



Minutes of the Authority meeting on 5 November 2025 held virtually

Members present	Julia Chain (Chair) Tim Child Frances Flinter Tom Fowler Zeynep Gurtin Alex Kafetz	Alison McTavish Catharine Seddon Rosamund Scott Anya Sizer Stephen Troup Christine Watson
Apologies	Graham James Geeta Nargund	
Observers	Amy Parsons, Department of Health and Social Care (DHSC) Samatha West, Department of Health and Social Care (DHSC)	
Staff in attendance	Peter Thompson (Chief Executive) Rachel Cutting (Director of Compliance and Information) Clare Ettinghausen (Director of Strategy and Corporate Affairs) Tom Skrinar (Director of Finance and Resources) Sophie Tuhey (Head of Planning and Governance) Shabbir Qureshi (Risk and Business Planning Manager) Kevin Hudson (PRISM Programme Manager) Ruby Relton (Social Research Manager) Danielle Hall (Senior External Communications Manager) Kathleen Sarsfield Watson (Communications Manager) Alison Margrave (Board Governance Manager)	

Members

There were 12 members at the meeting – 8 lay and 4 professional members.

1. Welcome, apologies and declarations of interest

- 1.1. The Chair opened the meeting by welcoming Authority members and HFEA staff to the meeting.
- 1.2. The Chair also welcomed observers and stated that the meeting was being recorded in line with previous meetings and for reasons of transparency. The recording would be made available on the HFEA website to allow members of the public to view it.
- 1.3. Declarations of interest were made by:
 - Anya Sizer (freelance advisory work within the fertility sector)
 - Stephen Troup (consultancy work within the fertility sector)
 - Tim Child (consultancy work within the fertility sector overseas)

2. Choose a Fertility Clinic (CaFC) – full publication 2025

- 2.1. The Chair introduced the agenda item and stated that this will look at the statistics to use for the publication of the full CaFC.
- 2.2. The Chair thanked everyone who responded to the consultation, the results of which are being used to help inform the Authority's decision.
- 2.3. The Chair thanked all who had contributed to the paper before the Authority and which had also been published on the HFEA website. This paper sets out the basis for the Authority's discussions

today, setting out the background, including the findings from the focussed consultation that took place earlier in the year and some key information to help the Authority's discussions around the five questions which the Authority needs to decide on today.

2.4. The Chief Executive gave a summary of the wider context for CaFC. He stated that for many years the HFEA has published clinic level performance data and one of its statutory duties is to collect data and make this available. A previous historical decision of the Authority was to make this data available via CaFC, which not only displays outcome data, but also inspection reports and patient feedback. The headline data which is shown on the clinics individual page is further supported by more detailed data for each clinic.

2.5. The Chief Executive reminded the Authority that for several years the HFEA had been updating its information assets, including modernising the register, under the PRISM programme and the publication of the full CaFC is the last part of this programme. The implementation of these pieces of work had meant that it had not been possible to provide updated clinic data in the form of full CaFC since 2018. As the purpose of CaFC is to help patients make an informed choice this data is long overdue. He stated that the update to the full CaFC will show birth data for 2023 and pregnancy data for 2024.

2.6. Continuing, the Chief Executive said that the decisions which the Authority makes today on which headline metrics to use will apply to the data published as part of the full CaFC. The Chief Executive reminded the Authority of the actions which had been taken to reach this position, including the publication of the interim CaFC earlier this year. The objective is that the full CaFC is published before the end of the calendar year.

2.7. The Director of Strategy and Corporate Affairs then introduced the paper and reminded the Authority of their earlier discussions on this subject in May and July 2025, including to run a focussed consultation to gather views from patients and professionals.

2.8. The Director of Strategy and Corporate Affairs stated that since the HFEA was set up in 1991 it has collected data and holds a statutory register of all treatments and outcomes which is believed to be the longest running national database of assisted reproduction treatment in the world. CaFC information is the only place where patients and the wider public can see all clinic level information from the UK wide regulator.

2.9. The Director of Strategy and Corporate Affairs stated that the most recent [HFEA patient survey](#) found that success rates was the second most important factor when considering the choice of fertility clinics, with location being the first factor.

2.10. The Authority was informed that in the last 12 months the CaFC landing page on the HFEA website has had over 991,350 views and over two million views in the last three years. It is the most used part of the HFEA website.

2.11. The Director of Strategy and Corporate Affairs noted that there are other websites that use HFEA data to produce their own comparisons.

2.12. The Director of Strategy and Corporate Affairs commented that the Authority had previously agreed that the HFEA's data should not be published in league tables, but in a transparent manner as is reflected on the CaFC pages, with specific headline data and then more detailed information on the individual clinic's pages.

2.13. Members were reminded that as part of the overall strategy for the period ending in 2028 the HFEA had committed to continuing to increase the availability of its data for patients, clinics and researchers.

2.14. Continuing, the Director of Strategy and Corporate Affairs highlighted what other countries had published such as in Australia and the United States but stressed that there is no consensus on the most useful way of presenting outcome data. She cautioned that there needs to be a balance between having something straightforward and understandable versus publishing lots of detailed statistics. The way the HFEA had approached this is to have the main profile page statistic(s) for each clinic with more detailed statistical information available below.

2.15. By reference to the Authority paper circulated in advance of the meeting, the Director of Strategy and Corporate Affairs summarised the background, the wider context on why we produce CaFC information, the focused consultation which took place in August and September this year and then outlined a summary of the results of the consultation as detailed in section 4 and Annex A of the paper.

2.16. The Director of Strategy and Corporate Affairs explained that the focussed consultation was held to gather views from patients, individuals sharing their professional views, professional and patient organisations on the statistics shown on the clinics main profile page that they would find most useful.

2.17. This focussed consultation was designed to be lay friendly with information provided to enable people without detailed knowledge to engage with the questions. Thanks were given to those who had user tested the draft consultation before publication.

2.18. The Director of Strategy and Corporate Affairs then turned to the results of the consultation exercise. She stated that 273 responses were included in the analysis of the summary of responses and the differences between the preferences expressed for the four options presented in the consultation was minimal.

2.19. The Director of Strategy and Corporate Affairs highlighted the key findings and stated that over 80 respondents had completed the 'free text' box with many responses providing further reasoning or context to why they had made specific choices for a clinic's main profile page statistic and the inclusion/exclusion of any treatments. Whilst not all free text comments were relevant to this CaFC decision, they would be used to inform the future discussion about publication of HFEA data.

2.20. A member spoke about patients' comprehension of what a cycle is, noting that it should be explained in lay terms so that patients could quickly grasp what the information was. A member with clinical expertise provided further information on per cycle started noting that about 5% of all cycles started are cancelled.

2.21. A member spoke of the secondary purpose of publishing data which is to incentivise good practices in clinics and highlighted the reduction in multiple birth rates as an example.

2.22. Members noted that the result of the focussed consultation is to help inform their discussions and that providing information to patients is paramount to any decisions which are made at this meeting.

2.23. Members noted the vulnerability of some people in their fertility journey and when accessing the HFEA's website, they want information provided in a clear and simple way to help them make an informed decision.

2.24. The Director of Strategy and Corporate Affairs referred to the paper and stated that in addition to ranking what metrics should be shown respondents were asked whether the main profile page statistics should include both fresh and frozen cycles, donor egg cycles, PGT-A cycles or be a combined rate which includes all of these cycles.

2.25. In response to a question on PGT-A the Director of Strategy and Corporate Affairs confirmed that the question before the Authority is whether to include or exclude treatment involving PGT-A cycles from the front-page statistics bearing in mind that this information would still be available on the detailed clinic pages.

2.26. Members discussed the increasing use of PGT-A and that when combined with a technique known as 'batching cycles' this is likely to distort the reliability of births per embryo transferred as a fair measure of clinic performance. Members noted that this is because it does not reflect patients who may start a cycle of treatment, undergo PGT-A, and don't have an embryo to transfer.

2.27. Members discussed that not all patients may have access to PGT-A. Members noted that PGT-A is rated a 'red' add-on by the SCAAC for increasing chances of having a baby for most fertility patients and rated 'green' for reducing the chances of miscarriage for most fertility patients. The consensus from the discussion was that PGT-A should be excluded from births per embryo transferred main headline metric, noting that this information would be available in the more detailed individual clinic statistics.

2.28. The Director of Strategy and Corporate Affairs drew the Authority's attention to the items for consideration and decision. It was highlighted that the aim of providing information on CaFC is to enable patients to look at a clinic's data and compare it with others, ensuing that a fair comparison is possible.

2.29. The Director of Strategy and Corporate Affairs reminded the Authority that in July 2025 they agreed that the clinic's individual multiple birth rate should continue to be displayed, so there are in effect two 'slots' left that can be used to show a clinic's main profile page statistics.

2.30. Members discussed the multiple birth rate and how the sector had responded to the target set by the HFEA. Members also discussed that patients are now more aware of the health risks for multiple births. A member questioned how a spontaneous multiple birth following a single embryo transfer would be statistically captured.

2.31. Members discussed the benefit of having two contrasting profile page statistics and the balanced headline information this could present to patients.

2.32. Members discussed what data should be shown for those clinics who will not meet the full CaFC publication deadline this year. Members noted the difference between those clinics who have experienced technical difficulties and have worked with the HFEA to resolve these and those clinics who are not engaging.

2.33. The Audit and Governance Committee (AGC) Chair informed the Authority that the AGC had made the recommendation at their October 2025 meeting that for those clinics who do not make the full CaFC publication, no data should be displayed.

2.34. The Authority discussed what is in the best interest of patients noting as the national regulator it is necessary and appropriate for the HFEA to publish up-to-date data on the website pursuant to its statutory duty under s.8(1)(c) of the Human Fertilisation and Embryology Act 2008. The Authority felt it would not be in the best interest of patients to continue displaying 2018 data for those clinics as it would be misleading for patients.

2.35. The Authority noted that for those clinics who would not meet the deadline but subsequently provided the required information, this would then be uploaded.

2.36. In response to a question the Chief Executive confirmed that if the symbol to signify 'in line with national average' was removed from the top of each clinic page, that it would still be possible to access that information when viewing the clinic's statistics further down the page and in the detailed statistics section. The Chief Executive stated that this is shown in annex D of the paper before the Authority.

2.37. Members discussed in detail the four options and their preference for the proposed two metrics for the main profile page statistics noting what is the purpose of CaFC, what is the target audience and fairness to clinics. The consensus from this discussion was the births per egg collection procedure and births per embryo transferred were the preferred metrics.

2.38. Members then discussed the treatments that should be shown in each preferred metric. In both metrics, members agreed that it would be appropriate and helpful to include both fresh and frozen cycles. It was also agreed that donor egg cycles should be excluded from both metrics as it would unfairly advantage those clinics that carried out above average numbers of donor egg cycles. Lastly, members agreed that PGT-A cycles raised different issues in respect of each preferred metric. Members agreed that it would not be fair to include PGT-A cycles in the birth per embryo transferred metric as it would give an unfair advantage to clinics that carried out above average numbers of PGT-A cycles. However, PGT-A cycles would not have the same distorting effect on the births per egg collection metric and including such cycles would usefully demonstrate the effectiveness or otherwise of PGT-A across cumulative cycles.

2.39. Members agreed that it would be important to communicate the different approaches to each preferred metric.

2.40. In response to a question the Chief Executive confirmed that the proposed sub-group of Authority members would be discussing technical methodological questions, which would be clinic facing. Hence why 'lay' interpretation of this information was not required for this sub-group.

2.41. Throughout the discussion, the Chair communicated views from member, Geeta Nargund, who was unable to attend but had provided comments to the Chair in advance.

Decision

2.42. The Authority agreed that, in addition to the multiple birth rate, the main profile page statistics to be published for the full CaFC publication should be:

- Births per egg collection procedure and that it should include fresh and frozen cycles and PGT-A cycles and exclude donor egg cycles.
- Births per embryo transferred and that it should include fresh and frozen cycles but exclude donor egg and PGT-A cycles.

- 2.43.** For those clinics who will not meet the full CaFC publication deadline for this year, the Authority agreed that no information should be displayed.
- 2.44.** The Authority agreed to not reinstate a symbol to signify 'in line with national average' at the top of each clinic page.
- 2.45.** The Authority agreed to establish a sub-group of Authority members to decide on methodological questions.

Action

- 2.46.** The Executive to implement the Authority's decisions regarding the CaFC full publication 2025.

3. Any other business

- 3.1.** The Chair informed the Authority that Professor Christine Watson had been reappointed for a second term starting May 2026. The HFEA is delighted to continue to benefit from the knowledge and skills that Christine brings to the Authority.
- 3.2.** The Chief Executive gave apologies on behalf of the HFEA team for the technical issues which affected the meeting.
- 3.3.** The Chair thanked everyone for their active participation in the meeting, there being no further items of any other business the Chair closed the meeting and reminded members that the next full Authority meeting is being held on 19 November 2025. Details of this meeting, including how to request to observe, is posted on the HFEA website.

Chair's signature

I confirm this is a true and accurate record of the meeting.

Signature

A handwritten signature in black ink, appearing to read 'Julia Chain'.

Chair: Julia Chain

Date: 21 January 2026