

Dear Colleague

GUIDANCE FOR INFORMATION SHARING REQUIREMENT BETWEEN POLICE AND GENERAL PRACTITIONERS (GPs) AND REGISTERED MEDICAL PRACTITIONERS FOR IMPLEMENTATION OF HOME OFFICE FIREARMS LICENSING: STATUTORY GUIDANCE FOR CHIEF OFFICERS OF POLICE

Purpose

1. The purpose of this communication is to inform you of updated UK arrangements for the sharing of information between GPs or other suitably qualified and GMC registered medical doctor practitioners (hereby referred to as GPs/GP Practice in the rest of the document) and the Police at the time of grant and renewal of firearms and shotgun certificates, as well as for applications for registration as a firearms dealer, for reasons of public safety. ***The new arrangements will start on 31 January 2022.***

2. **The ultimate aim is to protect public safety and ensure that medically unfit people do not have access to firearms.**

3. This letter supersedes the previous CMO letter [SGHD/CMO\(2016\)7](#) which followed discussions between BMA Scotland and Police Scotland, to ensure consistent practice in Scotland when providing health information as required, at the time of application or renewal of a certificate.

Summary of Changes

4. The Home Office Firearms Licensing: Statutory Guidance for Chief Officers of Police dated 1 November 2021 and which applies on or after that date, sets out the roles and responsibilities of Police and GPs and other registered medical practitioners to provide the medical information, to the best of their belief and knowledge, for the police to assess an individual's suitability to hold a firearms/shotgun certificate or be a firearms dealer and the ongoing monitoring of these individuals. It also takes account of the changes related to the Data Protection Act 2018.

From the Chief Medical Officer

Professor Sir Gregor Smith and ACC Alan Speirs, Professionalism and Assurance, Police Scotland

25 January 2022

SGHD/CMO(2021)5

Addresses

For action

NHS Board Medical Directors
Police Scotland

For information

NHS Board Directors of Public Health
NHS Board and Special Board Chief Executives
NHS Board and Special Board Chairs
NHS Board Primary Care Leads
NHS Board Leads for Forensic Medical Services
SAS
NHS24
British Medical Association
General Medical Council
Medical and Dental Defence Union of Scotland
Medical Protection Society
Medical Defence Union
Academy of Medical Royal Colleges and Faculties in Scotland
COPFS – to cascade to Forensic Pathologists
Care Inspectorate
SPA

Further Enquiries to:

For Police Scotland Firearms Licensing issues

FirearmsLicensingPolicy@scotland.pnn.police.uk

For clinical issues

Dr Mini Mishra
Senior Medical Officer
St Andrew's House
EDINBURGH, EH1 3DG
Mini.mishra@gov.scot

For policy issues

Mathew West
Policy Officer
Safer Communities Division
Firearms.enquiries@gov.scot

However, the fundamental basis of the arrangement which has been in place since 2016 is unchanged. In summary, the differences going forward are as follows:

- The same information will be requested on a newly developed standard template to be used UK wide.
- The process will be extended to include registered firearms dealers as well as firearms and shotgun certificate holders.
- The GP Practice will be approached initially by the applicant, not Police Scotland (although Police Scotland may approach the applicant's GP practice to obtain 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).
- The medical certificate from the applicant's GP should be returned to Police Scotland, in most circumstances directly by the GP Practice or in some circumstances by the applicant.
- The process will be repeated at each certificate renewal.

Background

5. The responsibility for granting/renewing a firearms/shotgun certificate, or registering a firearms dealer, lies with the Police.

6. Once a certificate is granted, it is usually valid for 5 years (3 years for a dealer) and entitles the holder to purchase any number and calibre of shotguns, or, with the agreement of the Police, firearms and ammunition as per the conditions of the certificate. For operational reasons the process of renewal of a certificate in Scotland starts about 16 weeks prior to the expiry of the previous certificate.

7. A GP's personal knowledge of their patient or information from their clinical records can assist the Police in determining whether an individual should be granted a certificate. There is no specified time limit for how far back the clinical records need to be checked in the UK statutory guidance. Health status is one of several criteria investigated prior to a decision being made by the Police.

8. With relevant information from various sources, including from GPs, the Police can revoke certain certificates during the period of their validity, or refuse to grant/renew a certificate where there is justification to do so. This is vitally important where the applicant or the certificate holder's health or conduct suggests that an individual may be a danger to public safety, to themselves or to the peace.

9. Legislation for firearms/shotgun licensing is reserved and is the responsibility of the Home Office of the UK Government. As a result of having considered concerns raised by BMA UK about gaps in previous processes, as well as a number of firearms licensing issues raised in a critical report by Her Majesty's Chief Inspector of Constabulary (HMIC) in August 2015 regarding the sharing of information between GPs and the Police, supported by HM Inspectorate of Constabulary in Scotland in its March 2018 inspection of firearms licensing, the Home Office have developed and introduced statutory guidance: <https://www.gov.uk/government/publications/statutory-guidance-for-police-on-firearms-licensing>. The guidance has been consulted widely with individuals and organisations including the British Medical Association UK (BMA UK), the Royal College of General Practitioners (RCGP UK) and the Information Commissioner's Office.

Process

10. The guidance and supporting documents in the **Annexes** set out how the arrangements will operate to ensure compliance with the statutory guidance. These have Ministerial approval.

Key points to note are that:

- a. On initial grant application, the applicant will submit the GP response form to their GP practice and the application form to the Police. The GP Practice should send the GP response, completed by the GP, directly to the Police, unless there is a reason not to do so in which case the GP may send the response form to the applicant to return to the Police.
- b. On renewal, Police will send out a GP response form with the renewal pack reminder to the applicant who will submit the response form to their GP practice for completion by the GP. The applicant will then submit the application form to the Police. The GP Practice should send the GP response form directly to the Police, unless there is a reason not to do so in which case the GP may send the response form to the applicant to return to the Police.
- c. NHS GP patient records will have Clinical Codes and Terms added to indicate that the individual has a firearms/shotgun certificate or registered as a firearms dealer, when the pre-grant letter is sent by the Police to the GP Practice, so that it is clear to a GP Practice that an individual has a firearms/shotgun certificate or registered as a firearms dealer. As an example, GP Practices could produce a Key Information Summary (KIS) for each of these individuals noting their firearms status so that the information is available to other parts of the health system. The marker on the patient records will then be also available to the out of hours clinical team. Following a risk assessment of the circumstances, where necessary, all teams, in hours and out of hours teams should make contact with Police Scotland prior to attendance at the home address of a firearms/shotgun certificate holder or registered firearms dealer, to protect the personal safety of themselves and the public.
- d. The decision whether to grant, renew or revoke a licence/registration remains a matter for the Police.
- e. If a certificate is not granted, is revoked, cancelled or lapses, the Police will notify the GPs/GP practice within one month so that the clinical record can be updated with the Clinical Codes and Terms to indicate that the individual no longer has a firearms/shotgun certificate or registered firearms dealer.
- f. Any decision to charge a fee for the initial check of the patient record is a matter between the GP Practice and the patient. Costs will be met by the applicant for the initial medical certificates and any explanatory medical reports. In both the cases of initial application and renewal, the police may contact the applicant, or the GP Practice directly, to request missing medical information or for clarification of the information provided. In addition, Police may ask the applicant to contact the GP to obtain further information, such as a medical report, about these issues. The fee for this additional information and/or medical report will still be a matter between the GP Practice and the

patient. If, after receiving the further information and/or report a more detailed report is required and requested by Police Scotland, the fee will be paid by the Police.

- g. Exchange of confidential and personal information should take account of explicit informed consent, Common Law Duty of Confidentiality, [GMC Guidance on patient confidentiality](#), [Disclosing patients' personal information: a framework by GMC](#) (Paragraph 115 b) and special category data under the Data Protection Act 2018 and the Human Rights Act 1998.
- h. The lawful basis by which Police Scotland can access, process and share personal data, including medical information in relation to firearms applications is derived from UK GDPR Article 6(1)(e) (Public Task) and Article 9(2)(g) (Substantial Public Interest). This information is available to the public via the [Police Scotland Licencing Privacy Notice](#).

11. Details of the new arrangements are summarised in the Annexes, which can be accessed as relevant:

- Annex 1** – GP and Police Information Sharing Guide
- Annex 2** – GP and Police Information Sharing Process
- Annex 3** – Medical Information Proforma

Action

12. We would be grateful if you could ensure that the agreed process is implemented. Thank you very much for your support in this vitally important matter of public and personal safety and public interest.

Yours sincerely

Gregor Smith



Professor Sir Gregor Smith
Chief Medical Officer

ACC Alan Speirs
Police Scotland

FIREARMS LICENSING

GP AND POLICE INFORMATION SHARING GUIDE

Principles underlying the sharing of data on firearm and shotgun applicants and registered firearms dealer applicants

1. Information sharing between GPs and Police firearms licensing departments is necessary in order to reduce the risk to public and personal safety, which may occur if a medically unfit person possesses firearms, shotguns or be a registered firearms dealer.
2. Information may be shared by GPs with the Police as part of the application process, or if the GP considers that, the patient or the public could be placed at risk of serious harm if they do not make their concerns about a firearm or shotgun certificate or registered firearms dealer holder known to the Police. This is on the basis of the GP's duty to protect and promote the health of patients and the public.¹ GPs may disclose information with consent and, if it is required by law or in the public interest, without consent to protect individuals or society from risk of serious harm.²
3. If an applicant is not registered with a GP Practice in the UK, they do not fulfil the criteria to be issued with a firearm or shotgun certificate or be a registered firearm dealer, as they cannot complete the application form. Military personnel who are posted abroad and have a MOD GP may still be regarded as resident in the UK for the purposes of the Firearms Act 1968.
4. Medical information provided by the GP to the Police will be copied to the applicant or certificate holder unless there is a strong reason not to do so. Police should be notified by the GP when it is not appropriate to share the information about the applicant, the certificate holder or registered firearms dealer, with them and reasons should be provided ([GMC Confidentiality Guidance – paragraphs 60-70](#)). If the GP is unclear about the type and safety of disclosing some information, they should have a discussion with their Medical Defence Organisations and the firearms officer by telephone, if appropriate.
5. The sharing of data by public sector bodies must satisfy the requirements of the data protection legislation, the Human Rights Act and the Common Law Duty of Confidentiality. The GP's authority to provide medical information to the Police is in accordance with article 9 of the UK GDPR 2018, which stipulates that certain conditions must be met for sensitive personal data (special category data) to be shared.
6. Due care must be exercised by both the Police and the GP Practice with regard to the security of information held concerning the applicant or certificate holder. The

¹ [General Medical Council \(2013\) *Good medical practice*, 'Duties of a doctor registered with the General Medical Council'](#).

² [General Medical Council \(2009\) *Confidentiality, paragraphs 60-70*](#).

information collected by organisations must comply with the relevant national guidelines and/or legislation for the management of information. For GP Practices, these are covered by the General Medical Council guidance and the [Scottish Government Records Management Code of Practice for Health and Social Care \(Scotland\) 2020](#). For the Police, information is retained in accordance with Police Scotland Standard Operating Procedures (SOP) including the Information Security and the Record Retention SOPs.

Consent

7. The applicant gives their consent to sharing of information by their GP when they complete and sign the firearm and shotgun certificate application form or registered firearms dealer application. The applicant consents to the information sharing while the firearm or shotgun certificate remains valid, and not just at the time of application.

8. The Police will refuse the application if the consent section of the application form has not been signed, as this is an essential part of the suitability assessment. The consent also covers any subsequent enquiry or notification for further information from the Police.

You may accept an assurance from an officer of a government department or agency, or a registered health professional acting on their behalf that the patient or a person properly authorised to act on their behalf has consented (GMC Guidance on consent and request from third parties)³. However, GPs may disclose information, if it is in the public interest, without consent, to protect individuals or society from risk of serious harm and also in cases where required by law.

Necessity and proportionality

9. During the application process, the Police may require the applicant to obtain a specialist medical report if they have concerns about the medical fitness of the applicant in relation to their possession of firearms, shotguns or be a registered firearms dealer following the declaration of a medical condition. It is not necessary or proportionate for the Police to request a report in all cases where the applicant has declared a medical condition, but only at the discretion of the Police where the circumstances indicate that a further medical report is required to assist with consideration of the application in the context of public safety.

10. GPs and other GMC registered medical practitioners, such as specialists will respond to requests from the Police in relation to those applications where the Police consider that a detailed and or specialist medical report is necessary to assist with their further consideration of the application. GPs will provide factual information based on the applicant's medical records and condition. GPs are not expected or required to make an assessment as to whether the applicant is fit to possess a firearm/shotgun, or be a registered firearms dealer though it is open to them to do so.

11. There may be instances when a GP wishes to communicate their concerns about an individual's access to firearms/shotguns, even though the person concerned has not sought treatment for one of the relevant conditions listed on the application form and

³ [GMC Guidance on Confidentiality - paragraph 115](#)

Police letter. For example, if there are concerns about domestic violence, or if the GP is aware that a person has access to firearms/shotguns but is not a certificate holder/registered firearms dealer. In these circumstances, information may be shared with the Police on the basis that the applicant has given their consent on the application form, or on the basis that it is in the public interest.

12. There may also be instances where the certificate holder/registered firearms dealer contacts the Police in relation to their medical fitness or where a third party contacts the Police with concerns about a certificate holder's/registered firearms dealer suitability to possess firearms. In such cases GPs may share information with the Police on the basis that the applicant has given their consent on the application form, or because it is in the public interest.
13. Information should only be shared where it is strictly necessary to the intended purpose and is proportionate to it. Key to determining the necessity and proportionality of sharing information will be the GP's professional judgement of the risks posed to an individual or the public by the person's possession of a firearm or shotgun or be a registered firearms dealer. This is commensurate with the general duty on doctors to protect and promote the health of patients and the public.

Responsibility for assessment of firearm and shotgun applications

14. **The Police are responsible for deciding whether an individual should be permitted to hold a firearm or shotgun certificate, or be registered as a firearms dealer**, taking into account the information available to them. This duty lies with the Police on the basis of the provisions in the Firearms Act 1968 (as amended).

**GP AND GMC REGISTERED MEDICAL PRACTITIONER AND POLICE
INFORMATION SHARING: PROCESS**

Completion of application form

1. An applicant is required to declare any relevant medical conditions on the application form for a firearm or shotgun certificate, or to register as a firearms dealer or any relevant renewal application. (This is in relation to the issue of a firearm or shotgun certificate in accordance with sections 1 and 2 of the Firearm Act 1968 as amended, and section 33 of the said Act in relation to firearms dealers.) They complete and return the application to the Police.
2. At the same time, the applicant should submit the medical information proforma (see Annex 3) to their GP Practice. The GP Practice should complete the form **no later than 21 days** from the date of request and should return it directly to the Police, unless there is a reason not to do so in which case the GP may send the response form to the applicant to return to the Police. Police may contact the GP Practice or applicant directly to verify any information, regardless of who submitted the medical information proforma.
3. The medical information proforma forms part of the application process and is required to be completed by the GP. This form sets out the following conditions which could affect a person's suitability to possess a firearm or shotgun:
 - Acute Stress Reaction or an acute reaction to the stress caused by a trauma including post-traumatic stress disorder
 - Suicidal thoughts or self-harm or harm to others
 - Depression or anxiety
 - Dementia
 - Mania, bipolar disorder or a psychotic illness
 - A personality disorder
 - A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
 - Alcohol or drug abuse
 - Any other mental or physical condition, or combination of conditions, which may affect the safe possession of firearms or shotguns.

This list is not intended to be exhaustive. GPs, for new applications and renewals, should use their judgement and knowledge of the patient to consider any other mental or physical condition, **current and in the previous 5 years at least, or longer if relevant, particularly for new applications**, which may affect the individual's safe possession of a firearm or shotgun, now or in the future. **To note:** There is no specified time limit for how far back the clinical records need to be checked in the UK statutory guidance.

4. In considering individual cases, GPs may wish to refer to the guidance on medical information contained in Section 3 – "Assessing Suitability" of the Firearms Licensing: Statutory Guidance for Chief Officers of Police

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029859/Statutory_Guidance_for_Firearms_Licensing_-_Final_Nov_2021_.pdf

5. If the GP feels unable to participate on the basis of a conscientious objection, or for any other reason, they should refer the patient to a colleague or discuss the issue with the firearms officer in the absence of a colleague e.g. single-handed GP Practice. If no colleague is willing or available, the GP should inform the applicant immediately that they would not be able to complete the proforma.
6. To prevent the unlawful possession of firearms or shotguns or be a registered firearms dealer during the renewal process, GPs should endeavour to inform the applicant of any objection as soon as practicable. This is to allow the applicant to make alternative arrangements for the completion of the proforma and ensure the firearms or shotguns can be safely stored in the interim period if required. It also prevents the applicant or the certificate holder from being disadvantaged by a delayed application as it can impact adversely on them e.g. required for occupational purposes.

Encoded reminder on patient records – purpose and use

7. As part of the application process, the Police will request the GP practice to place an **encoded reminder** (flag/alert/marker) on the patient record so that the GP is aware the person is a firearm or shotgun certificate holder. As an example, GP Practices could produce a Key Information Summary (KIS) for each of these individuals noting their firearms status so that the information is available to other parts of the health system. The code indicates that the person concerned 'has a shotgun certificate' and/or 'has a firearm certificate' or is a 'registered firearms dealer'. This information should also be accessible by the out of hours clinical staff. Further guidance regarding coding and alerts is being developed and will be available as soon as possible.
8. During the validity of the firearm or shotgun certificate the presence of the encoded reminder will enable the GP to discuss the issue with the patient and notify the Police as soon as possible if a person's health gives rise to concern, or if they begin to be treated for a relevant condition, or if the GP becomes aware that relevant aspects of a licence holder's circumstances have changed that mean they may no longer be safe to hold a firearms or shotgun licence or be a registered firearms dealer. This might happen, for example, if a certificate holder experiences deterioration in their health due to the onset of depression. Action by the GP will enable the Police to make further enquiries and take a decision on the on-going suitability of the person concerned to possess guns. It also enables security of staff undertaking home visits for distressed patients, in and out of hours. Following a risk assessment of the circumstances, where necessary, teams should make contact with Police Scotland prior to attendance at a location where there are firearms/shotguns, to protect the personal safety of themselves and the general public.
9. The GP should notify the certificate holder when a disclosure is made to the Police unless there is a compelling reason for not doing so, for example, because it could increase the risk of harm to the certificate holder or others. If the certificate holder objects to the information being shared with the Police, the GP may disclose information if it is in the public interest, to protect individuals or society from risk of

serious harm or required by law (see [GMC Guidance on Confidentiality – paragraphs 60-70](#)).

Requirement for further medical reports

10. If the applicant has declared a relevant medical condition (see list of relevant medical conditions above) the Police may ask the applicant to obtain and pay for a medical report to assist with their consideration of medical suitability. Similarly, if the Police have concerns about a person's medical condition as a result of the GP's response to their initial standard proforma, the applicant may be asked to seek a report from the GP/GP Practice. The medical report should be provided by GPs to Police normally within **21 days** of their request. This will be paid for by the applicant.
11. The Police may require a further detailed and/or specialist medical report from a GP or another registered medical practitioner such as a specialist to enable them to make their decision about the granting, renewal or revocation of a certificate. Sometimes, this might be as a result of issues raised during the term of a certificate. This medical report should be provided to the Police within **21 days**. It will be paid for by the Police.

Police make decision on application

12. Having carried out the necessary checks, which will in some cases include visiting and interviewing the applicant, the Police decide whether to approve or refuse the firearm or shotgun application. In coming to their decision, they take into account all the facts of the case and the evidence before them, including medical information.

Police advise GP if licence expires or is revoked

13. If the certificate holder ceases to have a firearm certificate for any reason then the Police will inform the GP/GP Practice within **21 days**, and the GP/GP Practice will then add a new code for "does not have licence" in the clinical records. The "does not have licence" code will remain in the clinical records until the destruction of the notes in accordance with the [Scottish Government Records Management Code of Practice for Health and Social Care \(Scotland\) 2020](#).

Summary of medical fees

14. During the application (or renewal) process:
 - Initial check of the patient record in response to the standard police request – any fee at this stage is a matter between the GP Practice and their patient/the applicant.
 - In both the cases of initial application and renewal, the police may contact the applicant, or the GP Practice directly, to request missing medical information or for clarification of the information provided. In addition, Police may ask the applicant to contact the GP to obtain further information, such as a medical report, about these issues. The fee for this additional information and/or medical report will still be a matter between the GP Practice and the patient/the applicant.

- If a further detailed and/or specialist medical report is required – the police will pay the fee

During the validity of a firearm or shotgun certificate:

- Where a medical report is required due to the GP raising concerns or because the Police require sight of a medical report for another reason – the police will pay the fee.

**FIREARMS LICENSING
Medical Information Proforma**

CONFIDENTIAL – MEDICAL (when complete)

**Firearms Licensing
Medical Information Proforma**

This form must not be amended after completion by the doctor*. The Firearms Act 1968 specifies that it is an offence to knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate, with a maximum penalty of six months' imprisonment and/or a fine.

PATIENT DETAILS

Title: _____ Full Name: _____
 Home Address: _____

 Date of Birth: _____
 E-mail address: _____

MEDICAL INFORMATION: To be completed by doctor*

*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

Please check the patient's medical record for any history of the following and tick those that apply. Where any apply, please add further details overleaf which can be limited to a statement of fact and not an opinion.

Have you had access to the patient's full medical record to complete this report? Yes No
 Is the medical record continuous? Yes No
 Have you placed a 'firearm application made' flag on the patient record? Yes No

DATE RECORDS BEGIN: _____ DATE OF LAST CONSULTATION: _____

Acute Stress Reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	A personality disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suicidal thoughts or self-harm or harm to others	Yes <input type="checkbox"/> No <input type="checkbox"/>	A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Depression or anxiety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Alcohol or drug abuse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dementia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other mental or physical condition, or combination of conditions, which may affect the safe possession of firearms or shotguns.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mania, bipolar disorder or a psychotic illness	Yes <input type="checkbox"/> No <input type="checkbox"/>		

PLEASE SIGN OVERLEAF. PLEASE PROVIDE FURTHER INFORMATION IF YOU HAVE TICKED YES TO ANY OF THE ABOVE QUESTIONS.

CONFIDENTIAL – MEDICAL (when complete)

CONFIDENTIAL – MEDICAL (when complete)

Patient Name:	Date of birth:
What is the medical condition or medical conditions?	
How long has the patient been treated for this condition?	
Is the patient still being treated for this?	
Details of medication prescribed	
Have there been any previous episodes of this?	
What is the patient's current condition?	
Do you have any other information you believe may be relevant to the police in determining whether the patient is safe to possess firearms?	

Name of doctor: _____

Practice stamp:

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Signature of doctor: _____

GMC Number: _____

Date: _____

CONFIDENTIAL – MEDICAL (when complete)

Application for the grant or renewal of a firearm and/or shotgun certificate is available under Schedule 1 to The Firearms (Amendment) (No. 2) Rules 2021:
<https://www.legislation.gov.uk/uksi/2021/1172/schedule/1/made>.

Application for the grant or renewal of a firearms dealer registration is available under Schedule 3 to the said Firearms (Amendment) (No. 2) Rules 2021.