

Firearms Health Assessments: Where are we at?

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RACGP

Acknowledgement of Country

The RACGP acknowledges the Traditional Custodians of the land and waterways in which we work and live. We recognise their continuing connection to land, water and culture, and pay our respects to Elders past, present and future.



RACGP

The role of RACGP WA



RACGP representatives formed part of the Health Assessment Working Group (HAWG)



RACGP WA concerns:

Medico-legal considerations

Confidentiality

Impact on doctor-patient relationship

The firearms application process

1. Prior to the medical appointment

Applicants must:

- Complete FAHA Part A: Self Assessment Questionnaire
(form available through their account in the Firearm portal)
- Arrange a FAHA appointment with health practitioner of their choice
- Email or bring the FAHA form (with Part A completed) to the health practitioner

Note: Parts A and B of the FAHA are not submitted or retained by the WA Police Force

2. Day of the medical appointment



Applicants must:

Bring a list of any prescribed medicine they are currently taking

Bring or wear any corrective lenses and/or hearing aid

Bring or wear any prosthesis (if applicable)



Health practitioner must:

Review Part A of the FAHA

Complete Part B of the FAHA

Submit outcome of FAHA via dedicated web link

3. Record keeping and sharing

Health practitioner:

- Submit outcome of Part C via a dedicated online facility
- It is recommended that copies of the FAHA are saved as part of normal record keeping practices

Notes:

FAHA forms (Part A and B) are not to be submitted to the WA Police Force
FAHAs are valid for 12 months once submitted

4. Follow-up

- No further action required by health practitioner following submission of Part C
- Health practitioners are not obligated to advise the patient of the outcome
- Where additional information is required, WA Police will seek the information through the firearm authority holder/applicant
- If required to speak to the health practitioner, WA Police will obtain written consent from the firearm authority holder/applicant

Part A: Self assessment questionnaire



WESTERN AUSTRALIA POLICE FORCE
WA FIREARM AUTHORITY HEALTH ASSESSMENT
 WA Police Force and Department of Health

WHO IS THIS FORM FOR?

This form is for individuals wishing to obtain or hold a WA firearm authority under the *Firearms Act 2024*.

It is intended to be a record of the consultation between you and your nominated medical practitioner and enables your medical practitioner to provide the Commissioner of Police with an opinion as to whether you meet the relevant firearm authority health standard.

Please note that your medical practitioner is not the decision-maker in relation to your suitability to hold a firearm authority and the health assessment only forms part of the overall assessment of an individual's suitability to be granted a WA firearm authority.

The information provided in this form shall not be provided to WA Police Force unless further information is required by the Commissioner of Police.

The outcome of this assessment is considered along with other relevant information when the Commissioner of Police is forming an opinion as to whether you are a fit and proper person to obtain or hold a firearm authority.

You are to complete Part A.

Part B is to be completed only by a person registered with the Australian Health Practitioner Regulation Agency (AHPRA) as a medical practitioner.

PART A - SELF ASSESSMENT (TO BE COMPLETED BY THE APPLICANT/FIREARM AUTHORITY HOLDER)

Instructions for completing the form.

Please answer each question truthfully by ticking the appropriate box and providing further details as may be required.

Once you have made an appointment for a firearms health assessment, email your completed form to your nominated medical practitioner. Alternatively, print and take this completed form with you to the assessment appointment.

Please bring the following with you to your appointment

- This form (Part A, B & C) with Part A completed.
- A list of current prescription, non-prescription and complementary medicine you take.
- Your glasses/contact lenses and/or hearing aids; and
- A copy of your current health or disease management plans.

Management of your health information

Please read carefully and sign the declaration below to indicate your understanding of how your health information is stored, accessed and may be reported.

Your medical practitioner will use the information you provide in this form in their assessment as to whether you meet the firearm authority health standard.

PART A - SECTION 1

Applicant's Details

SURNAME

FIRST NAME(S)

DATE OF BIRTH

 / /

CONTACT NUMBER

EMAIL ADDRESS

WA FIREARM APPLICATION N^o/ AUTHORITY N^o

PART A - SECTION 2

Current medical treatment or medication

1. Are you currently being treated by a doctor for any **illness, injury or other medical condition**?
2. Are you taking any regular prescription, non-prescription or complementary medicines?

If Yes to Question 1 or 2 please provide brief details:

Medical History

3. Do you currently suffer from or have you suffered from any of the following in the past 5 years? Tick all that apply.

- 3.1 Seizures, fits, convulsion
- 3.2 Neck, back or limb disorders
- 3.3 Physical impairment
- 3.4 Neurological or neurodevelopmental disorder
- 3.5 Fainting, blackouts, dizziness
- 3.6 Problems with balance
- 3.7 Double vision
- 3.8 Wear glasses/contacts
- 3.9 Hearing loss or deafness
- 3.10 Psychiatric illness or nervous disorder

If Yes to Question 3 please provide brief details:

Alcohol use

4. The below questions are derived from the Mental Health Commission's Alcohol Use Disorder Identification Test

How often do you have a drink containing alcohol?

(0)	(1)	(2)	(3)	(4)	Score
Never	monthly or less	2-4 times per month	2-3 times per week	4 or more per week	

How many drinks do you have on a typical day when you're drinking?

(0)	(1)	(2)	(3)	(4)	Score
1-2	3-4	5-6	7-9	10 or more	

How often during the last year have you found that you were not able to stop drinking once you had started?

(0)	(1)	(2)	(3)	(4)	Score
Never	monthly or less	2-4 times per month	2-3 times per week	4 or more per week	

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

(0)	(1)	(2)	(3)	(4)	Score
Never	monthly or less	2-4 times per month	2-3 times per week	4 or more per week	

Drug use

5. Do you use recreational drugs? Y N

If Yes, please list:

PART A - SECTION 3

Applicant's Declaration

I hereby declare that the information given above is complete and true to the best of my knowledge.

DATE

 / /

Applicant signature

Consent to contact treating health professionals
 I consent to the examining medical practitioner contacting my regular general practitioner and any other treating medical practitioners, to clarify any aspects of my medical history and/or management as they see fit.

DATE

 / /

Applicant signature

Part B: The Firearm Authority Health Assessment

PART B (TO BE COMPLETED BY A MEDICAL PRACTITIONER)	
<p>Instructions for completing the form</p> <p>Please review the completed self-assessment and examine the applicant/firearm authority holder in accordance with the firearms authority health standards, please refer to the WA Firearm Authority Health Assessment - Health Practitioner's Guidance Notes for information. Once you have completed Part B, see Part C for information on how to submit the outcome of the assessment.</p>	
PART B - SECTION 1	
<p>Vision and Hearing Y N</p> <p>1. Does the patient have hearing loss such that they are not able to hear a conversation from 2m distance? <input type="checkbox"/> <input type="checkbox"/></p> <p>If yes, does the patient wear a hearing aid? <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>2. Does the patient have any visual impairments? <input type="checkbox"/> <input type="checkbox"/></p> <p>If yes, does the patient wear glasses/contact lenses? <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>Neurological Symptoms Y N</p> <p>3.a Does the patient have a neurological disorder? <input type="checkbox"/> <input type="checkbox"/></p> <p>3.b Has the patient suffered seizures, dizziness or blackouts in the past 5 years? <input type="checkbox"/> <input type="checkbox"/></p> <p>3.c Does the patient currently present with any impairment in functioning of memory, thinking, understanding or judgement? <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>Other Physical Health Y N</p> <p>4. Does the patient have any other physical condition that would reasonably make handling firearms unsafe? <input type="checkbox"/> <input type="checkbox"/></p> <p>If yes, to any of questions 1-4 above in this section, please note relevant details:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <hr/> <p>Mental Health Y N</p> <p>5. Does the patient have a condition that is likely to cause impairment of any of the following (which may impact the patient's ability to safely operate or possess a firearm): <input type="checkbox"/> <input type="checkbox"/></p> <ul style="list-style-type: none"> - Insight - Judgement - Behaviour - Perception - Impulse control - Cognitive ability 	<p>6. Is the patient on any medication or treatment that is likely to cause impairment of any of the following (which may impact the patient's ability to safely operate or possess a firearm)? Y N <input type="checkbox"/> <input type="checkbox"/></p> <ul style="list-style-type: none"> - Insight - Judgement - Behaviour - Perception - Cognitive ability <hr/> <p>7. Does the patient have a history of mental illness? (e.g. depression, bipolar disorder, personality disorder, etc.) Y N <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>8. Does the patient have a history of suicidal ideation or self-harm? Y N <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>9. Does the patient have a history of harm to others? Y N <input type="checkbox"/> <input type="checkbox"/></p> <p>If yes, to any of questions 5-9 above in this section please note relevant details:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <hr/> <p>Other Conditions Y N</p> <p>10. Substance use disorder: Does the applicant have a substance use disorder, which is likely to impair safe handling of firearms? Y N <input type="checkbox"/> <input type="checkbox"/></p> <p>11. Alcohol consumption: Does the applicant have an alcohol use disorder or consumes alcohol in a way that is likely to impair safe handling of firearms? Y N <input type="checkbox"/> <input type="checkbox"/></p> <p>12. Is there any information you believe to be relevant for the purposes of assessing the patient's ability to safely operate or possess a firearm? Y N <input type="checkbox"/> <input type="checkbox"/></p> <p>If yes, to any of questions 10-12 above in this section please note relevant details:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>

Application or renewal for people 80 years or older

FAHA is required annually for individuals 80 years and older.

Consideration should be given to the following aspects:

1. Impairment of: sensory and/or motor functions, cognition, strength, vision and hearing
2. Risk of sudden incapacity e.g. sudden loss of control in the safe handling of firearms

Tools such as GPCOG may be useful.

Refer to Section 8 of the Guidance Notes.

Part C: Health assessment outcome



The information provided to the Commissioner of Police in good faith by a medical practitioner does not give rise to civil or criminal liability.



The FAHA occurs at a 'point in time' assessment. Circumstances may change.



GPs must complete and submit Part C to WA Police via the dedicated URL – and save all hard copies of the documents as part of record keeping.

Part C: Health assessment outcome

PART C (TO BE COMPLETED BY A MEDICAL PRACTITIONER)	
PART C - SECTION 1	
<p>Under s 378(1) of the Firearms Act 2024, information provided to the Commissioner of Police in good faith by a medical practitioner does not give rise to civil or criminal liability.</p> <p>Once the assessment is completed, the outcome (Part C) should be submitted to the Regulator by accessing the WA Police Force firearms online health assessments website: www.firearms.police.wa.gov.au/healthassessment</p> <p>Note: Upon receipt, following the consideration of the medical practitioner's opinion, the Commissioner of Police may request further information considered to be relevant.</p> <p>Use the Application/Licence Number and the unique 8 digit passcode listed below:</p> <p>Note: If the two boxes below are blank, ask the applicant for the information, available via their firearm portal.</p> <p>WA FIREARM APPLICATION N^o/ LICENCE N^o</p> <input type="text"/>	<p>As the medical practitioner, you will be required to enter your AHPRA registration number, date of birth and mobile phone number for authentication.</p> <p>Applicant's Details</p> <p>SURNAME</p> <input type="text"/>
<p>PASSCODE</p> <input type="text"/>	<p>FIRST NAME(S)</p> <input type="text"/>
	<p>DATE OF BIRTH</p> <input type="text"/>
PART C - SECTION 2	
Medical Practitioner's Opinion	
<p>Please note that the outcome of this firearm authority health assessment is based on the information provided and the evidence available to the medical practitioner at the time of the assessment.</p> <p>In my opinion, at the time of assessment, the applicant (person who is the subject of this assessment):</p>	
<input type="checkbox"/> a) Meets the relevant firearm authority health standard without conditions	
<input type="checkbox"/> b) Meets the relevant firearm authority health standard with conditions - fit to hold a firearm authority with conditions.	
<input type="checkbox"/> Must wear visual aids while operating firearm	
<input type="checkbox"/> Must wear hearing aids while operating firearm	
<input type="checkbox"/> Must take regular medications as prescribed by a medical practitioner	
<input type="checkbox"/> Must have a further medical review within 12 months	
<input type="checkbox"/> Other	
<input type="text"/>	
<input type="checkbox"/> c) Does not meet the relevant firearm authority health standard	
<input type="text"/>	
Additional Comments	
<input type="text"/>	
NAME OF MEDICAL PRACTITIONER CONDUCTING THE ASSESSMENT	
<input type="text"/>	
AHPRA REGISTRATION NUMBER	SIGNATURE
<input type="text"/>	
CONTACT NUMBER	
<input type="text"/>	<input type="text"/>
EMAIL ADDRESS	
<input type="text"/>	

Statistics from WA police

Statistics from WA police

❑ As of 12/2/2026:

- ❑ 653 people have navigated the assessment process, involving over 600 medical practitioners
- ❑ 448 individuals and 98 primary producers have completed their assessment and met requirements
- ❑ 94 individuals and 13 primary producers completed assessments with conditions
- ❑ 222 individuals and 579 primary producers have incomplete assessments, meaning they downloaded the form but have not yet finished the process

RACGP WA survey

RACGP WA survey

- ❑ Aimed to capture the early experiences of GPs in WA with the Firearms Health Assessment (FAHA)
- ❑ The survey received 61 responses.
- ❑ 30% of respondents had been asked to complete an assessment, 70% had not
- ❑ Of the 18 GPs who had been asked to complete a FAHA:
 - ❑ 33.5% of respondents were metro, 22% were outer metro, 44.5% rural
 - ❑ 22% of assessments involved non-regular patients, indicating many applicants were unfamiliar to the GP
 - ❑ 56% of GPs completed the assessment when requested 44% declined
 - ❑ Of rural GPs, 87.5% completed assessments; 12.5% declined (compared to 30% completing and 70% declining in metro/ outer metro GPs)

RACGP WA survey

Reported Difficulties Common issues included:

- Confusion about the requirement to complete Part C online
- Uncertainty about the submission process
- Inconsistent form versions (paper vs portal)
- Ambiguity around assessing mental fitness
- Difficulty when applicants lacked specialist documentation (e.g. psychiatrist letters)

RACGP WA survey

Reasons for Declining Assessments

- Discomfort with the level of responsibility associated with firearms assessments, which differ from typical clinical decisions
- Inability to proceed ethically or clinically when the applicant was not a regular patient or when records were incomplete.
- Entire practices choosing not to undertake firearm assessments.
- Some GPs declining all administrative assessments, including driving license assessments.
- Lack of specialist information made assessing mental and physical fitness unsafe or impossible.

RACGP WA survey

Broader Concerns Raised by GPs

- The process risks contaminating the therapeutic relationship, particularly when patients may fear that disclosure of mental or physical health issues could affect their ability to obtain a firearm license
- The role feels administrative, diverting time and focus away from core clinical responsibilities
- Concerns about medico-legal exposure, reputational risk, and the emotional toll of high-stakes assessments
- Fears that adverse outcomes, whether through public scrutiny, coronial processes, or clinical complications, could be career-ending for clinicians

Concerns and the rural context

Concerns and the rural context

- ❑ Impact on workload
 - ❑ Of the 90,000 license holders in Western Australia, 53% of these reside outside of the metropolitan area
 - ❑ This represents a significant workload for those GPs working outside of the metropolitan area in an already stretched and under resourced workforce

- ❑ Impact on patient's employment and work
 - ❑ In a rural setting firearms licenses are more often linked with employment and work (e.g. farmers)

- ❑ Confidentiality
 - ❑ Confidentiality in a small community is a concern

Concerns and the rural context

- ❑ Impact on doctor- patient relationship and avoidance of health seeking
 - ❑ Particularly on the willingness of the firearm holder to seek mental health assistance/ seek medical attention. This is especially relevant in a rural or remote setting in a group who traditionally are difficult to reach and engage
- ❑ Pressure on GPs in remote communities
 - ❑ Whilst there is no obligation for the GP to perform these assessments, there is going to be pressure on GPs in smaller communities to provide health assessments as they may be the only medical practitioner in the community

Case 1

- New patient, presenting for firearms renewal
- Presented with a letter from police commissioner that firearms license had been suspended and that a health assessment was required
- Further history was obtained; Previous drug and ETOH related offences
- GP declined to complete the assessment
- Applicant then tried to bribe the GP and refused to pay for the consult as the health assessment had not been completed (45-minute consultation)

Case 1 continued

- Applicant then went to another practice requesting a firearms health assessment
- Seen by a GP registrar who contacted her supervisor
- Fortunately, the GP and their supervisor had access to the previous GP's notes, and the candidate was not deemed fit to hold a firearms license

Case 2

- New patient, presenting for a firearms renewal
- Firearms license had been suspended
- Background of previous episode of psychosis and self harm
- Seen by psychiatrist who had cleared him previously
- Current suspension as there had been concerns regarding domestic violence
- GP did not complete health assessment and recommended psychiatry review

What would you do in these cases?

- In both these cases the GP declined to complete the assessment (i.e. did not complete the assessment and mark not medically fit)
- Would you have submitted the assessment and marked not fit?
- Would this have stopped potential doctor shopping by removing the option for the applicant to try another GP?
- Had you taken this option away what ramifications would there have been for the doctor? How would the applicant have responded to this?
- There is no onus on the doctor to advise of the outcome of the health assessment but realistically how difficult would it be to not disclose the outcome of the assessment?

Difficult cases

- These are extreme cases but can highlight some of the difficulties with performing firearms health assessments
- For the most part these assessments are quite straightforward
- The tricky situation is when you don't know the patient history
- Both these cases presented as new patients and were not known previously to the GP
- For a GP registrar (or a fellowed GP), if unsure ask for help

Case 3

- 75-year-old retired farmer
- Regular attender at GP practice
- Presents for renewal of firearm license
- Background of reactive depression following the death of his wife 5 years ago
- Currently on 50mg of sertraline daily
- No history of self harm or suicidal ideation

Case 4

- 67-year-old truck driver
- Member of local gun club. Presents for firearms renewal
- Background of hypertension, type 2 diabetes
- On GLP1 agonist. SGLT2 inhibitor, metformin, Olmesartan
- Hba1c acceptable and HTN well controlled
- Recently passed his commercial driving medical

Case 5

- 68-year-old with new diagnosis of Parkinson's disease
- Owns a property outside of town (hobby farm)
- Presents for firearms renewal
- Under the care of consultant neurologist and on Madopar

Other experiences

- Have many attendees today completed the firearms health assessments?
- Has anyone else had tricky scenarios or situations that they want to share today?
- What challenges have you faced?

Lessons from our own practice: A rural GP perspective

Lessons from our own practice

- Ideally the usual GP is the best placed to complete a firearms health assessment
- If the usual GP is not happy to complete this assessment, then they refer to a GP in the practice who is happy to complete these assessments
- If there is a new patient requesting a firearms health assessment a history and health summary from the usual or previous GP is requested and the patient is triaged prior to the appointment being made
- If the applicant does not have a treating GP, we ask that they provide their notice number and complete part A of their assessment prior to their appointment. This will identify whether this is a renewal or a suspension and enable the GP to review the history prior to seeing the applicant
- At time of booking the applicant is informed that there will be a fee and that the service does not attract a Medicare rebate

Reframing the conversation

- ❑ There are concerns from a health access perspective that these assessments may impact the patient-doctor relationship and act as a deterrent for individuals to seek medical help, particularly around mental health issues
- ❑ Consider there are opportunities for wider harm reduction:

“Urgent improvements to mental health support along with tighter gun control regulations to better protect at-risk groups, such as older rural men”

“It’s actually older rural men suiciding by firearm that is the largest part of firearm deaths in New South Wales over the last 15 years or so”

Nance Haxton, MJA Insight+ Issue 2/19 January 2026

A rural GP perspective

- Changing the messaging
- Telling our patients that the best chance of them retaining their license is to have a regular GP who looks after their physical and mental health wellbeing
- Using these assessments as an opportunity to engage with people who ordinarily wouldn't engage
- Linking people in with a regular GP who they trust. This is the power of GP and the continuity that we offer

A rural GP perspective

- As a rural GP I look after a number of farmers as patients
- I see the firearms health assessment as an opportunity to engage with individuals who don't have a usual GP
- I am happy to complete firearm health assessments on my own patients

Ongoing advocacy from the RACGP

Ongoing advocacy from the RACGP

- Making the system and the process safe and workable for the GP electing to complete these assessments
- We will continue to advocate to ensure appropriate medico-legal protections
- We also continue to advocate for clear guidelines and escalation pathways

Questions?

WA Firearm Authority Health
Assessment (FAHA) feedback form

