



BFS STUDY WEEK

19-22 June 2017

**Modern Families
e-PROGRAMME**

This event is paperless
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Millennium Gloucester Hotel, Kensington, London

www.bfsstudyweek.org.uk

@BritFertSoc @UKEmbryologists

FOREWORD

On behalf of the BFS I would like to welcome you all to *Study Week 2017*, which will be the largest one yet. Those of you who have been before will notice many changes. To accommodate our rapid growth, we have moved venue to the very pleasant Millennium Gloucester Hotel. To ensure that you have the latest up to date information and to make the event more 'green' and efficient we have gone 'paperless'.

We are delighted to have two new additional *Study Days* this year (*Fertility Nursing* and *PGD/PGS*) and there have been changes to some of the existing *Study Days* too, to ensure that you are getting the very best experience. I would like to thank the Speakers for taking time out of their busy schedules to come and teach at the event; as well as the sponsors who generously support our educational program.

I would particularly like to thank the delegates for coming, because you really make the event the success that it is. We hope that you all enjoy it and leave London with knowledge that will aid your personal development and the care of your patients. Please ask the speakers questions, we are here for you.

If you aren't already a BFS member, please consider joining and also, consider enrolling for the highly regarded *BFS Training Modules* that are linked to many of the *Study Days*. All the relevant details are on our website www.fertility.org.uk. Feel free to share your opinions on social media @BritFertSoc and @UKEmbryologists and do please complete the feedback form which will be sent to you after the event online, we want to know what you think.

Now, get ready, it's time to be educated!

All the very best wishes,



Kevin McEleny
Chair of Education and Training
British Fertility Society

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MODERN FAMILIES PROGRAMME

HARRINGTON ROOM

08.00 Registration, welcome refreshments, exhibition

09.00 Chair's opening welcome *Alka Prakash*

09.15 The changing face of the modern family *Vasanti Jadva*

09.45 Regulation and legal aspects in the use of donor gametes *James Lawford Davies*

10.15 Treating single women and same sex female couples *Alka Prakash*

10.45 Refreshments, exhibition and networking

11.15 Cross Border Fertility Care *Rachel Cutting*

11.45 Eggs and Embryos: donation and sharing *Jane Stewart*

12.15 Patient Perspective *Trish Barker-Barrett*

12.45 Lunch, exhibition and networking **Please note 45 minutes for lunch*

13.30 Legal aspects of surrogacy *Louisa Ghevaert*

14.15 Surrogacy (reasons for and outcomes) *Jan Grace*

15.00 Refreshments, exhibition and networking

15.30 Adoption- Adoption Society *Gemma Gordon-Johnson*

16.00 Welfare of the child and counselling *Alka Prakash*

16.30 Fertility and gender reassignment *James Barrett*

17.00 Close of day and Networking

MODERN FAMILIES ABSTRACTS AND BIOGRAPHIES

The changing face of the modern family

Vasanti Jadva

Key Learning Points:

1. Overall, children conceived by gamete donation and surrogacy are well adjusted
2. Children who are told about their conception before age 7 have more positive family relationships and higher levels of adolescent wellbeing at age 14.
3. The majority of adolescents who are aware of their conception feel neutral or indifferent about this.

This talk will summarise findings from studies of parents who have used third-party reproduction (for example, egg donation, sperm donation and surrogacy) to conceive a child and will focus on the quality of parenting and children's adjustment within these family forms. It will also explore how the children themselves feel about their conception at different ages, and for those in contact with their donor or surrogate, how they feel about this. The talk will end by looking at the role of on-line connection websites in searching for donors and how this may affect the types of relationships children have with their donor.

Dr Vasanti 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 studies 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; an on-line investigation of members of a connection website for sperm and egg donors, and a survey of intending parents motivations for and experiences of going abroad for surrogacy.

Regulation and legal aspects in the use of donor gametes

James Lawford Davies

James Lawford-Davies is a Partner at Hempsons, in London. He specialises in the law relating to reproductive and genetic technologies, human tissue and cells, and related research. James advises a large number of clinics and research centres licensed by the Human Fertilisation and Embryology Authority (HFEA) and has been involved in most of the leading cases relating to assisted reproduction and related research. James has advised widely on the regulatory and commercial issues relating to embryo and embryonic stem cell research, including cell nuclear replacement, human-animal hybrids research, import and export, and the implications of EU law. James is also an experienced litigator and has acted in matters at every level both in the UK and abroad. He is also an Honorary Lecturer in the Department of Biochemical Engineering at UCL.

Treating single women and same sex female couples

Alka Prakash

Key learning points:

1. Clinical options for women wanting treatment using donor sperm
2. Psychological aspects and role of counseling
3. Medico-legal aspects

The evolution of family structure to modern families require provision of treatment for those who wish to conceive using donor gametes. This is now a part of mainstream fertility treatment and needs appropriate development of services and training to deliver this service. In this talk I will emphasize the role of adequate assessment of women prior to start of treatment as well as the clinical and administrative component of offering this treatment.

Learning objectives-:

- Preparing patients for treatment
- Screening for patients and donors
- Consents and legal requirements
- Recruiting / resourcing donor sperm
- Assessing welfare of child
- Role of counselling
- Types of treatment

Dr Alka Prakash (MD FRCOG) is an accredited sub-specialist in Reproductive Medicine presently working in a busy teaching hospital in Cambridge. Her area of interest is assisted conception, reproductive endocrinology and surgery. She is involved in teaching at all levels and is an invited speaker at national and international fertility courses and conferences. She is an accredited trainer for the BFS study modules. She has done research to study the role of endometrium in miscarriage and implantation failure and has numerous publications in this field.

Cross Border Fertility Care

Rachel Cutting

Key Learning Points:

1. Destinations and reasons for fertility travel
2. Global aspects of regulation and quality of care
3. Legal perspectives and ethical issues

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.

Rachel Cutting 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 was chair of 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.

Eggs and Embryos: donation and sharing

Jane Stewart

Key Learning points:

To understand:

1. The principles of egg donation and sharing including recruitment and screening.
2. Legal issues around egg donation and sharing.
3. The specifics of egg donation 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.

Dr Jane Stewart heads the Newcastle Fertility Centre. The largest NHS Centre in the North East of England. With over 20 years in the specialty she brings her experience of running a successful donor recruitment and treatment program to this course. She is a Subspecialty trainer, Person Responsible for the Centre and Chair Elect of the BFS.

Patient Perspective

Trish Barker Barrett

Key Learning Points: **TO BE ADDED**

Legal aspects of surrogacy

Louisa Ghevaert

Key Learning Points:

1. Single parents and law reform.
2. Latest developments in cases where surrogacy arrangements have fallen into dispute.
3. Recent treatment of expenses in UK surrogacy cases.

This session looks at reasons for increased demand for surrogacy. Surrogacy law, policy and practice in the UK and internationally continues to evolve rapidly. As a result, there have been a significant number of developments over the last year. This session looks at single intended parents and law reform, outcomes when surrogacy arrangements fall into dispute, latest treatment of expenses in UK surrogacy arrangements, international approaches to surrogacy, ongoing work of the Hague Experts' report on parentage/surrogacy, the role of specialist legal advice in supporting informed consent to fertility treatment at clinics licensed by the HFEA and legal outcomes when anomalies with consent forms arise.

Louisa Ghevaert is a leading expert who has pioneered advances in fertility, surrogacy, donor conception and family law in the UK. Louisa is a member of the Surrogacy UK Working Group on Surrogacy Law Reform, Resolution and a Fellow of the American Academy of Assisted Reproductive Technology Attorneys. Louisa is a regular commentator in the media and a highly regarded speaker. She is a specialist contributor on surrogacy law in leading practitioner reference book *The International Family Law Practice* (Fifth Edition, December 2016). She is a co-author of medical reference book *Reducing Risk in Fertility Treatment* (First Edition, April 2015).

Surrogacy (reasons for and outcomes)

Jan Grace

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

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 donor sperm and surrogate mother's 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.

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 is now head of service of gynaecology leading outpatient transformation project. 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.

Adoption- Adoption Society

Gemma Gordon-Johnson

Key Learning Points:

1. Gain an understanding about adoption in England
2. Who can adopt
3. Fertility issues and adoption

The presentation will look at adoption, what is involved, the process and how it has changed in recent times. Will explore who can adopt and the type of children that are waiting for loving forever families. It will also explore fertility issues and adoption and how fertility practitioners can help.

Gemma Gordon-Johnson, Head of Service at First4Adoption has worked at First4Adoption since 2012 and seen its development into a successful national information service for adopters. She also is Project Director for Adoptables programme, a network of young people who have been adopted in England, run national workshops and an Ambassador programme. She has management responsibilities for Adoption Register, Child Law Advice Service and Independent Review Mechanism.

She has worked within the Social Care field for 12 years, predominantly in a Local Authority setting as a Complaints Manager specialising in Children's, Young People & Family Services and Adults & Health Services. She also has experience of working at a social care regulator as an Investigations Manager and also works as an independent Complaints Investigator reviewing social care complaints at their independent stage.

Welfare of the child and counselling

Alka Prakash

TO BE ADDED

Biography see page 5

Fertility and gender reassignment

James Barrett

Key Learning Points:

1. People with gender dysphoria do not have a psychiatric illness; they 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 does not 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 associated medical and surgical procedures. Gender dysphoria medicine intersects with fertility medicine at two very distinct points. The first is before any hormone treatment, when gamete storage is still possible; the second is later, when a settled life (and often relationship) in a new gender role might be completed by parenthood, sometimes deploying previously stored gametes.

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 thousand people with gender dysphoria, is the author of a textbook on the subject and is President of the British Association of Gender Identity Specialists. Outside of Gender Dysphoria Medicine his only connection with fertility is being father to three children.