EQUALITIES AND HUMAN RIGHTS COMMITTEE

FEMALE GENITAL MUTILATION (PROTECTION AND GUIDANCE) (SCOTLAND) BILL

SUBMISSION FROM GENERAL MEDICAL COUNCIL

We welcome the opportunity to engage with the Equalities & Human Rights Committee on this important issue. For context, we are an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public’s confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

While regulation of the medical profession is reserved to Westminster, the GMC operates within the legal and legislative structures of the different jurisdictions within the UK. As an example of this, our guidance for doctors reflects the laws of all Scotland, and when a law changes we seek senior counsel’s advice on whether we would need to update our guidance.

The Bill

We support the Bill’s aim to protect those at risk of FGM or to prevent further harm to victims of FGM. We recognise the role doctors and other healthcare professionals can play in achieving this aim.

In responding to the Committee’s call for evidence we particularly wish to address: Question 1 and the role of statutory guidance; Question 2 on the decision not to include a duty to notify. It may be helpful to note that we highlighted these points in our response to the Scottish Government’s consultation last year.
1. Will protection orders and statutory guidance be more effective in preventing FGM and safeguarding those at risk of FGM than the current approach?

**Statutory Guidance**

We have no objection in principle to the guidance for professionals on FGM being given a statutory basis. We note that the guidance would be produced after consultation with stakeholders. We support this approach and would be happy to discuss further and be part of this process.

In England, where there is a mandatory reporting duty for doctors, intelligence from our frontline engagement suggests a low level of awareness that this duty exists or what is classed as FGM, although there is some evidence to suggest this level of awareness is increasing with time.

Whether such guidance is statutory or otherwise, we would urge that it is consistent with the principles outlined in the GMC's ‘Protecting Children and Young People’ guidance and constructively supports doctors to treat victims of FGM in a way which is appropriate to their best interests.

We would also reiterate our view that any guidance should provide detail on any additional responsibilities on professionals that are enacted as part of this work and Bill.

2. What more could the Scottish Government and public services do to strengthen FGM prevention and protection, for example a duty to notify the police of FGM.

**Duty to Notify the Police of FGM**

We welcome the decision not to introduce an individual duty to notify and reiterate our concerns with the proposal. As we highlighted in response to the Scottish Government's earlier consultation on the Bill, we advocate that any approach must allow for doctors to use their professional judgment. The introduction of a mandatory duty leaves no scope for this or the consideration of the best interest of the child.

We are clear in current GMC guidance ‘Protecting Children and Young People’ (paragraph 32) that FGM is a safeguarding issue and that doctors must report concerns to an appropriate agency unless there are exceptional reasons for believing it would not be in the best interests of the child or young person to do so. However, there would have been a risk in placing this mandatory reporting duty on doctors that vulnerable children, young people and their parents or carers would have been discouraged from engaging with healthcare services.