



# The British Fertility Society

## Strategic Plan 2006 - 2008

This paper was prepared by the executive officers of the British Fertility Society (Dr Mark Hamilton (Chair), Dr Allan Pacey (Secretary) and Mrs Helen Kendrew (Treasurer), following discussions in December 2005, and was approved by the Executive Committee of the BFS on 17<sup>th</sup> January 2006. It is a statement of the vision that the executive officers and the Committee have for the Society over the next 3 years, a critical period in the Society's history.

### 1 THE AIMS AND OBJECTIVES OF THE BRITISH FERTILITY SOCIETY

The aims and objectives of the Society as described in our website are as follows:

- To promote high quality practice in the provision of fertility treatment.
- To provide a common forum for members of various disciplines having an interest in the science and treatment of infertility.
- To promote high quality scientific and clinical research in the causes and treatment of infertility.
- To provide professional leadership in the provision and regulation of infertility services.
- To promote the increase of NHS funding for, and equity of access to, fertility treatments.

### 2 GENERAL PRINCIPLES

The spheres of influence in which the 21<sup>st</sup> Century BFS is now involved reflect an evolution of the roles and responsibilities of the Society from those of the purely academic organisation, founded by Patrick Steptoe in 1972, to those expected of a professional organisation. As a consequence the demands on the Executive Committee over recent years have increased enormously.

The aims and objectives for the Society in the next three years demand certain core principles of the members of the Executive Committee, which underpin roles and responsibilities in the management of the society's affairs.

These include aspirations to provide Leadership underpinned by Commitment, Energy, Trust, Transparency and Reliability.

### 3 PRIORITIES

A number of key recommendations will be outlined in this document. A single priority at the present time relates to the absolute requirement to establish the *financial stability* of the BFS. It is only from a sound financial base that the BFS can thrive and consolidate its place in the national and international reproductive medicine community.

Financial solvency has emerged as a challenge in the last couple of years for the Society and thus the Executive will strive to ensure that our desire to achieve our aims and objectives takes account of the realities of sound economic planning. Our dependence for stability on the pharmaceutical industry is an area of vulnerability that is not sustainable at the present time. While acknowledging the benefits that both parties accrue from dialogue and engagement, the executive officers feel that the Society should strive to reduce dependence upon the industry for delivery of its agenda.

### 4 CURRENT FUNCTIONS OF THE EXECUTIVE COMMITTEE

The current functions of the BFS and its executive committee include the following activities:

- Engagement with the membership of the Society
- Organisation of educational meetings
- Production of professional standards and guidelines for appropriate practice and procedures in the management of infertility
- Formulation of policy statements on behalf of its members on issues of public importance relevant to infertility
- Provision of advice to the Department of Health and other public bodies on matters of relevance to the management of infertility and the regulation of clinical and laboratory practice
- Development and management of training programmes in collaboration where appropriate with other professional bodies in areas relevant to the management of infertility
- Collaboration with other organisations with similar objectives in the field of reproductive medical research and practice
- Provision of assistance to national organisations involved in advocacy for the infertile within the United Kingdom
- The production of *Human Fertility*, the journal of the Society and its affiliated sister organisations (ACE, BICA, BAS, FNG of the RCN).

Delivery on these functions is facilitated through the activities of the following sub-committee structure:

- Meetings: Neil McClure (Chair)
- Policy and practice: Tony Rutherford (Chair)
- Training: Masoud Afnan (Chair)

The Journal is published by Taylor and Francis, and is not managed by a sub-committee as such. The Editor in Chief is Prof Henry Leese who manages an editorial board comprising both UK and International members. The Executive Committee is presently copied in to minutes of the Editorial Board and Prof Leese provides a report of journal activities for each executive committee. The financial and business elements of Journal management require to be more formally reported to the committee and discussions with the publishers about this need to take place in the near future.

A generic constitution for all sub-committees is required. The composition of the sub-committees should reflect the needs of the committee, and may allow co-option of individuals who themselves are not members of the executive committee of the BFS. In principle an elected member of the executive committee of the BFS, who reports back to the full BFS committee, will usually chair BFS sub-committees. The executive committee however should have the authority to co-opt an experienced member of the Society to chair a sub-committee if no member of the executive committee is able to chair such a committee.

The various activities of the BFS committee will be reviewed in turn in the context of the **strategic development** of the Society over the next 3 years.

## 5 ENGAGEMENT WITH THE MEMBERSHIP

A review of the membership of the Society would suggest that we have reached a state of stability in the last 3 years. Current figures are in the region of:

Clinicians	270
Junior Clinicians	159
Scientists	137
Nurses	155
Counsellors	23
Associate	20
Retired	21
Students	15

It is unlikely that the numbers of members will increase substantially in the future although the development of our training programmes provides an opportunity for consolidation, particularly amongst nurses. Currently the membership stands at a little over 800 and plans for the future should be based on this level. Membership brings with it certain advantages:

- The opportunity for networking - to meet and exchange opinions with fellow professionals working in Reproductive Medicine and Biology
- The opportunity to present data and respond to colleagues' comments
- A regular channel of communication through the Society's newsletters and official journal
- Access through the Society to other international and national organisations with overlapping interests
- The chance to receive prizes for work of excellence
- Discounted registration fees for many scientific meetings
- Sponsorship Scheme for attendance at meetings
- Access to training programmes
- Free subscription to [Human Fertility](#)

The benefits of membership need to be clear to our members who need to feel more part of the community of the British Fertility Society. Increased and improved levels of communication with members should thus be a priority. Consolidation and enhancement of web-based activity is essential. In particular the use of the web as a forum for discussion of issues of interest to the members merits consideration. There is a need for a web advisory group to provide guidance to the executive committee on how best this and other initiatives may be developed. Regular production of the newsletter and regular engagement through e-mail with members should be ensured. The Executive Committee feel that the Newsletter should be produced a minimum of twice a year (February and July) and in addition there should be a regular noise of e-mail communication with a Chair's letter to all members at least twice a year.

The executive officers agreed that in driving forward the agenda to disengage from the pharmaceutical industry in underwriting our activities, some realignment upwards would be required in membership subscription rates. This will pose certain risks in relation to membership numbers but it is the view of the officers that the potential threat to numbers will be small (see below).

## **6 ORGANISATION OF MEETINGS**

The Society has for many years enjoyed a degree of financial security. However a few meetings in the recent past have accrued significant losses that has illustrated the need for extreme care in planning our meetings that remain the lifeblood of the BFS.

The move to blocks of meetings at two points in the year is an innovation for the present year and will require to be monitored very carefully. The meetings sub-committee have worked enormously hard to design programmes, which are attractive to all sections of our Society. The combination of cutting edge science and programmes, which also engage with members who seek material that encompasses issues in day-to-day practice, is a fine balance, sometimes difficult to strike. The amalgamation of training days, the ethics meeting and the Persons' Responsible meeting in to a College meeting structure may address this.

Some of the most successful meetings, which the Society has had, have been our joint meetings with the Association of Clinical Embryologists (ACE). The clash of the 2006 BFS and ACE Winter Meetings in London and Dublin respectively has been regrettable. The executive officers feel very strongly that engagement with our embryology colleagues is enormously important to the vitality of the meetings we run. The drift away of embryologists from our meetings has been noticeable and there is an urgent need to establish dialogue with ACE to clarify the reasons for this and establish our common ground. The interface between the laboratory and the field of clinical practice is a sensitive area and it serves neither the BFS nor ACE well to be isolationist. Informal discussions between the Chairs of the BFS and ACE would suggest that there is a strong mood to re-establish connections and this must be a priority in the coming year.

Joint meetings with sister societies including SRF, BAS and ACE have been both enjoyable and scientifically of great value. The next such meeting takes place in York in April 2007. Both BFS and ACE will be joining SRF at that time. BAS have withdrawn. It is likely that ACE will not have a meeting in January 2007. With our next general meeting being in September 2006, extreme care needs to be exercised in planning any meetings activity during the winter break of 2006/7. A loss-making venture is not supportable in our current financial climate.

Training meetings continue in the various programmed areas. The venture at the RCOG in April 2006 of the two day training courses both in the General Management of the Infertile and Assisted Conception sandwiching, an ethics/management day, over a 5-day period is imaginative and potentially very attractive. A big push linked to membership and recruitment in to the training courses is required at that meeting.

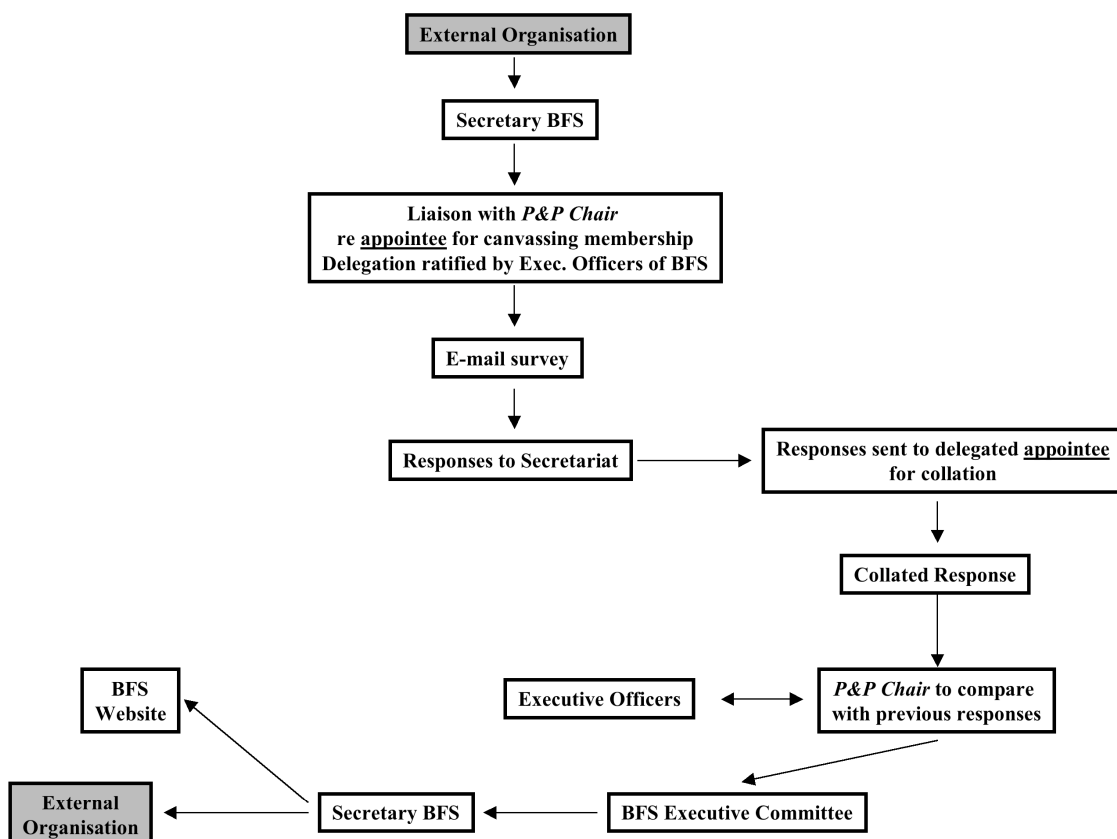
## 7 POLICY AND PRACTICE

This is an enormously important element of the activity of the Society. It encompasses the public face of the BFS in articulating its stance on issues to do with standards and guidelines for practice and procedures, the formulation of policy statements on behalf of the membership and contributing to the Society's delivery of advice in matters relevant to the provision and regulation of fertility treatment.

The Society is frequently asked for views on many issues. Sources of enquiry may range from informal media enquiries to public consultations from the DoH or non-governmental organisations such as the HFEA. Clear lines of communication and appropriate channels for gauging membership opinion need to be defined.

### Public consultations

The following algorithm is suggested as the best method for handling such requests.



Media enquiries should be channelled to the executive officers or the Chair of the Policy and Practice sub-committee who will respond, or delegate response, as appropriate.

## 8 TRAINING AND EDUCATION

This is another area of activity within the society that has assumed great importance. The development of special skills training modules in collaboration with the RCOG (The General Management of the Infertile & Assisted Conception) is proving attractive to many trainees in the UK and overseas. When these, and our other programmes (Embryo Transfer & Ultrasound in Infertility) were set up the Society felt that it was important that registration for training demanded significant commitments from potential trainees and trainers and a robust assessment process was required. Other RCOG training programmes in other specialist areas have not been as rigorous in this regard. Significantly, the RCOG is considering whether other programmes should now, like the BFS modules, adopt a more robust method of assessment than currently exists. The BFS/RCN have accredited the four training courses and these incorporate requirements for CPD assessment that are a little different from the BFS/RCOG models.

The common ground in both RCOG and RCN linked programmes however is the demand for a high degree of professionalism in their management. Systems independent of BFS Committee members' goodwill will have to be considered as the uptake and administrative demands of the programmes increases. The Society will have to consider taking on a training officer to manage these programmes. Alternatives such as tapping in to RCOG or RCN resources should be explored.

Many doctors working out with SpR training programmes seek to take advantage of these training modules. The RCOG should be encouraged to recognise these trainee's needs and allow RCOG accredited access to the Assisted Conception and General Management of the Infertile courses.

The costs of running training for the Society are considerable and are likely to increase. This element of our activity therefore needs to be financed independent of other Society activity and should be resourced through registration fees for training as well as the income from study days. Formal discussions with the RCOG on financial arrangements relevant to facilitation of training are required.

## 9 COLLABORATION WITH OTHER ORGANISATIONS

These fall in to several categories.

### **Scientific Societies & Professional Bodies (UK)**

- Society for Reproduction and Fertility (SRF)
- British Andrology Society (BAS)
- Association of Clinical Embryologists (ACE)
- British Infertility Counselling Association (BICA)
- Association of Biomedical Andrologists (ABA)

We share much in common with these organisations and it is important that good relationships are fostered. Joint meetings are important elements of this shared agenda. In the past significant tensions have existed largely linked to financial matters. The dependence of the BFS in the past on meetings income to maintain our activities has generated huge pressure on meetings organisers and a perception on occasions by our colleagues that BFS financial aspirations have been to others' disadvantage. A move to reduce the need for surplus on meetings is an important element of our strategy over the next few years. That is not to say that efforts to generate income will stop but the pressure on the Society and its deleterious effects on close harmony with others must be reduced. The Chair (MH) has already contacted the various chairs of these Societies and indicated the BFS wish to maintain close links. These overtures have been warmly received.

At the present time we have representation from ACE, BAS, and BICA on our committee. We have received an invitation from the Chair of BAS to reciprocate representation by having a BFS rep in the BAS committee. This merits consideration and perhaps it would be perhaps in

the Society's interest to have representation on ACE and SRF committees. This needs discussion.

The ABA is a new organisation and its remit in the field of Andrology is more linked to the need to give representation to those working in the Andrology Laboratory rather than those with research interests or working in the veterinary fields. As with the other Societies overtures have been made to the Chair of ABA already.

#### **Scientific Societies (Overseas)**

- Nordic Fertility Society (NFS)
- Dutch Flemish Fertility Society (DFFS)
- Australian Fertility Society (AuFS)
- Canadian Fertility Society (CFS)
- ESHRE & the European Assisted Conception Consortium (EACC)
- International Federation of Fertility Societies (IFFS)

The BFS has a number of valuable prizes linked to our sister societies at our meetings. The CFS and AuFS prizes in particular are highly lucrative and offer the winner the opportunity to showcase the BFS abroad. Both these are sponsored by Organon and this input to the Society from the pharmaceutical industry is much appreciated. The quality of nurse presentations in our meetings continues to improve. Relations with the NFS and DFFS are in their early stages and how strong these can become is uncertain. There is probably no further room for a further prize session in our meetings although there has been a DFFS speaker at a recent BFS meeting.

There is no formal link with ESHRE and perhaps this is something that can be fostered. The UK has 2 members of the ESHRE Advisory Board. These members are not necessarily members of the BFS committee. The recently formed European Assisted Conception Consortium (EACC), which is organised under the umbrella of ESHRE, has representation by the Chair of BFS and is nurturing an advisory role in relation to the consistency of implementation of the EU Tissue and Cells Directive across the EU. The Chair of this group is Angela McNab. The Society should continue to be represented at that forum.

The IFFS link is an historic one. BFS bid on two occasions some years ago for the privilege of hosting the triennial IFFS meeting but lost on both occasions, losing a large amount of money on the 2<sup>nd</sup> attempt. There are no plans for further bids but the Society continues to foster links with IFFS and has a position on the Executive (currently held by Richard Kennedy). The cost for continued affiliation is \$1 per member of the BFS. IFFS is organising educational programmes in the developing world and BFS has been asked on several occasions to contribute to these. This should continue.

#### **Government and Regulators**

- Department of Health (DoH)
- Human Fertilisation and Embryology Authority (HFEA)

The BFS has at its heart a wish to promote high quality practice in the provision of fertility treatment and as well as providing a forum for high quality scientific and clinical research in this field. In addition we are anxious that the Society also continues to provide professional leadership in the provision and regulation of fertility services. Such issues fall under the responsibility of the DoH and thus it is obvious that relations between the DoH and us continue to grow. The recent interchange we enjoyed through discussions around the response to the Review of the HF& E Act was an example of how close engagement could be mutually helpful. The Chair (MH) has written already indicating our willingness to co-operate at any time in any matters of importance in relation to health policy in the arena of reproductive health and has received a favourable response. Liz Woodeson who headed Health Policy in Reproductive Health has now moved to the Cabinet Office. She will be replaced in due course but the point of contact continues to be Ted Webb. It is proposed that BFS executive meet at least once a year with DoH officers to discuss matters of mutual interest.

The relationship of the BFS with the HFEA is an important one. Communication between the regulator and the regulated can sometimes be rather one-sided from the regulator and it is vital that constructive dialogue continues such HFEA engages adequately with the clinics it regulates. The Society has de facto been the voice of clinics across the table from the HFEA and it is important that this continues. BFS needs therefore to consolidate its relationship with clinics, not only those within the State system, but also within the private sector. HFEA is represented at our committee meetings. This is valued and should continue. Chair (MH) has already contacted the Chair and Chief Executive of HFEA suggesting regular meetings out with committee and has received an enthusiastic response from Angela McNab. It is proposed that 3 meetings per year would take place with an open agenda.

For several years, the BFS has run successful and highly regarded meetings for Persons Responsible and Senior Personnel in licensed centres. These will continue. An emerging agenda in relation to the development of training programmes for Persons Responsible will be a matter for close discussion with the HFEA who have expressed some interest in moving this forward. The potential conflict of interest in a regulator training the regulated and having a say in appointments is something that BFS needs to discuss carefully with the authority.

### **Other organisations**

- Royal College of Obstetricians and Gynaecologists (RCOG)
- Royal College of Nursing Fertility Nurses Group (RCN (FNG))
- National Gamete Donation Trust (NGDT)
- Project Group on Assisted Reproduction (PROGAR)
- Infertility Network UK (INUK)
- The National Infertility Awareness Campaign (NIAC)
- Progress Educational Trust (PET)

The links with the RCOG have strengthened over recent years with the establishment of the training programmes. Issues to do with managing the programmes have been discussed above. The status of the Society in the eyes of the RCOG itself and in the eyes of the government and regulatory authority has grown in recent years such that the BFS is now a source of advice to the College in a way that never existed before. A meeting occurs twice a year with the RCOG officers and the Chairs of the various professional Societies with links to the College.

Similarly there are strong links between the FNG and the BFS. This entails BFS representation on the FNG committee though no formal representation ex-officio by an FNG committee member on BFS committee. These links continue and the strengthening of the training programmes will be a major driver for more nurses joining the BFS as members.

The NGDT has representation from BFS on its committee through Allan Pacey. BFS is conscious that clinics face major difficulties in managing donor recruitment since legislation changed. Chair (MH) has contacted NGDT indicating the BFS's willingness to continue to support the aims of the Trust. Similarly contact has been made with Prof Eric Blyth, Chair of Progar, which is linked to the British Association of Social Workers.

Patient needs are an essential component of the BFS Agenda. The committee continues to have representation from the patient organisations and close and continued communication between the Executive Officers and INUK will continue. Similarly the NIAC has BFS representation on committee and this should continue. The variable implementation in NICE Guidelines on the management of the infertile is a current issue and the BFS with INUK/NIAC will continue to have a high profile in this regard.

Progress as an organisation provides a highly valued service in maintaining public awareness on many issues in fertility practice and beyond. BFS has no formal links with the organisation. On occasions it has been the case that some Progress activities have perhaps attracted individuals away from BFS meetings. This requires care in meetings planning.

## **The Pharmaceutical Industry**

The BFS has been for many years reliant on the significant resource which the industry has provided the Society in realising its educational aspirations. The Sponsorship scheme set up over 6 years ago has been an invaluable resource generator and has proven mutually beneficial to the Society and our sponsors. The industry has in addition been asked to provide sponsorship for certain elements of meetings activities, academic and social. Furthermore sponsorship for prizes at meetings has been received as well as a PhD studentship that is approaching completion next year. It is hoped that a further studentship can be supported for 2007-9.

The Executive Officers do not anticipate sudden changes in the level of support from the industry, However, a realistic appraisal of the Society's financial construct would strongly suggest that dependence on potentially non-renewable resource for financial viability is unwise and greater self-reliance is desirable.

To this end a review of income stream through subscriptions is underway. In the foreseeable future the Pharmaceutical Companies will continue to be approached for support. A ceiling on the level of meetings sponsorship requests has been welcomed this year by the industry and will continue.

The executive officers meet with the Companies twice a year and this will continue.

## **10 ADVOCACY FOR PATIENTS**

As above the links the BFS enjoys with INUK and NIAC need to be consolidated. NICE implementation is a matter of extreme importance to our membership, many of whom work in clinics contracting with PCT's for ART funding. Problems in implementation need to be represented in discussions with the DoH and ministers, and the BFS can and needs to articulate the difficulties in practice at the highest level.

## **11 THE JOURNAL**

The journal has been a significant financial burden for the BFS. Taylor and Francis took over as publishers some 3 years ago. While the quantity and quality of copy continue to improve library sales and subscriptions are low. Recent discussions with Taylor and Francis are leading to a realignment of costs linked to proportionate ownership that will reduce the burden to the Society very considerably in the short term. Obviously T & F's increased stake in *Human Fertility* will have to be monitored not only in respect of financial viability but also in relation to academic integrity and independence. The cost per annum per member is being reduced from £41.50 to £30 with T & F assuming 50% ownership of the journal. The BFS needs to continue to strive for journal viability independent of the need for pharmaceutical sponsorship. T & F will be asked to provide regular input to BFS committee on financial progress with the new arrangements.

Prof Henry Leese continues as Editor in Chief with secretarial assistance from Sandra Downing. Ultimate consideration will have to be given to succession planning for this important appointment.

## **12 PUBLIC RELATIONS**

The media profile of the Society has changed for the better with the input of specific personnel within Bioscientifica. A number of key practitioners throughout the country have been media trained at the expense of the Society and have played a useful role in responding to matters of media and public interest as and when these have arisen. The executive officers and the Chair of Policy and Practice Committee will require to take on the majority of such activity on a personal level and lines of communication between the officers and other committee members need to be efficient such that BFS policy responses are clear and accurate.

The cost of PR activity needs to be kept under careful review.

## 13 RISK ASSESSMENT

### Financial health

The cost of running the operations of BFS independent of meetings needs to be kept under careful review. In the last financial year the Society lost a considerable amount of capital principally through meetings losses. At present it is estimated that non-meetings costs approach £90k. With some realignment of Secretariat (Bioscientifica) costs and reduction of the journal costs this can be reduced. At present, income from membership subscriptions is running at about £50k. Sponsorship income is currently £51k. There would seem to be an irresistible case to increase membership subscriptions in order to regain the lost ground plus provide a buffer for the future activities of the BFS, which have expanded greatly as its role as a professional organisation rather than an academic society has evolved. The treasurer has developed a financial plan predicated upon increases in fees as well as reduction in some running costs and reduced costs of the journal. Some threat to membership numbers may result from this approach but the Society absolutely needs to match costs to income generation. The input of the pharmaceutical companies cannot be guaranteed indefinitely and a self-sufficient Society has to be a long-term aim.

It is not clear that continued separation of the Educational and Commercial elements of the Society's activities through running separate companies is advantageous to BFS. From an accounting and day-to-day managerial perspective the present arrangement is enormously complicated. The treasurer is therefore seeking tenders from three lawyers' offices for fees to amalgamate the two companies in to a single entity. This involves dealings with the Charities' Commission and Companies' House. Our Chartered Accountants (Mazars) are intimately involved on these discussions and supportive of the plans.

### Membership

Membership threats linked to increased subscriptions may be offset by the role of the Society in training and its associated ability therefore to attract new members. Nursing staff are likely to take up the new FNG linked modules in significant numbers and the number of medical staff also accessing training is likely to increase. It is a concern to the Society that the number of active young members has dwindled in the past few years. Training programmes and associated study days offer an opportunity to address this, but meetings organisers also require to take account of the needs of younger members in planning content of general meetings.

The number of scientists and embryologists who are members of the BFS is an issue. Our links with ACE important and finding ways of establishing common ground enabling both BFS and ACE to thrive intellectually and financially is an imperative.

## 14 CONCLUSION

The executive officers are privileged to hold office in the Society and seek, with the support of the BFS committee, to consolidate the position of the Society in the reproductive medicine community. The priorities over the next 3 years are to restore the Society to its former sound financial position and to engage with the membership in a meaningful, relevant and constructive way.

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# **BFS Strategy 2006-8**

## **Summary of Recommendations**

### **COMMITTEE STRUCTURE**

1. The Sub-Committee structure of the BFS committee should continue.
2. A generic constitution for all sub-committees is required
3. An elected member of the executive committee of the BFS, who reports back to the full BFS committee, will usually chair the sub-committees. The executive committee should however have the power to co-opt a suitable experienced member of the Society for such a role if appropriate.
4. The financial and business elements of Journal management require to be more formally reported to the committee and discussions with the publishers about this need to take place in the near future.

### **COMMUNICATION**

5. The benefits of membership need to be clear to our members who need to feel more part of the community of the British Fertility Society.
6. Increased and improved levels of communication with members should be a priority.
7. Consolidation and enhancement of web-based activity is essential with the formation of a suitably resourced Web Advisory Group a priority.
8. The Newsletter should be produced a minimum of twice a year (February and July) and in addition there should be a regular noise of e-mail communication with a Chair's letter to all members twice a year.

### **EDUCATIONAL MEETINGS**

9. The move to blocks of meetings at two points in the year is an innovation for the present year and will require to be monitored very carefully.
10. Engagement with our embryology colleagues is enormously important to the vitality of the meetings we run and requires urgent attention.
11. Drive for new members and recruitment in to the training courses is required at the April training meeting at the RCOG.

### **POLICY AND PRACTICE**

12. A standard algorithm of response to public and other consultations should be followed.
13. Media enquiries should be channelled to the executive officers or the Chair of the Policy and Practice sub-committee who will respond, or delegate response, as appropriate.

## **TRAINING**

14. A high degree of professionalism in the management of training courses is required. Systems independent of BFS Committee members' goodwill will have to be considered as the uptake and administrative demands of the programmes increases. The Society will have to consider taking on a training officer to manage these programmes. Alternatives such as tapping in to RCOG or RCN resources should be explored.
15. Training activities should be resourced through registration fees for training as well as the income from study days.
16. Formal discussions with the RCOG on financial arrangements relevant to facilitation of training are required.

## **RELATIONSHIP WITH OTHERS**

17. The Society's relationships with our sister organisations need to be developed positively.
18. BFS representation on other Society's committees needs to be considered.
19. Links with overseas societies and other organisations should continue.
20. Dialogue on an arranged regular basis should be developed with the DoH and the HFEA.
21. The development of training programmes for Persons Responsible should be discussed with the HFEA.
22. The variable implementation in NICE Guidelines on the management of the infertile is a current issue and the BFS with INUK/NIAC should have a high profile in this regard.

## **FINANCES**

23. A review of income generation through subscriptions should be urgently undertaken.
24. The sponsorship scheme should continue but the drive of the Society should be to move away from reliance on the pharmaceutical industry for viability.
25. The links the BFS enjoys with INUK and NIAC need to be consolidated.
26. Taylor & Francis, publishers of *Human Fertility*, should provide regular input to the BFS committee on the financial status of the journal.
27. The cost of PR activity needs to be kept under careful review.
28. The Educational Charity and Trading Company should be merged to form a single entity.
29. The membership profile of the Society needs to be kept under careful review, with particular attention to the numbers of younger members, nurses and embryologists.

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