

Firearms Blog

In April 2016 new guidelines for the licensing of firearms and shotguns to private individuals were introduced in the UK. This followed lengthy debates over some years between the many interested parties including the Home Office, police, BMA and various shooting organisations. Many reservations were raised by the BMA in these discussions about the workability and safety of the proposed system. In particular the systemic assumption of no report received by the police from the GP being equivalent to a medical endorsement of the application was particularly problematic.

Despite the BMA's cautions the system went live and immediately provoked significant concerns from GPs who found themselves caught in the ethical tension between a responsibility to maintain public safety and a system that patently lacked rigour. Worse still, the guidelines were introduced with no agreement around how the work would be funded which threatened to divert resources away from frontline clinical care for the sick at a time of crisis in general practice. Unsurprisingly, the profession expressed their concerns vocally, and the call for a system that maintained public safety while protecting doctors from the legal risks inherent in licensing private individuals to carry lethal weapons became unavoidable.

Because most of the unacceptable impacts of the new system fell to general practitioners the GP Committee (GPC) of the BMA temporarily took over the lead for this issue in November 2016 and established a Task and Finish group to address the matter urgently. We have now concluded our work, and the task having been finished we are now very happy to publish our new augmented [guidance](#). The aim of the group was to provide safe, ethical and legally watertight advice to GPs that catered for their wide range of approaches. General practice has always been a very broad church. We recognised that and concluded that our advice needed to be equally multi-stranded. The guidance therefore caters for the conscientious objector and firearm owning GP alike, and offers a range of options to satisfy different personal positions and professional expertise.

While compiling the advice to keep doctors safe within the current system, the second major strand of work we have been pursuing has been to negotiate changes to the system itself. This remains a work in progress but we have already had a productive meeting with the Home Office and police representatives who indicate that they are keen to work towards a system that addresses all needs.

A major stumbling block has been the question of the funding for the process, and there have been a number of high profile articles in the national press highlighting the plight of shooters who have been charged by their GP for the production of reports. Some of these reports have been very critical of the BMA and doctors in general. The BMA is very conscious that in all Law codes across the UK there is no right to bear arms. To carry weapons is a criminal offence, and the issuing of a firearms certificate is a significant privilege which exempts the holder from normal legal constraints. The question therefore comes down to who should pay for that privilege.

Most reasonable people expect that the costs of a private hobby are borne by the hobbyist and should not be subsidised by the taxpayer. There are many such examples from diving to parachuting, and HGV driving to flying. I hold a private pilot's license and the thought that the NHS should provide

me with free pilot medicals has never once crossed my mind. Unfortunately, police constabularies are not in a position to factor medical report costs into the fee they charge the hobbyist and so the only fair way of this being resourced is a direct charge to the applicant. This argument is only strengthened when we consider that a box of 250 12-bore Bismuth cartridges, an essential for a decent weekend shoot, currently retails at £500. It is difficult to support a claim for exceptional treatment in such circumstances regardless of whether the shooting lobby exercises significant political influence.

Any expectation that a doctor will provide this service free of charge represents a de facto transfer of NHS resources from the sick to shotgun owners. The BMA cannot agree to that principle and I believe that the British public support our stance. I do not believe that the average person on the Clapham omnibus supports a reduction in health services in order to provide financial assistance to reduce the cost of pheasant shooting.

We hope that our new guidance will clarify the situation for doctors and give them the guidance they need to respond safely and professionally in a way that fits their circumstances. The options offered have been rigorously debated and have been the subject of legal advice and opinion to ensure they comply with all relevant legislation.

I am very conscious of the distress and anxiety that this episode has caused for GPs who have consequently felt very exposed. I am very grateful, however, to the members of our Task and Finish group and to the staff at the BMA who have helped to craft this advice. Given the cross-checks and professional advice that has been required the three months we have taken to reach this point has been a challenging target. While I am pleased to have concluded the production of this guidance I am also aware that it has been sorely needed and keenly awaited.

We continue to work with the Home Office and police for improvements to the system. As such changes are effected in the future our guidance will be subject to further revisions in order to keep it current.

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