

Frequently Asked Questions
2026-27 Call for Proposals for New and Expanded Primary Care Teams
September 2025

Overview of 2026-27 Call for Proposals

1. What is the 2026-27 call for proposals for new and expanded interprofessional primary care teams?

The Ontario government has launched the 2026-27 call for proposals to create and expand approximately 75 primary care teams that will connect 500,000 more people to a primary care clinician or primary care team. This initiative brings the province one step closer to connecting everyone in Ontario to primary care by 2029.

The province is investing over \$250 million through the 2026-2027 call for proposals. This funding is part of the more than \$2.1 billion the Ontario government is investing towards [Ontario's Primary Care Action Plan](#) which will expand or create over 300 new primary care teams across the province, connecting two million more people to publicly funded primary care by 2029.

2. What is the role of Ontario Health Teams and their Primary Care Networks in this process?

Continuing with the central role of Ontario Health Teams (OHTs) and their Primary Care Networks (PCNs) through the 2025-26 Call for Proposals, OHTs and their PCNs will work with local primary care clinicians and teams to develop and submit proposals that align with the three strategic priorities of this funding opportunity:

- 1) Primary Care Attachment;
- 2) Readiness to Implement; and
- 3) Meeting Primary Care Objectives.

Ontario Health Teams are expected to collaborate with local primary care clinicians and leaders to develop and submit proposals that strengthen coordination, with the goal of attaching 100% of their local population to primary care by 2029.

As OHTs and their PCNs work with their partners to determine which proposals are submitted, they must ensure proposal development reflects fair engagement, in alignment with their Collaborative Decision-Making Arrangements (CDMAs) including procedures for conflict-of-interest for member organizations and individual representatives who may hold decision-making authority.

3. Do Indigenous organizations need to submit their proposals via Ontario Health Teams/Primary Care Networks?

While Indigenous organizations are encouraged to collaborate with their local OHT/PCN, they may apply directly and are not required to submit proposals via an OHT.

4. How many proposals can an Ontario Health Team/Primary Care Network submit?

Each Ontario Health Team (OHT) has been allotted a specific number of proposal submissions, determined based on the number of people in their communities not attached to primary care. The number of proposals allotted to each OHT is based on different thresholds of unattachment in Southern and Northern Ontario to reflect relative population size and geography.

If there is strong rationale, OHTs and their PCNs may consider submitting up to two additional proposals for consideration that align with the strategic evaluation priorities of this Call for Proposal, including attaching their local populations to care. This could include proposals not selected for funding through the 2025-26 Call for Proposals that have been supported to refine and strengthen their proposal to align with the evaluation priorities of this Call for Proposal.

Before submitting an additional proposal, the OHT must first consult with their Ontario Health Region to ensure the rationale is well-supported.

For example, an OHT that has been allocated three (3) proposals could submit an additional two (2) proposals, with a strong rationale, for a maximum total of five (5) proposals.

In collaboration with Ontario Health Regions, OHTs and their PCNs are expected to work closely with their local primary care clinicians and teams to submit proposals and develop multi-year plans to achieve 100% attachment of their local population by 2029.

5. How is the 2026-27 call for proposals process different than previous funding opportunities to expand team-based care?

The 2026-2027 Call for Proposals builds on the momentum and successes of both the 2023 Primary Care Expression of Interest and the 2025-2026 Call for Proposals, both of which demonstrated the strength of local primary care planning, collaboration and innovation across the province. The Ministry of Health, in partnership with Ontario Health, have strengthened the proposal process in response to sector feedback.

For the 2026-2027 Call for Proposals, all OHTs and their PCNs across the province are eligible to submit at least one proposal for consideration. This Call for Proposals is also supported by additional guidance materials to support more informed and impactful proposals, more comprehensive and granular data packages to support planning and decision-making, and improved timelines to support proposal development and submission.

6. Which team-based models (IPCTs) 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).

7. How can interested primary care clinicians and organizations apply for 2026-2027 funding?

Interested primary care clinicians and teams should contact their OHT. All OHTs and their PCNs have been allotted a set number of proposal submissions based on the number of people who are not attached to primary care in their attributed communities. If you are unsure about your OHT or PCN contact or have questions, please contact your Ontario Health Region, which can be found in the appendix.

We recommend primary care clinicians and teams collaborate locally with each other and with other health and social partners to ensure the proposals articulate a plan to attach the highest possible proportion of unattached people in their local geography.

While Indigenous organizations are encouraged to collaborate with their local OHT/PCN, they may apply directly and are not required to submit proposals via OHTs.

8. Is collaboration with community partners permitted through the call for proposal process?

Yes. The *Primary Care Act, 2025* emphasizes building a connected primary care system that is coordinated with existing health and social services.

While only existing primary care team models are eligible to receive funding through this Call for Proposals, collaboration with local community partners—such as community service organizations and public health units—is encouraged. These partnerships can help improve local service coordination and delivery, enhance integration, and reduce duplication thereby allowing IPCTs to attach (more) patients.

9. Will submissions from the 2025-2026 call for proposals be considered?

Each OHT has been allotted a specific number of proposal submissions, determined based on the number of people in their communities not attached to primary care.

If there is strong rationale, OHTs and their PCNs may consider submitting up to two additional proposals for consideration that align with the strategic evaluation priorities of this Call for Proposal, including attaching their local populations to care. This could include proposals not selected for funding through the 2025-26 Call for Proposals that are now refined and strengthened to better align with the evaluation priorities of this Call for Proposal.

Completing the proposal form and budget template is a requirement to be considered for the 2026-2027 funding.

10. What are the timelines to submit a proposal?

The deadline for all submissions is 5:00 p.m. Eastern Daylight Time, November 14, 2025.

11. When will we hear about funding decisions?

It is anticipated that prospective interprofessional primary care teams will be notified of funding decisions in Spring 2026.

12. Who should I reach out to if I have questions?

For any questions about the submission of proposals, please contact primarycareexpansion@ontariohealth.ca.

All other questions can be directed to your Ontario Health regional contact.

If you are unsure about your OHT or PCN contact or have questions about collaborating with your OHT/PCN, please reach out to your Ontario Health regional contact.

Existing IPHCOs may reach out to their ministry contact(s) for additional support or guidance.

Strategic Evaluation Priorities

13. 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:

- A. **Primary Care Attachment:** Provide net new, ongoing attachment to primary care, prioritizing communities with high rates of unattachment. This includes attaching people on the Health Care Connect waitlist.

- i. **What does 'attachment to a primary care clinician' mean?**

- Attachment is defined as a documented and ongoing relationship with a primary care clinician (family physician or nurse practitioner) or primary care team, working in a publicly funded system. The documentation could be through formal registration or signed enrolment and consent form.

- B. **Readiness to Implement:** Demonstrating the ability to be operational and begin to attach people to a primary care clinician or team by Spring 2026. This includes demonstrating how your proposed new or expanded team can leverage existing

infrastructure, human resources and local partnerships to quickly meet the communities' attachment needs.

C. **Meeting Primary Care Objectives:** Commitment and demonstrated ability to meet the primary care objectives, as noted below, over time.

1. **Province-Wide:** Ontarians should have the opportunity to have a documented and ongoing relationship with a primary care clinician or team.
2. **Connected:** Ontarians should have the opportunity to receive primary care services that are co-ordinated with existing health and social services.
3. **Convenient:** Ontarians should have access to timely primary care services.
4. **Inclusive:** Ontarians should have the opportunity to receive primary care services that are free from barriers and free from discrimination prohibited by the Human Rights Code or the Canadian Charter of Rights and Freedoms.
5. **Empowered:** Ontarians should have the opportunity to access their personal health information through a digitally integrated primary care system that connects insured persons to primary care clinicians or teams involved in their care.
6. **Responsive:** The primary care system should respond to the needs of the communities it serves, and Ontarians should have access to information about how the system is performing and adapting.

14. Will attachment be measured based on a specific set of clinicians (those being funded through the proposal) or the number attached throughout the whole organization?

Depending on the model of care, attachment may be documented through a Patient Enrolment Model or registration with a primary care team. Reporting of attachment targets will be measured at the team level.

15. What are in-scope Health Human Resources (HHR) for IPCTs?

Primary care teams are interprofessional groups made up of individuals with health, wellness and social care expertise, working together to support patients' unique health and wellness needs. Interprofessional primary care teams connect people to a range of health professionals that work together under one roof, including family physicians, nurse practitioners, registered nurses, registered practical nurses, physician assistants, physiotherapists, social workers, dietitians, midwives and pharmacists, working to their full scope of practice. Depending on the population served, teams may also collaborate with additional experts to meet patient needs, such as Traditional Healers.

The allied HHR should be hired with the intention to maximize attachment for family physicians in patient-enrolled models that could be affiliated with a FHT, or with family physicians or nurse practitioners employed by IPHCOs, CHCs or NPLCs.

Technical Questions

16. My team was approved for funding in the previous Call for Proposals and we didn't get everything we requested. Can we submit a new proposal to ask for more?

Each OHT has been allocated a set number of proposal submissions based on the number of people not attached to primary care in their communities. OHTs and their PCNs will work with local primary care clinicians and teams to develop and submit proposals.

Please reach out to your OHT and PCN who can help determine whether your proposal aligns with the strategic evaluation priorities (e.g., supports net new attachment) and where it could be included within the number of applications they have been allotted to submit.

17. Should letters of support be submitted in one document or in separate files?

Letters of support/commitment can be submitted together; the application should include the Unique Identifier, and all forms in the application package must be unaltered and saved in their original formats.

18. Is there a particular nomenclature you would like us to use for all proposal documents?

Documents must use file names that include the OHT name, lead applicant name, and unique identifier provided by Ontario Health. Proposals must be submitted to primarycareexpansion@ontariohealth.ca with the unique identifier included in email subject line.

Indigenous proposals do not require a unique identifier or OHT to be named.

19. We have more information for a question than will fit in the table, how can we include that?

The proposal form cannot be altered to accommodate additional text. Additional documents not explicitly requested will not be reviewed during the evaluation. Please note that only letters of commitment may be submitted as supplementary materials. All other attachments or documents not explicitly requested as part of the application will not be reviewed.

20. 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

21. 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 or a physician group 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-5>

22. 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 2026-27 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.

While Indigenous organizations are encouraged to collaborate with their local OHT/PCN, they may apply directly and are not required to submit proposals via OHT.

23. How does this Call for Proposal process support the establishment of new Primary Care Teaching Clinics?

A primary care teaching clinic (also known as family medicine teaching unit) refers to a clinical setting, affiliated with a university, where medical students, resident doctors and other interprofessional care team members receive training under the supervision of experienced family physicians and other clinicians.

The ministry will be providing universities with capital funding to support the establishment of new primary care teaching clinics. Universities are encouraged to build ties and will be engaging IPCTs to provide clinical support.

IPCTs that have a formal arrangement to support a university's PCTC are asked to identify this in their application, and provide confirmation of this partnership (e.g., letter of support from the medical school). IPCTs that don't have a formal arrangement, but are interested in supporting new learners, are also asked to identify their interest in working with universities.

Appendix

Ontario Health Regional Contact Information

| Region | Primary Care Contacts | OHT Contacts |
|-------------------|--|--|
| North East | oh-ne-finance@ontariohealth.ca | lynne.kinuthia@ontariohealth.ca laura.boston@ontariohealth.ca |
| North West | OH-NW-Submissions@OntarioHealth.ca | kiirsti.stilla@ontariohealth.ca |
| East | OH_East_Clinical_Submissions@ontariohealth.ca | laurel.hoard@ontariohealth.ca |
| Central | OH-Central_PrimaryCareAdvancement@ontariohealth.ca | OH-CentralOHTs@ontariohealth.ca |
| Toronto | OHTorontoIPC@ontariohealth.ca | TorontoRegionOHTs@ontariohealth.ca |
| West | OH-West-PCEOI@ontariohealth.ca | OHWest-OHTs@ontariohealth.ca |

Find your region using the [Ontario Health Region Lookup Tool](#).