Attempt to classify main descriptors of GP/FM job. Proposal for a metaclinical classification

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Family practitioner
ICPC is great

- But only clinical
- Family doctor work area and work load need specific descriptors
Objectives:

1. Global description of activity, skills and knowledge
2. Classification complementary to ICPC
3. Descriptors for indexation
4. Main axes of training for undergraduate and vocational
Metaclinical

- All those items aim to describe the content of GP/FM in its non clinical approach.

- They constitute meta-information on the way the clinics and the patient doctor relationships are driven.
Steps

- First building blocks: Q codes (Lamberts 1987)
- Filled up with personal experience
  - → Empirical document
  - → To be tested by a group
    - Looking for definition
    - Searching UMLS descriptors
    - Indexations exercises
# 8 chapters

| 1. Patient issues               | 1. QP patient          |
| 2. Provider’s issues            | 2. QD doctor           |
| 3. Structure of practice        | 3. QM management       |
| 4. Patient’s categories         | 4. QC categories       |
| 5. Hazards                      | 5. QH hazards          |
| 6. Ethics                       | 6. QE ethics           |
| 7. Training, teaching           | 7. QT training         |
| 8. R & D tools                  | 8. QR research         |
QP Patient issues

1. Availability of diagnostic process
2. Safety of diagnostic process
3. Availability of therapeutic process
4. OTC
5. Comfort therapeutic process
6. Safety of therapeutic process

7. Health care accessibility
   1. Reception
   2. Permanence
   3. A & E
   4. Out of Hours
   5. Home visit
   6. Tel call
   7. Email
   8. Web site
QP Patient issues (cont.)

8. Economic accessibility
9. Cultural accessibility
10. Geographic accessibility

11. Acceptability
12. Patient’s safety

13. Insurability
14. Work accident
15. Social Invalidity
QD Doctor issues

24. Communication
25. Encounter management
26. Doctor patient relationship
27. Counselling
28. Caregiver
29. Problem solving
30. Comprehensiveness
31. Prevention 1 to 4
32. Continuity
33. Doctor’s safety
QM Management

34. Infrastructure and material
35. Manpower
36. Case management
37. Clinical skills
38. Risk management
39. Security
40. Collaboration
41. Referral /counter referral
42. Coordination of care
43. Integration of care
44. Transdisciplinarity
45. Participation
46. Community health
47. Medico legal issues
48. Accountability
QC Categories of patients

49. Infants & children
50. Adolescents
51. Adulthood
52. Men’s health
53. Women’s health
54. Ageing
55. Migrants
56. Refugees
57. Social high risk
QE Ethics

63. Ethics
64. Personal views
65. Professional ethics
66. Bioethics
67. Infoethics
QH Hazard

58. Environmental
59. Indoor pollution
60. Outdoor pollution
61. Biological
62. Nuclear
QT Training
Training, teaching, editing

68. Medical pedagogy
69. CME
70. Teaching management
71. Pedagogic methods
72. Teaching evaluation
73. Quality assurance
74. EBM
75. Medical Internet
76. Publication
77. Science philosophy
78. Epidemiology
79. Biostatistics
80. Pharmacoepidemiology
81. Health policy and planing
82. Health economy
83. Medical informatics
84. Research methods
85. Classifications
86. Health indicators
87. Functional status indicators
88. Results