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SNOMED Clinical Terms (SNOMED CT) is a dynamic, scientifically validated clinical health care terminology and infrastructure that makes health care knowledge more usable and accessible. The SNOMED CT Core terminology provides a common language that enables a consistent way of capturing, sharing and aggregating health data across specialties and sites of care. Among the applications for SNOMED CT are electronic medical records, ICU monitoring, clinical decision support, medical research studies, clinical trials, computerized physician order entry, disease surveillance, image indexing and consumer health information services.

For information about the current release of SNOMED CT, see the [SNOMED CT July 2006 Release fact sheet](#) (PDF, 535 K). Also, SNOMED CT is available in [Spanish and German Language Editions](#).

[More about SNOMED CT](#) and [SNOMED CT brochure](#)



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What is SNOMED CT

SNOMED Clinical Terms Core Content

SNOMED International maintains the SNOMED CT technical design, the core content architecture, and the SNOMED CT Core content. SNOMED CT Core content includes the technical specification of SNOMED CT and fully integrated multi-specialty clinical content. The Core content includes the concepts table, description table, relationships table, history table, an ICD-9-CM mapping, and the Technical Reference Guide. In addition to English, Spanish and German language editions are also available.

SNOMED CT is comprehensive on its own, but also can map to other medical terminologies and classification systems already in use. This avoids duplicate data capture, while facilitating enhanced health reporting, billing and statistical analysis. SNOMED CT also provides a framework to manage language dialects, clinically relevant subsets, qualifiers and extensions, as well as concepts and terms unique to particular organizations or localities.

SNOMED CT combines the content and structure of the SNOMED Reference Terminology (SNOMED RT) with the United Kingdom's Clinical Terms Version 3 (formerly known as the Read Codes).

Concepts: Over 366,170 concepts with unique meanings and formal logic-based definitions organized into hierarchies. For example:

Hierarchies	Examples
Clinical Finding: <ul style="list-style-type: none"> Contains the sub-hierarchies of Finding and Disease R represent the result of a clinical observation, assessment or judgment Important for documenting clinical disorders and examination findings 	Finding: Swelling of arm Disease: Pneumonia
Procedure/intervention: <ul style="list-style-type: none"> Concepts that represent the purposeful activities performed in the provision of health care 	Biopsy of lung Diagnostic endoscopy Fetal manipulation
Observable entity <ul style="list-style-type: none"> Concepts represent a question or procedure which, when combined with a result, constitute a finding 	Gender Tumor size Ability to balance
Body structure <ul style="list-style-type: none"> Concepts include both normal and abnormal anatomical structures Abnormal structures are represented in a sub-hierarchy as <i>morphologic abnormalities</i> 	Lingual thyroid (<i>body structure</i>) Neoplasm (<i>morphologic abnormality</i>)
Organism <ul style="list-style-type: none"> Coverage includes animals, fungi, bacteria and plants Concepts represent organisms of etiologic significance in human and animal diseases Necessary for public health reporting and used in evidence-based infectious disease protocols 	Hepatitis C virus Streptococcus pyogenes Acer rubrum (Red maple) Felis silvestris (Cat)
Substance <ul style="list-style-type: none"> Covers a wide range of biological and chemical substances. Includes foods, nutrients, allergens and materials Used to record the active chemical constituents of all drug products 	Dust Estrogen Hemoglobin antibody Methane Codeine phosphate
Physical object <ul style="list-style-type: none"> Concepts include natural and man-made objects Focus on concepts required for medical injuries 	Prosthesis Artificial organs Vena cava filter Colostomy bag
Physical force <ul style="list-style-type: none"> Includes motion, friction, electricity, sound, radiation, thermal forces and air pressure Other categories are directed at categorizing mechanisms of injury 	Fire Gravity Pressure change
Events <ul style="list-style-type: none"> Concepts represent occurrences that result in injury Exclude all procedures and interventions 	Flash flood Motor vehicle accident
Environments/geographical locations <ul style="list-style-type: none"> Includes all types of environments as well as named locations such as countries, states, and regions 	Cameroon Islands of North America Burn center Cancer hospital

- [SNOMED Brochure](#)
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Social context <ul style="list-style-type: none"> Contains social conditions and circumstances significant to healthcare Includes family and economic status, ethnic and religious heritage, and life style and occupations 	Economic status (<i>social concept</i>) Asian (<i>ethnic group</i>) Clerical supervisor (<i>occupation</i>) Donor (<i>person</i>) Thief (<i>life style</i>) Judaism (<i>religion/philosophy</i>)
Context-dependent categories <ul style="list-style-type: none"> To represent medical information completely, it is sometimes necessary to attach additional information to a given concept If this information changes the concept's meaning, it is known as context This category concepts that carry context embedded within in them 	No family history of stroke Nasal discharge present Aspiration pneumonia resulting from a procedure
Staging and scales <ul style="list-style-type: none"> Contains concepts naming assessment scales and tumor staging systems 	Glasgow coma scale (<i>assessment scale</i>) Alcohol use inventory (<i>assessment scale</i>) Dukes staging system (<i>tumor staging</i>)

Descriptions: Contains more than 993,420 English language descriptions or synonyms for flexibility in expressing clinical concepts

For example:

Concept Fully Specified Name	Associated Descriptions
Pain in throat (finding)	Sore throat Throat pain Pain in pharynx Throat discomfort Pharyngeal pain Throat soreness

Relationships: Approximately 1.46 million semantic relationships to enable robust reliability and consistency of data retrieval

Attributes/Roles: Each attribute is useful, understandable and reproducible

Disorder and Finding (Clinical Finding)	Procedure	Context
Finding Site Associated With <ul style="list-style-type: none"> After Causative Agent Due To Associated Morphology Severity Onset Course Episodicity Interprets Has Interpretation Pathological Process Has Definitional Manifestation Occurrence Stage Subject of Information	Procedure Site <ul style="list-style-type: none"> Direct Indirect Procedure Device <ul style="list-style-type: none"> Direct Device Indirect Device Procedure Morphology <ul style="list-style-type: none"> Direct Morphology Indirect Morphology Method Direct Substance Using Access Approach Priority Has Focus Has Intent Recipient Category Access Instrument Revision Status Has Specimen Component	Associated Finding Associated Procedure Finding Context Procedure Context Subject Relationship Context Temporal Context
		Measurement Procedure
		Has Measurement Component Measurement Method Has specimen Time Aspect Property Scale Type
		Specimen
		Specimen Procedure Specimen Source Topography Specimen Source Morphology Specimen Substance Specimen Source Identity
		Additional Attributes
		Has Active Ingredient Associated Finding
Body Structure		
Laterality Part of		

Content

- Cross Mappings:** ICD-9-CM Epidemiological/Statistical Mapping (Includes October 2004 ICD-9-CM changes)
- Language Editions:** English (US dialect) released in January and July; Spanish released in April and October
- Supporting Documentation:** SNOMED CT Technical Reference Guide

SNOMED International offers a portfolio of related content, tools and services to support the implementation of SNOMED. ([More](#))

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Standards Recognition

SNOMED CT has been recognized by the following standards setting organizations and government bodies:

ANSI – American National Standards Institute

- On December 7, 1999, the College of American Pathologists (CAP) was approved as an ANSI accredited Standards Developer Organization (SDO). The CAP activity relating to clinical terminology, through SNOMED International, focuses on standardizing terminology across clinical specialties and sites of care. These standards are developed in response to the increasing need to document care in a computer-readable format, to reliably and reproducibly retrieve and aggregate patient level and population-based data as well as to transmit data in electronic format.
- On September 30, 2003, the CAP Received ANSI Approval for the **Healthcare Terminology Structure** Standard. This standard specifies a standard file structure for use in distributing healthcare terminology. ([Availability of the standard](#))

NCVHS – National Committee on Vital and Health Statistics (United States)

- As a continuation of its HIPAA mandate, NCVHS has assessed clinical terminology standards for the Patient Medical Record Initiative (PMRI). In 2003, the NCVHS Subcommittee on Standards and Security completed a detailed evaluation of 38 health care terminologies and classification systems to support the electronic medical record. Ten terminologies met all of the essential criteria defined according to sound medical informatics practices. SNOMED CT was rated highest among all terminologies evaluated.
- On November 12, 2003 an advisory panel of the Department of Health and Human Services has recommended the College's Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) as part of a core set of patient medical record information (PMRI) terminology. In the letter regarding PMRI terminology, the NCVHS said, "The breadth of content, sound terminology model, and widely recognized value of SNOMED CT qualify it as a general-purpose terminology for the exchange, aggregation, and analysis of patient medical information. The broad scope of SNOMED CT itself and the inclusion within it of concepts from other important healthcare terminologies (including the following terminologies developed to support nursing practice: HHCC, NANDA, NOC, NIC, Omaha System, and PNS) allow SNOMED CT to encompass much of the patient medical record information domain." ([NCVHS recommendation](#))

CHI – Consolidated Health Informatics Initiative (United States)

- This U.S. government initiative is charged with defining health information interoperability standards in federal healthcare to enable the sharing of health information in a secure environment. SNOMED CT is currently under evaluation by CHI and its partnering agencies (e.g., The Department of Veterans Affairs, The Department of Defense, Health and Human Services, General Services Administration, etc.) for a number of domains.
- On January 29, 2004 the CHI Initiative recommended and endorsed SNOMED CT as the terminology of choice for the domains of anatomy, nursing, diagnosis and problems, and non-lab interventions and procedures. ([CHI NCVHS recommendation](#))

DICOM – Digital Imaging and Communications in Medicine

- In June 2000, SNOMED International and NEMA entered into an agreement whereby all terms required for basic interoperability will be represented in SNOMED and available on a pre-paid royalty basis. By agreement, terms continue to be added.
- Since 1996, the CAP has served as secretariat of DICOM Working Group 8: Structured Reporting and actively participates in DICOM Working Group 13: Visible Light Images. SNOMED is an integral component to full content integration of digital images and text using DICOM's Structured Reporting standard. In June 2000, SNOMED International and NEMA entered into an agreement whereby all terms required for basic interoperability will be represented in SNOMED and available on a pre-paid royalty basis. By agreement, terms continue to be added.

HL7 – Health Level 7

- The CAP is a member of HL7 and actively contributes to the coordination of HL7 messaging standards and SNOMED content. SNOMED is a registered standard with the HL7 Vocabulary Technical Committee for use in HL7 messages. The HL7 standard has an installed base that extends outside the US to Canada, the UK, Australia, Japan, New Zealand, Germany, The Netherlands, Finland, South Africa and India.

ISO – International Organization for Standardization

- The CAP participates in the ISO Technical Advisory Working Group on Health Concept Representation ISO TC 215 WG3. ANSI standards can be submitted as ISO standards.

X12 – Accredited Standards Committee

- In 1997, SNOMED was balloted as an approved code source in ASC X12 version 4010 for the purpose of reporting more precise terms of medical test results primarily for statistical purposes in the public health system. In October 1999, a name change to "Systematized Nomenclature of Medicine" and the addition of an abstract that describes the use of the code source for indexing the entire medical record was approved and published in X12 sub-release version 4031 in February 2000.

IOM – Institute of Medicine (United States)

- The IOM Committee on Patient Safety Data Standards is charged with producing a

detailed plan to facilitate the development of data standards applicable to the collection, coding and classification of patient safety information, both adverse events data and errors data. Funded by the Agency of Healthcare Research and Quality (AHRQ), the report completion is expected in 24 months.

CISB – United Kingdom Clinical Information Standards Board

- In the UK, the CISB is responsible for approving clinical standards, in areas such as, clinical datasets terminology and clinical messages for direct patient care.
- To date, SNOMED is considered a “Strategic Standard.”

SNOMED has also received endorsement, acceptance and recognition by professional associations (e.g., American Nurses Association - ANA, World Association of Societies of Pathology and Laboratory Medicine -WASPaLM), interoperability initiatives (e.g., eHealth Initiative, National Association for Healthcare IT –NAHIT), and industry analysts (e.g., the Gartner Group).



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Quality and Editorial Process

SNOMED CT was founded on four basic principles that have guided development activities related to the core table structure and clinical content, and will continue to guide the future direction of SNOMED. These guiding principles are:

1. Development efforts must encompass broad, inclusive involvement of diverse clinical groups and medical informatics experts.
2. The clinical content must be quality focused and adhere to strict editorial policies.
3. The quality improvement process must be open to public scrutiny and vendor input, to ensure that the terminology is truly useful within healthcare applications.
4. There must be minimal barriers to adoption and use.

The design of SNOMED CT has been driven by the expressed needs of software developers for features that improve their ability to develop useful applications. In response to these needs, the design adds unique numeric identifiers, includes links to legacy codes, supports a sustainable migration and maintenance strategy, permits adaptability for national purposes, and fosters alignment with other terminologies and standards such as HL7, DICOM, LOINC, XML, ISO, and ASC X12. SNOMED CT has been designed to deliver on a promise of standardized, quality clinical terminology that is required for effective collection of clinical data, its retrieval, aggregation and re-use as well as the sharing, linking and exchange of clinical information.

As an American National Standards Institute (ANSI) approved standards developer, the College of American Pathologists has committed to a review process that incorporates ANSI's minimum due process requirements. Recognition of the SNOMED CT structure as an approved ANSI standard was received on September 30, 2003.

The SNOMED CT development process incorporates the efforts of a team of internal and external modelers. A documented scientific process is followed that **focuses on understandability, reproducibility and usefulness**. Content is defined and reviewed by multiple clinician editors, with additional experts being consulted as necessary to review the scientific integrity of the content.

The quality control process is continuously supplemented by feedback from users. Parallel to domain specialist review, U.S. and U.K. editors continue to review the content and are actively making adjustments and refinements as needed.

Expert Input

The heart of SNOMED CT's quality is the involvement of key stakeholders at each step of the process. The large body of key stakeholders has been comprised of members and leadership from the College of American Pathologists (CAP); clinical content experts; medical informatics experts from the U.S. and the United Kingdom's National Health Service; professional medical translators, editors and validators; physicians; and nurses.

These individuals bring expertise in national and international standards, medical informatics, software development and implementation, database licensing, biotechnology, clinical and academic medicine, managed care, laboratory medicine, pharmacy, nursing, education and database services.

Working Groups

As part of its commitment to an open terminology development process, SNOMED International sponsors Working Groups. These groups vary in scope, ranging from providing input about the direction of the terminology to a detailed review of specific nomenclature domains. Working Groups that are active or planned include nursing, mapping, pharmaceuticals, genomics, pathology, public health, compositional grammar, guidelines, context of care, and surgery. ([More](#))

External Review

A formal testing process was structured over the course of three years to "build in" quality into the terminology and to ensure vendor and end-user input into the development of SNOMED CT. This followed a consultative period in which interested stakeholders could review and comment on the SNOMED CT design documents posted on the SNOMED Web site.

Written and oral feedback from a total of 42 test sites in six countries confirmed that all the objectives had indeed been achieved. The test sites included healthcare software vendors, NHS Trusts, non-U.K. acute care hospitals, individual practitioners, renowned university academic centers, and government entities. There were a total of twenty-two test sites in the U.K., nine in Australia coordinated through the Commonwealth Department of Health and Aged Care, seven in the United States, one in The Netherlands, one in Iceland, and one in Germany.

Language Translators and Validators

Teams of professional medical translators, linguists and editors work on development of international editions of SNOMED CT. Commercial grade quality assurance processes and translation tools are used to achieve maximum accuracy of concept representation in target languages. Teams of clinical validators from a variety of medical specialties, representing each country in which the target language edition will be used, review the work of the translation team. Localizations specific to dialectal variations of each language edition are prepared as needed.

Continuous Quality Improvement

Continuous improvement is the aim of the quality assurance process: updating the breadth

and scope of the content to reflect changes in clinical care and advances in medical science; refining the content to deliver greater precision for data collection, retrieval and aggregation; and enhancing the functionality to serve our users better.

Recognition by Standards Bodies ([More](#))

Market Validation

Wide ranges of vendors and end-users have adopted SNOMED CT since its release in 2002. No major structural or content defects have been identified that would preclude applications development and deployment.

- The NHS information strategy recognizes that the use of a modern set of clinical terms underpins many aspects of the development of health information systems. The set of terms must meet the needs of primary and secondary care. The development of SNOMED CT has been vigorously supported to achieve this end. "Subject to successful development and testing for implementability, after 1 April 2003 any computerized information system being developed to support any clinical information system, such as EPRs and EHRs, should use the NHS preferred clinical terminology, SNOMED Clinical Terms. Users/suppliers are advised not to develop new Read Code based systems from April 2003."
 - Applications supporting a wide range of clinical and research use cases have been implemented or are in the process of implementation, including computerized order entry, problem list documentation, and clinical decision support.
 - Software solution industry leaders evaluated and selected SNOMED CT as a key component of their system infrastructure. Market research on the enterprise-wide computer patient record system market identified 70% of companies have licensed SNOMED CT as of August 2002 and over 84% of the laboratory computer systems use or display one or more versions of SNOMED.
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Currently SNOMED CT is distributed only as tab-delimited UTF-8 text files so that customers can load these files into their database. A second distribution format that has been requested by several customers is an XML distribution format. An XML format benefits customers creating local extensions to SNOMED CT in that they will be able to output in an XML format and easily validate that their extension conforms to the SNOMED CT format. The xsd files provided are considered draft documents and the SNOMED Technical Steering Group would like to receive feedback on any issues you have with them. Please [forward all comments to the SNOMED Technical Working Group](#).

To download files, right-click on the name of the file you wish to download, then use the "save target as" option to save the file to a location of your choice. (Macintosh users, hold down your mouse button on the name of the file until the menu opens.)

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Unified Medical Language System

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SNOMED Clinical Terms® (SNOMED CT®)

Produced by the [College of American Pathologists \(CAP\)](#), [SNOMED CT](#) (Systematized Nomenclature of Medicine--Clinical Terms) is a comprehensive clinical terminology formed by the convergence of SNOMED RT® and the United Kingdom's Clinical Terms Version 3 (formerly known as the Read Codes).

SNOMED CT is one of a suite of designated standards for use in U.S. Federal Government systems for the electronic exchange of clinical health information. SNOMED CT is being implemented throughout the [National Health Service](#) in the United Kingdom.

The NLM, on behalf of the Department of Health and Human Services, entered into an agreement with CAP for a perpetual license for the core SNOMED CT (in Spanish and English) and ongoing updates. The terms of this [license](#) make SNOMED CT available to U.S. users at no cost through the UMLS Metathesaurus.

Additional information about SNOMED CT and its representation in the UMLS Metathesaurus is available:

- [▶ Representation of SNOMED CT within the UMLS Metathesaurus](#)
- [▶ SNOMED CT® in the UMLS® Metathesaurus®: Inversion Source Transparency Achieved Jan. 2005 SNOMED CT in the 2005AB Release](#)
- [▶ SNOMED CT® in the UMLS® Metathesaurus®: Release Source Transparency Achieved Jan. 2005 SNOMED CT in the 2005AB Release](#)
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Contacts

Mail the helpdesk at datastandards@cfh.nhs.uk [<mailto:datastandards@cfh.nhs.uk>] or call the Data Standards and Products Helpdesk on 01392 206 248.

Introduction

SNOMED CT® is a clinical terminology - the Systematised Nomenclature of Medicine. It is a common computerised language that will be used by all computers in the NHS to facilitate communications between healthcare professionals in clear and unambiguous terms.

SNOMED CT was a joint development between the NHS and the College of American Pathologists (CAP) to improve and safeguard patient care by using an agreed terminology. It has greater depth and coverage of healthcare than the versions of Clinical Terms (Read Codes) that it replaces. It will enable clinicians, researchers and patients to share and exchange healthcare and clinical knowledge worldwide.

The expertise of the UK clinical professions is of huge importance in this work - both in its development and in its implementation. Specialist input to evaluate and endorse the terminology is an on-going process.

SNOMED Browser now available on-line!

SNOMED CT Browser now available on-line, go there now by following this link: [SNOMED Browser \[browser/\]](#).

The importance of a clinical terminology

A clinical terminology is a structured list of terms for use in clinical practice. These terms describe the care and treatment of patients and cover areas like diseases, operations, treatments, drugs, and healthcare administration. This allows the detailed recording of treatment, either of a single incident or the patient's full care record.

By using the terminology and the computer system the clinician can record patient information in a consistent manner. Clinical data can be communicated efficiently between healthcare workers to cover, for example, prescribing, referrals and hospital discharges. Research organisations will be able to report on health trends based on the common terminology, confident that data from different NHS organisations is comparable.

NHS Care Records Service

The National Programme for Information Technology depends on having a common language for gathering and sharing medical knowledge. SNOMED CT will be the language of the NHS Care Records Service and will cut down the potential for differing interpretation of information and the possibility of errors resulting from traditional paper records.

If clinical information is to be transferred and exchanged electronically, a standard clinical terminology is a necessary component of clinical systems. There would be problems in exchange of information for clinical or managerial purposes if several vocabularies and terms for the same topic were used within the NHS. SNOMED CT is, therefore, maintained and updated centrally. There will, however, be opportunities to submit requests for terms to be amended or introduced at a 'submission request' area on the NHS Terminology Service website.

The use of SNOMED CT means that doctors and other NHS staff are going to have consistent and easily understood information about a patient's medical history, illnesses, treatments, and test results wherever and whenever it is needed. The terminology can be used for diagnosis, treatment, sharing of information and for research.

The dictionary of medicines + devices (dm+d) provides unique identifiers and associated textual descriptions for medicines and devices. It has been developed for use throughout the NHS (in hospitals, primary care and the community) as a means of uniquely identifying the specific medicines or devices used in the diagnosis or treatment of patients. The dictionary provides a link to SNOMED CT terminology used in clinical systems. For more information please visit [dm+d website](http://www.dmd.nhs.uk/) [<http://www.dmd.nhs.uk/>].

Licences to use SNOMED CTM

The NHS and CAP have agreed licensing arrangements for the use of SNOMED CT in the UK. The National Programme for IT (NPFIT) will sub-provide end-user royalty-free licences to NHS organisations and related organisations that are required to access SNOMED CT to fulfil their statutory duties. The NPFIT will also issue end-user licences to NHS projects and to research organisations that can contribute to meeting NHS priorities for action.

The terms and conditions of all licences specifically forbid end-users from any form of modification, sale or reproduction of SNOMED CT.

SNOMED CT: the benefits

- Patients knowing that everyone in the NHS they meet will be using the same language to talk about their condition and treatment
- A single and comprehensive system of terms, centrally maintained and updated for use in all NHS organisations and in research
- Greater consistency in communication of patients' clinical records
- Simplified data entry and retrieval
- Reliable analysis and research based on a common understanding of health terms and concepts stored in a coded form (rather than as free text)
- Good links to recognised health classifications (International Classification of Disease and Related Health Problems) and surgical classifications (from the Office of Population, Censuses and Surveys) to assist research into disease and treatment

SNOMED CT: the long term

In order to support the NHS Connecting for Health vision of a single integrated clinical coding system, NHS CFH is leading a project looking into the feasibility SNOMED CT being enhanced in the medium term to meet the needs of an intervention classification and to replace OPCS-4.

Further details on the SNOMED CT/OPCS convergence feasibility project is available here. [SNOMED CT/OPCS convergence feasibility project \[convergence\]](#)

Further information

[Frequently Asked Questions \[faqs\]](#)
