nehta

Document ID: NEHTA-2196:2015

Clinical Terminology - SNOMED CT-AU v20151130

Release Note

30 November 2015

Approved for external information

Summary

EP-2193:2015 Clinical Terminology v20151130

SNOMED CT-AU is the Australian extension to the Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT®[1]), incorporating all Australian-developed terminology including the Australian Medicines Terminology (AMT) along with the core international data. SNOMED CT-AU provides local variations and customisations of terms relevant to the Australian healthcare sector for implementation in Australian clinical IT systems.

All terminology files are prepared in a format and to a standard that is consistent with International Health Terminology Standards Development Organisation (IHTSDO) releases. For the convenience of AMT-only users, these release files are currently also available as a stand-alone download; however a separate release note has not been provided.

Release rationale

Each month, NEHTA releases clinical terminology updates to incorporate new content, enhance existing content, and make more effective use of the existing terminology.

This release contains content changes and has been maintained against the July 2015 SNOMED CT release from the IHTSDO. It also incorporates AMT products that become available on the *Schedule of Pharmaceutical Benefits* – including the *Repatriation Pharmaceutical Benefits Schedule* – on or before 1 December 2015.

Identifying the version of this release of SNOMED CT-AU

From November 2015, the AMT is included as a formal subset of the SNOMED CT-AU release. This has the dual effect of enabling future integration work, and to better support the usage of terminology within the personally controlled electronic health record (PCEHR). As a result both terminologies will now use the same module identifier.

When using codes from this release (for example, in clinical documents, maps, or terminology servers) the following string should be used to identify the version of this release:

http://snomed.info/sct/32506021000036107/version/20151130

[1] This material includes SNOMED Clinical Terms™ (SNOMED CT®) which is used by permission of the International Health Terminology Standards Development Organisation (IHTSDO). All rights reserved. SNOMED CT® was originally created by The College of American Pathologists. "SNOMED" and "SNOMED CT" are registered trademarks of the IHTSDO.

HL7™ Clinical Document Architecture (CDA™)

In any CDA[2] document, the version of this release may be encoded in a Concept Descriptor field named *xyz* using the *codeSystemVersion* attribute as shown in the following examples. Note both "Australian Medicines Terminology (AMT)" and "SNOMED CT-AU" remain as acceptable code system names.

```
<xyz code ="33256011000036105"
      codeSystem="2.16.840.1.113883.6.96"
      codeSystemName="Australian Medicines Terminology (AMT)"
      codeSystemVersion=
"http://snomed.info/sct/32506021000036107/version/20151130"
      displayName="Lorano 10 mg tablet: uncoated, 30"/>


<xyz code ="59621000"
     codeSystem="2.16.840.1.113883.6.96"
     codeSystemName="SNOMED CT-AU"
     codeSystemVersion=
     "http://snomed.info/sct/32506021000036107/version/20151130"
     displayName="Essential hypertension"/>
```

HL7 Fast Healthcare Interoperability Resources (FHIR®)

In FHIR® resources, the version of this release may be encoded in a Coding field named *xyz* using the *version* element as follows:

1. **XML example:**

```
<xyz>
     <system value="http://snomed.info/sct" />
     <version value="http://snomed.info/sct/32506021000036107/version/20151130"
/>
     <code value="33256011000036105" />
     <display value="Lorano 10 mg tablet: uncoated, 30" />
</xyz>
```

2. **JSON example:**

```
"xyz": [
   {
      "system": "http://snomed.info/sct",
      "version": "http://snomed.info/sct/32506021000036107/version/20151130",
      "code": "33256011000036105",
      "display": "Lorano 10 mg tablet: uncoated, 30"
   }
]
```

Package inclusions

New

Identifier	Name and version
NEHTA-2196:2015	*Clinical Terminology - SNOMED CT-AU – Release Note v20151130*
NEHTA-2195:2015	*SNOMED CT-AU – Combined Release File v20151130*
NEHTA-2194:2015	*Australian Medicines Terminology – Data Extract v20151130*

[2] HL7 and CDA are trademarks of Health Level Seven International and are registered with the United States Patent and Trademark Office. FHIR is a registered trademark of Health Level Seven International.

Audience

The audience for this end product is any licence holder with a practical interest in the SNOMED CT-AU and AMT release files, including; software developers, content and/or mapping developers, testers, information system suppliers, analysts, terminology and/or classification specialists, health IT professionals and researchers.

Change summary

Content

Terminology	Category	Description
SCT-AU	Content maintenance	The core Concept, Description, and Relationship files have been updated to include the July 2015 International SNOMED CT release. Consequently, all reference sets provided in the previous release have been updated accordingly.
SCT-AU	New content reference sets	All reference sets have been maintained against the July 2015 release of SNOMED CT. The following reference sets have been added to this release: • *Procedure grouper exclusion reference set;* • *Dose based prescribing dose form reference set;* • *Dose based prescribing dose frequency and interval reference set; and* • *Dose based prescribing route of administration reference set.* Refer to the *NCTIS - Development Approach for Reference Sets v2.0* for further information.
SCT-AU	*GP/FP Reference Set* and SNOMED CT to ICPC2 Map Baseline	On 30 September 2015, the IHTSDO published a baseline release of a SNOMED CT *General Practitioner/Family Practitioner* subset and a SNOMED CT to ICPC-2 map. Unfortunately, the artefacts do not adhere to the standards specified in the *SNOMED CT Technical Implementation Guide* and quality of the *General Practitioner/Family Practitioner* subset cannot be assured at this time. Until the technical issues are resolved and an assessment of the reference sets against the terminology requirements of the Australian GP environment has been performed, these artefacts will not be included in the SNOMED CT-AU Release File Bundle.
SCT-AU	*GMDN simple map reference set*	The Global Medical Device Nomenclature (GMDN) simple map reference set which was published in the May 2015 release has been withdrawn and is now no longer included in this release. Also see the Technical change summary, below.
SCT-AU	*Australian dialect reference set* (ADRS)	The *Australian dialect reference set* (ADRS) has been updated to accommodate new concepts and descriptions in the updated core files as well as changes based on content development and review, particularly for the analysis and resolution of duplicate PTs between concepts of the same semantic type, as well as the continued systematic review of ADRS entries.

SCT-AU	Content improvement	Specific improvements for this release are as follows.[3] • Electrocardiogram To standardise the representation of electrocardiogram concepts for Australian use, Preferred Terms were reviewed and will use a description containing the acronym "ECG". • Chronic obstructive pulmonary disease To standardise the representation of chronic obstructive pulmonary disease concepts for Australian use, Preferred Terms were reviewed and will use a description containing the acronym "COPD". • Search term improvement In an effort to improve search results, a number of acronyms have been added as synonyms: o ECG (electrocardiogram); o COPD (chronic obstructive pulmonary disease); o SCC (squamous cell carcinoma); o BCC (basal cell carcinoma); o AVM (arteriovenous malformation); and o MCA (middle cerebral artery). • Medical devices Content has undergone continued development with an increase in content as well as quality assurance reviews. • Nursing Content has been added for nursing intervention activities including assessment, promotion, education, family education, liaising, facilitation, and management procedures. • Dentistry New content development has occurred as part of an alignment with SNODENT. • Fixation of fracture – open and closed procedures New concepts were added as subtypes of open reduction of fracture and closed reduction of fracture, including new concepts using fixation device. • Insertion of bone growth stimulator procedures New concepts were added as subtypes of, Insertion of bone growth stimulator (procedure). • Arthrotomy with drainage procedures New concepts were added as subtypes of, Drainage of joint cavity (procedure). • Laparoscopic procedures New concepts were added for laparoscopic procedures. • Percutaneous fine needle aspiration biopsy procedures New concepts were added for interventional procedures using imaging guidance. • Diagnostic imaging procedures New concepts have been added for both diagnostic and interventional imaging guided procedures. • Controlled Medical Terminologies (CMT) Continued development of CMT content. • X with Y project

Terminology	Category	Description
		The Event, Condition, Episode (ECE) group have informed the addition of a large number of combined disorders and the representation of their temporal and causative relations. • LOINC™[4] – SNOMED CT cooperation project Content development for this project continues, including substances in the area of antigens, antibodies, and immunoglobulins. • Rare genetic disorders Coverage has been improved for rare genetic disorders. • Anatomy New anatomy content has been added, resolving the incomplete and incorrect modelling of a number of disorder and procedure concepts. Inconsistent representation of metatarsal and metacarpal bone structures has also been addressed as part of the alignment with the Foundation Model of Anatomy (FMA). • Inconsistency between semantic tag and hierarchical relationships All concepts with the semantic tag (disorder) are now descendants of the concept, Disease (disorder). • Semantic tag cannot be found (inactive concept) A number of inactive concepts do not have a Fully Specified Name (FSN) with a semantic tag. Many of these historical concepts have now been fixed. • A synonym must exist with same text as FSN Where they didn't previously exist, many concepts have had a synonym with the same text as the FSN added. The remaining affected concepts will be resolved in forthcoming releases. • Turner syndrome A number of non-synonymous descriptions were inactivated and new concepts created to accurately represent Turner syndrome. • Revision of infectious and congenital disease content Revisions to the modelling of Bacterial Infectious Disease and Congenital Disease hierarchies was begun to address issues of inconsistency. • Product hierarchy allergen extracts Coverage of these products has been greatly improved.
AMT	Content Improvement	The FSN and Preferred Term (PT) descriptions of the AU Qualifier, "strip: diagnostic" (concept ID 700000611000036104), have been inverted, with removal of the colon, to read "diagnostic strip". This has resulted in the update of 396 concept descriptions (198 FSN and 198 PT). There have been no changes to the corresponding description IDs, concepts or concept ID's.

[3] This entry paraphrases content from the *SNOMED CT International Release Note (20150131 release)*. See http://www.ihtsdo.org/snomed-ct/get-snomed-ct for information on obtaining SNOMED CT.
[4] LOINC is a trademark of Regenstrief Institute, Inc., registered in the United States.

Terminology	Category	Description
AMT	Synonyms	Synonyms (or alternate names) for some AMT concepts (i.e. Substances and Medicinal Products only) will be included. Further information about the use of synonyms can be found in the Technical Implementation Guide (TIG). These synonyms are distinguishable from their PTs by using the Australian dialect reference set, whereby the synonyms are annotated with an acceptabilityId of 900000000000549004 |Acceptable| while the PTs are annotated with an acceptabilityId of 900000000000548007 |Preferred|. Other AMT concepts such as Medicinal Product Unit of Use (MPUU), and Medicinal Product Pack (MPP) concepts, will not have acceptable synonyms added. The affected products in this release are: • frusemide • furosemide This is relevant where furosemide is a synonym of frusemide (AU substance) (substance concept 2153011000036108), and furosemide is a synonym of frusemide (medicinal product) (Medicinal Product concept 21329011000036103). • sennoside A and B • sennosides Sennosides is a synonym of sennoside A and B (AU substance) (substance concept 31927011000036102), and sennosides is a synonym of sennoside A and B (medicinal product) (Medicinal Product concept 69834011000036104).

Technical change summary

Terminology	Category	Description
SCT-AU	Length of 'term' fields	The length of the 'term' fields for SNOMED CT-AU is increasing from 256 to 2048 characters. This change is due to the combined release of SNOMED CT-AU and AMT and the need to ensure that imports do not return fail messages due to an insufficient number of allowed characters.
SCT-AU	Documentation	The documentation files have been removed from the SNOMED CT-AU Release File Bundle. They will continue to be available on the SNOMED CT-AU Common[5] page of the NEHTA website; however, the version scheme has changed now they have independent lifecycles.
SCT-AU	GMDN simple map reference set	The *Global Medical Device Nomenclature* (*GMDN*) simple map reference set which was published in the May 2015 release has been withdrawn and is now no longer included in this release. Consequently, all release types of the following type have been removed: der2_sRefset_GmdnSimpleMap*ReleaseType*_AU1000036_20150531.txt If you have used, or are planning to use the SNOMED CT to GMDN Simple Map, please contact IHTSDO at info@ihtsdo.org with "SNOMED CT to GMDN Simple Map" in the subject line for further advice and compliance requirements.

[5] See https://www.nehta.gov.au/implementation-resources/ehealth-foundations/snomed-ct-au-common.

AMT concept counts

The figures quoted here have been extracted from the notable concept reference sets and include both active and inactive concepts. See the *AMT v3 Development approach for reference sets*[6] for information about these reference sets and their members.

Concept	Current count	Changes since the last release
Medicinal Product (MP)	1934	15
Medicinal Product Unit of Use (MPUU)	5172	31
Medicinal Product Pack (MPP)	9058	55
Trade Product (TP)	7179	60
Trade Product Unit of Use (TPUU)	12290	89
Trade Product Pack (TPP)	18077	123
Containered Trade Product Pack (CTPP)	19204	135
Total	72914	508

Supporting documentation

Supporting documentation and guidance for both SNOMED CT-AU and the AMT is available from the SNOMED CT-AU Common[7] and Australian Medicines Terminology v3 Model - Common[8] pages on the NEHTA website, most notably:

- *NCTIS - Reference Set Library v2.0*
- *NCTIS - Development Approach for Reference Sets v2.0*
- *NCTIS - Adverse Reactions Reference Set Implementation Guide v1.0*
- *SNOMED CT-AU - Australian Implementation Guidance v2.0*
- *Australian Medicines Terminology v3 Model - Technical Implementation Guide v2.1*

The release notes associated with each of these end product web pages contains a document map providing the most up-to-date version and descriptions of all available documentation.

IHTSDO documentation

The SNOMED CT Document Library[9] on the IHTSDO website includes a number of resources that are relevant to SNOMED CT-AU developers, most notably:

- *SNOMED CT Technical Implementation Guide*
  Detailing specifications of release files and other IHTSDO standards, accompanied by guidance about various topics related to implementation of SNOMED CT.

Terminology viewers

NEHTA recommends that users search the SNOMED CT-AU and AMT content and browse the hierarchies via the SHRIMP application[10], which is an online browser available at

[6] Available at http://www.nehta.gov.au/implementation-resources/ehealth-foundations/australian-medicines-terminology-common.
[7] See footnote 5.
[8] See footnote 6.
[9] See http://www.snomed.org/doc.
[10] Shrimp was developed by the Australian e-Health Research Centre (AEHRC).

http://ontoserver.csiro.au/shrimp[11] or alternatively the Minnow application[12], which is available as a free download at http://aehrc.com/minnow.

IHTSDO browser

The IHTSDO have an online browser which allows searching and browsing of the SNOMED CT International Edition and SNOMED CT-AU along with a number of other IHTSDO Member countries who have provided their extensions. The browser is available from http://browser.ihtsdotools.org.

NEHTA makes no guarantees regarding the functionality or update cycle for this browser.

Resolved issues

The following issues have been resolved with this release.

<table>
<tr><th>Terminology</th><th>ID</th><th>Resolved issues</th></tr>
<tr><td>AMT</td><td>AMT-280
AMT-275</td><td>Redundant information such as “1 tablet”, “tablets”, “diagnostic strips” and other redundant terms should have been removed during the transform of the data from v2. This was not applied across all terms, so some terms included this information and appeared as they did in v2. This redundant information has now been removed.</td></tr>
<tr><td>SCT-AU</td><td>Module Dependency Refset</td><td>The SNOMED CT-AU May 2015 release contained an incorrect row in all release types of:
der2_ssRefset_ModuleDependencyReleaseType_AU1000036_20150531

The offending row was:
<table>
<tr><td>1291 5209-776e-11e3-8cc3-bed3e70d8a8d</td><td>20150131</td><td>1</td><td>161 771 000 036 108</td><td>900 000 000 000 534 007</td><td>900 000 000 000 012 004</td><td>20150131</td><td>20150131</td></tr>
</table>
This entry has been retrospectively fixed so that the targetEffectiveTime is now 20140731. Users of the full or snapshot releases are unaffected by this change as the new versions have been corrected. Users of the delta release type, however, will need to make the change to their data in order to align with the November 2015 release. Alternatively, for this release, an import of the full release type for this reference set would suffice.</td></tr>
</table>

[11] An online help tour of SHRIMP is available at http://ontoserver.csiro.au/shrimp?help.
[12] Minnow was developed by the Australian e-Health Research Centre (AEHRC).

Item	Description
Appendix C.6 Medicinal Product PT sequence of ingredients	Multi-ingredient products have been reviewed and work has commenced on the ordering of ingredients within the FSN and PT. Ingredients in the FSN are ordered alphabetically. Whereas ingredients in the PT are based on the order of the innovator product. All subsequent products with the same combination of ingredients will follow the order of the innovator product. **Ingredient orders that have been amended this month include:** • Bordetella pertussis, acellular pertussis toxoid vaccine + Bordetella pertussis, filamentous haemagglutinin vaccine + Bordetella pertussis, fimbriae types 2 and 3 vaccine + Bordetella pertussis, acellular pertactin vaccine + diphtheria toxoid vaccine + tetanus toxoid vaccine; • Bordetella pertussis, acellular pertussis toxoid vaccine + Bordetella pertussis, filamentous haemagglutinin vaccine + Bordetella pertussis, fimbriae types 2 and 3 vaccine + Bordetella pertussis, acellular pertactin vaccine + diphtheria toxoid vaccine + tetanus toxoid vaccine + poliomyelitis virus type 1 (Mahoney) inactivated vaccine + poliomyelitis virus type 2 (MEF1) inactivated vaccine + poliomyelitis virus type 3 (Saukett) inactivated vaccine; • clindamycin + benzoyl peroxide; • cholera (Vibrio cholerae) O1 Inaba classic strain inactivated oral vaccine + cholera (Vibrio cholerae) O1 Inaba El Tor strain inactivated oral vaccine + cholera (Vibrio cholerae) O1 Ogawa classic strain inactivated oral vaccine + cholera toxin B subunit recombinant oral vaccine; • diphtheria toxoid vaccine + tetanus toxoid vaccine + Bordetella pertussis, acellular pertussis toxoid vaccine + Bordetella pertussis, filamentous haemagglutinin vaccine + Bordetella pertussis, acellular pertactin vaccine; • diphtheria toxoid vaccine + tetanus toxoid vaccine + Bordetella pertussis, acellular pertussis toxoid vaccine + Bordetella pertussis, filamentous haemagglutinin vaccine + Bordetella pertussis, acellular pertactin vaccine + hepatitis B vaccine + poliomyelitis virus type 1 (Mahoney) inactivated vaccine + poliomyelitis virus type 2 (MEF1) inactivated vaccine + poliomyelitis virus type 3 (Saukett) inactivated vaccine; • diphtheria toxoid vaccine + tetanus toxoid vaccine + Bordetella pertussis, acellular pertussis toxoid vaccine + Bordetella pertussis, filamentous haemagglutinin vaccine + Bordetella pertussis, acellular pertactin vaccine + poliomyelitis virus type 1 (Mahoney) inactivated vaccine + poliomyelitis virus type 2 (MEF1) inactivated vaccine + poliomyelitis virus type 3 (Saukett) inactivated vaccine; • hydrocortisone + clioquinol; • lignocaine + fluorescein; • meningococcal group A polysaccharide vaccine + meningococcal group C polysaccharide vaccine + meningococcal group Y polysaccharide vaccine + meningococcal group W135 polysaccharide vaccine; • naproxen + esomeprazole; • oestradiol + norethisterone acetate; • oxytocin + ergometrine; • prilocaine + adrenaline; • prilocaine + felypressin; • thiamine + riboflavin + nicotinamide + dexpanthenol + pyridoxine + cyanocobalamin; and • typhoid fever polysaccharide vaccine + hepatitis A inactivated vaccine.

Known issues

Data issues

Data issues listed in this release note are limited to only those that affect the accuracy of the concept description. Issues are identified and tracked in the following way:

- The ID number is an internal identifier within the NEHTA issue management system.
- For AMT products the Therapeutic Goods Administration (TGA) Label Name and registration number (ARTG or Licence ID) are generally used. In cases where the medicinal product is not registered by the TGA, a NEHTA identifier has been included.

<table>
<tr><th>Terminology</th><th>ID</th><th>Known issues</th></tr>
<tr><td>SCT-AU</td><td>Module Dependency Refset</td><td>The SNOMED CT AU May 2015 release contained an incorrect row in all release types of:
der2_ssRefset_ModuleDependencyReleaseType_AU1000036_20150531

The offending row was:
<table><tr><td>12915209-776e-11e3-8cc3-bed3e70d8a8d</td><td>20150131</td><td>1</td><td>161771000036108</td><td>900000000000534007</td><td>900000000000012004</td><td>20150131</td><td>20150131</td></tr></table>Refer to Resolved issues, above, for further information.</td></tr>
<tr><td>AMT</td><td>AMT-2313</td><td>Due to an issue identified in the v2 to v3 transform where the Unit of Use Quantity appears as “24 x 100mL packs” rather than “24 x 2 bag packs” the Medicinal Product Pack (MPP), Trade Product Pack (TPP), and Contained Trade Product Pack (CTPP) descriptions for the following products will be amended in a future release:
ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 24 x 100 mL packs, bag;
ARTG 48515 Sodium Chloride (Baxter) 0.9% (900 mg/100 mL) injection: intravenous infusion, 100 mL pack, bag;
ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 24 x 100 mL packs, bag; and
ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 100 mL pack, bag.</td></tr>
<tr><td>AMT</td><td>LIN-674</td><td>In AMT v2 the manufacturer’s code for suppliers, such as Baxter, is placed at the end of the Contained Trade Product Pack (CTPP) PT descriptions. This code currently does not get added to the CTPP descriptions in v3 and it is anticipated the code will be added to the AMT v3 descriptions in a future release.</td></tr>
</table>

AMT modelling issues

As a result of re-modelling the AMT from v2 to v3, there currently exist some Medicinal Product Unit of Use (MPUU) concepts in the data where the Fully Specified Name (FSN) terms and/or modelling may seem ambiguous. This can occur when the Basis of Strength Substance (BoSS) is different to the Pharmaceutical Ingredient (PI). For example, the MPUU FSN may include “amoxycillin” (representing the BoSS) while the actual substance present is amoxycillin trihydrate (representing the PI).

The AMT model is being continually developed and refined. This issue will be examined as a part of these ongoing processes.

AMT editorial rule deviations

The following rules are in the process of implementation or have yet to be implemented. The identifiers provided below align with those in the *AMT v3 Model Editorial Rules*.[13]

Preferred Term (PT) descriptions

Currently, some AMT descriptions may differ slightly when compared with those expected from the relevant editorial rules; this is due to the automated process used in authoring the terminology. In most cases, additional information has been added to the descriptions beyond the stated editorial rules. AMT v3 implementers are advised to contact the National Clinical Terminology and Information Service (NCTIS) via help@nehta.gov.au if they have any concerns about this issue. Details of any existing deviations are documented here.

Item	Description
AMT-APP-STR-10	Where the strength or volume of a product is not a set single value but may vary within a given range, the strength or volume will be expressed as the range, with the lower numerical value, followed by the word "to" and then the upper numerical value and the relevant units.
AMT-APP-STR-11	Where the strength or volume of a product is expressed with a lower limit only (that is, "contains not less than", "contains equal to or greater than", or "more than") the strength or volume will be expressed with the word "minimum" followed by the relevant strength or volume.
Appendix C.4 Waters of hydration	Waters of hydration shall only be expressed for each ingredient in the FSN where hydration is present and the modification is deemed to be clinically significant (according to Appendix B). Where an ingredient is found to be anhydrous or dried, this shall not be expressed. Note that waters of hydration shall only be expressed in the PT if they are part of the proprietary name. There are some known deviations from this rule in the descriptions and the NCTIS is working to rectify them over time.
Appendix C.6 Medicinal Product Preferred Term sequence of ingredients	Ingredients will be sequenced in alphabetical order within the FSN. For multi-ingredient products, the order of the ingredients in the PT will be based on the order used by the innovator product. All subsequent products with the same combination of ingredients will follow the order of the innovator product. Note that some ongoing anomalies exist in the PT order and these will be rectified over time.
Appendix F.2 Preferred Terms	AMT PTs will not state the descriptor for units of measure where the measure is International unit, pressor unit, or in Kallikrein Inactivator units. These three are all expressed in the PT as "units". All other PT units of measure are represented with the same description as the FSN.
Appendix K.1 Strength expressions for vaccines	Strength will be represented as part of the FSN but will not be included in PTs for vaccines. Where two products exist with different amounts of antigen intended for different populations, a term describing the population, rather than strength, will be included in the MPUU.

[13] See footnote 6.

Divergence from the SNOMED CT Editorial Guide

According to the *SNOMED CT Editorial Guide*[14], minor changes to the Fully Specified Name (FSN) that do not alter the meaning of the concept are allowed. Any concept with a minor change does not need to be retired, however the FSN description will be retired and a new replacement term string created with a new unique identifier. There are instances in SNOMED CT releases where this has not occurred – minor changes generated a new version of the FSN without any corresponding changes to the unique identifier. Although the NCTIS is currently seeking to clarify this rule with the IHTSDO, it will continue to create a new version of the FSN when minor changes are required.

Similarly, the NCTIS will create a new version of the PT in those instances where a minor change results in a new version of the description being created.

Implementation guidance

All Terminology concepts have a FSN, which is intended to provide an unambiguous name for the concept, and a PT, which is intended to capture the common words or phrases used by Australian clinicians. System developers and end users should only implement PTs for clinical use, as these are the concepts developed for use by clinicians in Australia.

The NCTIS provides documentation specific to the Australian Medicines Terminology Release and SNOMED CT-AU, which can be downloaded from the NEHTA eHealth Foundations page.[15] Users may also benefit from referring to documentation provided with the SNOMED CT International terminology releases.

Safety guidance

NEHTA applies its Clinical Safety Management System to the SNOMED CT-AU and AMT development cycles, and reported incidents. This is to minimise the potential for clinical safety hazards to be introduced during the development of terminology.

It is expected that implementers will undertake their own risk assessment and management in the context of their own implementations of the AMT. In addition, it is expected that implementers will contact the Product Support team with any questions or concerns about this in the first instance.

The terminology may be applied within a variety of use cases. NEHTA recommends that all licence holders planning on either developing a map or undertaking an implementation contact the NCTIS to discuss their intended uses.[16] This notification will allow Product Support Services to be made available as appropriate.

Please note that if licence holders become aware of any errors or omissions during their development, they are obliged to notify NEHTA, as per clause 2.5 of the *Australian National Terminology Licence Agreement*, which states:

"*If the Licensee becomes aware of any material error or change or correction needed in either the National Release or the International Release, the Licensee agrees to advise NEHTA promptly of such error, change or correction by following NEHTA's procedures for change notification that NEHTA prescribes and notifies to the Licensee from time to time.*"[17]

To report an error, please email help@nehta.gov.au.

[14] Available from http://www.snomed.org/doc.
[15] Available from https://www.nehta.gov.au/implementation-resources/ehealth-foundations.
[16] The NCTIS can be contacted via help@nehta.gov.au.
[17] http://www.nehta.gov.au/our-work/clinical-terminology/registering-for-a-license/license-agreements

Product support services

The National Clinical Terminology and Information Service (NCTIS) has a dedicated Product Support team to assist licence holders in their understanding and implementation of SNOMED CT-AU. Support services can be tailored to customer requirements, and range from general training and education on the terminology through to specific technical support. The following support channels are freely available:

- downloadable resources from the NEHTA eHealth Foundations page;
- email and phone support;
- webinars;
- technical workshops; and
- individual technical support at your workplace.

To request support, or to provide any other feedback, please email help@nehta.gov.au or phone 1300 901 001.

Hosting reference sets developed and owned by third parties

The NCTIS has initiated a service whereby reference sets that are developed and owned by licence holders can be released as part of SNOMED CT-AU. The ownership and future development of the reference sets are intended to be continued by the licence holder, and content will be released in a dedicated module within SNOMED CT-AU to indicate this. For more information, or to express interest in submitting a reference set, please contact help@nehta.gov.au.

How to request changes to our terminology products

The NCTIS is committed to the refinement and improvement of its terminology products, and also to contributing to the refinement and improvement of SNOMED CT. In keeping with these commitments, we welcome requests for changes to existing content or new content additions. A form for submitting such requests is available from the SNOMED CT-AU area of nehta.gov.au.[18]

[18] http://www.nehta.gov.au/our-work/clinical-terminology/snomed-clinical-terms/request-submission-product-content-changes

Future releases

SNOMED CT AU and AMT are updated and made available to licence holders every month. Additional terminology, reference sets and product relationships to support dose-based ordering is currently being developed for release during 2016 to further extend the usability of the AMT within the acute care settings.

Previous releases

This is the first combined SNOMED CT-AU and AMT release and supersedes the individual files below. However, earlier versions of SNOMED CT-AU and the AMT are still available for download from the NEHTA website.

Date	Version
31 October 2015	EP-2168:2015 AMT v20151031
31 May 2015	EP-2066:2015 SNOMED CT-AU v20150531

Publication date: 30 November 2015

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Acknowledgements

Council of Australian Governments

The National E-Health Transition Authority is jointly funded by the Australian Government and all State and Territory Governments.