

Transition from Primary Care Networks (PCNs) to Regional Primary Health Care Networks (RPHCNs)

Key Messages from November 19, 2025 Special Townhall

Work continues on the transition to Regional Primary Health Care Networks (RPHCNs). This transition reflects recommendations from the MAPS Strategic Advisory Panel to strengthen local decision-making, improve coordination, and ensure equitable access to primary care. These changes were strongly supported by stakeholders during MAPS engagement.

A review of submitted materials has begun, and meetings have been held with the first two PCNs (Palliser and Chinook). These early efforts are helping refine processes to ensure the approach used across all PCNs is practical, informed, and manageable.

Timelines and deadlines previously communicated are under review. PCNs will not be held to the original timelines, and no immediate action is required at this time.

To maintain continuity and stability during this period, the 2025–26 PCN Grant Agreements will be extended for one additional year, or until operational transition is complete. This extension is intended to preserve funding, programming, and staffing while transitions unfold.

Regional networks will build on PCN strengths to ensure all Albertans—whether or not they have a regular provider—can access consistent, coordinated primary care. This transition is a key step in transforming the primary care system.

Additional Information:

- Meetings with Palliser and Chinook PCNs have informed refinements to transition processes.
- Timelines are being adjusted to allow for careful planning and to avoid overburdening PCNs.
- No new timelines were shared to avoid uncertainty. Adjustments are deliberate to learn from Phase One and reduce burden on future phases.

Key Points:

- **Timelines are shifting to allow due diligence.** PCNs will not be penalized or rushed; stability and learning from Phase One are priorities.
- **Grant agreements extended.** Funding and programming continuity remain in place for 2025–26 or until transition is complete.
- **No operational freeze.** PCNs should continue normal business decisions. As per the transition policy, any material changes must be reviewed with PPHS to reduce risk for all parties.
- **Closing costs clarified.** Transition policy allows case-by-case review for NPC dissolution costs where the NPC exists solely for PCN operations. Boards are encouraged to begin due diligence on potential costs to support informed planning.
- **Documentation submission flexible.** Earlier submission supports planning, but deadlines will remain flexible to avoid undue stress.

- **PCN leadership has been highly collaborative**, shaping a practical approach. The transition process is designed to enable success and minimize disruption.
- **Evolving zone programming.** Primary Care Alberta will begin to explore how to sustain, spread, or scale what makes sense as we transition to regional programming.