

INTERNATIONAL CLASSIFICATION OF HEALTH PROBLEMS IN PRIMARY CARE

CLUSTERS of initial letters sometimes combine agreeably and can be comfortably expressed as a spoken word. Not so I.C.H.P.P.C., the initial letters of the International Classification of Health Problems in Primary Care which is described in the first of the new series of *Occasional Papers* to be published by this *Journal*. The fact, however, that the sequence of initials challenges expression may be no bad thing if it focuses attention on an important new advance in medical research.

The *International Classification of Disease* has for long been recognised as a classification for the hospital clinician and the pathologist. Short lists had been prepared for public health use but these, too, were unrealistic in the context of primary care. One of the early tasks of the College of General Practitioners was to devise a classification which was relevant to the spectrum of disease seen in general practice, one which general practitioners could use easily. After a first trial of an hierarchically arranged classification the current version was introduced in 1963, and has remained in use until now. It served, with slight modifications in the second national morbidity survey, and has been the basis for the diagnostic index, S-card systems and other methods of data collection introduced by the Research Committee of Council.

The 1963 Classification was designed for use in Britain, but came to be used all over the world. There were, however, inconsistencies and deficiencies which came to light after this extended use. Some sections were too long, and some categories were not used enough to justify their continued inclusion.

At the convention of the World Organisation of National Colleges and Academies of General and Family Practice in Melbourne, in 1972, it was agreed that an attempt would be made to merge all current classifications and a committee was set up under Canadian chairmanship. I.C.H.P.P.C. is the result of their deliberations and trials in countries throughout the world. It was presented to the sixth World Conference of W.O.N.C.A. in Mexico City in November 1974 and formally adopted for world use in general practice. It will come into use gradually, running in parallel with existing classifications without inconsistency since standard rubrics have been used almost exclusively. New projects can be based on the new classification as this becomes readily available.

In this country the publication of the I.C.H.P.P.C. as an *Occasional Paper*, obtainable from the headquarters of the Royal College of General Practitioners, the Journal Office or the Birmingham Research Unit, has been made possible by the Research Foundation of the College, which has given a generous grant. The production and distribution of revised diagnostic index cards, desk displays and other essential documents will be undertaken by the Birmingham Research Unit. A small charge may be necessary in some cases.

Those changing to the new classification will not invalidate the work they have already done for a high measure of comparability remains. Recorders are advised to change to I.C.H.P.P.C., and to train their staffs to use it, in the interests of both national and international consistency, the achievement of which is yet another milestone in the progress of academic general practice.

REFERENCE

World Organisation of National Colleges and Academies of General Practice (1975). *International Classification of Health Problems in Primary Care. Occasional Paper No. 1*. London: *Journal of the Royal College of General Practitioners*.