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Revision to a Request for a Standing Offer

Révision à une demande d'offre à commandes

Regional Individual Standing Offer (RISO)

Offre à commandes individuelle régionale (OCIR)

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

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

Comments - Commentaires

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)
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Title - Sujet ISC Backup Nursing Services	
Solicitation No. - N° de l'invitation 5A090-192272/A	Date 2019-10-04
Client Reference No. - N° de référence du client 5A090-192272	Amendment No. - N° modif. 008
File No. - N° de dossier 005xf.5A090-192272	CCC No./N° CCC - FMS No./N° VME
GETS Reference No. - N° de référence de SEAG PW-\$\$XF-005-36760	
Date of Original Request for Standing Offer 2019-08-29	
Date de la demande de l'offre à commandes originale	
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2019-10-15	
Time Zone Fuseau horaire Eastern Daylight Saving Time EDT	
Address Enquiries to: - Adresser toutes questions à: Chapple, Jeremy	Buyer Id - Id de l'acheteur 005xf
Telephone No. - N° de téléphone (873) 354-5628 ()	FAX No. - N° de FAX () -
Delivery Required - Livraison exigée	
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	
Security - Sécurité This revision does not change the security requirements of the Offer. Cette révision ne change pas les besoins en matière de sécurité de la présente offre.	

Instructions: See Herein

Instructions: Voir aux présentes

Acknowledgement copy required Accusé de réception requis	Yes - Oui <input type="checkbox"/>	No - Non <input type="checkbox"/>
The Offeror hereby acknowledges this revision to its Offer. Le proposant constate, par la présente, cette révision à son offre.		
Signature	Date	
Name and title of person authorized to sign on behalf of offeror. (type or print) Nom et titre de la personne autorisée à signer au nom du proposant. (taper ou écrire en caractères d'imprimerie)		
For the Minister - Pour le Ministre		

INDIGENOUS SERVICES CANADA (ISC)

BACKUP NURSING SERVICES TO REMOTE, ISOLATED, AND SEMI ISOLATED FIRST NATIONS (FN) COMMUNITIES

SOLICITATION NO. 5A090-192272/A

AMENDMENT 008

This amendment contains the following section:

1. Questions and Answers

Section 1: Questions and Answers

Note: Questions are numerically sequenced upon arrival at PSPC. A question and its answer will be provided via BuyandSell as the response becomes available. Potential Offerors 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 of the 2006 Standard Instructions – Request for Standing Offers – Goods or Services - Competitive Requirements (2019-03-04), which has been incorporated into the RFSO, the questions and corresponding answers are provided to all potential Offerors as set out below:

Question 47:

Contract number HT426-17-2611 for these services does not require nurses to be exclusively ITLS certified, yet Amendment 001, Question 2 response explicitly states that Canada will not accept Trauma Nursing Core Course (TNCC) credential as a substitute for ITLS certification. This does not seem equitable.

a) Can Canada comment?

b) Would Canada consider “grandfathering” those nurses currently rostered with TNCC with the agreement that when they need to renew, only ITLS will be accepted?

Answer 47:

a) The qualifications and certifications outlined in this RFSO reflect the evolution of standards and practices in ISC. This RFSO is independent of any and all previous contracts to provide nursing services to ISC, and any Offeror with an existing contract to provide nursing services to ISC must meet all requirements as outlined in this RFSO if they are submitting an offer to provide services. Any other information or documentation provided to or obtained by an Offeror from any source are not relevant. Offerors should not assume that practices used under previous contracts will continue, unless they are described in the RFSO.

b) Please refer to Amendment 005, Question and Answer 33.

Question 48:

On page 58 of 69, in Annex B: Basis of Payment in Travel and Living Expenses section under 1.10:

Will Canada authorize and reimburse expenses for travel change fees and accommodation due to extenuating circumstances from the Contract Nurses residence that delay the arrival into the remote community and for delays on the departure of the Contract Nurse from the remote community back to the Nurses residence at the end of each assignment?

Answer 48:

Yes, where there are extenuating circumstances (e.g. poor weather) following successful departure which delay the Contract Nurse's arrival to the Location of Work. Such extenuating circumstances will need approval of the TAA.

Question 49:

Annex A – Statement of work / 6. Requirements of Contract Nurses:

Does the offer have to include all of our resources' information (name, resume, certifications, reliability status, etc.)? If so, where in the offer should it be included and what format should be used (table, list...)?

Answer 49:

For the purposes of the responding to this RFSO, the technical offer should address clearly and in sufficient depth the points that are subject to the evaluation criteria against which the offer will be evaluated. The Offeror should read Attachment 1 to Part 4 in its entirety and ensure that all information required to demonstrate each criterion are included in their offer.

Annex A, Statement of Work, article 6, indicates the minimum requirements needed by a Contract Nurse to be eligible for Work under a TA Group Invitation that is issued under any resulting Standing Offer. The specific Contract Nurse requirements, including both mandatory and asset criteria, will be identified using a completed Contract Nurse Scoring Rubric (Appendix I) at the time of Task Authorization issuance and will be assessed, as presented by the Contractor, at the Task Authorization stage. Where the Contractor is requested to provide information regarding qualifications or experience of its proposed resources, Contractors should provide complete details as to where, when (month and year) and how (through which activities/responsibilities) the stated qualifications/experience were obtained. Please also refer to Amendment 001, Question and Answer 10.

Question 50:

Annex A – Statement of work / 6. Requirements of Contract Nurses:

The required Contract Nurse certifications could involve considerable investments, can we demonstrate that the requirements in the TA have been met at the time of the contractor's response (see Part 7 / B / 2.3.2. Contractor Response) and not before?

Draft Answer 50:

Yes, Annex A, Statement of Work, article 6 indicates the minimum requirements needed by a Contract Nurse in order to be eligible for Work under a TA Group Invitation issued under any resulting Standing Offer. Contractors will be required to demonstrate certification of Contract Nurses at the time that they're proposed for Work as part of their response to a TA Group Invitation.

Question 51:

In regards to Amendment 004, Question 26 which references Amendment 001, Section 2: Modifications to the Solicitation, revision 8, Appendix B to Attachment 1 to Part 4, List of National Joint Council Isolated Posts as of July 1, 2019; the Question 1 response does not explicitly state that Offerors cannot apply nursing experience garnered from Isolated Posts listed under Appendix B to Attachment 1 to Part 4, to the Point-Rated technical criteria.

Would Canada consider amending the Point-Rated technical criteria to accept nursing experience from Appendix B Isolated Posts?

Answer 51:

Appendix B to Attachment 1 to Part 4 applies to the mandatory technical criteria only. Appendix B to Attachment 1 to Part 4 does not apply to the point rated technical criteria, nor does Canada intend on amending the RFSO to make Appendix B to Attachment 1 to Part 4 applicable to the point rated technical criteria.

Question 52:

- a) We feel that imposing a price ceiling will hinder competition. Can Canada comment?
- b) With holders of contract number HT426-17-2611 having the freedom to bid and set substantially higher bill rates than the price that has been established for this RFSO, and with the ceiling price imposed by Canada, we feel that Offerors awarded a backup Standing Offer will be put at a competitive disadvantage. Is it Canada's intention to reduce/influence market competition in the supply of Remote and Isolated nurses?

Answer 52:

- a) The use of mandatory financial criteria has been applied to the RFSO to ensure best value and operational effectiveness. The RFSO is a competitive solicitation open to all interested Offerors who meet the requirements of the solicitation. Offerors are free to determine the hourly rates submitted in their offer, as deemed appropriate by the Offeror, up to the maximum hourly rates as stipulated in the mandatory financial criteria of the RFSO.
- b) It is not Canada's intention to reduce or influence market competition in the supply of Remote and Isolated nurses. The RFSO is a competitive solicitation open to all Offers who meet the requirements of the solicitation. The structure of the Basis of Payment from HT426-172611/C and 5A090-192272/A differ, and as such, their resulting hourly firm rates should not be compared.

In particular, the the firm hourly rates submitted under each of the solicitations referenced above are inclusive of different costs associated with delivery of the Work, including but not limited to, the cost of Contract Nurse travel. Offerors should not assume that practices used under previous contracts will continue, unless they are described in the RFSO.

Refer to Amendment 002 question and answer 12 and Amendment 003 question and answer 16.

Question 53:

Given the extensive reporting requirements involved with responding to this RFSO as well as the amount of clarification required, would Canada grant an extension of the Solicitation Closing Date to October 22, 2019?

Answer 53:

The RFSO closing date has been extended to October 15, 2019. Canada does not anticipate extending the closing date beyond this point.

Please refer to Amendment 007 revision 20.

Question 54:

Attachment 3 to Part 3 (page 16 of 69) provides volumetric data for historical demand for RNs:

- a) Please provide the historical data for NP demand.
- b) Please identify the number of NP positions currently designated per Region and the numbers per Region forecasted for the length of the Standing Offers.

Answer 54:

- a) ISC does not have historical data available on NP demand.
- b) The use of Nurse Practitioners for these services is relatively new and continues to evolve. As a result, the data requested is not currently not available. However, although an accurate forecast cannot be provided at this time, it is estimated that the following approximate overall volumes may be required at any given time throughout the Standing Offer period with a likely increase for demand during the later stages of the SO period:

Region	Estimate of Potential Overall Demand (at any given time)
Alberta	1 Nurse Practitioner
Manitoba	Up to 10 Nurse Practitioners
Ontario	Up to 10 Nurse Practitioners

Question 55:

How do NPs participate in the On-Call schedule in the Regions (sharing with the RNs)?

Answer 55:

There is no standard approach across Regions for the participation of NPs in the On-Call schedule. In the Manitoba Region NPs may volunteer to be placed on the On-Call schedule. NPs in the Ontario and Alberta Regions will be expected to be on call as per the operational requirement of the nursing stations assigned. The Quebec Region is excluded as they do not have requirements for NPs based on the scope of practice and clinical settings in their nursing stations.

Question 56:

Page 42 of 69, Section 2.3.2.2 states that “The Contractor must not propose more than one resource as part of its response to a TA Group Invitation.”

- a) Please clarify if this means that the Contractor must not propose 2 resources available for the same timeframe when multiple resources are available from one vendor; OR if the Contractor must not propose 2 resources with consecutive availability to fulfill the entire Period of Service issued in the TA Group Invitation.
- b) What is the anticipated minimum and maximum Period of Service length issued in the TA Group Invitations? Will Period of Service lengths vary based on the different Regions? Will Period of Service lengths vary based on role (RN, NP)?

Answer 56:

- a) The Contractor must not propose more than one resource as part of its response to a TA Group Invitation, as needs under this RSFO are to be filled with a single resource for the entire Period of Service. Should multiple resources be proposed by the Contractor for the TA entire period of service, then ISC will assess only one of these resources chosen at the TAA's discretion.

Refer to Amendment 001, question and answer 8.

- b) As outlined in Part 7, B., Resulting Contract Clauses, article 2.1, work will be performed on an “as and when requested basis”. Task Authorizations will reflect the needs of the Region at the time. As such, ISC cannot anticipate any minimum or maximum Period of Service lengths.

Question 57:

Page 44 of 69, Section 2.3.4 TA Authorization, details the process for the TA Authority to authorize a TA. Section 2.3.4.3 states that “The Contractor must, within 2 hours of receiving the authorized TA ...provide the TAA with a copy of the confirmed travel itinerary...” What timeframe will ISC commit to for returning authorized TAs to a Backup Contractor once a TA Group Invitation response has been received? I.e. ISC will evaluate and award an authorized TA within 2 hours of receiving the TA Group Invitation response?

Answer 57:

The Task Authorization Authority will endeavour to return authorized TAs in a reasonable timeframe given operational requirements and taking into account the date of the TA Group Invitations and the Period of Service start date for the Task Authorization.

Question 58:

To ensure fairness and equity amongst industry and consistent high quality of nursing services, please confirm that the Mandatory Elements (certifications) requirements at the Task Authorization stage for each Region, are the same Mandatory Certification requirements that the Primary Contractors in each Region are currently held to.

Answer 58:

The qualifications and certifications outlined in this RFSO reflect the evolution of standards and practices in ISC. This RFSO is independent of any and all previous contracts to provide nursing services to ISC, and any Offeror with an existing contract to provide nursing services to ISC must meet all requirements as outlined in this RFSO if they are submitting an offer to provide services. Any other information or documentation provided to or obtained by an Offeror from any source are not relevant. Offerors should not assume that practices used under previous contracts will continue, unless they are described in the RFSO.

Question 59:

To ensure fairness and equity amongst industry as well as encouraging the Contractor's to contribute to socio-economic development for Indigenous people, businesses and communities:

- a) Please confirm the Aboriginal Participation Component (APC) requirements including: Minimum Annual APC Transaction Values (Direct / Indirect Benefits), as well as any APC Transaction Fee Credit's owed should the Contractor's Annual APC Transaction Values not meet the minimum.
- b) Please confirm that the details as requested in a. above are the same that the Primary Contractor's in each Region are currently held to.
- c) If there are no APC requirements required under this contract, please explain in detail why.

Answer 59:

- a) The RFSO does not contain an Aboriginal Participation Component (APC).
- b) The RFSO does not contain an Aboriginal Participation Component (APC). Any other information or documentation provided to or obtained by an offeror from any source are not relevant. Offerors should not assume that practices used under previous contracts will continue, unless they are described in the RFSO.
- c) The RFSO uses [an](#) alternative Indigenous socioeconomic strategy [to generate direct benefits for](#) Aboriginal Businesses by giving them preference in offer ranking, and thereby any resulting SO Ranking Scores. If there are 10 responsive offers from Aboriginal Businesses for a Region and Category, then responsive offers from non-Aboriginal businesses will not be considered.

Question 60:

Please confirm in detail the Contract Nurse Training Program / Orientation to the expanded scope nursing practice the Contractor is required to deliver to their Contract Nurses in order to place qualified nurses in each Region that will ensure a consistent, high quality, and distinctions-based approach to the delivery of services to Indigenous Peoples as per ISCs mandate.

Answer 60:

The RFSO does not make reference to a Contract Nurse Training Program. Offerors should not assume that practices used under previous contracts will continue, unless they are described in the RFSO.

The RFSO's resulting Call-Up clauses obligate Contractors to validate that a Contract Nurse is qualified in accordance with the requirements as stipulated in the Statement of Work, is capable of delivering care in accordance with the First Nations and Inuit Health Clinical Practice Guidelines for Nurses in Primary Care, and meets the requirements of the Call-up prior to the Contract Nurse being proposed for Work under a Task Authorization.

Failure to do so may result in an Offeror's Sanding Offer being set-aside under article 7.11.2.

Question 61:

Please provide details regarding the tools that ISC will provide to Backup Contractors to assess Community Health Nursing competencies.

Answer 61:

ISC will not be providing Offerors any specific tools to assess Contract Nurses competencies. The RFSO's resulting Call-Up clauses obligate Contractors to validate that a Contract Nurse is qualified in accordance with all the requirements as stipulated in the Statement of Work, is capable of delivering care in accordance with the First Nations and Inuit Health Clinical Practice Guidelines for Nurses in Primary Care, and meets the requirements of the Call-up prior to the Contract Nurse being proposed for Work under a Task Authorization. Failure to do so may result in an Offeror's Sanding Offer being set-aside under article 7.11.2.

The only training-related documentation that ISC will provide is outlined in the Statement of Work for the Manitoba Region and is specific to FNIHB-specific Accuro Electronic Medical Records, which can be found under the Section Contractor Responsibilities.

Question 62:

If there is no requirement for a Contract Nurse Training Program / Orientation (pre-approved by ISC and Health Canada) to the expanded scope nursing practice that the Contractor is required to deliver to their Contract Nurses in order to place qualified nurses in each province that will ensure a consistent, high quality, and distinctions-based approach to the delivery of services to Indigenous Peoples as per ISC's mandate, then please confirm in detail the Contract Nurse Training Program / Orientation to the expanded scope nursing practice that ISC will provide to the Contract Nurse in order to ensure that they are qualified to work in each province, while maintaining a consistent, high quality, and distinctions-based approach to the delivery of services to Indigenous Peoples.

Answer 62:

The RFSO does not make reference to a Contract Nurse Training Program. Offerors should not assume that practices used under previous contracts will continue, unless they are described in the RFSO.

The RFSO requires that Contractors offer Contract Nurses (as a response to TA Group Invitations) who meet or exceed the qualifications and certifications as outlined in this RFSO and the specific requirements as identified in the Contract Nurse Scoring Rubric (Appendix I). These requirements have been structured to reflect the current standards and practices at ISC to ensure a consistent, high quality, and distinctions-based approach to the delivery of services to Indigenous Peoples. The specific training and validation program that a Contractor uses to ensure that its Contract Nurses meet or exceed these requirements will be determined by Contractors and not Canada.

Failure on the part of Offerors to do so may result in an Offeror's Sanding Offer being set-aside under article 7.11.2.

Question 63:

People trust ISC to ensure a consistent, high quality, and distinctions-based approach to the delivery of services to Indigenous Peoples. How can the standards (standard of patient care and quality of service) be different when both the Regional Primary contracts and Backup Standing Offers provide service to the same Indigenous Peoples?

Answer 63:

Patient care and safety is of paramount importance to ISC and for that reason updates to certifications, experience and education are ever evolving. ISC believes that the requirements outlined in this RFSO will result in the delivery of high quality care to the First Nations communities it serves. It should be noted, that this RFSO is independent of any and all previous contracts to provide nursing services to ISC and all Offerors must meet the requirements as outlined in this RFSO to qualify.

Question 64:

Annex A Statement of Work – Ontario, Section 6 a) (page 5 of 11):

- a) Why are only BN degree nurses accepted in Ontario when the other provinces also accept diplomas? Especially since the job descriptions and required nursing competencies are the same and to hire on with FNIHB ON directly RNs are accepted (source: canada.ca “apply for nursing jobs in First Nations Communities”)
- b) If the exclusive degree requirement is intentional, please clarify the specific differences in the work and requirements for Ontario vs. the other provinces to justify this difference in educational requirements.

Answer 64:

- a) Each Region has the authority to set the educational requirements of nurses working in their nursing stations to best meet their operational requirements. It should be noted that this RFSO is a procurement process for contracted service and is independent from ISC's internal recruitment efforts. The RFSO's Contract Nurse requirements are detailed in Annex A, Statement of Work, and reflect the requirement for service as defined by ISC.
- b) The basic job responsibilities for a Registered Nurse are standard across all Regions. ISC's internal national recruitment processes establishes a minimum educational requirement necessary for a nurse to be considered; however, each Region has the option to set educational requirement above this minimum standard in order to best meet their operational requirements. This RFSO is a procurement process for contracted service and is independent from ISC's internal recruitment efforts. The RFSO's Contract Nurse requirements are detailed in Annex A, Statement of Work, and reflect the requirement for service as defined by ISC.

Question 65:

In each of the Annex A Statements of Work for AB, MB, ON, and QC, Section 7. Location of Work, lists the clause that “the Technical Authority or their delegate(s) reserves the right to change the location of the delivery of services at any point prior to, or during the Task Authorization due to operational requirements....Should a Contract Nurse refuse to change location, the Contract Nurse will be removed from the Location of Work and the Contractor must provide a replacement of personnel in accordance with article 3.1.1 of the Contract.”

- a) How frequently does ISC currently relocate Contract Nurses now?
- b) What frequency of relocations is anticipated in the future?
- c) Please provide the historical volumetric data of the number of relocations per province.

Answer 65:

- a) The need for and frequency of relocations for Contract Nurse is not something that can be anticipated and can be driven by numerous factors, including inclement weather, sickness, and lack of resources. Nurses are relocated as needed to address urgent shortages in nursing stations and to ensure that all stations remain open to serve the community needs.
- b) ISC cannot anticipate the frequency of future relocations.
- c) As stated in response a) the need and frequency of relocations is driven by a number of factors and any historical volumetric data is irrelevant as, in this case, past history is not an indicator of future needs.

Question 66:

Annex B Basis of Payment (page 58-62 of 69):

- a) As many Nurses travel from all around the country, travel time for the Nurses could be fairly extensive to get to the Location of Work. Please specify where the Bill Rates for Travel Time are included in this RFSO, as it appears to be missing from the Basis of Payment.
- b) For Annex B, should it not include “from a Designated Transportation Hub (as detailed in Appendix A of Annex A as per the Regional Primary contract) to the Location of Work. Any costs incurred by the Contract Nurse to get to the Designated Transportation Hub are solely the responsibility of the Contractor and will not be reimbursed by Canada.”

Answer 66:

- a) Canada will reimburse authorized travel and living expenses reasonably and properly incurred in the performance of the Work, at cost, with no allowance for overhead, profit, travel agency fees or consulting fees in accordance with Annex B of the RFSO. Travel originating from outside of Canada will not be reimbursed.

Travel time while in transit following a Contract Nurse's authorized participation in a Medical Evacuation, or travel time as a result of a Canada initiated change of Location of Work while performing Work under a Task Authorization, subsequent to the TA period of service start date, may be invoiced to Canada in accordance with article 2.4 of Annex B.

- b) Designated Transportation Hubs do not form part of the RFSO. Offerors should not assume that practices used under previous contracts will continue, unless they are described in the RFSO.

Question 67:

In the event that a Nurse who has been accepted under a Task Authorization issued under a Call-up, must be replaced; and the Contractor cannot offer a qualified Nurse to replace them:

- a) Please confirm the amount and details for all Payment Credits owed to Canada.
- b) To ensure fairness and equity amongst industry, please confirm that the amount and details specified in 62. a. above are the same that the Primary Contractor's in each province are held to.

Answer 67:

- a) Payment Credits do not form part of the RFSO. Offerors should not assume that practices used under previous contracts will continue, unless they are described in the RFSO.

Failing to replace a Contract Nurse working under a TA may result in an Offeror's Sanding Offer being set-aside under article 7.11.2.

- b) Relocations of both ISC nurses and Contract Nurses are determined on a case by case bases taking into consideration the details for the urgent need driving the relocation, the existing nursing compliment in the field (comprised of both ISC nurses and Contract Nurses), ease and speed of transportation, and the remaining time that a nurse is scheduled to be in community. Based on these factors the most appropriate nurse (ISC or Contract Nurse) will be chosen for relocation.

Question 68:

With respect to section 2.3.1.4 (page 41 of 69) TA Response Score:

- a) In order to ensure fairness and transparency, how quickly will each Backup vendor see the calculated TA Response Score?
- b) How will this be shared?

Answer 68:

- a) ISC will provide the results of a TA Group Invitation process as quickly as possible given operational needs. Doing so aligns with ISC's objective of filling the nursing requirement as expeditiously as possible. The exact amount of time required for each TA Group Invitation will depend on various factors such as the number of responses received, the number of mandatory and asset criteria listed in the Contract Nurse Scoring Rubric, and whether or not any clarifications or reference checks are necessary. As a result, the timing for provision of the TA Response Scores will vary for each TA Group Invitation.
- b) Each Contractor who submits a response to a TA Group Invitation will be notified of their results by email.

Question 69:

What is the intention of the relationship between Canada, the Contractor and Contract Nurses?

Answer 69:

The Contractor is an independent contractor engaged by Canada to perform the Work. Nothing in the Contract is intended to create a partnership, a joint venture or an agency between Canada and the other Party or Parties. The Contractor must not represent itself as an agent or representative of Canada to anyone. Neither the Contractor nor any of its personnel is engaged as an employee or agent of Canada. The Contractor is responsible for all deductions and remittances required by law in relation to its employees.

Nothing in the Contract implies a change to this relationship.

Question 70:

Section 2.3 Task Authorization Process:

- a) Why couldn't Backup Contractors roster their nurses, providing all the Mandatory Elements ahead of time, and then only evaluate based on who has the best solution for each TA Group Invitation?
- b) We feel that there is an incredible amount additional administrative work required to fill out an unnecessary form for each and every TA Group Invitation response, especially as the majority of the Contract Nurse Scoring Rubric contains the same information as required to roster a nurse. Why complicate an already complicated process? We feel that the administrative requirements to implement the Contract Nurse Scoring Rubric are not reasonable.

Answer 70:

- a) The intent of this RFSO is to establish multiple Standing Offers per Region and Category. ISC does not intend to maintain a roster of nurses for up to 70 Standing Offers and it will be the responsibility of the Offeror to ensure that all documentation provided to ISC is recent and valid for all proposed Contract Nurses.
- b) As the Contract Nurse Scoring Rubric will vary for each Task Authorization, it will be included as part of each TA Group Invitation to inform the Contractors of mandatory requirements and asset elements applicable to that specific TA and to serve as a checklist to assist Contractors in submitting a complete response.

Question 71:

Appendix I: Contract Nurse Scoring Rubric:

If the Asset Elements provide points for experience in the specific Locations of Work (i.e. previous experience in that specific community increases the chances of being awarded the work):

- a) How will the TA Response Score be impacted if the Contract Nurse is relocated to a different Location of Work?
- b) How will ISC manage situations where an authorized TA has been offered to a backup Contractor through the Standing Offers and a relocation is required? Particularly when the original TA received additional points for the Contract nurses previous experience in the TA location? How will ISC ensure fairness and transparency?

Answer 71:

- a) The TA Response Score will not be impacted and will remain the same. The structure of the CN Scoring Rubric will be determined by Canada based on the specific requirement at the time that the TA Group Invitation was raised. Once a TA has been issued to a Contractor, Canada will not go back and re-assessment past TA Group Invitation responses should an urgent need for a relocation arise that affects the Contract Nurse on that TA.
- b) As previously stated, TA Group Invitations will be issued based on the ISC's specific need in a community at the time that the need is identified. All Contractors will have equal opportunity to respond to the TA Group Invitation and will be subject to the same assessment criteria as determined by the Statement of Work and the CN Scoring Rubric issued as part of the TA Group Invitation. Should an unforeseen situation present itself after a TA has been issued to a Contractor, and ISC determines that the most effective way to address the urgent need is to issue a relocation to the Contract Nurse working under a TA (based on various factors as discussed in question and answer 64 b.), then Canada will relocate the Contract Nurse. This standard will be applied to all Task Authorizations issued as a result of TA Group Invitations and therefore treats all Contractors in an equal and fair manner.