EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

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Technical Specifications for Open Invitation to Tender

Procurement Procedure for Medical Services No. EMA/2012/18/HR

Contents

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Technical specifications for open invitation to tender

No. EMA/2012/18/HR

1. Title of the invitation to tender

This document contains the Technical Specifications for the Open Invitation to Tender no. EMA/2012/18/HR for Medical Services.

The contract notice for this open tender has been published in the Official Journal of the European Union, OJS 178 on 15 September 2012.

2. Objectives and context of the invitation to tender

The European Medicines Agency ("EMA") or/and ("the Agencies") is a decentralised body of the European Union based in Canary Wharf in the Docklands area of London (E14 4HB). Its main responsibility is the protection and promotion of public and animal health, through the evaluation and supervision of medicines for human and veterinary use.

EMA was established in 1995 and operates under Council Regulation No 726/2004 to provide a system for the authorisation of medicinal products. EMA is an Agency of the European Union and has its own legal personality. EMA's budget is subject to checks and audits by the Court of Auditors.

EMA is responsible for the scientific evaluation of applications for European marketing authorisation for medicinal products (centralised procedure). Under the centralised procedure, companies submit a single marketing authorisation application to EMA. Once granted by the European Commission, a centralised marketing authorisation is valid in all European Union and EEA-EFTA states. The safety of medicines is monitored constantly by EMA through a pharmacovigilance network.

EMA also gives scientific advice and protocol assistance to companies for the development of new medicinal products. It published guidelines on quality, safety and efficacy testing requirements. A dedicated office provides special assistance to small and medium-sized enterprises (SMEs). Six scientific committees, composed of members of all EU and EEA-EFTA states, some including patients' and doctors' representatives, conduct the main scientific work of EMA.

Further information on EMA is available from its web site: www.ema.europa.eu . The area of the web site 'About us' contains information about the Agency's roles and responsibilities; management and operational staffing; the scientific committees and working groups as well as other useful information.

EMA wishes to conclude multiple framework contracts for an initial period of one year, with three possible renewals of one year each with a maximum of three companies, which will be ranked according to priority with a medical service providers for the provision of medical services as described in Section 3. The specification of the services to be provided is given below.

2.1. Other Agencies of the European Union included in this tender

The tenderers are hereby informed that in addition to EMA this procurement procedure includes two other EU Agencies as listed below, EMA being the contracting authority responsible for the procedure.

Furthermore, note that the contracting authority responsible for the procedure i.e. EMA will make a single award decision on behalf of the two other Agencies involved. A service contract will then be concluded separately, but on identical terms, for each Agency involved and each Agency will manage its own contract.

a. European Banking Authority (EBA) ("the Agencies")

EBA was established by Regulation (EC) No. 1093/2010 of the European Parliament and of the Council of 24 November 2010. The EBA came into being on 1 January 2011 and has taken over all the existing and ongoing tasks and responsibilities of the Committee of European Banking Supervisors (CEBS). The EBA acts as a hub and spoke network of European Union (EU) and national bodies safeguarding public values such as the stability of the financial system, the transparency of markets and financial products and the protection of depositors and investors.

EBA is based in Old Broad Street, London, EC2N 1HQ, UK

Further information on EBA is available from its web site www.eba.europa.eu

b. European Police College (CEPOL) ("the Agencies")

CEPOL is a European Union (EU) Agency, established in 2005 (Council Decision 2005/681/JHA of 20 September 2005). CEPOL's mission is to bring together senior police officers from police forces in Europe - essentially to support the development of a network - and encourage cross-border cooperation in the fight against crime, public security and law and order by organising training activities and research findings.

CEPOL is based in Bramshill, Hook, Hampshire, RG27 0JW, UK
Further information on CEPOL is available from its web site www.cepol.europa.eu

3. Subject of the tender

The tenderer is required to provide to the three Agencies all medical services specified in these Technical Specifications in line with the Staff Regulations of Officials of the European Communities (Annex V of these Technical Specifications) These are pre-employments examinations; annual medicals (yearly health screenings) ; review or advice on individual staff sick leave cases including personal visits or consultations by telephone/PC (Skype/Adobe Connect); occupational health review examinations and psychological/counselling services. In addition, health programmes such as flu vaccination, medical advice for business travel, supply and storage of medicine for pandemic flu purposes, training of staff on matters within the subject of the tender, relevant support or advice in a business continuity context and conduct invalidity committees (explained in detail below) for such cases.

The required services in detail:

- **Pre-employment medical examination**

  This is a medical examination for all prospected staff members. The awarded medical provider must follow the exact list of tests included in these Technical Specifications. The prospected staff members requested to undertake a pre-employment examination are asked to call the medical provider with a purchase order (PO) reference (e.g. PO 1111111) in order to make the booking. This PO must go on the invoice respectively. Following pre-employment medical visits the respective Agency will require a medical certification for which a template will be provided once the contract has been awarded. This certificate must state that the prospected staff member is physically fit (or not) to perform the duties pertaining to the job following the recruitment rules set out in the EU Staff Regulations.

  The complete medical report must be sent to the prospected staff member via post and/or e-mail to the given addresses of that prospected staff member; a copy must be kept by the medical provider.

  The Agencies require a pro-active manner from the medical service in cases where for instance the delivery of the certificate is delayed; this must be communicated immediately to the Agencies as this has an effect on the process of the contract of this prospected staff member.

  Pre-employment reports must not be sent to the Agencies unless otherwise requested and consent given by the respective prospected staff member.

  Staff members must be asked if they want to receive their report electronically and/or on the post to the staff member's requested addresses.

- **Annual medicals examinations**

  These are yearly health screenings for all staff members of the Agencies. The awarded medical provider must follow the exact list of tests (organised by age groups) included in these Technical Specifications. Following the visits the staff members must receive a full medical report sent via post and/or e-mail to the staff member's requested addresses within two weeks from the day of the appointment. A copy of this report must be kept with the medical provider. Any additional tests needed/desirable/requested by the staff member or doctor that fall outside the list of test included in these Technical Specifications must be at the staff member’s expense and not invoiced to the Agencies.

Staff members are asked to call the medical provider to set their appointment with a code/PO. This is to be given to the medical provider at the beginning of each year by the Agencies.

Annual medical reports must not be sent to the Agencies unless otherwise requested and consent given by the respective staff member.

Staff members must be asked if they want to receive their medical report electronically or on the post or both to the staff member's requested addresses.

- **Occupational health reviews**

  Occupational health reviews must be provided in order to support personnel management of the Agencies within the context of the EU Staff Regulations. Occupational health reviews will be on a case-by-case basis to provide guidance and advice to HR on how best to manage sick leave absence and/or other issues concerning workplace adjustments in the event of disability etc. In occupational health reviews it is also required to determine whether special provisions for leave may be granted for sick leave cases of staff members or sickness cases of other family members under the EU Staff Regulations. The awarded medical provider must be able to offer the occupational health review service with an independent doctor of the centre who will deal solely with such medical visits (i.e. not the same doctor who carries out the pre-employment medical and the annual medical for the Agencies). In exceptional circumstances, the occupational health review may entail travel to the patient's location and/or accommodating the staff member's linguistic needs. Where travel is involved the Agencies shall meet the cost. The Agencies will pay for interpretation or translation services on a case by case basis. The Agencies may also require occupational health reviews to be carried out at their premises. They may also require an occupational health review to be carried out by phone and/or, if possible, by internet interview (Skype, Adobe Connect) on the same day that a staff member reports in sick.

  The names/details of the staff members requested to undergo an occupational health review will be given to the medical provider in advance with an explanation of the case and a contact point.

  The Agencies require that the medical provider has a pro-active and timely follow up manner towards such cases where the staff member does not have the motivation to book an appointment and/or misses a booked appointment by contacting the staff member directly.

  Staff members must be asked if they want to receive their report electronically and/or on the post to the staff member's requested addresses.

- **Manage invalidity cases** and their review.

  The Invalidity Committee consists of:

  a) a doctor of the awarded medical service provider , which would normally be a doctor specialised in occupational health issues, e.g. an occupational physician;

  b) a doctor representing the staff member (normally family GP or other, chosen by staff member);

  c) and a third doctor, agreed by above parties a) and b).

  This therefore involves liaison between different doctors who may be in different locations in UK or abroad.

Meetings of the invalidity committee {doctors a), b) and c)} can take place as well by telephone, videoconference, but there can be significant logistical arrangements as all doctors have limited availability. Medical reports may be in a variety of languages requiring translation whereby the Agencies will pay for the costs. Timely follow-up and pro-active management of the committee is a requirement. The successful tenderer/medical service provider must be the driver and organiser of the committee meeting(s) and respect the deadlines set by the Agencies.

The committee has legal powers under EU staff legislation and as in all legal matters good record keeping and proper administration is a major service requirement.

The normal turnaround time for an invalidity case is between three and six months. The Agencies provide the documents and templates that the committee will use well in advance of the deadlines. An invalidity case procedure manual is also made available.

The medical provider would also represent the Agencies for any invalidity cases on the Invalidity Committee under the EU Staff Regulations and manage the work of the Invalidity Committee;

- **Psychological/counselling services** must be provided in a broad range of topics such as anxiety, depression, people relationships, court and family disputes, trauma, bereavement, stress management, professional coaching, business continuity or disaster situation and any other services falling under the expertise of the medical service provider, including adult psychological assessments. The Agencies have a requirement for guidance, advice and training in areas of welfare, including counselling, well-being, health, disabilities;
- **Provision of training**, the medical provider may be required to prepare and give training to the Agencies staff on specific topics, e.g. sick leave management, and/or other topics within the subject of this tender;
- In a **business continuity situation** the awarded medical provider should be able to support the Agencies as follows:

  1. Provision of emergency vaccination at the Agencies premises or as requested;
  2. Immediate medical support at the Agencies premises or as requested;
  3. Immediate psychological support /counselling taking into account the wide range of mother tongue languages of the staff members - at Agencies' premises or as requested;
  4. Any further medical advice;

In addition to the required services above, the appointed medical provider must be able to provide health programmes such as seasonal flu vaccination (at the Agencies' premises), medical advice for business travel and storage of medicine for pandemic flu purposes or other medicines if so required.

The medical information provided by all the examinations is strictly confidential to the person examined and the appointed medical provider and shall be processed in accordance with applicable EU data protection legislation. The appointed medical provider will be responsible for the keeping of all necessary records, filing reports etc under the correct staff member's name, and retaining of all medical files, with the result of relevant tests and any other supporting documentation. The appointed medical provider will have to retain all medical files in line with the archiving policy of the Agencies as detailed in the service level agreement. Logistics for a transfer (receiving or moving) the historical

medical files at a change of the medical provider (either from the previous medical provider or to the new medical provider) must be in place. The volume of the medical files is approx. 3 m³.

Periodically an audit will be carried out on the medical files retained by the appointed medical provider by the Agencies in order to assess the security measures of the files and all other data protection compliance activities. These audits may be carried out at the premises of the service provider and may include interviews with personnel responsible for the handling of the data and direct inspection of databases and other resources where the data are stored. Medical files held by the service provider may be inspected by the Agencies in accordance with the provisions of Regulation (EC) 45/2001 regarding the protection of personal data. The list of tests used by the Agencies for both pre-employments and annual medicals examinations are established by the medical service of the European Commission which the Agencies follow as their benchmark medical service.

3.1. Mandatory requirements and services to be provided

Tenderers are requested to tick all the boxes and send these two pages with the tender to confirm that they understand that they must be able to provide all these mandatory services. Failure to provide this confirmation that the tenderer is able to provide all the service listed below as of the contract start will exclude the tenderer from the tender.

- The medical service provider must be able to provide the full range of medical tests and services as specified in these Technical Specifications under point 3. Subject of the tender; ☐
- Booking of appointments for any requested service must be within two weeks from the day the medical service is contacted by the Agencies' staff member or prospected staff member; ☐
- The medical service provider must be able to offer occupational health review service with an independent doctor of the centre who will deal solely with such medical visits (i.e. not the same doctor who carries out the pre-employment medical and the annual medical for the Agencies); ☐
- The medical premises where the medical examinations are to take place must either be located within postcode E14 4HB or within forty-five minutes travelling time by public transport from/to E14 4HB; ☐
- The number of premises/clinics offered by the tendered to the Agencies where examinations/appointments are to take place must not exceed three in total; ☐
- Staff members undertaking annual or pre-employment examinations must be able to complete all examinations/tests required (as per the list of test provided) during their appointment in 0.5 days (half a day) maximum; ☐
- Medical certificates for pre-employments examinations must arrive at the Agencies' addresses accordingly within a maximum of two weeks from the date of the appointment. These certificates must be sent via e-mail first (by scanning original signed) and then via post (paper original). If further examination/tests are required (or for any other reason) and this timeframe cannot be met the medical provider must inform the Agencies' HR immediately; ☐
- Medical reports for occupational health must be sent electronically only to the Agencies within a maximum of one week from the date of the appointment. The Agencies may also require an oral report within three days from the date of the appointment. The full written report must also be sent to the staff member either electronically and/or via post as preferred by them. If tests/further examinations are required and this timeframe cannot be met the medical provider

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must inform the Agencies on the same day of the appointment or as soon as this information is available;

- Medical reports for annual medicals must be sent to the staff members (with choice of e-mail or/and post) within two weeks from the date of appointment; ☐
- All reports and/or certificates sent electronically to staff member and/or the Agencies' HR must be password protected to be set and communicated by the medical provider directly to the staff member and Agencies' HR accordingly; ☐
- X-Rays and mammography facilities must be available on the same premises or within close proximity (walking distance) of the medical centre and when applicable it must fit within the half day of the appointment; ☐
- The provider must have at all times 3 available counsellor professionals (so staff members have the choice when booking appointment) in the delivery of these services; ☐
- A choice of male or female doctor and chaperone service should be provided to the Agencies' staff members for all services requested in this Technical Specifications; ☐
- The selected medical provider must invoice the Agencies (in the required format as detailed in point 10. Payment Arrangements) separately and in accordance with the services provided as well as treat each Agency as an individual identity; ☐
- The medical adviser shall at any time strictly comply with the medical code of ethics and any relevant rules applicable to the Agencies; ☐
- The parties must, and the medical service provider must procure that its subcontractor, if applicable, shall, comply at all times with the Regulation (EC) No 45/2001, Data Protection Act 1998, the Data Protection Directive (95/46/EC), the Regulation of Investigatory Powers Act 2000, the Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000 (SI 2000/2699), the Electronic Communications Data Protection Directive (2002/58/EC), the Privacy and Electronic Communications (EC Directive) Regulations 2003 (SI 2426/2003) and all applicable laws and regulations relating to the processing of personal data and privacy, including where applicable the guidance and codes of practice issued by the Information Commissioner (the "Data Protection Legislation") and shall not perform their obligations under the Contract in such a way as to cause either party to breach any of its obligations under the Data Protection Legislation. The medical service provider shall immediately notify the Agencies in the event that it becomes aware of any breach of the Data Protection Legislation by it or any of its sub-contractor in connection with the contract. ☐

LIST OF TESTS TO CARRY OUT FOR PRE-EMPLOYMENT MEDICALS:

The appointed medical service provider must be able to carry out pre-employment medicals for persons nominated by the Agencies. Specifications for pre-employment medical tests are below indicated:

List of tests for pre-employment medicals for males and females:

1. Medical questionnaire
2. Doctor consultation
3. Anthropometry
4. Blood pressure and pulse
5. Body fat percentage measurement
6. Hearing
7. Vision test
8. Chest X-ray
9. Faecal Occult blood test
10. HIV Antibodies (With clien's consent)
11. Lung Function
12. Resting electrocardiogram
13. Laboratory tests:

    a) Urine analysis

    b) Blood: Sedimentation Rate, Urea, Uric Acid, Creatinine, Glycemia, Cholesterol, Triglyceride, HDL/LDL, AIDS (with the agreement and signature of the candidate), GGT, SGOT (ASAT), SGPT (ALAT), Latex sigma, Hepatitis A, Hepatitis B, Hepatitis C, TSH, CRP, Hematology (with formula and platelets), Ferritine, TPHA if latex sigma+. +women only: Rubeola

    +men only

    45+ years: PSA

    +45+ years men and women: Serum Protein, Electrophoresis

LISTS OF TEST TO CARRY OUT FOR ANNUAL MEDICALS VISITS:

The appointed medical service provider must be able to carry out annual medicals for persons nominated by the Agencies. Specifications for annual medical tests are below indicated:

Women under the age of 40

(Any supplementary tests or examinations needed or requested will be at the patient's expense.)

1. Clinical examination

Anamnesis (case history) and exhaustive clinical examination (with medical questionnaire)

1. Height
2. Weight
3. Keystone eye test
4. Blood pressure & pulse

2. Frontal and lateral chest X-ray

Only if justified on medical grounds

3. Laboratory tests

– Blood:

Sedimentation Rate, Urea, Uric Acid, Creatinine, Glycemia, Cholesterol, Triglyceride, HDL/LDL, AIDS (with the agreement and signature of the candidate), GGT, SGOT (ASAT), SGPT (ALAT), Latex sigma, Hepatitis A, Hepatitis B, Hepatitis C, Rubeola, TSH, CRP, Hematology (with formula and platelets), Ferritine, TPHA if latex sigma+.

– Urine:

sugar, albumine, blood

+ microscope examination

– Tropical diseases (only for staff posted to the tropics): falciform antibodies, schistosomiasis,

amibiasis et HBV antibodies

Parasitological examination of stools (straight tests and tests with bacterial culture)

4. Electrocardiogram at rest

5. Gynaecological examination

– Cytology of neck of uterus and colposcopy

– Clinical examination of the breasts

– Mammography and echography of the breasts only if justified on medical grounds

6. Summary report

(Updating of risk record)

<u>Women 40 + years</u>

(Any supplementary tests or examinations needed or requested will be at the patient's expense.)

1. Clinical examination

Anamnesis (case history) and exhaustive clinical examination (with medical questionnaire)

Height

Weight

Keystone eye test

Blood pressure & pulse

2. Complete ophthalmological examination

Visual acuity test with review of possible corrective treatment (without prescription of lenses)

– Fundus

– Tonometry (ocular pressure)

3. Complete ear, nose and throat examination

(Direct fibroscopic laryngoscopy only if indirect examination is impossible)

4. Frontal and lateral chest X-ray

Only if justified on medical grounds

5. Laboratory tests

– Blood:

Sedimentation Rate, Urea, Uric Acid, Creatinine, Glycemia, Cholesterol, Triglyceride, HDL/LDL, AIDS (with the agreement and signature of the candidate), GGT, SGOT (ASAT), SGPT (ALAT), Latex sigma, Hepatitis A, Hepatitis B, Hepatitis C, Rubeola, TSH, CRP, Hematology (with formula and platelets), Ferritine, TPHA if latex sigma+.
+ 45+ years: Serum Protein, Electrophoresis

– Urine:

sugar, albumine, blood

+ microscope examination

– Test for blood in stools (three consecutive days)

– Tropical diseases (only for staff posted to the tropics): falciform antibodies, schistosomiasis, amibiasis et HBV antibodies

Parasitological examination of stools (straight tests and tests with bacterial culture)

6. Cardiovascular examination

– Electrocardiogram at rest

– Exercise electrocardiogram: cycle-ergometer (only where there are risk factors)

7. Protoscopy

(A full colonoscopy is recommended between the age of 45 and 50; persons with a family history every three years)

Should a colonoscopy or a rectosigmoidoscopy be necessary (to be checked with your general practitioner, with your Institution's Medical Adviser or with the doctor at the health screening centre), please ask the health screening centre about how to prepare for such an examination so that it may take place under optimal condition needed for these tests.

8. Gynaecological examination

– Cytology of neck of uterus and colposcopy

– Clinical examination of the breasts

– Mammography

– Echography of the breasts only if justified on medical grounds

9. Abdominal and renal echography

One reference examination from the age of 45

10. Summary report

(Updating of risk record)

Men under the age of 40

(Any supplementary tests or examinations needed or requested will be at the patient's expense.)

1. Clinical examination

Anamnesis (case history) and exhaustive clinical examination (with medical questionnaire)

Height

Weight

Keystone eye test

Blood pressure & pulse

2. Frontal and lateral chest X-ray

Only if justified on medical grounds

3. Laboratory tests

– Blood:

Sedimentation Rate, Urea, Uric Acid, Creatinine, Glycemia, Cholesterol, Triglyceride, HDL/LDL, AIDS (with the agreement and signature of the candidate), GGT, SGOT (ASAT), SGPT (ALAT), Latex sigma, Hepatitis A, Hepatitis B, Hepatitis C, TSH, CRP, Hematology (with formula and platelets), Ferritine, TPHA if latex sigma+.

– Urine:

sugar, albumine, blood

+ microscope examination

– Tropical diseases (only for staff posted to the tropics): falciform antibodies, schistosomiasis,

amibiasis et HBV antibodies

Parasitological examination of stools (straight tests and tests with bacterial culture)

4. Electrocardiogram at rest

5. Summary report

(Updating of risk record)

Men 40+ years

(Any supplementary tests or examinations needed or requested will be at the patient's expense.)

1. Clinical examination

Including manual examination of the prostate from the age of 45

Anamnesis (case history) and exhaustive clinical examination (with medical questionnaire)

Height

Weight

Keystone eye test

Blood pressure & pulse

2. Complete ophthalmological examination

Visual acuity test with review of possible corrective treatment (without prescription of lenses)

– Fundus

– Tonometry (ocular pressure)

3. Complete ear, nose and throat examination

(Direct fibroscopic laryngoscopy only if indirect examination is impossible)

4. Frontal and lateral chest X-ray

Only if justified on medical grounds

5. Laboratory tests

– Blood:

Sedimentation Rate, Urea, Uric Acid, Creatinine, Glycemia, Cholesterol, Triglyceride, HDL/LDL, AIDS (with the agreement and signature of the candidate), GGT, SGOT (ASAT), SGPT (ALAT), Latex sigma, Hepatitis A, Hepatitis B, Hepatitis C, TSH, CRP, Hematology (with formula and platelets), Ferritine, TPHA if latex sigma+.+ 45+ years: PSA, Serum Protein, Electrophoresis

– Urine:

sugar, albumine, blood

+ microscope examination

– Test for blood in stools (three consecutive days)

– Tropical diseases (only for staff posted to the tropics): falciform antibodies, schistosomiasis,

amibiasis et HBV antibodies

Parasitological examination of stools (straight tests and tests with bacterial culture)

6. Cardiovascular examination

– Electrocardiogram at rest

– Exercise electrocardiogram: cycle-ergometer (only where there are risk factors)

7. Protoscopy

(A full colonoscopy is recommended between the age of 45 and 50; persons with a family history every three years)

Should a colonoscopy or a rectosigmoidoscopy be necessary (to be checked with your general practitioner, with your Institution's Medical Adviser or with the doctor at the health screening centre), please ask the health screening centre about how to prepare for such an examination so that it may take place under optimal condition needed for these tests.

8. Abdominal and renal echography

One reference examination from the age of 45

9. Summary report

(Updating of risk record)

4. Participation in the tender

4.1. Multilateral agreement on public procurement

Participation in this tendering procedure shall be open on equal terms to all natural and legal persons coming within the scope of the Treaties and to all natural and legal persons in a third country which has a special agreement with the European Union in the field of public procurement under the conditions laid down in that agreement.

Where the Multilateral Agreement on Public Procurement concluded within the World Trade Organisation applies, the tendering procedure shall also be open to nationals of the countries which have ratified this agreement, under the conditions laid down in that Agreement. In that connection, it should be noted that the services under Annex II-B to Directive DIR/2004/18/EC and the R&D services listed in category 8 of Annex II-A to that Directive are not covered by the Agreement.

4.2. Subcontracting

If the tenderer envisages subcontracting, the following documents must be provided with the tender submission:

(i) A document signed by the tenderer stating clearly the identity, roles, activities and responsibilities of the subcontractor and specifying the volume/proportion for the subcontractor.

(ii) A letter of intent by the subcontractor stating its unambiguous undertaking to collaborate with the tenderer if it wins the contract and the extent of the resources that it will put at the tenderer's disposal for the performance of the contract.

(iii) If requested under points 12, 13 and 14 any documents regarding the exclusion and/or selection criteria for the subcontractor.

If such documents are not provided, the Agency shall assume that the tenderer does not intend subcontracting.

5. Additional documentation available to tenderers

Further information about the work of EMA can be obtained on its website http://www.ema.europa.eu

Further information about the work of EBA can be obtained from its website http://www.eba.europa.eu

Further information about the work of CEPOL can be obtained from its web site www.cepol.europa.eu

6. Information visit

N/A

7. Variants

Not applicable.

8. Estimated contract volume

The estimated number of medical visits i.e. pre-employment, annual medical, occupational health reviews and counselling services required during the first 12 months, without this being binding on the Agencies, is:

- EMA
  - 70 pre-employment visits;
  - 420 annual medical visits;
  - 30 occupational health review cases (with up to 4 visits per case);
  - 1 invalidity case;
  - 5 cases psychological assessments (normally 6 sessions per case);
    - The total 4 years estimated contract value without this being binding on EMA is £800,000.00
- EBA
  - 40 pre-employment visits;
  - 100 annual medical visits;
  - 10 occupational health review visits;
  - 1 invalidity case;
  - 4 cases psychological assessments (normally 6 sessions per case);;
    - The total 4 years estimated contract value without this being binding on EBA is £300,000

- *CEPOL*
    - 10 pre-employment visits;
    - 45 annual medical visits;
    - 5 occupational health review visits;
    - 1 invalidity case;
    - 3 psychological assessments (normally 6 sessions per case);

        - The total 4 years estimated contract value without this being binding on CEPOL is £100,000

- **<u>Counselling guidance, advice and training to the Agencies</u>**

For illustrative purposes only, and by no means exhaustively this might include training (including face to face, or any virtual delivery mechanism) and on-going support in the areas of first line counselling skills for HR, staff committee representatives or managers, welfare aspects of personnel, such as return to work interviews, support to staff at particular life events – e.g. preparation for retirement, and, on an adhoc basis, training in areas of interest – e.g. building resilience, understanding cognitive behaviour disabilities.

Type of training	Duration	No. of sessions
counselling skills	1 day	4
counselling skills	0.5 day	8
follow up support for first line counsellors	sessions of 30 minutes (phone / other virtual)	20
other training	1 day	6
other training	0.5 day	2
bite size session	Up to 120 minutes	8
follow up virtual support	30 minutes	8
follow up virtual support	60 minutes	8
advice, consultancy or course design	1 day	4
advice, consultancy or course design	0.5 day	4

9. Price

9.1. Currency of tender

Prices must be submitted in GBP. The costing sheet attached to these specifications must be used to submit a tender.

Please note that any financial costing sheet must be submitted in separate binders or folders, which must be clearly labelled.

9.2. All-inclusive prices

Prices submitted in response to this tender must be inclusive of all costs involved in the performance of the contract (e.g. to include delivery, travel, subsistence etc). No expenses incurred in the performance of the services will be reimbursed separately by the Agency.

9.3. Price revision

Prices submitted in response to this tender shall be fixed and not subject to revision for Purchase Orders concluded during the first year of performance of the contract.

From the beginning of the second year of performance of the contract, prices may be revised upwards or downwards each year, where such revision is requested by one of the contracting parties by notice served no later than three months before the anniversary of the date on which the contract became effective. Purchase Orders shall be concluded on the basis of the prices in force on the date on which they are signed. Such prices shall not be subject to revision.

This revision shall be determined by the trend in the Consumer Price Indices (CPI) covering the United Kingdom, where the services are to be performed. The CPI is published on a monthly basis by the National Statistics Office, 1 Drummond Gate, London SW1V 2QQ, www.statistics.gov.uk.

Revision shall be calculated in accordance with the following formula:

$$Ir\ Ar = Ao — Io$$

where

Ar = revised total amount;

Ao = total amount in the original tender;

Io = index for the month in which the validity of the tender expires;

Ir = index for the month corresponding to the date of receipt of the letter requesting a revision of prices.

9.4. Costs involved in preparing and submitting a tender

The Agency will not reimburse any costs incurred in the preparation and submission of a tender. Any such costs must be paid by the tenderer.

9.5. Period of validity of the tender

Tenderers must enclose a confirmation that the prices given are valid for six months from the date of submission of the tender.

9.6. Protocol on the Privileges and Immunities of the European Union

The Agencies are, as a rule, exempt from all taxes and duties, and in certain circumstances is entitled to a refund for indirect tax incurred such as value added tax (VAT), pursuant to the provisions of Articles 3 and 4 of the Protocol on the Privileges and Immunities of the European Union. Tenderers must therefore give prices which are exclusive of any taxes and duties and must indicate the amount of VAT separately.

10. Payment arrangements

Payments under the contract shall be executed only if the contractor has fulfilled all its contractual obligations by the date on which the invoice is submitted, including specified deliverables.

The medical provider must invoice each of the three Agencies included in this tender as per point 2.1 separately and in accordance with the service provided to each Agency. Invoices must not include a mixture of services; each invoice must be for one service only i.e. one invoice for annual medicals only, another invoice for pre-employments only, and so on.

Each Agency must be treated by the medical provider as individual identities with regards to invoicing or any other issues that may arise. The main body of the invoice should include the information as per below:

Appointment Date	Details	VAT rate	VAT amount	NET amount
00/00/00	Name of staff member + DOB + name of service provide e.g. PRE-EMPLOYMENTS + PO number	0.00	0.00	0.00

Followed by a shadow statement omitting the staff member's name as per below:

Appointment Date	Details	VAT rate	VAT amount	NET amount
00/00/00	DOB + Name of service provide + PO number	0.00	0.00	0.00

For services where the fee charged to the Agencies may include several aspects e.g. for invalidity cases, the invoices must show a break down in detail of all charges and not present it in one figure.

The subcontractor, if applicable, must never invoice the Agencies directly; fees of the subcontractor's services must be invoiced via the awarded medical provider invoicing system.

All charges must be based on flat rates for any service provided to the Agencies; contractual arrangements such as annual retainers will not be accepted.

11. Contractual details

A draft contract is attached to these Technical Specifications as Annex IV. Tenderers must confirm acceptance of the draft contract and terms and conditions of the tender as part of their tender response. The contract applies to all the Agencies. Each Agency will sign the contracts individually.

A draft level service agreement is also provided in Annex VI to which the Agencies may consider very limited adaptation and lays out how services are ordered.

The Agencies wish to conclude a framework contracts which will establish contractual terms in particular with regards to the price of the services provided. A contract will be awarded for 12 months and may be renewed for a period of 12 months a further three times. The total possible duration of a contract is, therefore, 4 years. There will be a ranking; the priority of a company will be indicated in the framework contract. If the first priority company is unable to meet any requested service included in this Technical Specifications, the Agencies would be entitled to send the request to the second priority company and the first company would be considered unavailable. Similarly if a third priority company has been included in the cascade and the second priority company was unable to meet a request, the Agencies would be entitled to send a request to the third priority company and the second company would be considered unavailable. In case the service is required again the Agencies will check against company in rank 1 again and follow the rank accordingly.

Signature of the framework contract imposes no obligation on the Agencies to order services. Only the implementation of the framework contract through signed purchase orders for group or individual training is binding for the Agency.

12. Exclusion criteria

Tenderers shall be excluded from participation in this procurement procedure if:

- they are insolvent (or the subject of bankruptcy proceedings if an individual) or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
- they have been convicted of an offence (if an individual) or judgment has been made against them concerning their professional conduct by a judgment which has the force of res judicata;
- they have been guilty of grave professional misconduct proven by any means which the contracting authority can justify;
- they have not fulfilled obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which they are established or with those of the country of the contracting authority or those of the country where the contract is to be performed;
- they have been the subject of a judgment which has the force of res judicata for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the European Union's financial interests; following another procurement procedure or grant award procedure financed by the European Union budget, they have been declared to be in serious breach of contract for failure to comply with their contractual obligations;

Contracts may not be awarded to tenderers who, during the procurement procedure:

- are subject to a conflict of interest;
- are guilty, either knowingly or negligently, of misrepresentation in supplying the information required by the contracting authority as a condition of participation in the contract procedure or fail to supply this information;

Tenderers and subcontractors must complete, date and sign the declaration in Annex II in relation to Exclusion Criteria. Only the successful tenderer and subcontractors will be required to provide all the supporting documentation indicated in this Annex at a later stage prior to contract signature.

The Agency reserves the right to request the tenderer at a later stage to provide the declaration and supporting documentation for exclusion criteria from the subcontractor, if applicable.

13. Selection criteria: financial and economic capacity

Requirements:

Tenderers must be in a stable financial position and have the economic and financial capacity to perform the contract.

Evidence required:

The documents or information listed below must be presented as evidence of compliance with the economic and financial capacity. If subcontracting is envisaged, documentation must be provided in relation to any subcontractors.

If the tenderer is a company and is otherwise required under the law of the State in which it is established to publish its accounts, the following information is requested:

1. A copy of the most recent audited accounts that cover the last three years of trading or for the period that is available if trading for less than three years.
2. A statement of the company's turnover, Profit & Loss and cash flow position for the most recent full year of trading (or part year if full year not applicable) and an end period balance sheet, where this information is not available in audited form at point 1 above.
3. Where documents mentioned under point 2 above cannot be provided, please provide a statement of the company's cash flow forecast for the current year and a bank letter outlining the current cash and credit facility position.
4. If the organisation is a member of a group of companies, documents under points 1, 2 and 3 are required for both the tenderer and its ultimate holding company. Where a consortium or association is proposed, the information is requested for each member company.
5. Enclose a separate statement of the tenderer's turnover that relates directly to the requirements of the Agency for the past three years, or for the period the tenderer has been trading (if less than three years). The turnover of physicians must be separated from the other staff so the turn over of both types of staff is clear.
6. Evidence of professional risk indemnity insurance.

If the tenderer is not obliged to publish its Accounts under the law of the state in which it is established, please supply copies of such accounting information as the tenderer is willing to provide relating to the last three financial years or any period since the end of the last financial year.

The Agency reserves the right to request at a later stage that the tenderer provide documentation in relation to the selection criteria (economic and financial capacity) from any subcontractors.

14. Selection criteria: technical and professional capacity

Requirements:

The tenderer's technical and professional capacity will be evaluated using the following criteria:

a) Authorisation of the tenderer to perform the contract under national law;

b) Relevant experience and competence in providing the medical services in the field of occupational health;

c) Relevant educational and professional qualifications of the contractors key staff providing the medical services as well as the managerial staff, including linguistic qualifications ; ability to provide doctors of each gender to cater for individual staff preferences when required;

d) Availability of the technical equipment necessary to fulfil the conditions of the contract;

e) Minimum of five years' experience and competence in providing counselling/psychological services; proven experience of working with similar tasks in an international environment with the thorough understanding and awareness of challenges related to multicultural and expatriation issues; proven experience in dealing with conflict and mediation; excellent communication skills, emotion intelligent, problem solving orientation, ability to listen, empathy, discretion and capacity to work in strict confidentiality, ability to put aside personal believes and value judgment;

Evidence required:

The following documents or information shall be presented as evidence of compliance with the technical and professional capacity criteria. If subcontracting is envisaged, documentation must be provided in relation to any subcontractors.

a) A tenderer is asked to prove that they are authorised to perform the contract under the national law as evidenced by inclusion in a trade or professional register, or a sworn declaration or certificate, membership of a specific organisation, express authorisation or entry in the VAT register;

b) Details of at least 3 major past contracts concluded in the past 3 years for similar services, which are relevant to the requirements in these Technical Specifications;

c) The indication of persons proposed for providing the medical services for the Agencies (who will be doing what service e.g. doctor a) will cover pre-employments, doctor b) will cover occupational health reviews, etc.) with full descriptions of their qualifications and their experience on that particular chosen service. If Curricula Vitae are submitted they must bear no indication of name or date of birth, only a number. A separate list should be included showing the association between these numbers and actual names;

d) Details of the all technical equipment available and their age/upgrade for delivering the range of services required e.g. the equipment for X-Rays and mammographys;

e) A full description of the counsellor's experience, qualifications and evidence of formal qualification by a certificate issued by the competent authority in the country of education; counsellor professionals must have a minimum of five years of experience.

15. Award criteria

Having established the capacity of the tenderer to provide the medical services during the selection phase, the award phase will establish the most economically advantageous offers to which the contracts may be awarded.

There will be a minimum score of 60% in the overall award criteria, tenderers not reaching the minimum score shall be eliminated and not evaluated for price.

The award criteria which will apply to this tender are as follows:

Award criteria	%
1) Quality of service	50%
2) Price	40%
3) Site visits and PP presentation	10%
Total	100%

1) Quality of service (including subcontractor/s) (50%)

1. Approach and expertise in dealing with occupation health referrals – 8%
2. Approach and expertise in providing guidance, advice and training in areas of welfare, including counselling, well-being, health, disabilities as well as support during a business continuity situation - 8%
3. The understanding that the Agencies are governed by the EU Staff Regulations and evidence how these will be applied in practice – 8%
4. Medical examination procedure from (staff member) arrival to departure at the clinic and its readiness for a business continuity situation – 6%
5. Approach and evidence of systems in place to ensure that the full list of test for the pre-employment and annual medicals as well as the application of the EU staff regulations are applicable at all times accordingly and with no errors – 6%
6. Flexible cancellation policy with minimum or no cost for the Agencies - 4%
7. The understanding of invoicing requirements and evidence of an efficient invoicing system – 4%
8. Efficient archiving management - 2%
9. Simple booking system and how information is delivered to the doctor in relation to what medical programmes are to be used when the staff members comes to see the doctor - 2%
10. Storage and management of anti-viral medicines - 2%

2) Price (40%)

Price shall be evaluated using the scenarios A, B & C indicated on the costing sheet (Annex I). The scenario is indicative only for evaluation purposes and is not binding on the Agency as a

future purchase but uses the prices which shall be charged by the tenderer if a contract is awarded.
Price will be evaluated using the following formula:

$$\frac{\text{Lowest price x weighting for price}}{\text{Tenderer's price}}$$

"Tenderer's price" will be calculated as the total sum of Scenario A, B and C of the costing sheet in Annex I.

3) Site visits and PP presentation (including subcontractor/s) (10%)

On the basis of the initial evaluation and award criteria from the admissible tenders received a shortlist of a maximum of the three highest ranking tenderers will be prepared after evaluation of quality of services and price. For these three, the evaluation committee will arrange to visit the proposed facilities and a maximum of 10 % will be allocated to the visit. Should any tenderer decline the visit to their facility, this will result in elimination from the tender procedure.

These 3 tenderers will be evaluated based on:

1. Premises of medical centre must offer appropriate privacy to patients and demonstrate the highest standards of hygiene and cleanliness; balance of the professional streams carrying out the pre-employments and annual medicals as well as privacy /dignity to staff members e.g. are clients asked to go through reception wearing a robe to go to a different room to carry out tests? The Agencies will require to see/live the full routine/procedure of a staff member undertaking for instance an annual medical examination. - 4%

2. X-Ray and mammography facilities - 2%

PP presentation:

The companies that will be visited are asked to make a 20 minutes presentation on the following subjects:

3. Service taking into account the multicultural background nature of the Agencies ' staff population - 2%
4. Understanding of the Agencies needs for advice and guidance in the area of the contract – 2%

The final scores will be made out of 100% and a list of ranking of tenderers will be drawn up.

16. Tender to be submitted

In order to assess each tenderer according to the above-mentioned criteria, the following information must be submitted by the tenderer:

- A letter enclosing the tender on the official letter headed paper of the tenderer and signed by an authorised representative of the tenderer.
- An information sheet on the tenderer indicating:
  - the name and registered business address including telephone number, e-mail address and website address;
  - any other different current or previous trading name in the past three years;
  - the name and contact details of the person whom may be contacted with any queries regarding this tender;
  - the legal status of the tenderer;
  - if the tenderer is a company the company registration number, VAT registration number and date of incorporation;
  - if the tenderer is a member of a group of companies and if so the relationship between the tenderer and the ultimate holding company, the name and address of the holding company and its registration number, whether the ultimate holding company would be prepared to guarantee the liabilities in connection with this contract;
  - details of organisational structure including organisation chart;
  - number and locations of premises;
  - number of employees;
  - name of the person authorised to sign contracts on behalf of the tenderer.
- Completed declaration in Annex II relating to Exclusion Criteria.
- Documentation requested to enable assessment of Selection Criteria (points 13 and 14 above).
- Documentation/information requested to enable assessment of Award Criteria.
- A statement to confirm that information provided in response to this tender is accurate and complete as at the date of submission and acknowledgement that the provision of false information, either knowingly or negligently, in response to this tender could result in the tenderer being excluded from future tenders for contracts with the Agency.
- Confirmation of acceptance of the draft contract and terms and conditions of tender.
- An undertaking to inform the Agency promptly following any matter which would alter or add to any of the information given in response to this tender.
- Documents as requested in relation to proposed subcontracting.
- Tenders submitted by consortia or by groups of service providers must indicate the role, title and experience of each member or of the group.

- **To be submitted in separate binders or folders, which must be clearly labelled**, a detailed financial tender using the costing sheet attached in Annex I, and exclusive of VAT, signed by an authorised representative of the tenderer.
- Tenderers are requested to make use of the checklist given in Annex III to ensure that no enclosure has been omitted in their tender.

Tenderers are also requested to provide the following statements of no more than one A4 page for each point to enable an assessment of the award criteria:

1. The understanding that the doctor providing the occupational health review to the Agencies cannot be the same doctor as the one providing the other required services to the Agencies and that the Tenderer is able to comply with this requirement; please include an explanation about how this requirement will be managed, e.g. which system will be in place that will ensure no confusion or mistakes about which doctor does what. Separation of these services is essential for legal reasons. Also explain in detail the approach and/or procedure to deal with matters of occupational health referrals e.g. how does the tenderer get the staff member to come back to work, how does the tenderer follow up cases when the staff member does not turn up for the agreed appointment and/or he/she is not motivated to book an appointment;
2. Explain the approach and expertise in providing guidance, advice and training in areas of welfare, including counselling, well-being, health, disabilities to the Agencies as well as supporting the Agencies in case of a business continuity situation e.g. psychological support to staff members, providing instant nursing support for e.g. anti-virus vaccinations. Include any training and/or situations where you had to deal with such matters;
3. The understanding and acknowledgement that the Agencies are governed by EU Staff Regulations included in Annex V of these Technical Specifications and not by UK employment law, and that the Tenderer will apply EU Staff Regulations accordingly; please include an explanation about how this requirement will be managed e.g. what system will be in place that will ensure minimal or no mistakes;
4. Explain in detail what is the procedure for the medical examinations (annual medical and pre-employment) once the staff member arrives at the clinic e.g. who does what? Will the staff member first see a nurse and will go through what tests or the doctor will carry out all the tests inside one room; in how many different rooms will the tests take place; when mammography/x-ray is applicable, how is that fitted into the appointment? Does the staff member need to move to a different building to do any tests? Also, do staff members have to dress and undress to move to different rooms to carry out the different tests required? Please be as detailed as possible from the staff member's arrival to departure;

   Also describe what plans the tenderer has in place in case of a business continuity situation e.g. your premises (including staff members) have been affected by a terrorist attack and are non-operational and 20 prospected staff member from the Agencies have booked appointments for a pre-employment;
5. The understanding that the list of tests to be used by the Tenderer for the pre-employment and annual medical consultations are exactly those included in these Technical Specifications and not any other used by the Tenderer or UK health regulation and that the Tenderer is able to comply with this requirement; please include an explanation about how this requirement will be managed e.g. what system will be in place that will ensure that the Agencies' staff members will be treated differently from the other clients;
6. Provide details of your booking cancellation policy;

7. The understanding that invoices must be sent to the three different Agencies in accordance with the services provided by the medical service; please include an explanation about how this requirement will be managed e.g. what system will be in place that will ensure minimal or no mistakes invoicing the different Agencies. Please include an example of an invoice to be issued to EMA;

8. Describe the medical files' archiving management e.g. how it is organised, where? Storage space, logistics of receiving/moving files at change of medical provider, security, data protection;

9. Describe how the booking of appointments will work e.g. is there a dedicated team/hotline for appointments only and how would the tenderer code the appointment for the Agencies' staff member to be linked the Agencies' requirements e.g. list of tests to be used. How is that information delivered to the doctor seeing the staff member?

10. Provide details of the resources available and how would you manage and store anti-virus medicines e.g. 2000 boxes of vaccines;

For information only:

11. State the specific addresses (maximum 3) at which the medical/occupational health review/psychological/mammography or X-ray services will be performed. The travel duration will be calculated on the basis of train transportation from Underground or Docklands Light Railway closest to EMA. The travelling time will be calculated using the Transport for London Journey Planner, option available from the Transport for London webpage, http://www.tfl.gov.uk (as per point 3.1 Mandatory requirements of these Technical Specifications);

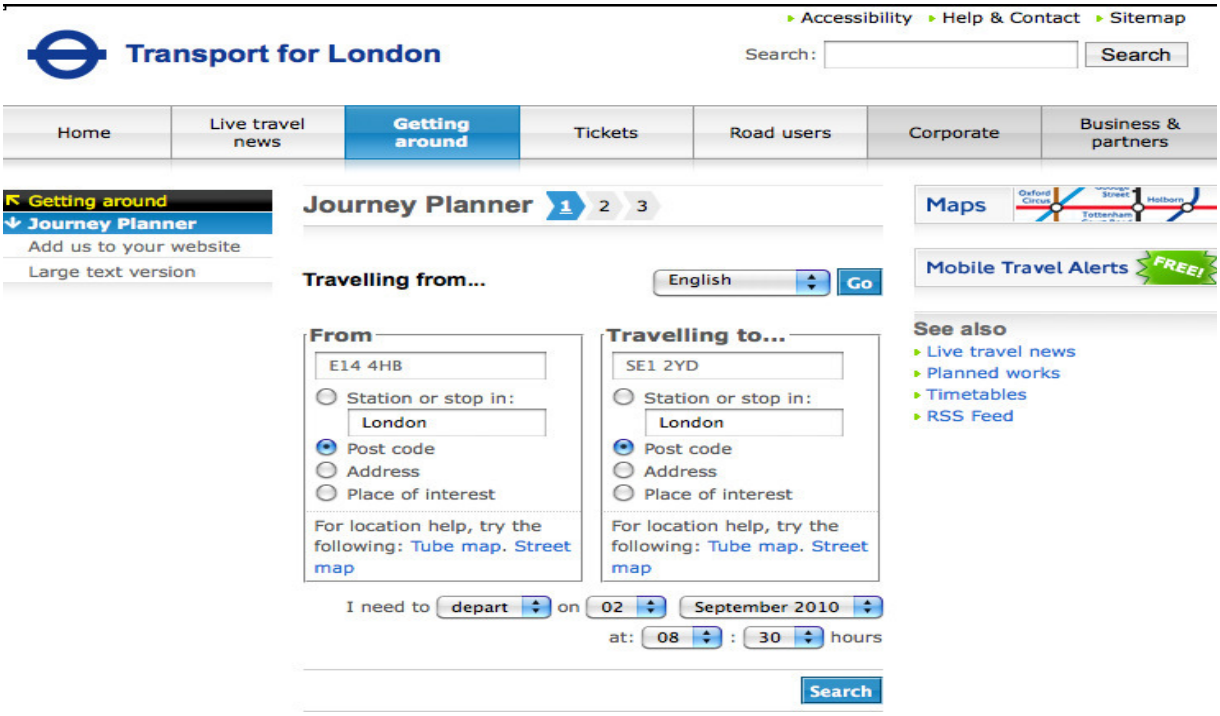
12. Explaining how a staff member would travel to the clinic where the service is to take place i.e. how long would it take a staff member from EMA's Agency's office address to reach the clinic. If different services are to take place at difference clinics please give one example of each clinic;

    This statement must be supported by a print out from Transport for London website: http://journeyplanner.tfl.gov.uk, starting the journey at EMA's Agency's post code (E14 4HB), leaving the Agency at 8:30 a.m., Monday to Friday, and finishing the journey at the service providers' post code. (You may alter the postcode with street name and house number).

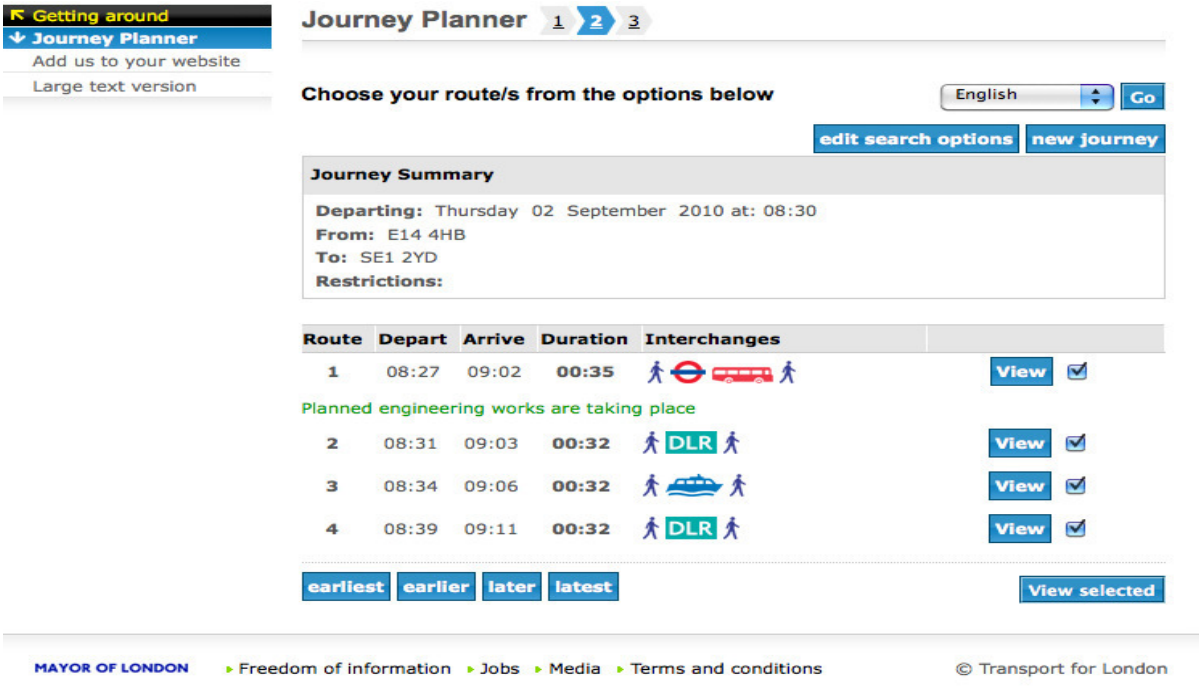
    Please attach the step 2 print out to your statement in the tender response.

    For example, plan a journey from EMA address to Tower Bridge museum determined by entering the Agency postcode as well as the clinic's postcode, when filling in "travelling from" and "travelling to fields", as per below:

Step 1


Accessibility
Help & Contact
Sitemap
Transport for London
Search:
Search
Home
Live travel news
Getting around
Tickets
Road users
Corporate
Business & partners
Getting around
Journey Planner
Add us to your website
Large text version
Journey Planner 1 2 3
Travelling from...
English
Go
From
E14 4HB
Station or stop in:
London
Post code
Address
Place of interest
For location help, try the following: Tube map. Street map
Travelling to...
SE1 2YD
Station or stop in:
London
Post code
Address
Place of interest
For location help, try the following: Tube map. Street map
I need to depart on 02 September 2010
at: 08 : 30 hours
Search
Maps
Mobile Travel Alerts
FREE!
See also
Live travel news
Planned works
Timetables
RSS Feed

Step 2


Getting around
Journey Planner
Add us to your website
Large text version
Journey Planner 1 2 3
Choose your route/s from the options below
English
Go
edit search options
new journey
Journey Summary
Departing: Thursday 02 September 2010 at: 08:30
From: E14 4HB
To: SE1 2YD
Restrictions:
Route Depart Arrive Duration Interchanges
1 08:27 09:02 00:35 View
Planned engineering works are taking place
2 08:31 09:03 00:32 DLR View
3 08:34 09:06 00:32 View
4 08:39 09:11 00:32 DLR View
earliest earlier later latest
View selected
MAYOR OF LONDON
Freedom of information
Jobs
Media
Terms and conditions
© Transport for London

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Annexes

I Costing Sheet to be used by tenderers
II Exclusion criteria statement and detail of supporting documentation required
III Summary Checklist of Documents which tenderers must submit
IV Draft contract
V Staff Regulations of Officials of the European Communities
VI Service Level Agreement

Annex I

Costing sheet

Tenderers should submit this sheet in separate binders or folders which must be clearly labelled.

Failure to insert a price for all or any of these sheets will exclude the tenderer. Tenders are requested to carefully check all figures and calculations.

Prices should be submitted in GBP, only one price per service is accepted. No ranges of price shall be accepted, if a range of price is submitted this will exclude the tender.

NAME OF TENDERER: _____

Prices to be used for **scenario calculation A), B) and C**) in award criteria of price.
This scenario is only for evaluation purposes and not binding to the Agencies and these will be the prices paid for the services for the first 12 months of the contract.

A)

Pre-employment medical visits	**Age in years**	**Price per person**	**Volume to be used in scenario people/year**	**Total Price for volume**	**Comments**
1. Women	< 45		40		
2. Women	45+		5		
3. Men	< 45		20		
4. Men	45+		5		
Total *price to be used in the scenario*					

B)

Annual medical visits	**Age in years**	**Price per person**	**Volume to be used in scenario: people/year**	**Total Price for volume**	**Comments**
1. Women	< 40		200		
2. Women	40 to 44		45		
3. Women	45+		40		
4. Men	< 40		75		
5. Men	40 to 44		30		
6. Men	45+		30		
Total *price to be used in the scenario*					

C)

Seasonal flu vaccines to take place at the Agencies' premises

Seasonal flu vaccinations at Agencies' addresses	**Price Per 100 vaccines incl nurse per day**	**Comments**
Total *price to be used in the scenario*		

Prices for information purposes

Invalidity

The price quoted per hour at the medical provider premises for Occupational Health Review shall be used for the price per hour for invalidity cases.

Occupational health review at via telephone or other electronic means	**Price per hour**	**Comments**

Psychological services at tenderer's premises	***Price per hour**	**Comments**

Psychological services at Agencies' premises	***Price per hour**	**Comments**
Psychological services via telephone/PC (Skype/Adobe Connect)	***Price per hour**	**Comments**

*State price per hour for type of psychologist
*State price for other services

[1] Sick leave certificate review	Price	Comments

Provision of medical advice	Price	Duration	Comments

Rate of a medical consultation and duration of the consultation	Price	Duration	Comments

Rate of a medical consultation and duration of the consultation	Price	Duration	Comments

Price for moving/transferring mass of medical records within London	Per m3 medical files	Comments

Training to staff members
Exclude VAT and training venue, but include all other related costs such as: materials, travel and subsistence costs, travel time, etc. Do not give range prices.

training type	duration	unit fee £
counselling skills	1 day	
counselling skills	0.5 day	
follow up support for first line counsellors	sessions of 30 minutes (phone / other virtual)	
other training	1 day	
other training	0.5 day	
bite size session	Maximum of 120 minutes	
follow up virtual support	30 minutes	
follow up virtual support	60 minutes	

[1] Translation is provided by the agencies if not in EN

advice, consultancy or course design	1 day	
advice, consultancy or course design	0.5 day	

Other relevant services

Where the tenderer is able to provide additional counselling/psychological services, these should be indicated in the table below. There is no requirement to provide any or all of these services, and the Agencies give no commitment to use any or all of these services.

Date: Signature of authorised representative:
(Print name):
Position in Company:

Annex II

Exclusion criteria declaration upon honour and detail of supporting documentation required

Tenderers must:

1. Answer the following questions by indicating yes or no in each case. A "yes" response to questions 1-11 inclusive will result in the tenderer being eliminated from the procedure. A "no" response to questions 12-17 will result in the tenderer being eliminated from the procedure;
2. Ensure that the declaration is signed and dated by the tenderer;
3. Ensure that signature is by either a company director or any person with powers of representation or control in relation to the tenderer;
4. Note that where subcontracting is envisaged, the tenderer must certify, if requested at a later stage by the Agency, that any subcontractor is not in one of the following situations of exclusion;
5. Note that if the tenderer is a legal entity, it must provide, if requested by the Agency at a later stage in the procedure, any further information on the ownership or on the management, control and power of representation of the legal entity.

Declaration upon honour

The undersigned declares upon honour the following answers in relation to the company or organisation that he/she represents:

1. Is the tenderer insolvent (or the subject of bankruptcy proceedings if an individual) or being wound up?	Yes/No
2. Is the tenderer having its affairs administered by the courts?	Yes/No
3. Has the tenderer entered into an arrangement with creditors?	Yes/No
4. Has the tenderer suspended business activities?	Yes/No
5. Is the tenderer the subject of proceedings concerning any such matters referred to in 1, 2, 3 or 4 above or in any analogous situation arising from a similar procedure provided for in national legislation or regulations?	Yes/No
6. Has the tenderer been convicted of any offence (if an individual) or judgment been made against it concerning its professional conduct by a judgment which has the force of res judicata?	Yes/No
7. Has the tenderer been guilty of grave professional misconduct?	Yes/No
8. Has the tenderer failed to fulfil its obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which they are established or with those of the country of the contracting authority or those of the country where the contract is to be performed?	Yes/No

9. Has the tenderer been the subject of a judgment which has the force of res judicata for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the European Union's financial interests?	Yes/No
10. Following any other procurement procedure or grant award procedure financed by the European Union budget, has the tenderer been declared to be in serious breach of contract for failure to comply with their contractual obligation and is the tenderer subject to any administrative penalty as a result of this?	Yes/No
11. Does the tenderer have conflict of interest in connection with the contract; a conflict of interest could arise in particular as a result of economic interests, political or national affinities, family or emotional ties, or any other relevant connection or shared interest?	Yes/No
12. Will the tenderer inform the Agency, without delay, of any situation constituting a conflict of interest or which could give rise to a conflict of interest?	Yes/No
13. Does the tenderer confirm that it has not made and will not make any offer of any type whatsoever from which an advantage can be derived under the contract?	Yes/No
14. Does the tenderer confirm that it has not granted and will not grant, has not sought and will not seek, has not attempted and will not attempt to obtain, and has not accepted and will not accept, any advantage, financial or in kind, to or from any party whatsoever, constituting an illegal practice or involving corruption, either directly or indirectly, as an incentive or reward relating to the award of the contract?	Yes/No
15. Does the tenderer confirm that it is not guilty of any serious misrepresentation, either knowingly or negligently, in supplying any information required by the Agency?	Yes/No
16. I note that the Agency reserves the right to check the responses to the above information.	Yes/No
17. I agree to provide the supporting documentation listed below should the tenderer be awarded a contract by the Agency.	Yes/No

I declare upon my honour that the above responses are correct.

Date: _____ Signature of authorised representative: _____

(Print name): _____

Position in Company: _____

Representing (name of tenderer): _____

Signature should be by either a company director or any person with powers of representation or control in relation to the tenderer.

Tenderers must note that the following supporting documentation will have to be provided at a later stage prior to contract signature but only by the successful tenderer. No contract can be signed without receipt of such supporting documentation. For successful joint tenderers exclusion criteria declarations and supporting documents are required from each company individually.

In support of the above responses, the successful tenderer will provide following documents:

a. Proof regarding situations mentioned in points 1, 2, 3, 4, 5, 6 and 9 in the form of a recent extract from the judicial record, or failing that, a recent equivalent document issued by a judicial or administrative authority in the country of origin or provenance showing that these requirements are satisfied. The extract(s) or equivalent documentation must be the most reasonably available;

b. The Agencies will accept a recent certificate issued by the competent authority of the country concerned as satisfactory evidence that the tenderer is not in the situation mentioned in point 8 above. The certificate must be dated less than four months before the final date for submission of tenders;

c. Where no such certificate is issued in the country concerned, it may be replaced by a sworn or a solemn statement made by the tenderer before a judicial or administrative authority, a notary or a qualified professional body in the country of origin or provenance.

Annex III

Summary checklist of documents which tenderers must submit

1. Letter enclosing the tender on the official letter headed paper of the tenderer and signed by an authorised representative of the tenderer;
2. Tender in one original paper copy with one copy of all documents on CD-ROM, containing the following elements:
    a. Information sheet on the tenderer (as detailed in point 16 of the Technical Specifications above).
    b. Completed declaration in Annex II relating to Exclusion Criteria;
    c. Confirmation requested under point 3.1;
    d. Documentation requested to enable assessment of Selection Criteria (points 13 and 14 above);
    e. Documentation requested in point 16 to enable assessment of Award Criteria (point 15);
    f. A statement to confirm that information provided in response to this tender is accurate and complete as at the date of submission and acknowledgement that the provision of false information, either knowingly or negligently, in response to this tender could result in the tenderer being excluded from future tenders for contracts with the Agency;
    g. Confirmation of acceptance of the draft contract and terms and conditions of tender;
    h. An undertaking to inform the Agencies promptly following any matter which would alter or add to any of the information given in response to this tender;
    i. Documents as requested in relation to proposed subcontracting;
    j. Tenders submitted by consortia or by groups of service providers must indicate the role, title and experience of each member or of the group.
    k. **To be submitted in separate binders or folders, which must be clearly labelled**, a detailed financial tender using the costing sheet attached in Annex I, and exclusive of VAT, signed by an authorised representative of the tenderer.

END

Annex IV draft contract and annex VI service level agreement are in separated files.

Annex V

Staff Regulations of Officials of the European Communities

http://ec.europa.eu/civil_service/docs/toc100_en.pdf