



Health & Social Care
Information Centre

Editorial Principles and SNOMED CT

June 2016



Introduction

- When new concepts are developed to be included in SNOMED CT, guidelines ensure that we use a consistent approach to the way we phrase the terms for new concepts.
- These guidelines are agreed both internationally for the core of SNOMED CT and at a UK level for the concepts in the UK Extension
- We call these **Editorial Principles**

Editorial Principles

Requirement for Editorial Principles

- Details the standards on which to base clinical authoring to achieve consistency and reduce ambiguity across the terms
- Ensures authoring processes are transparent and understandable

SNOMED CT Editorial Principles

- Explains the content and the principles used to author and edit the terminology
- Provides International and UK specific guidance
- UK Editorial Principles assured by [UKTC Edition Committee](#)
- More information on [Editorial Guide](#) on the IHTSDO website

Basis for Adding New Clinical Content

Content in SNOMED CT must be:

- Understandable
- Reproducible
- Useful
- Unambiguous

Content that won't be considered includes:

- Abbreviations alone unless agreed via the Editorial Committee
- Local terms and representations
- Terms that do not relate to the patient

Authoring Concepts

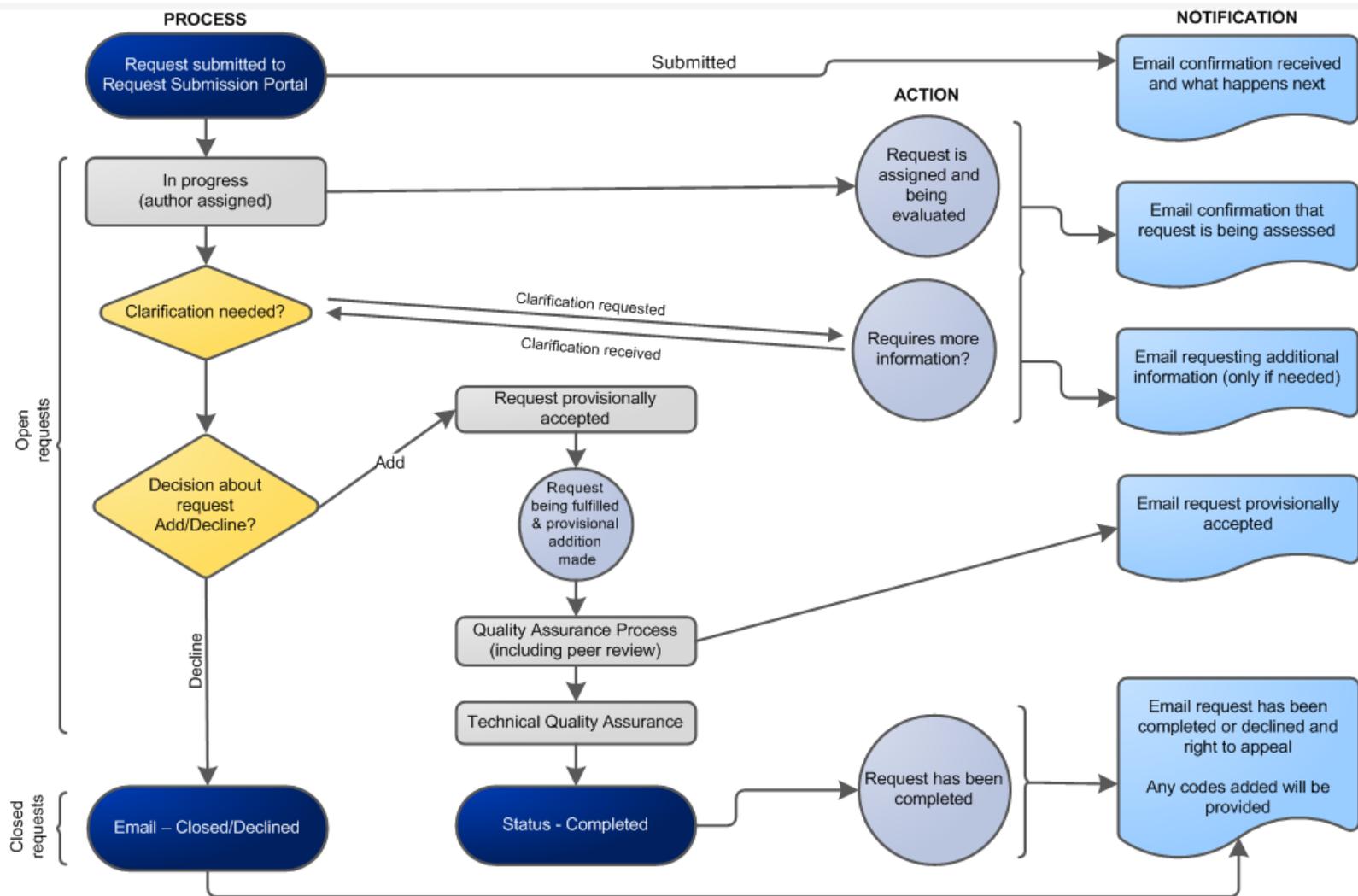
Concepts are authored:

- In the SNOMED CT International Edition – these requirements come from any country that is a member of the IHTSDO
- By the UK Terminology Centre (UKTC) in the UK Extension – this includes UK English replacements of terms with US English, as well as concepts that are needed specifically by the UK
- The UK Edition available for download is a combination of International Edition and UK concepts and specific terms

Authoring Process

- How UKTC receive requests for addition/change
- UKTC review of requests and authoring process
- Authoring Quality Assurance
- Escalation process
- Governance

Request Submission Process – New Request



How we Receive Requests for Content Change or Addition (1/2)

- Requests for change are managed in the UK by the UKTC, the national release centre for the UK
- We receive requests from the home countries within the UK via their national centres:
 - England, Wales and Northern Ireland via [UKTC SNOMED CT Submission Portal](#)
 - Scotland: From [ISD Terminology Services](#) via the UKTC SNOMED CT submission portal

How we Receive Requests for Content Change or Addition (2/2)

- We can receive requests direct from users if appropriate
- Users must register and then can submit requests for addition / change to the UKTC
- After registration log into the [Request Submission Portal](#) and choose the SNOMED CT Product
- Help information is provided as you make your request by hovering over the ? icons as you progress
- Other requests can be searched even when not logged in

How a Request is Reviewed

- Duplication of content is prevented by checking that alternative representation of the request doesn't already exist in the terminology
- Checks are made that the request is unambiguous and there is enough detail for the term to be authored
- It is helpful to attach any relevant documents to support your request
- The term is assessed for its suitability and that it is in scope for addition to the national clinical terminology
- The format of the concept and its terms authored follow the Editorial Principles

Authoring the Concept

- The context of the term is ascertained and Editorial Principles applied
 - Is it a clinical finding or
 - Is it a procedure?
.... to name just two hierarchies
- The author creates an unambiguous representation of the request made

The Context of Meaning for a Concept

The following applies unless explicitly stated otherwise:

For a 'clinical finding' that:

- The concept represents the result of a clinical observation, assessment or judgment, and includes both normal and abnormal clinical states
- It relates to the patient

For a 'procedure' that:

- The concept represents activities performed in the provision of healthcare
- It was performed on/related to the patient (e.g. a patient sample)

Some Further Editorial Principles Examples

- Each concept has one ***Preferred Term*** which is a common word or phrase used by clinicians to name that concept
- In general, terms are represented in the singular rather than the plural where appropriate
- A hyphen is a punctuation mark used to join words and to separate syllables. There should be no spaces either before or after the hyphen e.g. intra-articular
- Names that are derived from a proper name e.g. Down Syndrome, should avoid apostrophes wherever possible, although a synonym with the apostrophe can be added

The Quality Assurance Process

After authoring the new addition/change the following occur:

- Inspection by a minimum of 2 independent authors
- Quality Assurance review meetings to resolve any issues
- An escalation policy exists where issues are not resolved via the Quality Assurance meeting
- Technical Quality Assurance before release

The Escalation Process

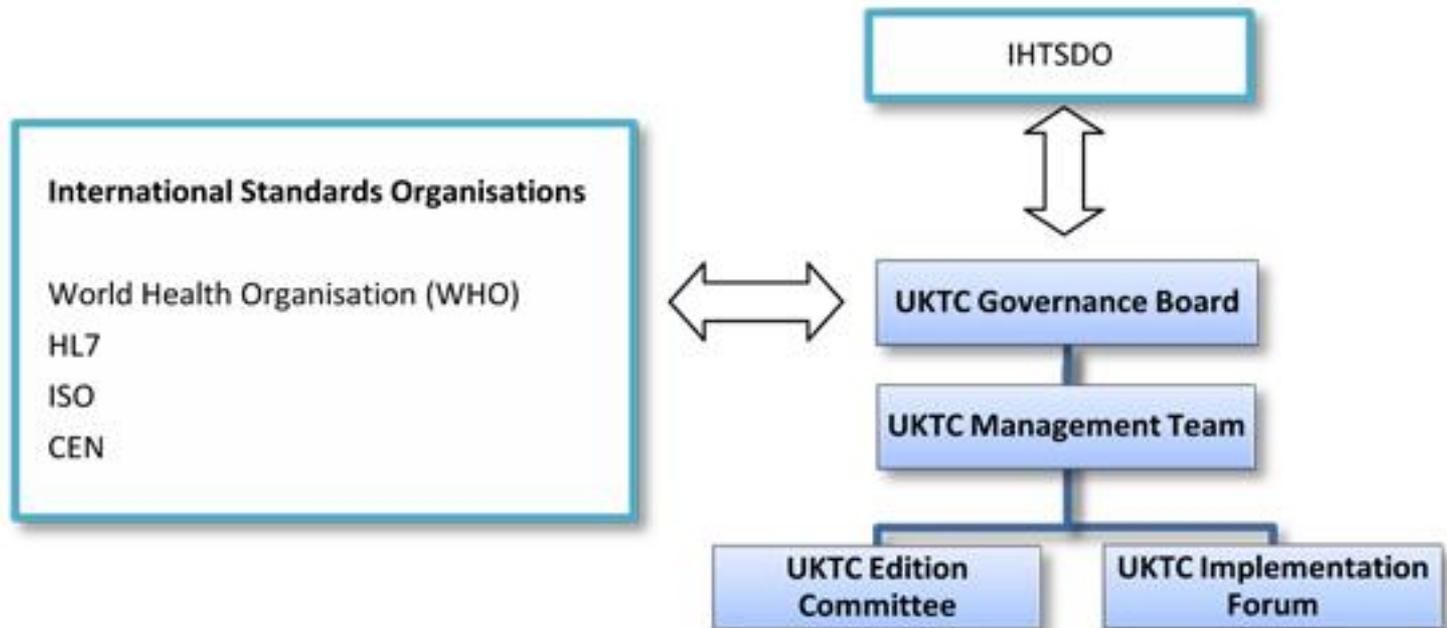
Can be used by authors or the requestor where content issues cannot be resolved:

- Where a request is rejected by the UKTC the requestor can appeal
- As escalation in the quality assurance process if required

All the above are controlled by the SNOMED CT [UKTC Governance Process](#)

Appeals / terminology enquires should be sent to information.standards@hscic.gov.uk

UKTC SNOMED CT Governance Framework



More information about this diagram can be found at:
<http://systems.hscic.gov.uk/data/uktc/snomed/governance>



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