Change log: ID-01 Core solution - 26 March 2026

Name	Date identified	Changes / questions	Answers to suppliers
Who is responsible for building, configuring, and maintaining the integration flows on the future Integration Platform	2026-03-20	Appendix 17 + 3: With reference to Appendix 17 section 2 (future integration platform) and Appendix 3 requirement 113, we request clarification on the following: Who is responsible for building, configuring, and maintaining the integration flows on the future Integration Platform – specifically routing, data mapping, and transformation logic between the EHR Suppliers standard system interfaces and the third-party system endpoints? Is this the responsibility of a) the EHR supplier, b) the future Integration Platform vendor, or c) the Customer? This clarification is needed to ensure correct scoping and pricing of the integration deliverables.	Integrations are to be delivered through a collaborative model. However, to support correct scoping and pricing, the following baseline allocation of responsibilities should be assumed. 1. As described in section 2.2 of Appendix 17, the EHR supplier is expected to drive and coordinate the integration work, including defining the technical approach, high-level design, interface specifications, and required data mappings, as well as coordinating testing and ensuring alignment with overall architecture and standards 2. The Client will actively contribute to the integration work, particularly where system-specific knowledge, access, configuration, and validation are required 3. The future Integration Platform supplier (procured separately) is expected to provide, configure, and possibly operate the Integration Platform, including implementation and maintenance of integration flows on the platform. This includes responsibilities such as routing, message handling, data transformation, and monitoring, based on specifications provided through the integration design As the Integration Platform will be tendered in parallel with the new digital healthcare solution, requirement 124 (Supplier to provide input to its design) emphasises that the EHR Supplier must collaborate in defining requirements and design inputs for the platform to ensure compatibility and alignment. Additionally, while detailed implementation responsibilities may be further refined during the clarification phase, bidders should assume that: • The EHR supplier defines and coordinates integrations • The Integration Platform supplier implements and maintains the integration flows • The Client supports with system knowledge and validation
Medication Management requirement - clarification on "warning for action"	2026-03-20	Sub-appendix 18H_Medication Management: The requirement states that in relation to prescription renewal, it must be possible to set up warnings for actions that are required for the relevant prescription. Can the Customer please elaborate on such 'actions', and provide some examples of these 'warnings'?	The requirement refers to situations where a prescription renewal triggers mandatory clinical or safety-related actions, and where the solution must be able to display warnings that remind the prescriber of these actions. Such warnings will originate from the Faroese pharmaceutical list and national or local clinical guidance. The key point is that the solution must allow warnings to be set up for actions that are required for the specific medication. Examples: Gentamicin: Not recommended for patients with reduced kidney function. Should not be prescribed for more than 3 days. If prescribed for more than 3 days, Gentamicin blood levels must be measured. Metronidazole: Alcohol must be avoided during treatment and for three days after it has ended. These examples illustrate the type of medication-specific warnings that should be available, typically originating from the pharmaceutical list.
Cross-referencing within Appendices: - clarification	2026-03-20	Tender Conditions: Clarification Request – Cross-referencing within Appendices: The tender instructions state that cross-referencing between topics — even within the same appendix — is not permitted, and that only text appearing directly in the response to a specific topic will be evaluated. We seek clarification on how this requirement should be handled in practice where identical content — such as a table, diagram, or overview spanning multiple pages — is directly relevant to several topics within the same appendix. Are tenderers required to reproduce such content in full under each individual topic where it is relevant, or is there an alternative approach the Contracting Authority will accept or suggest?	The purpose of this requirement is to score responses based on identical structures and only evaluate a response once and not several times for different requirements. If content is hidden somewhere else in the suppliers' documents, evaluators might miss it even though there is a reference to it. The supplier must choose where the specific text makes most sense and place it there as a response to a requirement. Should a subset of the response be relevant in other responses, some of the text can be inserted here as well. But this must be kept to a minimum.

Proposed change to requirement 110 and 111	2026-03-20	In Appendix 3 the requirements 110 and 111 reference the full catalogue of MedCom standards and only allow confirmation of full compliance (C). However, the referred list also contains standards that are considered deprecated eg. DGOP and DIS91/XDIS91 which are substituted by FHIR CareCommunication. Could the requirement be changed to (D) thereby giving the supplier the possibility to specify which standards are supported? If not, could the client please specify which MedCom message types the client require as mandatory for communication with the Danish healthcare sector via Sundhedsdatanettet (SDN)?	In Appendix 11a, the required MedCom formats are listed in relation to communication with external systems. For items 110–111, the only requirement is that the solution must be able to support the messages in general, which is why they are marked as "C". It is the supplier's responsibility to ensure a secure, compliant, and data-sharing collaboration between the Faroese healthcare system and healthcare organisations in Denmark. This may be achieved through MedCom messages, but it is not necessarily limited to that approach. Please see Flow requirements for further details of the patient journey between collaborative organisations.
Acceptance of descriptive answer in addition to a Yes/no response	2026-03-25	Requirement 30 combines multiple distinct failure scenarios — single component failure, full datacentre failover, and failback — under a single Yes/No confirmation. These scenarios have materially different continuity characteristics in any dual-datacentre architecture, making a single Yes/No answer potentially misleading. Would the Client accept a descriptive answer in addition to a Yes/No response, allowing us to confirm the Solution's continuity behaviour per failure scenario?	The supplier must use requirement 28, 29, 37 to elaborate on their proposed solution design allowing the supplier to describe the Solution's continuity behaviour per failure scenario. This will be discussed further in detail in the dialogue phase, as the client acknowledges the importance and relevance of the topic.