



Female genital mutilation (FGM) Child Protection Medical Assessment Summary Guidance

Requests in non-specialist health services in England

Endorsed by:



Royal College of
Obstetricians &
Gynaecologists



Royal College
of Midwives



Royal College of
Emergency Medicine



Faculty of Forensic
& Legal Medicine
of the Royal College of Physicians
Raising standards in forensic & legal medicine;
protecting vulnerable people



Royal College
of Nursing

RCN ENDORSED

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Aim

The aim of this guidance is to clarify for **all health professionals involved in child protection medical assessments** that:

- only clinicians with the appropriate competencies and skills should be undertaking such an assessment to determine if female genital mutilation (FGM) has occurred ([summary pathway on p4](#)).
- The assessment must only occur in an appropriate setting with access to required equipment.
- Non-specialist services are not the appropriate settings to determine whether a girl has been subjected to FGM.

Commissioners may find it helpful to have sight of this guidance when commissioning pathways and services.

Authorship and Endorsement

NHS England London Regional Safeguarding Team co-produced this guidance with the Royal College of Paediatrics and Child Health (RCPCH), the Royal College of Nursing (RCN), the Royal College of Obstetrics and Gynaecology (RCOG), the Royal College of General Practitioners (RCGP), the Royal College of Midwives (RCM), Royal College of Emergency Medicine (RCEM), the British Society for Paediatric & Adolescent Gynaecology (BritSPAG), and the Faculty of Forensic & Legal Medicine of the Royal College of Physicians (FFLM).

This guidance draws on various existing national documents, and the above organisations declare no conflicts of interest regarding this document.

The information is not new and appropriately referenced. The reader is permitted to use information from the document but advised to refer to the original source quoted.

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Introduction- FGM and Mandatory Reporting

Female Genital Mutilation (FGM) is defined by the [WHO](#) as any procedure which removes or damages the external female genital organs for no medical reason. It is illegal in the UK. In England and Wales, regulated professionals including teachers, health and social care staff have a [mandatory reporting duty](#) to inform the police when:

- a) a girl (under the age of 18) discloses that she has herself been subjected to FGM or
- b) physical signs are observed which appear to show that an act of FGM has been carried out on her.

This must occur alongside a safeguarding referral to social services. In some cases, this may lead to requests for a child protection medical assessment.

Appropriate Assessment Process

As per the Government [Working together to safeguard children - GOV.UK](#), a strategy meeting should be held between the statutory partners (Health, Social Care and Police), to determine the child's welfare and plan future action if there is reasonable cause to suspect the child is suffering or is likely to suffer significant harm. The role of the (appropriately skilled and experienced) health practitioner is to advise about the appropriateness, timeliness or otherwise of a medical assessment. The appropriate time and location of any medical assessment should be agreed at the meeting and be **solely focused on the best interests of the child**.

Appropriate Safeguarding Procedure within health settings

Despite clear [Multi-agency statutory guidance on female genital mutilation - GOV.UK](#), which advises that anyone under 18 is examined by an experienced paediatrician, there have been instances when girls are accompanied to non-specialist services, (for example the emergency department or to see a GP or midwife), by social services and/or police who request an examination of the girl to determine if FGM has occurred. The clinician may feel pressure to agree to such a request, especially if there is a risk that the girl will be separated from her family until a diagnosis is given. **However, non-specialist services are not the appropriate settings to determine whether a girl has been subjected to FGM.**

There are examples of girls being examined multiple times due to lack of expertise in the examiner to diagnose and/ or lack of appropriate recording (**via colposcope**) of the examination to enable second opinion. This can have a significant impact on the girl and her family causing additional stress and trauma to an already difficult circumstance.

It is accepted that it would be inappropriate for a child to be brought to a non-specialist service e.g. emergency department or GP solely for a child sexual abuse examination. **The same approach must be adopted for FGM.**

Unless there is concern about an acute injury requiring urgent medical intervention, clinicians in non-specialist services should:

- **decline** the request to examine for the purpose of FGM diagnosis or opinion. They should inform the organisation's safeguarding lead, who should inform the

appropriate Designated/Named Professional of the request so appropriate follow up and escalation can occur.

- **follow their normal protocol and safeguarding procedures**. This should include considering whether other safeguarding concerns are present. Appropriate referrals for examination, safeguarding and clinical support must be made.

Skills and location required for paediatric FGM examination

FGM diagnosis, particularly in children, should always be undertaken by clinician with the relevant knowledge, specialised skills and expertise.

The Department of Health and NHS [Service standards for FGM](#) highlights that in all cases involving children, an experienced clinician should be involved in setting up a sensitive, thorough paediatric examination that allows for the maximum opportunity to confirm diagnosis of FGM and related injuries, agree a treatment or support plan and aid criminal investigation.

Where there is local clinical expertise in paediatric FGM, the lead clinician undertaking the assessment may wish to seek their advice.

The [Child Protection Companion - RCPCH Child Protection Portal](#) emphasises that the environment for examinations should be child-friendly, with access to appropriate support. Equipment for photo-documentation, such as a colposcope for genital examinations, is essential when examining children who may have been subjected to sexual abuse.

Clinics/services offering assessments in relation to FGM must include:

- Consultant paediatrician (or equivalent) with experience of examining children's genitalia, using colposcopy and writing legal and safeguarding reports, as well as good knowledge of the types of FGM and the physical symptoms and signs.
- Protected time for the preparation of statements and reports for child protection enquiries, criminal investigations and the courts; have protected time for court attendance; and undergo case supervision and regular peer review in FGM.
- Sufficient throughput of cases; clinicians must have experience of examining enough cases of child sexual abuse and/or FGM to maintain skills and competency as recommended by the RCPCH¹.

Consent

Young people (aged 16 or 17) are presumed to have sufficient capacity to decide their own medical treatment unless there is significant evidence to suggest otherwise. Children under 16 can consent to their own treatment if deemed Gillick competent. Otherwise, someone with parental responsibility can consent for them².

¹ [Change to Service standards for Female Genital Mutilation \(FGM\)](#)

² [Consent to treatment - Children and young people - NHS](#)

Pathway to an FGM child protection medical assessment³

