Appendix 5: Document review comments and responses

D1.1

			Reviewer's comments			Author's response	
Reviewer	Page	Chapter	Comment critically (see explanation at the bottom)	Comment	Proposed change	OK/ nOK	Comment
GS1 – Anna Gawr-onska-Blaszczyk	1	1	m	In the text it says that the projects follows a particular "methodology".	Methods	OK	Text has been changed
GS1	7	3.2	e	In the text there is the following sentence that has an extra word making the sentence difficult to understand: "For the Antilope project, a template is introduced that for the description of the high-level Use Cases, and for their accompanying Realization Scenarios."	For the Antilope project, a template is introduced for the description of the high-level Use Cases, and for their accompanying Realization Scenarios.	OK	Text has been changed
GS1	10	3.2.2	e	In the following sentence a dot is missing: "In this part, also swimming lanes and other schemas can be used"	In this part, also swimming lanes and other schemas can be used.	OK	Text has been changed
GS1	10	3.2.2	e	In the following sentence plural is used together with "a": "This profiles list is **a** guidelines, showing directions to what profiles may be used (...)."	This profiles list is guidelines, showing directions to what profiles may be used (...).	OK	Text has been changed

CEN 1 - Stephen Kay	v	Exec. Sum	S	Patient-centred' is a confusing part of scale…; surely all of the scale should be 'patient-centred'?	Change to 'individual' or 'citizen'	OK	This is more textual interpretation. What is meant, is a use case where the patient plays the main role.
CEN 1	v	""	e	"as brought out"	", as published by"	OK	Text has been changed
CEN 1	v	"This refined…	e	Unclear whether the 'refined' applies to the published EIF or to this deliverable.	Clarify meaning.	OK	Changed the sentence: This document refines the eEIF with a number of “tools”
CEN 1	v	"national/ Regional"	e	Should this cover the whole deployment scale?	Extend comment to whole scale.	nOK	The "scales" were defined in earlier documents, and have been adopted as they were. The National / regional scale, as has been explained in the D1.1 document, refers to the fact that in some countries, regions have their own legislations and organisational possibilities as countries.
CEN 1	v	" a concise representation of interoperability levels…"	S	Interoperability 'levels' are used inconsistently with WP2	Harmonize use of 'levels' to avoid confusion to the customer.	OK	Has been corrected where applicable

CEN 1	v	"The framework … reducing…"	S	A number of claims/assertions about reducing risks and higher quality etc. are made without evidence	Provide evidence of the value of this framework.	nOK	P.5 - some text has been added to substantiate this. The assertion that standardisation leads to higher quality of information exchange, and thus to a reduced risk for the patiënt, is not in scope for this Work Package. It is also deemed as something for which enough evidence has been supplied sufficiently
CEN 1	1	"medical"	e	Term is unnecessarily restrictive	Widen scope of statement to encompass' health'	OK	Text has been changed
CEN 1	1	"SDO's"	e	Wrong use of apostrophe	SDOs	OK	Text has been changed; Dutch language mistake :-)
CEN 1	1	"such as…"	e	Please include CEN in this list, particularly given that we are part of this project.	Suggest SDO list is given in alpabetical order.	OK	Added CEN. List not needed here, as it is illustratory, not the main topic of the text
CEN 1	1	"profiles describe real-world…"	e	real-world' is wrong description, it also implies that 'standards' are NOT real-world , which can be true, but is inaccurate for the majority. Given that Antilope is about both 'standards' and 'profiles' this statement is damaging.	Change perjorative description	nOK	Standards are not "real world" in the sense that they do not describe real world implementation. The are logical, not practical. It is like saying that every book can be written by using a dictionary, and so you don't need books, you only need the dictionary.

CEN 1	2	Work Group 1	e	There should be a statement that ties deliverable D1.1. with Antilope's 'Work Group 1'; Work Package 1 is also used later.	Introduce Work Group 1 earlier and specify its deliverables.	OK	Text has been changed
CEN 1	2	EIF refinement	e	EIF acronym used before explanation	Ensure EIF and eEIF are introduced first; same with all other acronyms in this paragraph. An appendix of websites does not address the immediate need of a reader.	OK	Text has been changed
CEN 1	4	" European and national/regional.."	e	Does European = Regional?	clarify meaning and/or reword.	OK	Text has been changed into: …"at the European and the national/regional levels"
CEN 1	4	A set of… will assure	e	ensure'?		OK	Text has been changed to "increase"
CEN 1			S	This is a suggested mapping to certain standards and profiles; these are not 'mandated'	It cannot be the only way; simply a recommendation?	OK	Added text to explain the selection of the profiles.
CEN 1	4	Figure 1	e	Unclear as to whether the two scenarios are intended one per 'project'; unclear semantics related to solid/dashed lines.	add description to figure to help explanation.	OK	Explained further in the text. Dashed line: optionality. One use case may result in more than one Realization Scenario
CEN 1	5	change in the number of use cases	e	The explanation is possibly back to front? Also a new 'use case' has been added.	Is the reason because the former had not been organised with reference to the 'scale'?	OK	The numbering has been made consistent
CEN 1	9	Purpose in template	S	Description of 'purpose' is confused and overloaded ; with 'goal'; 'objective' and 'relevance'	Reword.	OK	Business case I have put the purpose and the business case closer together.Purpose explains what it does, Business Case explains the problem, Purpose how this UC

							solves the problem
CEN 1	9	Business case	S	Overlaps 'purpose' with 'relevance'	Clarify/reword…make sure examples are consistent.	OK	Captions of the use case and realisation scenarios have been changed after several suggestions
CEN 1	9	Context	e	Differentiate with 'Scenario context' in other realisation template	This and the following 2 have similar problems between the two templates, and the wording needs attention. It makes it difficult to compare use case content..	OK	Changed caption to Use Case Context
CEN 1	10	Transaction	e			OK	--- (empty line)
CEN 1	10	Process flows	e			OK	Captions of the use case and realisation scenarios have been changed after several suggestions
CEN 1	10	stakeholders …	s	in 2.3 and here, a list of target stakeholders are given… are these aspirational or evidential?	show how/why these deliverables are relevant to these folk; provide support to make the assertion work. (or drop claims)	nOK	I don't agree: no evidence is needed, the focus of this part is the iop model, which is meant to show the different parties / stakeholders that are (or should be) involved in realising interoperability.
CEN 1	10	Possible issues	s	Surely some of these exist at the high level too?		OK	The "Possible issues" sections are not extensive, more illustrative. For all use cases, extra information could be added, and more could be worked out. This Work

							Package has provided the basis upon which countries / regions / organisations can act.
CEN 1	11	policy	S	limited to organisations not goverenments?	levels' is probably the wrong term… why not 'considerations'?	nOK	Levels are used as a term each of them approach the interoperability from a different viewpoint. In general, the layers go from abstract to technical. Each level influences the underlying layers or levels. I think the word levels can be used here. What this model explains to all involved, is that to reach interoperability, you need to have agreements on all these levels, and that there are different disciplines that have to align in order to get interoperability realised. The model has been recognised by severel governments (the Netherlands, Portugal, Denmark) as a useful tool to bring across the concept of interoperability. Technically, the term 'levels' may bring OSI

							levels to mind, but this is not a technical, but a conceptual model.
CEN 1	12	governance	e	Definition of governance is inadequate	What about authority/responsibility/control aspects, to list but a few?	OK	Some text has been added in this chapter. Governance is not specific to WP1; more about governance has been written in the other deliverables
CEN 1	12	security	e	perhaps better to separate out from 'governance' 'level'?		nOK	The vertical lines are aspects that are relevant to all IOP levels. They have been placed together in one bar not because they belong together, but tolist them. To separate them would mean a lot of vertical bars, which would make the model less

							simple. The vertical bars can also be left out if they are not relevant to what needs to be conveyed.
CEN 1	13	Figures	e	are not labelled	Label/number/title throughout.	OK	Text has been changed
CEN 1	13	Figures	e	Stakeholder alignment is weird and non-exhaustive	Suggest stating that this is one possible example…	OK	The stakeholders have been grouped in a more logical way: strategic, tactical and operational
CEN 1	14	3,4	S	Not only are there multiple definitions, see 'interoperability'; but interoperability levels' does not correspond with main usage (as used here), and 'technical interoperability' begins with 'Discuss…'	Align all definitions with content of deliverable.	OK	Text has been changed: "Another possible representation shows the stakeholders who can be involved in the different levels of interoperability: "
CEN 1	15	Afinity domains	e	This note is repeated and domain is used with scare quotes, which suggests ambiguity.	Remove the repetition, and clear up ambiguity	OK	Text has been changed
CEN 1	16	Use case and use case descriptions	e	It is confusing to say a single use case has 4 descriptions	better to talk of a single use case specialised for a particular scale or some such wording.	OK	Text has been changed
CEN 1	17	eP and eD	s	It would be better to consider these as 2 separate use cases	These are separate functions.	OK	Agree - but since this use case comes from epSOS, they are kept together. Also, prescription and dispense are closely related, especially in this use case

CEN 1	22	Use Case 2	S	This use case is divided into 2 use cases….	Inconsistent way of treating use case classification…these are two use cases?	OK	Text has been changed
CEN 1	43	schema/picture	e	Please label all figures…	Consider using such pictures for all of the use cases so as to to have a consistent formalisation of the descriptions.	OK	Text has been changed
CEN 1	49	Descriptions	e	Perhaps each use case should be in a separate Appendix rather than in the body of the text.	The use case examples disrupt the text; they should be illustrative of the main structures and advice. The use case descriptions are difficult to compare, as they have different amount of details, and because the template structures are not precise enough.	nOK	UCs are the main topic of the document. After discussion, with Stephen Kay, I changed the order of chapters: I moved a chapter that came after the use cases chapters to the front, so that now the use cases chapters are at the end of the document, which makes the overall structure of the document more clear.
CEN 1	50	Section 5 and section 6	c	Despite their importance, These are weakened because they follow all the lengthy use case descriptions	Consider repositioning as in comment 36; also Section 6 is very weak, albeit that it is marked as incomplete, and waiting feedback.	OK	The use cases have been improved upon in this sense, in that missing parts have been filled in
CEN 1	52	last paragraph	s	disagree if understood correctly… not sure what the SDO/PDO exists for if it is not for their expertise and this is contrary to the previous paragraph, which suggests a maintenance agreement(s) with the relevant SDO/PDO would be necessary	This needs to be rewritten, but probably better just drop this paragraph altogether; it adds nothing and potentially confuses; it underestimates by oversimplification.	OK	Text has been improved
CEN 1	67	last part	e	There seems to be something missing!	Consider how this appendix should end.	OK	This part was mysteriously missing in one of the

							versions. This has been corrected
EN 13606	all		M	The text is not justified within this document	Justify the text	OK	Text has been corrected
EN 13606	17	4.1.1	M	There is a comment requesting to edit the document "!! this section still needs some editing"	need to be review this table	OK	These references have been removed as they have been resolved

EN 13606	44-45		C	Telemonitoring use case is not clear about what clinical content is able to be addressed. In the example says ”The data may include quantitative information such as weight or blood pressure, as well as qualitative information about personal health.” transferred to the Medical center according to the XDS-MS profile. I believe that this profile allows only transfer a limited set of information that has to be clear. I am not sure how the patient can include the qualitative information about their personal health in XDS-MS. It can make wrong expectations to readers about the scope of the proposed realisation scenario. Also this specification shows that the profile is defined for Continuity of care as a summary for patient referral and not for monitoring. In case that you want to propose this profile for monitoring should be further specified how the CDA contained will be filled indicating who is the referral system and further explanation. Just indicating this profile for content definition looks too ambiguous http://wiki.ihe.net/index.php?title=PCC_TF-1/XDS-MS#Discharge_Summary	It should be clearly detailed the limitations of the realisation scenario proposed to avoid any wrong interpretation. The proposed profiles are only suitable sharing a limited set of information that requires further refine to indicate that suits telemonitoring. Please review if the XDS-MS profile support patient or caregiver documentation safetly without any possible wrong interpretation. As well it is not clear if in this case the patient or caregiver should send the medication, problems and diseases to the medical center. I think that this profile doesn't cover as well information for shared decision because in that case both sides patient and doctor should agree on the decision. In case that there is not suitable profile for structuring the patient information it can just be specified which standards are preferred to transfer the patient information.	nOK	This is a high level use case. The focus is on the mechanisms of getting information from a to b in telemonitoring, and less on a specific format of the content. XDS-MS is used as an example, but depending on the specific use case, this may be far too extensive for its purpose. Measurements can be transferred in XDS-MS, HL7 CDA, HL7 FHIR, V2 messages, Edifact, JSON and others.
EEHF	i		E	The headline of the document on the front page is "D1.1: Refinement Definition document"	Replace the headline with "Refinement of Antilope Use Cases" (corresponding to the headline noted in the header)	OK	Text is aligned to the standard document template for Antilope documents

EEHF	All	e.g. 4.4.3; 4.5.1	S	Patient consent is not obligatory in all countries and it should be pointed out in appropriate places in use cases.		OK	the proposed profiles are guidelines, not obligations. They are profiles to consider. One size does not fit all: countries / regions have different legislation, different topologies and infrastructures, et cetera. These profiles are like building blocks that can be used wherever they are useful, and left out where they are not necessary or would not fir the overall architecture.
EEHF	2	2.1.	E	There is a sentence: "They are examples….."	Replace with the sentence: "These are examples…."	OK	Text has been corrected
EEHF	7	3.2.	E	The footnote number 4 is incorrect because the information indicated to be in the beginning of the document is actually in Appendix A	Correct the footnote	OK	Text has been corrected
EEHF	12	3.3.	E	There is a sentence: "For interoperability to work, some….". The first part of the sentence is not clear although it can be assumed what was the meant with the sentence.	Replace the sentece with the sentence: "To ensure interoperability, some…."	OK	Text has been corrected
EEHF	16	4.1.1.	S	The term "supporting data" may be confusing - we cannot understand what kind of data are meant here (prescribing and dispensing data set or additional medical information or part of the previously mentioned data).	To write more clearly what kind of data are meant here.	OK	Text has been corrected

EEHF	21	4.1.2.	M	Workflow steps in use case description does not cover access to tracking usage of the data.	Add to workflow steps: "Patient can track the data usage".	nOK	This could be added, but would distract from the main steps. Such a step would be handy for several use cases, by the way, but that would require a PHR-like environment.
EEHF	26	4.3.1.	M	Business case refers that patients should also have access to lab results. Participants list does not cover patients as parties.	Add patient to participants list.	nOK	Same as above
EEHF	Page	4.4.3.	E	As there are some examples about countries where the PS has been undertaken, we would like draw your attention that Estonia has a nation wide Health Information System since 2009. HL7, CDA standard are in use in Estonia. The patient consent is not needed in Estonia for sending electronical information to the Health Information System - it is mandatory to send the information by law.		OK	Suggested profiles may not be applicable for all countries, see EEHF 2 answer

D2.1 and D2.2

Revier's comments						
No	Reviewer	Page	Chapter (e.g. 3.2.1)	Comment critically (see explanation to the right)	Comment	Proposed change
1	CEN	D2.1: iv	Glossary	S	Very limited, and uninformative	Suggest populating it with the terms, definitions, abbreviations and references used throughout this deliverable..e.g. 'interoperability', QMS, ISO 9000, ISO 17000 etc.
2	CEN	iv		e	Determine whether or not the position of any glossary in a document should be consistent across all Antelope delivearables	Harmonise across Antelope Deliverables
3	CEN	v	Exec. Summary	s	"Three key benefits…" are these evidential or merely aspirational	Provide examples either of evidence or ways they can be measured.
4	CEN	vi		e	P-D-C-A…in 9000 series not in 9000	Either give full reference with date, or just say 9000 series, as this cycle is discussed elsewhere.
5	CEN	vi		e	Part ii of the Quality manual… explicit reference to WP2 deliverable is given…	When part 1 and part 2 of the Manual is first introduced prior to this, consider putting the deliverables (i.e. documents) against each part.
6	CEN	1	Introduction	e	Main benefit…	Change to 'benefits'
7	CEN			s	Benefits claimed…..	Change to 'expected' or 'potential' benefits, unless claims can be substantiated.
8	CEN	3	Scope	e	Part I … (this document)	Add reference of deliverable for part II

9	CEN	3	2,2	s	This document is applicable to all … [interoperability] ehealth	Big claim… but why is it specific to ehealth… should it be?
10	CEN	3		e	In the ANTELOPE … extended	Are the extensions explicitly mentioned; are there changes made to HITCH?
11	CEN	4		e	broad … but not general	reword…at first glance this last paragraph seems contradictory.
12	CEN	5	QMS	s	The use of 'interoperability levels' in WP2 differs fotm 'interoperability levels' in WP1	Harmonize terminology across all Antelope deliverables
13	CEN	6	Quality Cycle	e	Much of the text is well known, general and textbook….	Is the main purpose of this deliverable intended to be an educational primer? Or is this necessary scene setting?
14	CEN	7	3.3 Quality processes	e	Customer satisfaction in ehealth…	Very general statement; please make it more focused through the use of relevant examples.
15	CEN	8	3.3.2	e	It would be helpful if 'interoperability' was defined… other wise the objectives become orphans.	Either a term/definition in the Glossary or cross reference to WP1.
16	CEN	ALL			This deliverable is very general, which can be considered both a strength and a weakness	Identify purpose/reader of this document; explain what this adds to the existing literature.
17	CEN	ALL			Table of contents does not match content in this deliverable	Incomplete/ mismatch… requires immediate revision.
18	CEN					
19	CEN	D2.2; iV	Glossary	e	consider extending; add sources/references for definitions given.and repositioning	e.g. 'Interoperability'; plus see D2.1 comments
20	CEN	vi	Exec Summary	e	Almost identical/repeated in both deliverables in WP2	consider reducing the common material, so that the Exec Summary focuses primarily on the deliverable in focus.
21	CEN	viii		e	"Best practice an includes"	replace by, "best practice and includes"

22	CEN	viii			Conformity Bodies (CAB)	replace by, Conformance Assessment Bodies (CAB)
23	CEN	2		e	SUT Operators	Expand acronym when first used.
24	CEN	ALL			Strengthen description with a single example throughout	It seems to be part description/part template; consider separating the two for clarity.
25	CEN	ALL			Interoperability testing processes	Emphasize which parts are specific for either eHealth and /or interoperability?
26	CEN	ALL			Show dependencies between, and relevance to other ANTELOPE work packages in an explicit way.	Worth doing in each deliverable as well as in an overview document

D3.1

Revier's comments								**Author's response**	
No	Who	Deliverable	Page	Chapter (e.g. 3.2.1)	Comment critically	Comment	Proposed change	OK/nOK	Comment
1	Eu reviewers	D3.1			C	The testing tools paper D3.1 is in draft and needs more work (many errors in references)		OK	All references and links were checked and corrected. Some required spelling corrections but for some better links were provided.
2	Eu reviewers	D3.1			S	It could be improved by paying attention to terminology and other semantic testing processes.		OK	ANTILOPE glossary prepared together with other work packages and terminology was aligned with it.
3	Eu reviewers	D3.1			S	In addition a clear relationship to the scenarios document, particularly the associated profiles and use cases.		OK	This is now treated quite extensively in section 6.

4	Eu reviewers	D3.1			S	Semantic interoperability		OK	Text in clause 3 added, clearly indicating that testing need to address semantic interoperabilit and techical interopeability but is of little use for legal and organisational interoperability.
5	Eu reviewers	D3.1			S	Effective use of Open Source solutions hardly ever turns out to be free to end users, in the sense that for end-users to achieve results, they need to either invest their own resources or procure additional resources. Therefore it will be important for the project to more fully 'unpack' the value open source chain and make this more explicit when the project refines its exploitation (and to a lesser extent, dissemination) strategy (D 6.1.).	Open source, give good examples	OK	Text in clause 2.3 improved to address this comment. Examples considered good addded
6	Eu reviewers	D3.1			M	Make sure that RFP is setting requirements for new tools but ANTILOPE is not paying for that development		OK	Comment OK but RFP was already clear on that.
7	InteropSanté	D3.1			E	Problem with table of contents			Problem resolved, styles updated and new ToC generated
8	InteropSanté	D3.1			M	Complete investigation of available tools by adding profiles forgotten in WP1 (XD-LAB)		OK	Profile reference added, however, the testing tool for this profile was already included in the table

9	InteropSanté	D3.1			M	What does this statement in par 6 on page 42 mean?: "For laboratory use cases profiles XDS-I and XUA are not covered with appropriate test tools"? The ose case for biology does not need XDS-I And XUA is external to any business use case (Look like a copy/paste error)		OK	Wrong statement, left in the document from early drafts. The text corrected.
10	InteropSanté	D3.1			M	Similar question for XUA and radiology (par 6.2 on the same page).		OK	Wrong statement, left in the document from early drafts. The text corrected.
1	chronaki	D3.1	iv, par 1	Executive summary	E	first paragraph talks about solutions, better systems. The first sentence ends ".. And almost assumed" better "and almost an assumed capability	see left	OK	Changed the wording
2	chronaki	D3.1	iv, par 1	Executive summary	E	add comma after service in line 5		OK	"while" changed to "and"
3	chronaki	D3.1	iv, par 1	Executive summary	E	"improve eHealth solutions" ---> "improve interoperability of eHealth systems"		OK	Reworded
4	chronaki	D3.1	iv, par 1, line 6	Executive summary	E	"by the fact that patient's" --> "by the fact that a patient's"		OK	Reworded
5	chronaki	D3.1	iv, par 3, line 1,	Executive summary	E	"realisations" --> "realization"		OK	Plural changed to singular
6	chronaki	D3.1	iv, par 4, line 2	Executive summary	E	"conformance tester"--> "conformance testers"		OK	Plural to be aligned with other categories

7	chronaki	D3.1	iv, bottom page	Executive summary	C	please rephrase the list of findings. They are very difficult to read, particularly bullet 4		OK	Reworded
8	chronaki	D3.1	iv, v	Executive summary	C	Regarding identification of the tools, providing additional information as to the date the tools were last updated, how much they are used, would increase the value of this work. Turning this into an online resource people may comment on would also valuable.		OK	ANTILOPE provided a snapshot of the testing tool status with a goal to identify improvements required at this point in time. The situation with the tools is changing and any information that is put on the web needs to be continuously updated or else will loose accuracy very quickly.
9	chronaki	D3.1	page 1	Introduction	E	The use of the word "Clause" for "Section" is not customary	Consider changing "Clause" to "Section"	OK	Changed
10	chronaki	D3.1	page 1	1.3 Document structure	E	There are two warnings "Error!: Reference source not found" in par 4 and 7	check links to sections of the document.	OK	Changed
11	chronaki	D3.1	page 1	Apppendix A	S	Appendix A contains tools that are not recommended for use. Why?	Explain why certain tools are not recommented	OK	Basic reason added without going into details
12	chronaki	D3.1	page 3	2.1 Testing tools categories	E	"validators," in the bulleted list, please remove ","		OK	deleted
13	chronaki	D3.1	page 3	2.1 Testing tools categories	E	"For the purpose of the ANTILOPE project"	add "the" before "ANTILOPE"	OK	Done
14	chronaki	D3.1	page 4	2.1 Testing tools categories	C	Conformance tester may not engage in actual exchnage of messages. It may just check the validity of a document as noted in a later paragraph	please clarify text	OK	A sentence added.

15	chronaki	D3.1	page 5	2.2. Testing tool use	E	"or they can be installed" --> "be installed"		OK	Text improved
16	chronaki	D3.1	page 5	2.3 Testing tool source code	E	"maintenan" --> "maintain", "neglect able" --> "negligible", "In eHealth domain"--> "In the eHealth domain"		OK	Changed
17	chronaki	D3.1	page 6	2.3 Testing tool source code	E	"support that is may"--> "support that may"		OK	corrected
18	chronaki	D3.1	page 6	2.5 Tesing tools considered out of scope	E	"Performance, benchmarking," --> "Performance benchmarking"		OK	corrected
19	chronaki	D3.1	page 9	3 Conditions for	E	"testing is off limited" (par 1) --> "testing is of limited"		OK	corrected
20	chronaki	D3.1	page 10-19	4 Existing testing tools	C	In the table of existing tools, I would suggest to include additional information as to where they are used and by whom, what is their depth and breadth, and when they were last updated. Also please not the category column to ensure that it is used consistently with the predefined categories. Frequently it seems that this is not the case.	add contents, date, use columns	OK	We prefer to highlight the most relevant information. Adding other information may be useful but would in our view overload the tables.
21	chronaki	D3.1	pages 19-21	4 Existing testing tools	C	Please add descriptions of the CHA profiles		OK	Abreviations added, profile names expanded

22	chronaki	D3.1	pages 22-27	4 Existing testing tools	S	The content of the used column is nice, but perhaps should be refined. Also this column is perhaps better after the name of the tool. Addiing information on user base would be amazing.		OK	Content of the use column respecting the tavle design (limited to web or local use of the tool). The list of tool users would be nice to have but would not add to the gap analysis, i.e., identification of tool improvements or required new tools
23	chronaki	D3.1	page 32	4 Existing testing tools	S	RTM "to be completed"	Please complete	OK	Information added.
24	chronaki	D3.1	page 34	6 Use case testing tools	E	"as indicated in clause 295.2"	Something is not right. Please fix.	OK	Corrected
25	chronaki	D3.1	pages 34-38	6 Use case testing tools	E	The use of profiles in use cases. Please expand with explanations.		OK	D1.1 is dealing with that aspect, this document is focusing on the testing tools required.
26	chronaki	D3.1	page 39-40	7 Description of required testing tool improvements	S	Consider including a summary of the required test improvements in the executive summary.		OK	Some statements included with references to relevant sections.
27	chronaki	D3.1	page 44	Appendix A	C	Please explain your position with respect to the tools listed here.		OK	Done
28	Gerard Freriks				C	The EN13606 Association submitted their comments during Paris meeting. The essence of the comment is that all ANTILOPE deliverables pay NO attention to the needs in the world of the CEN ISO EN13606 HER - communication standard. It was agreed that EN13606 Ass wills send a document suggesting			ANTILOPE core team reviewed the 13060 Ass document and concluded that no changes could be included in ANTILOPE deliverables. This has been communicated to 13606 Association with accompanying explanation. The essence of the project reply is as follows. Following the discussion in the Paris experts meeting, ANTILOPE expected that 13606 would provide

						improvements to ANTILOPE deliverables which they did.			such input that could have been integrated in the ANTILOPE deliverables that had been available since the end of 2013. Unfortunately it was at such a detailed level that the project did not feel comfortable to summarize it by fear of being incorrect in that effort. For WP3 in particular, the details provided are interesting, but go far beyond the level at which ANTILOPE have documented testing tools. Also, testing tools that ANTILOPE described automate testing and minimise or avoid manual inspection.

D4.1

Revier's comments								Author's response	
No	Who	Deliverable	Page	Chapter (e.g. 3.2.1)	Comment critically	Comment	Proposed change	OK/ nOK	Comment
1	Eu reviewers	D4.1		2	S	The project needs to develop effective arguments for decision-makers as to why an investment in certification processes could be beneficial in the long run (and so justify the additional costs involved).		OK	Add a new section (section 2:rational) on section 2.1 Benefits and impacts section 2.2: how to deploy QL&C processes secton 2.3: feedback from Antilope Summits in progress

2	InteropSanté	D4.1	45	appendix b		DMP certification: this certification did not just focus on technical and transaction conformance testing but also on validating that mandatory data were addressed consistantly by the software		OK	add a sentence to complete the objective of the homologation
3	InteropSanté	D4.1				polish english		OK	TBD
4	InteropSanté	D4.1	4	Glossary		Missing abbreviation in the glossary: AHA, ASIP Santé CAB, DMP, EA, EHR QTN, EIP, IAF, ICT, MRA, QL&C: replace by QL/C ?		Ok	Add abbreviation. Replace QL&C by QLorC
5	InteropSanté	D4.1	8	1.2	E	some editing mistakes		OK	done
6	InteropSanté	D4.1	9	2	E	some editing mistakes		OK	done
7	InteropSanté	D4.1	11	3.1	E	some editing mistakes		OK	done
8	InteropSanté	D4.1	12	3.1	E	some editing mistakes		OK	done
9	InteropSanté	D4.1	13	3.3	E	it is not a certificate recognized at the intl or EU levels…..	This certificate or label or seal does not aim to have an internantional recognitions: its goal is to fulfil the country legal and regulatory framework.	OK	done
10	InteropSanté	D4.1	14	3.3	M	The QL&C processes are then no so distinct between them and are adapted for each purpose	not understandable	OK	The two types of processes, Quality Label or Certification, are processes presenting same activities and their differences depend on the level of the recognition and the scope of the bodies performing the QL or C..
11	InteropSanté	D4.1	15	3.3	M	ISO/IEC 15189:2012 standard is out of the scope of the Antilope project. The standard has no value in the process described throughout all work packages/ Tobe removed		OK	done
12	InteropSanté	D4.1	15	3.5	E	some editing mistakes		OK	done

13	InteropSanté	D4.1	15	3.6	E	editing mistake		OK	done
14	InteropSanté	D4.1	16	3.7	E	editing mistake		OK	done
15	InteropSanté	D4.1	25	5.4.2	M	… called DMP homologation	called DMP-compatibility homologation	OK	done
16	InteropSanté	D4.1			M	in the annex B	in the appendix B	Ok	done
17	InteropSanté	D4.1			M	The goal of the « homologation » is to validate the of the healthcare software …..	The goal of the « DMP-compatibility homologation » is to validate the capability of the software to interact consistently with the DMP, in conformance with the technical specification of the DMP interfaces..	OK	done
18	InteropSanté	D4.1			M	The specification describes the external interfaces used to connect any software to the DMP and are available at ….	The specification describes the external interfaces of the DMP system to be used by any software. This specification is available at	OK	done
19	InteropSanté	D4.1	26	5.4.2	M	These specifications are based on several IHE profiles such as IHE-XDS, IHE-PDQ, HL7 v3 CDA r2, and HL7 v3 administrative messages, SAML and TLS.	The specification is based on a set of IHE profiles: XDS, PDQ, DSG, ATNA, CT, XD-LAB,APSR, and the PCC content profiles. The specification also leverages a set of HL7 messages for the administrative management of the patient record.	OK	done

20	InteropSanté	D4.1			M	The process is more a quality label process than a certification process launched by the national agency called ASIP Santé. ASIP Santé founded in 2009 by the French authorities, is a national agency that the role is to strengthen public ownership of the Information System developed in the Healthcare sector.	The process carried by ASIP santé is a labeling process which ensures that each labeled software is capable to establish correct and consistent transactions with the DMP system. ASIP Santé was founded in 2009 by the French authorities. This national agency is driven by the Ministry of Health and its main missions are: · Foster the development of shared systems in the fields of health and social care, for a better coordination and quality of care; · Build and run national ehealth services (e.g the DMP, the national PKI for healthcare providers, secured health messaging services…; · Define, promote and homologate profiles of standards contributing to interoperability, security and usage of healthcare IT and eHealth.	OK	done
21	InteropSanté	D4.1			M	The coverage with the eHealth European Framework is quite satisfied regarding the use cases. The products that have their “homologation” could be well accepted by other project.	The coverage of the eHealth European Framework is quite fulfilled regarding the use cases. The products homologated as “DMP-	OK	done

							compatibible" are likely fitting easiy in other European projects.		
22	InteropSanté	D4.1	28	7	M	The recommendations and guidelines have the objective to support any national/regional organisation to define its own processes of QL&C processes. It is structures on 4 main steps described below.	The recommendations and guidelines provide support to any national/regional organisation in the definition of its new QLorC processes. The definition includes four steps described below.	OK	done
23	InteropSanté	D4.1	45	Appendix B	M	The goal of the « homologation » is to validate that the healthcare software connected to the DMP (French National PHR) is conformed with the DMP specifications	The goal of the « DMP-compatible homologation » is to validate the capability of the software to interact consistently with the DMP, in conformance with the technical specification of the DMP interfaces.	OK	done
24	InteropSanté	D4.1			M	The specification describes the external interfaces of the DMP system to be used by any software	The specification describes the external interfaces of the DMP system to be used by any software	OK	done

25	InteropSanté	D4.1			M	Several profiles and services are described: · INS (National Identification of the Patient) · Creation and management of the PHR · Creation and management of the PHR · Registration of medical documents in the DMP · Registration of medical documents in the DMP	Several services are described: • INS (National Patient Identifier) · Creation and management of the PHR • Creation and management of the Patient record • Feed a patient record with new or optional content • Query and retrieve content from the patient record Manage the visibility and/or status of content in a patient record These services are combined into three profiles: • Create ("Creation") • Write ("Alimentation") • Read ("Consultation")	OK	done
26	InteropSanté	D4.1	45	Appendix B	M	The list of vendors/software ….	As of February 2014, 126 distinct software are registered and labeled as "DMP-compatible".	OK	done
27	InteropSanté	D4.1			M	The type of certification is based on quality label process. All the steps of the QL procedure is led by the national agency ASIP Santé: …. And and the Asip Santé did not audited their own processes by an external auditor (the Asip santé did not pass any certification scheme for itself (ISO 90000, ISO 17025,…).	The type is a quality label process. All the steps of the QL procedure are carried by the national agency ASIP Santé... ASIP Santé did not have their own processes audited by an external auditor at the time (although ASIP santé is	OK	done

							currently applying for an ISO 9001 certification for a part of its activities).		
28	InteropSanté	D4.1	46	Appendix B	M	The DMP used the national interoperability framework based on IHE profiles (IHE-XDS, IHE PDQv3, IHE PAM) and other HL7 v3 messages for the transactions and CDA r2 for the medical documents	The DMP system leverages the national interoperability framework which selects and further constrains (through the process of national extension) these profiles: XDS, PDQ, DSG, ATNA, CT, XD-LAB,APSR, and the PCC content profile . The specification also leverages a set of HL7 messages for the administrative management of the patient record.	OK	done
29	InteropSanté	D4.1			M	4 educational environments are available that simulates healthcare and patient DMP applications.	4 educational environments are available to simulate healthcare applications in interaction with the DMP system.	OK	done
30	InteropSanté	D4.1	48	Appendix B	M	To be recognized at the European level, ASIP Santé has to separate the specification activities to the testing validation activities by assigning this second activity to an accredited lab testing		OK	done

31	InteropSanté	D4.1	49	Appendix B	M	In France, IHE-ATNA is not required	The DMP XDS transactions do rely on the ATNA profile: those transactions are pursued between mutually authenticated nodes. In full conformance with the “NA” part of the ATNA profile. However, ASIP Santé does not require the “DMP-compatible” software to be capable of exporting their audit trails to a central audit trail repository per the “AT” part of the ATNA profile	OK	done
32	eHealth Suisse	D4.1	13			SINGLE OPINION: Switzerland should have several assessment bodies (no monopol). If there is a monopol, it should be a governmental one. There is a danger of a de facto monopol in Switzerland (only the company KPMG covers al areas that are foreseen in the future EHR law). The certification body for the technical area should be ProRec. There should a ProRec agency in Switzerland in the future		No change	Intenral Comment

33	KPMG	D4.1				For a future EHR certification the following issues will be crucial: 1. Technical signature, digitally qualified/advanced / digital time stamp / authentification (PKI). 2. IAM, Identity Access Management 3. Records Management: Archiving, storage management (ERMS, BS 10008) 4. Security in processes (ISMS, ISO/IEC 27001) 5. Securing of the operation management tasks (ITSM, ISO/EC 20000-1)	-	No change	
34	eHealth Suisse	D4.1	13f			Referring to assessment bodies Switzerland needs a federalist respectively regional solution on a good granularity level in the future. Also the aim of the future assessment must be clear: It has to be outcome-related. One has to pay attention that working existing processes won't be destroyed by the future assessment and its consequences (patient safety)	-	No change	
35	KPMG	D4.1				The granularity (depth and width) of the future EHR certification assessment has to be defined first by a "target control catalogue". Referring to this catalogue the target systems / target groups have to be defined, e.g. technical EHR catalogue".platform provider, hospitals, HMO companies, GPs.	-	No change	

Revier's comments D4.1 Version: 0.92						
No	Reviewer	Page	Chapter (e.g. 3.2.1)	Comment critically (see explanation to the right)	Comment	Proposed change
1	Chronaki	Page 6, par 1	Executive Summary	E	"will be the first challenge" change to "will be a key or top challenge"	
2	Chronaki	page 6, par 2	Executive Summary	E	"for the success of the eHealth solution deployment" change to "for successful eHealth deployment"	
3	Chronaki	page 6, par 3	Executive Summary	E	"meet specific standards and profiles" change to "meet specific standards and profiles ina way that ensures interoperability"	
4	Chronaki	page 6, par 4	Executive Summary	E	"These extensions will be developed" change to "These extensions need to be developed"	
5	Chronaki	page 6, par E	Executive Summary	E	"were the major key points in which" change to "were the major key points upon which"	
6	Chronaki	page 6, last par	Executive Summary	E	"by profile initiatives" change to "by profile organizations"	
7	Chronaki	page 6, last par	Executive Summary	E		
8	Chronaki	page 6, par 2	Executive Summary	E	"To meet regulation requirements…"	please rephrase, get rid of passive voice, very difficult to understand.
9	Chronaki	page 6	Executive Summary	S	Please explain the goals of the document early on in a succint way. The current version of the executive summary does not articulate the goals and the contributions fo the document clearly. It does not carry the insights accumulated by the workshops in several parts of Europe; Please provide a sentence with the key elements fo CA covernane. Please explain shortly how you have used DMP and epSOS and how that is linked to the key messages.	ok. Executive summary will be reviewed

10	Chronaki	page 7, par 4	Executive Summary	S	Deployment of quality labe and certification processes is defined in four steps. Please explain the role of each step.	
11	Chronaki	page 7, par 5	Executive Summary	S	You mention "expand recommendation thate were raised in the past" providing no further information	
12	Chronaki	page 9, bullet 3	Purpose of this document	E	"quality of the care" change to "quality of care"	
13	Chronaki	page 9, par 2	1.2 Document structre	E	"guidelines," change to "guidelines" (it is in mid par) also put a fullstop after "(section 6.4).	
14	Chronaki	page 10	2 Rationale	E	"have been led" change to "have led"	
15	Chronaki	page 10	2 Rationale	E	"from the Antilope summit" change to "from the Antilope summits"	
16	Chronaki	page 11	2,1	E	"healthcare providers IT infrastructure" change to "IT infrastructure of healthcare providers"	
17	Chronaki	page 11	2,1	S	Please clarify the bullet "The interest of the Introduction an incentive program". It is very hard to understand.	
18	Chronaki	page 12	2,2	E	"the evaluation is" change to "The evaluation is on line 4.	
19	Chronaki	page 13	2,3	C	Section 2.3 is missing	
20	Chronaki	page 17	4,1	E	"depending of" change to "depending on" (appears twice). Also revisit the figure to make the text visible.	
21	Chronaki	page 17	4,1	C	Certification scheme owner. Please provide examples. Give names to model 1 and model 2. Currently section 4 could benefit from restructuring examples. While I like the process view, it would be great if we had also a timing diagram. The interplay EU + national extensions is not clear.	
22	Chronaki	page 19	4,3	C	Please clarify: "Two types of processes Quality label or Certification are … scope of the bdies performing the QL or C." please provide example. Also remove the double fullstop at the end of the sentence	

23	Chronaki	page 19	4,4	E	Suggestion, when discussing the processes a small picture showing the part of each process and its communication would help as a preamble to the 4 processes described in the recommendation, which for the time being seem disconnected.	
24	Chronaki	page 19	4.4.	E	Reading through the processes, one cannot but question him/herself how these play out in the member states and how they could interplay with European Accreditation and specific use cases with local extensions. Please add comments and examples they would definitel increase the impact of the work.	
25	Chronaki	page 17 and 19	Fig 2, 3, 4	S	Figures 2 and 3 have a box noting "Quality Label and Certification Body" while figure 4 has "Labeling Body" please explain why	
26	Chronaki	page 17-20	Fig 2, 3, 4	S	Please provide examples of schema owners and relation to EIF use cases. Please explain the role of EA (European co-operation Accreditation)". Perhaps you should consider highlighting its role in the recommendations.	
27	Chronaki	page 20	4,5	E	please remove space before comma on line 2. also add space after Accreditation)website"	ok
28	Chronaki	page 20	4,6	S	"The EA had defined an EA policy.." please reflect on the implication for the roadmap. How does this relate to mutual recognition?	
29	Chronaki	page 21	4,7	S	With respect to Mutual recognition how do you envision this to work in the context of the roadmap and the recommendations in section 7?	
30	Chronaki	page 16-21	4	E	Please consider using the term testing or validation laboratory as it might make section 4 easier to understand. In general section 4 is rather obscure.	
31	Chronaki	page 22	5	E	"Overview of the previous studies HITCH and EHR QTN. Please consider a more appropriate title for this section.	
32	Chronaki	page 22	5	E	"certification in interoperability" change to "certification" and please change "EHR" to "EHRs" at the end of the sentence.	
33	Chronaki	page 22	5	E	in par 2, line 2, add "," after interoperability; alo in par 3 line 2 add "," after the word "care"	
34	Chronaki	page 22	5,1	E	Please change "Hitch" to "HITCH"	

35	Chronaki	page 22	5,1	E	line 4, "health information exchnage interoperability in" change to "interoperability in health information exchange"	
36	Chronaki	page 22	5,1	E	"The two levels" change to "The two level" in the last pargraphy. Also change on the same line "that includes" to "that include"	
37	Chronaki	page 23	5,2	S	please discuss ownership of schemes	
38	Chronaki	page 24	5,3	S	Examples would illucidate the findings.	
39	Chronaki	page 25	figure 5	S	The figure explains the envision label / certification scheme at the eu and national level; what is not clear is if and how this relates to the EIF and use cases, the european accreditation, and mutual recognition. Have the workshops of Antiliope provided any insights for harmonization? if so, explain	
40	Chronaki	page 26	bullet 3,4	S	Excellent and missing thus far in the deliverable reference to QMS. Is that use case specific?	
41	Chronaki	page 26	6.1.2	S	Please add references to country initiatives and the actual need for harmonization e.g. for cross border patient summaries. Please add a figure, it might help.	
42	Chronaki	page 27	figure 7	S	looking at the picture and the reference to project, I wonder if you could comment in the text on National programs e.g. DMP, on other initiatives like the EIP. At the moment you include a reference to projects, but the re is no discussion of projects perse.	
43	Chronaki	page 28	bullet 1	E	end of paragraph, remove double fullstop	ok
44	Chronaki	page 28	6,3	S	"The yearly test session that assures the first level of Quality level" please rephrase/explain, I don't understand it.	ok
45	Chronaki	page 29	figure 7	C	How does this tie in with the work of EXPAND and Semantic Healthnet? Perhaps it would be a good idea to align.	already aligned with EXPAND
46	Chronaki	page 30	6.3 par 4	C	I like the reference to EXPAND. Consider updating the text to reflect on the maintainance shops and their relationship to governacne	
47	Chronaki	page 30	6.4.1	S	Please add a figure that creates a mental reference to model-1.	
48	Chronaki	page 31	6.4.2	S	Please explain what DMP is. Also create a figure that makes the inference from model -2. How does this fit with your recommendations towards harmization?	

49	Chronaki	page 31	6.4.2	S	"This national agency is driven by the Ministry of Health": what does driven mean here? Please explain.	
50	chronaki	page 31	6.4.2	C	Please add a figure that maps DMP to model 2	
51	Chronaki	page 32	6.4.3	S	in par 2 "the eHealth platform as a partner in a certification process": please explain how this maps to the model 2.	
52	Chronaki	page 33	7	S	"definition of its new QL or C processes": what about upgrading existing services or tying them to services at the European level. Is that relevant?	
53	Chronaki	page 33	7	C	Recommendation outline a 4 step process, but to me it is not clear how they relate to the overall schema. Perhaps a reference to the graphical harmonization in Fig 6 would help.	
54	Chronaki	page 33	7,3	E	"passed solutions" change to "validation results"	
55	Chronaki	page 33	7	E	To me at this point it is not clear how the national and the european level relate, except in the case of accreditation, where presumably a european organization might accredit specific labs. Would you elaborate also in the case of EIF use cases with national extensions?	
56	Chronaki	page 35	8	E	Please ammend slight differences to the key messages as presented in the executive summary	
57	Chronaki	page 36	8	E	last sentence please change to "This roadmap is in line with these expectations."	ok
58	Chronaki	page 37-55			Appendices are most appreciated. Excellent work thank you for the privilege of reviewing it.	thanks

D5.2

Revier's comments							Author's response	
No	Reviewer	Page	Chapter (e.g. 3.2.1)	Comment critically	Comment	Proposed change	OK/nOK	Comment
1	EEHF	Front page		E	After the project title there are quotation marks	Remove the quotation marks	Ok	Removed
2	EEHF	Front page		E	The headline of the document is: "Scalability to the European Innovation Partnership for Active and Health Ageing"	Replace the word "Health" with word "Healthy" in the headline	OK	Replaced
3	EEHF	Page iii		E	The glossary does not include webpages of these activities and organisations/institutions	Add webpages of these activities and organisations/institutions to the glossary	OK	The information and relevant weblinks were added in the glossary.
4	EEHF	Page iii		S	The glossary does not include information about BRAID or other projects or programmes mentioned in the document (for example about AAL)	Add an Appendix with information about projects and programmes mentioned in the document	OK	The information and relevant weblinks were added in the glossary.
5	EEHF	Page iv		S	The Executive Summary seems to be not finalized and up to date.	Finalize and update the Executive Summary	OK	The Executive Summary was re-written.
6	EEHF	Page 2-4	2.	C	The chapter 2 is not up to date and it is written as work plan and not as overview about activities that have carried out. There is a reference for version 09 but the document sent to us is version 06.	Update and revise the chapter.	OK	The chapter was updated and revised.
7	EEHF	The whole document		E	There are plenty of editorial and formatting mistakes in the document.	The document should be re-edited and formatted.	OK	The document was re-edited and formatted.
8	CEN					Recommend: That scalability is retermed as	OK	The term "scalability" was

						'alignment'		avoided. The term "alignment" was defined.
9	CEN				Too much description and diary	Recommend: that [Description of process, events and named individuals] becomes a historic trail as an appendix and is removed from the main body of the text.	OK	Amount of description and diary has been reduced. Names of inviduals have been cut.
10	CEN				Naming individuals and events will date the deliverable	Recommend the report is self-effacing, removing references to individuals.	OK	Names of inviduals have been cut.
11	CEN				Dependencies with other Antilope Deliverables (other than WP1 and IHE repositories) are not made explicit	Recommend that this is explicitly shown in/ featured [in educational material] by this WP	nOK	There are no dependencies with other Antilope deliverables, except for the use cases outlined in WP1.
12	ILIM				The approach adopted and presented in the document is compliant with the European trends regarding ageing societies		OK	N/A
13	ILIM				The above underlined approach makes the deliverable a source of knowledge regarding the European Innovation Partnership for Active and Health Ageing taking into consideration all crucial interoperability issues		OK	N/A
14	ILIM				The content of the document is coherent and comprehensive clearly indicating links of the Antilope project with the European Innovation Partnership for Active and Health Ageing		OK	N/A
15	EHTEL				The overall approach of checking the "scalability of Antilope", i.e. the use of the methods and tools established in Antilope in real life use cases – as pursued in many active regions of Europe is very valid.		OK	N/A

16	EHTEL				The deliverable suffers however from two issues: (1) concept-wise an “alignment” of both Antilope and EIP on AHA is forcefully suggested that is not all necessary for the proof of concept implied by the name of the deliverable.		OK	"alignment" has been defined and made moe concrete.
17	EHTEL				(2) time-wise the deliverable is simply outdated., i.e. the editorial work on updating future plans to current or past activities has still to be done – otherwise a recent document date could not be justified.		OK	The document has been updated.
18	EIP AHA B3				All [deliverables timelines] have been moved.		OK	Changes in timelines have been reflected.
19	EIP AHA B3				Maybe [add] collection of good practices on this topic.		OK	Collection of good practices is mentioned in section 2.5.
20	EIP AHA B3				Maybe [add] development of our maturity model to assess the readiness of the regions for the ICT adoption to support integrated care. There is a separate dimension on standardisation and interoperability. The maturity model is base don the interviews with 6 regions and other 6 are scheduled for Jan-Feb to present the full maturity model at AHA summit in March 2015 in Brussels. The next steps would be the turn of this framework into self-assessment tools to allow benchmarking of the regions and matchmaking “pioneers and followers. [...]. We will be definitely seeking here the inputs of C2 and Antilope to help with the development of dimension on standardisation.		OK	The maturity model and assessment tool are described in section 2.5.

21	EIP AHA B3				Maybe it would be worth mentioning that interoperability has been indeed identified as one of the synergies between B3 and C2 Action group and as such the activities on interoperability and standards are considered "joint activities" of B3 and C2 rather than duplicating the efforts. [...]		OK	Is reflected in section 2.3.
22	IHE-Europe				1. You should add a section with references such as theD3: IOP process recommendations from C2, D1.1, BRAID, ….		OK	References section added
23	IHE-Europe				2 section 3.2: yes but what we can also say is that the coverage between the two domains is limited to the health care processes which are often part of the global use case in EIP. What it is important to retain is the methodology of defining use cases as recommendation XX highlight.		OK	Last paragraph of section 3.2 revised.
24	IHE-Europe				3. We show that there is a good promotion of Antilope in C2 and some awareness. What it is needed now, is what are the next steps to encourage EIP AHA to use the Antilope results. One or two recommendations will be good (to complete the recommendations of the D1 of the C2). For example: a. refinement of the two last use cases of the EIF b. select tools that can be reuse in this field (Management tools, validators and any other tools that are more or less generic)		OK	Recommendations added in the last paragraph.

Rating Criticality Criteria

Editorial (E) - Literal or grammatical Error

Minor (M) - Observation that does not affect the core content of the document;

Significant (S) - Comment that either qualifies or clarifies the document content;

Critical (C) - Errors or omissions that fundamentally flaw the document;