



Couchiching Primary Care Network (CPCN) and Primary Care Network Leadership Council (PCN-LC)

1. Purpose

The Couchiching Primary Care Network (CPCN) was established to bring together primary care practitioners and organizations across Orillia, Ramara, Severn, Oro-Medonte, and Chippewas of Rama First Nation to create a connected and collaborative primary care community that improves outcomes for access, attachment, integration and population health. Comprised of all individuals and organizations providing primary care services within the region, the CPCN fosters relationship-building, shared learning, engagement, planning, and collective action to strengthen access, attachment, continuity, quality, equity, and integration of care, while advancing primary care transformation through collaboration, quality improvement, digital innovation, and data-informed decision-making.

To support these goals, the CPCN includes the Primary Care Network Leadership Council (PCN-LC), serves as the representative leadership body of the Network. The PCN-LC provides strategic advice, leadership, oversight, and coordination for the planning, implementation, evaluation, and continuous improvement of CPCN priorities and initiatives. The PCN-LC is accountable to the broader CPCN membership and supports meaningful engagement, communication, and collaboration among primary care practitioners and organizations across the Couchiching Ontario Health Team (COHT).



Couchiching Ontario Health Team (COHT)

Terms of Reference (ToR)

2. Membership

CPCN	PCN-LC
Open to all primary care practitioners and team members practicing within the Couchiching region.	Representative leadership body of the CPCN.
Membership is voluntary.	Membership is primarily role-based to support continuity and representation.
Membership remains active while an individual is practicing in primary care within the region.	Members are selected by, or on behalf of, the sectors, organizations, and communities they represent.
No fixed membership term.	Additional members may be appointed to address identified gaps in representation or expertise.
Includes family physicians, nurse practitioners, pharmacists, midwives, community paramedics, Indigenous health care professionals and healers	Includes representation from primary care physicians, nurse practitioners, midwives, pharmacists, community paramedics, Indigenous health professionals, primary care organizations, and patient/family/caregiver voices.

3. Roles and Responsibilities

Shared Responsibilities

The CPCN and PCN-LC will:

- Foster a culture of collaboration, trust, and mutual respect.
- Promote integrated, patient-centred primary care.



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- Support health equity and culturally safe care.
- Encourage learning, innovation, and continuous quality improvement.
- Advance the priorities of primary care practitioners and the communities they serve.
- Strengthen relationships between primary care and COHT partners.

Distinct Roles and Responsibilities

CPCN Responsibilities	PCN-LC Responsibilities
Participate in engagement opportunities, consultations, and network activities.	Provide strategic leadership and direction for CPCN priorities, initiatives and work plan.
Contribute ideas, feedback, and expertise to improve primary care services.	Identify and advance shared primary care priorities.
Share leading practices and lessons learned across the network.	Provide advice and recommendations regarding primary care opportunities, challenges, and system priorities.
Participate in communities of practice and collaborative initiatives.	Oversee the planning, implementation, monitoring, and evaluation of CPCN activities and initiatives.
Identify emerging issues and opportunities in primary care.	Monitor progress and outcomes related to CPCN priorities.
Support a collaborative primary care community.	Foster collaboration among primary care sectors, organizations, and communities of practice.



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CPCN Responsibilities	PCN-LC Responsibilities
	Serve as a two-way communication link between the PCN-LC and the practitioners, organizations, sectors, and communities represented.
	Represent the best interests of the broader CPCN membership.

4. Reporting and Advisory Relationships

The following groups and forums provide advice, information, and recommendations to the PCN-LC:

- Nurse Practitioner Community of Practice (NP CoP)
- Community Pharmacy Network
- Couchiching Family Health Organization
- Orillia Family Health Organization
- Every family physician providing care in the Couchiching geography
- Specialist physicians working in the Couchiching communities
- Clinical leaders and practitioners participating on COHT, CPCN, and primary care-related committees
- Communities of Practice and working groups established by the CPCN or COHT
- Couchiching Family Health Team (CFHT)
- Huronia Nurse Practitioner-Led Clinic (HNPLC)
- Mamaway Wiidokdaadwin



Couchiching Ontario Health Team (COHT)

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- Rama First Nation Health and Social Services
- COHT Patient, Family and Caregiver Network

5. PCN-LC Membership

Voting

- COHT Primary Care Co-lead / CPCN Primary Care Strategic Lead (Chair) - for tie break if required
- COHT Primary Care Co-lead / CPCN Digital Data and Performance Lead (Vice-Chair)- one vote
- OFHO Lead- one vote
- CFHO Lead- one vote
- CFHT Lead – one vote
- HNPLC Lead – one vote
- Orillia Midwifery Lead -one vote
- NP Community of Practice Co-Chairs -one vote
- Community Pharmacy Network Co-Chairs -one vote
- OSMH Chief of Family and Community Medicine- one vote
- Mamaway Clinician / Indigenous Primary Care Representative – one vote
- Simcoe County Community Paramedicine Representative- one vote
- Rama First Nation Community Paramedicine Representative- one vote

Non-voting

- CPCN Clinical Leads



Terms of Reference (ToR)

- Primary Care Collaborative Lead
 - Additional members invited to address gaps in representation, expertise, or community perspectives
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6. Independent Practitioner Representation

The CPCN recognizes the important contribution of independent primary care practitioners, including physicians who may not be affiliated with formal primary care organizations or leadership structures.

The PCN-LC will ensure opportunities for these practitioners to provide input into CPCN planning and decision-making through designated representation, member-at-large positions, targeted engagement activities, Communities of Practice, or other mechanisms as determined by the Council.

7. Membership Expectations

PCN-LC Members are expected to:

- Attend and actively participate in meetings.
- Represent the perspectives of their respective sectors, organizations, or communities.
- Engage with and seek input from those they represent.
- Communicate relevant decisions, updates, and opportunities for engagement back to their constituencies.
- Contribute to collaborative problem-solving and consensus-building.
- Designate a delegate when unable to attend.



Terms of Reference (ToR)

- Maintain the confidentiality of discussions, documents, and information identified as confidential by the PCN-LC while supporting transparent communication of approved information and decisions.
 - Act in the best interests of the CPCN and the populations served.
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8. CPCN Engagement

The CPCN is committed to maintaining meaningful engagement with the broader primary care community.

CPCN Members are encouraged to:

- Participate in CPCN engagement activities and initiatives.
- Contribute feedback on primary care priorities and opportunities.
- Share knowledge, resources, and leading practices.
- Support collaborative approaches to improving care and professionals' experience.
- Uphold the goals and vision of the CPCN.

At a minimum:

- One in-person engagement session will be offered annually.
 - One virtual engagement session will be offered annually.
 - Additional engagement opportunities may be provided based on emerging priorities and member needs.
 - CPCN communications will be distributed regularly to support awareness, engagement, and information-sharing across the network.
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Couchiching Ontario Health Team (COHT)

Terms of Reference (ToR)

9. Decision-Making and Accountability

Shared Principles	PCN-LC Specific Requirements
Decisions should advance the health and well-being of the populations served.	The PCN-LC functions primarily as a collaborative leadership and advisory forum.
Members are accountable for supporting the vision and objectives of the CPCN.	Decisions will be made by consensus whenever possible.
Open communication, collaboration, and transparency are expected.	Formal votes will only be used when required for recommendations, endorsements, or governance matters within the authority of the PCN-LC.
Respectful discussion and diverse perspectives are encouraged.	Quorum shall consist of 50% of voting members.
	A simple majority of voting members present will determine the outcome of a vote.
Guiding Documents • COHT: Equity Principles of Practice • Patient, Family and Caregiver Declaration of Values for Ontario • Couchiching Ontario Health Team: Code of Conduct	



Couchiching Ontario Health Team (COHT)

Terms of Reference (ToR)

10. Membership Terms

CPCN	PCN-LC
Membership remains active while an individual practices in primary care within the Couchiching region.	Membership is primarily role-based.
There is no fixed term for CPCN membership.	Appointed members generally serve a two-year term and may be renewed.
Participation is voluntary.	Membership composition will be reviewed periodically to ensure appropriate sector representation.
Members may participate in any engagement activities offered by the Network.	Vacancies may be filled by the represented sector, organization, or through appointment by the PCN-LC.

11. Role of the PCN-LC Chair and Vice-Chair

The Co-Chairs provide leadership for the PCN-LC and serve as the Primary Care Co-Leads on the COHT Joint Executive Team (JET).

Responsibilities include:

- Developing agendas and setting meeting priorities.
- Ensuring meeting materials are distributed in advance (with dyad leader and back-office supports)
- Chairing and facilitating meetings.
- Supporting balanced participation and consensus-building.



Couchiching Ontario Health Team (COHT)

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- Facilitating communication among primary care sectors and organizations.
- Ensuring primary care perspectives inform COHT planning and decision-making.
- Communicating recommendations and action items between the PCN-LC and COHT governance structures.
- Supporting implementation of CPCN priorities and initiatives.
- Representing the CPCN on the COHT Joint Executive Team.
- Representing the CPCN at regional and provincial tables as required.



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12. Meeting Frequency

CPCN	PCN-LC
A minimum of two network-wide engagement opportunities will be held annually. The COHT Collaboration Table every other month has open attendance.	Meetings will generally occur monthly throughout the year with 10 meetings on average per 12 months
Additional engagement activities may be offered as needed.	Additional ad hoc meetings may be scheduled as required.
Communications will be distributed regularly to all CPCN members.	Members should anticipate approximately four hours per month for meeting attendance, preparation, and follow-up.
	Members may be asked to participate in related CPCN, COHT, or primary care working groups and committees.

13. Review of Terms of Reference

These Terms of Reference shall be reviewed annually by the PCN-LC to ensure they remain relevant, representative, and responsive to the evolving needs of the CPCN membership, the COHT, and the communities served.

Terms of Reference versions– Sept 11, 2020; updated March 24, 2021; updated Sept 29, 2021; updated October 17, 2021; November 6, 2023; September 2025, September 2026

14. References

[Primary Care Networks in Ontario Health Teams: Guidance Document](#)

[The Importance of Primary Care Network \(PCN\) Leadership for Ontario Health Teams \(OHTs\)](#)