

PARTNERSHIPS

Title: Partnerships
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From: Department of Health and Children
To: All Primary Care Unit Managers

Re: Certain Matters Relating to Partnerships

1. Previous Circulars on the GMS Scheme contract have stated that the Health Board should be informed immediately a partnership involving doctors holding contracts under the Scheme is formed, amended or dissolved. That requirement is applicable in the case of any partnership whether of two or more persons. There is also a requirement to notify the Health Board of any change in membership or numbers in the partnership. Notification of the formation of a multiple partnership should contain at least the signature of the partners witnessed by a solicitor.

2. Despite a requirement to do so there remain partnerships in the GMS Scheme, some of a longstanding type, which have not been notified to the Health Boards. It is important, and very much in the interests of doctors who understand themselves to be partners in a practice, to see that this requirement is adhered to as it will ensure clarity and safeguard their position in the event of any dispute arising as either to the status of their relationship with other parties in the practice or to the nature of the practice itself.

3. The remainder of this Circular is concerned with partnerships of two partners (covering the situation where one of the persons has joined the practice as a partner, an initio, or alternatively where he or she has joined as an assistant with a view to partnership and has been admitted to partnership after the stipulated trial period) and deals principally with the situation of the remaining person following the death, resignation, or retirement of the other partner. As it deals with matters covered by Circular 9 of 1980 (**Revision of Paragraph 23 of the Modified Conditions of Entry to the GMS 1975**) it should be read with that Circular and supersedes that Circular, as appropriate.

In the case of such a partnership:

(i) where one partner dies, retires through illness or resigns to take up another contract or forfeits his or her contract as a result of statutory or contractual proceedings the remaining partner shall, subject to the approval of the Health Board (and provided his entry as a partner in the Scheme had been approved by the appropriate Health Board prior to that date) retain his GMS Scheme contract and succeed to the panel of the outgoing partner,

(ii) where the partnership is dissolved by mutual agreement of the partners, the remaining partner shall, subject to the approval of the Health Board (and provided his entry as a partner in the Scheme had been approved by the appropriate Health Board prior to that date) retain his GMS Scheme contract but not succeed automatically to the contract of the other partner.

4. In both of the above cases, the approval of the Health Board to retention or succession should be given unless there are reasons consistent with the proper operation and integrity of the GMS Scheme that indicate clearly that such approval should not be so given, for example where the combined panel numbers exceed 2000 patients. But where the Health Board has not been

notified of the existence of the partnership prior to the events referred to in the relevant provisions of Circular 9 of 1980 (rather than this Circular) will continue to apply.

5. It is intended that a consolidated Circular on partnerships and group practices will be issued later this year.

Peter Lennon
GMS Division
7 March 2001