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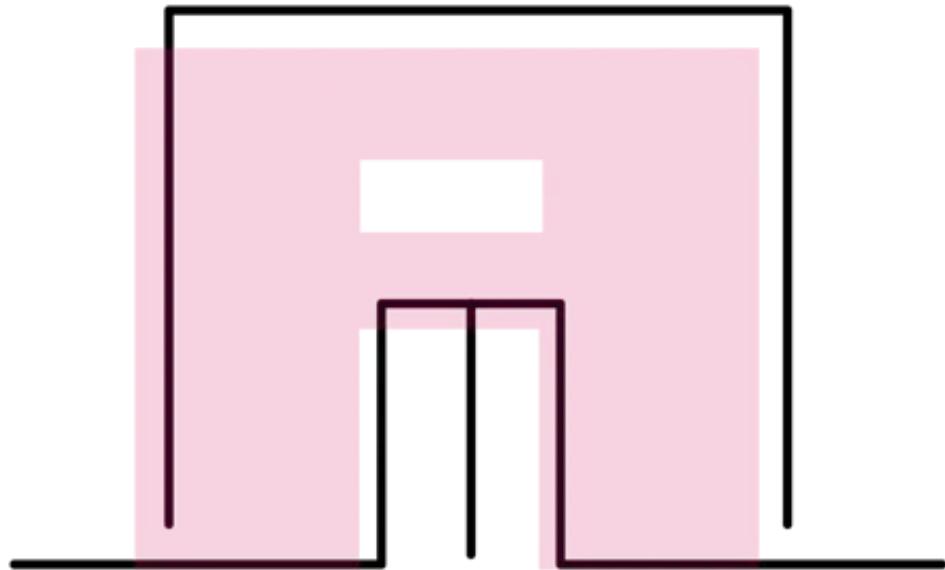
# The firearms licensing process

We set out the BMA position on firearms licensing and what to do when someone applies for a firearms licence, including responding to the police and conscientious objection.

Location: Scotland • Wales • England

Audience: GPs • Practice managers

Updated: Monday 6 February 2023



This guidance takes into account the recently published [Home Office statutory guidance](#) for chief officers of police on firearms licensing that came into effect on 1 November 2021. This provides initial details and more detailed guidance will be provided as soon as possible.

## **Introduction and the role of the BMA in the licensing of firearms**

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The BMA has significant involvement in the development of Home Office guidance on firearms licensing because

our priority is, first and foremost, public safety.

We strongly support the Government's overall message, that gun ownership is a privilege and not a right, and that firearms must be in the hands of only those who are deemed safe and responsible.

The 2021 statutory guidance and the arrangements for medical checks for applications reflects the BMA's significant contribution to its development. The guidance clearly sets the standards, clarifies the national process and provides a unified approach for doctors and police forces to follow.

## **Clarity over responsibility for licensing**

The BMA has been emphatic for many years that clarity was urgently needed over where responsibility for licensing and safety lay for firearms licensing.

Following lobbying by the BMA, the Home Office signed a memorandum of understanding in July 2019 with the National Police Chiefs Council and the BMA.

This stated that, whilst the legal responsibility for monitoring firearms holders rests with the police, doctors should use 'reasonable endeavours' to support the process.

This would normally include placing a flag in the patient's medical record to alert clinicians to the

patient's status as a firearms licence holder.

As the BMA requested, the statutory guidance reinforces these key principles and states that doctors are responsible for providing reports of medical facts (not opinions), with the police force ultimately making the final judgement on the issuing of the firearms licence.

This continues the principle that doctors are required to use reasonable endeavours to support the licensing process. Many years of lobbying and proactive working with the Home Office, the National Police Chiefs Council and many other stakeholders (including the Royal College of General Practitioners and shooting organisations) resulted in these clarifications. The memorandum of understanding is referenced in the statutory guidance.

## **Responsibility of the applicant**

The BMA welcomes that there is now standardised national guidance in place to ensure more consistent processes for the police, medical professionals and applicants.

This includes a clarification that it is the responsibility of the applicant to arrange for information on their medical suitability to be provided by their GP (or another suitably qualified doctor registered with the GMC) to the police firearms licensing department dealing with their application.

When the medical information is being provided to the police by a doctor from a private company, the doctor must receive the applicant's full medical record direct from the GP practice and not via the applicant.

## The Home Office statutory guidance

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The [statutory guidance](#) was published for greater consistency and higher standards of decision-making for police firearms licensing applications (including shotguns).

This is for the police in their assessment of the suitability of applicants for the grant and renewal of firearms certificates, including in relation to medical checks. While the granting of firearm certificates is an operational matter for the police, they are required to use the statutory guidance.

The new statutory guidance applies to safeguards relating to firearms ownership, such as:

- police background checks
- the factors to be considered
- the weight to be given to evidence that has not been tested by the courts
- new arrangements for assessing the medical suitability of applicants.

It ensures that no one is granted a firearms certificate unless their regular GP, or a suitably qualified alternative doctor with access to the full medical record, has confirmed to the police whether they have any relevant medical conditions. This includes any mental health conditions.

## Key principles within the statutory guidance

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### **Gun ownership is a privilege, not a right**

UK firearms policy is based on the fact that firearms are dangerous weapons and the state has a duty to protect the public from their misuse.

### **Assessment**

Permission to possess or to purchase or acquire a firearm will be granted to an individual who is assessed

by the licensing authority, the police, as not posing a threat to public safety and having good reason to own the firearm.

### **The firearm must serve a valid purpose**

Firearms applicants should be able to demonstrate to the licensing authority that they require their firearm on a regular, legitimate basis for work, sport or leisure (including collections or research).

### **The applicant must make the arrangements**

It is the responsibility of the applicant to arrange for information about their medical history to be provided by their GP (or another suitably qualified doctor registered with the GMC) to the police firearms licensing department dealing with their application.

When the medical information is being provided to the police by a doctor who is not the GP of the applicant, the doctor must receive the applicant's full medical record direct from the GP practice and not via the applicant.

### **Information must be provided by a suitably qualified GMC-registered doctor**

Chief officers of the police should use information provided by a suitably qualified GMC-registered doctor for every person who applies for either the grant or renewal of a firearm or shotgun certificate, or to be

registered as a firearms dealer, to assess any medical suitability issues.

If an applicant does not have a GP in the UK, they will not be able to fulfil the criteria to be issued with a firearm or shotgun certificate.

## **Applicants must declare relevant conditions**

The application form requires the applicant to declare relevant medical conditions.

The police may ask the applicant's GP for relevant medical information - both during the application process and at any time during the validity of the certificate if there are concerns about the applicant's continued fitness to possess firearms safely.

GPs are required to provide statements of fact and not opinions.

## **Confidentiality**

Doctors owe a duty of confidentiality to their patients, but they also have a wider duty to protect the health of patients and the public.

Depending on whether an applicant or licence holder has capacity or not, or whether they pose a risk, GPs may, depending on the individual circumstances, share relevant information with the police on the following

grounds:

- with the individual's consent
- on public interest grounds
- or in some rare circumstances, if it is legally required.

## **General access to the applicant's medical record**

Doctors should not be asked to give general access to an applicant's medical record as this may result in doctors being in breach of the Data Protection Act 2018. Nor should they be asked to either endorse or oppose applications.

Responsibility for the decision about whether a person is suitable to be granted a certificate lies with the police, not the doctor.

Please see below regarding the supply of the medical record.

## **It's the applicant's responsibility to provide information to the police**

It is for the applicant to arrange for the medical information to be sent to the police either with the application itself or, alternatively, direct from the doctor. An application for a certificate will not be granted without such medical information.

If medical information is not provided the police should inform the applicant that the application cannot be progressed in the absence of the required information from the doctor and will be refused.

The police may contact the applicant, or the doctor directly, to request missing medical information before making such a refusal, at the chief officer's discretion.

### **The doctor must be GMC-registered**

An applicant may, if they wish, approach a suitably qualified GMC-registered doctor to supply the relevant medical information to the police firearms licensing department but note the requirements to respond where the application is a [subject access request](#).

### **The police may contact the doctor**

Where the doctor indicates that there are relevant medical issues and the police require further medical information to consider the application, the police may, at the chief officer's discretion, contact the doctor directly to discuss the application or seek further clarification.

If necessary, the police should ask the applicant to contact the doctor to get further information, such as a medical report, about these issues.

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### **Giving the reporting doctor access to the medical**



## Responding to the police's initial letter

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The proper regulation of firearms is in the public interest and it is important that GPs (and third party doctors, if relevant) respond to the initial police letter.

You should respond to the letter within 21 days. Failure to respond could put you at professional risk.

As you are not contracted to provide these services under the GMS contract, you are entitled to charge the applicant your reasonable fee.

You 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.

On receiving a letter from police authorities, depending on your professional or ethical position, you may decide to respond by stating one of the following.

### Option 1

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.\*

## **Option 2**

I am content to fill out the requested report and will charge no fee. The report is enclosed / will follow at my earliest convenience.

\* if practices charge a fee for this non-contractual work then the BMA cannot not advise any further on the amount.

## **Refusal because of your beliefs**

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GPs can refuse to engage in the firearms certification process on grounds of conscientious objection because of religious or ethical beliefs. They must inform the police.

Legal opinion is that a GP who refuses to engage on these grounds should have due regard to the GMC guidance. Although, this guidance is primarily written for the purposes of referral for procedures, treatments and interventions rather than the compilation of a medical report.

## Notifying patients

GPs need to take reasonable steps to notify their patients of their conscientious objection in advance. We would advise doctors to put a clear statement on their website and on notices in the practice.

In the BMA's view, conscientious objectors do not need to arrange for alternative provision of a report.

## Professional requirement

Where access to a firearm is a professional requirement, we would encourage doctors to assist applicants in finding a colleague who is a GMC-registered doctor to help.

## Other safety considerations

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Where there is a reasonable belief that an individual holding a firearms licence may represent a danger to themselves or others, doctors should ask them to give up their licence.

If the applicant refuses, a doctor should inform the police authorities firearms licensing department as a matter of urgency. If in any doubt they should [contact the BMA](#) or its defence body.

DHSC has confirmed that although the act of a GP giving a medical report to the police in response to a firearms certificate application is private work, which would not be covered by CNSGP, they have reviewed the position and have agreed that the liability for actions or omissions to act following this initial report, in connection to monitoring the flag and notifying the police, can be covered by CNSGP. They are clear that there is no legal duty for a GP to act, as noted in the Memorandum of Understanding between the BMA, the Home Office and the National Police Chiefs Council, but the position on CNSGP cover is that should such a claim arise in relation to an act or an omission to act, it could be considered to be 'in connection with the diagnosis of an illness or the provision of care or treatment' under regulation 5(1)(b). If such a claim also results in personal injury or loss to the third party and meets the other criteria set out in regulation 5(1) of the CNSGP Regulations 2019, it would be in scope of the scheme.

## Digital firearms marker

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The Digital Firearms Marker is part of an improved process to help better monitor the physical and mental health of those who have a firearm licence or have applied for one. The Digital Firearms Marker has now been deployed on SystmOne (TPP) and EMIS Web (EMIS) and will be deployed on Cegedim (Vision) systems by

early March 2023.

## **About the Digital Firearms Marker**

When a patient applies for or is granted a firearms licence, the GP will add the appropriate SNOMED code to a patient's medical record. This will create a Digital Firearms Marker on the medical record.

There is no requirement for GPs to retrospectively review existing patient records to identify firearms holders or applicants who have not been coded as such.

There is no requirement for GPs to go through historic records to apply the code and generate the marker.

Once the Digital Firearms Marker is applied it will automatically trigger an alert to the GP when a triggering condition is added from the Digital Firearms Marker reference set.

## **Responding to a firearms alert**

There are two situations when an alert will appear in a GP clinical system:

### **Situation 1: A citizen applies for a new firearms certificate**

1. A citizen applies for a firearms licence and provides a blank medical information proforma to their GP surgery, requesting that it is completed by a doctor.

2. A fee is payable to the GP surgery for completing the form, as this is a non-NHS service. Not all surgeries provide this service, and each practice determines their own fees.
3. The practice then adds a code to the electronic patient record to indicate that their patient has applied for a firearm certificate.
4. The system then automatically checks the electronic patient record, and displays all codes found in the record that are in the trigger reference set, either on screen or by generating a report.
5. The alert will prompt those who see it to inform the GP who will complete the proforma.
6. The GP reviews the whole medical record, noting any conditions that have triggered an alert, and checking for any other relevant medical conditions that may not have triggered the alert such as paper records, information within documents that is not coded, and information in the consultation free-text records.
7. The GP then adds details of any clinical conditions to the Medical Information Proforma, which is returned to the patient to send to the police or is sent directly to the police force by the GP.
8. The patient sends the form to the police who decide whether to issue a firearms licence.

The police inform the GP surgery of their decision. The GP surgery then adds a code to the electronic patient record which indicates either that the individual has a firearms licence or that their firearm licence application was rejected.

**Situation 2: A new condition specified within the trigger reference set is added to the record of a firearms licence holder, or an applicant who is waiting for their decision from the police**

In this instance:

1. The GP or practice user adds a new condition to the patient's electronic patient record which triggers an automatic check of the record to determine if this patient holds a firearms licence or has a current application for one (that is, in the past six months).
2. If they do have a firearms licence, or are applying for one, then the condition being added is checked by the system against the Digital Firearms Marker reference set of conditions.
3. If the condition that is added is contained within the reference set of conditions, then an on-screen display will indicate the need for an assessment.
4. If the alert is seen by administrative or reception staff (such as when adding information from hospital letters or discharge summaries) or by GPs not familiar with the patient, then a GP who knows the patient should be informed.

5. The GP then carries out an appropriate clinical assessment of the patient's records based on the newly added information.
6. Where a new condition of concern is added to the records of someone with an existing licence or with an application in progress, the GP should contact the patient to advise them that they must contact the police to update them with the new information.
7. If there is sufficient cause for concern, or if the GP believes that the patient has not informed the police then they (the GP) should inform the police directly who will take any necessary further action. Consent for the GP to do so has already been provided on the original firearms licence application.

## **What to do when the digital firearms alert pops up**

A pop up appears in two different situations:

1. When a new firearms licence application has been recorded in the electronic records of someone who has a condition from the Digital Firearms Marker reference set in their records.
2. When a new, potentially relevant, medical condition from the trigger reference set is added to the records of someone who has a current licence or has had a licence application recorded in the past six months.

The alert itself may appear differently depending on which system is being used but, in all cases, it will provide guidance on what is expected.

The trigger reference set contains many terms and was designed to be highly sensitive. This may mean that a significant number of false positive conditions trigger the alert that do not ordinarily need to be reported to the police.

If the GP considers all of the relevant information is known to the police, or that the information triggering the alert is not sufficiently relevant to require notification to the police, they should record that they have reviewed the record using the appropriate code, and record that no action is required on clinical grounds.

Where a new condition of concern is added to the records of someone with an existing licence or with an application in progress, the GP should contact the patient to advise them that they must contact the police to update them with the new information.

If there is a public safety concern, or if the GP believes that the patient has not or will not inform the police, then the GP should contact the local police firearms branch themselves (or telephone 101) to report the new diagnosis. They should inform the patient that they (the GP) will be doing this.

Consent for information to be shared with the police in

this situation has already been granted by the patient on their original firearms licence application.

## **Other situations when conditions of concerns are added**

If a condition of concern is filed to a patient record in such a way as the marker is not triggered (e.g. when filing an incoming document or data message via a third party software) no alert will pop up, but the patient will be found in the practice searches that are deployed with the marker. If the patient record is reviewed, the user will be alerted that there is an outstanding firearms safety review needed.

Individual system suppliers (TPP, EMIS, and Cegedim/Vision) will have guidance on how to run searches within each system.

## **How and when to contact the police**

As set out in the Home Office statutory guidance, it is the responsibility of the applicant to arrange for information about their medical history to be provided by their GP (or another suitably qualified doctor fully registered with the General Medical Council) to the police firearms licensing department dealing with a new application.

Where a new condition of concern is added to the records of someone with an existing licence or with an

application in progress, the GP should contact the patient to inform them that they must contact the police to update them with the new information.

If there is a public safety concern, or if the GP believes that the patient has not or will not inform the police, then the GP should contact the local police firearms branch themselves (or telephone 101) to report the new diagnosis. They should inform the patient that they (the GP) will be doing this.

The medical records should be annotated (using a code from the FTCSRS) to indicate that the police have been informed or that the patient has been asked to inform the police.

The wider legal duty to protect the health of patients and the public is one reason why doctors may need to provide confidential information about their patients to the police even without their consent.

GPs may share relevant information directly with the police for all the following reasons:

- the patient has already consented to this when they applied for their licence
- on public interest grounds
- (in some rare circumstances) if it is legally required.

In these cases, the doctor or GP should contact the

relevant firearms licensing authority.

## **Further information**

GP surgeries who have queries regarding the Digital Firearms Marker technology should raise these with their GP clinical system supplier in the usual way.

Any queries related to policy, the reference set, or other feedback about the marker should be sent to NHS Digital: [nhsdigital.digitalcareservices@nhs.net](mailto:nhsdigital.digitalcareservices@nhs.net). Please include 'Digital Firearms Marker' in the subject line so they can identify the messages quickly.

## **Monitoring patients with firearm certificates**

There is no legal or contractual requirement for GPs to monitor or assess a patient who currently holds a firearm certificate, but they should encourage patients to notify the police if they become aware that relevant aspects of a licence holder's circumstances have changed that mean the police should review the firearms licence.

It is open to a GP to approach the police at any time in order to pass on information of possible concern about an individual.

Where possible, GPs should alert the police if they become aware that a firearm certificate holder has died.



### **Please note**

The holder of the record of licensed firearm holders is the police, and as such it is their responsibility to be updating this record when licence holders die, and to have a system that enables this.

Whilst it is not a requirement for GPs to pass information to the police regarding the death of licence holders, if practices are aware of individual circumstances where their particular knowledge of a patient and/or family makes it desirable to do so, there is no obstacle to informing the police on grounds of public safety.

### **Legal risk**

Based on advice from Queen's Counsel, the BMA considers that the application of a firearms marker in the patient record, in conjunction with the MOU, does not expose the GP to legal risk.

It is openly acknowledged and agreed by all in the system that the inclusion of this information does not place an obligation on the GP to act.

## Mental health considerations

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A new aspect of the statutory guidance is that particular attention should be given to anyone who has previously been subject to a hospital order, guardianship order or restriction order under part 3 of the Mental Health Act 1983 following the commission of offences.

The police must take into account any situations where applicants have been detained under the civil powers in part 2 of the Mental Health Act 1983 where it is necessary for the health and safety of the person or for the protection of other people. (The Mental Health (Care and Treatment) (Scotland) Act 2003 contains provisions covering similar situations).

In relation to firearms certificates (but not shotgun certificates) there is an additional criterion of 'fit to be entrusted with a firearm'.

Furthermore, a firearm certificate can be revoked where the chief officer has reason to believe that the holder 'is of intemperate habits or unsound mind or otherwise unfit to be entrusted with a firearm'.

There may, therefore, be limited circumstances where there is no danger to public safety or the peace, but the applicant is considered otherwise unfit to possess the firearm.

In most cases, however, it is likely that evidence of unfitness, intemperate habits or unsound mind will have formed part of the assessment of danger to public safety or to the peace.

## The role of local medical committees

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The statutory guidance references the role of LMCs (local medical committees). It states that good working relationships between the police and local GPs will help to ensure effective information sharing arrangements.

It clarifies that engagement with the LMC can help to secure a consistent set of arrangements in place across a local area.

For example, if all parties are in agreement to developments or innovations that help to speed up application processes without compromising public safety, this is likely to be acceptable. That is, provided that any variations from the processes described in this guidance are delivered on a voluntary basis, and that the procedures described here are adhered to if any concerns are expressed by the applicant.

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### Appendix - relevant medical conditions

