

## Using the International Classification for Primary Care (ICPC) and the Core Content Classification for General Practice (3CGP) to classify conference abstracts

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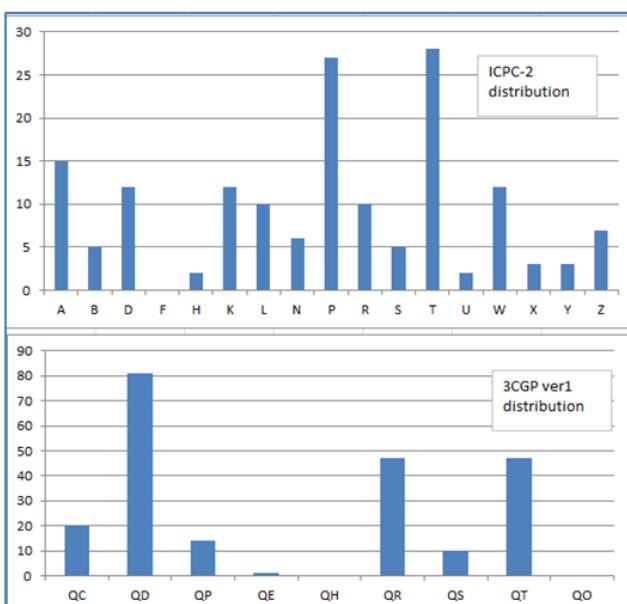
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Family medicine is like the Danaïd's barrel, a bottomless pit of knowledge. Each year, thousands of GPs work hard to construct hypothesis, develop research, gather data, elaborate reports and present their work. All this knowledge will be lost or remain hidden. Only few works will be published in a medical journal.<sup>i</sup> Books of abstracts are not readily accessible or, if published as journal supplements, very difficult to search through. The Wonca Europe web site gathers abstracts from 1995 to present but there is no indexation system to retrieve specified general practice (GP) / family medicine (FM) subjects.

As far as I can remember, there have been several attempts to index the Wonca Europe and World conferences abstracts with the International Classification of Primary Care (ICPC). This was not working. ICPC address only clinical situations and is unfit for the non-clinical ones.

In the 80s, the late professor H. Lamberts from Amsterdam University had developed a classification called Q codes (as Q is not used in ICPC) to index, jointly with ICPC, the main publications of medical journals available in his department. In 2006, reusing the Q codes, I have developed a classification of non-clinical issues addressed by GPs called 3CGP<sup>ii</sup> allowing indexation of Wonca congress communications. 3CGP stands for Core Content Classification in GP/FM and is divided in 8 domains, subdivided in categories and subcategories containing currently 164 rubrics. To develop it, I have read and indexed personally the 1000 abstracts of the Paris congress in 2007 and presented my work

during this conference.<sup>iii</sup> This work has laid dormant during 6 years and opened one eye in June 2013 in Belém, Brazil, during the last SBMFC conference. Indeed the organizers of the 2016 Wonca world conference in Rio de Janeiro are looking for an abstract indexation system and have expressed interest in 3CGP.



Covilhã congress. APMGF 2013. Content analysis of 128 abstracts with ICPC-2 and 3CGP ver1  
QC; patient's Category. QD; Doctor's issues. QP; Patient's issues. QE; Ethical issues. QH; Hazard.  
QR; Research. QS; Structure of practice QT; Knowledge management. QO; others

In the mountains of Portugal the idea woke up for good. When in Covilhã, invited by APMGF to the Portuguese 18<sup>th</sup> national conference of family medicine, Sept 28, 2013, I have read with interest the "Livro de Resumos". The 128 abstracts of very interesting work done by so many young and enthusiastic GPs have been indexed with 3CGP and ICPC. I present here the main results (full data available on request)

of this work.

203 ICPC codes were used to classify 119 abstracts, 9 were not codable at all by ICPC. 36 codes are in component 1 (Symptoms – Complains), 123 in component 7 (diagnoses) and 44 process codes, of which 30 are related to drug prescription (-50) and only one about referral (-67). One sees on the figure the overrepresentation of P, T, W and Z chapters. There are 8 communications about depression (P76), 4 for dementia (P70) and five for tobacco issues (P17). The overwhelming domination of T chapter is due to the combination of diabetes, obesity and lipid issues, always attractive for young doctors. Less expected are the 8 communications about pregnancy and the 7 addressing social issues.

With the 3CGP eye one sees 36 communications describing disease (QD32 ; health issue management), 6 concerning children (QC11), 8 about aged people (QC14), 6 about relationships with secondary care (QS2). The palm goes to Teaching (39 Critical reading QT53) and Research (25 QR2 Epidemiology) . 4 are dealing with primary prevention (QD41), 12 with secondary (QD42), 4 with tertiary (QD43) and 8 with quaternary prevention (QD44). Only one addresses an ethical issue.

The two tools show that communicating GPs in Covilhã prefer diseases (QD32 and component 7), looking for them (QD42), drugs (-50) and the so-called metabolic syndrome (diabetes + weight + lipid) but with deep interested in mental health and social problems and pregnancy. The influence of the teachers and vocational training is evident with many communications about epidemiological researches (QR2) and critical reading (QT53).

Much remains to do before 3CGP becomes a professional tool allowing participants to search their preferred domain in a conference program but yet one can have a look at abstracts with a different angle and at least, just like this communication which shows the interest of “quebra-cabeça” to prevent dementia<sup>iv</sup>, 3CGP allows me to activate my neurons by following the interests of a young generation of dedicated doctors.

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<sup>i</sup> Hummers-pradier E, Stöcker J, Fischer T. Which Abstracts Do Get Published? – Output Of German Gp Research 1999-2003 [Internet]. WONCA Europe Conference; 2007 Oct; Paris, France. Available from: <http://www.woncaeurope.org/content/which-abstracts-do-get-published-%E2%80%93-output-german-gp-research-1999-2003>

<sup>ii</sup> Jamoule M. Core Content Classification of General Practice / Family Medicine (3CGP) ver 0.2 Oct 2007 [Internet]. Available from: <http://docpatient.net/mj/wonca2007/3CGPFMdeskcopy.pdf>

<sup>iii</sup> Jamoule M, Hullers-Pradier E, Duhot D, Letrillart L, Gay B. Towards an e-archive for Wonca documents. Workshop. Wonca Europe Conference; 2007 Oct. Paris, France. Available from: <http://docpatient.net/mj/wonca2007/243.htm>

<sup>iv</sup> Maltez R., Sá MJ., Gonçalves R. Terceira ronda: a idade em que os quebra-cabeças, quebram demência? Livro de resumos. C0353. 18º Congr. Nac. Med. Geral e Fam. 2013.