

STANDARDS OF PRACTICE

Female Genital Mutilation

Under Review: No

Issued By: Council: May 1, 2023

The **Standards of Practice** of the College of Physicians & Surgeons of Alberta (“CPSA”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

Note: a glossary of terms can be found at the end of this document. Glossary terms are indicated in teal with a “G” throughout this document.

PREAMBLE

Female genital mutilation^G (FGM), also referred to as female circumcision or female genital cutting, is internationally recognized as a harmful practice and violation of human rights.¹ The immediate and long-term health risks and complications of FGM can be serious and life-threatening.²

FGM is classified as aggravated assault under section 268(1) of the [Criminal Code of Canada](#) (*Criminal Code*). Under the *Criminal Code*, any person who commits an aggravated assault is guilty of an indictable offence and is liable to imprisonment for a term not exceeding 14 years, including medical professionals and family members. Involvement in FGM is also a contravention of the Canadian Medical Association’s [Code of Ethics & Professionalism](#).

Section 268(3) of the *Criminal Code* excludes medically appropriate treatment involving the labia majora, labia minora, or clitoris on a patient who has provided informed consent that is consistent with the [Informed Consent](#) standard of practice.

The [Health Professions \(Protecting Women and Girls\) Amendment Act, 2022](#) (Act) requires that regulatory colleges have standards of practice to address FGM by their members. These standards advise that, under the amended *Health Professions Act* (HPA)³, a person

¹ The World Health Organization’s [“Eliminating female genital mutilation: an interagency statement”](#) (2008).

² From the Journal of Obstetrics and Gynaecology of Canada’s [“Guideline No. 395, Female Genital Cutting”](#) (June 15, 2019).

³ [Health Professions Act](#), Section 11(2), Dec. 15, 2022.

Terms used in the Standards of Practice:

- “Regulated member” means any person who is registered or who is required to be registered as a member of this College. CPSA regulates physicians, surgeons, osteopaths and physician assistants.
- “Must” refers to a mandatory requirement.
- “May” means that the physician or physician assistant may exercise reasonable discretion.
- “Patient” includes, where applicable, the patient’s legal guardian or substitute decision maker.

who has been convicted of a criminal offence related to the procurement or performance of FGM is not eligible for registration as a regulated member.

This standard has been developed to provide support for better physical and mental health care by regulated members of individuals who have undergone FGM.

For additional guidance, please refer to the “[Companion Resources](#)” at the end of this document.

STANDARD

1. A regulated member **must not** procure, perform, assist in, refer or accept referrals for FGM, including [reinfibulation](#)⁶.
2. A regulated member **must** report to a law enforcement agency (e.g., appropriate child welfare protection service) when a child has recently been subjected to, or the regulated member has reasonable grounds to believe the child may be subjected to, FGM, regardless of where the procedure has been or may be undertaken.
3. A regulated member who has reasonable grounds to believe another regulated health professional is procuring, performing, assisting, referring or accepting referrals for FGM **must** report the regulated health professional in accordance with the [Duty to Report a Colleague](#) standard of practice.
4. A regulated member whose practice may include treating patients who have undergone FGM **must** educate themselves on:
 - a. how FGM presents;
 - b. possible complications of FGM;
 - c. how to properly manage these complications or, if outside the regulated member’s scope, refer to an appropriate healthcare provider (e.g., gynecologist, urologist) in accordance with the [Referral Consultation](#) standard of practice;
 - d. resources to support the mental health of patients who have undergone FGM; and
 - e. resources to support the patient and their family with the aftercare required following FGM.

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5. A regulated member **must** support patients and families who are at risk of or have undergone FGM by:
 - a. providing culturally safe counselling about the dangers of the practice;
 - b. connecting patients to mental health supports; and
 - c. connecting patients to resources.

GLOSSARY

Female genital mutilation (FGM): means the [excision⁶](#), [infibulation⁶](#) or [mutilation⁶](#), in whole or in part, of the labia majora, labia minora, clitoral hood or clitoris of a person, **except** where valid consent is given **and** a surgical or other procedure is performed by a regulated member under the HPA, performed for the benefit of the physical health of the person **or** for that person to have normal reproductive functions or normal sexual appearance or function **or** the person is at least 18 years of age **and** there is no resulting bodily harm.⁴

Reinfibulation: the restitching together of the two sides of the vulva, labia minora, or labia majora on a person who was previously infibulated and subsequently [deinfibulated⁶](#), such as after the birth of a child.⁵

Excision: the external part of the clitoris and labia minora are partially or totally removed, with or without excision of the labia majora.⁶

Infibulation: consists of narrowing the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.⁵

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⁴ From [Health Professions \(Protecting Women and Girls\) Amendment Act, 2022](#).

⁵ From the World Health Organization's "[Female Genital Mutilation](#)" (Jan. 31, 2023).

⁶ From End FGM European Network's "[Types of FGM](#)."

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Mutilation: in the context of this standard, comprises all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons⁷.

Deinfibulated: refers to the practice of cutting open the sealed vaginal opening of an individual who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.⁵

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RELATED STANDARDS OF PRACTICE

- [Boundary Violations: Personal](#)
- [Duty to Report a Colleague](#)
- [Informed Consent](#)

COMPANION RESOURCES

- Advice to the Profession documents:
 - Female Genital Mutilation (TBD)
 - [Boundary Violations: Personal](#)
 - [Duty to Report a Colleague/Self](#)
 - [Informed Consent for Adults](#)
 - [Informed Consent for Minors](#)
 - [Legislated Reporting and Release of Medical Information](#)
- Advice to Albertans: Female Genital Mutilation (TBD)
- The Journal of Obstetrics and Gynaecology of Canada's [Guideline No. 395 – Female Genital Cutting \(Feb. 2020\)](#)
- The World Health Organization's "[Female Genital Mutilation](#)" (May 2022)

⁷ UNICEF's "[What is female genital mutilation?](#)"

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