FAQ: What the PCN and CLC Mean for Primary Care Clinicians

1. What is the Primary Care Network (PCN)?

The PCN is a voluntary, opt-out network of family physicians, specialists, nurse practitioners and Family Health Team (FHT) executive directors across Huron and Perth. It exists to connect, support, and represent primary care as a unified voice within the Ontario Health Team and broader system planning.

2. What is the purpose of the PCN?

The PCN is designed to:

- Connect and support primary care providers
- Reduce fragmentation of care
- Advocate for primary care in planning and resource decisions within the OHT
- Support workforce retention and wellness
- Promote quality improvement and health equity
- Provide front-line insight into system priorities
- Help integrate care across sectors

3. What will it actually do for me in day-to-day practice?

The PCN aims to:

- Reduce administrative and system burden
- Improve collaboration and communication with specialists and community supports
- Provide a forum to elevate practical clinical challenges
- Support retention, clinician wellbeing, and sustainability

- Offer optional digital and clinical supports such as referral tools and standardized pathways
- Provide a voice in decisions being made within the Huron Perth and Area system

This is meant to make practicing in the community more connected, and less isolated.

4. Do I have to join?

No. Membership is entirely voluntary.

If you choose not to opt out, you receive communications, supports, and opportunities for engagement — without obligation.

5. Will the PCN tell me how to run my practice?

No. The PCN does not govern clinical decision-making or practice operations.
Its role is supportive — not directive.

6. What is the Clinical Leadership Council (CLC) (Executive Committee of the PCN)?

The CLC is a group of elected clinician leaders from across the PCN who represent the primary care voice at the system level. They:

- Provide clinical and strategic leadership
- Advise on OHT priorities
- Represent clinical perspectives in system planning and decision-making
- Guide working groups
- Communicate updates back to the PCN

7. How is the CLC composed?

The CLC includes:

- 2 Family Physicians
- 2 Nurse Practitioners
- 1 Specialist Physician
- 1 Executive Director
- 2 flexible clinical representatives
- 3 Implementation Committee representatives

This ensures broad clinical representation.

8. If I'm not on the CLC, how will my voice be heard?

Through:

- PCN communications
- Surveys and engagement
- Working-group participation
- Your elected CLC representatives
- Participation in primary care summits

Your perspective still informs decisions.

9. What does being on the CLC involve?

CLC members:

- Meet every two months (approximately 2 hours)
- Help guide system-level initiatives
- Represent front-line primary care realities
- Support or lead working groups related to clinical transformation, access, pathways, HHR, or communications

10. What will be the time commitment of being on the CLC?

Every CLC member will also participate in at least one working group in addition to the regular CLC meetings.

The estimated time commitment is **approximately 3 hours per month,** including:

- CLC meeting time
- Working group involvement
- Review/feedback between sessions

This is designed to be meaningful but manageable for busy clinicians.

11. Will CLC members be compensated for their time?

Yes. Eligible roles may receive stipends or honoraria for approved CLC and working-group activities, recognizing time spent outside clinical work.

12. Will participation add more administrative burden?

The intention is the opposite — to reduce burden by streamlining communication, tools, referrals, and system interactions.

13. How will the PCN interface with the broader healthcare system?

The PCN serves as the consulting voice of primary care within the OHT, ensuring that changes in digital health, system coordination, and resource planning reflect the realities of community-based care.

14. What principles guide the PCN and CLC?

- Clinician-led
- Patient-centered
- Collaborative
- Evidence-based
- Equitable
- Focused on sustainability
- Grounded in the Sextuple Aim (Advancing Health Equity, Improving Population Health, Reducing Care Costs, Improving Provider Well-being, Enhancing Patient Experiences, Environmental Sustainability)

15. What if I don't want to attend meetings or have limited time?

You can still:

- Receive information and updates
- Provide input, when relevant
- Engage selectively

Participation in the PCN is flexible and non-prescriptive.

16. What's the long-term vision?

A sustainable and connected ecosystem where primary care is:

- Valued
- Supported
- Integrated into system planning
- Enabled to deliver seamless, coordinated care to the community