

HFEA Standards for Assisted Conception Centres Additional Guidance

Introduction

The HFEA Standards for Assisted Conception Centres set out the requirements that must be addressed in order to demonstrate compliance with the European Tissues and Cells Directive. There are some aspects of the Directive where further guidance is required. These relate to areas where the Directive is not prescriptive, and clarification is needed as to what will be expected of centres.

It is not the intention to spell out exactly what centres should do in detail, as flexibility needs to be maintained to take account of professional judgement, and the different types / sizes of service. However, the guidance answers some of the questions frequently being asked.

The guidance will be updated continually, based on the questions and issues raised by centres. The latest version of the guidance will be available on our website,

<http://www.hfea.gov.uk/AboutHFEA/HFEAPolicy/StandardsforAssistedConceptionCentres>

The Person Responsible and Quality Manager

What is the relationship between the PR under the HF&E Act and the PR under the Tissue Directive?

The HFEA will require centres to nominate a PR for HFEA approval, prior to issue of a licence. (Full details of the licensing process will be issued later in the year.)

Previously licensed centres do not have to re-nominate the existing PR, providing the PR has appropriate experience and qualifications.

The PR will be the main point of contact with the HFEA, and the licence will be held in the PR's name.

Who can be the PR?

The PR may be a medical doctor or a scientist. The PR may also be a nurse as nursing qualifications fall within the "professional healthcare" background described in section 4.1.2a) of the Standards.

The Directive does not include managers under the qualifications for the PR. We anticipate that the regulations that will transpose the Directive to law may allow a transitional period from April 2007 for centres to replace PRs that are managers.

What do we need to do now?

For centres already licensed by the HFEA, the role of the PR will not be much different than it is at present (other than to ensure compliance with the additional requirements of the Directive).

IUI / GIFT centres need to appoint a PR. The PR should be one of the clinical team in charge of the treatment service (e.g. the gynaecologist or nurse). This is because the gynaecologist controls the patient pathway from beginning to end. Where the sperm preparation process is carried out by a laboratory within a different institution, there must be a third party agreement between the PR and the laboratory.

The relevant qualifications are described in the Standards Document.

Do transport and satellite centres need a separate PR and/or licence?

No. The HFEA will continue to regulate transport and satellite centres via the licence of the 'primary' IVF centre. Transport and satellite centres will still need to implement the Directive in so far as relevant requirements relate to them.

However, please note that where IUI is taking place in a satellite or transport centre a separate licence under the Directive will be required. This is because the entire licensable treatment is taking place within the premises of the satellite/transport centre.

The Quality Manager

The Standards require a Quality Manager to oversee the quality management system. This may be someone who works at the centre, or someone independent of the centre. They may be full or part time, and may provide quality management expertise to a number of different centres. The arrangements will depend on the size of the centre and the scale of its activities.

Third Party Agreements

Which services are affected?

All centres requiring a licence under the Directive will have to implement third party agreements. The Directive focuses on third party services that potentially affect the quality and safety of gametes and embryos.

Examples of the circumstances in which a third party agreement will be required:

- The link between 'primary' IVF centres, and any transport or satellite centres that they have an arrangement with;
- Laboratories that perform screening tests, or sperm preparation processes, where this is not done within the centre itself;
- The supply of equipment and materials that have the potential to impact quality and safety;
- The lease of clinical or laboratory premises from a hospital or other institution, e.g. the use of a theatre for egg collection under general anaesthetic.

Which third party services are not included?

Third party agreements for peripheral services are not included. For example, those relating to the housekeeping of facilities and equipment that do not involve the processing or storage of gametes or embryos.

How do we select a suitable third party?

Centres are required to select third parties on the basis of their ability to meet the standards laid down in the Directive. This does not mean that the third parties should in turn implement the requirements of the Directive. Rather, the PR should be satisfied that a third party's procedures sit well with regard to the centres own quality system.

For example, do the third party's procedures allow for audit of the entire service, and for full traceability? Do the third party's procedures include an emphasis on minimising cross contamination (where relevant), and do they follow their own relevant professional guidelines?

What will the HFEA need to see?

The documentation for third party agreements should include at least:

- Full address and named contact details of the third party, and nature of the service to be provided;
- Who is responsible for managing the arrangement between the centre and the third party;
- How often the agreement will be reviewed and by whom;
- Summary of the responsibilities of the third party and detailed procedures with regard to who does what;
- Specification detailing any specific criteria that the service provided by the third party must meet, particularly in relation to quality and safety
- How any test /diagnostic results are relayed to the commissioning centre, including sign off and confirmation that the result applies to the correct sample.

Centres may wish to develop a standard template for all their third party agreements that includes all the factors above.

Staff qualifications and experience

How does the PR ensure that staff have the appropriate qualifications and experience?

The relevant professional bodies provide guidelines on training and accreditation. These should be used where applicable.

All staff should be able to provide evidence of ongoing CPD including audit of their own practice.

What will the inspectors need to see?

HFEA Inspectors will seek evidence that all relevant staff have up to date job descriptions that accurately reflect their role. Also that appropriate training has been provided and that there is adequate opportunity for CPD for staff of all levels.

Staff should have relevant up to date accreditation / affiliation with their own professional bodies.

Air quality

What areas are subject to air quality control?

Manipulation of gametes or embryos prior to use or storage should be carried out under controlled conditions. For example, sperm preparation, separation of eggs from cumulus cells, and insemination of eggs.

The procedures of loading a catheter with sperm or embryos, and of intrauterine insemination or embryo transfer do not have to be performed within the controlled environment. However, good practice measures to minimise cross contamination should still be employed at all stages of the treatment process.

What is the purpose of these requirements?

Measures must be in place to minimise contamination between gametes and embryos, the general environment, and the practitioner. As gametes and embryos are non-sterile, the important point is to ensure procedures do not introduce *additional* pathogens.

What are the air quality requirements?

Procedures involving manipulation of material must be performed within a class II laminar flow cabinet. (This is expected to provide air quality of at least Grade C in the critical work area.) There should be a background environment as close to Grade D as possible.

Grade D is defined as:

Grade	Max. permitted number of particles per m ³ equal to or above:			
	At rest		In operation	
	0.5µm	5 µm	0.5 µm	5 µm
A	3 500	1	3 500	1
B	3 500	1	350 000	2 000
C	350 000	2 000	3 500 000	20 000
D	3 500 000	20 000	Not defined	

Recommended limits for microbial contamination				
Grade	Air sample cfu/m ³	Settle plates (diam. 90mm) cfu/4 hours	Contact plates (diam. 55mm) cfu/plate	Glove print 5 fingers cfu/glove
A	<1	<1	<1	<1
B	10	5	5	5
C	100	50	25	-
D	200	100	50	-

(MCA – Rules and Guidance for Pharmaceutical Manufacturers and Distributors 2002)

The measures that need to be taken to achieve Grade D air quality will vary from centre to centre depending on parameters such as local environmental conditions and the number of people working in the lab.

What will the inspectors need to see?

Centres will be expected to prove that a laboratory environment as close to Grade D as possible has been maintained, and that manipulation is carried out in a class II laminar flow cabinet.

Microbial monitoring should be a routine measure of quality assurance. A simple way to approach this is to use settle plates, keeping a record of any cultures observed.

The validation process should include documentation of culture conditions, temperature mapping and use of control charts to show prospectively the effects of changes in procedures.

What do we do if the air quality levels fall below the Standards?

Though centres must endeavour to maintain a Grade D environment, should validation systems indicate that air quality has fallen below this level, there is no expectation that gametes or embryos should not be used / stored because of this.

Coding and Traceability

Will we need to re-label material retrospectively?

The Directive will not be applied retrospectively. We do not expect that previously stored material will have to be re-labelled.

The Directive requires labelling that enables full traceability of all gametes and embryos. We consider that existing HFEA requirements already cover this so previously stored material should be adequately labelled for this purpose already.

What type of materials or equipment have to be included in the traceability procedures?

Anything that could impact the quality or safety of the gametes and embryos. This will include:

- Culture media
- Serial numbers / batch numbers of equipment and materials coming into direct contact with gametes and embryos
- Records relating to monitoring and maintaining the required conditions in the incubators and storage tanks

Do storage only centres have to retain information on the subsequent use of the gametes?

Centres that store gametes for oncology (or pre-vasectomy) patients will not be expected to hold traceability data for any subsequent treatment that takes place elsewhere. However, these centres must have record keeping procedures that allow a link to the treatment centre that would allow the entire process from procurement to use in treatment to be traced if needed.

What will the EU wide coding system involve and when will it be implemented?

The European Commission is still in the process of developing requirements for a European coding system.

We currently anticipate that the coding system will be implemented in June 2008, though this remains subject to change.

Other matters

What is the difference between adverse events, adverse reactions and adverse incidents?

The Directive defines incidents in terms of 'adverse events' and 'adverse reactions'. The HFEA Code of Practice describes these more widely as 'adverse incidents'. The HFEA will require all centres to report all adverse events in line with Code of Practice requirements.

Are the Standards mandatory?

The Standards are mandatory in that they contain the technical requirements of the EU Tissues and Cells Directive which becomes law on 7 April 2007.

The Standards also comprise professional guidelines including measures of 'best practice'. These are not legally enforceable, but will help centres demonstrate compliance with the mandatory requirements.

The HFEA will take into account a centres compliance with the Standards when considering licence applications under the Directive.

Do the Standards apply to all services?

The Standards apply to all services that are licensable under the Tissue Directive. This covers all services involving gametes and embryos where the gametes and embryos are destined to be used in treatment. The Standards do not have to be applied directly to diagnostic services, or to research. However, centres may find it useful to apply the principles of the quality system to services that are not covered by the Directive.

IUI and GIFT centres should address standards relating to welfare of the child and counselling as a matter of good practice. However, these aspects are not mandatory for IUI and GIFT centres.

The matrix accompanying the Standards indicates which standards are applicable to each type of service.

How should the Standards be used?

Centres should use the Standards to plan their implementation of the Directive. The inspections under the Directive will be based around compliance with the

Standards. Centres may wish to use the Standards for self assessments or inter centre audit.

Will any of the Standards be applied retrospectively?

The European Tissues and Cells Directive will not be applied retrospectively and neither will any requirements within the Standards document that are new to the regulatory system.

If a centre has ISO or CPA accreditation will this constitute compliance with the Directive?

Centres will still have to follow the Standards and be inspected specifically against the Directive by the HFEA. Centres with ISO or CPA accreditation are likely to meet many of the Standards already. However, there are aspects of the Directive that are not covered by other accreditation schemes such as ISO or CPA.

How and when will centres be inspected against the Standards?

Centres that are already licensed by the HFEA will have one inspection and licence to cover both the HFE Act and the Tissue Directive.

Inspections under the Directive will commence in April 2007, and all centres affected by the Directive will have been inspected by April 2009.

Further guidance on the inspection process and licence application system will be circulated later in the year.

Who compiled the Standards?

The Standards include the text of the Tissue Directive, some relevant guidance from the HFEA Code of Practice. They also draw on aspects of ISO and CPA Standards.

The drafting was completed by:

The HFEA
An independent consultant in quality and accreditation systems

Representatives from:

The Association of Biomedical Andrologists
The Association of Clinical Embryologists
The British Fertility Society

The British Infertility Counselling Association
The Royal College of Nursing Fertility Nurses Group
The Royal College of Obstetricians and Gynaecologists