

To: All GP Practices in London LMCs

22nd March 2017

Dear Colleague

LMC Firearms Licensing – Updated Guidance

Following earlier LMC correspondence, the BMA have now finally published updated guidance on the firearms licensing process.

As you will be aware, the new process for granting firearms licenses, and renewing existing licences, came into force in April 2016 and caused significant concerns amongst GPs in relation to the practicality, safety and funding of the system. In response to this the BMA set up a task and finish group which liaised with the Home Office, the Police and the British Association for Shooting and Conservation (BASC) as well as seeking legal advice. The outcome of this is the publication of new guidance aimed at all GPs, regardless of their stance on gun ownership, that is legally and ethically sound.

The main changes that this guidance recommends are:

- That GPs who conscientiously object to gun ownership should publish this objection on their website and in public places on their premises, such as their waiting room/reception area.
- That there is no obligation on such GPs to refer the patient onto another GP.
- When the police ask for an opinion, the GP can refuse to provide this on the grounds of not having the expertise to do so
- The BMA have also clarified their position on the coding of a firearms licence in the notes; this is now not recommended.

As a reminder, upon applying for a firearms license, a patient completes an application form which is sent to the police who will then take one of two actions. In certain targeted situations, based on the applicant's details, the police may ask AND FUND the GP to provide a full formal report.

In most situations however, a standard computer generated letter is automatically sent to the patient's GP requesting general medical information and possibly asking if the GP has "concerns" regarding the issuing of a firearms license. Currently there is no standardised letter amongst Police services across the country. There is a 21 day limit to respond to this letter which is statutory and the police are entitled to and will draw the inference that the GP has no concerns if they do not receive a response within this time frame. Therefore, it is important that you respond to the initial police letter as failure to respond could put you at professional risk.

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However, GPs have no contractual obligation to complete this work in the absence of a fee, and as the police will not be funding this work, you are entitled to charge the applicant a fee (<https://www.bma.org.uk/advice/employment/fees/fee-finder-what-to-charge-your-patients>) and may withhold the report until the fee has been paid. In these circumstances you must inform the police that the reason for the delay is that you are awaiting payment.

As the LMC has previously advised, GPs can also refuse to engage in the firearms certification process on grounds of conscientious objection on the basis of religious or ethical beliefs. Legal opinion is that a GP who refuses to engage on these grounds should have due regard to the GMC guidance, noting that this guidance is primarily written for the purposes of referral for procedures, treatments and interventions rather than the compilation of a medical report. GMC guidance does require GPs to take reasonable steps to notify their patients of their conscientious objection in advance, and the LMC would therefore advise doctors who hold such beliefs to ensure a clear statement to this effect is placed on their website and on notices in public areas of the practice. In the BMA's view, conscientious objectors are not required to arrange for alternative provision of such a report.

In cases where the police ask for an opinion, which would include asking the GP if they have any 'concerns', the GP can refuse to provide this on the grounds of lacking the expertise to do so. Alternatively, they can provide a factual report only on receipt of a fee from the applicant.

Therefore, on receiving the letter from the police, the LMC recommend one of five actions using our standard template response:

- The applicant is not currently registered with the practice
- I decline to provide a report because I have a conscientious objection to the holding of firearms.
- I decline to provide the requested report, because it seeks an opinion on matters falling outside my medical expertise, namely assessment of behavioural and personality disorders.
- I am content to complete this report for which I shall charge a fee to the applicant. You will receive the report once I have received payment of this fee from the applicant. Until such time as you receive my report you should assume that the applicant has declined to provide this fee.
- I am content to provide a summary limited to medical facts and compiled from the records for a fee which I shall charge to the applicant. You will receive the report upon my receipt of this fee from the applicant. Until such time as you receive my report you should assume that the applicant has declined to provide this fee.

Where there is a reasonable belief that an individual holding a firearm or shotgun license may represent a danger to themselves or others, the LMC strongly advises GPs to encourage the applicant to surrender their license. If the applicant refuses, GPs should consider breaching confidentiality and informing the police firearms licensing department as a matter of urgency. A discussion with your Indemnity Organisation may be helpful if you are considering this step.

Coding

Most letters from firearms licensing officers to GPs request the doctor to place a flag in the patient record to identify the subject as the holder of a firearms license. The BMA has concerns that doing so would place significant liability and risk upon GPs in terms of monitoring and judgement of a patient's suitability to retain a license. The BMA does not recommend flagging the notes due to the imprecise nature of flags, the lack of clear protocols for their appropriate removal and the absence of reliable software to facilitate the surveillance and cross-referencing of flags with diagnoses of concern.

In summary, the key recommendations of this guidance are:

- GPs must engage in the process by responding within 21 days to a letter from the Police
- GPs are entitled to ask the patient for a reasonable fee for completion of this work
- Where a report is being withheld pending payment of a fee the Police should be informed.
- Should a fee not be forthcoming, GPs are entitled to engage no further with the process
- Should a GP have a conscientious objection, the police should be informed of this, and the GP should note this guidance advice
- If the GP believes they lack the relevant expertise to provide a report, the police must be informed of such
- The BMA do not recommend that practices add a flag to the notes of firearms licence holders

I hope this guidance is helpful and will now remain in place long term. If colleagues have any queries, please contact Dr Clare Sieber (clare.sieber@sslmcs.co.uk) or myself (julius.parker@sslmcs.co.uk).

With best wishes.

Yours sincerely



Dr Julius Parker
Chief Executive

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