

# Clinical Models Project

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## Overview

The Clinical Models project is an international effort led by clinicians to build archetypes for use in clinical systems. This work began in Australia around 2004 and has been taken up by the NHS in England and Scotland. These models can be used directly in software built on the *openEHR* platform and provide the basis for information sharing between systems. *openEHR* clinical models are freely available to all and are as valuable to those building clinical applications as those concerned with national data standardisation and reporting.

## Tools

The toolset to support authoring of archetypes and templates has been built up over the past few years.

- **Archetype Editor:** a tool to author archetypes
  - The Ocean Archetype Editor from Ocean Informatics (.Net platform)
  - The Linkoping Archetype Editor from Linkoping University (Java)
- **Template Designer:** a tool to create templates based on archetypes
  - The Ocean Template Designer from Ocean Informatics (.Net platform)
- ***openEHR* Knowledge Manager:** a web-based shared knowledge management environment for archetypes and templates based on an OWL ontology
  - Under construction by Ocean Informatics (Java)
- **Archetype Workbench:** a tool to test and maintain the correctness of a set of archetypes and their relationships.

## Archetypes

There is a growing set of archetypes that has been agreed are suitable for use in clinical systems internationally. This is moderated by the Archetype Editorial Group; the process will soon be quite transparent and open to external comment and appraisal.

There are some design principles which apply to these archetypes that are necessary to understand at the outset:

- The archetypes express clinical information requirements in 'chunks' that have the maximum utility; they can be reused very often in health care settings.
- The archetypes are as inclusive as possible, that is to say they are maximal data sets for the information construct they represent; this is designed to reduce the number of archetypes required to share health information and increase their expressivity. Limiting the features of an archetype for a particular use or setting is done through the use of templates.
- Archetypes are always statements made within the context of the *openEHR* reference model. This means that the designer does not have to be concerned with representing who provided the information, who it is about, when it was stored or added to the EHR etc. There are many other features of the reference model that reduce the demand on archetype design such as the timing of observations, including interval measurements such as maximum and minimums, and the ability to provide a reason if mandatory information is not available at the time a record was created.

## Governance

Governance of archetypes is under the jurisdiction of the [Clinical Review Board](#)<sup>1</sup>. The [Archetype Editorial Group](#)<sup>2</sup> manages the authoring and releases within this process. The process is formalised through the *openEHR* Knowledge Manager.

## Contributors

## News

[Archetype Editorial Group launched](#)<sup>3</sup>

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1. [daisy:18-OE \(The openEHR Clinical Review Board \(CRB\)\)](#)
  2. [daisy:171-OE \(Archetype Editorial Group\)](#)
  3. [daisy:172-OE \(Archetype Editorial Group launched\)](#)