

30 July 2010

**CE(10)03**

Dear Colleague

## **Cross border reproductive care: clinics' and HFEA's responsibilities**

The HFEA has a clear responsibility for regulating the activities of licensed centres in the UK. We also have a clear responsibility for providing patients with information, both to help them find the clinic that best meets their needs and to enable them to make informed treatment choices at their chosen clinic.

As you know, an increasing number of UK patients are travelling to other countries for fertility treatment (often called cross border reproductive care), although we do not know exactly how many patients are doing so. The motivations for going abroad include cost, quality of care, availability of donors and success rates. Some patients are finding overseas clinics through their own research; others are acting on the advice or referral of UK clinics; others still are taking part in shared care arrangements, in which the preparation and early stages of treatment take place in the UK and the rest in the destination country.

One of the purposes of the Donation review, which will go out to public consultation in early 2011, is to consider whether there are barriers to donor recruitment and service provision in the UK which we could – or should – tackle, whilst ensuring that the interests of all concerned are protected. Addressing some of the issues affecting the availability of donor conception treatment in the UK may mean that fewer patients feel the need to travel abroad for these services. In the meantime, what are the respective responsibilities of UK clinics and the HFEA towards those patients?

At our Ethics and Law horizon scanning seminar in February this year, there was a lively discussion about cross border reproductive care. One of the questions raised was to what extent the HFEA intends – and has powers – to regulate the activities of UK licensed clinics which enter into the kind of shared care arrangements mentioned above. We have since sought legal advice on this matter, so that we are clear about our regulatory remit and responsibilities.

The advice we have received, which takes into account other areas of practice both within healthcare and beyond, is unequivocal. The provision of information by centres about clinics in other countries, and the referral of patients to clinics overseas, are matters over which the HFEA has little or no remit. Similarly, the HFEA does not govern the provision of preparatory care (scans, tests etc.) and unlicensed treatment (eg, ovarian stimulation) to patients who then travel to another country for treatment that would be licensed if it were

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taking place in the UK (egg collection, fertilisation, embryo transfer etc.). However, we do expect centres, whether referring patients abroad or recommending shared, cross-border care, to provide these patients with information about the consequences of having treatment outside the UK. Whilst there are advantages, patients should also be aware, for instance, that patients having donor conception treatment abroad (and the resultant child/children) will not be able to request information from the HFEA about the donor.

In order to help centres provide this information, we will soon revise the information that we provide on our website about cross border reproductive care. By doing so, we hope to help those considering whether or not to travel abroad understand the advantages and disadvantages, so that those who do decide to take that route are well-prepared for their treatment.

Yours sincerely

A handwritten signature in black ink, appearing to read "Alan Doran". The signature is fluid and cursive, with a long horizontal stroke at the end.

Alan Doran CB  
Chief Executive