Advisory Committee on Assisted Reproductive Technology
Annual Report 2010/11

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Foreword

On behalf of the Advisory Committee on Assisted Reproductive Technology (ACART) I am pleased to present this Annual Report for the 2010/11 reporting year.

ACART was established by the Human Assisted Reproductive Technology Act 2004 (the HART Act). ACART's terms of reference require the committee to develop advice for the Minister of Health across a very broad area, including the use of assisted reproductive technologies in both treatment and research. It is also charged with developing guidelines for the Ethics Committee on Assisted Reproductive Technology (ECART) and undertaking a broad monitoring role.

This has been the sixth year of ACART's existence since its establishment in 2005, with a continued high workload. Challenges come from the growing complexity of the relationships involved in proposed treatments, and the expanding number of reasons for which people seek to use various fertility treatments.

ACART's work in 2010/11 has included finalising guidelines and advice after taking into account feedback from public and ministerial consultation. In November 2010 ACART completed consultation with the Minister of Health on guidelines on the use of donated eggs with donated sperm, and issued the guidelines to ECART. The Minister accepted ACART's advice, tendered in July 2010, that in vitro maturation should become an established procedure for individual and donation treatment purposes. The HART Order 2005 was accordingly amended in March 2011.

As in earlier years, ACART interacted closely with ECART, the Ministry of Health and providers of fertility services in the course of its work programme. The information and insights from these sources are of considerable assistance to ACART in implementing its responsibilities under the HART Act.

In undertaking its extensive 2010/11 work programme, the committee has been very ably supported by the staff members in the secretariat. I wish to record my thanks here for their high level of professionalism. Thanks also go to the Ministry of Health for its ongoing support.

I am also very grateful to ACART members for their outstanding commitment to the committee's work and their willingness to provide both time and expertise. Without such involvement the progress achieved would not have been possible. I particularly wish to thank the six members whose terms ended in November 2010: Adjunct Professor Ken Daniels, Dr Richard Fisher, Professor Mark Henaghan, Robyn Scott, Dr Ian Hassall and Maui Hudson. Their departure began a period of substantial change for ACART that continues into 2011. We welcomed four new members – Dr John Angus, Nikki Horne, Dr Karen Buckingham, and Alison Douglass – with ACART's membership reduced from 12 to nine members.

There will be further change to ACART's membership when another group of new appointments, expected this year, are made. Professor Gareth Jones and I will have completed two terms and are thus not eligible for reappointment. I expect that the substantial number of new members, coupled to a smaller committee, will have an impact on the pace of ACART's work in the year ahead.

I also wish to express my appreciation to those who have assisted ACART's work by responding to requests for submissions. ACART's public consultation in early 2011 on proposed guidelines on extending the storage period of sperm, eggs and embryos was, as with all our consultations, a very important input into our work. Members of various groups and organisations, and individual members of the public, were most helpful, and their feedback is a valuable contribution to our thinking as we finalise the guidelines for consultation with the Minister.

I look forward to ACART's important work continuing in the coming year. As noted above, my appointment as Chair will be concluding this year. It has been a great privilege to be the Chair of ACART from the time of its establishment in 2005. During this period the committee has been engaged in a great deal of intense work, including developing advice on new procedures, developing guidelines for new assisted reproductive procedures and revising guidelines for existing assisted reproductive procedures. The complexity of the work has steadily increased as new techniques are developed and uses of ART not previously contemplated have been brought to the committee's attention. Societal acceptance of different uses is changing as is the willingness of consumers to access ART services in other countries with different regulations.

I extend my best wishes to the new Chair and the committee as they engage with the important and complex issues that will continue to emerge from the use of assisted reproductive technology in treatment and research.

Sylvia Rumball
Chair, Advisory Committee on Assisted Reproductive Technology

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Introduction

Purpose of this report

Section 42(3) of the Human Assisted Reproductive Technology Act 2004 (the HART Act) requires the Advisory Committee on Assisted Reproductive Technology (ACART), as soon as practicable after each 12-month period ending on 30 June, to provide the Minister of Health with a report on:

- its progress in carrying out its functions
- the number and kinds of decisions made by the Ethics Committee on Assisted Reproductive Technology (ECART) in that period.

Background

ACART was established under section 32 of the HART Act. ACART's membership during 2010/11, (including current, departed and new members) is shown with biographical information in Appendix 1.

ACART's functions

ACART's functions, as set out in section 35 of the HART Act, are to:

- issue guidelines and give advice to ECART on the matters that ECART must take into account in considering whether to give, change or cancel an approval for an extension to the applicable period for the storage of a human *in vitro* gamete or a human *in vitro* embryo
- issue guidelines and advice to ECART on any matter relating to any kind of assisted reproductive procedure or human reproductive research, and keep such guidelines and advice under review
- advise the Minister of Health on aspects of, or issues arising out of, kinds of assisted reproductive research and, without limitation, provide advice as to whether:
  - the HART Act or another enactment should be amended to prohibit or provide for any kind of assisted reproductive procedure or human reproductive research
  - any kind of procedure or treatment should be declared an established procedure (that is, a procedure which does not require ECART approval) on the basis of the information, assessment, advice and ethical analysis required under section 6 of the HART Act
  - any established procedure should be modified or should cease to be an established procedure
  - a moratorium should be imposed on any kind of assisted reproductive procedure or human reproductive research

  - regulations should be made under section 76 of the HART Act to regulate the performance of any kind of assisted reproductive procedure or the conduct of any kind of human reproductive research
- liaise with the ethics committee on general and specific matters relating to assisted reproductive procedures or human reproductive research
- consult with anyone who, in the opinion of ACART, is able to assist it to perform its functions
- perform any other function that the Minister of Health assigns to it by written notice.

For the purposes of performing the above functions, ACART must monitor:

- the application, and health outcomes, of assisted reproductive procedures and established procedures
- developments in human reproductive research.

ACART's terms of reference are detailed in Appendix 2.

ACART Work During 2010/11

Background

ACART has established the following workstreams:

- advice to the Minister of Health on human reproductive research (as required under section 37 of the HART Act)
- advice to the Minister of Health on assisted reproductive technology (section 38)
- consultation with the Minister of Health on guidelines (section 41(2))
- advice to the Minister of Health on new assisted reproductive procedures (section 6)
- monitoring (sections 35(2), 30, 42(3)(b))
- advice to ECART (section 35(1)(aa)(a))
- governance and administration.

Work on specific projects within these broad areas requires the approval of the Minister of Health.

ACART's processes

ACART met five times during this reporting year to formulate advice and make decisions on specific projects. Member attendance at these meetings is shown in Appendix 3.

Projects were progressed through working groups acting under the delegated authority of ACART. Working groups undertook in-depth thinking on issues and provided ACART with reports and recommendations from their meetings.

ACART steered the working groups on an ongoing basis, and a full ACART committee meeting approved, amended or declined each of their final outputs – whether a report, recommendation, consultation paper, guidelines for ECART, advice to ECART or advice to the Minister.

Further information on working groups' membership and the projects undertaken is detailed in Appendix 4.

Progress made in 2010/11

Advice to the Minister of Health on human reproductive research

Section 37 of the HART Act requires ACART to provide the Minister of Health with information, advice and, if it thinks fit, recommendations on certain matters in relation to the use of gametes and embryos in human reproductive research.

ACART provided the Minister of Health with advice on human reproductive research in June 2007 following extensive public consultation in the 2006/07 financial year. No further work was undertaken in the 2010/11 reporting year. Any further ACART work in this area would depend on ministerial approval.

Advice to the Minister of Health on assisted reproductive technology

Section 38 of the HART Act requires ACART to provide the Minister of Health with information, advice and, if it thinks fit, recommendations on various matters in relation to human assisted reproductive technology, including:

- requirements for informed consent
- the import into or export from New Zealand of *in vitro* donated cells or embryos.

ACART continued its work on informed consent during 2010/11, making preliminary policy decisions in August 2010 on a wide range of matters. The pace of work subsequently slowed, with resources diverted to continuing consultation with the Minister on guidelines on the use of donated eggs with donated sperm, and developing guidelines on extending the storage period of gametes and embryos. ACART anticipates undertaking public consultation in 2012, seeking feedback on draft advice to the Minister on informed consent requirements.

ACART has continued work to develop advice to the Minister on the import and export of gametes and embryos. The working group met on four occasions during 2010/11 and is currently drafting a discussion document for recommendation to ACART, as a basis for planned public consultation in 2012.

Consultation with the Minister of Health on guidelines for assisted reproductive procedures

Selection of embryos using pre-implantation genetic diagnosis (PGD)

In May 2009 ACART consulted with the Minister on *Guidelines on Pre-implantation Genetic Diagnosis with Human Leukocyte Antigen Tissue Typing*. The Minister subsequently asked the National Ethics Advisory Committee (NEAC) to provide him with advice on the guidelines.

After receiving NEAC's advice in August 2009, the Minister invited ACART to comment on some matters raised by NEAC. ACART agreed its report back to the Minister in June 2011.

Use of donated eggs with donated sperm for reproductive purposes

ACART forwarded *Guidelines for the Creation and Use, for Reproductive Purposes, of an Embryo Created from Donated Eggs in Conjunction with Donated Sperm* to the Minister of Health for consultation in September 2009.

In July 2010 the Minister sought further information from ACART on its draft guidelines A working group met once to consider advice, reporting back to ACART in August 2010. ACART advised the Minister on the matter in September 2010.

The Minister subsequently informed ACART that he was in agreement with the guidelines, which ACART issued to ECART in December 2010.

Guidelines on extending the storage period of gametes and embryos

Parliament passed the HART (Storage) Amendment Act in October 2010. The amendment clarified that the statutory 10-year limit for the storage of gametes and embryos came into effect from 2004, and that ACART's role includes issuing guidelines and giving advice to ECART on matters that ECART must take into account in considering whether to give, change or cancel an approval to extend the storage period of gametes and embryos beyond 10 years or beyond an approved extended storage period.

With the legislation passed, ACART was able to complete work on proposed guidelines, and then undertook public consultation for two months from late January 2011. After considering feedback, ACART is now preparing to consult with the Minister on finalised guidelines.

Advice to the Minister of Health on new assisted reproductive procedures

In vitro maturation

ACART forwarded advice on the use of in vitro maturation (IVM) in fertility treatment to the Minister of Health in July 2010.

The Minister accepted ACART's advice that the use of IVM should become an established procedure (does not require ethical approval) for individual and donation treatment purposes. The HART Order 2005 was accordingly amended in March 2011.

Use of cryopreserved ovarian tissue

The use of cryopreserved ovarian tissue is an assisted reproductive procedure, and would therefore require approval by ECART. ACART has not issued guidelines to ECART on the procedure, and therefore ECART cannot approve its use.

The procedure is relatively new internationally, with few reported births. ACART was aware of some consumer and clinic interest in the procedure, and decided it was therefore important to assess the outcomes, risks and benefits of the treatment. This would then enable a decision whether further work was warranted.

ACART commissioned a technical report from Dr Richard Anderson, Professor of Clinical Reproductive Science at the University of Edinburgh. The report, considered by ACART in March 2011, included an assessment, drawn from published and peer reviewed research, of the known risks and benefits to health of the procedure. After considering the report, ACART noted that the limited international research in this area made it difficult to assess the safety of the procedure. Accordingly, it was decided not to proceed at this stage with any further work to review whether the procedure should be allowed.

Monitoring

Section 35(2) of the HART Act requires ACART to monitor the application and health outcomes of assisted reproductive procedures and established procedures, and developments in human reproductive research. ACART's terms of reference also require it to monitor ECART's decisions, to ensure they fall within the guidelines set by ACART. The secretariat summarises ECART's decisions for each committee meeting to assist ACART to carry out this role.

To date, the outcomes of assisted reproductive treatments have been monitored through the annual report of the Australia and New Zealand Assisted Reproduction Database (ANZARD). ACART also monitors international trends through the reports of organisations such as the European Society of Human Reproduction and Embryology and the International Federation of Fertility Societies.

During 2010/11 ACART has been exploring the possibility of contracting for a New Zealand-specific report of the numbers and types of treatments carried out in New Zealand. While the annual ANZARD report is a valuable resource, in most cases it combines Australian and New Zealand data.

ACART has continued horizon scanning through the reporting year, circulating papers of interest to members. Such papers include journal articles, reports from conference attendance, and international horizon scanning reports. This has enabled us to develop a picture of procedures which may come to notice as being of interest to New Zealanders.

Advice to ECART

Matters of significance forwarded to ACART from ECART

ECART referred two significant matters to ACART during the 2010/11 period.

The scope of medical conditions criteria in guidelines issued to ECART

Guidelines issued to ECART by ACART in respect of surrogacy, embryo donation gamete donation between certain family members, and use of donated eggs in conjunction with donated sperm all include medical criteria. For instance, the *Guidelines on Embryo Donation for Reproductive Purposes* require that the recipient or the recipient's partner has a medical condition affecting his or her reproductive ability, or a medical diagnosis of unexplained infertility that makes embryo donation appropriate.

In the past two years ECART and ACART have been in discussion about the scope of medical criteria in various guidelines. ECART has signalled to ACART that applications have posed problems for ECART in determining whether the situation met relevant medical conditions criteria. Examples include age-related infertility, failed vasectomy reversal and obesity. ACART is undertaking work with the goal of responding to ECART's request for clarification of the scope of the current guidelines.

Use of donated embryos in a surrogacy arrangement

In May 2011 ECART referred to ACART a clinic query about whether a surrogacy arrangement could include the use of donated embryos. The *Guidelines on Surrogacy Arrangements Involving Providers of Fertility Services* do not provide for ECART to approve a surrogacy arrangement that includes the use of donated embryos. The guidelines require that at least one of the intending parents must be a genetic parent of any resulting child.

ACART informed the clinic that it had decided not to issue advice to enable ECART to consider the case. The letter explained the following.

- ACART's guidelines seek to limit the complexity of resulting relationships, particularly for children, where third parties are involved in assisted reproductive treatments. Across all guidelines, this complexity is limited in two ways: by requiring a biological investment (gametes and/or pregnancy) by at least one intending parent, and by limiting the number of families in which there may be full genetic siblings.
- Guidelines are issued after public consultation and consultation with the Minister of Health. To issue advice that allowed for exceptions to the provisions of guidelines would undermine the guidelines.
- ACART's approach to date has been to issue guidelines only where the advice clarifies the policy intent of the guidelines. If ACART wished to issue advice that resulted in new or revised guidelines, the advice would be significant new policy. ACART would therefore need to comply with requirements set out in the HART Act, which include public consultation and consultation with the Minister.
- Issuing advice would be unfair to other cases. ACART has considered other requests asking how ECART might consider individual cases that fell outside the guidelines or where guidelines have not yet been issued. ACART has not to date issued any advice that would enable exceptions to guidelines.

Matters raised with the Ministry of Health

ACART received a response to a matter raised with the Ministry of Health in March 2010, and raised a follow up issue and a new issue with the Ministry during 2010/11. Details follow.

Human reproductive research applications

In March 2010 ACART wrote to the Ministry of Health, noting earlier advice that the scope of human reproductive research that should be considered by ECART included clinical trials. ACART asked if some research applications that had been considered by

Health and Disability Ethics Committees should have been considered by ECART instead.

The Ministry advised that, following review of the particular research applications, the Ministry had concluded that all the applications had been considered by the correct committee.

When considering the technical report on the use of cryopreserved ovarian tissue (see page 6), ACART decided to investigate whether it was possible to undertake clinical trials on an emerging procedure, such as the use of cryopreserved ovarian tissue, where no guidelines existed. In October we sought advice on the matter from the Ministry of Health.

The Ministry advised ACART that such trials could proceed only with ECART approval. Before ECART could consider any applications to perform such trials, ACART would need to issue guidelines or advice covering the particular situation.

Terms of reference

The report in July 2009 of the Ministerial Review Group set up to consider how New Zealand might improve the quality and performance of the public health system included a recommendation that Ministry and ministerial advisory committees should regularly review their terms of reference. After reviewing its terms of reference, ACART wrote to the Ministry of Health in September 2010 noting potential minor amendments, should there be a future independent review of the terms of reference.

In March 2011, the Ministry sought further details of the potential changes noted by ACART, and has now provided comment on ACART's views, for our response.

Governance

Conference attendance

ACART members did not attend any conferences in 2010/11 on behalf of ACART.

Member training

ACART held a training day for new members in March 2011. The day included presentations on ACART's processes and work; the role of the Ministry of Health in relation to ACART's work; bioethics in a Maori context; and the work of fertility counsellors.

Publications

ACART published on its website:

- Two reports from members on the 2010 meeting of the European Society of Human Reproduction and Embryology:
  - from the Chair of ACART, Professor Sylvia Rumball
  - from Associate Professor Andrew Shelling

- ACART's Annual Report 2009/10
- *Guidelines on the Creation and Use, for Reproductive Purposes, of an Embryo Created from Donated Eggs with Donated Sperm*
- As a consequence of the guidelines above, updated *Guidelines on the Donation of Eggs or Sperm between Certain Family Members*
- Advice to the Minister on *The Use of In Vitro Maturation in Fertility Treatment*
- *Consultation document on Proposed Guidelines on Extending the Storage Period of Gametes and Embryos*
- Report on the *Current Status of the Use of Cryopreserved Ovarian Tissue*.

Website

ACART's website, www.acart.health.govt.nz is a key point of contact and information for fertility service providers, consumers and other interested parties.

Ethics Committee Decisions 2010/11

Between 1 July 2010 and 30 June 2011 ECART considered 51 applications for assisted reproductive procedures and human reproductive research. There were:

- 25 applications for surrogacy arrangements involving fertility providers (including one where the case involved combined assisted reproductive procedures - surrogacy with donation of eggs or sperm between certain family members - because a family member was a gamete donor)
- 11 applications for gamete donation between certain family members
- 14 applications for embryo donation for reproductive purposes
- 1 application for research on gametes or non-viable embryos.

Of these applications, 36 were approved outright, four were approved subject to conditions, seven were deferred, two were declined, one was withdrawn and ECART declined to review one.

The details of these decisions are set out in the ECART Annual Report.

Further information on applications considered by ECART in 2010/11 is set out in Appendix 5. Appendix 6 contains information about applications considered by ECART before 1 July 2010 and where treatment was ongoing through 2010/11.

Appendix 1: ACART Membership and Biographies

ACART members

Professor Sylvia Rumball – Chair

Adjunct Professor Ken Daniels – Deputy Chair (term ended November 2010)

Bishop Richard Randerson – Deputy Chair (term began November 2010)

Dr John Angus (term began November 2010)

Dr Karen Buckingham (term began November 2010)

Alison Douglass (term began June 2011)

Dr Richard Fisher (term ended November 2010)

John Forman (term ended November 2010)

Dr Ian Hassall (term ended November 2010)

Professor Mark Henaghan (term ended November 2010)

Cilla Henry

Nikki Horne (term began November 2010)

Maui Hudson (term ended November 2010)

Professor Gareth Jones

Kate McKenzie-Bridle (November 2010 – March 2011)

Robyn Scott (term ended November 2010)

Associate Professor Andrew Shelling

Secretariat members during the period

Betty-Ann Kelly, senior policy analyst
(February 2008 – present)

Vicky Baynes, policy analyst
(January 2008 – present)

Vanessa Roberts, policy analyst (August 2010 – present)

Melanie Brown (June 2010 – September 2010)

Biographies of ACART members (including members whose terms ended during 2010/11)

Sylvia Rumball CNZM (Chair)

Professor Emeritus Sylvia Rumball was until recently Assistant to the Vice Chancellor (Research Ethics) at Massey University. She has a PhD in chemistry and for many years taught chemistry and undertook research in structural biology at Massey University.

She has extensive international, national and local experience on ethics committees and ethics-related bodies through past membership of the UNESCO International Bioethics Committee, the New Zealand National Commission for UNESCO, the Health Research Council Ethics Committee, the Massey University Human Ethics Committee and the MASH Trust Ethics Committee; through current membership of the Ethics Advisory Panel of the Environmental Risk Management Authority; as past chairperson of the National Ethics Committee on Assisted Human Reproduction (NECAHR); and as past chairperson of the Massey University Human Ethics Chairs Committee.

Professor Rumball is a member of the International Council for Science (ICSU) Committee on Freedom and Responsibility in Science, a former member of the Massey University Council, an auditor for the New Zealand Universities Academic Audit Unit and a former member of the board of the National Centre for Advanced Bioprotection Technologies.

In 1998 she was made an Officer of the New Zealand Order of Merit for services to science, and in 2008 she was promoted to Companion. She is also the recipient of a Palmerston North City Council Civic Award, a Distinguished Alumni Award from the University of Canterbury and a New Zealand Science and Technology medal. She retired from Massey University in 2009 after more than 40 years of service.

Ken Daniels (Deputy Chairperson to November 2010)

Professor Ken Daniels is adjunct professor in the School of Political and Social Sciences at the University of Canterbury. He was appointed to establish social work education and training at Canterbury in 1975 and retired in 2004. For over 35 years he has been actively involved in studying, writing, counselling and policy development in the psychosocial aspects of assisted reproductive technology (ART). His particular focus has been on the children and families that result from ART.

He served for nine years on NECAHR, for the last three as deputy chairperson. Professor Daniels has carried out research in a number of countries and has worked as a policy consultant in several overseas jurisdictions. He has published extensively, and his book *Building a Family with the Assistance of Donor Insemination* is used by parents and professionals throughout the world. Professor Daniels is also chairperson of Richmond New Zealand.

Richard Randerson CNZM (Deputy Chairperson from November 2010)

Bishop Richard Randerson was born in Takapuna and studied at Otago University in arts and theology. He later undertook postgraduate studies in New York City and San Francisco in ethics and socioeconomics.

Ordained as an Anglican priest in Auckland in 1965, and bishop in 1994, Bishop Randerson has served in a variety of ministries in New Zealand, the United States, the United Kingdom and Australia. His roles have included industrial chaplaincy, inner city ministry, social justice officer, a bishop in Canberra, and Dean of Auckland's Holy Trinity Cathedral. He has played a prominent role in the media, speaking and writing on issues such as poverty and justice, race relations, peace and inter-faith dialogue, and social ethics.

In 2000/01 he was appointed by the New Zealand Government to the four-person Royal Commission on Genetic Modification. In this role he engaged in extensive consultation with the New Zealand public, both at open meetings and with Māori on marae. The interface between science, ethics and the public good was central to the Commission's work.

He is the author of three books: *Christian Ethics and the New Zealand Economy* (1987), *Hearts and Minds: A place for people in a market economy* (1992), and *A Word in Season: Reflections on spirituality, faith and ethics* (2008).

Bishop Randerson was appointed a Companion of the New Zealand Order of Merit in 2004.

Now resident in Wellington, he is married to Jackie. They have three adult children and five grandchildren.

John Angus

Dr John Angus was the Children's Commissioner from 2009 to June 2011. Prior to this he had a long career as a senior social policy advisor within the Ministry of Social Development and its predecessors (1987–2006), and then as a social policy consultant. (2006–2008).

Dr Angus began his career as a historian after obtaining a BA (Hons) (1971) and then a doctorate in history from Otago University (1977). He went on to spend almost 10 years as a social worker in Dunedin for the Department of Social Welfare and to complete a Diploma in Social Work (Victoria University 1982). He then moved into social policy. Dr Angus has led policy work on child support, the care and protection of children and support for vulnerable families. He played a leading role in the development of several family support initiatives such as Family Start and SKIP. From early 2008 to April 2009 he headed up work on the prevention of child abuse and neglect for the Taskforce for Action on Violence Within Families.

Dr Angus lives in Central Otago and is married with two adult sons.

Karen Buckingham

Dr Karen Buckingham is a graduate of the Auckland School of Medicine and trained as an obstetrician and gynaecologist in both New Zealand and the United Kingdom. She has worked as a consultant obstetrician and gynaecologist for the Auckland District Health Board since 2003. In addition, she was a senior lecturer at the University of Auckland from 2003 to 2008. For the past 10 years she has subspecialised in the field of Reproductive Endocrinology and Infertility. She now works part time, mostly as a fertility specialist in both the private sector (Repromed Auckland) and public sector (Fertility Plus).

Dr Buckingham has held a wide range of clinical, teaching and research roles in New Zealand and overseas. Her research interests include recurrent pregnancy loss, polycystic ovarian syndrome and antiphospholipid antibodies and infertility.

She lives in Auckland with her husband and three young children.

Alison Douglass

Ms Alison Douglass is a Barrister at Waterfront Chambers, Wellington, specialising in health and disability law. Prior to moving to the independent bar in 2008 she was a partner, then consultant to Wellington law firm, Tripe Matthews and Feist. She has been a practicing litigation lawyer since 1985. She completed a LLB at Canterbury University (1984) and a Master of Bioethics and Health Law at Otago University (1999).

Ms Douglass is currently Co-Chair of the ACC Research Ethics Committee and Convenor of the New Zealand Law Society Health Law Committee which provides submissions on health law reform. She was the legal member to the Interim, then National Ethics Committee on Assisted Human Reproduction (1993-2002) prior to the enactment of the HART Act in 2004 and is a former Chair of the Wellington Ethics Committee. She has worked part time as a senior lecturer in health law and bioethics at the University of Otago, Wellington.

Ms Douglass has published journal articles on ART and in 2006 prepared for the Ministry of Health the *Report on the Regulatory Framework Governing Assisted Reproductive Technologies in New Zealand*.

She lives in Dunedin and is married with three children.

Richard Fisher CNZM

Dr Richard Fisher is a gynaecologist with a sub-specialty practice in reproductive medicine. He is a co-founder of Fertility Associates, and has been an active advocate for infertile couples for 20 years. He is the only New Zealander to have been elected President of the Fertility Society of Australia.

In 2010 Dr Fisher was made a Companion of the New Zealand Order of Merit for services to medicine.

Dr Fisher is a member of a number of professional associations and is a member of the Institute of Directors in New Zealand Inc. He is married and has four children.

John Forman

Mr John Forman is a parent of adult twins with a rare genetic disorder, alpha mannosidosis, and his family experience with physical and intellectual disability has drawn him into a range of health and disability sector networks over the past 30 years. He has also spent many years in disability support service provision, mainly in community mental health. Since the late 1990s Mr Forman has focused on the development of patient−family support networks in New Zealand and internationally, with an emphasis on partnership with health professionals, policy agencies and researchers to promote prevention, treatments and cures for rare disorders.

Mr Forman has volunteer roles on the boards of several local and international advocacy groups. He is employed as Executive Director of the New Zealand Organisation for Rare Disorders, where he advocates for the increased application of genome knowledge and biotechnology to control health and disability problems, and keeps a sharp eye on ethical issues to ensure safety for patients and their families.

Ian Hassall

Dr Ian Hassall is a paediatrician and children's advocate. He was New Zealand's first Commissioner for Children from 1989 to 1994. His career has entailed working for children and their families as clinician, strategist, researcher and advocate. He is at present Research Associate at the Institute of Public Policy at Auckland University of Technology (AUT). In 2010 he received UNICEF's Aldo Farina Award for child advocacy.

Mark Henaghan

Professor Mark Henaghan is Professor and Dean of Law at the University of Otago and Principal Investigator of the Human Genome Project, Law and Ethics for the Future, which is sponsored by the Law Foundation New Zealand. The project has produced four major reports: *Choosing Genes for Future Children: Regulating pre-implantation genetic diagnosis* and *Genes, Society and the Future,* volumes 1, 2 and 3. Professor Henaghan's primary research interests are family law and medico-legal law involving children. Professor Henaghan is on the editorial boards of the *Journal of Human Rights* and the *Child and Family Law Quarterly* (both based in the United Kingdom).

Cilla Ruruhira Henry QSM

Mrs Cilla Henry grew up under the mantle of the Kīngitanga movement, deeply entrenched in Waikato kawa (protocol) and tikanga (teachings). Her hapū connections are Ngāti Wairere and Ngāti Hako Hauraki. She is married with three children and five mokopuna.

Mrs Henry is a Māori specialist consultant in the bicultural theory model for the Department of Corrections – Psychological Services Hamilton, working with Māori inmates at Waikeria Prison, and as a trustee of the Health Consumer Service Trust. She is a member of the National Council of Women, and is the Māori Women's Welfare League representative on the Care and Protection Resource Panel for Children (Child Youth and Family Service). She is passionate about the care, protection and wellbeing of children.

Mrs Henry was appointed a justice of the peace (JP) in 1996 and received the Queens Service Medal for public service in 2003.

Nikki Horne

Ms Nikki Horne is a member of Fertility New Zealand, the national group for consumers of fertility services. She has served as a committee member of the Auckland Group for three years, and her specific roles have included facilitating consumer contact support groups, running consumer information evenings, and clinic liaison.

Ms Horne has recently returned to work as the Business Support Manager for Career Analysts Ltd in Auckland, specifically managing the firm's office in Auckland and expansion into Australia. Prior to this she was on parental leave looking after her two young daughters, both conceived after many years of IVF treatment. Ms Horne also worked for 8 years as the Event Manager for Obex Medical Ltd. Her role there included managing all events, conferences and functions for the company across a broad range of medical specialties, including embryology.

Her interests include family, all sports (particularly squash, mountain biking and multi sport), photography, design and travel. She lives in Auckland with her husband, Chris, and their daughters.

Maui Hudson

Mr Maui Hudson (JP) lives in Hamilton with his wife and three children. His iwi affiliations are with Whakatōhea, Ngā Ruahine and Te Māhurehure. He has professional qualifications from AUT in physiotherapy, ethics and Māori health, is a member of the Health Research Council Ethics Committee, and has previously been a member of ECART and the Auckland Regional Health and Disability Ethics Committee. He currently works at the University of Waikato as an Iwi Research Developer. Mr Hudson is the principal investigator on the Health Research Council-funded project Ngā Tohu o te Ora: Traditional Māori Wellness Outcome Measures, and has research interests in the area of ethics and the interface between mātauranga Māori and science.

Gareth Jones CNZM

Professor Gareth Jones is Director of the Bioethics Centre at the University of Otago, where he was Deputy Vice Chancellor (Academic and International) to the end of 2009. He is also Professor of Anatomy and Structural Biology. He qualified in medicine and neuroscience (BSc Hons, MBBS) at University College London, and has DSc and MD degrees from the University of Western Australia and the University of Otago, in science and bioethics respectively. He was made a Companion of the New Zealand Order of Merit in 2004 for his contributions to science and education. He has published extensively in neuroscience, anatomy education and bioethics. His recent publications include: *Speaking for the Dead: The human body in biology and medicine* (co-author, second edition, 2009), *Medical Ethics* (co-author, 4th edition, 2005), *Designers of the Future* (2005), *Bioethics* (2007), *A Tangled Web: Medicine and theology in dialogue* (co-editor, 2009), and *A Glass Darkly: Medicine and theology in further dialogue* (co-editor, 2010).

Kate McKenzie-Bridle

Ms Kate McKenzie-Bridle graduated from Victoria University in 1992 with Law and Arts degrees. She has a strong interest in law as it relates to children. She has worked in the area of Family Law for the last 16 years, which has included time off for her three children, who are now 11, 8 and 5 years old. Her husband Peter ably assists in parenting while studying.

Ms McKenzie-Bridle currently works as an associate with Family Law Specialists Ltd in Porirua, Wellington (formerly Catriona Doyle and Rohan Cochrane Law Office). Her work includes undertaking Lawyer for the Child appointments from the Family Court.

Aside from family law, her career has also included an emphasis on law in community settings. She has worked voluntarily and in a paid capacity at various times for the Whitireia Community Law Centre in Porirua and the Wellington Community Law Centre.

Ms McKenzie-Bridle gained a postgraduate diploma from Regent Theological College in Canada, and in her spare time enjoys running and creating crafty things.

Robyn Scott

Ms Robyn Scott's background is in both not-for-profit management and education. She studied at Wellington College of Education (now the Faculty of Education, Victoria University of Wellington) and Victoria University of Wellington before embarking on a career in primary school teaching and the teaching of speech and drama and music. From there she moved to managing a not-for-profit organisation, working particularly in the area of health support and health advocacy.

Ms Scott is currently executive director of Philanthropy New Zealand, and is charged with leading and developing this key organisation, which works to motivate and inspire philanthropists and grant makers. In August 2010 she was appointed as a Family Commissioner, joining the board of the Families Commission.

Ms Scott lives in Wellington with her husband and two school-aged children. Outside work she enjoys a range of mostly family activities that tend to centre on children's sport and cultural events, and also enjoys travel and reading. She is an alumna of Leadership New Zealand, having graduated in 2006.

Andrew Shelling

Associate Professor Andrew Shelling is head of the Medical Genetics Research Group, which is primarily interested in understanding the molecular changes that occur during the development of genetic disorders, focusing on infertility and reproductive cancers.

Professor Shelling has a special interest in understanding the cause of premature menopause, and his research is internationally recognised for identifying genetic causes of this common cause of infertility. He initiated the development of a support group for women with premature menopause in New Zealand.

Professor Shelling is currently deputy head of the Department of Obstetrics and Gynaecology, University of Auckland, and is extensively involved in teaching reproduction, genetics and cancer at the university. He has recently served as president of the New Zealand branch of the Human Genetics Society of Australasia. He is currently an associate editor of the journal *Human Reproduction*, which is one of the leading journals in the area of reproductive research. He is a trustee for the Nurture Foundation for Reproductive Research.

Appendix 2: Terms of Reference for ACART

The Advisory Committee on Assisted Reproductive Procedures and Human Reproductive Research ('the Advisory Committee on Assisted Reproductive Technology', or ACART) is established under section 32 of the Human Assisted Reproductive Technology (HART) Act 2004. These Terms of Reference outline the role and functions of ACART.

Functions of ACART

ACART has the following functions:

- to issue guidelines and advice to the Ethics Committee on Assisted Reproductive Technology (ECART) on any matter relating to any kind of assisted reproductive procedure or human reproductive research and to keep such guidelines and advice under review
- to provide the Minister of Health with advice on aspects of, or issues arising out of, kinds of assisted reproductive procedure or human reproductive research and, without limitation, advice as to whether:
  - the HART Act should be amended to prohibit or provide for any kind of assisted reproductive procedure or human reproductive research
  - any kind of procedure or treatment should be declared an established procedure, on the basis of the information, assessment, advice, and ethical analysis required to declare a procedure to be an established procedure under section 6 of the HART Act
  - any established procedure should be modified or should cease to be an established procedure
  - a moratorium should be imposed on any kind of assisted reproductive procedure or human reproductive research
  - regulations should be made under section 76 of the HART Act to regulate the performance of any kind of assisted reproductive procedure or the conduct of any kind of human reproductive research
- to liaise with ECART on general and specific matters relating to assisted reproductive procedures or human reproductive research
- to consult with any persons who, in the opinion of ACART, are able to assist it to perform its functions
- any other function that the Minister of Health assigns to ACART by written notice.

For the purposes of performing the above functions, ACART must monitor:

- the application, and health outcomes, of assisted reproductive procedures and established procedures

- developments in human reproductive research.

ACART should also monitor the decisions of ECART to ensure that they fall within the guidelines as intended by ACART. If, after consideration of one of ECART's decisions, ACART considers that the decision falls outside its guidelines, ACART should inform ECART of this.

Guiding principles

ACART shall be guided by the following principles.

- The health and wellbeing of children born as a result of the performance of an assisted reproductive procedure or an established procedure should be an important consideration in all decisions about that procedure.
- The human health, safety and dignity of present and future generations should be preserved and promoted.
- While all persons are affected by assisted reproductive procedures and established procedures, women, more than men, are directly and significantly affected by their application and the health and wellbeing of women must be protected in the use of these procedures.
- No assisted reproductive procedure should be performed on an individual and no human reproductive research should be conducted on an individual unless the individual has made an informed choice and given informed consent.
- Donor offspring should be made aware of their genetic origins and be able to access information about those origins.
- The needs, values and beliefs of Māori should be considered and treated with respect.
- The different ethical, spiritual and cultural perspectives in society should be considered and treated with respect.

Guidelines

ACART may issue guidelines to ECART only after it has:

- consulted on the proposed guidelines with the Minister of Health
- on the basis of a discussion paper or an outline of the proposed guidelines, given interested parties and members of the public a reasonable opportunity to make submissions
- taken any such submissions into account.

When ACART issues guidelines to ECART, it must:

- give copies of the guidelines to the Minister, to the Director-General of Health, to ECART and to providers
- publish the guidelines on the internet and in any other publications (if any) that the committee thinks appropriate

- give public notice of the issue of the guidelines by publishing in any publication that it considers appropriate for the purpose a notice that states:
  - the date and subject matter of the guidelines
  - the internet website on which they are published.

Specific advice

ACART must, within timeframes agreed with the Minister, provide the Minister with information, advice, and, if it thinks fit, recommendations on the following matters in relation to the use of gametes and human embryos in human reproductive research:

- cloned embryos
- donations of human embryos
- genetic modification of human gametes and human embryos
- human gametes derived from foetuses or deceased persons
- hybrid embryos
- requirements for informed consent
- the import into, or export from, New Zealand of in vitro human gametes or in vitro human embryos.

ACART must, within the timeframes agreed with the Minister, provide the Minister with information, advice, and, if it thinks fit, recommendations on the following matters in relation to human assisted reproductive technology:

- donations of human embryos
- embryo splitting
- gametes derived from deceased persons
- requirements for informed consent
- selection of embryos using pre-implantation genetic diagnosis
- the import into, or export from, New Zealand of in vitro donated cells or in vitro donated gametes.

ACART may give advice on the above areas only after it has:

- on the basis of a discussion paper or an outline of the proposed advice, given interested parties and members of the public a reasonable opportunity to make submissions
- taken any such submissions into account.

Public meetings on proposed significant advice

If, in the opinion of ACART, a significant number of persons wish to make oral submissions on a proposal to give specific advice on any of the above human reproductive research or human assisted reproductive technologies, ACART must hold as many meetings as are required to enable those submissions to be made.

ACART must:

- notify the persons who wish to make oral submissions of the time and place of any meeting to be held
- publish a notice on the internet and in any publication the committee thinks appropriate that states the time, place, and purpose of any such meeting, and that it will be held in public.

Consultation

Before ACART gives advice to the Minister or issues guidelines to ECART, it must consult on the proposed advice or guidelines with:

- any members of the public that the committee considers appropriate
- appropriate government departments and agencies
- any other person or group that the committee considers appropriate.

Composition and membership

The Minister may appoint any person to be a member of ACART and must, before doing so, consult any persons who, in the Minister's opinion, are able to provide advice on prospective appointees who have the required expertise and the ability to reflect relevant perspectives and concerns, including, without limitation, the perspectives and concerns of women.

Guiding principle

The primary guiding principle for appointing members to ACART is to ensure that ACART has the appropriate expertise, skills, knowledge and perspectives to provide advice and guidelines of the highest quality.

Member numbers

ACART must consist of not fewer than eight and not more than 12 members appointed by the Minister of Health.

Lay/non-lay membership

At least half of the total membership of ACART must be laypersons.

For the purposes of these Terms of Reference, a layperson is a person who, at no time during the person's membership of ACART or in the three years before becoming a member of ACART:

- is a health practitioner within the meaning of the Health Practitioners Competence Assurance Act 2003; or
- is involved in health research; or
- is employed by or associated with, or has a pecuniary interest in, a fertility service provider.

Ex officio attendance

The chairperson of ACART, or a member of ACART nominated by the chairperson of ACART for the meeting, may attend each meeting of the National Ethics Committee on Assisted Reproductive Technologies (ECART). The ACART member or chairperson attending the advisory group meeting is not a member of the committee.

The chairperson of ECART or a member of ECART nominated by the chairperson of ECART for the meeting may attend each meeting of ACART. The ECART member or chairperson attending the ACART meeting is not a member of the committee.

Member categories

ACART's membership must include one or more:

- members with expertise in assisted reproductive procedures
- members with expertise in human reproductive research
- members with expertise in ethics
- Māori members with expertise in Māori customary values and practice and the ability to articulate issues from a Māori perspective
- members with the ability to articulate issues from a consumer perspective
- members with the ability to articulate issues from a disability perspective
- members with the ability to articulate the interests of children who, at the time of his or her appointment, holds the office of Children's Commissioner or is a representative or employee of the person who holds that office
- members with expertise in relevant areas of the law.

Whole committee requirements

Members should possess an attitude that is accepting of the values of different professions and community perspectives, and it is important that ACART comprise people from a range of backgrounds and ethnicities. All members of ACART are expected to have an understanding of how the health sector responds to Māori issues and their application to ethical review.

Despite being drawn from groups identified with particular interests or responsibilities in connection with health and community issues, advisory committee members are not in any way the representatives of those groups. They are appointed in their own right, to participate in the work of ACART as equal individuals of sound judgement and relevant experience.

Terms and conditions of appointment

Members of ACART are appointed by the Minister of Health for a term of office of up to three years. The terms of office of members of ACART will be staggered to ensure continuity of membership. Members may be reappointed from time to time. No member may hold office for more than six consecutive years.

Persons who have served six consecutive years as members of the previous National Ethics Committee on Assisted Human Reproduction (NECAHR) shall not be immediately eligible for appointment to ACART.

A person may not be a member of ACART and ECART simultaneously.

Unless a person sooner vacates their office, every appointed member of ACART shall continue in office until their successor comes into office. Any member of ACART may at any time resign as a member by advising the Minister of Health in writing.

The Minister may, by written notice, terminate the appointment of a member or chairperson of the advisory committee.

The Minister may from time to time alter or reconstitute ACART, or discharge any member of ACART, or appoint new members to ACART for the purpose of decreasing or increasing the membership or filling any vacancies.

Chairperson and deputy chairperson

The Minister may appoint any person to be a chairperson of ACART and must, before doing so, consult any persons who, in the Minister's opinion, are able to provide advice on prospective appointees who have the required expertise and the ability to reflect relevant perspectives and concerns, including, without limitation, the perspectives and concerns of women.

ACART may appoint one of its members to be deputy chairperson.

The chairperson will preside at every meeting of ACART at which they are present.

Duties and responsibilities of a member

This section sets out the Minister of Health's expectations regarding the duties and responsibilities of a person appointed as a member of ACART. This is intended to aid members of ACART by providing them with a common set of principles for appropriate conduct and behaviour, and serves to protect ACART and its members.

As an independent statutory body, ACART has an obligation to conduct its activities in an open and ethical manner. ACART has a duty to operate in an effective manner within the parameters of its functions as set out in its Terms of Reference and in accordance with the HART Act.

General

ACART members should have a commitment to work for the greater good of the committee.

There is an expectation that members will make every effort to attend all ACART meetings and devote sufficient time to become familiar with the affairs of ACART and the wider environment within which it operates.

Members have a duty to act responsibly with regard to the effective and efficient administration of ACART and the use of ACART funds.

Conflicts of interest

ACART members must perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. Proper observation of these principles will protect ACART and its members and will ensure that it retains public confidence.

Members attend meetings and undertake committee activities as independent persons responsible to ACART as a whole. Members are not appointed as representatives of professional organisations and or particular community bodies. ACART should not, therefore, assume that a particular group's interests have been taken into account because a member is associated with a particular group.

Members should declare, and the committee regularly review, their actual and potential conflicts of interest. ACART must exhibit transparency in avoiding or managing any real or perceived conflict of interest.

Confidentiality and information sharing

The public has a right to be informed about the issues being considered by ACART. The chairperson of ACART must ensure that the agenda and minutes are published on the internet as soon as possible after they are confirmed by the members of the committee. ACART should have procedures in place regarding the release of information and processing requests for information.

Individual members must observe the following duties in relation to ACART information. These provisions ensure that ACART as a whole maintains control over the appropriate release of information concerning issues before it.

- Meetings of ACART, including agenda papers and draft minutes, are confidential. Members must ensure that the confidentiality of ACART business is maintained.
- Members are free to express their own view within the context of committee meetings or the general business of ACART.
- Members must publicly support a course of action decided by ACART. If unable to do so, members must not publicly comment on decisions.
- At no time should members individually divulge details of ACART matters or decisions of ACART to persons who are not ACART members. Disclosure of ACART business to anyone outside ACART must be on the decision of ACART, or at the discretion of the chairperson of ACART between meetings. In choosing to release or withhold information, the Committee must comply with the Official Information Act 1982 and the Privacy Act 1993.
- ACART members must ensure that ACART documents are kept secure to ensure that the confidentiality of committee work is maintained. Release of committee correspondence or papers can only be made with the approval of ACART.

Meetings of the committee

Meetings shall be held at such times and places as ACART or the chairperson of ACART decides.

When ACART has 12 members, at least seven members must be present to constitute a majority. When the number of appointed members is less than 12, a quorum is the minimum number constituting a majority. The quorum must include a reasonable representation of members with health practitioner, research, ethical and community/consumer expertise, knowledge and perspectives.

Every question before any meeting shall generally be determined by consensus decision-making. Where a consensus cannot be reached a simple majority vote will apply. In such circumstances, the chairperson shall have the casting vote.

Subject to the provisions set out above, ACART may regulate its own procedures.

Reporting requirements

ACART must, as soon as practicable after each 12-month period ending on 30 June, give the Minister of Health a report on:

- its progress in carrying out its functions
- the number and kinds of decisions given by ECART in that period.

Fees and allowances

Members of ACART are entitled to be paid fees for attendance at meetings. The level of attendance fees are set in accordance with the State Services Commission's framework for fees for statutory bodies.

The chairperson will receive $542.50 per day (plus half a day's preparation fee) and an allowance of two extra days per month to cover additional work undertaken by the chairperson. The attendance fee for members is set at $342.50 per day (plus half a day's preparation fee). The Ministry of Health pays actual and reasonable travel and accommodation expenses of ACART members.

Servicing of ACART

ACART will agree a work programme with the Minister of Health. ACART will be serviced by permanent staff, sufficient to meet the committee's statutory requirements, who will be based in the Ministry of Health.

Appendix 3: Member Attendance

Table 1: Member attendance at ACART meetings in 2010/11

Member	13 August 2010	10 September 2010	26 November 2010	11 March 2011	10 June 2011	Total*
Prof Sylvia Rumball (Chairperson)	X	X	X	X	X	5/5
Adjunct Prof Ken Daniels (Deputy Chairperson) (appointment ended November 2010)	X	X	X			3/3
Bishop Richard Randerson	X	X	X	X	X	5/5
Dr John Angus (appointed December 2010, first meeting March 2011)				X	X	2/2
Dr Karen Buckingham (appointed December 2010, first meeting March 2011)				X	X	2/2
Alison Douglass (appointed June 2011 following June meeting)						0/0
Dr Richard Fisher (appointment ended November 2010)	X	X	A			2/3
John Forman (appointment ended November 2010)	X	X	X			3/3
Dr Ian Hassall (appointment ended November 2010)	X	X	X			3/3
Prof Mark Henaghan (appointment ended November 2010)	A	X	X			2/3
Cilla Henry	X	X	X	A	X	4/5
Nikki Horne (appointed December 2010, first meeting March 2011)				X	X	2/2
Maui Hudson	X	A	X			2/3
Prof Gareth Jones	X	X	X	X	X	5/5
Kate McKenzie-Bridle (appointed December 2010, resigned before first meeting March 2011)						0/0
Robyn Scott (appointment ended November 2010)	X	X	X			3/3
Assoc Prof Andrew Shelling	X	X	X	X	X	5/5
Total members present	**11/12**	**11/12**	**11/12**	**7/8**	**8/8**	

* Totals are expressed as the number of meetings a member attended during his/her membership of ACART in 2010/11 compared to the number of meetings held during his/her membership of ACART. In March and June 2011 ACART had 8 members, following the resignation of a member.

A Apologies X Present

Note: Members also participated in working group meetings.

Appendix 4: ACART Working Groups

Working group	Responsibilities
Executive Group Sylvia Rumball (Chairperson) Ken Daniels (until November 2010) Maui Hudson (until November 2010) Richard Randerson (from November 2010)	Responsible for governance and administrative matters, as delegated by ACART
PGD Working Group Gareth Jones (Chairperson) Andrew Shelling John Forman (until November 2010) Mark Henaghan (until November 2010) Richard Fisher (until November 2010)	Responsible in 2010/11 for recommendations to ACART about matters arising from ACART's consultation with the Minister of Health on guidelines on PGD with HLA tissue typing
Import and Export of Gametes and Embryos Working Group Mark Henaghan (Chair) (until November 2010) Sylvia Rumball Gareth Jones Andrew Shelling (from March 2011)	Responsible in 2010/11 for continuing work on proposed advice to the Minister on the import and export of gametes and embryos under sections 38 and 39 of the HART Act
Informed Consent Working Group Richard Randerson (Chair) Mark Henaghan (until November 2010) John Forman (until November 2010) Sylvia Rumball	Responsible in 2010/11 for recommendations to ACART on preliminary policy positions in respect of informed consent as it applies to assisted reproductive treatment and human reproductive research
Extended Storage Working Group Ken Daniels (Chair) (until November 2010) Richard Randerson Sylvia Rumball Mark Henaghan (until November 2010) John Angus (from April 2011)	Responsible in 2010/11 for recommendations to ACART about draft guidelines on the extended storage of gametes and embryos; reviewing feedback from public consultation; and recommending finalised guidelines to ACART for consultation with the Minister of Health
Cryopreserved Ovarian Tissue − Technical Advisors Andrew Shelling Richard Fisher	Responsible in 2010/11 for recommendations to ACART about next steps following analysis of the commissioned technical report

Working group	Responsibilities
Guidelines on the Creation and Use, for Reproductive Purposes, of an Embryo created from Donated Eggs in conjunction with Donated Sperm – advice to the Minister on the merits of requiring a "familial connection" Sylvia Rumball Ken Daniels Ian Hassall Andrew Shelling	Responsible in 2010/11 for recommending to ACART advice to the Minister on whether the guidelines should include a "familial connection" requirement

Appendix 5: Applications Considered by ECART in 2010/11

App #	Date of first review	Final decision	Procedure	Initial decision	Final decision	Approval end date	Is treatment finished?
E10/22	29/07/2010	29/07/2010	Clinic-assisted surrogacy	Approved	Approved	12/08/2013	Yes
E10/23	29/07/2010	29/07/2010	Clinic-assisted surrogacy	Approved STC[1]	Approved	28/10/2013	No
E10/24	29/07/2010	29/07/2010	Clinic-assisted surrogacy	Approved	Approved	12/08/2013	No
E10/25	29/07/2010	8/02/2011	Donation of eggs or sperm between certain family members	Deferred	Approved	8/02/2014	No
E10/26	29/07/2010	29/07/2010	Embryo donation	Approved	Approved	12/08/2013	No
E10/27	29/07/2010	29/07/2010	Clinic-assisted surrogacy	Approved	Approved	12/08/2013	Yes
E10/28	29/07/2010	29/07/2010	Donation of eggs or sperm between certain family members	Approved	Approved	12/08/2013	No
E10/29	29/07/2010	25/11/2010	Clinic-assisted surrogacy	Deferred	Approved	9/12/2013	No
E10/30	29/07/2010	29/07/2010	Clinic-assisted surrogacy	Approved	Approved	12/08/2013	Yes
E10/31	29/07/2010	16/09/2010	Donation of eggs or sperm between certain family members	Approved STC	Approved	22/09/2013	No
E10/32	29/07/2010	17/12/2010	Clinic-assisted surrogacy	Deferred	Deferred	N/A	No
E10/33	29/07/2010	29/07/2010	Clinic-assisted surrogacy	Approved	Approved	12/08/2013	No
E10/34	16/09/2010	16/09/2010	Clinic-assisted surrogacy	Approved	Approved	22/09/2013	Yes
E10/35	16/09/2010	16/09/2010	Clinic-assisted surrogacy	Approved	Approved	22/09/2013	Yes
E10/36	16/09/2010	16/09/2010	Research on gametes and non-viable embryos	DTR[2]	DTR	N/A	Yes
E10/37	16/09/2010	16/09/2010	Donation of eggs or sperm between certain family members	Declined	Declined	N/A	Yes
E10/38	16/09/2010	16/09/2010	Embryo donation	Approved	Approved	22/09/2013	No
E10/39	16/09/2010	16/09/2010	Clinic-assisted surrogacy	Approved	Approved	22/09/2013	Yes
E10/40	16/09/2010	16/09/2010	Embryo donation	Approved	Approved	22/09/2013	Yes
E10/41	25/11/2010	25/11/2010	Donation of eggs or sperm between certain family members	Approved	Approved	9/12/2013	No
E10/42	25/11/2010	15/12/2010	Clinic-assisted surrogacy	Deferred	Approved STC	15/12/2013	No
E10/43	25/11/2010	25/11/2010	Clinic-assisted surrogacy	Approved	Approved	9/12/2013	No
E10/44	25/11/2010	25/11/2010	Clinic-assisted surrogacy	Approved	Approved	9/12/2013	No
E10/45	25/11/2010	25/11/2010	Clinic-assisted surrogacy	Approved	Approved	9/12/2013	No

[1] Approved STC = approved subject to conditions being met

[2] DTR = declined to review

App #	Date of first review	Final decision	Procedure	Initial decision	Final decision	Approval end date	Is treatment finished?
E10/46	25/11/2010	25/11/2010	Clinic-assisted surrogacy	Approved	Approved	9/12/2013	No
E10/47	25/11/2010	25/11/2010	Donation of eggs or sperm between certain family members	Approved	Approved	9/12/2013	No
E10/48	25/11/2010	25/11/2010	Clinic-assisted surrogacy with gamete donation[3]	Approved	Approved	9/12/2013	Yes
E10/49	25/11/2010	25/11/2010	Clinic-assisted surrogacy	Approved	Approved	9/12/2013	No
E10/50	25/11/2010	25/11/2010	Embryo donation	W/drawn	W/drawn	N/A	Yes
E11/01	17/02/2011	17/02/2011	Donation of eggs or sperm between certain family members	Approved	Approved	3/03/2014	No
E11/02	17/02/2011	17/02/2011	Clinic-assisted surrogacy	Approved	Approved	3/03/2014	No
E11/03	17/02/2011	17/02/2011	Embryo donation	Deferred	Deferred	N/A	No
E11/04	17/02/2011	17/02/2011	Donation of eggs or sperm between certain family members	Approved	Approved	3/03/2014	No
E11/05	17/02/2011	17/02/2011	Donation of eggs or sperm between certain family members	Approved	Approved	3/03/2014	No
E11/06	17/02/2011	17/02/2011	Embryo donation	Approved	Approved	3/03/2014	No
E11/07	17/02/2011	17/02/2011	Clinic-assisted surrogacy	Approved	Approved	3/03/2014	No
E11/08	17/02/2011	24/03/2011	Embryo donation	Approved STC	Approved	24/03/2014	No
E11/09	17/02/2011	16/03/2011	Embryo donation	Deferred	Approved	16/03/2014	No
E11/10	17/02/2011	17/02/2011	Clinic-assisted surrogacy	Approved	Approved	3/03/2014	Yes
E11/11	17/02/2011	17/02/2011	Clinic-assisted surrogacy	Approved	Approved	3/03/2014	No
E11/12	17/02/2011	17/02/2011	Clinic-assisted surrogacy	Approved	Approved	3/03/2014	No
E11/13	12/05/2011	12/05/2011	Embryo donation	Approved	Approved	26/05/2014	No
E11/14	12/05/2011	13/05/2011	Embryo donation	Approved STC	Approved	23/6/2014	No
E11/15	12/05/2011	12/05/2011	Clinic-assisted surrogacy	Approved	Approved	26/05/2014	No
E11/16	12/05/2011	12/05/2011	Embryo donation	Approved	Approved	26/05/2014	No
E11/17	12/05/2011	12/05/2011	Donation of eggs or sperm between certain family members	Approved	Approved	26/05/2014	No
E11/18	12/05/2011	12/05/2011	Donation of eggs or sperm between certain family members	Approved	Approved	26/05/2014	No
E11/19	12/05/2011	12/05/2011	Embryo donation	Approved	Approved	26/05/2014	No
E11/20	12/05/2011	13/05/2011	Embryo donation	Deferred	Approved	17/06/2014	No
E11/21	12/05/2011	12/05/2011	Clinic-assisted surrogacy	Declined	Declined	N/A	Yes
E11/22	12/05/2011	12/05/2011	Embryo donation	Approved	Approved	26/05/2014	No

[3] ACART has noted that this case involved combined assisted reproductive procedures (surrogacy with donation of eggs or sperm between certain family members) because a family member was a gamete donor.

Appendix 6: Applications Considered by ECART before 1 July 2010 with Treatment Ongoing through 2010/11

App #	Date of first review	Final decision	Procedure	Initial decision	Final decision	Approval end date	Is treatment finished?
2003/13	15/05/2008	15/05/2008	Clinic-assisted surrogacy	Approved STC	Approved	15/05/2011	No
E07/26	20/11/2007	20/11/2007	Embryo donation (re-applying)	Approved	Approved	6/12/2010	No
E07/29	20/11/2007	20/11/2007	Clinic-assisted surrogacy	Approved	Approved	6/12/2010	Yes
E07/34	20/11/2007	04/02/2008	Clinic-assisted surrogacy	Deferred	Approved	6/12/2010	Yes
E08/02	04/02/2008	04/02/2008	Clinic-assisted surrogacy	Approved	Approved	11/02/2011	Yes
E08/03	04/02/2008	04/02/2008	Donation of eggs or sperm between certain family members	Approved	Approved	11/02/2011	Yes
E08/09	15/05/2008	15/05/2008	Donation of eggs or sperm between certain family members	Approved	Approved	3/06/2011	No
E08/11	15/05/2008	15/05/2008	Embryo donation	Approved	Approved	3/06/2011	Yes
E08/20	09/09/2008	13/11/2008	Clinic-assisted surrogacy	Approved	Approved	28/11/2011	Yes
E08/21	09/09/2008	13/11/2008	Donation of eggs or sperm between certain family members	Approved STC	Approved	28/11/2011	Yes
E08/23	09/09/2008	23/10/2008	Clinic-assisted surrogacy	Deferred	Approved	23/10/2011	Yes
E09/02	12/02/2009	12/02/2009	Donation of eggs or sperm between certain family members	Approved	Approved	6/06/2012	Yes
E09/03	12/02/2009	12/02/2009	Clinic-assisted surrogacy	Approved	Approved	6/03/2012	Yes
E09/07	02/04/2009	02/04/2009	Clinic-assisted surrogacy	Approved	Approved	20/04/2012	Yes
E09/09	02/04/2009	02/04/2009	Clinic-assisted surrogacy	Approved	Approved	20/04/2012	Yes
E09/10	02/04/2009	02/04/2009	Embryo donation	Approved	Approved	20/04/2012	No
E09/11	02/04/2009	02/04/2009	Clinic-assisted surrogacy	Approved	Approved	20/04/2012	Yes
E09/12	11/06/2009	11/06/2009	Donation of eggs or sperm between certain family members	Approved	Approved	22/06/2012	No
E09/13	11/06/2009	11/06/2009	Clinic-assisted surrogacy	Approved	Approved	22/06/2012	Yes
E09/14	11/06/2009	11/06/2009	Donation of eggs or sperm between certain family members	Approved	Approved	22/06/2012	Yes
E09/15	11/06/2009	11/06/2009	Donation of eggs or sperm between certain family members	Approved	Approved	22/06/2012	Yes
E09/16	11/06/2009	11/06/2009	Donation of eggs or sperm between certain family members	Approved	Approved	22/06/2012	Yes

App #	Date of first review	Final decision	Procedure	Initial decision	Final decision	Approval end date	Is treatment finished?
E09/18	11/08/2009	11/08/2009	Donation of eggs or sperm between certain family members	Approved with recs	Approved	27/08/2012	No
E09/21	11/08/2009	11/08/2009	Donation of eggs or sperm between certain family members	Approved	Approved	27/08/2012	No
E09/22	11/08/2009	11/08/2009	Clinic-assisted surrogacy	Approved	Approved	27/08/2012	No
E09/24	11/08/2009	11/08/2009	Embryo donation	Approved	Approved	27/08/2012	No
E09/25	11/08/2009	11/08/2009	Clinic-assisted surrogacy	Approved	Approved	27/08/2012	Yes
E09/27	13/10/2009	18/02/2010	Donation of eggs or sperm between certain family members	Deferred	Approved	3/03/2012	No
E09/28	13/10/2009	13/10/2009	Clinic-assisted surrogacy	Approved	Approved	22/10/2012	Yes
E09/29	13/10/2009	13/10/2009	Clinic-assisted surrogacy	Approved	Approved	22/10/2012	No
E09/31	26/11/2009	26/11/2009	Research on gametes and non-viable embryos	Approved	Approved	22/11/2012	Yes
E09/34	26/11/2009	26/11/2009	Embryo donation	Approved	Approved	10/12/2012	No
E09/36	26/11/2009	26/11/2009	Clinic-assisted surrogacy	Approved	Approved	10/12/2012	Yes
E09/37	26/11/2009	18/02/2010	Clinic-assisted surrogacy	Deferred	Approved	10/12/2012	No
E10/01	18/02/2010	18/02/2010	Donation of eggs or sperm between certain family members	Deferred	Approved	3/03/2013	No
E10/02	18/02/2010	18/02/2010	Embryo donation	Approved	Approved	3/03/2013	Yes
E10/03	18/02/2010	19/03/2010	Research on gametes and non-viable embryos	Approved STC	Approved	20/03/2011	Yes
E10/05	18/02/2010	18/02/2010	Embryo donation	Approved	Approved	3/03/2013	Yes
E10/06	18/02/2010	17/06/2010	Clinic-assisted surrogacy	Deferred	Approved	17/06/2013	Yes
E10/07	18/02/2010	17/06/2010	Donation of eggs or sperm between certain family members	Deferred	Approved	17/06/2013	Yes
E10/08	18/02/2010	18/02/2010	Donation of eggs or sperm between certain family members	Approved	Approved	3/03/2013	No
E10/09	18/02/2010	18/02/2010	Clinic-assisted surrogacy	Approved	Approved	3/03/2013	Yes
E10/10	18/02/2010	17/05/2010	Clinic-assisted surrogacy	Deferred	Approved	17/05/2013	No
E10/11	18/02/2010	6/10/2010	Donation of eggs or sperm between certain family members	Deferred	Approved	6/10/2013	No
E10/12	22/04/2010	22/04/2010	Clinic-assisted surrogacy	Approved	Approved	4/05/2013	Yes
E10/13	22/04/2010	22/04/2010	Clinic-assisted surrogacy	Approved	Approved	4/05/2013	No
E10/14	22/04/2010	21/05/2010	Embryo donation	Approved STC	Approved	21/05/2013	No
E10/15	22/04/2010	22/04/2010	Donation of eggs or sperm between certain family members	Approved	Approved	29/03/2013	Yes
E10/16	22/04/2010	3/03/2011	Clinic-assisted surrogacy	Approved STC	Approved	3/03/2014	No
E10/17	03/06/2010	03/06/2010	Donation of eggs or sperm between certain family members	Approved	Approved	17/06/2013	No

App #	Date of first review	Final decision	Procedure	Initial decision	Final decision	Approval end date	Is treatment finished?
E10/18	03/06/2010	03/06/2010	Donation of eggs or sperm between certain family members	Approved	Approved	17/06/2013	Yes
E10/19	03/06/2010	05/07/2010	Embryo donation	Deferred	Approved	5/07/2013	Yes
E10/20	03/06/2010	03/06/2010	Clinic-assisted surrogacy	Approved	Approved	17/06/2013	No
E10/21	03/06/2010	03/06/2010	Donation of eggs or sperm between certain family members	Approved	Approved	17/06/2013	Yes