

Female Genital Mutilation (FGM) Enhanced Dataset

Implementation Guidance

April 2015



This information standard (SCCI2026) has been approved for publication by the Department of Health under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Standardisation Committee for Care Information (SCCI), a sub-group of the National Information Board.

This information standard comprises the following documents:

- Specification
- Implementation guidance (this document).

An Information Standards Notice (SCCI2026 Amd 12/2014) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the [HSCIC website](#).

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1 Introduction

Female Genital Mutilation (FGM) is illegal in the UK, as is taking a child abroad to undergo FGM, as legislated in the 2003 Female Genital Mutilation Act. It is also recognised as a form of child abuse. FGM is medically unnecessary, extremely painful and has serious health consequences both at the time when the mutilation is carried out and in later life.

The FGM Enhanced Dataset will require organisations to record and collect information about the prevalence of FGM within the female population as treated by the NHS in England. This will include if a woman is receiving treatment for any condition; it is not limited to reporting upon women receiving treatment for FGM-related conditions.

The FGM Enhanced Dataset builds on the previously implemented 1610 FGM Prevalence Dataset, providing a greater level of FGM information captured throughout various different health settings.

The NHS is in a unique position to identify those who have undergone FGM. Multi-agency guidelines and additional clinical guidance are available.

There is a programme of work, led by the Department of Health, to improve the NHS response to FGM, including the management of women's services and safeguarding of girls at risk. This standard introduces new requirements to the existing FGM Prevalence Dataset about the information that needs to be captured and shared locally about the women, and what needs to be submitted as a central return. This new information collected is needed to inform FGM Prevention programme, specifically around the following, to help the drive to eradicate the practice, and to provide services and support for women and girls who have had FGM:

- Women identified as having FGM, and specific countries of origin
- All girls and women who are at risk of having FGM performed on them
- In a given community, identify numbers of women and girls, who have undergone FGM in order to plan services.
- Providing tools to support law enforcement and identify areas of concern relating to FGM, enabling further investigations and, as appropriate, prosecutions. It should be noted, individual patient identifiable information will not be published in order to achieve this
- Reporting prevalence to other government agencies on the prevalence within a local community (this reporting will not however be at the patient level)
- To better inform the ultimate goal of moving towards existing datasets, namely;
 - Maternity Services Dataset (MSDS)
 - Children & Young People's Health Services Dataset (CYPHS)
 - Child and Adolescent Mental Health Services Dataset (CAMHS)

The FGM Enhanced Dataset will use patient identifiable information (specifically the NHS Number as the unique identifier in order to link Primary and Secondary information), moving away from anonymised data and collecting information about the specific women who have undergone FGM. This will by default, collect FGM

prevalence information within the NHS patient population receiving treatment at Acute Trusts, Mental Health Trusts and GP Practices.

Jane Ellison MP, Minister for Public Health (at the time of writing), has made improving the response to FGM one of her top priorities. There is significant public and media interest, and a new programme to implement change has now been formed to specifically help to reliably identify the prevalence of FGM within the patient population in order to support the development of FGM services nationally. In order to ensure that the FGM Prevention programme delivers the improvements where needed, with an efficient and appropriate approach, it is essential to assess the current situation within the NHS. Further to this, there will be cases where the clinician treating a woman or girl, either does not recognise FGM, or does not identify the warning signs, and therefore does not make enquiries which would confirm a diagnosis.

The programme is planning to identify good practice in the current albeit relatively few centres of excellence, and to roll this out nationally

1.1 Purpose

The purpose of this document is to provide an outline of the implementation steps that will be needed locally by different organisations and varied professionals, both clinical and administrative, in order to support the collection of the FGM Enhanced Dataset.

1.2 FGM Enhanced Dataset Summary

Standard	
Standard Number	SCCI2026
Standard Title	Female Genital Mutilation (FGM) Enhanced Dataset
Description	<p>The FGM Enhanced Dataset requires organisations to record collect and return detailed information about FGM within the patient population, as treated by the NHS in England.</p> <p>Female Genital Mutilation (FGM) is illegal in the UK, as is taking a child abroad to undergo FGM, as legislated in the 2003 Female Genital Mutilation Act. FGM is medically unnecessary, extremely painful and has serious health consequences both at the time when the mutilation is carried out and in later life. Whilst there have been no prosecutions, it is believed that the practice continues both in the UK and that girls are taken abroad for the purpose of FGM.</p> <p>FGM must also be treated as child abuse.</p> <p>FGM multi-agency guidelines are accessible via this link: https://www.gov.uk/government/publications/female-genital-mutilation-guidelines</p> <p>Particular note should be given to guidelines for health professionals.</p> <p>Although the multi-agency guidelines clearly set out mandatory steps for health professionals, the stipulated action is not being taken in all cases. In addition to these guidelines, the existing FGM Prevalence Dataset mandates that FGM must be recorded within all clinical settings. This standard builds upon the 1610 FGM Prevalence Dataset.</p> <p>There is a programme of work, led by the Department of Health, to improve the NHS response to FGM, and subsequent management of women and girls as well as safeguarding girls at risk.</p> <p>This standard introduces additional requirements to those of the FGM Prevalence dataset about information that must be captured and centrally returned.</p> <p><u>Recording FGM Information</u></p> <p>The FGM information captured is needed to help provide a consistent approach to sharing FGM information locally and specifically includes the following;</p> <ol style="list-style-type: none"> 1. All clinicians, regardless of organisation type, to record in clinical notes when FGM is identified, and what type it is following clinical examination (clinical examinations will only need to be undertaken as part of a usual, routine or requested provision of care – there is no intention for every clinician to automatically undertake a clinical examination in order to record the type of FGM), using the FGM clinical codes, published in April 2014 (also detailed later in this document). This builds upon the FGM Prevalence Dataset, and clinical terminology MUST be used to record the FGM information within all settings. If any clinician is unable to do this, they must ensure referral to the appropriate specialist is undertaken, particularly in the case for children. 2. All Maternity Discharges, must include relevant FGM information identified, prior to and post-delivery of baby, informing the GP and Health Visitor of the FGM identified during the provision of care. 3. All babies born to a mother with FGM, must have the relevant FGM information recorded in the baby's patient healthcare record (GP records and PCHR Red Book) to help identify the potential risk of FGM facing the girl. <p>Where FGM is identified, all referrals made by General Practitioners MUST include FGM information when referring to relevant services where FGM may be applicable e.g.;</p> <p>Urology, Paediatric Urology, Paediatric Dermatology, Dermatology, Genitourinary Medicine, Obstetrics, Gynaecology, Gynaecology Oncology,</p>

	<p>Midwifery Service, Psychiatric Services and Mental Health – this list is not exhaustive.</p> <p>4. When FGM is identified this MUST be included within screening returns, immunisation notes and the Red Book following the birth of a child. When FGM is identified health promotion MUST also be provided. Consideration should also be given to providing the woman with the FGM Healthcare Passport in the correct language, and also providing contact numbers of community groups or charities, e.g. FORWARD.</p> <p><u>Submitting FGM Information</u></p> <p>The FGM Enhanced Dataset collection will specifically require the stated organisations to return the FGM information for each patient.</p> <p>The collection and submission of this information aims to support improvements in:</p> <ul style="list-style-type: none"> • the identification of FGM and the wider social issues that impact upon the women or girl, thus increasing public awareness and informing the development of training for clinicians • data quality by promoting more detailed recording of FGM when it is identified; and provide better evidence for potential prosecutions of those who carry out FGM • the sharing of women’s information with other referred services • alignment of prevention (through risk identification) and support for the women, identifying where support is needed most • provision of secondary use data to support aggregated detailed studies on the prevalence of FGM • informing local and cross government organisations about the prevalence of FGM, therefore supporting the ability to target specific areas for the commissioning of appropriate services, and training needs • raising awareness of the risk of FGM to women and girls, resulting in improved safeguarding measures against FGM, including early intervention by relevant organisations to reduce and work towards the eradication of FGM • the scope and quality of academic research, including the potential to support the identification of community education programmes
Applies to	Recording FGM information – all NHS funded providers Returning FGM information – all Acute (Foundation and Non-Foundation Trusts), Mental Health Trusts and GP Practices
Release	
Release Number	Amd 12/2014
Release Title	Initial Standard
Description	The recording and submission of detailed FGM information when this is identified from within Acute, Mental Health and GP Practices
Voluntary Implementation Date	<ul style="list-style-type: none"> • 1 April 2015 to submit FGM information to HSCIC
Mandatory Implementation Date	<ul style="list-style-type: none"> • 1 April 2015 to Record and Share FGM information locally when identified • 1 June 2015 for Acute Trusts, specified GP Practices and Mental Health Trusts to Submit FGM information to HSCIC <i>(it is requested that from 1 April 2015 all Acute trusts continue to collect FGM information and submit via the Clinical Audit Platform)</i> • 1 Oct 2015 for all Acute Trusts, GP Practices and Mental Health Trusts to

	Submit FGM information to HSCIC
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1.3 Supporting Documents

Ref	Reference	Title
1	FGM Enhanced Dataset Requirements	SCCI 2026 – FGM Enhanced Dataset – Requirements Specification
2	WHO FGM Classifications	http://www.who.int/reproductivehealth/topics/fgm/overview/en/
3	FGM Multi-Agency Guidelines	https://www.gov.uk/government/publications/fe-male-genital-mutilation-guidelines
4	CAP Registration Process	www.hscic.gov.uk/fgm
5	CAP System Specification (File Upload)	www.hscic.gov.uk/fgm
6	CAP Operational Guidance	www.hscic.gov.uk/fgm
7	FGM Enhanced Dataset: Implementation Summary	SCCI 2026 – FGM Enhanced Dataset – Implementation Guidance Summary
8	FGM Enhanced Dataset: Implementation Guidance	SCCI 2026 – FGM Enhanced Dataset – Implementation Guidance

1.4 Scope

This information standard mandates the recording of FGM information when it is identified, to better support local processes in raising the awareness of the potential risks of FGM occurring to women and girls. In addition to this, the standard also mandates the central flow of FGM information for secondary uses purposes.

The scope includes all activity undertaken by all clinical settings, and / or provided by NHS England commissioned services. This includes the following organisations which will be impacted by the implementation of this standard:

- NHS Acute Trusts (Foundation and Non Foundation NHS Trusts)
- NHS Mental Health Trusts
- General Practitioners

All NHS funded providers **MUST** pay regard to this information standard.

1.5 Related Standards

The FGM Enhanced Dataset will supersede the current FGM Prevalence Dataset.

The FGM Prevalence Dataset will be retired from the 31st March 2015 and will **NOT** be supported by Unify2 nor resourced to support queries.

All organisations that have submitted FGM Prevalence Data should **CEASE** to do so via Unify2 after the last submission date of 10th April 2015.

2 Implementation

2.1 Overview

The FGM Enhanced Dataset focuses on two specific elements:

- the recording and sharing of FGM information locally, specifically for the provision of care
- the central submission of relevant information when FGM has been identified

This document aims to provide guidance on what is to be recorded, when and how.

Separate to the implementation of this particular dataset is a wider programme of work, involving the development of training, education and FGM awareness projects, which are all being co-ordinated by Department of Health and NHS England.

This document outlines the steps to inform the user on the content and methods for completing the FGM Enhanced Dataset. It specifically does not discuss how FGM is identified and assumes that the FGM information has been identified already. Wider training and guidance provided by Department of Health, is also in development to aid clinicians in discussing FGM with women and girls.

Local safeguarding protocols will still need to be in place to support women and girls, and it is the intention for the recording and sharing of FGM information in a consistent manner to augment those safeguarding processes, not replace them.

2.2 Implementing the Standard

Outlined below are the recommended activities that each organisation should undertake, to ensure the implementation of the FGM Enhanced Dataset locally.

2.2.1 Implementation Guidance: Summary

- Identify a local implementation lead to help co-ordinate relevant activities.
- Engage with senior management where / when / if applicable to outline the required changes.
- Communicate the requirements to all healthcare workers (clinicians and information teams) within your organisation.
- Agree and communicate the appropriate collecting mechanisms that best suit your organisation.
- Ensure access to local collection tools / guidance documents.
- Ensure safeguarding processes are understood when FGM is identified.
- Ensure the women or girls are informed as to how their data is being collected.

2.2.2 Implementation Guidance: Locally Recording and Sharing

- Ensure that all existing methods to share clinical information are updated accordingly to support the recording and sharing of FGM information, i.e.:
 - Electronically sent referrals and discharge summaries (e.g. system to system messaging or secure emails) are developed to support the inclusion of the required FGM information.
 - Existing paper based referrals and discharge summaries / letters, are updated to support the inclusion of the required FGM information.

2.2.3 Implementation Guidance: Centrally Submitting

- Confirm with all relevant stakeholders, how your organisation will submit FGM information.
- Ensure all relevant healthcare workers have registered for access to the Clinical Audit Platform and know how to access it.
- Ensure all data quality aspects are fully understood to ensure completeness and accuracy of the information submitted to HSCIC.
- Ensure that all processes are understood locally in relation to the collection of the FGM information.
- Where required, engage with system suppliers to ensure the development of local clinical systems is compliant with the FGM Enhanced Dataset.
- Ensure the relevant changes to existing collection tools are updated to reflect the FGM Enhanced Dataset.

2.2.4 Implementation Timescales

Outlined in the table below are the implementation timescales for each organisation:

Activity	Voluntary/ Mandatory	Organisation	Due Date
Recording FGM Information Locally	Mandatory	All	1 st Apr 2015
Central Submissions via CAP	Voluntary	All	1 st Apr 2015
Central Submissions via CAP	Mandatory	Acute	1 st Jun 2015
Central Submissions via CAP	Mandatory	Specified GPs	1 st Jun 2015
Central Submissions via CAP	Mandatory	Specified MH Trusts	1 st Jun 2015
Central Submissions via CAP	Mandatory	All	1 st Oct 2015

The specified GP practices and Mental Health Trusts will be those organisations that are geographically located near to those Acute Trusts with the highest FGM prevalence figures as per the FGM Prevalence Dataset. Whilst it will be voluntary, for Acute Trusts to submit FGM information via CAP, as a result of the introduction of a new collection tool (CAP), it is requested that Acute Trusts continue to collect and submit FGM information centrally from 1st April 2015.

3 Recording FGM Information Locally

This section outlines the requirements of the first element of the FGM Enhanced Dataset, with regards to the FGM information that needs to be shared locally with other clinicians in the provision of care for a woman or girl.

The intention of this section is to ensure a consistent approach nationally to the recording and sharing of FGM information.

3.1 General Principles

Outlined below are the general principles relating to the recording and sharing of FGM information locally as part of the provision of care, when FGM has been identified.

It is acknowledged that FGM information is already shared when it has been identified, especially in areas where FGM is frequently encountered. The guidance outlined here is aimed to support all organisations when FGM has been identified:

- The sharing of specific FGM information within clinical notes, is intended to provide the minimal information required, but where a woman or girl has provided further detailed information, these should also be included within those notes, where appropriate to do so
- All clinical staff must use FGM clinical terminology and classifications (where SNOMED CT, CTV3, Read or OPCS is supported within local systems used by the clinician), when recording FGM information in patient records
- It is not anticipated that any new information sharing capabilities or systems will be implemented to specifically support local sharing of FGM information
- Existing methods currently used to share clinical information locally, should be updated to ensure that the appropriate FGM information is included
- Where information is currently shared electronically (e.g. system to system messaging or secure emails), the relevant FGM information must be included
- Where information is currently shared using paper records, forms or letters, then these documents will need to be developed or updated to be able to support the inclusion of specific FGM information
- Where FGM is not frequently encountered by an organisation, consideration should still be given to understanding how, what and when to share, as changes in local demographics may occur over time, introducing increases in the number of women or girls seen with FGM
- Whilst specific FGM guidance has not been endorsed by the Professional Record Standards Body (PRSB) (www.theprsb.org) consideration may want to be given to their approach as to how clinical information should be recorded and structured, as outlined within the following document; ([Standards for Clinical Structure and Content of Patient Records](#))

The following sections outline the specific FGM information that should be included when applicable, within different clinical settings.

3.2 Maternity Services

3.2.1 Recording FGM in maternity discharge notes

Whenever a daughter is born to a woman with FGM information, the following should be recorded within the relevant maternity discharge summary, and sent to both the woman's or girl's GP, and also their Health Visitor.

The FGM information that must be recorded is as follows:

FGM Type (<i>of the mother</i>)	Type 1, 2, 3, 4, "Unknown" if not possible to determine, or History of Type 3
Confirmation a deinfibulation procedure took place during this episode of care, where applicable	Yes / No
Age at which the woman had FGM, if known	Under 1 Between 1 and under 5 Between 5 and under 10 Between 10 and under 15 Between 15 and under 18 Over 18 Didn't say Unknown
Family History of FGM ¹ , where applicable	Yes as a minimum, if applicable Include details where available
Confirmation that the woman has other daughter(s) under 18, where applicable	Yes as a minimum, if applicable Include details where available
Confirmation that no external female genitalia abnormalities were found at birth, following existing neonatal examinations (<i>not needed if a boy</i>)	Yes / No
Confirmation if an interpreter was required during the episode of care	Yes, if applicable. Include details where available
Confirmation that the new-born baby's healthcare record has been updated to reflect FGM had been identified in the mother	Yes / No as applicable
Confirmation that the woman has been advised that FGM is illegal	Yes / No
Confirmation, that the woman has been advised on the health implications of FGM ²	Yes / No

¹ FGM has been identified in other family members to the woman or girl (e.g. mother, sisters, aunts, grandmothers, cousins etc.) or, their wider community group (e.g. guardians, in-laws, wider social group). This list is not an exhaustive list

² At the point where advice about the health implications of FGM and the illegal status of FGM is provided to a woman, this could also be an opportunity to provide her with the FGM Healthcare Passport: <https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation>

3.2.2 Recording FGM in the Red Book

Whenever a baby is born to a woman with FGM, the following information should be included within their Red Book, specifically within the “Are there any other particular illnesses or conditions in the mother’s or father’s family that you feel are important?” section:

The FGM information that must be recorded is as follows:

Family History of FGM	Yes, where applicable
Confirmation that the baby’s mother has been advised that FGM is illegal	Yes / No
Confirmation that the baby’s mother has been advised on the health implications of FGM	Yes / No

3.2.3 Asking the woman if she has had FGM

As part of every woman’s pre-natal assessment appointment/s she must be asked if she has undergone FGM, with the following responses included within her healthcare record:

Yes
No
Not answered (<i>the patient declined to answer</i>)
Not asked (<i>the patient was not asked</i>)

Where a woman outlines they have had FGM, then they should be given advice about the health implications of FGM and the illegalities of FGM.

3.3 General Practice

3.3.1 Updating new-born's healthcare records

On receipt of a maternity discharge, the new-born baby's record must be updated with the following FGM information, as applicable:

Mother's Forename, Surname	
Mother's NHS Number	
Mother's Date of Birth	
Mother's Hospital Number	
Mother's FGM Type	Type 1, 2, 3, 4, "Unknown" if not possible to determine, or History of Type 3
Age at which the Mother had FGM, if known	Under 1 Between 1 and under 5 Between 5 and under 10 Between 10 and under 15 Between 15 and under 18 Over 18 Didn't say Unknown
Family History of FGM, where applicable	Yes as a minimum, if applicable Include details where available
Confirmation that the new-born baby has sister(s) under 18	Yes as a minimum, if applicable Include details where available
Confirmation a deinfibulation procedure took place during this episode of care, where applicable	Yes / No
Confirmation that the woman has been advised that FGM is illegal	Yes / No
Confirmation, that the woman has been advised on the health implications of FGM	Yes / No

3.3.2 Updating mother's healthcare record

On receipt of a maternity discharge, the mother's record must be updated with the following FGM information, as applicable:

FGM Type	Type 1, 2, 3, 4, "Unknown" if not possible to determine, or History of Type 3
Confirmation a deinfibulation procedure took place during this episode of care, where applicable	Yes / No
Age at which the woman had FGM, if known	Under 1 Between 1 and under 5 Between 5 and under 10 Between 10 and under 15 Between 15 and under 18 Over 18 Didn't say Unknown
Family History of FGM, where applicable	Yes as a minimum, if applicable Include details where available
Confirmation that the woman has other daughter/s under 18, where applicable	Yes as a minimum, if applicable Include details where available
Confirmation that no external female genitalia abnormalities were found at birth, following existing neonatal examinations <i>(this is not required if the new-born baby is a boy)</i>	Yes / No
Confirmation if an interpreter was required during the episode of care	Yes, if applicable. Include details where available
Confirmation that the new-born baby's healthcare record has been updated to reflect FGM had been identified in the mother	Yes / No as applicable
Confirmation that the woman has been advised that FGM is illegal	Yes / No
Confirmation, that the woman has been advised on the health implications of FGM	Yes / No

3.3.3 Updating healthcare records

On receipt of any clinical notes, discharge summaries or referrals from other healthcare organisations, the following information must be recorded within the woman or girl's healthcare record, as applicable;

FGM Type	Type 1, 2, 3, 4, "Unknown" if not possible to determine, or History of Type 3
Age at which the woman or girl had FGM, if known	Under 1 Between 1 and under 5 Between 5 and under 10 Between 10 and under 15 Between 15 and under 18 Over 18 Didn't say Unknown
Family History of FGM, where applicable	Yes as a minimum, if applicable Include details where available
Confirmation that the girl/ woman has sister/s / other daughter/s under 18	Yes as a minimum, if applicable Include details where available
Confirmation that the woman has other daughter/s under 18, where applicable	Yes as a minimum, if applicable Include details where available
Confirmation if an interpreter was required during the episode of care	Yes, if applicable. Include details where available
Confirmation that the woman has been advised that FGM is illegal	Yes / No
Confirmation, that the woman has been advised on the health implications of FGM	Yes / No

3.3.4 Referring a Woman/ Girl with FGM

Where FGM is identified within a General Practice, all referrals MUST include all known FGM information when referring the woman or girl to relevant services where FGM may be applicable.

E.g. Midwifery Services, Gynaecology, Gynaecology Oncology, Urology, Paediatric Urology, Obstetrics, Genitourinary Medicine, Dermatology, Paediatric Dermatology, Psychiatric Services, Mental Health Services, but this list is not exhaustive.

The GP must use professional judgement about which services FGM information would be applicable to.

3.3.5 Updating the Red Book

It is the responsibility of the GP, to update the “Anything that is in the Family for the Health of the Baby” section within the Red Book with new FGM information when applicable to do so.

This will specifically need to include the following:

Family History of FGM	Yes, where applicable
Confirmation that the baby’s mother has been advised that FGM is illegal	Yes / No
Confirmation that the baby’s mother has been advised on the health implications of FGM	Yes / No

3.3.6 Updating Sister/s Records with Family History of FGM

On receipt of a notification from a Health Visitor or School Nurse that a girl under their care has a sister or sisters that are also under the same GP’s care, then the sister/s healthcare records must be updated to include Family History of FGM.

3.4 Health Visitors

3.4.1 Updating the Red Book

It is the responsibility of the Health Visitor, to update the following section within the Red Book, “Are there any other particular illnesses or conditions in the mother’s or father’s family that you feel are important?”, when applicable to do so with new FGM information.

This will specifically need to include the following;

Family History of FGM	Yes, where applicable
Confirmation that the baby’s mother has been advised that FGM is illegal	Yes / No
Confirmation that the baby’s mother has been advised on the health implications of FGM	Yes / No

3.4.2 Informing the GP of Family History of FGM

Where a Health Visitor identifies that there is or are sisters of a girl with FGM, it is the responsibility of the Health Visitor to inform the GP.

3.5 School Nurses

3.5.1 Informing the GP of Family History of FGM

Where a School Nurse identifies that there is or are sisters of a girl with FGM, it is the responsibility of the Health Visitor to inform the GP.

3.6 Acute / Mental Health Clinicians

3.6.1 Sharing FGM information

The following table outlines what **MUST** be included within any clinical notes or discharge summary information when it has been identified in an Acute or Mental Health Trust, that a girl or woman has had FGM undertaken:

- to the patient's GP
- to other NHS organisations

FGM Type	Type 1, 2, 3, 4, "Unknown" if not possible to determine, or History of Type 3
Age at which the woman or girl had FGM, if known	Under 1 Between 1 and under 5 Between 5 and under 10 Between 10 and under 15 Between 15 and under 18 Over 18 Didn't say Unknown
Family History of FGM, where applicable	Yes as a minimum, if applicable Include details where available
Confirmation that the girl/ woman has sister/s / other daughter/s under 18	Yes as a minimum, if applicable Include details where available
Confirmation if an interpreter was required during the episode of care	Yes, if applicable. Include details where available
Confirmation that the girl's parents, or the woman has been advised that FGM is illegal	Yes / No
Confirmation, that the girl and her parents, or the woman has been advised on the health implications of FGM	Yes / No

3.6.2 Sharing FGM information with Health Visitors or School Nurses

When it has been identified in an Acute or Mental Health Trust, that a girl has had FGM undertaken, in addition to the GP being informed of the FGM, information in any clinical notes or discharge summary should also be sent to:

- the girl's Health Visitor if the girl is under five
- the girl's School Nurse if the girl is five or over

If a girl under the age of 18 has been identified, as having undergone FGM, then local safeguarding procedures **MUST** be followed, in order to protect the child.

4 Recording FGM for Central Collection

This section outlines the requirements of the second element of the FGM Enhanced Dataset, with regards to the central submission of FGM information to HSCIC.

The intention of this section is to ensure a consistent approach nationally to the central return of relevant information when FGM has been identified, via the Clinical Audit Platform. This is a national clinical data collection tool for all relevant parties to submit FGM information to.

The main criteria for the central submission of the FGM information will be that the FGM Enhanced dataset will need to be completed as appropriate for each woman or girl when FGM has been identified and this information submitted via the Clinical Audit Platform. There are various approaches and methods that can be used to collect the relevant FGM information and the appropriate approach must be determined locally.

4.1 Audience

This section is specifically for clinicians and other healthcare workers.

4.2 General Principles

Outlined below are the general principles which collectively support the central return of FGM information:

- Every clinician from within any clinical setting may encounter a woman or girl who confirms that they have FGM. Clinicians who may not regularly encounter FGM, must still record the FGM Enhanced dataset information.
- It is NOT a requirement for every clinician to undertake an examination in order to fulfil the central return.
- A clinical examination should only be undertaken as part of a routine, usual or requested provision of care encounter.
- Where a clinical examination is undertaken, the clinician must;
 - confirming within CAP that the clinical examination has taken place
 - record the FGM Type based on what is presented to them at that time
 - record FGM Type Unknown if the Type cannot be determined.
- Where a clinical examination is not undertaken, but a woman or girl confirms that she has FGM, e.g. she's been cut, or, has been circumcised, the clinician must record this as 'Self Report':
 - If the woman or girl outlines a specific FGM Type, this can still be recorded, e.g. a woman outlines that they've been 'closed' then the clinician must record, 'Self Report' and 'FGM Type 3'.
 - If the woman or girl doesn't know the FGM Type, as is often the case, then the clinician must record, 'Self Report' and 'FGM Type Unknown'.
- Where FGM Type 4 is identified, this should be further qualified if possible with one of the following five descriptions: Pricking, Piercing, Cauterisation, Incising, Scraping. If it isn't possible to further qualify the FGM Type 4, then this should still be recorded as Type 4.

4.3 Overview

There are different options available to support the central submission of FGM information from healthcare organisations. These have been defined and explored further within this section. The reason for outlining these different options is to try and accommodate the different circumstances when FGM may be identified.

These different circumstances include:

- Organisations that frequently provide care to women and girls with FGM
- Organisations that rarely see woman or girls with FGM
- Clinical settings that are not typically associated with FGM

4.4 Clinical Audit Platform (CAP)

Whilst there will be different ways in which FGM information can be recorded locally, all FGM information will ultimately be collected within CAP.

CAP is a recognised clinical collections tool used by most Acute Trusts, and is also developed, owned and supported by HSCIC. Further to this, the clinical data collected will ultimately be anonymised and used for Official Statistic publications.

It should be noted that no personal or sensitive data produced as an Official Statistic will include any patient identifiable information.

Further information about the Clinical Audit Platform can be found via the following link: <http://www.hscic.gov.uk/clinicalauditplatform>

4.4.1 User Registration

CAP will require all necessary users, to be registered, before any submission can take place, so locally it will need to be determined to whom this applies to.

It is recommended that at least one user should be someone from within an Information Team, but consideration should be given to which clinicians may require direct access to CAP also.

The registration process can be found here: www.hscic.gov.uk/fgm

4.5 Options for Central Collection

Outlined in the following sections are details of the three available options which have been introduced to support various national practices. The following options are briefly outlined below and explored further within this section:

- Direct Entry in CAP
- Collection Tools
- Existing Clinical System Development

The options for submitting information to CAP will not be limited to one per organisation. It may be for example, that specific clinicians will require access to directly record information within CAP, in addition to other clinicians in other clinical settings within the same organisation, requiring access to local tools to manually record FGM information and provide this to Information Teams.

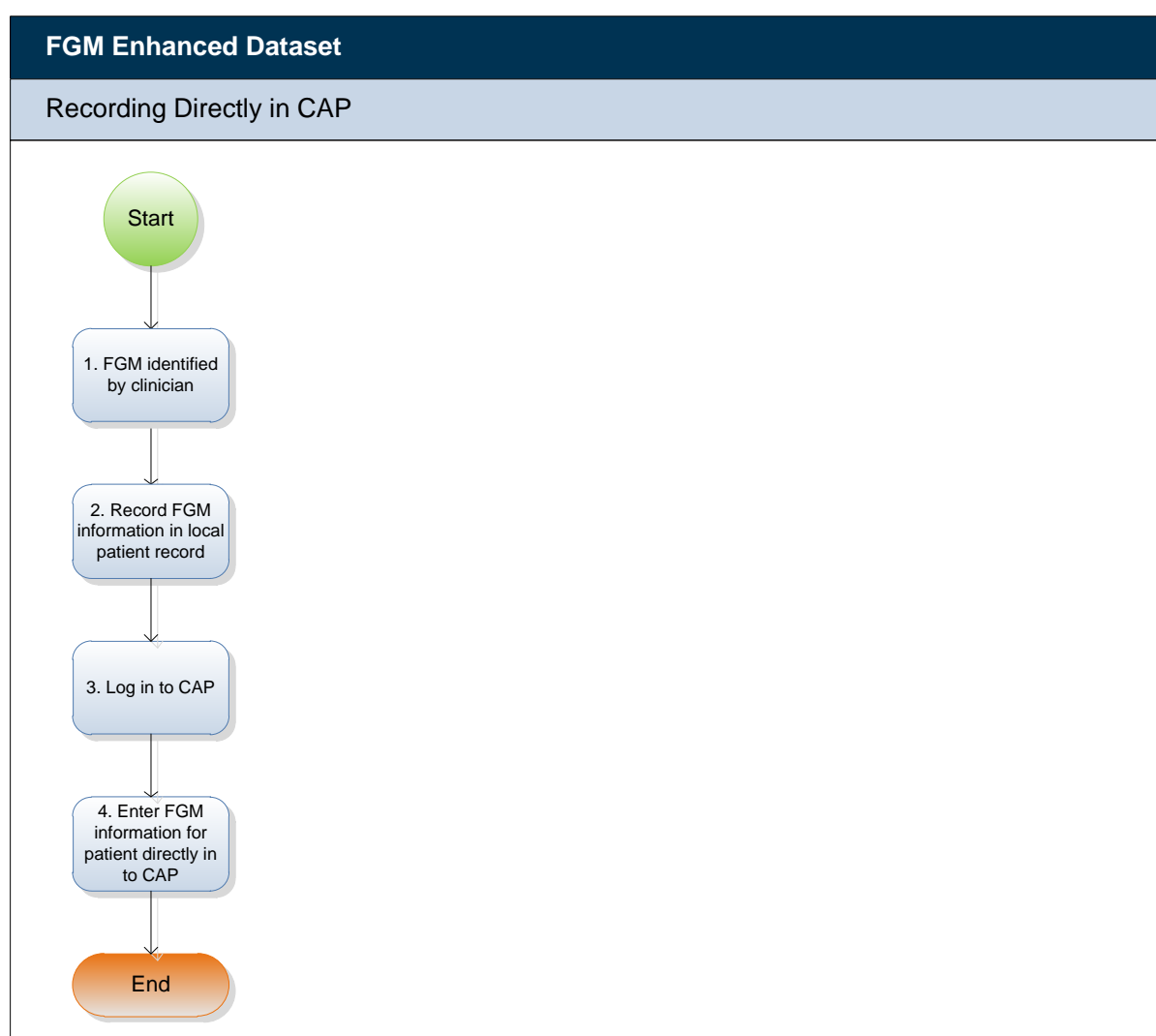
4.6 Direct Entry in CAP

When a woman or girl is identified as having FGM, it will be possible for registered clinicians to directly access and record the relevant FGM information for a woman or girl. CAP also include validation criteria and will display relevant formats or lack of, when applicable, in relation to what information can and should be collected.

CAP has also been developed to support the ability for a clinician to be able to see which other clinicians and organisations have recorded FGM information for a woman or girl.

Further details relating to entering information within CAP are provided in the CAP Operational Guidance document.

4.6.1 Process



4.6.2 Process Steps

The following steps support the process for how the FGM information is to be recorded directly within CAP.

It will need to be determined locally which clinician's would require access to directly enter FGM information within CAP.

Step	Description
1	<p>FGM identified by clinician:</p> <p>This process is initiated from the first identification of FGM being undertaken. Whilst it is acknowledged there are difficulties in identifying the differences in FGM Types, this process follows from where the identification of any FGM Type, as a result of direct routine questioning during history-taking /or has been disclosed by a patient, or, has been discovered by chance during the delivery of healthcare</p>
2	<p>Record FGM information in Patient Record:</p> <p>Relevant information must always be recorded within the patient's healthcare record when FGM has been identified. Clinical codes must be used where and when these are available within local systems</p>
3	<p>Log into CAP:</p> <p>This will require previous CAP registration to have been approved for the relevant clinician, and once access has been confirmed, the clinician will be able to directly create a new - or update an existing – patient record.</p>
4	<p>Enter FGM directly within CAP</p> <p>The forms used within CAP will highlight which FGM information must be populated and also provide the opportunity to include optional and required FGM information too.</p>

4.7 Collection Tools

There are two main ways in which the relevant FGM Enhanced Dataset items can be captured using local tools. These include;

1. Use of local collection tools
2. Use of the FGM CAP system specification

It will be for each organisation to determine which method will be the most suitable and to ensure that:

- clinicians know how they can access these tools and where they will be stored locally
- if they are to be printed and used as part of a consultation, clinicians can access them at the right time
- it is understood locally how these will be made available to the information teams or practice managers

4.7.1 Local Collection Tools

The local collection tools can be categorised in two further ways:

4.7.1.1 Electronic Records

Where existing electronic are tools used (e.g. spread sheets / databases) to record FGM information, these will require modification to ensure they can capture the required FGM Enhanced Dataset items. The collection of the required FGM Enhanced data will follow existing FGM information capturing processes, but with the addition of the additional FGM information collected.

With any modification of existing forms, it will still be possible to include additional FGM information for local purposes, so long as the FGM Enhanced data can still be recorded as a minimum.

4.7.1.2 Paper Forms

Locally it may be determined that paper forms are the best medium for collecting FGM information. Whilst this is not recommended, this may still be a preferable option for an organisation, and relevant guidance is, therefore, included here for completeness

Where either electronic tools or paper forms are used, one obvious drawback is that drop down lists of e.g. Countries, or, Organisations which are displayed in CAP, may of course not be easily replicable within those local tools. It is recommended therefore, that in the development of any local tool, details of the clinician and their contact details should also be included, to support the circumstances when the information recorded needs to be reconfirmed.

Further to the above, local units will need to determine how and when the FGM information captured within these tools will be made available to the Information Team analysts or Practice Managers. This could be, for example, by:

- Providing direct access to local tools on shared drives that analysts would also have access to
- Securely emailing the tool to the relevant analyst

- Physical retrieval of paper form or printed version of the tool

4.7.1.3 Records Management: NHS Code of Practice

All patient information recorded locally must continue to adhere to the safe and secure storage and maintenance of patient records policies, as outlined in the Dept. of Health's Records Management: NHS Code of Practice Part 1 & Part 2 <https://www.gov.uk/government/publications/records-management-nhs-code-of-practice>

4.7.2 FGM CAP System Specification

To support the entry of information into CAP, the FGM CAP system specification will also be available (retrievable via the FGM CAP webpage). This tool can be used in conjunction with electronic local data sources to support the transposing of all relevant FGM information into the correct format. The system specification also allows for the capture and recording of one or multiple women/ girl(s) information to support the bulk upload of the FGM information.

The FGM CAP system specification can be used in the following circumstances:

4.7.2.1 Replace existing collection tools

Instead of using local tools, the FGM CAP system specification can be used to completely replace any existing collected tools used to record FGM information.

The benefit of this approach is that all relevant fields for CAP have already been defined in terms of content, expected values, and formats, and further to this, existing processes used to populate spread sheets can continue, albeit the FGM Enhanced Dataset may include additional information to what is currently recorded.

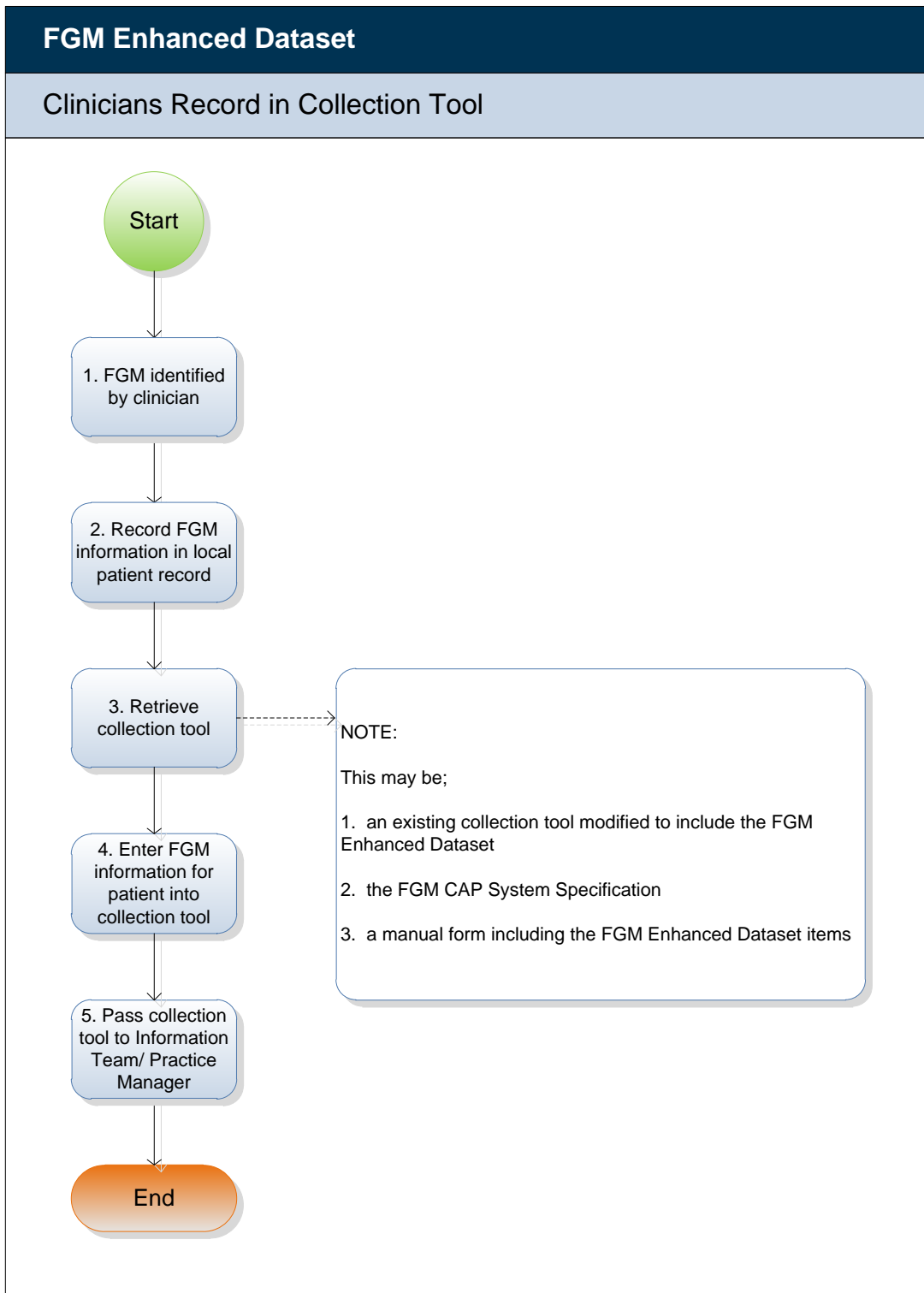
The system specification can also be populated with details relating to one or many women or girls and therefore supports bulk upload of these women / girl's FGM information in to CAP.

However, if the specification is amended to support any additional FGM information required locally for example, these changes will result in the file being rejected from being uploaded as these will not be expected by CAP.

4.7.2.2 Provided to system suppliers or other local data sources

The system specification has been specifically designed to support an upload to CAP, and can be made available to system suppliers to support the capture of the relevant FGM information and subsequently used to populate CAP automatically. This would require that the relevant FGM information can be appropriately obtained from those systems and this would require engagement with the supplier to ensure that the necessary work was undertaken.

4.7.3 Process



4.7.4 Process Steps

The following steps support the process outlining how the FGM information is to be recorded within a local collection tool.

Step	Description
1	<p>FGM identified by clinician:</p> <p>This process is initiated from the first identification of FGM being undertaken. Whilst it is acknowledged the difficulties in identifying the differences in FGM Types, this process follows, from where the identification of any FGM Type, as a result of direct routine questioning during history-taking /or has been disclosed by a patient, or, has been discovered by chance during the delivery of healthcare</p>
2	<p>Record FGM information in Patient Record:</p> <p>Relevant information must always be recorded within the patient's healthcare record when FGM has been identified. Clinical codes must be used where and when these are available within local systems</p>
3	<p>Retrieve Collection Tool:</p> <p>The collection tool should be retrieved by the relevant clinician, in order for them to populate this with FGM information.</p> <p><u>Note:</u></p> <p>It should be fully understood locally where this tool is located locally and how this can be accessed, and may be one of the following, dependent on which method is the most appropriate locally:</p> <ul style="list-style-type: none"> • a modified existing collection tool • the FGM CAP system specification • manual forms
4	<p>Enter FGM information for patient into Collection Tool:</p> <p>All relevant FGM Enhanced Dataset items must be recorded where applicable, for each woman / girl</p>
5	<p>Pass Collection Tool to Information Team / Practice Manager:</p> <p>On completion of the information for each patient, this should be made available to the information team or practice manager, dependent on the clinical setting.</p> <p>The following will need to be determined locally;</p> <ul style="list-style-type: none"> • The mechanism to be used to ensure the Information Team / Practice Manager can receive the collection tool, e.g. emailed, physically provided, direct access • The frequency for when the collection tool is provided to the Information Teams or Practice Managers, e.g. following each identification, on a specified day each month/ quarter

4.8 Existing Clinical Systems Development

This approach is the third option available to support the collection of relevant FGM information, and involves the development of existing clinical systems.

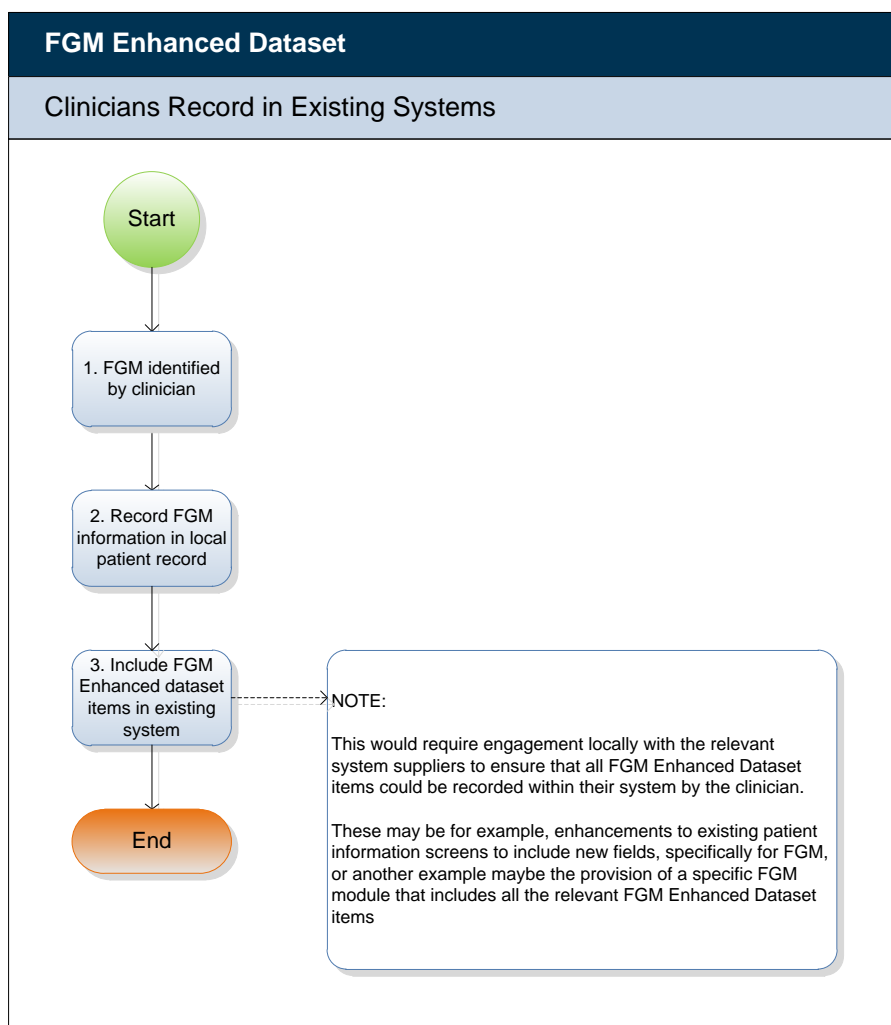
This approach will require the development of existing clinical systems, which must, as the minimum requirement, be able to support the recording of the FGM Enhanced Dataset. As an example, this may be to include additional fields within existing patient clinical records, or to include a specific FGM module, aligned to an existing system.

It should be noted that the development options outlined above, are only examples, for potential development within existing systems and organisations should engage with their suppliers to determine how the FGM information can be recorded within those existing systems.

The CAP FGM System Specification will be available and can be used both by existing system suppliers and to support the population of CAP with the relevant FGM information.

This specification outlines the content, values and appropriate formatting to support the population of CAP.

4.8.1 Process



4.8.2 Process Steps

Step	Description
1	<p>FGM identified by clinician:</p> <p>This process is initiated from the first identification of FGM being undertaken. Whilst it is acknowledged the difficulties in identifying the differences in FGM Types, this process follows, from where the identification of any FGM Type, as a result of direct routine questioning during history-taking /or has been disclosed by a patient, or, has been discovered by chance during the delivery of healthcare</p>
2	<p>Record FGM information in Patient Record:</p> <p>Relevant information must always be recorded within the patient's healthcare record when FGM has been identified. Clinical codes must be used where and when these are available within local systems</p>
3	<p>Include FGM Enhanced Dataset Items in Existing System:</p> <p>Where the local system has been developed to support the relevant FGM Enhanced Dataset information, the clinician who identified FGM should be able to directly enter the FGM information, according to the woman's or girl's circumstances</p>

5 FGM Information for Central Collection

5.1 Dataset Summary

The table below provides a summary of the FGM Enhanced Dataset information that is required to be collected within the Clinical Audit Platform.

M/R/O	DATA ITEM NAME
	HEADER
R	ORGANISATION CODE (CODE OF PROVIDER)
	PATIENT DETAILS
R	NHS NUMBER
O	LOCAL PATIENT IDENTIFIER
R	PERSON BIRTH DATE
M	POSTCODE OF USUAL ADDRESS
M	FORENAME
M	SURNAME
R	COUNTRY OF BIRTH
R	COUNTRY OF ORIGIN
O	REGION OF COUNTRY OF ORIGIN
R	GP PRACTICE REGISTRATION CODE
	ATTENDANCE DETAILS
M	CARE CONTACT DATE
R	REFERRING ORGANISATION TYPE
R	REFERRING ORGANISATION CODE
R	SITE CODE OF TREATMENT
R	TREATMENT FUNCTION AREA
R	PREGNANCY STATUS INDICATOR
M	FEMALE GENITAL MUTILATION (IDENTIFICATION)
R	FGM FAMILY HISTORY
R	NUMBER OF DAUGHTERS UNDER 18
R	ADVISED ON THE HEALTH IMPLICATIONS OF FGM?
R	ADVISED ON THE ILLEGALITIES OF FGM?
R	DAUGHTER/S BORN AT THIS ATTENDANCE
O	COUNTRY OF BIRTH OF THE BABYS FATHER
O	COUNTRY OF ORIGIN OF THE BABYS FATHER
	FGM DETAILS

M	FGM ACTIVITY IDENTIFIED
O	FGM TYPE 4 QUALIFIER
R	AGE RANGE WHEN FGM WAS UNDERTAKEN
R	COUNTRY WHERE FGM WAS UNDERTAKEN

- (M)andatory: These data items **MUST** be included. Failure to submit these items will result in the rejection of the submission
- (R)equired: These data items **SHOULD** be reported where they apply. Failure to submit these items will not result in the rejection of the submission but they may affect the derivation of national indicators or national analysis
- (O)ptional: These data items **MAY** be submitted on an optional basis at the submitter's discretion

5.2 Dataset Descriptions

M/R/O	DATA ITEM NAME	DATA ITEM VALUES	DATA ITEM DESCRIPTION
HEADER			
R	ORGANISATION CODE (CODE OF PROVIDER)		<p>This SHOULD be included, where available.</p> <p>This will be required where there is an organisation submitting the FGM information on behalf of another provider. Confirmation of the submitting organisation and the provider organisation need to be recorded when applicable.</p>
PATIENT DEMOGRAPHICS			
R	NHS NUMBER	N/a	<p>This SHOULD be included, where available.</p> <p>The NHS Number will be required to submit a record in CAP. Without the NHS Number the record will not be included within any statistics.</p> <p>If no NHS Number is present, then a Local Patient Identifier MUST be included.</p> <p>Whilst CAP will validate that the NHS Number is in the correct format, it will not immediately verify that this is the correct NHS Number for the patient.</p> <p>However, where an NHS Number is not included, this will be highlighted within a data quality report from within CAP, outlining to the submitting organisation that a correct NHS Number is required for that patient.</p> <p>It is anticipated that it will be the Information Teams that will have access to the data quality reports, and in order for the submission to be completed, the correct NHS Number will need to be sought and included for that record.</p>
O	LOCAL PATIENT IDENTIFIER		<p>This MAY be included even if the NHS Number is available. However, if the NHS Number is not present, then the Local Patient Identifier MUST be included, to help the submitting organisation identify which record requires an NHS Number.</p>
R	PERSON BIRTH DATE	<ul style="list-style-type: none"> DD-MMM-YYYY 	<p>This SHOULD be included and used in part to verify the identity of the</p>

			<p>correct patient.</p> <p>Where this is not known for any reason, then the default value of 01/01/1900 must be included, but the date of birth should always be sought where possible.</p>
M	POSTCODE OF USUAL ADDRESS	N/a	This MUST be included and used in part to verify the identity of the correct patient.
M	FORENAME	N/a	This MUST be included and used in part to verify the identity of the correct patient.
M	SURNAME	N/a	This MUST be included and used in part to verify the identity of the correct patient.
R	COUNTRY OF BIRTH	<ul style="list-style-type: none"> • Name of Country – (see Appendix) • Unknown – Patient Not Asked • Unknown – Patient Asked but not Answered • Unknown – Not Specified • Other Country – Not Listed 	<p>This SHOULD be included by the clinician (where available).</p> <p>This will help to provide confirmation of where the woman or girl was born. The list of relevant countries will be available from within CAP, including the following default values if the woman doesn't, won't or can't specify. The full list of Countries is available within the Appendix section of this document.</p>
R	COUNTRY OF ORIGIN	<ul style="list-style-type: none"> • Name of Country • Unknown – Patient Not Asked • Unknown – Patient Asked but not Answered • Unknown – Not Specified • Other Country – Not Listed 	<p>This SHOULD be included by the clinician (where available).</p> <p>This will be the name of the country that the woman or girl deems themselves to have originated from.</p> <p>If from more than one country (e.g. a mixed heritage background) then the country of origin should be the one that the woman or girl states themselves, to be the most pertinent.</p> <p>The list of relevant countries will be available from within CAP and will include the default values if the woman, doesn't, won't or can't specify. The full list of Countries is available within the Appendix section of this document.</p>
O	REGION OF COUNTRY OF ORIGIN	<ul style="list-style-type: none"> • Name of Region of Country • Unknown – Patient Not Asked • Unknown – Patient Asked but not Answered 	<p>This MAY be included by the clinician, (if available).</p> <p>Confirmation of the region within the country of origin determined.</p> <p>If no Country of Origin has been outlined, then the Region of Origin can't be included.</p> <p>If the Country of Origin is UK, then the Region of Origin is not required.</p> <p>The list of relevant regions will be available from within CAP, including the</p>

		<ul style="list-style-type: none"> • Unknown – Not Specified • Other Region – Not Listed 	<p>default values if the woman, doesn't, won't or can't specify.</p> <p>The full list of Regions is available within the Appendix section of this document.</p>
M	GP PRACTICE REGISTRATION CODE	<ul style="list-style-type: none"> • GP Practice Registration [ODS Code] • Not Registered - Eligible • Not Registered - Recently Entered Country • Not Registered - Unknown / Unable to Confirm 	<p>This MUST be included by the clinician.</p> <p>Where a patient does not have a GP Practice Registration Code, one of the default values must be included.</p> <p>If the GP Practice Registration code is not included, then this will be highlighted within the data report, and it will be necessary to include the specific code of the patient's GP Practice or include a default value.</p>
ATTENDANCE DETAILS			
M	CARE CONTACT DATE	<ul style="list-style-type: none"> • DD-MMM-YYYY 	<p>This MUST be included.</p> <p>This will be the date when the encounter with the woman or girl took place.</p>
R	REFERRING ORGANISATION TYPE	<ul style="list-style-type: none"> • 01 – GP Practice • 02 – NHS Organisation • 03 – Self Referral • 04 – School • 05 – Voluntary Sector • 06 – Local Authority • 07 – Police • 08 – Justice Service • 09 – Immigration Centre • 10 – Religious Organisation • 11 – Other • XX – Not Stated 	<p>This SHOULD be included, where available.</p> <p>The type of organisation the woman or girl was referred from should be included; if this was a GP Practice or other NHS organisation, then the organisation code should be populated within the Referring Organisation Code field.</p>
R	REFERRING ORGANISATION CODE	<ul style="list-style-type: none"> • GP Practice Registration [ODS Code] • NHS Organisation [ODS Code] 	<p>This SHOULD be included by the clinician, (if available).</p> <p>The Referral Organisation Code indicates the code of the referring organisation type where the referral has been made from.</p> <p>The list of referring organisations will be available from within CAP.</p> <p>If the referral is from a General Practice or other NHS organisation, the</p>

			<p>associated code for that GP or NHS organisation will need to be included. The GP Registration Practice codes (including Not Registered) and NHS Organisation codes will be available within a drop list for the clinician to directly record within CAP.</p> <p>Notes:</p> <ul style="list-style-type: none"> • 03 – Self Referral (e.g. walk-ins) • 04 – School: (e.g. primary, secondary, colleges, other educational establishments) • 05 – Voluntary Sector: (including charities, victim / survivor groups, etc.) • 06 – Local Authority (including, children or adult) • 08 – Justice Service (e.g. prison, young offender’s institutes, sexual assault referral centres, etc.) • 10 – Religious Organisation (e.g. church, mosque, prayer group, etc.)
R	SITE CODE OF TREATMENT	<ul style="list-style-type: none"> • NHS Organisation [ODS Code] 	<p>This SHOULD be included (if available).</p> <p>The Site Code of Treatment will be the code of a specific clinic or hospital within a wider organisation.</p> <p>The full list of these Site Codes will be available within CAP.</p>
R	TREATMENT FUNCTION AREA	<ul style="list-style-type: none"> • Treatment Function Area Code as per data dictionary 	<p>This SHOULD be included by the clinician, (where available).</p> <p>The Treatment Function Area options will be available from within CAP.</p> <p>The full list of these options is available within the Appendix section of this document.</p>
R	PREGNANCY STATUS INDICATOR	<ul style="list-style-type: none"> • Yes • No • Unknown • Not Stated 	<p>This SHOULD be included by the clinician, (where available).</p> <p>One of the Values should be selected from within CAP.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Yes (<i>the woman or girl is pregnant</i>) • No (<i>the woman or girl is not pregnant</i>) • Unknown (<i>it was not qualified either way</i>) • Not stated (<i>the patient was asked but no response was provided</i>)
M	FEMALE GENITAL	<ul style="list-style-type: none"> • Self-Report 	<p>This MUST be included by the clinician.</p>

	MUTILATION (IDENTIFICATION)	<ul style="list-style-type: none"> On Examination 	<p>This will outline how FGM was identified, and one of the Values must be selected from within CAP.</p> <p>Notes:</p> <ul style="list-style-type: none"> Self-Report (<i>where the woman or girl outlined they have FGM</i>) On Examination (<i>only when a physical examination, as part of routine, usual or requested provision of care for a woman is undertaken</i>).
R	FGM FAMILY HISTORY	<ul style="list-style-type: none"> Yes No Unknown Not Stated 	<p>This SHOULD be included by the clinician (where available). FGM has been identified in other family members to the woman or girl (e.g. mother, sisters, aunts, grandmothers, cousins etc.) or, their wider community group (e.g. guardians, in-laws, wider social group). This is not an exhaustive list and may include;</p> <ul style="list-style-type: none"> New-born baby girls, where FGM has been identified in the mother. Adult women who have older female relatives with FGM. <p>It is acknowledged that confirming if FGM has been undertaken in other family members will not be easy to determine, but this will help to determine any future potential risk of FGM occurring to a woman or girl. One of the Values should be selected from within CAP.</p> <p>Notes:</p> <ul style="list-style-type: none"> Yes (FGM has been identified in the immediate or wider family) No (FGM has not been identified in the immediate or wider family) Unknown (the question was not asked) Not Stated (the question was asked but no clear response was provided)
R	NUMBER OF DAUGHTERS UNDER 18?	<ul style="list-style-type: none"> 0 – 20 (Integer) Unknown – Not Specified 	<p>This SHOULD be included by the clinician (where available). Confirmation that the woman or girl already has daughters under 18 is required. One of the Values should be selected from within CAP.</p> <p>Notes:</p>

			<ul style="list-style-type: none"> • 0 – No daughters • 1 – 20 daughters can be recorded • Unknown - Not Specified (the question was asked but no clear response was provided)
R	HAS THE PATIENT BEEN ADVISED ON THE HEALTH IMPLICATIONS OF FGM?	<ul style="list-style-type: none"> • Yes • No • Unknown – Not Specified 	<p>This SHOULD be included by the clinician. One of the Values should be selected from within CAP.</p> <p>Notes: All health professionals should be aware of FGM and its health implications. They should also understand what actions are required when they encounter a child or woman who has had, or is at risk of, FGM. Examples of short term health implications, include; Severe pain, Shock, Bleeding, Wound infections including tetanus and gangrene, Blood-borne viruses such as HIV, hepatitis B and hepatitis C, Inability to urinate, Injury to vulval tissues surrounding the entrance to the vagina, Damage to other organs nearby such as the urethra and the bowel. This list is not exhaustive. Examples of long term health implications, include; Chronic vaginal and pelvic infections, Abnormal periods, Difficulty passing urine and persistent urine infections, Kidney impairment and possible kidney failure, Damage to the reproductive system including infertility, Cysts and the formation of scar tissue, Complications in pregnancy and newborn deaths, Pain during sex and lack of pleasurable sensation, Psychological damage including low libido, Depression and anxiety, Flashbacks during pregnancy and childbirth and the need for later surgery to open the lower vagina for sexual intercourse and childbirth. This list is also not exhaustive and sometimes, FGM can also cause death.</p>
R	HAS THE PATIENT BEEN ADVISED ON THE ILLEGALITIES OF FGM?	<ul style="list-style-type: none"> • Yes • No • Unknown – Not Specified 	<p>This SHOULD be included by the clinician. One of the Values should be selected from within CAP.</p> <p>Note: FGM is a crime in the UK. Even if someone is taken overseas for the</p>

			<p>mutilation, it is still a crime in the UK if the mutilation is done by a UK national or permanent UK resident. It is also a crime if a UK national or permanent resident assists or gets a non-UK national or permanent resident to carry out the acts overseas on a UK national or permanent resident.</p>
R	DAUGHTER/S BORN AT THIS ATTENDANCE	<ul style="list-style-type: none"> • Yes • No 	<p>This SHOULD be included by the clinician. Confirmation that a baby girl was born as part of the attendance.</p>
O	COUNTRY OF BIRTH OF THE BABY'S FATHER	<ul style="list-style-type: none"> • Unknown – Patient Not Asked • Unknown – Patient Asked but not Answered • Unknown – Not Specified • Other Country – Not Listed 	<p>This MAY be included by the clinician (if available). Confirmation of the country of birth of the baby's father. The list of relevant countries will be available from within CAP and will include the default values if the woman doesn't, won't or can't specify. The full list of Countries is available within the Appendix section of this document.</p>
O	COUNTRY OF ORIGIN OF THE BABY'S FATHER	<ul style="list-style-type: none"> • Unknown – Patient Not Asked • Unknown – Patient Asked but not Answered • Unknown – Not Specified • Other Country – Not Listed 	<p>This MAY be included by the clinician (if available). The list of relevant countries will be available from within CAP and will include the default values if the woman, doesn't, won't or can't specify. The full list of Countries is available within the Appendix section of this document.</p>

FGM DETAILS			
M	FGM ACTIVITY IDENTIFIED	<ul style="list-style-type: none"> • FGM Type 1 • FGM Type 2 • FGM Type 3 • History Of FGM Type 3 • FGM Type 3 - Re-infibulation Identified • FGM Type 4 • FGM Type Unknown • Deinfibulation Undertaken to facilitate delivery • Deinfibulation Undertaken 	<p>This MUST be included by the clinician.</p> <p>Only when a physical examination (as part of routine, usual or requested provision of care for a woman) is undertaken, can the FGM Type be confirmed.</p> <p>It is NOT required that every clinician has to perform a physical examination solely in order to populate the FGM Enhanced Dataset.</p> <p>One of the Values must be selected from within CAP.</p> <p>Where FEMALE GENITAL MUTILATION (IDENTIFICATION) outlines Self Report, an FGM Type MAY be recorded.</p> <p>Where FEMALE GENITAL MUTILATION (IDENTIFICATION) outlines On Examination, one of the values MUST be recorded.</p> <p>Notes:</p> <p>History Of FGM Type 3:</p> <ul style="list-style-type: none"> - Where the woman or girl has previously had FGM Type 3 but has also since had a Deinfibulation procedure as part of her treatment, then this MUST be recorded when identified. <p>FGM Type 3 - Re-infibulation Identified</p> <ul style="list-style-type: none"> - Where a re-infibulation event has been identified (i.e. has historically been deinfibulated following FGM Type 3, but has since been 'closed' again, then this MUST be selected. It is acknowledged that this may not be easily identifiable, but if identified through consultation, this can be recorded here. <p>FGM Type 4:</p> <ul style="list-style-type: none"> - Where a FGM Type 4 has been identified, this can be qualified by using the FGM Type 4 Qualifier Code. If it is not possible to identify the specific FGM Type 4 condition, then FGM Type 4 MUST still be recorded. <p>FGM Type Unknown:</p> <ul style="list-style-type: none"> - This MUST only be used when it cannot be clearly identified which FGM Type the woman or girl has been subjected to.

O	FGM TYPE 4 QUALIFIER	<ul style="list-style-type: none"> • FGM Type 4 Pricking • FGM Type 4 Piercing • FGM Type 4 Scraping • FGM Type 4 Incising • FGM Type 4 Cauterisation 	<p>This MAY be included by the clinician (if available).</p> <p>Where FGM Type 4 has been selected, this can be further qualified if possible, by selecting one of the Values within CAP.</p>
R	AGE RANGE WHEN FGM WAS UNDERTAKEN	<ul style="list-style-type: none"> • Under 1 • Over 1 and under 5 • Between 5 and under 10 • Between 10 and under 15 • Between 15 and under 18 • Over 18 • Didn't Say 	<p>This SHOULD be included by the clinician (where available).</p> <p>The Age Range when FGM was undertaken should try to be obtained.</p> <p>Example: Under 5 would include those patients up to and including 4yrs and 364 days.</p>
R	COUNTRY WHERE FGM WAS UNDERTAKEN	<ul style="list-style-type: none"> • Name of Country • Unknown – Patient Not Asked • Unknown – Patient Asked but not Answered • Unknown – Not Specified • Other Country – Not Listed 	<p>This SHOULD be included by the clinician (where available).</p> <p>The Country where FGM was undertaken should try to be obtained, and when / if identified, this should be recorded using the Values outlined within CAP.</p> <p>The list of relevant countries will be available from within CAP and will include the default values if the woman doesn't, won't or can't specify.</p> <p>The full list of Countries is available within the Appendix section of this document.</p>

5.3 Additional Dataset Notes

Whilst the Dataset items will be included within CAP and - where relevant - different values will be displayed to the user, where local collection tools are used. Outlined below are additional notes to inform

- the user as to how the information requested can be recorded, and
- information teams / practice managers as to how this information can be sought for eventual inclusion within CAP.

5.3.1 NHS Number

This should always be sought where possible for inclusion within CAP as the primary identifier of the patient.

Without the NHS Number, a record can still be created within CAP but the record will not be used for reporting purposes and will therefore trigger an entry in the Missing Key Field report within CAP, highlighting the missing NHS number. The correct NHS Number must be sought and the record updated

5.3.2 Person Date of Birth

This will be used to help verify the patient, but also to help confirm whether the record is for an adult or a child.

If for any reason the date of birth is unknown this needs to be recorded as the default value of 01/01/1900 within CAP.

5.3.3 Countries

Where possible, the “Country” fields should be populated. Clearly, every clinician will not know every country nor immediately have available a list of all possible countries that can be populated within a local collection tool. However, this information should be made available where possible.

If possible, “Country” information (i.e. for patient demographics, or to record where the FGM was undertaken) should be sought from the woman or girl, and recorded. When a local collection tool is used, attempts should be made to record these details, and when provided to the Information Teams / Practice Managers, this information should – where possible – be transposed into CAP.

Similar attempts should be made for the “Region of Country of Origin”, but - again - it is fully acknowledged that this will not always be easy to:

- a) initially obtain from the patient,
- b) record appropriately
- c) transpose to CAP by information teams

Whilst there are lists of Countries and Regions outlined within the Appendix of this document, it is for each organisation to determine how they could use these, if at all. Accordingly, completion of this information i.e. specifically for Region of Country, is Optional.

The list of countries outlined within CAP are aligned to ISO3316:

http://www.iso.org/iso/home/standards/country_codes.htm

5.3.4 Organisations

All healthcare organisations in England, including General Practices, have associated organisation codes.

Within CAP, it will be possible to search for the relevant healthcare organisation and select this as appropriate. However, if a local collection tool is used, the name of the organisation should be sought if not immediately available, and included. Any locally recorded organisation information will require the Information Teams / Practice Managers to search and select the appropriate organisation within CAP

5.3.5 Number of Daughters Under 18

Where possible, confirmation whether a woman or girl has daughters under 18 should be sought.

This will include circumstances where the encounter leading to the recording of FGM information has included a birth of a daughter.

5.3.6 History of Type 3

History of Type 3 indicates the identification of a woman or girl who has historically been 'closed' (had Type 3) and subsequently been 'opened' (deinfibulated). This is still FGM, and needs to be recorded as History of FGM Type 3.

As the clinician needs to record what is presented to them, where it is known that the woman or girl had historically had FGM Type 3, then this must be recorded as History of Type 3, and not FGM Type 3, in order to provide the historical context of the FGM identified.

6 Collecting FGM Information

This section outlines the collation processes in relation to appropriately populating CAP with the FGM information recorded by clinicians.

How FGM information is recorded by clinicians will impact on how the FGM information can be collected locally by Information Teams or Practice Managers. As such, the methods for collection will directly relate to how the FGM information was initially recorded, i.e.:

- Direct entry in CAP by a clinician
- Use of collection tools locally
- Development of an existing clinical systems

6.1 Audience

This section is specific for Information Teams and Practice Managers.

6.2 Direct entry in CAP

Where clinicians have direct access to record FGM information within CAP, as long as all required elements have been included, no additional input will be required by the Information Team, as the FGM information will have been submitted directly by the clinician. However, where there is missing information, the Missing Key Field report would highlight the data that is required before the record within CAP can be used for reporting purposes.

It is recommended that, in addition to any clinicians that may have access to CAP, an Information Team analyst and / or Practice Manager should also have access to CAP. This will be to ensure that any records highlighted within the Missing Key Field report can be updated and successfully used for reporting.

6.3 Collection tools

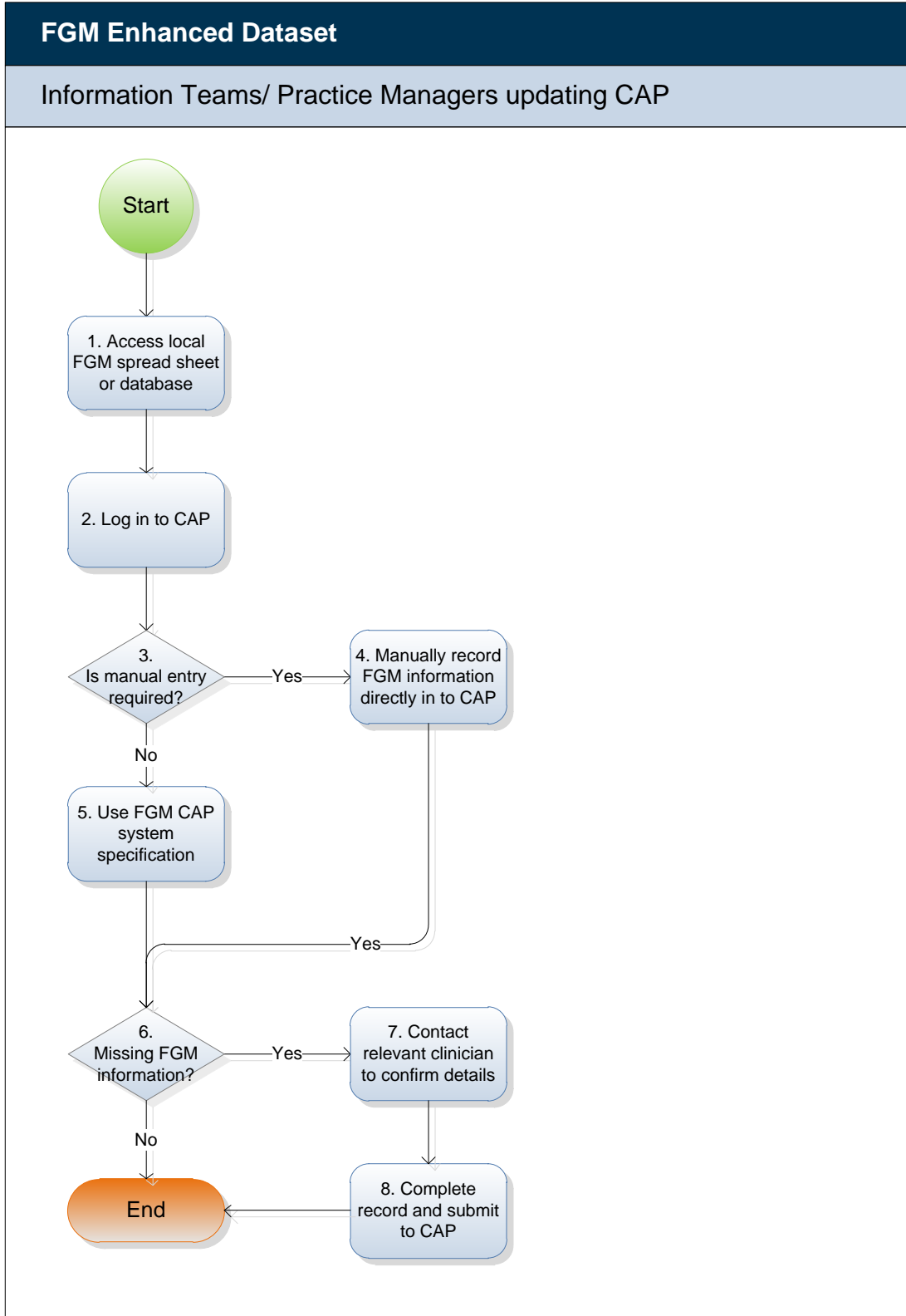
Where FGM information has been recorded within local collection tools, consideration must be given to how this will best be shared with the Information Teams or Practice Managers locally, in order for final entry into CAP to be undertaken.

Where local tools, e.g. spread sheets have been used to record the relevant FGM information, there are two approaches that can be used to transpose the information into CAP. These include:

- Using the FGM CAP system specification to ensure that the information contained within the local spread sheets is automatically transposed and then the FGM CAP system specification saved within CAP, and ultimately populating all the women's and girl's records automatically.
- Manually transposing each local record and updating CAP manually. This is not recommended but, is outlined here for completeness as it may be deemed locally to be the most applicable method.

Where local paper forms are used, then the information contained in the forms will need to be manually recorded within CAP. Again, this is not recommended but, outlined here for completeness if deemed locally, to be the most applicable method.

6.3.1 Process



6.3.2 Process Steps

Step	Description
Information Teams / Practice Managers Updating CAP	
1	<p>Access local FGM spread sheet or database:</p> <p>It will need to be determined how the Information Teams or Practice Managers will obtain the relevant spread sheets, paper forms or access to local databases.</p>
2	<p>Log into CAP:</p> <p>This will require previous CAP registration to have been approved for that clinician, and once access has been confirmed, the clinician will be able to directly create or update a new or existing record for a patient.</p>
3	<p>Establish whether manual entry is required</p> <p>Where manual forms have been used locally to record the FGM Enhanced Dataset items, it is likely that CAP will need to be manually updated directly</p> <p>If Yes, go to step 4</p> <p>If No, go to step 5</p>
4	<p>Manually record FGM information directly in to CAP:</p> <p>This will require access to CAP in order to manually re-record the FGM information from local manual forms</p>
5	<p>Use FGM CAP System Specification:</p> <p>Access the FGM CAP system specification which will be available via the Clinical Audit Platform FGM web page. Once retrieved, the FGM information from local tools can be transposed and saved to the FGM CAP System Specification, which is then saved within the CAP FGM web page.</p>
6	<p>Establish whether any FGM information is missing</p> <p>This will be highlighted within the Missing Key Fields Report within CAP and will highlight the missing FGM information. If there is missing FGM information, go to step 7.</p> <p>If there is no missing information identified from an uploaded file, end the process</p>
7	<p>Contact relevant clinician to confirm missing details, and where possible obtain these and edit the relevant patient record.</p>
8	<p>Complete record and submit to CAP</p>

6.4 CAP System Specification

Where local data sources are used to populate CAP, the following steps provide an overview of the steps required ensuring that the file can be used to upload records appropriately to CAP.

Creating CSV Files

- Collect data onto a spread sheet in the order listed in the file specification.
- The header row for each file is optional. If one is used, then the name of the first column has to be preceded by the word **HEADER_**. You will need to create three separate files – one for each record type (patient, attendance, FGM)
- Ensure that the data entered match to format and type indicated in the **Reference Data** worksheet
- Save each file using the correct name:
 - Patient_abc.csv
 - Attendance_abc.csv
 - FGM_abc.csv(where abc can be anything to help identify the file locally, e.g. patient_July 2015.csv)
- Access the “FILE SUBMISSION DASHBOARD” from within the FGM collection within CAP
- Upload your file by clicking “BROWSE”
- Click the “UPLOAD” button
- Wait until the pop-up box indicates that the file has been processed
- On the FILE SUBMISSION DASHBOARD identify your file and click “VIEW JOB DETAILS” to see any associated issues and then click “VIEW DETAILS”
- Check error messages and rectify where this is indicated

PLEASE NOTE: If you open a csv extract in Excel you may need to change the properties of some of the columns in order to display the data correctly. Please be aware that Excel sometimes removes leading zeroes, e.g. 0123 456 will be changed to 123456. Excel does not display double quotes.

6.5 Existing Clinical Systems Development

The FGM CAP system specification can be used by clinical system suppliers to extract the relevant FGM information and submit this directly to CAP. This can include one or many women's or girl's records and also, and where there has been any missing FGM information, that is required as part of the upload, this will trigger the creation of a Missing Key Field report, highlighting the specific missing information.

6.6 Missing Fields Report

These reports will be visible from within CAP for each submitting organisation. Each report will highlight the records that have, for whatever reason, not included specific FGM information. Details of the Missing Fields Report will be available within the FGM CAP System Specification.

As an overview however, where a patient record has been included within the Missing Key Field report, the reasons why the record has been included here will require appropriate amendment or updating, before a woman or girl's record can be included for reporting purposes.

6.7 Submission Frequency

Whenever FGM is identified in a woman or girl, the relevant information should be entered into CAP in order to ensure the necessary, continual submission of data.

The 'extract period' will be defined by CAP, but it is anticipated that this will initially include all records received with attendance dates between 1st April 2015 and 30th June 2015.

Depending on the method for collecting FGM information locally, it is recommended that to ensure that any records resulting in the creation of a Missing Key Field report should be worked on to complete the record, as soon as possible. Any records that are not submitted or completed for the extract period will not be included within any reporting.

7 Terminology and Clinical Classifications

The following details are taken from the UK Terminology Centre, and are intended for use by all NHS systems. The UKTC records should be used as the definitive specification for the clinical codes as used in the UK. The publication of these codes has allowed for coded entries to detail findings in relation to FGM.

At this point, the clinical codes are included in the FGM Enhanced information standard, and are to be used from April 2015.

7.1 Publication of codes

The following clinical codes were published in April 2014;

7.1.1 Read v2

Proposed Concept	Read v2
Female Genital Mutilation	K578.
Family History of Female Genital Mutilation	12b..
History of Female Genital Mutilation	15K..
Female Genital Mutilation Type 1	K5780
Female Genital Mutilation Type 2	K5781
Female Genital Mutilation Type 3	K5782
Female Genital Mutilation Type 4	K5783
Deinfibulation of vulva	7D045
Deinfibulation of vulva to facilitate delivery	7F1B5

7.1.2 CTV3

Proposed Concept	CTV3
Female Genital Mutilation	Xaad9
Family History of Female Genital Mutilation	Xab24
History of Female Genital Mutilation	Xab25
Female Genital Mutilation Type 1	Xab2E
Female Genital Mutilation Type 2	Xab2F
Female Genital Mutilation Type 3	Xab2G
Female Genital Mutilation Type 4	Xab2H
Deinfibulation of vulva	XaPs4
Deinfibulation of vulva to facilitate delivery	XaaoP

7.1.3 SNOMED CT

Proposed Concept	SNOMED CT
Female Genital cutting	429744008
Female Genital mutilation	885761000000108 [UK]
Female Genital Mutilation Type I – WHO classification	903121000000105 [UK]
Female Genital Mutilation Type II - WHO classification	903141000000103 [UK]
Female Genital Mutilation Type III – WHO classification	903161000000102 [UK]
Female Genital Mutilation Type IV – WHO classification	903181000000106 [UK]
Family History of FGM (female genital mutilation)	902961000000107 [UK]
History of FGM (female genital mutilation)	902981000000103 [UK]
Deinfibulation of vulva	442290007
Deinfibulation of vulva to facilitate delivery	893721000000103 [UK]

7.1.4 OPCS-4 Classifications, Interventions & Procedures v4.7

Deinfibulation of vulva	P07.2
Deinfibulation of vulva to facilitate delivery	R27.2

7.1.5 ICD-10

Note that the current classification of FGM within ICD 10 is associated with other conditions, and therefore not deemed appropriate for the data extraction in support of the FGM Enhanced Dataset.

7.2 Use of terminology and classifications

All healthcare providers of NHS funded care, including independent sector and social enterprise / voluntary organisations are able to use the above clinical codes appropriate to their provision and / system to record when it is identified that a woman or girl has FGM.

7.3 Future Development

To provide greater clarity in the support of recording FGM, there are a number of proposed SNOMED CT concepts which are due for publication by April 2015.

These include the following new concepts;

- History of Deinfibulation
- History of FGM Type 3

These new concepts will help clinicians to provide a greater level of granularity when recording when historical deinfibulations have been identified or, when historical FGM Type 3s have been identified.

7.3.1 ICD-10 5th Edition

The ICD-10 5th edition is due to be published on the 1st April 2016.

Personal history of female genital mutilation	Z91.7
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The description above from the ICD 5th edition means that if the patient healthcare record documents that the woman has had female circumcision or female genital cutting or any of the four FGM Types then this code is the correct code to use.

Examples:

Healthcare Record 1	Documents that the patient has had a female circumcision – the coder will assign Z91.7
Healthcare Record 2	Documents that the patient has had genital cutting – the coder will assign Z91.7
Healthcare Record 3	Documents that the patient has FGM type 2 – the coder will assign Z91.7
Healthcare Record 4	Documents that the patient has FGM but the type has not been specified – the coder will assign Z91.7

Whilst this does not detail the specific FGM type identified, there will be further development work in this area to support that details, but it is not currently expected that this will be available until a later date (approx. 2017-18), aligned to global agreement on the inclusion of more granular information.

8 Submission and Extraction Periods

The following collection schedule outlines the responsibility, activity and dates for the Submission of the FGM Enhanced Dataset from all applicable organisations, including the responsibility for Recording, Collecting, Analysing and Submitting the FGM Enhanced information.

Month	Submitting Organisation Clinicians	Submitting Organisation Information Analysts	Health and Social Care Information Centre		
	Record FGM information continuously submitted (CAP Extract Period)	Collect FGM information / Data Quality (Submission to CAP Period)	Receipt of complete records in CAP	Analysis & Data Preparation for Quarterly Report	Publication <i>(Actual publication day / month to be determined by the Official Statistics Team)</i>
	<i>(Between)</i>	<i>(Completed By)</i>	<i>(Completed By)</i>	<i>(From)</i>	<i>(Approximately From)</i>
April	1 st Apr – 30 th Jun	31 st Jul	31 st Jul	1 st Aug <i>(initial review of data could be from 1st Jul)</i>	September 2015 <i>(Q1: 1st Apr – 30th Jun)</i>
May					
Jun					
Jul	1 st Jul – 30 th Sep	31 st Oct	31 st Oct	1 st Nov <i>(initial review of data could be from 1st Oct)</i>	December 2015 <i>(Q2: 1st Jul – 30th Sep)</i>
Aug					
Sep					
Oct	1 st Oct – 31 st Dec	31 st Jan	31 st Jan	1 st Feb <i>(initial review of data could be from 1st Jan)</i>	March 2016 <i>(Q3: 1st Oct – 31st Dec)</i>
Nov					
Dec					
Jan	1 st Jan – 31 st Mar	30 th Apr	30 th Apr	1 st May <i>(initial review of data could be from 1st Apr)</i>	June 2016 <i>(Q4: 1st Jan – 31st Mar)</i>
Feb					
Mar					

1. The Attendance Date will be used as the basis for determining the reporting period the FGM information is attributed to
2. Clinicians **MUST** continually collect FGM information when it is identified, either by directly recording this within CAP or by sending collected FGM information to the Information Team and / or Practice Manager
3. Information Teams and Practices **MAY** ensure all locally collected FGM information (not directly entered into CAP by clinicians), is physically collected from all relevant departments and enter the information into CAP. This will include addressing any missing key data, and allow for a continual update to CAP across the months

Example, for Quarter 1:

- By 30th April, all CAP entries **MAY** be completed by 31st May
- By 31st May, all CAP entries **MAY** be completed by 30th June
- By 30th June, all CAP entries **MUST** be completed by 31st July

It will be at the discretion of the submitting organisation to determine locally when all submissions for the Quarter will be undertaken

4. Receipt of all quarterly submissions **MUST** be received one month after the last month in the quarter

Example, for Quarter 1:

- All submissions for the 1st Quarter **MUST** be completed and in CAP by 31st July 2015.

5. The Official Statistics Team will determine when the publication will be released, following specific publication guidelines, but it is anticipated to be within the month following the last month in the quarter

Example:

If the last submission received in CAP is 1st August, publications **MAY** be run in September

9 Information Governance Statement

The Health and Social Care Information Centre (HSCIC) no longer needs to apply for Section 251 support when directed or requested to collect person confidential data. This is set out in Sections 254 and 255 of the Health and Social Care Act 2012.

However, all data providers must still ensure compliance with the fair processing requirement of the Data Protection Act 1998. To meet these requirements, data providers must make information and guidance available to patients and/or their legal guardians to inform them that their data will be used for secondary uses purposes.

As a result, the proposed changes for the FGM Enhanced Dataset Information Standards Notice (ISN) do not require Confidentiality Advisory Group (CAG) approval. A Privacy Impact Assessment has instead been carried out in relation to the collection of FGM information on behalf of the FGM Prevention Programme.

Although the HSCIC is permitted to collect, hold and process patient-identifiable FGM information under the Health and Social Care Act 2012, it is obliged to ensure that there is a legal gateway in place before sharing this data with third parties.

It is not intended that patient-identifiable data will be shared with other parties. Such activity would require explicit patient consent, Section 251 support under the NHS Act 2006, or another statutory gateway.

It is intended however, that the FGM information collected and disseminated using the Clinical Audit Platform will support the publication of patient-anonymised Official Statistics.

9.1 Patient Consent

As the FGM Enhanced Dataset will be underpinned as a result of Department of Health directions, this will require *no patient consent* to be sought in order to collect this information and subsequently share this with HSCIC.

However, each patient where FGM information has been made available must be informed of how their information will be used and what steps the patient can take if they have any objections to the intended use of the information that is being collected about them.

9.2 Privacy Impact Assessment

To support the FGM Enhanced Dataset implementation, a Privacy Impact Assessment has been undertaken, to help identify the privacy risks of what is being proposed, to support the action required to mitigate those risks prior to any collection, sharing, retention or analysis of FGM information.

10 Appendix

10.1 FGM Countries

The following table outlines the coded values of all the relevant FGM Countries. These will be included within CAP to support the population of this information when clinicians directly enter information within CAP, and can be chosen for inclusion within the FGM Enhanced Dataset.

They are referenced here to support the Data Dictionary model, but can also be used if so chosen by organisations wanting to use this list.

If possible these should also be made available for inclusion within any system development work to support the capture of FGM information by existing systems. Further to this, this list of countries should be available locally to support the collection of FGM information.

Code	Country
GBR	United Kingdom
XXX	Not Stated
999	Unknown
BHR	Bahrain
BEN	Benin
BFA	Burkina Faso
CMR	Cameroon
CAF	Central African Republic (the)
TCD	Chad
CIV	Côte d'Ivoire
DJI	Djibouti
EGY	Egypt
ERI	Eritrea
ETH	Ethiopia
GMB	Gambia (The)
GHA	Ghana
GIN	Guinea
GNB	Guinea-Bissau
IND	India
IDN	Indonesia
IRQ	Iraq
ISR	Israel
KEN	Kenya
LBR	Liberia
MYS	Malaysia
MLI	Mali

MRT	Mauritania
NER	Niger (the)
NGA	Nigeria
OMN	Oman
PAK	Pakistan
SEN	Senegal
SLE	Sierra Leone
SOM	Somalia
SDN	Sudan (the)
TZA	Tanzania, United Republic of
TGO	Togo
UGA	Uganda
ARE	United Arab Emirates (the)
YEM	Yemen
AFG	Afghanistan
ALA	Åland Islands
ALB	Albania
DZA	Algeria
ASM	American Samoa
AND	Andorra
AGO	Angola
AIA	Anguilla
ATA	Antarctica
ATG	Antigua and Barbuda
ARG	Argentina
ARM	Armenia
ABW	Aruba
AUS	Australia
AUT	Austria
AZE	Azerbaijan
BHS	Bahamas (the)
BGD	Bangladesh
BRB	Barbados
BLR	Belarus
BEL	Belgium
BLZ	Belize
BMU	Bermuda
BTN	Bhutan
BOL	Bolivia, Plurinational State of
BES	Bonaire, Sint Eustatius and Saba

BIH	Bosnia and Herzegovina
BWA	Botswana
BVT	Bouvet Island
BRA	Brazil
IOT	British Indian Ocean Territory (the)
BRN	Brunei Darussalam
BGR	Bulgaria
BDI	Burundi
CPV	Cabo Verde
KHM	Cambodia
CAN	Canada
CYM	Cayman Islands (the)
CHL	Chile
CHN	China
CXR	Christmas Island
CCK	Cocos (Keeling) Islands (the)
COL	Colombia
COM	Comoros
COG	Congo
COD	Congo (the Democratic Republic of the)
COK	Cook Islands (the)
CRI	Costa Rica
HRV	Croatia
CUB	Cuba
CUW	Curaçao
CYP	Cyprus
CZE	Czech Republic (the)
DNK	Denmark
DMA	Dominica
DOM	Dominican Republic (the)
ECU	Ecuador
SLV	El Salvador
GNQ	Equatorial Guinea
EST	Estonia
FLK	Falkland Islands (the) [Malvinas]
FRO	Faroe Islands (the)
FJI	Fiji
FIN	Finland
FRA	France
GUF	French Guiana

PYF	French Polynesia
ATF	French Southern Territories (the)
GAB	Gabon
GEO	Georgia
DEU	Germany
GIB	Gibraltar
GRC	Greece
GRL	Greenland
GRD	Grenada
GLP	Guadeloupe
GUM	Guam
GTM	Guatemala
GGY	Guernsey
GUY	Guyana
HTI	Haiti
HMD	Heard Island and McDonald Islands
VAT	Holy See (the) [Vatican City State]
HND	Honduras
HKG	Hong Kong
HUN	Hungary
ISL	Iceland
IRN	Iran (the Islamic Republic of)
IRL	Ireland
IMN	Isle of Man
ITA	Italy
JAM	Jamaica
JPN	Japan
JEY	Jersey
JOR	Jordan
KAZ	Kazakhstan
KIR	Kiribati
PRK	Korea (the Democratic People's Republic of)
KOR	Korea (the Republic of)
KWT	Kuwait
KGZ	Kyrgyzstan
LAO	Lao People's Democratic Republic (the)
LVA	Latvia
LBN	Lebanon
LSO	Lesotho
LIB	Libya

LIE	Liechtenstein
LTU	Lithuania
LUX	Luxembourg
MAC	Macao
MKD	Macedonia (the former Yugoslav Republic of)
MDG	Madagascar
MWI	Malawi
MDV	Maldives
MLT	Malta
MHL	Marshall Islands (the)
MTQ	Martinique
MUS	Mauritius
MYT	Mayotte
MEX	Mexico
FSM	Micronesia (the Federated States of)
MDA	Moldova (the Republic of)
MCO	Monaco
MNG	Mongolia
MNE	Montenegro
MSR	Montserrat
MAR	Morocco
MOZ	Mozambique
MMR	Myanmar
NAM	Namibia
NRU	Nauru
NPL	Nepal
NLD	Netherlands (the)
NCL	New Caledonia
NZL	New Zealand
NIC	Nicaragua
NIU	Niue
NFK	Norfolk Island
MNP	Northern Mariana Islands (the)
NOR	Norway
PLW	Palau
PSE	Palestine, State of
PAN	Panama
PNG	Papua New Guinea
PRY	Paraguay
PER	Peru

PHL	Philippines (the)
PCN	Pitcairn
POL	Poland
PRT	Portugal
PRI	Puerto Rico
QAT	Qatar
REU	Réunion
ROU	Romania
RUS	Russian Federation (the)
RWA	Rwanda
BLM	Saint Barthélemy
SHN	Saint Helena, Ascension and Tristan da Cunha
KNA	Saint Kitts and Nevis
LCA	Saint Lucia
MAF	Saint Martin (French part)
SPM	Saint Pierre and Miquelon
VCT	Saint Vincent and the Grenadines
WSM	Samoa
SMR	San Marino
STP	Sao Tome and Principe
SAU	Saudi Arabia
SRB	Serbia
SYC	Seychelles
SGP	Singapore
SXM	Sint Maarten (Dutch part)
SVK	Slovakia
SVN	Slovenia
SLB	Solomon Islands (the)
ZAF	South Africa
SGS	South Georgia and the South Sandwich Islands
SSD	South Sudan
ESP	Spain
LKA	Sri Lanka
SUR	Suriname
SJM	Svalbard and Jan Mayen
SWZ	Swaziland
SWE	Sweden
CHE	Switzerland
SYR	Syrian Arab Republic (the)
TWN	Taiwan (Province of China)

TJK	Tajikistan
THA	Thailand
TLS	Timor-Leste
TKL	Tokelau
TON	Tonga
TTO	Trinidad and Tobago
TUN	Tunisia
TUR	Turkey
TKM	Turkmenistan
TCA	Turks and Caicos Islands (the)
TUV	Tuvalu
UKR	Ukraine
USA	United States (the)
UMI	United States Minor Outlying Islands (the)
URY	Uruguay
UZB	Uzbekistan
VUT	Vanuatu
VEN	Venezuela, Bolivarian Republic of
VNM	Vietnam
VGB	Virgin Islands (British)
VIR	Virgin Islands (U.S.)
WLF	Wallis and Futuna
ESH	Western Sahara*
ZMB	Zambia
ZWE	Zimbabwe

10.2 FGM Regions

The following table outlines the coded values of all the relevant FGM Regions of Countries. These will be outlined within CAP, and can be chosen for inclusion within the FGM Enhanced Dataset and are referenced here to support the Data Dictionary model.

If possible, these should also be made available for inclusion within any system development work to support the capture of FGM information by existing systems. Further to this, this list of countries should be available locally to support the collection of FGM information.

Bahrain	
BHR00	Not Stated
BHR01	Al Hidd
BHR02	Central
BHR03	Hamad Town
BHR04	Hawar Islands
BHR05	Isa Town
BHR06	Jidd Haffs
BHR07	Manama
BHR08	Muharraq
BHR09	Northern
BHR10	Rifa and Southern
BHR11	Sitra
BHR12	Western
BHR99	Unknown
Benin	
BEN00	Not Stated
BEN01	Alibori
BEN02	Atakora
BEN03	Atlantique
BEN04	Borgou
BEN05	Collines
BEN06	Donga
BEN07	Kouffo
BEN08	Littoral
BEN09	Mono
BEN10	Oueme
BEN11	Plateau
BEN12	Zou
BEN99	Unknown
Burkina Faso	

BFA00	Not Stated
BFA01	Boucle du Mouhoun
BFA02	Cascades
BFA03	Centre
BFA04	Centre-Est
BFA05	Centre-Ouest
BFA06	Centre-Nord
BFA07	Centre-Sud
BFA08	Est
BFA09	Hauts-Bassins
BFA10	Nord
BFA11	Platueau Central
BFA12	Sahel
BFA13	Sud-Ouest
BFA99	Unknown
Cameroon	
CMR00	Not Stated
CMR01	Etreme North
CMR02	North
CMR03	Adamawa
CMR04	East
CMR05	South
CMR06	Centre
CMR07	Littoral
CMR08	West
CMR09	Northwest
CMR10	Southwest
CMR99	Unknown
Central African Republic	
CAF00	Not Stated
CAF01	Bamingui-Bangoran
CAF02	Basse Kotto
CAF03	Haute-Kotto
CAF04	Haute-Mbomou
CAF05	Kemo
CAF06	Lobaye
CAF07	Manbere Kadei
CAF08	Mbomou
CAF09	Ombella M'Poko
CAF10	Ouaka

CAF11	Ouham
CAF12	Ouham Pende
CAF13	Nana Grebizi
CAF14	Nana Manbere
CAF15	Sangha-Mbaere
CAF16	Vakaga
CAF99	Unknown
Chad	
TCD00	Not Stated
TCD01	Bahr el Gazel
TCD02	Batha
TCD03	Borkou
TCD04	Chari-Baguirmi
TCD05	Ennedi
TCD06	Guéra
TCD07	Hadjer-Lamis
TCD08	Kanem
TCD09	Lac
TCD10	Logone Occidental
TCD11	Logone Oriental
TCD12	Mandoul
TCD13	Mayo-Kebbi Est
TCD14	Mayo-Kebbi Ouest
TCD15	Moyen-Chari
TCD16	N'Djamena
TCD17	Ouaddaï
TCD18	Salamat
TCD19	Sila
TCD20	Tandjilé
TCD21	Tibesti
TCD22	Wadi Fira
TCD99	Unknown
Côte d'Ivoire	
CIV00	Not Stated
CIV01	Agnéby
CIV02	Bafing
CIV03	Bas-Sassandra
CIV04	Denguélé
CIV05	Dix-Huit Montagnes
CIV06	Fromager

CIV07	Haut-Sassandra
CIV08	Lacs
CIV09	Lagunes
CIV10	Marahoué
CIV11	Moyen-Cavally
CIV12	Moyen-Comoé
CIV13	N'zi-Comoé
CIV14	Savanes
CIV15	Sud-Bandama
CIV16	Sud-Comoé
CIV17	Vallée du Bandama
CIV18	Worodougou
CIV19	Zanzan
CIV99	Unknown
Djibouti	
DJI00	Not Stated
DJI01	Ali Sabieh
DJI02	Arta
DJI03	Djibouti
DJI04	Dikhil
DJI05	Obock
DJI06	Tadjourah
DJI99	Unknown
Egypt	
EGY00	Not Stated
EGY01	Al Sharqia
EGY02	Alexandria
EGY03	Aswan
EGY04	Asyut
EGY05	Beheira
EGY06	Beni Suef
EGY07	Cairo
EGY08	Dakahlia
EGY09	Damietta
EGY10	Faiyum
EGY11	Gharbia
EGY12	Giza
EGY13	Ismailia
EGY14	Kafr el-Sheikh
EGY15	Luxor

EGY16	Matrouh
EGY17	Minya
EGY18	Monufia
EGY19	New Valley
EGY20	North Sinai
EGY21	Port Said
EGY22	Qalyubia
EGY23	Qena
EGY24	Red Sea
EGY25	Sohag
EGY26	South Sinai
EGY27	Suez
EGY99	Unknown
Eritrea	
ERI00	Not Stated
ERI01	Anseba
ERI02	Debub
ERI03	Gash-Barka
ERI04	Maekel
ERI05	Northern Red Sea
ERI06	Southern Red Sea
ERI99	Unknown
Ethiopia	
ETH00	Not Stated
ETH01	Addis Ababa
ETH02	Afar
ETH03	Amhara
ETH04	Benishangul-Gumuz
ETH05	Dire Dawa (<i>City Admin</i>)
ETH06	Gambela
ETH07	Harari
ETH08	Oromia
ETH09	Somali
ETH10	Southern Nations, Nationalities, and Peoples'
ETH11	Tigray
ETH99	Unknown
Gambia	
GMB00	Not Stated
GMB01	Banjul LGA (<i>City</i>)
GMB02	Kanifing LGA

GMB03	Brikama LGA (<i>formerly Western</i>)
GMB04	Mansakonko LGA (<i>formerly Lower River</i>)
GMB05	Kerewan LGA (<i>formerly North Bank</i>)
GMB06	Kuntaur LGA (<i>formerly the Western half of Central River Division</i>)
GMB07	Janjanbureh LGA (<i>formerly the Eastern half of Central River Division</i>)
GMB08	Basse LGA (<i>formerly Upper River</i>)
GMB99	Unknown
Ghana	
GHA00	Not Stated
GHA01	Ashanti
GHA02	Brong-Ahafo
GHA03	Central
GHA04	Eastern
GHA05	Greater Accra
GHA06	Northern
GHA07	Upper East
GHA08	Upper West
GHA09	Volta
GHA10	Western
GHA99	Unknown
Guinea	
GIN00	Not Stated
GIN01	Boké
GIN02	Conakry
GIN03	Faranah
GIN04	Kankan
GIN05	Kindia
GIN06	Labé
GIN07	Mamou
GIN08	Nzérékoré
GIN99	Unknown
Guinea-Bissau	
GNB00	Not Stated
GNB01	Bafatá
GNB02	Biombo
GNB03	Bissaua
GNB04	Bolama
GNB05	Cacheu
GNB06	Gabu
GNB07	Oio

GNB08	Quinara
GNB09	Tombali
GNB99	Unknown
India	
IND00	Not Stated
IND01	Andhra Pradesh
IND02	Arunachal Pradesh
IND03	Assam
IND04	Bihar
IND05	Chhattisgarh
IND06	Goa
IND07	Gujarat
IND08	Haryana
IND09	Himachal Pradesh
IND10	Jammu and Kashmir
IND11	Jharkhand
IND12	Karnataka
IND13	Kerala
IND14	Madhya Pradesh
IND15	Maharashtra
IND16	Manipur
IND17	Meghalaya
IND18	Mizoram
IND19	Nagaland
IND20	Odisha
IND21	Punjab
IND22	Rajasthan
IND23	Sikkim
IND24	Tamil Nadu
IND25	Telangana
IND26	Tripura
IND27	Uttar Pradesh
IND28	Uttarakhand
IND29	West Bengal
IND99	Unknown
Indonesia	
IDN00	Not Stated
IDN01	Sumatra
IDN02	Java
IDN03	Lesser Sunda Islands

IDN04	Kalimantan
IDN05	Sulawesi
IDN06	Maluku Islands
IDN07	Western New Guinea
IDN99	Unknown
Iraq	
IRQ00	Not Stated
IRQ01	Al Anbar
IRQ02	Al-Qādisiyyah
IRQ03	Babil
IRQ04	Baghdad
IRQ05	Basra
IRQ06	Dhi Qar
IRQ07	Diyala
IRQ08	Dohuk
IRQ09	Erbil
IRQ10	Halabja
IRQ11	Karbala
IRQ12	Kirkuk
IRQ13	Maysan
IRQ14	Muthanna
IRQ15	Najaf
IRQ16	Nineveh
IRQ17	Saladin
IRQ18	Sulaymaniyah
IRQ19	Wasit
IRQ99	Unknown
Israel	
ISR00	Not Stated
ISR01	Center
ISR02	Haifa
ISR03	Jerusalem
ISR04	Judea and Samaria (<i>West Bank</i>)
ISR05	North
ISR06	South
ISR07	Tel Aviv
ISR99	Unknown
Kenya	
KEN00	Not Stated
KEN01	Central

KEN02	Coast
KEN03	Eastern
KEN04	Nairobi
KEN05	North Eastern
KEN06	Nyanza
KEN07	Rift Valley
KEN08	Western
KEN99	Unknown
Liberia	
LBR00	Not Stated
LBR01	Bomi
LBR02	Bong
LBR03	Gbarpolu
LBR04	Grand Bassa
LBR05	Grand Cape Mount
LBR06	Grand Gedeh
LBR07	Grand Kru
LBR08	Lofa
LBR09	Margibi
LBR10	Maryland
LBR11	Montserrado
LBR12	Nimba
LBR13	Rivercess
LBR14	River Gee
LBR15	Sinoe
LBR99	Unknown
Malaysia	
MYS00	Not Stated
MYS01	Federal Territory of Kuala Lumpur
MYS02	Federal Territory of Labuan
MYS03	Federal Territory of Putrajaya
MYS04	Johor
MYS05	Kedah
MYS06	Kelantan
MYS07	Malacca
MYS08	Negeri Sembilan
MYS09	Pahang
MYS10	Penang
MYS11	Perak
MYS12	Perlis

MYS13	Sabah
MYS14	Sarawak
MYS15	Selangor
MYS16	Terengganu
MYS99	Unknown
Mali	
MLI00	Not Stated
MLI01	Bamako (<i>Capital District</i>)
MLI02	Gao
MLI03	Kayes
MLI04	Kidal
MLI05	Koulikoro
MLI06	Mopti
MLI07	Ségou
MLI08	Sikasso
MLI09	Tombouctou
MLI99	Unknown
Mauritania	
MRT00	Not Stated
MRT01	Adrar
MRT02	Assaba
MRT03	Brakna
MRT04	Dakhlet Nouadhibou
MRT05	Gorgol
MRT06	Guidimaka
MRT07	Hodh Ech Chargui
MRT08	Hodh El Gharbi
MRT09	Inchiri
MRT10	Nouakchott (<i>Capital District</i>)
MRT11	Tagant
MRT12	Tiris Zemmour
MRT13	Trarza
MRT99	Unknown
Niger	
NER00	Not Stated
NER01	Agadez
NER02	Diffa
NER03	Dosso
NER04	Maradi
NER05	Niamey (<i>Capital District</i>)

NER06	Tahoua
NER07	Tillabéri
NER08	Zinder
NER99	Unknown
Nigeria	
NGA00	Not Stated
NGA01	Abia
NGA02	Abuja (<i>Capital District</i>)
NGA03	Adamawa
NGA04	Akwa Ibom
NGA05	Anambra
NGA06	Bauchi
NGA07	Bayelsa
NGA08	Benue
NGA09	Borno
NGA10	Cross River
NGA11	Delta
NGA12	Ebonyi
NGA13	Edo
NGA14	Ekiti
NGA15	Enugu
NGA16	Gombe
NGA17	Imo
NGA18	Jigawa
NGA19	Kaduna
NGA20	Kano
NGA21	Katsina
NGA22	Kebbi
NGA23	Kogi
NGA24	Kwara
NGA25	Lagos
NGA26	Nasarawa
NGA27	Niger
NGA28	Ogun
NGA29	Ondo
NGA30	Osun
NGA31	Oyo
NGA32	Plateau
NGA33	Rivers
NGA34	Sokoto

NGA35	Taraba
NGA36	Yobe
NGA37	Zamfara
NGA99	Unknown
Oman	
OMN00	Not Stated
OMN01	Ad Dakhiliyah
OMN02	Ad Dhahirah
OMN03	Al Batinah
OMN04	Al Buraymi
OMN05	Al Buraymi
OMN06	Al Wusta
OMN07	Ash Sharqiyah
OMN08	Dhofar
OMN09	Musandam
OMN10	Muscat
OMN99	Unknown
Pakistan	
Pakistan	Not Stated
PAK01	Azad Kashmir
PAK02	Balochistan (<i>Province</i>)
PAK03	Federally Administered Tribal Areas
PAK04	Gilgit–Baltistan
PAK05	Islamabad Capital Territory
PAK06	Khyber Pakhtunkhwa (<i>Province</i>)
PAK07	Punjab (<i>Province</i>)
PAK08	Sindh(<i>Province</i>)
PAK99	Unknown
Senegal	
SEN00	Not Stated
SEN01	Dakar
SEN02	Diourbel
SEN03	Fatick
SEN04	Kaffrine
SEN05	Kaolack
SEN06	Kedougou
SEN07	Kolda
SEN08	Louga
SEN09	Matam
SEN10	Saint Louis

SEN11	Sedhiou
SEN12	Tambacounda
SEN13	Thies
SEN14	Ziguinchor
SEN99	Unknown
Sierra Leone	
SLE00	Not Stated
SLE01	Bo
SLE02	Bombali
SLE03	Bonthe
SLE04	Kailahun
SLE05	Kambia
SLE06	Kenema
SLE07	Koinadugu
SLE08	Kono
SLE09	Moyamba
SLE10	Port Loko
SLE11	Pujehun
SLE12	Tonkolili
SLE13	Western Area Rural District
SLE14	Western Area Urban District
SLE99	Unknown
Somalia	
SOM00	Not Stated
SOM01	Awdal
SOM02	Bakool
SOM03	Banaadir
SOM04	Bari
SOM05	Bay
SOM06	Galguduud
SOM07	Gedo
SOM08	Hiran
SOM09	Lower Juba
SOM10	Lower Shebelle
SOM11	Middle Juba
SOM12	Middle Shebelle
SOM13	Mudug
SOM14	Nugal
SOM15	Sanaag
SOM16	Sool

SOM17	Togdheer
SOM18	Woqooyi Galbeed
SOM99	Unknown
Sudan	
SDN00	Not Stated
SDN01	Al Jazirah
SDN02	Al Qadarif
SDN03	Blue Nile
SDN04	Central Darfur
SDN05	East Darfur
SDN06	Kassala
SDN07	Khartoum
SDN08	North Darfur
SDN09	North Kurdufan
SDN10	Northern
SDN11	Red Sea
SDN12	River Nile
SDN13	Sennar
SDN14	South Darfur
SDN15	South Kurdufan
SDN16	West Darfur
SDN17	West Kurdufan
SDN18	White Nile
SDN99	Unknown
Togo	
TGO00	Not Stated
TGO01	Centrale
TGO02	Kara
TGO03	Maritime
TGO04	Plateaux
TGO05	Savanes
TGO99	Unknown
Uganda	
UGA00	Not Stated
UGA01	Central
UGA02	Western
UGA03	Eastern
UGA04	Northern
UGA99	Unknown
United Arab Emirates	

ARE00	Not Stated
ARE01	Abu Dhabi
ARE02	Ajman
ARE03	Dubai
ARE04	Fujairah
ARE05	Ras al-Khaimah
ARE06	Sharjah
ARE07	Umm al-Quwain
ARE99	Unknown
Tanzania (United Republic of)	
TZA00	Not Stated
TZA01	Arusha
TZA02	Dar es Salaam
TZA03	Dodoma
TZA04	Geita
TZA05	Iringa
TZA06	Kagera
TZA07	Katavi
TZA08	Kigoma
TZA09	Kilimanjaro
TZA10	Lindi
TZA11	Manyara
TZA12	Mara
TZA13	Mbeya
TZA14	Morogoro
TZA15	Mtwara
TZA16	Mwanza
TZA17	Njombe
TZA18	Pemba North
TZA19	Pemba South
TZA20	Pwani
TZA21	Rukwa
TZA22	Ruvuma
TZA23	Shinyanga
TZA24	Simiyu
TZA25	Singida
TZA26	Tabora
TZA27	Tanga
TZA28	Zanzibar North
TZA29	Zanzibar South

TZA30	Zanzibar Urban West
TZA99	Unknown
Yemen	
YEM00	Not Stated
YEM01	Abyan
YEM02	Ad Dali'
YEM03	Adan
YEM04	Al Bayda'
YEM05	Al Hudaydah
YEM06	Al Jawf
YEM07	Al Mahrah
YEM08	Al Mahwit
YEM09	Amanat Al Asimah
YEM10	Amran
YEM11	Dhamar
YEM12	Hadramaut
YEM13	Hajjah
YEM14	Ibb
YEM15	Lahij
YEM16	Ma'rib
YEM17	Raymah
YEM18	Sada
YEM19	Sana'a
YEM20	Shabwah
YEM21	Soqatra
YEM22	Ta'izz
YEM99	Unknown

10.3 Treatment Function Areas

Surgical Specialties	
100	GENERAL SURGERY
101	UROLOGY
102	TRANSPLANTATION SURGERY
103	BREAST SURGERY
104	COLORECTAL SURGERY
105	HEPATOBIILIARY & PANCREATIC SURGERY
106	UPPER GASTROINTESTINAL SURGERY
107	VASCULAR SURGERY
108	SPINAL SURGERY SERVICE
110	TRAUMA & ORTHOPAEDICS
120	ENT
130	OPHTHALMOLOGY
140	ORAL SURGERY
141	RESTORATIVE DENTISTRY
142	PAEDIATRIC DENTISTRY
143	ORTHODONTICS
144	MAXILLO-FACIAL SURGERY
150	NEUROSURGERY
160	PLASTIC SURGERY
161	BURNS CARE
170	CARDIOTHORACIC SURGERY
171	PAEDIATRIC SURGERY
172	CARDIAC SURGERY
173	THORACIC SURGERY
174	CARDIOTHORACIC TRANSPLANTATION
180	ACCIDENT & EMERGENCY
191	PAIN MANAGEMENT

Other Children's Specialist Services	
211	PAEDIATRIC UROLOGY
212	PAEDIATRIC TRANSPLANTATION SURGERY
213	PAEDIATRIC GASTROINTESTINAL SURGERY
214	PAEDIATRIC TRAUMA AND ORTHOPAEDICS
215	PAEDIATRIC EAR NOSE AND THROAT
216	PAEDIATRIC OPHTHALMOLOGY
217	PAEDIATRIC MAXILLO-FACIAL SURGERY
218	PAEDIATRIC NEUROSURGERY
219	PAEDIATRIC PLASTIC SURGERY
220	PAEDIATRIC BURNS CARE
221	PAEDIATRIC CARDIAC SURGERY
222	PAEDIATRIC THORACIC SURGERY
223	PAEDIATRIC EPILEPSY
241	PAEDIATRIC PAIN MANAGEMENT
242	PAEDIATRIC INTENSIVE CARE
251	PAEDIATRIC GASTROENTEROLOGY
252	PAEDIATRIC ENDOCRINOLOGY
253	PAEDIATRIC CLINICAL HAEMATOLOGY
254	PAEDIATRIC AUDIOLOGICAL MEDICINE
255	PAEDIATRIC CLINICAL IMMUNOLOGY AND ALLERGY SERVICE
256	PAEDIATRIC INFECTIOUS DISEASES
257	PAEDIATRIC DERMATOLOGY
258	PAEDIATRIC RESPIRATORY MEDICINE
259	PAEDIATRIC NEPHROLOGY
260	PAEDIATRIC MEDICAL ONCOLOGY
261	PAEDIATRIC METABOLIC DISEASE
262	PAEDIATRIC RHEUMATOLOGY
263	PAEDIATRIC DIABETIC MEDICINE
264	PAEDIATRIC CYSTIC FIBROSIS
280	PAEDIATRIC INTERVENTIONAL RADIOLOGY
290	COMMUNITY PAEDIATRICS
291	PAEDIATRIC NEURO-DISABILITY

Medical Specialties	
190	ANAESTHETICS
192	CRITICAL CARE MEDICINE
300	GENERAL MEDICINE
301	GASTROENTEROLOGY
302	ENDOCRINOLOGY
303	CLINICAL HAEMATOLOGY
304	CLINICAL PHYSIOLOGY
305	CLINICAL PHARMACOLOGY
306	HEPATOLOGY
307	DIABETIC MEDICINE
308	BLOOD AND MARROW TRANSPLANTATION
309	HAEMOPHILIA SERVICE
310	AUDIOLOGICAL MEDICINE
311	CLINICAL GENETICS
313	CLINICAL IMMUNOLOGY and ALLERGY SERVICE
314	REHABILITATION SERVICE
315	PALLIATIVE MEDICINE
316	CLINICAL IMMUNOLOGY
317	ALLERGY SERVICE
318	INTERMEDIATE CARE
319	RESPIRE CARE
320	CARDIOLOGY
321	PAEDIATRIC CARDIOLOGY
322	CLINICAL MICROBIOLOGY
323	SPINAL INJURIES
324	ANTICOAGULANT SERVICE
325	SPORT AND EXERCISE MEDICINE
327	CARDIAC REHABILITATION
328	STROKE MEDICINE
329	TRANSIENT ISCHAEMIC ATTACK
330	DERMATOLOGY
331	CONGENITAL HEART DISEASE SERVICE
340	RESPIRATORY MEDICINE
341	RESPIRATORY PHYSIOLOGY
342	PROGRAMMED PULMONARY REHABILITATION
343	ADULT CYSTIC FIBROSIS SERVICE
344	COMPLEX SPECIALISED REHABILITATION SERVICE
345	SPECIALIST REHABILITATION SERVICE
346	LOCAL SPECIALIST REHABILITATION SERVICE
350	INFECTIOUS DISEASES
352	TROPICAL MEDICINE
360	GENITOURINARY MEDICINE
361	NEPHROLOGY
370	MEDICAL ONCOLOGY
371	NUCLEAR MEDICINE

400	NEUROLOGY
401	CLINICAL NEUROPHYSIOLOGY
410	RHEUMATOLOGY
420	PAEDIATRICS
421	PAEDIATRIC NEUROLOGY
422	NEONATOLOGY
424	WELL BABIES
430	GERIATRIC MEDICINE
450	DENTAL MEDICINE SPECIALTIES
460	MEDICAL OPHTHALMOLOGY
501	OBSTETRICS
502	GYNAECOLOGY
503	GYNAECOLOGICAL ONCOLOGY
560	MIDWIFERY SERVICE
Therapies	
650	PHYSIOTHERAPY
651	OCCUPATIONAL THERAPY
652	SPEECH AND LANGUAGE THERAPY
653	PODIATRY
654	DIETETICS
655	ORTHOPTICS
656	CLINICAL PSYCHOLOGY
657	PROSTHETICS
658	ORTHOTICS
659	DRAMA THERAPY
660	ART THERAPY
661	MUSIC THERAPY
662	OPTOMETRY
663	PODIATRIC SURGERY
Psychiatry	
700	LEARNING DISABILITY
710	ADULT MENTAL ILLNESS
711	CHILD and ADOLESCENT PSYCHIATRY
712	FORENSIC PSYCHIATRY
713	PSYCHOTHERAPY
715	OLD AGE PSYCHIATRY
720	EATING DISORDERS
721	ADDICTION SERVICES
722	LIAISON PSYCHIATRY
723	PSYCHIATRIC INTENSIVE CARE
724	PERINATAL PSYCHIATRY
725	MENTAL HEALTH RECOVERY AND REHABILITATION SERVICE
726	MENTAL HEALTH DUAL DIAGNOSIS SERVICE
727	DEMENTIA ASSESSMENT SERVICE

Radiology	
800	CLINICAL ONCOLOGY (previously RADIOTHERAPY)
811	INTERVENTIONAL RADIOLOGY
812	DIAGNOSTIC IMAGING
822	CHEMICAL PATHOLOGY
834	MEDICAL VIROLOGY
840	AUDIOLOGY

Other	
920	DIABETIC EDUCATION SERVICE

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