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Regulating across borders: the UK experience

The Human Fertilisation and Embryology Authority (HFEA) is the UK's regulator overseeing the use of gametes and embryos in fertility treatment and research. We license fertility clinics carrying out IVF and laboratories carrying out human embryo research.

The HFEA was set up by legislation, the Human Fertilisation and Embryology Act, in 1991. We are accountable to Parliament, but we make our own policy within the broad legislative framework. Because of this, we are able to respond to social, medical, ethical and legal developments without necessarily having to change the legislation.

Over the past few years, the number of patients travelling within Europe – and beyond – for treatment has increased significantly. As the regulator of treatment in the UK, we can only collect data about treatments which take place within our borders. As a result, we know how many patients come from overseas to have treatment in the UK. They probably come because:

- We allow some treatments that other countries do not: for example, embryo testing, donor conception treatment
- We have a well regulated environment
- Patients have family or language connections

A bigger issue for us as the regulator is UK patients travelling overseas for treatment. The HFEA has no powers under UK law to regulate treatment outside the UK, even where some of the treatment is provided in the UK (if that treatment, such as ovarian stimulation, is not regulated by the HFEA). Whilst we wouldn't wish to stop patients leaving the UK for treatment even if we were to have the powers, we do have some concerns:

- Patients returning to the UK for obstetric care are more likely to have twins or triplets
- Returning patients with a donor conceived baby want to know about their donor or to register with the HFEA – they cannot do this
- Some clinics patients refer overseas, rather than to a competitor clinic in the UK - what is the financial relationship?

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- Because of this referral activity and media coverage, patients *think* they cannot get the treatment they want in the UK – so go overseas unnecessarily
 - Exploitation of donors or surrogates in countries UK patients visit

We would rather a patient had treatment in UK if that was their preference and only went overseas where they cannot access treatment at home. Some issues, such as the cost of treatment, we cannot address. However, others, such as the availability of services in the UK, can be addressed.

How do we do this? We can't control what patients do, but we can educate them about their options, and the risks and benefits of the different routes to parenthood. As the regulator of treatment in the UK, we can also help to create a UK fertility sector which satisfies our patients' needs.