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| IHTSDO International Pathology and Laboratory Medicine (IPaLM) Special Interest Group - Terms of Reference | | |
| Professional Special Interest Groups | | |
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Amendment History

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| **Version** | **Date** | **Editor** | **Comments** |
| 0.01 | 20140916 | Alexis B. Carter | First draft for comments |
| 0.02 | 20141231 | SIG and IHTSDO | Updates agreed with SIG following review by Head of Collaboration |

Approvals

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| --- | --- | --- | --- |
| **Version** | **Date** | **Approver** | **Comments** |
|  | YYYYMMDD | HPCG |  |
|  | YYYYMMDD | IHTSDO MB |  |

Future Review Timetable

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| --- | --- | --- |
| **Review date** | **Responsible owner** | **Comments** |
| YYYYMMDD | Person/group responsible | Summary of action |
|  |  | (remove or add rows if necessary) |

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# Introduction

## Purpose

The International Pathology and Laboratory Medicine (IPaLM) Special Interest Group (SIG) provides a forum for people who have an active interest in contributing to the continuing development, delivery and implementation of SNOMED CT with regard to pathology and laboratory medicine including molecular and genomic laboratory medicine for both germline and acquired disorders.

## Scope

The IPaLM SIG supports the strategic goals of the IHTSDO by contributing to elements of the IHTSDO work plan that relate to pathology and laboratory medicine including molecular and genomic laboratory medicine for both germline and acquired disorders. This includes identifying and addressing the needs of the diverse groups involved in development, implementation, deployment and clinical use of SNOMED CT.

## Audience

The intended audience of this document is IHTSDO and Pathology professionals internationally as well as both contractual and voluntary IHTSDO collaborators, contributors, participants and the general public.

# Objectives

* Advise and assist the IHTSDO in relation to issues and activities related to terminology development and implementation for pathology and laboratory medicine including molecular and genomic laboratory medicine for both germline and acquired disorders.
* Support the work of IHTSDO Members and Affiliates by advising on and contributing to collaborative work to develop sharable terminology materials, thereby minimizing duplication of effort.
* Contribute to other aspects of the IHTSDO mission and work plan as appropriate taking into account the skills and knowledge of SIG members.
* Propose and advise on content development items for future inclusion in IHTSDO work plans based on identified international requirements.

# Principles underpinning SIG work

1. The SIG does not represent the IHTSDO and in any communications with external organizations the SIG Chair and members shall make clear when reporting views expressed in the SIG that these do not represent the views or policy of the IHTSDO.
2. The SIG will operate in accordance with the Articles of Association and all relevant IHTSDO regulations, policies and procedures.

In accordance with the Articles and ways of working of the IHTSDO, the activities of the IPaLM SIG shall be open, fair and transparent.

# Participation

Participation in the work of the SIG is welcomed, subject to acceptance of the conditions of the IHTSDO participation agreement (see [www.ihtsdo.org/participation\_conditions.pdf](http://www.ihtsdo.org/participation_conditions.pdf)).

# Eligibility

1. Knowledge and experience of healthcare delivery and information;
2. Clinical specialist knowledge and experience
3. Understanding of the value of SNOMED CT and its relationship to other components of an effective approach to electronic health records;
4. Foundation level knowledge of SNOMED CT design, content, mapping and typical approaches to implementation, supported by a good understanding of where to turn for additional detailed knowledge from IHTSDO documentation and experts.

# Accountability and Reporting procedures

1. The IPaLM SIG reports to the Healthcare Professions Coordination Group and is guided and supported by the Head of Collaboration.
2. There is a liaison function provided from the IHTSDO Content Development team to provide updates on relevant IHTSDO business, content development initiatives and content maintenance projects
3. SIG participants are required to declare potential or actual conflicts of interests with SIG agenda items, and the Chair will manage these conflicts. In the case of conflict of interest involving the Chair, the Chair must temporarily pass the role of managing the meeting to the Vice-Chair or another participant with no conflict of interest.
4. The activities of the SIG are coordinated and facilitated by a Chair and Vice-Chair appointed in accordance with IHTSDO policy and procedures.
5. The responsibilities of the SIG Chair are shared with the SIG Vice-Chair.
6. The SIG Vice-Chair acts as SIG Chair in the absence of, or at the direction of, the SIG Chair.

# Communication

1. All SIG communications between meetings will use the IHTSDO collaborative space area allocated to the SIG to ensure visibility to all interested parties. In particular:
   * Announcements will be made using the SIG’s “General Group Notification” discussion list
   * Documents and other materials will be uploaded to an appropriate folder in the SIG’s “Documents” area.
2. SIG participants must register for access to the IHTSDO collaborative space and join the relevant project.
3. To support open participation, the SIG works mainly electronically and via teleconferences and webinars. Anyone wishing to participate should sign up for access to the [IHTSDO collaborative space](http://www.ihtsdo.org/about-ihtsdo/collaborative-space/) .
4. All announcements of forthcoming meetings are made 1 month ahead of the SIG meeting on the IHTSDO collaborative space, except in exceptional circumstances where a meeting is required at short notice.
5. Meeting agendas will be posted 7 days ahead of the meeting; any other meeting materials, at least 5 days ahead of the meeting.
6. Additional business added to the agenda less than seven days before the meeting may be discussed at the discretion of the Chair but the outcome of these discussions is provisional pending input from other SIG members prior to or during the next SIG meeting.
7. Notes of discussion (i.e., minutes) from each SIG meeting will be published on the Collaborative space in the corresponding SIG folder within seven days of the meeting. These notes will record the attendees present and any recommendations or actions agreed during the meeting.

# General points

1. Meetings are open to all people who are registered for participation. In addition, all SIG meetings are open to registered participants in any other IHTSDO SIG, members of any formal IHTSDO governance body or Standing Committee, and to those considering registering their participation in the future.
2. The SIG will meet regularly by teleconference based on a schedule of call times proposed by the SIG Chair and supported by the membership of the SIG.
3. To ensure openness and broad participation, the schedule of teleconferences must take due account of time zone variations and the need to avoid conflicts with other teleconference calls of interest to a similar audience.
4. The SIG may meet face-to-face when it is agreed by the IHTSDO that this provides a cost-effective way to advance strategic priorities while enabling remote involvement of SIG members who may be unable to attend these meetings in person.
5. Meetings of the SIG will be managed by the Chair in such a way that all those present have an opportunity to contribute to the debate and to any agreed recommendations or actions.

# Interface with other groups

1. The Chair will report SIG activities and recommendations to the Healthcare Professions Coordination Group (HPCG). The frequency and form of these reports will be as directed by the HPCG.
2. The Chair will report responses to SIG reports and recommendations from the HPCG to SIG members.
3. The Chair will seek to keep the SIG informed about other relevant news from the IHTSDO and related organizations.
4. The Chair will work with chairs of the other SIGs when appropriate to ensure effective joint working.

# Revisions of the Terms of Reference

These Terms of Reference (TOR) may be periodically reviewed and revised as necessary and appropriate. All changes to these Terms of Reference must be formally approved in accordance with IHTSDO procedures. Proposals for revision will usually only be considered for approval if supported by the Healthcare Professions Coordination Group.