

FIREARMS MEDICAL PROCESS **GUIDANCE FOR GENERAL PRACTITIONERS**

Introduction

These guidance notes accompany the joint firearms medical proforma agreed between West Mercia Police and the Local Medical Committees of Herefordshire and Worcestershire, and Shropshire. From 1st April 2021, a new medical process will come into effect. This process has been negotiated between the police and LMCs in order to ensure a process that is consistent across West Mercia, ensures efficiency and minimal workload for GPs and the police, ensures fair remuneration for work done, and minimises medicolegal/professional risk upon GPs.

Background

Until now, the medical process for firearms licensing has been for the police to write to the GP requesting a medical report for any diagnoses of concern to be returned within 21 days. If the police receive no response then they assume there is no concern and grant the certificate. The advice of the BMA which can be found at <https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms> makes it clear that it “could put you at professional risk” if you ignore the letter from the police. The LMC agrees with this stance and reiterates that you are strongly advised not to ignore or to refuse to engage with the process of firearms licensing, as to do so may place you at medicolegal risk.

BMA guidance goes on to advise the GP to respond to this letter with one of 5 options, and gives accompanying template letters for GPs to use:

- I refuse to provide a report because I have a conscientious objection to the holding of firearms (Letter 1)
- I refuse to provide the requested report, because it seeks an opinion on matters falling outside my medical expertise, namely assessment of behavioural and personality disorders (Letter 2)
 - NB: This option does not apply to West Mercia as only a statement of fact is requested
- I am content to complete a report for a fee (Letter 3)
- I am content to provide a summary from the record for a fee (Letter 4)
- I am content to complete a report for no fee (Letter 5)

Disadvantages of the Current System

- It is inconsistent – With GPs providing reports of varying detail
- Onus on police & GP – Currently the police have to obtain the report and chase the GP
- Risk to GP – Due to the number of GPs that ignore the letter, causing police to presume no concern
- Consent required – As the GP is liaising with a third party
- Clarity regarding flags – Some GPs are placing flags on notes. As it is unclear how you remove these, and what monitoring obligations they imply, this could attract further risk

The New Process

STEP 1: Applicant advised by police that a medical form must accompany their other application documents

STEP 2: Applicant asks GP to complete medical proforma and pays fee up front

- Places onus on the applicant to obtain the report
- Ensures GP can obtain fee up front, prior to work done

STEP 3: GP completes form electronically from clinical system, prints, stamps and signs and gives to the applicant

- GP should save a copy of this for audit purposes, although not necessarily in the patient notes
- No need for consent, as form is being given to shooter who gives to police
- Audit process and form design mitigate any risk of tampering

Audit

As the GP is giving the form to the patient and not sending to the police, the new system has the potential small risk that an applicant may alter their form, or seek to forge one. To mitigate this risk, the police will – from time to time – audit random medical forms by sending a copy to the GP and asking it to be verified against the GP records. This can be checked by practice admin teams if the practice wishes.

Search Period

Under the current system, GPs are being asked to search the entire medical record for diagnoses of concern. Under the new system, GPs will only have to do this for new (grant) applications. For subsequent (renewal) applications, the GP will only have to search 10 years into the past, and this will drop to 5 years (the life of a certificate) from 2026 onwards. GPs should search paper notes where the search period requires it. GPs are only responsible for records in their possession, and should note on the form in the box provided when records in their possession begin.

Diagnoses of Concern

The list of diagnoses of concern are based on Home Office guidance and have been clarified by West Mercia Police with LMCs input. GPs should be aware that the presence of such a diagnosis does not necessarily preclude the applicant from having their application approved. Indeed, where a condition is stable and appropriately treated individuals may safely continue in their hobby, sport or occupation. It is up to the police to determine whether an applicant poses a risk to themselves or others and GPs should not in any way feel pressured to give an opinion.

Extra Information & Specialist Reports

Where the applicant has a diagnosis of concern the GP may add extra information to elaborate in the box provided. Where specialist information over and above the scope of the form is required, or where specialist clinic letters etc are needed, contact details of the consultant involved in the patient's care should be provided. It is then up to the police to request this information separately from the Specialist concerned. Such a report may attract further fees. It is up to the applicant to pay such fees.

Authorship, Scope, Oversight and Review

This guidance has been drawn up by the Firearms & Explosives Licensing Unit for West Mercia Police and Hereford and Worcestershire and Shropshire Local Medical Committees. This process is only applicable in the West Mercia area. It will be reviewed and revised accordingly as required. If any GP has any concern or query please contact the LMCs who will happily assist you.