Bringing together parties in a Consortium offers several benefits, such as sharing the costs of development, influence on the content and active involvement in the development of the ICPC-3.

Another benefit is that participating parties will receive a user-license, only for a part of the costs of the development as such, instead of the usually expensive user-license or development costs for a single party. In addition the ICPC-3 Consortium will, on request of Wonca, serve as the centre for further maintenance and updating of the ICPC-3.

In the ICPC-3 project we are developing the new version of ICPC and an Interface Terminology, based on a novel approach for classifications, based on a content-model.

This novel approach takes into account all desired uses of ICPC in different National Primary and Community Care settings.

There will be consistency within the WHO Framework of International Classifications and related Clinical Terminologies. The content of ICPC-3 will be linked to relevant classifications such as ICD-10, ICD-11, ICF, ICHI, former versions of ICPC and clinical Terminologies such as Snomed CT.

The principles of ICPC-3 will still be: frequency, evidence-based, simplicity, familiarity and no excessive subclasses such as most other classifications. No high level of detail if not required, but adequate for practice use and interchangeability within a more complex health-care system if so required.

We hope you see the benefits of this joint enterprise and would like to be in contact with you soon.



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Sincerely yours,

Kees van Boven

A handwritten signature in blue ink, appearing to be 'Kees van Boven', written on a light blue grid background.

Projectleader

Huib Ten Napel

A handwritten signature in black ink, appearing to be 'Huib Ten Napel', written on a light blue grid background.

Projectlleader