Standard Licence Conditions – NI – 1 July 2022 onwards

Research Licences

Licensing

R1. The activities authorised by the licence must be carried out only on the premises specified on this licence and under the supervision of the person responsible (PR).

R2. Any member or employee of the Authority, on production of a document identifying the person as such, if so required, must at all reasonable times be permitted to enter those premises and inspect them (including inspecting any equipment or records and observing any activity).

R3. In support of an inspection, the Authority must be provided, within 28 days of a request in writing being made, with such information as specified in the written requests or in Directions.

R4. **This condition has been removed.**

R5. No centre may undertake any licensable activities that are not specified in this licence. Where the centre wishes to undertake new licensable activities, it must notify the Authority in writing and the centre must not undertake new licensable activities until the licence, where applicable, is varied to specify the new activities.

R6. Where the PR is unable to carry out their duties for any reason the holder of the licence must inform the Authority immediately and apply to the Authority for a licence variation to nominate a substitute PR. This nominated substitute PR must not commence their post unless and until the Authority decides that they are suitable.

Person responsible

R7. **This condition has been removed.**

R8. The PR must have responsibility for:

a. ensuring that the activities are carried out on suitable premises
b. ensuring the centre's staff co-operate fully with inspections and investigations by the Authority or other agencies responsible for law enforcement or regulation of healthcare
c. ensuring fees are paid to the Authority within the timescale specified in Directions or in writing
d. ensuring data provided to the Authority about activities and data which the Authority is required to hold on its Register of Information, is accurate and provided by dates specified in Directions or in writing
e. ensuring requests for information and/or documents from the Authority are responded to promptly

f. notifying the Authority immediately if they become aware of any decision or proposal to close their centre, and
g. ensuring that the centre has an accurate record of the date on which consent to storage and use of any embryos for research purposes was given.

R9. In the event of termination of activities, for whatever reason, the PR must ensure that all stored gametes, embryos or admixed embryos are transferred to another licensed centre or centres. The PR must ensure that all relevant information including traceability data and information concerning the quality and safety of gametes and embryos, is transferred with any stored gametes, embryos or admixed embryos, or that records containing this information are made accessible as required.

Facilities/premises

R10. A centre must have suitable facilities to carry out licensed activities.

R11. **This condition has been removed.**

R12. **This condition has been removed.**

Records and information

R13. Proper records must be maintained in such form as the Authority may specify in Directions.

R14. The Authority must be provided, in such form and at such intervals as it may specify in Directions, with such copies of or extracts from the records, or such other information, as the Directions may specify.

R15. The records maintained in pursuance of the licence must include such information as the Authority may specify in Directions about such matters as the Authority may so specify.

R16. Information must not be removed from any records maintained in pursuance of the licence before the expiry of such period as may be specified in Directions for records of the class in question.

R17. Where gametes, embryos or admixed embryos are supplied to a person to whom another licence applies, that person must be provided with such information as the Authority may specify in Directions.

Provision of information and consent

R18. The provisions of Schedule 3 to the Human Fertilisation and Embryology Act 1990 (as amended) must be complied with (relating to consent to the use of embryos and human admixed embryos and for the storage of gametes, embryos and human admixed embryos for use in research).

R19. Prior to giving consent, persons providing gametes, embryos or human cells must be provided with the necessary information including:

a. the nature of the research project
b. that the decision whether to donate will not affect their treatment in any way
c. that they can vary or withdraw the terms of their consent until the point the embryos or human admixed embryos are used in the project of research
d. whether the embryos or human admixed embryos will be reversibly or irreversibly anonymised, and the implications of this
e. whether any information will be fed back to them
f. how the research is funded, including any benefit which will accrue to the researchers and/or their departments
g. that they may consent to the storage of their gametes for research purposes for up 55 years, calculated from the day on which they are first placed in storage
h. that they may consent to the storage and use of their embryos for research purposes for up to 10 years beginning with the day on which consent to research was given, and
i. that they may consent to storage of any admixed embryos created using their gametes for up to 10 years beginning with the day on which they are first placed in storage.

R20. Prior to giving consent persons providing gametes, embryos or human cells for use in research that involves the derivation of embryonic stem cells/lines, must be provided with the following additional information:

a. that once an embryo or human admixed embryo has been used in the project of research they will have no control over any future use of the embryonic cells or any stem cells derived
b. that any stem cells/lines created may continue indefinitely and be used in many different research projects and/or clinical therapy
c. that stem cells derived in this research project will be deposited in the UK Stem Cell Bank and the implications of this including that they may be available to other research groups nationally or internationally
d. that the stem cells/lines may be used for commercial purposes, but that they will not benefit financially from this, and
e. that any stem cells/lines derived or discoveries made using them, could be patented, but that they will not benefit financially from this.

R21. The information referred to in licence conditions R19 and R20 must be given by trained personnel in a manner and using terms that are easily understood by the persons providing gametes or human cells.

R22. The centre must ensure that a designated individual, who is not directly involved in the patient's treatment is available to discuss with the patient the project of research and the possibility of donating material to the project.

Use of embryos and/or human admixed embryos in research

R23. No embryo/human admixed embryo obtained for the purposes of any research project may be kept or used for any purpose other than the purposes of that research project.

R24. No money or other benefit must be given or received in respect to any supply of gametes, embryos or human admixed embryos unless authorised by Directions.

R25. **This condition has been removed.**

R26. Each embryo or human admixed embryo must be uniquely labelled in accordance with any directions and/or guidance issued by the Authority.

R27. The centre must establish, implement and comply with documented procedures to ensure that clinical and research roles are separated.

R28. The centre must establish, implement and comply with documented procedures to ensure that embryos or human admixed embryos do not develop after 14 days or the primitive streak has appeared (if earlier).

R29. If embryos or human admixed embryos have been created using human cells that have been stored before 1 October 2009 then the centre must take steps to ensure that the embryos or human admixed embryos cannot subsequently be attributed to the person whose cells were so used.

R30. Where this licence authorises the derivation of human embryonic stem cell lines:

a. a sample of all stem cell lines derived must be deposited in the UK Stem Cell Bank in accordance with any relevant Bank guidelines, and
b. the remainder of all stem cell lines (in so far as not used or destroyed as part of or in the course of the research project) must be deposited in the UK Stem Cell Bank or distributed in accordance with any relevant guidelines issued by the UK Stem Cell Bank.

Storage of gametes, embryos and/or human admixed embryos

R31. Gametes of a person must be placed in storage (for use in licensed research) only if

a. received from that person
b. acquired in circumstances in which by virtue of paragraphs 9 and 10 of Schedule 3 to the Human Fertilisation and Embryology Act 1990 (as amended) that person's consent to the storage is not required, or
c. acquired from a person to whom a licence or third party agreement applies.

R32. Embryos taken from a woman must be placed in storage only if –

a. received from that woman, or
b. acquired from a person to whom a licence or third party agreement applies.

R33. Embryos which have been created in vitro otherwise than in pursuance of this licence must be placed in storage only if acquired from a person to whom a licence or third party agreement applies.

R34. Human admixed embryos which have been created in vitro otherwise than in pursuance of this licence must be placed in storage only if acquired from a person to whom a licence under paragraph 2 or 3 of Schedule 2 to the Human Fertilisation and Embryology Act 1990 (as amended) applies.

R35. Gametes must not be kept in storage for longer than such period not exceeding 55 years beginning with the day on which they are first placed in storage.

R36. a. Embryos kept in storage for research purposes[1] must not be so kept for longer than such period not exceeding 10 years beginning with the day on which consent was given under Schedule 3 to the storage of embryos for that purpose.

b. Where consent is given to the storage of embryos for research purposes by different persons on different days, the reference to the day on which consent was given is to be taken as a reference to the last of those days.

R37. Human admixed embryos must not be kept in storage for longer than such period not exceeding 10 years beginning with the day on which they are first placed in storage.

R38. **This licence condition has been removed.**

R39. No gametes, embryos or human admixed embryos shall be kept in storage for longer than the statutory storage period and, if stored at the end of the period, must be removed from storage and disposed of.

Identification, investigation, reporting, recording and notification of serious adverse events and reactions

R40. The centre must establish, implement and comply with documented procedures to report, investigate, register and transmit information about serious adverse events and serious adverse reactions that occur on any premises to which a licence applies. The centre must report these to the Authority using an HFEA incident report form.

Derivation from embryos of stem cells intended for human application

R41. Centres deriving stem cells for intended human application must comply with the additional conditions set out in Annex A to this Licence.

[1]"Research purpose" is the purpose referred to in paragraph 2(1)(c) of Schedule 3 of the Human Fertilisation and Embryology Act 1990 and is use for the purposes of any project of research.

Licence Conditions relating to the derivation from embryos of stem cells intended for human application

Personnel

R42. The centre must have an organisational chart which clearly defines accountability and reporting relationships.

R43. Personnel in the centre must be available in sufficient number and be qualified and competent for the tasks they perform. The competency of the personnel must be evaluated at appropriate intervals.

R44. All personnel must have job descriptions that accurately reflect their tasks, and responsibilities.

R45. Personnel must be provided with initial/basic training. Training must be updated as required when procedures change or scientific knowledge develops, and adequate opportunity for relevant professional development must be provided. The training programme must ensure and document that each individual:

a. has demonstrated competence in the performance of their designated tasks
b. has an adequate knowledge and understanding of the scientific/ technical processes and principles relevant to their designated tasks
c. understands the organisational framework, quality system and Health & Safety rules of the centre in which they work, and
d. is adequately informed of the broader ethical, legal and regulatory context of their work.

R46. The centre must have access to a nominated registered medical practitioner and/or qualified scientific adviser, if appropriate, to provide advice on and to oversee the establishment's medical and scientific activities including the selection criteria for donors of tissues and/or cells.

Premises and facilities

R47. Where activities include the processing of tissues and cells while exposed to the environment, this must take place in an environment with specified air quality and cleanliness in order to minimise the risk of contamination, including cross-contamination between donations. The effectiveness of these measures must be validated and monitored.

R48. Unless otherwise specified in licence condition R47, where tissues or cells are exposed to the environment during processing, without a subsequent microbial inactivation process, an air quality with particle counts and microbial colony counts equivalent to those of Grade A as defined in the current European Guide to Good Manufacturing Practice (GMP), Annex 1 is required with a background environment appropriate for the processing of the tissue/cell

concerned but at least equivalent to GMP Grade D in terms of particles and microbial counts.

R49. A less stringent environment than specified in licence condition R48 may be acceptable where:

a. a validated microbial inactivation or validated terminal sterilisation process is applied
b. or, where it is demonstrated that exposure in a Grade A environment has a detrimental effect on the required properties of the tissue or cell concerned
c. or, where it is demonstrated that the mode and route of application of the tissue or cell to the recipient implies a significantly lower risk of transmitting bacterial or fungal infection to the recipient than with cell and tissue transplantation
d. or, where it is not technically possible to carry out the required process in a Grade A environment (for example, due to requirements for specific equipment in the processing area that is not fully compatible with Grade A)

An environment must be specified. It must be demonstrated and documented that the chosen environment achieves the quality and safety required, at least taking into account the intended purpose, mode of application and immune status of the recipient.

R50. Appropriate garments and equipment for personal protection and hygiene must be provided in each relevant department of the tissue establishment along with written hygiene and gowning instructions.

Equipment and materials

R51. For every critical activity, identifying information about all of the materials and equipment must be documented.

R52. Activities must be carried out using equipment and materials designated for the purpose and maintained to suit their intended purpose and must minimise any hazard to patients and/or staff.

R53. All critical equipment and technical devices must be identified and validated, regularly inspected and maintained in accordance with the manufacturer's instructions. Where equipment or materials affect critical processing or storage parameters (eg, temperature, pressure, particle counts, microbial contamination levels), they must be identified and be the subject of appropriate monitoring, alerts, alarms and corrective action, as required, to detect malfunctions and defects, and to ensure that the critical parameters are maintained within acceptable limits at all times. All equipment with critical measuring function must be calibrated against a traceable standard if available.

R54. New, repaired and recommissioned equipment must be tested and validated before use. Test results must be documented.

R55. Maintenance, servicing, cleaning, disinfection and sanitation of all critical equipment and premises must be performed regularly and recorded accordingly.

R56. Procedures for the operation of each piece of critical equipment must be established and these procedures must document the action to be taken in the event of malfunctions or failure.

R57. Sterile instruments and devices must be used for the procurement of gametes and embryos. Instruments or devices must be of good quality, validated or specifically certified and regularly maintained for the procurement of tissues and cells.

R58. When reusable instruments must be used, a validated cleaning and sterilisation procedure for removal of infectious agents has to be in place.

R59. Wherever possible only CE marked or CE and UK(NI) marked medical devices must be used.

NOTE: The UKCA mark is not available for devices placed on the NI market. Medical devices used in Northern Ireland should be CE marked if certified by a notified body in the European Union. Medical devices certified for the market in Northern Ireland by a UK notified body should be both CE and UK(NI) marked as set out in the Medical Devices Regulations 2002 (as amended).

R60. The procedures for licensable activities must detail the specifications for all critical materials and reagents. In particular, specifications for additives (eg, solutions) and packaging materials must be defined. Critical reagents and materials must meet documented requirements and specifications and, when applicable, the requirements of the Medical Devices Regulations 2002 (as amended).

Quality Management

R61. The centre must put in place a quality management system and implement this system to continually improve the quality and effectiveness of the service provided in accordance with the conditions of this licence and the guidance on good practice as set out in the HFEA's Code of Practice.

R62. The following documentation must form part of the quality management system:

a. a quality manual
b. standard operating procedures (SOPs) for all activities authorised by this licence and other activities carried out in the course of providing treatment services that do not require a licence
c. guidelines
d. training and reference manuals, and
e. reporting forms.

R63. A document control procedure must be established that records the history of document reviews and ensures that only current versions of documents are in use.

R64. Required standards of quality and safety in the form of quality indicators for all activities authorised by this licence and other activities carried out in the course of providing treatment services that do not require a licence, must be established.

R65. Centres must audit the activities and processes authorised by this licence and other activities carried out in the course of providing treatment services that do not require a licence against compliance with the regulatory requirements and their own approved protocols and quality indicators. These audits must be performed at least every two years, by trained and competent staff and in an independent way. Findings and corrective actions must be documented and implemented.

Patient/donor selection criteria and laboratory tests

R66. The centre must comply with the selection and screening requirements as set out in HTA Directions/guidance.

R67. The centre must ensure that the laboratory tests required by licence condition R66 meet the following requirements, namely:

a. test must be carried out by a laboratory which is accredited to conduct that test by UKAS, the national accreditation body for the UK, or another accreditation body recognised as accrediting to an equivalent standard, using CE marked or CE and UK(NI) marked testing kits where appropriate. The type of test used must be validated for the purpose in accordance with current scientific knowledge, and
b. blood samples must be obtained within a timeframe specified by the Authority.

NOTE: The UKCA mark is not available for devices placed on the NI market. Medical devices (including testing kits) used in Northern Ireland should be CE marked if certified by a notified body in the European Union. Medical devices certified for the market in Northern Ireland by a UK notified body should be both CE and UK(NI) marked as set out in the Medical Devices Regulations 2002 (as amended).

Traceability and Coding

R68. The centre must record such information as is necessary to facilitate the traceability of stem cells derived from embryos that are intended for human application and any information relating to the quality or safety of gametes and embryos. This information must be provided to the Authority upon request.

R69. The information referred to in licence condition R68 must include:

a. the unique and accurate identification of each patient/donor

b. the unique and accurate identification of each set of gametes and embryos
c. date of procurement
d. place of procurement
e. type of treatment
f. description and origin of any and all products associated with the procurement, processing, use and storage of gametes and embryos, and
g. description of all processing steps applied to the procurement, use and storage of gametes and embryos.

R70. The centre must keep data necessary to ensure traceability for a minimum of thirty years (and for such longer period as may be specified in Directions) in an appropriate readable storage medium.

R71. Records not covered by licence condition R70, and test results that impact on the safety and quality of the embryos and gametes must be kept so as to ensure access to the data for at least 10 years after the expiry date, clinical use or disposal.

Import, export and transportation/distribution of gametes and embryos

R72. All gametes, embryos and cells must be packaged and transported in a manner that minimises the risk of contamination and preserves the required characteristics and biological functions of the gametes, embryos or cells. The packaging must also prevent contamination of those responsible for packaging and transportation.

R73. The packaged gametes/embryos/cells must be shipped in a container that is designed for the transport of biological materials and that maintains the safety and quality of the gametes or embryos.

R74. The transport conditions, including temperature and time limit, must be specified and the labelling of every shipping container must include as a minimum:
a. a label marked “TISSUES AND CELLS” and “HANDLE WITH CARE”
b. the identification of the establishment from which the package is being transported (address and telephone number) and a contact person in the event of problems.
c. the identification of the tissue establishment of destination (address and telephone number) and the person to be contacted to take delivery of the package.
d. the date and time of the start of transportation
e. type of gametes/embryos/cells plus their identification code
f. specifications concerning conditions of transport relevant to the quality and safety of the gametes, embryos or cells
g. specifications concerning storage conditions such as “DO NOT FREEZE”
h. in the case of all gametes and embryos, the following indication: “DO NOT IRRADIATE”, and

i. when a product is known to be positive for a relevant infectious disease marker, the following indication: “BIOLOGICAL HAZARD”.

If any of the information under the points above cannot be included on the primary container label, it must be provided on a separate sheet accompanying the primary container. The sheet must be packaged with the primary container in a manner that ensures that they remain together.

R75. The container/package must be secure and ensure that the gametes, embryos or cells are maintained in the specified conditions. All containers and packages need to be validated as fit for purpose.

Receipt of Gametes and/or Embryos

R76. The centre must put in place, maintain and implement a procedure for the receipt of gametes, embryos or cells from another centre or third party premises to ensure that:

a. the consignment of gametes and/or embryos is verified against SOPs and specifications. These must include information relating to the transport conditions, packaging, labelling, patient/donor documentation, and any other associated documentation and samples. These must also include the technical requirements and other criteria considered by the establishment to be essential for the maintenance of acceptable quality, and
b. the gametes, embryos or cells received are quarantined until they, along with associated documentation, have been inspected or otherwise verified as conforming to requirements. The review of relevant patient/donor and procurement information and thus acceptance of the donation needs to be carried out by specified/authorised persons.

R77. The following data must be registered at the centre:

a. consent including the purpose(s) for which the gametes and/or embryos may be used and any specific instructions for disposal if the gametes or embryos are not used for the consented purpose
b. patient/donor identification and characteristics: age, sex and presence of risk
c. all required records relating to the procurement and the taking of the patient/donor history
d. gametes and embryos obtained and relevant characteristics
e. the results of laboratory tests and of other tests, and
f. a properly documented review of the complete patient/donor evaluation against the selection criteria by an authorised and trained person.

Third party relations

R78. The centre must establish a written agreement with those third parties who provide goods or services that influence the quality and safety of gametes, embryos or cells and in particular where:

a. the centre entrusts one of the stages of gamete or embryo processing to a third party,

b. a third party provides goods or services that affect gamete or embryo quality and safety assurance, including the process of distribution, and
c. the centre distributes gametes or embryos processed by third parties.

R79. The centre must evaluate and select third parties on the basis of their ability to meet the requirements of these licence conditions and the guidance set out in the HFEA Code of Practice.

R80. Agreements with third parties must specify the terms of the relationship and responsibilities as well as the protocols to be followed to meet the required performance specification.

R81. The centre must ensure that the following core requirements are included in any third party agreement, namely:
a. full address and contact details of the third party, and nature of the service to be provided,
b. identification of person(s) responsible for managing arrangement between the centre and the third party
c. provision setting out how often the agreement will be reviewed and by whom,
d. summary of the responsibilities of the third party and agreed procedures with regard to each party's respective responsibilities
e. any specific criteria that the service provided by the third party must meet, particularly in relation to quality and safety, and
f. description of how any test/diagnostic results are relayed to the commissioning centre, including sign off and confirmation that the result applies to the correct sample.

R82. The centre must keep a complete list of agreements referred to in licence condition R78 that they have established with third parties. Copies of these agreements must be made available to the Authority upon request.

R83. The centre must ensure that it is made a condition of any third party agreement referred to in licence condition R78 that the third party will meet the requirements of the relevant licence conditions and the guidance set out in the HFEA Code of Practice.

R84. Where the third party procures gametes and/or embryos on behalf of a licensed centre, the third party agreement must require the procuring establishment to produce a report to the licensed centre which must include, but not be limited to, a record of the following:
a. where the procurement took place
b. patient/donor identification data including how and by whom identified
c. description and identification of the procured gametes/embryos including samples for testing
d. identification of the person responsible for the procurement process
e. date, time and location of procurement and SOP used
f. details of any incidents, including any serious adverse events and/or reactions, that occurred during the procurement process

g. where appropriate, the environmental conditions at the procurement facility
h. where appropriate, the identification/batch numbers for any reagents and transport media used.

Identification, investigation, reporting, recording and notification of serious adverse events and reactions

R85. The centre must establish, implement and comply with documented procedures to report, investigate, register and transmit information about serious adverse events and serious adverse reactions which occur on any premises to which a licence relates and any relevant third party premises.

R86. The documented procedures referred to in licence condition R85 must enable the centre to communicate to the Authority, without delay:
a. all relevant available information about suspected serious adverse events and reactions and
b. the conclusion of the investigation to analyse the cause and ensuing outcome in relation to serious adverse events and reactions.

R87. The PR must notify the Authority of any suspected serious adverse event and serious adverse reactions by providing the information set out below and such other information as the Authority may specify in Directions:
a. identification of the centre
b. identification of the premises concerned
c. report identification
d. date of notification, and
e. date of serious adverse event/serious adverse reaction

In relation to serious adverse events the following information is also required:
f. an evaluation of the event by activity, (procurement, testing, transport, processing, storage, distribution or other) and specification of the source of error, (defect in gametes or embryos, equipment or material failure or defect), human error or other (to identify preventable causes), to be followed by a conclusion report including items (a) to (e) above.

In relation to serious adverse reaction(s) the following additional information is also required:
g. date and place of procurement of gametes or application of gametes or embryos,
h. unique donation identification number,
i. date of suspected serious adverse reaction,
j. details of gametes or embryos involved in the suspected serious adverse reaction, and
k. type of suspected serious adverse reaction(s).

R88. The centre must thereafter notify the Authority of the conclusion of the investigation into the serious adverse event/serious adverse reaction by providing at least the information set out below and any such other information as the Authority may specify in Directions:
a. identification of the centre,
b. identification of the premises concerned,

c. report identification,
d. date when the serious adverse event/serious adverse reaction was confirmed,
e. date of the serious adverse event/serious adverse reaction, and
f. corrective measures taken.

In relation to serious adverse reaction(s) the following additional information is also required:

g. date when the serious adverse reaction was confirmed,
h. unique donation identification number,
i. confirmation of the type of reaction(s) or a change in the type of reaction(s),
j. clinical outcome, if known:
    i. complete recovery
    ii. minor sequelae
    iii. serious sequelae
    iv. death
k. root cause analysis
l. outcome of investigation and final conclusions, and
m. recommendations for preventive and corrective actions.

R89. The centre must ensure that an accurate, rapid and verifiable procedure is in place which will enable it to recall from distribution any product which may be related to a serious adverse event or reaction.