Practice Name: XYZ Medical

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|  | **On-Site Checklist** | **Achieved (Y/N)** | **Comments/Actions Required** |
| 1 | Are the practice computers running the latest version operating system (Windows 10/11) and internet browser? |  |  |
| 2 | Does the practice have a comprehensive asset register for all machines and equipment? |  |  |
| 3 | Do the practice staff have 2-factor authentication enabled? |  |  |
| 4 | Does the practice have a 3rd party IT company have oversight of the practice IT systems? |  |  |
| 5 | Does the practice have (and enforce) an internet usage policy? |  |  |
| 6 | Does the practice have (and enforce) a password creation and maintenance policy? |  |  |
| 7 | Does the practice have (and enforce) a digital presence and acceptable use of information systems policy? |  |  |
| 8 | Have the practice team undertaken cyber security awareness training in the past 12 months? |  |  |
| 9 | Does the practice securely store their backup off-site either through a paid digital provider or professional off-site archiving company? |  |  |
| 10 | Has the practice conducted a restoration test of their backup files? |  |  |
| 11 | If local, is the server placed in a lockable/secure environment with adequate ventilation? |  |  |
| 12 | Does the practice securely communicate confidential information?  |  |  |
| 13 | Does the practice have a policy regarding the handling of patient information? |  |  |
| 14 | Have all practice staff undergone privacy and health information privacy training? |  |  |
| 15 | Does the practice conduct regular security updates of the practice server (eg. Monthly)? |  |  |
| 16 | Has the practice installed and actively use e-prescribing |  |  |
| 17 | Has the practice installed and activated e-clair |  |  |
| 18 | Has the practice installed and activated e-lab ordering |  |  |
| 19 | Has the practice installed and activated POAC |  |  |
| 20 | Does the practice have access to Testsafe |  |  |
| 21 | Does the practice have on-site access to Telemedicine software |  |  |
| 22 | Has the practice consented to and installed Your Health Summary |  |  |
| 23 | Does the practice have an up-to-date disaster planning document and business continuity plan |  |  |
| 24 | Has the practice conducted Penetration Testing in the past 24 months? |  |  |
| 25 | Has the practice taken out Cyberinsurance? |  |  |

Practice Name: XYZ Medical

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|  | **Off-site Checklist (to be completed for each relevant staff member)** | **Achieved (Y/N)** | **Comments/Actions Required** |
| 1 | Does the staff member use a personal device (such as a computer or laptop) when working from home? |  |  |
| 2 | Does the machine run the latest version operating system (Windows 10/11) and internet browser? |  |  |
| 3 | Does the device have installed and enabled 2-factor authentication? |  |  |
| 4 | Does the practice have a 3rd party IT company have oversight of this off-site/remote access device? |  |  |
| 5 | Does the practice have (and enforce) an working from home policy? |  |  |
| 6 | Does the practice conduct regular security updates of the off-site device (eg. Monthly)? |  |  |
| 7 | Has the practice conducted a restoration test of files from the remote access device? |  |  |
| 8 | Can the staff member securely communicate confidential information remotely?  |  |  |
| 9 | Does the practice have a policy regarding the handling of patient information off-site? |  |  |
| 10 | Does the staff member have off-site access to e-prescribing? |  |  |
| 11 | Does the staff member have off-site access to eclair? |  |  |
| 12 | Does the staff member have off-site access to e-lab ordering? |  |  |
| 13 | Does the staff member have off-site access to POAC? |  |  |
| 14 | Does the staff member have off-site access to Testsafe? |  |  |
| 15 | Does the staff member have off-site access to Telemedicine software? |  |  |

Hybrid work environment: Staff list

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| **Staff Member** | **Role** | **Hybrid Work station reviewed (Y/N)** | **Actions Required** |
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| **Title:** General Practice IT and Security Baseline Checklist | **Date Agreed:**  |
| **Document Author:**  | **Reviewed by:** |
| **Document Review Date:**  | **e-Signature:** |

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