Towards Knowledge management in General Practice & Family Medicine; Guide to the indexing of master thesis.

Marc Jamoulle

WONCA International Classification Committee member
Department of General Practice, University of Liège, Belgium,
Department of Medical Information and Medical Informatics (B2IM), University of Rouen, France

Abstract

The Francophone Coordination Center for Training in General Practice (CCFFMG) (www.ccffmg.be) (French) is in charge of organizing the public release of the End-of-Study works (Master thesis) in General Practice/Family Medicine (GP/FM). This work is carried out at the end of the Master of Specialty of the Departments of General Practice of the Free University of Brussels (ULB), the Catholic University of Louvain (UCL) and the University of Liège (ULg). A dedicated website (www.mgtfe.be) offers an online copywriting guide. This site provides also a description and instruction manual for a GP/FM indexing system discussed in this document.

This experimental system, based on the assembly of the International Classification of Primary Care, second version (ICPC-2), and a new contextual classification called Q-Codes version 2.5 is intended to help the manual indexing of the Master Thesis. The package, called Core Content Classification in GP/FM (3CGP), is now available in 8 languages (en-fr-nl-es-pt-vi-ko-tr) on the multilingual web site of Department of Medical Information and Medical Informatics (B2IM) of the University of Rouen (www.hetop.eu/q) together with a companion site (http://3cgp.woncaeurope.org) (in English).

Family physician will be asked to choose a number of proposed codes to index their jobs at the time of online filing. The publishing site will be equipped with a search module based on the 3CGP indexing system. An evaluation of the system of indexing by the users is organized.

Notes:

This experimental system could be extended to other knowledge sources, as indexing abstracts of congresses in GP/FM, indexing repository of master thesis in GP/FM, indexing messages between health providers and patient for instance and more generally grey literature in GP/FM. As 3CGP is in development, a working group is available on Google group (q-codes-working-group@googlegroups.com)

This text contains some duplicated information as each main headings has to be edited in a separate webpage

1. What is the value of indexing a master thesis topic?

There are at least 6 good reasons to index a master thesis topic.

1.1. Facilitate the identification of the work

If master thesis are available in an online application (ex in French MGTFE http://www.mgtfe.be), the reader who seeks a subject will be able to find the master thesis he / she is interested in. Specific indexing General Practice and Family Medicine (GP/FM) likely contribute to better identification of the work.

1.2. Giving visibility to the work

Still information is unnecessary information. If a document, an end-of-study job, a presentation can not be located and retrieved, they are of no interest to anyone. The long working hours devoted to the realization of an exciting final work will serve nobody other than its author. As Levasseur and Schweyer points out in 2003 and for France; "The methods of indexing the records in the university databases do not allow a clear visibility of general practice as an academic discipline". By encouraging documentary research, it is hoped to contribute to increasing the visibility and thus the credibility of general practitioners.
1.3. Encouraging multilingual knowledge & research networks

An identification of the subjects of a work by indexation makes it possible to identify the similarities, the complementarities, the deepenings, the differences and the originalities of a subject in relation to others. This allows for linkages between authors and the stimulation of knowledge or research networks. The exchange of knowledge and the networking of researchers is essential to the development of general practice. GP/FM is universal and terminological tools are available yet in 8 languages (en-fr-nl-es-pt-vi-ko-tr -more ongoing) Family doctors worldwide exchange in their own language and multilinguality is essential.

1.4. Have a quality self-monitoring tool

Indexing a final work topic is an opportunity to verify that the concepts we want to discuss in the work provided are well defined and delimited. "What is well conceived is clearly stated and the words to say it come easily" (French proverb).

1.5. Enabling visibility of gray literature in GP/FM

Whatever the country, the production of doctors in general practice specialty training is often of very high quality and not often followed by publication. The online publication with a multilingual indexing system will allow visibility of this grey literature in general medicine. Insofar as other universities and associations of general practitioners throughout the world use the same system of indexation, a corpus of knowledge and networks of national and international actors sharing the same interests will emerge.

1.6. Participate in the improvement of the indexing system

An online feedback system allows an author to propose a concept which he would not find correspondence in the proposed categories. These contributions will be carefully collated. Proposals will be discussed for possible incrementing in later versions of the tools. GP/FM is an evolutionary discipline whose indexing system must be evolutionary.

2. What are the indexing tools?

It is customary to use the term "keyword" to designate the indexing terms of a book, the terms that best identify the concepts being treated. We will use the term descriptor which belongs to the vocabulary of the documentology.

Scientific articles in the international medical literature are most often indexed with the descriptors derived from the terminology of the National Library of Medicine (NLM). This terminology is a set of more than 25,000 terms classified into chapters. The chapters are called Headings. The terminology is called Medical Subject Heading or abbreviated MeSH (https://www.ncbi.nlm.nih.gov/mesh)

The use of these descriptors has been called by their MeSH acronyms. Finding specific topics in GP/FM in this huge set of more than 25,000 MeSH is quite difficult. Moreover, there are often several MeSHs per specific theme of GP/FM.

To facilitate the indexing task in MGTFE / edition, we use a set of some 1200 normalized terms derived from two categorization tools in GP/FM, which are themselves crossed with MeSH.

- For topics dealing with clinical concepts, we use the International Classification of Primary Care, second version or ICPC-2. [2][3] together its ICPC-2 Procedures codes.
• For non-clinical items, also called contextual, we use the Q-Codes, version 2.5

2.1. Indexing clinical themes by ICPC-2

The International Classification of Primary Care, version 2 or ICPC-2 is the most widely used classification instrument in clinical settings in GP/FM. Its structure and use are described in detail on the website of the WONCA working group in classification (www.ph3c.org)

The subject of a master thesis in GP/FM may contain clinical themes. That means dealing with the problems of people, of patients, in terms of clinical practice. So we’re going to talk about symptoms and diagnoses or working hypotheses. In this case, the topic chosen should be found in the headings of the ICPC-2 headings. One can review into all the frequent problems of GP/FM. Of the 700 items, 350 are of very frequent presentation.

Examples.

Symptoms can be identified such as nausea (D06) or fatigue (A04) or diagnostic procedures such as electrocardiography (42.001) or familiogramme (43.003) or diseases such as Multiple Sclerosis (N86) or Schizophrenia (P72).

Rare diseases also have their place in ICPC-2 but are grouped under global headings related to the specific categories of the International Classification of Diseases, 10th Revision (ICD-10).

In several countries of Europe the family physician uses labeled software that contains the ICPC-2 and correspondence with ICD-10. If a clinical aspect has been studied, the ICPC-2 code can easily be found in the software since these codes are sometimes used for the realization of computerized summaries (ie SUMEHRS – summarized electronic health record- in Belgium), enabling the transfer of information to other providers.

Figure 1. The chapters of the ICPC-2 in English to capture its memo-technical aspect.

Access to ICPC-2 Hierarchy online

http://www.hetop.org/hetop/?la=en&rr=CIP_C_ARBO&tab=1

Download the ICPC-2 copydesk in several languages here:

http://3cgp.docpatient.net/communications-publications/

2.2. Indexing of processes by ICPC-2 process

The processes asked for or requested by the family physicians are gathered in a sub-set of the ICPC-2 called ICPC-2 process. Recently (2016 - beta version – unpublished) the 30 categories (numbered 30 to 69) that form the ICPC-2 process codes have been republished in detail by the Wonca International Classification Committee which manages ICPC-2. There is therefore a list of 350 current procedures arranged in ascending order and available online.
2.3. Indexing of contextual themes by Q-Codes version 2.5

Q-Codes are also a taxonomy, a list of 182 categories distributed hierarchically. The letter Q is not used in the ICPC-2. It is therefore available to designate this complementary contextual classification. These sections come from the patient qualitative analysis of hundreds of abstracts presented by colleagues at the congresses of GP/FM in Europe. In the Q-Codes, one can choose different descriptors that will allow us to index the work. These include, for example, health problem management (QD32) or shared decision-making (QD323) or patient satisfaction (QP41). The subject of the work will contain necessarily non-clinical themes, also called contextual. To fully understand the genesis and structure of the Q-Codes see http://3cgp.woncaeurope.org

Access to Q-Codes hierarchy online
http://www.hetop.eu/hetop/Q?ia=en&rr=CGP_CO_Q&tab=1

→ Download the Q-Codes version 2.5 copydesk in 8 languages see http://3cgp.docpatient.net/tabular/

The combination of ICPC-2, the ICPC-2 process and the Q-codes forms a set called the Core Content Classification of General Practice (3CGP).

This set has to be proposed online in a coding interface and will allow to choose the themes of indexing.

3. Accessing the index

3.1. Structure and access to clinical themes

For easy reference, consider the color codes of the ICPC-2. Headings numbered 01 to 30 are green and represent symptoms and complaints. The procedures are common to all chapters, numbered from 30 to 69 and graded Grey. The diagnostic endpoints are numbered from 70 to 99, yellow (infections), light blue (tumors), red (trauma), dark blue (congenital), purple (other). The ICPC-2 contains about 700 items, 350 of which are commonly used. The symptoms and diagnoses are coded by a letter and two numerical digits.

Examples:

Of course these are categories in which all forms of fatigue and all forms of multiple sclerosis enter. For process, the procedural part of the classification is used which is coded from 30 to 69 according to the XX.000 format. If you study the ECG in your work we will note 42.001, if you study one of the varieties of scopy like gastroscopy, the notation will be 40.006.
Reminder:

Useful links for indexing on [http://3cgp.woncaeurope.org](http://3cgp.woncaeurope.org)
- The two-sided copydesk color version of ICPC-2
- The complete list of the usual process of ICPC-2
- The list of Q-Codes

Useful links for ICPC-2 on [http://www.ph3c.org](http://www.ph3c.org)
- An introductory tutorial to ICPC-2 in English on [http://www.ph3c.org/4daction/w3_CatVisu/en/educational-training.html?wCatIDAdmin=1122](http://www.ph3c.org/4daction/w3_CatVisu/en/educational-training.html?wCatIDAdmin=1122)

3.2. Structure and access to contextual themes

The Q-Codes are organized into 8 domains; QC; Patient category, QD; Doctor issue, EQ; Ethical issue, QH; Health of the planet, QP; Patient issue, QR; Research and development, QS; Structure, QT; Knowledge management.

FIG. 2 shows the 8 domains of the Q-Codes as a matrix. It should be noted that ethics is central to the practice of the profession. The health of the planet forms the tail of the letter Q and prevents the wheel from turning, highlighting the determining role of the environment in health.

Each domain of Q-Codes is opened in categories and sub-categories. The conceptual content of each Q-Codes can be explored by consulting the online knowledge base on the site of the Department of Medical Information and Medical Informatics (B2IM) of the University of Rouen, accessible on the site [www.hetop.eu/q](http://www.hetop.eu/q) after free registration. It will suffice to post in the search bar the corresponding Q code after choosing the language. On the same site you can consult the ICPC-2 or the MeSH.(and more than 70 other terminologies)

3.3. Online indexation and feed-back

In an online application, an author must have access to a specific area reserved for indexing. The author may select the ICPC-2 codes and Q-codes presented to him in the form of a list of headings including the code and its title. A comment box has to be provided next to the chosen code. If the author considers that a concept he is addressing in his work is not included in the proposed lists, he is invited to use the **Q04 codes; Consider new code** and explain this proposal in a comment.
4. How perform a good indexation?

Generally, it will be indexed on the basis of the title of the work and its abstract. In reality, the content of the title, the introduction and the method will suffice for a good indexation. Proper indexing implies that the themes chosen for indexing represent the concept that the author wants to mean. If the author is not sure of his choice, he will have to examine the exact contents of the section of the chosen code by referring to his description on the multilingual website www.hetop.eu/Q accessible free after identification.

Properly identifying concepts means that we have understood what we are talking about. This also makes for a good title. Identify the target, time or actors then the method will be enough to write a very telling title.

4.1. Some principles

- Ask four questions

According to Vanmeeerbeek and all \textsuperscript{[7]} these four questions are central to the writing of a Master thesis

- What is the objective? What is the central problem to be addressed?
- In what context is research positioned?
- What is the target? Is it population, acts, or disease?
- Which method? How the author he has come to advance its research
• Limit indexing
Indexing is not used to highlight your findings or conclusions, which should never be included in the title. Title and indexing must answer the same four questions. Results and conclusions are never indexed.

• Pay attention to words that may be ambiguous
Example.
A study on patient attendance based on the hours of activity of a health center is a study on the Permanence of care and therefore focuses on the concept of temporal accessibility which is coded QP22. A study on patient support through the health system should be identified by the code QD25 Continuity of Care.

• Check the choice of a descriptor
In order to ascertain the relevance of the choice and to understand the content of each 3CGP concept and therefore the meaning of each code, one can consult www.hetop.eu/Q (free login). By inserting the chosen code into the search bar, one can find a detailed fact sheet for each code that illuminates the content of the concept with a set of articles relevant to the concept under study.

• Contribute, if necessary, to the improvement of Q-Codes
If a theme is not found and is to be proposed as a new concept to be included in later versions of the Q-Codes, the author will use the QO4 code with the corresponding concept entered in the comment area.

• Use the resources
  o The two-sided color version of the ICPC-2 copyesk
  o The complete list of the usual processes ICPC-2 Process (beta version)
  o The Q-Codes copydesk

4.2. Examples of themes

THEME PROPOSED 1

THE QUESTION OF INCREASED TUBERCULOSIS SEEN BY FAMILY PHYSICIANS.

• What would be the objective of the research?
It is somewhat harder to think that if we are dealing with the issue of recrudescence of TBC and we are in general medicine, then it is the concept of Epidemiology of Primary Health Care that we must choose, coded QR23.

• What context?
If we decide to be specific to family medicine, we will have to choose the code QS41.

• What target?
Are they consultant patients, patients identified as positive? In this case, it will be necessary to use the code corresponding to the TBC or A70 in ICPC-2

• What method?
The study could be a review of the literature on the subject that is coded QT33. The theme of the TFE can thus be read "Review of the literature on the epidemiology of Tuberculosis in family medicine".

Coding: A70; QR23; QS41; QT33

THEME PROPOSED 2

A STUDY OF THE IMPACT OF ECG ON REFERRAL OF CARDIOVASCULAR DISEASE PATIENT TO CARDIOLOGIST BY FAMILY PHYSICIAN

- What would be the objective of the research? ECG (ICPC-2 process 42.001 electrocardiogram (ECG), Reference to specialist (ICPC-2 process 67.001 referral to a specialist) and coordination of care; Q-Codes QS32
- What context? Family physicians Q-Codes; QS41
- What target? Group of patients with cardiovascular disease. The concept of cardiovascular disease actually encompasses the entire ICPC cardiovascular chapter. We will therefore use code ICPC-2; K cardiovascular problem. It should be emphasized that there are no categories in the ICPC for very general topics such as "cancer patients" or "infectious diseases"
- What method? Quantitative descriptive study QR32 and possibly review of literature QT33

Coding: K; 42.001; 67.001; QS 32; QS41; QR32; QT33

THEME PROPOSED 3

STUDY BY FOCUS GROUP ON THE INVOLVEMENT OF THE FAMILY PHYSICIAN IN OCCUPATIONAL HEALTH PROBLEMS: PERCEPTION OF FAMILY PHYSICIAN AND PATIENTS.

- What would be the objective of the research? Medico-legal problem QD6, Work problem Z05, certificate of illness ICPC-2 Process; 62.001 sick leave document
- What context? Family medicine QS41
- What target? Occupational medicine, concept missing in Q-Codes, use QO4
- What method? Focus group is QR6

Coding: QD6; Z05; 62.001; QS41; QO4; QR6

The choice of QO4 implies that you indicate the concept that, in your opinion, is missing in the comment area.

THEME PROPOSED 4

SATISFACTION OF PATIENTS WITH AURICULAR FIBRILLATION IN THE COORDINATION OF CARE BETWEEN THE FIRST AND THE SECOND LEVEL
THEME PROPOSED 5

THE PRECARITY OF A POPULATION OF MIGRANTS IS CONSIDERED. WE WOULD LIKE TO EVALUATE THE HEALTH STATUS OF SURVIVORS WHO PRESENT SEQUELLES AND A STRESS-LIFE STRESS SYNDROME RELATED TO LIVING CONDITIONS.

- What would be the objective of the research?: QC3 high social risk
- What context?: QC32 refugee
- What target?: QC6 survivor, QC54 victim of torture, P82 Post-traumatic stress syndrome
- What method?: QD33 health status assessment

Coding: QC3; QC32; QC6; QC54; P82; QD33

THEME PROPOSED 6

QUALITATIVE STUDY ON THE COORDINATION OF CARE BETWEEN FAMILY PHYSICIAN AND NURSE IN PALLIATIVE CARE TO A PATIENT WITH AMYOTROPHIC LATERAL SCLEROSIS

- What would be the objective of the research?: QS32, coordination of care; QD25, continuity of care; QD24, Palliative Care
- What context?: QS41 family physicians; QS42 the nurse practitioner.
- What method?: QR31, qualitative study; Perhaps with review of the literature; QT33

Coding: QS32, QD25, QD24, QS41, QS42, QR31, QT33; N99 (Amyotrophic Lateral Sclerosis)

Comment. In ICPC-2, infectious diseases and rare diseases are identified by code 99 after the chapter letter (recall that the primary intent of ICPC-2 has been epidemiologic studies). Thus, Young Simpson's disease will be found in A99 while Amyotrophic Lateral Sclerosis will be identified by the code N99. In the computerized medical record, the various infrequent and rare diseases can be identified by the code of the corresponding International Classification of Diseases (ICD-10). For indexing purposes, the .99 code should be used with the letter of the corresponding chapter, indicating the name of the infrequent or rare disease in the comment area.
4.3. Examples of online published master thesis

EDITED MASTER THESIS 1

**RÔLE DU MÉDECIN DE FAMILLE DANS L’IDENTIFICATION ET LA PRISE EN CHARGE DES TROUBLES SPÉCIFIQUES DE L’APPRENTISSAGE [ROLE OF THE FAMILY PHYSICIAN IN THE IDENTIFICATION AND MANAGEMENT OF LEARNING SPECIFIC DISORDERS]**

Author. Esperance Segikwyie

Summary. Family doctors rarely see school-aged children and adolescents for school problems. Nevertheless family doctors must know;

- Some of the academic difficulties presented by children are due to specific learning disabilities, and these disorders affect between 3% and 5% of the children attending school, ie one pupil per class.
- Define the different types of specific disorders, their predictive factors, their comorbidity and their consequences.
- Be aware of this problem and have some guidelines to approach this very complex consultation.

To identify the problem, the literature on the subject was revised and some key articles were selected. Participation in the training on Specific Learning Disorders was monitored in Paris. Numerous discussions with the doctors and speech therapist of the Health Center Espace-Temps (Belgium) as well as with the psychologist of the school made it possible to define the subject.

- What would be the objective of the research? : P24 Specific Problem of Learning
- What context? : QS41 family doctor, QD3 care manager
- Which target? : QC12 child; QC13 teen
- What method? : QT2 training, QR6 expert opinion, QT33 critical reading of literature

**Coding: P24; QS41; QD3; QC12; QC13; QT2; QR6; QT33**

EDITED MASTER THESIS 2

**SUJETS DE PRÉVENTION QUATERNaire EN MÉdecINE GÉNÉRALE [QUATERNARY PREVENTION THEMES IN GENERAL PRACTICE]**

Author. Pierre-Axel Warnier

Summary. The concept of quaternary prevention is at the same time little known and little implemented by the Belgian doctors. How to increase the penetrance of this concept in the profession? A diffusion method is implemented and requires for its development that users take part in the creation process in order to make its growth exponential. To make quaternary prevention more accessible to general practitioners, we propose the creation of a platform on a well-known website. We will explain the concept of quaternary prevention and will post practical fact sheets answering common clinical questions from the general practitioners. These pages can both illustrate the concept but can also be used directly in consultation. In order for this list of subjects to be expanded, a Quaternary Prevention Committee is created and readers are encouraged to write further fact sheets, comment or request the development of certain topics to which the unit will respond.

- What would be the purpose of the research ?: QT42 online knowledge exchange
- What context? : QD44 quaternary prevention
- Which target? : QS41 family doctor
- What method? : QT43 digital library

**Coding: QT42; QD44; QS41; QT43**
5. **Flaws and problems**

It looks evident that the proposed methods, although very attractive for colleagues worldwide, suffers of several flaws and problems.

The future of knowledge management in GP/FM is, as for other business, in semantic web technologies\[^{10}\]. We can hardly say that 3CGP as a whole is ready for semantic web.

Indeed ICPC-2 is multilingual, expressed on a web site and extractable in OWL-2, the language of semantic web. Indeed a lot of work has been done to develop a ICPC lightweight ontology and a thesaurus in Italian language\[^{11}\]. But this is only the premise of a real ontology, able to play its role in the linked data era.

ICPC-2 process is still in infancy, the available pick-list is only a pick list of the main, not all, processes done or requested in GP/FM.

Q-Codes have been the subject of extensive documentation work and are available also in OWL-2 but, one more time, the path for an ontology is open but not done.

The three components of 3CGP have different origin, different format and consequently different numbering units, which is not as elegant nor useful for a classification scheme.

Terminologies needed for GP/FM are not a terminology for dummies. On the contrary, as a representative and protector of the patient, the GP must be able to control all the terms of medicine that are likely to be found in the patient's online medical record. And as a consequence, he must be able to discuss this matter with his colleagues and to refer to it in the work he presents in congresses.

We could hope that Wonca International Classification Committee will address all those issues in a near future and that development of ICPC-3 will follow the model of ICD-11, fit for semantic exchanges\[^{12}\].

Nevertheless, the proposed 3CGP attracts interest in several countries and plan are elaborated in various place to use it in human based indexing systems (Brazil, Belgium, Uruguay, Portugal). Automated systems are experimental\[^{13}\] but needed to address grey literature in GP/FM. As an example, the Wonca Europe database and its 30.000 abstracts online don't have indexing system.

6. **Annex**

The document reproduced are two-sided pages in English for each part of 3CGP (ICPC + Process = Q-Codes) available on [http://3cgp.woncaeurope.org](http://3cgp.woncaeurope.org) in several languages

- Annex 1 : ICPC-2 copy desk
- Annex 3 : Q-Codes version 2.5

7. **Intellectual property of the proposed tools**

5.1. **ICPC-2**

The International Classification of Primary Care (ICP-2) has been created by the Wonca International Classification Committee (WICC). The World Organization of Family Medicine (Wonca) holds the rights of ICPC-2. ICPC-2 and its translations are free of rights for research provided that it is referred to a WICC member.
Professional use, in its extended meaning for use in online databases for educational purposes, for example, is considered a commercial use and must be licensed. To contact the Wonca; Ceo@wonca.net

5.2. Q-CODES version 2.5

The Q-Codes and its different versions belong to Marc Jamoulle. They are available under Creative Common 4.0 non-commercial license. (Https://creativecommons.org/licenses/by-nc/4.0/)

This implies that the tool is free to use for private use. Any changes must be communicated to the author. Professional use, in its extended meaning for use in online databases for educational purposes, for example, is considered a commercial use and must be licensed.

Contact : marc.jamoulle@gmail.com  ©m.jamoulle

8. References


3 The International Classification of Primary Care ( ICPC) has been developed to develop specific epidemiology of family medicine and has taken its place in computerized medical records in Northern Europe since the 90’s


8 Segikwiye, Rôle du médecin de famille dans l'identification et la prise en charge des troubles spécifiques de l'apprentissage, Travail de fin d'étude de Médecine de Famille. Département de médecine générale, Université de Louvain. Bruxelles. 2016 (http://docpatient.net/tfe/pdf)


11 Elena Cardillo, Maria Teresa Chiaravalli, Erika Pasceri. Assessing ICD-9-CM and ICPC-2 Use in Primary Care. An Italian Case Study. 2015, 5th International Conference on Digital Health (Digital Health 2015), held in conjunction with WWW 2015


3CGP : Core Content Classification on General Practice Family Medicine

Comprehensive classification of descriptors prepared for indexing main themes in GP/FM

Developed for indexation of grey literature in GP/FM (abstract, master thesis, training programs, etc..)

3 components (1252 descriptors)

1/ ICPC-2 for symptoms/complaints and diagnoses (Wonca)(19 languages)(format n.00)
2/ ICPC-2 Process 2016 (beta version) for process (Wonca)(4 languages) (format 00.000)
3/ Q-Codes version 2.5: for contextual themes (MJ) (8 languages)(Format Qn.00)

See the three copydesks attached

Detailed information on each descriptor available online : www.hetop.eu/Q free login

Companion website : http://3cgp.woncaeurope.org

The attached copy desks are available in several language

The full set of descriptors is available in French, English, Portuguese and Spanish

Free download

ICPC-2 is copyrighted by Wonca

Q-Codes version 2.5 are under Creative Common non-commercial 4.0 license

Other Q-Codes use are described on on the rubric 'Implementation' of the website

http://3cgp.woncaeurope.org

3CGP allow to know a lot about GPs

What they are listen too (symptoms/complaints)

What they decide (diagnosis - symptom/diagnosis)

What they do (process)

What is the contextual information (Q-Codes)

The classification 3CGP is experimental and distributed for discussion.
Feeling anxious/nervous/tense
Malignant neoplasm of skin
Benign/unspec. neoplasm/pregnancy
Sweat gland disease
Boil/carbuncle
Pleurisy/pleural effusion
Malignant neoplasm thyroid
Molluscum contagiosum
Limited function/disability (w)
Hydrocoele
Fibrocystic disease breast
Pregnancy vomiting/nausea
Feeling/behaving irritable/angry
Affective psychosis
Limited function/disability (r)
Sterilization
Influenza
Fear of a social problem
Menstrual pain
Diaper rash
Hair loss/baldness
Genital herpes male
Health care system problem
Pain in penis
Limited function/disability urinary
Sexual fulfilment reduced
Congenital anomaly genital female
Haemangioma/lymphangioma
Fear of respiratory disease, other
Malignant neoplasm relate to preg.
Toxaemia of pregnancy
Mental retardation
Genital symp./complt.male other
Family planning male other
Chronic ulcer skin
Haematuria
Breast/lactation symptom/complaint
Vaginal symptom/complaint other
Acne
Malign neoplasm male genital other
Disorder pregnancy/delivery, other
Pregnancy symptom/complaint other
Menstruation irregular/frequent
Breast symptom/complaint male
Pruritus
Glomerulonephritis/nephrosis
Hypertrophy tonsils/adenoids
Pain respiratory system
Sleep disturbance
Pyelonephritis/pyelitis
Infected finger/toe
Schizophrenia
Congenital skin anomaly other
Hair/scalp symptom/complaint
Urinary frequency/urgency
Depressive disorder
Hypospadias
Obesity
Complicate labour/delivery livebirth
Fear of cancer respiratory system
Abrasion/scratch/blister
Infertility/subfertility
Food/water problem
Nose symptom/complaint other
Genital candidiasis female
Abortion spontaneous
Weight gain
Chronic obstructive pulmonary dis
Medication abuse
Skin symptom/complaint other
Scabies/other acariasis
Breast pain female
Sterilization male
Housing/neighbourhood problem
Tonsillitis acute
Infertility/subfertility male
Congenital anom endocrine/metab.
Urinary disease, other
Eating problem in child
Dermatitis seborrhoeic
Dermatitis contact/allergic
Phobia/compulsive disorder
Naevus/mole
Pneumonia
Illness problem with child
Urethral discharge
Dementia
Fear genital/breast disease other (f)
Growth delay
Psychological disorders, other
Partner's behaviour problem
Relationship problem with partner
Concern body image in pregnancy
Fibromyoma uterus

Male Genetic
X72 Male genital neoplasm cervix
X76 Male genital neoplasm cervix
X74 Vaginitis/vulvitis NOS
X75 Cervical disease NOS
X78 Abnormal cervix smear
X77 Uterovaginal prolapse
X79 Fibrous breast disease
X80 Premenstrual tension syndrome
X76 Male genital neoplasm cervix
X75 Male genital neoplasm cervix
X74 Vaginitis/vulvitis NOS
X73 Cervical disease NOS
X78 Abnormal cervix smear
X77 Uterovaginal prolapse
X79 Fibrous breast disease
X80 Premenstrual tension syndrome

Social Problems
Z21 Poverty/fiscal problem
Z22 Drug problem
Z23 Housing/neighbourhood problem
Z24 Social cultural problem
Z25 Work problem
Z26 Unemployment problem
Z27 Social isolation problem
Z28 Social welfare problem
Z29 Legal problem
Z30 Health care system problem
Z31 Compliance/being ill problem
Z32 Abuse of power by those in authority
Z33 Partner's behaviour problem
Z34 Partner illness problem
Z35 Fear of death of child
Z36 Relationship problem with child
Z37 Illness problem with child
Z38 Loss/death of child family member
Z39 Relationship problem parent/family
Z40 Illness problem parent/family
Z41 Behaviour problem parent/family
Z42 Illness problem parent/family
Z43 Loss/death of child family member
Z44 Assault/harmful event problem
Z45 Fear of a social problem
Z46 Social isolation problem
Z47 Social welfare problem
Z48 Social cultural problem
Z49 Work problem
Z50 Abnormal cervix smear
Z76 Unspecified symptom, unspecified
Z77 Unspecified symptom, unspecified
Z78 Unspecified symptom, unspecified
Z79 Unspecified symptom, unspecified
Z80 Unspecified symptom, unspecified
Z81 Unspecified symptom, unspecified
Z82 Unspecified symptom, unspecified
Z83 Unspecified symptom, unspecified
Z84 Unspecified symptom, unspecified
Z85 Unspecified symptom, unspecified
Z86 Unspecified symptom, unspecified
Z87 Unspecified symptom, unspecified
Z88 Unspecified symptom, unspecified
Z89 Unspecified symptom, unspecified
Z90 Unspecified symptom, unspecified
Z91 Unspecified symptom, unspecified
Z92 Unspecified symptom, unspecified
Z93 Unspecified symptom, unspecified
Z94 Unspecified symptom, unspecified
Z95 Unspecified symptom, unspecified
Z96 Unspecified symptom, unspecified
Z97 Unspecified symptom, unspecified
Z98 Unspecified symptom, unspecified
Z99 Unspecified symptom, unspecified

Abbreviations
Anom. abnormal behav. disorder
Anom. behav. disorder
Anom. behav. disorder
Anom. behav. disorder
Anom. behav. disorder
Anom. behav. disorder
Anom. behav. disorder
ICPC-2 Process 2016
Version beta 1 March 2017

Classification
nec: not elsewhere classified

Code | Preferred label
--- | ---
30.000 | complete check-up
30.001 | health examination complete
30.002 | well-baby exam
30.003 | school health care exam
31.000 | focused examination
31.001 | health examination partial
31.002 | specific body system examination
31.003 | clinical screening of single
31.004 | heart auscultation
31.005 | blood pressure measurement
31.006 | body temperature measurement
32.000 | sensitivity test
32.001 | skin prick test
32.002 | patch test
32.003 | radioallergosorbent (RAST) test
32.004 | food challenge
32.005 | methacholine challenge test
32.006 | Mantoux test
33.000 | microbiological test
33.001 | immunological test
33.002 | blood culture
33.003 | microbiological test of faces
33.004 | microbiological test of sputum
33.005 | microbiological test of throat swab
33.006 | microbiological test of vaginal swab
33.007 | antigen
33.008 | antibody testing
33.009 | testing for human immunodeficiency virus (HIV)
33.010 | testing for human papilloma virus (HPV)
33.011 | antibody titer
33.012 | testing for Hepatitis B
34.000 | blood test
34.001 | blood group and type
34.002 | erythrocyte sedimentation rate (ESR)
34.003 | white blood cell count (WBC)
34.004 | blood hormone level
34.005 | blood enzyme level
34.006 | blood drug level
34.007 | blood alcohol level
34.008 | C-reactive protein (CRP)
34.009 | prothrombin time (PTT)
34.010 | D-dimer
34.011 | arterial blood gases
34.012 | calculation of creatinine clearance
34.013 | blood pregnancy test
34.014 | basic metabolic panel
35.000 | urine test
35.001 | urine strip test
35.002 | urine drug test
35.003 | urine pregnancy test
35.004 | urine albumin/creatinine ratio
36.000 | faeces test
36.001 | stool parasite test
36.002 | stool ova test
36.003 | stool cyst test
36.004 | test for occult blood
37.000 | histological-exfoliative cytology
37.001 | tissue pathology - cytology
37.002 | fluid pathology - cytology
37.003 | biopsy pathology - cytology
37.004 | puncture pathology - cytology
37.005 | excision pathology - cytology
37.006 | swabbing pathology - cytology
37.007 | urine cytology
37.008 | sputum pathology - cytology
37.009 | semen analysis
38.000 | other laboratory test nec
38.001 | antenatal chromosome screening
38.002 | chromosome test
38.003 | genetic test
38.004 | DNA test
38.005 | paternity test
38.006 | helicobacter pylori breath test
38.007 | sweat test
38.008 | tear drop test
39.000 | physical function test
39.001 | audiometry
39.002 | visual field test
39.003 | urinarv flowmetry
39.004 | spirometry
39.005 | caloric test
39.006 | vestibular function test
39.007 | color vision test
39.008 | visual test
39.009 | tonometry
39.010 | tympanometry
39.011 | diagnostic endoscopy
40.000 | anoscopy
40.001 | anoscopy
40.002 | anoscopy
40.003 | anoscopy
40.004 | anoscopy
40.005 | anoscopy
40.006 | anoscopy
40.007 | anoscopy
40.008 | anoscopy
40.009 | anoscopy
40.010 | anoscopy
40.011 | anoscopy
40.012 | anoscopy
40.013 | anoscopy
40.014 | anoscopy
40.015 | anoscopy
41.000 | diagnostic radiology
41.001 | imaging
41.002 | angiography
41.003 | nuclear medicine
41.004 | x-rays
41.005 | ultrasound
41.006 | magnetic resonance imaging (MRI)
41.007 | cardiac scintigraphy
41.008 | isotope scanning
41.009 | bone scintigraphy
41.010 | thyroid scintigraphy
41.011 | thermography
41.012 | computed tomography (CT)
41.013 | positron emission tomography (PET)
41.014 | electrical tracing
41.015 | electrocardiogram (EGC)
41.016 | exercise electrocardiogram
41.017 | electroencephalogram (EEG)
41.018 | electromyogram (EMG)
41.019 | electromyography (ENG)
42.000 | Holter monitoring
43.000 | other diagnostic procedure
43.001 | dermatoscopy
43.002 | assessment of activities of daily living
43.003 | genealogical chart
43.004 | diagnostic laparotomy
43.005 | ophthalmoscopy
43.006 | skin photo
43.007 | anxiety test
43.008 | depression test
43.009 | dementia test
43.010 | intelligence test
44.000 | preventive immunization
44.001 | preventive medication
44.002 | desensitization
44.003 | active or passive immunization
44.004 | malaria prophylaxis
44.005 | prophylactic treatment with drugs
45.000 | health observation
45.001 | health education
45.002 | health advice
45.003 | diet
45.004 | advice on healthy behaviour
45.005 | advice regarding social problems
45.006 | advice on pregnancy
45.007 | advice on family planning
45.008 | advice on occupational health
45.009 | advice regarding the use of health services
45.010 | watchful waiting
45.011 | advice on prevention of health problems
46.000 | consultation with primary care provider
46.001 | telemedicine consultation with primary care provider
47.000 | consultation with specialist
47.001 | telemedicine consultation with specialist
48.000 | clarification of patient's reason for encounter
48.001 | discussion of patient's demand
48.002 | discussion about the need of screening tests
49.000 | other preventive procedure
49.001 | assessment of health conditions and risks
49.002 | assessment of environment conditions and risks
49.003 | medication review
50.000 | medication
50.001 | prescription
50.002 | renewal
50.003 | injection
50.004 | administration of medication
50.005 | injection of medication with systemic effect
50.006 | prescribing of medication
50.007 | renewal of medication
51.000 | Incision
51.001 | drainage
51.002 | flushing
51.003 | aspiration of body fluid
51.004 | aspiration of a hematoma
51.005 | incision of an abscess
51.006 | irrigation of an ear
51.007 | irrigation of an eye
51.008 | paracentesis
51.009 | ascitic fluid aspiration
51.010 | lumbar puncture
51.011 | puncture
surgical glue suture

54.013 hormonal implant
54.014 dental implantation
54.015 insertion of vaginal pessary
54.016 orthosis
54.017 stent
54.018 intra-uterine device (IUD)
54.019 orthopedic prosthesis
54.020 applying hernia truss
54.021 taping for sprains
54.022 treatment of fracture
54.023 reduction of luxation
55.000 local injection
55.001 local infiltration
55.002 nerve block
55.003 joint injection
55.004 bursa injection
55.005 tendon sheath injection
55.006 skin injection
55.007 subcutaneous tissue injection
55.008 epidural injection
55.009 sclerosing injection for varices
56.000 dressing
56.001 pressure
56.002 compression
56.003 tamponade
56.004 support bandage
56.005 wound bandage
56.006 application of an eye patch
57.000 rehabilitation
57.001 chiropractic
57.002 fitness training
57.003 muscle strengthening
57.004 ergotherapy
57.005 muscle exercise
57.006 physical medicine
57.007 podiatry
57.008 physiotherapy
57.009 specific disability rehabilitation
57.010 nerve stimulator
57.011 electronic muscle stimulator
57.012 speech therapy
57.013 use of heat for therapeutic purposes
57.014 use of ultrasound for therapeutic purposes
57.015 use of electrical current for therapeutic purposes
57.016 use of cold for therapeutic purposes
58.000 therapeutic counselling
58.001 therapeutic listening
58.002 psychotherapy
58.003 therapeutic counseling for a specific disease
58.004 motivational interview
58.005 supportive psychotherapy
58.006 psychosocial alcohol rehabilitation
58.007 psychosocial drug rehabilitation
59.000 other therapeutic procedure
59.001 minor surgery nec
59.002 delivery
59.003 acupuncture
59.004 caesarean section
59.005 plastic surgery
59.006 dialysis
59.007 removal of a foreign body
59.008 oxygen therapy
59.009 cardiopulmonary resuscitation
59.010 blood transfusion
60.000 test result
60.001 result of procedure
61.000 result examination from another provider
61.001 test from another provider
61.002 record from another provider
61.003 letter from another provider
62.000 administrative procedure
62.001 sick leave document
62.002 death certificate
62.003 certificate for driver’s license
62.004 billing issues
62.005 health questionnaire
62.006 health record issues
62.007 filling out documents
62.008 filling out forms
63.000 follow-up encounter
64.000 problem initiated by provider
64.001 encounter initiated by provider
65.000 problem initiated by third party
65.001 encounter initiated by third party
65.002 referral by family
65.003 referral by nurse
65.004 referral by social worker
65.005 referral by psychologist
66.000 referral to a provider (not doctor)
66.001 referral to a nurse
66.002 referral to a physiotherapist
66.003 referral to an occupational therapist
66.004 referral to a chiropractor
66.005 referral to a social worker
66.006 referral to an optician
66.007 referral to a midwife
66.008 referral to a dietician
66.009 referral to a dentist
66.010 referral to a home health worker
66.011 referral to an orthodontist
66.012 referral to a psychologist
67.000 referral to a physician
67.001 referral to a specialist
67.002 referral to a clinic
67.004 referral to hospital
68.000 referral to patient associations
68.001 referral to unemployment service
68.002 referral to hospice
68.003 referral to a nursing home
68.004 referral to a non-medical service
68.005 referral to an institution for rehabilitation
69.000 other process nec
We reproduced the list of titles of each section of the Q-codes in a tabular list comparable to that produced with the ICPC-2 in A4 format and known as "desk copy". Both tabular lists are used to have on hand for an easy coding process of literature in General Practice Family Medicine.

Each Q-Code has a definition. Please refer to Jamoulle M, Resnick MP. General Practice / Family Medicine Multilingual Terminology. Charleroi: Care Editions; 2016. 62 p

Consider http://3cgp.docpatient.net for further informations, user guide and other languages.

<table>
<thead>
<tr>
<th>QC PATIENT'S CATEGORY</th>
<th>QD DOCTOR'S ISSUE</th>
<th>QE MEDICAL ETHICS</th>
<th>QH PLANETARY HEALTH</th>
<th>QO OTHER</th>
<th>QP PATIENT ISSUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>QC1 age group</td>
<td>QD1 communicator</td>
<td>QE1 personal view</td>
<td>QH1 environmental health</td>
<td>QO1 Unable to code, unclear</td>
<td>QP1 patient safety</td>
</tr>
<tr>
<td>QC11 infant</td>
<td>QD11 encounter</td>
<td>QE2 professional ethics</td>
<td>QH11 indoor pollution</td>
<td>QO2 Acronym</td>
<td>QP2 patient-centredness</td>
</tr>
<tr>
<td>QC12 child</td>
<td>QD12 doctor-patient relationship</td>
<td>QE3 bioethics</td>
<td>QH12 outdoor pollution</td>
<td>QO3 Out of scope of family medicine</td>
<td>QP3 quality of health care</td>
</tr>
<tr>
<td>QC13 adolescent</td>
<td>QD13 counselling</td>
<td>QE31 euthanasia</td>
<td>QH2 biological hazard</td>
<td>QO4 Consider new code</td>
<td>QP4 patient perspective</td>
</tr>
<tr>
<td>QC14 adult</td>
<td>QD14 systems thinking</td>
<td>QE4 infoethics</td>
<td>QH3 nuclear hazard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC15 elderly</td>
<td>QD15 motivational interviewing</td>
<td>QE41 confidentiality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>QE42 informed consent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC2 gender issue</td>
<td>QD2 doctor as carer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC21 men's health</td>
<td>QD21 problem solving</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC22 women's health</td>
<td>QD22 comprehensiveness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC23 sex difference</td>
<td>QD23 health education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC24 transgender</td>
<td>QD24 clinical competence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QD25 continuity of care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QD26 palliative care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QD27 family planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC3 social high risk</td>
<td>QD3 care manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC31 ethnic subgroup</td>
<td>QD31 health risk management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC32 refugee</td>
<td>QD32 health issue management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC33 homeless</td>
<td>QD321 medically unexplained symptom</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC34 prisoner</td>
<td>QD322 multimorbidity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QD323 shared decision making</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QD324 incidentaloma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QD325 prescribing behaviour</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QD326 deadoption</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC36 survivor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC4 addict</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC41 prescribed drug addict</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC42 street drug addict</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC43 game addict</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC5 victim of violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC51 gender-based violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC52 child abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC53 elder abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC54 victim of torture</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC55 ritual mutilation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC6 survivor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QD4 clinical prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QD41 primary prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QD42 secondary prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QD43 tertiary prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QD44 quaternary prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QD441 overmedicalisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QD442 disease mongering</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QD443 overinformation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QD444 overscreening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QD445 overdiagnosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QD446 overtreatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QD5 complementary medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QD51 homeopathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QD6 medico legal issue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QD7 professional image</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QD8 work–life balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QE1 personal view</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QE2 professional ethics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QE3 bioethics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QE31 euthanasia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QE4 infoethics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QE41 confidentiality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QE42 informed consent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QH1 environmental health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QH2 biological hazard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QH3 nuclear hazard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QO1 Unable to code, unclear</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QO2 Acronym</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QO3 Out of scope of family medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QO4 Consider new code</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QP1 patient safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QP2 patient-centredness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QP21 accessibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QP22 temporal accessibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QP23 cultural competency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QP24 affordability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QP25 acceptability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QP3 quality of health care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QP4 patient perspective</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QP41 patient satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QP42 patient knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QP43 patient autonomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QP44 patient culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QP45 patient expense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
QP5 health behaviour
QP51 patient alimentation
QP52 patient’s sexuality
QP53 self-care
QP54 over the counter
QP6 patient participation
QP61 social network
QP7 patient advocacy

QR RESEARCH
QR1 science philosophy
QR2 epidemiology of primary care
QR21 pharmacoepidemiology
QR22 community-based study
QR3 research method
QR31 qualitative study
QR32 quantitative study
QR321 case-control study
QR322 cohort study
QR323 cross-sectional study
QR324 longitudinal study
QR325 intervention study
QR33 mixed study
QR34 validation study
QR35 action research
QR36 case report

QR4 research network

QS STRUCTURE OF PRACTICE
QS1 primary care setting
QS11 management of practice
QS12 economy of practice
QS13 health information management
QS14 practice equipment
QS2 out-of-hours
QS3 practice relationship
QS31 practice collaboration
QS32 referral
QS33 coordination of care

QS4 primary care provider
QS41 family doctor
QS42 nurse practitioner
QS43 midwife
QS44 allied health professional
QS441 physiotherapist
QS442 social worker
QS443 psychologist
QS45 family caregiver
QS46 pharmacist

QT KNOWLEDGE MANAGEMENT
QT1 teaching
QT11 pedagogic method
QT12 teaching organization
QT13 teaching evaluation
QT131 simulated patient
QT14 academic organization
QT2 training
QT21 undergraduate
QT22 vocational training
QT23 continuous medical education
QT24 Balint group
QT25 trainer
QT3 quality assurance
QT31 evidence based medicine
QT32 guideline
QT33 critical reading
QT34 peer review
QT35 accreditation
QT36 quality indicator
QT4 knowledge translation
QT41 publishing
QT42 online knowledge-sharing
QT43 digital library
QT44 electronic communication
QT5 health data reporting
QT51 sentinel network
QT52 adverse event
QT53 health database

© marc Jamoulle 2007-2016
This taxonomy is complementary to ICPC. It is intended to retrieve non-clinical concepts in GP/FM
Citation : Jamoulle M, Q-Code, version 2.5, tabular list, copy desk. 2016. http://3CGP.docpatient.net