

Maeder



Comptroller General
of the United States
Washington, D.C. 20548

Decision

Matter of: CardioMetrix
File: B-241844
Date: February 26, 1991

Robert J. Loring for the protester.
Herbert F. Kelley, Jr., Esq., and Sophia L. Rafatjah, Esq.,
Department of the Army, for the agency.
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the General Counsel, GAO, participated in the preparation of
the decision.

DIGEST

Rejection of the protester's proposal for the performance of
cardiology-related diagnostic tests in favor of an award to a
higher-priced, technically acceptable offeror is proper where
the agency reasonably concluded that the protester's lower-
priced offer was technically unacceptable because the
physician the protester proposed was not board certified in
cardiology or board eligible in cardiology as required by the
solicitation.

DECISION

CardioMetrix protests the rejection of its offer and subse-
quent award of a contract to Dr. Dennis E. Line under request
for proposals (RFP) No. DABT43-90-R-0038, issued by the
Department of the Army for the performance of several types of
cardiology-related diagnostic tests. CardioMetrix contends
that the Army improperly rejected its offer as technically
unacceptable.

We deny the protest.

The RFP, issued on August 21, 1990, contemplated the award of
a firm, fixed-price contract for a base year and two 1-year
options. It provided that award may be based on initial
proposals without discussions and would be made to the lowest-
priced, technically acceptable offeror. The solicitation
advised bidders that the agency required a physician to
perform three types of cardiology-related diagnostic tests at
the contractor's facility, which was to be within 30 miles of
the Dunham U.S. Army Health Clinic, Carlisle Barracks,
Pennsylvania. The solicitation advised offerors that the

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testing must be conducted by a physician who was "board certified or board eligible in cardiology" in accordance with the standards of the American College of Cardiologists. The offeror had to submit documentation of these qualifications for each physician who would perform the tests.

CardioMetrix's price for the base year plus 2 option years was \$73,980; Dr. Line's price was \$80,280. As part of the required qualifying documentation for its proposed physician, CardioMetrix submitted a curriculum vitae which stated that the physician is board eligible in internal medicine and in non-invasive cardiology. The protester also submitted with its proposal two letters addressed to the physician from the American Osteopathic Board of Internal Medicine (AOBIM). The first letter, dated July 31, 1982, stated that the physician would be eligible for the cardiology boards after certification in internal medicine. The second letter, dated May 10, 1990, noted that the physician had been accepted to "sit" for the certifying exam in internal medicine to be given in September, 1990. The letter indicated that the physician had twice previously taken and failed the exam.

Based on this documentation, the agency concluded that the physician proposed by CardioMetrix was not board certified or board eligible in cardiology. Consequently, CardioMetrix's proposal was found technically unacceptable and award was made to Dr. Line as the low, technically acceptable offeror. CardioMetrix filed its protest with our Office on October 25 and performance has been suspended pending the resolution of this protest.

CardioMetrix alleges that since its lower-priced offer was technically acceptable, it should have been awarded the contract. The protester acknowledges that the physician it proposed is not board certified, but argues that the physician is board eligible in cardiology. The protester points to the physician's curriculum vitae, submitted with its proposal, which states that the physician is board eligible in internal medicine and in non-invasive cardiology. The curriculum vitae also shows that the proposed physician completed a 1-year fellowship in non-invasive cardiology in 1981 and, according to the protester, the completion of this program automatically establishes the physician's board eligibility.

In its report on the protest, the agency responds that the proposed physician is not eligible for certification in cardiology in accordance with the requirements of the American College of Cardiologists. By way of background, the agency outlined the general process of and requirements for board eligibility and board certification. The agency explains that after graduating from schools of medicine or osteopathy, physicians usually continue their training through internships

or residencies, which provide in-depth training in specific basic medical or surgical specialties, such as internal medicine, pediatrics, or orthopedic surgery. Each of these specialties has a board which, among other things, establishes a certifying exam in that specialty. When a physician completes a residency program in a basic specialty and when his or her residency director states that he or she is qualified to take the board-certification exam for that specialty, the physician is then considered board eligible in that specialty. Upon successful completion of the certifying exam in that specialty, the physician is then certified by the specialty board.

Some physicians who are board eligible or board certified in a basic specialty will later take a fellowship training program in a sub-specialty area of a basic specialty. For example, a physician may complete a residency in the basic specialty of internal medicine and then take a fellowship in the sub-specialty of cardiology. Specialty boards usually have sub-boards which, among other things, establish a certifying exam in that sub-specialty. Most importantly for the purposes of this case, to be considered board eligible in a sub-specialty, a physician generally must be both board certified in the basic specialty and must have completed an approved fellowship training program in that sub-specialty. For example, to be board eligible in cardiology, a physician must be board certified in the basic specialty of internal medicine and have completed an approved fellowship in the sub-specialty of cardiology.

The agency argues that the qualifying documentation submitted by the protester concerning its proposed physician indicates that the physician does not meet the requirements of the RFP. First, the agency states that although the RFP required the services of a cardiologist, the physician's curriculum vitae indicated completion of a 1-year fellowship only in non-invasive cardiology. According to the agency, this 1-year program is limited in duration and in scope, unlike the usual 2-year training program in both non-invasive and invasive cardiology. The agency says that, by his own admission, the proposed physician is not a fully trained cardiologist, as required by the RFP.


Moreover, the agency says that the letters from AOBIM contradict the protester's claim that its proposed physician is eligible for certification. Specifically, the agency states that the AOBIM letters indicate that the physician has not met the prerequisites, including certification in the specialty area of internal medicine, to qualify as board eligible in cardiology. The agency argues that a letter stating that a physician is eligible to "sit for" the board-certification exam in internal medicine is not evidence

of successful completion of that examination. The agency notes that neither the physician nor the protester has furnished proof that the physician has passed the board certifying exam in internal medicine. Since there was no proof that the physician successfully passed the certifying exam in internal medicine and because board certification in internal medicine is a precondition to board eligibility in cardiology, the agency says the proposed physician is not board eligible in cardiology.

In reviewing protests against the propriety of an agency's evaluation of proposals, it is not the function of our Office to independently evaluate those proposals. Biological Research Faculty & Facility, Inc., B-234568, Apr. 28, 1989, 89-1 CPD ¶ 409; Ira T. Finley Invs., B-222432, July 25, 1986, 86-2 CPD ¶ 112. We will question the agency's technical evaluation only where the record shows that the evaluation does not have a reasonable basis or is inconsistent with the evaluation criteria listed in the RFP. See American Educ. Complex Sys., B-228584, Jan. 13, 1988, 88-1 CPD ¶ 30.

Here, we find that the agency had a reasonable basis to determine that the physician proposed by CardioMetrix did not meet the RFP specifications. We note that the process of board eligibility and certification outlined by the agency is not disputed by the protester and that the protester offers no support for its assertion that board eligibility is "established automatically after completion of a fellowship in cardiology." Even if board eligibility were automatic after completion of a fellowship, the physician proposed by CardioMetrix completed a fellowship in non-invasive cardiology, rather than cardiology, and this more limited training does not meet the RFP specifications. The protester's general assertions that the "curriculum vitae, etc." submitted by its proposed physician provide sufficient evidence of board eligibility is simply not substantiated by the record.

Accordingly, the protest is denied.


James F. Hinchman
General Counsel