Firearms Update

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The BMA position on the medical input to firearms licensing has been led for some years by the Professional Fees Committee (PFC). BMA policy was brought into sharp relief in 2016 following the introduction of new licensing guidelines which raised concerns among doctors regarding competence, resourcing and conscientious objection.

Following the receipt of complex legal opinion in mid November 2016 the BMA temporarily suspended its firearms guidance. This caused significant consternation, mainly among GPs and LMCs, and in recognition of this PFC agreed to relinquish its lead role to GPC on this issue. The matter was debated at a meeting of GPC England and a Task & Finish group was established to resolve the situation, notwithstanding the acknowledgement that firearms licensing is a 4-nation issue and not within the sole purview of GPC England.

Interim guidance was posted on the BMA website pending the urgent work of the Firearms T&F group which was convened electronically and has continually informed and engaged with the appropriate Celtic GPC members and PFC.

The T&F group agreed an extensive set of further legal questions it felt required answering in order to construct safe advice at a significantly more detailed level. QC response to those questions was received in a lengthy opinion which has been digested by senior relevant members of BMA staff and by the T&F group.

It is recognised that GPs vary considerably in their attitude towards firearms licensing, ranging from those who are very happy to offer medical opinions of the safety of patients to carry arms, through those who do not feel appropriately qualified to offer such an opinion to those who hold an objection on the grounds of conscience. BMA staff are in the process of constructing advice to add to our existing guidance and catering for a range of potential GP positions, each of which will advise on the safe discharge of clinical and ethical duties while empowering GPs to adopt a personally appropriate stance and to charge an appropriate fee should they wish.

Once this advice is finalised it will be shared widely with LMCs before being posted on the BMA website. A communications strategy will be executed to raise the awareness of the profession and in which we hope we will have the support of LMCs and other interested organisations. It is envisaged that this augmented and comprehensive advice will be ready for launch in early February.

These measures satisfy current UK LMC policy as expressed at last year’s Conference of LMCs. In parallel to the work of the T&F group which has focused on providing safe and effective advice to members in relation to the current system, a delegation from GPC and PFC has also met at high level with the Home Office. This contact is aimed at improving the system for the benefit of clinicians and the public with safety and proper resourcing as our major objectives. Early indications are of civil servants and senior police officers receptive to suggestions for improvement. If we are successful in our aims in relation to the Home Office then BMA firearms guidance will require further updates as the agreed framework evolves.

I would like to thank the members of the firearms T&F group, and in particular Peter Holden as Chair of PFC, for their hard work and wisdom. I would also like to pay tribute to the expertise of the BMA staff who have been involved in this process and for their support through what has been a complex cross-jurisdictional piece of work.

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Chair, GPCE Firearms T&F Group