COLFO
COUNCIL OF LICENCED FIREARMS OWNERS INC.

Submission to the Select Committee on the Arms Legislation Bill:

Health Practitioners

1. This Bill makes two requirements regarding health practitioners and licensing. The first requires licence applicants to provide the contact for "their health practitioner".[1] This is a problematic barrier to potential applications.

2. The public discussion has been focused on the role of the GP, however if the definition of 'health practitioner' in the Health Practitioners Competence Assurance Act 2003 is adopted, applicants could provide the name of their chiropractor or occupational therapist (amongst other professions).

3. Are these people that the government believe are qualified to comment on the suitability of someone to hold a gun licence? Even if 'health practitioner' was more appropriately restricted, many GPs do not have the qualifications to make psychiatric assessments. Furthermore, the Bill only requires that contact details are given. Is this deemed to be consent by the applicant for the Police to contact the health practitioner and get medical information from them?

4. Additionally, many people, particularly in rural areas, do not have access to an ongoing GP service but rely on locum services, or not at all. They cannot provide "their" health practitioner's details. The Regulatory Impact Assessment (RIA) indicates that Police intend to go further than publically discussed and also require a "health check" for applicants.[2] We do not know what this could mean or how it can relate to the safety of the public.

5. The second requirement (s91), puts an onus on health practitioners to consider reporting people "unfit to use firearm[s]". What training or support provided to GPs to allow them to provide this level of assessment? Are there validated tests? Is there an area where Police expect to issue authoritative guidance notices?

6. Practitioners may also have their own views on firearms that could influence their reaction to any information they receive from patients. A process is needed to identify and mitigate possible conflicts of interest and bias.

7. People and their doctors will want to know that the Police will handle the information a way that will not avoidably exacerbate mental health concerns. Experience of COLFO is that the first action in recent years is often for Police to turn up at a person's home and remove firearms without gaining any further insight or having a discussion with the person. People may simply not tell their GP if they have any concerns – at a time when we are trying to encourage people to seek help.

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[1] Arms Legislation Bill, s23 (2A)

[2] NZ Police, Regulatory Impact Assessment: Arms Legislation Bill, p 5.

8. We have been unable to find research to support the notion that health practitioners are generally more likely than other sections of the general public to be able to distinguish between mental problems that lead to firearms misuse, and conditions that do not.

9. COLFO recommends a substantial rethink of the whole approach to encouraging warnings and reports. We support the supply of information to allow official action to forestall misuse of firearms. We suggest that the first priority should be looking at the incentives for fellow shooters, family members, workmates and friends. COLFO suggests that all, including doctors, bosses and friends, should be protected by sensitive law from repercussions, including liability and exposure, for good faith reporting of mental stability concerns about a firearms user.

10. Instead of the current Bill's punitive approach, it should be redrafted to support, foster and reward continuing social organisation and assistance to the Police by individuals and sport shooters.