



Expert Panel on Hymenoplasty - Terms of Reference

1. Background

- 1.1. At the beginning of 2021, following widespread concerns that some young women and girls are being coerced and forced to have their virginity tested, and subsequently undergoing hymen repair surgery, the Department for Health and Social Care (“DHSC”), the Home Office and the Ministry of Justice (“MoJ”), undertook an intensive review to understand more about these procedures and the setting they are being carried out in and by whom.
- 1.2. The following definitions best outline the practices of virginity testing and hymenoplasty:
 - 1.2.1. **Virginity Testing:** also referred to as hymen, “two-finger”, or per vaginal examination, is an inspection of the female genitalia meant to determine whether a woman or girl has had vaginal intercourse.
 - 1.2.2. **Hymenoplasty:** Hymenoplasty is classed as a form of cosmetic surgery (also known as Hymenorrhaphy or hymen reconstruction) is the temporary surgical restoration of the hymen. The aim is to cause bleeding most commonly during intercourse, which can, in some cultures be considered proof of virginity and be linked to wider cultural practices.
- 1.3. The review concluded that virginity testing is form of violence against women and girls and should be banned at the earliest legislative opportunity and the government announced that it would ban the practice in the Home Office led [Tackling Violence Against Women and Girl’s Strategy](#) (“VAWG Strategy”).
- 1.4. There was, however, no clear consensus reached from the review as to whether hymenoplasty should be banned. Some stakeholders outlined that it should be banned given it supports incorrect assumptions and dangerous misbeliefs about virginity, whilst others had reservations given the government does not generally criminalise cosmetic or medical procedures, which all have an element of choice.
- 1.5. As a result, the government announced in the [VAWG Strategy](#) that it would convene an expert panel on hymenoplasty (“the Panel”) to consider whether it should also be banned.



2. Role and Purpose of the Panel

- 2.1. The purpose of the Panel is to consider the ethical, legal, and clinical implications of hymenoplasty and provide recommendations to the UK government as to whether it should be banned.
- 2.2. The Panel members will produce a Report, before the Christmas recess 16 December, which outlines its recommendations to the government. The Report will clearly outline the views of the Panel and set out the actions the government should take. The Panel's recommendations will provide drafting recommendations where appropriate to do so.

3. Evidence

- 3.1. The Expert Panel will consider a variety of evidence available to it to arrive at its recommendations but will not be able to hold a public consultation or invite a person (or group of people) who is not ordinarily a member of the Panel to attend a Panel meeting to provide such evidence.
- 3.2. 'Evidence', for the purposes of clause 2.3 includes, but is not limited to:
 - 3.2.1. The expertise of each Panel member and any evidence provided to the members (such as the views or statements of others) and brought by the members before the Panel.
 - 3.2.2. Evidence provided by DHSC and/or other government departments or agencies, including relevant material from the work on the VAWG strategy.
 - 3.2.3. Any evidence that can be acquired and brought to the Panel provided that the process for acquiring and presenting such evidence does not extend the number of times the Panel convenes or substantially delay the Panel's decision.
- 3.3. The Panel's Report will be accompanied by a separate background paper, provided by DHSC, with the assistance of members of the independent Moral and Ethical Advisory Group, which will consider and set out the evidence and issues considered by the Panel in detail.



4. Scope

- 4.1. The Panel's scope will focus on the hymenoplasty procedure and present recommendations to the government if the procedure should or should not be criminalised. The panel's recommendations will aid the government in making the final decision.
- 4.2. The panel is welcome to present other recommendations which the government may consider. However, the government is under no obligation to respond or follow these additional recommendations.
- 4.3. The Panel will take into account the government's policy to ban virginity testing. While the two practices are linked to one another, the proposed ban on virginity testing will not be altered as a result of the Panel's recommendation and is, therefore, out of scope.
- 4.4. Free and open discussion about other cosmetic procedures, or virginity testing itself, including the connotations of these procedures or practices, is welcomed and should not be inhibited as a result of clauses 4.2 and 4.3.

5. Membership

- 5.1. The Panel will be co-chaired by Dr Pallavi Latthe and Professor Sir Jonathan Montgomery ("the Co-Chairs") or ("Chair" (when singular)).
- 5.2. Panel members will be drawn from a diverse range of professions and backgrounds, including clinicians; third sector organisations and those with experience within the violence against women and girls ("VAWG") sector; representatives from the devolved administrations; and representatives from religious communities. Panel membership can be found at Annex A.

6. Role of the Co-Chairs

- 6.1. The post of the Co-Chairs will exist for the duration of the Panel and up to the point where the Panel has provided its report to the government.
- 6.2. The Co-Chairs are responsible for reaching a consensus within the group. If this is not possible the majority recommendation will be presented to the government with differing viewpoints noted within the report without identifying individual members.



6.3. The Co-chairs are required to:

- 6.3.1. Ensure that the Panel's conclusions draw on the full range of expertise, experience and views of the group
- 6.3.2. Act impartially and ensure the independence of the Panel's report
- 6.3.3. Ensure the Panel's recommendations stay within the scope, as defined by clause 4
- 6.3.4. Act as a liaison or 'point person' between the secretariat and the Panel
- 6.3.5. Undertake the role of Chair in addition to the role of Panel member.

7. Meetings

7.1. The panel will meet twice, with a third meeting held in reserve. The meeting dates and times are

15 October 2021 9:30am - 12:00pm
12 November 2021 10:00am – 12:00pm
26 November 2021 10:00am – 12:00pm

7.2. If panel members are unable to attend, their views can be submitted prior to each meeting. It will be the Co-chairs responsibility to ensure their views are represented in the meeting and meeting notes.

8. Governance

8.1. DHSC will serve as the secretariat for the Panel. High-level meeting notes and actions will be produced and sent to panel members following each meeting, these notes will not be published, and individual comments will not be identifiable.

9. Confidentiality

9.1. The work of the Panel is confidential, and the sensitivity of the discussions must be respected.

9.2. This confidentiality applies to all discussions, papers and/or evidence provided by the government (or government agency), to the Panel, to facilitate the Panel's role. These papers must not be shared with anyone who is not a member of the Panel without consent from the co-chairs and DHSC officials.

9.3. The Panel members must not discuss or disseminate any decision made by the Panel before the Panel's final recommendations enter the public domain.



Department of Health & Social Care

Once the recommendations are published, members of the panel will be free to discuss the issues provided that they respect the confidentiality of Panel discussions and do not undermine the integrity of its recommendations.

10. Transparency

10.1. To facilitate transparency in this process, the government will publish the following documents on gov.uk once the panels final recommendations have been made:

10.1.1. Details of the Panel's Terms of Reference

10.1.2. Membership of the Panel

10.1.3. The Panel's final recommendations and background paper



Annex - Hymenoplasty Expert Panel members

Co-Chairs

Professor Sir Jonathan Montgomery –

- Chair of the Oxford University Hospitals NHS Foundation Trust / Professor of Healthcare Law at University College London (UCL)

Dr Pallavi Latthe –

- Chair of the British Society for Paediatric and Adolescent Gynaecology (BritSPAG) / Consultant Gynaecologist Birmingham Women and Children's NHS Foundation Trust

Members

Professor Eddie Morris

- President of Royal College of Obstetricians and Gynaecologists (RCOG)

Professor Janice Rymer

- NHS Clinical Director for Maternity and Women's Health

Dr Leila CG Frodsham

- Consultant Gynaecologist - special interest in psychosexual medicine, NHS

Astrid Fairclough

- Expert Adviser – FGM Prevention NHS

Professor Sue Carr

- Deputy Medical Director - General Medical Council (GMC)

Natasha Rattu

- Executive Director - Karma Nirvana

Nimco Ali OBE

- Campaigner and Independent Government Adviser on Tackling Violence Against Women and Girls

Diana Nammi

- Founder and Executive Director Iranian and Kurdish Women's Rights Organisation IKWRO

Halaleh Taheri

- Founder and Director Middle Eastern Women and Society Organisation



Department
of Health &
Social Care

Allen Davis

- Honour, Belief and Sex (crime and vulnerability) Partnership Team Lead, Metropolitan Police

Danielle Hamm

- Director of Nuffield Council of Bioethics

Yasmin Khan

- Welsh National Advisor for Violence against Women and Domestic Violence

Dr Heather Payne

- Child Health Senior Medical Officer, Welsh Government and Consultant Paediatrician

Rabbi Dr Moshe Freedman

- Rabbi, New West End Synagogue and Jewish Chaplain at the Canary Wharf chaplaincy

Dr Alison Scott

- Deputy Director of Medical School – University of Edinburgh. Representative for the Scottish Government