

NEWS

Plans to abolish bodies regulating fertility treatment and human tissues are discussed

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Responsibility for regulating fertility treatment and use of human tissue in the UK should be transferred to the Care Quality Commission and research in these areas to the Health Research Authority, the Department of Health has recommended in a consultation published on 28 June.

The consultation is part of government plans, announced in July 2010, to halve the number of NHS quangos (quasi-autonomous national governmental organisations) to save an estimated £180m (£215m; \$280m) by 2014-15 to help reach its target of reducing the NHS's administrative costs by 45%.¹ The Human Fertilisation and Embryology Authority (HFEA) and the Human Tissue Authority (HTA) were kept temporarily but were set to be abolished by April 2013.

After hearing arguments from organisations to retain the two bodies that currently regulate fertility treatment and human tissue the department said its preferred option is to transfer regulation to the Care Quality Commission and responsibility for research issues to the Health Research Authority.

The Care Quality Commission is the independent regulator of health and adult social care providers in England and the Health Research Authority protects and promotes the interests of patients and the public in health research.

The department proposes two further options in the consultation: transferring most functions to the Care Quality Commission but with a limited number, such as assessing living donors, transferring to other organisations; and allowing the HFEA and HTA to retain their functions but requiring them to deliver further savings.

Commenting on the consultation Peter Braude, emeritus professor of obstetrics and gynaecology at King's College London, said, "This has been brewing since last year and follows failed attempts of many professional bodies through parliament to avoid the abolition of the HFEA, preferring an efficiency drive and a serious examination of its working methods, which largely is in line with the third option proposed in the consultation."

He cautioned on the department's preferred option, "IVF is a complex and controversial area to regulate. Patients are anxious and often require specialist advice and help in a bewildering market. It is hard to see how these tasks simply can be added to the burden of the Care Quality Commission, which has been shown recently to be struggling with its existing load and found wanting so frequently."

Alison Murdoch, head of Newcastle Fertility Centre for Life, backs the government's recommendation. "I support the favoured government option, particularly in relation to the transfer of research regulation to the HRA. Parliament has rightly decided what is morally acceptable in relation to embryo research and researchers must comply with the law. Thereafter detailed scrutiny of a specific research proposal is best done by those with appropriate experience in the wider context of medical research," she said.

In relation to clinical work, she said, "Those clinics providing routine IVF treatment are now regulated by both the CQC and the HFEA. At a time when we are losing nurses from frontline medical services to save money, duplication of regulation cannot be justified."

The consultation recognises the important role that both the current regulatory bodies have played in ensuring that treatment, services, and research have been regulated effectively. The Human Fertilisation and Embryology Authority has been the UK's independent regulator overseeing the use of gametes and embryos in fertility treatment and of embryos in research since 1991. And the Human Tissue Authority regulates organisations that remove, store, and use tissue for a wide range of purposes, including research and medical treatment.

Health minister Lord Howe said, "The government recognises that there is a balance to be struck between on the one hand ensuring that regulation is effective and does what it is intended to do, and on the other ensuring that regulatory systems do not become overbureaucratic and expensive.

"Services must be delivered in the most efficient way possible. By making sure that the right functions are being carried out at the appropriate level, we will free up savings to support frontline NHS services.

"We have set out a range of options and through this consultation we want to have a full debate. Any final decisions will be taken after we have fully considered the consultation responses, evidence, and other relevant information," he added.

The consultation is open for responses from 28 June to 28 September at www.dh.gov.uk/health/2012/06/consultation-regulators/.

1 O'Dowd A. Government halves number of NHS quangos to save £180m. *BMJ* 2010;341:c4074.

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