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1988-2008: Twenty years of BICA

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**Blyth, E. (2008) 1988-2008: Twenty Years of BICA [British Infertility Counselling Association]. *Journal of Fertility Counselling* 15(1): 15-28**

## **Introduction**

The celebration of BICA's twentieth anniversary in 2008 provides a timely opportunity to chart and review the Association's achievements since its inception and, with an eye to the future, to identify continuing challenges - including those inherent in provisions in the Human Fertilisation and Embryology Bill that is currently under parliamentary review.

## **The early days**

An *ad hoc* meeting of interested individuals from a range of professional backgrounds that led to the establishment of BICA (initially calling itself the National Association for Infertility Counselling) was convened in May 1988 (Blyth and Hunt, 1994). The Warnock Committee (DHSS, 1984) and a subsequent government Consultation Paper (DHSS, 1986) and White Paper (1987) had identified an important role for counselling in the provision of state-regulated fertility services – for people considering fertility services, for gamete donors, and for individuals conceived as a result of fertility services. However, the exclusion of professionals providing infertility counselling from active participation in service and policy development (a process dominated by clinical and scientific interests), perpetuated ignorance of counselling and its potential contribution to assisted conception services<sup>1</sup>.

By the time parliament debated the (then) Human Fertilisation and Embryology Bill in 1989 and 1990, such evidence as existed concerning counselling provision in UK fertility centres testified to its variable availability and quality (e.g. BICA, 1989; Frew, 1989; Inglis, 1989; Harman, 1990).

During its first year, the fledgling Association set up a "training section" to identify the range of training and qualifications of people working as counsellors in UK assisted conception centres, developed a model training programme for counsellors, produced a literature and research bibliography relating to psychological and social issues in infertility, and established a *Newsletter* (which, in 1994, became the *Journal*

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<sup>1</sup> See, for example the reference to counselling in the first annual report of the Voluntary Licensing Authority for Human *In Vitro* Fertilisation and Embryology: "In all centres the medical staff are involved in the initial counselling of patients, but subsequently follow-up discussions are frequently arranged with the qualified nursing staff involved in the programme. Some centres employ specially-trained counsellors. Most centres also go to some considerable trouble to ensure that patients who fail to achieve a pregnancy have the opportunity to discuss their problems and decide on future treatment with either the medical or nursing staff" (VLA, 1986: 16). The VLA's initial guidelines for both clinical and research applications of IVF made no reference to counselling (VLA, 1986), although this was rectified by a brief reference in the 1987 revised guidelines (VLA, 1987). During the six years of its existence, at no time was a counsellor ever appointed to serve on the VLA/Interim Licensing Authority.

of Fertility Counselling). Initial overtures by the Association to the government as the sole UK body able to speak authoritatively on fertility counselling secured some financial assistance from the DHSS and an invitation to contribute to legislative proposals regarding infertility counselling (Blyth and Hunt, 1994). Although BICA's definitive *Infertility Counselling Guidelines* were not published until 1991 (BICA, 1991) – and updated in 2006 (see below), primarily written as a guide for HFEA Inspectors to encourage a more focused and relevant assessment of counselling provision in licensed centres, BICA members were able to influence the shape of infertility counselling provided in licensed centres through appointment to the King's Fund Centre Counselling Committee (albeit in individual capacities rather than as BICA representatives), a body whose advice informed the newly-formed Human Fertilisation and Embryology Authority on operationalising the counselling requirements in the Human Fertilisation and Embryology Act 1990 (King's Fund Centre, 1991). The Centre's model of infertility counselling was substantially adopted by the HFEA (HFEA, 1991) and continues to provide the basic framework for counselling in UK licensed treatment centres (HFEA, 2007).

### **Training, qualifications and accreditation of infertility counsellors**

The absence of an accepted framework for qualification or accreditation in infertility counselling was problematic in ensuring compliance with the Act's requirement that treatment centres provide "a suitable opportunity to receive proper counselling" both to those undergoing licensed treatment (Section (13) (6) (c)) and to donors (Schedule 3 (3) (1) (a)). To address this, the King's Fund Centre proposed that by 1997 each licensed centre should employ at least one trained infertility counsellor (i.e. holding both a general professional counselling qualification and demonstrating evidence of successful completion of a short specialist training course, for which it devised a modular system of training combining academic and skills learning at both basic and advanced levels). The Centre also advocated the employment of additional counsellors in line with a patient/counsellor ratio to be determined by the HFEA.

However, the HFEA never prescribed counsellor staffing for clinics and the counselling requirements contained in the first four HFEA *Codes of Practice* were modest:

".... a centre should ensure either that at least one of its staff has a Certificate of Qualification in Social Work or an equivalent qualification recognised by the Central Council for Education and Social Work, or is accredited by the British Association of Counsellors, or is a Chartered Psychologist, or that a person with such a qualification is available as an advisor to counselling staff and as a counsellor to clients as required" (HFEA, 1991, 1993, 1995, 1998, 1:10).

BICA input contributed towards strengthened criteria in the 5<sup>th</sup> edition of the *Code*:  
".... a centre should ensure either that at least one of its counselling staff has a recognised counselling, clinical psychology or psychotherapy qualification to diploma of higher education level or above, or a Certificate of Qualification in Social Work, or be working towards accreditation under the BICA/BFS system, or, where this is not

practical, that a person with such a qualification is available as an advisor to counselling staff and as a counsellor to clients as required. Counselling staff should have evidence of membership of a professional body that is relevant to their qualification, that has a Code of Ethics and Practice which they have agreed to abide by and that has a complaints/disciplinary procedure” (HFEA, 2001, 1:10).

The 6<sup>th</sup> edition of the *Code* provided further evidence of counselling’s professional development and BICA’s influence:

“Treatment centres are expected to ensure that at least one member of staff is appointed to fulfil the roles of counsellor to clients and is expected to:

- (i) Hold either a recognised counselling, clinical psychology, counselling psychology or psychotherapy qualification to diploma of higher education level or above or
- (ii) Hold an Infertility Counselling Award or
- (iii) Hold a professional social work qualification recognised by one of the UK social care councils or
- (iv) Be able to provide evidence of working towards accreditation through the British Infertility Counselling Association/British Fertility Society Infertility Counselling Award and
- (v) Be able to provide evidence of membership of a recognised professional counselling body with a complaints/disciplinary procedure and has agreed to abide by an appropriate code of conduct or ethics” (HFEA, 2003, 1:9)

Note, though, that twelve years after the 1990 Act’s implementation, the *Code* failed to ensure that clients would necessarily be the direct recipients of a duly qualified counsellor’s expertise.

By 2007, when the current (7<sup>th</sup> edn) *Code* was published, further developments were evident:

“Treatment centres should ensure that at least one member of staff is appointed to fulfil the role of counsellor for service users. This person should:

- (a) hold either a recognised counselling, clinical psychology, counselling psychology or psychotherapy qualification to diploma of higher education level or above; or
- (b) hold an Infertility Counselling Award; or
- (c) hold a professional social work qualification recognised by one of the UK social care councils; or
- (d) be able to provide evidence of working towards accreditation through the British Infertility Counselling Association/ British Fertility Society Infertility Counselling Award” (HFEA, 2007, G. 1.4.2)

Further, “[a] member of staff appointed to fulfil the role of counsellor should be able to provide evidence of membership of a recognised professional counselling body with a complaints/disciplinary procedure and have agreed to abide by an appropriate code of conduct or ethics” (HFEA, 2007, G.1.4.3).

Despite what might have appeared relatively undemanding initial requirements for counselling provision in licensed treatment centres, the HFEA's first annual report conceded that these "are greater than some centres are at present able to meet, not least because of the shortage of appropriately trained or qualified infertility counsellors" (HFEA, 1992: 30), an inauspicious state of affairs confirmed by the then BICA chair, Jennie Hunt, in an address to the HFEA Annual Conference in 1993:

"... a range of professional disciplines are involved in providing the counselling. In many centres it is the nursing staff or doctors, whilst others have employed social workers, psychologist or psychotherapists. Inevitably this means that there is a corresponding range of knowledge and expertise ... and this makes for a lack of consistency of standards" (Hunt, 1993: 9).

In response to self-evident shortcomings, the HFEA agreed to see what "needs to be done" (HFEA, 1992: 30) and in February 1993 a joint BICA/HFEA conference was convened to explore possible developments in counsellor training. This led to a joint BICA/HFEA working group on training for infertility counselling, chaired by HFEA member Julia (now Baroness) Neuberger. In November 1994, the group produced a report, *Training for Infertility Counselling* recommending the establishment of an accreditation body for infertility counselling that would:

- set appropriate levels of qualifications, competence and experience for those providing infertility counselling at all levels
- set standards for training courses so as to achieve good practice in infertility counselling
- inform those involved in infertility counselling about developments in the field (Crawshaw, 1995).

Following consultation on the working group's report, a further BICA/HFEA conference was held in 1995. The working group's recommendations were accepted and a joint BICA/BFS steering group was established and charged with implementing these, working on the principle that:

- existing experience and expertise must be valued
- arrangements must complement, not compete with, existing accreditation systems
- proposals should command broad acceptance from key stakeholders including counsellors' clients (Monach, 1995).

The steering group commissioned a project to develop a "user-friendly" and easily accessible approach to the accreditation of competences for infertility counsellors, funded by the Department of Health. Two routes to accreditation were proposed:

- a "portfolio" route for existing counsellors who were able to provide evidence of competence demonstrated through performance, existing training and accreditation
- a training route for those inexperienced in infertility counselling wishing to become infertility counsellors (Cooke *et al.*, 1999).

In practice, inherent logistical problems in the training route, due to the small number of individuals who were ever likely to seek such training at any one time, meant that running such a programme did not attract interest from training providers (although BICA itself subsequently developed a range of short courses as discussed below). The “portfolio” route, leading to the Infertility Counselling Award, an international “first”, was launched in 2001 and at the time of writing there are seven holders of the ICA.

Under recently-agreed proposals within BICA, a holder of the ICA, and any other BICA member who can demonstrate their competence as “a leader in infertility counselling able to act as mentor or consultant to others” will be entitled to Senior Accredited Membership status of BICA (SAMBICA). Qualified and accredited BICA members able to demonstrate “a sound basis of specialist experience and knowledge” in the field of infertility counselling will be entitled to accredited membership (AMBICA) (Monach *et al.*, 2007: 6).

The currency of the ICA is evidenced in the HFEA *Code of Practice* citations as noted above, and discussions have taken place with the HFEA to replace the current qualifications requirements so that **only** a counsellor with AMBICA or SAMBICA status (or a counsellor close to achieving AMBICA status) may be employed as an infertility counsellor in a UK licensed centre (Monach *et al.*, 2007: 5).

The BICA counsellor accreditation scheme also needs to be seen in the context of three parallel developments: (1) HFEA inspection of counselling services in licensed centres; (2) revision and expansion of BICA’s *Infertility Counselling Guidelines* (BICA, 2006); (3) government plans to regulate healthcare professions.

In 1994, Blyth and Hunt reported BICA’s early (eventually successful) efforts to ensure the appointment of at least some practising infertility counsellors to the HFEA’s inspectorate, albeit as “lay” inspectors. After some years, the HFEA acknowledged the shortcomings of such categorisation, since neither genuinely “lay” nor relevant professional interests were adequately represented. In addition, the large pool of “lay” inspectors meant that individuals were infrequently called upon to undertake inspections and therefore failed to gain necessary in-depth inspection experience. The subsequent appointment of “social and ethical” inspectors, including several experienced BICA members, improved the situation and BICA was invited to contribute to the training of newly-appointed inspectors.

Less successful were BICA’s proposals for the establishment of a specialist category of counselling inspectors (given the legislative requirements for the provision of counselling), that it should be consulted about the appropriate qualifications of such inspectors, that it should be allowed to make nominations and, more recently, that it might be appropriate to require inspectors claiming counselling expertise to be BICA members. Furthermore, opportunities for inspectors (subsequently redesignated yet again as ‘specialist advisors’) to participate in inspections remained limited, especially following the establishment of the HFEA’s in-house inspection teams. Crawshaw’s surveys of BICA members’ experiences of HFEA inspections revealed the

variability and frequent lack of rigour of the inspection process (Crawshaw, 1997, 1998; 1999; 2002). In the absence of criteria for HFEA assessment of counselling standards, BICA built on the existing *Infertility Counselling Guidelines* and published its own *Guidelines for Inspection of Clinics* (BICA, 1997) to provide the benchmark for, and help improve the rigour of, inspections. On the basis of BICA members' experiences of inspection, BICA argued that counsellors should be asked to provide written reports of their activities and that centres should use counsellors to assess patients under "welfare of the child" requirements only when it was clear to patients that they were not undertaking such assessments in their 'counsellor' role.

BICA's *Guidelines for Good Practice in Infertility Counselling* (BICA, 2006) were produced to underpin new standards for assisted conception services being developed by the HFEA to ensure compliance with the Human Tissue Act and the European Tissue and Cells Directive (European Union, 2004). The *Guidelines* describe the aims, process and content of infertility counselling practice and set out a model of quality management in service provision. They were formally launched at the HFEA 2007 annual meeting and it was noted that they provide "an essential tool for counsellors and those involved with licensed centre management to monitor, measure and evaluate standards and effectiveness in counselling provision" (Pike, 2007: 13-14).

The government has introduced provisions to regulate, through the Healthcare Professions Council ([www.hpc-uk.org](http://www.hpc-uk.org)), various healthcare professions (including counselling, psychology and psychotherapy) to safeguard the public through a formal registration system (restricting use of the titles "counsellor", "psychologist" and "psychotherapist" – henceforth "protected titles" - to registered practitioners) and to ensure maintenance of standards of professional training, performance and conduct. Since 2004, BICA has participated in discussions with the British Association for Counselling and Psychotherapy (BACP), the British Psychological Society (BPS) and the United Kingdom Council for Psychotherapy (UKCP), regarding HPC's regulatory proposals.

This group has been faced with the challenge of a wide variety of professional backgrounds, fields of practice, standards of training and theoretical approaches to therapy that the HPC's framework appears insufficiently broad to accommodate. This has raised apprehensions that a "one size fits all" approach may result in regulatory standards set at such a low level as to fail in their objective of providing an effective and reliable safeguard for either clients or employers. At the time of writing, proposals for regulating practising psychologists are in hand, although the timetable for implementation of a regulatory framework for counsellors remains uncertain.

### **Services for members and the public**

The need for specialist training, continuing professional development for counsellors, member information and support has been evident from BICA's inception. The Association endeavoured to meet this need through a variety of

services for members, including the *Journal of Fertility Counselling*, the *BICA Practice Guide* series, national and regional meetings, conferences, study days and training courses.

### *Journal of Fertility Counselling*

BICA's principal mouthpiece is the *Journal of Fertility Counselling*, published three times annually, and entering its fifteenth volume in 2008. Although modest by the general standards of academic and professional publishing and in terms of circulation, the *Journal* is the world's sole publication dedicated to fertility counselling. During this time. It provides the main vehicle by which members disseminate information about their own practice, research and commentary on developments in assisted conception, and supplements the Association's website as a means of keeping members informed of relevant developments. As well as publishing substantive papers on infertility counselling in the UK, it has regularly provided accounts of infertility counselling and issues relating to infertility counselling in other countries. Additional regular features include BICA news, extensive book reviews and a 'Practice Dilemmas' and a Forum section.

### *Practice Guides*

BICA's *Practice Guide* series was launched in 1997, initially with three titles, *Adoption - Issues for Fertility Counsellors* (Naish, 1997), *Sexual Problems and Infertility* (Read, 1997), and *Implications for Couples Contemplating Donor Insemination* (Snowden and Snowden, 1997). A fourth title, *A Creative Approach to Group Work for Women with Fertility Problems* (Wheeler, 1998) was added one year later. In 2004 an updated and expanded revision of Robert and Elizabeth Snowden's guide was published (Blyth, 2004) and in 2005, Miller (2005) published an updated *Adoption: Issues for Infertility Counsellors*. Two new guides have been added to the series: *Guidelines for Good Practice in Infertility Counselling*, produced by a working group in 2006 (and discussed above) and, in 2007, *Counselling and Surrogacy in Licensed Clinics in the UK* (Baron et al., 2007)

### *Study Days*

BICA Study Days have covered a wide range of themes relevant to counselling, including: infertility services for lesbians and single women; infertility and ethnic minorities; working with treatment failure; egg sharing, and new regulations on the removal of anonymity and its implications for counselling practice.

### *Regional support groups*

Infertility counsellors have always been, and many still are, relatively isolated in their practice – in many centres working without the close support of other specialist counsellors, since they are employed part time or are contracted to provide off-site services, while full integration into the clinics' multi-disciplinary teams has been slow to develop. At the same time access to appropriately qualified supervisors with



relevant infertility counselling experience has also been extremely limited. The need for local networking and support to combat professional isolation was recognised by BICA members from the Association's early days. Regional groups – currently operating in Central England, London, the North West, Northern Ireland, Scotland, the South East and the South West – share similar broad functions, providing a forum for:

- mutual support and networking
- sharing information
- continuing professional development
- discussion of topical issues – sometimes involving guest facilitators/speakers
- exchanging views on counselling practice
- case discussion and peer supervision in a confidential setting.

The development of more localised support for infertility counsellors followed a somewhat different path in Scotland. The Scottish Branch of BICA was established following an inaugural meeting of Scottish infertility counsellors in Edinburgh 1990. Subsequently, it was agreed that a representative of the Scottish Branch should be a member of the BICA executive committee. In 2002, the Scottish Branch members decided to continue with a separate identity and the group is now known as the Scottish Infertility Counselling Group (SICG). Most of the core group remain committed members of BICA and the Scottish representative on the BICA Executive Committee bridges both organisations. Membership is drawn from the licensed clinics in Scotland as well as counsellors in private practice and allied organisations, e.g. adoption agencies. In addition to the services for members identified above, SICG also organises seminars and study days two to three times each year. These have been made affordable by sponsorship from Organon, Searle and Serono, and have included counselling issues in relation to embryo donation, male infertility, multiple pregnancy and fetal reduction, ending treatment, removal of donor anonymity, and adolescents following cancer treatment. In addition, when resources have permitted, the group has responded to public consultations on matters such as such as the withdrawal of payments to donors.

### Training group

In 2000 the BICA Executive Committee was approached by some licensed clinics to provide training in counselling skills for staff. The training group that progressed this initiative has since developed and delivered a course, "The Emotional Impact of Infertility", focussing on enhanced responding and listening skills, breaking bad news and the key issue of loss and grief, that has been run several times in London and Manchester, for a range of staff from many of the UK's clinics. In addition, on-site training sessions for individual clinics involving all clinic staff have been organised. The training group subsequently developed a 2-day introductory course for practising infertility counsellors and for newcomers to fertility counselling, so far attended by around 65 counsellors. In 2007 the group developed two additional courses. "Counselling Skills for Specialist Nurses" has been developed with the Senior Infertility Nurses Group, while "Hard to Conceive" was planned for generalist counsellors with an interest in infertility but not working in licensed centres. For

2008, a third day extension to the 2-day introductory course (but also available to other counsellors) has been planned, as well as an implications counselling workshop, a course on the effects of infertility on the couple relationship and finally a course on ending treatment and how to help those dealing with a cancer diagnosis.

### Services to the public

Via the website and its information officer, BICA makes available considerable information to the public. Probably its most significant public service is the establishment of a nationwide infertility counsellor referral system independent of licensed treatment centre counselling facilities that is accessible via the website. In addition, BICA contact details are often made available via helplines set up by the media following a particular news item, feature, documentary or drama containing a fertility-related issue.

### **BICA's relationships with other organisations**

Over the years, BICA has developed varying links with other organisations, groups, professional bodies, the HFEA, the Department of Health and with Parliament. With regard to the HFEA, the Department of Health and Parliament, much of this has involved participation in consultations.

From BICA's inception, it has worked with the Project Group on Assisted Reproduction (PROGAR) (<http://basw.co.uk/Default.aspx?tabid=245>). BICA is now formally represented on PROGAR (along with DC Network and British Agencies for Adoption and Fostering), and BICA - together with PROGAR - meets HFEA staff periodically in tripartite meetings to review issues of common interest and concern.

From the establishment of the National Gamete Donation Trust as a government-funded charity to raise public awareness about gamete and embryo donation, and to promote donor recruitment, BICA has been represented on the NGDT's advisory council, contributing to strategy planning, publicity material and website development, recruitment campaigns and liaison with professional bodies, licensed centre staff and relevant healthcare and other professionals. NGDT has consistently highlighted the importance of professional counselling provision for all donors prior to donation and has supported BICA and other organisations in campaigning for the establishment of an appropriate centrally funded framework of counselling, support and mediation for all individuals and families affected by donation.

BICA has a place on the executive committee of the British Society of Psychosomatic Obstetrics, Gynaecology and Andrology (BSPOGA), of which a number of BICA members are also members. The principal contribution of BICA representation on the committee has been assist with BSPOGA's annual training days and to encourage attendance by BICA members.

BICA has a representative on the British Fertility Society's meetings sub-committee, planning annual meetings and ensuring psychosocial and counselling input to these.

In addition, the BFS Executive Committee has a counsellor member (although as an individual member rather than formally representing BICA) while BICA has observer status at BFS executive committee meetings. In 1999, in order to encourage more active BICA participation in BFS annual meetings, the BICA Executive Committee agreed to establish a psychosocial and counselling prize session. In 2000, sponsorship of this prize was secured from Ferring Pharmaceuticals, an arrangement that has continued to the present time. Also in 1999, the BICA Executive Committee responded to an invitation to join the editorial board of *Human Fertility*, which now provides a vehicle for publication of peer-reviewed papers for all the major UK fertility societies – the British Fertility Society, BICA, the Royal College of Nursing Infertility Nurses Group, the Association of Clinical Embryologists and the British Andrology Society. BICA involvement in the Editorial Board is primarily aimed at providing a counselling view of the strategic direction of the journal, a counselling view on any papers specifically dealing with counselling or related issues, and acting as a conduit between the journal and BICA.

BICA was a founder member, along with the Australia and New Zealand Infertility Counselling Association (ANZICA), Germany's Bkid, ESHRE's Psychology Special Interest Group and the Mental Health Professional Group of the American Society for Reproductive Medicine, of the International Infertility Counseling Organization ([www.IFFS-IICO.org](http://www.IFFS-IICO.org)) which held its inaugural meeting at the 2003 annual meeting of ESHRE in Madrid. The objective of this meeting was to explore the feasibility of setting up an international network of member organizations to promote the development of a global network of counselling organisations in reproductive medicine and health, with particular focus on supporting those practitioners in countries where no such professional organisations exist. IICO's aims include the development of international practice standards, educational opportunities and training, regular meetings, its website and increased opportunities for international collaboration. In 2004 BICA representative, Sheila Pike, was part of the IICO faculty leading a post graduate symposium on global perspectives in infertility counselling at the International Federation of Fertility Societies' congress in Montreal. IICO is a liaison member of IFFS and now comprises, in addition to the five founding member associations, counselling organizations at varying stages of development in Belgium, Canada, the Czech Republic, Finland, France, Greece, Japan, Latin America, Portugal, Spain, and Switzerland. Business meetings and post-graduate programmes are held at annual ASRM and ESHRE meetings and the periodic IFFS congresses, although internet communications are important since relatively few counsellors (including counsellors from the UK) are able to attend overseas conferences regularly. IICO is looking to expand training and educational opportunities globally via the internet and to extend networks to Asia and Africa. IICO is chaired by Linda Hammer Burns (ASRM) and in 2007 Sheila Pike and Petra Thorn (BKid) were elected co-vice chairs.

BICA has regularly contributed to consultations initiated by the HFEA, the Department of Health and Parliament. HFEA's consultations have include: periodic revisions to the *Code of Practice* (as noted previously) the *Patient's Guide*, sex selection, the publication of centres' success rates, implementation of withdrawal of payments to donors, cloning, multiple births, statutory storage of embryos, egg

sharing, pre-implantation genetic diagnosis, welfare of the child requirements, donor recruitment and draft guidelines on the EU Tissues and Cells Directive.

In addition to the initial consultations specifically relating to counselling discussed above, BICA has also contributed to all major Department of Health consultations concerning fertility treatment and reproductive technology. These include the parental order regulations in the case of surrogacy arrangements (1993), the review of legal provisions regarding consent (following the Diane Blood case) (1998), the Brazier review of surrogacy arrangements (1998), information to be provided to donor-conceived people (2001), review of the Human Fertilisation and Embryology Act (2006) and the Tissue and Embryos (Draft) Bill (2007). As part of the government's current review of the Human Fertilisation and Embryology Act, BICA representatives met with the then minister, Caroline Flint, in July 2006.

In 2001 the Department of Health together with the Scottish Executive and the Bruce Trust, funded BICA to advise on the provision of counselling to donor-conceived people applying to the HFEA Register for information under Section 31 (3) (b) of the Human Fertilisation and Embryology Act, and to others who may be affected by such an application. The Steering Group's report, *Opening the Record*, was published in 2003 (BICA, 2003). This not only contained recommendations regarding the statutory requirements for counselling, but also drew attention to the need for counselling and intermediary services for those involved in a donor procedure undertaken prior to 1991 - endorsing the case for a dedicated service for this group of individuals. The government accepted the need for such a service, funding UKDonorLink to provide this from 2004 (<http://www.ukdonorlink.org.uk/>). Although not specifically required to do so, the Steering Group also highlighted additional provision that would need to be in place in the event that any future legislation removed donor anonymity.

Also in 2001, following a BICA initiative led by Jennie Hunt, BICA and CHILD participated in a Fertility Education in Schools Project, producing educational material for 14-16 year olds, run by Progress Educational Trust and funded by the Department of Health. Despite a highly successful pilot of the materials in year 1, the project foundered in the second year because funding was discontinued.

Parliamentary consultations to which BICA has contributed have included oral and written evidence to the House of Commons Science and Technology Select Committee review of Human Reproductive Technologies and the Law (BICA, 2004a,b) and written evidence to the House of Lords and House of Commons Joint Committee on the Human Tissue and Embryos (Draft) Bill (BICA, 2007). A BICA member was invited to give BACP's oral evidence to this Committee, but was unable to attend. In June 2006 BICA representatives met with Dari Taylor MP, chair of All Parliamentary Group on Infertility.

Consultations undertaken by other bodies to which BICA has contributed have included the Medical Research Council's 2004 Draft *Code of Practice for the Use of Human Stem Cells*, the Human Genetics Commission's 2005 report, *Choosing the Future: Genetics and Reproductive Decision-Making*, and the National Institute for

Clinical Excellence's 2005 report *Improving Outcomes for Children and Young People with Cancer*. A BICA representative served on a working group producing the RCOG report *Guidelines for the management of infertility in tertiary care. Evidence based clinical guidelines No 6* (1999-2000). Jenny Dunlop (a former BICA chair) was a counsellor representative on the working group that produced the National Institute for Clinical Excellence's *Infertility Guidelines* (National Collaborating Centre for Women's and Children's Health, 2004), for which BICA also registered as a stakeholder and also made representations.

### **Taking stock – and future issues**

BICA is a small organisation with a current membership of 177. Given its constituency, BICA membership will never be much larger than this, since the vast majority of counsellors providing counselling services to licensed centres in the UK are members. While it is possible to see where more substantive and rapid progress might have been made, any review of BICA's achievements needs to reflect its membership base, and its historical reliance on a relatively small group of active members at any point in time, in particular members who have served as members of the Executive Committee, editor of the *Journal of Fertility Counselling and Practice Guides*, information officer and have represented the Association with other organisations.

On the positive front, there is little doubt that the last 20 years have shown evidence of considerable improvement in the credibility and position of infertility counselling in the UK, much of this due specifically to the energies of BICA and its members. Since implementation of the Human Fertilisation and Embryology Act, counselling has been recognised in both law and practice as an important professional service for people facing infertility problems (Scrutiny Committee 2007: 278).

Since that time, also, new developments in service provision have posed additional demands on counselling, including the expansion of egg sharing to almost half of all licensed treatment centres, increasing use of pre-implantation genetic diagnosis (including PGD accompanied with HLA tissue typing) and the change in law regarding donor anonymity. At the very least all have required extension of the repertoire of implications counselling, while the abolition of donor anonymity, following soon after the HFEA's review of the welfare of the child, effected a significant change in HFEA policy towards parental disclosure. Until 2005 the HFEA had presented parental disclosure or non-disclosure to their child(ren) as equally valid options, advising that clinics discuss with those contemplating a donor procedure "a child's potential need to know about their origins and whether or not the prospective parents are prepared for the questions which may arise while the child is growing up" (HFEA *Codes of Practice* 1991- 2005). However, in 2005, it explicitly advocated the merits of early disclosure:

"Clinics should encourage and prepare [donor conception] patients to be open with their children from an early age about the circumstances of their conception." (HFEA, 2005; 2007: G.5.4.6).

While a recent study has indicated counsellors' perceptions of changing patterns towards disclosure plans among recipients of donated gametes (Crawshaw, in press), the effect of changing HFEA policy on counselling practice – if any - has yet to be determined.

Two further issues that have exercised, and will doubtless continue to exercise, counsellors both individually and within BICA, are the inter-connected issues of the relationship between counselling and assessment and whether counselling should be mandatory. Indeed, in its evidence to the House of Commons Science and Technology Committee, BICA identified three “priority” issues:

“Mandatory implications counselling for all donor-assisted conception procedures.  
Mandatory implications counselling for recipients of all regulated ART procedures.  
Clear separation of the assessment requirements for “Welfare of the Child” from the provision of professional counselling services” (BICA, 2004a: 292).

Space here precludes further discussion of either issue, which have been addressed in the past in papers in the *Journal of Fertility Counselling*; Williams and Irving (1998) on counselling and assessment and Blood (2004) on mandated counselling in Victoria. Both topics are likely to receive more detailed debate within the Association.

Finally, provisions in the Human Fertilisation and Embryology Bill, if they become law, will impact on counselling practice. The Bill proposes to extend to women receiving treatment services together the ability of each to be recognised as the child's legal parent. This in itself does not affect existing arrangements for access to services to women in a same sex relationship, although the provisions regarding legal parentage will need to be addressed in implications counselling. Additionally, the Bill proposes to extend rights of access to information following donor conception to:

- donors - to the right to access limited non-identifying information regarding any offspring and to be informed when his or her identifying details have been requested by any offspring
- individuals who are either proposing to enter, or are already in, “an intimate physical relationship” – to the right to access information on the HFEA Register regarding a possible existing genetic relationship
- donor-conceived people reaching the age of 16 years - to access non-identifying donor information as well as information about the existence, number, sex and year of birth of any donor-conceived siblings
- donor-conceived people reaching the age of 18 years – to learn (by mutual agreement) the identity of any donor-conceived genetic half siblings.

While the provision of counselling to individuals seeking such information is unlikely to become the responsibility of counselling services in licensed treatment centres (and indeed, BICA's (2007) view is that this would not be appropriate), these new provisions will impact on implications counselling provided within treatment centres for both donors and those receiving donor services.

In recent debates in the House of Lords, the government has indicated that revisions to the Bill (or guidance in a revised HFEA *Code of Practice* subsequent to the implementation of new legislation) will include amended provisions both for counselling and the provision of information (with which counsellors will doubtless be involved). Measures proposed so far relate to requirements regarding the welfare of the child, increased encouragement (or direction) regarding parental disclosure following donor conception, and the provision of services that could result in the conception of a “saviour sibling”. Since the Bill has yet to be debated in the House of Commons, further amendments are possible, which may well affect counselling and counsellors. It is very much a case, therefore, of “watch this space”.

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