



RCGP response to the Home Office Consultation about Firearms Licensing in England, Wales, and Scotland

The Royal College of General Practitioners (RCGP) cannot provide comments on most of the recommendations proposed on the firearms licensing process as their nature goes beyond the College's remit. However, we will present our views on the topics that are closer to our members' role.

Q13. Do you consider that neurodevelopmental disorders should be added to the list of relevant medical conditions in the Statutory Guidance (and application form)?

The RCGP supports the evidence-based addition of conditions to the list of relevant medical conditions in the Statutory Guidance on Firearms Licensing. However, would like to note that among the neurodevelopmental disorders, Autism Spectrum Disorder (ASD) encompasses a wide range of neurodiverse individuals, with the rates of diagnosis increasing. It is possible that this condition will not pose any danger in relation to legal firearms ownership for some on the autistic spectrum. We would therefore like the Home Office to ensure that new conditions are only added if the wider evidence supports it.

Q14. Do you consider that GPs' engagement with the firearms licensing process should be made mandatory?

The RCGP does not believe that mandatory participation and checks in the firearms licensing process are appropriate. The firearms license medical review is a private service and not agreed upon as part of the NHS contract. However, we fully support the use of GP records, with patient consent, to understand the medical background of the person. Having access to the medical record should enable the expert who undertakes the assessment to understand the medical history of the person. Many organisations request GP records access via a privately funded process.

Q15. Do you consider that interim medical checks should be made on licensed firearms holders between the grant of the certificate and any application to renew?

The RCGP would support interim checks as mental and physical health can change over time, however, this is not covered under the GP contract and therefore a new service would need to be commissioned. It is unclear whether this cost would be raised through the licensing fee borne by the individual applicant/license holder or through the government.



Q16. Do you consider that the digital marker for use by GPs on the medical records of licensed firearms holders should be visible to other health professionals?

The RCGP considers it valuable to have these digital markers in place. Software systems should develop, implement, and secure the functionality of the markers in the records. We would recommend the government work with providers of GP systems to resolve this issue. However, it is important to note that there is no unified NHS record so secondary care and community care organisations will also need to develop a system to flag notes and communicate with the GP and the organizations who will undertake the firearms licensing application process.

Similarly, we would recommend that the Home Office provide support for the rollout of these markers in Wales and Scotland.