



INTERNATIONAL CLASSIFICATION OF PRIMARY CARE

ICPC : Historical construct

17 chapters 15 somatic 1 Psychologic 1 Social	3 components coming from 3 gathered classifications		
	Symptoms and complaints	Process	Diagnoses
	R F E C Reason for Encounter Classification 1981	IC-Proces-PC International Classification of Process in Primary Care 1985	ICHPPC-2-d International Classification of Health Problem in Primary Care 1 & 2 edition, defined 1976 & 1983
	ICPC 1987 Revision and inclusion of criteria and definitions ICPC 2 1998 ICPC 2 R 2005 Revised transcoding to ICD-10		

ICPC : Conceptual grid

Components	Chapters																										
	A	B	D	F	H	K	L	N	P	R	S	T	U	W	X	Y	Z										
1. Symptoms, complaints																											
2. Diagnostic, screening prevention																											
3. Treatment, procedures medication																											
4. Test results																											
5. Administrative																											
6. Other																											
7. Diagnoses, diseases																											

A	General	L	Musculoskeletal	U	Urinary
B	Blood, blood forming	N	Neurological	W	Pregnancy, family planning
D	Digestive	P	Psychological	X	Female genital
F	Eye	R	Respiratory	Y	Male genital
H	Ear	S	Skin	Z	Social
K	Circulatory	T	Metabolic, endocrine, nutrition		

ICPC has a biaxial structure with 17 **chapters** on one axis and seven **components** on the other.

Chapters are based on body systems with an additional chapter for psychological problems and one for social problems. Each chapter is identified by a single alpha code which is the first character of all rubrics belonging in the chapter (Figure 1). Each chapter is divided into seven **components**, identified by a range of two digit numeric codes which are not always uniform across chapters.

Code are mnemonic : A letter for the body system or psycho or social
 A number between 01 to 29 : patient wording
 30 to 69 : process
 70 to 99 : defined diseases

Ex : R05 : Cough P03 : Feeling depressed R41 : Imaging for respiratory field
 L45 : counselling about locomotor problems U70 : Urinary tract infection
 N86 : Multiple sclerosis Z14 family problem

ICPC 2 : Rubric

P74 ANXIETY DISORDER/ANXIETY STATE ICD-10 codes: F41.0,F41.1,F41.3 to F41.9 incl : anxiety neurosis, panic disorder excl : anxiety with depression P76, anxiety NOS P01 criteria : clinically significant anxiety that is not restricted to any particular environmental situation. It manifests as a panic disorder (recurrent attacks of severe anxiety not restricted to any particular situation, with or without physical symptoms) or as a disorder in which generalised and persistent anxiety, not related to any particular situation, occurs with variable physical symptoms consider : feeling anxious, nervous, tense P01
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ICPC use : in the SOAP scheme

A 23 year old woman working as a typist, and also an avid tennis player complains of pain in the left elbow over the last ten days. Her main problem is that she cannot use the left hand during work. On examination you find pain over the left radial epicondylitis and the radial muscle group, which feels firmer than the other side. You diagnose a tennis elbow and you infiltrate the affected area with 1 ml of a corticosteroid solution.

S	P	A	P
L10/L28	L31	L93	L55

Reason for encounter Appreciation or work hypothesis
 Pre-appreciation process Post appreciation process

Accessibility

ICPC is available in both written and electronic form. ICPC 2 has recently been revised and is available in book form (ICPC 2 R) from Oxford University Press (OUP) Electronic version (ICPC 2 E) is available in English from the OUP website for personal use. The book is also available in several languages. Desk copy in 8 languages can be downloaded from the WICC web site. Commercial or National use requires a formal licence from Wonca. In the first instance the regional members of the WICC should be contacted for advice regarding licences.

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WONCA INTERNATIONAL CLASSIFICATION COMMITTEE

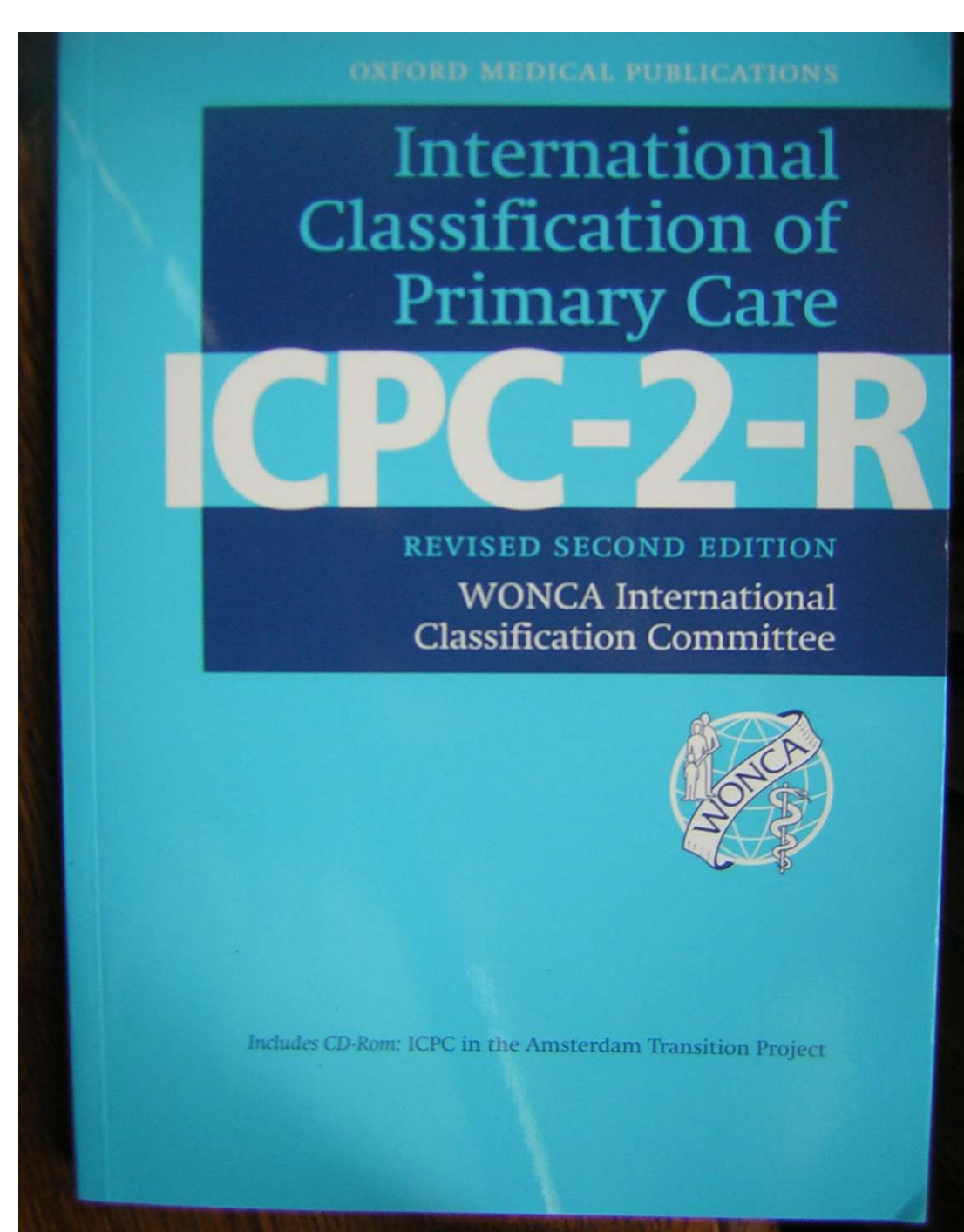


WICC has 40 members from 23 countries. Membership is voluntary and based on personal involvement in the classification field. Members, mainly GPs, communicate through web log and mailing list. They meet once a year.

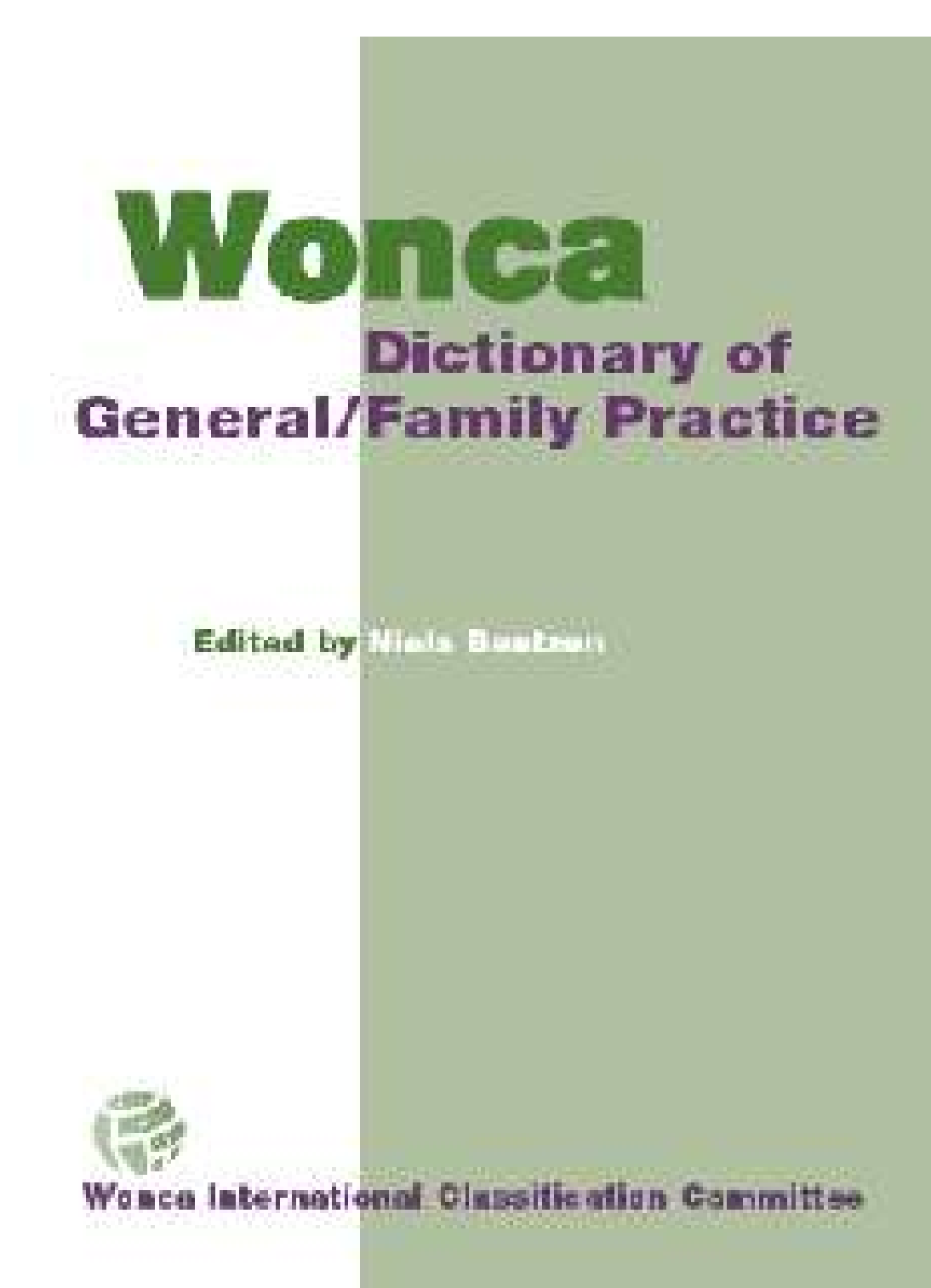
The aim of WICC is to:

“Develop, update and distribute systems which enable international communication about the work with patients in general/family practice.”

Main field of research: ICPC / Dictionary / CoopWonca charts / Dusoi-Wonca



The taxonomy in GP/FM; For the first time health care providers could classify, using a single classification, three important elements of the health care encounter; reasons for encounter (RFE), diagnoses or problems, and process of care. Problem orientation of the medical record and linkage of encounters over time permits classification of the episode from the beginning with an RFE to its conclusion with a more defined problem, diagnosis, or disease. Available in more than 20 languages ICPC has been recently admitted in the WHO Family of International Classification. The WICC is preparing ICPC 3.



This comprehensive work, edited by Niels Bentzen of the Wonca International Classification Committee was 10 years in the compiling. The Dictionary was compiled to facilitate international collaborations by providing a glossary of terms used in general/family practice and to act as a reference for GPs/FPs throughout the world.

WICC meetings

1972 Melbourne
 1974 Mexico
 1976 Toronto
 1978 Beme
 1979 London
 1980 New Orleans
 1981 Braedstrup
 1983 Singapore
 1984 Tietlingen
 1986 London
 1987 Stony Brooks
 1988 Calgary
 1989 Jerusalem
 1990 Sydney
 1991 Nijmegen
 1992 Vancouver
 1993 Den Haag
 1994 Helsinki
 1995 Hongkong
 1996 Edinburgh
 1997 Ottawa
 1998 Dublin
 1999 Durham, Duke
 2000 Strunjan, Slovenia
 2001 Paris
 2002 Sydney
 2003 Malta
 2004 Trondheim
 2005 Kyoto
 2006 Heidelberg

Web site : <http://www.globalfamilydoctor.com/wicc>