***PCN [Director/Manager] Job Description Template***

*Close working relationships will be necessary between the local Division of Family Practice leadership, health authority leadership, First Nations and the PCN [Director/Manager] as the scope of work is intertwined. Each PCN Steering Committee will tailor this job description to ensure the best use of finite resources within their community, but the core responsibilities and educational requirements listed in this template below should remain standard.*

**POSITION: Primary Care Network [Director/Manager]**

**LOCATION: [complete as necessary]**

**REPORTS TO: [PCN name] PCN Steering Committee**

**EMPLOYED BY: [Local Division of Family Practice]**

**POSITION SUMMARY:**

The Primary Care Network (PCN) [Director/Manager] is responsible for operationalizing the development of the British Columbia Ministry of Health’s Primary Care Network Initiative within [region]. The PCN [Director/Manager] is responsible for the day-to-day operational requirements of implementing the PCN Service Plan, including monitoring and reporting. The PCN [Director/Manager] is hired by the division of family practice (backbone organization), receives strategic direction from the PCN Steering Committee to execute the PCN Service Plan, reports operationally to senior division of family practice staff and oversees the work of other PCN staff.

The PCN [Director/Manager] works with the [local division of family practice], health authority staff, Patient Medical Homes (PMHs) primary care providers (Family Physicians and Nurse Practitioners), local Indigenous communities and Nations, First Nations Health Authority, the Regional Health Authority, and community agencies/organizations in development of the PCN.

The PCN [Director/Manager] is a shared resource, hired to work with the division and health authority (along with other partners). The PCN [Director/Manager]’s work will be directed by the PCN Steering Committee and deliverables are reported to the Steering Committee Co-chairs. The PCN [Director/Manager] will work with the community’s interdisciplinary providers in a collaborative practice model towards the achievement of the attributes of the PCN.

The position also functions in a manner that supports the mission, vision, values, policies/procedures, and strategic priorities of the PCN and PMH. The PCN [Director/Manager] is employed by the [local division of family practice] to provide services outlined below to the PCN. The terms of employment and work performance oversight are the responsibility of the [Division of Family Practice Executive Director].

**QUALIFICATIONS:**

* Post-secondary degree in a health-related discipline. Master’s degree in a relevant health or administrative field preferred. Experience in community development will be considered an asset. Other combinations of education and experience may be considered on a case-by-case basis.
* A minimum of five (5) years previous collaborative and distributed leadership experience in health care setting, including supervisory responsibilities
* Demonstrated experience in integrated service delivery design, project management, implementation and evaluation.
* Demonstrated knowledge of the principles of Primary Health Care, Population Health, and Health Promotion and the attributes of Primary Care Networks and the Patient Medical Home.
* Demonstrated knowledge of Indigenous cultural safety and humility and knowledge of related recent publications/reports and Government of BC positions and policies of importance to the implementation of PCNs in BC.
* Demonstrated listening, written and oral communication skills; ability to prioritize tasks and information in a changing environment.
* Demonstrated facilitation ability, including the ability to bring diverse perspectives together to reach consensus in support of common goals.
* Demonstrated experience in initiating changes and improvements, using quality improvement frameworks.
* Demonstrated knowledge of collective impact and good governance models.
* Reasonable understanding of employee and labour relations in BC.
* Sensitivity and respect for the human and political dynamics of health care management and system change within a culturally diverse population.
* Strong organizational, decision making and problem-solving skills; demonstrated ability to develop policy & procedures.
* Ability to display independent judgment.
* Ability to respect and promote confidentiality.
* Ability to perform the duties of the position on a regular basis.

**Note: This position is subject to a current Criminal Record Check, Child Abuse Registry Check and Adult Abuse Registry Check.**

**RESPONSIBILITIES:**

1. Provides overall operational leadership for the implementation of the strategies within the [Name] PCN, which includes working with Divisions of Family Practice, health authority staff, PMHs, physicians, nurse practitioners, nurses, AHPs, community agencies, and other primary care partners to operationalize direction from the PCN Steering Committee.
2. Establishes operational procedures/resources as required to ensure consistent practice across regional PCN(s).
3. Ensures Ministry of Health deliverables for the PCN funding are being achieved, in line with Ministry reporting requirements:
	1. Engages family physicians and nurse practitioners within the PCN geography to provide data on patient attachments, using Ministry-provided data and reporting methods (e.g., use of the $0 attachment code, Provincial Attachment System reports and encounter reporting).
	2. Meets periodically with Ministry of Health to review and discuss PAS reports, as part of ongoing PCN performance for monitoring attachment, access and advancement of primary care attributes against service plan deliverables.
	3. Coordinates the collection of PCN financial and health human resources data (and other reports as required) across all partner organizations, including the regional health authority, to track progress against service plan deliverables and share with the PCN Steering Committee (and the Ministry of Health, as required).
4. Works with the division of family practice and other local groups to facilitate engagement of physicians and other community members in participating in the PCN.
5. Project Management that includes proposal development, establishing the governance structure and operational plan, identifying and managing the operating budget (including resource allocation), developing an implementation plan, evaluation and reporting.
6. Assists in the selection and monitoring of performance indicators at the local level. Prepares reports as requested.
7. Participates in identifying opportunities for improvement in processes to facilitate access and improved quality of care for populations served by the PCN.
8. Participates in the recruitment, selection, and orientation of PCN staff as required.
9. Promotes positive communications and collaborative practice to improve efficiencies and works with team to resolve conflict as required.
10. Develops communication strategies to inform providers of resources available within the team and to inform the public about the PCN.
11. Supports the change management required to implement PCN.

As the backbone support for PCN, the local Division is required to support the PCN operations staff in their secretariat role for the PCN Steering Committee. Oversight and accountability for these additional responsibilities is held by the PCN [Director/Manager] and includes the following:

* briefing all members on their role and the purpose and responsibilities of the committee to support consistent decision making;
* ensuring all incoming steering committee members are familiar with the Service Plan (vision, strategy and common agenda) and stage of implementation;
* ensuring the PCN Steering Committee Chair understands their role and responsibilities and the functions of the steering committee, including the approach to decision making (e.g., decisions by consensus);
* engaging with First Nations and local Indigenous organizations advise on PCN-related priorities for Indigenous communities and peoples;
* supporting collaborative approaches with reference groups and community organizations;
* monitoring and reporting to the Ministry, ensuring shared measurement practices and systems are implemented to support data for performance monitoring and continuous improvement;
* developing the scheduling, agendas, materials and action tracking for steering committee meetings; and
* notifying the FPSC and Ministry (by emailing pcn@doctorsofbc.ca) about any changes to the PCN Steering Committee Chair or Membership.