Dor	nain name			
	Category name Sub-category name	Code	H Hazards Environmental Indoor pollution Outdoor pollution	QH QH1 QH11 QH12
С	Patient's categories	QC	Biological	QH2
<u> </u>	Age groups	QC1	Nuclear	QH3
	Infants	QC11	radical	Q. IO
	Children	QC12	P Patient issues	QP
	Adolescents	QC13	Diagnostic process	QP1
	Ageing	QC14		QP11
	Gender issues	QC2	Safety diagnostic process	
	Men's health	QC21	Therapeutic process	QP2
	Women's health	QC22	Availability of ther. proces	
	Social high risk	QC3	Over The Counter	QP22
	Ethnic subgroups	QC31	Comfort ther. process	QP23
	Migrants & refugees	QC32	Safety of ther. process	QP24
	Homeless	QC33	Practice & health care organisation	
	In jail	QC34	Availability of health care	
	Addiction	QC4	Accessibility of health care	
	legal products	QC41	Acceptability health care	QP33
	street drugs	QC42	Safety of health care org.	
	gaming	QC43	Participation	QP36
	Assault	QC5	Patient's views	QP4
	battered women	QC51	Patient demand	QP40
	victims of abuses	QC52	Patient appraisal	QP41
	torture	QC53	Patient satisfaction	QP42
	ritual mutilations	QC54	Patient knowledge	QP43
			Patient autonomy/depend	
D_	Provider (Doctor) issues	QD	Patient cultural backgr.	QP45
	Communicator	QD1	Patient expenses	QP46
	Encounter management	QD11	Patient health habits	QP5
	Doctor patient relationship		Nutrition	QP51
	Counselling	QD13	Sexuality	QP52
	Systemic	QD14	Self care & hygiene	QP53
	Caregiver	QD2	Travel	QP54
	Problem solving	QD21		
	Comprehensiveness	QD22	R R & D tools	QR
	Health education	QD23	Science philosophy	QR1
	Clinical skills	QD24	Epidemiology	QR2
	Continuity of care	QD25	Pharmacoepidemiology	QR21
	Palliative care	QD26	Community health	QR22
	A & E	QD27 QD3	Functional status	QR3
	Care manager		Research methods	QR4 QR41
	Health risk management Health issue management		Qualitative study Research network	QR41
	Health status assessment		Classification	QR5
	Outcome assessment	QD34	Scales & Questionnaires	QR6
	Genetic issues	QD35	Health economy	QR7
	Agent of prevention	QD4	PHC planification & organisation	QR8
	Primairy prevention	QD41	1 110 planinoation a organication	Q. (O
	Secondairy prevention	QD42	S Structure of practice	QS
	Tertiairy prevention	QD43	Infrastructure	QS1
	Quaternairy prevention	QD44	Setting (incl. rural)	QS11
	Complementary medicine	QD5	Economy of practice	QS12
	Medico legal issues	QD6	Practice management	QS13
	Professional image & identity	QD7	Manpower	QS14
	Health provider personal life	QD8	Health Inform. Manag.	QS15
	• •		Practice equipment	QS16
			Security	QS17
E	<u>Ethics</u>	QE	Relationship	QS2
	Personal views	QE1	Collaboration	QS21
	Professional ethics	QE2	Referral/ countereferral	QS22
	Bioethics	QE3	Coordination of care	QS23
	Euthanasia	QE31	Transdisciplinarity	QS24
	Infoethics	QE4	Professional bodies	QS3
	Confidentiality	OF41		

QE42

Informed consent

_	T	<b>.</b>	ОТ
<u>T</u>		(nowledge management	
	Teaching	•	QT1
		Teaching methods	QT11 QT12
		Teaching curriculum	
		Teaching program	QT13
	Training	Training & knowl. Eval.	QT14
	Training	Hadanaad aabaata adaa	QT4
		Undergrad, or basic educ.	
		Post graduate education	QT42
		Continuing medical educ.	QT43
		Supervision methods	QT44
		Trainers & Supervisors	QT45
	Ouglitus	Academics	QT46
	Quality a	assurance Theory & principles	QT5
		Theory & principles	QT50
		Evidence based medicine	
		Guidelines	QT52
		Critical reading & review Peer review	QT53 QT54
		Accreditation process	QT55
		Practice assesment	QT56
	Editina	Health device assesment	QT57 QT6
	Editing	Printed	QT61
		On line Information	QT62
		Digital libraries	QT63
	Reportin	•	QT7
	Reportin	Sentinel network	QT71
		Drug reporting	QT72
		Events reporting	QT73
0		Others	Q0
<u> </u>		<u> Unicia</u>	QU

This authority list, adapted from an orginal work of Prof. Dr. Henk Lamberts about Q codes in 1987, has to be completed by further analysis of publications in General Practice and Family Medicine.

Careful analysis of the definitions, inclusion and exclusion criteria is now necessary in order to avoid as far as possible the heterogeneity and the overlap of the classes.

This tool is complementary to ICPC and is designed to describe the metaclinical concepts refering to GP/FM. The letter Q is not used in ICPC and has been chosen to make the link with this clinical tool.

This tool is not validated nor is it endorsed by WICC.

As such it's a proposal for a future work proposed to WICC members during the Dunedin (NZ) meeting in 2007.

This work is free of use (free document) under the condition to publish the source.

Please do refer to marc@jamoulle.com for any questions.

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