

Choose a Fertility Clinic

Consultation response by PET
30 September 2025

Which of these options do you think should be a clinic's main profile page statistic?

- Births per cycle started. **X**
- Births per egg collection procedure. **X**
- Births per embryo transfer procedure. **X**
- Births per embryo transferred. **X**

Do you think there should be one combined statistic that includes all different types of IVF treatment (fresh and frozen embryo cycles, donor eggs and PGT-A cycles)?

- Yes.
- No. **✓**
- Don't know/Not sure.

Which of the following would be your preference if births per embryo transfer procedure or births per embryo transferred was chosen as a clinic's main profile page statistic?

- Fresh embryo cycles only.
- A combination of fresh and frozen embryo cycles.
- Don't know/Not sure. **✓**

Should treatments using donor eggs be included or excluded from a clinic's main profile page statistics?

- Include treatments using donor eggs.
- Exclude treatments using donor eggs. ✓
- Don't know/Not sure.

Should treatments using PGT-A be included or excluded from a clinic's main profile page statistics?

- Include treatments using PGT-A.
- Exclude treatments using PGT-A. ✓
- Don't know/Not sure.

Do you have any additional comments or suggestions you would like to make on the clinic's main profile page statistics?

We should like to explain the reasoning behind the response we have given to one of the questions in this consultation. We should also like to offer two further pieces of advice in relation to **Choose a Fertility Clinic (CaFC)**, which are informed by a project that our charity – the **Progress Educational Trust (PET)** – has been pursuing in collaboration with **Queen Mary University of London**.

In response to your question *'Which of these options do you think should be a clinic's main profile page statistic?'*, we have responded *'Would not choose'* to all four ways of calculating birth statistics. This is not because we are proposing a fifth approach to calculating a clinic's headline birth statistic. Rather, this is because we do not have a firm preference. Furthermore, we anticipate that any approach alighted on by the HFEA is liable to elicit criticism from some clinics, which will then accuse other clinics of seeking to manipulate the system to their advantage.

For these reasons, we think that the most important part of any redevelopment of CaFC will be a clear, thorough and (to the extent that this is possible) lay-friendly explanation of the merits – and importantly, also the demerits – of whichever approach is alighted on for the headline statistic.

Additionally, the HFEA will promote transparency and allay (at least some) criticism, if figures using the three *non-headline* approaches are *also* made readily accessible to CaFC users who wish to delve more deeply. The following table comparing the different approaches, which you have included in your consultation materials, would be very helpful to include again in this context.

	Births per cycle started	Births per egg collection procedure	Births per embryo transfer procedure	Births per embryo transferred
Includes ovulatory stimulation stage *	✓	X	X	X
Includes egg collection stage *	✓	✓	X	X
Includes embryo transfer stage	✓	✓	✓	✓
Accounts for cases where multiple embryos are transferred in the same procedure	X	X	X	✓
Includes multiple cycles, both fresh and frozen transfers from the same egg collection (known as cumulative success rate)	✓	✓	X	X

* For frozen embryo transfers, this instead refers to when embryos are thawed.

The first piece of additional advice we should like to offer the HFEA is that information about each clinic on CaFC should include links to certain other standard, publicly available information about that clinic held by Government-related bodies.

For example, UK legal requirements are such that all fertility clinics (or the organisations that own them) are likely to be represented in some or all of the following registers.

- The [register of companies](#) maintained by **Companies House** (which is an executive agency of the UK Government's **Department for Business and Trade**).
- The [register of providers of health and social care](#) maintained by the **Care Quality Commission** (which, like the HFEA, is a non-departmental public body of the UK Government's **Department of Health and Social Care**).
- The [register of processors of personal information](#) maintained by the **Information Commissioner's Office** (which is a non-departmental public body of the UK Government's **Department for Science, Innovation and Technology**).

All of these registers are publicly available and updated online. Listing and linking to relevant listings in each register, in CaFC information about particular clinics, will exemplify joined-up thinking among public bodies while encouraging transparency and accountability on the part of clinics.

For the same reason, where a fertility clinic falls under the auspices of the NHS, details of and a link to the web presence of the relevant NHS Trust (or Board or equivalent) should be included in CaFC information about that clinic.

The second piece of additional advice we should like to offer the HFEA is to consider revising the way that information about satellite clinics is presented on CaFC, and – if necessary – to consider revising the way that relevant information is collected from clinics.

At present, information about satellite clinics on CaFC is perfunctory, and simply redirects the user to information about the centre(s) with which each satellite clinic is connected. This is understandable, in light of the licensing mechanism that defines the HFEA's relationship with each clinic (and consequently the clinic data that the HFEA receives). However, this is also at odds with the way clinics market themselves, especially in instances where multiple clinics have a common owner and a shared web presence.

On many such websites, each individual clinic is presented as distinct (while simultaneously constituting part of a larger branded whole) in way that has nothing to do with, and is not reflective of, the HFEA's distinction between licensed and satellite clinics. Consequently, patients trying to relate information on clinic websites to information on CaFC are liable to become confused.

A related difficulty arises in cases where a clinic owner markets a single clinic (whether licensed or satellite), which has a single street address, as though it is two separately branded clinics. In these instances, the two 'clinics' might have distinct names, web presences, treatment offers and price lists.

When this situation is combined with the existence of a multiplicity of clinics under a single branded 'chain' (with one or more chains being owned by a single organisation), it makes for an even more confusing picture, that is difficult to reconcile with information as presented on CaFC. The end result is that clinic practices are less transparent than they would otherwise be, and CaFC is a less useful resource than it would otherwise be.

We have already suggested above that information from other public registers should be included and linked to in clinic information on CaFC, which would mitigate the problem to some extent (by bringing greater transparency). However, we believe that a broader review of the question '*What is a fertility clinic?*' is warranted.

At present, all information about satellite clinics on CaFC – treatments offered, success rates, ratings by HFEA inspectors, ratings by patients, and so on – is subsumed inextricably into information about the connected licensed clinic. This is not consistent with the way clinics present themselves, and their relationship to one another, to prospective patients. Therefore, either the HFEA should present information differently, or clinics should be asked by the HFEA to do so.

(These last points are informed by research that our charity's Deputy Director – **Sandy Starr** – has conducted recently while seconded to **Queen Mary University of London** and collaborating with **Professor Manuela Perrotta**, who leads the **Remaking Fertility** initiative.)