July 16, 2026. 1334367

To: Health Authority Medical Affairs, PCN Managers

Re: Parameters for New to Practice Contract Extensions and NP PCN Contract Renewals

I am writing today to provide further clarification regarding the memo distributed on February 3rd regarding the direction and process for extending New to Practice (NTP) contracts and renewing Nurse Practitioner (NP) PCN contracts. This memo outlines clarified parameters for Regional Health Authorities (RHA) to guide decision-making and reduce the need for Ministry review in every case.

Both the NTP and NP PCN contracts were introduced in 2018 to support primary care providers in establishing a practice.

To support consistency across the province for providers and enable regional health authorities to move forward efficiently in managing NTP and NP PCN contracts, the following parameters are provided with an expectation they will be applied universally, and RHAs will support NTP family physician (FPs) and NPs to meet contractual parameters.

NTP Contract Parameters:

The NTP contract was designed and intended as a two-year contract. As the majority of longitudinal FPs in BC now practice under the Longitudinal Family Physician (LFP) payment model, NTP FPs are expected to transition to the LFP payment model after completing their two-year NTP contract. The Ministry is no longer reviewing requests for NTP contract extensions, and provide RHAs with the following parameters for NTP contract extensions:

- **≥85% Attachment Achieved**: No extension; transition to LFP or FFS.
- **60-84% Attachment, Aligned with Intent**: RHAs can sparingly apply one-time extensions, at a maximum of 6 months, to provide FPs additional time to continue building their panels; support from the Practice Support Program and/or Division is recommended.

    - If serving a priority population (e.g., Indigenous, frail seniors, maternity, MHSU), re-consider if NTP is the appropriate contract option for the service model.
- **<60% Attachment After 2 Years**: Not aligned with contract intent; no extension recommended. Physicians should transition to LFP or seek new opportunities with support from Doctors of BC, PSP, and the Division.

NTP contract Quality Improvement (QI) activities and extensions:

- QI activities are a required component of the NTP service contract in Years 1 and 2. In rare cases where an RHA approves a one-time contract extension of 6-months, resulting in a partial Year 3, NTP physicians may choose whether to participate in the completion of QI activities, as outlined in the contract, and receive the QI payment pro-rated to FTE; HEABC has revised the NTP contract amending agreement template for partial year Term extensions to reflect this change.
- QI extensions for NTP physicians are no longer approved across any NTP contract year. RHAs are not required to pay the QI payment if the QI payment requirements are not met by the end of a NTP physician's contract year:
    - Year 1 NTP physicians must complete both the required QI activities and achieve their Year 1 attachment target to be eligible for the Year 1 QI payment.
    - Year 2+ NTP physicians must complete the required QI activities to be eligible for the QI payment.

NP PCN Contract Renewal Parameters:

NP PCN contracts remain the only provincial compensation model available to nurse practitioners to support primary care in the community outside of direct employment. Given this context, NP PCN contract renewals are generally supported to ensure continuity of care for patients, provided contract deliverables are being met.

RHAs are encouraged to collect and review NP contract data (e.g., encounter codes including visit volumes and direct and indirect ratios) to inform discussions with NPs and identify areas of concern, address barriers, and reinforce contractual obligations. RHAs should initiate early discussions with NP(s), at least 6 months in advance of the end of the Term, to discuss options where attachment expectations have not been met.

The following parameters are intended to ensure RHAs have the direction and levers to support contract renewals while ensuring compliance in meeting contract obligations:

- **≥85% Attachment Achieved:** Renew with reminder of full obligations.
- **50–84% Attachment, Aligned with Intent**: Renew and apply contract management levers to support NPs:
  - NP contract data should be revisited at a future date to assess progress, ensure accurate encounter reporting compliance (including detailed encounter coding), focus on longitudinal visits, and improved patient attachment.
  - Ensure panel is balanced or seek Ministry approval for a reduced attachment target if focused on a priority population.
  - Collaboration and support from the NNPBC Provincial Initiatives and Programs (PIP) team is encouraged.
  - PCNs are also accountable for achieving the overall attachment targets for their communities through the contracts held by the RHA. Keeping PCNs informed of progress across contracts can help to create more opportunities to support NPs through engagement in a community of practice, prioritizing attachment referrals, or aiding the clinic in providing needed supports.
- **<50% Attachment Over 3 Years:**
  - RHAs may consult with the Ministry to:
    - At the discretion of RHAs, offer a 1-year contract renewal, to assess and monitor as an alternative to terminating (context specific); or
    - Offer a renewed contract at a proportionally reduced FTE (with mutual agreement of both parties).
  - Where an NP declines contract renewal at a 1-year term or reduced FTE, RHAs will consult with the Ministry and ensure all available PCN and Division supports have been brought to bear in advance. Once Ministry consultation and sufficient engagement has occurred, and all options have been exhausted, the RHA may determine that contract termination is necessary. At this stage, the Division (and the Divisions Attachment Coordinator) will need to be notified to absorb attached patients.
  - As stated above, RHAs are encouraged to apply a consistent approach by reviewing NP contract data to inform discussions with NPs to identify areas of concern, address barriers, and reinforce contractual obligations. In addition, NP contract data should be revisited at a future date to assess progress.

Contract extension or renewals outside of these parameters should not be extended without consultation and written approval from the Ministry. If you have any questions about this direction, please contact your local PIO Regional Director.

Region	Regional Director	Email
Coastal Region including Providence Health Care	Maggie Aronoff	Maggie.Aronoff@gov.bc.ca
Fraser Region	Brit Sauve	Brit.Sauve@gov.bc.ca
Island Region	Tess Walton	Tess.Walton@gov.bc.ca
Interior Region	Harleen Price	Harleen.Price@gov.bc.ca
Northern Region and First Nations Health Authority	Panmoli Sivananthan	Panmoli.Sivananthan@gov.ca

The Ministry remains dedicated to strengthening the primary care system, improving access to providers, and enhancing co-ordination of services through local Primary Care Networks, while ensuring that public resources are used effectively to deliver results.

Sincerely,

Kelly McQuillen obo Amanda Thompson
Assistant Deputy Minister
Health Services Integration Division

pc: FPSC Transformation Partners