

## ICPC-3 Work flow for ICPC2 Chapter review

This is a summary of the processes you need to go through when reviewing an ICPC-2 chapter. It was initially drawn up by Daniel Pinot, and I have added some more points. It is all more specifically explained in the document Instructions (updated 12\_15) ICPC3 reference database.

### Broad, cross-chapter questions

1. Look at suggestions on the Reference Database:
  - 1.1. Cross chapters
  - 1.2. Specific for each chapterConsider any comments recorded against this rubric.

### Specific chapter rubric questions

2. **Does it belong in this chapter?** If not, decide which chapter you believe it should go to.  
Discuss with the other chapter group. Bring to broader discussion if need be via email.
3. **Does it belong in this component?** If not, move it to the correct component.
4. **Which sub-component does it belong to** in the ICPC-3 structure? Put it in the correct sub-component.
5. **Does the rubric make still clinical sense** in light of new knowledge?
6. **Does the presence of this rubric still make sense from a public health /management point of view?**
7. **Should it stay as a separate rubric in the classification?**
  - 7.1. How frequent is it as a reason for encounter or problem managed/episode?
    - 7.1.1 Look in the database as to how often it is used across multiple countries as a RFE/ problem label
    - 7.1.2 Look in the database at RFEs alone in Australia and The Netherlands
    - 7.1.3 Remove if usually very infrequent
    - 7.1.4 Remember to add the content of this rubric as inclusions in other rubric(s)
8. **Look at inclusion and exclusion:**
  - 8.1. Are they clear?
  - 8.2. Should anything else be added? Add it.
  - 8.3. Should anything be removed?.Add them to the exclusions criteria, and immediately decide where it should go – add it (exact name match) to thst rubric as an inclusion
9. **Should the rubric be subdivided?**
  - 9.1. Does it have enough frequency as a whole, to make subdivision possible?
    - 9.1.1. Look in the database for RFE + problems and RFE in Australia and The Netherlands
  - 9.2. Are there subcategories with enough frequency to create a new rubric?
    - 9.2.1. Look in the database at term usage from Australia and The Netherlands
  - 9.3. If new rubric, create a new rubric for this concept or group of concepts
  - 9.4. Does the new rubric make clinical sense?
  - 9.5. Does the new rubric make sense from a public health / public health / management point of view (even if it is infrequent)?
  - 9.6. What are its inclusions and exclusions (remember decide where you exclusions should go and put them in the correct rubric as inclusions)
10. **What is missing from this chapter?**[ e.g. chronic kidney disease (all stages) is in U99- should it have its own rubric?. Check frequency in AU and NDL term data. If you think it does, then create the new rubric, put it in the correct component and sub-component, do inclusion & exclusion etc (as above)
11. **Are there things in other chapters that you think should be in this chapter?**  
If so, discuss with other chapter Lead via email. If in agreement that a move should be made, make the change in your chapter. **Also remember.** All 'Other...xx NOS' = 'Other xx NEC'. Only use NOS when you are specifying INCLUSION of the NOS to direct its placement (e.g. Diabetes NOS as inclusion in T90)

**Figure 1: ICPC-3 components, sub-components; alphas and significant numerics/ numeric ranges, in the 2A2N structure**

**Note:** after considerable discussion at WICC 2015 it was decided to remove the 'concern about't. subcomponent, and include concern about with fear of....

Chapter (as usual except X&Y = G) (note: fill in body system where dots are)	Second Alpha	Full ICPC-3 codes <u>available</u>
<b>Symptoms/complaints</b>	<b>S (symptoms)</b>	Range 01-69
Fear of/concern about .....	<u>S</u>	Chapter + S+ 70-78
fear of..... other NEC	<u>S</u>	Chapter + S+79
<del>Concern about.....</del>	<del><u>S</u></del>	<del>Chapter +S +80-88</del>
<del>Concern about ...other NEC</del>	<del><u>S</u></del>	<del>Chapter + S89</del>
Limited function/disability	<u>S</u>	Chapter +S90
....symptom complaint, other NEC	<u>S</u>	Chapter +S99
<b>Diagnoses/diseases</b>	<b>G+N+H+A+D</b>	
Infections	G (germ)	Chapter alpha + G + 01–98
.....infections other NEC	G	Chapter alpha + G 99
Neoplasms	<b>N (neoplasms)</b>	
Malignant neoplasms		Chapter +N+01—08
Malignant neoplasm .....other NEC		Chapter +N09
Benign neoplasms		Chapter +N+10—18
Benign neoplasm ....., other		Chapter +N19
Uncertain neoplasms		Chapter +N20–28
Uncertain neoplasms..... other NEC		Chapter +N29
Neoplasms, ..... other NEC		Chapter+N99
Injuries	<b>H (harm)</b>	Chapter +H+01–98
Injuries .....other NEC	<i>if needed</i>	Chapter +H99
Congenital anomalies	A (anomalies)	Chapter + A+01–98
Congenital anomaly..... other NEC	<i>if needed</i>	Chapter + A99
Other diagnoses/diseases	<b>D (diagnosis/disease)</b>	Chapter +D+ 01–98
Other .....diagnosis/disease NEC		Chapter+D99