

Issued: October 2, 2009

WorkSafeBC Expression of Interest #H015-2009 TO PROVIDE SERVICES AS DENTAL CONSULTANT FOR THE DEPARTMENT OF HEALTH CARE SERVICES

WorkSafeBC (The Workers' Compensation Board of BC) would like to identify a provider interested in offering services as Dental Consultant for the Department of Health Care Services.

The successful respondent is expected to provide services at the WorkSafeBC Head Office located in Richmond, BC.

DESCRIPTION OF SERVICES

As a strong communicator operating in a collaborative environment, the Dental Consultant will perform the following roles and responsibilities:

- Act as a resource to the Board regarding Dental issues, providing Dental information expertise and staff education to internal stakeholders;
- Review patient files, clinical status, and treatment plan requests from dental providers;
- Provide dental opinion to claim owners to ensure safe, appropriate and effective dental care;
- Participate in WorkSafeBC initiatives as requested, including but not limited to, conducting outreach and liaison activities while representing WorkSafeBC throughout the province, and attending relevant conferences and focus groups;
- Consult and liaise with other health care providers as appropriate;
- Develop and maintain a WorkSafeBC formulary and bring a 'best practice' focus to the supervision of client care as related to dental services across the province;
- Ensure compliance with the regulatory and practice standards of dental care;

QUALIFICATION REQUIREMENTS

Respondents must be able to demonstrate and provide evidence of the necessary skills, experience, and requirements to provide the Services. This includes, but is not limited to, the following:

1. The Dental Consultant must have the following minimum qualifications:
 - Full registrant and current member in good standing with the College of Dental Surgeons of BC;
 - Familiarity with computerized dental and database systems, and relevant software applications, such as Word and Excel;
 - A minimum of 5 years experience as a qualified Dentist in BC;
 - English language proficiency;

2. The Dental Consultant must provide evidence of continuing professional development courses completed from 2005 to present.
3. The Dental Consultant must be able to provide Services up to 3 full sessions over a minimum 3 days per week or pre-determined timelines. On an as and when required basis, the Dental Consultant may be required to work extra sessions.

COMPETITIVE PROCESS

This EOI is an inquiry only and WorkSafeBC reserves the right in its sole discretion to negotiate a contract individually with any Respondent to this EOI for all or part of the work or not to proceed with a contract.

WorkSafeBC may choose to interview short-listed Respondents. If WorkSafeBC requests interviews, short-listed Respondent(s) will be notified, after the EOI closing, of the specific time, date and location of their interview. All costs incurred, including all travel costs, are the responsibility of the Respondent and are not chargeable to WorkSafeBC. WorkSafeBC will try to accommodate the availability of all Respondent(s). However, WorkSafeBC reserves the right not to continue with Respondent(s) who are not available for an interview.

RESPONSE DEADLINE

Interested applicants are requested to submit their expression of interest by completing and returning the following page. Expression of Interest forms may be faxed, emailed or mailed to WorkSafeBC. The response deadline is November 30, 2009.

INQUIRIES

For any questions or concerns, please contact:

Sharleen Mackenzie, C.P.P., Senior Purchasing Officer

Corporate and Health Care Purchasing

Phone: (604) 214-6758

Email: Purchase@WorkSafeBC.com



WORKING TO MAKE A DIFFERENCE

Corporate and Health Care Purchasing

Mailing Address
PO Box 5350 Stn Terminal
Vancouver, BC V6B 5L5

Location
6951 Westminster Hwy.
Richmond, BC V7C 5L5

www.worksafebc.com

Ph: (604) 276-3344

Fax: (604) 276-3260

Email: purchase@worksafebc.com

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FAX: (604) 276-3260

TO: **BONNIE GERMYN, Purchasing Assistant; WorkSafeBC Corporate & Health Care Purchasing**

**CONFIRMATION OF EXPRESSION OF INTEREST #H0015-2009
TO PROVIDE SERVICES AS DENTAL CONSULTANT FOR HEALTH CARE
SERVICES**

Yes I am interested in being considered as a Dental Consultant for Health Care Services and I am providing the information as requested.

1. NAME	
2. MAILING ADDRESS	
3. PHONE NUMBER	
4. FAX NUMBER	
5. EMAIL ADDRESS	
6. DEGREE(S) OBTAINED	
7. COLLEGE OF DENTAL SURGEONS OF BC REGISTRATION NUMBER	
8. ENGLISH LANGUAGE PROFICIENCY	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. COMPUTER SKILLS (PLEASE LIST)	
10. YEARS OF EXPERIENCE AS A QUALIFIED DENTIST	

11. DESCRIPTION OF PRIMARY PRACTICE SETTING	
12. DESCRIPTION OF PRIMARY PRACTICE ROLE – EG DIRECT PATIENT CARE, SUPERVISOR, ADMINISTRATOR/MANAGER, DENTAL INFORMATION, EDUCATOR/RESERACHER, CONSULTANT, OTHER.	
13. LIST CONTINUING PROFESSIONAL DEVELOPMENT COURSES COMPLETED (2005 – PRESENT)	
14. AVAILABLE TO PROVIDE SERVICES UP TO THREE (3) FULL SESSIONS OVER A MINIMUM THREE (3) DAYS PER WEEK.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. PLEASE PROVIDE YOUR PREFERRED FEE STRUCTURE EXCLUDING GST AND PST.	<p>_____ PER HOUR</p> <p><u>OR</u></p> <p>_____ PER SESSION</p>