

 Chief Executives
 Dr Matt Mayer & Dr Richard Wood

 Chair
 Dr Simon Ruffle

24th June 2019

Dear Practices,

IMPENDING CHANGES TO FIREARMS LICENSING MEDICAL PROCESS

You will hopefully have already received and read my previous communication on the impending changes to the Firearms medical process. This is the second of a series of communications designed to advise and prepare you for the changes and minimise your workload.

Please find attached the finalised jointly ratified GP proforma. This proforma is designed for you to confirm the presence or absence of any of the diagnoses of concern listed. If you feel there is further information pertinent to the police then you may add this in the free text boxes.

Fees:

In my previous communication, I mentioned that the LMC will be advising practices on a fee range we would consider appropriate for the work done. Since that communication was sent, we have been advised by the BMA that their Professional Fees Committee is very close to finalising a unified national fee calculation system for all non-NHS work including firearms. The LMC has always maintained that such a national standardised fee structure would be the gold standard for this kind of work and therefore, pending the imminent release of this guidance we will not advise practices locally on a specific fee range.

In the meantime, while we await final BMA guidance, we advise practices to set their own fee taking into consideration the following costs:

- GP time This could be anything from 30 mins to 1 hour on average, depending on whether it is a grant (new) or renewal (subsequent) application, and on the complexity of the patient's medical history
- Admin costs including audit
- Indemnity costs The CNSGP indemnity scheme does not cover firearms applications and individual personal indemnity is needed to cover the medicolegal risk of this work, this cost should be considered
- Overheads

We also remind practices that they should make their fees clear to patients ahead of work being done, and we advise payment in advance of any such private work.

Completing the Form:

From the Ist August onwards, the police will no longer write to you asking for information to assist them in deciding whether to grant shotgun and firearms certificates. It will now be the applicant who will request the attached form be completed by you so they may send it accompanying their application. You may choose to have the form in electronic format on your clinical system so that it may be loaded, completed and printed before being signed, stamped and given to the applicant. Alternatively, you may complete the form by hand. The only requirement is that the form is wet signed and stamped <u>(both pages)</u> and the original given to the applicant.

You should keep a copy of the completed form for your own records as the police may audit forms from time to time in the interests of public safety.

Search Period:

From 1st August onwards, as has always been the case, you will be required to search the entire medical record for grant applications (brand new applications). For renewals (people who already hold a certificate) you are only required to search 10 years into the past. You are searching for the presence of any history of the diagnoses of concern listed on the form. You should search all records in your possession. You are not responsible for any records you do not hold (eg: secondary care, private, optometry etc). You are not required to consult or examine the patient in the process of completing the form.

Furthermore, for the avoidance of doubt, you are neither requested, required nor advised to give an opinion on the suitability of the applicant – That is a matter for the police.

Conscientious Objection:

If, for religious or ethical reasons you have a total conscientious objection to the use of firearms in any circumstance then you are advised to familiarise yourself with the BMA's guidance on conscientious objection to firearms which can be found here <u>https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms</u>.

In this situation you should print the attached LMC template conscientious objection letter, wet sign and stamp it, and hand it to the applicant who will submit it in lieu of the medical proforma. It is then the responsibility of the police to determine whether to grant a certificate. <u>Please note, you may not charge the patient a fee for such a</u> <u>conscientious objection letter</u>. You should keep a copy of the letter for your records. You are also advised to make it clear to all patients, either in practice literature, notice boards or website whether a doctor has such a conscientious objection.

You may <u>not</u> refuse to engage with the process of firearms licensing for any other reason besides conscientious objection. BMA guidance is clear that engaging with the process is in the public interest, and we advise that you place yourself at professional and medicolegal risk if you refuse to engage for reasons other than absolute conscientious objection.

As per my previous communication, further advice will continue to be released over the coming weeks. Please direct any queries to <u>ceo@bbolmc.co.uk</u>

Kindest regards,

Dr. Matt Mayer \ Chief Executive Officer