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**LETTER OF INTEREST**  
**LETTRE D'INTÉRÊT**

Comments - Commentaires

Vendor/Firm Name and Address  
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Issuing Office - Bureau de distribution  
Health Services Project Division (XF)/Division des projets  
de services de santé (XF)  
Place du Portage, Phase III, 12C1  
11 Laurier St./11 rue, Laurier  
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K1A 0S5

<b>Title - Sujet</b> HEALTH CARE PROVIDERS	
<b>Solicitation No. - N° de l'invitation</b> W3931-13KM01/A	<b>Date</b> 2013-10-17
<b>Client Reference No. - N° de référence du client</b> W3931-13KM01	<b>GETS Ref. No. - N° de réf. de SEAG</b> PW-\$\$XF-010-26485
<b>File No. - N° de dossier</b> 010xf.W3931-13KM01	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin</b> <b>at - à 02:00 PM</b> <b>on - le 2013-11-06</b>	
<b>Time Zone</b> <b>Fuseau horaire</b> Eastern Daylight Saving Time EDT	
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input checked="" type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Benabdallah, Hana	<b>Buyer Id - Id de l'acheteur</b> 010xf
<b>Telephone No. - N° de téléphone</b> (819) 956-3333 ( )	<b>FAX No. - N° de FAX</b> ( ) -
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b> Department of National Defence Ministère de la défense nationale	

Instructions: See Herein

Instructions: Voir aux présentes

<b>Delivery Required - Livraison exigée</b> See Herein	<b>Delivery Offered - Livraison proposée</b>
<b>Vendor/Firm Name and Address</b> <b>Raison sociale et adresse du fournisseur/de l'entrepreneur</b>	
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<b>Name and title of person authorized to sign on behalf of Vendor/Firm</b> <b>(type or print)</b> <b>Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

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010xf

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**Request for Information Regarding**  
**A Procurement process for Health Care Providers**  
**For**  
**The Department of National Defence (DND)**

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# **Request for Information regarding A Procurement process for Health Care Providers For The Department of National Defence (DND)**

## **A.1. Consultation Process**

In order to ensure a successful re-procurement for the provision and management of Health Care Providers (HCPs) for DND, industry will be engaged in a consultative process as the first step in this procurement. The consultation process includes a Request for Information (RFI) stage that might be followed by one-on-one "Industry Meetings", if necessary.

Industry is invited to provide comments and recommendations to the PWGSC Contracting Authority on Annex A and Annex B to the RFI document.

All Industry consultations will be documented and this information is subject to the Access to Information Act. Canada will not reveal any designated proprietary information to third parties.

## **A.2. Purpose of this Request for Information (RFI)**

### **Purpose**

The procurement process is currently in the requirement definition phase. The information gathered from industry in response to this RFI will assist in the definition of the procurement strategy and the development of a bid solicitation.

Industry is invited to provide comments and recommendations to the PWGSC Contracting Authority on the Draft Requirement Definition, in Annex A and Constraints, in Annex B. Also, in order to facilitate the engagement process, Industry is encouraged to answer the list of Questions to Industry, in Annex B, and provide written comments and recommendations on any additional topics Industry may wish to discuss.

Industry should note that the annexed draft Requirement Definition is an initial document that prompts dialogue and reflection. The purpose of making it available at this stage is to provide Industry and other interested parties with general information on DND's needs and invite them to communicate to Canada their concerns, recommendations and solutions.

## **A.3. Nature of Request for Information**

This is not a bid solicitation. This RFI will not result in the award of any contract. As a result, potential suppliers of any goods or services described in this RFI should not reserve stock or facilities, nor allocate resources, as a result of any information contained in this RFI. Nor will this RFI result in the creation of any source list. Therefore, whether or not any potential supplier

responds to this RFI will not preclude that supplier from participating in any future procurement. Also, the procurement of any of services described in this RFI will not necessarily follow this RFI. This RFI is simply intended to solicit feedback from industry with respect to the matters described in this RFI.

#### A.4. Nature and Format of Responses Requested

Respondents are requested to provide their comments, concerns and, where applicable, alternative recommendations regarding how the requirements or objectives described in this RFI could be satisfied and/ or improved technically. Respondents should explain any assumptions they make in their responses and clearly outline the suggested improvement as well as the reason for the suggestion. Suggestions that do not restrict the level of competition nor favour a particular bidder will be given consideration. However, Canada will have the right to accept or reject any or all suggestions.

#### A.5. Response Costs

Canada will not reimburse any respondent for expenses incurred in responding to this RFI.

#### A.6. Treatment of Responses

- (a) **Use of Responses:** Responses will not be formally evaluated. However, the responses received may be used by Canada to develop or modify procurement strategies or any draft documents contained in this RFI or under development in support of this procurement. Canada will review all responses received by the RFI closing date. Canada may, in its discretion, review responses received after the RFI closing date.
- (b) **Review Team:** A review team composed of Canada's representatives will review the responses. Canada reserves the right to hire any independent consultant, or use any Government resources that it considers necessary to review any response. Not all members of the review team will necessarily review all responses.
- (c) **Confidentiality:** Respondents should mark any portions of their response that they consider proprietary or confidential. Canada will handle the responses in accordance with the Access to Information Act.
- (d) **Follow-up Activity:** Canada may, in its discretion, set up subsequent consultation mechanisms, including one-on-one meetings with each Respondent, and/or contact any respondent to follow up with additional questions, or for clarification of any aspect of a response.

#### A.7. Contents of this RFI

The RFI includes the following annexes:

- (a) Annex A – Draft Requirement Definition
  - Appendices:
    - Appendix 1 to Annex A: HCP Occupational Groups and Categories
    - Appendix 2 to Annex A: HCPs work locations
    - Appendix 3 to Annex A: Estimated HCP Requirements
- (b) Annex B – Constraints and Questions to the Industry
  - Appendices:
    - Appendix 1 to Annex B: Industry capacity (Streams: Medical; Physician Specialist; and Dental)
    - Appendix 2 to Annex B: Industry capacity (Stream: Occupational Health Advice, Consultation, and Screening)

- Appendix 3 to Annex B: Industry capacity (Stream: Medical service to Cadet Summer Training Centres)
- Appendix 4 to Annex B: Time to propose HCP (Streams: Medical; Physician Specialist; and Dental)
- Appendix 5 to Annex B: Time to propose HCP (Stream: Occupational Health Advice, Consultation, and Screening)
- Appendix 6 to Annex B: Time to propose HCP (Stream: Medical service to Cadet Summer Training Centres)

The draft definition of the requirement remains a work in progress. Respondents should expect that changes will be made including the addition of new elements, deletion of certain existing elements, and other revisions. Comments regarding any aspect of the draft document are welcome.

## A.8. Questions to Industry

- (a) Respondents are requested to provide comments and recommendations for consideration in the definition of the requirement and the procurement strategy.
- (b) Respondents are requested to provide answers to the Questions in Annex B in the order that they appear and maintain the same lettering sequence. Completion of the Industry response tables included in Annex B appendices is also requested.
- (c) Respondents may also include any other additional information, documentation and brochures at their own discretion.

## A.9. Format of Responses

- (a) **Cover Page:** If the response includes multiple volumes, respondents are requested to indicate on the front cover page of each volume the title of the response, the solicitation number, the volume number and the full legal name of the respondent.
- (b) **Title Page:** The first page of each volume of the response, after the cover page, should be the title page, which should contain:
  - (i) the title of the respondent's response and the volume number;
  - (ii) the name and address of the respondent;
  - (iii) the name, address and telephone number of the respondent's contact;
  - (iv) the date; and
  - (v) the RFI number.
- (c) **Numbering System:** Respondents are requested to prepare their response using a numbering system corresponding to the one in this RFI. All references to descriptive material, technical manuals and brochures included as part of the response should be referenced accordingly.
- (d) **Submission of Response and Number of Copies:** Canada requests that Responses be provided on CD-ROM/USB Key (2 copies) and in hard copy (1 original and 3 copies). The text on the CD-ROM(s)/ USB Keys and in each hard copy, should be labeled with the date and the respondent's name on each page, and pages should be sequentially numbered. It is preferred that all pertinent information be included on the CD-ROM(s)/ USB Keys without the need to visit respondent Web sites. If necessary, however, Web site references may be provided for additional information beyond that requested in this RFI. If this is the case, it should be noted that the information contained in such Web sites would not be used for the analysis of the Responses to this RFI. Respondents

should be aware that the DND standard word processing format is Microsoft Word. However, electronic Responses may also be submitted in either Corel, WordPerfect, Lotus WordPro or Adobe PDF format.

It would be also appreciated if respondents could provide the information in the Industry response tables included as appendices to Annex B in MS Excel format.

- (e) **Language:** Responses may be in English or French, at the preference of the respondent.

## A.10. Enquiries

Because this is not a bid solicitation, Canada will not necessarily respond to enquiries in writing or by circulating answers to all potential suppliers. However, respondents with questions regarding this RFI may direct their enquiries to:

Public Works and Government Services Canada  
Acquisitions Branch  
Services and Technology Acquisitions Management Sector  
Special Procurement Initiatives Directorate  
Place du Portage, Phase III, 12C1  
11 Laurier Street  
Gatineau, Québec, K1A 0S5

Attention: Hana Benabdallah, Contracting Authority  
Telephone: (819) 956-3333  
Facsimile: (819) 956-8303  
E-mail address: hana.benabdallah@tpsgc-pwgsc.gc.ca

## A.11. Submission of Responses

- (a) **Time and Place for Submission of Responses:** Suppliers interested in providing a response should deliver it to the following location by the time and date indicated on page 1 of this document:

Department of Public Works and Government Services Bid Receiving Unit  
Portage III, 0A1  
11 Laurier Street  
Gatineau, Quebec K1A 0S5

**Responses should not be sent directly to the Contracting Authority.**

- (b) **Responsibility for Timely Delivery:** Each respondent is solely responsible for ensuring its response is delivered on time to the correct location.
- (c) **Bid Receiving Unit Address Solely for Delivery of Responses:** The above address is only for RFI response submission. No other communications are to be forwarded to this address.
- (d) **Identification of Response:** Each respondent should ensure that its name and return address, the solicitation number and the closing date appear legibly on the outside of the response.

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## **Annex A – Draft Requirement Definition**

(See herein at the back of the document for a copy of the Draft Requirement Definition)



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## **Annex B – Constraints and Questions to Industry**

(See herein at the back of the document for a copy of the Constraints and Question to Industry)

## **Annex A - Draft Requirement Definition**

### **1.0 Introduction**

The Department of National Defence (DND) has a requirement for Health Care Providers (HCPs) needed to supplement military members and civilian personnel in delivering health care services to the Canadian Forces (CF) at various locations across Canada.

### **1.1 General Information.**

1.1.1 The Constitution Act places responsibility upon the Federal Government for providing health care to members of the CF. The Canada Health Act and the Provincial Health Insurance Acts exclude members of the CF from the list of 'insured persons' for the purposes of provincial health care coverage.

1.1.2 In Canada, CF members access health care at CF Health Services Centres (CF H Svcs C) and Dental Detachments (Dent Dets) located within or near major military installations, referred to as CF Bases.

1.1.3 The CF provides comprehensive medical and dental care, supplemental health care, occupational health, preventive medicine, and health promotion to CF members.

1.1.3.1 Health care provided to CF members cover a board range of health services including, but not limited to: health promotion; disease prevention; health maintenance; counselling; patient education, vaccination; diagnosis and treatment of acute and chronic illnesses; as well as facilitating referrals to secondary, tertiary and home care health care services while maintaining a variety of speciality and institutional, consultative and referral relationships for specific patient care needs.

1.1.4 CF H Svcs C and Dent Dets are commanded by a Clinic Manager and Detachment Commander respectively. They are responsible for the overall delivery of in-garrison health care services within their designated geographical area, including any detachment sites. The CF H Svcs C's clinical team is led by the Base Surgeon.

1.1.4.1 The Clinic Managers and Dental Detachment Commanders are also responsible for the efficient and effective day-to-day operation of their organization and for maintaining Departmental standards. As such, they (or his/her military or public servant designate) are responsible for identifying their medical and dental occupational group(s) shortages within their area of responsibility, and commencing the department's internal process to obtain additional Health Care Provider support by initiating the Health Care Provider (HCP) Request Form for approval by the CF Health Service Group Headquarters.

### **1.2 Previous Contracts - History**

Requirements for the provision and management of Health Service Providers (HSPs) have been competed on two separate occasions. Under the first procurement, the Contract was awarded to Med-Emerge International Inc. in 2001 and services were provided from March 2001 to 2005. The subsequent procurement resulted in the

Contract being awarded to Calian Ltd. (current incumbent) in 2004 and continues until the current Contract expiry of 31 March 2015.

### 1.3 **DND's Objective for the Health Care Providers Requirement**

DND's objective is to ensure that there are procurement instruments in place that can be utilized on an "as and when requested basis" to ensure that health care providers are available to provide various health care services to the CF members.

#### 1.3.1 It is intended that the resulting contracting mechanism(s) will be used by DND under any of the following circumstances:

- a. Difficulties in recruiting and retaining military personnel for health services professions;
- b. Difficulties in recruiting public servants for health service professions or when the Public Service (PS) staffing process has not been successful;
- c. As an interim solution while awaiting a permanent PS staffing process to be completed;
- d. Replacements are required for maternity or paternity leave, operational deployment or training of military personnel when other solutions such as reserve staffing are not successful;
- e. Other health care services or health services support not readily available within the department are required; and
- f. Short term or Urgent HCPs requirements arise.

### 1.4 **Scope**

The scope of the requirement is the provision of HCPs which includes the associated financial and administrative management aspects.

### 1.5 **Work Steams**

HCPs must be provided under the following Work Streams:

- a. Work Stream #1: Medical;
- b. Work Stream #2: Physician specialist;
- c. Work Stream #3: Dental;
- d. Work Stream #4: Occupational health advice, consultation, and screening; and
- e. Work Stream #5: Medical services to Cadet Summer Training Centres.

## 1.6 Description of Work Streams

The five Work Streams are briefly described below:

- a. Medical: the work in this stream consists of providing medical services to CF members in a CF H Svcs C environment. The number of patients seen on a daily basis and the actual scheduling of individual patients are managed by the DND Task Manager. HCPs providing services in this stream may be required on either a full-time or part-time basis;
  - i. Under this stream the HCP requirements can be on a regular, urgent, or short-term basis. The time to propose a HCP to meet the various requirement types will be identified in the request for the HCP; and
  - ii. Urgent requirements cannot be predicted and are often last minute requirements with a short turnaround time for proposing an HCP of as short as two weeks. Short term HCP requirements can range from assignment of 1 week up to 3 months.
- b. Physician specialist: the work in this stream consists of providing specialist care services to CF members in a CF H Svcs C environment which may consist of: consultations, initial assessments, and follow-up assessments. The number of patients seen on a daily basis and the actual scheduling of individual patients are managed by the DND Task Manager. HCPs providing specialist services are generally required on a part-time basis;
- c. Dental: the work in this stream consists of providing dental services to CF members in a Dent Det environment. The number of patients seen on a daily basis and the actual scheduling of individual patients are managed by the DND Task Manager. HCPs providing dental services may be required on either a full-time or part-time basis;
  - i. Under this stream the HCPs requirements can be on a regular, urgent, or short-term basis. The time to propose a HCPs to meet the various requirement types will be identified in the request for the HCPs; and
  - ii. Urgent requirements cannot be predicted and are often last minute requirements with a short turnaround time for proposing an HCP of as short as two weeks. Short term HCPs requirements can range from assignment of 1 week up to 3 months.
- d. Occupational health advice, consultation, and screening: The work in this stream is comprised mainly of non-clinical activities however the HCP may be required to provide patient care in specific circumstances such as conducting aircrew medicals, providing medical coverage to hyperbaric chamber etc.
  - i. The work could occur in support of general military occupational health or in a specialized environment such as undersea medicine or aerospace medicine. Activities may consist of:
    - providing medical advice and consultation;

- reviewing medical Periodic Health Assessments, aircrew and undersea medicals;
  - reviewing and providing advice, assessment, professional opinions or recommendations on specific medical cases or case reviews; and
  - assessing and determining assignments of medical categories and employment limitations as part of Medical Boards.
- ii. Some HCPs may be subject matter experts in a specific area and may also be required to:
- deliver instruction on their area of expertise;
  - perform research activities; and
  - provide review and comments on the development of medical standards and policy.
- e. Medical services to Cadet Summer Training Centres: the work consists of providing medical support to summer cadet camps. HCPs support is typically comprised of physicians, primary care nurses, physician assistants, registered practical nurses, and pharmacy technicians. Support to cadet camps is required on an annual basis generally during the summer months of July and August at various locations across Canada. The provision of care occurs in clinic settings and is accessed by patients on a walk-in basis.

#### **1.7 HCPs Occupational Groups and Categories**

Types of HCPs are identified by Occupational Group and Categories. There are a total of 62 categories of HCPs that fall within 16 occupational groups. A list of HCP Occupational Groups and Categories is provided in Appendix 1.

#### **1.8 HCPs Work Locations**

The HCPs work locations are found in Appendix 2.

#### **1.9 Estimated HCPs Requirements**

The estimated HCPs requirements for the initial 12 month period for all locations and categories are outlined in Appendix 3, Tables 1, 2, and 3. Meeting HCPs requirements is comprised of two elements:

- a. The provision of HCPs to meet existing HCPs requirements; and
- b. Ongoing additional provision of HCPs in response to new or changing requirements.

## **2. Health Care Providers (HCPs)**

### **2.1 HCPs Qualifications**

#### **2.1.1 As a minimum, all HCPs shall be:**

- a. Licensed, registered or certified in accordance with Canadian provincial regulations governing the applicable health care occupational groups or categories in the province of practice. HCPs with out-of-province licenses, registrations, or certifications may be proposed for approval by the Technical Authority (TA) on an exception basis;
- b. In good standing with provincial licensing bodies;
- c. Required to maintain expertise through applicable or appropriate educational training; and
- d. Covered by an appropriate level of liability and malpractice insurance.

#### **2.1.2 In general there will be up to three levels of experience for each HCP category. Levels I, II, and III. The level will reflect the number of year's experience the HCP requires in a specific area(s) and/or qualifications.**

### **2.2 Unique CF Environment**

There are unique aspects to delivering health services in a military health care environment.

- a. The CF Member is required to maintain a level of medical, dental and physical fitness consistent with their role on deployed operations. In support of this requirement, regular medical and dental examinations and other occupational health and safety assessments are mandated by policy and are an integral part of the delivery of health services in the CF; and
- b. In accordance with their scopes of practice and CF Health Services Group (CF H Svcs Gp) policies, HCPs might be required to execute certain functions on behalf of the CF organization in regard to matters of occupational health, operational support, public health and health promotion. The HCPs have direct links and responsibilities to the operational chains-of-command with regards to establishing and advising of member's Medical Employment Limitations, recommending medical categories while performing Medical Boards, etc. However, this does not preclude the need for the HCPs to advocate on behalf of their patient. Balancing the role of patient advocate with the simultaneous role of supporting the organization is a significant obligation on HCPs.

### **2.3 Collaborative Practice**

HCPs will be required to operate within a collaborative and interdisciplinary environment that supports continuity of care to the CF member.

- 2.3.1 The military health system adheres to a philosophy and doctrine of collaborative practice and interdisciplinary care. The CF strategy for treating and managing health concerns and/or disorders is in accordance with best practices and requires total commitment to an interdisciplinary team of military, public servants, and contracted HCPs such as family physicians, nurse practitioners, registered nurses, physicians assistants, technicians, technologists, pharmacists, dentists, and other specialist groups such as mental health care providers, medical internists and surgeons etc.
- 2.3.2 HCPs may participate in activities aimed at promoting collaborative practice amongst care providers and within functional programs such as intra-disciplinary meetings, case conferences, case reviews, and communication of best practices within their respective professional network, e.g. physicians, physiotherapists, dentists etc, through communication means such as email, teleconferences, Sharepoint etc.

## 2.4 **CF Spectrum of Care**

The health benefits and services available and publicly funded for CF members are outlined in the CF Spectrum of Care including any associated limitations in frequency, restrictions, special authorizations, unique prescribing requirements, and exclusions.

- 2.4.1 The HCP will use the CF Spectrum of Care to verify eligibility for specific health benefits and services in the provision of their services and when making referrals, consultations, requisitions, prescriptions etc.
  - 2.4.1.1 The HCP will refer to the on-line CF Drug Benefit List as the source of authorized drugs for CF members. All prescriptions made by the HCP will be in accordance with the CF Drug Benefit List.
- 2.4.2 The HCP will follow unit level policies and procedures that outline any additional review or authorization processes that may apply to specific health benefits and services, such as certain services requiring Base Surgeon approval.

## 2.5 **Patient Safety and Quality Improvement**

HCPs will participate in Patient Safety, Quality Improvement, and clinical quality assurance programs and activities.

- 2.5.1 In performing their work, HCPs will adhere to CF H Svcs C and Dent Det patient safety policies. HCPs activities include:
  - a. Patient Safety Incident reporting;
  - b. Participation in Patient Safety Incident investigations including interviews;
  - c. Participation in identifying and compliance with implementing improvements to existing processes to prevent the occurrence or recurrence of patient safety incidents; and
  - d. Supporting a culture of patient safety by openly communicating and identifying potential risks with other members of the healthcare team.

2.5.2 In performing their work, HCPs will participate in CF H Svcs C and Dent Det quality improvement and clinical quality assurance activities including:

- a. Surveys, interviews, and committees related to accreditation activities;
- b. Participation in working groups to identify best practices, reduce waste and errors, and increase effectiveness of health care and service delivery;
- c. Participation in clinical assurance activities such as peer review chart audits, mortality and morbidity rounds or reviews, utilization reviews, etc; and
- d. Communication of issues and problems with processes within the clinic to identify areas for improvement.

## 2.6 **Safeguarding of Personal Information**

2.6.1 HCPs will take reasonable and appropriate measures to safeguard personal information including personal health information. The HCPs will conduct their business accordingly to safeguard patient's privacy and health information confidentiality in accordance with the federal *Privacy Act* and CF H Svcs Group policies and procedures on Personal Information.

## 2.7 **Disclosure of Medical/Social Work Information to Commanding Officers**

Under the CF military structure, the HCPs will provide information to Commanding Officers of CF units regarding a CF member's health prognosis and medical employment limitations (MEL).

## 2.8 **HCPs Use of and Access to DND Information Systems**

HCPs will be assigned access to DND Information Systems that are required to perform their work as a permitted user. HCPs will acknowledge and agree to the specific security, privacy, confidentiality, and usage requirements for each system upon initial commencement of performing work and as necessary thereafter.

## 2.9 **Health Information and Records Management**

HCPs will promptly and accurately complete personal health information concurrent with a patient encounter. Written information will be legible and in either of the Official Languages. The completed form, report, record, order, entry, and signature may be done by manual, electronic or optical means, and will be authenticated and dated by the responsible HCPs.

2.9.1 The HCPs will use approved CF clinical forms to document the care provided. The use of non-approved forms, shadow files, temporary files, or any other unofficial patient related health record to document care provided within the CF is prohibited.



## **2.10 HCPs Telehealth Service**

The HCPs may be required to perform certain tasks related to their work, such as diagnosis, consultation, treatment, transfer of medical data, and education, using interactive audio, video, or data communications. Video conferencing may be used for real-time patient-provider consultations and for provider-to-provider discussions to improve health outcomes, access to care, and make health care delivery systems more efficient and cost-effective.

## **2.11 HCPs Professional Performance**

HCPs will be required to maintain a level of professional performance in accordance with their respective regulatory or certifying organizations and CF Health Services standards in the areas of clinical competence and professional conduct.

2.11.1 A CF Health Services investigation will be initiated in cases where the HCP's clinical competence or professional conduct is called into question, either through receipt of a complaint or in the course of routine clinical quality assurance activities.

2.11.2 The purpose of any such investigation will be to allow the TA to make an informed and fair determination regarding the continued patient care privileges of the HCP and their suitability to continue to perform the work. The TA will also determine whether or not a report to the applicable regulatory authority regarding the professional performance issue is required. The investigation will consist of the following activities:

- a. Obtain and record evidence as to what happened, to whom, when it happened, and where it happened;
- b. Interview and record pertinent facts from the patient involved in the incident, all available witnesses, and relevant clinical personnel, as applicable;
- c. Review patient health records, as applicable;
- d. Inspect all relevant equipment, as applicable;
- e. Determine investigation findings; and
- f. Prepare an investigation report to include the purpose of the report, the facts of the investigation, findings, and recommended action regarding the HCP.

2.11.3 The HCP may be removed from direct patient care or have conditions or limitations placed on their patient care activities at the discretion of the TA pending the outcome of the CF Health Services investigation.

2.11.3.1 Depending on the work being performed by the HCP, any such conditions, limitations or suspensions concerning patient care duties may also require the Contractor to remove the HCP from performing work under the contract until the completion of the CF Health Services investigation. In such cases, HCP time is not billable.

- 2.11.4 The Contractor and HCP are expected to cooperate with the identified CF Health Services investigator by participating in discussions and/or interviews, unless otherwise protected from the requirement to do so by any applicable laws or statutes. Lack of HCP participation in a CF Health Services investigation may negatively affect the results of the investigation and subsequent decisions regarding ongoing patient care privileges and lead to the requirement to replace the HCP.
- 2.11.5 Should the CF Health Services investigator receive evidence that they reasonably believes relates to an allegation of a criminal act, the investigator shall suspend the investigation, the TA shall be notified, and the matter shall be referred to the nearest Judge Advocate General representative for advice.
- 2.11.6 The Contractor must replace the HCP should the results of the CF Health Services investigation indicate that the HCP is no longer suitable.
- 2.11.7 The TA will report any cases of professional misconduct to the appropriate regulatory and/or certifying organization in accordance with applicable laws and statutes.

Appendices:

- Appendix 1: HCP Occupational Groups and Categories
- Appendix 2: HCPs work locations
- Appendix 3: Estimated HCP Requirements

## Appendix 1 to Annex A

### HCP Occupational Groups and Categories

STREAM	OCCUPATIONAL GROUP	CATEGORY
Medical	Diagnostic Imaging	Diagnostic Imaging Sonographers
		Medical Radiation Technologist
		Neurophysiology Technologist (Electromyography)
	Dietician	Dietician
	Laboratory	Medical Laboratory Assistant
		Medical Laboratory Technologist
	Physician Assistant	Physician Assistant
	Mental Health	Addictions Therapist
		Clinical Psychologists
		Clinical Social Worker
	Nurse	Licensed Practical Nurse / Registered Practical Nurse
		Nurse Practitioners
		Operating Room Technician
		RN - Case Manager
		RN - Community Health Nurse
		RN - Immunization Nurse
		RN - Mental Health
		RN – Operating Room
		RN - Post Anaesthetic Recovery Room (PARR) Nurse
		RN - Primary Care Nurse
		RN - Regional Infection Prevention and Control Nurse
	Occupational therapy	Occupational Therapists
	Optometry	Ophthalmic Technician
		Optometrists
	Pharmacy	Pharmacists
		Pharmacy Assistant
	Physical therapy	Physiotherapists
		Physiotherapy Assistant
	Physician	Primary Care Physician

	Preventive Medicine	Occupational Health Services Technologist
Physician Specialist	Physician	Anaesthetists
		Cardiologists
		Dermatologists
		Ear, Nose and Throat Specialist
		Gastroenterologists
		General Surgeons
		Internists
		Neurologists
		Obstetricians/Gynecologists
		Ophthalmologists
		Orthopaedic Surgeons
		Physiatrists/Rehabilitation
		Plastic Surgeons
		Psychiatrists
		Radiologists
		Rheumatologist
		Urologists
Dental	Dental	Dental Assistants
		Dental Hygienists
	Dentist	Comprehensive Dentist
		General Dentistry
		Oral Surgeons
		Periodontists
		Prosthodontists
	Nurse	Sedation Nurse
Occupational health advise, consultation, and screening	Physician	Medical Standards Analyst
		Specialist in Aerospace Medicine
		Specialist in Internal Medicine
		Specialist in Ophthalmological Medicine
		Specialist in Undersea Medicine
	Physician Assistant/Nurse	Cadet Medical Standards Analyst
	Technologist	Echocardiographic Technologist
		Pulmonary Function Technologist

Medical services to Cadet Summer Training Centres	Nurse	Licensed Practical Nurse / Registered Practical Nurse
		Nurse Practitioner
		RN - Primary Care Nurse
	Pharmacy	Pharmacy Assistant
	Physician	Primary Care Physician
	Physician Assistant	Physician Assistant

## Appendix 2 to Annex A

### HCPs work locations

Table 1. HCPs work locations for streams: Medical; Physician Specialist; Dental; Occupational health advice, consultation, and screening.

REGION	CF BASE – WORK LOCATION	LANGUAGE E=English; F=French; B=Both (bilingual)	GEOGRAPHIC LOCATION	NEAREST POPULATED CENTRES
Atlantic	12 Wing Shearwater	E	Shearwater, NS	Halifax, NS
	14 Wing Greenwood	B	Greenwood, NS	Kentville, NS
	5 Wing Goose Bay	E	Happy Valley, Labrador	St John's, Newfoundland
	9 Wing Gander	E	Gander, Newfoundland	St John's, Newfoundland
	CFB Gagetown	B	Oromocto, NB	Fredericton, NB
	CFB Halifax	B	Halifax, NS	Halifax, NS
	CFB St. John's	E	St.John's, Newfoundland	St.John's Newfoundland
	Moncton Detachment	B	Moncton, NB	Moncton, NB
	Sydney Detachment	E	Sydney, NS	Sydney, NS
Ontario	22 Wing North Bay	B	North Bay, ON	North Bay, ON
	8 Wing Trenton	B	Trenton, ON	Belleville, ON
	CF Support Unit Ottawa	B	Ottawa, ON	Ottawa, ON
	CFB Borden	B	Angus, ON	Barrie, Alliston, ON
	CFB Kingston	B	Kingston, ON	Kingston, ON
	CFB Petawawa	E	Petawawa, ON	Pembroke, ON
	CFB Toronto	E	Toronto, ON	Toronto, ON
	London Detachment	E	London, ON	London, ON
	Meaford Detachment	E	Meaford, ON	Owen Sound, ON
	Sault Ste Marie Detachment	E	Sault Ste Marie, ON	Sault Ste Marie, ON

	Thunder Bay Detachment	E	Thunder Bay, ON	Thunder Bay, ON
Quebec	3 Wing Bagotville	F	Alouette, PQ	Bagotville, Chicoutimi, La Baie, Jonquière, Qc
	CFB Montreal	B	Montreal, Qc	Montreal Qc
	CFB St. Jean	F	St.Jean, Qc	Montreal, Qc
	CFB Valcartier	F	Valcartier, Qc	Quebec City, Qc
Western	15 Wing Moose Jaw	E	Moose Jaw, SK	Regina, SK
	17 Wing Winnipeg	E	Winnipeg, MB	Winnipeg, MB
	19 Wing Comox	E	Courtney, BC	Courtney, Nanaimo, Victoria BC
	4 Wing Cold Lake	E	Grand Centre, AB	Grand Centre, Bonnyville, AB
	Calgary Detachment	E	Calgary, AB	Calgary, AB
	CFB Edmonton	E	Edmonton, AB	Edmonton, AB
	CFB Esquimalt	E	Victoria, BC	Victoria, BC
	CFB Shilo	E	Shilo, MB	Brandon, MB
	CFB Suffield	E	Suffield, AB	Medicine Hat, AB
	CFB Wainwright	E	Wainwright, AB	Edmonton, AB
	Dundurn Detachment	E	Dundurn, SK	Saskatoon, SK
	Vancouver Detachment	E	Vancouver, BC	Vancouver, BC
	Yellowknife Detachment	E	Yellowknife, NT	Yellowknife, NT

Notes:

1. The language column is meant to indicate the general language of work at the work location and is presented for information purposes only. The HCP language requirement will be specified on the request for services.
2. Some locations may have HCPs at more than one site within the geographical area e.g. HCPs providing services at CF Support Unit Ottawa could be at three different addresses within Ottawa.

Table 2. HCPs work locations for stream Medical services to Cadet Summer Training Centres

REGION	CADET SUMMER TRAINING CENTRE – WORK LOCATION	LANGUAGE E=ENGLISH; F=FRENCH; B=BOTH (BILINGUAL)	GEOGRAPHIC LOCATION	NEAREST POPULATED CENTRES
Atlantic	Acadia	E	Cornwallis, NS	Halifax, NS
	Argonaught	E	Oromocto, NB	Fredericton, NB
	Goose Bay	E	Goose Bay, Labrador	St John's, Newfoundland
	Greenwood	E	Kingston, NS	Halifax, NS
Ontario	Blackdown	E	Borden, ON	Alliston, Barrie, ON
	Connaught	B	Nepean, ON	Nepean, Ottawa, ON
	Kingston	E	Kingston, ON	Kingston, ON
	Trenton	E	Trenton, ON	Trenton, Belleville, ON
Quebec	Bagotville	F	Saquenay, Qc	Chicoutimi, Qc
	St Jean	F	St-Jean, Qc	Montreal, Qc
	Valcartier	F	Quebec, Qc	Quebec, Qc
Western	Albert head	E	Victoria, BC	Victoria, BC
	Cold Lake	E	Cold Lake, AB	Cold Lake, Edmonton, AB
	Comox	E	Comox, BC	Courtenay, BC
	Gimli	E	Gimli, MB	Gimli, Winnipeg, MB
	Penhold	E	Penhold AB	Penhold, Edmonton, AB
	Quadra	E	Comox, BC	Comox, Courtenay, BC
	Rocky Mountain	E	Cochrane, AB	Cochrane, Calgary AB
	Vernon	E	Vernon, BC	Vernon, BC
	Whitehorse	E	Whitehorse, YK	Whitehorse, YK

Notes:

1. The language column is meant to indicate the general language of work at the work location and is presented for information purposes only. The HCP language requirement shall be specified on the request for HCPs.
2. Summer cadet camps normally operate during the months of mid-June to end-August each year.



## **Appendix 3 to Annex A**

### **Estimated HCPs Requirements**

Please see attached Microsoft Excel spreadsheets for the following tables containing estimated HCPs requirements.

Table 1. Forecasted Health Care Providers requirements for a twelve month period (Streams: Medical; Physician Specialist; and Dental)

Table 2. Forecasted Health Care Providers requirements for a twelve month period (Stream: Occupational Health Advice, Consultation, and Screening)

Table 3. Forecasted Health Care Providers requirements for a twelve month period (Stream: Medical service to Cadet Summer Training Centres)

Table 1. Forecasted Health Care Provider Full Time Equivalent (FTE) requirements for a twelve month period (Streams: Medical; Physician Specialist; and Dental).

Table 1. Forecasted Health Care Provider Full Time Equivalent (FTE) requirements for a twelve month period (Streams: Medical; Physician Specialist; and Dental).

Stream	Occupational Group	Category	Region					Atlantic	MONCTON	SHEARWATER	ST. JOHN'S	SYDNEY
			GAGETOWN	GANDER	GOOSE BAY	GREENWOOD	HALIFAX					
Dental	Dental	Dental Assistants	0.3			1.1	2.5					
		Dental Hygienists	1.2									
	Dentist	Comprehensive Dentist										
		General Dentistry	2.9			1.3	4.0					
		Oral Surgeons										
		Periodontists										
		Prosthodontists										
Medical	Nurse	Sedation Nurse										
	Diagnostic Imaging	Diagnostic Imaging Sonographers	4.5			2.4	6.5					
	Medical Radiation Technologist	Medical Radiation Technologist					0.0					
		Medical Radiation Technologist					0.3					
	Dietician	Neurophysiology Technologist (Electromyography)				0.1						
	Laboratory	Medical Laboratory Assistant					1.0					
		Medical Laboratory Technologist					1.0					
		Physician Assistants					2.0					
	Medical Health	Addictions Therapist		0.1								
		Clinical Psychologists	3.4				1.1					
		Clinical Social Worker										
	Nurse	Licensed Practical Nurse / Registered Practical Nurse										
		Nurse Practitioners	1.0									
		Registered Nurse Practitioner										
		RN - Case Manager					2.0					
		RN - Community Health Nurse										
		RN - Immunization Nurse					1.0					
		RN - Mental Health	0.4				1.4					
		RN - Operating Room										
		RN - Post Anaesthetic Recovery Room (PARR) Nurse										
		RN - Primary Care Nurse										1.0
		RN Regional Infection Prevention and Control					1.0					
Occupational Therapy	Occupational Therapists					1.0						
Optometry	Optometric Technicians					1.0						
Pharmacy	Optometrists		0.1				1.0					
	Pharmacists						3.2					
	Pharmacy Assistant						2.5					
Physical therapy	Physiotherapists											
	Physiotherapy Assistant						3.0					
Physician	Primary Care Physician	4.5	1.0	1.0	0.1	1.6	4.8	0.6	0.6	0.5	0.2	
Preventive Medicine	Occupational Health Services Technologist											
Medical Total			9.5	1.1	0.1	2.7	28.9	0.6	0.6	0.5	1.2	
Specialist	Physician	Anaesthetists										
	Cardiologists		0.1									
	Dermatologists											
	Ear, Nose and Throat Specialist											
	Geriatric Gerontologists						0.2					
	General Surgeons											
	Internists							0.6				
	Neurologists											
	Obstetricians/Gynecologists						0.1					
	Ophthalmologists		0.1				0.1					
	Orthopaedic Surgeons						0.6					
	Physiatrists/Rehabilitation											
	Plastic Surgeons		0.1									
	Psychiatrists		1.7			0.5	2.9				0.1	
	Radiologists						0.5					
	Rheumatologist		0.1									
	Urologists											
Specialist Total			2.1			0.5	5.4				0.1	
Grand Total			16.0	1.1	0.1	5.5	40.8	0.6	0.6	0.5	1.2	

Table 1. Forecasted Health Care Provider Full Time Equivalent (FTE) requirements for a twelve month period (Streams: Medical; Physician Specialist; and Dental).

Table 1. Forecasted Health Care Provider Full Time Equivalent (FTE) requirements for a twelve month period (Streams: Medical; Physician Specialist; and Dental).

Stream	Occupational Group	Category	Region			Ontario					TRENTON		
			BORDEN	KINGSTON	LONDON	MEAFORD	NORTH BAY	OTTAWA	PETAWAWA	SAULT ST MARIE		THUNDER BAY	TORONTO
Dental	Dental	Dental Assistants		1.1									
		Dental Hygienists											
		Comprehensive Dentist											
	Dentist	General Dentistry	3.0					4.3	1.1			1.1	
		Oral Surgeons											
		Periodontists											
Medical		Prosthodontists											
	Nurse	Sedation Nurse						0.6	1.0				
			4.1					4.9	2.1			1.1	
	Diagnostic Imaging	Diagnostic Imaging Sonographers											
		Medical Radiation Technologist											
		Neurophysiology Technologist (Electromyography)											
	Dietician	Dieticians	0.3										
	Laboratory	Medical Laboratory Assistant											
		Medical Laboratory Technologist	1.0	2.0									
		Physician Assistants	1.1					2.3				1.1	
	Mental Health	Addictions Therapist											
		Clinical Psychologists	2.9	1.5			0.4		1.1	2.2		0.6	
		Clinical Social Worker	0.6	0.7	0.6			3.7	4.1			2.7	
	Nurse	Licensed Practical Nurse / Registered Practical Nurse		1.1				0.8				0.6	
		Nurse Practitioners	1.1					1.1				3.1	
	Health Care Manager										0.5		
	RN - Cardiac Monitor Technician	1.0					1.0				1.0		
	RN - Community Health Nurse	0.6	1.1								3.3		
	RN - Immunization Nurse		1.1										
	RN - Mental Health	0.8	1.1			1.0		1.1			1.1		
	RN - Operating Room		1.1								0.6		
	RN - Post Anaesthetic Recovery Room (PARR) Nurse												
	RN - Primary Care Nurse	1.0			0.1		1.0						
	RN Regional Infection Prevention and Control	0.8											
Occupational therapy		Occupational Therapists											
Optometry		Optometric Technicians		0.5									
		Optometrists	0.2									0.2	
Pharmacy		Pharmaceuticals	1.1	1.6			0.7		2.2	0.5		1.2	
		Pharmacy Assistant											
Physical therapy		Physiotherapists		2.2					2.3	1.0		1.1	
		Physiotherapy Assistant											
Physician		Primary Care Physician	3.0	7.1	1.4		2.0	1.0	11.6	7.7	1.1	1.1	
Preventive Medicine		Occupational Health Services Technologist		1.0									
Medical Total			13.1	23.3	2.1	3.7	3.4	29.6	31.9	0.5	0.2	12.9	
Specialist	Physician	Anaesthetists											
		Cardiologists							0.1				
		Dermatologists								0.6			
		Ear, Nose and Throat Specialist											
		Endocrinologists	0.1										
		Gastroenterologists								0.1			
		General Surgeons		0.1							0.4		
		Internists								0.2			0.2
		Neurologists	0.1										
		Obstetricians/Gynecologists											
		Ophthalmologists		0.1						0.5			0.1
		Orthopaedic Surgeons		0.1						0.1			
		Physiatrists/Rehabilitation		0.1						0.6			0.3
		Plastic Surgeons								0.5			
		Psychiatrists	2.2	2.0						3.7	1.7		0.3
	Radiologists												
	Rheumatologist									0.1			
	Urologists	0.1	0.1										
Specialist Total			2.7	2.7	2.1	3.7	3.4	41.8	35.6	0.5	0.2	0.6	
Grand Total			19.9	25.9	2.1	3.7	3.4	73.3	67.5	1.3	0.2	13.3	
												16.0	

Appendix 3 to Annex A  
Table 1. Forecasted Health Care Provider Full Time Equivalent (FTE) requirements for a twelve month period (Streams: Medical; Physician Specialist; and Dental).

Stream	Occupational Group	Region			
		BAGOTVILLE	MONTREAL	Quebec ST-JEAN	VALCARTIER
Dental	Dental				
	Dental Assistants				
	Dental Hygienists				
	Comprehensive Dentist			0.9	
	General Dentistry				3.6
	Oral Surgeons				
	Periodontists				
	Prosthodontists				
	Sedation Nurse				0.2
	<b>Dental Total</b>			<b>0.9</b>	<b>3.9</b>
Medical	Diagnostic Imaging				
	Diagnostic Imaging Sonographers				
	Medical Radiologists				
	Neurophysiology Technologist (Electromyography)				
	Dieticians		0.7		
	Laboratory				
	Medical Laboratory Assistant				
	Medical				0.4
	Physician Assistants				
	Addictions Therapist				0.6
	Clinical Psychologists			1.0	1.0
	Clinical Social Worker				0.1
	Clinical Psychologists				1.2
	Licensed Practical Nurse / Registered Practical Nurse		1.6		
	Nurse Practitioners				3.0
	Operating Room Technician				
	RN - Case Manager				
	RN - Community Health Nurse				
	RN - Endocrine Nurse				
	RN - Mental Health				1.0
	RN - Operating Room				
	RN - Post Anaesthetic Recovery Room (PARR) Nurse				0.3
	RN - Primary Care Nurse				
	RN Regional Infection Prevention and Control				1.0
	Occupational therapy				
	Optometry				
	Occupational Therapists				1.0
	Optometrists				
	Pharmacists				0.3
	Pharmacy Assistant				
	Physical therapy				
	Physiotherapists				
	Physician				
	Primary Care Physician		3.2	3.7	5.0
	Primary Care Physician		1.2		1.0
	Occupational Health Services Technologist				
	<b>Medical Total</b>	<b>6.5</b>		<b>4.7</b>	<b>11.4</b>
Specialist	Physician				
	Anaesthetists				0.6
	Cardiologists				
	Dermatologists				
	Ear, Nose and Throat Specialist				0.2
	Gastroenterologists				
	General Surgeons				0.2
	Internists				
	Neurologists				
	Obstetricians/Gynecologists				0.2
	Ophthalmologists				
	Orthopaedic Surgeons				0.1
	Orthopaedic Surgeons				0.1
	Physiatrists/Rehabilitation				0.6
	Plastic Surgeons				
	Psychiatrists				
	Radiologists			1.0	3.8
	Rheumatologist				0.4
	Urologists				
					0.3
	<b>Specialist Total</b>			<b>1.0</b>	<b>1.3</b>
	<b>Grand Total</b>	<b>6.5</b>		<b>6.6</b>	<b>12.8</b>
					<b>23.2</b>

Appendix 3 to Annex A

Table 1. Forecasted Health Care Provider Full Time Equivalent (FTE) requirements for a twelve month period (Streams: Medical; Physician Specialist; and Dental).

		Region														
Stream	Occupational Group	Category	CALGARY	COLD LAKE	COMOX	DUNDURN	EDMONTON	ESQUIMALT	MOOSE JAW	SHILO	SUFFIELD	VANCOUVER	WAINWRIGHT	WINNIPEG	YELLOWKNIFE	
Dental	Dental	Dental Assistants						0.7	1.3							
		Dental Hygienists		0.3				5.9	1.4							
	Dentist	Comprehensive Dentist		2.0												
		General Dentistry				0.9		2.7	2.8						0.8	
		Oral Surgeons							0.6							
		Periodontists							1.0							
		Prosthodontists						1.0								
		Sedation Nurse														
	Nurse															
	Dental Total			2.3	0.9		11.8	5.4							0.8	
Medical	Diagnostic Imaging	Diagnostic Imaging Sonographers														
		Medical Radiation Technologist														
		Neurophysiology Technologist (Electromyography)														
		Dietician			0.2											
	Laboratory	Medical Laboratory Assistant						1.1								
		Medical Laboratory Technologist						4.0								
	Medical	Physician Assistants														
		Addictions Therapist						1.9							1.1	1.0
	Mental Health	Clinical Psychologists		1.5				5.2	3.0		1.5				1.0	
		Clinical Social Workers		2.5			1.0	0.5	5.7						1.0	
	Nurse	Licensed Practical Nurse / Registered Practical Nurse														
		Nurse Practitioners			2.0	1.0			5.5		1.0					1.0
		Operating Room Technician														
		RN - Case Manager			1.0						1.0					
		RN - Community Health Nurse			1.0						1.0					
		RN - Immunization Nurse													1.0	
		RN - Mental Health							4.0		1.0					
		RN - Operating Room							0.4							
		RN - Post Anaesthetic Recovery Room (PARR) Nurse														
		RN - Primary Care Nurse							4.0		1.0					
	Occupational therapy	RN Regional Infection Prevention and Control														
		Occupational Therapists							1.0							
	Optometry	Optometric Technicians														
		Optometrists			0.4											
	Pharmacy	Pharmacists			0.5	0.2				0.6	1.0				0.8	
		Pharmacy Assistant													1.1	
	Physical therapy	Physiotherapists			1.0				1.0		0.4	1.0			1.0	
		Physiotherapy Assistant							0.6						1.0	
	Physician	Primary Care Physician			2.0	1.0	0.5		11.8	3.0	0.7	2.5	1.0	1.0	2.4	2.0
		Occupational Health Services Technologist														
	Medical Total			12.1	4.2	0.9		52.3	6.0	1.7	11.0	1.0	1.0	8.4	8.9	
Specialist	Physician	Anaesthetists														
		Cardiologists														
	Dermatologists															
	Ear, Nose and Throat Specialist															
	Gastroenterologists															
	General Surgeons															
	Internists															
	Neurologists															
	Obstetricians/Gynecologists															
	Ophthalmologists															
	Orthopaedic Surgeons							0.2								
	Physiatrists/Rehabilitation							0.2								
	Plastic Surgeons															
	Prosthodontists			1.1	0.3			1.7	3.0		0.7				0.5	
	Radiologists															
	Rheumatologist															
	Urologists															
	Specialist Total			1.1	0.3			2.1	3.0		0.7				0.5	
	Grand Total			15.5	5.4	0.9	66.3	14.4	1.7	11.7	1.0	1.0	8.4	10.3		

Appendix 3 to Annex A

Table 1. Forecasted Health Care Provider Full Time Equivalent (FTE) requirements for a twelve month period (Streams: Medical; Physician Specialist; and Dental).

Stream	Occupational Group	Category	Region Grand Total	
Dental	Dental	Dental Assistants	7.4	
		Dental Hygienists	10.4	
	Dentist	Comprehensive Dentist		
		General Dentistry	29.3	
		Oral Surgeons		
		Periodontists	0.6	
		Prosthodontists	1.2	
		Sedation Nurse	2.6	
			51.3	
Dental Total				
Medical	Diagnostic Imaging	Diagnostic Imaging Sonographers	0.6	
		Medical Radiation Technologist	0.6	
		Neurophysiology Technologist (Electromyography)	2.5	
		Dieticians	2.2	
	Laboratory	Medical Laboratory Assistant	3	
		Medical Laboratory Technologist	6.7	
	Medical	Physician Assistants	7.1	
	Mental Health	Addictions Therapist	9.7	
		Clinical Psychologists	36.4	
		Clinical Social Worker	25.6	
	Nurse	Licensed Practical Nurse / Registered Practical Nurse	4.0	
		Nurse Practitioners	22.0	
		Operating Room Technician		
		RN - Case Manager	12.3	
		RN - Community Health Nurse	4.8	
		RN - Immunization Nurse	4.3	
		RN - Mental Health	13.6	
		RN - Operating Room		
		RN - Post Anaesthetic Recovery Room (PARR) Nurse		
		RN - Primary Care Nurse	8.1	
		RN Regional Infection Prevention and Control	3.8	
	Occupational therapy	Occupational Therapists	2.8	
	Optometry	Optometric Technicians	3.5	
		Optometrists	0.2	
	Pharmacy	Pharmacists	14.0	
		Pharmacy Assistant	7.5	
	Physical therapy	Physiotherapists	19.5	
		Physiotherapy Assistant	7.8	
	Physician	Primary Care Physician	96.2	
	Preventive Medicine	Occupational Health Services Technologist	3.1	
	Medical Total			322.1
	Specialist	Physician	Anesthesiologists	0.8
		Cardiologists	0.2	
		Dermatologists	0.7	
		Ear, Nose and Throat Specialist	0.8	
		Gastroenterologists	0.1	
		General Surgeons	0.9	
		Internists	1.1	
		Neurologists		
		Obstetricians/Gynecologists	1.0	
		Ophthalmologists	0.6	
		Orthopaedic Surgeons	2.0	
		Physiatrists/Rehabilitation	0.7	
		Plastic Surgeons	0.7	
		Psychiatrists	28.9	
		Radiologists	0.9	
		Rheumatologist	0.2	
		Urologists	0.6	
Specialist Total				40.7
Grand Total			414.4	

Table 1. Forecasted Health Care Providers requirements for a twelve month period (Streams: Medical; Physician Specialist; and Dental).

Notes: 1. This information is provided as general information only. The data provides an estimated HCP requirement based on historic volumes and vacancies and forecasted requirements. The inclusion of this table and data does not represent DND commitment or that any future contract volumes will be consistent with this data.

2. This data is presented using Full Time Equivalent (FTE) as an indicator of the level of effort required by provider type at specified locations. FTE is defined as: The measure of human resource commitment based on average levels of employment. FTE factors on the basis of the number of hours each person actually works. The hours actually worked over the hours available for one person working full-time. Full-time is defined as 7.5 hours per day based on a five day work week for 240 days per year. For example, a 2.20 FTE requirement is the equivalent to two providers working full-time (7.5 hours per day, five days per week, for a total of 240 days per year) and one provider working part-time (7.5 hours per week for a total of 240 days per year).

3. Short term and urgent requirements for the Medical and Dental streams are forecasted to be between 20 and 50 requests per year.

Table 2: Forecasted Health Care Providers requirements for a twelve month period (Stream: Occupational Health Advice, Consultation, and Screening)

Notes: 1. This information is provided as general information only. The data provides an estimated HCP requirement based on historic volumes and vacancies and forecasted requirements. The inclusion of this table and data does not represent DND commitment or that any future contract volumes will be consistent with this data.

2. This data is presented using Full Time Equivalent (FTE) as an indicator of the level of effort required by provider type at specified locations. FTE is defined as: The measure of human resource consumption based on average levels of employment. FTE factors out the length of time worked during each week by calculating the hours actually worked over the hours available for one person working full-time. Full-time is defined as 7.5 hours per day based on a five day work week for 240 days per year. For example, a 2.20 FTE requirement is the equivalent to two providers working full-time (7.5 hours per day, five days per week, for a total of 240 days per year) and one provider working part-time (7.5 hours per week for a total of 240 days per year).

Stream	Occupational Group	Category	Shearwater	St Jean	Borden	Ottawa	Toronto	Winnipeg	Esquimalt	Grand Total
Occupational health advice, consultation, and screening	Physician	Aerospace Medicine					0.6			0.6
		Internal Medicine					1.0			1.0
		Medical Standards Analyst				1.8				1.8
		Ophthalmologist					0.2			0.2
		Undersea Medicine					0.8			0.8
	Physician Assistant / Nurse Technologist	Cadet Medical Standards Analyst	1.0	1.0	1.0			1.0	1.0	5.0
		Echocardiographic Technologist					0.6			0.6
		Pulmonary Function Technologist					0.6			0.6
Grand Total			1.0	1.0	1.0	1.8	3.8	1.0	1.0	10.6

Notes: 1. This information is provided as general information only. The data provides an estimated HCPs requirement based on historic volumes and forecasted requirements. The inclusion of this table and data does not represent DND commitment or that any future contract volumes will be consistent with this data.

2. FTE calculation is based at 7.5 hour work day, five days per week, and represents the requirement for a typical Child Summer Training Centre session during the period 15 June to 31 August. For example, a 2.20 FTE requirement is the equivalent to two providers working full-time (7.5 hours per day, five days per week, during the period 15 June to 31 August) and one provider working part-time (7.5 hours per week during the period 15 June to 31 August).

[illegible]



## Annex B - Constraints and Questions to Industry

1. Industry feedback is sought to assist Canada in pursuing this re-procurement. Based on the requirement that is outlined in Annex A, this section identifies specific constraints that must be addressed in meeting the CF requirement. Industry feedback is sought on the impact of these constraints on industry's ability to meet the requirement. Additional questions are also included for industry comments. Feedback can be provided within the tables or on a separate document.

#	Constraint	Question	Industry response or comments
1.	<p><u>Industry Capacity</u> All HCPs are requested on an "as and when required" basis. Demand for HCPs fluctuates based on factors such as CF deployments, public service hiring constraints, scarcity of internal resources etc. New and recurring HCP requirements of various levels of effort (FTE) must be met for all categories and locations on a continuous basis. Estimated HCPs requirements for a one-year period are provided in Annex A, Appendix 3, Tables 1-3.</p>	<p>a. A breakdown by stream, occupational group, and category for each location is provided in the industry response tables found in Appendices 1-3 below. Please indicate the capacity of your organization to meet HCP requirements with a "Yes" or "No" for each cell in the tables found in Appendices 1-3.</p> <p>b. Based on your experience, are there any issues or concerns related to this requirement as defined? If yes, please specify.</p>	
2.	<p><u>Time to propose HCP</u> The time to meet an HCP requirement will be specified and may vary based on the stream, occupational group, or category based on industry feedback. Time to propose an HCP is defined as the number of calendar days from receipt of a request for services to the date an HCP is proposed. It is inclusive of all activities performed by the Contractor (average per resource requested) to</p>	<p>a. A breakdown by stream, occupational group, and category for each location is provided in the industry response tables found in Appendices 4-6 below. Based on your experience, please indicate industry time to propose a resource by inserting the average number of days to propose a resource in each cell in the tables found in Appendices 4-6.</p>	

<p>provide the resource i.e. recruiting, screening, administration, etc. <b>It excludes time required by Canada to evaluate the proposed resource and process a security clearance.</b></p> <p>Please note that the Contractor will be required to meet the established times to propose HCPs.</p>	<p>b. Please comment on industry turnaround times for each of the streams below or by occupational group or category.</p> <ol style="list-style-type: none"> <li>1) <u>Medical.</u></li> <li>2) <u>Physician Specialists.</u></li> <li>3) <u>Dental.</u></li> <li>4) <u>Occupational Health, Advice, Consultation, and Screening.</u></li> <li>5) <u>Medical Support to Cadet Summer Training Centres.</u> Please comment on what challenges would be encountered meeting such short duration (up to 2 months), recurring requirements?</li> </ol> <p>c. Based on your experience, please respond to the following questions regarding urgent and short term requirements:</p> <ol style="list-style-type: none"> <li>1) Is a 14 day turnaround time for an urgent requirement reasonable and to what degree does this vary by stream, occupational group, and category? Is a shorter time frame feasible?</li> </ol>	
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		<p>2) Is geographic location a factor in meeting urgent or short term requirements?</p> <p>3) What capacity exists to meet short term requirements for different streams, occupational groups, and categories?</p> <p>4) For short term requirements, what is a reasonable minimum number of days, i.e. 5 days, 10 days, 15 days, 30 days etc, and does this vary by location, stream, occupational group, or category?</p>	
3.	<p><u>Hard to recruit locations and provider categories</u></p> <p>The requirement includes the recruitment and provision of a variety of HCP categories for locations across Canada. This includes locations that have historically experienced scarcity or shortages of health human resources resulting in increased difficulty recruiting a provider.</p>	<p>Health human resources across the country are often stretched, creating pockets where certain HCP categories experience high-demand and low-supply. Such shortages can be experienced in both rural and urban locations.</p> <p>a. Based on your experience, please provide details of locations and/or provider categories that were or you foresee as being difficult to fill. For example, DND has experienced the following hard to recruit locations and provider categories:</p> <p><u>Locations:</u> - Borden;</p>	

		<ul style="list-style-type: none"> <li>- Cold Lake;</li> <li>- Edmonton;</li> <li>- Gagetown;</li> <li>- Petawawa;</li> <li>- Shilo; and</li> <li>- Valcartier.</li> </ul> <p><u>Provider categories (all locations):</u></p> <ul style="list-style-type: none"> <li>- Clinical Psychologist;</li> <li>- Dentist;</li> <li>- Clinical Social Worker;</li> <li>- Nurse Practitioner;</li> <li>- Primary Care Physician;</li> <li>- Psychiatrist; and</li> <li>- Mental Health Nurse.</li> </ul> <p>b. Please provide any solutions, strategies or additional information that would assist in successfully meeting requirements in hard to recruit locations or provider categories, while ensuring best value for Canada.</p>	
4.	<p><u>Provision of training to HCPs</u> The requirement includes occasions where HCPs require training. DND guidelines on training of contractors states: <i>Consultants are expected to have the necessary knowledge and training to perform the tasks for which they are</i></p>	<p>The forecasting of future requirements for training by DND is not possible, making it difficult for bidders to include potential training as part of their proposal. Costs of training can include the cost of the HCP while attending the training, cost of HCP while travelling, travel and accommodation, and the cost of the</p>	

	<p><i>contracted. DND is expected to provide training to consultants only when it is beneficial to the Crown (for example, when a new tool is introduced and the consultant is expected to use it.)</i></p> <p>Guidelines for Technical Authorities on Contracting for Professional Services, DND Procurement Administration Manual</p> <p>All HCP training and professional development that is necessary for HCPs to maintain licensure or credentials is the responsibility of the Contractor and will not be reimbursed by DND. There are occasions where specific courses or training that are unique to the CF environment and offered solely by the CF are necessary for the HCP to function within the CF environment. The duration of such training can vary from 1-2 days up to 6 weeks.</p>	<p>actual training.</p> <p>a. What is the best approach to meet general training requirements e.g. program seminars, work orientation, etc?</p> <p>b. The Primary Care Physician category includes in experience Level 3 the completion of either the CF Basic Aviation Medicine Course and/or the CF Basic Dive Medicine Course. These courses are only available through the CF and are necessary for the HCP to provide occupational health services to aircrew or divers through the application of expertise gained through the training. Many HCP would already have this qualification from previous experience when recruited and may expect a higher level of reimbursement in recognition of this specific skill set when it is an identified requirement by DND. This creates a situation where DND may pay for the training and thereafter pay a higher rate to the HCP in recognition of the unique skill set and tasks being performed. This may not be best value for Canada. There is also a retention issue to ensure a return on the DND investment in training.</p>	
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		<p>Some of the physician categories within the Occupational Health Advice, Consultation, and Screening stream also identify these courses as necessary to perform the work.</p> <p>What is the best approach to meeting these specific training requirements?</p>	
5.	<p><u>Clinical Supervision</u> There is a requirement for some physician HCPs to perform clinical supervision of physician assistants, nurses, nurse practitioners, and medical technicians including military, public service, and other contracted HCPs. Clinical supervision is comprised of the following:</p> <ol style="list-style-type: none"> <li>Perform ongoing assessment of clinical competency of the provider;</li> <li>Performing the role of consulting or collaborating physician in support of the clinical practice of Nurse Practitioners;</li> <li>Assigning clinical tasks in accordance with CF and provincial scopes of practice;</li> <li>Supervising delegated medical acts;</li> </ol>	<p>HCP physicians performing clinical supervision in this context is consistent with the traditional role of contracted physicians in all jurisdictions throughout the Canadian health system.</p> <ol style="list-style-type: none"> <li>Please comment on current industry practice in establishing clinical supervision relationships within a contract structure.</li> <li>How would you address the absences of the physician providing clinical supervision to a Physician Assistant or where the Contractor does not have a physician on site?</li> <li>How would the Physician Assistant scope of practice be negotiated between the Physician Assistant and the physician? How would it be documented?</li> </ol>	

	<p>e. Ensuring that the scope of practice and competency of the provider aligns with the complexity of care required for the patient;</p> <p>f. Evaluating clinical performance through direct or indirect observation, chart review, case review, provision of co-signature, etc;</p> <p>g. Providing verbal and written feedback on clinical skills, knowledge, and judgement to the provider and Senior Medical Authority; and</p> <p>h. For HCP Physician Assistants:  Establish a Physician Assistant Practice Agreement outlining the clinical duties and terms of supervision between the Physician Assistant and the Primary Care Physician primarily responsible for providing clinical supervision. The agreement becomes the essential determinant of the Physician Assistants individual clinical role, within the context of the Physician Assistants competencies, the CF Health Services scope of practice for PAs, and provincial jurisdictions.</p>	<p>d. Please comment on any issues or concerns that may arise as a result of this requirement.</p>	
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6.	<p><u>CF Health Services Group information package</u></p> <p>The DND Task Manager shall provide the HCP during in-clearance a list and access to CF Health Services Group specific information such as standard operating procedures, instructions, guidelines, orders, standards etc.</p> <p>a. CF Health Services Group specific information will be reviewed and applied by the HCP when warranted in accordance with the HCP task.</p> <p>b. The Task Manager will be responsible for informing or advising the HCP when new or revised CF Health Services Group specific information is promulgated.</p>	<p>CF Health Services Group is constrained by numerous orders, regulations, policies, instructions, guidelines, publications, manuals, standard operating procedures etc, referred to as CF Health Services Group specific information. The relevance of any specific information for an HCP category at an indicated location will vary. While many generic documents will be referenced within the SOW, others are only available on the internal Defence Wide Area Network. These documents will be included as specific information provided by the DND Task Manager to the HCP during in-clearance at the location where the HCP performs the work.</p> <p>Please comment on the feasibility of this approach.</p>	
7.	<p><u>Military work environment</u></p> <p>HCPs will acknowledge and agree to work within a military setting as outlined in Annex A, paragraph 2.2 Unique CF Environment. HCPs perform a dual role of patient advocate and “company doctor” where medical employment limitations are assigned that may impact the patient’s military career.</p>	<p>a. Please comment on any challenges inherent with HCPs meeting this dual role requirement?</p> <p>b. Can these challenges be mitigated through selection processes?</p>	
8.	<p><u>Proposed HCP exposure to military setting</u> The contractor is responsible for the recruitment and provision of HCPs. Proposed HCPs must agree to work</p>	<p>Please comment on the use of proposed HCP visits to DND locations to assist the Contractor in ensuring they’re suitable to work in a military setting.</p>	



	within a DND environment. The Contractor's determination of the suitability of a proposed HCP to work in a DND environment may be facilitated by the proposed HCP visiting the DND location as part of the Contractor's orientation program. This is especially pertinent for HCP that have not previously worked in a military setting.		
9.	<p><u>Collaborative practice</u></p> <p>DND maintains a philosophy and doctrine of collaborative practice and interdisciplinary care in order to ensure patient continuity of care. HCPs will therefore be required to operate within a collaborative and interdisciplinary environment comprised of various health providers.</p>	<p>While such practice is widespread in certain sectors of the healthcare industry, it is not always dominant in a primary care setting.</p> <p>Please comment on any difficulties that might be experienced in selecting HCPs that are suitable for working in a collaborative, interdisciplinary care environment in a primary care setting?</p>	
10.	<p><u>HCP Professional Performance</u></p> <p>HCPs will be required to maintain a level of professional performance in accordance with their respective regulatory or certifying organizations and CF Health Services standards in the areas of clinical competence and professional conduct. In cases where professional performance is questionable a DND investigation is normally conducted to determine the required action and/or report to the applicable regulatory organization.</p>	<p>Based on your experience, please comment on the following:</p> <ul style="list-style-type: none"> <li>a. The removal of the HCP from performing work under the contract during the investigation where this time is not billable;</li> <li>b. The Contractor's role in the investigation process;</li> <li>c. The Contractor's role in reporting the results of the investigation to the</li> </ul>	

		regulatory body; and d. Any other potential issues.	
11.	<p><u>Continuity of Care</u> CF Health Services Group strives to ensure continuity of care to the patient population through various means including continuity of the care provider.</p> <p>The provision of one resource to meet a 1.0 Full Time Equivalent (FTE) HCP requirement is optimal and the preferred means to meet HCP requirements. However, for some streams, occupational groups, or categories, the provision of one resource to meet a requirement may not be realistic and other solutions are necessary e.g. two part-time resources to meet a 1.0 FTE requirement.</p> <p>Minimizing HCP turnover is another means of optimizing continuity of care.</p>	Please comment on potential solutions in maintaining continuity of care for the CF population with respect to the provision of HCPs.	
12.	<p><u>Specialist Services</u> Specialist physician HCPs provide services within CF facilities and then perform procedures, diagnostics, treatments etc at other health care facilities outside the CF. Services provided on-site are included as part of this requirement. Services provided off-site are not included as part of this requirement and are billed through the</p>	There are risks with this arrangement such as the potential for double-billing for the same service under both this contract and through FHCPS. Please comment on this and other risks associated with this approach and any potential mitigation strategies.	

	Federal Health Claims Processing Service (FHPCS). For example, an HCP obstetrician may provide routine care to a pregnant CF patient within a CF facility as an HCP under this requirement and then deliver the baby in the local hospital where that service is billed through FHPCS.		
13.	Verification and sign-off of HCP timesheets, in addition to related follow-up on audit activities, comprise an important support function of administering a contract.	What capacity exists within industry to support the provision of electronic processing of timesheets including at the verification, invoice payment, and audit levels within DND?	
14.	<u>Federal and Provincial legal jurisdictions</u> Although working on a federal contract, HCPs employed by a Contractor must adhere to the applicable provincial laws e.g. labour, workplace, etc.	Please comment on the impact of different legal jurisdictions on meeting the HCP requirements.	
15.	<u>Rates</u> As mentioned herein, this requirement is for the provision of HCPs. Therefore, the Bidders' proposed HCPs rates, per category and location, will form part of the Bidders' financial bid.	<p>a. Based on your experience, what strategies can be used to address rate increases (e.g. fixed rates, fixed %, Consumer Price Index (CPI)) for HCPs over the duration of the procurement mechanism(s), including option periods?</p> <p>b. How do these strategies impact the duration of the procurement mechanism including option periods?</p>	

16.	New HCP categories. There may be a requirement to introduce new HCP categories during the contract(s) period to reflect a changing healthcare environment.	What is the best approach to introducing new categories during the contract(s) period?	
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**ADDITIONAL QUESTIONS**

	Questions	Industry response or comments
1.	<u>Innovation.</u> Based on your experience, can industry provide innovative suggestions to efficiently meet HCPs requirements?	

**Appendices (Industry response tables):**

Please see attached Microsoft Excel spreadsheets for the following tables established for industry responses.

- Appendix 1: Industry capacity (Streams: Medical; Physician Specialist; and Dental)
- Appendix 2: Industry capacity (Stream: Occupational Health Advice, Consultation, and Screening)
- Appendix 3: Industry capacity (Stream: Medical service to Cadet Summer Training Centres)
- Appendix 4: Time to propose HCP (Streams: Medical; Physician Specialist; and Dental)
- Appendix 5: Time to propose HCP (Stream: Occupational Health Advice, Consultation, and Screening)
- Appendix 6: Time to propose HCP (Stream: Medical service to Cadet Summer Training Centres)

Appendix 1 to Annex B - Industry capacity (Streams: Medical, Physician Specialist, and Dental)

[illegible]

Appendix 1 to Annex B - Industry capacity (Streams: Medical; Physician Specialist; and Dental)

[illegible]

[illegible][illegible][illegible][illegible]

Appendix 4 to Annex B - Times to propose HCP (Streams: Medical, Physician Specialist, and Dental)

[illegible]



Appendix 4 to Annex B - Time to propose HCP (Streams; Medical; Physician Specialist; and Dental)

[illegible]

Appendix 5 to Annex B - Time to propose HCP (Stream: Occupational Health Advice, Consultation, and Screenin

[illegible]

**Appendix 6 to Annex B - Time to propose HCP (Stream: Medical service to Cadet Summer Training Centre:**

[illegible]