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Shiela Alexander

Home Office Firearms Team Crime, Policing and Fire Group Home Office

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Firearms licensing process and guidance

Dear Ms Alexandra

I am writing to you with regards to GPs involvement in the firearms licensing process as a matter of urgency.

Since the new firearms licensing system was introduced by the home office in April 2016, we have continually engaged with our membership seeking their feedback on the process. The role of the GP within this process has brought about extreme frustrations and challenges at a time when GPs are facing unprecedented workload and workforce pressures to deliver core patient services. Throughout this the BMA has continued to engage with the Home Office in an attempt to seek improvements and resolutions.

The level of worry and frustration from GPs has significantly increased over the last few months, specifically relating to the uncertainty GPs have over their responsibilities in this process and the very real risks they face if a shooting occurs. In light of this we have sought external advice and have updated our website.

Our <u>guidance</u> now takes account of the regulatory obligations on the part of GPs and specifically the requirement to <u>'comply with all relevant legislation'</u>. This obliges GPs to cooperate with and agree to facilitate statutory processes in which they have a prescribed role or function. It is also clear, as previously advised, that it is not acceptable for GPs to merely disregard the letter, not inform the police or to delay a reply - in doing so GPs could be placing themselves at professional risk.

With this in mind, we would also like to raise some specific points on the process which we believe must be considered in order to make the process more safe and transparent for GPs:

1 Responding to the Police

We have fundamental concerns to the current arrangements whereby not receiving a response form the GP to the first policer letter within 21 days, inexplicably assumes that there are no concerns to issuing a firearms licence. This takes no account of the reality that letters do get lost in the post or the possibility of other administrative delays and can apply to both the police letter being received by the practice and the practice's response. We have raised this previously with the home office, but were told the police do

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not have the resources to reengage with GPs who have not responded within the timeframe. We find this an unacceptable position that places a serious risk to public safety with the potential for firearms being held by individuals who are not suitable to hold a licence. We call for an end to this current potentially parlous situation, and to ensure a failsafe system whereby a firearm licence is only issued after full consideration of all aspects of an individual's application including their medical history.

2 Wording changes to the letter from the police

With regards to the letter itself we would also like to propose a change to the current wording. We believe in doing this GPs will be further reassured of their role in this process. We would suggest the following wording to replace "if you have any concerns about your patient being issued with a firearm certificate" and the first two existing bullet points.

What action is requested from the GP/GP practice?

- Within the context of the firearms licensing process, I recognise that past performance does not predict future behaviour. I am therefore not asking you (as the patient's GP) to advise me as to whether a certificate should be granted or not. That responsibility rests entirely with the Police.
- I am only requesting you provide me with any medical factual information held within the patient's medical record (over the previous 5 years) that relates to the following relevant medical conditions (existing list provided in letter)
- This request is separate to your ongoing GMC duties with regards to breaching confidentiality to
 the Police if there is reasonable belief that an individual either applying for a firearm or shotgun
 licence or already holding one, may represent a danger to themselves of others.

3 Placing a code on the medical record

We would also reiterate the limitations of the flagging system within the medical record. There is no guarantee that the GP will always view the record when seeing patients, nor is there a guarantee the coding has been entered correctly. It is our intention therefore to produce a template response from the GP to the police clearly laying out the GP's role, obligations and limitations within the process.

Given there are a number of points to consider we would ask to meet with you as soon as possible.

I look forward to your response.

Yours sincerely

Chaand Nagpul BMA GPC chair