

EUROPEAN ASSISTED CONCEPTION CONSORTIUM (EACC)

**INAGURAL MEETING: MONDAY 20 JUNE 2005, BELLA CENTRE,
COPENHAGEN**

MEETING NOTE

Welcome and Introduction

1. Arne Sunde opened the meeting by welcoming everyone to the inaugural meeting of the EACC. He briefly outlined the origins and objectives of the meeting before handing over to Angela McNab to chair the remainder of the meeting. There was some discussion on the status of the Consortium. This was clarified subsequently in the terms of reference.

Membership

2. A list of attendants at the meeting is attached at Annex A, together with a list of members who were unable to attend the meeting.

3. ESHRE and the HFEA had identified as many representatives as possible from EU member states before the meeting. Apologies were given to those who had only heard about the meeting that day. The intention was that the EACC would eventually comprise representatives from regulators and practitioners in all 25 member states.

4. It was agreed that each EU member state should be represented by one regulator, one clinician and one embryologist. This was a larger membership than originally envisaged, but those at the meeting considered it necessary in order to obtain the correct balance of professional expertise.

5. Clare Brown, Chair of the European Infertility Alliance, attended the meeting as an observer. It was agreed after some discussion that a patient representative should be invited to all meetings of the EACC as an observer. Clare was nominated for, and accepted, this role.

Appointment of EACC Executive

6. The following members accepted nomination to the Executive:

Chair:	Angela McNab (UK, regulator)
Executive members:	Bernard Loty (France, regulator)
	Anna Veiga (Spain, embryologist)
	Josiane Van der Elst (Belgium, embryologist)
	Ioannis Messinis (Greece, clinician)

Frequency of Meetings

7. It was agreed that the EACC would operate largely as a virtual group but would meet as a body twice a year, once at the ESHRE meeting. The next meeting of the full Consortium would be in early 2006. The Executive would however meet more frequently to advance the work of the Consortium. The timings and outcomes of Executive meetings would be communicated to all members.

Terms of Reference

8. The terms of reference for the EACC were agreed subject to the following changes:

- The composition of the Executive was amended to the chair, one regulator and three practitioners (from the proposed composition of a chair, two regulators and two practitioners). This reflected the appointment of a regulator as chair.
- Formal recognition that a patient representative would be invited to attend EACC meetings as an observer;
- Clarification of the relationship between the EACC and ESHRE. It was agreed at the meeting, and clarified further subsequently) that the EACC was not formally a part of ESHRE and had independent decision-making powers. However, the EACC would keep ESHRE informed of its decisions and ESHRE would provide secretariat and financial support to the EACC.

9. It was agreed that revised Terms of Reference would be circulated to members following the meeting.

Action: Secretariat

Key Challenges

10. Members outlined some the key challenges, and opportunities, faced by members in implementing the EU Tissue and Cells Directive (EUTD). These included:

- The ability to standardise quality systems to improve performance.
- The resource implications of implementing the Directive, including capital and running costs (eg for air filtration) as well as the time and manpower required to write quality manuals and SOPs. There was some concern that, without financial support from the European Commission or national governments, these additional costs would be passed to patients,.

- The number of establishments not yet identified requiring regulation;
- The fact that some competent authorities had not yet been established;
- The lack of awareness of the EUTD, or the problem of denial, amongst IVF practitioners

2nd Technical Directive: EACC Consultation Response

11. A paper was tabled with comments received from members prior to the meeting. This had not yet been consolidated into a formal response to the European Commission. The only issue on which members views had differed was air quality. Members were therefore invited to debate this issue, and the following points were made:

- A standard would not normally be set without first demonstrating the benefit. At present there was no evidence base on which to set an optimum air quality requirement
- A distinction needed to be drawn between air quality standards for IVF, IUI and laboratories working with embryonic stem cells. The risk assessment would be different in each.

12. It was agreed that a proposal put forward by the UK Association of Clinical Embryologists should be adopted by the EACC, for a preferred minimum air quality standard of laminar air flow cabinets in a Grade D background. However, the EACC would seek to gather evidence over the next two years so that some better informed conclusions could be reached for optimum standards for different procedures in assisted conception.

13. It was agreed that the secretariat would consolidate written comments from members and comments raised at this meeting, into a formal EACC response to the Commission. This would be cleared with the Executive before submission.

Action: Secretariat

Priorities for Consideration by the EACC

14. A paper setting out some broad themes was tabled. It was agreed that the Executive should develop a detailed work plan as soon as possible for circulation to the membership.

Action: Executive

Communication Channels

15. It was agreed that there would be three aspects to this:
- Communication links between the secretariat, the Executive and members (which will be established);
 - Communication between EACC members and practitioners/patients within their own countries (which members were encouraged to develop);
 - Communication with European institutions (which the Executive will develop).
16. Members thanked ESHRE for agreeing to devote a section of their website to the work of the EACC. This would allow details of EACC meetings, and documents produced by the EACC, to be published.

Coding and Labelling

17. Paul Ashford gave a presentation on the ISBT 128 coding standard and how this could be used to meet the coding requirements of the EUTD. He pointed out that the alternative, to develop a new coding standard from scratch and get it into use, would take around 10 years.
18. Members expressed some scepticism about the need for a European coding system when the vast majority of gametes were procured and used within the same clinic. In response, Paul stressed the value of a unique coding system in:
- Facilitating look backs in response to incidents;
 - Ensuring that bar coding and other tracking technologies for use in the laboratory were working to a single coding standard;
 - Meeting the requirements of the EUTD.

Next Steps

19. It was agreed that:
- A note of this meeting, a revised terms of reference and a membership list would be circulated to members.
 - An EACC response to the European Commission's consultation would be signed off by the Executive and then circulated to members;
 - Members would be notified when the EACC's website was up and running;
 - A work plan would be agreed by the Executive and circulated to members;
 - Members would be contacted to agree a date and venue for the next full meeting of the Consortium.