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New RCGP Classification

Sir,

While Dr Patterson (July *Journal*) criticizes the behaviour of College towards WONCA and regrets the incompatibility of the new College classification with ICHPPC-2, our reservations are more fundamental.

Classification aims 'to order phenomena into groups on the basis of their similarities or relationships'.[1] Unfortunately the phenomena of medicine (perhaps especially of general practice) are capable of classification in a number of ways. First, we must decide what is the *purpose* of a classification. Is it to label, count, compare, predict or a combination of these?[2] The Occasional Paper[3] is not specific on this point. However, much is made (and repeated in Dr Kay's reply to Dr Patterson) of compatibility with ICD-9 and with the needs of the NHS: 'General practitioners in Britain will be capable of providing a unique range of comprehensive morbidity data relating to the population, which will greatly enhance the planning of patient care throughout the National Health Service.' Labelling and counting rather than comparison and prediction seem to be the major purposes of the classification.

It claims to be 'the first classification ... specially designed for use on the computer'. This would be admirable given recognition by the authors that the major requirements of such a classification for the working practitioner are that it is sensitive (as well as specific) and employs labels that are predictive.

At the level of the practice (rather than national surveys) computerized 'morbidity' recording offers the opportunity to follow the symptoms and social situations of individuals over time; to derive a vocabulary of labels meaningful in terms of prediction and thus useful in clinical care.

Currently it is widely accepted that general practice is 'at a loss for words'.[4] Finding the right words will not come about through borrowing the language of specialist clinicians and epidemiologists, as represented by ICD-9; such convergent thinking has led to the adoption for this 'new' classification of categories of social problem rather than social variable and of mental disorder rather than psychological variable. Incidentally, this approach leads to the apparently bizarre conclusion that at least four heads of academic departments of general practice in Britain are suffering from a mental disorder (1125. Smoker, Pipe); presumably most of the remainder are afflicted with 1120. (Non-smoker).

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Sir,

I read with interest the article 'Where does the College stand in the field of classification?' (Patterson W.M. July 1984) and Dr Clifford Kay's reply as Chairman of the College Information Technology Working Party.

I am a participant in the Department of Industry scheme for evaluation of computers in General Practice. This scheme is organized in 'clusters' of practices so that information and experience can be exchanged, and will involve approximately 500 practices. I have a level two system which is suitable for use in medium-sized practices.

In 1983 I wrote to the RCGP requesting help in setting up a disease indicator computer section and was sent 'RCGP and Office of Population Censuses and Surveys: A classification of morbidity for the national morbidity survey 1970-71', and this has proved an easy system to use in relation to categorizing indicators of disease and recall (for example cervical smears) and thus far the transfer from existing 'problem-orientated' records is proceeding smoothly. It is a system classified simply under 18 headings and appropriately coded. I am now informed that the Manchester Research Unit of the RCGP has produced a classification likely to be used as the national standard. A request for a copy of the relevant publication (Occasional Paper 26) resulted in receipt of an invoice, in advance, for £4.75 even though I am a current member of the College.

Did the Manchester Research Unit consult any practice using computers? Do they know the number of manhours needed to program in the data for several thousand patients? Did they co-ordinate in any way with the only existing major national scheme to evaluate the use of computers in general practice? If they did,