

**Expression of Interest (EOI) Application
 Primary Care Network Leadership Council
 Term: March 2026-March 2027**

Thank you for your interest in joining the inaugural Primary Care Network Leadership Council (PCLC)! As a council member, you'll help shape the future of our Primary Care Network (PCN) during a pivotal **one-year term**. Thirteen representatives from various sectors will be selected to drive development and stability, with elections in one year for key practitioner seats. Your role will involve regular meetings, formal and informal engagement with peers and partners, and championing growth across the PCN. By submitting this application, you will automatically be registered as a member of the PCN.

Members will receive stipends or honoraria for approved activities—physicians at \$165/hour (OMA rate), nurse practitioners at \$100/hour, and patient/family/caregiver representatives recognized per PFAC Remuneration Recognition Policy. Salaried participants will contribute time in-kind with employer approval. Anticipated time commitments are expected to be an average of 3-4 hours per month, with some periods of increased/decreased commitment depending on need. Time commitments and reimbursements are contingent on confirmation of the 2026/27 PCN budget as determined by Ontario Health.

The Appointment Panel reserves the right to ensure seat appointments reflect a diversity of affiliation, interests and perspectives.

Instructions: Please save a copy of this form. Complete all sections in full and email no later than **Friday February 13, 2026 before 4:00pm** to primarycare@cchoht.ca
Subject: EOI for PCLC 2026

Section 1 — Applicant Information

Full Name: **Preferred Name (if different):**

Email Address: **Phone Number:**

Organization (if applicable):

Current Position/Title:

For Primary Care Providers Only: (Please select all that apply):

I provide primary care in:

- Halton Hills Milton Oakville

I am (select all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> In a fee for service model | <input type="checkbox"/> An enhanced skills family physician | <input type="checkbox"/> Working in a CHC |
| <input type="checkbox"/> In a FHT | <input type="checkbox"/> A specialist providing primary care | <input type="checkbox"/> Serving in a high priority community |
| <input type="checkbox"/> In a FHO | <input type="checkbox"/> A teacher of medical learners | <input type="checkbox"/> Working in both community & hospital |
| <input type="checkbox"/> Serving unattached patients | <input type="checkbox"/> An NP in comprehensive care | <input type="checkbox"/> In my first 5 years of practice |

Section 2 — Sector/Role Representation

2.1 Please indicate the sector/role you represent:

- | | |
|---|--|
| <input type="checkbox"/> Family Physician | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Halton Region Social and Community Services |
| <input type="checkbox"/> Allied Health Practitioner | <input type="checkbox"/> Home and Community Care |
| <input type="checkbox"/> Patient, Family and Caregiver Advisors | |

Please describe your affiliation to your selection and how you represent its perspectives:

2.2 Please list any other related groups or organizations you are affiliated with (please spell out acronyms):

Section 3 — Eligibility & Qualifications

The ideal candidate for the inaugural PCLC has experience working or interacting with the primary care system and demonstrates interest or experience in leadership, governance, or system-level initiatives. They are familiar with—or eager to learn about—the Connected Care Halton Ontario Health Team (CCHOHT) and its mandate. Strong candidates are enthusiastic about collaborating with partners across the system, engaging individuals who are not typically involved, and advocating for diverse perspectives. They are ready to represent a wide range of voices and actively contribute to the future of shaping primary care in our community.

3.1 Statement of Interest

Please describe why you are interested in serving on the PCLC (motivation, values, goals). *Max 300 words.*

Scoring = 0-5 (0-not demonstrated –5-exceptional evidence) x 3 (weighted)

3.2 Key Skills, Experiences and Attributes

Please describe the skills, experiences and attributes you possess that will make you a good leader in this role. *Max 300 words. Scoring = 0-5 (0-not demonstrated –5-exceptional evidence) x 3 (weighted)*

3.3 Primary Care System Knowledge

Tick the box that best describes you: I have strong knowledge and understanding of the primary care system in Halton Hills, Milton and Oakville, including its current strengths and challenges.

Scoring = 3 (C, D), 4 (B), 5 (A)

- | | |
|--|--|
| <input type="checkbox"/> A. Strongly Agree | <input type="checkbox"/> C. Not sure, but I’m willing to learn |
| <input type="checkbox"/> B. Agree | <input type="checkbox"/> D. Disagree, but I’m willing to learn |

3.4 CCHOHT Knowledge

Tick the box that best describes you: I have strong knowledge and understanding of the role, governance and work of the Connected Care Halton Ontario Health Team (CCHOHT). *Scoring = 3 (C, D), 4 (B), 5 (A)*

- | | |
|--|--|
| <input type="checkbox"/> A. Strongly Agree | <input type="checkbox"/> C. Not sure, but I’m willing to learn |
| <input type="checkbox"/> B. Agree | <input type="checkbox"/> D. Disagree, but I’m willing to learn |

3.5 System Engagement

Please describe your ideas on how to engage the various key partners **across the system** to learn about and become involved in the PCN. *Max 100 words. Scoring = 0-5 (0-not demonstrated –5-exceptional evidence) x 3 (weighted)*

Section 4 — Conflict of Interest Disclosure

4.1 Please disclose any real or perceived conflicts of interest relating to your participation with the PCLC. (e.g. organizational overlaps, personal relationships that may influence decisions, financial interests.)

- I have no known conflicts to declare
- I have conflicts to declare (please describe below):

Section 5 — Commitment & Availability

As a PCLC member, you’ll actively shape the future of primary care by joining regular meetings, participating in committees/working groups, and collaborating both formally and informally with key partners to help advance

the Primary Care Network and its goals. Are you ready to contribute enthusiastically and fulfill these responsibilities for the upcoming term?

Yes No Unsure (please explain): _____

Section 6 — Consent and Confirmation I confirm that all information provided in this EOI is accurate.

Signature (typed name accepted):

Date:

Submission Instructions

Please email your completed form to primarycare@cchoht.ca.

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Deadline: Friday, February 13, 2026 before 4:00pm