

RACGP WEBINAR 26/03/25 – POST SESSION QUESTIONS.

- Cases in which firearms have been seized, or a licence suspended for medical reasons, will GPs be asked to give an opinion as to whether that person can continue to hold a FA or have it reinstated?

RESPONSE:

- Separate to the FAHA, Firearms Licence holders may on occasions be required to obtain a medical report, which may include a request to comment on a licence holder's continuing fitness to hold a firearms licence. This is consistent with previous arrangements under the old act.

- Other than the GP who else in the decision-making process is the client provided with a name and workplace address?

RESPONSE:

- WA Police do not provide information on which GP is or is not carrying out FAHA.
- Medical practitioners are not decision makers as to an individual's suitability to be granted a firearm authority (licence).
- In addition to undertaking a FAHA, new applicants are also required to undertake mandatory training (theory and practical), neither are not undertaken by the WA Police Force.

- How long should a medical practitioner have known the client to be able to do the assessment?

RESPONSE:

- Although it is recommended that applicants/firearm authority holder attend their regular GP, it is recognised that this may not always be practical and there is no minimum requirement for the term for practitioner/client relationships.
- Can a reviewing doctor request information from the client's regular GP and can the regular GP decline to provide this information?

RESPONSE:

- No expectation for medical practitioners to seek validation/verification of information.
- Medical practitioners who choose to seek validation in relation to medical history, WA Police assumes this will be done through their normal medical access procedures.
- Patients are not required to fully register with only one practice, therefore medical history held is often incomplete. The Part A I'm assuming is a medical questionnaire. Are we to assume that this is the "based on information supplied" which we are to base our decision on? We risk patients falsifying information in order to obtain a firearm license and we have no way to make a complete medical assessment. Medicolegally will we be at risk?

RESPONSE:

- Although it is recommended that applicants/firearm authority holder attend their regular GP, it is recognised that this may not always be practical.
- No expectation for medical practitioners to seek validation/verification of information.
- Medical practitioners who choose to seek validation in relation to medical history, WA Police assumes this will be done through their normal medical access.
- It is accepted medical practitioners can only take the information provided by the patient at face value and decide of the veracity of that information based upon their interaction with the patient. It should not be any different than what is being done for driving assessments and/or occupational fitness to work assessments.

- Is there a paper option for applications if regional and > 80 year olds not using mygov/online options?

RESPONSE:

- Where an individual is not willing to create a myID, they will need to contact Licensing Services to discuss their individual circumstances. Contact Licensing Services Transition Team on 1300 894 474, firearmsproject@police.wa.gov.au
- However, it is important to note, that this is only to enable them to sign onto the Portal. They will be required to obtain their FAHA via the portal.

- What happens if the recommendation is not to have a gun in an existing gun owner, do the police then removed the guns?

RESPONSE:

- Based on the review of part c the regulator may decide to suspend or cancel a firearms authority, and should this occur firearms will be seized. The regulator may request additional information from you or the licence holder before deciding.

- How is this process actually being kept secure? because our AHPRA number is publicly available on the AHPRA website and our email appears on a lot of documentation sent to patients.

RESPONSE:

- As a part of the submission process, the medical practitioner will include their email address and will receive a receipt. If a GP obtains an email for an outcome they did not submit, they can contact WA Police.
- The Licensing and Registry system will have functionalities to alert where the same AHPRA number is utilised and appropriate action, if required will be undertaken, which may include contacting medical practitioners to confirm a submission.
- Medical practitioners are also required to retain copies of Part A, B and C as part of standard medical record keeping.
- This process will be monitored and reviewed.

Reminder: Only the outcome of part C is submitted to WA Police, via the weblink. Not the physical form.
<https://firearms.police.wa.gov.au/healthassessment>

- Do you realise that patients can legally access their medical records and therefore the GP's decision to pass or not

RESPONSE:

- The choice is up to the medical practitioners whether or not they advise the applicant of the recommendation.
- Medical practitioners are not decision makers as to an individual's suitability to be granted a firearm authority. There are multiple factors taken into account.
- In your own words, you state that you don't expect these medical assessments to make much change to the number of licence holders, therefore how do you justify taking up 16,800 GP appointments per year in an already stretched system? (84,000 licence holders / 5 yearly assessments = 16,800 appointments per year) particularly when the GP shortage is predicted to worsen?

RESPONSE:

- The paramount component of the legislative reform was public safety. The health (both physical and mental) of an individual who wishes to obtain or retain a firearm authority is a key contributor to ensuring they have the ability for the safe possession and use of a firearm.
- WA Police acknowledge that this will impact medical practitioners, however working with the Health Assessment Working Group, distributing the existing licence holders over a 5-year period and then subsequently every 5 years was to reduce the impact as much as practicable.
- Firearm authority holders are distributed throughout the state and not centrally located to one area. Medical practitioners are not obliged to provide this non-Medicare covered service.

- Is there any consideration required for ill household members? For example - licensee is fit, but as GP you know their son is severely depressed.

RESPONSE:

- Recommend the medical practitioner contact licensing services or crime stoppers to raise their concerns about the household. Licensing Services will review and take any appropriate actions if required.
- Note: Licence holders have responsibilities for the safe/secure storage of firearms, as part of the requirement and responsibilities of being a firearm licence holder and only licensed individuals have access to the firearms at the nominated storage location.

- Will a patient with history of suicide attempts be automatically classed as ineligible?

RESPONSE:

- The intent of FAHA is to ensure all relevant information is available to WA Police to make a determination as to an individual's suitability to be granted or maintain their licence and access to firearms.
- Depending upon the information supplied, WA Police may also make a request for additional information.
- Each case is independently reviewed. History is taken into consideration, how long ago, what treatment they have subsequently undergone, what the medical practitioner indicates.
- The outcome might be the applicant is unsuitable to be licensed or alternatively may be suitable with conditions.

- And in that case - can there be a recommendation to grant a conditional licence predicated on say, armoury storage as opposed to home safe?

RESPONSE:

- The FAHA is a medical practitioner's assessment of an individual's physical & mental health pertaining to their safe use and possession of a firearm. Conditions should be focused on medical requirements (if any) that need to be in place for them to have safe use and possession of firearm.
- Note: alternative storage, will still result in the individual still having authorisation access to a licensed firearm.

- is it best to have a regular "script" to tell patients you don't advise of the medical assessment outcome e.g. "My assessment is just one of the many factors the police consider, so I don't advise the applicant of my report"

RESPONSE:

- This would be up to the medical practitioner. The example provided, is factually accurate.
- Is there going to be some avenue for doctors who are specifically and specially trained in this so a GP that is uncomfortable to do this will have the avenue to refer?

RESPONSE:

- Medical practitioners are not obliged to provide the service. Same as they decide if they want to treat a motor vehicle injury claim patient, or occupational health assessments.
- Reminder FAHA is both physical and mental health.

- Would it be sensible to have a registry of willing medical practitioners available to carry out these medicals, limiting the risk of fraudulent use of our AHPRA numbers in order to obtain a Firearm license?

RESPONSE:

- WA Police Force do not currently plan to maintain a register of medical practitioners who provide FAHA services.
- Medical practitioners are not obliged to provide the service. Same as they decide if they want to treat a motor vehicle injury claim patient, or occupational health assessments.
- In addition, future releases will include a validation function of the AHPRA number to ensure they are valid.
- Reminder FAHA is both physical and mental health.

- Can medical practitioners use the medical history of existing patients, or as you said, only the information provided by the patient at that appointment?

RESPONSE:

- It is up to the medical practitioner. If they wish to obtain medical history, then it would need to be in line with current medical practices.
- It has been acknowledged this is a point in time assessment.

- did the police consider instead integrating this into PRODA, which would be a much more secure way of ensuring that it was actually a doctor uploading the forms?

RESPONSE:

- During the HAWG meetings this was discussed and then it was identified that not all medical practitioners utilise the same medical software.

- Will there be opportunity for medical practitioners who will be keen to participate in FAHA, to visit shooting ranges to understand what is required as stated by one of the speakers?

RESPONSE:

- Firearm clubs and ranges are licensed and independently run. Medical practitioners can reach out and contact firearm clubs and make their own arrangements if they feel this will be of benefit.

- should we be requiring urine drug screens or do we just believe the patient?

RESPONSE:

- This is not mandated. The medical practitioner should make their own determination as to the veracity of the information provided.

- I feel like I have a couple of patients who don't necessarily have a medical diagnosis or psychiatric diagnosis, but through looking after family members I'm aware of significant interpersonal issues at home that would make me reluctant to believe they are truly a fit and proper person to hold a firearm license, but also not have an actual medical or psychiatric contraindication. How does one manage that?

RESPONSE:

- It is best if the medical practitioners provide accurate information which will be taken into consideration by WA Police, when they are making a determination of an individual's fit and proper status.
- If a medical practitioner has concerns, they have means by which they can report their concerns to WA Police, who will then investigate and take necessary actions if required.
 - Could contact licensing services to discuss.
 - Could anonymously report through crime stoppers their concerns.
- Section 378(1) of the *Firearms Act 2024* provides specific protections to cover these situations.
 - s378. Protection from liability when information provided in good faith
 - (1) If information is provided to the Commissioner by a person in good faith under this Division —
 - (a) no civil or criminal liability is incurred by the person in respect of the disclosure; and
 - (b) the disclosure is not to be regarded as a breach of any duty of confidentiality or secrecy imposed on the person by any written or other law; and
 - (c) the disclosure is not to be regarded as a breach by the person of professional ethics or standards or any principles of conduct applicable to the person's employment or as unprofessional conduct.
- In addition, there are other acts, which depending on the medical practitioners' area of practice, which may be applicable, that cover these very situations for disclosure of information.
 - Section 220 of the *Health Services Act 2016*
 - Section 577 of the *Mental Health Act 2014*

- do we really imagine that people are going to tell the truth about their alcohol use?

RESPONSE:

- This is standard across multiple different health assessments; medical practitioners will need to continue making their own determination as to the veracity of the information provided by the patient during the FAHA.

- re concealed psychopathic traits in retrospect...
 1. how does the system/ act occlude patients' manipulation & patient initiated fraud of the "medical assessment"?
 2. how does the act target & regulate those with psychopathic traits? - assuming this is unknown to the GP.
 - 2b. if a tragedy (ie mass shooting) was to occur, what ramifications would the patient's GP be subject to?

if the patient appeared " fit" at the time?

RESPONSE:

1. Where an AHPRA number has a high proportion of outcome submissions, the system will alert Licensing Services. This will enable Licensing Services to review and if required, take appropriate actions.
2. It is recognised that this is a point in time assessment, based on the information provided to you and your determination of the veracity of the information provided.
3. As a reminder, FAHA are only one component taken into consideration in determining an individual's suitable to be granted or to retain their firearm authority.
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- for those who already had existing license and needing FAHA due to the new legislation, do they hold a physical card of some sort like driver's license? Do we know from the form whether they're new applicant or existing license holder?

RESPONSE:

- As both applicants and existing licence holders are required to obtain the form from the firearm portal, the form will contain all information required to make an assessment. There is no requirement for existing licence holders to present their licence to the medical practitioner.
- My patient had his multiple guns removed during a significant marital issue. She claimed he had threatened her with a gun in the past. He denies this. He asks me for a gun-health assessment.....as he belongs to a gun club [ex army...]... impossible situation/? !!!

RESPONSE:

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