



VARTA

Victorian Assisted Reproductive Treatment Authority

Looking to the future

Annual Report

2010



Purposes of this Report

The Annual Report is submitted in compliance with section 114 of the *Assisted Reproductive Treatment Act 2008* (the Act) and section 137 of the *Infertility Treatment Act 1995*.

The reporting period for the first Annual Report:

1 January 2010 to 30 June 2010 for all activities of the Victorian Assisted Reproductive Treatment Authority; and 1 July 2009 to 31 December 2009 for all activities of the Infertility Treatment Authority.

Activities for the Infertility Treatment Authority are shaded in this report.



Aims and Functions of the Victorian Assisted Reproductive Treatment Authority

The Victorian Assisted Reproductive Treatment Authority was established under the *Assisted Reproductive Treatment Act 2008*, which commenced on 1 January 2010. It replaced the Infertility Treatment Authority that was established under the *Infertility Treatment Act 1995*.

The Victorian Assisted Reproductive Treatment Authority is an independent statutory authority, whose work is informed by the following guiding principles:

- the welfare and interests of persons born or to be born as a result of treatment procedures are paramount
- at no time should the use of treatment procedures be for the purpose of exploiting, in trade or otherwise:
 - (i) the reproductive capabilities of men or women or
 - (ii) children born as a result of treatment procedures
- children born as a result of the use of donated gametes have a right to information about their genetic parents
- the health and wellbeing of persons undergoing treatment procedures must be protected at all times
- persons seeking to undergo treatment procedures must not be discriminated against on the basis of their sexual orientation, marital status, race or religion.

Specific functions under the Act include:

- the administration of the registration system under this Act

- public education about treatment procedures and the best interests of children born as a result of treatment procedures
- community consultation about matters relevant to this Act
- monitoring of
 - (i) programs and activities carried out under this Act
 - (ii) programs and activities carried out relating to the causes and prevention of infertility
 - (iii) programs and activities relating to treatment procedures carried out outside Victoria
- promotion of research into the causes and prevention of infertility
- approval of the bringing of donor gametes or embryos formed from donor gametes into, or the taking out of them from Victoria, and providing for the exemption from particular provisions
- any other functions conferred on the Authority by or under this or any other Act.

These functions are informed by the development of guidelines and conditions, which relate to registration and approvals under the Act. Copies of documents relating to these functions can be found on the Authority's website at www.varta.org.au. Each document is reviewed and revised on a regular basis.

In addition to the Annual Report, the Authority disseminates information via general brochures and pamphlets, the maintenance of a website, public education activities and by providing media comment and briefings on issues.



Aims and Functions of the Infertility Treatment Authority

The Infertility Treatment Authority was established under the *Infertility Treatment Act 1995* as an independent statutory authority, whose role was to regulate the provision of assisted reproductive technology (ART) in Victoria.

The work of the Authority was informed by four guiding principles, which were enunciated in the Act, in descending order of importance and application. These principles were:

- the welfare and interests of any person born or to be born as a result of a treatment procedure are paramount
- human life should be preserved and protected
- the interests of the family should be considered
- infertile couples should be assisted in fulfilling their desire to have children.

The Authority, since its formation in 1996, sought to:

- ensure that appropriate information and counselling was available to those who sought treatment
- assist in the smooth provision of healthcare by the treatment institutions
- gather and store information relevant to the proper regulation and broad oversight of the provision of reproductive assistance and to release such information, where appropriate

- promote community understanding of the complex issues involved in the treatment of infertility

- report to the Parliament under the terms of the Act.

Specific functions included:

- the licensing of places for treatment and for approved research
- the approval of practitioners, including doctors, counsellors and clinical and research scientists
- the maintenance of statutory time limits in relation to the storage of sperm, eggs and embryos for use in treatment procedures
- the approval of the bringing into Victoria, or the taking out of Victoria, sperm, eggs or embryos
- the maintenance of registers related to donor treatment procedures
- monitoring and reporting information about assisted reproductive technology within this State to the Minister for Health, through the Annual Report
- approving research as required under the Act.





Whistleblowers Protection Act 2001

As the Victorian Assisted Reproductive Treatment Authority is a small public body, staff and members are advised to make his or her whistleblower disclosure directly to the Ombudsman. Where the Ombudsman determines such a disclosure to be a 'public interest disclosure', as a general rule, the Ombudsman would not refer the matter back to the Authority for investigation.

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Activities for the Infertility Treatment Authority are shaded in this report.

Chairperson's Report

One Door Closes, Another Door Opens

Michael Gorton

Farewell to the Infertility Treatment Authority, and welcome to the Victorian Assisted Reproductive Treatment Authority.

The past year has been significant for all of those affected by and involved in ART treatment in Victoria. After many years of consideration of reform, the Victorian Parliament passed new legislation to change the legislative framework for ART regulation in Victoria. The new legislation commenced on 1 January 2010. Women and families who previously did not have access to ART treatment in Victoria, are now entitled to the same treatment and consideration as all others. Significant other reforms were introduced.

For these reasons, the past year has been one of incredible activity for the Authority in preparation for commencement of the new legislation, and then implementing new requirements for the Authority's work after 1 January 2010.

I am pleased to place on record the Authority's gratitude to the work of our CEO, Louise Johnson, and our dedicated staff, for their extraordinary efforts in ensuring that the Authority was ready for change, and to implement all of the requirements of the new legislation. The Authority has a small, but highly effective, team of professionals who have contributed more than can have been expected over the past 12 months.

I thank all Authority members who also contributed greatly during this time.

The changes have also seen new Authority members appointed, and I congratulate them, particularly new Chairperson, Kirsten Mander, and wish them well in taking the Authority forward.

I farewell several Authority members, who made a significant contribution to the work of the Authority during this time and in previous years.

Hon. Caroline Hogg, a former Victorian Minister for Health, has made a substantial contribution in the policy development and education and communications strategies of the Authority. Caroline has been a member for many years and was highly valued as a source of advice and reflection. Her work on the reform process, leading to the new legislation, is acknowledged.

Former Deputy Chair, Matthew Carroll, provided a sharp understanding of the law and government process in the development of the Authority from ITA to VARTA. We congratulate Matthew on his recent appointment as President of the Mental Health Review Board. His strong contribution over the past 12 months is greatly appreciated.

It has been a privilege to lead the Authority through this period of change and reform, and to have been involved as an Authority member for over eight years. The Authority is now in good shape to deal with the challenges of ➤



The Authority has been able to assist better understanding of the needs of infertile couples and individuals and provide information and support. The Authority has greatly changed perceptions of donor conception in Victoria, and provided much needed understanding and information to donor-conceived children. The Authority has played a part in creating a greater understanding of the diversity of families in Victoria. The work of the Authority is important. I wish it well for the future.

Chairperson's Report

the future. It has been settled in new premises, has established funding, and takes on a new role in monitoring the ART sector, and to educate and inform the Victorian public. The Authority has established good working relationships with ART clinics in Victoria that it registers, and is an authoritative source of advice to government and stakeholders on these issues.

We acknowledge the strong support of the Victorian Minister for Health, Hon. Daniel Andrews, and officers of the Department of Health.

I personally acknowledge those current and former Authority members who have given so much of their time to advance the work of the Authority, particularly the inaugural Chair, Prof. Louis Waller AO and Prof. Jock Findlay AO. It was a privilege to work with them all.

In my last report, I also acknowledge the contribution to the work of the Authority from the many friends and stakeholders of the Authority who have contributed their work, their commitment and personal stories to enable the Authority to effectively deliver sensitive regulation of the ART sector for many years.



Michael Gorton AM

Chairperson from
2 June 2009 to 31 March 2010

Kirsten Mander

As the new chairperson of the Authority, in addition to endorsing the acknowledgements made by Michael Gorton, I would also like to acknowledge the significant contribution Michael himself has made as former chairperson and member of the Authority.

I hope to build on the excellent work of Michael and the other past and present members of the Authority in carrying out our responsibilities under the new *Assisted Reproductive Treatment Act 2008*.

The new responsibilities of the Authority have been described earlier and include the registration of ART providers, monitoring of programs and activities, providing advice to the Minister and approving the import or export of donor gametes or embryos to or from Victoria.

The key focus of the Authority under the new Act, however, is undertaking and encouraging public education about assisted reproductive treatment and artificial insemination and promoting research into the causes and prevention of infertility.

In regard to these two key responsibilities, the Authority is already well regarded as being one of the leaders in the field. The Authority will continue to develop its role as an educator and thought leader, at the forefront of information about developments and thinking both within Victoria and in other jurisdictions, and

communicating that information to the public and Minister. Priority will be given to public education strategies that enable people to make informed decisions about treatment to maximise the chance of success. The health and welfare of families and children born through assisted reproductive treatment will continue to be an important focus for public education.

As both assisted reproductive treatment itself and the needs and expectations of participants and the public continue to change, this role will be critical to the effective operation of the assisted reproductive treatment system and the welfare of all of the people it touches.

In all of its activities, the Authority will continue to be guided by its commitment to the needs and welfare of people born as a result of treatment procedures and their parents.



Ms Kirsten Mander

Chairperson from 1 July 2010



I Kirsten Mander, Chairperson, certify that the Victorian Assisted Reproductive Treatment Authority has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system in place, that the Victorian Assisted Reproductive Treatment Authority verifies this assurance and that the risk profile of the Victorian Assisted Reproductive Treatment Authority has been critically reviewed in the last 12 months.

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for the Victorian Assisted Reproductive Treatment Authority for the period ending 30 June 2010.

Chief Executive Officer's Report

Transition and change management dominated the work of the Authority over the past financial year.

The introduction of the *Assisted Reproductive Treatment Act 2008* on 1 January 2010 heralded not only a new name for the Authority but created significant changes in every aspect of the Infertility Treatment Authority's work. Public education has become a major function for the newly named Victorian Assisted Reproductive Treatment Authority and raising awareness about the new legislation and Authority's changed functions have been a priority.

To build awareness of the new legislation, the Authority held roundtable discussions with ART providers and stakeholders who would be implementing aspects of the new legislation (including the Registry of Births, Deaths and Marriages, Family Records and

Inter-country Services and Departmental representatives) in 2009 while a twilight seminar for the ART provider community in March 2010 gauged the early impacts of the legislation. A further roundtable discussion with ART provider representatives was held in June 2010 to monitor the outcomes of the legislation.


As a major communication platform for the public education program, a new website was designed and content updated, including a summary of the legislative changes. The Authority was fortunate to receive a small grant from the Victoria Law Foundation to produce new web-based podcast stories about the impact of using a donor to form a family, incorporating new legislative information. Further work on the website and public education resource materials focusing on treatment procedures and the best interests of children born is underway.

The promotion of research is another new area of focus for the Authority. We were delighted that Professor Jock Findlay AO agreed to present the Louis Waller lecture in June 2010, focusing on 'Reproductive Horizons'. Professor Findlay outlined promising research that could impact on future assisted reproductive treatment, including the preservation of fertility following cancer treatment in girls or young women.

I would like to thank all current and past staff for their commitment, hard work and positive approach to change. Transfer of the donor registers to the Registry of Births, Deaths and Marriages and the change from a licensing to a registration system for ART providers were two major changes that required substantial resourcing during this period. The Authority now has a small team of four multi-skilled staff members (FTE 3.4) to implement the operational work of the Authority and ensure our stakeholders, ART providers and the general community understand and have access to information about Victoria's ART regulations.

I would also like to thank the Members of the Authority for their support during this time of change. It has been a privilege to work with Michael Gorton AM as Chairperson for the Authority and I thank him for his enormous support over many years. I welcome the new Chairperson, Ms Kirsten Mander, and Deputy Chairperson, Ms Liz Roadley, and look forward to working with a newly constituted Authority.

I would encourage you to read the 'Performance at a Glance' section of this report, which provides an overview of the work of the Authority, related to strategic planning priorities.



Louise Johnson
Chief Executive Officer



In compliance with the requirements of the Standing Directions of the Minister for Finance, further details of activities described in this Annual Report are available to relevant Ministers, Members of Parliament and the public on request. A disclosure index is provided on page 52, to facilitate identification of the Authority's compliance with statutory disclosure requirements.

Following is a summary of our overall performance in relation to the 2009-2010 strategic plan.

Achievements

The Authority's major achievement was the successful preparation for the introduction of the new Act on 1 January 2010, while maintaining the work associated with functions of the Infertility Treatment Authority. Major change for a small organisation is challenging and the effective transfer of the donor registers to the Registry of Births, Deaths and Marriages while maintaining services to applicants to the registers was a credit to the team. Information about the changes was communicated to all applicants to the registers while extensive meetings were held with key staff from the Registry of Births, Deaths and Marriages and Family Records and Inter-country Services. Education sessions were provided where appropriate.

Changes to Authority functions and transition from a licensing to a registration scheme for ART providers required a review of all Authority policy documents. This included developing new guidelines for registration and the import and export of donor gametes or embryos formed from donor gametes.

In-house development of a new website implemented on 1 January 2010 enabled the Authority to commence work as the Victorian Assisted Reproductive Treatment Authority and promote its new functions as well as providing a gateway for public education information. Summary information about the legislative changes and new role of the Authority was provided via the website and through public education activities.

Consultation with key stakeholders (including peak consumer bodies, entities involved in administering aspects of the legislation, ART providers and key professionals

affected by the legislation) both before and during the early stages of implementation of the new Act has informed planning processes.

Challenges

Extensive planning is required with a newly constituted Authority to develop a three-year strategic plan. Effective public education activities that can be implemented by a small Authority will require clever strategies to maximise impact. Promotion of research into the causes and prevention of infertility will require the development of strong partnerships with organisations and expert individuals to make this research information accessible to the general public. Opportunities to expand the level of resourcing will also need to be sought.

As people travel to other parts of the country and world to access assisted reproductive treatment, the regulation of the import and export of donor gametes or embryos formed from donor gametes becomes more complex. The Authority will need to monitor this area of activity carefully in relation to applications for the import and export of donor gametes or embryos formed from donor gametes.

With several entities administering aspects of the *Assisted Reproductive Treatment Act 2008*, communication between key entities will be crucial for the effective administration of the legislation.

Performance at a Glance

The Authority's vision includes a public education program that makes relevant information accessible at various times in a person's life

Looking Ahead

The Authority wishes to develop a multi-faceted public education program that links to other public health programs and campaigns related to sexual and reproductive health and the welfare of children. The Authority's vision includes a public education program that makes relevant information accessible at various times in a person's life including childhood, young adulthood, pre-conception, pregnancy and parenthood.

The Authority also envisages that effective working partnerships with other organisations involved in public education will provide opportunities to maximise the impact of the Authority's work.

In the interest of reducing regulatory burden, the Authority will aim for a smoothly operating registration scheme and approval process for the import and export of donor gametes or embryos formed from donor gametes.

The Authority intends to develop smart ways to monitor Victorian, interstate and international programs and activities related to treatment procedures and the causes and prevention of infertility. Involvement of expert advisory panels, media monitoring and scanning of the literature will be key components of the strategies adopted.

An operational review by KPMG to determine a sustainable funding model for the Victorian Assisted Reproductive Treatment Authority, given its new responsibilities under the *Assisted Reproductive Treatment Act 2008*, was conducted in early 2010. The report was accepted by the Department of Health, giving the Authority guidance about funding levels for the next three years for core functions. This funding model does not preclude the Authority from identifying additional sources of income, either external to the Department of Health or through making specific program funding applications to the Department. Work is underway to identify specific program priorities and potential sources of funding. This will be crucial if the Authority is to realise its vision for public education.



Section 113 of the *Assisted Reproductive Treatment Act 2008* and section 135 of the *Infertility Treatment Act 1995* provides that the Authority may set up one or more committees, comprised of members of the Authority.

Eleven full meetings of the Authority were held between 1 July 2009 and 30 June 2010 (six for the Infertility Treatment Authority and five for the Victorian Assisted Reproductive Treatment Authority). A summary of the committees' work during this period is outlined below.

Finance, Audit, Risk Management and Personnel Committee

The Committee has responsibility for reviewing the monthly financial statements and profit and loss statements; considering risk management and audit planning; and undertaking duties related to personnel policies. In addition, the Committee becomes the Remuneration Committee for the purposes of performance appraisal of the CEO. The Committee met ten times between 1 July 2009 and 30 June 2010 to discharge its financial, audit, risk management and personnel responsibilities. The Remuneration Committee met on one occasion.

Public Education, Community Consultation and Research Promotion Committee

This Committee is a new committee established for the Victorian Assisted Reproductive Treatment Authority. The Committee has responsibility for considering issues and making

recommendations to the Authority in relation to the public education, community consultation and promotion of research into the causes and prevention of infertility functions of the Authority. The Committee met once between 1 January and 30 June 2010.

Annual Report Committee

The Committee has responsibility for the production of the Annual Report to the Minister for Health and the Parliament of Victoria. The Committee also has responsibility for presenting data on treatment cycles undertaken in the previous calendar year. This Committee met five times from 1 July 2009 to 30 June 2010.

Conflict of Interest Committee

The Committee did not require a meeting from 1 July 2009 to 30 June 2010, although declarations of conflict of interest were minuted at all meetings and, where appropriate, members were requested to absent themselves from decision making.



Licensing Committee

The members of this Committee had responsibility to ensure the currency of the Conditions for Licence produced by the Authority. The conditions were applied in the assessment of licence and approval applications and other policy matters related to infertility treatment. The Committee met six times between 1 July and 31 December 2009.

Research Committee

The Research Committee had responsibility to review and make recommendations on any matters related to research under

the provisions of Part 3 of the *Infertility Treatment Act 1995*, including the assessment of applications for pre-implantation genetic diagnosis (PGD), and the development and monitoring of policies in this area. The Committee met five times between 1 July and 31 December 2009.

Storage Committee

This Committee met predominantly by teleconference to deal with applications for the import and export of gametes and embryos, and applications to extend the storage time for gametes and embryos under the *Infertility Treatment Act 1995*. The Committee also had responsibility for guidelines relating to these areas. The Committee met four times from 1 July to 31 December 2009.

Registers Committee

The Registers Committee had the responsibility to oversee the development of policies and procedures relating to the operation of the Central and Voluntary Registers of donor treatment procedures. The Committee met four times from 1 July to 31 December 2009.

Communications and Public Relations Committee

The Communications and Public Relations Committee had the responsibility to oversee the implementation of the communications strategy, including the public education program, conference presentations and publications. The Committee met five times from 1 July to 31 December 2009.

Membership

The Minister for Health nominates the members of the Authority and the appointments are made by the Governor-in-Council.

Section 101 of the *Assisted Reproductive Treatment Act 2008* states that in making nominations to the Governor-in-Council, the Minister must have regard to the need for diversity and expertise.

A person who was a member of the Infertility Treatment Authority immediately before the commencement of the *Assisted Reproductive Treatment Act 2008* became a member of the Victorian Assisted Reproductive Treatment Authority on commencement of the *Assisted Reproductive Treatment Act 2008* on 1 January 2010.

Ms Kirsten Mander Chairperson from 1 July 2010

Ms Kirsten Mander is General Counsel and Company Secretary of Australian Unity Limited, responsible for group governance services, including risk management and compliance. Ms Mander has had extensive experience as a senior executive and general counsel of a number of Australia's top companies. She has also served on a number of boards and committees, including as former Chair of the Ethics

Committee of the Law Institute of Victoria and currently as a director of MEGT Australia Ltd and the Consultative Council for Human Research Ethics.

Ms Liz Roadley Deputy Chairperson from 1 July 2010

Ms Roadley is a consultant and director of a consultancy practice where she works with organisations undergoing significant change and refocusing their business directions. Originally trained as an applied scientist, Ms Roadley has also worked in the public sector in a number of Senior Executive roles.

The following is a list of membership from 1 July 2009 to 30 June 2010.

Mr Michael Gorton AM Chairperson to 30 March 2010

Mr Michael Gorton is a partner with Russell Kennedy Solicitors, specialising in health law. He is the Chairperson of the Victorian Equal Opportunity and Human Rights Commission and a board member of Melbourne Health. He was formerly President of the Health Services Review Council and Chairperson of the Victorian Biotechnology Ethics Advisory Committee. He is a member of the Management Committee of the Australian Health Practitioner Regulation Agency. He was made a Member of the Order of Australia in 2004.

Mr Matthew Carroll Deputy Chairperson 2 June 2009 to 31 March 2010

Mr Carroll is a lawyer with extensive experience in the areas of anti-discrimination and human rights law. Recently, he was appointed as President of the Victorian Mental Health Review Board. Formerly, Mr Carroll managed the Human Rights Unit of the Victorian Equal Opportunity and Human Rights Commission, which has responsibility for a range of the Commission's functions under Victoria's Charter of Human Rights and Responsibilities. Mr Carroll has also been a member of the Appeals Committees of the Australian and New Zealand College of Anaesthetists and Royal Australasian College of Surgeons.

Ms Vicki Tutungi 2 June 2009 to 31 March 2012 Voted by the Members as Acting Chairperson for meetings April – June 2010

Ms Tutungi was the Chief Executive Officer of Optiscan, a publicly listed (OIL) medical device company that manufactures fibre optics based microscopic imaging technologies for the medical industry up to January 2010. Before joining Optiscan, Ms Tutungi was the Director of the CSIRO's Niche Manufacturing Flagship, and prior to that, the Chief of CSIRO's division of Manufacturing and Materials Technology



L-R: Michael Gorton AM, Matthew Carroll, Vicki Tutungi, Margaret Coady, David Edgar, Victoria Heywood, Hon Caroline Hogg and Ann Styles

Ms Margaret Coady

Term of membership expires
31 March 2012

Ms Coady is a member of the Centre for Applied Philosophy and Public Ethics and of the Centre for Equity and Innovation in Early Childhood both at the University of Melbourne. She is also a member of the Clinical Ethics Advisory Group of the Royal Women's Hospital and a foundation member of the Victoria Police Human Research Ethics Committee.

Dr David Edgar

Term of membership expires
31 March 2013

Dr Edgar is Scientific Director of Melbourne IVF and Reproductive Services at the Royal Women's Hospital, and is also a Senior Fellow in the Department of Obstetrics and Gynaecology at the University of Melbourne. He has lectured and published widely in the areas of reproductive biology and human embryology.

Ms Victoria Heywood

1 April 2010 to 31 March 2013

Ms Heywood is the mother of a donor-conceived child and has a background in journalism, communications and copywriting. As well as writing for numerous Australian and international publications on health, relationships and food, she is the author of 27 adult non-fiction books. She is currently working at Telstra as a Senior Technology Architecture Specialist in Cross Domain Architecture.

The Hon Caroline Hogg

Term of membership expired
31 March 2010

Ms Hogg was a member of the Victorian Parliament from 1982 to 1999 and was a Minister between 1985 and 1992. She held portfolios in Health, Ethnic, Municipal and Community Affairs, Education and Community Services. She is a director of Beyondblue, the national depression initiative and a member of the Victoria Grants Commission.

Ms Ann Styles

Term of membership expires
31 May 2011

Ms Styles is a corporate communications executive at Transurban. She has a background in journalism and has worked as a newspaper reporter, chief-of-staff and editor in South Australia and Victoria.

The Authority Staff

The Authority's Chief Executive Officer is Louise Johnson. Ms Johnson has an Honours degree in microbiology, postgraduate qualifications in education and management and is currently completing a Masters in Regulatory Studies at Monash University. Ms Johnson is Chairperson for Women's Health Victoria. She is supported by the following staff members:

Ms Tanya Colbert, Office & Project Manager; Ms Tracey Petrillo, Senior Policy and Education Officer; Ms Kate Bourne, Community Education Officer (previously Counsellor for the Infertility Treatment Authority).

In addition, the following staff members were employed by the Infertility Treatment Authority: Ms Melissa Shorthouse, Administrative Officer (to February 2010); Ms Helen Kane, Manager Donor Register Services (to August 2009) and; Ms Kate Dobby, Registers Officer (to December 2009).



The Authority Staff

L-R: Tracey Petrillo, Tanya Colbert, Louise Johnson (CEO) and Kate Bourne

Advisory Panels

The Victorian Assisted Reproductive Treatment Authority has established an advisory panel and a reference group to contribute to the work of the Authority on a voluntary basis. Membership is reviewed annually.

Advisory Panel

The Panel's role is to provide up-to-date information on general matters relating to assisted reproductive treatment, respond to questions of a technical, scientific or ethical manner on request, and provide advice to the Authority on related fields of investigation.

The following people agreed to participate as expert advisers for the Authority from 1 January to 30 June 2010:

- Dr David Amor, Genetic Health Services Victoria
- Prof. Agnes Bankier, Victorian Clinical Genetics Services
- Prof. Eric Blyth, University of Huddersfield, United Kingdom
- Prof. Henry Burger AO, Prince Henry's Institute of Medical Research
- Dr Leslie Cannold, Monash University
- Mr Adnan Catakovic, City Fertility Centre
- Prof. Ken Daniels, University of Canterbury, New Zealand
- Mr Alan Doran, Human Fertilisation and Embryology Authority, United Kingdom
- Dr Guiliana Fuscaldo, Centre for Health and Society, The University of Melbourne
- A/Prof. Lynn Gillam, Children's Bioethics Centre, Murdoch Children's Research Institute
- Dr Debra Gook, Royal Women's Hospital and Melbourne IVF

- A/Prof. Jane Halliday, Murdoch Children's Research Institute
- Prof. Gabor Kovacs, Monash IVF and Monash University
- Ms Gillian Lewis, SA Health
- Prof. Robert McLachlan, Prince Henry's Institute of Medical Research
- Prof. Derek Morgan, School of Law, The University of Sheffield, United Kingdom
- Dr Megan Munsie, Australian Stem Cell Centre
- The Rev. Canon Alan Nichols, Consultant Ethicist
- Dr Adrienne Pope, Repromed
- Dr R.S. Sharma, Indian Council of Medical Research, India
- Dr Francoise Shenfield, University College London, United Kingdom
- Dr Robert Sparrow, Centre for Human Bioethics, Monash University
- Dr Merle Spriggs, Children's Bioethics Centre, Murdoch Children's Research Institute
- Dr Catharyn Stern, Melbourne IVF and Royal Women's Hospital
- A/Prof. Nicholas Tonti-Filippini, John Paul II Institute
- Dr Beverley Vollenhoven, Monash IVF
- Prof. Bob Williamson AO, University of Melbourne
- Ms Elinor Wilson, Assisted Human Reproduction Canada
- Dr Leeanda Wilton, Melbourne IVF

Public Education Reference Group

The Public Education Reference Group provides advice on matters relating to the public education activities of the Authority and includes two specialist sub-groups that provide advice on issues specific to people involved in donor conception and those working in the ART sector.

Membership of the Reference Group and sub-groups from 1 January to 30 June 2010 was:

- Ms Rita Alesi, Monash IVF
- Dr Sally Catt, Monash Institute of Medical Research
- Mr Roger Clarke, Donor/Director, Roger E. Clarke Pty Ltd
- Ms Sandra Dill, ACCESS Australia's National Infertility Network
- Dr Penelope Foster, Melbourne IVF
- Mr Jamie Gardiner
- Dr Paula Gerber, Faculty of Law, Monash University
- Prof. Robert McLachlan, Prince Henry's Institute of Medical Research
- Dr Ruth McNair, Department of General Practice, The University of Melbourne
- Ms Jacqueline Tomlins, Rainbow Families Council

Donor Conception sub-group

- Mr Stewart Clarke
- Ms Veronica Clarke, Psychologist and Donor Linking Counsellor
- Ms Merrilyn Mannerheim, Melbourne IVF
- Mr Andrew McLean, Donor Conception Support Group
- Ms Pauline Peile, Adoption Professional

Registered ART Provider sub-group

- Ms Rita Alesi, Monash IVF
- Ms Maria Gabbe, Monash IVF
- Ms Helena Jericho, City Fertility Centre Melbourne
- Dr Catharyn Stern, Melbourne IVF
- Ms Marianne Tome, Melbourne IVF
- Ms Glenda Woods, Ballarat IVF



Advisory Panels for the Infertility Treatment Authority

The Infertility Treatment Authority used three advisory panels of experts (in a particular field) who contributed to the work of the Authority on a voluntary basis. Membership was reviewed annually.

The panel participants were subject to the same strict requirements as Authority members and staff in relation to confidentiality and security of information. The final decision on matters of policy remained with members of the Authority.

The Authority would like to thank the following people from the Clinical and Scientific Advisory Panel and the Ethics Advisory Panel who are not currently participating in an advisory role for the Victorian Assisted Reproductive Treatment Authority:

- Dr James Catt, Monash IVF
- Prof. David de Kretser AC, Biotechnology Development in the Faculty of Medicine, Nursing and Health Sciences, Monash University; Governor of Victoria
- A/Prof. Paul Lancaster, University of New South Wales
- A/Prof. Helga Kuhse, School of Philosophy and Bioethics, Monash University

The Victorian Assisted Reproductive Treatment Authority has responsibility for the monitoring of:

- programs and activities carried out under the *Assisted Reproductive Treatment Act 2008*
- programs and activities carried out relating to the causes and prevention of infertility
- programs and activities relating to treatment procedures carried out outside of Victoria.

A range of strategies has been adopted and is being planned to fulfil this responsibility. To date, these include media monitoring, literature review and the use of an expert advisory panel, including interstate and international members. In early 2010, the Authority maintained a system for monitoring adverse incidents and the use of pre-implantation genetic diagnosis. This system was under review at the time of writing the Annual Report.

Adverse Incidents

Licensed places under the *Infertility Treatment Act 1995* and registered ART providers under the *Assisted Reproductive Treatment Act 2008* have been required to report details of adverse incidents to the Authority on an annual basis. Where an incident arising from a treatment procedure was reported to insurers, the Authority required notification in writing within 14 days. Reports were received from all licensed places outlining

adverse incidents that occurred in the last financial year and the steps taken to avoid adverse incidents reoccurring.

The Authority received incident notification reports from 1 July 2003 onwards. These reports were analysed by the Authority to identify any emerging trends and quality control issues.

Reported incidents in 2009 fell into four major categories as follows:

- Equipment failure
- Clinical issues
- Scientific issues
- Administration/communication issues.

The Authority received reports of two incidents in 2009 related to the failure of dry shippers used to transport gametes or embryos. The Authority wrote to all licensed places to alert them of the number of incidents involving dry shipper failure and recommended review of equipment on a regular basis. Incidents involving equipment failure resulted in the specified equipment being checked or serviced by the manufacturer to resolve any issues. Changes to protocols and procedures were also made where required and relevant staff training undertaken.

Registration

A list of registered ART providers under the *Assisted Reproductive Treatment Act 2008* is provided on page 27.

Monitoring

The Victorian Assisted Reproductive Treatment Authority recognises the responsibility conferred by the Act under sections 10(2)(a)(iii), 10(3) and 28(2)(a) on the doctor with specialist qualifications in human genetics or clinical geneticist for determining the risk of transmitting a genetic abnormality or genetic disease. The Authority has made a decision to continue to monitor the use of Preimplantation Genetic Diagnosis (PGD) using a 'light touch'. This will enable the Authority to utilise this information for public education. The Authority is continuing to discuss monitoring processes for PGD.

Registered ART providers notified the Authority about the following uses of PGD from 1 January 2010 to 30 June 2010:

- Generalised Arterial Calcification of Infancy
- Hereditary Nonpolyposis Colorectal Cancer
- Multiple Endocrine Neoplasia, Type 1
- Propionic Acidemia
- X-linked Agammaglobulinaemia
- Zellweger Syndrome.

As a consequence of legislative transition, the Authority received the following applications for PGD in accordance with conditions adopted by the previous Authority. While these were dealt with, it should be noted that the Authority will not be responsible for future applications consistent with advice from the Department of Health. Registered ART providers have been notified accordingly.

- BRCA2 Mutation (sex selection to avoid the transmission of a genetically inherited disease)
- Moderate to severe Hypospadias (sex selection to avoid the transmission of a genetically inherited disease).



ITA

Licensing and Approval

Genetic Testing

The Infertility Treatment Authority monitored preimplantation genetic diagnosis (PGD) and considered applications for some uses of PGD in accordance with the Authority's policy – *Genetic Testing and the Requirements of the Infertility Treatment Act 1995: Policy in Relation to the use of Pre-implantation Genetic Diagnosis (PGD)*.

Notifications

From 1 July 2009 to 31 December 2009 the following notifications were received:

- Autism Spectrum Disorder (eight cases)
- Fabry Disease
- Hunter Syndrome / Mucopolysaccharidosis Type II
- X-linked Lissencephaly

Approvals

From 1 July 2009 to 31 December 2009, applications for PGD were considered:

1. Where PGD and sex selection were proposed in those cases where there is a higher incidence of a condition in one sex, but inconclusive evidence about the genetic transmission of that condition, individual cases were presented to the

Authority, complete with clinical evidence, family history, assessment by a medical geneticist and peer-reviewed evidence to support the application. Applications for sex selection in these circumstances were approved for:

- Congenital Amegakaryocytic Thrombocytopaenia
2. Exclusion testing – embryos are tested using PGD to ensure that embryos transferred are free of genetic disease caused by an autosomal dominant condition. This could be done without revealing whether a woman, or couple, undergoing treatment carry the genes for the disease. Individual cases were presented to the Authority, together with a family history and assessment by a clinical geneticist. No applications were received in this category.
 3. Autosomal recessive conditions where it was proposed to identify and select against carrier embryos, in addition to testing for the condition. No applications were received in this category.

Details of treatment cycles involving preimplantation genetic diagnosis (PGD) for genetic testing, or for IVF and pregnancy failure, can be found in Section 6 of the Data on Services in Victoria, page 34.

Part 8 of the *Infertility Treatment Act 1995* outlined the requirements for the Authority to issue licences and approvals to places and to people.

An application for a licence could be made by a public or denominational hospital; the proprietor of a private hospital or a day procedure centre; and the proprietor of a clinic that was within, or accessed the services of, a public hospital, denominational hospital, private hospital or day procedure centre. A licence was granted with respect to those specific premises. The licence was granted to undertake a treatment procedure, which included in-vitro fertilisation (IVF), gamete intrafallopian transfer (GIFT), donor insemination (DI), the formation of an embryo outside of the body of a woman, PGD and the storage of gametes and embryos.

The licensing process, where possible, was undertaken in conjunction with accreditation by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia (FSA). This ensured that the technical, scientific and clinical aspects were addressed through the RTAC process, while adherence to the legal provisions of the Act was assessed by the Authority. In 2009, the FSA introduced a new accreditation scheme utilising independent certifying bodies to conduct accreditation processes.

A list of 13 places that were licensed to provide treatment is provided on page 27.

Under the Act, doctors were required to be approved to carry out a treatment procedure; to transfer an embryo to a woman; to carry out donor insemination at a place which was not licensed; or to carry out, or be responsible for the carrying out of, approved research.

Scientists were required to be approved to form an embryo outside the body of a woman or to carry out, or be responsible for carrying out, approved research. Counsellors were required to be approved to provide counselling on the kinds of treatment procedures, or research specified in the Act, or to a woman and her partner and a donor and his/her partner, if they had one, prior to donor treatment.

From 1 July to 31 December 2009, the number of approvals and renewals was:

Clinical Scientists	3
Counsellors	7
Doctors	0
Research Scientists	0

Appendices 1-3 list all practitioner approvals and renewals under the *Infertility Treatment Act 1995* to 31 December 2009.

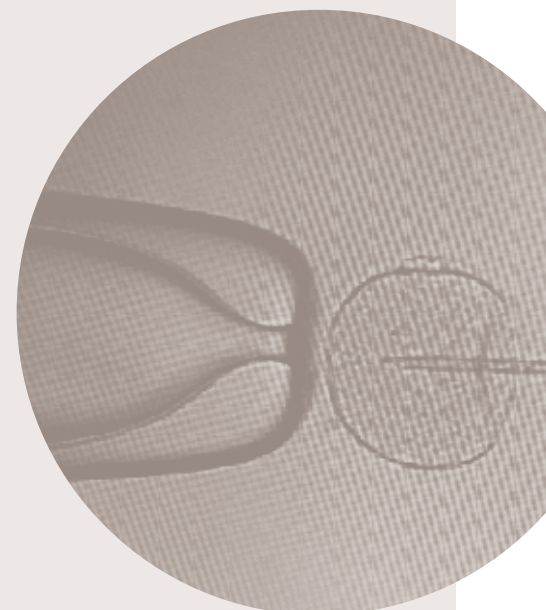
Surrogacy

The Authority received no surrogacy notifications from 1 July to 31 December 2009.

Research

Two types of research could be undertaken under the *Infertility Treatment Act 1995* utilising human embryos:

1. Research conducted under the provisions of the *Infertility Treatment Act 1995* required the approval of the Authority, and had to leave the embryo fit for use in a treatment procedure. There were no applications for research in this category from 1 July to 31 December 2009.
2. Research utilising embryos that are declared in excess and no longer required for treatment is regulated by the provisions of the *Research Involving Human Embryos Act 2002* (Cth), which is administered by the National Health and Medical Research Council (NHMRC) Licensing Committee. Further information about this type of research can be found at www.nhmrc.gov.au.



Public Education

The Victorian Assisted Reproductive Treatment Authority has the responsibility to:

- conduct public education about treatment procedures and the best interests of children born as a result of treatment procedures
- promote research into the causes and prevention of infertility.

Planning is underway to develop a multi-faceted public education program that will meet those responsibilities. The Authority's vision includes a public education program that makes relevant information accessible at various times in a person's life including childhood, young adulthood, pre-conception, pregnancy and parenthood.

In the first six months of operation under the new Act, the Authority has focused on:

- revising existing public education resources for the website;
- developing and staging a series of self-funding seminars for the general public; and
- promoting information about the new Act and role of the Authority.

Professionals who provide information and support to the general public in relation to treatment procedures and the best interests of children born as a result of treatment procedures have been included in the public education program, where appropriate. This has included a presentation to Ballarat midwifery students in March 2010, involvement in regular discussions with the Victorian Infertility Counsellors Group, and a presentation to the Australian and New Zealand Infertility Counsellors Association (ANZICA).

Plans are also underway for surrogacy seminars for the general public as part of a twilight seminar series, addressing issues for those involved or considering being involved in surrogacy arrangements. Consultation with the public education reference group and consumer groups has informed the planning of these events.

As a major public information platform, a new website was designed and resource materials revised. More than 8,000 hits per month have been received to date, a similar number to the Infertility Treatment Authority website. The website continues to be a successful way for people to obtain information in a private way. Further work on the website and public education resource materials, focusing on treatment procedures and the best interests of children born as a result of treatment procedures, is underway.

With a new focus on the promotion of research, the Authority was pleased to have Professor Jock Findlay AO present the Louis Waller lecture in June 2010, focusing on 'Reproductive Horizons'. Professor Findlay spoke about current research with the potential to have an impact on ART, including the preservation of fertility in girls or young women following cancer treatment. Promotion of research into the causes and prevention of infertility will require the development of strong partnerships with organisations and expert individuals to make this research information accessible to the general public, and environmental scanning is underway to inform the planning of activities.

As a major public information platform a new website was designed and resource materials revised. More than 8,000 hits per month have been received to date.

Time to Tell Program Activities

The *Time to Tell* campaign was launched by the Infertility Treatment Authority in 2006 to provide information and support to families formed through the use of donor conception. More than 4,800 children have been born using donor eggs, sperm or embryos in Victoria since legislation was first implemented in 1988. During a three-year campaign from 2006 to 2008, the Authority focused on providing support to parents, young adults and donors affected by the 1984 Victorian legislation. This has included support in relation to telling teenage or young children about donor conception. Key messages were conveyed via advertising, public relations activities and the website.

Given that funding for this campaign was specifically for a three-year period and is not recurrent, the Authority adopted a low-key approach during the past financial year. The Authority developed further web-based resources, prepared articles for the print media and responded to media requests. An article 'This is how we became a family' was published in *My Child* magazine and is currently on the Authority's website. Planning is underway to explore future directions for *Time to Tell* program activities.

The Authority revised its *Time to Tell* brochure and is developing new brochures for distribution via the Authority's website and in hard copy by the Registry of Births, Deaths and Marriages, Family Records and Inter-country Services and registered ART providers.

The Authority was fortunate to receive a grant of \$5,000 from the Victoria Law Foundation and work is underway to produce new web-based podcast stories about the impact of using a donor to form a family, incorporating new legislative information. During the past financial year, there were more than 2000 downloads of resource materials on 'how to tell'. In addition, 1578 podcast 'telling' stories have been downloaded since their launch in August 2008.

A *Time to Tell* seminar for parents is being planned in partnership with the Donor Conception Support Group and Rainbow Families Council. Support from Northcote High School in providing a venue will enable the Authority to conduct this activity in August 2010.

General Enquiries

From 1 January 2010 to 30 June 2010, the Authority received 141 enquiries. A large proportion of these enquiries were from the general public about changes to the legislation including eligibility for treatment and surrogacy.

Community Consultation

A twilight seminar in early March 2010, a roundtable discussion in June 2010 with registered ART provider representatives and interviews with four peak consumer groups have identified a range of issues associated with early implementation of the new Act.

A major concern expressed by many consumers and registered ART providers related to mandatory criminal record and child protection order checks for ART and artificial insemination. Consumer groups and registered ART providers reported that many consumers have been distressed about these requirements.

During consultation processes, registered ART providers also reported that there had been a greater decline in the uptake of ART within Victoria in 2010 in comparison with other states.

At this stage, it appears that the supply of sperm donors for donor treatment is adequate as many people are recruiting their own donor. Other issues raised were in relation to the donor registers, the export of gametes and embryos to overseas destinations, consent for the extension of storage time for donor gametes and embryos formed from donor gametes, regulatory burden and family limits.

The Authority will further explore the issues raised and plan other consultation activities.

Under the *Assisted Reproductive Treatment Act 2008*, the capacity of donor-conceived children to obtain information has been strengthened. An addendum indicating that further information is available from the Registry of Births, Deaths and Marriages will be included with birth certificates issued to young donor-conceived adults born from 2010, on application.

Communications and Public Relations



From 1 July to 31 December 2009, the Authority undertook a range of events to communicate to the broader public.

In addition to distribution of the Authority News and the Annual Report, the Authority regularly provided information to the media. The Authority also presented to groups with a state-wide focus. There was interstate and international interest in the Authority's *Time to Tell* campaign. With preparatory work associated with the implementation of new legislation, public education activity slowed in the second half of 2009. The Authority focused instead on providing seminars to Family Records and Inter-country Services and the Victorian Registry of Births, Deaths and Marriages as part of the transfer of the donor registers to the Registry.



Summary of the activities of the Authority from 1 July 2009 to 31 December 2009.

Media, Public Relations and Publications

- peer-reviewed journal article published in the *Journal of Law and Medicine: Assessing Stakeholder Needs for the Introduction of Assisted Reproductive Technology Legislation*, Vol. 17, August 2009
- interview with Men's Style magazine in relation to donor-linking

Community Education

- lecture to Health Sciences students at La Trobe University, Bundoora
- presentation to Monash Institute of Medical Research embryology students on ART and ethical issues
- presentation at the Fertility Society of Australia's annual conference on *Participation in the International Forum on Cross-Border Reproductive Care: Quality and Safety 14-16 January 2009*
- presentation at the Science Teachers Association of Victoria conference at La Trobe University in Bundoora
- lecture to midwifery students at Ballarat University
- presentation to Fertility Nurses of Australia dinner meeting on changes to ART legislation and the role of the Victorian Assisted Reproductive Treatment Authority.

Stakeholder Engagement

- two roundtable discussions with designated officers and nominated representatives from licensed places in relation to implementation of the *Assisted Reproductive Treatment Act 2008*.

General Enquiries to the Infertility Treatment Authority

From 1 July 2009 to 31 December 2009, the Authority received 142 enquiries.

A large proportion of these enquiries were from professionals and the general public in relation to ART legislation and impending changes with the passage of the *Assisted Reproductive Treatment Act 2008*.

Under the *Infertility Treatment Act 1995*, the Authority was responsible for maintaining four registers, and for providing services to applicants to these registers. Two Central Registers recorded information about births under the 1984 and 1995 legislation, and two Voluntary Registers, one that applied to births prior to legislation, and the other that applied to all births from the time of enactment of legislation in 1988. These registers recorded information about donors, recipient parents and the person born as a result of egg, sperm or embryo donation.

A Central Register was first established under the *Infertility (Medical Procedures) Act 1984*. The management of the register was handed over to the Authority when the *Infertility Treatment Act 1995* was proclaimed. Registrations were made to this register in cases where the consent to donation of gametes was made before 1 January 1998. Information that identifies any person registered under these conditions can be released only with the consent of the person to whom the information relates.

The rights of donor-conceived children were strengthened under the *Infertility Treatment Act 1995*. Offspring born under this Act are able to apply for identifying information when they turn 18 years of age. This right was conferred unconditionally; the donor consented to the use of their gametes or embryos on the understanding that this

information would be made available on request. A Central Register established under this Act includes donors who consented to the use of their gametes/embryos after 1 January 1998, when the *Infertility Treatment Act 1995* came into effect.

If donors request identifying information about offspring aged 18 years or older, consent is required from the offspring before information can be released to the donor. If children are under 18 years of age, parents can also apply for identifying information about the donor and consent is then sought from the donor concerned.

A pre-1988 Voluntary Register was set up under the *Infertility Treatment Act 1995* to enable people involved with donor treatment procedures before legislation was implemented on 1 July 1988 to register. Applicants lodge identifying and non-identifying information on the register which may be provided to other matched parties. The donor code is the linking mechanism.

A post-1988 Voluntary Register was set up under the provisions of section 82 of the *Infertility Treatment Act 1995*. Anyone who was involved with a treatment procedure since July 1988 is able to apply to this register.

When the *Assisted Reproductive Treatment Act 2008* was implemented on 1 January 2010, the donor registers were transferred to the Victorian Registry of Births, Deaths and Marriages.

Preparation for the transfer of the registers was a major part of the Authority's work in 2009, working closely with the Registry and Family Records and Inter-country Services. Planning workshops, meetings and presentations throughout 2009 enabled a smooth transfer of information as well as the formal records. Data provided by the Registry of Births, Deaths and Marriages follows on pages 20 and 22. The Central Register now contains details of births of donor-conceived children, their parents and donors under the 1984, 1995 and 2008 legislation. The Voluntary Register now contains information lodged by people involved with donor treatment procedures both before and following the introduction of legislation. Under section 63 of the *Assisted Reproductive Treatment Act 2008*, the Registry of Births, Deaths and Marriages may disclose statistical information for purposes relating to the Authority's functions including public education and monitoring. Information received from the Registry is outlined on page 20 and 22.

Registers

Data from the Registry of Births, Deaths and Marriages

The Central Register

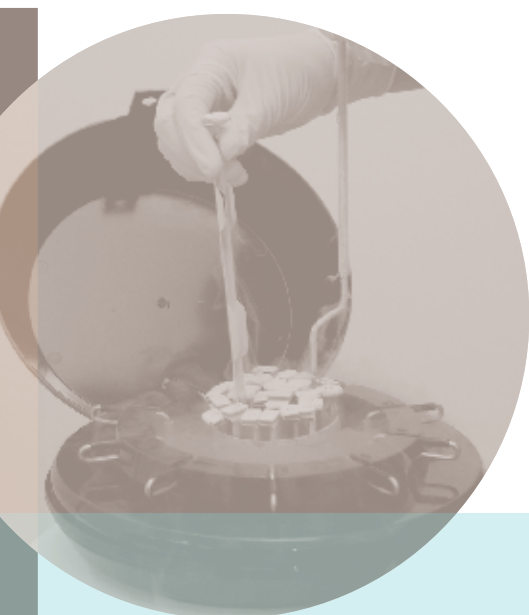
Birth Notifications on the Central Register	From sperm donation	From egg donation	From both sperm & egg donation	Total
Total notified as at 30 June 2010	3455	1197	169	4821
From 1 January 2010 to 30 June 2010*	125	66	10	201

* Does not include birth notifications from Monash IVF or Ballarat IVF for period March – June 2010.

Donors registered on the Central Register	Sperm donar	Egg donar	Total
Total notified as at 30 June 2010	681	982	1663
From 1 January 2010 to 30 June 2010	33	53	86

The Voluntary Register

Total parties recorded on Voluntary Register	Total
Donors	143
Donor-conceived persons	54
Recipient parents	116
Total	313





Applications to the Central Registers

Applications received by the Infertility Treatment Authority to the Central Registers from 1 July 2009 to 31 October 2009 are shown below. Applications received after 31 October 2009 were not processed as there was insufficient time to conduct counselling interviews and to make contact with the corresponding party to seek consent for the release of information. Often this process could take several months. These applications were transferred to the Victorian Registry of Births, Deaths and Marriages on implementation of the new Act on 1 January 2010. All applications were in relation to the release of identifying information about another party on the Central Register.

Trends with Total Numbers of Applications to the Voluntary Registers at the Infertility Treatment Authority

The cumulative number of applications on the Voluntary Registers steadily increased as shown in the table opposite.

An analysis of applications to the Voluntary Registers showed that applicants heard about the Voluntary Registers through media publicity, clinics and the Authority's website. Sometimes a long lead time was observed between publicity and a decision by an individual to make an application. The number of links made through the Voluntary Registers to 31 October 2009 is shown opposite.

Central Register Applications from 1 July 2009 to 31 October 2009

For Identifying Information	1984 Central Register	1985 Central Register	Total
Donor applications	0	1	1
Donor-conceived individual applications	1	0	1
Families/individual recipient applications	0	4	4
Total applications	1	5	6

Cumulative Voluntary Register Applications from 1 July 2009 to 31 October 2009

Year	Pre-1988 Voluntary Register – applicants	Post-1988 Voluntary Register – applicants
2005	78	84
2006	93	105
2007	112	118
2008	125	148
2009 (to 31 Oct)	140	173

Total Voluntary Register links at 31 October 2009

Links	Pre-1988 Voluntary Register	Post-1988 Voluntary Register	Total
Donor and donor-conceived individual	12	1	13
Donor and recipient	5	25	30
Donor-conceived and donor-conceived (half-sibling)	2	0	2
Recipient and recipient	0	13	13
More complex links that may be across different Voluntary Registers and involve more than two parties	across both registers	across both registers	4
Total Links on Voluntary Registers	–	–	62

Registers

Since transfer of the donor registers to the Registry of Births, Deaths and Marriages, a similar number of applications to the Central Register and Voluntary Register have been received from 1 January 2010 to 30 June 2010, as shown below.

	Central Register	Voluntary Register
Applications for identifying information		
From donor	1	2
From donor-conceived person	2	2
From recipient parent	3	0
Total applications for identifying information	6	4
Applications for non-identifying information		
From donor	0	3
From donor-conceived person	0	0
From recipient parent	0	0
Total applications for non-identifying information	0	3
Applications for both identifying and non-identifying information		
From donor	N/A	6
From donor-conceived person	N/A	1
From recipient parent	N/A	6
Total applications for both information	N/A	13
Applications lodging information only		
From donor	N/A	4
From donor-conceived person	N/A	1
From recipient parent	N/A	0
Total lodgements only	N/A	5
Applications per Register		
Total	6	25

Since the transfer of the Voluntary Registers to the Registry of Births, Deaths and Marriages on 1 January 2010, links between parties on the Voluntary Register have continued.

Parties on the Voluntary Register – matched in the period 1 January 2010 to 30 June 2010

Applicant Type	Identifying Information sought	Non-Identifying Information sought
Donor	1	1
Donor-conceived person	0	0
Recipient parent	1	2
Total matches = 5	2	3

Ten Donor Family Limit

The Registry has provided information to the Authority in relation to the monitoring of the 10 family limit for donors. Since implementation of the new Act, no donor has helped to form more than 10 families.

Import and Export Of Donor Gametes and Embryos

Under the *Infertility Treatment Act 1995*, the Authority was required to approve the transfer of embryos and gametes (sperm or eggs/ ovarian tissue) into and out of Victoria. The Act required that the Authority could approve an application only if the proposed use of the gametes or embryos was consistent with the requirements of the Act. Under the *Assisted Reproductive Treatment Act 2008*, the Authority is required to

approve the import or export of donor gametes or embryos formed from donor gametes into or out of Victoria. If recipients need to import or export their own gametes or embryos into or out of Victoria and there are no donor gametes involved, then these arrangements can now be made by registered ART providers without further application to the Authority. This has reduced the regulatory burden for all concerned.

ITA & VARTA Applications to Import & Export Gametes and Embryos 1 July 2009 to 30 June 2010

Using Donated Gametes	Imports	Exports	Outcome
Donor Sperm	3	12	Approved with Conditions
Donor Sperm		1	Pending Approval with Conditions
Donor Sperm		3	Pending Approval
Donor Sperm		1	Withdrawn
Donor Sperm		1	Declined
Embryo formed using donor sperm	3		Approved with Conditions
Embryo formed using donor sperm	2	1	Withdrawn
Embryo formed using eggs	2	5	Approved with Conditions
Embryo/s donated		1	Approved with Conditions
Embryo/s donated	1		Withdrawn
Embryos formed with donor sperm & eggs		2	Approved with Conditions
Total	11	27	

ITA Applications to Import & Export Gametes and Embryos 1 July 2009 to 31 December 2009

Not Using Donated Gametes	Imports	Exports	Outcome
Embryo	5	5	Approved
Embryo		1	Withdrawn
Sperm	2	4	Approved
Sperm		3	Withdrawn
Eggs	1		Approved
Total	8	13	

ITA Applications for Extensions of Storage: Gametes and Embryos 1 July 2009 to 31 December 2009

Extension	No. of Applc.	Outcome
Embryo	164	Approved
Embryo	3	Withdrawn
Eggs	2	Approved
Embryo formed with donor eggs	9	Approved
Embryo formed with donor eggs & sperm	2	Approved
Embryo formed with donor sperm	8	Approved
Ovarian Tissue	3	Approved
Sperm	18	Approved
Total	209	



ITA

Storage and Import and Export of Sperm, Eggs and Embryos

Storage

The Storage Committee of the Infertility Treatment Authority considered applications on a monthly basis for extension of the storage period and for the import or export of people's own gametes (eggs or sperm) or embryos.

An extension of the storage period of embryos required the consent of both parties who formed the embryos. Where the future use of the embryo was unresolved or in dispute, a short extension of storage time was often given to allow those who formed the embryos to reach agreement. People with embryos in storage were advised that the length of time that embryos, eggs or sperm could remain in storage was determined by law. *The Infertility Treatment Act 1995* provided that embryos must not remain in storage in excess of five years, and eggs, ovarian tissue and sperm in excess of 10 years, except with the approval of the Authority.

Under the *Infertility Treatment Act 1995*, the Storage Committee considered applications with the outcomes opposite.

Finances, Audit and Risk Management

The table below details a summary of financial results for the year compared with the preceding four financial years.

	2010	2009	2008	2007	2006
Total Revenue	701,440	771,226	896,369	984,509	807,774
Total Expenses	(677,432)	(835,024)	(946,190)	(997,157)	(745,455)
Operating Surplus / Deficit	21,598	(63,798)	(49,821)	(12,648)	62,319
Retained Surplus / (Accumulated Deficit)	13,045	2,165	65,963	115,784	128,432
Total Assets	140,175	119,716	176,042	251,309	380,453
Total Liabilities	105,211	106,351	98,879	124,325	240,821
Total Equity	34,964	13,365	77,163	126,984	139,632

An operational review by KPMG to determine a sustainable funding model for the Victorian Assisted Reproductive Treatment Authority, given its new responsibilities under the *Assisted Reproductive Treatment Act 2008* was conducted in early 2010.

The report was accepted by the Department of Health and the Authority now has guidance about funding levels for the next three years for core functions specified in the report. This funding model does not preclude the Authority from identifying additional sources of income, either external to the Department of Health or making specific program funding applications to the Department. Work is underway to identify specific program priorities and potential sources of funding.

The Authority has worked within budget and has set financial objectives for the next financial year.

Consultancy costs were incurred for use of accounting and financial advice (engagement of Bentleys and UHY Haines at a cost of \$16,314), public relations, information technology requirements, communications and strategic planning at a cost of \$4,094.

An occupational health and safety audit is currently underway to identify any improvements that can be made to the Authority's rental accommodation.

The Authority received no Freedom of Information requests in this financial year.

Risk management plans were reviewed in March and June 2010 following the early implementation of the *Assisted Reproductive Treatment Act 2008* and delivery of the Operational Review of the Authority, by KPMG. At the time of writing this report, further strategic planning was under way. Risk management plans will be reviewed following planning processes.



The terminology used in this report is fully explained below:

Age of Patient

Age of patient as at the first treatment cycle for the period reported.

Babies Born

Infant with signs of life after pregnancy of at least 20 weeks gestation.

Note that this definition was changed in 2005.

Clinical Pregnancy

Any type of pregnancy except that diagnosed only by measuring levels of human chorionic gonadotrophin. This definition includes ectopic pregnancy, blighted ovum and spontaneous abortion.

Confinement

Pregnancy resulting in at least one birth.

Note that this definition was changed in 2005.

DI (Donor Insemination)

Artificial insemination with donor sperm.

Embryo

A live embryo that has a human genome or an altered human genome and that has been developing for less than eight weeks since the appearance of two pronuclei or the initiation of its development by other means.

Note that this definition was changed in 2003.

Fertilisation

Penetration of an oocyte (egg) by sperm. Only oocyte/s with two pronuclei will be reported.

Gamete

An oocyte (egg) or sperm.

GIFT (Gamete Intra Fallopian Transfer)

A medical procedure of transferring oocyte/s (egg/s) and sperm to the body of a woman.

ICSI (Intra Cytoplasmic Sperm Injection)

ICSI is a micromanipulation technique where a single sperm is injected into the inner cellular structure of an oocyte. For the purposes of this report, ICSI treatment cycles are included in the total of IVF treatment cycles.

Initiated Cycle

A fertility treatment cycle started with the intention to transfer sperm/oocyte/embryo or freeze oocyte/embryo.

IVF (In Vitro Fertilisation)

Co-incubation of sperm and oocyte outside the body of a woman. [It does not necessarily result in the formation of an embryo which is fit for transfer.] Intra Cytoplasmic Sperm Injection (ICSI) may also be used as a part of an IVF procedure.

Live Birth

A live birth in which a fetus is delivered with signs of life after complete expulsion or extraction from its mother, beyond 20 completed weeks of gestational age.

Live births are counted as birth events, e.g. a twin or triplet live birth is counted as one birth event.

Ongoing Pregnancies

Ongoing clinical pregnancies as at the dates on page 26. Finalised delivery and birth details data will be included in the next Annual Report.

Oocyte (Egg) Retrieval

Procedure undertaken in an attempt to collect oocyte/s from a woman.

Preimplantation Genetic Diagnosis

After IVF, one or two cells are removed from the embryo in vitro and tested to avoid the transmission of a genetic abnormality or congenital disease inherited from the parents. This procedure may also be used for IVF and pregnancy failure.

Registered ART Provider

A place in respect of which registration under Part 8 of the *Assisted Reproductive Treatment Act 2008* is in force.

Stimulated Cycle

A treatment cycle in which the woman's ovaries are stimulated with superovulatory drugs, excluding clomiphene citrate, to produce more than one oocyte.

THAW Cycle

A THAW cycle commences with the removal of frozen embryos from storage in order to be thawed and then transferred.

Transfer

The procedure of placing embryos or oocytes and sperm into the body of a woman.

Treatment Cycle Commenced

A treatment cycle begins: (a) on the day when superovulatory drugs were commenced; or (b) from the date of the last menstrual period.

Treatment Cycle Continued

For the purposes of reporting, a treatment cycle continues when: (a) for IVF/GIFT, an oocyte retrieval procedure occurs; (b) for frozen embryo transfer, an embryo transfer procedure occurs; (c) for donor insemination, if insemination occurs.

Unstimulated Cycle

A treatment cycle where no superovulatory drugs are used or where only clomiphene citrate is used.

Women in Treatment

From 1 January 2010, women in treatment can include women in heterosexual, or same-sex relationships or single women. All women must be eligible for treatment as outlined in Section 10 of the *Assisted Reproductive Treatment Act 2008*. Prior to 2010, women were required to be eligible for treatment under Section 8 of the *Infertility Treatment Act 1995*.

Outcome of Treatment Procedures in Victoria

This report outlines the procedures carried out at each site for a registered ART provider under the *Assisted Reproductive Treatment Act 2008* or licensed under the *Infertility Treatment Act 1995*. The status of stored embryos and gametes for each site is also provided. Data is provided on a financial year basis as required under the *Assisted Reproductive Treatment Act 2008*.

The number of women in treatment procedures carried out by each registered ART provider during the 2009/2010 financial year is shown in Table 2.1.

The data in this report shows that the number of women undertaking IVF/ICSI has not increased in 2009/2010 in comparison with 2008/2009. However the number of women undertaking donor insemination (DI) has increased by 16% in comparison with 2008/2009 (see Tables 1.1 and 2.1).

The number of GIFT procedures in the 2009/2010 financial year has decreased with the closure of the Melbourne Assisted Conception Centre within Mercy Public Hospitals Inc.

The collection and preparation of data for the 2010 Annual Report is completed by the Perinatal and Reproductive Epidemiology Research Unit (PRERU) at the University of New South Wales.

Please note that the figures in the following tables are derived from the latest versions of ANZARD data from 1 July 2009 to 30 June 2010 provided to PRERU by each of the ART units. The following dates indicate when latest version ANZARD data were provided – pregnancy outcomes for each unit will only have been recorded up to these dates:

- 06/08/10, Monash IVF
- 06/08/10, Melbourne IVF
- 02/08/10, CFC Melbourne
- 15/07/10, REPROD MED Mildura
- 03/08/10, Ballarat IVF

Final 2008-09 pregnancy outcomes data were reported at the following dates by each of the ART units. There were 22 of the 3722 (0.6%) of 2008/2009 pregnancies data with unknown outcomes.

- 26/07/10, Monash IVF
- 05/08/10, Melbourne IVF
- 30/07/10, CFC Melbourne
- 02/08/10, REPROD MED Mildura
- 02/08/10, Ballarat IVF

Details of each site for a registered ART provider under the *Assisted Reproductive Treatment Act 2008* or licensed under the *Infertility Treatment Act 1995* during the 2009/2010 financial year are provided opposite. Data in the tables is provided for registered ART providers that are currently accredited by RTAC. A list of registered ART providers is provided opposite.

Please note that the data in these tables cannot be used to compare success rates for treatment between treatment sites. The age of the woman treated, the stage of the embryo transferred (blastocyst or 2-3 day stage embryos), the use of fresh and/or thawed embryos, the type of infertility problem, lifestyle of the women treated, population of women receiving treatment at a particular clinic and other factors will impact on success rates.

Outcome of Treatment Procedures in Victoria

Places licensed to provide treatment under the <i>Infertility Treatment Act 1995</i> 1 July - 31 December 2009	ART providers registered to provide treatment under the <i>Assisted Reproductive Treatment Act 2008</i> 1 January - 30 June 2010
Adelaide Fertility Centre Pty Ltd (Repromed Mildura)	Repromed Mildura
Ballarat IVF	Ballarat IVF
Casterton Memorial Hospital (Monash IVF Casterton)	Monash IVF at Casterton Memorial Hospital.
City Fertility Centre Melbourne	City Fertility Centre Melbourne
Epworth Freemasons Hospital (Melbourne IVF)	Melbourne IVF at Epworth Freemasons
Epworth HealthCare Richmond (Monash IVF)*	Epworth HealthCare – Richmond* Monash IVF at Epworth Richmond
Monash IVF at Bendigo Private Day Surgery	Monash IVF at Bendigo Private Day Surgery
Monash IVF at Central Gippsland Health Service	Monash IVF at Central Gippsland Health Service
	Monash IVF at Frankston Private Hospital
Monash IVF Geelong	Monash IVF Geelong
Monash IVF at Monash Surgical Private Hospital	Monash IVF at Monash Surgical Private Hospital
Monash IVF at Seymour District Memorial Hospital	
Monash IVF at Western Day Surgery	Monash IVF at Western Day Surgery
The Royal Women's Hospital (Melbourne IVF)	Reproductive Services, Royal Women's Hospital (Melbourne IVF)

* Epworth HealthCare Richmond was a licensed place under the *Infertility Treatment Act 1995*. Under transitional provisions in the *Assisted Reproductive Treatment Act 2008*, Epworth HealthCare is a registered ART provider until licence expiry in 2011. This entity is not performing treatment procedures at this point in time. All sites listed for 2010 are registered ART providers with RTAC accreditation.

Licensed Place: A place in respect of which a licence under Part 8 of the *Infertility Treatment Act 1995* is in force.

Registered ART Provider: A place in respect of which registration under Part 8 of the *Assisted Reproductive Treatment Act 2008* is in force.



In the following tables, it should be noted that double counting of women might occur because they may:

- attend more than one licensed place for treatment; or
- receive treatment using more than one type of procedure.

Section 01

FINAL OUTCOMES FOR TREATMENT CYCLES COMMENCED IN 2008/2009 FINANCIAL YEAR

This report includes a final outcome of treatment procedures undertaken in 2008. These final figures were not available at the time of the production of the 2009 Annual Report. Similarly, this year, a full report on treatment outcomes is not possible until next year's Annual Report. As pregnancies are ongoing, some outcomes are not known at the time of this report going to print.

Table 1.1 Number of patients per treatment site, 2008/2009 financial year

Treatment Site	Total No. Women Treated	Age at the First Treatment			No. of Women Treated by IVF/ICSI	No. of Women Treated by ICSI	No. of Women Treated by THAW	No. of Women Treated by DI
		< 35	35-39	≥ 40				
Ballarat IVF	287	135	103	49	206	134	150	9
City Fertility Centre Melbourne	340	125	121	94	287	151	183	
Melbourne IVF at Epworth Freemasons Hospital	2549	756	1058	735	2089	1114	1266	12
Monash IVF at Bendigo Private Day Surgery	79	41	27	11	67	48	17	
Monash IVF at Casterton Memorial Hospital	54	30	19	5	44	25	18	
Monash IVF at Central Gippsland Health Service	90	40	32	18	72	38	21	1
Monash IVF at Epworth HealthCare Richmond	1574	569	596	409	1205	790	666	13
Monash IVF Geelong	197	87	62	48	172	99	68	
Monash IVF at Monash Surgical Private Hospital	1992	790	751	451	1716	1083	657	11
Monash IVF at Seymour District Memorial Hospital	14	5	6	3	14	8	1	
Monash IVF at Western Day Surgery	42	18	14	10	41	23	2	
Reprod. Services, Royal Women's Hospital (Melb IVF)	1976	752	709	515	1469	777	1017	33
Repromed Mildura	68	39	22	7	57	38	22	
Aggregated Total	9262	3387	3520	2355	7439	4328	4088	79

Table 1.2 Final outcomes from GIFT cycles commenced in the 2008/2009 financial year

There were 4 GIFT cycles reported in the 2008/2009 financial year for Melbourne IVF at Freemasons Hospital (2 cycles) and Monash IVF at Monash Surgical Hospital (2 cycles), resulting in one pregnancy and one confinement (twins). Of the 52 cycles reported for Mercy Hospitals Inc. (Melbourne Assisted Conception Centre) in the Authority's 2008/2009 annual report, final outcomes for the 5 pregnancies reported is not available due to the closure of Melbourne Assisted Conception Centre.

Table 1.2 Final outcomes for treatment cycles commenced in 2008/2009 financial year

Treatment Site	No. of Women Treated by IVF/ICSI	Total No. Cycles initiated*	No. Oocyte Retrieval Attempts (Cycles Cont'd)	Clinical Pregnancies	Confinements	Total No. Babies Born**	No. of Single-tons	No. Sets of Twins Born	No. Sets of Triplets Born	No. of Liveborn Babies	Preg Outcome Unknown
	IVF/ICSI										
Ballarat IVF	206	273	264	72	61	66	56	5	0	66	0
City Fertility Centre Melbourne	287	431	411	84	66	68	64	2	0	68	0
Melbourne IVF at Epworth Freemasons Hospital	2089	3393	3038	573	432	483	384	45	3	476	4
Monash IVF at Bendigo Private Day Surgery	67	99	91	26	22	25	19	3	0	25	0
Monash IVF at Casterton Memorial Hospital	44	52	49	18	14	16	12	2	0	15	0
Monash IVF at Central Gippsland Health Service	72	104	78	20	15	18	12	3	0	18	0
Monash IVF at Epworth HealthCare Richmond	1205	1831	1515	428	338	366	310	28	0	360	1
Monash IVF Geelong	172	256	222	47	39	44	34	5	0	44	0
Monash IVF at Monash Surgical Private Hospital	1716	2537	2220	616	486	540	433	52	1	531	2
Monash IVF at Seymour District Memorial Hospital	14	16	12	3	3	3	3	0	0	3	0
Monash IVF at Western Day Surgery	41	49	44	11	10	10	10	0	0	10	0
Reprod. Services, Royal Women's Hosp. (Melb IVF)	1469	1955	1724	344	252	278	226	26	0	276	4
Repromed Mildura	57	72	65	19	13	14	12	1	0	13	2
Aggregated Total	7439	11068	9733	2261	1751	1931	1575	172	4	1905	13

* Initiated cycles, this is different from previous years report which only reported cycles with OPU performed

** Included all babies (liveborn, stillborn, neonatal death)

Table 1.2 Final outcomes for treatment cycles commenced in 2008/2009 financial year

Treatment Site	No. of Women Treated by ICSI	No. Cycles with Oocytes Treated by ICSI	Clinical Preg-nancies	Confine-ments	Total No. Babies Born**	No. of Single-tons	No. Sets of Twins Born	No. Sets of Triplets Born	No. of Liveborn Babies	Preg Outcome Unknown
ICSI ONLY										
Ballarat IVF	134	178	49	43	48	38	5	0	48	0
City Fertility Centre Melbourne	151	213	47	38	39	37	1	0	39	0
Melbourne IVF at Epworth Freemasons Hospital	1114	1637	324	239	272	208	29	2	268	3
Monash IVF at Bendigo Private Day Surgery	48	72	20	17	19	15	2	0	19	0
Monash IVF at Casterton Memorial Hospital	25	29	12	9	10	8	1	0	10	0
Monash IVF at Central Gippsland Health Service	38	46	11	10	10	10	0	0	10	0
Monash IVF at Epworth HealthCare Richmond	790	1073	305	240	260	220	20	0	256	1
Monash IVF Geelong	99	135	26	23	25	21	2	0	25	0
Monash IVF at Monash Surgical Private Hospital	1083	1521	399	314	351	278	35	1	344	2
Monash IVF at Seymour District Memorial Hospital	8	8	1	1	1	1	0	0	1	0
Monash IVF at Western Day Surgery	23	28	6	6	6	6	0	0	6	0
Reprod. Services, Royal Women's Hospital (Melb IVF)	777	962	212	154	169	139	15	0	169	3
Repromed Mildura	38	44	14	11	12	10	1	0	11	1
Aggregated Total	4328	5946	1426	1105	1222	991	111	3	1206	10

Treatment Site	No. of Women Treated by THAW	Total No. Cycles initiated*	No. Cycles with Embryos Thawed^	Clinical Preg-nancies	Confine-ments	Total No. Babies Born**	No. of Single-tons	No. Sets of Twins Born	No. Sets of Triplets Born	No. of Liveborn Babies	Preg Outcome Unknown
	THAW										
Ballarat IVF	150	228	228	46	41	45	37	4	0	44	0
City Fertility Centre Melbourne	183	330	325	51	41	44	38	3	0	44	1
Melbourne IVF at Epworth Freemasons Hospital	1266	2250	2243	444	348	371	326	21	1	369	4
Monash IVF at Bendigo Private Day Surgery	17	19	19	6	4	4	4	0	0	4	0
Monash IVF at Casterton Memorial Hospital	18	23	23	3	1	1	1	0	0	1	0
Monash IVF at Central Gippsland Health Service	21	25	25	4	1	1	1	0	0	1	0
Monash IVF at Epworth HealthCare Richmond	666	899	899	251	202	217	187	15	0	217	3
Monash IVF Geelong	68	93	93	14	12	12	12	0	0	12	0
Monash IVF at Monash Surgical Private Hospital	657	874	874	223	174	183	165	9	0	180	0
Monash IVF at Seymour District Memorial Hospital	1	1	1	0	0	0	0	0	0	0	0
Monash IVF at Western Day Surgery	2	3	3	0	0	0	0	0	0	0	0
Reprod. Services, Royal Women’s Hosp. (Melb IVF)	1017	1655	1653	392	301	327	276	24	1	319	1
Repromed Mildura	22	25	24	4	1	2	0	1	0	2	0
Aggregated Total	4088	6425	6410	1438	1126	1207	1047	77	2	1193	9

^ Cycles continued

Treatment Site	No. of Women Treated by DI	Cycles Cont'd	Clinical Preg-nancies	Confine-ments	Total No. Babies Born**	No. of Single-tons	No. Sets of Twins Born	No. Sets of Triplets Born	No. of Liveborn Babies	Preg Outcome Unknown
DI										
Ballarat IVF	9	15	2	1	1	1	0	0	1	0
City Fertility Centre Melbourne										
Melbourne IVF at Epworth Freemasons Hospital	12	17	1	0	0	0	0	0	0	0
Monash IVF at Bendigo Private Day Surgery										
Monash IVF at Casterton Memorial Hospital										
Monash IVF at Central Gippsland Health Service	1	2	0	0	0	0	0	0	0	0
Monash IVF at Epworth HealthCare Richmond	13	23	5	4	4	4	0	0	4	0
Monash IVF Geelong										
Monash IVF at Monash Surgical Private Hospital	11	18	3	3	3	3	0	0	3	0
Monash IVF at Seymour District Memorial Hospital										
Monash IVF at Western Day Surgery										
Reprod. Services, Royal Women's Hospital (Melb IVF)	33	61	10	8	8	8	0	0	8	0
Repromed Mildura										
Aggregated Total	79	136	21	16	16	16	0	0	16	0

Section 02

OUTCOMES FROM IVF/ICSI, THAW AND DI CYCLES

Table 2.1 Number of patients per treatment site, 2009/2010 financial year

Treatment Site	Total No. Women Treated	Age at the First Treatment			No. of Women Treated by IVF/ICSI	No. of Women Treated by ICSI	No. of Women Treated by THAW	No. of Women Treated by DI
		< 35	35–39	≥ 40				
Ballarat IVF	297	144	103	50	225	147	134	5
City Fertility Centre Melbourne	405	145	134	126	337	160	222	0
Melbourne IVF at Epworth Freemasons Hospital	2546	768	1016	762	2017	1158	1324	42
Monash IVF at Bendigo Private Day Surgery	87	47	28	12	80	63	20	0
Monash IVF at Casterton Memorial Hospital	38	21	14	3	26	17	20	0
Monash IVF at Central Gippsland Health Service	95	46	33	16	78	49	31	1
Monash IVF at Epworth HealthCare Richmond	1614	521	606	487	1237	826	705	17
Monash IVF at Frankston Private Day Surgery	14	5	4	5	12	4	2	0
Monash IVF Geelong	210	98	76	36	181	111	74	0
Monash IVF at Monash Surgical Private Hospital	2024	753	749	522	1741	1173	740	15
Monash IVF at Seymour District Memorial Hospital	1	0	0	1	1	0	0	0
Monash IVF at Western Day Surgery	114	56	39	19	110	76	12	0
Reprod. Services, Royal Women's Hosp. (Melb IVF)	1663	611	627	425	1234	712	836	12
Repromed Mildura	43	23	11	9	35	28	16	0
Aggregated Total	9151	3238	3440	2473	7314	4524	4136	92

Note: Women undertaking IVF/ICSI cycles may also undertake THAW or DI cycles within this period

Table 2.2 Outcomes per treatment site IVF/ICSI, 2009/2010 financial year

Treatment Site	Total No. Cycles Initiated	No. Cycles with Oocytes Treated by IVF/ICSI	Proportion of ICSI	No. Cycles with Oocytes Fertilised	No. Cycles with Embryos Transferred	Proportion of SET*	Total No. Clinical Pregnancies**
Ballarat IVF	279	258	68.6	249	237	73.4	80
City Fertility Centre Melbourne	512	468	49.8	431	413	63.9	64
Melbourne IVF at Epworth Freemasons Hospital	3257	2744	63.4	2574	2295	58.6	521
Monash IVF at Bendigo Private Day Surgery	117	105	79.0	102	98	83.7	35
Monash IVF at Casterton Memorial Hospital	33	28	78.6	25	22	77.3	6
Monash IVF at Central Gippsland Health Service	127	97	77.3	95	92	59.8	19
Monash IVF at Epworth HealthCare Richmond	1876	1545	74.7	1473	1400	69.1	429
Monash IVF at Frankston Private Day Surgery	12	8	50.0	8	7	100.0	0
Monash IVF Geelong	274	231	65.8	221	218	75.7	61
Monash IVF at Monash Surgical Private Hospital	2613	2225	72.9	2127	1999	79.7	598
Monash IVF at Seymour District Memorial Hospital	1	0					
Monash IVF at Western Day Surgery	165	135	77.8	131	121	77.7	45
Reprod. Services, Royal Women's Hosp. (Melb IVF)	1522	1335	64.0	1257	1148	63.0	289
Repromed Mildura	40	39	79.5	38	38	68.4	9
Aggregated Total	10828	9218	67.8	8731	8088	68.2	2156

* SET: single embryo transfer ** Number of clinical pregnancies only included those reported by the date on page 26

Table 2.3 Outcomes of non-donor fresh IVF/ICSI cycles by cause of infertility, all treatment sites, 2009/2010

Cause of infertility	Total No. of Initiated Cycles	No. of Cycles Resulting in Embryo Transfer	No. of Cycles Resulting in a Clinical Pregnancy*	Embryo Transfer Cycles per Initiated Cycle (per cent)	Clinical Pregnancies per Initiated Cycle (per cent)*
Male factor only	1556	1263	372	81.2	23.9
Female factor	3344	2506	622	74.9	18.6
– Tubal disease only	464	367	104	79.1	22.4
– Endometriosis only	574	456	118	79.4	20.6
– Other female factor only	1985	1444	343	72.7	17.3
– Combined female factor	321	239	57	74.5	17.8
Combined male—female factor	869	663	197	76.3	22.7
Unexplained	1900	1514	440	79.7	23.2
Not stated	2628	1912	446	72.8	17.0
Total	10297	7858	2077	76.3	20.2

* Number of clinical pregnancies only included those reported by the date on Page 26. Note - There may be more than one cause of infertility

Outcomes of GIFT treatment during 2009/2010 financial year

There were 7 GIFT cycles reported in 2009/2010 financial year including two cycles used thawed oocytes. Of the seven GIFT cycles, six cycles had 2 oocytes transferred and one cycle had 3 oocytes transferred. As by the dates on page 26, one pregnancy following GIFT cycles was reported.

Table 2.4 Oocyte collection and transfer per treatment site, IVF/ICSI, 2009/2010 financial year

Treatment Site	Total No. Oocyte Retrieval Attempts	Total No. Oocytes Collected	Total No. Oocytes Insem*	Total No. Oocytes Fertilised***	Total No. of Cycles^	Total No. Embryos Transferred	Average No. of Embryos Transferred	Total No. Embryos Frozen	Total No. of Embryos**
Ballarat IVF	267	2456	2068	1407	9	300	1.27	403	704
City Fertility Centre Melbourne	487	4053	3606	2304	37	564	1.37	758	982
Melbourne IVF at Epworth Freemasons Hospital	2866	23624	20685	14119	170	3249	1.42	4832	6038
Monash IVF at Bendigo Private Day Surgery	108	1112	920	637	3	114	1.16	113	410
Monash IVF at Casterton Memorial Hospital	29	288	254	171	3	27	1.23	65	79
Monash IVF at Central Gippsland Health Service	100	871	742	467	2	129	1.40	75	263
Monash IVF at Epworth HealthCare Richmond	1579	15930	13257	8438	72	1833	1.31	1654	4951
Monash IVF at Frankston Private Day Surgery	9	61	54	36	0	7	1.00	8	21
Monash IVF Geelong	230	2095	1837	1231	10	271	1.24	333	627
Monash IVF at Monash Surgical Private Hospital	2270	23975	20070	13115	98	2405	1.20	2365	8345
Monash IVF at Western Day Surgery	140	1781	1382	856	4	148	1.22	171	537
Reprod. Services, Royal Women's Hosp. (Melb IVF)	1382	12327	10854	7270	78	1574	1.37	3113	2583
Repromed Mildura	39	341	292	198	1	50	1.32	107	41
Aggregated Total	9506	88914	76021	50249	487	10671	1.32	13997	25581

^ Total No. of Cycles where no Embryo Formed * Included thawed oocytes ** Total no. of Embryos unsuitable for Freezing or Transfer *** This also represents the total no. of embryos formed. This also corresponds to the sum of the total no. of embryos transferred, total no. of embryos frozen and total no. of embryos unsuitable for freezing or transfer.

Table 2.5 Outcomes per treatment site, THAW Cycle, 2009/2010 financial year

Treatment Site	Total No. Cycles Initiated	No. Cycles with Embryos Thawed	Total No. Embryos Thawed	No. Cycles with Embryos Transferred	Total No. Embryos Transferred	Average No. of Embryos Transferred	Proportion of SET*	Total No. Embryos Re-frozen	Total No. Clinical Preg.**
Ballarat IVF	189	186	301	169	197	1.17	83.4	0	48
City Fertility Centre Melbourne	362	349	595	326	396	1.21	78.5	1	63
Melbourne IVF at Epworth Freemasons Hospital	2274	2134	3304	2006	2539	1.27	73.4	30	415
Monash IVF at Bendigo Private Day Surgery	23	23	43	18	20	1.11	88.9	0	4
Monash IVF at Casterton Memorial Hospital	23	23	34	22	24	1.09	90.9	0	3
Monash IVF at Central Gippsland Health Service	36	36	56	34	44	1.29	70.6	0	8
Monash IVF at Epworth HealthCare Richmond	971	969	1320	873	986	1.13	87.1	0	258
Monash IVF at Frankston Private Day Surgery	2	2	2	2	2	1.00	100.0	0	0
Monash IVF Geelong	102	102	133	99	105	1.06	93.9	0	26
Monash IVF at Monash Surgical Private Hospital	995	995	1310	878	941	1.07	92.8	1	239
Monash IVF at Western Day Surgery	15	15	21	15	17	1.13	86.7	0	0
Reprod. Services, Royal Women's Hosp. (Melb IVF)	1312	1284	1920	1217	1509	1.24	76.2	12	266
Repromed Mildura	17	14	53	12	16	1.33	66.7	0	3
Aggregated Total	6321	6132	9092	5671	6796	1.20	80.2	44	1333

* SET: single embryo transfer ** Number of clinical pregnancies only included those reported by the date on page 26

Table 2.6 Storage of ovarian tissue/oocytes/embryos per treatment site, 2009/2010 financial year

Treatment Site	No. Patients with Ovarian Tissue in Storage as at 30.06.10	No. Embryos in Storage as at 30.06.10
Ballarat IVF	0	1576
City Fertility Centre Melbourne	0	1220
Melbourne IVF at Epworth Freemasons Hospital	0	12326
Monash IVF at Epworth HealthCare Richmond	109	6789
Monash IVF Geelong	0	0
Monash IVF at Monash Surgical Private Hospital	0	5449
Reprod. Services, Royal Women's Hosp. (Melb IVF)	11	10882
Repromed Mildura	0	250
Aggregated Total	120	38492

* Number of embryos at 31/12/2008 is not available

Section 03

MULTIPLE PREGNANCIES ARISING FROM TREATMENT PROCEDURES DURING 2009/2010 FINANCIAL YEAR

Table 3 Multiple pregnancies as at dates on page 26 per treatment site, 2009/2010 financial year

Treatment Site	Total No. Clinical Pregnancies*	Number of Fetal Hearts*				Not Stated
		None	One	Two	Three	
Ballarat IVF	130	11	82	4	0	33
City Fertility Centre Melbourne	127	18	93	8	0	8
Melbourne IVF at Epworth Freemasons Hospital	946	114	754	78	0	0
Monash IVF at Bendigo Private Day Surgery	39	0	26	2	0	11
Monash IVF at Casterton Memorial Hospital	9	0	7	1	0	1
Monash IVF at Central Gippsland Health Service	27	0	15	5	0	7
Monash IVF at Epworth HealthCare Richmond	691	0	486	35	2	168
Monash IVF at Frankston Private Day Surgery	0					
Monash IVF Geelong	87	0	68	4	1	14
Monash IVF at Monash Surgical Private Hospital	837	0	595	45	0	197
Monash IVF at Seymour District Memorial Hospital	0					
Monash IVF at Western Day Surgery*	45	0	5	1	0	39
Reprod. Services, Royal Women's Hosp. (Melb IVF)	560	72	446	42	0	0
Repromed Mildura	12	0	9	0	0	3
Aggregated Total	3510	215	2586	225	3	481

* Number of clinical pregnancies and number of fetal hearts only included those reported by the date on Page 26.

Section 04

SURROGACY TREATMENT PROCEDURES DURING 2009/2010 FINANCIAL YEAR

Table 4.1 Surrogacy cycles and resulting outcomes, all treatment sites, 2009/2010 financial year

Treatment Site	Total No. Cycles Initiated	Total No. Cycles with OPU	Total No. Cycles with Embryos Transferred	Total No. Clinic Pregnancies*
Aggregated Total	3	1	1	1

* Number of clinical pregnancies only included those reported by the date on Page 26.

DONOR TREATMENT PROCEDURES DURING 2009/2010 FINANCIAL YEAR

Table 5.1 Use of donor gametes and embryos and outcomes, all treatment sites, 2009/2010

Treatment Site	Total No. Recipients Treated	Total No. Cycles Continued	Total No. of Clinical Pregnancies*
Donor embryo	66	102	17
Donor oocytes	292	372	111
Donor sperm**	571	1124	238
Aggregated Total***	929	1598	366

*Number of clinical pregnancies only included those reported by the date on Page 26. ** Excluded DI *** Some recipients had both donated oocytes and sperm

Table 5.2 Outcomes per treatment site, stimulated/unstimulated – DI (Donor Insemination), 2009/2010

Treatment Site	Total No. Cycles Initiated	Total No. Clinical Pregnancies*	Total No. Cycles Initiated	Total No. Clinical Pregnancies*
	STIMULATED		UNSTIMULATED	
Ballarat IVF			5	1
Melbourne IVF at Epworth Freemasons Hospital	58	8	22	2
Monash IVF at Central Gippsland Health Service	1	0		
Monash IVF at Epworth HealthCare Richmond	5	0	32	3
Monash IVF at Monash Surgical Private Hospital	4	0	18	0
Reprod. Services, Royal Women's Hosp. (Melb IVF)	14	2	4	3
Aggregated Total	82	10	81	9

* Number of clinical pregnancies only included those reported by the date on Page 26.

Table 5.3 Storage of donor sperm per treatment site, 2009/2010 financial year

Treatment Site	Total No. of Donors whose Sperm is stored and available for Donor Treatment (at start of period)	New Donors Recruited during Reporting Financial Year
Ballarat IVF	6	6
City Fertility Centre Melbourne	2	3
Monash IVF at Epworth HealthCare Richmond	67	22
Reproductive Services, Royal Women's Hospital	109	10
Aggregated Total	184	41

Table 5.4 Number of oocyte and embryo donors utilised, 2009/2010 financial year

Treatment Site	No. Oocyte Donors		No. Embryo Donors	
	KNOWN	CLINIC RECRUITED	KNOWN	CLINIC RECRUITED
Ballarat IVF	11	0	2	6
City Fertility Centre Melbourne	7	0	0	0
Melbourne IVF at Epworth Freemasons Hospital	61	0	0	13
Monash IVF at Central Wellington Hospital (Sale)	2	0	0	0
Monash IVF at Epworth HealthCare Richmond	40	0	2	23
Monash IVF Geelong	4	1	0	0
Monash IVF at Monash Surgical Private Hospital	63	5	1	0
Monash IVF at Western Day Surgery	2	2	0	0
Reproductive Services, Royal Women's Hospital	56	0	0	11
Aggregated Total	246	8	5	53

Section 06

PREIMPLANTATION GENETIC DIAGNOSIS

Table 6.1 Preimplantation genetic diagnosis for patients with a known genetic risk, 2009/2010 financial year

Treatment Site	No. of Women in Treatment	No. of Cycles where PGD Performed	Total No. of Clinical Pregnancies	Total No. of Confinements
Melbourne IVF at Epworth Freemasons Hospital	48	79	5	0
Monash IVF at Monash Surgical Private Hospital	53	85	16	4
Aggregated Total	101	164	21	4

Treatment Site	Total No. of Oocyte Retrieval Attempts	Total No. of Oocytes Collected	Total No. of Oocytes Inseminated	Total No. of Oocytes Fertilised	No. of Cycles where Genetically*	Total No. of Embryos Transferred	Total No. of Embryos Frozen	Total No. of Embryos ^
Melbourne IVF at Epworth Freemasons Hospital	79	1017	867	629	46	50	42	537
Monash IVF at Monash Surgical Private Hospital	85	1210	954	692	62	72	38	582
Aggregated Total	164	2227	1821	1321	108	122	80	1119

* Suitable embryos available for transfer – represents embryos that did not have the abnormality being tested for.

^ Unsuitable for freezing or transfer – includes those embryos diagnosed as genetically unsuitable.

Table 6.2 Preimplantation Genetic Diagnosis for Recurrent IVF Failure and Miscarriage – 1 July 2009 to 30 June 2010

Treatment Site	No. of Women in Treatment	No. of Cycles where PGD Performed	Total No. of Clinical Pregnancies	Total No. of Confinements
Melbourne IVF at Epworth Freemasons Hospital	46	71	8	2
Monash IVF at Monash Surgical Private Hospital	50	70	13	1
Aggregated Total	96	141	21	3

Treatment Site	Total No. of Oocyte Retrieval Attempts	Total No. of Oocytes Collected	Total No. of Oocytes Inseminated	Total No. of Oocytes Fertilised	No. of Cycles where Genetically*	Total No. of Embryos Transferred	Total No. of Embryos Frozen	Total No. of Embryos ^
Melbourne IVF at Epworth Freemasons Hospital	71	969	894	653	46	59	34	560
Monash IVF at Monash Surgical Private Hospital	70	842	675	454	43	52	12	390
Aggregated Total	141	1811	1569	1107	89	111	46	950

* Suitable embryos available for transfer – represents embryos that did not have the abnormality being tested for.

^ Unsuitable for freezing or transfer – includes those embryos diagnosed as genetically unsuitable.

Table 6.3 Preimplantation Genetic Diagnosis on Embryos that have been Frozen/Thawed – 1 July 2009 to 30 June 2010

Treatment Site	Total No. of Patients	Total No. of Cycles Commenced	Total No. of Embryos Thawed	Total No. of Cycles Continued	Total No. of Embryos Transferred	Total No. of Clinical Pregnancies
Melbourne IVF at Epworth Freemasons Hospital	2	2	15	2	1	0
Monash IVF at Monash Surgical Private Hospital	0	0	0	0	0	0
Aggregated Total	2	2	15	2	1	0

Accountable officer's and member of responsible body's declaration.

We certify that the attached financial statements for the Victorian Assisted Reproductive Treatment Authority have been prepared in accordance with Part 4.2 of the Standing Directions of the Minister for Finance under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity and cash flow statement and notes to and forming part of the financial statements, present fairly the financial transactions during the year ended 30 June 2010 and financial position of the Victorian Assisted Reproductive Treatment Authority as at 30 June 2010.

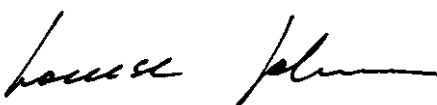
We are not aware of any circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on this day.



Ms Kirsten Mander
Chairperson

Melbourne
Date 18 August 2010



Ms Louise Johnson
Chief Executive Officer

Melbourne
Date 18 August 2010

Financial Statements

The accompanying notes form part of these financial statements.

Comprehensive Operating Statement for the year ended 30 June 2010

	Notes	2010 \$	2009 \$
Revenue	2	701,060	768,551
Interest Income	2	380	2,675
Employee benefits expense	3	(436,250)	(517,311)
Depreciation expense	3	(8,165)	(12,357)
Other expenses	3	(235,427)	(305,355)
Operating Surplus/(Deficit)		21,598	(63,797)
Other Comprehensive Income		-	-
Comprehensive Income for the Year		21,598	(63,797)

Balance Sheet as at 30 June 2010

	Notes	2010 \$	2009 \$
CURRENT ASSETS			
Cash and cash equivalents	7	105,743	51,567
Trade and other Receivables	8	2,603	32,725
Other Current Assets	9	4,259	-
TOTAL CURRENT ASSETS		112,605	84,292
NON CURRENT ASSETS			
Property, plant and equipment	10	27,570	35,425
TOTAL NON CURRENT ASSETS		27,570	35,425
TOTAL ASSETS		140,175	119,717
CURRENT LIABILITIES			
Trade and other Payables	11	54,957	40,397
Deferred Income	12	-	29,118
Short term Provisions	13	32,109	26,245
TOTAL CURRENT LIABILITIES		87,066	95,760
NON CURRENT LIABILITIES			
Long term Provisions	13	18,145	10,591
TOTAL NON CURRENT LIABILITIES		18,145	10,591
TOTAL LIABILITIES		105,211	106,351
NET ASSETS		34,964	13,366
EQUITY			
Contributed Capital	14	11,200	11,200
Retained Earnings		23,764	2,166
TOTAL EQUITY		34,964	13,366

Statement of Changes in Equity for the year ended 30 June 2010

	Contributed Capital \$	Retained Earnings \$	Total \$
Balance at 1 July 2008	11,200	65,963	77,163
Capital Contributed	-	-	-
Surplus/(Deficit) for the year	-	(63,797)	(63,797)
Other Comprehensive Income	-	-	-
Balance at 30 June 2009	11,200	2,166	13,366
Capital Contributed	-	-	-
Surplus/(Deficit) for the year	-	21,598	21,598
Other Comprehensive Income	-	-	-
Balance at 30 June 2010	11,200	23,764	34,964

Cash Flow Statement for the year ended 30 June 2010

	Notes	2010 \$	2009 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from Customers		703,560	740,521
Payments to suppliers and employees		(649,091)	(805,412)
Interest received		380	2,675
Net cash provided by operating activities	15	54,849	(62,216)
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds/(Payment) for property, plant and equipment		(673)	5,298
Net cash used in investing activities		(673)	5,298
Net increase/(decrease) in cash held		54,176	(56,918)
Cash at beginning of financial year		51,567	108,485
Cash at end of financial year	7	105,743	51,567

Notes to the Financial Statements for the year ended 30 June 2010

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

(a) Statement of Compliance

This general purpose financial report has been prepared in accordance with Australian Accounting Standards (AAS), including Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the *Financial Management Act 1994*. The financial report also complies with relevant Financial Reporting Directives (FRD) and relevant Standing Directions (SD) authorised by the Minister for Finance.

The financial report of the Victorian Assisted Reproductive Treatment Authority as an individual entity complies with the Australian equivalents to International Financial Reporting Standards (A-IFRS).

The Authority is a not-for-profit entity and therefore applies, where relevant, the additional paragraphs applicable to 'not-for-profit' entities under the AAS.

The following is a summary of the material accounting policies adopted by the Authority in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(b) Basis of Preparation

The financial report is prepared in accordance with the historical cost convention, except for the revaluation of certain non-financial assets, as noted. Cost is based on the fair values of the consideration given in exchange for assets.

In the application of AAS, management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision, and future periods if the revision affects both current and future periods.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

Notes to the Financial Statements for the year ended 30 June 2010

The accounting policies set out below have been applied in preparing the financial report for the year ended 30 June 2010, and the comparative information presented in these financial statements for the year ended 30 June 2009.

(c) Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand and cash at bank, deposits at call and highly liquid investments with an original maturity of 3 months or less, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

(d) Receivables

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is raised where doubt as to collection exists. Bad debts are written off when identified.

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest rate method, less any accumulated impairment.

(e) Property, Plant and Equipment

Plant and equipment are initially recognised at cost and subsequently measured at fair value less accumulated depreciation and impairment. Depreciated historical cost is generally a reasonable proxy for depreciated replacement cost because of the short lives of the assets concerned.

Non-current physical assets measured at fair value are revalued in accordance with FRD 103D *Non-current physical assets*. This revaluation process normally occurs at least every five years based on the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in values. Independent valuers are used to conduct these scheduled revaluations and any interim valuations are determined in accordance with the requirements of the FRDs. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

(f) Depreciation and Amortisation

Assets with a cost in excess of \$100 (2009-10 and 2008-09) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives using the diminishing value basis. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Health. The following table indicates the expected useful lives of non current assets on which the depreciation charges are based.

	2010 & 2009
Motor Vehicle	Up to 4 years
Computer Equipment	Up to 5 years
Office Equipment	Up to 4 years

(g) Net Losses on Non-Financial Assets

Net loss on non-financial assets includes realised and unrealised gains and losses from revaluations, impairments and disposals of all physical assets and intangible assets.

Disposal of Non-Financial Assets

Any gain or loss on the sale of non-financial assets is recognised at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at that time.

(h) Payables

These amounts consist predominantly of liabilities for goods and services. Payables are initially recognised at fair value, and then subsequently carried at amortised cost and represent liabilities for goods and services provided to the Authority prior to the end of the financial year that are unpaid, and arise when the Authority becomes obliged to make future payments in respect of the purchase of these goods and services.

The normal credit terms are usually Net 30 days.

(i) Provisions

Provisions are recognised when the entity has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

(j) Goods and Services Tax

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from the taxation authority is included with other receivables in the balance sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing activities which are recoverable from the taxation authority are presented as operating cash flow. Commitments and contingent assets and liabilities are presented on a gross basis.

(k) Employee Benefits

Wages and Salaries, Annual Leave, Sick Leave and Accrued Days Off

Liabilities for wages and salaries, including non-monetary benefits, annual leave accumulating sick leave and accrued days off expected to be settled within 12 months of the reporting date are recognised in the provision for employee benefits in respect of employee's services up to the reporting date, classified as current liabilities and measured at nominal values.

Those liabilities that the entity are not expected to be settled within 12 months are recognised in the provision for employee benefits as current liabilities, measured at present value of the amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

Non-Current Liability — conditional LSL

(representing less than 7 years of continuous service) is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. Conditional LSL is required to be measured at present value. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using interest rates of Commonwealth Government guaranteed securities in Australia.

Superannuation

Defined contribution plans

Contributions to defined contribution superannuation plans are expensed when incurred.

The name and details of the major employee superannuation funds and contributions made by the Victorian Assisted Reproductive Treatment Authority are as follows:

Fund – Defined contribution plans:	Contributions Paid or Payable for the year	
	2010	2009
Vic Super	4,074	4,567
Hesta Superannuation	18,087	18,002
AMP Superannuation	13,975	13,718
Health Superannuation	4,724	12,611
Other	3,347	5,317
Total	44,207	54,215

Notes to the Financial Statements for the year ended 30 June 2010

(l) Leases

Leases of property, plant and equipment are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

Operating Leases

Operating lease payments, including any contingent rentals, are recognised as an expense in the operating statement on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset.

Lease Incentives

All incentives for the agreement of a new or renewed operating lease shall be recognised as an integral part of the net consideration agreed for the use of the leased asset, irrespective of the incentive's nature or form or the timing of payments.

In the event that lease incentives are received to enter into operating leases, such incentives are recognised as a liability. The aggregate benefits of incentives are recognised as a reduction of rental expense on a straight-line basis, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

The cost of leasehold improvements is capitalised as an asset and depreciated over the remaining term of the lease or the estimated useful life of the improvements, whichever is the shorter.

(m) Income Recognition

Income is recognised in accordance with *AASB 118 Revenue* and is recognised as to the extent it is earned. Unearned income at reporting date is reported as income received in advance.

Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

Government Grants

Grants are recognised as income when the entity gains control of the underlying assets in accordance with *AASB 1004 Contributions*. For reciprocal grants, the Authority is deemed to have assumed control when the performance has occurred under the grant. For non-reciprocal grants, the Authority is deemed to have assumed control when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

Donations and Other Bequests

Donations and bequests are recognised as revenue when received. If donations are for a special purpose, they may be appropriated to a reserve, such as the specific restricted purpose reserve.

Interest Revenue

Interest revenue is recognised on a time proportionate basis that takes in account the effective yield of the financial asset.

(n) Comparatives

Where necessary the previous year's figures have been adjusted to facilitate comparisons.

(o) Contributed Capital

Consistent with Australian Accounting Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities and FRD 119 Contributions by Owners, appropriations for additions to the net asset base have been designated as contributed capital. Other transfers that are in the nature of contributions or distributions that have been designated as contributed capital are also treated as contributed capital.

(p) New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2010 reporting period. As at 30 June 2010, the following standards and interpretations had been issued but were not mandatory for financial year ending 30 June 2010. The Authority has not and does not intend to adopt these standards early.

Standard / Interpretation	Summary	Reporting Periods *	Impact on Entities Annual Statements
AASB 2009-5 Further amendments to Australian Accounting Standards arising from the annual improvements project [AASB 5, 8, 101, 107, 117, 118, 136 and 139]	Some amendments will result in accounting changes for presentation, recognition or measurement purposes, while other amendments will relate to terminology and editorial changes	Beginning 1 January 2010	Terminology and editorial changes. Impact minor.
AASB 2009-9 Amendments to Australian Accounting Standards – additional exemptions for first-time adopters [AASB 1]	Applies to Health Services adopting Australian Accounting Standards for the first time, to ensure Health Services will not face undue cost or effort in the transition process in particular situations.	Beginning 1 January 2010	No impact. Relates only to first time adopters of Australian Accounting Standards.
AASB 124 Related party disclosures (Dec 2009)	Government related Health Services have been granted partial exemption with certain disclosure requirements.	Beginning 1 January 2011	Preliminary assessment suggests that impact is insignificant. However, the Health Service is still assessing the detailed impact and whether to early adopt.
AASB 2009-12 Amendments to Australian Accounting Standards [AASB 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 and 1031 and Interpretations 2, 4, 16, 1039 and 1052]	This standard amends AASB 8 to require an entity to exercise judgement in assessing whether a government and Health Services known to be under the control of that government are considered a single customer for purposes of certain operating segment disclosures. This standard also makes numerous editorial amendments to other AASBs.	Beginning 1 January 2011	AASB 8 does not apply to Health Services therefore no impact expected. Otherwise, only editorial changes arising from amendments to other standards, no major impact. Impacts of editorial amendments are not expected to be significant.
AASB 2009-14 Amendments to Australian Interpretation – Prepayments of a minimum funding requirement [AASB Interpretation 14]	Amendment to Interpretation 14 arising from the issuance of <i>Prepayments of a minimum funding requirement</i>	Beginning 1 January 2011	Expected to have no significant impact
AASB 7 Financial instruments	This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 <i>Financial instruments: recognition and measurement</i> (AASB 139 <i>Financial Instruments: recognition and measurement</i>).	Beginning 1 January 2013	Detail of impact is still being assessed.
AASB 2009-11 Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 and 1038 and Interpretations 10 and 12]	This gives effect to consequential changes arising from the issuance of AASB 9.	Beginning 1 January 2013	Detail of impact is still being assessed.

* Application for reporting periods beginning on or ending on

Notes to the Financial Statements for the year ended 30 June 2010

	Notes	2010 \$	2009 \$
NOTE 2: REVENUE			
Operating activities			
Government Grants		665,344	713,156
Licensing Fees		29,346	44,674
Other		6,370	10,721
		701,060	768,551
Other Income			
Interest Income		380	2,675
NOTE 3: SURPLUS FROM ORDINARY ACTIVITIES			
Profit from ordinary activities has been determined after the following expenses:			
Employee benefits expense			
Salaries and wages and on-costs		396,790	467,652
Superannuation		37,050	44,379
Staff Amenities		617	354
Staff development & seminars		1,793	4,926
<i>Total employee benefits</i>		436,250	517,311
Supplies and services expense			
Accounting		16,314	34,513
Advertising		6,954	16,994
Audit Fees		6,275	7,075
Bank Charges		362	409
Computer maintenance		4,991	6,020
Consultants fees		4,094	4,504
Courier/Postage		2,761	3,291
Entertainment		980	2,378
Insurance		-	22,363
Lease payments		5,281	5,281
Loss on disposal of assets		362	5,745
Maintenance		300	710
Member Sitting Fees		40,362	62,067
Motor Vehicle Expense		3,310	4,037
Office outgoing		10,919	12,615
Other		8,158	1,374
Printing and publications		46,834	33,723
Public Relations		3,523	537
Rent		53,537	53,491
Software		7,453	6,547
Symposium/Seminars		-	3,705
Telephone		6,576	4,226
Travel and Accommodation		3,480	9,987
Work Cover		2,601	3,763
<i>Total supplies and services expense</i>		235,427	305,355
Depreciation		8,165	12,357
Total expenses		677,432	835,023

Notes to the Financial Statements for the year ended 30 June 2010

NOTE 4: RESPONSIBLE PERSONS DISCLOSURES

Key management personnel

Authority Members**Chief Executive Officer**

Ms A Styles	Member from 01/07/2009 to 30/06/2010
Hon. C Hogg	Member from 01/07/2009 to 31/03/2010
Dr D Edgar	Member from 01/07/2009 to 30/06/2010
Mr M Carroll	Deputy Chairperson from 01/07/2009 to 31/03/2010
Ms M Coady	Member from 01/07/2009 to 30/06/2010
Mr M Gorton AM	Chairperson from 01/07/2009 to 30/03/2010
Ms V Tutungi	Member from 01/07/2009 to 30/06/2010
Ms V Heywood	Member from 01/04/2010 to 30/06/2010

Ms L Johnson

	Short-Term Benefits		Total \$
	Salary and Fees \$	Superannuation \$	
2010			
Total compensation	181,009	15,816	196,825
2009			
Total compensation	198,842	17,896	216,738

NOTE 5: SUPERANNUATION

Details in relation to superannuation funds are as follows:

- The Authority contributed on behalf of its employees and directors eligible for remuneration during the year ended 30 June 2010 to Vic Super, Hesta, Health Super, CARE Superannuation Fund, Uni Super, AMP Superannuation, Australian Super, Cbus and Vision Super, all being complying funds under the *Superannuation Industry (Supervision) Act 1993*.
- No loans exist between the Authority and these superannuation funds.
- The amount of total contributions by the Authority to these superannuation funds for the year amount to \$44,207 (2009: \$54,215 with the employer statutory requirements specify that contributions of the Authority are based on a percentage of the employee's salary. During the period these contributions were at the rate of 9% of gross salaries. Contributions made by the Authority in accordance with employer obligations and excluding salary sacrifice arrangements were \$37,479 (2009:\$45,188)

	Notes	2010 \$	2009 \$
NOTE 6: AUDITORS REMUNERATION			
Remuneration of the auditors for:			
Victorian Auditor General Officer		5,720	5,550
NOTE 7: CASH AND CASH EQUIVALENTS			
Cash at bank and on hand		105,743	51,567
Reconciliation of cash			
Cash as the end of the financial year as shown in the Cash Flow Statement is reconciled to the related items in the Balance Sheet as follows:			
Cash at bank		105,460	51,107
Cash on hand		283	460
		105,743	51,567
NOTE 8: TRADE & OTHER RECEIVABLES			
CURRENT			
Trade and other receivables		2,603	32,725
NOTE 9: OTHER CURRENT ASSETS			
CURRENT			
Prepayments		4,259	-

Notes to the Financial Statements for the year ended 30 June 2010

	Notes	2010 \$	2009 \$
NOTE 10: PROPERTY, PLANT AND EQUIPMENT			
PLANT AND EQUIPMENT			
(a) Motor Vehicles			
At fair value		21,301	21,301
Less accumulated depreciation		(3,994)	-
		17,307	21,301
(b) Computer Equipment			
At cost		673	-
At fair value		8,040	8,334
Less accumulated depreciation		(3,041)	-
		5,672	8,334
(c) Office Equipment			
At fair value		5,721	5,790
Less accumulated depreciation		(1,130)	-
		4,591	5,790
Total property, plant and equipment		27,570	35,425

2010

Balance at the beginning of the year

	Motor Vehicles \$	Computer Equipment \$	Office Equipment \$	Total \$
Balance at the beginning of the year	21,301	8,334	5,790	35,425
Additions	-	673	-	673
Depreciation expense	(3,994)	(3,041)	(1,130)	(8,165)
Disposals	-	(294)	(69)	(363)
Balance at end of year	17,307	5,672	4,591	27,570

NOTE 11: TRADE AND OTHER PAYABLES

CURRENT

Trade Creditors	16,720	2,346
Accruals	27,941	23,663
PAYG Withheld	7,642	10,080
Superannuation Payable	2,454	3,708
Salary Package Liability	200	600
	54,957	40,397
Prepaid Licensing Fees	-	29,118

NOTE 12: DEFERRED INCOME

Prepaid Licensing Fees

NOTE 13: PROVISIONS

Opening balance at 1 July 2008	37,433
Provisions/(Reductions) raised during the year	(597)
Balance at 30 June 2009	36,836
Provisions/(Reductions) raised during the year	13,418
Balance at 30 June 2010	50,254

Analysis of Total Provisions

Current – Annual Leave – unconditional and expected to be settled within 12 months	32,109	26,245
Non Current – Long Service Leave – conditional and expected to be settled after 12 months	18,145	10,591
Total	50,254	36,836

Notes to the Financial Statements for the year ended 30 June 2010

	Notes	2010 \$	2009 \$
NOTE 13: PROVISIONS (cont'd)			
Provision for Employee Benefits			
A provision has been recognised for employee entitlements relating to annual and long service leave for employees. In calculating the present value of future cash flows in respect to long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits has been included in Note 1(k).			
NOTE 14: CONTRIBUTED CAPITAL			
Balance at the beginning of the reporting period		11,200	11,200
Capital Contributions		-	-
Balance at the end of the reporting period		11,200	11,200
NOTE 15: CASH FLOW INFORMATION			
(a) Reconciliation of cash flow from ordinary activities			
Operating Profit/(Deficit) from ordinary activities		21,598	(63,798)
Non cash flows in profit from ordinary activities:			
Depreciation		8,527	12,357
Changes in assets and liabilities:			
(Increase)\Decrease in trade and other receivables		30,123	(28,030)
(Increase)\Decrease in other assets		(4,259)	9,783
Increase\Decrease in trade and other payables		14,560	5,167
Increase\Decrease in deferred income		(29,118)	2,902
Increase\Decrease in provisions		13,418	(597)
Cash flows from operations		54,849	(62,216)
NOTE 16: RELATED PARTY TRANSACTIONS			
(a) Responsible Minister			
The Hon. Daniel Andrews, Minister for Health is the Responsible Minister.			
Remuneration of the Ministers is disclosed in the financial report of the Department of Premier and Cabinet. At the reporting date there were no related party transactions between the Authority and Responsible Persons or key management personnel.			
(b) Authority Members			
The names of Authority Members at the date of this report are:			
Ms K Mander (Chairperson)	Chief Executive Officer		
Mrs L Roadley (Deputy Chairperson)	Ms L Johnson		
Ms A Styles			
Dr D Edgar			
Ms M Coady			
Ms V Tutungi			
Ms V Heywood			
(c) Remuneration of Responsible persons			
The number of Responsible Persons are shown in their relevant income bands			
Income Band	No.		No.
\$0 – \$ 9,999	7		8
\$10,000 – \$19,999	1		1
\$20,000 – \$29,999	-		-
\$30,000 – \$39,999	-		-
\$110,000 – \$119,999	-		-
\$130,000 – \$139,999	-		1
\$150,000 – \$159,999	1		-
Total Numbers	9		10
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	196,825		198,846
(d) Transactions with related parties			
There were no transactions with related parties during the year.			

Notes to the Financial Statements for the year ended 30 June 2010

NOTE 17: FINANCIAL INSTRUMENTS

(a) Financial Risk Management

The Authority's financial instruments consist of deposits with banks, accounts receivable and payable.

The Authority does not have any derivative instruments at 30 June 2010.

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis for measurement, and basis on which income and expenses are recognised, in respect of each class of financial asset, financial liability and equity instrument are disclosed in Note 1 to the financial statements.

Financial assets	Note	Category	Carrying Amount \$	Net Fair Value \$
			2010	2009
Cash and cash equivalents	7	Cash and cash equivalents	107,543	51,567
Receivables	8	Loans and Receivables	2,603	32,725
Financial liabilities				
Category				
Trade payables	11	Measured at amortised cost	54,597	40,397

Risk Management

i. Treasury Risk Management

Victorian Assisted Reproductive Treatment Authority members meet on a regular basis to analyse interest rate exposure and to evaluate treasury management strategies in the context of most recent economic conditions and forecasts.

ii. Financial Risks

The main risk the Authority is exposed to through its financial instruments are interest rate risk, liquidity risk and credit risk.

Liquidity Risk

The Authority manages liquidity risk by monitoring forecast cash flows and ensuring that there are sufficient funds to meet expenditure commitments.

Credit risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements. The Authority does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the Authority.

Interest Rate Risk

The Authority is not exposed to any material interest rate risk as it has no interest bearing debt and only derives interest from cash balances in its operating bank account. The rate of interest derived is floating with market rates. The Authority has performed an interest rate sensitivity analysis relating to its exposure to interest rate risk at balance date. This sensitivity analysis demonstrated the effect on the current year results and equity which could result from a change in this risk is not material.

(b) Interest Rate Risk

Interest Rate Risk

The Authority is not exposed to any material interest rate risk.

The Authority's exposure to interest rate risk, which is risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on classes of financial assets and financial liabilities, is as follows:

	Weighted Average Effective Interest Rate		Interest Bearing Floating Interest Rate		Non-Interest Bearing		Total	
	2010 %	2009 %	2010 \$	2009 \$	2010 \$	2009 \$	2010 \$	2009 \$
Financial Assets								
Cash and Cash Equivalents	1.25%	2.75%	105,460	51,107	283	460	105,743	51,567
Trade and other receivables			-	-	2,603	32,725	2,603	32,725
Total Financial Assets			105,460	51,107	2,886	33,185	108,346	84,292
Financial Liabilities								
Trade and other payables			-	-	54,597	40,397	54,597	40,397
Total Financial Liabilities			-	-	54,597	40,397	54,597	40,397

Trade and other payables are expected to be settled as follows:

Less than 90 days

Notes

2010 \$	2009 \$
54,597	40,397
54,597	40,397

Notes to the Financial Statements for the year ended 30 June 2010

NOTE 17: FINANCIAL INSTRUMENTS (cont'd)**(c) Net Fair Values**

For assets and other liabilities the net fair value approximates their carrying value. No financial assets and financial liabilities are readily traded on organised markets in standardised form. Financial assets where the carrying amount exceeds net fair values have not been written down as the Authority intends to hold these assets to maturity.

The aggregate net fair values and carrying amounts of financial assets and financial assets are disclosed in the balance sheet and in the notes to the financial statements. Details of aggregate net fair value and carrying amounts of financial assets and financial liabilities at balance date:

	2010		2009	
	Carrying Amount \$	Net Fair Value \$	Carrying Amount \$	Net Fair Value \$
Financial assets				
Trade and other receivables	2,603	2,603	32,725	32,725
Financial liabilities				
Trade and other payables	54,597	54,597	40,397	40,397

(d) Sensitivity Analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, the Authority believes the following movements are 'reasonably possible' over the next 12 months.

- A parallel shift of +1% and -1% in market interest rates (AUD) from year end rates of 1.25%.
- A parallel shift of +1% and -1% in inflation rate from year end rates of 1.5%.

The following table discloses the impact on net operating result and equity for each category of financial instrument held by the Authority at year end as presented to key management personnel, if changes in risk occur:

	Interest Rate Risk				
	Carrying Amount \$	-1% Profit \$	-1% Equity \$	+1% Profit \$	+1% Equity \$
2010					
Financial Assets					
Cash and Cash Equivalents	105,460	(1,055)	(1,055)	1,055	1,055
2009					
Financial Assets					
Cash and Cash Equivalents	51,567	(515)	(515)	515	515

NOTE 18: CAPITAL AND LEASING COMMITMENTS**(a) Capital Commitments**

The Authority had no capital commitments at 30 June 2010.

(b) Lease Commitments

Operating lease commitments (Photocopier & Computer Server)

Non cancellable operating leases contracted for but not capitalised in the financial statements:

Payable

- not later than one year

- later than one year and not later than five years

2010 \$	2009 \$
12,263	8,722
14,290	10,590
26,553	19,312

Photocopier lease expires in June 2011. Server lease expires in August 2011. New photocopier lease expires June 2015.

(c) Other Commitments

The Authority had no other significant commitments at 30 June 2010.

NOTE 19: CONTINGENT LIABILITIES

There are no contingent liabilities at 30 June 2010 (2009: NIL)

NOTE 20: ECONOMIC DEPENDENCY

Victorian Assisted Reproductive Treatment Authority is dependent upon State of Victoria, via the Department of Health, for the funding of a significant proportion of its operations.

NOTE 21: EVENTS AFTER THE BALANCE SHEET DATE

There are no events after the balance sheet date that would affect the financial report.

NOTE 22: SEGMENT REPORTING

The authority functions as described in Section 131 of the *Health Services Act 1988* on behalf of the Victorian public health sector.

NOTE 23: AUTHORITY DETAILS

The registered office and principal place of business of the Authority is:

Victorian Assisted Reproductive Treatment Authority
Level 13, 120 Spencer Street
Melbourne VIC 3000

NOTE 24: ASSISTED REPRODUCTIVE TREATMENT ACT 2008

The Infertility Treatment Authority was established under the *Infertility Treatment Act 1995*. On 1 January 2010 upon the implementation of the *Assisted Reproductive Treatment Act 2008*, the Infertility Treatment Authority became Victorian Assisted Reproductive Treatment Authority.

INDEPENDENT AUDITOR'S REPORT

To the Board Members, Victorian Assisted Reproductive Treatment Authority

The Financial Report

The accompanying financial report for the year ended 30 June 2010 of the Victorian Assisted Reproductive Treatment Authority which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the accountable officer's and member of responsible body's declaration has been audited.

The Board Members' Responsibility for the Financial Report

The Board Members of the Victorian Assisted Reproductive Treatment Authority are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, including the Australian Accounting Interpretations, and the financial reporting requirements of the *Financial Management Act 1994*. This responsibility includes:

- establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error
- selecting and applying appropriate accounting policies
- making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. These Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used, and the reasonableness of accounting estimates made by the Board Members, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independent Auditor's Report (continued)

Matters Relating to the Electronic Presentation of the Audited Financial Report

This auditor's report relates to the financial report published in both the annual report and on the website of the Victorian Assisted Reproductive Treatment Authority for the year ended 30 June 2010. The Board Members of the authority are responsible for the integrity of the web site. I have not been engaged to report on the integrity of the web site. The auditor's report refers only to the statements named above. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on the authority's web site.

Independence

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

Auditor's Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the Victorian Assisted Reproductive Treatment Authority as at 30 June 2010 and of its financial performance and cash flows for the year then ended in accordance with applicable Australian Accounting Standards, including the Australian Accounting Interpretations, and the financial reporting requirements of the *Financial Management Act 1994*.

MELBOURNE
19 August 2010



D D R Pearson
Auditor-General

Appendix 01

COUNSELLORS APPROVED UNDER THE *INFERTILITY TREATMENT ACT 1995*

Counsellors approved and renewed for period July 2009 to December 2009

Legal Entity		Licensed Place	Clinic Provider
Clarke	Veronica	Private Practice	Private Practice
Doyle	Wendy	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Foote	Simone	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Fowler	Megan	See Note* Licensed Places	Monash IVF
Meneilly	Sharn	See Note* Licensed Places	Monash IVF
Powley	Sonja	CFC, Melbourne	City Fertility Centre
Sproal	Arna	See Note* Licensed Places	Monash IVF

Other Counsellors currently approved under the *Infertility Treatment Act 1995*

Alesi	Rita	See Note* Licensed Places	Monash IVF
Bell	Joanne	See Note* Licensed Places	Monash IVF
Bertino	Melanie	See Note* Licensed Places	Monash IVF
Blacher	Tamara	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Bruce	Paula	Repromed Mildura	Repromed Mildura
Carmichael	Michele	See Note* Licensed Places	Monash IVF
Cook	Roger	Mercy Public Hospitals Inc	Melbourne Asisted Conception Centre
Coyne	Geraldine	See Note* Licensed Places	Monash IVF
De Souza	Megan	See Note* Licensed Places	Monash IVF
Dickinson	Narelle	CFC, Melbourne	City Fertility Centre, Melbourne
Duggan	Winnie	See Note* Licensed Places	Monash IVF
Ellis	Joi	See Note* Licensed Places	Monash IVF
Fleming	Kate	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Giuliani	Belinda	See Note* Licensed Places	Monash IVF
Goncalves	Celia	See Note* Licensed Places	Monash IVF
Graham	Anne	Repromed Mildura	Repromed Mildura
Haines	Wendy		Private Practice
Hunt-Smith	Sharon	See Note* Licensed Places	Monash IVF
Lockitch	Antonia	See Note* Licensed Places	Monash IVF
Ludbrook	Catherine	Ballarat IVF	Ballarat IVF
Mann	Michelle	See Note* Licensed Places	Monash IVF
Mannerheim	Merrilyn	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Matic	Hayley	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Mina	Marlene	See Note* Licensed Places	Monash IVF
Moffat	Jocelyn	See Note* Licensed Places	Monash IVF
Nave	Catherine	See Note* Licensed Places	Monash IVF
O'Byrne	Louise	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Oke	Kay	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Peak	Suellen	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Phillips	Sarah	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Pyne	Jennifer	See Note* Licensed Places	Monash IVF
Robertson	Anne	See Note* Licensed Places	Monash IVF
Saunders	Sue	See Note* Licensed Places	Monash IVF
Seeley	Jan	CFC, Melbourne	City Fertility Centre, Melbourne
Sloan	Kirsty	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
St Martin	Leena	See Note* Licensed Places	Monash IVF
Stanley-Hunt	Margaret	See Note* Licensed Places	Monash IVF
Tome	Marianne	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Tracey	Jacqueline	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Watt	Merran	See Note* Licensed Places	Monash IVF
Weate	Tilly	See Note* Licensed Places	Monash IVF
Younis	Laura	See Note* Licensed Places	Monash IVF

DOCTORS APPROVED UNDER *THE INFERTILITY TREATMENT ACT 1995*Doctors approved under the *Infertility Treatment Act 1995*

Legal Entity		Licensed Place	Clinic Provider
Bailey	Catherine	Repromed Mildura	Repromed Mildura
Clarke	Geoffery	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Dalton	Russell	Ballarat IVF	Ballarat IVF
Downing	Bruce	See Note* Licensed Places	Monash IVF
Eskander	Amgad	See Note* Licensed Places	Monash IVF
Fooks	Marilyn	See Note* Licensed Places	Monash IVF
Foster	Penelope	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Fox	Gregory	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Gronow	Michael	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Hale	Lyndon	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Healy	David	See Note* Licensed Places	Monash IVF
Johnstone	Prudence	Mercy Public Hospitals Inc	Melbourne Assisted Conception Centre
Kirby	Christine	Repromed Mildura	Repromed Mildura
Knight	Rachael	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Kovacs	Gab	See Note* Licensed Places	Monash IVF
Kuhn	Raphael	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Lawrence	Anthony	See Note* Licensed Places	Monash IVF
Lawrence	Mark	See Note* Licensed Places	Monash IVF
Leong	Kenneth	See Note* Licensed Places	Monash IVF
Lolatgis	Nicholas	See Note* Licensed Places	Monash IVF
Lutjen	Peter	See Note* Licensed Places	Monash IVF
McBain	John	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Monga	Deepika	Ballarat IVF	Ballarat IVF
Najjar	Haider	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Poliness	Anne	CFC, Melbourne	City Fertility Centre, Melbourne
Polyakov	Alex	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Sabary	Sam	See Note* Licensed Places	Monash IVF
Sleeman	Kimberley	Repromed Mildura	Repromed Mildura
Speirs	Andrew	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Stern	Cathryn	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Sturrock	Timothy	See Note* Licensed Places	Monash IVF
Talbot	Mac	Mercy Public Hospitals Inc	Melbourne Assisted Conception Centre
Thomas	Philip	See Note* Licensed Places	Monash IVF
Tremellen	Kelton	Repromed Mildura	Repromed Mildura
Tsaltas	Jim	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Vollenhoven	Beverley	See Note* Licensed Places	Monash IVF
Weston	Gareth	See Note* Licensed Places	Monash IVF
Whitehead	Julie	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Wilkinson	David	CFC, Melbourne	City Fertility Centre, Melbourne
Wong	Melissa	See Note* Licensed Places	Monash IVF

NOTE: *LICENSED PLACES

- Casterton Memorial Hospital
- Epworth HealthCare Richmond
- Monash IVF at Bendigo Private Day Surgery
- Monash IVF – Geelong
- Monash IVF at Central Gippsland Health Service, Sale
- Monash IVF at Monash Surgical Private Hospital
- Monash IVF at Seymour District Memorial Hospital
- Monash IVF at Western Day Surgery

Appendix 03

CLINICAL SCIENTISTS APPROVED UNDER THE *INFERTILITY TREATMENT ACT 1995*

Clinical Scientists approved and renewed for period July 2009 to December 2009

Legal Entity		Licensed Place	Clinic Provider
Catakovic	Adnan	CFC, Melbourne	City Fertility Centre
Choo	Boon	CFC, Melbourne	City Fertility Centre
Nguyen	Linh	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF

Other Scientists approved under the *Infertility Treatment Act 1995*

Alexander	Katie-Lee	Ballarat IVF	Ballarat IVF
Allen	Meagan	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Archer	Janell	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Attard	Marlene	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Bainbridge	Kate	See Note* Licensed Places	Monash IVF
Barry	Michael	Repromed Mildura	Repromed Mildura
Bell	Lauren	See Note* Licensed Places	Monash IVF
Benson	Julianne	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Bezas	Georgia	See Note* Licensed Places	Monash IVF
Boquest	Andrew	See Note* Licensed Places	Monash IVF
Bourne	Harold	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Brearley	Cynthia	See Note* Licensed Places	Monash IVF
Catt	Jim	See Note* Licensed Places	Monash IVF
Chen	Lin Wei	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Clarke	Andrea	See Note* Licensed Places	Monash IVF
Cleary	Michelle	See Note* Licensed Places	Monash IVF
Clements	Phillippa	See Note* Licensed Places	Monash IVF
Coleman	Peter	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Coleman (Reinke)	Susan	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Collins	Amanda	See Note* Licensed Places	Monash IVF
Collins	Rebecca	Repromed Mildura	Repromed Mildura
Conyers	Karen	Repromed Mildura	Repromed Mildura
Crowe	Michael	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
De Silva	Selvi	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Dear	Melinda	See Note* Licensed Places	Monash IVF
Diamente	Maria	See Note* Licensed Places	Monash IVF
Dimitrakopoulos	Anna	See Note* Licensed Places	Monash IVF
Dunn	Natasha	See Note* Licensed Places	Monash IVF
Ebinger	Emma	CFC, Melbourne	City Fertility Centre, Melbourne
Edgar	David	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Ericsson	Anna	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Fernando	Ishari	See Note* Licensed Places	Monash IVF
Filipovits	Jessica	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Galea	Sandra	See Note* Licensed Places	Monash IVF
Galea	Jessica	See Note* Licensed Places	Monash IVF
General	Jane	Repromed Mildura	Repromed Mildura
Glage	Eve	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Gluschenko	Kristi	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Gore	Kate	Ballarat IVF	Ballarat IVF
Grimwood	Lauren	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Gwilym	Stacey	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Hafeez	Fareha	See Note* Licensed Places	Monash IVF
Harper	Jennifer	See Note* Licensed Places	Monash IVF
Hatfield	Misty	CFC, Melbourne	City Fertility Centre, Melbourne
Holden	Sandra	See Note* Licensed Places	Monash IVF
Houlahan	Loretta	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Hung	Emmy (Fan-Chin)	CFC, Melbourne	City Fertility Centre, Melbourne
Hyland	Bernadette	See Note* Licensed Places	Monash IVF
Jacklyn	Sarah	CFC, Melbourne	City Fertility Centre, Melbourne
Jeffrey	Regan	Repromed Mildura	Repromed Mildura
Jericho	Helena	CFC, Melbourne	City Fertility Centre, Melbourne
Jess	Natalie	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Karani	Jerustin	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Kasap	Rachael	See Note* Licensed Places	Monash IVF

Clinical Scientists approved and renewed for period July 2009 to December 2009

Legal Entity		Licensed Place	Clinic Provider
Korfiatis	Natasha	See Note* Licensed Places	Monash IVF
Krlevski	Vicki	See Note* Licensed Places	Monash IVF
Krapez	Jennifer	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Krishnamoorthy	Kalyani	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Lam	Kevin	Repromed Mildura	Repromed Mildura
Lan Lan Koh	Karen	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Lane	Michelle	Repromed Mildura	Repromed Mildura
Lawler	Celine	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Lekgabe (Bajunaki)	Edna	See Note* Licensed Places	Monash IVF
Leonard-Johnson	Lisa	See Note* Licensed Places	Monash IVF
Liubinas	Jayne	Ballarat IVF	Ballarat IVF
MacLennan	Ismael	CFC, Melbourne	City Fertility Centre, Melbourne
Mantelos	Kathy	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Marfatia	Riddhi	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Martic	Mirjana	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Matthews	Pam	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
McClure	Lindsay	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
McDonald	Michele	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
McTaggart	Jillian	See Note* Licensed Places	Monash IVF
Merry	Nicole	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Mitten	Janine	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Mohan	Patrick	Ballarat IVF	Ballarat IVF
Moloney	Patrick	Ballarat IVF	Ballarat IVF
Nieto	Felix	See Note* Licensed Places	Monash IVF
Ninnis	Anna	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Osborn	Anna	See Note* Licensed Places	Monash IVF
Osianlis	Tiki (Grammatiki)	See Note* Licensed Places	Monash IVF
Pacella	Leanne	Repromed Mildura	Repromed Mildura
Pearse	Emily	Ballarat IVF	Ballarat IVF
Perri	Marie	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Pope	Adrianne	See Note* Licensed Places	Monash IVF
Quinn	Michael	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Rendall	Susan	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Riach	Christine	Repromed Mildura	Repromed Mildura
Richings	Nadine	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Rose	Ilona	See Note* Licensed Places	Monash IVF
Sciorio	Romualdo	See Note* Licensed Places	Monash IVF
Shields	Emily	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Shine Philip	Sara	See Note* Licensed Places	Monash IVF
Simpson	Samantha	See Note* Licensed Places	Monash IVF
Skinner	Brooke	See Note* Licensed Places	Monash IVF
Smith	Ben	Ballarat IVF	Ballarat IVF
Sorby	Kelli	See Note* Licensed Places	Monash IVF
Stiehl	Stephanie	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Svenson	Erica	See Note* Licensed Places	Monash IVF
Thompson	Philippa	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Thumiger	Susan	CFC, Melbourne	City Fertility Centre, Melbourne
Vaikundan	Piruntha (Brintha)	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Vassiliadis	Anne	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Wale	Petra	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Webster	Debra	See Note* Licensed Places	Monash IVF
Westland	Judy	Repromed Mildura	Repromed Mildura
Wilton	Leeanda	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Wiltshire	Matthew	Repromed Mildura	Repromed Mildura
Woolhouse	Jeanette	Epworth Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF
Zander	Deirdre	Repromed Mildura	Repromed Mildura
Zelski	Katherine	See Note* Licensed Places	Monash IVF
Zhang	Shirley	CFC, Melbourne	City Fertility Centre, Melbourne

* See Note page 49

Disclosure Index

The Annual Report of the Victorian Assisted Reproductive Treatment Authority is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Authority's compliance with statutory disclosure requirements.

REPORT OF OPERATIONS

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