



# Secure Message Delivery (SMD) Commissioning Requirements Checklist

PIP eHealth Incentive requires practices to ensure that their SMD systems are properly deployed for operation, as described in the Commissioning Requirements for Secure Message Delivery which is published on the 'PIP Implementation Overviews' page: <https://www.digitalhealth.gov.au/get-started-with-digital-health/pip-ehealth-incentive>.

The following SMD Commissioning Requirements checklist, extracted from the Commissioning Requirements for Secure Message Delivery, is to be completed and signed by the SMD commissioning agent by 1st Aug 2013. GP Practices must maintain the completed checklist provided by the commissioning agent for auditing purposes.

A commissioning agent is the person responsible for installing and configuring an SMD product for use by a General Practice in the context of the PIP eHealth Incentive. This role may be fulfilled by any party who has the technical knowledge and skill to carry out the tasks, but typically would be one of the following: SMD product supplier, secure messaging service provider, Endpoint Location Service operator, systems integrator.





## SMD Commissioning Requirements Checklist

This checklist is to be completed and signed by the SMD commissioning agent.

**General practice for which the SMD product is installed:** \_\_\_\_\_

*\*Note: If "Yes" is the only option, this requirement is necessary to achieve compliance.*

The product is installed in a configuration which suits the requirements and capabilities of the general practice regarding the secure operation of web services.	YES <input type="checkbox"/>
The product is configured to send and receive messages using the Sender and Receiver roles as defined in the SMD specification.	YES <input type="checkbox"/>
The product is configured to use SMD as the general practice's default method of sending secure messages to other healthcare organisations, where feasible.	YES <input type="checkbox"/>
The product is configured to identify, locate and access the Endpoint Location Service designated by the healthcare organisation which is the target recipient of each message for any function or purpose defined in the SMD specification which requires the use of a Services Directory.	YES <input type="checkbox"/>
The ELS instance used by the practice contains an interaction record for each service category published on ns.electronichealth.net.au that the practice's desktop clinical system can receive.	YES <input type="checkbox"/>
The product is configured to use either a NASH PKI Certificate for Healthcare Provider Organisations or a DHS eHealth Record Organisation PKI Certificate to assert the identity of SMD Senders and Receivers.	YES <input type="checkbox"/>
The product is configured to operate in a manner that ensures the payload is secured between the origin of the clinical information and the intended recipient.	YES <input type="checkbox"/>
The product is operational with the ability to send and receive messages using the capabilities of the infrastructure services that have been configured for its use.	YES <input type="checkbox"/>
The product is integrated with the desktop clinical system(s) used by the general practice.	YES <input type="checkbox"/>
If the product provides the capability to maintain an audit trail of messages sent/received, this capability is activated for the practice.	YES <input type="checkbox"/>

### The following steps are typically performed by a tool included with the SMD product that is executed from within the GP's local IT network

The practice has published the HPI-0 record(s) it wishes to be identified as the recipient(s) of messages in the Healthcare Provider Directory and any other public healthcare directories approved by the practice.	YES <input type="checkbox"/>
The practice has access to and the use of an Endpoint Location Service which implements the Endpoint Location Service v1.3 Technical Service Specification.	YES <input type="checkbox"/>
The practice has registered its association with its contracted service provider in the Healthcare Identifiers Service (if applicable).	YES <input type="checkbox"/>



Signature of commissioning agent

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Full name of commissioning agent

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Name of commissioning agent's organisation

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Name of product supplier

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Name and version of SMD product installed

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Date

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