



Dr Anton van Dellen
HM Assistant Coroner, for the coroner area of West London

23 March 2026

Dear Dr Anton van Dellen,

Thank you for the Regulation 28 report of 28th December 2025 sent to the Department of Health and Social Care about the death of Mohamed Abdisamad. I am replying as the Minister with responsibility for professional regulation and I am grateful for the extended deadline for the response.

Firstly, I would like to say how saddened I was to read of the circumstances of Mohamed Abdisamad's death, and I offer my sincere condolences to their family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns that:

1. Any individual may conduct a Non-Therapeutic Male Circumcision (NTMC) without any prior training or any continuing professional development
2. There is no system of external accreditation and/or registration for individuals who conduct an NTMC
3. There is no requirement for any record keeping for individuals who undergo an NTMC
4. There is no system for consent to be taken prior to an NTMC
5. There is no requirement for any infection control measures for an NTMC
6. There are no requirements for any aftercare for an NTMC, including but not limited to dressing the wound, analgesia and/or worsening care advice.

In preparing this response, my officials have made enquiries with NHS England, the Care Quality Commission and the UK Health Security Agency to ensure we adequately address your concerns.

The practice of male circumcision is legal in the UK. NTMC is usually performed by members of the faith community, who are not subject to oversight by the General Medical Council (GMC) or the Nursing and Midwifery Council (NMC) or other professional regulatory oversight. There is no requirement in law for a practitioner performing NTMC to be medically trained.

If an NTMC procedure is carried out by a regulated healthcare professional, they will be subject to oversight by the relevant professional regulator such as the GMC for

doctors or the NMC for nurses and midwives. If a regulated healthcare professional is acting in a religious or spiritual role, they cannot 'opt out' of their core duties and responsibilities and therefore any registered healthcare professional wishing to carry out NTMC must be registered with the Care Quality Commission (CQC) to carry out the regulated activity of surgical procedures. As with other areas of clinical practice, doctors and nurses may have professional obligations to notify authorities if they become aware of medical or non-medical practitioners falling below the expected standards of care when performing NTMC.

The CQC provides oversight of services provided by registered health professionals performing male circumcision, ensuring consistent standards of safety and quality in those cases. This includes both therapeutic and non-therapeutic male circumcision. Circumcision carried out by individuals who are not registered healthcare professionals remain outside of CQC regulatory scope. This includes any non-therapeutic circumcision, regardless of the purposes for carrying out the circumcision.

The majority of male circumcisions are carried out for non-therapeutic reasons. All medical procedures carry some level of risk. Considering the number of male circumcisions that occur in the UK, it is rare that a death occurs. It is essential that every NTMC is carried out in sterile and hygienic conditions, in an appropriate setting by an experienced individual. The Government would advise anyone accessing NTMC services (or the parent in the case of a child), to inform their GP so the procedure can be recorded on their medical record.

It is a general legal and ethical principle that valid consent must be obtained from an individual before starting a treatment or physical intervention. For consent to be valid it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question. If children have the capacity to give consent for themselves, consent should be sought directly from them. Once young people reach the age of 16, they are presumed in law to be competent to give consent for themselves for their own surgical, medical or dental treatment, and any associated procedures, such as investigations, anaesthesia or nursing care. If a child is not competent to give consent for themselves, consent should be sought from a person with parental responsibility. This will often, but not always, be the child's parent. Legally, consent is only needed from one person with parental responsibility.

Because of the importance and irreversibility of the decision, the British Medical Association (BMA) and the GMC have long recommended that consent for non-therapeutic circumcision should be sought from both parents. If parents disagree about having their child circumcised, the parent seeking circumcision could seek a court order authorising the procedure. A competent child may decide for himself whether to undergo non-therapeutic male circumcision.

Like any other surgical procedure, circumcision must be performed in such a way as to safeguard the child's health. The welfare of the patient should be paramount, and any actions should act in the patient's best interest. The government would urge anyone performing NTMC, who may be non-medically trained representatives from faith communities, carrying out the procedure in the community, in line with their

beliefs, to ensure they have the relevant training, proven experience and competence in the practice.

In the absence of regulation for those not medically qualified, several organisations publish material relating to carrying out NTMC which non-medical professionals may find helpful.

The BMA has published a toolkit providing practical guidance for individuals, including on parental consent and the best interests of the patient, which includes consideration of social and cultural circumstances, and should be followed by anyone carrying out this procedure. Further detail is available in the link: [core-ethics-guidance-updated-feb-2025.pdf](#)

The GMC also recognises that male circumcision can be carried out for religious and cultural reasons and provides guidance for doctors on personal beliefs and medical practice. The GMC has published guidance relating to male circumcision and includes specific advice on dealing with requests from parents for procedures, how to assess the best interests of the child and who you need consent from. Further information is available in this link: [Personal beliefs and medical practice - professional standards - GMC](#)

Also, the British Association of Paediatric Surgeons (BAPS) has published guidance on religious circumcision. Further information is available in this link: [Religious circumcision | British Association of Paediatric Surgeons](#). The British Association of Urological Surgeons has also published information relating to circumcision and NTMC, including complications arising from community performed circumcisions, and refers to the guidance published by BAPS. Further detail is available in the link: [Non-Therapeutic Circumcision | The British Association of Urological Surgeons Limited and Circumcision.pdf](#)

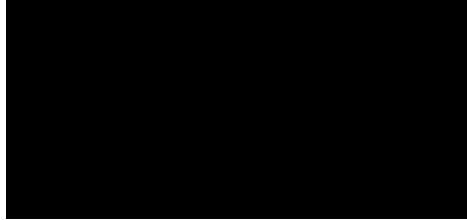
The UK Health Security Agency has published guidance on [Preventing and controlling infections](#) that provides general guidance on the prevention and control of infections in settings. A proactive and preventive approach is advised, including the promotion of available immunisations.

References to the guidance and toolkits mentioned above are publicly available and non-medically trained practitioners may find them useful, for example in relation to consent, sterile techniques, infection control and aftercare when performing male circumcision. I am also aware of organisations that support NTMC practitioners, such as the British Initiation Society (BRIS) and the British Islamic Medical Association (BIMA).

NTMC is a complex and sensitive policy area and cuts across several other government departments, including Ministry of Housing, Communities and Local Government regarding faith and community relations; Department for Education regarding children's rights; and Ministry of Justice regarding Article 2 of the European Convention on Human Rights on right to life. Departmental officials are in the process of liaising with other relevant government officials prior to engaging with stakeholders, particularly in Muslim and Jewish communities, regarding non-statutory measures to improve patient safety in this area.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,



**PARLIAMENTARY UNDER-SECRETARY OF STATE
FOR HEALTH INNOVATION AND SAFETY**