

WONCA International Classification Committee

2010 Annual Report

Submitted by: Mike Klinkman, WICC Chair, on behalf of full Committee

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WICC continued to follow its strategic plan to develop formal links to other international organizations developing and maintaining classifications (IHTSDO, WHO, ISO/CEN) while at the same time developing further the plan to revise ICPC. ICPC-3 remains the primary item on the work plan, but its target completion date will be completely dependent on the resources available to fund the Committee's work.

1. WICC structure in 2010.

WICC is still organized as an "expert volunteer" committee, led by elected Chair/ Deputy Chair/ 3 Executive members. WICC has at present approximately 45 full and associate members. Observers are permitted and encouraged at meetings; 10 were present at the October 2010 meeting in Ghent. Active Working Groups include **Process, Terminology and Structure, ICPC-2- maintenance**, the revived **ICPC-2 Update Group** (see below) and the new **Non-Episode Related Information (NERI)** group replacing the Risk Factor working group. These groups remain responsible for basic work, with supervision and direction by Executive. Full Committee meetings are used for exchanging information, making core decisions, and establishing and maintaining consensus.

2. Use of ICPC in 2010.

ICPC remains the standard primary care classification in several countries (NL, BE, DK, NO among others). We are not aware of any new mandates to use ICPC in the primary care sector. License negotiations are underway with a few national Colleges and private organizations. There is isolated or "pilot" use of ICPC in several countries. The WICC-compiled ICPC bibliography now contains over 150 references.

3. Work with IHTSDO in 2010.

The International Family Practice/General Practice Special Interest Group of IHTSDO, chaired by WICC executive committee member Nick Booth, was created in 2009 after formal agreement was reached with IHTSDO. In late 2010, IHTSDO completed negotiations on a contract with the University of Sydney to provide technical support for the initial phase of the work plan of the group. The work plan includes 2 items: (1) the creation of a SNOMED-CT primary care reference set of terms, and (2) the creation of a SNOMED Primary Care refset-to-ICPC map. "Governance" (responsibility for quality) of this work will rest with WONCA (presumably WICC), with details to be arranged.

4. Ongoing work with WHO in 2010.

Under leadership of Mike Klinkman, WICC Chair, WICC members participated in work with WHO-FIC on ICF development and on the development of ICD-11. Work in 2010 centered on revision of the mental health chapter of ICD and creation of a draft version of the mental health chapter of ICD-11-PHC. The formal relationship between WHO and WONCA remains uncertain, as the formal agreements negotiated in 2008-2009 have not been completed. WHO remains engaged in outreach to developing countries through its Registry of Open Access Data Standards (ROADS) initiative, but WICC participation has not been possible due to lack of funding.

5. Work on ICPC-3 in 2010.

For background, we (WICC) agreed at the 2008 annual meeting in Brasov that the primary needs for ICPC-3 were: (1) to increase space for revised diagnostic content (component 7); (2) to improve risk factor and prevention codes; (3) to consider fusion of x-y chapters; (4) to carry out a major revision of chapters P and Z; (5) to create new maps to ICD and SNOMED. Where possible, decisions were to be based on use data rather than opinion, beginning with a review of frequency of use of rubrics in current applications.

At the 2009 Annual Meeting in Florianopolis, WICC made the following decisions on ICPC-3:

- Additional capacity needed to accommodate new diagnostic content

- Important to fit ICPC-3 on 2 pages (the “2-pagers”) to provide an effective overview and marketing tool –but flexible on size of the page.
- The possibility of local additions or adaptations to cover specific areas of morbidity of local importance was raised but not discussed extensively
- There will be a new coding structure so that there will be no re-use of codes, 2 alpha + 2 numeric digits (known as 2A2N. Meaning in second Alpha (example: type or is-a) was discussed but not decided.
- Preference is to merge chapters X and Y if feasible (no loss of clinical content)

During 2010, drafts of a merged Chapter G (X+Y) and a full set of ICPC-2 terms re-coded using the 2A2N structure were circulated. These were extensively discussed at the

2010 Annual Meeting in Ghent, where the new 2A2N structure was approved.

At the 2010 meeting, discussion regarding a primary care data model to guide revision of ICPC and the preliminary work of the Risk Factor working group led to a decision to work toward classification of non-episode related information (NERI) that would be linked to ICPC-3. The Risk Factor group was transformed into the NERI group, to begin work in this area for ICPC-3. For other decisions and the full 2011 work plan, see the Action Plan below.

6. Updates and corrections for ICPC-2.

As WICC discussed the content and structure changes needed for ICPC-3, it became clear that update and maintenance of ICPC-2 (to correct errors in mapping or content, and potentially add a few important diagnostic terms) was necessary to support current users. The former Update Group was re-chartered, under the leadership of Kees van Boven, to carry out this task.

7. Steps taken toward a Primary Care Classification Consortium.

It remains clear that work will progress very slowly on ICPC-3 if WICC remains a volunteer committee. Following the approval of WONCA Executive, WONCA Core Executive and WICC executive have begun to explore options for structure and funding of a formal non-profit Primary Care Classification Consortium. Initial drafts of a business plan have been circulated. This is a high-priority item for WICC, as the completion date for ICPC-3 will depend on this transformation in our classification work.

7. Other WICC activities in 2010.

- ICPC Training: work on a formal training protocol continued, with new leadership on this work needed. There will potentially be a need to train new users in developing areas in Africa and Brazil in 2011.
- WICC Website: there is still a need to coordinate with the WONCA webmaster to revise a WICC website.
- With funding arranged by Anders Grimsmo, Norwegian WICC Executive member, KITH is now completing work to bring the electronic ICPC-2 database up to current technical standards, to improve update capability, and to enable customized creation and publication of hard-copy ICPC materials.
- Translations: Marten Kvist continues to manage the translations database and worked with potential translators from Viet Nam and the Arabic community.
- WICC members presented various aspects of the current work of WICC at the 2010 World WONCA Conference in Cancun and at the 2010 WONCA Europe meeting in Malaga, as well as at several national and regional meetings around the world.

8. WICC 2010 Annual Meeting in Ghent, Belgium.

This meeting was sponsored and supported by various funding agencies organized by the Department of General Practice at the University of Ghent. In addition to the WICC meeting, the Department also organized an international seminar on eHealth in Primary Care that WICC members participated in, and sponsored the participation in the WICC meeting of African GPs participating in the PrimaFamed project.

The Action Plan agreed upon by WICC members is presented below. Work will proceed on action plan items in 2011 as funding allows.