

British
Fertility
Society

MINUTES

BFS Executive Meeting

27 April 2022

Zoom

10:00 – 15:00

Attendees:

President: Alison Murdoch

Executive Officers: Raj Mathur (Chair), Kevin McEleny (Secretary), Marta Jansa Perez (Treasurer)

Elected: Uma Gordon, Mostafa Metwally, Harish Bhandari, Mark Wilcox, Bryan Woodward, Ippokratis Sarris, Angela Pericleous- Smith, Matt Noble, Yvonne Wedden, Debbie Evans, John Parrington, Annabel Rattos

Co-opted: Stuart Lavery, Jacky Boivin, Yadava Jeve, Matthew Prior

Observers: Gwenda Burns (FNUK), Adam Balen (FEI), Melanie Davies (FP), Sarah Norcross (PET and LPE), Allan Pacey (Human Fertility), Mark Hamilton (Chair of Trustees), Kate Brian (RCOG Women's Voices)

Invited: Richard Lea (SRF), Jackson Kirkman-Brown (ARCS), Rachel Cutting (HFEA), Clare Ettinghausen (HFEA), Arianna D'Angelo

Apologies: Ippokratis Sarris, Mark Hamilton, Annabel Rattos, Gwenda Burns, Yadava Jeve

1. Executive Committee membership

Yvonne Wedden's position to be advertised – YW is eligible to stand for a second term

2. Membership:

a) Membership numbers

As per report.

b) Lapsed & cancelled members

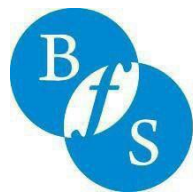
As per report

c) Honorary members

NTR

d) Membership categories & rules

NTR



3. Website update & tender

Statistics shared with minutes.

Development of new website:

- New logo has now been decided and was shared
- Suggested home page was shared - discussion around design.
- Content phase will be next, then request for help to re-write content will be made.
- Ahead of the next meeting MP will distribute a layout of the content that needs covering and delegate responsibilities for sections at the next F2F Exec meeting.

4. Media & PR Update

- Joint project between BFS, FNUK and ITN industry news.
- ITN industry news makes programmes in association with charities etc and then finds sponsors to make these programmes. These will be available digitally on BFS, FNUK and ITN hub.
- FNUK and BFS have suggested topics and experts who ITN will approach to speak.
- The experts will not need to fund anything.
- ITN will approach sponsors who are suggested by BFS and FNUK to fund each segment.
- Editorially controlled by FNUK and BFS, NOT the sponsors.
- Apologies for any initial misunderstanding when ITN approached some experts for funding. This has now been resolved.
- The programme enables us to produce high quality information at no financial cost to the BFS and gives the sector a chance to create some top quality information which can be used for patients and possibly professionals going forwards.
- SN was told she would have editorial sign off and could use the programme however she wished – KB clarified editorial sign off for speaker that they are happy with their video but final sign off editorially goes to FNUK and BFS. This is specified in the contract also.
- JB: will it end up being overly commercial because these are the topics sponsors will wish to support. RM: there is a chance of this, however the BFS and FNUK have slots to do their own topics too, that are not sponsored.
- The programme exists as a whole, but sections can be taken out and used independently.
- KM: hoping they will be able to come and film some of the 50th celebrations also.

5 Newsletter

Anyone with suggestions for a new name, please send to RM

6. Mentorship Programme

26 pairs.

7. Trustees & Governance update

NTR - MH absent. Next Trustees meeting in May, report at next Executive.



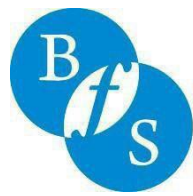
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8. Journal update

Position of Editor-in-Chief has been advertised on our social media, our partner societies and social media and the website.

Action point: Please pass on any suitable candidates you may know.

- Open Access:
 - Trustees asked for a document of pros and cons which has been created – shared here.
 - The Society pays for every member to receive the Journal currently and receives a share of the profit.
 - The BFS makes a loss every year, of about £24k.
 - Open Access means that anyone, anywhere could access the journal for free.
 - The journal would be funded by institutional fees and ‘APCs’ (Author publishing charges). These APCs are usually £1500 – 2000.
 - Each year the Society would be allowed a fixed number of fee waivers, so a certain number of articles could be published for free.
 - No change to editorial standards.
 - **Benefits** as in document discussed.
 - Modelling done by publisher shows an income of between 10 – 16k depending on number of submissions.
 - There would be no costs to the Society and a guaranteed income which would allow us to pay a stipend to the Editor. Up until now this has been done for free and that is not viable long term. If we do not pay an Editor we also run the risk of losing good candidates who cannot do the role for free.
 - Other journals that have become open access have had improved impact factor which would further strengthen the journal.
 - At the moment there is an extra cost if we wish to publish more articles, but in open access model there is no cost.
 - **Downside** as in document discussed:
 - Authors would have to pay for their articles to be published which could deter some. BFS have considered how to mitigate this for members. A number of fee waivers would be agreed with the publisher annually – and these could be used by BFS members.
 - Some submissions are already from authors in low income countries who are eligible for the fee being waived. Large amount of submissions are from countries such as China who are more than happy to fund.
 - Would some members feel they are losing a benefit? It would take away a potential reason why people join, but members would understand that Open Access is for the ‘greater good’ as the money currently lost on the journal cannot be spent on other things, which could benefit the wider membership.



- The Officers do not believe it will have a negative impact on membership numbers.
- BW: would funding of the Editor be from the BFS or Taylor & Francis? The funding would be covered by the BFS. Taylor & Francis pays the editorial assistant. There is a stipend in the budget which the BFS can afford to cover. BFS would have no liability for tax or pensions etc.
- JB looked at the last 4 years and the percentage of social science articles is between 8 – 30%. It is probable that these would be unable to fund their articles to be published. So there would probably be a loss of submissions from this group. RM agrees that it will change the content of the journal. It may however improve the quality of submissions.
- Waivers – roughly 6 articles a year are from BFS members – so 6 waivers should cover that. We have a commitment to BFS members but beyond that it is not our responsibility to enable individuals to publish.
- JB benefits at the moment from free publishing as her institution has an institutional deal - could institutions make a deal with the publisher that means their authors don't have to pay?
- An email discussion will follow to finalise this discussion – the recommendation from the Officers is that the Executive should vote in favour of open access.

Action point: 1. The Executive Committee are happy for the Executive Officers to progress Open Access for Human Fertility
2. JB to send details of 'Read and Publish' deals to RM. RM to check with the publisher whether this would be available for HF

9. Finance update

a. Quarterly report

As per report

Still waiting for approximately 14k from RCOG for 2021. Small surplus from Fertility 2022 coming in of £3.8k. New income from Job advertising.

b. Sponsorship

As per report

10. Strategy & Development:

a. Planning

NTR

b. Royal Charter

Response from Privy Council is a small set-back, a response involves all 3 Societies and we are taking time to consider our position. Keith Lawrey's view is that the Privy Council were keen on the suggestion as an entity but not so keen on the structure of the 3 Societies remaining individual entities.



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Keith outlined 3 options which are in the document which has been shared.

- i. Stay as we are
- ii. BFS “goes it alone” and holds the register
- iii. Merger – on paper we merge, but practically we don’t. The SRF will not agree to this.

We can reapply straight away and Keith thinks there is an excellent chance of getting it one way or another. KM still thinks the benefits would be tremendous.

RM: to some extent developments like this tend to be top-down. There is always a risk because there may not be a groundswell of opinion in favour. Also, leadership of Societies changes, and at each stage there will be a need to reignite enthusiasm for the project.

JEC meeting agreed that the Chairs would meet again to motivate and decide what to do.

Are the Exec still keen on the idea? BW: keen to support. MM: keen to support. JB: keen to support. DE: keen to support.

Action: Profile to set up meeting with Officers from all Societies.

Sub-Committees

11. Meetings:

a) Planning Fertility 2023

Date has changed because of lack of flights.

Tuesday 10th – Friday 13th January. BFS 50th Social event evening of Wednesday 11th.

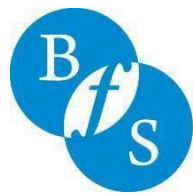
Conference dinner Thursday 12th at the Titanic Museum.

Discussion around virtual/hybrid offering. Considering recording talks because live streaming adds a significant cost. Decision to be taken as to when and how this will then be available and costing for this.

Howard Jacobs speaker suggestions:

- i. Marcelle Cedars (President of ASRM) – perhaps may be best as a plenary speaker on the opening day
- ii. Gerry Conway (UCLH – worked with Howard Jacobs)
- iii. Adam Balen

Action: Exec to send names to Stuart and Raj by 6th May and a decision will be made. RM to send IFFS email to SL.



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Training:

a) Study Week 2022

Successful 2021, particular mention of the success of PR, Nursing and GP days. Thank you to the HFEA for their continuing collaboration with the BFS. GP for 2022 is already attracting bookings and nearly at target. Need to focus on PGT to avoid any future issues.

Going forwards, MM wishes to have live study day in 2023 but with recorded sessions available afterwards. Possibly have F2F up to a certain number, and then make online available for others at a reduced rate.

AdA – it is very important to have F2F for PU – this is what ESHRE will be doing in 2023, particularly for Ultrasound. There is no accreditation for Ultrasound within ESHRE – perhaps this an area for collaboration in the future – to reach a level of competence that can be officially assessed.

b) Training Committee update

New members of Training Committee continue to be engaged and have great ideas and energy. No elections due until November when PGT is due.

Over 177 people undertaking modules.

Overseas centre registration has been changed – removed the need for ‘job plans’ and made it compulsory that the lead trainer is aware of the BFS training standards and has undergone the relevant training module that they wish to train on.

New lead on the PU module. Expressed thanks to IS for remaining until a suitable applicant was appointed, IS has been asked to remain until the online Training the Trainers is introduced which he is designing.

RM expressed thanks to MM and the Training Committee for their work.

MD: need to focus on quality of centres over the next few years. MM agrees and this will be discussed at the next Training Committee meeting.

MN: is there any way that you could introduce accreditation rather than just a certificate and will training go online on the new platform. MM new platform will be used to maintain the online aspects of Study Weeks and training manuals. Re: accreditation it was complex to introduce this and may cause problems with the RCOG and others. RM: the BFS is not an accrediting body and needs to be a distinction between this and others.

BW: shared the ESHRE accreditation document – centres which have been assessed by ESHRE – may give the BFS quality assurance.



c. Joint BFS/RCOG course

Successful course ran this year. 168 delegates attended. Approx. 68 from UK, the rest from across the world. Thank you to everyone for all their help in contacting societies and contacts and spreading the word.

The decision is whether to run this online next year or F2F. It is an expensive venue, accommodation and unless minimum of 90 delegates the event would not break even. Online, only need 30 delegates to break even. In terms of sponsorship – there was only 1 this year, whereas last year there were 3. Losing money with sponsors has to be balanced with increased income from delegates. Also many can access from outside the UK.

Should be financially viable this year with a healthy surplus.

RM and MM: Very interactive course with a range of questions and interested delegates. Moving to F2F would lose the international delegates. KM agrees it should stay online.

b) Policy & Practice

8 P & P guidelines in practice.

1. Oocyte Cryopreservation – first draft has been shared. HB waiting for final draft.
2. Joint ARCS & BFS on ICSI – first draft has been shared. HB waiting for final draft.
3. Co-parenting Guidelines. Final draft has been seen, a few edits have been sent and HB waiting for this.
4. Thromboprophylaxis: pending for a while now. HB has not had a response from the GDG lead. Chasing further information.
5. Extended carrier screening: almost ready. Main author is putting it in the Human Fertility format and HB will circulate to the Exec.
6. Guideline on Endometriosis: first draft should be ready by Friday and circulate in the next few weeks.
7. Optimisation of medical conditions prior to fertility treatment – making good progress should have information by next meeting
8. IUI – making good progress should have information by next meeting

Consultation documents we have reviewed recently:

1. MMBRACE report 2021 – we have responded. One aspect was to update our policy on elective single embryo transfer policy and ARCS will be leading on this. They have asked for a BFS representative - anyone interested please contact HB.
2. NICE draft consultation on removal, preservation and subsequent implantation of ovarian tissue to prevent symptoms of menopause. Thank you for contributions – response has been submitted.



Joint guidelines since last meeting:

1. Thalassaemia Society – updating national guidelines. HB has agreed to supervise one of the sub-specialty trainees on fertility aspects.
2. Joint guideline with RCOG and BFS on antenatal care for women following IVF and assisted conception treatment. Should this be a joint guideline? RM – it should be either RCOG or it should be joint with another Society perhaps BMFMS. Unable to do it as a BFS guideline alone as we do not have the expertise on antenatal care. HB will liaise with the GDG.
3. Australian National Health and Medical Research Council – updating PCOS – HB has responded saying the BFS will be happy to contribute.
4. Suggestion from a member that any BFS P&P Guidelines we should be using references from the last 10 years. RM: This will not work, for example there has been no population level epidemiological work on fertility for about 20 years. BW: would be in favour of bringing in more modern references, where they exist. JB: old references should only be used in exceptional circumstances. SL: thinks you should use the BEST available evidence, and just because it is old it doesn't affect its validity. You should not discard evidence because of its age.

14. SIGs

a. SIG governance

Document on the website. This will be updated going forwards.

b. Fertility Preservation UK

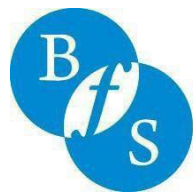
Some national contributions. NHS England is looking at specialist commissioning for ovarian tissue storage – we have been represented in those discussions. It should be out for consultation now. Have put in a response to NICE interventional procedures review on reimplantation of ovarian tissue with a view to relief of menopause. FP study day has been steady with attendance stable. Julia Kopeika has taken over as lead for the Study Day and her main aim will be to look at the training centres and making sure they are doing enough cycles for FP.

Need 'new blood' and hoping that we can organise an online meeting of members. Will be asking the SIG membership for expressions of interest to take over role of Chair. MD: Also need secretarial support to carry the work that is needed to make FP run well will require more than just Claire. Want to create a database and emulate the European registry. RM: the Chair is elected but any support beyond that on a voluntary basis is up to the SIG.

AdA: Hugely interested in FP. Registry – an initiative that could be developed at some point. Available to be involved.

Action points: Planning a meeting before the summer. RM to email to BFS members reminding them of the SIG, the FP newsletter will go out with the next BFS newsletter and the dates for the meeting will be shared also.

RM: This is the first SIG the BFS set up. The impact it has had is huge. Thank you to MD for creating, leading and guiding this SIG.



c. Fertility Education Initiative

An animation was removed from the website, followed by an appeal from the organisation who created it who wanted it to be reinstated. Adam Balen had communicated with them that the animation was not in line with the BFS Executive. The organisation involved was under the impression it was the FEI who should decide what should go on the FEI page. AB circulated the animation to the FEI group to solicit comments. Need to decide who has final say on approving content.

RM: Ultimately the SIGs are under the umbrella of the Society and so the Executive has the final say. However, we also have to recognise the SIGs have the expertise and detailed knowledge and the Executive should take proper account of the SIGs in reaching their decision. In this instance, members of the Executive have looked at the animations and had reservations. RM however is quite happy to hear the views of the FEI SIG and re-examine. Final decision rests with the Executive but there is a significant role for the SIG to express their views.

Working on dissemination of the Male animations. Dealing with other companies to share them. Have put in for funding for a grant via ESHRE to develop an educational guideline around timely medical intervention.

Action point: Need a process to deal with applications to put content on our websites – include this in the SIG governance document

d. Andrology

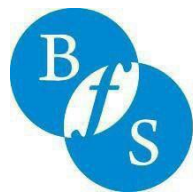
Need to focus on increasing membership of the SIG.

Current projects are the varicocele questionnaire – report should be available for the next Executive meeting.

Other project is information sheets for patients and staff. Thank you to Bryan and others for help. Have had to send to sister Societies for a response as they were involved initially. Chasing responses from them. Hopefully will have some good information sheets for clinicians and patients.

Need nurse representatives also – please could DE/YW help as we want to have a multi-disciplinary representation.

Action point: RM to respond to email to JKB re information sheets. DE/YW will help identify a nurse representative



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e. Law, Policy & Ethics

Still waiting for the Women's Health Strategy Announcement as we did put in a substantial response to this.

Main focus has been on thinking about revisions to the HFEA act. The SIG has done a lot of work, particular thanks to Alison Murdoch.

Looking at it in sections:

- Consent
- Enforcement and Sanctions
- Research and Innovation
- Data and Disclosure
- Drafting and Prescriptive Requirements.

Analysing where we are atm, what the issues are, and then coming up with potential solutions and suggestions for change.

Extended membership of SIG, as we did not have an Embryologist or a Nurse. The SIG meets every 3 to 4 weeks. The SIG has covered Consent so far and is moving on to Enforcement and Sanctions.

Query – how the Exec would like the LPE SIG to have a process to sign off on this work that they produce as it will form some form of document to report and discuss and share with the HFEA and others such as ARCS etcetera. We need a process for this particularly for this work which will take years and will involve a new Chair also and so it is important to have a robust process in place.

Circulate output before F2F in June so that the Exec can consider it and set aside an hour of the F2F meeting to consider this.

CE: The HFEA are working on the same things the BFS are. There will be many opportunities over the years to come to contribute – once there is agreement from parliament that the Act will be reviewed. At the moment it seems there is a duplication of work. The HFEA will provide their views to the Dept of Health and Social Care by Christmas with as much information from the sector as possible and they will be open about where there is consensus and where there isn't. After that it is dependent on politics when this is taken forwards, if there is a General Election for example. It may be these discussions are taking place and by the time it comes up for public consultation in 2/3/5 years' time, a lot of the work may need starting again. Would it make more sense to wait until the end of the year to see the HFEA consultation that is published.

SN: We do need to do this work otherwise the BFS has a blank page and things will be missed. This also adds more value to the HFEA work. It also provides a template and an outline that although it may become outdated, it will form a template to be picked up and referred back to. It should also help BFS members to formulate some of their ideas who may take part in the HFEA consultation over the summer.



Also when there are Government consultations it will be useful to look back on a good, comprehensive document that can be amended rather than starting the meetings and work afresh then.

Also helps us lobbying to put this on the Govt agenda as we will have more clearly defined asks.

RM: Is there a date or timescale for public consultation by the HFEA and Govt? CE: The HFEA aiming to do a consultation July/August. The Govt has made no commitment at present – the only commitment is that the HFEA are able to present their views for change by Christmas. What happens after this is unknown. The HFEA will publish proceedings of its working group on the website, terms of reference, notes of meetings, members of the group etc. The SIG should take note of these.

AM: Nothing we are doing is against the HFEA or controversial. It is better if the issues are addressed from different angles and then we come together with a joint view, as this increases the chances of getting the changes needed. We are not in any way going to be 'against' the HFEA

Action point: Anyone with any views on this, please email to AM

15. HFEA Update

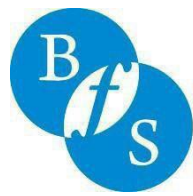
Clare Ettinghausen updated on HFEA work in the following areas:

1. New Authority members appointed by the Secretary of State
2. Ethnic diversity in fertility treatment report update
3. Patient survey published
4. Changes to storage regulations for gametes and embryos. Thanks to Raj and Yvonne who had commented on consent forms. Consent forms and guidance to be issued in the next few weeks and would be a big change for clinics
5. Report on impact of Covid on treatment numbers in 2020 being published in May
6. OTR - changes to service to make it more effective and catching up on backlog
7. PRISM - nearly reached end of deployment phase, expecting clinics to catch up asap, error rates are coming down fast. Hoping for a CaFC update later in yea
8. Changes to the Act – proposals from the HFEA to be sent to DHSC by end of this year. Law Reform Advisory Group (with professional and patient groups) is meeting regularly to discuss key issues.

16. External Meetings:

a) RCOG World Congress

The World Congress is in June. There are 500 places which are not yet filled. People seem to be reluctant to attend in person and are happier accessing online.



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b) RCOG PD Conference
NTR

17. Relationships with other organisations:

a) Associated Fertility Societies

Meeting recently. An idea advanced by some members to fund a PhD programme, on a topic that is cross disciplinary, selected by a committee. Major push for this came from the SRF. KM: it was suggested the BFS could contribute intellectually rather than financially.

Do the Executive think this is a good use of the Society's money?

- MJP: beyond the remit of the Society; the BFS should use funds to benefit the membership rather than one person.
- RM: if we want to support research, we can put aside a sum for people to 'bid', or to pay for the journal publication fee.
- MM: agrees – 1/3rd of a PhD can be a lot of money, and it will not necessarily benefit the profession. Agrees with the idea to support small research projects for junior researchers would be far more beneficial than a PhD.
- MN: agrees with MM and also travel grants for ESHRE
- MP: agrees also to have a research pot to bid for
- JB: increasingly the research councils want evidence of impact so that people doing research are making a change to society – and we are well positioned to help people who are having an impact
- SN: funding of PhD is high risk for low impact and the BFS's objectives would be better served by helping more people in a smaller way

RM: This idea to be discussed in the future once the website has been completed as that is a financial commitment.



b) FNUK/Fertility Fairness

A grant for 3 new part time roles in England, for 3 years. Going to be appointing a London representative, an England project worker and an Ethnic Minorities project worker. Anya Sizer is moving to focus on Fertility in the workplace. She has been working with some great organisations and really having an impact.

From patient point of view we have been slightly inundated with upset patients. Homerton: still dealing with fallout from this. Some have not had any personal information yet which is making it difficult. We are liaising with the trust and the CCGs so that we can keep people updated.

The other issue in Northern Ireland is concerning the Logan Clinic, which has caused a large numbers of patients got in touch. The police are investigating. The spotlight programme regarding the Logan Clinic is on iPlayer.

JB: what role does the BFS have to comment on these things? KB: interesting point about who people go to? KM: double check our own membership and ensure our membership is safe and well policed. DE: the BFS are not a regulator but professionally we have a responsibility to our patients and should report to the ASA. The Society can't take this on though.

SL: we need to hold the mirror up to ourselves also and confirm our clinics. Also many patients love acupuncture and nutritional therapy. Actively going out and calling people out would be difficult. We also have good relationships professionally with some of these alternative therapists who then refer their patients.

Webinars are going well – about 260 registered for the first one with Tim Child. Next is on Thursday at 6.30pm with the HFEA.

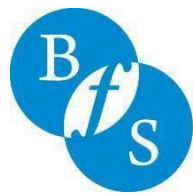
Ambassador scheme is going well – been very useful to share opportunities with clinics. If your clinic does not have an ambassador, please encourage someone to sign up as it is a great way of working with the Charity.

c) NHS England

Nothing to report

d) Dept of Health

Nothing to report



e) PET

Online meetings have been very busy – not going back to F2F in 2022.

Annual Conference on 1st December will be *Making Fertility Treatment Fair – who benefits from Reproductive Technology?* Overarching themes of justice, inclusivity, diversity.

25th May – *Fertility Frontiers: What is a permitted embryo in Law?*

PET is 30 this year and has commissioned an IPSOS MORI poll on public understanding and attitudes to assisted reproduction, genetics and research and these will be published on 22nd June. A whole series of different events planned and hope to do something in July for Mendel's birthday. PET have also been liaising with Natalie Gamble to try and facilitate surrogates and their families who may want to come to the UK to come here.

a) ESHRE

AdA needs input on potential areas for collaboration. A lot of work going on in BFS guidelines which overlap with ESHRE – perhaps the Societies could sponsor each others guidelines?

Opportunity for collaboration working together in ultrasound with training and education.

ESHRE have organised a course on Errors in ART. Will take place in Athens in November and asking people for their views on errors in ART.

Ethics committee group – working on a paper on risks.

Webinars going on and always interest in doing joint webinars. Currently working on the programme for 2023.

PCC – lots of joint courses within ESHRE with other societies, so perhaps there is scope for some BFS/ESHRE joint work or perhaps for SIGs such as the FP SIG.

18. BFS Representation on other committees:

a) IFFS

The BFS will not be on the IFFS board after 9 years on the Board. There is an agreement to deliver training resources together with the IFFS – reported at next Executive.

b) RCOG Council, SST & Liaison committees

NTR

c) NQAAP

NTR.

d) RMCSG

State of limbo at the moment as the Research Committee has scrapped all clinical studies groups and brought them under a different structure. MM has written to Ed Johnston (Research Committee Chair) asking for clarity on this and explaining we wish to remain an independent group and have been very active and successful. MM has never received a response but will continue to fight the cause to have an independent group. Perhaps the Liaison committee with the RCOG can also take this up (IS). Could this be something that the BFS could take up? We could establish a relationship with the NAHR.

Action point: MM will write again today and RM will then respond as he will be CC'd in.

e) NCO (National Casemix Office)

NTR



AOB:

- a. Patient information leaflets. APS and MN – having a meeting next week to discuss. Will feedback at the F2F meeting in June
- b. Potential collaboration in education IFFS – to discuss in June with MH input
- c. HFEA ethnic diversity working group:
 - i. BW: main topic lack of donors for ethnic minorities
 - ii. Discussion about national donor bank for England and whether we should try to re-establish it in collaboration with ARCS. RM: why did it not work before and can we fix those issues. Also it would have to be done with ARCS and other bodies and we need a novel strategy. But it would be a good way of strengthening links with ARCS.

Action point: BW to email JKB.

- iii. Hepatitis C positive donors. If positive on antibody test and then do a PCR and negative, can the BFS put out some guidance to support the use of these donors. RM: the 2019 guidance constrains us so we should look at this again.
- iv. AM: need to go to SABTO about this, they will give expert opinion and the BFS and HFEA should defer to them. AM will do a joint email to Yacoub Khalif, Bryan Woodward and Raj to link them up.

Action point: need to discuss with ARCS updating the guidance

- o Multiple births much higher in black patients – can we get animations or leaflets out to help inform black patients of the risks? RM: before we do targeted information we need evidence that they are keen otherwise it looks as if we are singling out a group for this information.

d. BFS at 50

Drinks and canapes at the RSM in September for 100, invitations have gone to all Exec members, former Chairs, former Presidents, Trustees, and representatives from our sister Societies, Royal colleges, etc. If there are any places available once RSVPs are returned we will offer these to the membership. The other event is less formal and will be in Belfast for all BFS member delegates, on Wednesday 11th at City Hall.

e. RCN transition document – need to know when we will have BFS endorsement.

Action point: YW to send another document to CB to circulate to Exec.

The RCN has set up a webinar series, first one was Male Infertility presented by Professor Sheena Lewis. These are for training purposes.

There is also going to be joint meeting next week between the RCN and SING on the education document that has gone out. Aiming to bring together a selection of employers to gain a consensus of the best way to embed this and the goal to enhance nurses' education and YW is representing BFS at these meetings.

Dates of future meetings:

Tuesday 21 June - Manchester

Monday 17 October - zoom