



National Defence

Défense nationale

National Defence Headquarters
Ottawa, Ontario
K1A 0K2

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

SOLICITATION AMENDMENT / MODIFICATION DE L'INVITATION

RETURN BIDS TO / RETOURNER LES SOUMISSIONS À:

Director Services Contracting 3 (D Svcs C) /
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

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

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

Comments – Commentaires

Title / Titre Emergency Medical Advisory Services	
Solicitation No. / N° de l'invitation W6369-23-A075	Amendment No. / N° de la modification 03
Date of Amendment / Date de la modification 16 March 2023	
Address Enquiries to / Adresser toutes questions à: Natalie Provost, D Svcs C 3-4-3 Natalie.Provost@forces.gc.ca	
Telephone No. / N° de téléphone	FAX No. / N° de fax
Destination 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.

Solicitation Closes / L'invitation prend fin: At / à: 02:00 PM Eastern Daylight Time (EDT) On / le: 24 March 2023
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Delivery Required / Livraison exigée	Delivery Offered / Livraison proposée
Vendor Name and Address / Raison sociale et adresse du fournisseur	
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 _____



AMENDMENT 03 TO SOLICITATION NUMBER W6369-23-A075 IS RAISED TO:

1. Provide clarification and answers to questions; and
2. Update Annex A – Statement of Work (SOW).

QUESTIONS AND ANSWERS:

Question 1	Acknowledging that there is no requirement for security clearances for physicians and other members of the team supporting the delivery of telemedicine services accessing Protected B Personal Health Information, if we have security clearance for our organization and personnel, should we include that in our bid?
Answer 1	No. There is no security requirement applicable to this anticipated Contract.
Question 2	SOW Background section 4.3 What is the total expected number of consultations each year under Section 4.3 of the Statement of Work?
Answer 2	Although Canada cannot predict the number of calls anticipated, historical data show an average of 12 calls in a 12 month period.
Question 3	SOW Background section 4.4 Can you provide the number of locations that are anticipated to need coverage under Section 4.4 of the Statement of Work? Will a complete list of all locations be provided to the contractor?
Answer 3	The number of locations anticipated cannot be provided as the calls are mainly from Royal Canadian Navy (RCN) ships deployed around the world, and their locations change depending on national priorities. The CAF clinician calling will provide the medical resources available in their area.
Question 4	SOW Tasks 7.1 Requests medical advice via phone or e-mail under the Statement of Work –Tasks 7.1. Will contractors be required to use encrypted emails to send and receive Personal Health Information via email?
Answer 4	Contractors will not be required to use encrypted emails.



Question 5	SOW Tasks 7.3 – toll free facsimile number. If Contractor can provide a secure Electronic Medical Record system for securely sending and receiving messages, sharing medical notes, uploading photos, and vessels onboard, etc., would this be an acceptable alternate to a fax number?
Answer 5	No. That would not be feasible for ships afloat due to communications and bandwidth limitations.

Question 6	SOW Deliverables 8.1.3 Under the Statement of Work Deliverables 8.1.3 and 10.1 reporting requirements – is it acceptable to provide approved DND personnel with access to a secure electronic medical records system to access the consultation notes, rather than sending via email in MS Office format?
Answer 6	No, due to the geographic restriction, (i.e. on ship or in remote areas) it is not feasible for DND personnel to access the secure electronic medical records systems.

Question 7	SOW Constraints 9.1.1 Can a list of medications, medical equipment (ie: x ray, ultrasound capability, laboratory) stocked in various DND locations (ie: Ships vs land based) be provided?
Answer 7	Canada will coordinate a briefing to provide details on our capability, and accessible equipment or medications after the contract is awarded. Please refer to the updated Annex A – Statement of Work under sub-Section 9.1.2 below.

Question 8	SOW Reporting Requirements 10.0 It indicates under the Statement of Work Reporting Requirements 10.0 that a contractor's resource must prepare a report for each consultation case and send it within 24 hours to the supporting provider at Canadian Forces Health Services Centre (Atlantic or Pacific) or Esquimalt as appropriate. Will there be specific fax numbers, phone numbers or email that will be associated with each location that calls to send the report to?
Answer 8	Yes, the caller will identify their supporting clinic, which will have specific numbers.

Question 9	SOW Constraints 9.1.1 Will the names and professional designations, of the individuals who call the service, be provided for each location in advance or only when calling?
Answer 9	Only when calling the service will the names, and professional designations of the individuals will be provided, as the location of deployed assets can change with little notice. There are some routine annual exercises that may be shared in advance.



	Please refer to Annex A – Statement of Work sub-Section 9.1.3 below.
Question 10	SOW Appendix 1 to Annex A Context 7.0 Is there a minimum scope of practice PA's will always be trained to, including prescriptive practices? Will this be declared by the PA making the phone call or shared with the service provider in advance?
Answer 10	Yes, there's a minimum scope and this will be declared by the Physician Assistance (PA).
Question 11	The proposal still has "Her Majesty the Queen" in several places – should this be changed to "His Majesty the King"?
Answer 11	The Request for Proposal has been updated to reflect "His Majesty the King".
Question 12	Has the service traditionally been provided with an on-call fee, or an hourly rate to bill in Time blocks? Or combination thereof?
Answer 12	Please refer to Attachment 1 to Part 3 – Pricing Schedule of the RFP for details.
Question 13	Is the work being performed by a current third-party? If the work is being performed by a third-party, can you provide the current contract number? Please also provide company name
Answer 13	Services similar to those described in this requirement are being provided through the following contract: a) Contract W6369-17-A007/B with 24/7 Occupational & Emergency Medicine Solutions Inc., Contract period 01 June 2017 to 31 May 2023
Question 14	Please confirm if the phone system to be use needs to accept collect calls or if they would all be direct dial.
Answer 14	There are no requirements to accept collect calls.
Question 15	1) Does Canada have a definition of what deems someone as an 'Emergency Medicine Physician'? 2) Is there a minimum number of emergency physician role that must have been completed in the mandatory 2 years?



	3) For example. If a family doctor works one ‘ER’ shift per month and has done this for 3 years. Is that acceptable for 2 years of experience as an Emergency Medical Physician?
	<p>1) The Emergency Medicine Physician would be someone with the Royal College Emergency Medicine residency or CCFP-EM designation to meet the requirement. Note: Under SOW, 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.</p> <p>2) “ER Physician” is a specialty (or Area of Competence, for CCFP-EM). Canada does not require a specific time in practice, the official CCFP-EM designation is sufficient.</p> <p>3) No, it is not acceptable for a family doctor to work one ER shift per month nor is working for a lengthy period of time. What is sufficient is Physician with a Royal College Emergency Medicine residency or CCFP-EM designation.</p> <p>Please refer to the updated Annex A – Statement of Work under sub-Section 5.1 below.</p>

Question 16	Would Canada consider adding a minimum number of hours practicing emergency medicine as a mandatory requirement?
Answer 16	No, ER physician with Royal College or CCFP-EM designation is sufficient.

Question 17	Is there a forecast of what injuries and illnesses may comprise majority of calls?
Answer 17	Although Canada is not able to predict the injuries, they generally would fall under acute illness and trauma.

Question 18	<p>Can you please provide clarification on whom this RFP is targeting for emergency medical advisory services:</p> <ul style="list-style-type: none"> • Which other elements (Army/Air Force/CANSOFCOM)? • Deployed/named international operations? or • Other than CFS ALERT, will this be used for Canadian domestic operations such as floods or fires?
Answer 18	Emergency medical advisory services are most useful in remote/austere settings, where there is no possibility of simply sending the member to the local supporting medical facility for work-up, in order to guide a decision whether to evacuate the member to a medical facility. Most large CAF operations have access to local civilian or allied military medical facilities. Similarly most domestic taskings will refer to their nearest civilian ER directly. It is possible that small austere operations (such as The Canadian Special Operations Forces Command (CANSOFCOM) but not limited to it) may use the service in a manner similar as the RCN does.



	For domestic tasking's, it would be the L1 Medical Advisor, or the delegate (eg. Army Surgeon, or the Senior Medical Authority attached to the tasking). For named Operations such as Lentus, it would be CJOC Surgeon.
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Question 19	For CFS ALERT, would the provider be responsible for providing advice to civilian personnel as well?
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Answer 19	For provision of medical care to civilians, please refer to <u>QR&O 34.30</u> .
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Question 20	Will Canada permit the on call doctors to perform other work (remote / virtual / in person) simultaneously or is Canada requiring 100% dedicated medical professionals?
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Answer 20	Yes, however the Physician must be available to take the call when it occurs.
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Question 21	Does Canada require the Doctors performing this work to be Emergency Medicine Specialists, as certified by the Royal College of Physicians and Surgeons of Canada?
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Answer 21	Yes, please refer to above response to question #15.
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SOLICITATION NUMBER W6369-23-A075 IS HEREBY AMENDED AS FOLLOWS:

3.1 DELETE Annex A – Statement of Work in its entirety, and REPLACE with the following:

ANNEX A – STATEMENT OF WORK (SOW)

1.0 TITLE

1.1 Emergency Medical Advisory Services for 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 the services as well, for example CFB Alert.

5.0 TERMINOLOGY

- 5.1 Emergency Medicine Physician: refers to someone with the Royal College Emergency Medicine residency or a Canadian College of Family Physicians – Emergency Medicine (CCFP-EM) designation.
- 5.2 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.
- 5.3 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.
- 5.4 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.
- 5.5 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.
- 5.6 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.



- 5.7 **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
- 5.8 **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
- 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
- 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



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- 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 Canada will coordinate a briefing to provide details on our capability, and accessible equipment or medications after the contract is awarded;
- 9.1.3 Only when calling the service will the names, and professional designations of the individuals will be provided, as the location of deployed assets can change with little notice. Routine annual exercises may be shared in advance.

The SOW has been updated accordingly below.

- 9.1.4 The context of operational environment, naval operation, land operations, traveler's health issues and dysbaric effects must always be taken into account; and
- 9.1.5 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>.



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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;
 - (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.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME