



## **BAPM Working Group: Systematised Nomenclature of Medicine Clinical Terms (SNOMED CT)**

### **Terms of Reference**

#### **Background, General Terms and Purpose**

SNOMED CT is a structured clinical vocabulary; it forms an integral part of the electronic care record. It represents care information in a clear, consistent, and comprehensive manner. SNOMED CT concepts represent clinical thoughts (symptoms, signs, diagnoses, procedures and much else). Every concept has a unique numeric concept identifier. Within each hierarchy, concepts are organized from the general to the more detailed.<sup>1</sup> Presently, the majority of data is extracted from unstructured notes by clinical coders and then classified using [ICD10](#) for diagnosis and [OPCS](#) for procedures.

The move to a single terminology, SNOMED CT, for the direct management of care of an individual, across all care settings in England, is recommended by the National Information Board (NIB), in ' [Personalised Health and Care 2020: A Framework for Action](#)'.<sup>2</sup> Adoption of SNOMED CT across the United Kingdom will enable more opportunities for secondary data analysis and is intended to form a substantial component of the NHS electronic care record. The Royal College of Paediatrics and Child Health (RCPCH) is committed to developing a standardised terminology to describe the common conditions encountered in clinical practice, using the same rigour that is applied when setting up a specialist database or register. As such it requested interested groups within paediatrics to tackle subspecialty areas. The British Association of Perinatal Medicine (BAPM) has agreed to be one of the specialist groups to publish an official SNOMED CT subset.

The group will be tasked with:

1. Building a neonatal subset of clinical terms for SNOMED CT use in the NHS UK
2. Composing a glossary of preferred terms

#### **Membership**

The composition of the group will be as follows:

##### **Chair:**

Dr David Millar, Consultant Neonatologist BAPM

##### **Members:**

1. NICU consultant (via BAPM)
2. LNU/SCU consultant (via BAPM)
3. Neonatal follow-up (via BAPM)
4. Parent / Patient representative (Via Bliss, BAPM funded)
5. Neonatal transport (via transport group)
6. Neonatal nurse /ANNP (Via NNA / SNNG)
7. Obstetrician / Maternal fetal medicine consultant (Via RCOG or BMFMS)
8. Midwife (via RCM)
9. NNAP representative
10. NDAU representative
11. Clevermed representative
12. Andy Spencer (funded by UKTC)
13. UKTC representative - Michael Bond



## **Meetings and Timeline**

It is envisaged that there will be one or two face-to-face meetings, with subsequent development and finalisation of the statement and framework taken on by a smaller subset of the group and agreed by email correspondence.

## **Reporting**

The group will report to the BAPM Executive Committee and this will be followed by circulation of a proposal to the BAPM membership for consultation.

## **Responsibility and Accountability**

The group is responsible to the BAPM Executive Committee and accountable to the BAPM membership.

## **Probity**

The group will operate under the arrangements for probity as set out in the BAPM conflicts of interest policy. All group members will be required to complete a declaration of interest form which will be held in the BAPM office and made available on request.

## **Expenses**

BAPM will cover reasonable travel and subsistence costs for attending members as outlined on the BAPM expenses claim form. External groups will be asked to fund the expenses for their own representatives.

## **References**

1. SNOMED [www.snomed.org/snomed-ct/what-is-snomed-ct/how-does-snomed-ct-work](http://www.snomed.org/snomed-ct/what-is-snomed-ct/how-does-snomed-ct-work)
2. NHS Digital [digital.nhs.uk/snomed-ct](http://digital.nhs.uk/snomed-ct)