

To all practices Surrey and Sussex LMCs

18th January 2022

Dear Colleagues

Firearms Licensing Arrangements

I am writing to all colleagues to highlight the new arrangements for firearms licensing. There are a number of background references, including: -

- **Firearms Licensing: Statutory Guidance for Chief Officer of Police particularly Sections 2.24 – 2.43**

[GUIDANCE TO THE POLICE - FITNESS TO BE ENTRUSTED WITH A FIREARM \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- **Update BMA advice page, available at:**

[Guidance for GPs on the firearms licensing process \(bma.org.uk\)](https://bma.org.uk)

The process in summary is as follows: -

- Patients are responsible for arranging for their medical suitability proforma to hold a licence to be passed to the police, either from their NHS General Practitioner, or another doctor with full specialist or GP GMC registration, and a licence to practice.
- If the medical information is not being provided by an applicant's GP, then the applicants medical records must be provided directly to the other doctor, and not via the patient.
- All applicants must be registered with a GP in the UK, or their application cannot be processed
- All applicants must declare any relevant medical conditions. The Police can contact the applicants GP at the time of application, or during the period of the licence, for information relevant to the applicants continuing fitness to hold a licence
- A medical proforma which is part of the application form, should be passed to the patients GP (or other doctor who has agreed to complete this proforma, I enclose a blank national medical proforma with this letter, for information.
- The applicant may then send on the proforma with other application details, or the doctor may do so directly. In either event, without the medical proforma, the application cannot proceed

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- Relevant medical conditions include: -
 - acute stress reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder
 - suicidal thoughts or self-harm or harm to others
 - depression or anxiety
 - dementia
 - mania, bipolar disorder or a psychotic illness
 - a personality disorder
 - a neurological condition: for example, multiple sclerosis, Parkinson's or Huntington's diseases, or epilepsy
 - alcohol or drug abuse
 - any other mental or physical condition, or combination of conditions, which may affect the safe possession of firearms or shotguns.

The list above is not intended to be exhaustive. Doctors should consider any other mental or physical condition which may affect the individual's safe possession of a firearm or shotgun, now or in the future.

When a patient has been subject to the provisions of the Mental Health Act 1983 and/or the Mental Health (Care and Treatment) (Scotland) Act 2003, GPs are asked to consider this information

A specific list of diagnoses and conditions of around 100 items is being used to underpin the code writing for the computer flagging system, but this software has not yet been rolled out.

A doctor may also consider other medical or physical conditions, however, responsibility for deciding whether or not a person is suitable to be granted a licence is solely that of the Police.

- The payment of any fee to the doctor for completing the proforma is a matter for the doctor, for NHS GPs, this is a non-NHS service, and a fee may be charged, which the LMC recommends should be commensurate with the workload involved. No opinion is being requested.
- At the application stage the Police may require further medical information. They may contact the doctor directly, or invite the patient to do so, to obtain further information. At this stage any fee requires is to be paid by the applicant.
- Subsequently the Police may, having received this additional information, ask the applicants GP, the doctor who completed the proforma [if different] or another medical specialist for further advice. Any fee payable at this stage is paid by the Police.

- **Firearms reminder on a patient's medical record [Flagging]**

When a firearms licence is granted, the Police will contact the applicants GP to ask them to place a firearms marker on the applicants health record; this is done on a "best endeavour" basis, so that, should the patient develop a relevant medical condition or suffer a deterioration in a relevant medical condition, the GP will be reminded that they may need to contact the Police. The Police should be contacted if the GP believes that circumstances have changed such that the patient may no longer be safe to hold a firearms licence.

There is no requirement for a GP to monitor or assess a patient who currently holds a firearms licence, the marker is a reminder of the above.

If GPs have other concerns about a patient's appropriateness to hold a firearm as they may represent a danger to themselves or others, they should encourage such patients to tell the Police, but, as with drivers, should consider breaching confidentiality if necessary. Your Defence Organisation can provide further advice on individual situations.

- **If a licence is revoked, cancelled, or if it expires and is not renewed.**

The marker [flag] can then be removed from the patients' medical record.

The LMC recognises many colleagues have reservations about the marker [flagging] process and this is reflected in a 2019 "Memorandum of Understanding" between the Home Office, Police and BMA. I enclose that MOU as an Appendix to this letter, noting that whilst the 2019 MOU refers to GPs being "encouraged to place a firearms flag" on GP records, there was no requirement at that point to do so, whereas now the BMA has confirmed that GPs should do so. The MOUs other points, including this is not a monitoring process, nor to be regarded as a failsafe, remain relevant.

This process now introduces a standard national application process, there are a number of further points to make:

1. **Fee to charge:** this is a matter for the GP practice, as completing the medical proforma is non-NHS work. Although the LMC cannot recommend a fee, colleagues may find the following helpful.
 - Fees should be commensurate with the work involved, which is a review of records and a statement of fact, but reflect the underlying business costs. No examination is required and no opinion is requested.
 - GP practices may find it helpful to check other practice websites to see comparable fees, but should not simply check only neighbouring or local practices.
 - Patients should know what fees are beforehand and agree to these before work is undertaken.

2. **The 21- day rule** in the past some Police Forces took the approach that if no response was forthcoming from the applicants GP after 21 days, there was no relevant information to be received. This assumption is not now part of the national or local process.
3. **Purpose** applicants now have to demonstrate they have a valid purpose for possessing firearms, such as work, sport, or leisure
4. **Conscientious Objection** GPs can continue to decline to complete the medical proforma because of their beliefs: although GMC guidance in relation to this approach primarily relates to treatment or referral, the same principles should be followed:

Patients should be aware of this objection [which may be an individual GP or practice based] and practices may provide information to assist or signpost patients to alternative providers of such reports

5. **Software allowing pop-up notification via the flagging system** this is being developed, but is not yet implemented
6. **A new aspect of the guidance** is particular attention should be paid to anyone under an Order [Hospital, Guardianship or Restriction] under Part 3 of the Mental Health Act, or where patients have been detained under Part 2 of the Mental Health Act, for their safety or the safety of others.

I hope this updated guidance is helpful; for the present practices should not refer to previous LMC guidance or use the template letters on this issue. The LMC has been in touch with the Surrey and Sussex Firearms Unit, and via Londonwide LMCs, with the Metropolitan Police and I will update all practices once this has occurred.

With best wishes

A handwritten signature in blue ink, appearing to read 'Julius', written in a cursive style.

Dr Julius Parker
Chief Executive