



Michael Smith Foundation for
Health Research

Request For Proposals
The Utilization and Impacts of Nurse Practitioners and
Physician Assistants: A Research Synthesis

Closing Time & Date: 4:00 p.m. (PDT), October 15, 2010

Issue Date: August 2010

Table of Contents

1. Context	1
1.1 About MSFHR	1
1.1.1 Objectives	2
1.1.2 Time Frame.....	2
1.1.3 Budget.....	2
1.1.4 Eligibility Criteria	2
2. Scope of Work.....	3
2.1 Activities	3
2.2 Deliverables	3
2.3 Accountability	3
2.3.1 Progress Reporting and Evaluation	3
3. Proposal Content & Format	3
3.1 Project Purpose and Scope	3
3.2 Experience and Qualifications	4
3.2.1 Experience and Qualifications of Team Members	4
3.2.2 Declaration of Stakeholder Affiliation or Association	4
3.3 Approach.....	4
3.4 Work Plan.....	4
3.5 Financial Plan.....	4
3.5.1 Ineligible Expenses	4
3.6 Proposal Format.....	4
4. RFP Process	5
4.1 Registration	5
4.2 Submissions	5
4.2.1 Inquiries	5
4.3 Selection Process	6
4.3.1 Selection Criteria.....	6
4.4 RFP Timeline	6
5. Terms and Conditions	6
5.1 Reject Proposals	6
5.2 Liability for Errors	6
5.3 Errors in Proposals.....	7
5.4 Limitation of Liability and Indemnity	7
5.5 Confidentiality of Information.....	7
5.6 Ownership of Proposals	8
5.7 Applicants' Expenses	8

5.8	Irrevocability of Proposal	8
5.9	Conflict of Interest	8
5.10	Request for Proposal Cancellation	8
5.11	Agreement of Terms	8
5.12	Governing Law	9
5.13	Appendices	9
5.14	Copyright	9
6.	Contact Information	9
Appendix A	9	

1. Context

1.1 About MSFHR

The Michael Smith Foundation for Health Research (MSFHR) was created in 2001, the result of an unprecedented joint effort between the health, education, business, government, and not-for-profit sectors to create a strong and effective health research support organization in British Columbia (BC). Since that time, the organization has awarded and committed more than \$234 million to support health research across the province through grants to individuals (trainee and career salary awards) and awards to groups of investigators (research teams, units, networks, and institutions). The organization has also engaged in a range of special initiatives, many of them mandated and funded by the provincial government to enhance the quality and effectiveness of the provincial health system, to improve the health of British Columbians and to contribute to the provincial economy. More information about MSFHR can be found at www.msfhr.org.

Project Description

The BC Ministry of Health has provided \$8 million to MSFHR for a BC Nursing Research Initiative (BCNRI). The initiative, with direction from the Nursing Research Advisory Council (NRAC), supports practice-relevant health services research related to the nursing workforce and associated policy initiatives. One such initiative is the basis for this Request for Proposals (RFP): The Investigation of the Utilization and Impacts of Nurse Practitioners (NP) and Physician Assistants (PA) in the BC Health Care System.

NPs and PAs were introduced in the United States approximately 30 – 40 years ago. While both roles were created to enhance access to a variety of health care services, NPs generally have been aligned with nursing schools, prevention and health promotion. Alternatively, PAs have been aligned with the medical profession and generally have been used as “physician extenders”. BC introduced NPs in 2005 and recently has been considering the introduction of PAs.

Many Canadian jurisdictions, including BC, are in the process of expanding or introducing the roles of NPs and PAs;^{1,2} however, there appears to be a lack of clarity as to the specific contributions each of these roles can provide to the health care system. Planning, implementation and integration of either role involves considerable complexity and is resource-intensive in the development phase. The association of the roles with nursing and physician cultures can lead to political rhetoric and positioning, adding another level of difficulty. It also is difficult to compare and contrast NP and PA roles in other jurisdictions with those in BC as NPs in BC have one of the broadest and most autonomous scopes of practice in the country and quite possibly within North America.

Despite these complexities, the potential for these roles (either singly or in combination) to make a positive contribution to a sustainable health care system has been demonstrated³. In considering the significant resource requirements for further expansion of the NP role, the complexity and significant resources required for the implementation of the PA role, as well as the potential differences of opinion of stakeholders regarding

¹ Canadian Nurse Practitioner Initiative
(http://www.cna-nurses.ca/cna/practice/advanced/initiative/default_e.aspx).

² Recommendations of the Canadian Nurse Practitioner Initiative > Progress Report.
(http://www.cna-aiic.ca/CNA/documents/pdf/publications/CNPI_report_2009_e.pdf)

³ Recommendations of the Canadian Nurse Practitioner Initiative > Progress Report.
(http://www.cna-aiic.ca/CNA/documents/pdf/publications/CNPI_report_2009_e.pdf)

the effectiveness and appropriateness of both roles, research evidence is deemed necessary to guide and support decision makers in this area.

1.1.1 Objectives

The objective of this project is to use a research synthesis approach to develop the knowledge required to inform decision makers (predominantly in BC) charged with the implementation of NP and PA roles.

The focus of a research synthesis is much broader and more in-depth than a literature review. The purpose is to inform policy and management decisions regarding the organization, financing, funding, regulation, and other aspects of health systems, and the delivery of health care programs.

The research synthesis will answer the following questions:

- What are the varying scopes of practice and practice autonomy for both roles?
- What population health needs are best served by which role?
- What are the strengths or exemplar contributions of each role?
- Is there an opportunity to utilize both roles effectively?
- What are the requirements for the successful implementation (singly or simultaneously) of both roles in general and as they pertain to BC specifically?
- What are the barriers to implementation of both roles in general and as they pertain to BC specifically?
- Are there barriers to implementing both roles simultaneously?
- Can both roles effectively support the BC health care system and, if so, how?
- What is required to make the roles successful over time?

1.1.2 Time Frame

The project must be completed within a maximum of **12 months** from the award start date. This time frame is firm.

1.1.3 Budget

The projected budget is a maximum of \$80,000 (CDN). All expenditures related to services provided by the award recipient(s), arising from this RFP will be charged against this overall budget.

1.1.4 Eligibility Criteria

The project lead must be associated with a British Columbian public institution that is eligible to hold grant support from MSFHR as governed by a signed [Memorandum of Understanding](#) (MOU). The host institution of the Applicant selected to conduct the research described in this RFP will be asked to sign a MOU with MSFHR if one is not already in place. Private, for-profit organizations may not be the host institution.

2. Scope of Work

2.1 Activities

MSFHR seeks a small team of researchers (the Applicant) that will conduct appropriate research and investigation to complete the research synthesis described in section 1.2. The synthesis should enable decision-makers to better understand the state of evidence. In addition, this particular research synthesis should not rely only on randomized controlled trials and traditional hierarchical levels of evidence. Non-experimental analyses and qualitative research, in addition to previously conducted literature reviews and syntheses^{4,5}, will be required to build the research synthesis. The Canadian Health Services Research Foundation ([CHSRF](#)) has developed resources to assist researchers to address the type of research synthesis required for this project.

One unusual aspect of this research synthesis is the requirement for the Applicant to assemble a panel of decision-makers to provide feedback to the Applicant on an ongoing basis as to the relevance and appropriateness of the work. Additional panel members may be added at the discretion of the MSFHR.

2.2 Deliverables

The deadline for the deliverable described under sections 1.2.1 and 2.1 above is a maximum of 12 months after the start date.

2.3 Accountability

The primary contact person for all project-related inquiries is Ms. Nancy Mathias, Senior Director, Operations (604.714.6343; nmathias@msfhr.org).

2.3.1 Progress Reporting and Evaluation

A report on progress will be required by the MSFHR at least every 6 months over the course of the project. The Project Lead, who is identified by the Applicant, will inform the designated MSFHR contact person by email of any and all issues that arise during the course of the award which may affect the date of deliverables.

3. Proposal Content & Format

The following sections must be included in the RFP response in the order presented.

3.1 Project Purpose and Scope

Describe your understanding of the project including its overall scope and approach, noting any challenges that may exist and your proposal for mitigating these challenges.

⁴ Decision Support Synthesis > Linda Sawchenko – Alba DiCnso CHSRF synthesis

⁵ Canadian Nurse Practitioner Initiative > Technical Report. Practice Chapter. Dec 2009 (http://206.191.29.104/documents/pdf/tech-report/section3/01_Practice%20Chapter.pdf)

3.2 Experience and Qualifications

3.2.1 Experience and Qualifications of Team Members

Identify the Project Lead and any team members to be involved, including sub-contractors (where applicable) and provide information regarding their knowledge, experience, and understanding of topics in the area of this RFP. Describe their individual capabilities, their respective roles, and availability for this project. Resumes or CVs of one to two pages should be included for the lead and each team member.

The Applicant may not substitute, appoint, or replace any key team members without first consulting with and obtaining the approval of MSFHR.

3.2.2 Declaration of Stakeholder Affiliation or Association

Identify any previous, active or anticipated relationships between the Applicant and MSFHR, the BCNRI Nursing Research Advisory Committee.

3.3 Approach

Describe the project approach that would be followed in delivering the project as outlined in Sections 1 and 2, including the methodology that will be used in the development of the responses to the specific questions outlined in Section 1.2.1.

3.4 Work Plan

Provide a work plan and schedule, including a breakdown of major tasks, delivery dates (milestones), and the level of effort by individual team members in sufficient detail as to allow a complete understanding of how and by whom the work is to be carried out.

3.5 Financial Plan

Based upon your Work Plan, provide professional fees and expenses as well as a proposed payment schedule. A Financial Plan template has been provided as Appendix A.

3.5.1 Ineligible Expenses

The following expenses will be ineligible and should not be included:

- Rent of office premises and other related overheads (i.e. utilities).
- Capital expenses (i.e. office equipment, computer equipment and associated software).
- Travel and accommodation expenses in excess of rates approved by MSFHR according to the terms of its current Travel Policy.

3.6 Proposal Format

The following format is required for proposals:

- The proposal must be in English.

- Include a cover page.
- The proposal must be signed by a person authorized to sign on behalf of the Applicant and to bind the Applicant to statements made in response to this 'Request for Proposal'.
- Include a table of contents with page numbers. All pages should be consecutively numbered.
- The proposal should address all factors identified as the selection criteria in the same order as they are described in the criteria (see section 4.3.1). Failure to address all criteria will impair the proposal.
- Quote prices in Canadian dollars. Note which taxes (federal and/or provincial) apply to which cost components. Prices should be firm for the entire period covered by the Award.

4. RFP Process

The following are the conditions under which responses will be accepted from Applicants. All interested parties are requested to first register as Applicants, to ensure that all relevant information is made available to them prior to submission.

4.1 Registration

Any individual or organization wishing to respond should confirm in writing their intention to submit a proposal by email at nmathias@msfhr.org or fax at 604.730.0524 by **4:00 p.m. (PDT), October 1, 2010**. This will ensure that all relevant information is made available to registered Applicants prior to submission. MSFHR will confirm receipt and the individuals/organizations' status as Applicants. Those who register are under no obligation to submit; however, only registered Applicants will receive additional communications relating to RFP inquiries and answers.

4.2 Submissions

Provide **one electronic copy** (PDF format only) **and one hard copy** of the proposal in a sealed envelope no later than **4:00 p.m. (PDT), October 15, 2010**. Proposals received after this time and date will not be considered. In addition, the proposal must include the signature of an authorized official of the Applicant. Submissions should be clearly identified as follows.

RFP Submission – The Utilization and Impacts of Nurse Practitioners and Physician Assistants: A Research Synthesis
C/o Ms. Nancy Mathias
Senior Director, Operations
The Michael Smith Foundation for Health Research
Suite 200 – 1285 West Broadway
Vancouver, BC V6H 3X8

4.2.1 Inquiries

All inquiries regarding this RFP are to be directed to Ms. Nancy Mathias by email at nmathias@msfhr.org or fax at 604.730.0524 no later than **October 6, 2010**. The inquiries and answers will be provided in writing to all registered Applicants by **October 8, 2010** without naming the source of the inquiries.

4.3 Selection Process

Proposals will be reviewed and scored by a selection team based upon the criteria outlined below. An Award may be granted solely on the basis of a proposal, without a meeting with the Applicant; however, MSFHR reserves the right to invite one or more Applicants to attend a meeting with the selection team and/or to provide written clarification of their response(s). MSFHR may request references for individuals and/or organizations if deemed necessary to adequately evaluate experience and qualifications.

4.3.1 Selection Criteria

RFP responses will be evaluated according to the following scoring criteria, using the respective point system:

Criteria	Points
Understanding of project purpose, scope, and desired results	15 points
Demonstrated experience, qualifications and knowledge of Project Lead and team members	35 points
Quality of project approach, methodology, and work plan	35 points
Budget for conducting the proposed work including value for money	15 points

4.4 RFP Timeline

The project will begin as soon as possible after the award start date. For all dates below, deadlines shall be as of **4:00 p.m. Vancouver time (PDT)** on the nominated day. The dates are as follows:

Release of RFP	August 2010
Last date to register	October 1, 2010
Last date to submit inquiries	October 6, 2010
RFP Closing Date	October 15, 2010

5. Terms and Conditions

5.1 Reject Proposals

MSFHR may, in its absolute discretion, reject in whole or in part any and/or all proposals for any reason or after taking into account factors considered relevant.

5.2 Liability for Errors

While MSFHR has used considerable effort to ensure an accurate presentation of information in this RFP, the information contained in this RFP is supplied solely as a guideline for Applicants. The information is not guaranteed or warranted to be accurate by MSFHR, nor is it necessarily comprehensive or exhaustive. Nothing in this RFP is intended to relieve Applicants from forming their own opinions and conclusions with respect to the matters addressed in this RFP.

5.3 Errors in Proposals

The Applicant has the responsibility, at all times, to request any instruction, decision, or direction which may be required to prepare its proposal, or to notify the designated MSFHR contact person in writing of any ambiguity, divergence, error, omission, oversight, or contradiction contained in its proposal as it is discovered.

MSFHR reserves the right to request clarification of the contents of any proposal. MSFHR may require Applicants to submit supplementary documentation clarifying any matters contained in their proposals and may seek the Applicant's acknowledgement of that interpretation. This is not an opportunity for the Applicant to submit new information modifying the proposal. Notwithstanding the foregoing, MSFHR is not obliged to seek clarification of any aspect of a proposal.

5.4 Limitation of Liability and Indemnity

MSFHR will not be obligated or liable in any way whatsoever for a grant to an Applicant, except where MSFHR has awarded and entered into a written contract with that Applicant for the performance of the work contemplated by this RFP, in which conditions of grant shall govern all such obligations and liabilities.

It is a fundamental condition of this RFP and the receipt and consideration of proposals by MSFHR that MSFHR, and its respective employees, consultants and agents, will not and shall not under any circumstances, including without limitation whether pursuant to contract, tort, statutory duty, law, equity, any actual or implied duty of fairness, or otherwise, be responsible or liable for any costs, expenses, claims, losses, damages or liabilities (collectively and individually all of the foregoing referred to as "Claims") incurred or suffered by any Applicant or the Applicant's sub-contractors as a result of or related to any one or more of the RFP, the preparation, negotiation, acceptance or rejection of any conforming or non-conforming proposal, the rejection of any Applicant, or the cancellation, suspension or termination of the RFP process, and by submitting a proposal each Applicant shall be conclusively deemed to waive and release MSFHR and its employees, contractors, consultants and agents, from and against any and all such Claims.

Each Applicant shall indemnify and hold MSFHR and its employees, contractors, consultants and agents, harmless from and against any and all Claims brought against them arising out of any act or omission of the Applicant, the Applicant's sub-contractors, or by third parties arising out of or relating to the Applicant's receipt of this RFP, or the preparation, submission and negotiation of any proposal submitted by the Proponent, where such third parties were directly or indirectly engaged by or through the Applicant in connection with any of the foregoing, or where personal injury, bodily damage or property damage is caused by the negligent acts or omissions of the Applicant. Such indemnification shall survive completion of the goods or services provided under the contract and the termination of the award.

5.5 Confidentiality of Information

This document, or any portion thereof, may not be used for any purpose other than the submission of proposals. Information pertaining to MSFHR or related parties obtained by an Applicant as a result of participation in this process is confidential and must not be disclosed except for the purpose of responding to this RFP or as required by law.

5.6 Ownership of Proposals

All documents, including proposals, submitted to MSFHR become the property of MSFHR. They will be received and held in confidence, subject to the provisions of BC Personal Information Protection Act.

5.7 Applicant Expenses

Applicants are solely responsible for their own expenses in preparing a proposal. If MSFHR elects to reject all proposals, MSFHR will not be liable to any proponent for any claims, whether for costs or damages incurred by the Applicant in preparing the proposal, loss of anticipated profit in connection with any final agreement, or any other matter whatsoever.

5.8 Irrevocability of Proposal

By submission of a clear and detailed written notice, an Applicant may amend or withdraw his/her proposal prior to the closing date and time. At closing, all proposals become irrevocable. Proposals must be open for acceptance for at least 90 days after the closing. In the event that MSFHR requires more than 90 days to evaluate the proposals, additional time will be requested of all Applicants.

5.9 Conflict of Interest

Applicants are responsible for disclosing to MSFHR any and all real or perceived conflicts of interest. Proposals will not be evaluated if the Applicant's current or past corporate or other interests are, in the opinion of MSFHR, deemed to be a conflict of interest in connection with this RFP or the activities or mandate of its facilities. MSFHR reserves the right to disqualify and reject a proposal in whole or in part where the Applicant or directors, officers, shareholders or any other person associated with the Applicant has a claim or has initiated a claim or legal proceeding against MSFHR or against whom MSFHR has a claim or has instituted a legal proceeding with respect to any previous contracts, tenders or business transactions.

Applicants shall not engage in any form of lobbying whatsoever to influence the outcome of this RFP. Further, Applicants shall not attempt to communicate or make any representation or solicitation to any director, officer or employee of MSFHR except to the designated MSFHR contact person.

5.10 Request for Proposal Cancellation

MSFHR is not bound to accept any proposal and reserves the right in its sole and absolute discretion to postpone or cancel this RFP at any time for any reason. Further and without limiting the foregoing, MSFHR will not be bound to accept the lowest or any bid and reserves the right to accept or reject any proposal in whole or in part, to discuss with any Applicant different or additional items and terms to those described in this RFP or received in any proposal, or to amend or modify any term of this RFP. MSFHR, in its sole discretion, may invalidate and cancel this RFP entirely and may issue a new RFP if considered in the best interests of MSFHR. No Applicant will acquire any legal or equitable rights or privileges relative to the services prior to full execution of a written agreement for the services required.

5.11 Agreement of Terms

By submitting a proposal to MSFHR, Applicants shall be conclusively deemed to have accepted and to have agreed to be bound by each and every term, condition, and provision of this RFP, and any services,

specifications, warranties, guarantees or representations stated in the accepted proposal or made during the RFP and selection process.

5.12 Governing Law

Proponents must comply with all applicable laws. This RFP will be governed exclusively by, and construed and enforced in accordance with, the laws of the Province of BC. The Applicant agrees to attorn to the exclusive jurisdiction of the courts of the Province of BC in the event of any dispute concerning this RFP or any matters arising out of this RFP.

5.13 Appendices

All appendices to this RFP are deemed to be incorporated herein and form part of the RFP.

5.14 Copyright

MSFHR shall have sole and full ownership of copyrights to and all materials produced by the successful Applicant, including a waiver of moral rights, under the contract arising from this RFP. Reproduction of any documents or other data for use by anyone is forbidden without express permission in writing by MSFHR.

6. Contact Information

To obtain further information and/or to submit a proposal, please contact:

RFP Submission:
The Utilization and Impacts of Nurse Practitioners and Physician Assistants: A Research Synthesis
c/o Ms. Nancy Mathias
Senior Director, Operations
The Michael Smith Foundation for Health Research
Suite 200 – 1285 West Broadway
Vancouver, BC V6H 3X8 Email: nmathias@msfhr.org

Appendix A

Financial Plan Template

Item	Rate	# Hours	Total	Applicable Tax H/NA *
1. Professional Fees				
a) Role/Describe				
b) Role/Describe				
<i>Subtotal 1</i>				
2. Sub-contractors				

a) Role/Describe				
b) Role/Describe				
<i>Subtotal 2</i>				
3. Disbursements at cost				
a) Travel				
b) Long Distance				
c) Etc.				
<i>Subtotal 3</i>				
Subtotal				
HST 12%, if applicable				
TOTAL PRICE				

* H = HST applicable; NA = not applicable



Michael Smith Foundation for
Health Research

Michael Smith Foundation for Health Research
Suite 200 – 1285 W. Broadway
Vancouver, BC V6H 3X8
Canada