

LMC Update Email  
2 August 2019

Dear Colleagues

## Firearms update

The BMA has agreed a Memorandum of Understanding (**below**) with the Home Office and the National Police Chiefs Council (NPCC) on the licensing of firearms, which addresses and clarifies the long-held concerns of GPs around liability, making it clear that the legal responsibility for judging whether someone is suitable to possess a firearm or shotgun certificate rests solely with the police. The [blog](#) by Mark Sanford-Wood, GPC England Deputy Chair, outlines how the BMA are engaging with the Home Office, police chiefs, the RCGP and others to agree a consistent, funded and transparent approach to firearms licensing across the country. Our priorities continue to be public safety, professional autonomy and sufficient resourcing.

## Memorandum of Understanding

The British Medical Association ('BMA'), the National Police Chiefs Council and the Home Office ('HO') have agreed the following Memorandum of Understanding in relation to the ongoing monitoring of people in possession of a firearm or shotgun licence. This Memorandum of Understanding is not contractually binding on the parties and neither varies nor supplements the contractual relationships or the professional obligations to which General Practitioners ('GPs') are subject when providing services to or via the National Health Service.

In accordance with the provisions set out in the Firearms Act 1968 (the 1968 Act) chief police officers have responsibility for granting firearm and shotgun certificates in their police force area. The police assess firearm and shotgun applications, and in doing so must be satisfied that a person does not pose a danger to public safety or to the peace, as set out in sections 27 and 28 of the 1968 Act. In carrying out this function the police conduct a number of checks and they assess the applicant's suitability to be in possession of a gun. As part of this process, the applicant's GP is asked to carry out a pre-grant check of the applicant's medical record. They are also asked to place a firearms marker on the patient record so that if a firearms licence holder begins to suffer from a relevant medical condition (for example, depression) during the validity of the licence, police can be alerted to this development and can carry out an assessment of the person's continued suitability.

1. The BMA, police and HO recognise that the interests of the public and of firearms owners are best served where there is an effective system to assess the medical suitability of firearms applicants, and to monitor the continued medical fitness of those in possession of firearms licences, to ensure they do not pose a danger to themselves or others.

2. The BMA, police and HO acknowledge and agree that legal responsibility for any assessment of the suitability of individuals to possess guns, other than firearms prohibited under section 5 of the 1968 Act where the responsibility lies with the Home Office, lies with the police, and not with GPs. However, factual medical information provided by an applicant's GP can help police ensure they

have the necessary information to determine a person's medical suitability to possess a firearms licence.

3. Similarly, the legal responsibility for assessment of ongoing risk presented by licensed gun holders rests with the police, and not with GPs. (Apart from in relation to section 5 firearms, where the responsibility lies with the Home Office, as set out in paragraph 2.) GPs are encouraged to place a firearms flag on GP records, to alert the GP if a patient begins to suffer from a relevant medical condition while the firearms licence is valid. Where such a system is in operation the GP will endeavour to share such information with the police, while recognising no legal liability if they fail to do so.

4. All parties recognise that the GP flagging mechanism is not a monitoring system. Neither is any assurance provided as to its effectiveness, and it must not be regarded by key stakeholders as such. All parties recognise that GPs may be in a position to

respond to safety concerns raised by the presence of a flag in a patient's notes, but that there may be reasons why this is not practicable. In the absence of a GP system adapted to provide the necessary push notifications, the flagging system cannot be relied upon as providing a dependable alert.

5. All parties recognise that the GP may not have access to contemporaneous notes or possess clinical expertise which might be relevant to a decision whether to raise an alert.

This Memorandum of Understanding is subject to English Law and the Courts of England & Wales shall have exclusive jurisdiction in respect of the same.



18 July 2019

Signature..... Date.....

Mr Nick Hurd

The Minister for Policing and the Fire Service, duly authorised for and on behalf of the Home Office

Signature..... Date.....

Dr Mark Sanford-Wood

Deputy chair, BMA GP's committee, duly authorised for and on behalf of the British Medical Association

Signature..... Date.....

Mr Dave Orford

Deputy chief constable (Durham Constabulary), duly authorised for and on behalf of the National Police Chiefs Council