Reproductive Technology Accreditation Committee (RTAC)

TECHNICAL BULLETIN 8

Donation of Gametes and Embryos

May 2016

From time to time RTAC will become aware of issues, questions or comments where it may consider assisting units enhance the quality of their service to patients. A Technical Bulletin is an educational communication to all units, and Bodies certifying units to the RTAC Code of Practice, offering advice and guidance. It is not normally enforceable unless also incorporated into the Code of Practice.

Background

From time to time issues relating to current treatments and their outcomes come to the attention of the FSA Board. A need has been identified to enhance procedures around the donation of gametes and embryos to further minimise the risk of any adverse outcomes.

As stated in the RTAC COP - Fundamental to the delivery of ART services is that patients and their offspring remain the most important consideration in all decisions. Organisations aspire to deliver services in a manner that recognises patients' cultural and individual values and beliefs, upholds their dignity and privacy, and acknowledges the rights of children born through ART to know their genetic origins and health outcomes.

The COP goes further in relation to donor arrangements:

12. Donor & Surrogacy Requirements	
The Organisation must ensure gametes, embryos and tissues are safe for donation and use in surrogacy arrangements and that appropriate counselling has been provided.	Provide evidence of compliance with: - NH&MRC Ethical Guidelines on the use of Assisted Reproductive Technology in Clinical Practice and Research (2007) or any subsequent revision. - Any applicable state or territory legislation. It is noted that counselling by a suitably qualified counsellor with training and experience in assisted reproductive technology is mandatory for all donors, recipients and surrogates. The Organisation must supply to the Certifying Body audit team a list of all file codes involving donation divided according to sperm, oocytes and embryos, and surrogacy, in the previous calendar year. The CB will select 3 (where available) from each category for full audit on the day.

Following discussion at the FSA Board of policies and procedures to minimise the risk, it is recommended the following:

1. Detailed counselling notes should be kept to document the areas covered in relation to potential issues in regards to recipient compliance with their agreed undertakings with the donor(s).

2. Seek explicit written agreement from the recipient patient to notify the clinic of the cycle outcome including pregnancy outcome following the completion of donor (egg, sperm or embryo) treatment

3. Report the recipient patient's failure to attend to the Medical Director who will submit a report to the State Donor Registry (where applicable). This process will be outlined in the written agreement together with a reasoned argument why the patient's attendance is so important.

4. Comply with any State or Commonwealth regulation in relation to egg/sperm/embryo donation

Keith Harrison
RTAC Chair