Introduction

The Scope of Primary Care
• A large proportion of the world’s medical care is provided by primary care
• Primary care is expanding rapidly, particularly in developing countries and in eastern Europe
• Primary care physicians manage a very wide spectrum of patient problems: physical, psychological, social and functional
• Good primary care = good population health (Starfield)

ICPC is designed for use in paper based statistical collections and in electronic information systems for both encounters and episodes of care. It has inclusion and exclusion criteria in addition to paper based and electronic indexes to guide appropriate usage. Maps are provided from other classifications such as ICD-10 so that ICPC may also be used as an ‘organising principle’ for data collected in those classifications.

An agreement has been reached between Wonca and the International Health Terminology Standards Development Organization to Map SNOMED CT to ICPC-2

Methods & Materials

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 not always uniform across chapters.

The structure of ICPC represents a move away from the combined anatomical and aetiology based structure of ICD. For example, where ICD includes a separate chapter for neoplasms, one for infections and infestations, and another for injuries, such problems are distributed among chapters in ICPC, depending on the body system to which they belong.

Regrouping of the rubrics (eg for all neoplasms in all body systems) can still be undertaken across chapters if analysis of totals is required.

Conclusions

ICPC is a classification which reflects the distribution and content of aspects of primary care. It was designed as an epidemiological tool to classify data about three important elements of the health care encounter ie reasons for encounter (RFE), diagnosis or problem, and the process of care. ICPC was designed for the collection and analysis of patient data and clinical activity in the domains of General/Family Practice and primary care. This collection and analysis can occur at the level of an individual patient for clinical care, at the practice level for recall, clinical audit and activity analysis and at the regional, State and National level for health services research and statistics. It can be used to classify terminologies and other classifications in electronic health records to facilitate decision support and patient safety systems.

The International Classification of Primary Care is copyright property of the World Organization of Family Doctors. Wonca is the international incorporated association of national colleges, academies or organizations concerned with the academic aspects of general/family practice. Beginning with 18 members in 1972, there are now 117 member organizations in 95 countries. This includes eight organizations in collaborative relations with Wonca. The total membership of the member organizations of Wonca is over 250,000 general practitioners/family physicians.

ICPC is maintained and updated by the International Classification Committee (WICC) of Wonca. Local support is given by individual members of the Wonca International Classification Committee.

The full revision cycle is currently 11 years however mapping to other classifications may be reviewed at shorter intervals to adjust for changes in other classifications and changed usage. WICC has been active since 1972 and currently has 40 members from 23 different countries. WICC is partially funded by Wonca and the participation of some members is supported by their national governments.