CREATING MODERN FAMILIES

Monday 03 June

08.00	Registration, refreshment and exhibition
08.40	Welcome, *Alka Prakash , Consultant Gynaecologist and Reproductive Medicine, Cambridge University Hospitals NHS Foundation Trust*
08.50	The changing face of the modern family, *Vasanti Jadva, Senior Research Associate, Centre for Family Research*
09.30	Regulation and legal aspects in the use of donor gametes, *James Lawford- Davies, Partner, Hill Dickinson LLP*
10.00	Cross border fertility care, *Rachel Cutting, Principal Embryologist / Person Responsible, Jessop Fertility, Sheffield Teaching Hospitals NHS Foundation Trust*
10.30	Refreshment and exhibition
11.00	Treating single women and same sex female couples, *Alka Prakash, Consultant Gynaecologist and Reproductive Medicine, Cambridge University Hospitals NHS Foundation Trust*
11.30	Eggs and embryos: donation and sharing, *Jane Stewart, Consultant in Reproductive Medicine, Chair, BFS, Newcastle Fertility Centre at LIFE*
12.00	Surrogacy (reasons for and outcomes), *Jan Grace, Consultant Gynaecologist, Assisted Conception Units, Guy's Hospital, London*
12.30	Lunch and exhibition
13.30	Adoption, *Katie Best, Fertility Nurse Practitioner, Queen Elizabeth Hospital NHS Gateshead*
13.55	Patient perspective, *Rhona Brown, Patient*
14.15	Legal aspects of surrogacy, *Louisa Ghevaert, Founder, Louisa Ghevaert Associates*
14.45	The role of counselling in contemporary family creation, *Suzanne Dark, Executive Committee member of BICA and Fertility Counsellor*
15.15	Refreshment and exhibition
15.45	Fertility and gender reassignment, *James Barrett, Lead Clinician, Charing Cross Gender Identity Clinic*
16.15	Questions and closing remarks, *Alka Prakash, Consultant Gynaecologist and Reproductive Medicine, Cambridge University Hospitals NHS Foundation Trust*
16.30	Close

CREATING MODERN FAMILIES ABSTRACTS AND BIOGRAPHIES

DAY 1

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James Lawford-Davies, Partner, Hill Dickinson LLP

James specialises in the regulation of assisted reproduction and embryo research. He advises a large number of clinics, hospitals, universities and researchers licensed by the Human Fertilisation and Embryology Authority (HFEA), the Human Tissue Authority (HTA) and the Care Quality Commission (CQC). He has been involved in most of the leading cases relating to assisted reproduction, embryo and stem cell research.

Regulation and legal aspects in the use of donor gametes,

This presentation will provide an overview of the key regulatory considerations regarding donor conception and the use of donor gametes. It will examine the legal and regulatory issues specific and donor conception, namely the information provisions regarding donor conceived children, the information available to donors, rules governing payments to donors, donor recruitment, consent and legal parenthood, and liability considerations.

Vasanti Jadva, Senior Research Associate, Centre for Family Research

Dr Jadva's research examines the psychological well-being of parents and children in families created by IVF, egg donation, sperm donation and surrogacy. She has also studied the experiences of surrogates and gamete donors. Dr Jadva is currently working on a number of different projects including a longitudinal study of families created using gamete donation and surrogacy; a project examining parent-child relationships of infants born using identity-release egg donation; a study of single fathers by choice and a survey of intending parents motivations for and experiences of going abroad for surrogacy.

The changing face of the modern family

Children conceived by gamete donation and surrogacy do not experience psychological problems.
Children who are told about their conception before age 7 have more positive family relationships and higher levels of adolescent wellbeing at age 14. Most adolescents felt indifferent about their conception, although many were interested in their donor or surrogate if they were not in any form of contact. Of those in contact most were positive about this. Findings will be presented from research into parenting, parent-child relationships and children's adjustment in families with a child conceived using egg donation, sperm donation and surrogacy. Other areas to be discussed include disclosure about the method of conception, children's thoughts and feelings about their birth and differences between families based on type of donor, i.e. known donor versus identity release donor.

Rachel Cutting, Principal Embryologist / Person Responsible, Jessop Fertility, Sheffield Teaching Hospitals NHS Foundation Trust

Rachel graduated from the University of Nottingham in 1995 and completed the ACE post graduate diploma in 1998. In 2001 she gained the position of Principal Embryologist at Jessop Fertility and holds the position of Person Responsible. Rachel's was chair of the ACE from 2011-2014 and is an assessor for the ACS and NSHCS. She is involved in writing the national curriculum for training embryologists and has written national guidelines for oocyte freezing and elective single embryos transfer. She was awarded an MBE in 2015 for services to infertility.

Cross border fertility care

Learning points:
Destinations and reasons for fertility travel
Global aspects of regulation and quality of care
Legal perspectives and ethical issues

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Over the last few years increasing number of patients are seeking treatment overseas. This globalisation phenomenon sees patients traveling to wide range of countries for diverse reasons. Many patients use the internet and make independent choices regarding their choice of clinics where as other undergo a pathway of shared care with a consultant in their own country. There are many ethical issues as well as those associated with legalities and patient safety which suggests that there should be recommendations for best practice. Regulation and assessment of quality of care is limited in many countries and centres overseas should perhaps seek some form of accreditation to reassure patients and referrers. UK centre staff should ensure they know the regulations regarding export of sperm for use in donor egg cycles especially if an special direction is being applied for for export of sperm.

Dr Jane Stewart, Chair, British Fertility Society

Dr Stewart heads the Newcastle Fertility Centre; the largest NHS Centre in the North East of England. With over 25 years in the specialty she brings her experience of running a successful donor recruitment and treatment program to this course. She is a Subspecialty Training Programme Director, Person Responsible for the Centre and Chair of the BFS.

Eggs and embryos: donation and sharing

To understand:
The principles of egg donation and sharing including recruitment and screening.
Legal issues a round egg donation and sharing.
The specifics of egg donation including within single sex relationships.

Whilst the technical processes of IVF have enabled eggs and embryos to be made available for donation for the treatment of others, there is much more involved than simply the handing over of good quality material.

This lecture will in addition to practicalities, consider the legal and ethical considerations surrounding egg and embryo donation which influence the implications both short and longer term for donors and recipients.
It will also discuss the specific factors relating to donation within same sex relationships. Whilst the legal aspects relate to treatment undertaken in the UK there are many aspects which demonstrating good practice can be applied to an international perspective

Jan Grace, Consultant Gynaecologist, Assisted Conception Units, Guy's Hospital, London

Jan Grace obtained a first degree in Biology and Chemistry graduating from the Royal London Hospital and then completed her Obstetric and Gynaecology training and sub-speciality training in reproductive medicine and surgery at Guy's and St Thomas', Appointed as a consultant in 2006 at Guy's and St Thomas'. She has always had a keen interest in training and education. As undergraduate lead set up GSTT O and G summer school, as RCOG SE work place behaviour champion and developed GSTT bullying and harassment training programme and is RM SST programme director. having completed a diploma in NHS leadership she was head of service for gynaecology for 3 years and is now Clinical director for Women's services. Clinically her interests lie in PGD, reproductive surgery in particular management of fibroids, gamete donation having set up the GSTT donor programme and combined andrology service and fertility preservation. She is also lead of Maidstone and Tunbridge Wells fertility service.

Surrogacy (reasons for and outcomes)

Key Learning Points:
1. Ensure indication the appropriate and both surrogate and intended parents are treated safely
2. Seeking legal advice is vital
3. As surrogacy is complex it is best managed by an experienced ,dedicated multidisciplinary team of nurses, clinicians and counsellors

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Surrogacy is the agreement between a third party (commissioning couple) and a woman, that she will become pregnant with the intention of handing the child to the couple after delivery. About 50-80 births per year in UK. Host (gestational or full) IVF uses

gametes from intended parents and/or donors and embryo transfer into surrogate. Straight or partial surrogacy is artificial insemination using intended fathers or door sperm and surrogate mothers egg. Indications include absent or anatomically abnormal uterus, recurrent miscarriage or implantation failure, a medical condition in the mother that makes pregnancy life threatening and same sex couples. Thorough clinical management, counselling and consent by an experienced team is essential. Surrogacy is legal in the UK but the HFEA does not regulate the practice. It is imperative to seek legal advice and commissioning couple have to obtain a parental order.

Louisa Ghevaert, Founder, Louisa Ghevaert Associates

Louisa is the UK's leading expert in fertility, surrogacy, donor conception and family law. She has litigated many of the most important fertility and family law cases for modern families and won numerous changes and improvements to law and policy for parents, children and families. Louisa is founder of specialist law firm Louisa Ghevaert Associates, www.louisaghevaertassociates.co.uk.

Louisa is a member of the national Egg Donation Stakeholder Advisory Group led by De Montfort University. She is a Fellow of the American Academy of Assisted Reproductive Technology Attorneys and a Fellow of the Assisted Reproductive Technology Section of the American Bar Association.

Legal aspects of surrogacy

Learning points:
Recent developments in surrogacy case law
Single intended parent eligibility for a parental order
Surrogacy/fertility claims following medical negligence

This session looks at recent developments in surrogacy law and practice including: single parent eligibility for a parental order, surrogacy and fertility claims in cases of medical negligence, surrogacy law reform, complex legal and practical issues and outcomes when surrogacy arrangements breakdown and the role of specialist legal advice.

Suzanne Dark, Senior Fertility Counsellor, British Infertility Counselling Association

Suzanne is Senior Fertility Counsellor at Jessop Fertility in Sheffield. She is a Senior Accredited Member of the British Infertility Counselling Association, involved nationally with fertility counsellor training and a member of BICA's executive committee. Most recently Suzanne has been on the editorial group for the revision and recent publication of BICA's 'Guidelines for Good Practice in Fertility Counselling', 4th Edition.

The role of counselling in contemporary family creation

Learning points:
Definition of counselling and the role of fertility counselling in creating family through donation and/or surrogacy
An overview of counselling for recipients, donors, and surrogacy arrangements.
The fertility counsellor's role where welfare of the child concerns arise

This talk will cover the role of fertility counselling in a multidisciplinary approach to contemporary family creation through ART. The speaker will define counselling, and outline what it offers patients planning treatment involving donor conception and/or surrogacy. The speaker will emphasise the importance of the multi-disciplinary team's understanding of 'implications counselling', and how to introduce this to patients in the pre-treatment work-up. This will be followed by an overview of the issues and topics covered in implications counselling for recipients, donors, intending parents and surrogates. Finally the speaker will cover the counsellor's role where Welfare of the Child issues arise.

James Barrett, Lead Clinician, Charing Cross Gender Identity Clinic

Dr James Barrett trained as a liaison psychiatrist but is now the Clinical Lead and Consultant in Adult Gender Dysphoria Medicine at the Charing Cross Gender Identity Clinic. In a thirty year career he has assessed about ten th ousand people with gender dysphoria, is the author of a textbook on the subject and is President of the British Asso ciation of Gender Identity Specialists. Outside of Gender Dysphoria Medicine his only connection with fertility is bei ng father to three children.

Fertility and gender reassignment

Key Learning Points:

1. People with gender dysphoria do not have a psychiatric illness; they and can and do make good parents.
2. They need a sensitive gamete storage service to preserve their fertility
   - something that is often funded by the NHS.

People who change their social gender role do not have a psychiatric illness; their body simply very profoundly doe sn't
match their sense of themselves. Gender identity clinics assess, advise and support people with gender dysphoria through the emotional, social, legal and occupational process of changing social gender role along with the associat ed medical and surgical procedures. Gender dysphoria medicine intersects with fertility medicine at two very distin ct points. The first is before any hormone treatment, when gamete storage is still possible; the second is later, whe n a settled life (and often relationship) in a new gender role might be completed by parenthood, sometimes deploy ing previously stored gametes.