



Interprofessional Primary Care Team (IPCT) Expansion - 2027-2028 Call Instructions

SEPTEMBER 2026

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Contact information

For any questions about the submission of proposals, please e-mail primarycareexpansion@ontariohealth.ca or reach out to your Ontario Health contact listed in [Appendix A](#).

Background

In January 2025, the Government of Ontario (government) announced its Primary Care Action Plan, with the goal of attaching everyone in Ontario to a family doctor or primary care team by 2029. This plan is supported by a \$3.4 billion investment.

Through the 2027-2028 Call for Proposals, the Government will invest more than \$250 million to attach 600,000 more people to primary care. The 2027-2028 Call for Proposals builds on the momentum and successes of the 2024 Primary Care Expression of Interest and the 2025-2026 and 2026-2027 Call for Proposals, all of which demonstrated the strength of local primary care planning, collaboration and innovation across the province.

The Ministry of Health (Ministry) and Ontario Health will co-manage intake and assessment to allocate multi-year funding for new and expanded interprofessional primary care teams.

Hereafter, “Proponent” refers to the lead organization, together with any partner organizations, that are collaborating to develop and put forward the proposal.

Eligibility

Family physicians, nurse practitioners and primary care teams are invited to work through their local Ontario Health Team (OHT) and their Primary Care Network (PCN) to submit proposals for funding consideration. All OHTs and their PCNs are eligible to support proposals that align with the strategic evaluation priorities outlined in this document.

Proposals can be submitted to **create** or **expand** one of the following approved interprofessional primary care team models:

- Community Health Centres (CHCs)
- Family Health Teams (FHTs)
- Indigenous Primary Health Care Organizations (IPHCs)
- Nurse Practitioner-Led Clinics (NPLCs)

To learn more about the interprofessional primary care team models, please refer to **Appendix C**.

Indigenous-led Proposals

The Ministry and Ontario Health are committed to supporting primary care planning and delivery that addresses the well-being of First Nations, Inuit, Métis, and urban Indigenous people.

While proponents of Indigenous-led proposals are encouraged to collaborate with their local OHT and PCN, this is not a requirement to submit an Indigenous-led proposal. **Please see the Indigenous-led proposal Call Instructions document for detailed information.**

Approach

While there is no limit on the number of proposals OHTs and their PCNs can submit, proposals must take a data-based approach and be scaled and targeted to areas of unattachment. Teams are strongly encouraged to continue supporting collaborative and partnership-based proposals that align with the strategic evaluation priorities of the Call for Proposals. OHTs and their PCNs are expected to engage broadly with local family physicians, nurse practitioners, primary care teams, organizations and other relevant partners to develop proposals that support local needs, geographic attachment and multi-year planning toward 100% attachment of their local population by 2029.

OHTs and their PCNs should distribute the proposal package broadly, facilitate fair engagement and shared decision-making among partners, and ensure any applicable conflict-of-interest processes are followed in accordance with their Collaborative Decision-Making Arrangement (CDMA). Local primary care partners are encouraged to work closely with their local OHT and PCN throughout proposal development, including participating in discussions, responding to feedback and contributing to the final proposal package.

The Ministry and Ontario Health have provided OHTs and their PCNs with data to better understand local population needs and support planning. These data should be used to identify communities with significant attachment gaps, populations experiencing barriers to accessing primary care, and opportunities to improve geographic coverage and attachment. OHTs and their PCNs are encouraged to consider targeted approaches for priority populations, including Francophone communities and other underserved groups, where local needs have been identified. To learn more about the data package provided and how to access it, refer to **Appendix B**.

Ontario Health will provide coordinated support throughout the Call for Proposals process, including responding to inquiries, clarifying requirements and facilitating connections between proponents and the appropriate OHTs and PCNs, where needed.

Midpoint Proposal Development Check-in

During the Call for Proposals period, Ontario Health will schedule a **midpoint check-in** with each OHT and their PCN, to support alignment with the strategic evaluation priorities of the Call for Proposals, discuss proposal feasibility, clarify requirements and identify opportunities to strengthen regional planning, geographic attachment and partner alignment. The Ministry may participate in select check-ins with OHTs and their PCNs.

Additional information on the midpoint check-in will be provided to OHTs in advance of the check-in.

Strategic Evaluation Priorities of the Call for Proposals

The Ministry and Ontario Health are inviting collaborative proposals that demonstrate alignment with the following four priorities. Proposals will be evaluated against the following:

- A. **Primary Care Attachment:** Provide net-new, ongoing attachment to primary care, prioritizing communities with high rates of unattachment.
- B. **Readiness to Implement:** Demonstrating the ability to be operational and begin to attach people to a primary care clinician or team starting in Spring 2027, and the ability to achieve attachment targets by Spring 2028. Longer implementation timelines may be considered for establishing new teams, particularly in areas with limited or no existing team capacity.
- C. **Supporting Geographic Coverage:** Partnering with OHTs and PCNs to develop and submit proposals that reflect the unique needs of local communities and support comprehensive geographic coverage for the attributed population across the OHT.
- D. **Meeting Primary Care Objectives:** Commitment and demonstrated ability to meet the objectives described in the [*Primary Care Act, 2025*](#) 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.

Proposal Development Considerations

Proposals may be submitted to either create a new interprofessional primary care team or expand an existing team (refer to **Appendix C for examples**). Regardless of the approach, proposals should demonstrate alignment with the strategic evaluation priorities of this Call for Proposals.

Expansion of Existing Interprofessional Primary Care Teams (IPCTs)

Expansion of existing IPCTs should demonstrate how additional staffing, partnerships, locations or service delivery arrangements will increase net-new attachment and improve access to care.

Creation of New Interprofessional Primary Care Teams

Creation of new IPCTs may be proposed in areas where there are no existing IPCTs and where there is a demonstrated need for team-based primary care or limited access to primary care services.

Process to Create a New Team

Once the need for a new IPCT has been identified, several foundational organizational and operational requirements must be established to support implementation. New teams will be provided additional time to become operational and begin attaching patients.

Step	Key Requirements
1. Corporate & Governance	• Establish a legal entity • Create a governance structure (e.g., Board of Directors or Band Council) • Develop bylaws, policies, and accountability frameworks
2. Financial Management	• Open bank accounts • Establish financial controls and signing authorities • Secure insurance
3. Human Resources	• Recruit and onboard interdisciplinary team members • Develop employment contracts, job descriptions, and HR policies
4. Operational Infrastructure	• Secure clinical and administrative space • Procure equipment, furniture, and office technology • Establish IT and cybersecurity infrastructure • Implement an Electronic Medical Record (EMR) system and data management processes
5. Clinical Operations	• Develop clinical programs and service delivery models • Create patient attachment processes • Establish quality improvement, risk management, and patient safety frameworks

6. Compliance & Reporting

- Meet Ministry of Health and Ontario Health's funding agreement requirements
- Implement privacy and health information management policies
- Establish performance measurement and reporting processes

For more information on these requirements, proponents may contact Ontario Health or Ministry partners.

Partnerships and Collaboration

The Ministry and Ontario Health strongly encourage collaborative, partnership-based proposals that support net-new attachment and improved access to primary care. Strong proposals should demonstrate meaningful collaboration among family physicians, nurse practitioners, IPCTs, OHTs, PCNs and other relevant health, community and social service partners. Please note that teams are strongly encouraged to partner with physician-only groups in their area to support attachment goals. As patient attachment must be documented, participating physicians are required to practise within a Patient Enrolment Model (PEM). **Appendix C** provides examples of how physicians currently operating under a fee-for-service funding model may establish or join a PEM group.

Leasehold/Start-Up Costs

A strategic priority of the Call for Proposals is readiness to implement, specifically demonstrating the ability to be operational and begin to attach people to a primary care clinician or team by Spring 2027. This includes how your proposed new or expanded team can leverage existing infrastructure, human resources and local partnerships to quickly meet the communities' attachment needs.

Proposals should clearly articulate any costs related to start-up activities required to support attachment, including **clinical, administrative, and shared** start-up space renovations (qualifying physical improvements to owned premises), **leasehold improvements** (tenant-funded, durable improvements attached to leased premises), and other **non-space readiness costs**, where appropriate. Start-up costs are not guaranteed and must be approved in advance by Ontario Health and/or the Ministry.

Additional Attachment(s)

- **(Required)** OHT and PCN Context and Endorsement Form:
In addition to the proposal package, this form must be completed and submitted by the OHT (one per OHT).
- **(Optional)** Letter(s) of Commitment

All completed and signed forms must be submitted with the proposal package by the proposal submission deadline.

Proposal Submission Process

- The deadline for OHTs and their PCNs to submit proposals to Ontario Health is **November 20th, 2026, at 5PM Eastern Time**
- Proposals must be submitted to primarycareexpansion@ontariohealth.ca and include in the email subject line the respective unique identifier.
- An acknowledgement of receipt will be sent for all proposals submitted by the deadline, from the email above.
- For any questions about the submission of proposals, please contact primarycareexpansion@ontariohealth.ca.

Appendix A: Ontario Health Regional Contacts

Ontario Health contacts will work with OHTs, their PCNs and proponents throughout the process. See below for the list of contacts for your region.

Region	Primary Care Contacts	OHT Contacts
North East	OH-NE-PrimaryCare@ontariohealth.ca	lynne.kinuthia@ontariohealth.ca
North West	OH-NW-Submissions@OntarioHealth.ca	kiirsti.stilla@ontariohealth.ca
East	OH_East_Clinical_Submissions@ontariohealth.ca	OHEast-OHTs@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

If you are unsure which Ontario Health region you belong to, this resource may help:

<https://www.ontariohealth.ca/about/who-we-are/regions>

Appendix B: How to use Ontario Health Data Packages for Planning and Developing Proposals

PLANNING WITH THE OHT DATA DASHBOARD

Guidance	
Purpose	All OHTs and their PCNs can access the PCAT data package within the OHT Data Dashboard, which provides attachment rate data that can be filtered by region, OHT, forward sortation area (FSA), aggregate dissemination area (ADA), and census subdivision (CSD). This information should be used to support decisions regarding team creation or expansion. Supplementary local data may also be used to support the case for a new or expanded team.
Use The Data Package To	• Identify geographic areas and populations with significant attachment gaps, including relevant sociodemographic considerations. • Review unattached population and Health Care Connect information using available geographic views, including CSD, ADA, and FSA. • Consider team locations, service areas, and neighbouring OHT information to identify opportunities for coordinated planning and cross-collaboration.
How To Apply Findings	Use findings from the data package to explain the proposal rationale, geographic focus, partnerships, and attachment approach. Any local data used must be clearly described and submitted in accordance with the requirements outlined in the final proposal package.

OHT DATA DASHBOARD REGISTRATION

- Registering for the OHT Data Dashboard requires two elements: (1) a OneID credential, and (2) confirmation that you are part of an OHT or supporting an OHT with analytics.
- If you already have a OneID credential, send your login ID to OHTanalytics@ontariohealth.ca. Either send the email from an OHT email address or copy someone from the OHT who can confirm you are supporting their team.
- If you do not have a OneID credential, send your email address and phone number to OHTanalytics@ontariohealth.ca. Either send the email from the OHT email address or copy someone from an OHT who can confirm you are supporting their team. The team will guide you through the OneID process.

Appendix C: Overview of Existing Interprofessional Primary Care Teams (IPCTs)

Description of Interprofessional Primary Care Models

<u>Family Health Team (FHT)</u>	<u>Community Health Centre (CHC)</u>	<u>Indigenous Primary Health Care Organizations (IPHCO)</u>	<u>Nurse Practitioner-Led Clinic (NPLC)</u>
FHTs are community-centered primary care organizations that bring together interprofessional teams, including family physicians, nurse practitioners, nurses, social workers, community health workers and other professionals, to provide comprehensive, coordinated care tailored to local population needs. They focus on the delivery of primary care services with a focus on health promotion, disease prevention, and chronic disease management. FHTs operate under multiple funding models. The Blended Salary Model (BSM), which compensates physicians primarily through salary and non-BSM models, compensates physicians under a blended capitation-	CHCs provide comprehensive, interprofessional primary health care services with an emphasis on health promotion, disease prevention, and addressing the social determinants of health. They are often designed to serve priority populations who face barriers to care such as people living on low income, newcomers, individuals with complex mental health needs and the uninsured. Although, they are encouraged also to serve the general population in their area. CHCs tailor their programming to local needs and often include services like health education, chronic disease management, mental health supports and community outreach. They are governed by volunteer community boards and operate with a mandate to improve	IPHCOs are Indigenous-governed, community-led health organizations that provide culturally safe, holistic and integrated primary care services to First Nations, Métis, Inuit and Urban Indigenous individuals and families. IPHCOs blend traditional Indigenous healing practices with mainstream clinical services, offering care that reflects Indigenous worldviews and values. In addition to primary care provided by family physicians and nurse practitioners, IPHCOs provide services such as traditional healing, cultural programming,	NPLCs are interprofessional teams led by nurse practitioners, designed to provide comprehensive primary care services. They support anyone in need of primary care, including underserved communities. In this model, patients are registered to the clinic where nurse practitioners and nurses work to full scope of practice, in addition to other interprofessional team members. NPLCs offer primary care services and other need-responsive services. NPLCs can receive stipend funding for collaborating physicians. For an overview of

based model. Family Health Network (FHN), Family Health Organization (FHO), and Rural and North Physician Group Agreement (RNPGA) are examples of blended capitation models. For an overview of the FHT, please refer to Family Health Teams ontario.ca	health equity and access. Salaried physicians are employees of the CHC. For an overview of the CHC, please refer to Community Health Centres ontario.ca	system navigation, and maternal and child health programming. Salaried physicians are employees of the IPHCO. (Note: Teams formerly known as Aboriginal Health Access Centres)	the NPLC, please refer to Nurse Practitioner- Led Clinics ontario.ca
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*Please note the compensation rates for physicians working in or collaborating with these models are established through negotiations with the Ontario Medical Association.

Scenarios - Family Health Team

Expansion	New Teams
- An existing FHT that is affiliated with one or more Family Health Organizations (FHOs) or Family Health Networks (FHNs) plans to expand their practice and would like to invite another FHO to affiliate with their team so they can roster more patients. They could apply for more interdisciplinary health providers (IHPs) and administrative staff and become an extension or satellite of the FHT. - An existing FHT that is affiliated with a Blended Salaried Model (BSM) would like to expand and roster more patients. They could apply for an additional salaried physician FTE or IHPs. - An existing FHT would like to expand their services, and affiliated physicians plan to roster all unattached patients in a geographic area. They could apply for new IHPs.	- One or more FHOs or FHNs without an affiliation to a FHT would like to expand their practice. They could propose the creation of a new FHT and apply to add IHPs and administrative support to their practice. - A group of physicians who are in a Family Health Group (FHG) could apply to become a FHO which could then be eligible to apply to form a FHT, if there is no FHT in the area. - A group of physicians want to work in a salaried model with interprofessional and administrative support. They could create a new blended salary model (BSM) FHT. - An RNPGA could decide to apply to form a FHT that will provide attachment for people living within the geographic area.

Scenarios - Community Health Centre

Expansion	New Teams
An existing CHC would like to expand their services to a growing population in the catchment area. They could apply for additional salaried physicians or IHPs.	- A group of physicians or NPs decide to create a team of interprofessional providers and administrative support, creating a new CHC. - Community organizations with an interest in primary care could collaborate with local providers and apply to be a new CHC that would take on all unattached patients in a geographic area.

Scenarios - Nurse Practitioner-Led Clinic

Expansion	New Teams
• An existing NPLC would like to expand their services to a growing population in the area. The team could apply for an additional salaried nurse practitioner to attach more patients. • An existing NPLC would like to expand services for residents of a local community housing unit (satellite or mobile services), where the NPLC provides primary care. The team could apply for additional funding that enables them to attach patients to ongoing primary care.	• A group of nurse practitioners decided to apply for funding to create a team of interprofessional providers and administrative support, creating a new NPLC.

Scenarios - Indigenous Primary Health Care Organizations

Expansion	New Teams
• An existing IPHCO would like to expand their services for Indigenous peoples. The team could apply for additional salaried physicians or IHPs and demonstrate they will attach more people to ongoing primary care.	• An Indigenous organization or Band Council seeks to expand interprofessional primary care to the community. The group can apply for funding to create a new IPHCO.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.

Document disponible en français en contactant info@ontariohealth.ca