

**Central Okanagan Primary Care Network  
Memorandum of Understanding (MOU)**

**BETWEEN:**

**The Central Okanagan Primary Care Network Steering Committee**

**AND:**

**Purpose**

The Central Okanagan Primary Care Network (PCN) aims to increase capacity in the primary care system while improving quality of care, patient satisfaction, and provider satisfaction through team-based care. The PCN will employ nurses and allied health professionals to work directly with family physicians and each physician's patient population. These PCN nurses and allied health professionals will be employees of Interior Health Authority. The PCN is funded by the British Columbia Ministry of Health.

The PCN Steering Committee is a collaborative entity and includes representatives of Aboriginal partner organizations, including Westbank First Nation and First Nations Health Authority; Central Okanagan Division of Family Practice; Interior Health Authority; and other provincial and community representatives. The PCN Steering Committee is vested with the authority to oversee the implementation and operation of the PCN.

The PCN Primary Care Clinic agrees to:

- Work toward integration of Team-Based Care
- Work toward integration of team-based care
- Partner with IH and PCN allied health professionals and nurses, enabling those professionals to work to their full scope
- Upon increased capacity through the successful integration of PCN resources, work toward attaching more patients
- Participate in reporting and evaluation activities related to PCN work

The PCN Steering Committee agrees to:

- Support offices integrating PCN nurse and allied health staff professionals
- Provide physicians and staff with change management support, which includes PCN staff time, assistance, materials and resources
- Provide remuneration for designated planning and administrative time

This MOU will take effect upon its signing by the respective authorized representatives.

**Central Okanagan PCN  
Steering Committee Representative**

**Clinic Physician Lead**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

Dr. Mike Koss, Lead Physician

\_\_\_\_\_  
*Name and Title*

\_\_\_\_\_  
*Name of Clinic Physician Lead*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*



**CENTRAL OKANAGAN PRIMARY CARE NETWORK**

**MEMORANDUM OF UNDERSTANDING - APPENDIX**

**Date:**

**Clinic Name:**

Please list the clinic physicians who agree to participate in the Central Okanagan Primary Care Network.

\_\_\_\_\_  
*Physician Name*

\_\_\_\_\_  
*Signature*

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*Physician Name*

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*Physician Name*

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*Signature*



## SCHEDULE A

### ADDITIONAL TERMS AND CONDITIONS

**[Set out any additional details that the Parties would like to agree to, including terms and conditions that the Parties wish to continue from existing /previous agreements. NOTE: Until the PCN is operating under the GPSC Integrated Activity Agreement, approved by the Office of the Information Privacy Commissioner, Information Sharing for Secondary Use is prohibited by BC law—merely listing it here doesn't enable it to be collected/shared.]**



**SCHEDULE B**

**PRIMARY CARE PRACTICE MEMBERS**

The following list identifies the physicians / entities comprising the ownership / management team members represented in the signing of this Agreement as set out in Section 19 by the Primary Care Practice lead. The following list is accurate as of the Effective Date.

Physicians / entities joining the Primary Care Practice after the Effective Date should formally acknowledge their obligations under this Agreement by signing a form, suggested content for which is provided in Exhibit B to this Schedule.

\_\_\_\_\_  
*Physician Name*

\_\_\_\_\_  
*Signature*

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*Physician Name*

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*Physician Name*

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*Signature*





**PRIMARY CARE PRACTICE NEW MEMBER ACKNOWLEDGEMENT FORM**

**Memorandum of Understanding**

**Primary Care Practice New Member Acknowledgment Form**

By my signature, I acknowledge that I have read, understand, and as of the date of signature on this form, agree to fulfill my responsibilities as a member of the Primary Care Practice under the Memorandum of Understanding between \_\_\_\_\_ and the **Central Okanagan Primary Care Network Steering Committee**.

\_\_\_\_\_  
*New Member Signature*

\_\_\_\_\_  
*Physician Lead Signature*

\_\_\_\_\_  
*Name & Title*

\_\_\_\_\_  
*Name & Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*