

Frequently Asked Questions  
Call for Proposals for Interprofessional Primary Care Teams  
2025-26 Call for Proposals

## General

### 1. What is an interprofessional primary care team?

Interprofessional primary care teams are made up of a family physician or nurse practitioner working together with other health care professionals such as nurses, physician assistants, social workers, dietitians, administrative professionals and more.

Team-based primary care can improve access and outcomes for patients and enhance clinician capacity and well-being. For family physicians and nurse practitioners, access to a team of health care professionals working to their full scope of practice can help support their ability to provide comprehensive, high-quality care and increase their capacity to attract more patients.

### 2. Why is the Ontario government creating new and/or expanding existing interprofessional primary care teams?

Ontario will connect every person in Ontario to publicly funded primary care by 2029. Primary care is usually the first point of contact for people using the health care system and ensures continuous, comprehensive, coordinated and patient-centred care.

On January 27, 2025, the Government of Ontario [announced](#) that it is investing \$1.8 billion to support the Primary Care Action Team's action plan, which includes:

- Establishing and expanding over 300 additional interprofessional primary care teams that would attach approximately two million people to primary care by 2029. This includes an investment of \$213 million in 2025-2026 to create and expand up to 80 new interprofessional primary care teams across the province to connect 300,000 more people to primary care this year.
- Connecting everyone currently on the Health Care Connect waitlist (as of January 1, 2025) to a primary care team by Spring 2026.

### 3. What does 'attachment to a primary care clinician' mean?

Attachment is defined as a documented and ongoing relationship with an individual physician, physician group, or a nurse practitioner working in a publicly funded system. The documentation could be through formal registration or signed enrolment and consent form.

## 2025-26 Funding for New and Expanded Interprofessional Primary Care Teams

### 4. How is this funding and call for application process different than the 2023-24 Expression of Interest?

The process for the 2025-26 call for proposals is different in three ways:

- **Geographic Primary Care Attachment:** New and expanded teams will work toward (either independently or in collaboration with other local primary care practices and clinicians) 100% of people within identified postal codes to have ongoing attachment to a regular primary care clinician. This includes attaching people on the Health Care Connect waitlist.
- **Role of Ontario Health Teams (OHTs):** OHTs and their Primary Care Networks (PCNs) will support local providers to develop proposals and coordinate submission of proposals for new and expanded primary care teams.
- **Targeted Call for Proposals:** 2025-26 funding is a targeted call for proposals based on postal codes that have the highest number of people not currently attached to a primary care clinician, including those on the Health Care Connect waitlist.

### 5. What is the role of OHTs and PCNs in this process?

OHTs and their PCNs will work with primary care practices and clinicians to coordinate and submit the proposals. Only proposals that will provide care to people living in the identified postal codes and are coordinated and submitted by OHTs and their PCNs will be assessed for 2025-26 funding.

OHTs should submit proposals that articulate a tangible plan to attach the highest possible proportion of unattached people in their postal codes and align with the three strategic priorities of this funding opportunity: 1) Primary Care Attachment; 2) Readiness to Implement and 3) Meeting Primary Care Team Priorities.

As OHTs and their PCNs work with their partners to determine which proposals are submitted, they are encouraged to leverage the Collaborative Decision-Making Arrangements (CDMAs) and associated governance structures and processes that were established at the onset of their development. OHT CDMAs should include conflict-of-interest procedures for member organizations and individual representatives who hold decision-making authority. OHTs should consider how these conflict-of-interest procedures apply to the development, assessment, and submission of funding proposals.

## **6. How can interested primary care clinicians and organizations apply for 2025-2026 funding?**

2025-26 funding is a targeted call for proposals focused on postal codes with the highest number of people not currently connected to a family doctor or primary care clinician, including those on the Health Care Connect waitlist. Primary care practices and clinicians who will provide care to people living in identified postal codes are invited to submit proposals through their associated Ontario Health Team (OHT) and their Primary Care Network (PCN). The list of identified postal codes can be found here: <https://www.ontario.ca/page/call-proposals-interprofessional-primary-care-teams#section-5>

Only proposals that will provide care to people living in the identified postal codes and are coordinated and submitted by OHTs and their PCNs will be assessed for 2025-26 funding. Eligible OHTs are in receipt of the proposal form from Ontario Health.

Primary care practices and clinicians interested in applying are encouraged to contact their local OHT and their Primary Care Network (PCN) as soon as possible to identify potential opportunities for collaboration, strategic alignment, and strengthening of their proposals. Each OHT can submit one proposal per identified postal code, with a maximum of five proposals per OHT.

If you are not currently connected with your OHT and/or PCN and/or need additional support, Ontario Health Regions can help to make that connection. Ontario Health regional contacts can be found in the appendix of this document.

### For Indigenous-led Proposals:

While proponents of Indigenous-led proposals are encouraged to collaborate with their local OHTs, OHT and PCN support is not required to submit a proposal. Please reach out to your Ministry of Health or Ontario Health Region contact should you need support with the submission process. Ontario Health regional contacts can be found in the appendix of this document.

## **7. What are the timelines to submit a proposal?**

The deadline for all submissions is 5:00 pm Eastern Daylight Time, May 2, 2025.

It is anticipated that prospective interprofessional primary care teams will be notified of funding decisions in Summer 2025.

A second round of proposal intake and assessment is anticipated to launch in September 2025. Potential applicants are encouraged to share feedback with the Primary Care Action Team to help shape subsequent rounds of funding.

**8. Which team-based models are eligible for this funding opportunity?**

Proponents may apply to create or expand one of the following approved [interprofessional primary care models](#): Family Health Teams (FHTs), Community Health Centres (CHCs), Nurse Practitioner-Led Clinics (NPLCs), and Indigenous Primary Health Care Organizations (IPHCOs).

**9. Can I still apply if I am a primary care practice and/or clinician located outside of one of the target postal codes?**

Only proposals that will provide care to people living in the identified postal codes and are submitted by OHTs and their PCNs will be assessed for 2025-26 funding.

This means that the primary location of the clinician or primary care practice may be outside of the identified postal code zone.

**10. Will submissions from the 2023-24 Expression of Interest be considered?**

Ontario Health Regions will work with their Ontario Health Teams to identify strong proposals submitted through the 2023 Expression of Interest to help identify potential proponents. A new and complete proposal form submitted by the OHT by 5:00 pm Eastern Daylight Time, May 2, 2025, is required to be considered for this funding opportunity. Relevant content from previously submitted applications may be repurposed for this funding opportunity.

## **Strategic Priorities**

**11. How will successful proposals be identified?**

A robust evaluation framework will be used to assess proposals. The evaluation process will prioritize proposals that demonstrate alignment with the following priorities:

**A) Primary Care Attachment:** Prioritizing net new ongoing attachment of people within identified postal codes who do not have a regular primary care clinician, including those on the Health Care Connect waitlist. The evaluation will give preference to proposals with a plan to attach the highest possible proportion of unattached people in their postal codes.

**B) Readiness to Implement:** Demonstrating ability to be operational, hiring team members, and beginning to attach people to a primary care clinician by Summer 2025 (e.g., infrastructure, human resources, local partnerships that can be leveraged and high organizational ability to meet attachment needs).

**C) Meeting Primary Care Team Principles:** Commitment and demonstrated ability to meet the following primary care principles over time.

1. **Provincewide:** Work toward (either independently or in collaboration with other local primary care practices and clinicians) 100% of people within postal codes to have ongoing attachment to a regular primary care clinician. This includes attaching people on the Health Care Connect waitlist.
2. **Connected:** Deliver interdisciplinary, team-based primary care with other professionals who work together to their full scope to deliver comprehensive primary care services and support the wellbeing of the health care team. Collaborate with local OHTs and their PCNs to establish partnerships with primary care organizations, as well as health, community, and social services to enable the integrated planning and delivery of primary care.
3. **Convenient:** Ensure timely access to primary care, including through the availability of in-person and virtual care options and the provision of after-hours services.
4. **Equitable:** Deliver culturally and linguistically responsive and safe care that meets the needs of the local population, including underserved communities.
5. **Digitally Integrated:** Ensure that both patients and clinicians have access to digital tools and services, as they become available, that enable easy navigation of the primary care system.
6. **Responsive:** Be willing to measure and use primary care metrics, including patient experience and outcome measures, for continuous quality improvement.

Specific expectations and deliverables related to these principles will be integrated into funding accountabilities and deliverables for the recipient.

**12. How will equitable access to primary care for Indigenous, Black, Francophone, and other underserved populations be prioritized through new and expanded primary care teams?**

Proponents are required to plan for and deliver culturally and linguistically responsive and safe care that meets the needs of the local population, including underserved communities. This could include highlighting targeted approaches for serving underserved populations and providing a plan to ensure access to French language care if the team is located in or serving a designated area under the *French Language Services Act*.

### **13. What is in-scope for this funding?**

Prospective teams should work with their OHTs and PCNs and use the Budget Template that has been provided as an appendix of the proposal form. Proposals for new and expanded teams should include details for clinicians, management and administrative personnel, salaried physicians if relevant for the team model, operational overhead, and one-time start-up costs.

### **14. Is capital/infrastructure eligible for funding?**

Capital is not eligible for funding through this process. If there are needs for leasehold improvements, renovations, new builds, the Ministry of Health and Ontario Health will work with teams to determine appropriate funding and programs for intended projects.

## **For Primary Care Clinicians**

### **15. Do I have to join an interprofessional primary care team?**

No, primary care clinicians do not have to join a primary care team. For many family physicians and nurse practitioners, access to a team of clinicians and administrative professionals working to their full scope can help to free up time, ease the clinical and administrative workload, and increase capacity to support more patients.

### **16. If I'm a family physician or nurse practitioner not currently practicing in a team, how can I apply? How do I know if my patient enrolment model allows me to become a primary care team?**

If you are a family physician and you are unsure if your primary care payment model enables you to apply to become a primary care team, you can find more information here <https://www.ontario.ca/page/call-proposals-interprofessional-primary-care-teams#section-6>.

### **17. What if I want to submit a proposal independent of my OHT/directly to Ontario Health/Ministry of Health?**

Only proposals coordinated and submitted by OHTs and their PCNs will be eligible and assessed for 2025-26 funding. Indigenous-led proposals can be submitted directly for consideration.

Primary care clinicians are strongly encouraged to engage with their local OHT and PCN. Working together with your OHT and PCN during the process will support local primary clinicians to work across provider groups and ultimately strengthen their proposals.

## **18. Who should I reach out to if I have questions?**

Please reach out to your Ontario Health Region if you are unsure about your OHT or PCN contact or have questions about collaborating with your OHT/PCN.

If you are unsure of your region, this [Census Subdivision to Ontario Health Look Up Tool](#) may be of assistance.

Ontario Health regional contacts can be found in the appendix of this document.

## APPENDIX

If you're not currently connected to an Ontario Health Team, your Ontario Health Regional team can assist you. Their contact information is below.

[Census Subdivision to Ontario Health Region Look Up Tool](#)

### Ontario Health Regional Contact Information

Ontario Health Region	Contact
Toronto	<a href="mailto:OH-Toronto.Funding@ontariohealth.ca">OH-Toronto.Funding@ontariohealth.ca</a>
East	<a href="mailto:OH_East_IPC_EOI_Submissions@ontariohealth.ca">OH_East_IPC_EOI_Submissions@ontariohealth.ca</a>
West	<a href="mailto:OH-West-PCEOI@ontariohealth.ca">OH-West-PCEOI@ontariohealth.ca</a>
Central	<a href="mailto:OH-Central_PrimaryCareAdvancement@ontariohealth.ca">OH-Central_PrimaryCareAdvancement@ontariohealth.ca</a>
North East	<a href="mailto:OH-NE-Finance@ontariohealth.ca">OH-NE-Finance@ontariohealth.ca</a>
North West	<a href="mailto:OH-NW-Submissions@ontariohealth.ca">OH-NW-Submissions@ontariohealth.ca</a>