

RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
PWGSC/TPSGC Acquisitions
1045 Main Street
1st Floor, Lobby C
Unit 108
Moncton, NB E1C 1H1
Bid Fax: (506) 851-6759

**SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires
THIS DOCUMENT CONTAINS A SECURITY
REQUIREMENT/CE DOCUMENT CONTIENT
UNE CONDITION DE SÉCURITÉ

Vendor/Firm Name and Address
Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution
NB / PEI Division - Moncton Acquisitions Office
1045 Main Street
1st Floor, Lobby C
Unit 108
Moncton, NB E1C 1H1

| | |
|---|---|
| Title - Sujet Regional Medical Consultant | |
| Solicitation No. - N° de l'invitation 21201-120162/A | Amendment No. - N° modif. 001 |
| Client Reference No. - N° de référence du client 21201-120162 | Date 2012-03-06 |
| GETS Reference No. - N° de référence de SEAG PW-\$MCT-001-4412 | |
| File No. - N° de dossier MCT-1-34391 (001) | CCC No./N° CCC - FMS No./N° VME |
| Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2012-03-13 | Time Zone Fuseau horaire Atlantic Standard Time AST |
| F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/> | |
| Address Enquiries to: - Adresser toutes questions à: Kirkpatrick, Beth | Buyer Id - Id de l'acheteur mct001 |
| Telephone No. - N° de téléphone (506) 851-2856 () | FAX No. - N° de FAX (506) 851-6759 |
| Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: | |

Instructions: See Herein
Instructions: Voir aux présentes

| | |
|---|--|
| Delivery Required - Livraison exigée | Delivery Offered - Livraison proposée |
| Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur | |
| Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur | |
| Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/de l'entrepreneur (taper ou écrire en caractères d'imprimerie) | |
| Signature | Date |

This solicitation is hereby amended to provide the following question and answer

Question 1. I just spoke to the New Brunswick college of physicians and surgeons. They do not authorize me to prescribe methadone. In the province of New Brunswick that authorization comes directly from health Canada.

The college of physicians and surgeons of New Brunswick is only contacted initially by health Canada to ensure that the physician is a member in good standing with the provincial college.

Please advise me how to proceed with part M2 of the technical evaluation criteria annex D which states "Provide proof that he/she is currently authorized by his/her respective College of Physician and Surgeons as well as by Health Canada to prescribe Methadone. This authorization must be retained throughout the life of the contract. The contractor must provide a copy of the license(s) in the proposal. The contractor is also required to complete training for Suboxone and must provide proof of this training with the proposal."

Answer 1. The supplier is correct in his statement for the prescribing of Methadone. The supplier must have a Methadone prescribing license issued by Health Canada. He may apply for a Methadone license at Health Canada, Healthy Environments and Consumer Safety Branch. As for the required Suboxone training, this is an online certification that he can completed at <http://www.suboxonecme.ca/en/login/?t=%2fen%2f.ssx>; He will receive a certificate upon completion of the modules.

AND

This solicitation is hereby amended to:

(1) Reference: Reference Annex D, M2

DELETE: Provide proof that he/she is currently authorized by his/her respective College of Physician and Surgeons as well as by Health Canada to prescribe Methadone.

INSERT: Provide proof that he/she is currently authorized by Health Canada to prescribe Methadone.

A revised Annex D is included with this amendment.

If your bid has already been forwarded and you wish to revise same, this revision should be sent either in a sealed envelope and mailed to the above address or by facsimile (506) 851-6759 and reach the undersigned before the appropriate closing date. The solicitation number and the closing date are to be shown on the outside of the sealed envelope or on the facsimile transmission.

All other terms and conditions of the solicitation document remain unchanged remain unchanged.

All enquiries concerning this amendment are to be forwarded to:

Name: Beth C. Kirkpatrick

Solicitation No. - N° de l'invitation

21201-120162/A

Amd. No. - N° de la modif.

001

Buyer ID - Id de l'acheteur

mct001

Client Ref. No. - N° de réf. du client

21201-120162

File No. - N° du dossier

MCT-1-34391

CCC No./N° CCC - FMS No/ N° VME

Telephone No.: (506) 851-2856

Facsimile No: (506) 851-6759

Annex D – TECHNICAL EVALUATION CRITERIA Revision 1 - 6 March 2012

Regional Medical Consultant – Opiate Substitution Therapy Program – Atlantic Region

Mandatory Evaluation Criteria

- Proposals MUST meet all of the following mandatory requirements. Proposals must be supported by proper and adequate detail, particularly where a mandatory item requires supporting evidence. Those not meeting all of these mandatory requirements will be given no further consideration.
- The mandatory evaluation criteria are:

ATTENTION BIDDERS: WRITE THE RELEVANT PAGE NUMBER(S) FROM YOUR PROPOSAL WHICH ADDRESSES THE ISSUE BESIDE THE CRITERIA BELOW.

| The contractor must | Cross Reference to Proposal (page #) | FOR EVALUATION PURPOSES | |
|--|--------------------------------------|-------------------------|----------|
| | | Met/ Not Met | Comments |
| M1. Provide proof that he/she is licensed as a Physician in good standing with his/her respective provincial College of Physicians and Surgeons. A copy of the license must be included in the proposal. | | | |
| M2. Provide proof that he/she is currently authorized by Health Canada to prescribe Methadone. This authorization must be retained throughout the life of the contract. The contractor must provide a copy of the license(s) in the proposal. The contractor is also required to complete training for Suboxone and must provide proof of this training with the proposal. | | | |
| M3. Provide with the proposal a signed declaration that he/she is a member in good standing with his respective provincial College of Physicians and Surgeons, that there are no investigations or judgments against the proposed physician in any area of professional conduct, and that his license to practice medicine has no restrictions. If there are current investigations, judgments or restrictions registered against the proposed physician, details of them must be provided as indicated in the form. | | | |

Annex D – TECHNICAL EVALUATION CRITERIA Revision 1 - 6 March 2012
Point-Rated Evaluation Criteria

1. In addition to meeting all of the mandatory requirements, the proposal will be evaluated and scored in accordance with specific evaluation criteria as detailed in this section.
2. When citing past projects as examples, details should be including information such as:
 - a. Project descriptions and overview of deliverables;
 - b. Start and end time (month / year) of the project and specify actual time period (months, years) (if applicable) spent on the project;
 - c. Role and responsibilities of your company within the project, including a description of the services provided to the client and type of deliverables; and
 - d. Identify the client organization (provide references). Include the client contact name for which the work was directly performed and contact information. Note that contact information for any reference cited should include contact name, title and current telephone number.
3. Personnel resumes used within the context of the proposal should provide detail regarding the qualifications, relevant experience, and expertise of the proposed team member(s), including a summary/description of their past projects. Note that contact information for any reference cited should include contact name, title, and current e-mail address and telephone number.
4. Note that in support of paragraphs 2 and 3 above, the evaluation team reserves the right to contact any reference provided.
5. The point-rated evaluation criteria are:

Annex D – TECHNICAL EVALUATION CRITERIA Revision 1 - 6 March 2012

POINT RATED REQUIREMENTS:

In addition to meeting all of the mandatory requirements, the technical proposal will be evaluated on the basis of the following.

ATTENTION BIDDERS: WRITE BESIDE THE CRITERIA BELOW THE RELEVANT PAGE NUMBER(S) FROM YOUR PROPOSAL WHICH ADDRESSES THE ISSUE.

| Technical Proposal (Maximum 975 points, minimum 750 points) | | Cross Reference to Proposal (page #) | FOR EVALUATION PURPOSES | |
|---|--|--------------------------------------|-------------------------|----------|
| CRITERIA | | | Score | Comments |
| R1. Points will be awarded based on the number of years experience in the provision of medical care associated with addiction medicine. | | | | |
| R2. Points will be awarded based on the number of years experience working with offenders in provincial institutions, federal institutions and in the community. | | | | |
| R3. Points will be awarded based on the additional experience in providing medical care and counseling to vulnerable populations (i.e. Woman, aboriginal people, survivors of childhood trauma, those suffering from mental illness and/or those involved with the criminal justice systems). | | | | |
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