Introduction to SNOMED CT-AU terminology
Acknowledgements

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.
The Australian Digital Health Agency

The Australian Digital Health Agency is funded by all Australian Governments. It designs and operates national digital health services and sets data standards that:

• Give consumers more control of their health and care when they wish it
• Connect and empower healthcare professionals
• Promote Australia’s global leadership in digital health and innovation

When patients move between care settings, the absence of complete and up-to-date medication data can contribute to instances of care becoming high risk, resulting in medication misadventures and unnecessary hospital readmissions

Pharmacy Guild of Australia, submission to National Digital Health Strategy 2017

The value of utilising pharmacists in digital health initiatives comes not only from the provision of dispensing histories but mainly from pharmacists using their unique skills and medicines expertise to meaningfully engage with the information contained in digital health records... To ensure the safe, effective and judicious use of medicines

Pharmaceutical Society of Australia, submission to National Digital Health Strategy 2017
About the NCTS

• The National Clinical Terminology Service (NCTS) operates as the Australian National Release Centre for SNOMED International and has been a member country of that organisation since its establishment in 2007.

• The purpose of the NCTS is to facilitate and support the correct use of national clinical terminologies within healthcare organisations and systems in Australia.

• Our vision is “to be the first preference for terminology solutions by all healthcare organisations and implementers.”

• This is achieved by ensuring the terminologies, tools and professional services are relevant and fit for purpose either by direct management or through relationships with other organisations and international standards bodies.

• Our work is delivered under the Interoperability Program of the Agency COAG funded work plan.
Introduction to clinical terminology
Concepts are more than *words*

- **COLD**
- chronic obstructive lung disease
- cold (sensation/temperature)
- common cold
Communication in healthcare

malignant tumour of kidney

renal cancer

363518003 malignant tumor of kidney (disorder)

CA Renal

renal malignant tumour
Effective communication is challenging

• To ensure that the correct intent of the author of a message is captured and communicated, it is important to:
  – Understand meaning
  – Understand context

• This applies to:
  – Computer systems
  – Humans
Why clinical terminology?

To best utilise clinical systems, computing tools and apps used in healthcare we need computable data; this means coded and structured data.

Terminology is that coded, structured data

It provides a foundation for successful delivery and realisation of the benefits of many of the national digital health strategic priorities¹ including:

• Health information that is available whenever and wherever it is needed
• Health information that can be exchanged securely
• High-quality data with a commonly understood meaning that can be used with confidence
• Better availability and access to prescriptions and medicines information

What is clinical terminology?

A structured vocabulary used in clinical practice, implemented in software applications

- Standardised naming and identification of those concepts relevant to healthcare
- Relationships between concepts to provide context to meaning

Clinical terminologies enable:

- Communication of information without loss of detail or change to meaning
- Accurate recording of statements about the health and health care of an individual patient
- Retrieval of those statements to express meaning at various levels of abstraction for clinicians, patients, researchers or organisations
- A consistent way of indexing, storing, retrieving and aggregating clinical data from structured, computerised clinical records
SNOMED CT-AU overview
SNOMED CT

• A large ‘dictionary’ of clinical terms with a unique code that are machine-readable
• Designed to capture clinical data within electronic records
• Covers content areas of:
  – diseases, procedures, clinical findings and therapeutic products
  – plus additional content that helps define the meaning of these major content areas

• Managed by SNOMED International
  – Previously IHTSDO (International Health Terminology Standards Development Organisation)
• Managed and distributed in Australia by The Australian Digital Health Agency
• Evolving terminology (not static)
SNOMED CT-AU

• SNOMED CT-AU is the Australian extension of SNOMED CT
  – Contains SNOMED CT core files along with Australian developed documentation and terminology including reference sets

• Released monthly

• New content from the international release is taken and reviewed to ensure it is presented correctly for use in Australia

• Rolling reviews on existing data are conducted looking at quality and suitability for Australian use
SNOMED CT-AU

• SNOMED CT-AU also contains locally created content
• This content may be requested from external/internal stakeholders, or required to aid implementations
• New content can include
  – new descriptions
  – new concepts
  – reference sets
  – guidance and implementation support documents

• Content is often created collaboratively as small projects with external stakeholders including jurisdictions, vendors and clinicians
SNOMED CT structure

The terminology consists of:

- **Concepts** – representing clinical meanings and their defining attributes
- **Descriptions** – human readable terms or names assigned to concepts
- **Relationships** – links concepts within the terminology
- Unique code for every component
- Comprehensive history tracking
- Extensions (reference sets)
How it all fits together

Concepts
• Are objects of thought
• Designated by a unique code
• Designed to cover all clinical care areas

- 22298006 myocardial infarction (disorder)
- 233868005 fungal myocarditis (disorder)
- 3092008 Staphylococcus aureus (organism)
- 36048009 glucose measurement (procedure)
- 67540009 Cone of retina (cell structure)
How it all fits together

Descriptions
- Human readable terms or names assigned to concepts
- Fully Specified Name (FSN) = Unambiguous description
- One or more other descriptions – at least one Preferred Term and optional synonyms

22298006 myocardial infarction (disorder)

FSN “myocardial infarction (disorder)”
SCTID:751689013

Preferred “myocardial infarction”
SCTID:37436014

Synonym “myocardial infarct”
SCTID:1784873012

Synonym “cardiac infarction”
SCTID:37442013

Synonym “infarction of heart”
SCTID:37441018

Synonym “heart attack”
SCTID:37443015

Synonym “MI - Myocardial infarction”
SCTID:1784872019
How it all fits together

Relationships
• Link concepts within SNOMED CT
• Facilitate unambiguous meaning
• Create hierarchies which aid navigation and retrieval
SNOMED CT hierarchy allows knowledge inferences

- SNOMED CT is polyhierarchical i.e. concepts have 1..* parents
- Concepts are “modelled” on definitional knowledge
- Tools such as “description logic classifiers” use this knowledge to place concepts in the hierarchy

- For example, viral bronchitis
  - Modelled as:
    - causative agent = virus
    - pathological process = infectious process
    - finding site = bronchial structure
  - Automatically organised as
    - Is A = respiratory tract infection
    - Is A = viral infection
    - Is A = respiratory disease
Differences between SNOMED CT & ICD-10-AM

**SNOMED CT**

- **Chapter**: DISEASES OF THE RESPIRATORY SYSTEM (J00–J99)
- **Category**: Influenza and pneumonia (J09–J18)
- **Codes**:
  - J12.0 Adenoviral pneumonia
  - J12.1 Respiratory syncytial virus pneumonia
  - J12.2 Parainfluenza virus pneumonia
  - J12.3 Human metapneumovirus pneumonia
  - J12.8 Other viral pneumonia
  - J12.9 Viral pneumonia, unspecified

**ICD-10-AM**

- **Chapter**: DISEASES OF THE RESPIRATORY SYSTEM (J00–J99)
- **Category**: J12 Viral pneumonia, not elsewhere classified
- **Codes**:
  - J12.0 Adenoviral pneumonia
  - J12.1 Respiratory syncytial virus pneumonia
  - J12.2 Parainfluenza virus pneumonia
  - J12.3 Human metapneumovirus pneumonia
  - J12.8 Other viral pneumonia
  - J12.9 Viral pneumonia, unspecified

**Comparison**

- SNOMED CT focuses on detailed clinical findings and specific viral pneumonia types.
- ICD-10-AM provides a broader classification for viral pneumonias, including unspecified categories.
“Viral pneumonia” will return in searches relating to...

<table>
<thead>
<tr>
<th>SNOMED CT-AU</th>
<th>ICD-10-AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disorder of respiratory system</td>
<td>Diseases of respiratory system</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Influenza’s and Pneumonia</td>
</tr>
<tr>
<td>Viral pneumonia</td>
<td>Viral Pneumonia</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td></td>
</tr>
<tr>
<td>Inflammatory disorders</td>
<td></td>
</tr>
<tr>
<td>Infection by sites (lung etc.)</td>
<td></td>
</tr>
<tr>
<td>Viral infections</td>
<td></td>
</tr>
<tr>
<td>Respiratory conditions that have had related procedures</td>
<td></td>
</tr>
</tbody>
</table>

SNOMED CT uses its hierarchies and attributes to allow retrieval queries to be written

ICD was developed for statistical aggregation, of which quantifying and funding inpatient events is a major use - which it will continue to do
Concept permanence

- Once released, a concept persists forever in the terminology.

- It can be inactivated and replaced by another concept e.g. a change in source data, change in editorial rules, concept erroneously created, etc.

- A description associated with a concept can change (e.g. minor changes like spelling, casing and word re-ordering), but the concept will remain unchanged.
Content and scope of SNOMED CT-AU
SNOMED CT-AU content

Comprised of over 400,000 concepts, that are organised into 20 top-level hierarchies:

- Administrative value*
- Body structure
- Clinical finding
- Environment or geographical location
- Event
- Linkage concept
- Observable entity
- Organism
- Pharmaceutical/biologic product
- Physical force
- Physical Object

- Procedure
- Qualifier value
- Record artefact
- Situation with explicit context
- Social context
- Special concept
- Specimen
- Staging and scales
- Substance

- + Australian Medicines Terminology (AMT) concepts

* Specific to SNOMED CT-AU
Example content – clinical finding
Example content – procedure
Example content – body structure

[Diagram showing the relationship between different body parts and organ structures, including heart and pericardium structure, cardiovascular organs, heart part, cardiac internal structure, and cardiac valve structure.]
Example content – organism

- Prokaryote
- Superkingdom Bacteria
- Bacteria
- Gram-negative bacterium
- Gram-negative coccobacillus

- Actinobacillus species
- Afipia species
- Anaerobic Gram negative coccobacillus
- Brucella species
- Calymmatobacterium species
- Capnocytophaga species
- Chlamydia species
- Family Halobacteraeae
- Francisella species
- Haemophilus species
- Haemophilus-like species
- Kingella species
- Legionella species
- Oligella species
- Streptobacillus species
- Wolinella species
Example content – situation with explicit context
Example content – substance
Example content – medicines (AMT)
SNOMED CT-AU reference sets
Reference sets

- Identify specific subsets of content and support a range of granularity and specificity.
- Most are subsets (simple type), but there are other types e.g. mapping or association reference sets.

### Examples of foundational reference sets (subsets)
- Clinical finding foundation reference set
- Procedure foundation reference set
- Substance foundation reference set
- Containered trade product pack reference set
- Medicinal product reference set

### Examples of broad context reference sets (subsets)
- Imaging procedure reference set
- Neoplasm and/or hamartoma reference set
- Microorganism reference set
- Musculoskeletal finding reference set
- Respiratory finding reference set

### Examples of specific reference sets (subsets)
- Adverse reaction agent reference set
- Clinical manifestation reference set
- Dose based prescribing route of administration reference set
- Laterality reference set
- Problem/Diagnosis reference set

### Examples of specific reference sets (non-subsets)
- Association reference set
- Australian English Language reference set
- Dose route and form extended association reference set
- ARTG Id reference set
- Strength reference set
Using reference sets

- Reference sets filter the core components for the desired content, or add non-defining information to core components.
- Several reference sets may be used at once.
Refining reference sets

• Custom *intersects* can be created to filter on even more specific content
How can SNOMED CT-AU be used?
How does it impact clinicians?

Clinicians:
• Don’t need to remember any codes
• Don’t need to learn a “new language”
• Don’t need to do anything “extra”
• Shouldn’t see codes
• But, can use various SNOMED CT synonyms available to aid search effectiveness...

Shouldn’t even realise they’re using SNOMED CT...
User interface example – code predefined options

**Request Pathology**
- LFT - Liver function test
- FBC - Full blood count
- HbA1c - Hemoglobin A1c level
- Fasting blood lipids

**Sex**
- Male
- Female

**Risk Factors**
- Impaired glucose tolerance
- Hypercholesterolemia
- Overweight
- High blood pressure
- Current smoker
- Heavy drinker
User interface example – search value sets

Allergies and Adverse Reactions

- Reaction Type
- Causative Agent
  - Agent
  - Product
  - Trade Product
- Food intolerance
- Goat's milk
- Date of Event
- Clinical Manifestation
- Rash

Rash of systemic lupus erythematosus
- Rash
- Drug-induced rash
- Drug rash
- Pruritic rash
- Butterfly rash associated with systemic lupus
- O/E - erythematos 
- On examination - erythematos rash
- Morbilliform rash
- Maculopapular rash
Vendor dependency

- Experience with using SNOMED CT can be vendor specific
- Search functionality may affect results

**Poor implementation = Poor Terminology Experience**

- Guidance and product support available from the NCTS team
SNOMED CT-AU use cases
Primary use case

- Record information about a healthcare encounter at the point of care, in a clinical information system

- Information models and SNOMED CT operate together to construct an electronic health record (EHR)
  - Information models = structured data
  - SNOMED CT = coded data

- Benefits
  - Upgrade and enhance medical documentation
  - Information is computable, precise, re-usable
  - Connecting healthcare practitioners across sectors & systems

81 year old female presents with approx 1 month of decreased R visual acuity
CF PH 6/18
For FFA
Right CALE ? cause - likely to be ??? Inflammatory anterior vitreous cells
Anterior chamber ??
No chorioretinitis
No ???
? vascular
No history of diabetes or hypertension but some AV ??
changes
? old branch retinal vein occlusion
Secondary use cases

- Not just ‘traditional’ statistical, costing or performance uses, which might be characterised as retrospective use
- Also important to consider secondary clinical uses

- SNOMED CT can be used **prospectively**
  - Identify patients for specific care plans and ongoing management
  - Alerts for drug-diagnosis, drug-drug monitoring
  - Screening recalls, immunisation, pap smears etc
  - Clinical trials
  - Public health surveillance
    - Reporting (in real time) from GPs, EDs etc..
    - First line detection and identification of localised outbreaks
    - Notifiable diseases
Case studies

• Healthcare Software
  – developed structured surgical notes in a discharge summary for the neurosurgery department at Royal Hobart Hospital
  – SNOMED CT was chosen as the standard vocabulary
  – benefits included improved hospital performance against discharge reporting performance indicators

• Orion Health
  – the Problem List is a centralised source of information pertaining to a patient's problems, allergies and alerts.
  – the application is fully integrated with SNOMED CT, with a variety of fields using SNOMED CT subsets
  – ACT Health has implemented the Problem List to record allergies and adverse reactions, and feed into clinical documents
  – read more at https://confluence.ihtsdotools.org/display/DOCCDS/Orion+Health
Case studies

• Royal Australasian College of Surgeons (RACS)
  – the Morbidity Audit and Logbook Tool (MALT) tracks activities performed for training and audit purposes
  – a subset of SNOMED CT surgical procedures (reference set) is used within MALT, that covers all specialties
  – this reference set updated regularly according to surgeon feedback and is published on the NCTS portal
  – read more at: https://aehrc.com/racs-malt-goes-snomed-ct-native/

• Outcome Health
  – developed a POpulation Level Analysis and Reporting tool (POLAR) that allows GPs gain insights to provide individualised care for their patients, and provides de-identified patient data to primary health networks (PHNs) for population health planning
  – extensive mapping so that users can search for diagnoses using SNOMED CT
  – data can be grouped based on disease type, to enable reporting on chronic diseases
  – read more at: https://www.hisa.org.au/slides/hic18/tue/NatalieRinehart.pdf
NCTS website
National Clinical Terminology Service

The National Clinical Terminology Service (NCTS), operated by the Australian Digital Health Agency, is responsible for managing, developing and distributing national clinical terminologies and related tools and services to support the digital health requirements of the Australian healthcare community.

This responsibility includes being the Australian National Release Centre for SNOMED CT® on behalf of SNOMED International.

Get Started

The NCTS’s terminology solutions include SNOMED CT-AU and the Australian Medicines Terminology (AMT). Tools and services available to users include:

- Terminology server;
- Online browser;
- Mapping platform; and
- National Syndication Server.

We have a dedicated Product Support team to assist licence holders in their understanding and implementation of these solutions.

Support services can be tailored to customer requirements, and range from general training and education on the terminology through to specific technical support at your workplace.

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

What are Clinical Terminologies?

Clinical terminologies are structured vocabularies covering complex concepts such as diseases, operations, treatments and medicines. Clinical terminologies can be used in clinical practice to aid health professionals with more easily accessible and complete information regarding medical history, illnesses, treatments, laboratory results, and similar facts.

Examples of international standards in terminology include SNOMED CT and LOINC™.

Benefits for Individuals

Clinical terminologies as a foundation of health records can benefit individuals through improved quality of care with greater cost-effectiveness. They standardise clinical information which can facilitate improved patient outcomes, clinical decision support, follow-up, and treatment by:

- Providing consistent meaning in the clinical information recorded during consultations;
- Allowing an enhanced link between clinical guidelines and protocols to clinical records;
- Forming the basis of decision support systems which check the patient’s records and provide real time advice about important clinical alerts such as drug allergies;
- Enabling the sharing of important clinical information to others involved in the patient’s care journey, with meaningful and accurate interpretation of this information regardless of the type of provider; and
- Reducing the frequency and impact of adverse healthcare events.

Benefits for Healthcare Organisations

Clinical terminologies allow meaning-based retrieval of clinical information to help healthcare organisations to conduct effective analyses for research, evaluating the quality and cost of care, designing effective treatment guidelines, and much more. Other benefits include:

- The identification of emerging health trends and issues;
- Monitoring of the overall health of the greater population and any responses to changing clinical practices;
- Enabling accurate and targeted access to relevant information, reducing errors; and
- Reducing costly duplications of testing and treatment.
Available Formats

The NCTS terminology products are available in a variety of formats to improve accessibility and adoption by a broad range of users spanning business, clinical and technical.

This section provides an overview of each format type including what it contains, features, limitations and typical use cases to assist users in determining their most suitable format.

- **SNOMED CT-AU RF2 Release**
- **FHIR® Resources**
- **TSV Value Sets**
Document Library

The document library provides access to all NCTS documentation, presentations and webinars related to the understanding, use, adoption and implementation of Australian clinical terminology products. The different types of readerships are categorised as follows.

- **Introductory**: all users;
- **Business**: those involved in setting policies or strategic directions, making decisions about the implementation, purchase or design of electronic health record systems or the use of terminologies and information models in healthcare systems;
- **Clinical**: those involved in direct patient care or involved with the implementation of terminology content from a health record or clinical perspective. These individuals provide clinical domain expertise to the specifications of data or value sets; and
- **Technical**: individuals designing, building or maintaining electronic health record systems or implementing terminologies or information exchange processes within a system.

Only the latest version of each document is available for download. If you require an older version, please complete the online Support Request form or email help@digitalhealth.gov.au.

By operation of the Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016, on 1 July 2016, all the assets and liabilities of NEHTA will vest in the Australian Digital Health Agency. In this website, on and from 1 July 2016, all references to "National E-Health Transition Authority" or "NEHTA" will be deemed to be references to the Australian Digital Health Agency.

**Introductory**

**Business**

- AMT Benefits Analysis 2014-2015
- AMT Concept Model and Business Use Cases v2.1
- NCTS Batch Request Submission Template
- NCTS Guidance for People and Processes v1.0
Licensing

This section contains the license agreements and additional information that relates to the conditions by which the SNOMED CT and Australian National Terminology can be used. The acceptance of these license agreements will provide free access to SNOMED CT and national extensions and derivatives supplied by the NCTS within the Australian Digital Health Agency, including SNOMED CT-AU and the AMT.

As part of NCTS Portal registration process, you will be prompted to accept these license agreements and given the opportunity to also accept license agreements for other NCTS products.

SNOMED CT Affiliate License Agreement

Australian National Terminology License Agreement

If you plan to use SNOMED CT outside of Australia or deploy a mobile application which uses SNOMED CT, you must also contact SNOMED International directly by sending an email to info@snomed.org.

Further information on non-member country usage is provided in the Licensing FAQs and on the SNOMED International website:

SNOMED CT Licensing in non-Member countries
Reference Sets

This section allows all users to freely browse or search SNOMED CT-AU reference sets and their metadata as well as those developed by the Royal Australian College of Surgeons and Royal College of Pathologists of Australasia as part of our third party reference set hosting service. To view the metadata, click on the View icon next to the corresponding reference set.

To access the content of these resources, firstly log in, then click on either the FHIR® JSON, FHIR XML or TSV links within the technical metadata. The FHIR download links use the National Terminology Server Integration Interface, which may also be accessed programmatically.

For more information about the Integration Interface and FHIR, see National Terminology Server.

Note: If you have configured Microsoft Excel to automatically open TSV files, it will assume the field type to be General and the Identifiers and some text may be displayed incorrectly resulting in ID digit errors and strange characters for words with accents (e.g. Ménétra’s Diseases). To avoid this, users should first open Excel, and import the file (not simply open) from within to have the opportunity to change the settings. The settings should specify that the file be tab delimited, with the file origin of ‘unicode (UTF-8)’ and the ID column is set to Text (not General).

You must be logged in to download.

This material includes SNOMED Clinical Terms™ (SNOMED CT) which is used by permission of SNOMED International. All rights reserved. SNOMED CT was originally created by the College of American Pathologists. “SNOMED” and “SNOMED CT” are registered trademarks of the IHTSDO.
Release Bundles

The following sections provide links to download the last six SNOMED CT-AU and AMT combined monthly release versions in their native RF2 distribution format. Linked archives contain all of the relevant terminology release data, such as the SNOMED CT core terminology files, the Australian Dialect Reference Set, and other reference sets for use in Australian healthcare including third party terminology from the Royal Australian College of Surgeons and Royal College of Pathologists of Australasia.

You must be logged in to download.

This material includes SNOMED Clinical Terms™ (SNOMED CT) which is used by permission of SNOMED International. All rights reserved. SNOMED CT was originally created by the College of American Pathologists. “SNOMED” and “SNOMED CT” are registered trademarks of the IHTSDO.

For more information about SNOMED CT-AU and the RF2 release format, see the Learn section.

- SNOMED-CT AU 31 Jul 2018 (Current)
- SNOMED-CT AU 30 Jun 2018
- SNOMED-CT AU 31 May 2018
- SNOMED-CT AU 30 Apr 2018
- SNOMED-CT AU 31 Mar 2018
Technical Guides

Specific implementation guidance can be found here. This information along with additional technical guidance for developers and vendors can be found in the document library.

**RF2 Release**

<table>
<thead>
<tr>
<th>Technical Guides</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNOMED CT-AU Australian Technical Implementation Guide</td>
</tr>
<tr>
<td>SNOMED CT Technical Implementation Guide (SNOMED International)</td>
</tr>
<tr>
<td>SNOMED CT-AU Australian Terminology Sample Scripts</td>
</tr>
<tr>
<td>SNOMED CT-AU Reference Set Implementation Toolkit</td>
</tr>
</tbody>
</table>
Introduction to TOOLS

The National Clinical Terminology Service provides tools to assist users in the authoring and management of terminology within their own environment.

Terminology applications and tools include terminology servers, browsers, syndication services, and mapping environments. These tools include:

- Browsers (Shrimp);
- National Syndication Server;
- National Terminology Server;
- Ontoserver®; and
- Snapper.

For a detailed introduction to all our products and services, including how to integrate with the NCTS, please refer to the NCTS Guide for Implementers.
**Terminology Browsers**

Shrimp® is a free, online browser, for hierarchical terminologies. It is backed by Ontoserver and is recommended by the NCTS. Users are able to search content or browse the hierarchies of the following terminologies:

- SNOMED CT-AU (incorporating the AMT); and
- LOINC.

To search both SNOMED CT-AU and the AMT select the latest (or earlier) version of SNOMED Clinical Terms Australian Extension in the dropdown menu.

The SNOMED International SNOMED CT Browser provides ways to browse and search SNOMED CT. The browser is provided by SNOMED International to anyone for reference purposes.
Snapper

Snapper:Map* is a user-friendly authoring application backed by Ontoserver® that enables users to develop and maintain concept maps between local code sets and national terminologies. The outputs are also available as FHIR terminology resources which can be utilised by FHIR terminology servers and implemented into software systems.

The application is currently not for production use and not feature complete.

Please register or log in to gain access to Snapper:Map.

Note: The Snapper:Author application is no longer being provided by the NCTS at this point in time; however, it can still be accessed via the Ontoserver Website.

SNOMED CT-AU and AMT

The online submission form below can be used to request additions or changes to content for both SNOMED CT-AU and the Australian Medicines Terminology (AMT). Once the submission form is completed and submitted, you will receive an email from help@digitalhealth.gov.au requesting any supporting documentation (e.g., references to journal articles, clinical texts or Product Information) which should be attached to the email and returned.

Multiple or Batch Requests

For a large number of SNOMED CT-AU or AMT requests, please download the Batch Request Submission Template and complete all required information as indicated. Once completed, please email to help@digitalhealth.gov.au along with any supporting documentation.

AMT Descriptions for PBS Listings

The Department of Health has updated the way submissions are made to the Pharmaceutical Benefits Advisory Committee (PBAC) for listing medicines on the Pharmaceutical Benefits Scheme (PBS). Sponsors are now required to complete an AMT request form for any products not currently listed in the AMT prior to PBAC submission. Note: this process may take up to 3-5 days. The Australian Medicines Terminology (AMT) descriptions for PBS Listings request submission form can be downloaded from the PBAC website.

For further information please see NCTS Request Submission Guidelines for Terminology Products or email help@digitalhealth.gov.au

Online Submission Form

* Required field

First Name *

Last Name *

Organisation Name *

Department

Organisation Type

-- Please Select Organisation Type--

Position Title

Address

Address Line 1

Address Line 2

Address Line 3
Contact us

Help Centre  1300 901 001
Email  help@digitalhealth.gov.au
Website  digitalhealth.gov.au
Twitter  twitter.com/AuDigitalHealth