

QA standards for non-therapeutic community male infant¹ circumcision

1. Training

Practitioners should attend specific training on performing circumcision using their chosen technique. **This must include neonatal resuscitation**, administration of local anaesthetic dorsal penile nerve block or ring, and performing some circumcisions under supervision.

2. Maintaining competence

To maintain competence in performing circumcisions, practitioners should perform a minimum of 20 circumcisions per year. Practitioners who have performed fewer than 20 circumcisions per year should undergo refresher training.

3. Settings

Circumcisions should be performed in a clinical area registered with the CQC for minor surgery with adequate infection control measures in place.

4. Consent

Consent is to be sought from both parents. Consent needs to be obtained and documented even by telephone from the second parent and witnessed. A consent policy needs to be kept in the records. There is an exception to this rule if there is only a single parent.

5. Pre-procedure assessment

A full medical history should be obtained to identify any contraindications. This should include family history of any bleeding disorders and confirmation that the patient has completed a full course of vitamin K post birth.

6. Pain relief

Local anaesthetic by dorsal penile nerve block or ring block should be used². These techniques reduce, but do not eliminate, the pain of circumcision, so treatment with systemic analgesics should also be used^{3 4}.

¹ This Quality Assurance process only applies to boys under 12 months of age circumcised in the community

² Brady-Fryer B, Wiebe N, Lander JA. Pain relief for neonatal circumcision. *Cochrane Database of Systematic Reviews* 2004, Issue 3. Art. No.: CD004217. DOI: 10.1002/14651858.CD004217.pub2

Pain relief should be given according to BNF guidelines, taking into account age and weight.

Parents should be given advice on the use of appropriate prophylactic post-operative analgesia for a minimum of 24 hours post-procedure, and longer if necessary.

7. Post-procedure observation

The infant should be observed by the practitioner for 30 minutes following completion of the procedure to ensure bleeding has stopped.

8. After-care

The person who performed the circumcision is responsible for the post-operative care of the patient, and must ensure that the parents understand how to care for the wound and the infant following the procedure, and under what circumstances they should seek medical advice. This advice should be provided verbally and in writing. The person who performed the circumcision should be available to answer questions, or assess the infant in the week following the procedure. This information should be available in a range of languages.

9. Follow-up appointment

A routine follow-up appointment should be offered to local families about two weeks after the circumcision. If this is not a practical option, follow-up should be arranged with their GP.

10. Safeguarding training

Practitioners must have completed level three safeguarding training.

All practitioners need to be DBS checked.

11. Audit

The process and outcomes of the procedures performed should be subject to annual audit.

The audit must include

- the results of any complications including detail about any referrals into secondary care.
- complaints received about the service should be recorded and reacted to appropriately.
- A note about reflective practice.

³ http://www.baps.org.uk/documents/Circumcision_2007

⁴ Association of Paediatric Anaesthetists: Good Practice in Postoperative and Procedural Pain 2008 - Publisher: Association of Paediatric Anaesthetists of Great Britain and Ireland

12. Complaints

All providers should provide a written copy of their complaints procedure and provide information for parents on how to make a complaint.

13. Care Quality Commission

Panel requires all providers to have the correct CQC registration. It is the provider's responsibility to ensure the service has the correct CQC registration. All businesses required separate CQC registration even if they are operating out of NHS premises already registered for minor surgery.

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