

Executive Council - Terms of Reference

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Purpose

The Middlesex London Primary Care Network (MLPCN) Executive Council leads and manages the MLPCN on behalf of its members, to fulfil MLPCN's vision, mission and strategic direction (Appendix B).

The Executive Council will:

- Inform and engage local primary care colleagues by sharing relevant MLPCN updates, gathering feedback and sharing key messages through formal and informal channels, and exchanging insights using strategic communications and engagement tactics.
- Inform MLPCN members periodically of developments involving or impacting local primary care
- Create and support formal and informal mechanisms for strategic communications and active engagement of local primary care practitioners enabling input and feedback to the MLPCN related to primary care delivery.
- Provide advice and strategic direction on the planning, development, and implementation of specific primary health care initiatives to the MLOHT, using input from local primary care clinicians.
- Provide advice and strategic direction on the alignment of primary care clinicians and organizations to improve system integration, advocate for enhanced patient care and clinician sustainability.
- Serve as a resource to the local primary care community.
- Represent the MLPCN in interactions with other agencies, associations, or organizations.
- Maintain regular and intentional engagement with key system-level organizations to foster cross-sectoral collaboration, knowledge exchange, and shared strategic direction, and support alignment with provincial priorities and advance integrated, person-centred care across the health system (see Appendix C).

Membership

- Executive Council is composed of elected and appointed members, selected through a transparent and inclusive process
- Membership is skills-based and reflects the diverse experiences, roles, and perspectives required to support the health and evolving needs of primary care in Middlesex-London.
- Executive Council members are expected to have an active professional role within the Middlesex London primary care system.
- The skills' matrix considers provider type, practice and funding models, language, rurality, indigeneity, leadership experience, practice experience, etc.
- The structure and composition of the Executive Council will be periodically reviewed to:
 - ensure ongoing responsiveness to system transformation and member needs; and,
 - ensure the desired skills matrix and regional diversity is appropriately represented
- To encourage renewal of the Executive Council's membership, members are encouraged to serve on the Executive Council for no longer than six years.

Election Process - Executive Council members

- A skills matrix will be used as a method of determination to ensure the MLPCN represents the Middlesex London primary care catchment and the skills needed to effectively represent the network.
- A nomination working group led by the Past Chair will review candidates and their self-assessed correlation with the skills matrix. The group will present a slate of candidates for election.
- Elections are conducted via virtual or electronic voting.

Voting and Non-Voting Members

Voting Members	Non-Voting Members
<ul style="list-style-type: none"> • Family physician (3) • NP (2) • Western University appointed full-time clinical academic family physician practicing within a core teaching clinic or NP affiliated Labatt School of Nursing (1) • Primary care organization (leadership/Executive Director) (1) * • Patient family caregiver (1-2) * • Chair or Delegate of the Department of Family Medicine, Western University (1) • Member-at-large (inter-health professional) (0-1) * <p><i>Note: The election/selection process timelines may vary by membership category.</i></p>	<ul style="list-style-type: none"> • Primary Care Transformation Lead • Clinical Team Project Assistant • Clinical Lead, Speciality Care, Middlesex London Ontario Health Team • Clinical Lead, Primary Care, Middlesex London Ontario Health Team • Other primary care organization (leadership/Executive Director) (1-5) • Resident/NP student (1-2)

Chair, Vice Chair & Past Chair

The MLPCN Executive Council operates on a structured **leadership succession model**, fostering continuity, mentorship, and organizational stability. Each year, a **Vice Chair** is elected by the voting members of the Executive Council, and then progresses through a three-year leadership cycle:

1. Vice Chair (Year 1)
2. Chair (Year 2)
3. Past Chair (Year 3)

This rotational structure supports sustained leadership development and ensures that organizational knowledge and strategic momentum are preserved. To maintain seamless transitions, **nominations and planning for the Vice Chair position should begin before the conclusion of each term year.**

Each role is expected to reflect the voice and priorities of primary care providers and to actively promote equity, collaboration, and shared leadership.

As of February 5, 2026

Chair

Term: 1 year

Accountability to: Executive Council

Role Overview:

The Chair leads the MLPCN Executive Council, promoting collaborative, effective, and inclusive governance. As the primary spokesperson and strategic facilitator, the Chair oversees the execution of Council priorities aligned with MLPCN's mandate, working through and in partnership with the Primary Care Transformation Lead to ensure effective operationalization of Council direction.

Key Responsibilities:

- Governance & Leadership
 - Facilitate orderly Executive Council meetings, ensuring agendas are action-oriented, and time is managed effectively, with agenda development, follow-up, and action tracking supported by the Primary Care Transformation Lead.
 - Uphold inclusive participation, creating space for diverse perspectives, and equitable contributions.
 - Guide and support consensus-based decision-making processes. Support alternate resolution when consensus is not reached.
- Strategic Oversight
 - Monitor the effectiveness of the Council's governance practices and propose improvements when needed.
 - Ensure MLPCN's activities and decisions remain aligned with its strategic vision and values.
 - Provide strategic oversight to the Primary Care Transformation Lead
- Collaboration & Representation
 - Work collaboratively with the Primary Care Transformation Lead and Clinical Team Project Assistant to plan meetings, events and Council workflows, ensuring alignment between Council direction and operational execution.
 - Represent the Executive Council in external forums, stakeholder discussions, and system-level engagements.
- Succession Planning
 - Support the development of the Vice Chair to prepare for future leadership.

Vice Chair

Term: 1 year

Accountability: Chair and Executive Council

Role Overview:

The Vice Chair provides operational and strategic activities, supporting their development and preparation for the Chair's position. They assist the Chair in conducting orderly meetings.

Key Responsibilities:

- Meeting Support
 - Support the Chair in preparing and facilitating meetings and assume meeting leadership in their absence.
 - Help ensure that meetings are inclusive, productive, and aligned with Council objectives.
- Strategic Readiness
 - Participate in agenda planning, event coordination, and other key activities with the Chair and support staff.
 - Gain familiarity with Council operations, MLPCN governance processes, and strategic priorities in preparation for assuming the Chair role.
 - Participate in periodic planning and debrief discussions with the Chair and Primary Care Transformation Lead to build familiarity with operational oversight responsibilities.
- Leadership Development
 - Engage in mentorship opportunities with the Chair and Past Chair to support leadership growth.
 - Mentor Executive Council members with interest in MLPCN leadership

Past Chair

Term: 1 year

Accountability: Executive Council

Role Overview

The Past Chair provides historical insight, strategic continuity, and mentorship to support the Chair and Vice Chair. This role anchors the leadership cycle, ensuring that transitions are smooth, and institutional knowledge is preserved.

Key Responsibilities

- Mentorship & Advisory
 - Offer strategic advice and guidance to the Chair and Vice Chair based on prior experience.
 - Serve as a resource for navigating complex discussions or organizational challenges.
 - Oversee the assessment of candidates against the skills matrix and present a slate of candidates for elections.
- Continuity & Context
 - Contribute historical and contextual insights informing the Council and supporting decision-making.
 - Provide historical context on prior operational decisions and governance-operations boundaries to support the Chair and Primary Care Transformation Lead.
 - Support documentation and knowledge transfer to incoming leaders.
- Succession & Orientation
 - Assist in onboarding and orienting the incoming Vice Chair.
 - Help sustain momentum on long-term initiatives across leadership transitions.

Accountability & Reporting Relationships

The Primary Care Transformation Lead is accountable to the MLPCN Executive Council.

The Chair provides day-to-day strategic oversight to the Primary Care Transformation Lead on behalf of the Executive Council, including priority-setting, alignment with Council direction, and serving as the primary point of escalation.

Liaison Roles – Non-Elected

Purpose & Function

Designated Liaison roles ensure timely, relevant, and meaningful communication between the MLPCN and the groups they represent. They promote strong coordination and alignment across key system initiatives and may vary in number based on evolving priorities. These roles serve as vital connections between the MLPCN, primary care colleagues, and broader health system partners, initiatives, and working groups.

Selection Process

- Individuals filling Liaison Roles may be drawn from the Executive Council or the broader MLPCN membership, based on capacity, expertise, and interest. Flexibility in assigning each Liaison Role ensures appropriate representation while fostering leadership opportunities across the network.
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More information on Liaison Role is found in Appendix D.

Reporting & Meeting Structure

Accountability

The MLPCN Executive Council is accountable to the broader MLPCN membership, ensuring its work reflects the collective priorities of local primary care providers.

Meetings

- The Council meets monthly for 90 minutes, at a time that supports provider participation.
- Ad hoc meetings may be scheduled as needed.
- Agendas and materials will be shared in advance via email.

Attendance

- Meetings may be held virtually, in person, or in hybrid.
- Members are expected to attend **at least 75%** of scheduled meetings.
- If unable to attend, members should notify the Chair; alternates may attend for information-sharing purposes.

- If a member fails to meet the expected attendance requirement, the Chair will meet with them to review expectations, discuss their ongoing commitment, and determine whether continued membership on the Executive Council is appropriate.

Guests

- Guests may be invited to provide updates or subject matter expertise.
- Guest attendance is by invitation and non-voting.

Decision Making & Governance

Collaborative Decision-Making

The Executive Council uses a consensus-based, collaborative decision-making model, allowing members to express levels of agreement on a continuum rather than through binary voting. This approach supports inclusive, transparent, and well-informed decisions.

IDENTIFYING CONSENSUS

Consensus is a relative term. There are varying levels of agreement with decisions, as indicated in the table below. Levels 1 through 5 all constitute consensus. Only Level 6 lacks consensus.

Level	Position	Feelings and Behaviour		
1	Agree strongly	"I really like it!"	"I'll advocate for it publicly whether or not it's adopted"	"I'll actively support its implementation"
2	Agree	"I like it"	"I'll advocate for it publicly"	"I'll support its implementation"
3	Agree with some reservations	"I can live with it"	"I'll support it publicly and privately even with my reservations"	"I'll participate in its implementation"
4	Disagree, but willing to go along with majority	"I don't like it. I'm willing to go along with it, but I want my disagreement acknowledged"	"I'll support it publicly and privately when asked"	"I won't work against its implementation"
5	Disagree, and won't be involved in implementation	"I really don't like it, but I'm willing to go along with it because I don't want to stop others"	"I'll not oppose it publicly or privately"	"I will not be involved in its implementation, but won't sabotage it"
6	Opposed, and will work to block	"I hate it and will work to block it!"	"I'll advocate against it publicly if adopted"	"I'll work to sabotage it"

Further details regarding this process are available [here](#).

Quorum

A **quorum** is reached when **50% plus one of voting members** are present. A quorum is required for any meeting to be considered formal and for decisions to be recorded.

Resourcing

The MLPCN Executive Council is supported by resources—such as staff time, administrative support, and infrastructure—provided by **member organizations and participating members**, in alignment with collective capacity.

The lack of compensation should not be a barrier for participation in the work of the MLPCN. Individuals who are not otherwise supported to participate (e.g. by their employer), will be offered compensation for their time.

Terms of Reference Review

The **Terms of Reference** will be **reviewed annually** by the Executive Council and may be **amended** by consensus to reflect evolving needs, priorities, and system context.

Appendix A – Definitions

Consensus:

A collaborative decision-making approach where all members work toward a solution that is acceptable to the group, even if not everyone's first choice. The goal is collective support and minimal resistance. MLPCN uses a **consensus scale** that allows members to express varying degrees of agreement or concern (e.g., full support, support with reservations, stand aside, or block).

Quorum:

The minimum number of **voting** members is required to hold a formal meeting or make binding decisions. For the MLPCN Executive Council, quorum is defined as **50% plus one** of the voting members.

Voting Member:

A Council member with formal decision-making rights. Voting members are typically representatives of organizations or roles identified in the MLPCN governance structure. Guests and liaisons do not have voting rights unless otherwise specified.

Ad Hoc Meeting:

A meeting scheduled **outside of the regular monthly cycle**, convened to address urgent or time-sensitive issues.

Amendment:

A formal change to the Terms of Reference, which must be **reviewed and approved by** the Executive Council.

Resourcing

Support provided by MLPCN member organizations or individuals, including staff time, administrative assistance, technical support, or other contributions that enable the effective functioning of the Executive Council.

Appendix B – MLPCN Strategic Plan

Vision

Improve and enable accessible, quality, and person-centered healthcare across Middlesex London through a network that connects, supports and empowers primary care providers.

Mission

Bring together primary care providers voices to identify priorities, co-create and advocate for solutions, and work with OHT partners to:

1. Improve Access to person-centered primary care the delivery of person-centered healthcare.
2. Improve Provider Experience
3. Optimize System Utilization

Strategic Plan

View the complete 2025/26 MLPCN Strategic Plan [here](#).

Appendix C – Ongoing Engagement Framework with Partner Representatives

The Executive Council will participate in **periodic system-level engagement meetings** with representatives from provincial and regional partners. These structured touchpoints ensure two-way communication and strategic alignment across all primary care delivery models and professional associations.

Participating Organizations May Include:

- Alliance for Healthier Communities
- Association of Family Health Teams of Ontario (AFHTO)
- Indigenous Primary Health Care Council (IPHCC)
- Nurse Practitioner-Led Clinic Association (NPLCA)
- Nurse Practitioners' Association of Ontario (NPAO)
- Ontario College of Family Physicians (OCFP)
- Ontario Health – West Region (OH West)
- Ontario Medical Association (OMA)/SGFP
- Ontario Primary Care Council (OPCC)

Note: Participation may expand or adjust based on evolving system structures or emerging partnerships.

The touchpoints aim to:

- Facilitate Strategic Alignment
Share updates, policy directions, and strategic developments from MLPCN and partner organizations to ensure consistency with provincial and regional goals.
- Strengthen Collaboration
Promote relationship-building, mutual understanding, and coordinated approaches among various models of primary care and professional groups.
- Enhance System Integration
Identify opportunities for innovation, shared advocacy, and harmonization of care pathways across sectors and jurisdictions.

Representation & Reporting

The Executive Council may **designate specific members or delegates** to attend these system-level engagement meetings on its behalf.

Expectations of Designated Representatives:

- Act as informed representatives of MLPCN's interests and priorities
- Share relevant meeting insights with the Executive Council
- Collaborate constructively with external stakeholders
- Flag issues or opportunities requiring Council input or decision-making

Appointment & Role Considerations

- Selection Process:
Representatives may be self-nominated, appointed by the Executive Council, or identified collaboratively with relevant stakeholders based on expertise, role, and capacity.

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- Voluntary Participation:
Participation is voluntary and based on member availability and interest.
- Voting Status:
Individuals holding liaison or representative roles do not hold a vote on the Executive Council unless they are also formal voting members.
- Role Evolution:
As system priorities shift, the scope and structure of liaison and representative roles may be reviewed and revised to ensure continued relevance and impact.

Appendix D – Non-Elected Liaison Roles

Key Responsibilities

- **Information Sharing**
 - Communicate updates, priorities, and developments from the assigned initiative or organization back to the Executive Council.
 - Bring MLPCN perspectives, feedback, and decisions forward to the external group as needed.
- **Alignment & Integration**
 - Ensure that MLPCN activities remain informed by and aligned with broader system transformation efforts and evolving health system priorities.
- **Strategic Input**
 - Offer relevant insights and recommendations to the Executive Council based on developments in their liaison area.
 - Highlight emerging opportunities or risks that may require Council attention.
- **Reporting**
 - Provide regular brief updates to the Executive Council, either verbal or written, depending on the nature and frequency of developments in their liaison area.

Current Liaison Areas

Liaison roles are reviewed and updated as system needs evolve. The current liaison areas include both specific partner organizations and thematic system transformation domains.

<p>Partner Organizations & Stakeholder Groups:</p> <ul style="list-style-type: none"> • Middlesex-London Health Unit (MLHU) – 2 <i>liaisons</i> • Community Paramedicine – 1 <i>liaison</i> 	<p>Clinical Lead Areas / System Transformation Initiatives:</p> <ul style="list-style-type: none"> • Digital Strategy – 1 <i>liaison</i> • Communications & Engagement • Access & Attachment • SCOPE (Specialist + Primary Care Outreach) • ICP (Integrated Care Pathways – COPD/CHF) • Health Pathways • Governance Working Group
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Additional Notes:

- **Term:** Liaison roles are not permanent appointments and may be reassigned based on organizational needs, evolving priorities, or changes in capacity.
- **Alternates:** Where appropriate, Liaisons may designate an alternate to attend meetings or relay updates if unavailable.
- **Support** will be provided to ensure Liaisons are adequately informed and connected to their respective groups, including onboarding, access to key documents, and staff coordination if needed.
- Liaison roles may evolve over time based on the priorities of the MLPCN and system transformation efforts.

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- Liaison roles are intended to support two-way communication and alignment between the MLPCN and partner initiatives. Liaisons are supported through orientation, access to relevant information, and coordination support, and are expected to operate within MLPCN-approved priorities and direction. Decisions requiring formal endorsement or commitment are brought back to the Executive Council.