SCoJeC
Scottish Council of Jewish Communities
Representing, connecting, and supporting Jewish people in Scotland

PE2052: Ban child circumcision unless it is medically necessary with no less invasive solutions available

Evidence from the Scottish Council of Jewish Communities

Background information

The Scottish Council of Jewish Communities (SCoJeC) is the representative body of all the Jewish communities in Scotland. SCoJeC advances public understanding about the Jewish religion, culture and community, by providing information and assistance to educational, health, and welfare organisations, representing the Jewish community in Scotland to Government and other statutory and official bodies, and liaising with Ministers, MSPs, Churches, Trades Unions, and others on matters affecting the Jewish community. SCoJeC also provides a support network for the smaller communities and for individuals and families who live outwith any Jewish community or are not connected with any Jewish communities, and assists organisations within the Scottish Jewish community to comply with various regulatory requirements. SCoJeC also promotes dialogue and understanding between the Jewish community and other communities in Scotland, and works in partnership with other organisations and stakeholders to promote equality, good relations, and understanding among community groups.

In preparing this response we have consulted widely among members of the Scottish Jewish community, Milah UK[1], and the Board of Deputies of British Jews[2], and this response reflects the views of all branches of Judaism that have communities in Scotland.

The importance of neonatal male circumcision in Judaism

Brit milah, literally the "covenant of circumcision", of a baby boy is one of the most fundamental tenets of Judaism. It dates back to G-d's command to Abraham in the *Torah*, the Jewish Bible, and is practiced almost universally amongst Jewish people worldwide, no matter what their level of religious commitment. UK-wide research has found that "*Over 80% of respondents would consider a prohibition of brit milah to be at least "a fairly big problem", and close to two-thirds said it would be "a very big problem." Only 10% said it would not be a problem at all*."[3]

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[1] Milah UK
https://milahuk.org/

[2] The Board of Deputies of British Jews
https://bod.org.uk/

[3] The Exceptional Case? Perceptions and experiences of antisemitism among Jews in the United Kingdom (Jewish Policy Research, 2014)
https://www.jpr.org.uk/sites/default/files/attachments/Perceptions_and_experiences_of_antisemitism_among_Jews_in_UK.pdf

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Orthodox Judaism explains that *milah,* "*is part of Jewish cultural identity – a sense of belonging to a religious and cultural group.*"[4] Dr Josh Plaut, a Movement for Reform Judaism *mohel* (specially trained circumcision practitioner), comments movingly that "*Reform Judaism views brit milah as an integral lifecycle event*"[5], and Liberal Judaism observes that "*For many Liberal Jews the observation of this practice is confirmation of a particularly ancient Jewish practice, deeply embedded in Jewish emotion*."[6]

The importance of *milah* is, however, more than emotion, however integral and deeply embedded. Because of its centrality to Jewish life, denying *milah* to a Jewish boy undermines his sense of wellbeing, and his right to cultural heritage and identity.

Health implications of male circumcision

It is important to emphasise that the Jewish community carries out *milah* for religious, social, and cultural reasons. However independent research has shown that circumcised men receive significant health benefits from the procedure. In fact, research from Johns Hopkins University in America "*warn[ed] that steadily declining rates of U.S. infant male circumcision could add more than $4.4 billion in avoidable health care costs if rates over the next decade drop to levels now seen in Europe*."[7] According to their research, this is due to "*higher rates of sexually transmitted infections and related cancers among uncircumcised men and their female partners … including HIV/AIDS, herpes and genital warts, as well as cervical and penile cancers*."

It is also reported in the British Journal of Midwifery that "*There is, however, an important paradox, in that while non-religious neonatal circumcision has declined in the UK, recent scientific evidence has demonstrated that the procedure has important health benefits*." [8]

The *mohel* – professional *milah* practitioner

The Jewish community trains its own experts to carry out *milah*. These highly trained professionals are called *mohalim* (singular: *mohel*). Currently there are no *mohalim* based in Scotland, but two London-based organisations provide this service for the Jewish community throughout the UK, the (Orthodox) Initiation Society[9], and the Association of Reform and Liberal *Mohalim*.[10]

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[4] https://milahuk.org/faqs/

[5] https://www.youtube.com/watch?v=TFhwFnb5-DU

[6] https://www.liberaljudaism.org/lifecycle/children/

[7] Declining Rates of U.S. Infant Male Circumcision Could Add Billions to Health Care Costs, Experts Warn (Johns Hopkins, 2012)
https://www.hopkinsmedicine.org/news/media/releases/declining_rates_of_us_infant_male_circumcision_could_add_billions_to_health_care_costs_experts_warn
and
Costs and Effectiveness of Neonatal Male Circumcision (Seema Kacker, Kevin D. Frick, Charlotte A. Gaydos, and Aaron A. R. Tobian; JAMA [Journal of the American Medical Association] Pediatrics, 2012)
https://jamanetwork.com/journals/jamapediatrics/fullarticle/1352167

[8] Helping parents achieve safer male infant circumcision (Michael J Harbinson, British Journal of Midwifery, 2008)
https://www.britishjournalofmidwifery.com/content/clinical-practice/helping-parents-achieve-safer-male-infant-circumcision/

[9] The Initiation Society
http://www.initiationsociety.net/

[10] No website

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A *mohel* must be committed to his Jewish identity. *Mohalim* registered with the Association of Reform and Liberal *Mohalim* must also be qualified doctors but this not a requirement for those registered with the Initiation Society, although many of its *mohalim* are doctors. The Initiation Society's detailed *Guidelines for the Practice of Brit Milah*[11] summarise the requirements: "*The student Mohel must become competent in all practical aspects of circumcision including surgery, consent, communication with parents and awareness of legal requirements. The student Mohel must also study theoretical aspects including Jewish Religious (Halakhic) knowledge of Brit Milah, surgical anatomy, safe use of anaesthesia and analgesia, hygiene, and child protection*."

According to Jewish law, *milah* must be carried out on the eighth day after birth. If, however, there is any question whatsoever as to the baby's health, Jewish law is adamant that the circumcision must (not "may") be postponed until the child is completely well. This is applied rigorously; if the *mohel* has the slightest doubt about the baby's health, the *milah* will be deferred even if a doctor advises that it could take place. A frequent example of this is neonatal physiological jaundice – Jewish law forbids *milah* when a baby is suffering from visible jaundice, whereas most doctors do not consider mild to moderate jaundice a contra-indication to circumcision.

***Milah* and the medical professions**

General Medical Council guidance states that doctors should "*take account of spiritual, religious, social and cultural factors*",[12] and British Medical Association guidance states "*In addition to considering the child's health interests … it is important that doctors consider other matters including the child's social and cultural circumstances, as part of an overall best interests assessment. Where a child is living in a culture in which circumcision is perceived to be required for all males, the increased acceptance into a family or society that circumcision can confer, is considered to be a strong social or cultural benefit. Exclusion may cause harm by, for example, complicating the individual's search for identity and sense of belonging. Some religions require circumcision to be undertaken within a certain time limit, and so a decision to delay circumcision may also be harmful*."[13]

In the same article quoted above, the British Journal of Midwifery references the American Academy of Pediatrics that "*The health benefits of newborn male circumcision outweigh the risks and justify access to this procedure for those families who choose it*." and further comments that "*The neonatal period is recognised as the safest time for circumcision and, in experienced hands, the risks are minimal*."[6]

FGM

As in petition PE2052, *milah* is sometimes wrongly thought to be the male equivalent of FGM. On the contrary, as also stated in the Scottish Government submission to this

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[11] Guidelines for the Practice of *Brit Milah* (Initiation Society, revised May 2022)
See attached

[12] Personal Beliefs and Medical Practice (General Medical Council, 2013)
https://www.gmc-uk.org/-/media/documents/personal-beliefs-and-medical-practice-20200217_pdf-58833376.pdf

[13] Non-therapeutic male circumcision (NTMC) of children – practical guidance for doctors, Card 6 (British Medical Association, 2019)
https://www.bma.org.uk/media/1847/bma-non-therapeutic-male-circumcision-of-children-guidance-2019.pdf

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petition[14], there is no comparison, and FGM is not only a criminal offence but also an extremely serious breach of Jewish law.

Summary

Milah, male neonatal Jewish religious circumcision, is a fundamental part of Jewish religious life today as it has been since *Torah* times. It is a well-established, legal, and safe practice.

Opponents of *milah* often argue that as an eight-day-old boy cannot give consent, it infringes the rights of the child. However, as also stated in the British Medical Associatio guidance quoted above, "*Where a child lacks competence, there is a presumption that the child's parents have the child's best interests at heart*."[9] Society trusts parents to make many choices for their children that may have a profound impact on their lives, such as about immunisation and diet. Society also trusts parents to affirm the religious identity of their son, enabling him to participate fully in his social, cultural, and religious heritage. We urge the Committee to confirm this right, trusting in the knowledge that, in giving their son *milah*, they are indeed acting in their child's best interests.

[14] Scottish Government submission of 19 December 2023
https://www.parliament.scot/-/media/files/committees/citizen-participation-and-public-petitions-committee/correspondence/2023/pe2052/pe2052_a.pdf

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GUIDELINES FOR THE PRACTICE OF BRIT MILAH:

Revised May 2022

Version 1 - January 2017 - Produced by

The Initiation Society Working Group
on Medical Standards in Brit Milah

Edited on behalf of the Initiation Society by
Professor Laurence Lovat BSc MBBS PhD FRCP
(Head, Bloomsbury Campus,
Division of Surgery & Interventional Science,
University College London)

Revised 2022 – Produced by

Initiation Society Medical Board
Dr J Spitzer FRCGP Medical Officer
Mr Jonathan Glass FRCS, Dr Benji Schreiber FRCP, Dr David Hibbert MRCGP
Members of the Initiation Society Medical Board

How The Recommendations were created – in 2017

Although standards for practice of *Brit Milah* have been published and updated for more than a century, the Initiation Society President, Dr Shalom Springer, identified that a fuller set of modernised guidelines are needed to formally cover all aspects of *Brit Milah*, including areas such as governance. It was agreed that all existing guidance would be reviewed, and new guidelines would be developed.

Therefore in 2014, Dr Springer convened a guidelines development group which included members of the Initiation Society Medical Board, other senior *Mohelim*, both medically and non-medically qualified, and a representative of Milah UK. He invited Professor Goldin, an internationally recognised medical expert, to lead the group which numbers 11 people.

The first task was to identify the areas where guidelines were needed. Members were tasked to review existing documentation and to define the scope. The key areas were defined as including the workings of the Society, training of *Mohelim*, child safety, the procedure itself and wider governance issues.

As *Brit Milah* is primarily a religious practice, there is relatively little evidence published in the general medical literature on these aspects of the topic, despite the fact that the procedure is so well established. The group therefore met and decided to create its guidelines by following a Delphi process. This is a well-recognised way to achieve consensus, particularly in areas where the quality of medical evidence to underpin guidelines may be variable. It has been used by the National Institute for Clinical and Healthcare Excellence (NICE) for this purpose. Professor Lovat led the Delphi process for the Society.

The medical literature was reviewed, and a series of quality statements was developed. A Delphi decision aid tool (http://armstrong.wharton.upenn.edu/delphi2/) was used which allowed for anonymous voting on each statement. Scores between 0 (strongly disagree) and 10 (strongly agree) were allowed. Members were permitted to make comments to help refine the statements. In order to achieve a strong consensus, a statement was included once 80% of the group voted strongly in favour, with a score of 8/10 or more. Other statements were refined until the required agreement was reached. The final key statements are included in this document. These guidelines were approved by the General Committee of the Initiation Society in January 2017.

The Initiation Society is committed to reviewing this document regularly so that it remains a living reflection of best medical practice, which will, inevitably, develop with time. The aim is to ensure that *Brit Milah* in the UK is performed in accordance with guidance from our Rabbis and with these guidelines, recognising that both the guidance and the guidelines place the health of the baby as the Society's central concern. Therefore, the Medical Board undertook a review in 2021/22, and the present document is an agreed revised version adopted by the Initiation Society on 9th May 2022.

Names and affiliations of all members of the Standards Working Group 2017

Professor Robert Goldin, MD FRCPath MEd
Clinical academic specialising in gastro-intestinal pathology at Imperial College

Dr David Louis Hibbert, BSc, MB, CHB, DCH, DRCOG, FP Cert, MRCGP
Qualified as a *Mohel*, in 1989, 28 years' experience
General Practitioner and Medico-legal examiner/advisor

Professor David R. Katz, MBChB, PhD, FRCPath
Co-Chair: Milah UK.
Professor of Immunopathology (Emeritus) University College London; Panel Chair, Medical Practitioner Tribunal Service; Deputy Chair, Medical Academic Committee, British Medical Association; Executive Chair, Jewish Medical Association UK; experience in both Research and Clinical Ethics; co-Chair, Milah UK

Mr Jeremy Leigh, LLB (Hons)

Qualified as a *Mohel* in 2003, 14 years' experience

Mr Maurice Levenson B.Comm
Investment Consultant
Secretary/Administrator of Initiation Society since 2010

Professor Laurence B Lovat BSc (Hons) MBBS PhD FRCP
Qualified as a *Mohel* in 1988, 29 years experience
Member of the Medical Board, Initiation Society
Professor of Gastroenterology & Biophotonics,
Head, Bloomsbury Campus, Division of Surgery & Interventional Science, University College London.
Honorary Consultant Gastroenterologist, University College London Hospitals NHS Foundation Trust

Mr Dov Olsberg, FCA
Qualified as a *Mohel* in 1980, 37 years experience
Chartered Accountant, own practice as general practitioner.

Dr Benjamin Schreiber, MBBS, MA, MD, FRCP.
Qualified as a *Mohel* in 1996,21 years experience
Consultant physician working at the Royal Free and specialising in Pulmonary Hypertension and Rheumatology

Rabbi Elimelech Schwartz
Qualified as a *Mohel* in 1999,18 years experience
Rabbi of Congregation Techabe and Principal of Techabe Kollel in North London.

Dr Joseph Spitzer FRCGP.
Qualified as a *Mohel* in 1981, 36 years experience,
Medical Officer of the Initiation Society since 2003
General Medical Practitioner and Honorary Senior Clinical Lecturer.

Dr Shalom Springer, BSc in Mathematics, PhD in Mathematical Physics
President of the Initiation Society

REVISED GUIDELINES May 2022 by the Initiation Society Medical Board

Names and Affiliations of the members of the, Initiation Society Medical Board responsible for the revised version of the guidelines, 2021

Dr Joseph Spitzer, MBBS FRCGP DCCH DRIGOG.
Qualified as a *Mohel* in 1981, 41 years' experience
Medical Officer of the Initiation Society since 2003
General Medical Practitioner and Honorary Senior Clinical Lecturer.

Dr Benjamin Schreiber, MBBS, MA, MD, FRCP
Qualified as a *Mohel* in 1996, 26 years' experience
Consultant physician working at the Royal Free and specialising in Pulmonary Hypertension and Rheumatology

Dr David Hibbert BSc MBChB MRCGP DCH DRCOG
Qualified as a *Mohel* in 1988, 34 years' experience
Deputy Medical Officer Initiation Society
General Medical Practitioner
Medico-legal expert

Mr Jonathan Glass MBBS BSc FRCS (Urol)
Consultant Urologist, Guy's & St Thomas Hospital
Representative of the British Association of Urological Surgeons on the Council of the Royal College of Surgeons of England
Editor-in-Chief, The Bulletin of the RCS England

Word Usage

The term *Brit Milah* is used throughout this document in relation to religious aspects of the circumcision. The term circumcision is used in relation to surgical aspects.

Key Recommendations

1 The Society

1.1 Organisation of the Society

1.1.1. The Initiation Society should set and maintain standards for acceptable practice for all circumcisions performed by *Mohelim* registered with the society

1.1.2. The Society should have a medical board to oversee and advise on medical standards

1.1.3. The Society should ensure appropriate training and registration of *Mohelim*

1.1.4. The Society should monitor practice and revalidation of *Mohelim* including organising regular in-service training courses and issuing annual certificates of fitness to practise

1.1.5. The Society should have robust and transparent systems for managing complaints and complications

1.1.6. The Society should have a defined process for ensuring compliance of *Mohelim* with the Society's rules and regulations

1.1.7. The Society should have a defined process for reviewing new legislation and other guidance in relation to medical practice and deciding how these relate to the practice of *Brit Milah*

1.1.8. The Society should publish an annual report

1.2 Applying Standards of Care Equally

1.2.1 The Society should ensure that all *Mohelim* apply the same quality standards for all circumcisions undertaken

1.3 Organisational Environment

1.3.1 The Society should have a syllabus of training which encompasses the diversity of knowledge, skills, training, and attitudes that *Mohelim* are required to have

1.3.2 The Society should ensure that the same quality standards are applied wherever practicable to both medically qualified and non-medically qualified *Mohelim*

1.3.3 The Society should set out personal and professional development needs where necessary and agree plans with individual *Mohelim* for these to be met

1.3.4 The Society will, every 5 years, ensure that all *Mohelim* are immune to Hepatitis B and are not infected with Hepatitis C or HIV and will keep a record of the immunity status of *Mohelim.*

1.3.5 The Society should advise minimum advisable standards for the environment in which the *circumcision* is to take place.

2. The *Mohel*

2.1 Before commencing training

2.1.1 The student *Mohel* must be approved by the London *Beth Din* (Rabbinical Court) and registration board of the Initiation Society as a person fit to undertake the practice of *Brit Milah*

2.1.2 Before commencing practical training, the student *Mohel* must obtain a DBS check certificate

2.1.3 The student *Mohel* must comply with Section 1.3.4 before any physical contact with babies. In practice this means that the *Mohel* may observe but not be actively involved with *circumcisions* until after he has finished an immunisation course and demonstrated immunity. He must demonstrate that he maintains immunity long term in line with current best practice nationally

2.2 Training

2.2.1 The student *Mohel* must become competent in all practical aspects of *circumcision* including surgery, consent, communication with parents and awareness of legal requirements. The student *Mohel* must also study theoretical aspects including Jewish Religious (*Halakhic)* knowledge of *Brit Milah*, surgical anatomy, safe use of anaesthesia and analgesia, hygiene, and child protection

2.2.2 The student *Mohel* must keep a training log

2.2.3 The student *Mohel* must pass a medical examination, a *Halakhic* examination and a practical examination before being qualified to perform circumcision unsupervised

2.3 Contact Details

2.3.1 The *Mohel* must inform the Society of his full contact details including name, address, phone numbers, email address and any relevant personal website. He must also promptly update the Society of any changes to these details

2.4 Personal Hygiene

2.4.1 The *Mohel* must wash his hands with bactericidal soap and dry his hands on a clean towel before touching a baby at any time

2.5 Use of Medical Substances

2.5.1 A *Mohel* who is not medically qualified must not use any drugs, dressings or other medical substances except those approved by the Society's Medical Board

2.6 Health of the *Mohel*

2.6.1 The *Mohel* must not have any contact with a baby nor undertake any procedure if he is or believes he may be unwell or at risk of or a carrier of infectious disease

2.7 Record Keeping

2.7.1 Documents the *Mohel* makes (including clinical records) to formally record his work must be clear, accurate and legible. The *Mohel* should make records at the same time as the events he is recording or as soon as possible afterwards

2.7.2 The *Mohel* must keep records that contain personal information about clients, colleagues, or others securely, and in line with any data protection requirements

2.7.3 The *Mohel* must make all his records available to the Initiation Society when requested

2.7.4 Circumcision records should include:

- demographic details of the child and contact details of the parents
- relevant medical history and examination prior to circumcision
- operation notes
- information given to care givers and details of communication
- decisions made and actions agreed
- who is making the decisions and agreeing the actions
- details of any drugs and dressings used or advised
- any recommendations, investigations, or treatment
- who is making the record and when
- The Initiation Society may require the *Mohel* to provide electronic records using the software provided by the Initiation Society for this purpose, which shall be GDPR compliant

2.8 Other duties of the *Mohel*

2.8.1 The *Mohel* or student *Mohel* must hold valid professional indemnity cover

2.8.2 The *Mohel* must adhere to the *Halakhic* rulings accepted by the Society

2.8.3 The *Mohel* should uphold the values of Orthodox Judaism and the Initiation Society

2.8.4 The *Mohel* should not bring the Society or *Brit Milah* into disrepute

2.8.5 The *Mohel* must stop practising where there is a change in his own health which might affect performance or pose risk to babies or their families

2.8.6 The *Mohel* must make a report to the Medical Officer as soon as practical where he believes that a complication may have occurred, where he has any other concerns about the safety of a circumcision, whether carried out by himself or someone else or where he reasonably anticipates that an incident may be reported to the Society

3. The Child

3.1 Consent

3.1.1 The *Mohel* must make a best interests assessment and be satisfied that in the religious and cultural context circumcision is appropriate

3.1.2 The *Mohel* must obtain written informed consent before performing the circumcision. This must be obtained from all those who have parental or guardianship rights over the child.

3.1.3 In order to facilitate communication between the Society and the family, for example, to allow accurate recording of procedure related complications, the *Mohel* should request consent from the parents for electronic storage of personal and procedure details and details of any complications in any electronic database which may be maintained by the Society in line with legal requirements such as the GDPR regulations

3.2 Communication

3.2.1 The *Mohel* should offer the baby's carers clear, consistent verbal and written information and advice throughout all stages of the circumcision process. This should include the risks of bleeding and surgical site infections, what is done to reduce them and, if complications occur, how they are managed

3.2.2 It is good practice for the *Mohel* to give the parents a letter for them to give to their GP informing that he has performed the circumcision

3.3 Confidentiality

3.3.1 The *Mohel* must respect the confidentiality of the family and in particular must not share any medical information he may receive without express consent of the baby's parents, unless this disclosure is in the best interests of the child. If in doubt, the *Mohel* should contact the Medical Officer of the Initiation Society in the first instance for advice

3.4 Child protection

3.4.1 The *Mohel* must be aware of child protection procedures

3.4.2 If a *Mohel* is concerned that a child is at risk of abuse or neglect, he must inform the Initiation Society's Medical Officer or the child's GP in

the first instance for advice on how to escalate that concern to the appropriate authorities

3.5 Assessing the health of the child

3.5.1 The *Mohel* must question the parents/guardian of the child to ensure he is fit for circumcision and undertake an appropriate examination of the baby

3.5.2 The *Mohel* must not perform a circumcision in instances of any concerns about the baby's health, until authorisation has been given to the baby's parents/legal guardians by an appropriate medical authority

3.5.3 The *Mohel* should not perform a circumcision in the following circumstances without taking appropriate medical advice:

- Any baby weighing less than 2.5 kg
- Any baby who has lost more than 10% of initial birth weight
- Any baby over the age of 6 months, unless the *Mohel* is a medical practitioner, or unless previously authorised by the Medical Board
- When the baby has jaundice
- When the baby has a sticky eye, paronychia, other skin infections or any other suspected infections
- Blood dyscrasias (for example haemophilia, von Willebrand's disease, factor XI or other clotting factor deficiencies etc.)
- Family history of bleeding disorders until it has been established whether or not the infant has inherited the condition
- Congenital disorders of the penis including hypospadias, congenital chordee or deficient shaft skin, such as penoscrotal fusion or congenital buried penis
- Until the baby has received vitamin K in accordance with standard practice in new-born care
- When there is any concern about the baby's general health, the *Mohel* should obtain the advice of the Medical Officer, or his deputy, before proceeding with the *bris*

4. The procedure

4.1 Preparing for the *circumcision*

4.1.1 The *Mohel* should ensure that the proposed venue is suitable for the procedure

4.1.2 The *Mohel* should advise parents to ensure the baby is clean in preparation for the procedure

4.1.3 The *Mohel* should give parents specific instructions on what the baby should wear that is appropriate for the procedure, and that provides easy access to the operative site, whilst being sympathetic to family traditions

~~4.1.4~~ The *Mohel* should advise the parents that infant paracetamol suspension can be given to the child if he is distressed and should be given in accordance with the dosage advised on the bottle or attached leaflet.

4.2 Hygiene

4.2.1 The operating team, which means the *Mohel* and any assistants, should remove hand jewellery before operations

4.2.2 The *Mohel* should ensure that his clothes, including any *tallit* (prayer shawl), are clean and kept well away from the surgical field

4.2.3 The *Mohel* must wash his hands thoroughly with chlorhexidine (or similar) surgical hand wash prior to handling his instruments and the baby

4.3 The Procedure

4.3.1 The *Mohel* must perform the *circumcision* under conditions of good illumination and at a height at which he can work comfortably and safely. He must satisfy himself before he starts the *circumcision* that the location is adequate to meet these needs

4.3.2 The *Mohel* should use appropriate measures to minimise pain and discomfort both during and after the procedure

4.3.3 The *Mohel* must use sterile instruments that are either disposable or that have been vacuum autoclaved. When using vacuum autoclaved instruments, the *Mohel* must keep records demonstrating sterility

4.3.4 The *Mohel* must prepare the skin at the surgical site immediately before incision using a chlorhexidine preparation

4.3.5 The *Mohel* should be careful not to remove either too much or too little foreskin. The aim is to completely uncover the glans, but not to remove excess skin from the shaft of the penis

4.3.6 Any remaining inner mucous membrane should be divided and reflected below the glans penis

4.3.7 Where the circumcision is being performed according to Jewish custom and tradition the *Mohel* should perform the procedure in accordance with the directives of the London *Beth Din*

4.3.8 The *Mohel* should cover surgical incisions with an appropriate dressing at the end of the procedure

4.3.9 The *Mohel* must place a pressure dressing over the wound at the end of the procedure

4.3.10 The *Mohel* must dispose of all instruments including sharps in an appropriate fashion to minimise risks of injury

4.3.11 In the event of a complication occurring at the time of the procedure, the *Mohel* must contact the Medical Officer or his deputy or appropriate other medical services immediately. In such an event the Initiation Society must be informed at the earliest opportunity

4.4 After the procedure

4.4.1 The *Mohel* must check the baby for haemorrhage within thirty minutes of the *circumcision*

4.4.2 The *Mohel* must not leave until he has personally checked the baby and is absolutely satisfied that bleeding has stopped

4.4.3 The *Mohel* must give clear verbal and written instructions to the parents on how to care for the baby after the *circumcision*

4.4.4 The *Mohel* must give clear verbal and written instruction to the parents about what to do if they become concerned; and this should include clear written instructions on how to contact the *Mohel* if necessary

4.4.5 The *Mohel* must not leave until he is satisfied that the parents have received adequate verbal and written instructions, that they have understood them and have no further concerns or questions

4.4.6 The *Mohel* must be in contact with the parents within the first few hours after the procedure to enquire whether there have been any changes noted in the baby's behaviour, and specifically enquire whether there has been any bleeding and whether the baby has passed urine

4.4.7 The pressure dressing must be removed by the end of the next day. Any subsequent pressure dressings must also be removed by the end of the following day by the *Mohel* or a suitably qualified nominated deputy

4.4.8 The *Mohel* or suitably qualified nominated deputy must be available to deal with any complications which may arise and must be aware of how and when to escalate problems which he is not competent to deal with.

In particular in the first two days after the circumcision, the *Mohel* or his deputy must be available if complications, such as bleeding arise. If, in an emergency, it is not possible to reach the child in an appropriate time frame, the *Mohel* must refer the baby immediately to the nearest hospital and where appropriate, advise the parents to call the local emergency services to transport the baby there

4.4.9 The *Mohel* must offer a follow up review to assess wound healing

5. Governance

5.1 The *Mohel* must keep contemporaneous notes relating to all encounters with the baby or his family

5.2 It is the *Mohel*'s responsibility to ensure that he remains up to date with developments in *Brit Milah* and the wider medical, social and *Halakhic* issues. He will usually achieve this by attending the in-service training provided by the Society and he should demonstrate regular attendance at these training events

5.3 Every *Mohel* will undergo an appraisal at least twice in every five years with a formal revalidation every five years. The revalidation process will inspect four areas in a similar way to the revalidation process for doctors. The four domains that will be inspected are:
1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust.
In addition, the *Mohel* may be inspected in the area of Jewish law (*Halakhah*)

5.4 The Society should have a formal complaint handling procedure which is made easily available to the public on request.