



RETURN BIDS TO:

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- TPSGC

Place du Portage, Phase III

Core 0B2 / Noyau 0B2

11 Laurier St./11, rue Laurier

Gatineau, Québec K1A 0S5

Bid Fax: (613) 997-9776

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 REQUIREMENT CONTAINS A SECURITY
REQUIREMENT / DOCUMENT CONTIENT DES
EXIGENCES RELATIVES À LA SÉCURITÉ

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

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
Gatineau
Gatineau
K1A 0S5

Title - Sujet HEALTH CARE PROVIDERS	
Solicitation No. - N° de l'invitation W3931-13KM01/D	Amendment No. - N° modif. 012
Client Reference No. - N° de référence du client W3931-13KM01	Date 2017-02-23
GETS Reference No. - N° de référence de SEAG PW-\$\$XF-010-30704	
File No. - N° de dossier 010xf.W3931-13KM01	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2017-03-03	
Time Zone Fuseau horaire Eastern Standard Time EST	
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: O'Sullivan, Patrick	Buyer Id - Id de l'acheteur 010xf
Telephone No. - N° de téléphone (819) 420-2233 ()	FAX No. - N° de FAX () -
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

**PLEASE REFER TO THE ATTACHMENT TO VIEW SOLICITATION
W3931-13KM01/D AMENDMENT 012**

**HEALTH CARE PROVIDERS
FOR THE DEPARTMENT OF NATIONAL DEFENCE, ROYAL CANADIAN MOUNTED POLICE AND
VETERANS AFFAIRS CANADA**

**SOLICITATION NO. W3931-13KM01/D
AMENDMENT 012**

This amendment contains the following sections:

1. Questions and Answers (Set 11)
2. Modifications to Solicitation

Section 1: Questions and Answers (Set 11)

Note: Questions are numerically sequenced upon arrival at PWGSC. A question and its answer will be provided via BuyandSell as the response becomes available. Potential bidders are therefore advised that questions and answers may be issued via BuyandSell out of sequence. The following questions have been received. In accordance with Article 13 under 2003 Standard Instructions - Goods or Services - Competitive Requirements (2016-04-04) which has been incorporated into the RFP in accordance with Article 2.1 of Part 2 of the RFP, the questions and corresponding answers are provided to all potential bidders as set out below:

CORRECTION TO ANSWER A35 PROVIDED IN AMENDMENT 010:

CANADA'S RESPONSE IN AMENDMENT 010 IS DELETED IN ITS ENTIRETY AND REPLACED WITH RESPONSE A35 BELOW.

Q35. At Attachment 1 to Part 4 – Technical Criteria, MT 4 and RT 1.3 it states, that the bidder must have a minimum of 60 months experience, within the last 10 years as of Bid Solicitation issuance date, in the management of a minimum 3,500 human resources in the 60 months. Can the Crown please confirm how Vendors are to present this information? Is it intended for each month to be cumulative i.e. if we currently have approximately 200 resources on contract each month for a 12 month period this would count as 2400 human resources?

A35. Yes. Canada confirms the bidder's interpretation is correct.

Q45. The RFP (DND SOW 4.47) indicates that the winning bidder will need to pay for specialized DND training. Can you please indicate how often this training is required and how much it costs? By not revealing this information, the incumbent firm has an advantage as they know this information and know the frequency of such training and the current costs of it.

A45. The requirement to send contracted HCP's on specialized DND training is rarely required (less than three times a year). When the Contractor is not able to fill a position that requires specialized training, it may opt to send an HCP to one of the following courses: Basic Aviation Medicine (B Av Med), Operational Flight Surgeon (OFSC), Submarine Medicine, Basic Dive Medicine or Advance Dive Medicine.

The current cost to register is \$2500 per course, subject to change, and is at the Contractor's expense. Bidders should consider this when submitting their bids.

Please note HCP wages, travel, meals and accommodations during training is not included in the cost to register and is at the Contractor's expense.

- Q54. We have a follow up question to Question and Answer Number 26. Canada would not confirm whether a third party financial firm could act as a reference to confirm the amount of sales for the provision of Human Resources Services. By not providing an answer to this question, Canada is providing an advantage to the incumbent where the existing contract will satisfy most or all of this requirement. We are simply asking if Canada will accept a letter from a third party financial institution who can confirm sales totals for the provision of human resources services in one phone call or if they would like a listing of all of our human resources placed that total \$450M where Canada would have to call 20000-30000 references to confirm this information. Since it is up to the Bidder to ask for any clarifications on procurement solicitations – we are simply clarifying what Canada will consider acceptable?
- A54. How Bidders clearly demonstrate that they fully meet the requirements of MT1 and RT1 is the Bidder's sole responsibility. Should a Bidder choose to provide a letter from a third party financial institution to demonstrate that they fully meet the requirements, i.e. it contains all the information required under the Bid Preparation Instructions for the criterion, Canada will evaluate the information provided.
- Q55. Under DND SOW Appendix 14 – Deliverables, the timing of the draft and final recruitment plans is structured differently than the other plans. The draft is due within 30 days post contract award and the final is due 20 days post kick-off meeting which is scheduled 14 days post contract award. That means that the final recruitment plan is due 34 days post contract award, 4 days after the draft is due. For the other plans, the final version is due 10 or 20 days after receiving input from DND. Can you confirm whether the final recruitment plan will be indeed due 34 days post award or whether it should be noted to be due 10 or 20 days post receipt of feedback, similar to the other plans?
- A55. The Contractor must revise and update within 20 calendar days the Recruitment Plan if comments or recommendations are received from Canada. Please see Appendix 14 to Annex A1 - DND Deliverables Table Rev 001.
- Q56. Is there a pre-existing orientation package for all HCPs for DND, RCMP and VAC requirements?
- A56. There are no pre-existing orientation packages available (under the current contracts). Orientation packages have been developed or will be developed as part of this requirement as follows:
- DND orientation package can be found at DND SOW App 16.
 - RCMP's orientation package will be provided at contract award (refer to RCMP SOW App 16).
 - VAC's orientation package will be provided at contract award (VAC SOW para 4.30).
- Q57. Would Canada please provide an HCP requirements plan for RCMP and VAC as they have done for DND?
- A57. Canada has provided the HCP requirements for RCMP and VAC. Please see amendment 004 and associated zip file.
- Q58. Would Canada please provide more detail on the overtime that is required for all HCPs and how overtime can be charged back to Canada?
- A58. Please refer to the response provided at Amendment 010 A42.

- Q59. Is there any housing available for HCPs going to remote locations, ie. Gander, Cadet Training Facilities, etc.
- A59. Military/Federal housing cannot be guaranteed. Bidders should consider housing costs as part of their bid. Housing cost will not be billed to Canada.
- Q60. Will Canada pay for moving expenses for hard to find HCPs who are willing to move for a position?
- A60. No, moving expenses will not be billable to Canada.
- Q61. Appendix 29 to Annex A1 - PA Clinical Supervisory Agreement demands in para 1. that contracted physicians "supervise physician assistants in accordance with the rules and regulations of the Physician provincial regulatory body, the Canadian Forces Health Services policy and directives and the Health Care Provider Contract statement of work." There are limited jurisdictions (AB, MB, ON, NB) that allow for the delegation of medical acts to physician assistants. To require compliance with provincial physician regulatory authorities will equate to physician assistants not being permitted to be employed to any significant extent as they are not practitioners under the delegated medical acts legislation.

Can Canada please explain how contractors are supposed to meet this requirements given the inherent regulatory limitations in the majority of Canadian jurisdictions that do not recognize the physician assistant profession?

In addition, Appendix 29 to Annex A1 - PA Clinical Supervisory Agreement presents the following:

"The physician agrees to designate a substitute supervising physician in the manner designated by the Canadian Forces Health Service policy and directives and the DND/CF to act under this agreement during any absence or temporary disability of that physician."

This is an unreasonable requirement given contracted physicians have no authority within the Canadian Forces Clinic Model and these sorts of delegations are usually the responsibility of the Base/Wing Surgeon or CDU team lead. In addition, it is quite possible that within the Clinic that there are no other physicians to assume this oversight, especially with the impending medical officer shortage.

We request that Canada reconsider this requirement given the role and authorities of a contracted physician in the setting of systemic medical officer shortages.

- A61. All Canadian medical jurisdiction recognize the use of Physician Assistants (PA) within DND. Please refer to the College of Ontario Physician for additional information on the supervision of PA.

Canada has considered this request. Appendix 20 to Annex A1 - PA Clinical Supervisory Agreement has been modified to reflect the following: "The contractor agrees to designate a substitute supervising physician in the manner designated by the Canadian Forces Health Service policy and directives and the DND/CF to act under this agreement during any long periods of absence or temporary disability of that physician." Please refer to Appendix 20 to Annex A1 - PA Clinical Supervisory Agreement Rev 001.

DND recognizes that it is very limited risk that that there are no physicians within the Clinic to assume this oversight. Should this arise, it will be dealt with on a case by case basis.

Q62. Health care provider orientation and in-clearances can take significant periods given the nature of Government policies, procedures, and operations. This includes gaining access to electronic health records and other security issues that may be under the control of external agencies. Can Canada provide the estimated duration (in hours) of in-clearance procedures for each area (DND, VAC, RCMP)? Can Canada provide the estimated duration (in hours) for orientation for each area (DND, VAC, RCMP)? Are there any anticipated differences across the range of health care providers? Are in-clearance and orientation periods considered billable hours? If the answer is "no", can hours be billed for circumstances beyond the contractors control (e.g. delays in approval for electronic health record access or building passes)?

A62. All HCPs must undertake incoming clearance activities. Security Checks are outside of the in-clearance activities.

For DND, incoming clearance activities and orientation are completed by the HCP within the first two (2) weeks of their start date. In-Clearance activities such as building pass, obtaining various DND Information Technology (IT) accounts and undertaking the DND associated training associated with obtaining these accounts, becoming familiar with the CF Health Services Group related information are considered billable hours.

For VAC, incoming clearance activities and orientation are completed by the HCP within the first two (2) weeks of their start date. In-Clearance activities such as building pass, obtaining various VAC Information Technology (IT) accounts and undertaking the VAC associated training associated with obtaining these accounts,

For RCMP, incoming clearance activities and orientation are completed by the HCP within the first two (2) weeks of their start date. In-Clearance activities such as building pass, obtaining various RCMP Information Technology (IT) accounts and undertaking the RCMP associated training associated with obtaining these accounts are considered billable hours.

Q63. DND SOW 4.47, VAC SOW para 4.39 and RCMP SOW para 4.37 identify "Specialized Training" as a potential requirement for contractors. The contractor is responsible for travel costs and time absent.

What is the nature, duration, and location of the additional training?

Is time spent attending the specialized training billable?

A63. For DND, please see response A45. The duration of the DND courses are between 3 to 5 weeks and are held in Toronto, Canada.

For RCMP, as per para 4.37.2 of the RCMP SOW, Travel costs associated with training and time absent are not to be billable to the RCMP. Specialized Training unique to the RCMP is offered on a case-by-case basis dependant on the HCP's work requirement.

For, VAC there are no Medical Specialized training requirements.

Q64. The Annex A2 - Statement of Work for the Royal Canadian Mounted Police requires further clarification. 3.4, para c. states: Stream 3 – Health Care to Cadets (recruits in training) at Medical Treatment Centre at RCMP Depot (RCMP Training Academy). This is in direct contradiction to para 1.2.2 which states: "The RCMP does not provide primary health care; since

April 2013 RCMP members access primary care through their respective provincial/territorial health care plans." 3.4.3 provides a little more direction but not too much and it isn't very clear. As well, Appendix 11 to Annex 2 - RCMP HCP Qualifications and Tasks does not identify provision of care to RCMP Cadets. Please confirm whether provision of primary care to Cadets is a requirement of Stream 3.

A64. The RCMP's HCP's do not provide Primary Health Care services; however, as indicated in paragraph 3.4.3 of RCMP SOW, the HCP may be required on a case-by-case basis to assist the Cadet until such care can be administered by Emergency Care Responders or through provincial/territorial medical clinics or hospitals.

Q65. Refer to Solicitation #W3931-13KM01, Amendment 010, response to Question #35 and specifically Example #2 provided.

Based on Example 2 in the answer to this question, it would appear that a long term contract that is renewed frequently provides more credit for experience than an equivalent long term contract that is renewed periodically. Note that if a contract is renewed frequently (e.g., monthly) it is almost guaranteed that the renewals do not entail any additional recruiting or hiring.

This approach does not seem consistent with the actual requirements and long term nature of this procurement, where in fact a long term service provider is being sought. On the other hand, the original requestor's premise that credit should be provided for each month that a bidder manages a group of human resources, seems overly generous. On that basis, we respectfully request that credit be allowed for each year that a bidder manages a group of human resources, which is in alignment with the Government's annual fiscal planning period. For example, a contract for a 100 people that is managed for 5 years would provide a bidder with credit for 500 human resources. Please confirm that this approach is acceptable.

A65. Please see Canada's revised response A35 above.

Section 2: Modifications to Solicitation:

1. DELETE: Appendix 14 to Annex A1 - DND Deliverables Table
INSERT: Appendix 14 to Annex A1 - DND Deliverables Table Rev 001 (changes are highlighted in yellow)
2. DELETE: Appendix 20 to Annex A1 - PA Clinical Supervisory Agreement
INSERT: Appendix 20 to Annex A1 - PA Clinical Supervisory Agreement Rev 001 (changes are highlighted in yellow).

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

**APPENDIX 14 TO ANNEX A1 -
DND DELIVERABLES TABLE**

DND Deliverables Table

#	SOW Para #	Deliverable Description	Format H or S	Information (I) Approval (A)	Frequency	Required Delivery Date (RDD)	Delivery To
Electronic (S) for all Deliverables unless otherwise indicated Hard Copy (H)							
1.	4.3.6	Contractor's Central Office Set-up Notification		I	Once	Within 10 calendar days ACA	CA, DTA, DPA
2.	4.3.7 and 4.4.1	The names, titles, roles and, and contact information for each member of the CMT and CCO		I	Once	At Initial Contract Kick-Off Meeting	CA, DTA, DPA
3.	4.3.8 and 4.4.2	Changes made to the CMT or CCO personnel		I	As changed	Within two (2) calendar days of change	CA, DTA, DPA
4.	4.5.5 and 4.6.2	Name and contact information for SDM and DSDM		I	Once	Within five (5) calendar days ACA	CA, DTA, DPA
5.	4.5.7	Notice of the intent to permanently replace the SDM		I	As required	30 calendar days	CA, DTA, DPA
6.	4.6.4	Notice of the intent to permanently replace the DSDM		I	As required	15 calendar days	CA, DTA, DPA
7.	4.7	Contractor's Draft Start-Up Plan		A	Once	Within 14 calendar days ACA	CA, DTA, DPA
8.	4.7.3	Final Start-Up Plan		A	Once	Within 10 calendar days of any receiving DTA feedback	CA, DTA, DPA
9.	4.8	Contractor's Draft Recruitment Plan		A	Once	Within 30 calendar days ACA	CA, DTA, DPA
10.	4.8.3	Contractor's Final Recruitment Plan		A	Once	20 calendar days of receiving any DTA	CA, DTA, DPA

#	SOW Para #	Deliverable Description	Format H or S	Information (I) Approval (A)	Frequency	Required Delivery Date (RDD)	Delivery To
						feedback	
11.	4.8.6	Contractor's Updated Recruitment Plan		A	As updated	Within 10 calendar days of any changes	CA, DTA, DPA
12.	4.9	Contractor's Draft Risk Management Plan (CRMP)		A	Once	Within 30 calendar days ACA	CA, DTA, DPA
13.	4.9.4	Contractor's Final Risk Management Plan		A	Once	20 calendar days after receipt of input	CA, DTA, DPA
14.	4.9.6	Contractor's Updated Risk Management Plan		A	As updated and for each PRM	Within 10 calendar days of any changes and for each PRM	CA, DTA, DPA
15.	4.9.8	Advance electronic copies of current the CRMP		I	As detailed	Five calendar days before each PRM	DTA, DPA
16.	4.9.9	Hard Copies of current CRMP for each attendee	H	I	As detailed	Day of PRM	DTA, DPA
17.	4.9.10	Report occurrence of substantive risk		I	As detailed	Within three calendar days of occurrence	DTA
18.	4.10	Draft Contractor's Management Plan (CMP)		A	Once	Within 30 calendar days after ACA	CA, DTA, DPA
19.	4.10.3	Final Contractor's Management Plan		A	Once	20 calendar days after receipt of input	CA, DTA, DPA
20.	4.10.6	Updated Contractor's Management Plan		A	As updated	Within 10 calendar days of any changes and April of each year	CA, DTA, DPA
21.	4.11	Contractor's draft communications for circulation to the public, etc		A	As each is developed	Within 30 calendar days of ACA	CA, DTA
22.	4.15	Start-Up Phase Lessons Learned Document		I	Once	Within 30 calendar days of SED	DTA

#	SOW Para #	Deliverable Description	Format H or S	Information (I) Approval (A)	Frequency	Required Delivery Date (RDD)	Delivery To
23.	4.15	Annual Lessons Learned Report		I	Annually	June of each year	DTA
24.	4.15	Transition-Out Phase Lessons Learned Report		I	Once	Two-months before the Contract expiry date	DTA
25.	4.16.1 4.24	Timesheet Tool and User Manual		A	Once	60 calendar days prior to SED	CA, DTA, DPA
26.	4.16.3	Timesheet Tool demonstration for the DAs at a DND		I	Once	Five (5) calendar days of Timesheet Tool setup notification	DTA, DPA
27.	4.26	Contractor TTP Acceptable Delay Justification		A	As required	Within 25 calendar days before the HCP required start date	DPA
28.	4.27.7	Contractor Notification of HCP Licence Change	S	I	By occurrence	Same business day or next business day if following a weekend	DTA
29.	4.30.1	Supervisory Agreement between Physician and PA	H	I	As required	For each Physician Assistant and before start date	DTA
30.	4.31.1	N-95 Fit Test Certification - Quantitative Fit Testing results	H	A	As required	For each HCP and before start date	DTA, DPA
31.	4.31.4	N-95 Fit Test Certification - Quantitative Fit Testing results on Re-tests	H	A	As required	For each HCP every two years	DTA, DPA
32.	4.32.2	WHMIS Certification Report	H	A	As required	For each HCP before start date and for each subsequent re-test	DTA, DPA
33.	4.33.2	Basic Life Support Certification	H	A	As required	For each HCP before start date and for each subsequent re-	DTA, DPA

#	SOW Para #	Deliverable Description	Format H or S	Information (I) Approval (A)	Frequency	Required Delivery Date (RDD)	Delivery To
						qualification	
34.	4.34.1	Recurring HCP Task Authorization Confirmation Report		A	Annually	Within 30 calendar days from receipt of Annual Requirements Plan	DPA
35.	4.34.2	Task Authorization Response Package		A	By Task Authorization	No later than 20 calendar days prior to HCP Start Date	DPA
36.	4.35.1	Signed copy of Orientation Package - HCP Acknowledgement Form	H	I	As required	For each HCP	DPA
37.	4.40.1	HCP Overtime Authorization	H	A	As required	With each Overtime invoice	DPA
38.	4.41.5	HCP On-Call Authorization and Schedule	H	A	As required	With each On-Call invoice	DPA
39.	4.42.3	HCP Call-Back Authorization and Schedule	H	A	As required	With each Call-Back invoice	DPA
40.	4.45.5	HCP Travel Expenses with original receipts	H	A	As required	With each HCP Travel invoice	DTA, DPA
41.	4.65.1	Prepare and Maintain Action Item Log (AIL)		A	Once	Initial Contract Kick-off Meeting	All meeting participants
42.	4.65.5	Update AIL		A	As required	Ongoing	All meeting participants
43.	4.67	Start-up Phase Report			Monthly	During Start-up Phase	CA, DTA, DPA
44.	4.68	Task Authorization Status Report		I	Monthly	Within seven (7) calendar days following	DTA

#	SOW Para #	Deliverable Description	Format H or S	Information (I) Approval (A)	Frequency	Required Delivery Date (RDD)	Delivery To
45.	4.69	Initial Credentialing Report		I	Once	month end At least 30 days prior to SED	DTA
46.	4.69	Semi-annual Credentialing Report		I	Semi-annual	Within seven (7) calendar days of the end of September, Within seven(7) Calendar days of the end of March	DTA
47.	4.70	Monthly HCP Travel Report		I	Monthly	Within 7 calendar days following month end	DTA
48.	4.71	Monthly HCP Labour, Overtime, and On-Call Report		I	Monthly	Within seven (7) calendar days following month end	DTA
49.	4.72	Recurring HCP Task Authorization Confirmation Report		I	Annually	30 calendar days from Receipt of Annual HCP Requirement Plan	DTA
50.	4.73	HCP Certifications Report		I	Annually	At SED and annually thereafter	DTA
51.	4.74	Draft Out-Going Phase Plan	H	A	Once	At Out-Going Phase Kick-off meeting	All meeting participants
52.	4.74 & 4.74.2	Final Out-Going Phase Plan		A	Once	Within 10 calendar days based on comments or recommendations received from the DTA.	CA, DTA, DPA

Rev 001

APPENDIX 20 TO ANNEX A1

PA CLINICAL SUPERVISORY AGREEMENT

PA CLINICAL SUPERVISORY AGREEMENT

The present agreement is made this ____ day of _____, by and between

Name of Physician Assistant	Licence Number	Province

and

Name of Physician	Licence Number	Province

who will act as supervising physician.

The physician assistant practice in the following locations:

DND Location

WHERE AS, the physician assistant is duly qualified under applicable rules and regulations of the Physician provincial regulatory body, the Canadian Forces Health Services and certified by the Physician Assistant Certification Council of Canada (PACCC), it is hereby agreed that:

1. The physician who signs this agreement will clinically supervise the physician assistant in accordance with the rules and regulations of the Physician provincial regulatory body, the Canadian Forces Health Services policy and directives and the Health Care Provider Contract statement of work. The physician assistant agrees to faithfully and to the best of his/her knowledge and skill, assist the physician in the practice of medicine.
2. By this agreement it is contemplated that the physician will delegate duties to be performed by the physician assistant and a degree of autonomy within its delegated acts and National Competency Profile as specified by CAPA. The physician assistant will perform only those duties and responsibilities that are delegated by the physician. The physician will not delegate to the physician assistant any duty or responsibility for which the physician assistant has not been adequately trained. The physician assistant is the agent of the physician in the performance of all practice-related activities. The physician assistant will provide patient care only in those areas of medical practice where the physician provides patient care.

During the term of this agreement, the physician assistant shall comply with all proper directions and orders of the physician and shall comply with all rules and regulations of Physician provincial regulatory body and the Canadian Forces Health Service Policy governing physician assistants.

The supervising physician responsibility is to oversee the activities of, and accept

the responsibility for, the medical services rendered by the physician assistant. Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place the services are rendered. It is the responsibility of the supervising physician to direct and review the work, records and practice of the physician assistant on a continuous basis to ensure that appropriate and safe treatment is rendered. The supervising physician must be available continuously for contact personally or by telephone or other electronic means as it relates to the Health Care Provider Contract with DND. It is the obligation of each team of physician and physician assistant to ensure that the physician assistant delegated acts are identified; that delegation of medical tasks is appropriate to the physician assistant's level of competence; that the relationship of, and access to, the supervising physician is defined; and that a process for evaluation of the physician assistant's performance is established

The Contractor agrees to designate a substitute supervising physician in the manner designated by the Canadian Forces Health Service policy and directives and the DND/CF to act under this agreement during any **long period** of absence or temporary disability of that physician.

The physician assistant, as per the attached Scope of Practice will be permitted to do the following clinical activities within the confines of the DND Location above mentioned:

3. Attach a copy of the agreed delegated acts to this agreement.

The supervising physician and the physician assistant must meet upon initial assignment and no less than every three (3) months to ensure a mutual understanding of the agreed upon scope of practice. The meeting should review, as a minimum, the following criteria:

- Clinical Case;
- History review;
- Physical evaluation review;
- Differential diagnosis, treatment plan and disposal;
- Recommendations for improvements;
- Improvement Plan and Schedule;

This contract may be terminated by either party by giving thirty (30) days' notice of the fact in writing to the other. Copies of said notice must be provided both to the physician assistant, the Contractor's representative, the Base/Wing Surgeon, the DND Technical Authority.

Primary Supervising Physician Signature

Physician Assistant Signature

Date

Date

Substitute Supervising Physician Signature

Date