

WONCA – the First Twenty Years - Dr David A Game

Working Parties and Committees

INTERNATIONAL CLASSIFICATION

The General Assembly in 1972 resolved that a working party should be established to consider and develop an agreed classification of disease in general practice for presentation to the next meeting(!), and that the classification be clearly related to the ICD of WHO.

This decision was acted upon by the Executive, and Dr Robert Westbury of Canada was appointed Convenor.

In his first report to Council in 1974 Dr Westbury spoke of the enthusiasm and the zeal of those working on the project. His group were working, at that stage, entirely by correspondence and Dr Westbury said they were providing for WONCA "a banner to fly under". This early prediction was fulfilled.

At the Assembly meeting following Council, Dr Westbury announced that an International Classification of Health Problems in Primary Care (ICHPPC) had been developed to enable family physicians to classify problems (as opposed to diseases) which they met in their daily work. Doctors in 300 practices in nine countries had already tested this classification.

It was agreed that contact should be maintained with the International Classification Committee of WHO.

The General Assembly in November 1974 decided to establish a further working party to deal with the problems of "Terms and Definitions in General Practice/Family Medicine". Wisely, in July 1975 Executive requested the existing International Classification Committee to accept this extra task, which it did.

By August 1976, Dr Westbury was able to report that by the process of five rounds of correspondence the committee had finalised the ICHPPC which had been distributed in typed format to all Member Organizations in 1975. Since then it had been formally published on four occasions:

1. In "Continuing Medical Education for the Family Physician", May 1975.
2. In book form by the American Hospital Association
3. In Dutch in "Huisarts en Wetenschap" 18,361-369, 1975.
4. In German in "Der Praktische Arzt" in two parts:
 2. 226-240 1976
 3. 500-514 1976

Further mimeographed versions were available in French, Spanish, Norwegian and Danish.

It would seem appropriate that the names of the committee at this stage of the development should be noted:

Dr Robert Westbury	Canada
Dr Bent Guttorm Bentsen	Norway
Dr Donald Crombie	Great Britain
Dr Boz Fehler	South Africa
Dr Jack Froom	USA
Dr Deryk Gallagher	New Zealand
Dr Klaus- Deter Haehn	West Germany
Dr Henk Lamberts	The Netherlands
Dr Philip Sive	Israel

At the Council meeting in October 1976, Dr Westbury was able to report that his committee was already involved in definitions in two fields. They had commenced work on the preparation of a

definition for each rubric in ICHPPC, and also they were working with the Research Committee to develop a list of operational definitions for various aspects of family medicine.

It is curious to note that although Dr Westbury had made this report, the subsequent Assembly meeting resolved:

" ... the Classification Committee be instructed to develop a manual of definitions for rubrics of ICHPPC." and " ... that Council be instructed to develop an international glossary for the definition of operational terms .. . "

Copyright problems with ICHPPC began to surface and by 1978 had not been solved. The matter was allowed to lapse. WONCA did not want to impede its distribution and use.

Also work on the definition of the rubrics was proving to be more difficult than at first anticipated. The operational definitions were being developed by Dr Jack Froom.

ICHPPC 2 - the version aligned to ICD 9 - was distributed in typed form to Member Organizations in November 1978. The printed version was published by Oxford University Press towards the end of 1979. An advance payment of royalties, \$AUS5,000 paid by the publishers, was approved to finance a meeting of the committee in London in October 1979.

Also during 1979 the committee was working on a conceptually new classification, namely, Reasons for Encounter Classification (why a person enters the health care system). WHO expressed considerable interest in this project.

Progress reported in 1980 indicated that the demand for ICHPPC 2 was high, and that due to a generous grant from the National Library of Medicine work had commenced on ICHPPC 2 Defined. Oxford University Press had indicated their continued interest. Also a Glossary for Primary Care under the leadership of Dr Jack Froom and the Reasons for Encounter Classification, under the leadership of Dr Henk Lamberts were being developed. The former was published in 1981 by the "Journal of Family Practice" and distributed by Appleton-Century Crofts.

Some concern was expressed by Council on the administration of the royalties evolving from publications. It was determined that the administration of royalties (along with all other financial matters) should remain with the secretariat, at the same time ensuring that the Classification Committee should have the benefit of royalties from its publications to enable it to pursue its objectives.

Together with all the committees, this committee was given redefined terms of reference namely:

- To obtain international understanding and agreement on nomenclature, classification and definitions in the field of general practice/family medicine.
- To prepare and disseminate an agreed classification of problems in general practice/family medicine and appropriate revisions of such classification.
- To research, develop and disseminate new information regarding classification and glossaries in the field of general practice/family medicine.

In 1981 the committee reported on new projects, namely a Process Classification and an Outcome Coding.

In 1982 Professor Jack Froom, Department of Family Medicine, State University of New York at Stony Brook, was appointed Chairman of the Committee. In his report to the Executive in 1982, he indicated that ICHPPC 2 Defined was complete and ready for publication by Oxford University Press. He further stated that with the other projects being undertaken, it was the anticipation that a family of classifications for primary care would evolve.

An advance copy of the newly printed ICHPPC 2 Defined was presented to Council. This edition was similar to ICHPPC 2 but contained inclusion criteria for most of the diagnostic titles in the classification. It also contained the International Glossary of Primary Care. It had been endorsed by WHO and was compatible with the new revision of ICD 9.

Royalties from the publications were of considerable significance for the committee. By 1982 these had amounted to \$AUS1,317, in addition to which Oxford University Press had

contributed in excess \$AUS3,000 as an advance on royalties to meet travel expenses of committee members. By 1985 the total was \$AUS5,473 and in 1986 they were up to, \$AUS6,748.

The committee continued to work very enthusiastically on a number of classifications. Some of the work was done through the collaboration of some of the members of the committee and WHO. As an outcome of this, there was considerable confusion in understanding the relationship between the committee and WHO.

At one stage WHO made it quite clear it wished to distance itself from WONCA and this required some intervention on the part of the President, Dr David Game. By 1986 the situation was well on the way to clarification.

The International Classification of Family Medicine, ICFM was jointly developed by WHO and the Committee, but WHO declined to endorse it or co-publish it. As an outcome of this it was edited by Dr Henk Lamberts and Dr Maurice Woods, members of the WONCA committee and published by Oxford University Press. Other titles had previously been given to this, namely International Classification of Primary Care, ICPC and Reason for Encounter Classification(RFE). Finally it was published as ICPC under the auspices of WONCA and not endorsed by WHO.

The International Classification of Process in Primary Care, I C Process P C, was produced by the Committee with the cooperation of the North American Primary Care Research Group, NAPCRG, and published in 1986 by Oxford University Press. To add to the confusion this publication had had two previous designations, International Classification of Process in Ambulatory Care, ICPAC, and International Classification of Primary Care Process, ICPC Process. If there was confusion or uncertainty by the committee or WHO in names of publications it is little wonder that Executive, Council and Member Organizations were not coping with the situation.

A classification of Functional Status was at the time being proposed but there was some difficulty within the committee actually to develop an instrument which could be used to assess functional status, but rather they felt the task should be to classify the elements which needed to be included in the assessment of functional status.

As though there seemed to be a never ending series of classifications, the committee in 1986, agreed to explore the feasibility of Classification of Objective Findings.

In due recognition of this complexity the committee realised that the time was coming to consider a comprehensive classification embracing reasons for encounter, diagnosis of health problems, process of care and functional status.

The Classification of Function Status was still in the preparation stage in 1986, with Dr Rae West, NZ and Dr Bent Guttorm Bentson, Norway, being particularly interested in this project. This proved to be a very difficult exercise.

The Committee at this stage was indeed being very productive and was looking at the concept of integration of all existing primary care classifications. All these activities required frequent meetings, the funding of which was always a problem. Of their own initiative they managed meetings in London funded by the Rockefeller Foundation and in Germany by the Volkswagen Foundation.

As further assistance it was confirmed in 1986 that all royalties should be earmarked for funding of committee meetings.

In 1988 Dr Fromm attended the Executive meeting to explain personally the various publications and the relationships with WHO.

At this stage Oxford University Press was negotiating to publish the classifications in diskette format. Also formal agreements were signed for the translation of ICHPPC 2 Defined and IC Process PC to be published in Spanish and Catalan for world wide distribution with a 10% royalty payable to WONCA.

It was also encouraging when later in the year the Norwegian College obtained the exclusive rights to publish the International Glossary of Primary Care, ICHPPC, and IC Process PC into Norwegian for 10 years, and royalties were only payable if any profits accrued.

The committee met in Calgary, Canada on 24-28th October 1988. This was made possible by support from WONCA, the College of Family Physicians of Canada, the University of Calgary, Department of Family Medicine and the Alberta Heritage Foundation of Medical Research. The purpose of the meeting was to discuss functional status assessment in primary care. The first two days were devoted to formal presentations followed by successful intensive workshops. It was hoped to publish the proceedings.

As a result of this, the Committee was hopeful of producing a Functional Status Assessment instrument that was reliable and valid, compatible with the committee's previous works, and practical for every day clinical use.

The committee's definition of function was - "function is the ability of a person to perform and adapt to the individual's environment, both objectively and subjectively, over a stated period of time". Further it was considered that the elements of function which should be measured should include physical, mental and social dimensions.

Council received a detailed report of this meeting in 1989. Also it heard of the committee's further plans. It was aiming to produce a comprehensive International Classification for Primary Care - ICPC, but enlarged to include:

- inclusion and exclusion criteria for diagnostic titles
- an expansion of process items in primary care: in particular a classification of drugs
- the inclusion of functional status assessment information.

Entailed in this was the need to review and update the inclusion and exclusion criteria in ICHPPC 2 Defined, a task undertaken by Dr Lamberts and Dr Woods by spending a month at the Bellagio Study Centre. Other members of the committee accepted responsibility for other segments of ICHPPC 2 Defined.

Finally the committee was planning to cooperate with the Research Committee, in particular they were planning collaborative projects to test functional status assessment instruments in the follow up of specific disease states.

By 1989 there were two major activities of the committee. There was more work on Functional Status Assessment and the papers from the Calgary meeting had been published as "Functional Status Measurement in Primary Care".

Also ICD 10 was being prepared by WHO and considerable work was being done to align the WONCA classifications and publications to this. Further Dr Froom represented WONCA at the "International Conference for the Tenth Revision of the International Classification of Diseases". His active, productive and cooperative help was commended by WHO.

A meeting of the committee was planned for Sydney in July 1990, to follow on the Executive Meeting and the Regional Conference in Bali in June 1990. This meeting was supported by the Australian Institute of Health, the Australian Department of Community Services and Health, the Department of Community Medicine, University of Sydney, Department of Family Medicine of the University of Calgary, The Royal Australian College of General Practitioners, as well as Pfizer, Roche and Wyeth. Executive was concerned at the timing and venue of this meeting and as a result, again, requested all Standing Committees to meet at the time of Executive meetings.

Another matter of some concern to the Executive was the fact that the National Health Service in UK had adopted the Read Clinical Classification, developed by Dr James Read, a general practitioner. It had the endorsement of the General Medical Services Committee and the Royal College of General Practitioners. The Classifications Committee was requested to review the Read Classification and provide Executive with a report.