Minutes of the Authority meeting on 25 September 2025 held at 2 Redman Place, London

Members present	Julia Chain (Chair) Frances Flinter Tom Fowler Graham James Zeynep Gurtin Alex Kafetz	Alison McTavish Geeta Nargund Catharine Seddon Rosamund Scott Anya Sizer Stephen Troup Christine Watson
Apologies	Tim Child	
Observers	Amy Parsons, Department of Health and Social Care (DHSC) Samantha West, DHSC (online)	
Staff in attendance	Peter Thompson (Chief Executive) Rachel Cutting (Director of Compliance & Information) Clare Ettinghausen (Director of Strategy & Corporate Affairs) Tom Skrinar (Director of Finance & Resources) Sophie Tuhey (Head of Planning and Governance) Dina Hall (Head of Policy, Scientific) Rebecca Taylor (Scientific Policy Manager) Evgenia Savchyna (Corporate Performance Officer) Alison Margrave (Board Governance Manager)	

Members

There were 13 members at the meeting – 8 lay and 5 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 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:

- Geeta Nargund (post meeting note: appointed as the International Advisory Board member for Lancet Obstetrics, Gynaecology and Women's Health)
- Anya Sizer (freelance advisory work within the fertility sector)
- Stephen Troup (consultancy work within the fertility sector)
- Alex Kafetz (non-executive director (Board Member) of the Care Quality Commission)

2. Minutes of the last meeting and matters arising

2.1. The minutes of the meeting held on 9 July 2025 were agreed as a true record of the meeting and could be signed by the Chair.

Matters arising

2.2. The Chair introduced the report and informed members that the items had been actioned as detailed in the report.

2.3. Members noted the matters arising report.

3. Chair and Chief Executive's report

3.1. The Chair gave an overview of her engagement with key stakeholders and her attendance at decision-making committees of the Authority.

3.2. The Chair informed the Authority that in July she had attended the HFEA all-staff event which is held twice a year. This had been a very positive and engaging event which had been reflected in staff feedback.

3.3. The Chair informed the Authority that she had chaired a meeting of the Remuneration Committee in July.

3.4. The Chair informed the Authority that together with the Chief Executive she attended the ALB (Arm's Length Body) Senior Leaders Meeting with the newly appointed Permanent Secretary of DHSC.

3.5. The Chair informed the Authority that Laura Shallcross, Professor or Public Health and Translational Data Science had been appointed as an external adviser to the Scientific and Clinical Advances Advisory Committee (SCAAC).

3.6. The Chief Executive referred to the Remuneration Committee meeting which was held in July and informed the Authority that this committee had agreed the annual staff pay award, within the Civil Service pay remits. This proposal had been submitted to the Department of Health and Social Care (DHSC) and we are awaiting a response.

3.7. The Chief Executive informed the Authority that together with Professor Frances Flinter he had met this morning with a delegation from the French Parliamentary Office for Scientific and Technological Assessment (OPECST). This delegation is considering potential updates to the French bioethics law and are comparing the French legal framework and practices with that of neighbouring European countries. The Chief Executive informed the Authority that he would keep them updated on any interesting proposals arising from this review.

Decision

3.8. Members noted the Chair and Chief Executive's report.

4. Committee Chairs' reports

4.1. The Chair introduced the report and invited Committee Chairs to add any other comments to the presented report.

4.2. The Statutory Approvals Committee (SAC) Chair (Frances Flinter) spoke of the important work of the committee in reviewing and approving the PGT-M applications, which allows families the opportunity to avoid passing on a serious inherited disease to their children. The SAC Chair spoke of the increasing number of applications being considered by the committee, reflected in the report before the Authority. Previously PGT-M was used only for the more common genetic disorders such as Huntington Disease or Cystic Fibrosis, but due to developments in genomics it is now possible to diagnose more complex disorders. The SAC Chair also commented that there is an increased take-up of carrier testing before treatment which could contribute to the increase in PGT-M applications.

4.3. The SAC Chair informed the Authority that every five to six years the existing list of PGT-M conditions is reviewed, to consider whether up-to-date treatment available on the NHS makes a difference to the assessment by SAC of the seriousness of the condition. The PGT-M conditions will be categorised into different sections and then external reviewers will be engaged to review the material. This work will take several months to complete as there are over 1,900 conditions on the PGT-M list.

4.4. The Chair spoke of the increasing number of applications which the SAC are being asked to review and the impact that this has on the work of the committee. The Authority will keep this under review to ensure that it is possible within the existing time commitments for committee members.

4.5. The Licence Committee Chair (Graham James) informed the Authority that the committee had met twice since the last Authority meeting and these meetings had considered a wide range of items including research applications and two changes in Person Responsible (PR) at clinics.

4.6. The Licence Committee Chair spoke of the role of the PR and how rapid turnover of PRs could indicate turbulence and non-compliance within some clinics. He remarked that some clinics are finding it a challenge to appoint suitability qualified PRs and he questioned how the sector is equipped for the next generation of PRs.

4.7. The Chair spoke of previous PR events hosted by the HFEA, noting that several PRs had highlighted the benefits of these events for networking and learning. The Chair informed the Authority that the Executive were considering whether a PR event could be hosted in 2026.

4.8. The Chair noted that both the Audit and Governance Committee (AGC) and the Scientific and Clinical Advances Advisory Committee (SCAAC) are due to meet in October and therefore a report on these meetings will be brought to the November Authority meeting.

4.9. Geeta Nargund informed the meeting that she had represented the HFEA at the Royal College of Obstetricians and Gynaecologists (RCOG) roundtable on Fibroids. This event brought together experts, policymakers and women to create recommendations for better screening, diagnosis and treatment. She had taken the opportunity to highlight the HFEA's report on ethnic diversity in fertility treatment.

4.10. The Chair thanked all Committee Chairs for the reports and expressed sincere thanks to the committee members and the staff who service the various committees for their hard work. The Chair stated that committee papers and minutes are published on the HFEA website.

4.11. Members noted the Committee Chairs' reports.

5. Performance report

5.1. The Chief Executive introduced the performance report and reminded members of the Key Performance Indicators (KPIs) which are used to measure performance.

5.2. The Chief Executive stated that the HFEA's performance across all 19 KPIs had been variable in August, with 12 indicators rated Green, two Neutral, three Amber and two rated Red. For those KPIs which are rated red there are particular reasons for this, rather than a structural issue, and the Senior Management Team were comfortable with these KPIs not being met.

5.3. The Chief Executive referred to the HR KPIs and commented that these can be used to measure the health of the organisation. He noted that the overall sickness rate remains within target.

5.4. The Chief Executive noted that while staff turnover has increased, it remains within target and is manageable. As a small ALB with limited promotion opportunities, some staff inevitably leave for advancement elsewhere. Vacancies are spread across teams and not concentrated in one area. The HFEA continues to attract strong applicant numbers, although civil service salary constraints affect recruitment for some roles.

5.5. The Chief Executive concluded that overall the HFEA is in good health, with staff remaining positive and engaged.

Strategy and Corporate Affairs

5.6. The Director of Strategy and Corporate Affairs referenced the recent publication of two papers in the *New England Journal of Medicine*, regarding eight babies born through a pioneering IVF technique that reduces the risk of mitochondrial diseases. She noted the HFEA comments on these publications, available on the HFEA website, and highlighted the significant national and international press interest these publications have generated. Thanks were extended to Frances Flinter for doing a number of press interviews on this.

5.7. The Director of Strategy and Corporate Affairs referred to the recent number of website views and noted that this has seen a slight downturn, attributed partly to the summer holidays and potentially to the rise of search tools that use generative AI. There are planned improvements to the HFEA website over the next year, including possibly a chatbot tool, to help people find information more easily.

5.8. The Director of Strategy and Corporate Affairs reminded the Authority that the Choose a Fertility Clinic (CaFC) consultation was launched in mid-August and that the consultation closes next week. Thanks were expressed to all these who have responded to the consultation. Once the consultation closes, the results will be analysed and brought to the Authority in November.

5.9. The Director of Strategy and Corporate Affairs informed the Authority that work is progressing on the next publication of the annual state of the fertility sector report, which details the performance of fertility clinics in the UK over the last year.

5.10. Following the SCAAC meeting in June 2025 where the committee considered the health outcomes for ART patients - including gestational surrogates and egg donors - the HFEA website has now been updated with information based on that review.

5.11. The Director of Strategy and Corporate Affairs informed the Authority that the Patient Organisation Stakeholder Group (POSG) and Professional Stakeholder Group (PSG) meetings are planned for October and November 2025, respectively.

5.12. The Director of Strategy and Corporate Affairs informed the Authority of the work to implement the new European Union (EU) regulations on Substances of Human Origin (SoHO) which come into force in August 2027. Relevant material will be brought forward to the Authority for approval.

5.13. The Director of Strategy and Corporate Affairs noted Channel 4's recent investigation into donor information and referred to the HFEA statement on this matter. It was noted that clinics are responsible for providing accurate information to the HFEA's register, and in cases where DNA

evidence suggests that a clinic has not provided the HFEA with the correct information, the clinic would be expected to investigate any errors and report them to the HFEA.

Compliance and Information

5.14. The Director of Compliance and Information informed the Authority that since September 2024 the OTR team has halved the OTR waiting list. In September 2024 the OTR waiting list stood at 1,118 and as of August 2025 this had been reduced to 541. Out of the 541 applications remaining, 274 are from parents, 127 from donors and 140 from donor-conceived people.

5.15. The Director of Compliance and Information noted that whilst there had been fewer OTRs processed last month due to annual leave and other work, the waiting list change target was still achieved. The OTR team are consistently achieving a higher number of applications closed to being received, demonstrating the benefits of the new system and processes.

5.16. The Director of Compliance and Information informed the Authority that the current Head of Information leaves the HFEA shortly and that there will be a short delay in the new appointee taking up the position.

5.17. The Director of Compliance and Information highlighted the busy schedule for the Inspections team, not only in conducting inspections but also in supporting the work of the IT Phoenix project. Engagement and dialogue with PRs over complex reports was highlighted as a positive aspect of the inspection team's work, although it was noted that this can affect the relevant KPI.

5.18. The Director of Compliance and Information informed the Authority of the British Fertility Society (BFS) Study Week which was held from 22 to 25 September 2025 in London. This included a joint BFS/HFEA day focussing on topics such as challenges for fertility services, integrating counselling and supporting patients and surviving in a cost-of-living crisis. During the Study Week, the HFEA's Regulatory Policy Manager presented on the topic of consent, and the Donor Information Manager presented on the OTR service at the Creating Modern Families Day.

5.19. Frances Flinter informed the Authority that she also presented at the BFS Study Week on how the HFEA regulates PGT-M applications.

5.20. In response to a question regarding what contingency is in place to manage the increase in PGT-M applications, the Director of Compliance and Information highlighted the dedicated position within the compliance team to review these applications. The Director of Corporate Affairs and Strategy informed the Authority that the Head of Licensing was reviewing trends and the wider decision-making process to see whether anything could be streamlined. Whilst there may be some contingency within the Licensing and Inspection Team, SAC already meets 12 times a year so there is no opportunity to increase the number of meetings.

Finance, Planning and Technology

5.21. The Director of Finance, Planning and Technology informed members that the Planning and Governance team have been working with the Government Internal Audit Agency (GIAA) to complete the audit on the 2023 Public Bodies Review (PBR) and commence the audit on operational risk management. The team are also working with DHSC to update the Framework Agreement.

5.22. The HFEA's business continuity plan has now been successfully tested with the Senior Management Team and all staff. The Director of Finance, Planning and Technology stated that

business continuity planning will be a future deep-dive discussion topic for the Audit and Governance Committee.

5.23. The Director of Finance, Planning and Technology reported that the Corporate Management Group Plus meeting was held recently with a forward look to the 2026 Business Plan.

5.24. The Director of Finance, Planning and Technology reported that the Phoenix Programme is progressing well, with completed work being signed off by the relevant teams. The migration to SharePoint has been pushed back, which will give the team more time to plan the required architecture for SharePoint. Windows 11 upgrade is being rolled-out to all corporate devices and should be completed within a couple of weeks.

5.25. The Director of Finance, Planning and Technology informed the Authority that the HFEA's Cyber Assessment Framework aligned Data Security and Protection Toolkit (DSPT) submission had been submitted, and an 'approaching standards' score had been received. An application has been made to NHS England for additional cyber funding.

5.26. The Director of Finance, Planning and Technology referred to the Financial KPIs and informed the Authority that the KPI regarding aged debt is due to be reviewed with the team in the Autumn.

5.27. The Director of Finance, Planning and Technology informed the Authority that the current forecasting of the HFEA's year-end financial position is for a £425kdeficit. This position is largely driven by income raised from the sector, which is driven by clinic activity, being considerably lower this year than budgeted for. A review of expenditure will be taken in September and October 2025 with the aim of reducing this deficit as much as possible.

5.28. The Director of Finance, Planning and Technology spoke of the increased staff costs for temporary staff and maternity leave cover; increases were also seen in legal costs and Microsoft licences. The Director of Finance, Planning and Technology informed the Authority that he is in contact with DHSC regarding the HFEA's financial position.

5.29. The Chair commented that the HFEA's options for additional savings are limited and that the HFEA is a well-run organisation with very little unaccounted spending.

5.30. A member questioned how the Executive Team can ensure that any cost savings actions will not negatively impact staff morale and how they could safeguard against additional pressure on staff. The Chief Executive responded that the Executive Team would continue to be open and transparent with staff, monitoring any feedback and focussing on delivery of essential tasks.

Decision

5.31. Members noted the performance report.

6. Update from July 2025 Horizon Scanning Meeting

6.1. The Chair introduced this item stating that fertility treatment and research involving human embryos is a fast-moving area of science and that the HFEA has several mechanisms for keeping up to date with new developments. One mechanism is the horizon scanning meeting held during the annual European Society of Human Reproduction and Embryology (ESHRE) conference, which brings together experts from across the world.

6.2. The Scientific Policy Manager informed the Authority that the horizon scanning function was set up in 2004 to identify developments in research and technology that could have an impact on

assisted reproduction or embryo research. It helps to build relationships with researchers and clinicians and build the HFEA's reputation. The HFEA uses knowledge gained from this function to shape current and future work, including helping to shape the SCAAC's work programme and updating clinic guidance and patent information.

6.3. The Scientific Policy Manager explained that the HFEA conducts its horizon scanning function through a variety of ways including:

- literature reviews which are presented in SCAAC papers
- consulting experts including SCAAC members and external experts
- HFEA staff attending conferences and meetings such as ESHRE, and the Annual Fertility Conference hosted by the Association of Reproductive & Clinical Scientists, the British Fertility Society, and the Society for Reproduction and Fertility.
- SCAAC members raising topics or research papers to the committee at each meeting
- Annual horizon scanning meeting during the ESHRE conference.

6.4. ESHRE is one of the biggest fertility conferences in the world and, as noted above, the HFEA holds its annual horizon scanning meeting, usually chaired by the SCAAC Chair, alongside this event. The Scientific Policy Manager explained that the horizon scanning meeting is an invite only, in-person international meeting with speakers on 3-4 topics. The Scientific Policy Manager explained that notes providing an overview of the meeting will form part of the papers for the October 2025 SCAAC meeting and will be published on the HFEA website.

6.5. The Scientific Policy Manager informed the Authority that 22 participants from a wide range of backgrounds attended the HFEA's 2025 Horizon Scanning Meeting in Paris. The three topics which were discussed were non-disease related mitochondrial donation, in vitro spermatogenesis for male fertility preservation and robotics and automation in fertility treatment.

6.6. The first speaker at the 2025 horizon scanning meeting was Dr Nuno Costa Borges, Scientific Director of Embryotools, Spain whose talk was titled "*Future use of Mitochondrial Donation? Going beyond preventing inherited disease*." The Scientific Policy Manager explained that mitochondrial donation treatment (MDT) can only be undertaken in the UK to prevent children being born with mitochondrial disease and each application requires an HFEA licence. However, in recent years there have been discussions on the use of MDT for infertility rather than disease prevention. The meeting discussed clinical safety including mitochondrial reversion, target patient population and the use of maternal spindle transfer technique.

6.7. The second speaker at the 2025 horizon scanning meeting was Dr Christine Rondanino, Associate Professor, University of Rouen, France whose talked was titled "*Emerging Techniques in Male Fertility Preservation: The Role of In Vitro Spermatogenesis*". The Scientific Policy Manager explained that male fertility preservation, particularly in children, is a growing research area with current methods in pre-pubescent boys being difficult and invasive. The meeting discussed in vitro maturation (IVM) of prepubertal testicular cells/tissues, success studies in mice which has achieved proof of concept, safety concerns and public perception of IV derived sperm.

6.8. The third speaker was Dr Eduardo Mendizabal-Ruiz, Professor of Computer Science at the University of Guadalajara, Mexico and VP Exploration at Conceivable Life Sciences, whose talk was titled *"Remote Control IVF – the potential of robotics and automation to revolutionise fertility treatment"*. The Scientific Policy Manager explained that this is a horizon scanning topic due to

increasing and expanding use of automation in IVF clinics. The Scientific Policy Manager noted that a case report was published earlier this year by Professor Mendizabal Ruiz and others on "remote control ICSI", where a clinician was 3,700 miles away from the patient remotely operating the digital ICSI system. The meeting discussed automation as a solution to global shortages of qualified staff, increased embryologist productivity through standardisation, and the risk landscape including technology, cyber security and algorithmic bias.

6.9. The Scientific Policy Manager outlined the 2025-26 topic prioritisation process, using categories of high, medium, low, and watching brief, and explained the criteria used for classification. Prioritisation of topics is reviewed annually by SCAAC in February, and high-priority topics inform the Authority's work. The Scientific Policy Manager highlighted the 2025–26 SCAAC workplan.

6.10. The Scientific Policy Manager informed the Authority that ESHRE 2026 will be held in London during July 2026.

6.11. The Deputy Chair of SCAAC praised the horizon scanning meeting as a valuable forum that brings together international experts to discuss emerging issues. He highlighted the high calibre of discussion and noted that the topics covered were at varying stages of development. He expressed confidence that, through the horizon scanning function and the work of SCAAC, the HFEA is well positioned to address emerging issues, while also acknowledging the pressure on the HFEA as the regulator to provide guidance on these topics.

6.12. Members acknowledged the vital role of the HFEA's horizon scanning function and its contribution to the Authority's broader work. The supporting team was congratulated for their efforts.

6.13. A member commented that they were reassured that the meeting had discussed the risk landscape regarding robotics and automation in IVF. They questioned whether this had also considered the impact of patient trust and confidence. The Scientific Policy Manager responded that the meeting did have a discussion concerning patient confidence.

6.14. A member questioned whether the concept of making IVF accessible should be added to the items for consideration by horizon scanning as there is currently work being undertaken on this subject.

6.15. A member spoke of an event they had attended on circadian neuroscience and asked whether this should be added to the watching brief list of topics.

6.16. A member raised the importance of public trust and asked how the HFEA could best engage the public around the horizon scanning meeting, including exploring ways to proactively reach a wider audience. The Director of Strategy and Corporate Affairs outlined the ways that the HFEA engages with members of the public through the Patient Organisation Stakeholder Group (POSG) and the Patient Engagement Forum (PEF). In thinking about this issue, it was important to acknowledge that the HFEA Horizon Scanning meeting discusses highly scientific matters, often where there are small indicative studies which have not yet proven to be effective.

6.17. In response to a question the Chief Executive explained that the HFEA's horizon scanning meeting is held at ESHRE for historical reasons but had proven to be cost effective and it is useful for the HFEA to have SCAAC consider and understand these emerging topics.

6.18. The Chair drew the conversation to a close, noting that ESHRE will be in London in 2026 and that the HFEA will be considering how best to take advantage of the event being in the UK.

Decision

6.19. The Authority noted the verbal update from the July 2025 Horizon Scanning Meeting.

7. Embryo Testing

7.1. The Chair introduced this item stating that the ability to test embryos is changing fast and this paper sets out a range of policy issues that flow from these scientific developments.

7.2. The Head of Policy introduced the paper and informed the Authority that the HFE Act 2008 prohibits embryo testing except for one of the purposes permitted in the Act. The Act requires that embryos that are known to have a genetic abnormality which present a significant risk that the child will have a serious condition must not be preferred to those that are not known to have such an abnormality. The Act also prohibits practices preferring one sex over the other except where one sex presents a much greater risk of having a serious condition than the other.

7.3. The Head of Policy explained that there is no "best interest" test of relevance to the legal scope of testing; rather what is permitted is set out in the Act.

7.4. The Head of Policy stated that the HFEA's role is to promote compliance with the Act and to ensure that testing is carried out lawfully, for example by providing clinics with guidance and inspecting clinic activities. The testing of embryos is a licensable activity, and clinics must have a licence to undertake this work.

7.5. The testing methods permitted by the HFEA for clinics that are licensed to test embryos are PGT-M, PGT-SR and PTT (which require SAC approval) and PGT-A.

7.6. Continuing, the Head of Policy explained that the methodologies for carrying out genetic testing had significantly advanced since the law was passed. In addition, technology such as whole genome sequencing (WGS) can now reveal the embryo's full genetic information.

7.7. These developments in testing can raise the question of what, if any, additional information can be obtained from what might be termed opportunistic testing or screening. While the initial reason for testing may be lawful, there is a question about whether receipt of some of the information generated from the test is legally permitted. The Head of Policy stated that the law could now be seen as restrictive in preventing some potentially relevant tests, which are claimed to be in the interests of the patient and supported by robust evidence, from being undertaken.

7.8. There are also variations in what information is collected and reported back to clinics - the commercial companies commissioned to carry out the genetic testing often report more than is requested.

7.9. The Head of Policy explained that when the law was drafted, the clear intention was to permit embryo testing only for one of the defined Permitted Purposes. Clinics may receive only the information necessary for that Permitted Purpose and embryos may only be selected for (or against) based on that limited information.

7.10. The HFEA has a duty to promote compliance with the Act and it considers that the law does allow additional genetic information to be used in clinical decisions, provided this satisfies a Permitted Purpose and the testing was originally conducted for that purpose.

7.11. The Head of Policy referred to the options and next steps outlined in the paper and invited the Authority's discussion and decision.

7.12. The Chair thanked the Head of Policy and noted that this is another example of scientific and medical advances pushing the boundaries of existing law.

7.13. The Authority congratulated the HFEA staff for a well written and clear paper on a complicated area.

7.14. A member noted that rapid technological developments are outpacing the HFEA's ability to regulate them. Many companies now offer tests internationally and are reluctant to alter how they analyse and report results specifically for UK clinics. In response to a question, it was confirmed that these companies could filter results but that they are choosing not to.

7.15. A member spoke of the consequence of extended population screening without due consideration of the full family history, which could lead to some embryos being discarded when they could develop into a viable pregnancy with no particular risk of inherited diseases.

7.16. A member highlighted the need to balance informed consent, appropriate counselling, clinical decision-making, and patient data protection in clinics. They felt the clarification in section 4.3 of the paper was robust, and the proposed next steps in paragraph 5.1 were clear and likely to be welcomed by clinics.

7.17. A member noted the HFEA's limited ability to sanction clinics that fail to follow guidance and questioned whether a trusted supplier list could be developed for companies offering the required testing.

7.18. A member emphasised the importance of protecting patients and supporting those taking steps to avoid passing on serious inherited diseases. While updating the information on the HFEA's website was discussed, it was noted that the primary responsibility lies with clinics to provide relevant information to their patients.

7.19. Members discussed the clinical responsibilities involved in offering such testing, emphasising that clinics must have the necessary expertise to explain and manage these areas, including providing appropriate counselling. They stressed the importance of clinics understanding the challenges involved and noted the need for infrastructure to support the new patient pathway.

7.20. Members noted that whilst many clinics offer fertility counselling, access to genetic counselling may not be as easily provided by some clinics. It was noted that genetic counselling is offered under the NHS pathway for PGT-M treatment.

7.21. Members spoke of the genome sequencing work that is being undertaken, especially through the NHS Genomic Medicine Service and the National Genomic Test Directory.

7.22. Members noted the varying approaches across the sector and agreed that the HFEA's proposed policy positions and guidance would provide valuable clarity. They supported the proposed guidance and welcomed the range of information it could include. Members also emphasised the need to review the guidance over time as methodologies evolve and were pleased with the structured approach planned for future updates.

7.23. Members were appreciative of the continued advocacy for law reform, as appropriate, given technological advances.

7.24. The Chair informed the Authority that whilst the Chair of SCAAC could not attend this meeting he had asked that his support for the position as laid out in paragraph 4.3 of the paper and the proposed guidance to the sector be recorded.

Decision

7.25. The Authority, by clear majority, agreed that the law permits additional genetic information to be obtained and used in clinical decisions, provided it meets a Permitted Purpose and the testing was originally conducted for a permitted purpose. Guidance for the sector will need to be developed and the principles therein will be brought back to the Authority for review.

7.26. The Authority agreed to a review of where broad 'group' approval has been given for various conditions – that is, "chromosomal rearrangements (various)".

Action

7.27. The HFEA to develop the proposed guidance for the sector and bring back to the Authority for further consideration.

7.28. The HFEA Executive to continue with their watching brief on these developments.

8. Any other business

8.1. Geeta Nargund referred to the email circulated to members by the Director of Strategy and Corporate Affairs regarding the NICE guidance regarding "Fertility problems: assessment and treatment". She encouraged members to respond within the requested timeframe to help formulate the HFEA's official response.

8.2. The Chair thanked everyone for their active participation in the meeting. She reminded members that their next meeting will be held virtually on 5 November 2025 to discuss the publication of the full CaFC. The next full Authority meeting will be on 19 November 2025. Both meeting dates are published on the HFEA website.

8.3. The Chair reminded members that the Board Effectiveness Review material would be issued to them shortly and requested that they complete the review within the required timeframe.

8.4. There were no further items of any other business and the Chair closed the meeting.

Chair's signature

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

Signature

Chair: Julia Chain

Date: 19 November 2025