



National Defence

National Defence Headquarters  
Ottawa, Ontario  
K1A 0K2

Défense nationale

Quartier général de la Défense nationale  
Ottawa (Ontario)  
K1A 0K2

## REQUEST FOR PROPOSAL / DEMANDE DE PROPOSITION

### RETURN BIDS TO / RETOURNER LES SOUMISSIONS À:

Director Services Contracting 3 (D Svcs C 3) /  
Direction des contrats de service 3 (DC Svc 3)  
Attention: Natalie Provost, D Svcs C 3-4-3  
By e-mail to / Par courriel :  
[Natalie.Provost@forces.gc.ca](mailto:Natalie.Provost@forces.gc.ca)

#### Proposal To: National Defence Canada

We hereby offer to sell to Her Majesty the Queen in right of Canada, in accordance with the terms and conditions set out herein, referred to herein or attached hereto, the goods and services listed herein and on any attached sheets at the price(s) set out therefore.

#### Proposition à: Défense nationale Canada

Nous offrons par la présente de vendre à Sa Majesté la Reine du chef du Canada, aux conditions énoncées ou incluses par référence dans la présente et aux annexes ci-jointes, les biens et services énumérés ici et sur toute feuille ci-annexée, au(x) prix indiqués(s).

#### Comments – Commentaires

<p><b>Solicitation Closes / L'invitation prend fin:</b></p> <p>At / à:</p> <p>02:00 PM Eastern Standard Time (EST)</p> <p>On / le:</p> <p>21 February 2023</p>
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<b>Title / Titre</b>	<b>Solicitation No. / N° de l'invitation</b>
Emergency Medical Advisory Services	W6369-23-A075
<b>Date of Solicitation / Date de l'invitation</b>	
12 January 2023	
<b>Address Enquiries to / Adresser toutes questions à:</b>	
Natalie Provost, D Svcs C 3-4-3 <a href="mailto:Natalie.Provost@forces.gc.ca">Natalie.Provost@forces.gc.ca</a>	
<b>Telephone No. / N° de téléphone</b>	<b>FAX No. / N° de fax</b>
<b>Destination</b>	
National Defence Headquarters 101 Colonel By Drive Ottawa, Ontario K1A 0K2	

**Instructions: Municipal taxes are not applicable. Unless otherwise specified herein all prices quoted must include all applicable Canadian customs duties, GST/HST, excise taxes and are to be delivered Delivery Duty Paid including all delivery charges to destination(s) as indicated. The amount of the Goods and Services Tax/Harmonized Sales Tax is to be shown as a separate item.**

**Instructions : Les taxes municipales ne s'appliquent pas. Sauf indication contraire, les prix indiqués doivent comprendre les droits de douane canadiens, la TPS/TVH et la taxe d'accise. Les biens doivent être livrés « rendu droits acquittés », tous frais de livraison compris, à la ou aux destinations indiquées. Le montant de la taxe sur les produits et services/taxe de vente harmonisée doit être indiqué séparément.**

<b>Delivery Required / Livraison exigée</b>	<b>Delivery Offered / Livraison proposée</b>
<b>Vendor Name and Address / Raison sociale et adresse du fournisseur</b>	
Name and title of person authorized to sign on behalf of vendor (type or print) / Nom et titre de la personne autorisée à signer au nom du fournisseur (caractère d'imprimerie)	
Name – Nom _____ Title – Titre _____	
Signature _____ Date _____	

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## **PART 1 - GENERAL INFORMATION**

### **1.1 Introduction**

- A. The bid solicitation is divided into six parts plus attachments and annexes, as follows:
- Part 1 General Information: provides a general description of the requirement;
  - Part 2 Bidder Instructions: provides the instructions, clauses and conditions applicable to the bid solicitation;
  - Part 3 Bid Preparation Instructions: provides Bidders with instructions on how to prepare their bid;
  - Part 4 Evaluation Procedures and Basis of Selection: indicates how the evaluation will be conducted, the evaluation criteria that must be addressed in the bid, and the basis of selection;
  - Part 5 Certifications and Additional Information: includes the certifications and additional information to be provided; and
  - Part 6 Resulting Contract Clauses: includes the clauses and conditions that will apply to any resulting contract.
- B. The Attachments include the Pricing Schedule, the Technical Evaluation, and any other attachments.
- C. The Annexes include the Statement of Work, the Basis of Payment, the Insurance Requirements, the Non-Disclosure Agreement, and any other annexes.

### **1.2 Summary**

- A. The Department of National Defence (DND), through the Canadian Forces Health Services Group (CF H Svcs Gp), has a requirement for the professional services of one (1) Emergency Medical Physician to provide expert advice and support on the management of patients to the Canadian Armed Forces (CAF) Physicians, Physician Assistants, Medical Technicians and other Health Care providers at sea and on land in remote location around the world.
- B. The contract period will be from 01 June 2023 to 31 March 2026, with an irrevocable option to extend the term of the Contract by up to three (3) additional one-year periods under the same conditions.

### **1.3 Debriefings**

- A. Bidders may request a debriefing on the results of the bid solicitation process. Bidders should make the request to the Contracting Authority within 15 working days from receipt of the results of the bid solicitation process. The debriefing may be in writing, by telephone or in person.



## PART 2 - BIDDER INSTRUCTIONS

### 2.1 Standard Instructions, Clauses and Conditions

- A. All instructions, clauses and conditions identified in the bid solicitation by number, date and title are set out in the [Standard Acquisition Clauses and Conditions \(SACC\) Manual](https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual) (<https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual>) issued by Public Works and Government Services Canada.
- B. Bidders who submit a bid agree to be bound by the instructions, clauses and conditions of the bid solicitation and accept the clauses and conditions of the resulting contract.
- C. The 2003 (2022-03-29), Standard Instructions - Goods or Services - Competitive Requirements, are incorporated by reference into and form part of the bid solicitation, with the following modification(s):
- (i) Section 02, Procurement Business Number, is deleted in its entirety;
  - (ii) Section 05, Submission of bids, subsection 2, paragraph d., is deleted in its entirety and replaced with the following:
    - d. send its bid only to the Department of National Defence location specified on page 1 of the bid solicitation or to the address specified in the bid solicitation.
  - (iii) Section 05, Submission of bids, subsection 2, paragraph e., is deleted in its entirety and replaced with the following:
    - e. ensure that the Bidder's name, return address, the bid solicitation number, and bid solicitation closing date and time are clearly visible on the bid; and
  - (iv) Section 05, Submission of bids, subsection 3, is deleted in its entirety;
  - (v) Section 05, Submission of bids, subsection 4, is amended as follows:
    - Delete: 60 days
    - Insert: 180 days
  - (vi) Section 06, Late bids, is deleted in its entirety;
  - (vii) Section 07, Delayed bids, is deleted in its entirety and replaced with the following:
    - 07 Delayed bids
    - 1. It is the Bidder's responsibility to ensure that the Contracting Authority has received the entire submission. Misrouting or other electronic delivery issues resulting in late submission of bids will not be accepted.
  - (viii) Section 08, Transmission by facsimile, is deleted in its entirety; and
  - (ix) Section 20, Further information, is deleted in its entirety.

### 2.2 Submission of Bids

- A. Bids must be submitted only to the Department of National Defence (DND) by the date, time, and place indicated on page 1 of the bid solicitation.



- B. Due to the nature of the bid solicitation, bids transmitted by facsimile will not be accepted.

### 2.2.1 Electronic Submissions

- A. **Individual e-mails that may include certain scripts, formats, embedded macros and/or links, or those that exceed five (5) megabytes may be rejected by Canada's e-mail system and/or firewall(s) without notice to the Bidder or Contracting Authority.** Larger bids may be submitted through more than one e-mail. Canada will confirm receipt of documents. It is the Bidder's responsibility to ensure that their entire submission has been received. Bidders should not assume that all documents have been received unless Canada confirms receipt of each document. In order to minimize the potential for technical issues, bidders are requested to allow sufficient time before the closing date and time to confirm receipt. Bid documents **submitted** after the closing time and date will not be accepted.

### 2.3 Former Public Servant

- A. Contracts awarded to former public servants (FPS) in receipt of a pension or of a lump sum payment must bear the closest public scrutiny, and reflect fairness in the spending of public funds. In order to comply with Treasury Board policies and directives on contracts awarded to FPSs, bidders must provide the information required below before contract award. If the answer to the questions and, as applicable the information required have not been received by the time the evaluation of bids is completed, Canada will inform the Bidder of a time frame within which to provide the information. Failure to comply with Canada's request and meet the requirement within the prescribed time frame will render the bid non-responsive.

#### 2.3.1 Definitions

- A. For the purposes of this clause, "former public servant" is any former member of a department as defined in the [Financial Administration Act](#), R.S., 1985, c. F-11, a former member of the Canadian Armed Forces or a former member of the Royal Canadian Mounted Police. A former public servant may be:
- An individual;
  - An individual who has incorporated;
  - A partnership made of former public servants; or
  - A sole proprietorship or entity where the affected individual has a controlling or major interest in the entity.
- B. "Lump sum payment period" means the period measured in weeks of salary, for which payment has been made to facilitate the transition to retirement or to other employment as a result of the implementation of various programs to reduce the size of the Public Service. The lump sum payment period does not include the period of severance pay, which is measured in a like manner.
- C. "Pension" means a pension or annual allowance paid under the [Public Service Superannuation Act](#) (PSSA), R.S., 1985, c. P-36, and any increases paid pursuant to the [Supplementary Retirement Benefits Act](#), R.S., 1985, c. S-24 as it affects the PSSA. It does not include pensions payable pursuant to the [Canadian Forces Superannuation Act](#), R.S., 1985, c. C-17, the [Defence Services Pension Continuation Act](#), 1970, c. D-3, the [Royal Canadian Mounted Police Pension Continuation Act](#), 1970, c. R-10, and the [Royal Canadian Mounted Police Superannuation Act](#), R.S., 1985, c. R-11, the [Members of Parliament Retiring Allowances Act](#), R.S. 1985, c. M-5, and that portion of pension payable to the [Canada Pension Plan Act](#), R.S., 1985, c. C-8.

#### 2.3.2 Former Public Servant in Receipt of a Pension

- A. As per the above definitions, is the Bidder a FPS in receipt of a pension?



Yes ( ) No ( )

B. If so, the Bidder must provide the following information, for all FPSs in receipt of a pension, as applicable:

- (i) Name of former public servant; and
- (ii) Date of termination of employment or retirement from the Public Service.

C. By providing this information, Bidders agree that the successful Bidder's status, with respect to being a former public servant in receipt of a pension, will be reported on departmental websites as part of the published proactive disclosure reports in accordance with [Contracting Policy Notice: 2019-01](#) and the [Guidelines on the Proactive Disclosure of Contracts](#).

### 2.3.3 Work Force Adjustment Directive

A. Is the Bidder a FPS who received a lump sum payment pursuant to the terms of the Work Force Adjustment Directive?

Yes ( ) No ( )

B. If so, the Bidder must provide the following information:

- a. Name of former public servant;
- b. Conditions of the lump sum payment incentive;
- c. Date of termination of employment;
- d. Amount of lump sum payment;
- e. Rate of pay on which lump sum payment is based;
- f. Period of lump sum payment including start date, end date and number of weeks; and
- g. Number and amount (professional fees) of other contracts subject to the restrictions of a work force adjustment program.

### 2.4 Enquiries - Bid Solicitation

A. All enquiries must be submitted in writing to the Contracting Authority no later than ten (10) calendar days before the bid closing date. Enquiries received after that time may not be answered.

B. Bidders should reference as accurately as possible the numbered item of the bid solicitation to which the enquiry relates. Care should be taken by Bidders to explain each question in sufficient detail in order to enable Canada to provide an accurate answer. Technical enquiries that are of a proprietary nature must be clearly marked "proprietary" at each relevant item. Items identified as "proprietary" will be treated as such except where Canada determines that the enquiry is not of a proprietary nature. Canada may edit the question(s) or may request that the Bidder do so, so that the proprietary nature of the question(s) is eliminated and the enquiry can be answered to all Bidders. Enquiries not submitted in a form that can be distributed to all Bidders may not be answered by Canada.

### 2.5 Applicable Laws

A. Any resulting contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in Ontario.



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- B. Bidders may, at their discretion, substitute the applicable laws of a Canadian province or territory of their choice without affecting the validity of their bid, by deleting the name of the Canadian province or territory specified and inserting the name of the Canadian province or territory of their choice. If no change is made, it acknowledges that the applicable laws specified are acceptable to the Bidders.

## 2.6 Bid Challenge and Recourse Mechanisms

- (a) Several mechanisms are available to potential suppliers to challenge aspects of the procurement process up to and including contract award.
- (b) Canada encourages suppliers to first bring their concerns to the attention of the Contracting Authority. Canada's [Buy and Sell](#) website, under the heading "[Bid Challenge and Recourse Mechanisms](#)" contains information on potential complaint bodies such as:
- Office of the Procurement Ombudsman (OPO)
  - Canadian International Trade Tribunal (CITT)
- (c) Suppliers should note that there are **strict deadlines** for filing complaints, and the time periods vary depending on the complaint body in question. Suppliers should therefore act quickly when they want to challenge any aspect of the procurement process.





## **PART 3 - BID PREPARATION INSTRUCTIONS**

### **3.1 Bid Preparation Instructions**

A. Canada requests that Bidders provide their bid in separately bound sections as follows:

Section I: Technical Bid: one (1) soft copy in PDF format by e-mail;

Section II: Financial Bid: one (1) soft copy in PDF format by e-mail;

Section III: Certifications: one (1) soft copy in PDF format by e-mail; and

Section IV: Additional Information: one (1) soft copy in PDF format by e-mail.

### **3.2 Section I: Technical Bid**

- A. In their technical bid, Bidders should demonstrate their understanding of the requirements contained in the bid solicitation and explain how they will meet these requirements. Bidders should demonstrate their capability and describe their approach in a thorough, concise and clear manner for carrying out the work.
- B. The technical bid should address clearly and in sufficient depth the points that are subject to the evaluation criteria against which the bid will be evaluated. Simply repeating the statement contained in the bid solicitation is not sufficient. In order to facilitate the evaluation of the bid, Canada requests that Bidders address and present topics in the order of the evaluation criteria under the same headings. To avoid duplication, Bidders may refer to different sections of their bids by identifying the specific paragraph and page number where the subject topic has already been addressed.

### **3.3 Section II: Financial Bid**

A. Bidders must submit their financial bid in accordance with the Pricing Schedule detailed in Attachment 1 to Part 3.

#### **3.3.1 Electronic Payment of Invoices - Bid**

- A. If you are willing to accept payment of invoices by Electronic Payment Instruments, complete Attachment 2 to Part 3, Electronic Payment Instruments, to identify which ones are accepted.
- B. If Attachment 2 to Part 3, Electronic Payment Instruments is not completed, it will be considered as if Electronic Payment Instruments are not being accepted for payment of invoices.
- C. Acceptance of Electronic Payment Instruments will not be considered as an evaluation criterion.

#### **3.3.2 Exchange Rate Fluctuation**

A. The requirement does not offer exchange rate fluctuation risk mitigation. Requests for exchange rate fluctuation risk mitigation will not be considered. All bids including such provision will render the bid non-responsive.

### **3.4 Section III: Certifications**

A. Bidders must submit the certifications and additional information required under Part 5.

### **3.5 Section IV: Additional Information**

A. In Section IV of their bid, bidders should provide:

- (i) A completed, signed, and dated Page 1 of this solicitation;



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- (ii) The name of the contact person (provide also this person's title, mailing address, phone number, and email address) authorized by the Bidder to enter into communications with Canada with regards to their bid, and any contract that may result from their bid;
- (iii) For Part 2, article 2.3, Former Public Servant, of the bid solicitation: the required answer to each question; and, if the answer is yes, the required information;
- (iv) For Part 2, article 2.5, Applicable Laws, of the bid solicitation: the province or territory if different than specified;
- (v) Any other information submitted in the bid not already detailed.

**ATTACHMENT 1 TO PART 3 - PRICING SCHEDULE**

- A. The Bidder must complete this pricing schedule and include it in its financial bid.
- B. The volumetric data included in this pricing schedule are provided for bid evaluated price determination purposes only. They are not to be considered as a contractual guarantee. Their inclusion in this pricing schedule does not represent a commitment by Canada that Canada's future usage of the services described in the bid solicitation will be consistent with this data.
- C. The firm rates specified below includes all expenses that may need to be incurred to satisfy the terms of any contract that may result from its bid, including the total estimated cost of any travel and living expenses that may need to be incurred for the Work described in Annex A, Statement of Work of the bid solicitation.
- D. Under any resulting contract, Canada will not accept travel and living expenses that may need to be incurred by the Contractor for any relocation of resources required to satisfy its contractual obligations.
- E. For the purpose of this solicitation, a day is defined as 24 hours of work. Payment will be made for days actually worked, with no provision for annual leave, statutory holidays and sick leave. If time worked is more or less than a day, the all-inclusive fixed daily rate will be prorated to reflect the actual time worked.
- F. All prices and costs must be submitted in Canadian Dollars, Applicable Taxes excluded, FOB destination, freight charges included, Canadian customs duties and excise taxes included.

**1.0 INITIAL CONTRACT PERIOD: FROM 01 JUNE 2023 TO 31 MARCH 2026**

RESOURCE CATEGORY	FIRM ALL-INCLUSIVE PER DIEM RATE (CAD\$)	ESTIMATED LEVEL OF EFFORT (LOE)	TOTAL (CAD\$)
	A	B	C= A X B
<b>Initial Contract Period: from 01 June 2023 to 31 March 2026</b>			
Emergency Medicine Physician	\$ _____	1034 days	\$ _____
<b>TOTAL INITIAL CONTRACT PERIOD</b>			<b>\$ _____</b>

**2.0 EXTENDED CONTRACT PERIOD 1: FROM 01 APRIL 2026 TO 31 MARCH 2027**

RESOURCE CATEGORY	FIRM ALL-INCLUSIVE PER DIEM RATE (CAD\$)	ESTIMATED LEVEL OF EFFORT (LOE)	TOTAL (CAD\$)
	A	B	C= A X B
<b>Extended Contract Period 1: from 01 April 2026 to 31 March 2027</b>			
Emergency Medicine Physician	\$ _____	365 days	\$ _____
<b>TOTAL EXTENDED CONTRACT PERIOD 1</b>			<b>\$ _____</b>

**3.0 EXTENDED CONTRACT PERIOD 2: FROM 01 APRIL 2027 TO 31 MARCH 2028**

RESOURCE CATEGORY	FIRM ALL-INCLUSIVE PER DIEM RATE (CAD\$)	ESTIMATED LEVEL OF EFFORT (LOE)	TOTAL (CAD\$)
	A	B	C= A X B
<b>Extended Contract Period 2: from 01 April 2027 to 31 March 2028</b>			
Emergency Medicine Physician	\$ _____	365 days	\$ _____
<b>TOTAL EXTENDED CONTRACT PERIOD 2</b>			<b>\$ _____</b>

**4.0 EXTENDED CONTRACT PERIOD 3: FROM 01 APRIL 2028 TO 31 MARCH 2029**

RESOURCE CATEGORY	FIRM ALL-INCLUSIVE PER DIEM RATE (CAD\$)	ESTIMATED LEVEL OF EFFORT (LOE)	TOTAL (CAD\$)
	A	B	C= A X B
<b>Extended Contract Period 3: from 01 April 2028 to 31 March 2029</b>			
Emergency Medicine Physician	\$ _____	365 days	\$ _____
<b>TOTAL EXTENDED CONTRACT PERIOD 3</b>			<b>\$ _____</b>

**5.0 Total Evaluated Price (for bid evaluation purposes only):**

DESCRIPTION	TOTAL PRICE
Total Initial Contract Period	\$ _____
Total Extended Contract Period 1	\$ _____
Total Extended Contract Period 2	\$ _____
Total Extended Contract Period 3	\$ _____
<b>TOTAL EVALUATED PRICE</b>	<b>\$ _____</b>



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## **ATTACHMENT 2 TO PART 3 - ELECTRONIC PAYMENT INSTRUMENTS**

A. The Bidder accepts to be paid by any of the following Electronic Payment Instrument(s):

- ( ) VISA Acquisition Card;
- ( ) MasterCard Acquisition Card;
- ( ) Direct Deposit (Domestic and International); and
- ( ) Wire Transfer (International Only).



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## **PART 4 - EVALUATION PROCEDURES AND BASIS OF SELECTION**

### **4.1 Evaluation Procedures**

- A. Bids will be assessed in accordance with the entire requirement of the bid solicitation including the technical evaluation criteria.
- B. An evaluation team composed of representatives of Canada will evaluate the bids.

#### **4.1.1 Technical Evaluation**

- A. Mandatory technical evaluation criteria are included in Attachment 1 to Part 4, Evaluation Criteria.

### **4.2 Basis of Selection - Lowest Evaluated Price, Mandatory Technical Criteria**

- A. A bid must comply with the requirements of the bid solicitation and meet all mandatory technical evaluation criteria to be declared responsive. The responsive bid with the lowest evaluated price will be recommended for award of a contract.
- B. Should two (2) or more responsive bids achieve an identical lowest evaluated price, the bid with the highest level of experience in mandatory technical criterion M2.1 will be recommended for award of a contract.



**ATTACHMENT 1 TO PART 4 - EVALUATION CRITERIA**

**1. MANDATORY CRITERIA**

- A. The following elements of the proposal will be evaluated and scored in accordance with the mandatory technical evaluation criteria.
- B. The bid must meet the mandatory technical criteria specified below. The Bidder must provide the necessary documentation to support compliance with this requirement.
- C. It is recommended that the Bidders include a grid in their proposals, cross-referencing statements of compliance with the supporting data in their proposals. Note: the compliance criteria grid(s), by and of itself, does not constitute demonstrated evidence. The Bidders should submit a detailed CV for each of the proposed resources. Bidders must provide the necessary documentation to support compliance with this requirement.
- D. Education must have been obtained from a recognized\* Canadian university, college or high school, or the equivalent as established by a recognized\* Canadian academic credentials assessment service, if obtained outside Canada. The Contractor must include copies of any degrees, diplomas or certificates.

\*The list of recognized Canadian academic credentials assessment service providers can be found under the Canadian Information Centre for International Credentials website, at the following Internet link: <http://www.cicic.ca/indexe.stm> or World Higher Education Database (WHED) at: [https://www.whed.net/results\\_institutions.php](https://www.whed.net/results_institutions.php).

- E. Canada reserves the right to request references from the Bidder on proposed resources during the evaluation process and to confirm that the Bidder has provided the services stated.
- F. Experience gained during formal education will not be considered work experience. All requirements for work experience must have been obtained in a legitimate work environment as opposed to an educational setting. Co-op work terms are considered work experience provided they are related to the required services. If no months or years are stated to indicate when the work experience was obtained, then the experience will not be considered.
- G. In the case where the timelines of two or more projects overlap, the duration of the time common to each project will not be counted more than once.
- H. Bids that fail to meet the mandatory technical criteria will be declared non-responsive. Each mandatory technical criterion should be addressed separately.

#	MANDATORY REQUIREMENT	SUBSTANTIATION CROSS REFERENCE WITH BID
<b>M1</b>	<b>CORPORATE REQUIREMENT</b>	
	For each of the following criteria, the Bidder must describe its approach and methodology for meeting the requirements.	
<b>M1.1</b>	The Bidder must describe its approach and methodology for meeting the requirements to provide 24 hours, 7 days per week telephone access to a Physician with experience in Emergency Medicine in accordance with Annex A, Statement of Work. At a minimum, the Bidder must demonstrate:  (a) Details of how many physicians the Bidder will have on call;	



	<p>(b) How the allocation of resources will be done to ensure that 24/7 coverage is available; and</p> <p>(c) The existence of sufficient redundancy and capacity to ensure that coverage is maintained through events such as resources illness and vacations.</p>	
<b>M1.2</b>	<p>The Bidder must describe its approach and methodology for meeting the requirement to answer a call from anywhere in the world within two (2) minutes. At a minimum, the Bidder must demonstrate:</p> <p>(a) Details of Bidder’s communications system; and</p> <p>(b) How the Bidder will ensure that the response time is maintained within the required two (2) minutes.</p>	
<b>M1.3</b>	<p>The Bidder must describe its approach and methodology for meeting the requirement to provide practical information to Canadian Armed Forces (CAF) medical care providers, who may be constrained by:</p> <p>(a) The level of training and experience;</p> <p>(b) The finite store of medical equipment and supplies; and</p> <p>(c) The challenges posed by location and weather.</p> <p>At a minimum, the Bidder must:</p> <p>(a) Demonstrate an understanding of the CAF medical care provider’s constraints;</p> <p>(b) Outline how advice provided will be communicated and understood; and</p> <p>(c) Provide three (3) examples of how a caller who is dealing with a complicated medical issue and limited resources would be advised.</p>	
<b>M2</b>	<p><b>RESOURCE REQUIREMENTS - PRIMARY AND BACKUP EMERGENCY MEDICINE PHYSICIANS</b></p> <p>For each of the following criteria, the Bidder must describe its approach and methodology for meeting the requirements.</p>	
<b>M2.1</b>	<p>The Bidder must provide a résumé for a Primary Emergency Medicine Physician and at least one Backup Emergency Medicine Physician that demonstrates a minimum of two (2) years of experience acquired within the last five (5) years, for each proposed resource, working in the field of Emergency Medicine.</p> <p>To demonstrate the experience for the proposed Primary and Backup Emergency Medicine Physicians, at a minimum, the Bidder must provide the following information:</p> <p>(a) A brief description of their employment history; and</p> <p>(b) The period of time over which the experience was acquired, in a format including month and year information, e.g. from (month/year) to (month/year).</p>	





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<b>M2.2</b>	<p>The Bidder must demonstrate the Education and Certification credentials of the proposed Primary and Backup Emergency Physicians by providing the following:</p> <ul style="list-style-type: none"><li>(a) Name in full;</li><li>(b) A copy of their medical license, number and Canadian Province or Territory that issued the license; and</li><li>(c) A copy of their certification that indicates the Physicians are in good standing order with its licensing body.</li></ul>	
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## PART 5 - CERTIFICATIONS AND ADDITIONAL INFORMATION

- A. Bidders must provide the required certifications and additional information to be awarded a contract.
- B. The certifications provided by Bidders to Canada are subject to verification by Canada at all times. Unless specified otherwise, Canada will declare a bid non-responsive, or will declare a contractor in default if any certification made by the Bidder is found to be untrue, whether made knowingly or unknowingly, during the bid evaluation period or during the contract period.
- C. The Contracting Authority will have the right to ask for additional information to verify the Bidder's certifications. Failure to comply and to cooperate with any request or requirement imposed by the Contracting Authority will render the bid non-responsive or constitute a default under the Contract.

### 5.1 Certifications Required with the Bid

- A. Bidders must submit the following duly completed certifications as part of their bid.

#### 5.1.1 Integrity Provisions - Declaration of Convicted Offences

- A. In accordance with the Integrity Provisions of the Standard Instructions, all bidders must provide with their bid, **if applicable**, the Integrity declaration form available on the [Forms for the Integrity Regime](http://www.tpsgc-pwgsc.gc.ca/ci-if/declaration-eng.html) website (<http://www.tpsgc-pwgsc.gc.ca/ci-if/declaration-eng.html>), to be given further consideration in the procurement process.

### 5.2 Certifications Precedent to Contract Award and Additional Information

- A. The certifications and additional information listed below should be submitted with the bid but may be submitted afterwards. If any of these required certifications or additional information is not completed and submitted as requested, the Contracting Authority will inform the Bidder of a time frame within which to provide the information. Failure to provide the certifications or the additional information listed below within the time frame specified will render the bid non-responsive.

#### 5.2.1 Integrity Provisions - Required Documentation

- A. In accordance with the section titled "Information to be provided when bidding, contracting, or entering into a real procurement agreement" of the [Ineligibility and Suspension Policy](http://www.tpsgc-pwgsc.gc.ca/ci-if/politique-policy-eng.html) (<http://www.tpsgc-pwgsc.gc.ca/ci-if/politique-policy-eng.html>), the Bidder must provide the required documentation, as applicable, to be given further consideration in the procurement process.

#### 5.2.2 Federal Contractors Program for Employment Equity - Bid Certification

- A. By submitting a bid, the Bidder certifies that the Bidder, and any of the Bidder's members if the Bidder is a Joint Venture, is not named on the Federal Contractors Program (FCP) for employment equity "[FCP Limited Eligibility to Bid](https://www.canada.ca/en/employment-social-development/programs/employment-equity/federal-contractor-program.html#)" list available at the bottom of the page of the [Employment and Social Development Canada \(ESDC\) - Labour's](https://www.canada.ca/en/employment-social-development/programs/employment-equity/federal-contractor-program.html#) website (<https://www.canada.ca/en/employment-social-development/programs/employment-equity/federal-contractor-program.html#>).
- B. Canada will have the right to declare a bid non-responsive if the Bidder, or any member of the Bidder if the Bidder is a Joint Venture, appears on the "FCP Limited Eligibility to Bid" list at the time of contract award.

#### 5.2.3 Status and Availability of Resources

- A. The Bidder certifies that, should it be awarded a contract as a result of the bid solicitation, every individual proposed in its bid will be available to perform the Work as required by Canada's representatives and at the time specified in the bid solicitation or agreed to with Canada's representatives. If for reasons beyond its control, the



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Bidder is unable to provide the services of an individual named in its bid, the Bidder may propose a substitute with similar qualifications and experience. The Bidder must advise the Contracting Authority of the reason for the substitution and provide the name, qualifications and experience of the proposed replacement. For the purposes of this clause, only the following reasons will be considered as beyond the control of the Bidder: death, sickness, maternity and parental leave, retirement, resignation, dismissal for cause or termination of an agreement for default.

- B. If the Bidder has proposed any individual who is not an employee of the Bidder, the Bidder certifies that it has the permission from that individual to propose his/her services in relation to the Work to be performed and to submit his/her résumé to Canada. The Bidder must, upon request from the Contracting Authority, provide a written confirmation, signed by the individual, of the permission given to the Bidder and of his/her availability. Failure to comply with the request may result in the bid being declared non-responsive.

#### **5.2.4 Education and Experience**

- A. The Bidder certifies that all the information provided in the résumés and supporting material submitted with its bid, particularly the information pertaining to education, achievements, experience and work history, has been verified by the Bidder to be true and accurate. Furthermore, the Bidder warrants that every individual proposed by the Bidder for the requirement is capable of performing the Work described in the resulting contract.



## PART 6 - RESULTING CONTRACT CLAUSES

The following clauses and conditions apply to and form part of any contract resulting from the bid solicitation.

### ARTICLES OF AGREEMENT

#### 6.1 Statement of Work

- A. The Contractor must perform the Work in accordance with the Statement of Work at Annex A.

#### 6.2 Standard Clauses and Conditions

- A. All clauses and conditions identified in the Contract by number, date and title are set out in the *Standard Acquisition Clauses and Conditions (SACC) Manual* (<https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual>) issued by Public Works and Government Services Canada.

##### 6.2.1 General Conditions

- A. 2035 (2022-05-12), General Conditions - Higher Complexity - Services, apply to and form part of the Contract, with the following modification:
- (i) Article 01, Interpretation, "Canada", "Crown", "Her Majesty" or "the Government", is deleted in its entirety and replaced with the following:
- "Canada", "Crown", "Her Majesty" or "the Government"  
means Her Majesty the Queen in right of Canada as represented by the Minister of National Defence and any other person duly authorized to act on behalf of that minister or, if applicable, an appropriate minister to whom the Minister of National Defence has delegated his or her powers, duties or functions and any other person duly authorized to act on behalf of that minister.

#### 6.3 Security Requirements

- A. There is no security requirement applicable to the Contract.

#### 6.4 Term of Contract

##### 6.4.1 Period of the Contract

- A. The period of the Contract is from 01 June 2023 to 31 March 2026.

##### 6.4.2 Option to Extend the Contract

- A. The Contractor grants to Canada the irrevocable option to extend the term of the Contract by up to three (3) additional one (1)-year period(s) under the same conditions. The Contractor agrees that, during the extended period of the Contract, it will be paid in accordance with the applicable provisions as set out in the Basis of Payment.
- B. Canada may exercise this option at any time by sending a written notice to the Contractor at least 30 calendar days before the expiry date of the Contract. The option may only be exercised by the Contracting Authority, and will be evidenced for administrative purposes only, through a contract amendment.



**6.5 Authorities**

**6.5.1 Contracting Authority**

A. The Contracting Authority for the Contract is:

Name: Natalie Provost  
Title: Procurement and Contracting Officer  
Organization: D Svcs C 3-4-3  
Address: Department of National Defence (DND)  
101 Colonel By Drive  
Ottawa ON K1A 0K2  
E-mail: [Natalie.Provost@forces.gc.ca](mailto:Natalie.Provost@forces.gc.ca)

B. The Contracting Authority is responsible for the management of the Contract and any changes to the Contract must be authorized in writing by the Contracting Authority. The Contractor must not perform work in excess of or outside the scope of the Contract based on verbal or written requests or instructions from anybody other than the Contracting Authority.

**6.5.2 Technical Authority**

A. The Technical Authority for the Contract is:

[Contact information to be detailed in the resulting contract]

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: Department of National Defence (DND)  
101 Colonel By Drive  
Ottawa ON K1A 0K2  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

B. The Technical Authority is the representative of the department or agency for whom the Work is being carried out under the Contract and is responsible for all matters concerning the technical content of the Work under the Contract. Technical matters may be discussed with the Technical Authority; however, the Technical Authority has no authority to authorize changes to the scope of the Work. Changes to the scope of the Work can only be made through a contract amendment issued by the Contracting Authority.

**6.5.3 Contractor's Representative**

[Contact information to be detailed in the resulting contract]

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**6.6 Proactive Disclosure of Contracts with Former Public Servants**

A. By providing information on its status, with respect to being a former public servant in receipt of a [Public Service Superannuation Act](#) (PSSA) pension, the Contractor has agreed that this information will be reported on



departmental websites as part of the published proactive disclosure reports, in accordance with [Contracting Policy Notice: 2019-01](#) of the Treasury Board Secretariat of Canada.

## 6.7 Payment

### 6.7.1 Basis of Payment – Limitation of Expenditure

- A. The Contractor will be paid for its costs reasonably and properly incurred in the performance of the Work, as determined in accordance with the Basis of Payment in Annex B, to a limitation of expenditure of \$[amount to be detailed in the resulting contract]. Customs duties are included and Applicable Taxes are extra.

### 6.7.2 Limitation of Expenditure

- A. Canada's total liability to the Contractor under the Contract must not exceed \$[amount to be detailed in the resulting contract]. Customs duties are included and Applicable Taxes are extra.
- B. No increase in the total liability of Canada or in the price of the Work resulting from any design changes, modifications or interpretations of the Work, will be authorized or paid to the Contractor unless these design changes, modifications or interpretations have been approved, in writing, by the Contracting Authority before their incorporation into the Work. The Contractor must not perform any work or provide any service that would result in Canada's total liability being exceeded before obtaining the written approval of the Contracting Authority. The Contractor must notify the Contracting Authority in writing as to the adequacy of this sum:
- (i) when it is 75% committed; or
  - (ii) four months before the contract expiry date; or
  - (iii) as soon as the Contractor considers that the contract funds provided are inadequate for the completion of the Work;
- whichever comes first.
- C. If the notification is for inadequate contract funds, the Contractor must provide to the Contracting Authority a written estimate for the additional funds required. Provision of such information by the Contractor does not increase Canada's liability.

### 6.7.3 Method of Payment – Monthly Payments

- A. Canada will pay the Contractor on a monthly basis for work performed during the month covered by the invoice in accordance with the payment provisions of the Contract if:
- a. an accurate and complete invoice and any other documents required by the Contract have been submitted in accordance with the invoicing instructions provided in the Contract;
  - b. all such documents have been verified by Canada; and
  - c. the Work performed has been accepted by Canada.

### 6.7.4 Electronic Payment of Invoices - Contract

- A. The Contractor accepts to be paid using any of the following Electronic Payment Instrument(s):

[List to be updated in the resulting contract]

- (i) Visa Acquisition Card;



- (ii) MasterCard Acquisition Card;
- (iii) Direct Deposit (Domestic and International); and
- (iv) Wire Transfer (International Only).

#### **6.7.5 Discretionary Audit**

- A. [C0705C](#) (2010-01-11), Discretionary Audit

#### **6.7.6 Time Verification**

- A. Time charged and the accuracy of the Contractor's time recording system are subject to verification by Canada, before or after payment is made to the Contractor. If verification is done after payment, the Contractor must repay any overpayment, at Canada's request.

#### **6.8 Invoicing Instructions**

- A. The Contractor must submit invoices in accordance with the section entitled "Invoice Submission" of the general conditions. Invoices cannot be submitted until all work identified in the invoice is completed.
- B. Each invoice must be supported by:
  - (i) A copy of any documents as specified in the Contract;
  - (ii) A copy of the monthly progress report;
  - (iii) A description of the Work delivered.
- C. Invoices must be distributed as follows:
  - (i) The original and one (1) copy must be forwarded to the address shown on page 1 of the Contract for certification and payment.
  - (ii) One (1) copy must be forwarded to the Contracting Authority identified under the section entitled "Authorities" of the Contract.

#### **6.9 Certifications and Additional Information**

##### **6.9.1 Compliance**

- A. Unless specified otherwise, the continuous compliance with the certifications provided by the Contractor in its bid or precedent to contract award, and the ongoing cooperation in providing additional information are conditions of the Contract and failure to comply will constitute the Contractor in default. Certifications are subject to verification by Canada during the entire period of the Contract.

##### **6.9.2 Certifications - Contract**

- A. Compliance with the certifications provided by the Contractor in its bid is a condition of the Contract and subject to verification by Canada during the term of the Contract. If the Contractor does not comply with any certification or it is determined that any certification made by the Contractor in its bid is untrue, whether made knowingly or unknowingly, Canada has the right, pursuant to the default provision of the Contract, to terminate the Contract for default.



## 6.10 Applicable Laws

- A. The Contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in Ontario. **or as specified by the bidder in its bid, if applicable.**

## 6.11 Priority of Documents

- A. If there is a discrepancy between the wording of any documents that appear on the list, the wording of the document that first appears on the list has priority over the wording of any document that subsequently appears on the list:

- (i) The Articles of Agreement;
- (ii) The General Conditions 2035 (2022-05-12), General Conditions - Higher Complexity - Services;
- (iii) Annex A, Statement of Work;
- (iv) Annex B, Basis of Payment;
- (v) Annex C, Insurance Requirements;
- (vi) the Contractor's bid dated **[date to be specified in the resulting contract]**, as clarified on **[date to be specified in the resulting contract, if required]**, and as amended on **[date to be specified in the resulting contract, if required]**.

## 6.12 Defence Contract

- A. The Contract is a defence contract within the meaning of the *Defence Production Act*, R.S.C. 1985, c. D-1 (<http://laws-lois.justice.gc.ca/eng/acts/d-1/>), and must be governed accordingly.
- B. Title to the Work or to any materials, parts, work-in-process or finished work must belong to Canada free and clear of all claims, liens, attachments, charges or encumbrances. Canada is entitled, at any time, to remove, sell or dispose of the Work or any part of the Work in accordance with section 20 of the *Defence Production Act*.

## 6.13 Handling of Personal Information

- A. The Contractor acknowledges that Canada is bound by the *Privacy Act*, R.S., 1985, c. P-21, with respect to the protection of personal information as defined in the Act. The Contractor must keep private and confidential any such personal information collected, created or handled by the Contractor under the Contract, and must not use, copy, disclose, dispose of or destroy such personal information except in accordance with this clause and the delivery provisions of the Contract.
- B. All such personal information is the property of Canada, and the Contractor has no right in or to that information. The Contractor must deliver to Canada all such personal information in whatever form, including all working papers, notes, memoranda, reports, data in machine-readable format or otherwise, and documentation which have been made or obtained in relation to the Contract, upon the completion or termination of the Contract, or at such earlier time as Canada may request. Upon delivery of the personal information to Canada, the Contractor will have no right to retain that information in any form and must ensure that no record of the personal information remains in the Contractor's possession.

**One (1) of the following two (2) options will be inserted in the resulting contract, as applicable:**

## 6.14 Foreign Nationals (Canadian Contractor)

- A. The Contractor must comply with Canadian immigration requirements applicable to foreign nationals entering Canada to work temporarily in fulfillment of the Contract. If the Contractor wishes to hire a foreign national to work in Canada to fulfill the Contract, the Contractor should immediately contact the nearest Service Canada regional office to enquire about Citizenship and Immigration Canada's requirements to issue a temporary work permit to a foreign national. The Contractor is responsible for all costs incurred as a result of non-compliance with immigration requirements.





#### **6.14 Foreign Nationals (Foreign Contractor)**

- A. The Contractor must comply with Canadian immigration legislation applicable to foreign nationals entering Canada to work temporarily in fulfillment of the Contract. If the Contractor wishes to hire a foreign national to work in Canada to fulfill the Contract, the Contractor should immediately contact the nearest Canadian Embassy, Consulate or High Commission in the Contractor's country to obtain instructions, information on Citizenship and Immigration Canada's requirements and any required documents. The Contractor is responsible to ensure that foreign nationals have the required information, documents and authorizations before performing any work under the Contract in Canada. The Contractor is responsible for all costs incurred as a result of non-compliance with immigration requirements.

#### **6.15 Insurance Requirements**

- A. The Contractor must comply with the insurance requirements specified in Annex C. The Contractor must maintain the required insurance coverage for the duration of the Contract. Compliance with the insurance requirements does not release the Contractor from or reduce its liability under the Contract.
- B. The Contractor is responsible for deciding if additional insurance coverage is necessary to fulfill its obligation under the Contract and to ensure compliance with any applicable law. Any additional insurance coverage is at the Contractor's expense, and for its own benefit and protection.
- C. The Contractor must forward to the Contracting Authority within ten (10) days after the date of award of the Contract, a Certificate of Insurance evidencing the insurance coverage and confirming that the insurance policy complying with the requirements is in force. For Canadian-based Contractors, coverage must be placed with an Insurer licensed to carry out business in Canada, however, for Foreign-based Contractors, coverage must be placed with an Insurer with an A.M. Best Rating no less than "A-". The Contractor must, if requested by the Contracting Authority, forward to Canada a certified true copy of all applicable insurance policies.

#### **6.16 Non-Disclosure Agreement**

- A. The Contractor must obtain from its employee(s) or subcontractor(s) the completed and signed non-disclosure agreement, attached at Annex D, and provide it to the Contracting Authority before they are given access to information by or on behalf of Canada in connection with the Work.

#### **6.17 Dispute Resolution**

- (a) The parties agree to maintain open and honest communication about the Work throughout and after the performance of the contract.
- (b) The parties agree to consult and co-operate with each other in the furtherance of the contract and promptly notify the other party or parties and attempt to resolve problems or differences that may arise.
- (c) If the parties cannot resolve a dispute through consultation and cooperation, the parties agree to consult a neutral third party offering alternative dispute resolution services to attempt to address the dispute.
- (d) Options of alternative dispute resolution services can be found on Canada's Buy and Sell website under the heading "[Dispute Resolution](#)".



## ANNEX A – STATEMENT OF WORK (SOW)

### 1.0 TITLE

1.1 Emergency Medical Advisory Services for the the Canadian Armed Forces (CAF).

### 2.0 REQUIREMENT

2.1 The Canadian Forces Health Services Group (CF H Svcs Gp) has a requirement for Emergency Medical Advisory Services to support CAF Health Care providers in the provision of patient care at sea and on land in remote locations around the world.

### 3.0 OBJECTIVE

3.1 The objective of this contract is to provide expert Emergency Medicine Physician advice on the management of patients to CAF Physicians, Physician Assistants, Medical Technicians and other Health Care providers at sea or on land in remote locations. CAF operations may take place anywhere in the world and are variable from year to year depending on operational requirements.

### 4.0 BACKGROUND

4.1 CAF Physicians, Physician Assistants and Medical Technicians are commonly tasked with providing medical care at sea or on land in remote locations. As such, they are required to assess patients, diagnose and treat medical conditions and make recommendations for casualty evacuation, medevac or repatriation.

4.2 Access to expert medical opinions, particularly in Emergency Medicine, via communication links such as telephone or email is important in improving patient outcome.

4.3 There may be cases where a Physician, Medical Technician and Physician Assistant are unavailable, such as when CAF personnel are deployed on smaller operations/vessels, or when the Health Care provider is the casualty themselves. In this case, a CAF member trained only in first aid may call the Emergency Medicine Physician for advice.

4.4. The primary users are clinicians or CAF members who support Royal Canadian Navy (RCN) operations, but other remote location may access to the services as well, for example CFB Alert.

### 5.0 TERMINOLOGY

5.1 Casualty evacuation: refers to the movement of a patient to an initial medical treatment facility or to medical facilities in a military operational/combat zone.

5.2 Dysbaric Illness (DI): refers to a broad range of complex pathophysiological conditions associated with decompression and governed by Boyle's Law and Henry's Law, including decompression illness, barotrauma and arterial gas embolism. Related terms and expressions include Caisson's disease, the bends, decompression sickness, dysbarism, arterial gas embolism and gas bubble illness/injury.

5.3 Medevac: refers to the movement of a patient from one medical facility (such as a ship's Sick Bay or a hospital) to another medical treatment facility, typically for definitive medical treatment and/or rehabilitation.

5.4 Medical Technician (Med Tech): Military Health Care clinician who specialize in prehospital care and also support the work of Physician Assistants (PA), Medical Officers (physicians), Nursing Officers (Nur Os) and other health care clinicians. Their training and certification includes Basic Trauma Life Support (BTLS) and qualifications as a Primary Care Paramedic. They also give basic advice on disease prevention, hygiene and sanitation, and perform limited environmental health and preventive medicine duties. On ship they assist the PAs in all aspects of their duties.



- 5.5 **Physician Assistant (PA):** Health Care clinician provides emergency and primary care under direct or indirect supervision by a physician. They are physician extenders and not independent practitioners. PAs sailing in support of the RCN are under indirect supervisor of the Fleet Surgeon (aka Fleet Support Medical Officer). PAs also provide preventive medicine education, conduct basic hygiene, safety and sanitation inspections, and perform medical administration. On ship they are responsible for training and direction of the casualty clearing (first aid) teams, the sick bay, the dispensary and the ward. PAs working in support of the RCN are required to hold current certification by the Canadian College of Physician Assistants.
- 5.6 **Repatriation:** refers to the non-emergency return of personnel from deployed RCN units where the patient's condition is not directly life-threatening but may require more advanced medical assessment and treatment, interfere with the member's ability to perform their work duties, or create safety concerns in the specific location and environment
- 5.7 **Stratevac:** Strategic Evacuation refers to the urgent transfer of ill/injured personnel out of a theatre of operations. Most commonly, this involves air evacuation from a foreign country to Canada. All Stratevac by air must be routed through the Royal Canadian Air Force (RCAF) Aeromedical Evacuation Coordination Officer (AECO). The medical authority for Stratevac is the Division Surgeon for 1 Canadian Air Division.

## 6.0 APPLICABLE DOCUMENTS

- 6.1 The Contractor must refer to the following List of Applicable Documents, including any amendments, which form part of this SOW to the extent specified herein and are supportive of the SOW:
- 6.1.1 Medical Technician Qualification Level Three (3) - Scope of Practice, 28 May 2014.  
Website: [http://cmp-cpm.forces.mil.ca/assets/CMP\\_Intranet/docs/en/health/personnel-providers/education-training/med-tech-ql3-scope-practice.pdf](http://cmp-cpm.forces.mil.ca/assets/CMP_Intranet/docs/en/health/personnel-providers/education-training/med-tech-ql3-scope-practice.pdf)
- 6.1.2 Medical Technician Qualification Level Five A - Scope of Practice, 21 July 2014.  
Website: [http://cmp-cpm.forces.mil.ca/assets/CMP\\_Intranet/docs/en/health/personnel-providers/education-training/med-tech-ql5a-scope-practice.pdf](http://cmp-cpm.forces.mil.ca/assets/CMP_Intranet/docs/en/health/personnel-providers/education-training/med-tech-ql5a-scope-practice.pdf)
- 6.1.3 Canadian Forces Health Policy - Direction - Instruction 4200-59 - Restricted Act: Pharmaceuticals, 06 August 2015.  
Website: <http://cmp-cpm.mil.ca/en/health/policies-direction/policies/4200-59.page>
- 6.1.4 Canadian Forces Health Services Group - Instruction 4030-09: see Appendices 1 - 5 to Annex A.

## 7.0 TASKS

- 7.1 The Contractor must provide 24 hours/7 days a week (24/7) Emergency Medicine Advisory services via phone or email to all CAF Physicians, Physician Assistants, Medical Technicians and other Health Care providers who are managing patients at sea or on land in remote locations;
- 7.2 A toll-free telephone number that authorized CAF Health Care providers can call to receive immediate (within minutes) voice access to an Emergency Medicine Physician. This number must be accessible from anywhere in the world;
- 7.3 A toll-free facsimile number so that the Contractor's Physician and the CAF Health Care provider can promptly exchange medical information (e.g. ECGs, etc.);
- 7.4 The services of an Emergency Medicine Physician who will provide expert advice on matters related to Emergency Medicine. The Physician must hold a current license in good standing from the licensing body for physicians and surgeons in the province or territory from where the said physician is providing the services;



- 7.5 Access to a qualified Emergency Medicine Physician must be available 24 hours per day, 7 days per week throughout the duration of the Contract; and
- 7.6 A back up Physician must be available in the event of communication link problems or two simultaneous calls from different sites.
  - 7.6.1 If requested, the Contractor's physician must provide an initial interpretation of 12 or 15 lead electrocardiogram (ECG); and
  - 7.6.2 If a medical situation is outside the expertise of the on-call Emergency Medicine Physician, the Physician must refer the call to an appropriate consultant, or undertake to find the appropriate answer or source.

## 8.0 DELIVERABLES

- 8.1 The Contractor will be required to provide the following Deliverables resulting from services rendered. All documents must be delivered in Microsoft Office Suite format.
  - 8.1.1 Expert advice in the field of Emergency Medicine;
  - 8.1.2 Copies of each telephone or email consultation record;
  - 8.1.3 Monthly reports of telephone calls and emails;
  - 8.1.4 General observations and recommendations (i.e. lessons learned); and
  - 8.1.5 Annual declaration that each participating Physician are in good standing order with the provincial or territorial regulatory organization in the province of practice.

## 9.0 CONSTRAINTS

- 9.1 The Contractor must follow the subsequent constraints as required:
  - 9.1.1 The Emergency Medicine Physician must understand the constraints imposed by the level of training and experience of CAF Health Care providers (e.g. Scope of Practice and Restricted Act: Pharmaceuticals), the finite store of medical equipment and supplies at sea and on land in remote locations, and the challenges posed by geographic location and weather, so as to give practical information/advice to CAF Health Care providers;
  - 9.1.2 The context of operational environment, naval operation, land operations, traveler's health issues and dysbaric effects must always be taken into account; and
  - 9.1.3 As the Contractor's staff will have access to confidential information, they must respect the *Access to Information Act* (R.S.C., 1985, c. A-1) - Website: <https://laws-lois.justice.gc.ca/eng/acts/a-1/>, and the *Privacy Act* (R.S.C., 1985, c. P-21) – Website: <https://laws-lois.justice.gc.ca/eng/acts/p-21/FullText.html>.

## 10.0 REPORTING REQUIREMENTS

- 10.1 The Contractor's resource must prepare a report for each consultation case (telephone, fax or email) and send it within 24 hours to the supporting provider at Canadian Force Health Services Centre (Atlantic), Halifax or at the Canadian Health Services Centre (Pacific), Esquimalt as appropriate. The report must provide the following information:
  - (a) The patient's particulars (e.g. gender, age, and any other appropriated information);
  - (b) The patient's identification number (assigned by the calling representative);
  - (c) Date and time of call;



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- (d) Originating ship, medical facility or remote location;
- (e) The nature of the case; and
- (f) The advice given.

10.2 The Contractor's resource must provide to the Technical Authority, on request, general observations and recommendations stemming from specific cases (i.e. lessons learned).

## **11.0 LANGUAGE**

11.1 The Contractor's resource must be able to communicate fluently in the English, both orally and in writing. Fluent means that the individual must be able to communicate orally and in writing without any assistance and with minimal errors.

11.2 All Reports and Deliverables must be provided in English.

11.3 The Contractor must have an established quality assurance process for English correspondence and deliverables, including proof reading all correspondence and deliverables.

## **12.0 LOCATION OF WORK**

12.1 All work must be completed at the Contractor's site. The work/advice will be provided by phone, fax or e-mail; therefore, the Contractor is responsible to provide the workplace for its resource.

## **13.0 TRAVEL**

13.1 Canada does not anticipate any travel or living expenses associated with performing the Work.



## APPENDIX 1 TO ANNEX A – PROFESSIONAL REGULATION OF PHYSICIAN ASSISTANTS IN THE CANADIAN ARMED FORCES

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### BACKGROUND

### APPLICATION

1. This Instruction applies to all Canadian Armed Forces (CAF) personnel, Department of National Defence (DND) Public Servants, contractors and sub-contractors who provide health services to CAF members and others entitled to CAF health care. This instruction applies in particular to all CAF Regular Force (Reg F) and Reserve Force (Res F) Physician Assistants (PAs).

### APPLICATION TO CIVILIAN CONTRACTED PAS

2. The principles and requirements described in this Instruction apply to all DND contracted civilian PAs. All other aspects of the regulation of civilian PAs are contained within their respective contracts.

### GENERAL

3. This Instruction describes and provides direction on the regulatory framework for PA practice within the CAF and outlines the supervision requirements for CAF PAs in all clinical settings. It identifies relevant policies and will ensure efficient, safe, high quality health care according to the published PA Occupational Specification and the Canadian EPA-PA. This Instruction does not cover the practice of a PA working in the private health sector beyond the scope of Maintenance of Clinical Readiness Program (MCRP) duties and responsibilities (ex. PA in a paid part-time position within a hospital).

### DEFINITION

**Note:** *Definitions are included for the purpose of this Instruction*

4. *Canadian Armed Forces Physician Assistant (CAF PA)* - means a person enrolled in the Canadian Forces, or engaged or employed by DND, and authorized by the Surgeon General to provide health services. This does not include civilian practitioners in civilian facilities providing services to CAF members and other individuals entitled to receive health care from the CAF, normally on a fee for service basis.

### ABBREVIATIONS AND ACRONYMS

5. The table below explains the abbreviations and acronyms used in this Instruction.

Abbreviation/Acronym	Term or Title in Full
CAF	Canadian Armed Forces
CanMEDs-PA	Canadian Medical Education Directions for Specialists-Physician Assistant
Canadian EPA-PA	Canadian Entrustable Professional Activities for Canadian Physician Assistants
CAPA	Canadian Association of Physician Assistants



CCPA	Canadian Certified Physician Assistant
CFHS	Canadian Forces Health Services
CPD	Continuing Professional Development
CO	Commanding Officer
CF H Svcs C	Canadian Forces Health Services Center
IAW	In Accordance With
MCRP	Maintenance of Clinical Readiness Program
NMPACQ	National Manager Professional Affairs and Clinical Quality
NPL	National Practice Leader
PA	Physician Assistant
PACCC	Physician Assistant Certification Council of Canada
Prof Tech	Professional Technical
RCPSC	Royal College of Physicians and Surgeons of Canada
Res F	Reserve Force
Reg F	Regular Force
Rx	Prescription
SOP	Standard Operating Procedure
TF	Task Force

**DIRECTION****CONTEXT**

6. A PA is an advanced practice clinician who is educated in the medical school model and practices autonomously under the direct supervision of a licensed physician. PAs possess a defined body of knowledge and a professional philosophy for effective patient care. They apply these clinical competencies to collect data and interpret information, develop and investigate differential diagnoses, make appropriate clinical decisions, and carry out required diagnostic, procedural and therapeutic interventions. These highly educated, trained and skilled health professionals can work in any clinical setting to extend a doctor's reach, complement existing services, and help improve patient access to care. PAs are not licensed or regulated by all provincial health regulatory authorities and practice in the larger Canadian health care system under a delegation of medical acts model.
7. As a federal institution, the CAF has the authority and ability to employ and engage health care professionals, such as PAs, who may not be fully recognized or regulated in the civilian health system. In doing so, the CAF becomes accountable for the establishment of an effective regulatory framework for the profession that meets appropriate Canadian health standards. In the case of PAs, that regulatory framework consists of:
- the adoption of a qualification standard based on successful completion of an accredited PA program and achievement of PACCC certification;
  - the definition of a scope of clinical practice for the profession (Ref A);
  - a process for the determination of an individual PAs clinical practice privileges which clearly defines the level of clinical supervision required, assessment and assignment of practice privileges, and delegation of medical directives (Annex A);
  - a process for the safe expansion of the scope of clinical practice where required through the structured delegation of medical acts (Ref F);
  - the requirement for maintenance of the CCPA designation as validated through an annual credentialing process (Ref D);
  - the requirement for all actively practicing PAs to have a clearly identified supervising physician;
  - a process to consider the assignment of clinical practice privileges in cases wherein the full initial or ongoing qualification standard is not met (Ref D); standards for clinical currency and a process for re-entry to practice (Ref K) where those standards have not been met;



- h. standards of professional ethics and conduct (Refs A, M); and
- i. a process for the hearing and disposition of professional capacity, competence, or conduct issues (Ref N).

## MAINTENANCE OF CERTIFICATION

8. A CAF PA must maintain CCPA designation in order to practice under indirect or remote supervision. The PACCC maintains a strict policy regarding the maintenance of certification that involves partnering with the Royal College of Physician and Surgeons of Canada for use of the Mainport ePortfolio.

## CPD Requirements

9. All certified PAs must annually renew their CAPA membership and earn and report at least:
- a. **400 credits** over the course of a **five-year** cycle by participating in educational activities that meet the identified needs of the PA's professional practice; and
  - b. **40 credits per year**, even during the years of the cycle after which the PA has reached the 400-credit minimum requirement.
10. Credits are documented using the Mainport ePortfolio, the CPD reporting tool for the RCPSC maintenance of competency program.
11. Verification of credentials by the CFHS Credentialing Cell, IAW (Ref D) will be completed annually for all PAs. The PA will provide proof of CAPA membership and an annual CPD Adherence Report from the RCPSC Mainport ePortfolio website in order to verify CCPA certification.

## PA ROLE AND SCOPE OF PRACTICE

12. PAs are physician extenders and not independent practitioners. As such, CAF PAs who fully meet the qualification standard may work within one of four levels of supervision which will be determined and agreed upon by their supervising physician. The PA's scope of practice is physician-delegated and the medical acts delegated to the PA must be within the scope of the supervising physician. The CAF PA role is a generalist in nature, with a focus on primary, emergency and preventative care.
13. IAW the PA Occupational Specification and the Canadian EPA-PA, a CAF PA is trained to do the following:
- a. Perform patient assessments that include medical history, physical examinations, periodic health assessments, and routine medical screenings;
  - b. Obtain and interpret routine diagnostic tests such as complete blood count, diagnostic imaging, electrocardiography, and other tests used for the screening, diagnosis, and management of common acute and chronic conditions;
  - c. Develop a diagnosis and treatment plan based on the result of the assessment and/or refer to the supervising physician or other specialist as agreed upon with the physician providing clinical supervision;
  - d. Perform therapeutic procedures including but not limited to injections, immunizations, suturing, minor surgery, splinting and casting fractures as per the PA Clinical Practice Agreement (Appendix 1) and/or issued Medical Directives (Ref F);
  - e. Perform emergency interventions in the case of trauma and medical emergencies; and
  - f. Request pathology tests IAW the Canadian EPA-PA.

## CAF PA PRESCRIBING AUTHORITY

14. The CAF PA may prescribe medication under the delegated authority of a licensed physician. PAs are not authorized to independently prescribe medication; however, a PA acting under the authority of a physician may evaluate patients and prescribe medication as established by their delegated authority. The PA shall:





- a. Prescribe and dispense authorized pharmaceuticals and supplies as delegated within the PA Practice-Delegation Agreement (Appendix 1), the PA Delegation of Prescriptive Practice Agreement (Appendix 2) and within the CAF PA Pharmaceutical Formulary (Annex B);
- b. The PA must only prescribe a drug if they have the knowledge, skill, and judgment to do so safely and effectively;
- c. Before prescribing a drug, PA's must:
  - i. undertake an appropriate clinical assessment of the patient;
  - ii. make a diagnosis or differential diagnosis and/or have a clinical indication based on the clinical assessment and any other relevant information;
  - iii. consider the risks and benefits of prescribing the chosen drug, including the combined risks and benefits when prescribing multiple drugs and the risks and benefits when providing long-term prescriptions; and
  - iv. obtain valid informed consent.
- d. A prescription generated by a PA pursuant to delegation shall include:
  - i. name, designation (PA), and contact information (if prescription is to be filled using an external pharmacy) of the PA issuing the prescription;
  - ii. A written reference to the fact that the prescription was generated via delegated authority IAW the Delegation of Prescriptive Practice Agreement (Appendix 2); and
  - iii. The name and contact information of the authorizing physician (including license # if using external pharmacy)

## **PRESCRIPTION REFILLS**

15. The PA will ordinarily be approved to continue medications previously prescribed for management of chronic disease provided a clinical evaluation determines the chronic disease is under suitable pharmacological control and surveillance.

## **NARCOTIC/CONTROLLED SUBSTANCES/BENZODIAZEPINES**

16. The PA cannot independently prescribe narcotics, controlled substances or benzodiazepines. Narcotic(s) and/or controlled substance(s) prescriptions produced by the PA must be co-signed by a physician. The only exception to this order is when a PA is employed within a field/operational setting. While in the field/operational setting only narcotic(s)/controlled substance(s) that are authorized in the PA Pharmaceutical Formulary (Annex B) may be prescribed, and/or those directly specified in an issued Medical Directive.

## **PA RESPONSIBILITIES**

17. PAs are responsible and accountable to the supervising physician for applying a professional judgement in determining when an activity is beyond their capability. As such, they will seek appropriate consultation with their supervising physician or other available physicians. The physician need not see the patient at every encounter but must increase their direct involvement in accordance with the complexity of the patient's health care needs. The vast majority of the following clinical scenarios would be sufficiently complex to require direct participation of a physician:
  - a. Two or more concurrent mental health diagnoses (ex. Post-Traumatic Stress Disorder with concomitant Major Depressive Disorder);
  - b. A significant physical diagnosis complicated by a mental health condition (ex. Major Depressive Disorder with concomitant chronic pain/radiculopathy); and
  - c. Serious and/or multiple physical conditions (ex. oncologic disease, autoimmune disease).
18. PA's must consult with a physician when a patient returns after failing to resolve the issue following the initial assessment and treatment attempt. This does not apply to patients who are returning for routine follow up as directed, or for treatment of chronic illnesses previously documented in their medical record.



19. Any physician consultation will be documented in the medical record. If a transfer of care to the supervising or consulting physician is required, the PA will document the patient contact and transfer of care within the medical record and forward the medical note to the physician for review.
20. For greater clarity, the CAF PA is precluded from:
- Signing a death certificate;
  - Ordering diagnostic imaging examinations not included in CF H Svcs Gp Instruction 4060-02 – Diagnostic Imaging Examinations Ordering by Physician Assistant unless the requisition has been co-signed by a supervising physician (Ref H); and
  - Prescribing a medication that is not authorized in the Delegation of Prescriptive Practice Agreement (Appendix 2), unless the prescription has been co-signed by a physician.

## **NURSING ORDERS**

21. The CAF PA will provide care as part of a multidisciplinary team. This will include working with Nursing Officers, DND Public Servants and contracted nurses from diverse licensing designations. The Medical Directive and delegation of controlled acts (Appendix 1/ Appendix 2) provide the authority for both the PA to accept a medical order or delegation of a controlled act from a physician within their level of competence, and for the nurse to accept a medical order as outlined in the Medical Directive from a physician. When a PA gives a medical order that is within their scope of practice and level of competence to a nurse as outlined in this Medical Directive, the nurse can accept this order as if it was given by the supervising physician. Nurses will use their clinical judgment when accepting orders and must seek clarification if they believe the order/treatment is beyond their own scope of practice or competence, inaccurate, non-efficacious, or contraindicated by consulting with the PA and/or physician as appropriate. PA supervision must be continuous but does not require the physical presence of a supervising physician at the place where the PA's services are performed, provided a supervising physician is readily available by telecommunications to respond in a timely manner to any requests for clarification from the nurse.
22. Supervising physicians may expand a CAF PA's scope of practice on condition that the delegated duties are within the education/training of the PA. A physician may not delegate tasks to a PA that the physician him/herself is not permitted or competent to perform. Any new delegated medical acts must be added to the PA Clinical Practice Agreement (Appendix 1) or through written Medical Directives in accordance with Ref F.

## **THE PHYSICIAN/PHYSICIAN ASSISTANT SUPERVISORY RELATIONSHIP**

23. The supervisory relationship between the PA and the supervising physician is considered the basis of the profession; this relationship will be established for all CAF PAs and acknowledged by both parties signing the Physician/Physician Assistant Clinical Supervision Agreement (Annex A).
24. The duties of the supervising physician include:
- Assessing the PA's competencies and assigning an appropriate level of clinical supervision;
  - Assigning clinical responsibilities through the use of the Practice-Delegation Agreement, Delegation of Prescriptive Practice Agreement, and the Medical Directive Delegation Form based on individual competencies;
  - Clearly communicating directions and expectations through the Physician / PA relationship;
  - Providing direct assistance and/or intervention and/or consultation when required;
  - Performing regular reviews of a representative sampling of the PA's patient charts to ensure their actions/interventions are consistent with the Physician/ Physician Assistant Clinical Supervision Agreement;
  - Ensuring quality assurance through clinical oversight and assessment of the PA's performance through direct observation, consultation with other stakeholders, review of documentation etc;
  - Reviewing and co-signing relevant records and documentation as required; and
  - Identifying an alternate supervising physician for planned absences as outlined below.



25. Should the supervising physician be unavailable for a short period of time, for example leave or training, the supervising physician must ensure that other suitable physicians are available to the PA for consultation in their absence. Should the supervising physician be in location but unavailable for consultation, such as when they are occupied with patient/s, the PA can seek assistance from other available physicians to facilitate the timely delivery of patient care. For these short absences, a new Physician/Physician Assistant Clinical Supervision Agreement (Annex A) would not normally be required. The consulting physician must be available to provide direct assistance and/or intervention and/or consultation when required. Also, physicians temporarily assuming the role may not increase the PA's privileges. However, the supervising physician who is to be absent must make the B/W Surg aware of who will provide the interim supervision.
26. In the event that the supervising physician is to be absent for a prolonged period of time, such as a tasking or deployment, they will advise the Base/Wing/Brigade/Task Force Surgeon, who will appoint a new supervising physician and sign a new Physician/Physician Assistant Clinical Supervision Agreement and corresponding appendices will be required.
27. Should the supervising physician or alternate physicians within a healthcare facility be unexpectedly unavailable, the Base/Wing/Brigade/TF Surgeon will provide interim supervision.

#### LEVELS OF CLINICAL SUPERVISION

28. PAs are required to follow the level of supervision assigned by their respective supervising physician based on the PA's certification, experience, and competence as well as the practice setting. Supervision may be provided at four levels– direct supervision, indirect supervision, remote supervision or a level as determined by a Professional Review Board, Credentialing Committee, or Re-entry to Practice process. Various activities or taskings may require different levels of supervision.
- a. *Direct Supervision:* This PA shall work directly under the supervision of a physician. The supervising physician or an alternate must be available for in-person consultation at all times when the PA is clinically employed as described in paras 22 and 23. Orders for diagnostic testing, consults/referrals, and prescriptions (other than over-the-counter drugs) normally within the PA scope of practice will require co-signature by the supervising physician. Any practice limitations, such as the prescribing of specific medications, procedures, assignment of employment limitations or discharging of patients, which are imposed by the supervising physician, must be clearly articulated in Annex A. This level of supervision applies to all new PA graduates who have yet to attempt the PACCC certification examination and may also be imposed by a supervising physician during the initial period of a new supervisory relationship;
  - b. *Indirect Supervision:* This allows the PA to work indirectly under the supervision of a physician and is the normal level of supervision for a fully certified and clinically current PA in a CF H Svcs clinic setting or where deployed on exercises or operations as part of a medical team that includes physicians. Meaning the physician is not required to always be present while the PA is practicing, but rather is required to be available for contact. Clinical activities may be initiated by the PA within their delegated/practice privileges and patients discharged (if appropriate) without the need to consult a physician. The PA will perform only those duties and responsibilities that are delegated by the physician through signed Delegation/Practice Agreement(s) and/or issued Medical Directives. The physician may delineate specific acts that required direct supervision within the PA's practice. Supervision will occur through routine clinical oversight mechanisms such as regular reviews of a representational sampling of cases and occasional direct observation of clinical encounters/skills. The supervising physician may be the primary source for consultation but consultation may be with other suitable and available physicians as described in paras 22 and 23;
  - c. *Remote Supervision:* The PA is not co-located with the supervising physician and would be functioning independently with telephone/radio consultation where possible and clinical oversight only after the completion of the patient management event. Remote supervision is normally reserved for operational settings where no CAF recognized physicians are reasonably available. This allows the PA to practice without the ready availability of their supervising or other consulting physicians on the condition that they do so within:



- i. the defined PA Occupational Specification;
- ii. their education / training;
- iii. assigned/delegated clinical privileges; and
- iv. authorized medical directives when issued.

d. *As Determined by Professional Review Board, Credentialing Committee or Re-Entry to Practice process:*  
This PA shall work in one of the above clinical supervision categories (Direct/Indirect/Remote) however specific limitations to practice will be delineated following the results of a Professional Review Board, Credentialing Committee or Re-Entry to Practice process. Any practice limitations which are imposed must be clearly indicated in Annex A with a copy of the Record of Decision available to the supervising physician. These limitations may be the consequence of, but are not limited to:

- i. Issues of professional capacity;
- ii. Issues of professional competence;
- iii. Potential Misconduct; or
- iv. Non-patient care related criminal/disciplinary matters.

29. Should disagreement regarding the level of supervision, or any other imposed practice limitations, occur between the PA and supervising physician, the assistance of the B/W Surg should be sought by either party involved in the supervisory agreement.

**RESPONSIBILITY**

**RESPONSIBILITY TABLE**

29. The table below describes the responsibilities associated with this Instruction.

The....	Is/are responsible for....
<b>Base/Wing/Fleet/Brigade/TF Surgeon</b>	<ul style="list-style-type: none"> <li>• Appointing a supervising physician, civilian or military, for each PA within their area of responsibility (AoR);</li> <li>• Ensuring that the appointed supervising physician is briefed on their supervisory role;</li> <li>• Ensuring that the Physician / Physician Assistant Clinical Supervision Agreement and corresponding appendices are signed and adhered to by both parties;</li> <li>• Delegating supplementary clinical privileges and/or medical directives as required for each PA within their AoR; and</li> <li>• In the unexpected absence of a supervising physician, providing clinical supervision to the supervised PA in accordance with para 25 of this Instruction.</li> </ul>
<b>Supervising Physician</b>  <i>Note: It is recommended that the Supervising Physician only supervise a maximum of two PAs at any one time; and</i>	<ul style="list-style-type: none"> <li>• Assessing the PA's competencies and assigning an appropriate level of clinical supervision</li> <li>• Delegating clinical privileges and/or medical directives</li> <li>• Providing clinical supervision to the supervised PA in accordance with para 24 of this Instruction; and.</li> <li>• Ensuring continuity of supervision during periods of absence.</li> </ul>
<b>Physician Assistant</b>	<ul style="list-style-type: none"> <li>• Adhering to the Regulation of Physician Assistants in the Canadian Armed Forces principles and requirements contained herein.</li> <li>• Understanding and maintaining own clinical abilities, and acting at all times in the best interest of their patients.</li> </ul>



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<b>Registered Nurse (RN) / Registered Practical Nurse (RPN)/Licensed Practical Nurse (LPN) / Registered Psychiatric Nurse (RPN)</b>	<ul style="list-style-type: none"> <li>• Practicing in accordance with the directions provided in this Instruction;</li> <li>• Seeking clarification through the PA or supervising physician WRT patient care concerns;</li> <li>• Participating in dialogue on collaborative practice issues at the local and national level to foster teamwork;</li> </ul>
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## REFERENCES

- a. Canadian EPA-PA
- b. CAF PA Physician Assistant Occupational Specification
- c. [Physician Assistant Certification Council of Canada \(PACCC\) Certification Exam](#)
- d. [CF H Svcs Gp Instruction 3120-06](#) , Credentialing of Medical Branch Clinical Practitioners
- e. [CAF PA Maintenance of Clinical Readiness Program \(MCRP\)](#)
- f. CF H Svcs Gp Instruction 4030-11 [Physician Assistant Delegated Acts / Medical Directives](#) (Not yet published)
- g. [Instruction 4200-59: Restricted Acts Pharmaceuticals](#)
- h. [CF H Svcs Gp Instruction 4060-02](#), Diagnostic Imaging Examinations – Ordering by Physician Assistants
- i. [Base Surgeon Terms of Reference](#)
- j. Health Svc Sp Contract. Contract # W3931-030182/001/XK, Amd # 45
- k. Instruction 4030-12: CAF PA Re-Entry to Practice Program (Not yet published)
- l. [CF H Svcs Gp Instruction 5020-78](#), Standards of Practice
- m. [CF H Svcs Gp Instruction 4030-07](#) , Standards of Practice – The Professional Review Board

## ANNEXES

- a. Annex A – Physician/PA - Clinical Supervision Agreement
  - Appendix 1 – Physician / Physician Assistant Practice-Delegation Agreement
  - Appendix 2 – Physician Assistant Delegation of Prescriptive Practice
  - Appendix 3 – Physician Assistant (PA) – Supplementary Delegation Agreement
  - Appendix 4 – Physician Assistant (PA) - Medical Directive Delegation Form
- b. Annex B – CAF Physician Assistant Pharmaceutical Formulary



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**APPENDIX 2 TO ANNEX A – PHYSICIAN / PHYSICIAN ASSISTANT PRACTICE-DELEGATION AGREEMENT**

CF H SVCS GP INSTRUCTION 4030-09 - PROTECTED A (when completed)

**Instructions**

1. When completing the Practice-Delegation Agreement, only requested privileges by the PA need be filled out and approved. For any part that does not apply, mark “N/A” for clarity of the PA’s scope of practice.
2. Supervising physicians must review and understand CF H Svcs Gp Instruction 4030-09 requirements regarding supervision, scope of practice, and prescribing delegation.
3. It is the responsibility of the supervising physician to determine the PA’s competency when developing this practice agreement. Annotate any limitations/expansions to delegated medical acts/privileges within the designated comment sections.
4. Supervising physicians may only delegate duties within their license authority and clinical competency’s. The PA must be PACCC certified.
5. Any new delegated medical acts/privileges must be added and approved in the appropriate category area. The approval date and the supervising physician’s signature must be annotated.
6. This Practice-Delegation Agreement must be kept on file at the practice site and reviewed at least annually.

**Identification**

**Physician Assistant**

_____	_____	_____
SN/PRI	Rank	Name/Initials
_____	_____	_____
Signature		Date

**Supervising Physician (Primary)**

_____	_____	_____
SN/PRI	Rank	Name/Initials
_____	_____	_____
Signature		Date



**PRIVILEGE CATEGORY - PHYSICIAN ASSISTANT**

<b>CORE</b> (indicates core competencies for a certified PA)			
Privilege Item(s)		Requested	Approved
<p>1. The scope of practice for a Physician Assistant (PA) encompasses initial and ongoing assessment of the patient's medical, physical, and psychiatric status including the following:</p> <ul style="list-style-type: none"> <li>a. Obtain a comprehensive and relevant medical assessment and perform a focused or complete physical examination;</li> <li>b. Initiate investigations that are appropriate to the present illness, relevant to the continuing care of chronic disease, or consistent with accepted screening programs for the diagnosis of common acute or chronic physical/mental health conditions and their complications. Examples include: laboratory tests, diagnostic imaging, electrocardiograms, and specimen collection/pathology tests; and</li> <li>c. Formulate and communicate a diagnosis and treatment plan based on the result of the assessment and/or refer to the supervising physician or other specialists as agreed upon with the physician providing clinical supervision.</li> </ul> <p>2. The PA will provide medical services within the scope of practice of the collaborating physician(s), including routine primary and preventative care of children and adults.</p> <p>3. The PA will provide emergency medical services to patients of all ages. In the case of trauma or medical emergencies they will provide services necessary to ameliorate minor illnesses or injuries, stabilize patients with major illnesses or injuries and, assess all patients to determine if additional care is necessary.</p>			
<b>Comment(s):</b>			
<b>OCCUPATIONAL MEDICINE</b>			
	Privilege Item(s)	Requested	Approved
Core	Perform Periodic Health Assessments including pre/post deployment medical screening, OUTCAN screenings, isolated/semi isolated postings and uncomplicated release examinations to assess occupational fitness IAW existing CAF policy.		
Core	Assign and document Medical Employment Limitations (MELs), including sick leave and temporary medical categories (T-CAT) IAW existing CAF policy.		
	Perform examinations to assign changes to permanent medical categories (P-CAT) that are within the PA's scope of practice and where the PA has been the principal primary care provider for the condition which requires MELs. The supervising physician must		



	review and co-sign the P-CAT PHA before being sent to the Senior Medical Officer for review.		
<b>Comment(s):</b>			

DIAGNOSIS AND MANAGEMENT (D&M)			
	Privilege Item(s)	Requested	Approved
Core	Prescribe Medication: Prescribe and dispense authorized pharmaceuticals and supplies as per the CAF Physician Assistant Pharmaceutical Formulary. <b>*Must complete Appendix 2 - Delegation of Prescriptive Practice</b>		
Core	Electrocardiogram (EKG) interpretation		
Core	Order x-ray examinations		
	Order ultrasound examinations		
<b>Comment(s):</b>			

PROCEDURES			
	Privilege Item(s)	Requested	Approved
Core	Administration of medication via intradermal, subcutaneous and intramuscular injections		
Core	Initiate/establish peripheral venous access (IV)		
Core	Laceration repair, minor one layer		
	Laceration repair requiring more than one layer of closure		
	Wound irrigation and debridement		
Core	Incision and drainage for skin abscesses (I&D)		
Core	Punch biopsy		
Core	Shave biopsy		
Core	Excision of superficial cysts/nevi and skin lesions		
Core	Cryosurgical removal of skin lesions		
	Complete / partial nail removal with or without destruction of nail matrix		
	Anoscopy		
	Thrombosed hemorrhoid incision and drainage (I&D)		
	Aspiration and injection of joints and musculo-tendinous units		
Core	Reduction of simple closed fractures and dislocations		
Core	Splinting and stabilizing spine/extremity injuries		





Core	Casting of extremities		
Core	Ophthalmoscope / Woods lamp examination of the eye		
	Slit Lamp examination		
Core	Tonometry		
Core	Fluorescein staining		
Core	Irrigation of the eye/ear		
	Remove uncomplicated foreign body from eye (splinter, iron filing)		
	Arthrocentesis		
	Placement of posterior nasal packs or balloons		
<b>Comment(s):</b>			

<b>ANESTHESIA PRIVILEGES</b>			
	Privilege Item(s)	Requested	Approved
Core	Topical and local infiltration anesthesia		
Core	Peripheral nerve block anesthesia		
<b>Comment(s):</b>			

<b>D&amp;M - Advanced Privileges (Requires Additional Training)</b>			
	Privilege Item(s)	Requested	Approved
	Regional nerve block anesthesia		
<b>PROCEDURES – Advanced Privileges (Requires Additional Training)</b>			
	Privilege Item(s)	Requested	Approved
	Intrauterine device (IUD) insertion		
	Intrauterine device (IUD) removal		
	Subcutaneous contraceptive rod insertion/removal		
	Botox injection		
<b>Comment(s):</b>			



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<b>SPECIALTY TRAINING (Requires Certification)</b>			
	Privilege Item(s)	Requested	Approved
	Basic Aviation Medicine (BAvMed): Scope of privileges and responsibilities as per CF H Svcs Gp Instr 7100-03		
	Dive Medicine (BDMT): Scope of privileges and responsibilities as per CF H Svcs Gp Instr 4000-04		
	Advanced Dive Medicine (ADMT): Scope of privileges and responsibilities as per CF H Svcs Gp Instr 4000-04		
	Submarine Medical Technician (SbMT): Scope of privileges and responsibilities as per CF H Svcs Gp Instr 4030-71		
<b>Comment(s):</b>			

<b>CERTIFICATIONS</b>			
	Item(s)	Completed	Expiry Date
	Advanced Cardiac Life Support (ACLS) –every 2 years		
	Advanced Trauma Life Support (ATLS) – every 4 years		
	Advanced Military Trauma Resuscitation Program (AMTRP) -every 5 years		
	Pediatric Advanced Life Support (PALS) – every 2 years		
	Airway Interventions and Management In Emergencies (AIME)		

**Base / Wing / Fleet /Task Force Surgeon**

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named Physician Assistant.

**Comment(s):**

\_\_\_\_\_  
SN/PRI                                      Rank                                      Name/Initials

\_\_\_\_\_  
Signature                                      Date



**APPENDIX 3 TO ANNEX A – PHYSICIAN ASSISTANT DELEGATION OF PRESCRIPTIVE PRACTICE**

CF H SVCS GP INSTRUCTION 4030-09 – PROTECTED A (when completed)

Supervising physicians may delegate to certified PAs the authority to prescribe, dispense and administer pharmaceuticals, controlled substances, and medical devices. The supervising physician is responsible for determining PA competency to prescribe the medications delegated. The supervising physician may amend prescribing authorities at any time by updating the Delegation of Prescriptive Practice Agreement.

The PA Pharmaceutical Formulary (Annex B to CF H Svcs Gp Instr 4030-09) contains prescription and OTC pharmaceuticals that can be prescribed or used under medical delegation. The supervising physician may list exceptions for any drug category or drug on the formulary list.

Prescriptions generated by a PA shall include the name, designation, and signature of the PA issuing the prescription. The following statement is to be used on the bottom of the prescription: **Order written under medical delegation 4030-09 as authorized by Dr X. XXXX.** (License # if using external pharmacy)

The supervising physician hereby delegates the following prescriptive practice to the physician assistant (choose one)

\_\_\_\_\_ No prescriptive practice

\_\_\_\_\_ This PA may prescribe, dispense, or administer as indicated below:

A. Medication Categories.			Exceptions
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Cardiovascular	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Dermatological	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Ear-Nose-Throat (ENT)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Endocrine & Metabolic	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Gastrointestinal	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Genitourinary	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Infectious Disease	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Immunological & Vaccines	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Musculoskeletal & Connective Tissue	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Neurological	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Obstetrical & Gynecological	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Ophthalmic	





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### APPENDIX 4 TO ANNEX A – PHYSICIAN ASSISTANT (PA) – SUPPLEMENTARY DELEGATION AGREEMENT

CF H SVCS GP INSTRUCTION 4030-09 - PROTECTED A (when completed)

#### Instructions

1. The PA – Supplementary Delegation Agreement is intended for local/regional Senior Medical Authorities (SMA) and/or temporary supervising physicians.
2. The purpose of this agreement is to:
  - a. allow physicians who are temporarily supervising a previously unknown PA due to a:
    - i. **domestic/international exercise (ex. Maple Resolve, RIMPAC);**
    - ii. **short-term tasking (ex. cadet camp, short sail); and**
    - iii. **short-term operation (ex. DART, MAJAID, CJOC named Op)**

to review, accept, and/or further outline the PA's current scope of practice (SoP) as defined by the PA's garrison/clinic supervising physician, as it will be difficult to properly determine the PA's competency and delegate a SoP in such short employment timelines; and/or
  - b. supplement a PA's existing SoP should an SMA determine the PA requires additional clinical responsibilities and/or medical directives for specific employment, operation, or tasking within their area of responsibility.
3. A copy of all the PA's current delegation forms must be attached to the Supplementary Delegation Agreement.
4. Supervising physicians/SMAs must review and understand CF H Svcs Gp Instruction 4030-09 requirements regarding supervision, scope of practice, and prescribing delegation.
5. It is the responsibility of the supervising physician/SMA to review, accept, and define any additional clinical responsibilities when developing this agreement. Annotate any limitation(s)/expansion(s) to delegated medical act/privilege within the designated comment sections.
6. This Supplementary Delegation Agreement must be kept on file at the practice site throughout the duration of the PA's employment and reviewed IAW with Appendix 1.

#### Identification

##### Physician Assistant

_____	_____	_____
SN/PRI	Rank	Name/Initials
_____	_____	
Signature	Date	

##### Base/Wing/Fleet/Task Force Surgeon / Supervising Physician

_____	_____	_____
SN/PRI	Rank	Name/Initials
_____	_____	
Signature	Date	



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### SUPERVISING PHYSICIAN - SUPPLEMENTAL DELEGATION

Privilege Item(s)		Approved
1.	Core Competencies (History, Physical Exam, Initiate D&I, Formulate Tx Plan)	
2.	Occupational Medicine	
3.	Diagnosis and Management (D&M)	
4.	Prescriptive Practice (Review Appendix 2)	
5.	Procedures	
6.	Advanced D& M	
7.	Advanced Procedures	
8.	Specialty Training (Requires Certification)	

Expansion(s) / Limitation(s) to Practice:

Effective dates of supplemental delegation:

Date: \_\_\_\_\_ to \_\_\_\_\_



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### SENIOR MEDICAL AUTHORITY (SMA) - SUPPLEMENTAL DELEGATION

**SMA's may supplement a Physician Assistant's existing scope of practice should it be determined that the PA requires additional clinical responsibilities and/or medical directives for specific employment, operation, or tasking within their area of responsibility.**

- Review PA's current delegated SoP, add new clinical responsibilities as required to the table under the privilege item and sign the appropriate box, annotating any expansion or limitations to practice in provided area.
- Add new Medical Directive(s) (MedDir) as required to the table under the MedDir section. Only MediDir that have been approved for PAs in 4030-11 PA Delegated Acts – Medical Directive(s) may be authorized.

Privilege Item(s)		Approved
1.	Core Competencies (History, Physical Exam, Initiate D&I, Formulate Tx Plan)	
2.	Occupational Medicine	
3.	Diagnosis and Management (D&M)	
4.	Prescriptive Practice (Review Appendix 2)	
5.	Procedures	
6.	Advanced D& M	
7.	Advanced Procedures	
8.	Specialty Training (Requires Certification)	
Expansion(s) / Limitation(s) to Practice:		

Medical Directive(s) (May be delegated to a PA in any duty area)		
Medical Directive(s)		Approved
Comment(s)		

Effective dates of supplemental delegation (if applicable):

Date: \_\_\_\_\_ to \_\_\_\_\_



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### APPENDIX 5 TO ANNEX A – PHYSICIAN ASSISTANT (PA) – MEDICAL DIRECTIVE DELEGATION FORM

CF H Svcs Gp Instruction 4030-09 - PROTECTED A (when completed)

#### Instructions

1. When completing the Medical Directive Delegation Form, only medical directives requested by the PA need be filled out and approved. For any part that does not apply, mark "N/A" for clarity of the PA's scope of practice.
2. Supervising physicians must review and understand CF H Svcs Gp Instruction 4030-09 requirements regarding supervision, scope of practice, and delegation.
3. It is the responsibility of the supervising physician to determine the PA's competency when delegating any medical directive.
4. Supervising physicians may only delegate medical directives within their license authority and clinical competency's. The PA must be PACCC certified.
5. Any new delegated medical directives must be added and approved in the appropriate category area. The approval date and the supervising physician's signature must be annotated.
4. The Medical Directive Delegation Form must be kept on file at the practice site and reviewed at least annually.

#### Identification

##### Physician Assistant

\_\_\_\_\_  
SN/PRI                      Rank                      Name/Initials

\_\_\_\_\_  
Signature                      Date

##### Supervising Physician (Primary)

\_\_\_\_\_  
SN/PRI                      Rank                      Name/Initials

\_\_\_\_\_  
Signature                      Date

#### MEDICAL DIRECTIVE TABLE - PHYSICIAN ASSISTANT

UNIVERSAL MEDICAL DIRECTIVES (May be delegated to a PA in any duty area)			
	Medical Directive(s)	Requested	Approved
001	Procedural Sedation		
002	Myocardial Infarction Management - STEMI		





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	- NSTEMI		
003	Anaphylaxis		
004	Seizure Management		
005	Advanced Airway Management - Rapid Sequence Intubation		
007	Mechanical Ventilation		
008	Continuous Sedation		
009	Pneumothorax Management		
010	ACLS		
011	Atrial Fibrillation Management		
011	Shoulder/Hip Dislocation - Reduction		
012	Burn Injury Management		
013	Post Exposure Prophylaxis (PEP)		
014	Emergency Glycemic Management		
015	Head Injury		
016	Status Asthmaticus		
017	Stroke / TIA		
018	Pulmonary Embolism / Deep Vein Thrombosis		
019	Carbon Monoxide		
020	Sepsis Management		
021	Toxins / Overdose Management		
<b>MEDICAL DIRECTIVES – NAVY</b>			
	Medical Directive(s)	Requested	Approved
001n	Cyanide Exposure		
002n	Smoke Inhalation Management		
<b>MEDICAL DIRECTIVES – AIR FORCE</b>			
	Medical Directive(s)	Requested	Approved
001a	Fatigue Management		



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MEDICAL DIRECTIVES – SPECIAL OPERATIONS PA			
	Medical Directive(s)	Requested	Approved
001s	Fatigue Management		
002s	Acute Mountain Sickness		
003s	High Altitude Cerebral Edema (HACE) Management		
004s	High Altitude Pulmonary Edema (HAPE) Management		
MEDICAL DIRECTIVES – OPERATIONS			
	Medical Directive(s)	Requested	Approved
001o	Damage Control Resuscitation		
Comments:			

Activation Date: \_\_\_\_\_

Review due by: \_\_\_\_\_

**Base / Wing / Fleet /Task Force Surgeon**

I have reviewed and/or discussed the medical directives requested and supporting documentation for the above-named Physician Assistant.

\_\_\_\_\_  
SN/PRI                      Rank                      Name/Initials

\_\_\_\_\_  
Signature                      Date



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**ANNEX B – BASIS OF PAYMENT**

- A. During the period of the Contract, the Contractor will be paid as specified below, for Work performed in accordance with the Contract. Customs duties are included and Goods and Services Tax or Harmonized Sales Tax (GST/HST) is extra, if applicable.
- B. For the purpose of this Contract, a day is defined as 24 hours of work. Payment will be made for days actually worked, with no provision for annual leave, statutory holidays and sick leave. If time worked is more or less than a day, the all-inclusive fixed daily rate must be prorated to reflect the actual time worked.
- C. The following firm rates include all expenses that may need to be incurred to satisfy the terms of the Contract.

**1.0 INITIAL CONTRACT PERIOD: FROM 01 JUNE 2023 TO 31 MARCH 2026**

RESOURCE CATEGORY	FIRM ALL-INCLUSIVE PER DIEM RATE (CAD\$)
<b>Initial Contract Period: from 01 June 2023 to 31 March 2026</b>	
Emergency Medicine Physician	<b>[\$amount to be detailed in the resulting contract]</b>

**2.0 EXTENDED CONTRACT PERIOD 1: FROM 01 APRIL 2026 TO 31 MARCH 2027**

RESOURCE CATEGORY	FIRM ALL-INCLUSIVE PER DIEM RATE (CAD\$)
<b>Extended Contract Period 1: from 01 April 2026 to 31 March 2027</b>	
Emergency Medicine Physician	<b>[\$amount to be detailed in the resulting contract]</b>

**3.0 EXTENDED CONTRACT PERIOD 2: FROM 01 APRIL 2027 TO 31 MARCH 2028**

RESOURCE CATEGORY	FIRM ALL-INCLUSIVE PER DIEM RATE (CAD\$)
<b>Extended Contract Period 2: from 01 April 2027 to 31 March 2028</b>	
Emergency Medicine Physician	<b>[\$amount to be detailed in the resulting contract]</b>

**4.0 EXTENDED CONTRACT PERIOD 3: FROM 01 APRIL 2028 TO 31 MARCH 2029**

RESOURCE CATEGORY	FIRM ALL-INCLUSIVE PER DIEM RATE (CAD\$)
<b>Extended Contract Period 3: from 01 April 2028 to 31 March 2029</b>	
Emergency Medicine Physician	<b>[\$amount to be detailed in the resulting contract]</b>



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## ANNEX C – INSURANCE REQUIREMENTS

### 1. Commercial General Liability Insurance

- A. The Contractor must obtain Commercial General Liability Insurance, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$2,000,000 per accident or occurrence and in the annual aggregate.
- B. The Commercial General Liability policy must include the following:
- (i) Additional Insured: Canada is added as an additional insured, but only with respect to liability arising out of the Contractor's performance of the Contract. The interest of Canada should read as follows: Canada, as represented by Public Works and Government Services Canada;
  - (ii) Bodily Injury and Property Damage to third parties arising out of the operations of the Contractor;
  - (iii) Products and Completed Operations: Coverage for bodily injury or property damage arising out of goods or products manufactured, sold, handled, or distributed by the Contractor and/or arising out of operations that have been completed by the Contractor.
  - (iv) Personal Injury: While not limited to, the coverage must include Violation of Privacy, Libel and Slander, False Arrest, Detention or Imprisonment and Defamation of Character.
  - (v) Cross Liability/Separation of Insureds: Without increasing the limit of liability, the policy must protect all insured parties to the full extent of coverage provided. Further, the policy must apply to each Insured in the same manner and to the same extent as if a separate policy had been issued to each.
  - (vi) Blanket Contractual Liability: The policy must, on a blanket basis or by specific reference to the Contract, extend to assumed liabilities with respect to contractual provisions.
  - (vii) Employees and, if applicable, Volunteers must be included as Additional Insured.
  - (viii) Employers' Liability (or confirmation that all employees are covered by Worker's compensation (WSIB) or similar program)
  - (ix) Broad Form Property Damage including Completed Operations: Expands the Property Damage coverage to include certain losses that would otherwise be excluded by the standard care, custody or control exclusion found in a standard policy.
  - (x) Notice of Cancellation: The Contractor will provide the Contracting Authority thirty (30) days prior written notice of policy cancellation or any changes to the insurance policy.
  - (xi) If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.



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## **2. Medical Malpractice Liability Insurance**

- A. The Contractor must obtain Medical Malpractice Liability Insurance, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$1,000,000 per loss and in the annual aggregate, inclusive of the defence costs.
- B. Coverage is for what is standard in a Medical Malpractice policy and must be for claims arising out of the rendering or failure to render medical services resulting in injury, mental injury, illness, disease or death of any person caused by any negligent act, error or omission committed by the Contractor in or about the conduct of the Contractor's professional occupation or business of good Samaritan acts.
- C. If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.
- D. Notice of Cancellation: The Contractor will provide the Contracting Authority thirty (30) days prior written notice of policy cancellation or any changes to the insurance policy.



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## ANNEX D – NON-DISCLOSURE AGREEMENT

**Details to be inserted in the resulting contract**

I, \_\_\_\_\_, recognize that in the course of my work as an employee or subcontractor of \_\_\_\_\_, I may be given access to information by or on behalf of Canada in connection with the Work, pursuant to Contract \_\_\_\_\_ between Her Majesty the Queen in right of Canada, represented by the Minister of National Defence and \_\_\_\_\_, including any information that is confidential or proprietary to third parties, and information conceived, developed or produced by the Contractor as part of the Work. For the purposes of this agreement, information includes but not limited to: any documents, instructions, guidelines, data, material, advice or any other information whether received orally, in printed form, recorded electronically, or otherwise and whether or not labeled as proprietary or sensitive, that is disclosed to a person or that a person becomes aware of during the performance of the Contract.

I agree that I will not reproduce, copy, use, divulge, release or disclose, in whole or in part, in whatever way or form any information described above to any person other than a person employed by Canada on a need to know basis. I undertake to safeguard the same and take all necessary and appropriate measures, including those set out in any written or oral instructions issued by Canada, to prevent the disclosure of or access to such information in contravention of this agreement.

I also acknowledge that any information provided to the Contractor by or on behalf of Canada must be used solely for the purpose of the Contract and must remain the property of Canada or a third party, as the case may be.

I agree that the obligation of this agreement will survive the completion of the Contract \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date