BRUSSELS
AUGUST 2026

DRAFT CURRICULUM FRAMEWORK

Supplementary Medical & Professional Curriculum for Qualified Mohalim

European Centre of Excellence for Religious Male Circumcision — an independent European non-profit centre based in Brussels.

For review by the CERM Medical & Scientific Council. This framework sets out the curriculum architecture; it is not the complete training manual.

DRAFT · V1

CONTEXT & CONTINUITY

A long-established tradition, strengthened for today

Brit Milah is an ancient religious practice that has been carried out by trained and experienced Mohalim for generations and, overwhelmingly, safely.

CERM's work should not be understood as suggesting that Mohalim have until now been unaware of hygiene, infant welfare, aftercare, professional responsibility or the need to recognise and respond appropriately when concerns arise. These principles have long formed part of responsible practice and have been transmitted through established religious training, experience and professional tradition.

What has changed is the environment in which Brit Milah is practised. Families, medical professionals, regulators and public authorities increasingly expect good practice not only to exist, but also to be **documented, standardised, independently reviewed and capable of being demonstrated**.

CERM therefore builds on — rather than replaces — the accumulated knowledge and experience of generations of Mohalim. Its purpose is to provide already-qualified practitioners with a common, transparent and evidence-informed framework of supplementary medical, safety and professional training appropriate to contemporary European expectations.

IN SHORT

CERM represents an evolution in assurance, documentation and professional standards — not a judgment on the generations of responsible Brit Milah practice that came before it.

01 Purpose and positioning

Building on the principles set out on the preceding page, the CERM supplementary certification programme is designed for persons who are already qualified and experienced as Mohalim. It does not teach Brit Milah, determine Halakhic competence or replace rabbinic authorities, existing Mohel-training bodies, professional associations or unions. Its purpose is to add a structured layer of medical-safety, hygiene, child-welfare and professional training relevant to contemporary European practice.

CERM PRINCIPLE

CERM does not train a person to become a Mohel. It certifies that an already-qualified Mohel has completed supplementary medical and professional training and has demonstrated competence in the safety standards covered by the programme.

The framework expands the minimum subjects already identified in the CERM Internal Regulations (Articles 35–37) and Articles of Association. It also draws on external medical and scientific guidance, including WHO quality and infant-circumcision materials, CDC infection-control guidance, NICE neonatal jaundice guidance, AAP vitamin-K guidance, European Resuscitation Council paediatric life-support guidance, and peer-reviewed evidence on circumcision complications and neonatal pain.

EDUCATIONAL LEVEL

The curriculum is deliberately not written at medical-school level. Participants need practical clinical literacy rather than an eight-year medical education. Every subject should therefore answer four questions:

- What do I need to know?
- What do I need to recognise?
- What should I do within my competence?
- When must I stop and obtain medical help?

02 The CERM safety model

The trained Mohel should know what normal looks like, identify red flags early, prevent avoidable complications, act within defined limits, and escalate promptly when medical expertise is required.

01	02	03	04
RECOGNISE	**PREVENT**	**STOP**	**REFER**
Know what normal looks like, so that abnormal is visible.	Remove avoidable risk before it becomes harm.	Act within defined limits of competence, and no further.	Escalate promptly when medical expertise is required.

PROGRAMME-LEVEL LEARNING OUTCOMES

01 Assess whether an infant appears medically fit for the planned procedure and identify reasons to postpone or seek medical assessment.

02 Apply consistent standards of hygiene, asepsis, instrument processing, environmental safety and blood-exposure prevention.

03 Recognise normal healing, common problems, red flags and medical emergencies, and use clear referral pathways.

04 Provide safe aftercare, accurate parental information, appropriate records and professional follow-up.

05 Demonstrate the limits of non-physician practice and work constructively with paediatricians, GPs, urologists and emergency services.

Contents

Ten teaching modules, followed by practical and case-based certification assessment.

MODULE CATEGORIES

Assessment · Prevention · Clinical care · Emergency response · Professional governance

03 Programme architecture

COMPONENT	FORMAT	INDICATIVE LOAD
Modules 1–10	Interactive teaching	18–22 hours
Practical workshops & simulation	Small-group / stations	5–7 hours
Infant BLS	Recognised external course	3–4 hours
Certification assessment	Written + practical + cases	2–3 hours
Pre-reading / e-learning	Plain-language preparatory material	4–6 hours
Indicative total programme commitment		**32–42 hours**

Final teaching hours, mandatory equipment, medication protocols and clinical thresholds should be approved by the CERM Medical & Scientific Council. The curriculum should be reviewed periodically as evidence, regulation and professional practice evolve.

TEACHING METHOD

The preferred format is practical and visual: short explanations, photographs and illustrations of normal versus abnormal findings, checklists, decision trees and realistic scenarios. The course should avoid unnecessary medical jargon, detailed biochemistry, advanced pharmacology and surgical training that does not contribute directly to safe practice.

PRE-PROCEDURE DECISION MODEL

GREEN	Proceed — no identified medical concern.
AMBER	Postpone and clarify — something requires objective medical information.
RED	Do not proceed — obtain medical assessment.

MODULE

01

ASSESSMENT

Medical Foundations: The Newborn, Relevant Anatomy & Physiology

Recognition, not medical-school anatomy

1.1 The newborn in the first weeks of life: basic physiology, temperature, feeding, hydration, breathing and why deterioration can occur quickly.

1.2 Clinically relevant anatomy in plain language: glans, foreskin, coronal margin, frenulum, urethral opening, shaft skin, scrotum and testes.

1.3 Normal variation versus findings that require caution or referral, including hypospadias, abnormal curvature, buried or concealed penis, torsion and unexpected genital anatomy.

1.4 Basic principles of bleeding, clotting, swelling and wound healing sufficient to understand aftercare and complications.

1.5 Professional boundaries: recognising an abnormality is not the same as diagnosing or treating it. When in doubt, stop and refer.

MODULE

02

ASSESSMENT

Pre-Procedure Medical Assessment: Is This Baby Fit?

The core safety decision

2.1 A standard CERM pre-procedure checklist: pregnancy and birth history, gestational age, hospital or NICU history, current health, feeding, weight gain and ongoing investigations.

2.2 Recognising the well versus potentially unwell infant: colour, alertness, breathing, temperature, feeding, responsiveness and behaviour.

2.3 Prematurity, low birth weight and recent hospital discharge: when additional maturation or medical confirmation is needed.

2.4 Jaundice: what a Mohel can observe, why visual inspection alone cannot estimate bilirubin, and when objective medical information or referral is required.

2.5 Bleeding risk: family history, unexplained bruising, known coagulation disorders, neonatal vitamin-K prophylaxis and when haematology or paediatric advice is needed.

2.6 Decision framework: GREEN — proceed; AMBER — postpone and clarify; RED — do not proceed and obtain medical assessment.

MODULE

03

PREVENTION

Hygiene, Asepsis, Sterilisation & Infection Prevention

Preventing avoidable harm

3.1 How contamination and infection occur; standard precautions and why gloves do not replace hand hygiene.

3.2 Hand hygiene and personal preparation: clean hands and nails, jewellery, protective clothing, practitioner illness and prevention of contamination from garments.

3.3 Preparing a safe environment in a home, synagogue or other setting: clean surface, good light, working height, controlled sterile field and safe positioning.

3.4 Cleaning, disinfection and sterilisation: the difference between them; cleaning before sterilisation; safe processing, packaging, transport, storage and sterility records for reusable instruments.

3.5 Single-use items, sharps and clinical waste; accidental blood exposure and occupational-health measures, including Hepatitis B protection.

3.6 CERM-approved skin preparations, instruments and substances, with special emphasis on the limits applicable to a non-medically-qualified Mohel.

MODULE

04

PREVENTION

Pain, Comfort & the Welfare of the Infant

Proportionate, evidence-informed care

4.1 Newborns experience pain: recognising distress through crying, facial expression, movement and physiological signs.

4.2 Gentle handling, warmth, positioning and avoiding unnecessary restraint or delay.

4.3 Non-pharmacological comfort measures and the evidence for their role as adjuncts.

4.4 Overview of analgesic approaches used in neonatal circumcision, without teaching prescribing or injection technique.

4.5 Medication safety and legal limits: no improvisation of dose, substance or route; prescription-only medication and local anaesthetic injection remain outside the scope of a non-medically-qualified Mohel unless lawfully administered by an appropriately qualified professional.

MODULE

05

CLINICAL CARE

Bleeding, Haemostasis, Bandaging & Wound Care

A major practical skills module

5.1 Expected minor bleeding versus persistent or concerning bleeding; how blood loss can affect a newborn.

5.2 Principles of haemostasis within the Mohel's competence: controlled compression, observation and reassessment.

5.3 Dressings and bandaging: purpose, safe pressure, secure placement and avoiding constriction, impaired circulation or urinary obstruction.

5.4 Immediate post-procedure checks: bleeding, colour, swelling, comfort and urination.

5.5 Normal wound appearance and healing versus signs of infection, abnormal swelling, delayed healing or other concern.

5.6 Escalation: when ordinary compression and dressing management has failed, the task is no longer to improvise but to obtain appropriate medical care.

MODULE

06

EMERGENCY RESPONSE

Recognising Complications & the Unwell Infant

Recognition and escalation, not specialist treatment

6.1 A simple classification: immediate, early and late problems.

6.2 Bleeding that persists or recurs; considering an undiagnosed bleeding disorder.

6.3 Infection and systemic illness: increasing redness or swelling, discharge, fever, poor feeding, lethargy or unusual behaviour.

6.4 Urinary difficulty, excessive swelling, compromised circulation, suspected injury and abnormal healing.

6.5 The seriously unwell infant: recognising red flags without attempting to make a paediatric diagnosis.

6.6 Scenario training: Observe / Attend / Refer urgently / Call emergency services. Illness after a Brit Milah is taken seriously, but causation is determined by proper medical assessment, not chronology alone.

MODULE

07

EMERGENCY RESPONSE

Emergencies, First Aid & Infant Basic Life Support

Know what to do in the first critical minutes

7.1 Recognising a critically unwell or unresponsive infant and activating emergency services.

7.2 Immediate first-aid priorities while professional help is on the way, including management of severe external bleeding.

7.3 Infant airway, breathing and circulation at a first-aid level.

7.4 Mandatory recognised infant and paediatric BLS training aligned with current European Resuscitation Council guidance, including manikin-based practice.

7.5 CERM emergency kit: contents to be defined and periodically reviewed by the Medical & Scientific Council.

MODULE

08

EMERGENCY RESPONSE

Knowing When to Refer: Working With Healthcare Professionals

Competence includes knowing its limits

8.1 Referral before the procedure: abnormal anatomy, illness, jaundice, prematurity, bleeding risk, medication or medical concerns, or uncertainty.

8.2 Referral after the procedure: persistent bleeding, infection, urinary problems, suspected injury, systemic illness or abnormal healing.

8.3 Three levels of escalation: routine advice; same-day urgent assessment; emergency services or emergency department.

8.4 Giving a concise medical handover: infant age, relevant history, procedure timing, current problem, observations and measures already taken.

8.5 Building local referral relationships with GPs, paediatricians, urologists and emergency departments; documenting outcome and learning from referrals.

MODULE

09

CLINICAL CARE

Aftercare, Parent Guidance & Follow-Up

Safety continues after the ceremony

9.1 Observation before leaving and minimum post-procedure checks.

9.2 Clear verbal and written information for parents: normal healing, wound care, bleeding, urination, feeding, behaviour, temperature and swelling.

9.3 Explicit warning signs and what parents should do: when to call the Mohel, when to seek medical assessment, and when to use emergency services.

9.4 Telephone triage: asking structured questions rather than giving reassurance without adequate information.

9.5 Availability, follow-up contact, recording the outcome and closing the episode of care.

MODULE

10

PROFESSIONAL GOVERNANCE

Clinical Governance, Safeguarding & Professional Standards

The framework around safe practice

10.1 Informed parental consent, clear information and respect for all persons with parental responsibility.

10.2 Standard CERM clinical records, confidentiality, GDPR and secure handling of sensitive data.

10.3 Child safeguarding: recognising concerns, immediate danger and the correct escalation route.

10.4 Incident and near-miss reporting, complaints, peer review, audit and quality improvement.

10.5 Professional indemnity, practitioner health, scope of practice and the limits of non-physician medical activity.

10.6 European and national legal frameworks, including cross-border practice; practitioners must comply with the law and professional requirements applicable in the jurisdiction in which they practise.

10.7 Continuing professional development, periodic appraisal and recertification or Annual Practising Certificate requirements.

04 Certification assessment

Assessment should test safe judgement and practical behaviour rather than academic recall. It should not extend to Halakhic knowledge or the operative technique of Brit Milah, which are pre-existing qualifications outside CERM's supplementary programme.

COMPONENT	PURPOSE
Written knowledge assessment	Short, practical questions on infant fitness, hygiene, warning signs, aftercare, professional limits and referral.
Practical skills stations	Hand hygiene, safe preparation of a working field, instrument handling, bandaging, haemostasis response and record completion.
Case-based oral assessment	Realistic “proceed, postpone, manage or refer?” scenarios that test judgement and communication.
Emergency simulation	Recognition of deterioration, severe bleeding and activation of emergency services.
Infant BLS qualification	Current certificate from a recognised external provider; practical skills should be refreshed at intervals set by CERM.

DELIVERY AND QUALITY ASSURANCE

01 Modules should be taught or approved by persons with appropriate expertise (for example paediatrics, urology, infection prevention, safeguarding, emergency care, data protection or clinical governance).

02 The Medical & Scientific Council should approve final thresholds, medication and substance protocols, emergency equipment, checklists and referral standards before the curriculum becomes operational.

03 Course content should be reviewed at least periodically and earlier where relevant medical, scientific or legal guidance changes. Continuing professional development should reinforce the same ten domains.

05 Selected medical & scientific reference base

1 World Health Organization & Jhpiego. Manual for Early Infant Male Circumcision under Local Anaesthesia. WHO, 2010.

2 World Health Organization. Male Circumcision Quality Assurance Guide: A Guide to Enhancing the Safety and Quality of Services. WHO, 2008.

3 Centers for Disease Control and Prevention. Guideline for Disinfection and Sterilization in Healthcare Facilities; update June 2024.

4 NICE. Jaundice in Newborn Babies Under 28 Days (CG98), last updated 31 October 2023.

5 American Academy of Pediatrics. Hand I, Noble L, Abrams SA. Vitamin K and the Newborn Infant. Pediatrics. 2022;149(3):e2021056036.

6 European Resuscitation Council. Guidelines 2025: Paediatric Life Support. Resuscitation. 2025;215:110767.

7 Weiss HA, Larke N, Halperin D, Schenker I. Complications of circumcision in male neonates, infants and children: a systematic review. BMC Urology. 2010;10:2.

8 El Bcheraoui C, et al. Rates of adverse events associated with male circumcision in U.S. medical settings, 2001–2010. JAMA Pediatrics. 2014;168(7):625–634.

9 Brady-Fryer B, Wiebe N, Lander JA. Pain relief for neonatal circumcision. Cochrane Database of Systematic Reviews. 2004;(4):CD004217.

INTERNAL CERM BASIS

Articles of Association, Articles 3, 4 and 28; Internal Regulations, Articles 34–38; Clinical Guidelines draft v3. External sources inform the medical-safety and quality principles of the curriculum. They do not define the religious technique of Brit Milah and do not replace CERM clinical protocols approved by its medical experts.

06 Medical Officers & Advisory Board

Confirmed members. The curriculum, its clinical protocols and the certification assessment are reviewed and approved by these medical experts.

Dr. Sas Barmoshe (Bar-Moshe)

Urologist and urologic surgeon

MEDICAL OFFICER · BELGIUM

Professional position. Urologist and urologic surgeon with the CHIREC Hospital Group in Brussels, practising at CHIREC Delta and Edith Cavell, and also listed as a urologist at CHU Brugmann. His fields include urology, laparoscopic surgery, urologic and oncological surgery, and kidney-stone treatment.

Circumcision relevance. Presented at the June 2026 EJA conference as a urological surgeon and specialist in onco-urological surgery and circumcision. This combination of hospital urology, surgery and direct circumcision expertise suits him to defining clinical standards, complication pathways and referral protocols.

Role at CERM. Senior Belgian clinical anchor: aligning the curriculum with Belgian medical practice and providing specialist review of surgical, wound-care and emergency content.

Dr. Joseph Spitzer

MB BS, DCCH, DRCOG, FRCGP

MEDICAL OFFICER · UNITED KINGDOM

Professional position. London general practitioner and Medical Officer of The Initiation Society, the long-established UK body responsible for training and professional standards in Jewish ritual circumcision. He has held the post since 2003 and is also a trustee of the organisation.

Experience in Brit Milah. Qualified as a Mohel in 1981, with more than four decades of experience in neonatal circumcision as well as circumcision of older children and adults. Milah UK describes him as one of the United Kingdom's leading experts on Jewish religious circumcision.

Standards and training. Responsible for training and maintenance of professional standards for Initiation Society Mohalim. He authored The Surgery of Bris Milah and its revision, Handbook for Mohelim, and has led annual continuing-education work for Mohalim; his expertise has been drawn on internationally, including by the Regulatory Board of Brit Milah in South Africa.

Role at CERM. Key bridge to the established UK model, informing curriculum design, competency assessment, hygiene standards, complication management and the structure of supplementary certification.

06 Advisory Board continued

Dr. Michael Ben Akon

Paediatrician; certified Mohel

ADVISORY BOARD · ISRAEL

Professional position. Director of the Children's Division at Laniado Hospital in Netanya, covering paediatric emergency care, inpatient paediatrics, neonatal care and neonatal intensive care. He previously held senior paediatric roles at Sheba Medical Center.

Mohel and certification role. A certified Mohel in Israel. An Israeli government protocol lists him as a Ministry of Health representative on the inter-ministerial committee responsible for certification and supervision of Mohalim — the body that certifies Mohalim, conducts examinations, renews certificates and certifies physicians for adult circumcision.

Role at CERM. Combines paediatrics, neonatal care, hands-on Brit Milah practice and direct experience of a formal national certification framework; particularly valuable for neonatal assessment, eligibility criteria, complication recognition, referral thresholds and certification design.

Dr. David Luzon

Orthopaedic surgeon; listed Mohel

ADVISORY BOARD · ITALY

Professional position. Orthopaedic surgeon at Ospedale Israelitico di Roma, with medical training at Sapienza University of Rome. He has also served as team doctor in the Italian Fencing Federation delegation for the 2026 European Championships.

Jewish medical and communal role. Listed among the Mohalim of the Jewish Community of Rome, which requires the Mohel to remain available for the 24 hours following the procedure. He is Vice-President of the Rome section of the Italian Jewish Medical Association (AME).

Role at CERM. Brings the perspective of a physician-Mohel working inside a major European Jewish community, informing aftercare, documentation and continuity-of-care requirements.

06 Advisory Board continued

Dr. med. Alexandre Malkov

Orthopaedics, trauma and hand surgery

ADVISORY BOARD · GERMANY

Professional position. Berlin-based specialist in orthopaedics and trauma surgery, general surgery and hand surgery, in private practice on Kurfürstendamm, with a focus on ambulatory and minimally invasive procedures. A profile in Jüdische Allgemeine describes him as a surgeon from a Jewish family who settled in Germany after growing up in the former Soviet Union.

Circumcision relevance. His practice offers circumcision and foreskin procedures in the treatment of phimosis and states that circumcisions are performed routinely under modern hygienic standards, giving him direct procedural experience in a German medical setting.

Role at CERM. Provides the perspective of the EU Member State with the clearest statutory framework for religious circumcision, helping CERM compare clinical standards, hygiene processes and aftercare across jurisdictions.

Dr. Nuphar Veiga

PhD

ADVISORY BOARD · BELGIUM

Professional position. Scientist at the Laboratory of Angiogenesis and Vascular Metabolism, VIB-KU Leuven, listed as a Junior Staff Scientist in VIB's Biomedical Science Discovery programme.

Scientific background. Her research is in precision nanomedicine, targeted drug delivery and RNA therapeutics. She completed doctoral work in Prof. Dan Peer's precision nanomedicine laboratory at Tel Aviv University and has published in Nature Nanotechnology, Nature Communications and the Journal of Controlled Release.

Role at CERM. Provides independent scientific and evidence-evaluation input, ensuring CERM materials distinguish established evidence from emerging evidence and advocacy claims, and that scientific statements are pitched appropriately for regulators, clinicians and the public.

CENTRE OF EXCELLENCE

for Religious Male Circumcision

CERM provides supplementary medical, safety and professional training to already-qualified Mohalim.

Brussels, Belgium

Founded by the European Jewish Association and the Rabbinical Center of Europe