WICC meeting, Lyon, 27-08-2017 – 01-09-2017
Minutes

Agenda:	Date:	Minutes by:
WICC FULL SESSIONS BEGIN *Welcome and Orientation* *Welcome to meeting; Practical info on meeting; Distributing documents; Introductions – members/observers: Review and revise agenda; Update contact information; Upcoming meeting site possibilities* *State of WICC 2017* *Goals and agenda for meeting; General discussion, questions*	27-08-2017 09:00 – 10:30 Minutes 1	Graeme Miller

Introduction and welcome by TK

LL provided information about meeting rooms and catering and thanked the sponsors of the meeting

Members introduces themselves and detailed their background and expertise.

TK Problems with lack of members in some countries

TK outlined country usage of ICPC

TK presented tasks from the Turku meeting and what had ben achieved with resolution of those tasks.

(Presentation by TK, LL – see linked document:
https://www.dropbox.com/s/rt2zpakufzs439o/WICC%20Opening%20Session_Lyon_TK-LL2017_08_27.pdf?dl=0)

Agenda:	Date:	Minutes by:
Recruiting WICC members from missing parts of the world *Copyright and licenses of ICPC – the case of Uruguay and Argentina and what can learned from it.* *The consortium and WICC: Presenting the agenda and objectives of the consortium* *Proposal on how common work in the future might look like; role of the editorial board.* *Proposal of an information model to develop the ICPC-3 and the model that we used till now to develop the ICPC-3.* *Relation between the Consortium and WICC related to the development and maintenance of ICPC-3 (package, training, implementation material), and the interface.* *Licensing in the future*	27-08-2017 11:00 – 12:30 Minutes 2	Helena Britt

BUSINESS CARRIED FORWARD FROM PREVIOUS SESSION:

Membership of WICC

Replacement of lost countries and broadening of coverage.
WICC has lost North America (incl. Canada and US); New Zealand; Argentina and others. No effort has been made to replace members who have left WICC.
There are large areas of the world not represented on WICC.
This means that WICC is becoming increasingly Eurocentric.
After discussion it was agreed that efforts should be made to replace members from the lost countries and broaden membership to include new countries, to provide better cover of the world.
Sebastian agreed to contact the lot country past reps, get suggestions.
All members should think of people interested in/experienced with classification in primary care and approach them about becoming members of WICC.

Licensing issues of ICPC-2

Considerable discussion about the continued problems with licensing of ICPC-2 through Wonca. In particular Uruguay and Argentina which are using ICPC-2 nationally but do not have a licence. Other example countries were given re this issue.
Action: Thomas to contact Garth Manning and raise this issue with him and ask what Wonca is going to do about these countries.

It was generally agreed that there is little else we can do about the licensing issues facing Wonca.

NEW BUSINESS.

Consortium proposal

Kees reported that after many years he has finally received agreement from Wonca (at the Prague meeting) that they will support the development of ICPC-3 and the establishment of the Consortium to do the technical work.

He explained that there are groups which are willing to okay money to support the development of ICPC-3 . There is not yet a consortium. However agreement in principal has been gained with Wonca World, Wonca Europe, Brazil, Norway and Dutch College and Radbound University. The funds from these entities is still not sufficient. However, now that Wonca World has agreed that the consortium should be established, he will be approaching or re-approaching other countries that may now be willing to participate.

Kees emphasised that there would be no ICPC-3 without WICC. WICC is Wonca's specialist adviser in the Consortium; WICC is the 'Working Group" of Wonca and is therefore responsible for the content of ICPC-3.

The Technical Advisory Group/Taskforce of the Consortium would be responsible "how ICPC-2 is to be built" (technically) and this group will include a Member of WICC.
At the end of the project WICC needs to decide if it will endorse the end product to Wonca. If it will not then there is no ICPC-3. This gives WICC control over the end product.
This was further emphasised during the discussion. Kees agreed that WICC is the 'expert group' remain the 'authors' of ICPC-3 and will therefore 'have the 'AUTHORSHIP' of ICPC-3.

There was discussion about who would be responsible for licensing, distribution etc. of ICPC-3. Kees responded that this was not yet decided. The final negotiations of contracts with the partners of the Consortium have only just begun. There are many decisions that will have to be made in developing these agreements. However, he felt that the arrangement as to who will be responsible for distribution and licensing will probably not be discussed and finalised until much further into the three years project.

(Presentation by TK, LL – see linked document:
https://www.dropbox.com/s/rt2zpakufzs439o/WICC%20Opening%20Session_Lyon_TK-LL2017_08_27.pdf?dl=0)
(Presentation by KvB

Agenda:	Date:	Minutes by:
Discussion of the Consortium proposal	27-08-2017 14:00 – 15:30 Minutes 3	Nick Boot

Consortium session – continued (Nick Booth)

Kees presented a series of slides on the relationship of ICPC3 to other classifications involving a foundation and a reference set. Includes ICD11, ICHI, ICF, SNOMED-CT.
ICD content model described as an example
ICPC3 model will be as close to this as possible
Controversial discussion with a lot of misunderstanding
SNOMED-CT ICPC Refset agreed as a starting point for the reference terminology
If work of icpc3 incorporates this refset the reference terminology can be extended as needed.

Next step will be to meet Consortium members to understand their views on the partnership

Notes:

Develop ICPC3 + content model
Same model as for ICD11 and ICHI
Consortium objectives:
- English icpc3
- English reference model
- Icd11 / SNOMED-CT / ICHI
- Content collaboration experts

Content model is:
- Ontology structure
- Axes
- Value set axis
- Etc

See Kees Slides for this
Link to slides
https://www.dropbox.com/s/3qxm7mdxg4rg2x4/Project%20plan%20ICPC-3Lyon30082017.pptx?dl=0
Linearization – tabulation – classification – presentation – country lists
JK:
Shoulder syndrome example
MJ: icpc is made of concepts not language
Semantic technology
Discussion rambles on about underlying philosophy and the mutual understanding of words and expression
Conclusion that ref terminology could start with snomed ICPC refset and then extend iteratively
See slide for icd content model
Are clinical findings missing?
Where are social problems classified in ICD11?

Agenda:	Date:	Minutes by:
Ongoing discussion and decision on future collaboration between WICC and the consortium	27-8-2017 16:00-17:30 Minutes 4	Mårten Kvist

Ongoing discussion and decision on future collaboration between WICC and the consortium.
Thomas: Do we need an Editorial Board?
Jean Karl: He says that he originally suggested the nomination of an Editorial Board to ensure the conformity over chapters. Helena has done it until now, but it is a too heavy task for one person. Expert committee who is working on the actual
He said that Kees and Helena were suggested as well as Daniel, Elena Cardillo, Jean Karl wants to participate and it was accepted by the Executive Board. He also suggested Mårten as the leader of the Process Group to be a member.
Thomas. He supports the idea. The tasks should be defined as well as the composition.
Gustavo: How will the work be coordinated with the work on ICPC-3 and the work of WICC?
Marc: What is an Editorial Board? What is the Editorial Board controlling? Is EB also controlling the web? all kind of communication?
Thomas: How can we professionalize the work?

Nick: Will this be a Steering Group? WE need a group to make small amendments between the meetings. You are planning a too heavy organization. Executive Committee, Steering Committee, Editorial Board.

Jean Karl: He supports Nicks opinion. He suggest that the EB should decided about major changes a s etiology versus localization.

Helena: To change the content of the Chapters is a major change.

Jean Karl: We defer the decision to a later stage. I understand that It should be done by the Executive. Task Force or Expert groups, a Focus Group. It should not be "REPRESENTING WICC" but should bring things forward.

Kees: We should first discuss it in the groups and see if there is a need for such an expert Group. The WICC decided to defer the discussions.

Kees: Maintenance fee of 2000/year for members of the consortium. Where should the money go, if we earn money. License fee will go to the Consortium, not to Wonca.

Without WICC there will not be ICPC-3. We will always decide on the content and the relationshio to other classification. WICC will retain the authorship (training, educational material) how it is presented in training material should belong to the authorship.

Taran: We need a platform where WICC is owning the classification. Authoring classification? Can be done.

Athanasios: Were is CLAM?

Kees: We had it seven years ago.

Planning for the MONDAY MORNING:

Nominations for WICC executive:

Shabir was elected to president of Wonca Africa and had therefore to step down

Laurent is the only nominated to the Executive Committee, was elected.

Nominating Committee: Daniel stepped down, Preben elected instead.

The Policy Document should be updated. Open issue: What types of members and how they are elected? How the status of the members is changing. Should be updated every year.

Helena: We could create a package of background material for ICPC-3.

Thomas: Julie wants to open the platform for observers.

Nick: IT should be much easier to become a member of the Committee.

Øystein: If you close the probation time period, it can create difficulties.

Jean Karl: The mailing list is necessary. We could have an open forum for those interested and a private room. We should not have given access to the Wonca Executive to the emails within WICC. That is the cause of poisoning the atmosphere. Do not put Wonca Executive on the internal mailing list.

Helena: We should inform Wonca Executive. But we should limit private communication within the Google Group.

Nick: If the Wonca EB cannot help our problems, we should not share our problems with them.

Thomas: We should have an own mailing list. It does not exclude the participation in a Google group. The Governance committee should take responsibility for the mailing list and do regular updating.

Taran: Important to report the work of WICC even for patients. She is using Google Groups.

Jean Karl: The Google Groups is only intended for WICC and Wonca EB.

We voted that Google groups should include Wonca Executive. (13 in favor 8 against).

Athanasios: We need a closed group for WICC members

Marc Verbeke: This creates censorship. Who will be the censor.

Thomas: Everybody who writes an email is the censor for himself.

Dimitris: We need an open and one closed group.

Heinz: Two lists do not work. People start to have emotions after a while.

Nick: Highly dangerous to exclude Wonca Executive (He said WICC Executive, but proabably meant WONCA Executive!)

Marc Verbeke: The email correspondence is not reflecting the work of WICC.

Thomas: The Observers will be on the Google Groups listed.

We voted that we will have a common list for WICC , Observers and Wonca Executive.

Agenda:	Date:	Minutes by:
Nominations for WICC positions *General discussion*	28-8-2017 09:00-09:30	No minutes

Executive Committee: Shabir Moosa did not want to continue: Laurent Letrillart nominated and elected
Governance Committee: Daniel Pinto did not want to continue: Preben Larsen nominated and elected

Agenda:	Date:	Minutes by:
Report on WICC engagement in Wonca and other Conferences *Report on Wonca/WHO ICD-11 PC issues*	28-8-2017 09:30-10:30 Minutes 5	Tuija Savolainen

https://www.dropbox.com/s/mo5okr8sxlbnflz/Report%20on%20WICC%20engagement%20in%20Wonca%20and%20otherconferences2017_08_26.pdf?dl=0
Presentation by Thomas Kühlein

https://www.dropbox.com/s/qkvlzmbt5of60yt/Report%20on%20collaboration%20with%20WHO2017_08_26.pdf?dl=0
Presentation by Kees V Boven

Ongoing work on ICPC-ICD PC Linearization (notes by Tuija)

Thomas and Kees reported on work going on with ICPC-ICD11 PC Linearization
- Memorandum of Understanding (MoU) has been drafted, not agreed upon, not signed
o The work with linearization started about 2 years ago, based much on voluntary work
o Proceeding at this point using a web-based browser as a tool
o A question discussed is the possibility to develop codes / collective classes that are important in primary care but do not exist in ICD11

- There have been two meetings in Geneva (WHO - WICC / Kees, Thomas, Martti Virtanen, Robert and Linda) and one in Sweden
o WHO seems to recognise the importance of primary care as a way to reach the universal health coveradge

- The MoU is currently under work in Wonca, and **the negotiating are continued by WHO and WONCA, Wonca/WICC acting as a working group**

- An issue was raised whether you can /should develop a classification for primary care except starting the work from the foundation of primary care

- Collaboration with WHO was seen important, yet it was a clear understanding by WICC that the work and its results should create value for Primary Care, work of WICC, and work for enhancing the interests of primary care

- **the Executive Board plays a key role in advocating WICC's ideas and need to reach the final MoU**
o **WICC members are invited to contribute to the work, and those willing to participate are to contact Thomas**

- Kees demonstrated the working tool used in the linearization process

- Marc J demonstrated bubblenet.org and how a classification and concepts can be developed using semantic web

Agenda:	Date:	Minutes by:
Parallel sessions:	28-8-2017 11:00-17:30	No minutes

Introduction to the work of WICC for newcomers and observers
https://www.dropbox.com/s/3cujy79br39c8yv/WICC-2017_PL.pptx?dl=0 presentation Preben Larsen

Agenda:	Date:	Minutes by:
Parallel sessions:	28-8-2017	Mårten Kvist

Translation group working
Links documents:
https://www.dropbox.com/s/umdypoms88a2ex5/icpc%20multilingual_en_fr.xlsx?dl=0
https://www.dropbox.com/s/6oevsqsuf6xa7md/ICPC2%20ukrainian%2019%2005%202017.pdf?dl=0
https://www.dropbox.com/s/z32c47o5uci56up/Kopi%20af%20Members%20of%20Translation%20Group.xlsx?dl=0

Translation Group 28.8.2017/ Mårten Kvist

1) Communication

Ukraina: There will be a Forum with WHO, and the main topic will be ICPC. 20 000 GPs in Ukraine.
Latin America: Ecuador, Argentina, Uruguay, Brazil are using ICPC, but nobody knows to what extent.
We need a South-American Task Force to promote the use of ICPC in South America. Miguel will make he initiative.
Quechua is a main language in Peru and Bolivia. Marc will initiate the contacts with potential translators.
2) New translations

UKRAINIAN:
2-Pager and Chapter 10 translated by Vladyslav Odrynskyy and Vadym Vus.
The book is not yet translated. No electronic version is yet done.
Version 5,0 from 2013 downloaded from KITH website was the basis for the translation.
Back translation not done. Will be done by a native British speaking doctor, who understands Ukrainian.
Jan de Maeseneer and Kees van Boven trained doctors in Ukraine, two from each region.
No permission for translation from WONCA was asked for.
License to use ICPC in the whole country has been bought.
ICPC is a new philosophy in Ukrainian PHC. It is revolutionary and "we will move fast".
World Bank has financed the work until now!
Within one week MoH will publish a Decree that ICPC is allowed to be used in PHC. After some time it will be obligatory. The motivation for GPs to use ICPC is that it saves time (no paper work anymore).

3) HETOP Multilingual interface

www.3GCP.docpatient.net Marc's personal website.
20 languages
4) Proposal for Future chair (one year) Olesya Vynnyk. There is a big need to spread ICPC in the former Soviet Republics.

Agenda:	Date:	Minutes by:
Report of Translations group *Report of SNOMED group* *Report of Process group*	29-8-2017 09:00-10:30	Sebastia Juncosa

Minutes of Tuesday 29 August 9,00-10,30
Report of SNOMED group (GM)
Brief introduction about SNOMED and WICC.
GP specialist group was replaced.
Some countries that use ICPC are interested in SNOMED and joined the group. There are nowadays two groups. The Clinical Reference Group which is an open group, and the working group on mapping SNOMED - ICPC. SNOMED is revised each 6 months which adds difficulties to its work.
The importance to have a stable communication wonca –SNOMED is emphasized
TK ask about what can we do as a group.
HB asks about the meaning of "ICPC implemented". He argues that it can change very much from one country to another. Examples of different ways of implementation are: Reason for encounter, episode oriented, structure, ….
NB try to concrete a little bit. Information of the grade and type of implementation in different countries is needed form the WICC members. He also clarify that SNOMED is a nonprofit organization.
Some members agree to participate in gathering a catalogue of GP systems (TB, HB, …).
Report of Translations group (MKv)
Present the members of the group and changes from last meeting. The lack of continuity adds difficulties to the work of the group.
The minutes of the group of the last meeting in Turku were presented.

(MKv presentation NA)

MJ address the idea that back translation do not should be done always with English. This is based since we talk about concepts, not language. English is our gold standard. KvB send the link of the last version

Training and dissemination group
10 members.
To have Channels such as you tube is seen as important and a strong resource
Use cases for discussion, short videos, interviews, etc. Records linked to official web side wonca, etc
It is very important for us to be more visible.
It was accepted that the possibility to have a Logo for WICC and this will be talked with wonca.
Report of Process group MKv
Old and new members based on last meeting.
Two sessions. The first one, the group discus the communication with MJ observations about the Sub codes. The review of all the observations discussed in the group was presented as well as changes approved.

(MKv presentation NA)

Some of them are discussed by the group.
KvB thinks it is a major change and it should not be done in this version. Although he thinks they make sense. These changes will be established in v 7,0
HB observed that we do not have to mix WICC products approved by WONCA such as ICPC and other that are not (Q Codes).

Agenda:	Date:	Minutes by:
Progress on ICPC-3 chapters *Work plan review, Work done to date, Plan for chapter group work*	29-8-2017 11:00-12:30	Gustavo Gusso

1. ICPC Process report

Marten leaded
Process Group discussions:
What will be WHO structure for process codes
ICPI could be used for overlapping codes
There are many procedures at 99 codes
When a procedure is a reason for encounter – we need to report procedure
We can use process codes for RFE but not for diagnosis
Map to ICD guides to mistakes when we have process at ICD
Discussions around components of process codes and the attributes (patient attending the practice, third part contact, etc…) as one these components
Discussions around process codes be linked or not to chapters – Australia can link one procedure up to 5 different problems
Marten suggest that Laurent take the leadership of process group

1. ICPC 3

Helena leaded
Introduction history from the last years
Helena showed the example of chapter G
Reports:
- Report chapter D
- Report chapter L: no report from Gojo
- Report chapter N
- Report chapter P: didn´t start – leader has dropped off from the group
- Report chapter R: just started
- Report chapter S: two groups worked on that and reached the same results;
- Report chapter W
- Report chapter U
- Report chapter Z

Chapter leaders: some has members presents, some didn´t started,
Focus on chapters U/ W, P (important), A (difficult), T (almost didn´t started)
- A – **Dimitris,** JK, Kees
- U – **Nicola**, Olaumni, Laurent, Preben
- (W – **Laurent** leads – can´t be at same time with U because overlaps members)
- P – **Jean Karl**
- T - **Preben**

Discussions around risk factors

Agenda:	Date:	Minutes by:
Chapter work	29-08-2017 14:00 – 16:00	Reports to Helena Britt
No minutes, reports to Helena Britt		

Agenda:	Date:	Minutes by:
Chapter work	30-08-2017 09:00 – 17:00	Reports to Helena Britt
No minutes, reports to Helena Britt		

Agenda:	Date:	Minutes by:
Report chapter groups, discussion of cross chapter issues	31-08-2017 09:00 – 10:30	Françoise Mennerat

Chapter R

Outstanding issues

Outstanding cross-chapter issues

Suggestion to move 'Sleep-Apnoea' from Chapter P to Chapter R

Suggestion to outline a sub-component within Component 1 to gather there in a consistent way what are in fact Findings, so having them sorted out from Symptoms and Complaints.

Need to be specific about which ragbags are to be used when we say "move to ragbag".

Question debated: is ICPC to be used to drive practicing GPs towards current clinical knowledge, away from outdated statements rejected by scientific evidence? Reply: Yes.

Chapter A

Question: should 'Risk factors' be re-branded 'Factors influencing health'? Should a new component be created for that?

Chapter Z

Suggestion that there would be a need for an entirely new specific component structure for this Chapter.

- But keep in mind that ICPC is about health, not e.g. environment;

- Don't confuse interfering factors with episodes of care.

Kees' presentation of the Consortium to come and its relationship with WICC: roles, accountability, etc.

Agenda:	Date:	Minutes by:
Discussion on Consortium and Content model (continued)	31-08-2017 11:00 – 12:30	

Discussion on Consortium and Content model (continued)

Kees van Boven (KvB) introduced the aims and objectives of the Consortium and the Content model presented three days ago. The Consortium partners together with Wonca World are responsible for steering and guidance of the project, but WICC is responsible for the content of ICPC-3 and the reference terminology. WICC is responsible for training and implementation, and updates of ICPC. WICC will represent Wonca in WHO and WHO-FIC, and authorship of the new book belongs to WICC. Nijmegen University will do a lot of the work on ICPC-3. Goal will be to have ICPC-3 in three years, and an organisation chart and timeline were presented.

Decision: WICC is the author of ICPC-3

Francois Mennerat asked about conflict resolution, and licence management. KvB replied that the Nijmegen lawyers are drafting a Consortium agreement, and this shall be circulated to all of us. Wonca has agreed that the Consortium shall manage the licensing, but Wonca will ask for 25% of the licence income fees.

Nick Booth questioned the choice of Nijmegen and their expertise. KvB responded that Nijmegen has set aside much of the money for the Consortium but shall develop its expertise as the project progresses, and the University wants to become a centre of excellence in this area.

Thomas K raised the issues of the role, and task of the Editorial Board / WICC Task Force:

JKS, Helena Britt, Elena Cardillo, Marc Vebeke, Julie Gordon, Olawunmi O are proposed as member of the task force to work directly with the Consortium as the expert group.

JKS and TK explained the suggested "modus operandi" of the task group, which shall be a work group which shall handle cross-chapter and intra-chapter issues in consultation with the Chapter leads, and shall refer any recommendations and controversies to the larger WICC Committee. Nick Booth asked for further clarification on roles and conflict resolution of the tasks outlines, and the committees involved. TK responded that the Consortium needs to propose a structure and Executive Committee decides on the best model and transparently informs all WICC members.

Marc Jamoulle mentioned Erik Falkoe was the first to suggest the idea of a Consortium. MJ also stated that the website should be the responsibility of the task group. TK thanked MJ for all the past work on the website. NB and JKS did not agree. MJ explained that he feels that a new perspective for the website is necessary, and that the task group shall be responsible for WICC communications. He shall continue to manage the website until a replacement is found. NB disagreed with MJ, and stated that a description of the task and terms of reference for the task group are needed, but that this should not include managing the website. HB asked whether this could be taken over by a Consortium employee. TK suggested a member of his Institute as a technical editor, but a member of WICC who looks at content is needed.

Decision: The task group to do the technical work on ICPC-3 shall be composed of Helena Britt, JK Soler, Elena Cardillo, Marc Vebeke, Julie Gordon and Olawunmi O. The website shall be managed by a new team, and MJ was thanked for his past work.

Other issues
TK announced that Morocco shall purchase a licence for ICPC-2

Presentations
The free time available for other work during this session was used for the presentations by TK and JKS

Addendum:
Dear Preben this is what Thomas read out. It should be in my minutes, please, in some form Best regards JK **----- Original Message ----- From:** jksoler@synapse.net.mt [mailto:jksoler@synapse.net.mt] **To:** thomas.kuehlein@uk-erlangen.de **Cc:** jksoler@synapse.net.mt **Sent:** Thu, 31 Aug 2017 11:58:18 +0200 **Subject:** Dear Thomas thank you for understanding. My three points are: "1. Discussions in the chapter groups (most of them) were to/fro, often with people intervening many times. As such, it is not unacceptable that one may intervene multiple times during a plenary discussion, as long as the interventions are polite and relevant. Members should not censor or interrupt each other - only the Chair should stop interventions 2. It is not acceptable that a Member should dis-empower another by trivialising another's arguments or scientific research, passing gratuitous or sarcastic comments, grimacing or making negative gestures 3. Once an argument is challenged, especially if a person's credibility or research is challenged, then the right of reply should be allowed by the chair"

Best regards JK

Agenda:	Date:	Minutes by:
WICC Open Session *PRESENTATIONS related to primary care classifications*	31-8-2017 14:00-17:45	

http://www.ph3c.org/4daction/w3_CatVisu/en/lyon-meeting-2017.html?wDocID=461

Link to Program and presentations Open Day, WICC meeting, Lyon,

Program Open Day

1400-1615	**PRESENTATIONS related to primary care classifications**	
1400-1415	New online availability of ICPC and Q CODES/Report of Q-Codes Group	Marc Jamoulle
1430-1445	Representation of allergic and related conditions in the ICD-11	Luciana Tanno
1445-1500	Predicting patient use of general practice services in Australia using ICPC-2	Helena Britt et al.
1500-1515	Developing an ICF questionnaire for PC.	Simone Postma
1515-1530	Terminology Support Services in the context of Italian Federated Electronic Healthcare	Elena Cardillo
1530-1545	Medication management and adverse drug events in Australian general practice patients	Graeme Miller
1545-1600	Drug prescription in primary care: what are the objectives?	Laurent Letrilliart et al.
1615-1630	Break	
1630-1645	The introduction of ICPC in Ukraine	Olesya Vynnyk, Vadym Vus
1645-1700	ICPC-3 as an ontology	Benjamin Fauquert
1700-1715	Risk management and classification: why should the future be told in a different language?	Philippe Ameline
1715-1730	HeTOP, crosslingual terminology server in health	Stéphane Darmoni
1730-1745	NBP – net benefit prediction: a method to introduce quantitative information into therapeutic medical decision making	François Gueyffier

Agenda:	Date:	Minutes by:
Action plan for 2017/2018 *Presentation for meeting place, WICC 2018, Ukraine*	01-09-2017 09:00-12:30	Thomas Kühlein
Thomas: Miss your presentation – overview from this session		
Lunch and departure of participants	12:30 – 13:30	