

## GP Link Lunches | Janelle Ivankovic, NSW Police firearms registry

**Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.**



Janelle Ivankovic



Dr Ken McCroary

The NSW Police Force is about to release new requirements for firearm licensing assessments in NSW involving some general practitioner assessments as well. I thought now would be a good time to catch up again with Janelle Ivankovic who is the Associate Director of Service Delivery for NSW Firearms Registry and find out a bit more about what this all involves.

Janelle Ivankovic is the Associate Director of Service Delivery at the NSW Police Force Firearms Registry. With a strong background in public safety and regulatory compliance Janelle is responsible for implementing strategic initiatives to enhance service efficiency and ensure compliance with firearms legislation.

Before joining the Firearms Registry Janelle held senior regulatory and compliance roles relating to the NSW security and speed enforcement industries in which she improved compliance with licensing standards through customer focused service delivery and graduated enforcement methodology. Janelle's strategic approach to stakeholder engagement and leadership in developing high performing teams reflects her commitment to public safety and regulatory compliance.

**Ken McCroary: So, Janelle we first met at an AMA NSW council which feels like forever ago, it was at least a year or two ago, I'm not sure, and at that stage you were developing some changes to current licensing assessment forms etc. I was wondering if you could just give me some background about gun licensing in NSW to start with if that's okay.**

**Janelle Ivankovic:** Absolutely, Ken thank you. Going back to following the 1996 Port Arthur massacre in Tasmania, where 35 people were killed and more wounded, this led to the National Firearms Agreement, which all states and territories agreed to. The national agreement states that firearms possession and use is a privilege that is conditional on the overriding need to ensure public safety, although the specifics of firearms legislation can differ from state to state. In New South Wales, the Firearms Act 1996 is the main piece of legislation that focuses on the management of firearms. It outlines the requirements for the sale, acquisition, possession, manufacture, and use of firearms. The Act also prescribes licensing requirements and a range of offences related to firearms. These laws are designed to ensure community and police safety by providing accurate and timely information on firearms.

A significant development in this area is the proposed National Firearms Register, which aims to improve the sharing of firearms ownership information across jurisdictions. By making sure police across the country have information in real time on the movement of firearms and individuals in possession of firearms. This was initially proposed after the Port Arthur tragedy and in four years, will become a reality following the 2022 shooting in Wieambilla Queensland of two police officers and a community member.

**Ken McCroary: Thanks for that. Yeah, it's something we commend you for and it's something we appreciate the advantages it has for our community. We see the tragedies with gun violence particularly overseas all the time and the changes after Port Arthur and what you are still doing is really terrific. What about the role of GPs in licensing guns and firearms in NSW?**

**Janelle Ivankovic:** I think this is something I touched on with the AMA last year. There's opportunity for us to work more closely with the medical community, especially general practitioners. GPs are often the first to notice if someone is experiencing a medical episode or a decline in health that could impact their ability to safely use firearms.

Our goal is to bridge the gap and open lines of communication between the medical community and the Firearms Registry. Often, information shared in a GP clinic can provide early indications that someone might be facing health issues relevant to their safety with firearms. It's not about permanently taking away someone's firearms but rather providing a temporary "circuit breaker." This could involve suspending someone's authority to possess firearms during major life events, such as job loss or marital breakdown, until things stabilise.

Realistically, in the current economic climate, many people who have health conditions affecting firearms licensing may not have access to specialists like psychologists or psychiatrists. They often rely on their GP for treatment and services. Under the new framework, we've shifted from relying on specialists who may not know the individual to seeking input and advice from GPs who have a history with the patient. This approach helps us better assess and manage the risks associated with firearms licensing.

**Ken McCroary: So currently whether it be legislation or the system how it works with licensing have GPs been involved with this in the past or is this a whole brand new interaction you guys are trying to bring about in terms of someone who knows the patient very well being able to assist with licensing rather than someone who is a stranger essentially, but a professional assisting with licensing?**

**Janelle Ivankovic:** Historically, there have been instances where individuals have approached their general practitioners (GPs) for health information because they didn't have access to a psychologist or psychiatrist. However, due to a lack of guidance on the type and level of information needed for firearm licensing assessments, we have often received reports that were limited in scope. These reports might include a diagnosis but lack context about the patient's history or the underlying causes of their medical condition.

As a result, while GPs have been involved to some extent, this has often led to situations where we had to ask applicants to seek further assessments, adding to the cost and time burden for both the medical professionals and the applicants.

The new process aims to streamline this by providing clear guidance to GPs upfront. This way, someone who knows the applicant or licence holder can provide the necessary information for an assessment of the person's suitability for firearm licensing. By doing so, we hope to reduce the back-and-forth between the applicant, their GP, and our office, making the process more efficient and less costly for everyone involved.

The Firearms Registry will still only request a health assessment in circumstances where we have information regarding someone's health that may be relevant to their capacity to safely possess and use firearms. This might be in relation to any physical, psychological, or cognitive condition.

**Ken McCroary: As I sort of touched on before we see things and hear about gun violence particularly offshore but staggeringly the big issues with guns here is more so to do with suicide and suicide prevention really, isn't it?**

**Janelle Ivankovic:** Yes, that's correct. There is a very real risk in Australia, in our community, related to the use of firearms by licence holders for self-inflicted harm. This risk is much higher for individuals with a firearms licence compared to those without one. Health professionals, especially GPs, are in an ideal position to assess these risks and play a crucial role in community safety.

Almost 80% of firearm-related deaths in 2012-2013 were due to suicide, this is a staggering figure. In contrast, firearms-related deaths from other causes, such as homicide or assault, do not show the same strong relationship with licensed firearms possession.

Our focus with the current framework is to address this issue by ensuring that health professionals can provide the necessary information to help assess an individual's capacity to safely use and possess firearms. By doing so, we aim to improve public safety and reduce the risk of firearms-related suicides.

**Ken McCroary: So, with the GP assessing risk now, in the future try to help prevent suicide essentially, really, we're supposed to be assessing capacity for safe use and possession of firearms but ultimately responsibility with licensing the firearms is still with the NSW Police Force Firearms Registry not the GP as well. So, what are we doing with our assessment and capacity for safe use and possession? What is expected from us?**

**Janelle Ivankovic:** What we're looking for from GPs is detailed information about any health condition that might impact someone's ability to safely use and access firearms. Specifically, we are seeking information on areas like tendencies towards suicide or self-harm, violence against themselves or others, and the effects of medications on alertness and decision-making.

We also consider the individual's history of compliance with treatment. For example, if someone is managing a condition like depression well and has been stable for an extended period, they might still be suitable for a firearms licence. However, if they've been inconsistent with their treatment, that raises concerns.

Other factors we consider include drug or alcohol use and domestic circumstances. Our guidelines aim to provide clear information on what we need to assess someone's suitability for a firearms licence. This includes their ability to control the firearm, be aware of their surroundings, and make rational decisions.

As part of our new framework, we've also expanded our assessments to include neurological conditions, which historically weren't part of the evaluation in NSW. Conditions like Parkinson's or serious head trauma can affect motor skills and decision-making, which are crucial for safe firearm use.

Ultimately, while GPs are able to provide valuable insights, the responsibility for licensing remains with the NSW Police Force Firearms Registry. Our goal is to ensure that we have all relevant information to be considered, to make informed decisions about an individual's capacity to safely use and possess firearms.

**Ken McCroary: Yeah, it's like you're reading my mind cause my next questions were going to be looking at assessment format and the new changes such as the non-psy stuff, the non-DSM issues like dementia and head injuries like you said so that's all-coming in. You've talked about the new guidelines already so that's a new publication that's going to be readily available for us to be reading and using as a source to reference when we're looking at providing assistance with assessing individuals. There's also notifications of licence and I'm curious about, does that mean that there's a responsibility or a request for us to be flagging changes and health changes in individuals and how is that planned to be working?**

**Janelle Ivankovic:** When we receive a health risk assessment and decide to issue or allow access to firearms, we intend to notify the general practitioner. This way, if there are any future changes in the individual's health, the GP can inform the Police.

We find that there is a much higher rate of reporting to the Department of Transport regarding conditions relevant to driver licensing. We need to see firearms risk become more a part of the conversation, much like asking, "Do you have a driver's licence?" This could help GPs know if someone has access to firearms at home, if they are at risk.

It's important to note that a health professional is not subject to criminal or civil liability, including liability for breaching confidentiality, provided they inform the Police in good faith if they have concerns about a person's welfare in relation to firearm possession.

Ultimately, while GPs can provide valuable information, the decision to act on firearm access remains with the police. We need to be aware of any new or changing health conditions to make informed decisions about firearm safety. Just one observation could make a difference to someone's life.

**Ken McCroary:** Great. Thank you. There is a communication package you guys are putting or have put together if I have interested colleagues that do deal with like I'm semi-rural and some of my colleagues work rurally and remotely where there is a higher incidence of firearm ownership I guess for work and general livestock whatever, how would we access that?

**Janelle Ivankovic:** In terms of the guidelines?

**Ken McCroary:** Yeah, the whole package – the guidelines, being about to look at the new format and things like that?

**Janelle Ivankovic:** All that information will be placed on the Firearms Registry website once the new framework is formally launched, so it will be available for anyone to access at any time. The NSW Firearms Registry already has published decision-making guidelines that are public and include leading cases and considerations by the NSW Civil and Administrative Tribunal regarding mental health or health factors relevant to licensing decisions made by NSW Police. This is good reference material that is already available.

The new health guidelines, specifically tailored to address health considerations, will be published in the same location on our website. When we identify an individual who needs to complete a health risk assessment based on information we've received, we will send the necessary documentation to that person along with a covering letter explaining why the assessment is required. The individual can then bring this information to their clinic, where the GP can complete the assessment on their behalf.

**Ken McCroary:** And when we are notifying changes to condition is that done through the website or is that done through a phone number? How is that done?

**Janelle Ivankovic:** Changes to condition are handled based on the urgency of the situation. If you have immediate concerns regarding someone's safety, it should be treated as an emergency, and you should report it by calling triple zero (000). This is if you believe someone may be at risk to their own safety or the safety of others due to their access to firearms.

For non-emergency situations, you can use the police assistance line, which is 131 444. This line is for any concerns that do not require immediate emergency intervention but still need to be addressed by the police.

**Ken McCroary:** So that's 131 444. One thing I did find interesting to on reviewing the changes were that it's not so much to complete the exercise in so much as what illnesses you have or what diseases you have its more about severity and the management plans and adherence and compliance in management plans so it's a little bit more complicated than ticking and there's more squares to be filling in with handwriting so at a busy GP clinic we can involve our team like our practice nurses to assist us with this sort of thing as well, would that be acceptable?

**Janelle Ivankovic:** Yes, absolutely. Ultimately, the risk assessment can be signed off by any registered medical practitioner in NSW. However, there's nothing preventing you from seeking assistance from team members, such as practice nurses, who can help provide the necessary information and support.

**Ken McCroary:** There was also a mention of enhanced firearms safety training is that for owners or is that for assessors as well?

**Janelle Ivankovic:** For owners

**Ken McCroary:** One of the things I see a lot with licensing for vehicles which you touched on before, is the underreporting by the individuals of their conditions. I had to do a parking one yesterday for a woman I've been treating for 20 years with diabetes and psoriatic arthritis and her health issues and she's not getting reviewed because every time they get their licence they just tick the box saying "no, no, no, no" and with 5/10 year licences it's a lot harder to keep an eye on changes how have you guys worked on trying to prevent that stuff with the new assessment?

**Janelle Ivankovic:** Under the new assessment tool, we're introducing the option to issue a licence with conditions that require the person to continue providing information relevant to their health condition. This is a new approach. If we identify, either at the request of a health practitioner or through our own assessment, that someone has a relevant condition that is well-controlled but perhaps only recently stabilised, we might issue the licence with the condition that they continue to provide medical assessments upon request.

This process will trigger a review and reconsideration whenever the person makes a further or subsequent application for a firearms licence. It's not just a one-time exercise like with a driver's licence where you send it off and that's it. This ongoing requirement will help make sure that any changes in health conditions are monitored and addressed appropriately.

**Ken McCroary:** Great. Thank you. Now this is coming from left field and nothing to do with firearms. We're an advocacy group as well as an information group and education group for GPs and we have a strong interest in doctor wellness. Now you obviously work in a stressful position with firearms, and you come from speed enforcement and security so you would be experiencing stress and pressures in your day-to-day life as well. How do you deal with that, and do you have advice for some of my colleagues who may be struggling with stresses and pressures in their day-to-day life?

**Janelle Ivankovic:** I think there's no harm in having someone to talk to, whether it's a professional or a trusted individual. Seeing a counsellor or therapist is still somewhat taboo, but it shouldn't be. It's not about being unwell; it's about managing your wellness. I'm a big supporter of positive psychology and focusing on wellbeing from a wellness perspective rather than just addressing psychological illness.

Sometimes family can be supportive, but they might also tell you what you want to hear. Having an independent person to talk to can be very beneficial.

Investing in other forms of treatment and support is also crucial. This could include wellness apps, exercise, or alternative therapies like acupuncture. It's about finding what works best for you and making sure you have the support you need to manage stress and maintain your wellbeing.

**Ken McCroary:** Excellent. Thank you for that advice, the productiveness, the insight is quite helpful and hopefully someone might get some positive outcomes from that and understand that there is no taboo and we should be talking about mental health and we should be talking about stresses and all that sort of stuff and everyone's there for each other and it's tough yeah so thank you for what you're doing and I wish you every success with the launch of the new package in a couple of weeks' time. Hopefully we'll be talking again shortly in other spaces to get more information out there. Is there anything else I haven't really touched on you think is important to mention?

**Janelle Ivankovic:** The only thing I'd like to emphasise, which came up during the consultation process on the framework, is about the final assessment by the medical practitioner. The assessment can only be completed based on the extent of the information available to you at that point in time. We recognise that mental health and wellness can change rapidly, so the assessment is a snapshot of the current situation.

We don't want to place undue stress or pressure on medical practitioners by expecting you, in any way, to predict future changes. It's about making the best assessment today. Ultimately, the decision to issue a firearms licence lies with the Firearms Registry and the staff here as delegates of the Commissioner. Your recommendation is crucial, but it's part of a broader decision-making process.

**Ken McCroary:** Excellent. So, I just want to remind everyone 131 444 is the phone number if we do have to contact someone about changes in our patients and licence holders' illnesses, behaviours, risks or whatever. Thanks again for talking to us today. Good luck again and we will be in contact.

Remember if you're not a member of GP Link already or you would like to learn more log onto our website at <https://sswgp.link/>.