

COUNTRYSIDE ALLIANCE BRIEFING NOTE



Firearms Licensing Amendment to the Offensive Weapons Bill

Amendment 75 (The Earl of Shrewsbury & The Earl of Caithness)

House of Lords Grand Committee, Wednesday 6 February

Purpose:

- This new Clause would place a duty on the Secretary of State to report within six months of the passing of this Act on how the Government's Guide on Firearms Licensing Law is being implemented, particularly in relation to medical information.

Background:

- The Medical Evidence Working Group (MEWG) comprising the police, the British Medical Association (BMA), the Royal College of General Practitioners (RCGP), the shooting organisations, and the Home Office, agreed guidance for background medical checks for shotgun and firearm licence applications in 2016. The guidance from the MEWG forms part of the current Home Office [Guide on Firearms Licensing Law](#).
- As part of the firearms licensing process, a background medical check needs to be carried out on the applicant's medical records. This 'initial records check' is a basic assessment of the applicant's health records from the previous five years, checking for any record of a predetermined list of medical conditions, set out below:
 - a) Acute Stress Reaction or an acute reaction to the stress caused by a trauma
 - b) Suicidal thoughts or self-harm
 - c) Depression or anxiety
 - d) Dementia
 - e) Mania, bipolar disorder or a psychotic illness, or a personality disorder
 - f) A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases or epilepsy
 - g) Alcohol or drug abuse
 - h) Any other mental or physical condition that you (the GP) think may be relevant
- An encoded reminder or 'marker' is also required to be placed on the applicant's medical records to allow continuous monitoring of the applicant's health. Questions remain about whether GP surgeries are applying the marker on applicants' medical records. Anything under 100% implementation would potentially allow applicants to fall through the gaps and fail the red line of continuous monitoring. The proposal to implement an encoded 'enduring marker' on the patient's medical records was accepted by the shooting organisations on the basis that with 'continuous monitoring' of a certificate holder's medical status in place, (a) the initial records check would be a once-only event and (b) the certificate life could move to 10 years, as permitted under the revised EU Firearms Directive, with consequent saving of police time and resources.

Intended purpose:

- There has been a longstanding requirement for an applicant to provide GPs details and declare any relevant medical conditions when applying for a firearm certificate. The intended purpose of giving GPs greater involvement in the licensing process was first and foremost to enable continuous monitoring of a certificate holder's medical condition, and to provide the police with the applicant's medical history, allowing the licensing department to make an informed view of the applicant's suitability to possess firearms. Continuous monitoring would prompt GPs to raise medical conditions of concern with the police as soon as they arise, instead of only when the applicant renews their licence. The need for firearm certificate holders to undergo medical assessment is also required by the EU Firearms Directive (2017/853).
- The correct application of continuous monitoring would allow closer cooperation between police forces and GPs which will be of benefit to the public and the shooting community. This process of continuous monitoring could also lead to an extension of the certificate period, possibly seeing renewals every 10 years rather than every five, which would reduce the burden on police forces.

Mental health:

- One in three UK adults suffer at some point with some degree of mental health issue, this is thought to be higher for many who live and work in rural areas because of increased loneliness and isolation. In order to reduce the risk to a satisfactory level the licensing policy needs to work in cooperation with the medical sector to ensure that those who suffer from mental health issues have the support of their local GPs. The Countryside Alliance welcomed the introduction of continuous monitoring within the licensing procedure and the initial background check required by the police. The procedure allows for the GP to bring any mental health conditions to the attention of the licensing department as soon as possible.
- Any firearms licensing medical procedure needs to take into consideration applicants refusing to receive medical attention because of the risk of losing their firearms. This potential can lead to unacceptable levels of risk which will not be accepted by the shooting community.
- When making a decision based on mental health concerns, the firearms licensing department need to recognise the positive social and health aspects of shooting. To take away an applicant's firearms because of a mental health concern may do more damage to their long-term health. In addition, an understanding of sensitivity and individual cases needs to be recognised by the licensing department.

Political process:

- The Home Office is currently undertaking work to introduce statutory guidance on firearms licensing, including the provisions relating to background medical checks, under the provisions of the Policing and Crime Act 2017. The Government has committed to a public consultation as part of this process, but no timescale has yet been published.

Implementation of the guidance:

- Problems have arisen because the guidance is not being applied and, in some cases, being deliberately ignored by some medical practices and police forces, leaving public safety unimproved and causing great concern to the shooting community.

- While the British Medical Association and the Royal College of General Practitioners, which were both part of the Medical Evidence Working Group, agreed the revised process early in 2016, they quickly withdrew their agreement over the question of the payment of a fee. It was not anticipated by the group that the initial records check would be onerous upon the GP, and it was agreed that there would be no expectation of a fee to the applicant. This was soon challenged by GP surgeries, and while some continue to supply the initial records check to the police free of charge, others do not. Some GP surgeries have clearly misunderstood the basic level of information required by the police. They have assumed that what is required is a full medical check, such as might be required for a Life Insurance policy or HGV licence, and charged accordingly.
- Some GPs have voiced reluctance at becoming involved in the firearms licensing process in the belief that they might become liable were a certificate holder subsequently to use firearms to endanger himself/herself or endanger the public. It should be clearly understood by GPs that the decision to grant or refuse a certificate lies in law with the chief officer of police. The information provided by a GP is merely to assist him in his decision making process.
- The guidance states that there should be “no expectation of a fee” and yet people are being charged up to £200 to carry out background medical checks. Medical practices have been found informing the police licensing departments to assume applicants have a medical condition of concern until the invoice is paid; and at least one applicant has been excluded from a medical practice for not paying the invoice. It is accepted by the shooting organisations that a modest, one-off fee for an initial records check is reasonable, and that it should be levied at a standard rate across England & Wales. There should be no ‘postcode lottery’ in relation to the fee charged and once a satisfactory check has been received by police, and the enduring marker is placed on the patient record to initiate continuous monitoring, there should be no further need for any further records check upon renewal.
- There are also examples in Scotland of applicants being told they require annual medical checks, and being charged for this, despite the guidance making it clear that there is only the need for an initial check either at first grant or first renewal of an applicant’s licence following the introduction of the guidance.
- The guidance also states that the police licensing department should assume that an applicant has no record of any of the predetermined list of medical conditions if they have not received a response from the GP within 21 days of issuing the request for a background medical check. This provision was a time-saving mechanism that meant GPs did not have to write back to the police if there were no medical conditions of concern. However, Police Scotland has moved to a system of only moving forward with a firearms application once they have heard from the medical practice, and there are examples of this policy now being applied in Lincolnshire, Thames Valley, Nottingham, Cheshire, Merseyside, and North Yorkshire Police Force Areas. Given many medical practices are refusing to write to the police until they have received payment, this position is tantamount to holding applicants to ransom and causing delay.

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