



British Fertility Society

response to the

Human Fertilisation and Embryology Authority

public consultation on

The 7th Edition of the Code of Practice

December 2006

This document represents the British Fertility Society (BFS) response to the Human Fertilisation and Embryology Authority Public Consultation the revisions to the Code of Practice.

The British Fertility Society is a multi-disciplinary organization representing professionals with an interest in reproductive medicine. The objectives of the society are:

- 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.

Therefore revisions to the Code of Practice are important to the BFS and its members.

To respond to this consultation, BFS membership were circulated by email and asked to send in their replies to the BFS Secretariat. This response represents the majority view of those who replied and was compiled by Neil McClure on behalf of the Executive Committee.

It is submitted by the Honorary Secretary whose contact details are:

Dr. Allan Pacey
c/o British Fertility Society Secretariat
22 Apex Court
Woodlands
Bradley Stoke
BS32 4JT

bfs@bioscientifica.com

The society **agrees** to the making its responses publicly available by the HFEA in accordance with the Cabinet Office Code of Practice on Written Consultation. In addition the society will be making this response available on its website (<http://www.fertility.org.uk>).

General Comments:

These are excellent documents and represent the distillation of many years of experience in regulation and guidance. The HFEA is to be congratulated on their breadth and depth. They are an invaluable resource for those working in services controlled by HFE Authority and Act.

Itemised specific comments on the Standards:

Since the BFS was involved in the drafting of these standards through its representation on the various HFEA working parties, the Society has no further comments to make on these.

Itemised specific comments on the Guidance Notes:

With regards to the guidance notes, the BFS makes the following comments on each of the sections listed.

- 1.2.3 It is not necessary to be a member of the RCOG to perform a laparoscopy. Within the UK recognised qualifications from other EU bodies are also recognised. It would be better to state that the person should be a Member or Fellow of the RCOG or equivalent recognised professional body.
- 1.5.1 It should be noted that it is not currently possible for an individual to be State Registered as an Andrologist, and to exclude those with considerable Andrology Experience from working in HFEA Licensed centres could remove this skill base from the UK. Andrology has been identified by the Chief Scientific Officer (CSO) as an “aspirant group”, and a route to state registration will be developed over the next few years. Also the term Clinical Scientist precludes other scientific staff from working in HFEA licensed centres and as a term may become outmoded in the next few years and replaced with the term Healthcare Scientist. This applies to both Embryology and Andrology.
- 2.3.1b On what basis does the HFEA state that centres should take reasonable steps to satisfy itself that sperm has not been produced at home for cryopreservation more than two hours previously? This judgement should be made on the basis of scientific evidence and precludes the introduction of any future technique, device or procedure that might allow this to be safely extended. Suggest that this be kept under review by the Association of Biomedical Andrologists in their Guidance for Good Practice (currently under review).
- 4.6.1 The HFEA should establish a mechanism whereby a centre might be able to ask the HFEA (or any successor body) if an individual being considered as a potential donor has donated previously at another centre. Whilst probably not required as a routine, it may be

useful in certain circumstances for a centre to make such an enquiry.

- 4.9.2 The phrase that “Genetic testing should be limited to the determination of carrier status for inherited recessive disorders in which abnormal test results carry no significant direct health implications for the prospective donor”. This would seem to preclude the future screening for dominant, late onset disorders that whilst currently not tested for, might become recommended in the future.
- 4.9.4/7 These sections would seem to be covering issues that are already covered in the current BAS and BFS guidelines, referenced in 4.9.1 and will be covered in the document produced by the Joint Working Party also mentioned in the same paragraph. Surely this may lead to contradictory guidance should at any time in the future these guidelines change (e.g. the guidance on CMV in 4.9.7).
- 5.6.1 Additional information for those seeking ICSI relates really to risk of inherited defects – the incidence of many of these is not accurately known and, therefore, it is hard to provide quantitative data.
- 5.8.1 Additional information for those seeking PGE for aneuploidy – should include implantation rates.
- 5.13 With regard to information for those donating gametes or embryos to research, some of these requirements are already covered by standard COREC (or equivalent in Scotland, Northern Ireland or Wales).
- 6.5.1 Typing error: Mental not Metal.
- 9.1.1 Is this statement not at odds with that given at 6.2.1c?
- 9.52c Typing error: Testes not testicles.
- 11 Guidance on Complaints Procedures: this would be much better if it were entitled “Guidance on Procedures for commenting on the service received”. The use of the term Complaints, whilst possibly politically correct, is negative and can encourage malicious complaints.
- 12.4.1d “PGS should be available after **several** previous failed IVF attempts”. This is very open-ended, probably purposely so, but it might be better to say at the discretion of the couple and their clinician.
- 13.1.2b Clinic’s is correct not Clinic’s’. Where a clinic is aware that there are two or more patients with the same name and date of birth the

relevant charts should be identified in such a manner that it is obvious that there is another patient with the same name and DoB.

- 13.2.1a In identifying a patient the interrogator should never read out the patient's name to the patient as if it is the wrong name this will result in a breach of confidentiality.
- 13.3.1d In addition, the names of all persons present during the procedure should be recorded including e.g. the partner or companion of the patient.
- 15.2.3 Typing mistake line 1.