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Ref: Thank you

Dear Fiona,

As I step down as HFEA Chair after 15 years with the Authority, I wanted to thank you and your colleagues and say what a privilege it has been to work with you in our combined efforts to improve fertility treatment and embryo research across the UK. Chairing the HFEA has been the most rewarding role I have had in a long career in both the private sector and public service, and as we approach the HFEA's 30th anniversary in August this year, I wanted to write to thank you for your part in our collective successes for patients.

As Chair of the Fertility Nursing Forum at the RCN you have been willing to work with us to make a real difference for patients and to stand up for high quality care, particularly during the pandemic when we have all worked so hard to reopen patient treatment services safely and effectively for both staff and patients. I am sure that our relationship with the RCN will stay strong and please do pass on my best wishes to all your colleagues for their contributions.

So what can we be most proud of? Since the 1984 Warnock report, which set up the HFEA, we have seen new and complex ethical issues emerging as a result of dramatic changes in scientific development, clinical treatment, care and the notion of family in modern society. I firmly believe the HFEA remains in a strong position, with the UK model of regulating fertility treatment still respected globally as the blueprint for responsible innovation. My twin aims on becoming Chair were to put high quality patient care and support right at the centre of all we do and secondly, to establish strong, mutually respectful and collaborative relationships with the professional bodies, the sector and Government, so that we could deliver that high quality care and support together.

As a result of never shying away from difficult decisions but regulating in an open and robust relationship with clinics, we have allowed a sector of extraordinarily dedicated professionals to do their very best to create much longed-for families for our patients, whether they be fertility patients, those seeking donation or to find out whether they were donor conceived, those families seeking to avoid serious inherited disease or those who wish to store their gametes for medical or (increasingly) social reasons. Fertility treatment has not just given those who cannot conceive naturally a chance of their own biologically related child, it has also allowed new forms of families a chance to do so.

The quality of care the UK fertility sector provides has steadily improved with fewer non-compliances and a real willingness to report and learn from incidents. IVF birth rates have steadily increased in the last 30 years from an average of 9% per embryo transferred to 23% for all patients, with a higher rate of almost 1 in 3 for women under 35. As I was reminded earlier this week, cumulative pregnancy rates from multiple cycles are higher still, offering many more patients the chance of a family, despite conception, both natural and assisted, being notoriously inefficient. Many patients still leave without the baby they ultimately wanted but the unprecedented change in culture we have spearheaded to put patients at the heart of safe, compassionate treatment and all important emotional support, has allowed those unsuccessful patients to at least leave their treatment feeling their journey was worth embarking on.

The single biggest achievement of our last 9 years is probably the reduction we have seen in the rate of multiple births - from around a quarter to a UK clinic average of 8%, without impacting on birth rates. Few public health indicators move that far, that fast, and we should all be proud of what is the single biggest health benefit for woman and their babies using IVF services.

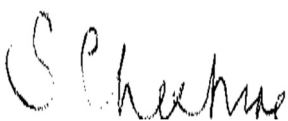
We have remained at the forefront of research and innovation with world firsts in 2015 in the regulation of mitochondrial donation in treatment and the licensing of gene editing research in human embryos. We have licensed hundreds of conditions for PGD, allowing families to try to avoid serious inherited disease and HFEA regulatory rules have provided the framework for such innovation while maintaining public trust.

Many challenges remain for the future and we would like to use the HFEA's 30th anniversary as the start of a public debate about how potential legislative change could and should be framed to enshrine quality of care, improved patient protection, fair and equitable access to treatment and the effective regulation of future scientific developments. We would like to be able to tackle more of the big public health questions about fertility treatment and ensure our research and the treatments we regulate reflect modern families and deliver equitable access and fair funding.

That future legislative change is now no longer my responsibility, but I would encourage you right across the sector to continue to work with the HFEA on future reform. In the meantime, the treatment and care you provide directly or support through your services to the HFEA is critical, relevant and real for the patients we serve. Thanks to you and to us, the fertility sector was the first area of health to reopen fully after the first pandemic lockdown and I salute your efforts.

Thank you once again for all you have done for the HFEA. I feel very fortunate to have held such a privileged role and been able to work with you. I am handing over my role to Julia Chain, the new Chair of the HFEA and genuinely wish you and my HFEA colleagues and friends the very best of success for the future.

With warm regards



Sally