



WESTERN AUSTRALIA POLICE FORCE

FIREARM AUTHORITY HEALTH ASSESSMENT



GUIDANCE NOTES FOR HEALTH PRACTITIONERS

VERSION 2 - MARCH 2025

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- Australian Medical Association – Western Australia (AMA-WA)
- Department of Health
- Disability Services
- Mental Health Commission
- Minister for Police
- Minister for Health
- Royal Australian College of General Practitioner (RACGP)
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- WA Country Health Services
- WA Primary Health Alliance

LEGAL DISCLAIMER

These guidance notes have been compiled using all reasonable care, based on expert medical opinion and relevant literature. These guidance notes are correct at the time of publishing, however, WA Police Force accepts no liability for any consequence arising from the application of these guidance notes.

Health practitioners shall maintain an awareness of any changes in healthcare and health technology that may affect their assessment of applicants. Health practitioners shall also maintain an awareness of changes in the law that may affect their legal responsibilities. Where in doubt, consideration should be given to seeking independent legal or other professional advice.

GLOSSARY

AHPRA	Australian Health Practitioners Regulation Agency
FAH	Firearm Authority Holder (legislative term for “firearm licence”)
FAR	Firearms Act Reform
FAHA	Firearm Authority Health Assessment
HAWG	Health Assessment Working Group
Health Practitioner	A health practitioner registered under the <i>Health Practitioner Regulation National Law (Western Australia) Act 2010</i> , as listed by AHPRA, as a registered medical practitioner.
PTSD	Post Traumatic Stress Disorder
WA	Western Australia

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FOREWORD

Owning a firearm is a significant responsibility. Firearm ownership in Western Australia (WA) is not a right but a privilege based on a nationally accepted premise that a person must have a genuine reason and, in some instances, a genuine need. In addition, a person must also be fit and proper to hold a firearm authority.

One factor that informs the determination that a person is fit and proper, is the person's health. Section 153 of the *Firearms Act 2024* provides that the Commissioner of Police (or delegate) has sufficient grounds for forming the opinion that a person is not fit and proper if the Commissioner of Police (or delegate) is satisfied that the person does not meet Firearm Authority Health Assessment (FAHA) standards.

The above consideration is because some medical conditions, disabilities and medical treatments (e.g., pharmaceuticals) may compromise the ability to safely possess and use a firearm. Left unmitigated, this could lead to harm or even fatal injury to the Firearm Authority Holder (FAH) and/or others. Consequently, existing FAHs and those who have applied to become FAHs, are to undertake a FAHA to ensure their health status does not adversely affect their ability to safely possess and use a firearm.

1. ABOUT THIS DOCUMENT

1.1 Purpose

This document provides guidance on conducting a FAHA, along with reporting requirements for WA Police Force, as required, and links to other supporting information. Existing FAHs and those who are considering applying to become a FAH, must undertake a FAHA to ensure their health status does not adversely affect their ability to safely possess and use a firearm.

The *Firearms Act 2024* defines a health practitioner as a person who is registered under the *Health Practitioner Regulation National Law (Western Australia) Act 2010* to practise a health profession (other than as a student). The *Firearms Regulations 2024* (the Regulations) define which health practitioners are authorised to undertake FAHA.

Specifically, this document provides guidance to health practitioners on how to:

conduct FAHA as part of the process for applying for, or renewing a firearm authority under the *Firearms Act 2024*.

- recognise the extent and limits of their professional and legal obligations regarding the conduct of a FAHA.
- evaluate, in a consistent and appropriate manner, the medical suitability of the individual to possess and use a firearm.
- encourage responsible behaviour of FAHs in relation to their health and the impact it may have on their ability to safely possess and use a firearm.

Note: Health practitioners are not decision-makers as to an individual's suitability to be granted or to retain their firearm authority. The outcome of the FAHA, including any conditions, only represents one component of the overall firearm licensing process.

1.2 Target audience

This publication is intended for use by health practitioners who will undertake a FAHA.

This publication is a primary source of information for health practitioners in making determinations about medical assessment to an individual's capacity to safely possess and use a firearm.

2. OVERALL FIREARMS ASSESSMENT (SCOPE)

Section 148 of the *Firearms Act 2024* provides that a person who is the applicant for the grant of or the holder of a firearm authority shall, as part of that application, meet the firearm authority health standard.

The outcome of a FAHA forms part of the decision-making process by the Commissioner of Police (or delegate).

This decision process includes the following considerations:

- **Firearm health assessment**

As detailed in this document.

- **Non-health considerations**

Non-health considerations include, but are not limited to:

- Probity - searches are undertaken in both national and international databases for criminal records and other relevant information.
- Training requirements - the individual must satisfactorily participate in both practical and theoretical training and pass a theory examination.
- Genuine reason and genuine need - the individual must demonstrate both a genuine reason and a genuine need to possess and use a firearm.
- Type of firearm - the individual will only be licensed to possess and use firearms suitable for the demonstrated genuine reason.
- Storage - there are strict rules for firearm storage with which an individual possessing or applying to possess a firearm is required to comply and to provide evidence of compliance.

WA Police Force Licensing Enforcement Division carries out an overall assessment of an individual to determine that they are a “fit and proper person” to be granted a firearm authority. A person is fit and proper to hold a firearm authority, if among other things, the person is:

- Competent - they have the skills, knowledge and experience needed to safely handle a firearm.
- Of good character - they are diligent, honest and have good judgement.
- Law abiding - not otherwise disqualified by law.

3. FAHA FORM

The FAHA form will consist of three parts:

3.1 Part A – Self-Assessment Questionnaire

- This is completed by individuals who either have an existing FAH or new applicants.
- This is not submitted to WA Police Force.

3.2 Part B – Health Assessment Checklist

- This is referenced (or completed) by the health practitioner during the FAHA appointment with the individual.
- This is not submitted to WA Police Force.

3.3 Part C – Health Assessment Outcome

- Although provisioned as part of the overall health assessment form, it is not physically submitted to WA Police.
- The outcome will be submitted to WA Police Force, through a dedicated webpage.

See *Section 8* for information on the FAHA process.

4. ASSESSING MEDICAL FITNESS TO POSSESS AND USE FIREARMS - GENERAL GUIDELINES

The FAHA occurs at a 'point in time' and it is understood that circumstances may change.

4.1 Tasks involved in the safe handling of firearms

To safely possess and use a firearm the individual must have the ability to:

- accurately aim at and hit a target.
- hold the firearm steady.
- pull the trigger.
- follow through/recoil control to prevent the firearm from jerking.
- comprehend the parameters under which a firearm can be used under the law.
- control emotions and impulses such that the firearm is not misused in anger or when under distress.
- comprehend the environment where the firearm is being discharged (e.g., physical surroundings including other individuals), and check the safety of the environment before firing.

4.2 Physical and mental attributes required in using a firearm

To master the fundamentals of firing techniques, certain physical abilities are required. Any illness or injury that is likely to impair those abilities must be carefully considered in the assessment.

The aim of determining medical fitness to possess and use a firearm is to minimise firearm-related injury and death and to maintain public safety. The key question being whether there is a likelihood that the individual is unable to possess and use a firearm in a safe manner.

A health practitioner conducting a FAHA must provide the required information to the WA Police Force if the health practitioner reasonably believes that a patient/client does not or may not meet the requisite firearm authority health standards. Relevant considerations include whether the individual has experienced any condition in the past 5 years that will impair their physical or mental capacity to possess and use a firearm.

The terminologies used within the table below come from the World Health Organisation International Classification of Functioning, Disability and Health (ICF). The ICF is a classification of health and health-related domains that provides a standard language and a conceptual basis for the definition and measure of health and disabilities. Please refer to section 16 for more information.

The information within sections 3.2 to 3.4 makes up the medical criteria referred to in the FAHA form when assessing an existing FAH or a new FAHA applicant.

Within the Medical Criteria table, firearm health assessment is abbreviated to FAHA.

Note: This table summarises the range of functions that are involved in the safe possession and use of a firearm. It is intended to provide health practitioners with guidance on the physical and mental attributes of a person to be considered in their assessment. It is not intended as a checklist of required assessment criteria, and health practitioners can use their discretion in how they wish to use it.

MEDICAL CRITERIA

MENTAL FUNCTIONS

Good mental function is key to the safe possession and use of firearms. This includes understanding of and compliance with the responsibilities and obligations within the firearms legislation and being able to remember training in relation to the safe handling and use of their firearm(s).

Consciousness function(s) - FAHs need to be alert and maintain awareness of their surroundings and environment when they are undertaking any activities using their firearm(s).

Orientation function(s) - FAHs need to understand and have awareness of where they are and their location in relation to other things which may be in the immediate vicinity, when using their firearm. This includes an understanding of the trajectory of, and distance, ammunition may travel.

Intellectual function(s) - FAHs need to be able to understand and constructively integrate various mental functions including all cognitive functions. Consideration should be given to dementia, intellectual impairment and mental impairment.

Attention function(s) - FAHs need to be able to be fully focused on their tasks whenever they are in possession of their firearm and have the ability to maintain focus for extended periods, and under different conditions e.g., if they are participating in a competition or on a rural property hunting.

Memory function(s) - FAHs need to have ability to remember their training and responsibilities under the legislation.

Psychomotor function(s) - FAHs need to have and maintain control of both their motor and psychological functions, (e.g., if participating in a competition and there are other individuals in the area), not to react and turn around if their name is called and inadvertently point the firearm in an unsafe direction.

Emotional function(s) - FAHs need to be able to control their emotions and/or recognise how their emotions may impact their safe use of firearms.

Temperament and personality function(s) - FAH need to have strong temperament and personality stability to ensure the use of their firearms is in accordance with their firearm authority types and maintains the safety of others and themselves. FAH need to have resilience to stressors.

Perceptual function(s) - FAHs need to be able to react accordingly to sensory stimuli.

Thought function(s) - FAHs need to possess problem solving capabilities, to ensure the firearm is always safely handled.

Higher-level cognitive function(s) - FAHs need to be able to have good decision making, and planning functions to ensure safe handling and use of the firearm(s), which is appropriate for different situations and conditions.

Impulse control - FAHs need to have intact impulse control when in possession of or using their firearm(s), to always ensure not only their safety, but the safety of others.

SENSORY FUNCTIONS AND PAIN

Seeing function(s) - FAHs need to have good vision as this enables effective and safe aiming at a target. However, research undertaken to set standards for Paralympic shooting with vision impairment found that mild reductions in both distance visual acuity (VA) and contrast sensitivity (CS) have no adverse effect on shooting performance. Visual aids such as optical glasses, contact lenses and rifle scopes make it easier for visually impaired individuals to aim.

Hearing function(s) - FAHs need to be able to hear a range master's instructions or that the range master is aware of any hearing impairments of the shooter such that the range master can communicate by other means. However, FAHs are encouraged to wear noise cancelling or filtered hearing protectors.

Vestibular function(s) - FAHs need to ensure they maintain their balance and are aware of their position and movement, when using their firearm(s) to ensure safety of all.

Sensations associated with hearing and vestibular function(s) - FAHs need to have awareness and understanding of the impact of the sensations of dizziness, tinnitus and vertigo (including the risk of falling), on the safe use of their firearm(s).

Proprioceptive function(s) - FAHs need to have awareness of the position of their body in space to ensure the safety of themselves and others who may be in the vicinity, especially the direction the firearm is pointed.

NEUROMUSCULOSKELETAL AND MOVEMENT-RELATED FUNCTIONS

Holding the firearm steady is a pre-requisite for safe handling of a firearm and an accurate aim. Conditions involving involuntary or uncontrollable movements would negatively impact an individual's ability to safely use a firearm.

Mobility of joint function(s) - FAHs need to have ability to move around safely when in possession or using their firearms.

Stability of joint function(s) - FAHs need to be able to manage the recoil of firearms to ensure their safety and the safety of others.

Mobility of carpal bone(s) - FAHs who utilise their hands when using their firearms, need to ensure they have the required dexterity and strength in their hands to maintain control of the firearm, including pulling of the trigger with a steady pressure.

Muscle power function(s) - FAHs need to have the strength to hold the weight and carry out other functions involved in the cleaning, loading, discharging of the firearm in a safe manner.

Muscle endurance function(s) - FAHs need to have the ability and endurance of holding, carrying and using their firearms for prolonged period of times (e.g., competitions, hunting, etc).

Movement function

Motor reflex functions - FAHs need to have the ability to achieve steady motor control when using their firearms.

Involuntary movement reactions - FAHs who have the inability to control involuntary movement could have a negative impact on the safe handling and use of their firearm(s).

Control of voluntary movement functions - FAHs need the ability to achieve control of voluntary movements to ensure the safety of themselves and others when in possession or using their firearm(s).

Involuntary movement functions - Depending on the type or severity of the involuntary movement, this may have an unintentional consequence on the safe handling and use of firearms.

Spontaneous movements - FAHs who have the inability to control spontaneous movements may pose a safety issue in the safe handling of firearms. This will depend upon the type and severity of the spontaneous movements.

Gait pattern functions - FAHs need to have the ability to maintain safe handling and use of the firearm when moving around with their firearm. Gait pattern function, need to be assessed, as to whether or not the severity could impact the safe

handling and use of firearm. However, it is also noted, that if the FAH sits in a chair when using their firearm, gait is unlikely to impact safe use.

Sensations related to muscles and movement functions - FAHs when using a firearm need to have ability to use a combination of muscle groups and movements of these muscle groups to maintain balance and steadiness.

MOBILITY

Changing and maintaining body position

Changing basic body position - FAHs need to have ability to adopt, adapt and change different positions when using their firearm(s), dependent upon the purpose of the shoot. Different shooting positions range from lying semi prone, to standing, sitting or walking from place to place whilst holding/ carrying the firearm.

Maintaining body position - FAHs need ability to maintain and hold a particular position for prolonged periods of time.

Carrying, moving and handling objects

Lifting and carrying objects - FAHs need to be able to lift and carry the firearm, not only when actually shooting, but when they move it between places, or when they are cleaning the firearm.

Fine hand use - FAHs need to have dexterity and intricate movement of their hands, e.g., disassembling the firearm for cleaning, or picking up ammunition to load into the firearm or to clear a breach.

Hand and arm use - Using a firearm usually tends to utilise different combinations of hand and arm movement, from carrying to shooting. It is important that FAHs have adequate functioning of the upper limbs to perform firearms related tasks.

Walking and moving

Walking - For FAHs who are mobile through walking, they require steady gait and the ability to maintain their balance to ensure safe handling and use of the firearm.

Moving around using equipment - FAHs need to have awareness of the impact this might have upon the safe handling and use of the firearm.

COMMUNICATION

Communication receiving - FAHs need to be able to receive and comprehend incoming messages e.g., Range Safety Officer giving instructions.

Communications producing - FAHs need to have the ability to communicate effectively to those within the immediate vicinity, e.g., raising a warning to others.

4.3 Mental health and disability considerations

Mental health and disability considerations in assessing a person's fitness to hold a firearm authority encompass a range of emotional, behavioural, and cognitive conditions, whose presence does not automatically disqualify an applicant from holding firearm authority.

The considerations relevant to the firearms ownership include:

- Mental illness, as defined by the *Mental Health Act WA 2014*, as a condition that is characterised by a disturbance of thought, mood, volition, perception, orientation or memory and significantly impairs (permanently or temporarily) the person's judgement or behaviour;
- Dementia;
- Substance misuse;
- Intellectual or other disability which hinders understanding of the obligations of the FAH in relations to the firearm legislation, or the responsibilities of possessing and using a firearm.

Psychiatric conditions differ substantially in duration, severity and symptoms, and may be occasional or persistent. People may exhibit mild and manageable symptoms, or they may experience significant decision-making challenges. Mild symptoms normally do not have effect on any aspect of functioning, for example, and should not in and of themselves disqualify a person from holding a firearm.

Use of alcohol, illicit drugs, and prescription medications, often coexist with mental health challenges. Substance use, however, is a consideration when it is regular, heavy, and/or results in dependence. Long-term use may result in impairment to cognitive, behavioural, or physical functions relevant to firearm ownership and use.

Chronic and heavy alcohol use in particular may lead to the following:

- Short-term memory impairment;
- Impaired judgement, focus, and other executive functions;
- Impaired perceptual motor speed;
- Impaired visual search and scanning skills.

Dementia is a progressive and irreversible condition, but the level of impairment varies widely and assessment is a highly individualised process. Some people with dementia may experience symptoms such as psychosis and depression, as well as aggression. Dementia may increase the risk of inappropriate and unsafe firearms use. Relevant impairments in people with dementia include:

- Apraxia (motor speech disorder that makes it hard to speak);
- Memory deficit;
- Visuospatial deficit;
- Executive dysfunction, such as impulsivity, impaired judgement, and disinhibition.

The following list has been developed by the National Transport Commission for health practitioners assessing a person's capacity to drive and may be useful for practitioners completing the FAHA where the applicant has mental health issues.

- Appearance: suggestive of the general level of functioning, such as personal hygiene, grooming, substance use, sedation.
- Attitude: is the person hostile or cooperative? Are they guarded? While subjective, this consideration may assist identify personality attributes.
- Behaviour: either instances of notable specific behaviour or general observations including communication.
- Mood and affect: specifically, elevated mood may indicate increase in risk taking, while suicidal ideation is a specific concern that would prevent someone holding a firearm authority.
- Logic, quantity, flow and subject of thoughts may be affected by a number of severe mental health conditions such as schizophrenia, or bipolar depression.
- Presence of any cognitive disturbances such as hallucinations, which may influence behaviour.
- Cognition: alertness, orientation, attention, memory, visuospatial orientation, language functions, and executive functions, are also relevant to owning and handling firearms.

- Insight: self-awareness of their condition and its potential impacts.
- Judgement: the person's ability to make decisions.

The above list is not exhaustive and not all factors may be relevant to each individual applicant. It is only meant as a guide to health practitioners that should be supplemented by additional clinical advice if required.

Note: If the any of the above indicators is recognised as a one-off situation and/or controlled/managed and/or recovered consideration the health practitioner should take this into consideration when making their assessment.

4.4 Substance use considerations

Due to the cognitive impairments caused by alcohol and other drug use, misuse and over consumption of either must be considered. Specific consideration should be given to drugs which may cause sedation or impairment of cognitive functions, or which may affect physical coordination.

Additional information, below is extracted from the [Austroads - Assessing Fitness to Drive](#) (Part B, Section 9), which has relevance of the effects of alcohol use and other substances on safe use of firearms.

- impaired perceptual-motor speed;
- impaired visual search and scanning strategies;
- deficits in executive functions such as mental flexibility and problem-solving skills; planning, organising and prioritising tasks; focusing attention, sustaining focus and shifting focus from one task to another; filtering out distractions; monitoring and regulating self-action; or impulsivity.

4.5 Physical health considerations

Neurological

Neurological conditions to be considered include:

- stroke and brain injury;
- epilepsy and other seizure disorders, or diseases that could cause seizures, dementia or other memory disorders;
- blackouts or other sudden alterations of consciousness, or diseases that could cause these;
- degenerative neurological diseases.

Physical

Physical conditions to be considered include:

- Any physical disability or relevant medical condition that cannot be mitigated by treatment of the person (including aids and/or medications), modification of the environment or modifications to the firearm to enable safe shooting in a controlled environment.

Health issues that can be managed effectively through medication or other therapies/controls should not preclude an individual from becoming or remaining a FAH. The health practitioner can specify conditions to the FAHA such that the resultant firearm authority may be revoked if the FAH does not meet those conditions. Examples of conditional requirements include:

- Glasses must be worn;
- Hearing aids must be worn;
- Medication must be taken as prescribed.

The WA Police Force should be advised if it is considered that an individual is likely to possess or use a firearm (whether they hold a firearm authority or not) and such possession would be unsafe for any individual (including the applicant/FAH) because of ongoing health concerns.

The FAHA occurs at a 'point in time' and it is understood that circumstances may change. A new FAHA will be required at a minimum every five years. It will be required annually for individuals aged 80 years of age and older. An authorised health practitioner who becomes aware of any change in circumstance which might impact the individual's ability to safely possess or use a firearm, should notify the WA Police Force.

4.6 Information to be provided

The health practitioner should:

- review Part A of the WA firearm authority health assessment form, completed by the individual.
- Reference and/or complete Part B of the WA firearm authority health assessment form.
- Complete Part C – Health Assessment Outcome:
 - The Part C outcome will be entered through a dedicated web page, inclusive of any additional comments/recommendations the health practitioner wishes to include.
 - Optional, Part C hard copy should be completed and retained by health practitioners for record keeping, but is not required to be submitted to WA Police Force.

5. PERSONS WHO HOLD A WA FIREARM AUTHORITY OR HAVE LAWFUL ACCESS TO FIREARMS

In 2024 (at the time of drafting these notes), there are approximately 90,000 FAHs within WA. Those who do hold a firearm authority come from a wide spectrum of the community:

- Occupation – pest control, security guards, Local Government Agencies rangers, etc.
- Competition/club – firearm club competitions, national and international sporting events.
- Hunting – FAHs who assist farmers or rural property owners with vermin/pest control.
- Trade – those who sell, repair, manufacture or store firearms.
- Rural property - primary producers, farmers, station owners, etc.
- Government agencies – Department of Justice, Department of Primary Industry etc.

The employees and/or family members of a FAH may also have access to the firearm.

5.1 Existing firearm authority holders - under 80 Years of age

All individuals who currently hold a firearm authority and are under 80 years of age are to undertake a FAHA every 5 years.

5.2 First firearm authority applicants

Individuals who make their first application for a firearm authority are to complete a FAHA which is submitted with their application.

5.3 All firearm authority holders or new applicants aged 80 years and older

While age is not a barrier to the safe handling of a firearm, a FAHA shall be required annually for individuals aged 80 years and older. Consideration should be given to the following aspects of the assessment:

- impairment of -
 - sensory function
 - motor function
 - cognition
 - strength
 - hearing
- risk of sudden incapacity (leading to sudden loss of control in the safe handling of firearms).

Tools such as the General Practitioner Assessment of Cognition (GPCOG) tool may be useful.

6. SCENARIOS

Assessment Scenarios

Listed below are some case studies of people who might be seeking to have a firearms authority and some of the situations where this might or might not be appropriate.

6.1 Scenario 1

A 50-year-old FAH has recently been diagnosed with Parkinson's disease, but is not displaying any symptoms. Health assessment indicates disease in the initial stages, but symptoms could impact their ability to safely possess and use a firearm. As such health practitioner could make the determination that they meet the criteria but with conditions. Depending upon the estimated onset of symptoms which may impact their safe possession and use, the condition could be a new health assessment be undertaken earlier than the 5-year validity period.

6.2 Scenario 2

A 25-year-old wears prosthetic devices on her lower arms. Already participating in a range of sporting activities, including archery, wants to obtain a firearm authority to participate in parachuting competitions. Being aware that adaptations can be made to enable the individual to safely possess and use a firearm, health wise, there is nothing precluding them for applying. It is suitable for the health practitioner to select "meets criteria". Could also provide conditions that suitable adaptation to either firearm and/or prosthesis is made to suit their needs.

6.3 Scenario 3

A 36-year-old FAH during an argument with their partner, threatens to self-harm. The FAH attended a health facility. With no prior history of any mental health conditions, it was deemed to be a one-off incident. The medical report was in support of the FAH retaining their firearm authority.

6.4 Scenario 4

A 50-year-old military veteran, applies for a Firearms Authority. She has been diagnosed with Post Traumatic Stress Disorder (PTSD), following her deployment. She has been diagnosed with acute PTSD in 2019 post discharged from the military. She has received consistent treatment for the PTSD, including biological and psychological interventions. The condition has been well-managed with no recent episodes or any history of reckless behaviour. She has been working on a mine as a site supervisor since 2021.

During the Firearms Authority Health Assessment, she provided a report from her treating psychiatrist confirming her stability and adherence to treatment. She also provided a letter from her employer outlining her with the company and the new responsibilities within her planned promotion which will require the history access and use of company firearms for pest management. Based on her overall firearm authority application assessment, and in recognising that PTSD of itself is not a disqualifying factor when adequately managed, she was successful in her FAH application.

6.5 Scenario 5

A 52-year-old FAH threatened suicide and was located in his vehicle in close proximity to where a rope, fashioned into a noose, was hanging from a tree. The FAH subsequently attended a health practitioner who recommended further assessment. A medical report was presented that supported the FAH retaining their firearm authority on the condition they attended further assessment (counselling). WA Police Force reviewed the report and requested proof of attendance at the required assessment (counselling session) and supported the 52-year-old FAH retaining a firearm authority.

6.6 Scenario 6

A 24-year-old FAH, after an incident involving drinking and fighting with family members, attempted self-harm by taking prescription pills. There is a history of suicidal threats and self-harm (superficial cuts observed). The health practitioner stated the FAH denied most of the allegations, and issued a report supporting the retention of the patient's firearm authority. WA Police Force reviewed the medical report and other antecedents and verified recent incidents of violent behaviour, including family violence incidents within the preceding year. Based on a risk assessment of the prevailing factors, including the escalation of actual physical violent behaviour and self-harm, WA Police Force revoked the person's firearm authority.

6.7 Scenario 7

A 69-year-old FAH sustained significant head injury following an accident and family raised concerns regarding firearm safety. The health practitioner's report indicated more time was required to make an informed decision. After conducting further investigation WA Police Force made the determination to revoke the person's firearm authority.

7. OUTCOME OF THE ASSESSMENT

Upon completion of the FAHA, the health practitioner will determine if the applicant:

- Meets the relevant medical criteria -
There are no health concerns that would impact their safe possession and use of a firearm.
- Meets the relevant medical criteria with conditions -
e.g., wears corrective lenses, wears their prosthesis, and/or firearm modification, wears hearing aid, takes their prescribed medicine regularly.
- Does not meet the relevant medical criteria.

8. ASSESSMENT PROCESS - ON APPLICATION OR RENEWAL OR APPLICANTS AGED 80 YEARS OR OLDER

8.1 Step 1 - Prior to Medical Appointment

Applicant must:

- obtain the FAHA form. (Editable PDF) (available through their Firearms Licensing Portal account).
- Complete Part A – Self-Assessment Questionnaire.
- arranges an appointment with the health practitioner of their choice, advising the purpose of the appointment is for a FAHA.
- e-mail the FAHA form (with Part A completed) to the health practitioner.
- print a copy and/or save a copy to their computer.
- brings a copy of the form with them to the health assessment

Note: The form is not submitted or received within the Firearm Licensing Portal.

8.2 Step 2 - Day of Medical Appointment

Applicant must:

- bring a list of any prescribed medicine 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.
- complete Part C, after accessing a dedicated link.

8.3 Record Keeping and Sharing

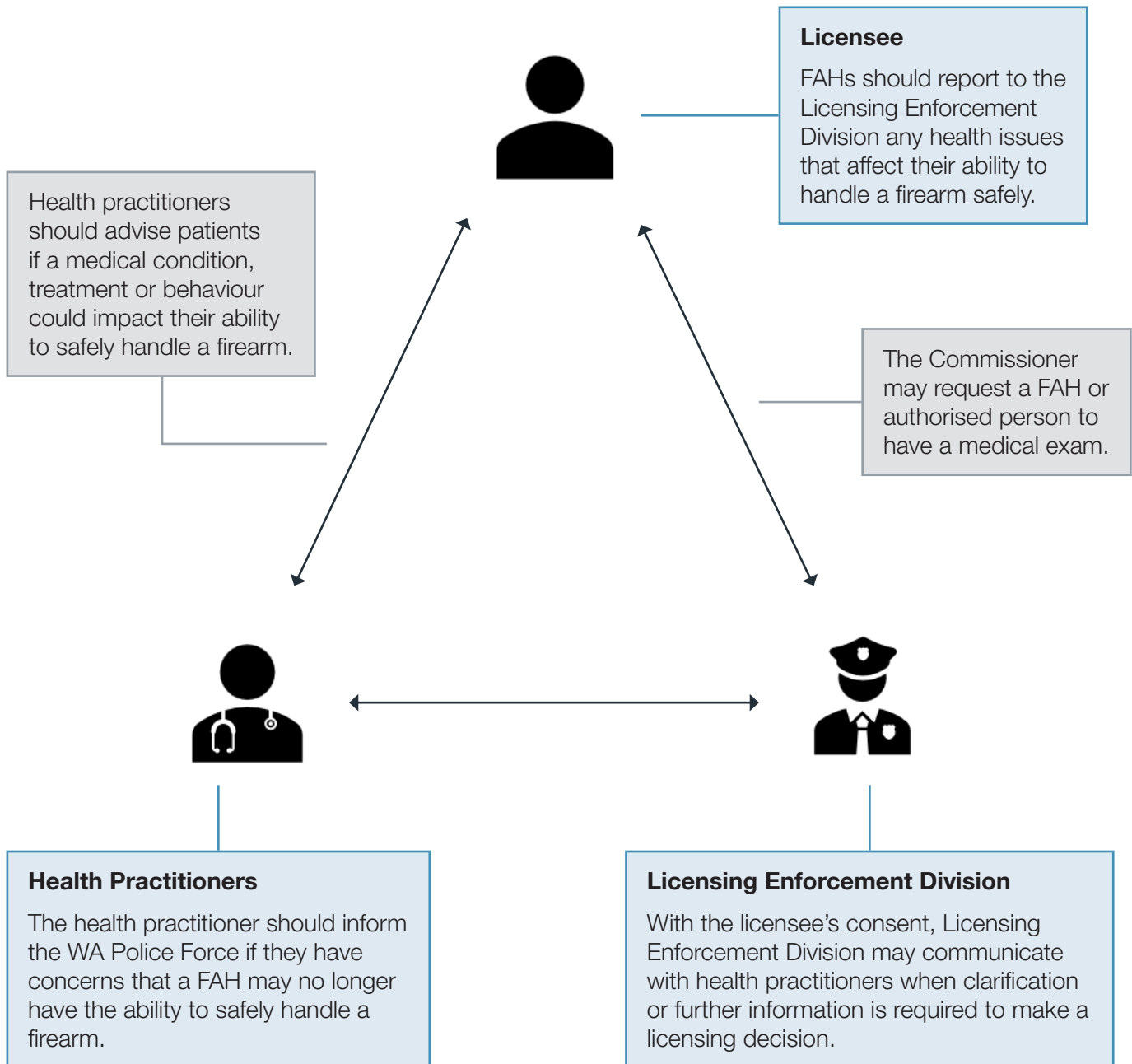
- Health Practitioner must complete and submit Part C to the WA Police Force online via the dedicated URL and save all hard copies of the documents as part of normal record keeping practices.

Note: The FAHA form (Part A & B) is not submitted to WA Police Force.

8.4 Follow-Up

- Health practitioners are not obliged to contact their patient or the WA Police Force Licensing Enforcement Division to follow up in relation to the submission of Part C.
- If the WA Police Force requires additional information it will be requested from the FAH or Applicant who will be obliged to provide the additional information.
- If the WA Police Force wish to speak with the health practitioner written consent from the FAH or applicant will be provided.

9. ROLES AND RESPONSIBILITIES



10. PATIENT HOSTILITY TOWARDS HEALTH PRACTITIONER

Patients may fear the possibility of restrictions, or loss of their firearm authority and may be hostile towards the health practitioner conducting the FAHA.

More information about managing patient – professional hostility is available from the Royal Australian College of General Practitioners website at www.racgp.org.au/your-practice/business/tools/safetyprivacy/gpsafeplace/.

11. DEALING WITH INDIVIDUALS WHO ARE NOT REGULAR PATIENTS

The preference is for the health practitioner to know the individual but it is understood this may not always be possible. In all cases, due diligence should be applied to conducting the FAHA.

12. VOLUNTARY REPORTING

If any health professionals or others members of the community have concerns for medical or any other reason(s) that an individual is not suitable to have access to firearms, either temporarily or permanently, they should report their concerns to the WA Police Force. The new Firearms Legislation allows this to occur with full protection from any criminal, civil or disciplinary action(s) for reports made in good faith. Health Practitioners can either contact WA Police Force Licensing Services Division directly or lodge an anonymous report via <https://www.crimestopperswa.com.au/report/>

- Section 378(1) of the *Firearms Act 2024*

Other legislative provisions that Health Practitioners may wish to refer to, as applicable to their area of practice, include:

- Section 220 of the *Health Services Act 2016*
- Section 577 of the *Mental Health Act 2014*

13. IMPORTANT NOTES

- A health practitioner is not the decision-maker in relation to the grant of a firearm authority. This decision is made by the delegate of the Commissioner of Police.
- A FAHA is only one component of the overall assessment of an individual as a 'fit and proper' person.
- Please note that FAHA appointments are not covered by Medicare. The cost for this service is set by the medical practice. The applicant is responsible for payment for this service.
- A health practitioner is not obliged to conduct FAHAs.
- It is recognised that this is a point in time assessment and may not be capable of future risk prediction.
- FAHA outcome is based on the information provided, there is no evidence available that would suggest that it was unsafe for FAHA applicant or existing FAHA to be issued with a firearm authority.

14. FREQUENTLY ASKED QUESTIONS

Q Can I decline a request for a Firearm authority health assessment (FAHA)?

A Yes. Health Practitioners are not obliged to carry out FAHAs.

Q Will the outcome of my FAHA determine whether a authority is issued?

A No. The outcome of the FAHA is only one component of the overall assessment to determine if the individual will be granted a firearm authority.

Q Does having a disability preclude an individual from being medically fit to possess and use a firearm?

A No. If the physical limitations of the disability can be mitigated to enable safe use of the firearm, the disability should not preclude a person from being granted a firearm authority on medical grounds.

Q Are there different considerations in doing an FAHA on an older individual?

A Yes. For older individuals, greater emphasis should be placed on assessing those functions that typically deteriorate with age, such as, balance, cognition, hearing, etc. Please refer to section 5.3.

Q Does the licensing authority receive the health information provided in Parts A and B of the application form?

A No. WA Police Force will not receive any health information.

Q Do I need to keep a record of the FAHA?

A There is no requirement under the Act for retention of the FAHA. However, the health practitioner should follow standard record keeping practice.

Q What should I do if I feel I am unable to assess medical fitness of the individual?

A Health practitioners are not obligated to carry out an FAHA. However, if they conduct an FAHA and are unable to make a determination of medical fitness, they should contact WA Police Force and discuss options. Alternatively, they can submit an outcome of “not fit” and provide an explanatory note as to why.

Q Who is an authorised health practitioner for the purposes of doing an FAHA?

A Currently, only AHPRA registered medical practitioners are authorised for this purpose.

Q Is there a Medicare item number for doing an FAHA?

A No. FAHA are not covered by Medicare.

Q How much should I charge for doing an FAHA?

A Individual Health Practitioners and/or medical practices can set their own fees. The fee is not legislated.

Q Can I do an FAHA on an individual who is not a regular patient of the practice?

A Yes. Please refer to section 11.

Q Can I decline a request to do an FAHA?

A Yes, health practitioners are not mandated or obligated to carry out FAHA.

Q Can I report concerns anonymously about an individual's medical fitness to possess and use a firearm? Is this mandatory?

A There is no mandatory reporting requirement within the Firearms legislation. Health practitioners can anonymously report concerns.

Q Is there an appeal process for unsuccessful individuals?

A Yes, where an application or renewal is refused there is an ability for an individual to launch an appeal, if they are not granted a firearm authority. Please remember, the outcome of the FAHA is only one factor taken into consideration when determining an individual's suitability to be granted or retain a firearm authority.

Q What level of knowledge do I need of the tasks involved in safe handling of firearms?

A This information is provided in the guidance notes. Refer to section 4.

Q Can I seek a second opinion on medical fitness to hold a firearm from another qualified health practitioner colleague? E.g., Mental health professional.

A Yes. Should a health practitioner believe further consultation and/or referral is required to assist with making a determination, it would be prudent to select “Not suitable” when submitting the outcome. The comment section could include a recommendation that WA Police Force investigate further.

Q Where can I find firearm legislation document and other supporting information?

A Please refer to section xxx of this document which will have details of supporting information. The *Firearms Act 2024* and its relevant subsidiary legislation (*Firearms Regulations 2024*) are available on the WA Government site (legislation.wa.gov.au).

Q Is there a WA Police Force contact, if I have questions regarding the FAHA process?

A WA Police Force Licensing Services can be contacted via email and/or phone in relations to the FAHA process.

Q How long does an FAHA remain valid?

A An FAHA will have a validity period of 12 months, from the date the outcome of the FAHA was lodged by the health practitioner.

15. ADDITIONAL RESOURCES

- World Health Organisation - International Classification of Functioning, Disability and Health, website for more information. (<https://icd.who.int/dev11/l-icf/en>)
- The Level of Vision Necessary for Competitive Performance in Rifle Shooting: Setting the Standards for Paralympic Shooting with Vision Impairment (ref: <https://www.frontiersin.org/articles/10.3389/fpsyg.2016.01731/full#h6>)
- Gun Control in Australia - what's the role of the doctor? (<https://www.mdanational.com.au/advice-and-support/library/articlesand-case-studies/2019/06/gun-control-role-ofdoctor>)
- Firearms, mental illness, dementia and the clinician - "Box 2" contains practical recommendations for doctors in relation to assessing risk and capacity: (<https://www.mja.com.au/journal/2014/201/11/firearms-mental-illness-dementia-and-clinician>)
- Psychological Evaluations for Firearms Ownership: Legal Foundations, Practice Considerations, and a Conceptual Framework - please note that this document provides guidance on relevant considerations but is context specific to the United States of America: (https://www.researchgate.net/publication/281109058_Psychological_evaluations_for_firearm_ownership_Legal_foundations_practice_considerations_and_a_conceptual_framework)
- Other relevant material: (<https://safetyindementia.org/firearms>)
- Austroads - Fitness to Drive: (<https://austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive>)

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