nehta

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Clinical Terminology - SNOMED CT-AU v20160331

Release Note

31 March 2016

Approved for external information

Summary

EP-2268:2016 Clinical Terminology v20160331

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 is maintained against the January 2016 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 April 2016.

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 My Health Record system. 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/20160331

[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.

Package inclusions

New

Identifier	Name and version
NEHTA-2269:2016	*Clinical Terminology - SNOMED CT-AU – Release Note v20160331*
NEHTA-2271:2016	*SNOMED CT-AU – Combined Release File v20160331*
NEHTA-2270:2016	*Australian Medicines Terminology – Data Extract v20160331*

Audience

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

Change summary

Content

Terminology	Category	Description
SCT-AU	Requested content	Request submissions for new concepts, descriptions and changes to Preferred Terms within the *Australian dialect reference set* have been processed for this release. In particular, significant work has been undertaken on requests for the Princess Alexandra Hospital and the Queensland Health SurgiNet project.
SCT-AU	Content Maintenance	The core Concept, Description, and Relationship files have been updated to include the January 2016 International SNOMED CT release. Consequently, all reference sets provided in the previous release have been updated accordingly.
SCT-AU	*Australian dialect reference set* (ADRS)	The ADRS has been updated to accommodate new concepts and descriptions in the updated core files as well as changes based on systematic review of ADRS entries.
SCT-AU	Content improvement	Specific improvements for this release are as follows:[2] • Anatomy Content has undergone continued development with an increase in content as well as quality assurance reviews. Areas of note include concepts for Osteomyelitis and Arterial wall anatomy. • Assessment scale New concepts and edits were performed on concepts as subtypes of *Assessment using assessment scale (procedure)* and *Assessment scales (assessment scale)*. • Convergent Medical Terminologies (CMT) Update work has been undertaken on the following domains of CMT for the January 2016 release: ○ CMT Cardiology

[2] This entry paraphrases content from the *SNOMED CT International Release Note* (20160130 release). See http://www.ihtsdo.org/snomed-ct/get-snomed-ct for information on obtaining SNOMED CT.

Terminology	Category	Description
		○ CMT Mental Health ○ CMT Neurology ○ CMT Musculoskeletal ○ CMT Haematology/Oncology ○ CMT Endocrine ○ CMT ENT, GI, Infectious Disease ○ CMT History and Family History ○ CMT Cardiology Update ○ CMT Paediatrics ○ CMT Specimen Type • Dentistry New concepts were added for cephalometry and the periodontal domain. • Diagnostic imaging procedures New concepts have been added to the *Procedure* hierarchy for diagnostic imaging including 11 SPECT (Single-photon emission computed tomography) CT procedures using a radioactive substance. • Event, condition, episode (ECE) Following the editorial guidance developed by the ECE group, FSN and synonym changes were made to concepts to conform to the "caused by" term pattern, e.g. infection caused by a specific organism. Existing terms remain active to facilitate searching. • Functioning Concepts have been added to enhance the functioning content and improve coverage. • LOINC - SNOMED CT cooperation project 84 *Substance* concepts (*Non-human DNA*, *RNA*, *Ag*, *Ab*, etc.) were deprecated from the core International release. • Medical devices Concepts have been added to the SNOMED CT *Physical object* hierarchy • Nursing content As part of the continuing harmonisation activities between IHTSDO and ICN, concepts have been added for nursing intervention activities which are published in the SNOMED CT – ICNP Equivalency table. • Organisms New *Organism* concepts were created for the Microbiology reporting project. • *Product* hierarchy allergen extracts Several new "allergy to X" concepts were added related to substances or products causing allergies or intolerances. • Substances New substance concepts have been created for the *Substance* hierarchy. • Revision of infectious and congenital disease content Content has undergone quality assurance reviews and significant remodelling of content as subtypes of *Infectious disease (disorder)* has resulted.

Terminology	Category	Description
AMT	Appendix C.6 Medicinal Product Preferred Term sequence of ingredients (AMT-7544)	Multi-ingredient products have been reviewed and work has continued on the ordering of ingredients within the FSN and PT to align with the AMT editorial rules, see **AMT editorial rule deviations** below. The following ingredient order has been amended this month: • "codeine + ibuprofen" to "ibuprofen + codeine".
AMT	Clinical Interface Descriptions	Both Fully Specified Names (FSNs) and Preferred Terms (PTs) for AMT product concepts referencing the following dose forms have been amended in this release as part of the Clinical Interface Descriptions project. The amendment to remove the colon and inversion was performed as a minor description edit; therefore there are no changes to any concept or description IDs: • "solution: powder for intraocular irrigation" to "powder for intraocular irrigation solution" (6 concepts) • "stick: lip" to "lip stick" (10 concepts) • "tablet: soluble" to "soluble tablet" (55 concepts) • "wafer: sublingual" to "sublingual wafer" (45 concepts) • "solution: powder for" inactivated as currently not utilised in AMT (1 concept)
AMT	Data maintenance (AMT-9639)	The strength representation of Neutrogena T/Gel Therapeutic Conditioner has been amended from "mg/mL" to "mg/g". Affected products are: • Neutrogena T/Gel Therapeutic Conditioner 2% conditioner, 25 mL, bottle • Neutrogena T/Gel Therapeutic Conditioner 2% conditioner, 200 mL, bottle
AMT	Data maintenance (AMT-9888)	Due to duplicated preferred terms, the strength representation of the following products have been amended to reflect "w/w" or "w/v". The affected products are: • Exorex Psoriasis Medication 1% lotion, 100 mL, bottle • Linotar Eczema Relief 1% lotion, 100 mL, bottle • Dermasoft Antibac Hand Cleanser 0.3% solution, 1 L, bottle • Savlon Antibacterial Moisturising Liquid Wash 0.3% solution, 250 mL, bottle
AMT	Data maintenance (AMT-9889)	As notified in the release communication for the February 2016 release, two sets of duplicated Preferred Term (PT) descriptions occurred in the September 2015 release due to incorrect description assignment at the time of authoring. The following concept IDs identify the Medicinal Product Pack PTs that were incorrectly duplicated: • 718841000168104 & 75400011000036100 • 718871000168106 & 75401011000036107 This has been rectified in the February 2016 release. Users are advised to check their terminology release has been updated to ensure that the Medicinal Product Pack PT descriptions for Infanrix Hexa single pack and 10 pack are correct. Corrected descriptions and associated IDs are as follows: • 718841000168104 |*diphtheria toxoid vaccine 30 units + tetanus toxoid vaccine 40 units + Bordetella pertussis, acellular pertussis toxoid vaccine 25 microgram + Bordetella*

Terminology	Category	Description
		pertussis, filamentous haemagglutinin vaccine 25 microgram + Bordetella pertussis, acellular pertactin vaccine 8 microgram + hepatitis B vaccine 10 microgram + poliomyelitis virus type 1 (Mahoney) inactivated vaccine 40 D antigen units + poliomyelitis virus type 2 (MEF1) inactivated vaccine 8 D antigen units + poliomyelitis virus type 3 (Saukett) inactivated vaccine 32 D antigen units injection [1 syringe] (&) Haemophilus influenzae type B polyribose ribitol phosphate vaccine 10 microgram injection [1 vial], 1 pack| • 718871000168106 |*diphtheria toxoid vaccine 30 units + tetanus toxoid vaccine 40 units + Bordetella pertussis, acellular pertussis toxoid vaccine 25 microgram + Bordetella pertussis, filamentous haemagglutinin vaccine 25 microgram + Bordetella pertussis, acellular pertactin vaccine 8 microgram + hepatitis B vaccine 10 microgram + poliomyelitis virus type 1 (Mahoney) inactivated vaccine 40 D antigen units + poliomyelitis virus type 2 (MEF1) inactivated vaccine 8 D antigen units + poliomyelitis virus type 3 (Saukett) inactivated vaccine 32 D antigen units injection [10 syringes] (&) Haemophilus influenzae type B polyribose ribitol phosphate vaccine 10 microgram injection [10 vials], 1 pack*|
AMT	Data maintenance (AMT-10227)	Eligard 6 Month and Lucrin Depot 6-Month shared an MPUU PT, despite having different atomic data and hence a different FSN. The atomic data of these products has been amended to reflect product information supporting that they share the same medicinal information: • Eligard 6 Month (1 x 45 mg syringe, 1 x diluent syringe), 1 pack, composite pack • Lucrin Depot 6-Month (1 x 45 mg syringe, 1 x 1.5 mL diluent syringe), 1 pack, dual chamber syringe
AMT	Data maintenance (AMT-10269)	The strength representation of "Microshield Handrub solution, 500 mL, bottle" has been amended to reflect product information. The strength representation will be changed from 700 mg/mL to 0.7 mL/mL.
AMT	Data maintenance (AMT-10281)	For large liquid preparations such as irrigation fluids and parenteral infusions, the strength is expressed as a percentage only according to the current AMT editorial rules. Due to the unit of use size not being represented within the MPUU PT description, there are multiple occurrences of the following descriptions in the MPUU concept hierarchy: • chlorhexidine acetate 0.02% solution, bottle • chlorhexidine acetate 0.015% + cetrimide 0.15% solution, bottle • chlorhexidine acetate 0.05% + cetrimide 0.5% solution, bottle • chlorhexidine acetate 0.05% solution, bottle • chlorhexidine acetate 0.1% + cetrimide 1% solution, bottle • chlorhexidine acetate 0.1% solution, bottle • chlorhexidine acetate 0.5% solution, bottle • glycine 1.5% solution, bag

Terminology	Category	Description
		Dual strength representation has been employed to show both the percentage and preferred strengths of each substance in the product to assist with differentiation. For example three concepts having the same PT description of "chlorhexidine acetate 0.02% solution, bottle" are now made unique by the inclusion of the preferred strength: • chlorhexidine acetate 0.02% (20 mg/100 mL) solution, bottle • chlorhexidine acetate 0.02% (100 mg/500 mL) solution, bottle • chlorhexidine acetate 0.02% (200 mg/1 L) solution, bottle
AMT	Data maintenance (AMT-10293)	Tinaderm Powder Spray and Tinea Powder (Scholl) were authored with the same strength representation, resulting in duplicated Preferred Terms. The strength representation of these products has been amended to reflect product information and resolve the issue of duplication: • Tinaderm Powder Spray 0.09% spray: pressurised, 100 g, aerosol can • Tinea Powder (Scholl) 0.09% spray: pressurised, 125 g, aerosol can
AMT	Data maintenance (AMT-10342)	The product "Chlorhexidine Gluconate Hand Lotion (Orion) 1% lotion, 500 mL, bottle" was previously modelled with chlorhexidine as the single active ingredient. As per the product information, this product has been re-authored to correct the representation of the two required active ingredients; chlorhexidine and ethanol.
AMT	Data maintenance (AMT-10428)	The PTs of the following products have been amended to reflect current combination pack rules: • 21062011000036103 |*Nexium Hp7 (14 x Nexium tablets, 28 x Amoxil capsules, 14 x Klacid tablets), 1 pack, composite pack*| • 716001000168109 |*Klacid Hp7 (14 x Probitor capsules, 28 x Amoxycillin (Sandoz) capsules, 14 x Klacid tablets), 1 pack, composite pack*| • 715951000168103 |*Probitor Hp7 (14 x Probitor capsules, 28 x Amoxycillin (Sandoz) capsules, 14 x Clarihexal tablets), 1 pack, composite pack*|

Future changes

Terminology	Category	Description
AMT	Clinical Interface Descriptions	A work plan has been developed to amend Fully Specified Names and Preferred Terms for AMT product concepts referencing dose forms containing inversion, for example, "tablet: modified release". Inversion will be removed, resulting in "modified release tablet" for this example. These amendments are being implemented over a period of several months. See the **Content** table above for the details of this month's changes. The following proposed changes are planned over the next releases: • "capsule: enteric" to "enteric capsule" • "inhalation: powder for" to "powder for inhalation" • "inhalation: pressurised" to "pressurised inhalation" • "ear drops: suspension" to "ear drops suspension" • "eye drops: suspension" to "eye drops suspension" • "ear drops: solution" to "ear drops solution" • "gas: medicinal" to "medicinal gas" • "injection: subcutaneous infusion" to "subcutaneous infusion injection" • "liquid: multi-purpose" to "multi-purpose liquid" • "nasal drops: solution" to "nasal drops solution" • "capsule: modified release" to "modified released" • "gum: chewing" to "chewing gum" • "oral liquid: emulsion" to "oral liquid emulsion" • "oral liquid: for freezing" to "oral liquid for freezing" • "patch: dermal" to "dermal patch" • "pessary: compressed" to "compressed pessary" • "pessary: moulded" to "moulded pessary" • "pessary: shell" to "shell pessary" • "roll: wrapped pack" to "wrapped pack roll" • "spray: pressurised" to "pressurised spray"
AMT & SCT-AU	Dose-based prescribing	Additional terminology, reference sets and product relationships to support dose-based ordering are currently being developed for release during 2016 to further extend the usability of the AMT within acute care settings.

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*[3] for information about these reference sets and their members.

Concept	Current count	Changes since the last release
Medicinal Product (MP)	1967	15
Medicinal Product Unit of Use (MPUU)	5296	46
Medicinal Product Pack (MPP)	9418	136
Trade Product (TP)	7431	93
Trade Product Unit of Use (TPUU)	12750	126
Trade Product Pack (TPP)	18983	271
Containered Trade Product Pack (CTPP)	20172	279
Total	76017	966

Supporting documentation

Supporting documentation and guidance for both SNOMED CT-AU and the AMT is available from the SNOMED CT-AU Common[4] and Australian Medicines Terminology v3 Model - Common[5] pages on the NEHTA website, most notably:

- *NCTIS - Reference Set Library v2.1*
- *NCTIS - Development Approach for Reference Sets v2.1*
- *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 contain recommended reading guides for different audiences.

IHTSDO documentation

The SNOMED CT® Document Library[6] on the IHTSDO website includes a number of resources that are relevant to SNOMED CT-AU developers, most notably the *SNOMED CT Technical Implementation Guide*. This document provides specifications of release files and other IHTSDO standards, accompanied by SNOMED CT implementation guidance.

[3] Available at http://www.nehta.gov.au/implementation-resources/ehealth-foundations/australian-medicines-terminology-common.
[4] https://www.nehta.gov.au/implementation-resources/ehealth-foundations/snomed-ct-au-common.
[5] See footnote 3.
[6] See http://www.snomed.org/doc.

Terminology viewers

NEHTA recommends that users access SNOMED CT-AU and AMT content via the SHRIMP application[7], which is an online browser available at http://ontoserver.csiro.au/shrimp.[8] Search for SNOMED CT-AU and AMT content or browse the hierarchies by selecting the latest version of "SNOMED Clinical Terms Australian Extension" in the dropdown menu. Earlier versions of the AMT (prior to November 2015) can be searched by selecting "Australian Medicines Terminology".

Alternatively, the Minnow application[9] (available as a free download at http://aehrc.com/minnow) can be also be used to access these terminologies.

IHTSDO browser

The IHTSDO has 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.

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.

Terminology	ID	Known issues
AMT	AMT-2313	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 Containered 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 • ARTG 48525 Glucose (Baxter) 5% (5 g/100 mL) injection: intravenous infusion, 100 mL pack, bag
AMT	LIN-674	In AMT v2 the manufacturer's code for suppliers, such as Baxter, is placed at the end of the Containered 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.

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

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 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*.[10]

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 are being rectified over time.

[10] See footnote 3.

Item	Description
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.

Divergence from the SNOMED CT Editorial Guide

According to the *SNOMED CT Editorial Guide,*[11] 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 an 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.[12] 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 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 NEHTA's 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.[13] 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:

[11] Available from http://www.snomed.org/doc.
[12] Available from https://www.nehta.gov.au/implementation-resources/ehealth-foundations.
[13] The NCTIS can be contacted via help@nehta.gov.au.

"*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.*"[14]

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

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 the NEHTA website.[15]

[14] http://www.nehta.gov.au/our-work/clinical-terminology/registering-for-a-license/license-agreements
[15] http://www.nehta.gov.au/our-work/clinical-terminology/snomed-clinical-terms/request-submission-product-content-changes

Previous releases

SNOMED CT-AU and the AMT are released monthly in a combined Clinical Terminology release. Links to previous combined releases are provided below, along with the most recent uncombined SNOMED CT-AU and AMT releases.

Date	Version
29 February 2016	EP-2233:2016 Clinical Terminology v20160229
31 January 2016	EP-2227:2016 Clinical Terminology v20160131
31 December 2015	EP-2202:2015 Clinical Terminology v20151231
30 November 2015	EP-2193:2015 Clinical Terminology v20151130 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.
31 October 2015	EP-2168:2015 AMT v20151031 The last uncombined AMT release.
31 May 2015	EP-2066:2015 SNOMED CT-AU v20150531 The last uncombined SNOMED CT-AU release.

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Contact for enquiries
Telephone: 1300 901 001 or email: help@nehta.gov.au

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IHTSDO (SNOMED CT)

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