

ANNUAL REPORT 2011



VARTA

Victorian Assisted Reproductive Treatment Authority

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Chairperson's report

Kirsten Mander



During the past year the Victorian Assisted Reproductive Treatment Authority (the Authority) has continued to develop its important role as public educator and independent voice in the area of assisted reproductive treatment (ART).

Public education is one of the Authority's key responsibilities under the *Assisted Reproductive Treatment Act 2008* (the Act), along with community consultation, decisions regarding approval of the import and export of donor eggs, sperm and embryos and the monitoring of programs and activities carried out under the Act.

Fertility, infertility, reproductive health and reproductive treatment will always be emotion-stirring topics which stimulate robust debate about ethics and public policy. This is why the Authority's role in providing high quality, impartial information is regarded as invaluable by people wanting to start a family, as well as families formed through ART and those who have helped form those families, such as donors and surrogates.

With the public's increasing use of the Internet to obtain information about health, the importance of the Authority's role in providing independent, evidence-informed information about infertility, treatment procedures and the best interests of children born as a result of ART is only likely to increase.

The Authority's public education role is relatively unique within Australia. Indeed, the emphasis on the role played by the Authority in

public education within the Victorian regulatory framework is recognised worldwide. Given the Authority's central position within the field, it is uniquely placed to identify trends, respond to issues and address the public's need for high quality, independent information, with sensitivity to the associated emotional, legal and ethical challenges.

ART is a constantly evolving area. Technology and the understanding of the causes and prevention of infertility are constantly developing. The provision of ART is becoming more corporate. Increasingly too, the Authority needs to take into account the implications of ART provision beyond state and national boundaries.

In 2010–11, the Authority helped thousands of Victorians make informed decisions about ART and provided leadership in an ever-evolving, complex sector.

During the year, two members of the Authority retired – Ms Vicki Tutungi resigned from the Authority in August 2010 and Ms Ann Styles retired in May 2011. I would like to thank both Vicki and Ann for their significant contribution to the work of the board. Vicki's strategic perceptions and business skills were indispensable at a time of transition for the Authority. Ann's communications expertise was highly valued, particularly in relation to the public education function.

Finally I would like to thank the Minister for Health, the members of the Authority's Advisory Panel and Public Education Reference Group, and the participants in the Authority's education programs for their guidance

and support during the year. I would also like to express my appreciation for the work, commitment and dedication of my fellow board members and the staff of the Authority. I believe the Authority is very well-positioned to continue to play a valuable role in the ART sector and in meeting the objectives of the Act.



Ms Kirsten Mander

Chairperson from 1 July 2010

*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 2011.*

Chief Executive Officer's report

Louise Johnson



The past financial year, 2010–11, was our first full financial year as the Victorian Assisted Reproductive Treatment Authority.

Formerly the Infertility Treatment Authority, we have not only adapted to our changed functions over the past year but have rapidly expanded our public education program, focusing on assisted reproductive treatment (ART), the best interests of children born from treatment and the promotion of research into the causes and prevention of infertility.

During the year we have increased our capacity by successfully applying for funding from the Australian Government under the Family Planning Grants Program administered by the Department of Health and Ageing for the project *Your Fertility: Supporting Reproductive Choices*. This project will involve partnering with three organisations – Andrology Australia, the Jean Hailes Foundation for Women's Health and the Robinson Institute – to raise public awareness of the lifestyle factors that affect men's and women's fertility (see page 5).

Funding from the Victoria Law Foundation enabled us to increase capacity for public education around donor conception, surrogacy and the law. This funding was used to produce podcast audio stories for our website, which were a world first.

We have continued *Time to Tell* program activities and conducted two seminars to inform families of donor-conceived children, and families

considering using a donor, about how and why they should tell their children about their origins. The *Time to Tell* public education activities were well-attended and well-received (see page 7). Those who would prefer to obtain information in a more private way can visit the Authority's website. Additional telephone support is available if required.

The Authority's Public Education Reference Group and Advisory Panel have informed the development of our organisation and our public education program. I thank members of both groups for providing their invaluable expertise over the past year. I would also like to acknowledge stakeholders, including peak consumer organisations and registered ART providers, who have given us feedback in relation to our monitoring and public education activities.

The Authority's involvement with all key stakeholders within the ART field affords us an overview of the emerging and dominant issues and themes concerning ART. During the 2010–2011 year, surrogacy has assumed greater prominence as a reproductive method. Our monitoring activities have revealed that more than 100 babies were born to Australians travelling overseas to access surrogacy. We have responded to this trend by providing extensive, objective information about surrogacy on our website, by providing practical tools such as the Patient and Physician Prompter and by conducting public seminars *Surrogacy in Victoria – Issues to consider* and *Eyes Wide Open: Cross-Border Reproductive Care*.

The latter seminar, about accessing ART overseas, focused on surrogacy and featured the expertise of Dr R.S. Sharma of the Indian Council of Medical Research. Dr Sharma shared information about the medical practices associated with surrogacy in India and legal implications for Australians seeking surrogacy arrangements there.

As well as leading the first year of the *Your Fertility* initiative, the Authority's major challenge for the coming year is to increase its visibility as an organisation. Our aim is that those with an interest in ART or fertility know they can come to the Authority for comprehensive and impartial information. Thanks to the hard work of the Authority's staff, board and advisory groups over the past year, we are well-placed to raise our profile while continuing to monitor programs and activities related to ART and offering high calibre public education services.

A handwritten signature in black ink, reading 'Louise Johnson'.

Louise Johnson
Chief Executive Officer

Report of operations

The annual report is submitted in compliance with section 114 of the *Assisted Reproductive Treatment Act 2008*. The reporting period is 1 July 2010 to 30 June 2011.

The Victorian Assisted Reproductive Treatment Authority (the Authority) was established under the *Assisted Reproductive Treatment Act 2008* (the Act). It replaced the Infertility Treatment Authority that was established under the *Infertility Treatment Act 1995*. The Authority reports to the Victorian Minister for Health.

Aims and functions

The Authority is an independent statutory authority, whose work is informed by the following guiding principles under section five of the Act:

- 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.

The Authority's specific functions under the Act include:

- the administration of the registration system under the 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 the Act
- monitoring of:
 - (i) programs and activities carried out under the 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, providing exemption from particular provisions where appropriate
- any other functions conferred on the Authority by or under this or any other Act.

STRATEGIC DIRECTIONS

The Authority will aim over its three-year strategy planning period (2011 to 2013) to:

1. raise awareness regarding the options available for, and issues relating to the use of assisted reproductive treatment (ART) and the prevention of infertility
2. promote the health and welfare of children born through ART, through raising awareness of issues that relate to the means of their conception
3. administer its functions under the Act effectively and efficiently
4. build and align organisational capacity and capability to undertake functions to achieve outcomes.

The Authority aims to provide leadership where appropriate and work collaboratively with relevant agencies and other stakeholders. In its public education program the Authority utilises an appropriate mix of health promotion strategies, encompassing both individual and population-based health promotion.

Performance at a glance

A summary of the Authority's overall performance in relation to the Authority's strategic plan is outlined below.

AIM 1

Raise awareness regarding the options available for, and issues relating to the use of assisted reproductive treatment (ART) and the prevention of infertility.

Achievements

The Authority's website has been enhanced with evidence-based information to help people make decisions about the use of ART. With greater access to donor treatment and surrogacy under the new Act, we have focused on developing new resources on these topics and conducting twilight seminars for the public. A seminar, *Surrogacy in Victoria – Issues to Consider*, was conducted, combining personal accounts, ingredients for success, pitfalls to avoid and the legal aspects of surrogacy arrangements in Victoria. Information presented at this seminar, which was attended by about 80 people, was also published on the Authority's website.

As many Victorians are now accessing overseas surrogacy arrangements, the Authority held a seminar, *Eyes Wide Open: Cross-Border Reproductive Care – surrogacy*. This seminar highlighted the issues and risks involved with overseas surrogacy treatment. An internationally-developed *Patient and Physician Prompter*, published on the website, provides the public with a list of questions to ask treating doctors.

Interviews on ABC 774 radio and the *6.30 with George Negus* program distributed key information more widely to the public.

Other resources published on the Authority's website included:

- *Are you thinking about surrogacy?* (viewed more than 3000 times during the past year)
- *Surrogacy FAQ* information (viewed over 1700 times within six months of publication)
- eight personal podcast stories about journeys to parenthood through donor treatment and surrogacy, funded through a small grant from the Victoria Law Foundation. These stories focus on the links and relationships between the people involved, highlighting aspects of the law and family creation through surrogacy or donor treatment. More than 1700 podcasts were downloaded during the past year.

The Authority's staff or members presented at the following events during the past year:

- *Rainbow Families and the Law* conference on issues associated with donor conception
- *Adolescent and Young Adult Cancer Care Education Day*, Peter McCallum Cancer Centre, on fertility management and the sexual health needs of the adolescent and young adult cancer population.

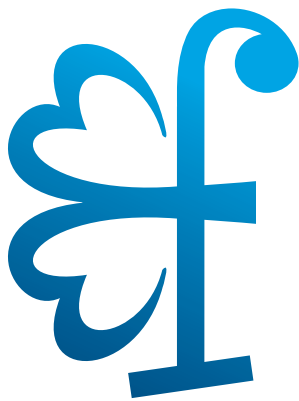
The Authority also provided a submission to the Victorian Health Department's *Draft Women's Health and Wellbeing Strategy*, in relation to issues associated with fertility awareness and sexual and reproductive health.

In relation to the preservation of fertility after medical procedures, the Authority has focused on working in partnership. This has included contributing to the development of the Clinical Oncological Society of Australia's *Fertility Preservation for Adolescents and Young Adults Diagnosed with Cancer: Guidance for Health Professionals*.

The Authority's Advisory Panel and Public Education Reference Group have been invaluable for monitoring the use of ART within and outside of Victoria, as well as assessing needs and informing the development of public education strategies. Details of national and international panel members are provided on our website: www.varta.org.au.

Challenges

As a small Authority, it is important to work in partnership with other organisations to maximise the impact of public education activities through a multifaceted approach. Consultation with the Authority's Advisory Panel has reinforced the value of independent, evidence-informed information on ART and related issues. With a proliferation of Internet-based health information of varying quality, it is important for the Authority to ensure that the high quality independent information it provides has great visibility. A part-time communications officer has been employed to assist.



Your Fertility: Supporting Reproductive Choices

Looking ahead

An exciting project, *Your Fertility: Supporting Reproductive Choices*, has been initiated in partnership with The Jean Hailes Foundation for Women's Health, Andrology Australia and The Robinson Institute. Further details are provided opposite.

Involvement with the Fertility Society of Australia's Medical Preservation of Fertility Special Interest Group will inform public education activities about preserving fertility after cancer treatment (oncofertility). Pilot seminars on oncofertility will be conducted within the Southern Region of Melbourne in partnership with the Victorian and Tasmanian Youth Cancer Network project at Peter McCallum Cancer Centre and the Southern Metropolitan Integrated Cancer Service.

Online information on ART and the possible health effects of ART for women, men, and children born through ART, has been reviewed. Revised information will be published within the next year.

The following new brochures will be available online and in hard copy and promoted:

- *Are you thinking of using donated gametes?*
- *Are you thinking of being a donor?*
- A revised version of the brochure *Are there adverse outcomes from infertility treatment?*

This initiative will promote greater understanding in the community about optimising fertility through lifestyle choices and timing when planning a family. It is funded by the Australian Government under the Family Planning Grants Program administered by the Department of Health and Ageing.

Research shows that many factors influence a woman's chance of becoming pregnant and having a healthy pregnancy. While there is ample evidence demonstrating the impact of lifestyle on fertility, to date very little activity has occurred in Australia to raise awareness of these issues. Use of assisted reproductive treatment (ART) in Australia increased by more than 50 per cent between 2004 and 2008 and studies have shown that a woman's age is a major influence on its success.

With the support of health professionals and organisations this project will promote fertility awareness and reproductive life plans.

While fertility is often seen as a women's health issue, this project also targets men. It recognises the many different ways families are formed – through heterosexual or same-sex relationships, or individuals utilising donor treatment or surrogacy arrangements. Options for maximising chances of having a baby including lifestyle change, use of simple medical treatments and use of ART – will be addressed. Education and resources for health professionals will complement social marketing and other health promotion components of *Your Fertility*.

Partnership with The Jean Hailes Foundation for Women's Health, Andrology Australia and The Robinson Institute will enable *Your Fertility* to utilise the expertise and networks of recognised leaders in women's and men's health education, fertility management and ART. The delivery of health messages will be evidence-informed. Consultation and evaluation strategies will be used to identify education needs and deliver information to key stakeholders across Australia. Consultation with the Fertility Society of Australia's Preconception Health Special Interest Group has commenced and will be invaluable.

Social marketing linked with community education and stakeholder liaison is recognised as an effective health promotion strategy. Consultation around how to market these messages is crucial given the very private nature of infertility and the new content of this social marketing campaign. In the first year we will consult with stakeholders and the target group to inform campaign strategy development and community education activities.

Performance at a glance

continued

AIM 2

Promote the health and welfare of children born through ART, through raising awareness of issues that relate to the means of their conception.

Achievements

One of the guiding principles of the Act is that children born through the use of donated gametes have a right to information about their genetic parents. Building on the success of previous public education initiatives, online information, brochures and seminars have been produced to support parents in telling their children that their family was formed through donor conception or surrogacy. More detail about *Time to Tell* seminars the Authority has conducted is provided on page 7.

When the Act was implemented on 1 January 2010, donor registers were transferred to the Victorian Registry of Births, Deaths and Marriages (the Registry). The Central Register contains details of births of donor-conceived children, their parents and donors under the 1984, 1995 and 2008 legislation. The Voluntary Register contains information lodged by people involved with donor treatment procedures both before and following the introduction of legislation.

Under section 63 of the Act, the Registry of Births, Deaths and Marriages may disclose information to the Authority for purposes relating to the Authority's functions including public education and monitoring. Information about the number of people on donor registers and number

of applications received by the Registry is provided on the Authority's website: www.varta.org.au.

Personal stories published in audio and text format on the Authority's website have highlighted ways that parents have talked to their children about their family's formation through donor conception. Over the past year, stories from a diverse range of families and donors have been added, including stories of people who have exchanged information through applications to the donor registers.

In consultation with the Registry, two brochures (*Time to Apply?* and *Time to Consent?*) were produced to provide information to people thinking about making an application to the donor registers and to those who may be the subject of an application. These brochures have been distributed by the Registry and downloaded from the Authority's website. More than 700 brochures were downloaded from the website in the past year.

In Victoria, no more than ten families can be created with a donor's sperm. The Registry has provided information to the Authority in relation to monitoring the ten family limit. Since implementation of the Act, no donor has helped to form more than ten families.

The Authority's staff or members have presented at the following events:

- VANISH annual general meeting on donor conception and issues concerning children.
- Graduate Diploma of Reproductive Science students on the ethics of ART and issues associated with treatment
- Melbourne IVF clinical ethics panel on issues associated with donor treatment.

The Authority provided a submission to the Enquiry into Access by Donor-conceived People to Information about Donors for the Law Reform Committee of Victoria and a submission to the National Legal and Constitutional Affairs Committee's Inquiry into Donor Conception in Australia.

Challenges

Under the Act, the capacity of donor-conceived children to obtain information about their donor has

been strengthened. On applying for their birth certificate, donor-conceived adults born from 2010 will receive an addendum from the Registry of Births, Deaths and Marriages indicating that further information is available. This means they are likely to find out about their donor origins if their parents have not already informed them.

The Authority has provided information to the media to highlight issues that have an impact on the health and welfare of children born through donor conception. However, publicity has been limited and constrained by availability of resources. The challenges for the Authority are:

- to further publicise the support that is available for parents who wish to tell their donor-conceived children about their origins
- to develop health promotion plans and
- to explore further funding sources. Work in partnership with the Registry of Births, Deaths and Marriages will be important in publicising donor registers and increasing awareness about the rights of young donor-conceived adults, parents and donors to apply for information.

Looking ahead

There are opportunities to more broadly promote the health and welfare of children born through ART. The Authority has begun consultation with its Public Education Reference Group and consumers to determine information needs.

There is also scope to build on initial work with Family Life educators who visit primary and secondary schools to provide sexual and reproductive health education.

Plans are well underway in partnership with the Australia and New Zealand Infertility Counsellors Association and the Donor Conception Support Group to conduct a *Donor-Linking Symposium* in late 2011. This symposium will involve international speakers and highlight research from a recent study of about 750 donor-conceived people conducted by California State University and the Donor Sibling Registry.



Time to Tell Seminars

In partnership with organisations including the Donor Conception Support Group and the Rainbow Families Council, two *Time to Tell* seminars were held, with more than 300 parents and health professionals participating.

Time to Tell is a public education initiative aimed at encouraging families to tell their donor-conceived children about their origins.

Speakers including counsellors, parents, donors and donor-conceived young people provided insights and advice on all aspects of talking to children about their donor origins. Aspects of the law and the operation of donor registers were also covered.

Participants included those who were parents of donor-conceived children and those considering donor treatment. Evaluation indicated that after attending the seminar participants felt confident about talking to their children about how their family was formed. For most parents who had already started talking to children about how they became a family, their conversation had started when their children were under five years of age. However, parents of children of all ages (including young adults aged 15 and over) attended. Participants who had not told their children about how the family was formed, reported that they intended to tell and that they felt empowered to do so. This is illustrated by the following comments provided by two

participants to the Authority as part of evaluation processes:

I just wanted to thank you for holding the Time to Tell seminar on Saturday. My husband and I have just recently made the decision to use a sperm donor, after nearly five years on IVF and finding out he has a chromosome translocation. The seminar was perfect for us. I now feel ready and armed with the knowledge that we've made the right decision and it will be OK. The other thing I got out of the seminar was that I no longer feel ashamed or embarrassed about any part of our situation, as many of the speakers said if someone has an issue with it that's their problem, not mine. Thanks again. I'd also like to thank all the speakers and everyone for their support and wish everyone well in their pursuit of their unique and perfect family no matter how it comes about.

This was a really thoughtful and respectful day. As a lesbian couple with two children I felt respected and valued. Often feel like a minority. Fantastic experience. Thank you.

Information provided about the donor registers during the *Time to Tell* seminars appears to have encouraged people to make applications to the donor registers, with small increases in applications received by the Registry of Births, Deaths and Marriages following each seminar.

Professionals attending the seminar included counsellors and educators providing sexual and reproductive health education in primary and secondary schools. Providing information to health and education professionals enables information to reach a broader audience. Many commented that they found the personal perspectives of donors, parents and donor-conceived children invaluable, particularly the children's perspectives.

Publicity in *The Age* newspaper about the *Time to Tell* seminar in September 2010 distributed information more widely to the public and families formed through donor conception.

Performance at a glance

continued

AIM 3 Administer its functions under the Act effectively and efficiently.

Achievements

Systems for the dissemination of board papers were reviewed and implemented. Pro forma documents were developed and implemented for board agendas and items for discussion. Board sub-committee, working group and advisory panel requirements and terms of reference were also reviewed. This has streamlined governance arrangements and clear work plans are in place for the board.

The Authority has administered the registration scheme for ART providers, reviewing the conditions for registration and listing registered ART providers on its website. Registered ART providers are required to be accredited by the Reproductive Technology Accreditation Committee of the Fertility Society of Australia. A list of registered ART providers is provided on page 15 of this report.

Under the Act, the Authority is required to provide approval before donor gametes or embryos formed from donor gametes can be imported or exported into or out of Victoria. If people want to import or export their own gametes or embryos into or out of Victoria and there are no donor gametes involved, these arrangements can be made by registered ART providers without further application to the Authority. In the past financial year, the Authority aimed to process 90 per cent of applications received within five weeks of receiving the application,

this target was exceeded, with 99.9 per cent of applications decided within this timeframe. *Guidelines for the Import and Export of Donor Gametes and Embryos Produced from Donor Gametes* were revised and distributed to registered ART providers in early 2011.

Imports and exports involving donated gametes approved under the Act from 1 July 2010 to 30 June 2011 are listed below.

Imports and exports	No. of applic.	Outcome
Donated sperm	14	Approved with conditions
Embryos formed using donated sperm	4	Approved with conditions
Embryos formed using donated sperm	2	Approved with conditions pending
Embryos formed using donated eggs	1	Approved with conditions
Embryos formed using donated eggs	1	Approved with conditions pending
Embryos formed using donated eggs	1	Declined
Embryos formed using donated sperm and eggs	2	Approved with conditions
Total	25	

Challenges

In deciding whether to approve the import or export of donor gametes, or embryos containing donor gametes, the Authority must take into account whether the purpose for which the gametes or embryos will be used will be consistent with what is legally possible in Victoria. The Authority must also take into account whether

transactions are commercial. With increasing numbers of people seeking ART abroad, the Authority will need to continue to monitor cross-border reproductive care practices to inform decision-making about the import or export of donor gametes and embryos.

In view of the difficulty in defining commercial trading, with different interpretations and legal advice utilised by ART units throughout Australia, the Authority provided a submission to the Australian Government's 2010 legislative review of the *Prohibition of Human Cloning Act 2002*. Clarity about what is considered to be commercial trading would assist the Authority in making decisions about applications.

Looking ahead

The Authority will continue to explore effective ways of monitoring programs and activities carried out under the Act and programs and procedures relating to treatment conducted outside of Victoria. In streamlining processes, the Authority will employ a part-time research officer to monitor programs and activities related to the causes and prevention of infertility.

The Authority is reviewing records management processes and developing and implementing policies to meet Public Records Office of Victoria guidelines.

AIM 4

Build and align organisational capacity and capability to undertake functions to achieve outcomes.

Achievements

The Authority has strategically expanded its capacity to deliver a broad public education program. The Authority has been successful in applying for funding to the Victoria Law Foundation (for a small grant to produce podcast stories related to donor treatment, surrogacy and the law) and the Australian Government's Family Planning Grants Program (for *Your Fertility: Supporting Reproductive Choices*, described on page 5). Placement of interns from the Victoria Law Foundation has expanded human resource capability.

We have conducted a self-funding series of twilight seminars for the general public and workshops for parents of donor-conceived persons. Positive evaluation results and strong participation have been encouraging, providing a solid basis for future activities. Information from these seminars has been selectively used in the development of related website resources, enabling wider reach to the public.

An excellent working relationship with the media has provided some opportunities to disseminate information to the public and draw people to the Authority's website. This has included coverage of issues associated with donor conception, surrogacy, storage of reproductive tissue and cross-border reproductive care.

Challenges

For the Authority's public education program to have impact and for functions to be administered by a small team of staff, a strategic approach to planning will be required. A challenge for the Authority will be to increase its visibility, expanding public awareness about the information and support available for making decisions about ART. Innovative approaches will also be required to expand capacity and enable a multifaceted approach to public education and other functions.

Looking ahead

The Authority is well placed to expand the public education program with the development of communication and stakeholder management plans. Partnering with other organisations will be crucial for the broad dissemination of public education information.

Governance

Membership of the Authority

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* (the Act) 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 upon the commencement of the Act on 1 January 2010 became a member of the Victorian Assisted Reproductive Treatment Authority.

The following is a list of member from 1 July 2010 to 30 June 2011.

Ms Kirsten Mander

Chairperson

**Term of membership expires
26 June 2012**

Ms Mander joined the Authority on 1 July 2010 as Chairperson.

Ms Mander is General Counsel & Company Secretary of Australian Unity Limited and has had extensive experience as a senior executive and general counsel of a number of Australia's top companies. She is also a director of MEGT Australia Ltd and the Consultative Council for Human Research Ethics and former Chair of the Ethics Committee of the Law Institute of Victoria.

Ms Liz Roadley

Deputy Chairperson

**Term of membership expires 1
September 2012**

Ms Roadley joined the Authority on 1 July 2010 as Deputy Chairperson. 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, she has worked in the public sector in a number of senior executive roles.

Ms Vicki Tutungi

Resigned 5 August 2010

Ms Tutungi is the former chief executive officer of Optiscan, a publicly listed medical device company that manufactures fibre optics-based microscopic imaging technologies for the medical industry. 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.

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 of Equity and Innovation in Early Childhood, both at the University of Melbourne. She is Chair of the Child Care Advisory Committee of 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

**Term of membership expires
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.

Ms Ann Styles

**Term of membership expired
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.

Authority committees

Section 113 of the *Assisted Reproductive Treatment Act 2008* 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 2010 and 30 June 2011. Committees established are listed below.

Finance, Audit and Risk Management Committee

Chair: Ms Liz Roadley
Member: Ms Ann Styles
Number of meetings held: five.

Remuneration Committee

Chair: Ms Kirsten Mander
Members: Ms Margaret Coady,
Ms Liz Roadley
Number of meetings held: one.

Working groups

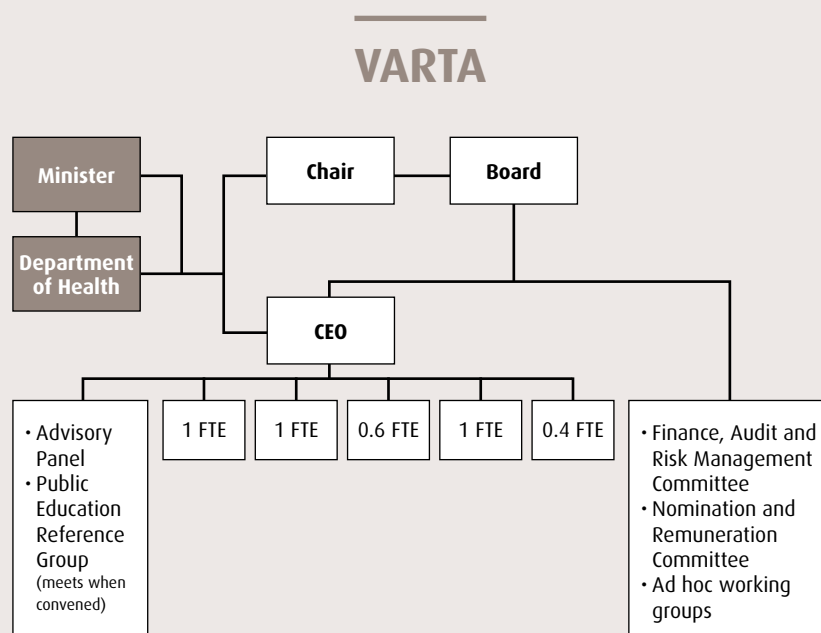
Ad hoc working groups were established when required for planning purposes. These included the Annual Report Working Group (two meetings held) and the Media Strategy Working Group (one meeting held).

Governance structure, staffing and advisory panels

The governance structure for the Authority is shown in the diagram below.

- 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 staff members listed below.
- **Office and Project Manager:** Tanya Colbert
- **Senior Policy and Project Manager:** Tracey Setter
- **Senior Community Education Officer:** Kate Bourne
- **Communications Officer:** Stephanie Francis
- **Administrative Officer:** Hannah Court (casual)

The 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. Members of the panel and reference group are published on the Authority's website: www.varta.org.au.



Governance

continued

Operational and budgetary objectives and performance

The Authority has worked within Budget and met the following financial objectives:

- Expenditure is within the amount budgeted for the end of the financial year including contingencies.
- Further external funding is obtained of at least \$5,000 by the end of the financial year through education events, small grants or other activities.
- Further opportunities for income generation are identified.
- A positive ratio for assets: liabilities is maintained.
- Taxation obligations are met in a timely way.

The Authority has received funding from the Australian Government under the Family Planning Grants Program administered by the Department of Health and Ageing for the project *Your Fertility: Supporting Reproductive Choices*. An amount of \$42,292 has been provided for expenditure in the next financial year. Over three years \$598,175 (excluding GST) will be provided for the project. This grant will substantially increase the capacity of the Authority to promote research into the causes and prevention of infertility.

Summary of financial results

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

	2011	2010	2009	2008	2007
Total revenue	632,807	701,440	771,226	896,369	984,509
Total expenses	(630,010)	(679,842)	(835,023)	(946,190)	(997,157)
Operating surplus / deficit	2,797	21,598	(63,797)	(49,821)	(12,648)
Retained surplus / (accumulated deficit)	26,561	23,764	2,166	65,963	115,784
Total assets	227,239	140,175	119,716	176,042	251,309
Total liabilities	189,478	105,211	106,351	98,879	124,325
Total equity	37,761	34,964	13,365	77,163	126,984

Subsequent events

No events occurred after balance sheet date.

Risk management

Risk management plans were reviewed in April 2011. Risk attestation is provided below.

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 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.



Privacy

The Authority is committed to protecting the privacy of individuals who make applications or participate in public education activities. The Authority's privacy policy ensures that the requirements of the *Health Records Act 2001* are met.

Data reporting

The Authority and the Perinatal & Reproductive Epidemiology Research Unit at the University of New South Wales collect ART treatment outcome data from registered ART providers.

Additional information

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 40 to facilitate identification of the Authority's compliance with statutory disclosure requirements.

In addition, data is collected from the Registry of Births, Deaths and Marriages for public education and monitoring purposes. An attestation is provided below.

I, Louise Johnson, Chief Executive Officer, certify that the Victorian Assisted Reproductive Treatment Authority has put in place appropriate internal controls and processes to ensure that the reported data reasonably reflects actual performance. The Authority has critically reviewed these controls and processes during the year.



Whistleblowers Protection Act 2001

As the Authority is a small public body, staff and members are advised to make any whistleblower disclosures 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.

Occupational health and safety

An occupational health and safety audit was conducted in 2010 to identify any improvements that could be made to the Authority's working environment. Negotiation with new adjacent tenants in relation to placement of personnel has reduced the level of noise which had impacted significantly on productivity. Health checks were provided for staff members in the past financial year.

Freedom of Information

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

Consultancies

Consultancy costs were incurred for accounting and financial advice (engagement of UHY Haines at a cost of \$13,500). Public relations, information technology requirements, legal services, communications and strategic planning cost \$16,130.

Overview of treatment procedures in Victoria

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.

AI (Artificial Insemination)

A procedure of transferring sperm without also transferring an oocyte into the vagina, cervical canal or uterus of a woman.

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 15. 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.

PGD (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 *Fertility Treatment Act 1995*.

Registered ART providers

ART providers registered to provide treatment under the *Assisted Reproductive Treatment Act 2008*, 1 July 2010 – 30 June 2011

Repromed Mildura
Ballarat IVF
Monash IVF at Casterton Memorial Hospital
City Fertility Centre Melbourne
Melbourne IVF at Epworth Freemasons
Epworth HealthCare – Richmond*
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital**
Monash IVF at Bendigo Private Day Surgery
Monash IVF at Central Wellington Health Services
Monash IVF at Frankston Private Hospital
Monash IVF Geelong
Monash IVF at Monash Surgical Private Hospital
Monash IVF at Western Day Surgery
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 present. All sites listed for 2010 are registered ART providers with Reproductive Technology Accreditation Committee (RTAC) accreditation.

** From the beginning of 2011, Monash IVF moved operations from Epworth Richmond to Healthbridge Hawthorn Private Hospital.

Please note that the figures in the following tables are derived from the latest versions of the Australian and New Zealand Assisted Reproduction Database (ANZARD) from 1 July 2010 to 30 June 2011 provided to the Perinatal & Reproductive Epidemiology Research Unit by each of the ART units. The following dates indicate when the latest version of ANZARD data was provided; pregnancy outcomes for each unit will only have been recorded up to these dates:

- 26/07/11 Monash IVF
- 03/08/11 REPROD MED Mildura
- 22/07/11 Melbourne IVF
- 28/07/11 Ballarat IVF
- 21/07/11 CFC Melbourne

Final 2009–10 pregnancy outcomes data for the ANZARD 2.0 database was updated in July 2011. About 0.8 per cent of 2009–10 pregnancies data had unknown outcomes.

Data tables

This report outlines the procedures carried out at each site for a registered ART provider under the *Assisted Reproductive Treatment Act 2008* (the Act). 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 Act.

Data collection, trends and success rates

The data in this report shows similar numbers of treatment cycles to the previous year. There is a similar number of IVF cycles continued in the 2010–11 financial year relative to the 2009–10 financial year (see section 2).

The Perinatal & Reproductive Epidemiology Research Unit (PRERU) at the University of New South Wales has collected and prepared data for the *Annual Report 2011*.

Data from each site for a registered ART provider under the Act during the 2010–11 financial year is provided on pages 16–24. Data is provided for registered ART providers that are currently accredited by the Reproductive Technology Accreditation Committee (RTAC). A list of registered ART providers is provided above.

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 two to three 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.

Section 1

Final outcomes for treatment cycles commenced in 2009–2010 financial year

This report includes a final outcome of treatment procedures undertaken in 2009. These final figures were not available at the time of the production of the *2010 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, 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 AI	No. of women treated by DI	No. women involved in surrogacy arrangements
		< 35	35–39	≥ 40						
Ballarat IVF	300	146	104	50	226	150	135		7	3
City Fertility Centre Melbourne	456	170	154	132	346	165	228	62	0	
Melbourne IVF at Epworth Freemasons	2809	897	1125	787	2035	1158	1328	369	42	
Monash IVF at Bendigo Private Day Surgery	87	47	28	12	80	63	20	1	0	
Monash IVF at Casterton Memorial Hospital	38	21	14	3	26	17	20		0	
Monash IVF at Central Wellington Health Services	95	46	33	16	78	49	31	5	1	
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	1622	524	607	491	1238	826	711	82	17	
Monash IVF at Frankston Private Hospital	14	5	4	5	12	4	2		0	
Monash IVF at Monash Surgical Private Hospital	2027	753	751	523	1743	1175	741	34	15	1
Monash IVF at Western Day Surgery	114	56	39	19	110	76	12		0	
Monash IVF Geelong	211	98	76	37	182	111	74	2	0	
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1707	638	638	431	1231	712	834	74	13	
Repromed Mildura	45	25	12	8	23	17	24	9	0	
Aggregated total	9525	3426	3585	2514	7330	4523	4160	638	95	4

* Total no. women treated does not include women treated by AI from Monash IVF clinics

Table 1.2 Final outcomes for treatment cycles commenced in 2009–2010 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 singletons	No. sets of twins born	No. sets of triplets born	No. of liveborn babies	Preg outcome unknown
	IVF/ICSI										
Ballarat IVF	226	281	270	86	68	74	62	6	0	73	0
City Fertility Centre Melbourne	346	527	499	86	70	75	65	5	0	75	0
Melbourne IVF at Epworth Freemasons	2035	3287	2903	547	395	443	347	48	0	439	4
Monash IVF at Bendigo Private Day Surgery	80	117	108	34	30	32	28	2	0	32	0
Monash IVF at Casterton Memorial Hospital	26	33	29	6	6	6	6	0	0	6	0
Monash IVF at Central Wellington Health Services	78	127	100	21	17	21	13	4	0	21	0
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	1238	1878	1581	424	337	370	305	31	1	368	2
Monash IVF at Frankston Private Hospital	12	12	9	0	0	0	0	0	0	0	0
Monash IVF at Monash Surgical Private Hospital	1743	2614	2273	593	458	492	424	34	0	486	0
Monash IVF at Western Day Surgery	110	165	140	44	41	46	37	3	1	46	0
Monash IVF Geelong	182	275	230	61	44	49	39	5	0	49	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1231	1513	1392	300	230	243	217	13	0	241	7
Repromed Mildura	23	25	24	6	4	4	4	0	0	4	0
Aggregated total	7330	10854	9558	2208	1700	1855	1547	151	2	1840	13

* Initiated cycles. ** Included all babies (liveborn, stillborn, neonatal death)

Section 1

Table 1.2 Final outcomes for treatment cycles commenced in 2009–2010 financial year

Treatment site	No. of women treated by ICSI	No. cycles with oocytes treated by ICSI	Clinical pregnancies	Confinements	Total No. babies born**	No. of singletons	No. sets of twins born	No. sets of triplets born	No. of liveborn babies	Preg outcome unknown
ICSI ONLY										
Ballarat IVF	150	182	63	50	56	44	6	0	56	0
City Fertility Centre Melbourne	165	239	43	34	35	33	1	0	35	0
Melbourne IVF at Epworth Freemasons	1158	1740	344	251	287	215	36	0	284	3
Monash IVF at Bendigo Private Day Surgery	63	83	27	25	26	24	1	0	26	0
Monash IVF at Casterton Memorial Hospital	17	22	5	5	5	5	0	0	5	0
Monash IVF at Central Wellington Health Services	49	75	20	16	20	12	4	0	20	0
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	826	1155	296	236	259	213	23	0	257	1
Monash IVF at Frankston Private Hospital	4	4	0	0	0	0	0	0	0	0
Monash IVF at Monash Surgical Private Hospital	1175	1624	421	322	348	296	26	0	345	0
Monash IVF at Western Day Surgery	76	105	31	29	33	26	2	1	33	0
Monash IVF Geelong	111	152	40	28	31	25	3	0	31	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	712	855	198	156	164	148	8	0	162	5
Repromed Mildura	17	18	4	3	3	3	0	0	3	0
Aggregated total	4523	6254	1492	1155	1267	1044	110	1	1257	9

* Initiated cycles. ** Included all babies (liveborn, stillborn, neonatal death)

Table 1.2 Final outcomes for treatment cycles commenced in 2009–2010 financial year

Treatment site	No. of women treated by THAW	Total no. cycles initiated*	No. cycles with embryos thawed^	Clinical pregnancies	Confinements	Total no. babies born**	No. of singletons	No. sets of twins born	No. sets of triplets born	No. of liveborn babies	Preg outcome unknown
THAW											
Ballarat IVF	135	192	189	51	45	45	45	0	0	45	0
City Fertility Centre Melbourne	228	381	366	77	58	64	52	6	0	61	0
Melbourne IVF at Epworth Freemasons	1328	2281	2133	426	332	349	315	17	0	344	3
Monash IVF at Bendigo Private Day Surgery	20	23	23	4	1	1	1	0	0	1	0
Monash IVF at Casterton Memorial Hospital	20	23	23	3	2	2	2	0	0	2	0
Monash IVF at Central Wellington Health Services	31	36	36	7	7	9	5	2	0	9	0
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	711	977	969	255	198	206	190	8	0	200	1
Monash IVF at Frankston Private Hospital	2	2	2	0	0	0	0	0	0	0	0
Monash IVF at Monash Surgical Private Hospital	741	996	996	240	186	191	181	5	0	189	0
Monash IVF at Western Day Surgery	12	15	15	0	0	0	0	0	0	0	0
Monash IVF Geelong	74	102	102	26	21	21	21	0	0	21	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	834	1310	1284	269	202	222	182	20	0	220	8
Repromed Mildura	24	26	22	4	3	3	3	0	0	3	0
Aggregated total	4160	6364	6160	1362	1055	1113	997	58	0	1095	12

* Initiated cycles. ** Included all babies (liveborn, stillborn, neonatal death)

Section 1

Table 1.2 Final outcomes for treatment cycles commenced in 2009–2010 financial year

Treatment Site	No. of women treated by AI	Cycles cont'd	Clinical pregnancies	Confinements	Total no. babies born**	No. of singletons	No. sets of twins born	No. sets of triplets born	No. of liveborn babies	Preg outcome unknown
	AI									
City Fertility Centre Melbourne	62	115	4	2	2	2	0	0	2	1
Melbourne IVF at Epworth Freemasons	369	699	86	66	75	58	7	1	74	1
Monash IVF at Bendigo Private Day Surgery	1	1	0	0	0	0	0	0	0	0
Monash IVF at Central Wellington Health Services	5	5	1	1	1	1	0	0	0	0
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	82	133	11	6	6	6	0	0	0	3
Monash IVF at Monash Surgical Private Hospital	34	55	7	6	6	6	0	0	0	1
Monash IVF Geelong	2	2	0	0	0	0	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	74	108	15	10	10	10	0	0	9	1
Repromed Mildura	9	15	5	2	2	2	0	0	2	1
Aggregated total	638	1133	129	93	102	85	7	1	87	8

* Initiated cycles. ** Included all babies (liveborn, stillborn, neonatal death)

Table 1.2 Final outcomes for treatment cycles commenced in 2009–2010 financial year

Treatment site	No. of women treated by DI	Cycles cont'd	Clinical pregnancies	Confinements	Total no. babies born**	No. of singletons	No. Sets of twins born	No. Sets of triplets born	No. of liveborn babies	Preg outcome unknown
	DI									
Ballarat IVF	7	7	1	1	1	1	0	0	1	0
Melbourne IVF at Epworth Freemasons	42	80	11	10	12	8	2	0	12	0
Monash IVF at Central Wellington Health Services	1	1	0	0	0	0	0	0	0	0
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	17	37	3	2	2	2	0	0	2	0
Monash IVF at Monash Surgical Private Hospital	15	23	1	1	1	1	0	0	1	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	13	19	5	5	6	4	1	0	6	0
Aggregated total	95	167	21	19	22	16	3	0	22	0

* Initiated cycles. ** Included all babies (liveborn, stillborn, neonatal death)

Table 1.3 Final outcomes for GIFT cycles commenced in 2009–2010 financial year

Treatment site	No. of women treated by GIFT	Total no. cycles initiated	Clinical pregnancies	Confinements	Total no. babies born*	No. of liveborn babies
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	2	6	1	1	1	1
Monash IVF at Monash Surgical Private Hospital	1	1	0	0	0	0
Aggregated total	3	7	1	1	1	1

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

Table 1.4 Final outcomes for surrogacy cycles commenced in 2009–2010 financial year

Treatment site	No. women involved in surrogacy arrangement	Total no. cycles initiated	Clinical pregnancies	Confinements	Total no. babies born*	No. of liveborn babies
Ballarat IVF	3	3	1	1	1	1
Monash IVF at Monash Surgical Private Hospital	1	2	0	0	0	0
Aggregated total	4	5	1	1	1	1

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

Section 2

Outcomes from treatment cycles, 2010-2011 financial year

Table 2.1 Number of patients per treatment site, 2010–2011 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 AI	No. of women treated by DI
		< 35	35–39	≥ 40					
Ballarat IVF	276	149	82	45	206	135	128	9	5
City Fertility Centre Melbourne	540	197	195	148	455	238	260	43	1
Melbourne IVF at Epworth Freemasons	2820	929	1088	803	2105	1282	1346	282	64
Monash IVF at Bendigo Private Day Surgery	67	37	23	7	55	41	23		
Monash IVF at Casterton Memorial Hospital	27	12	11	4	22	13	6		
Monash IVF at Central Wellington Health Services	77	37	29	11	63	44	21		1
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	1487	510	515	462	1086	790	620	24	19
Monash IVF at Frankston Private Hospital	56	27	21	8	52	35	4		1
Monash IVF at Monash Surgical Private Hospital	2271	823	838	610	1870	1336	873	24	22
Monash IVF at Western Day Surgery	138	68	45	25	127	94	25		
Monash IVF Geelong	212	85	88	39	176	114	67		
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1606	601	551	454	1133	702	819	61	26
Repromed Mildura	22	12	7	3			15	10	
Aggregated total	9599	3487	3493	2619	7350	4824	4207	453	139

Note: Women undertaking IVF/ICSI cycles may also undertake Thaw or AI cycles within this period

Table 2.2 Outcomes per treatment site IVF/ICSI, 2010–2011 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	286	263	70.0	243	227	87.2	63
City Fertility Centre Melbourne	699	634	52.8	582	565	69.6	107
Melbourne IVF at Epworth Freemasons	3260	2752	67.7	2623	2325	61.0	566
Monash IVF at Bendigo Private Day Surgery	72	62	82.3	60	57	86.0	21
Monash IVF at Casterton Memorial Hospital	22	18	72.2	17	16	87.5	4
Monash IVF at Central Wellington Health Services	85	72	77.8	69	68	67.6	22
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	1586	1269	80.7	1202	1144	71.0	321
Monash IVF at Frankston Private Hospital	60	56	69.6	54	50	98.0	19
Monash IVF at Monash Surgical Private Hospital	2701	2316	78.4	2221	2052	74.8	559
Monash IVF at Western Day Surgery	169	144	83.3	139	125	72.8	31
Monash IVF Geelong	276	214	74.3	202	199	80.4	55
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1377	1225	67.9	1171	1066	61.0	228
Repromed Mildura							
Aggregated total	10593	9025	71.9	8583	7894	68.6	1996

* SET: single embryo transfer. ** Number of clinical pregnancies only included those reported by the date on Page 15. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 15.

Section 2

Outcomes from treatment cycles, 2010-2011 financial year

Table 2.3 Outcomes of non-donor fresh IVF/ICSI cycles by cause of infertility, all treatment sites, 2010-2011

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	1681	1347	383	80.1	22.8
Female factor	1950	1457	371	74.7	19.0
– Tubal disease only	262	205	49	78.2	18.7
– Endometriosis only	395	287	81	72.7	20.5
– Other female factor only	1122	834	208	74.3	18.5
– Combined female factor	171	131	33	76.6	19.3
Combined male – female factor	938	698	195	74.4	20.8
Unexplained	1568	1202	302	76.7	19.3
Not stated	3999	2995	694	74.9	17.4
Total	10136	7699	1945	76.0	19.2

* Number of clinical pregnancies only included those reported by the date on Page 15. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 15.
Note: There may be more than one cause of infertility.

Table 2.4 Oocytes collection and transfer per treatment site, IVF/ICSI, 2010-2011 financial year

Treatment site	Total no. oocyte retrieval attempts	Total no. oocytes collected	Total no. oocytes inseminated*	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	277	2419	1970	1262	20	256	1.13	314	570
City Fertility Centre Melbourne	655	5590	5046	2992	52	738	1.31	848	1586
Melbourne IVF at Epworth Freemasons	2921	24861	21203	14888	129	3240	1.39	5097	8337
Monash IVF at Bendigo Private Day Surgery	65	744	620	424	2	65	1.14	80	145
Monash IVF at Casterton Memorial Hospital	19	144	131	95	1	18	1.13	28	46
Monash IVF at Central Wellington Health Services	74	854	736	500	3	90	1.32	111	201
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	1306	12860	10159	6655	67	1476	1.29	1110	2586
Monash IVF at Frankston Private Hospital	56	582	515	340	2	51	1.02	61	112
Monash IVF at Monash Surgical Private Hospital	2383	24399	19456	12945	95	2569	1.25	2280	4849
Monash IVF at Western Day Surgery	151	1787	1410	926	5	159	1.27	162	321
Monash IVF Geelong	222	2157	1733	1199	12	238	1.20	236	474
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1322	11940	10234	7022	54	1488	1.40	3168	4656
Repromed Mildura									
Aggregated total	9451	88337	73213	49248	442	10388	1.32	13495	23883

^ 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.

Section 2

Outcomes from treatment cycles, 2010-2011 financial year

Table 2.5 Outcomes per treatment site, THAW cycle, 2010–2011 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	198	198	273	168	180	1.07	92.9	0	42
City Fertility Centre Melbourne	470	429	681	394	475	1.21	79.4	0	90
Melbourne IVF at Epworth Freemasons	2272	2210	3522	2092	2613	1.25	75.2	49	445
Monash IVF at Bendigo Private Day Surgery	28	28	45	28	30	1.07	92.9	4	8
Monash IVF at Casterton Memorial Hospital	6	6	8	6	6	1.00	100.0	0	3
Monash IVF at Central Wellington Health Services	25	25	40	24	26	1.08	91.7	1	3
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	814	812	1051	765	834	1.09	91.0	2	262
Monash IVF at Frankston Private Hospital	4	4	5	4	4	1.00	100.0	0	1
Monash IVF at Monash Surgical Private Hospital	1145	1142	1458	1041	1122	1.08	92.2	14	300
Monash IVF at Western Day Surgery	31	31	41	29	35	1.21	79.3	0	3
Monash IVF Geelong	83	83	99	72	73	1.01	98.6	0	18
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1296	1291	2097	1231	1598	1.30	70.3	36	308
Repromed Mildura	15	11	44	8	9	1.13	87.5	0	3
Aggregated total	6387	6270	9364	5862	7005	1.19	80.6	106	1486

* SET: single embryo transfer. ** Number of clinical pregnancies only included those reported by the date on Page 15. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 15.

Table 2.6 AI using partner's sperm, outcomes per treatment site, stimulated/unstimulated 2010-2011

Treatment site	Total no. cycles initiated		Total no. clinical pregnancies [*]	
	STIMULATED		UNSTIMULATED	
Ballarat IVF	4	3	7	7
City Fertility Centre Melbourne	2	0	71	1
Melbourne IVF at Epworth Freemasons	443	50	69	5
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	22	2	13	0
Monash IVF at Monash Surgical Private Hospital	19	3	16	1
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	63	4	11	1
Repromed Mildura			14	0
Aggregated total	553	62	201	15

* Number of clinical pregnancies only included those reported by the date on Page 15. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 15. Note: This data only includes AI insemination at registered ART providers and does not include AI at private doctor's facilities.

Table 2.7 GIFT cycles, outcomes per treatment site, stimulated/unstimulated 2010–2011

Treatment site	Total no. cycles initiated	Total no. oocytes transferred	Total no. of clinical pregnancies [*]
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	5	10	0
Monash IVF at Monash Surgical Private Hospital	2	4	0
Monash IVF at Western Day Surgery	1	2	0
Aggregated total	8	16	0

* Number of clinical pregnancies only included those reported by the date on Page 15. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 15.

Section 2

Outcomes from treatment cycles, 2010-2011 financial year

Table 2.8 Storage of ovarian tissue/oocytes/embryos per treatment site, 2010–2011 financial year

Treatment site	No. patients with ovarian tissue in storage as at 30.06.11	No. embryos in storage as at 30.06.11
Ballarat IVF	0	1,241
City Fertility Centre Melbourne	0	1,370
Melbourne IVF at Epworth Freemasons Hospital	0	12,436
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	108	6,647
Monash IVF at Monash Surgical Private Hospital	3	5,896
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	0	10,774
Aggregated total	111	38,364

Section 3

Table 3 Multiple pregnancies as at dates on page 15 per treatment site, 2010–2011 financial year

Treatment site	Total no. clinical pregnancies*	Number of fetal hearts*				Not stated
		None	One	Two	Three	
Ballarat IVF	117	14	90	3	0	10
City Fertility Centre Melbourne	198	32	151	13	1	1
Melbourne IVF at Epworth Freemasons	1083	146	837	98	2	0
Monash IVF at Bendigo Private Day Surgery	29	0	17	2	0	10
Monash IVF at Casterton Memorial Hospital	7	0	4	0	0	3
Monash IVF at Central Wellington Health Services	25	0	11	3	0	11
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	589	1	427	27	2	132
Monash IVF at Frankston Private Hospital	20	0	11	0	0	9
Monash IVF at Monash Surgical Private Hospital	870	0	659	40	3	168
Monash IVF at Western Day Surgery	34	0	11	2	0	21
Monash IVF Geelong	73	0	57	4	0	12
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	549	79	426	43	1	0
Repromed Mildura	3	1	2	0	0	0
Aggregated total	3597	273	2703	235	9	377

* Number of clinical pregnancies only included those reported by the date on Page 15. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 15.

Section 4

Table 4 Surrogacy cycles and resulting outcomes, all treatment sites, 2010–2011 financial year

Treatment site	Total no. women involved in surrogacy arrangements*	Total no. cycles initiated**	Total no. cycles with OPU	Total no. cycles with embryos transferred	Total no. Clinic pregnancies***
Ballarat IVF	3	5	1	3	0
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	3	3	1	2	1
Monash IVF at Monash Surgical Private Hospital	3	8	2	3	0
Aggregated total	9	16	4	8	1

* Includes commissioning donor and surrogate women. ** Includes cycles for commissioning donor and surrogate women. *** Number of clinical pregnancies only included those reported by the date on Page 15. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 15.

Section 05

Donor treatment procedures during 2010–2011 financial year

Table 5.1 Use of donor gametes and embryos and outcomes, all treatment sites, 2010–2011 financial year

Treatment site	Total no. recipients treated	Total no. cycles continued	Total no. of clinical pregnancies*
Donor embryo	76	105	29
Donor oocytes	306	476	103
Donor sperm**	644	1192	246
Aggregated total***	1026	1773	378

* Number of clinical pregnancies only included those reported by the date on Page 15. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 15.

** excluded DI *** Some recipients had both donated oocytes and sperm

Table 5.2 Outcomes per treatment site, stimulated/unstimulated – DI (Donor insemination), 2010–2011

Treatment site	Total no. cycles initiated		Total no. clinical pregnancies*	
	STIMULATED		UNSTIMULATED	
Ballarat IVF			6	2
City Fertility Centre Melbourne			5	0
Melbourne IVF at Epworth Freemasons	66	13	32	4
Monash IVF at Central Wellington Health Services	1	0		
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	8	0	25	3
Monash IVF at Frankston Private Hospital	1	0		
Monash IVF at Monash Surgical Private Hospital	10	3	24	4
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	28	8	7	0
Aggregated total	114	24	99	13

* Number of clinical pregnancies only included those reported by the date on Page 15. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 15.

Table 5.3 Storage of donor sperm per treatment site, 2010–2011 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	18	1
City Fertility Centre Melbourne	8	22
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	57	2
Reproductive Services, Royal Women's Hospital (Melb IVF)	112	13
Aggregated total	195	38

Table 5.4 Number of oocyte and embryo donors utilised, 2010–2011 financial year

Treatment site	No. oocyte donors		No. embryo donors	
	KNOWN	CLINIC RECRUITED	KNOWN	CLINIC RECRUITED
Ballarat IVF	7	1	0	5
City Fertility Centre Melbourne	6	0	0	0
Melbourne IVF at Epworth Freemasons Hospital	0	53	9	9
Monash IVF at Casterton Memorial Hospital	2	1	0	0
Monash IVF at Central Gippsland Health Service	1	0	0	0
Monash IVF Geelong	3	0	0	0
Monash IVF at Monash Surgical Private Hospital	61	6	3	3
Monash IVF at Epworth Richmond/Healthbridge Hawthorn Private Hospital	32	1	2	29
Monash IVF at Western Day Surgery	5	0	0	0
Reprod. Services, Royal Women's Hospital (Melbourne IVF)	0	32	1	12
Aggregated total	117	94	15	58

Section 6

Preimplantation Genetic Diagnosis

Table 6.1 Preimplantation genetic diagnosis for patients with a known genetic risk, 2010–2011 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	55	79	13	5
Monash IVF at Monash Surgical Hospital	38	53	9	3
Aggregated total	93	132	22	8

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	908	770	601	42	49	53	499
Monash IVF at Monash Surgical Hospital	53	661	528	369	36	43	17	309
Aggregated total	132	1569	1298	970	78	92	70	808

* 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 detection of numerical chromosome abnormalities, 2010–2011

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	61	78	17	4
Monash IVF at Monash Surgical Hospital	43	60	9	1
Aggregated total	104	138	26	5

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	78	1111	971	687	56	71	40	576
Monash IVF at Monash Surgical Hospital	60	754	621	444	37	42	30	372
Aggregated total	138	1865	1592	1131	93	113	70	948

* 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, 2010–2011

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	1	1	8	0	0	0
Monash IVF at Epworth Richmond/ Healthbridge Hawthorn Private Hospital	3	3	3	3	3	1
Monash IVF at Monash Surgical Private Hospital	20	21	23	18	18	10
Aggregated total	24	25	34	21	21	11

Financial statements



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Financial statements

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

We certify that the attached financial statements for 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 2011 and financial position of Victorian Assisted Reproductive Treatment Authority as at 30 June 2011.

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 29 August 2011



Ms Louise Johnson

Chief Executive Officer

Melbourne

Date 29 August 2011

Financial statements

The accompanying notes form part of these financial statements.

Comprehensive Operating Statement for the year ended 30 June 2011

	Notes	2011 \$	2010 \$
Revenue	2	630,460	701,060
Interest Income	2	2,347	380
Employee benefits expense	3	(378,927)	(436,250)
Depreciation expense	3	(6,181)	(8,165)
Other expenses	3	(189,982)	(235,427)
Project expenses		(54,920)	-
Operating surplus/(deficit)		2,797	21,598
Other comprehensive income		-	-
Comprehensive result for the year		2,797	21,598

Balance Sheet as at 30 June 2011

	Notes	2011 \$	2010 \$
CURRENT ASSETS			
Cash and cash equivalents	7	140,603	105,743
Trade and other receivables	8	63,364	2,603
Other current assets	9	13,540	4,259
TOTAL CURRENT ASSETS		217,507	112,605
NON CURRENT ASSETS			
Property, plant and equipment	10	9,732	27,570
TOTAL NON CURRENT ASSETS		9,732	27,570
TOTAL ASSETS		227,239	140,175
CURRENT LIABILITIES			
Trade and other payables	11	76,638	54,957
Short term provisions	12	106,637	32,109
TOTAL CURRENT LIABILITIES		183,275	87,066
NON CURRENT LIABILITIES			
Long term provisions	12	6,203	18,145
TOTAL NON CURRENT LIABILITIES		6,203	18,145
TOTAL LIABILITIES		189,478	105,211
NET ASSETS		37,761	34,964
EQUITY			
Contributed capital	13	11,200	11,200
Retained earnings		26,561	23,764
TOTAL EQUITY		37,761	34,964
Commitments for expenditure	16		
Contingent assets and contingent liabilities	17		

Financial statements

The accompanying notes form part of these financial statements.

Statement of Changes in Equity for the year ended 30 June 2011

	Contributed Capital \$	Retained Earnings \$	Total \$
Balance at 1 July 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
Capital Contributed	-	-	-
Surplus/(Deficit) for the year	-	2,797	2,797
Other Comprehensive Income	-	-	-
Balance at 30 June 2011	11,200	26,561	37,761

Cash Flow Statement for the year ended 30 June 2011

	Notes	2011 \$	2010 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Government grants		535,655	665,344
Receipts from customers and others		24,974	38,216
Payments to suppliers and employees		(538,348)	(649,091)
Interest received		2,347	380
Net cash provided by operating activities	14	24,628	54,849
CASH FLOW FROM INVESTING ACTIVITIES			
Payment for property, plant and equipment		(3,154)	(673)
Proceeds for property, plant and equipment		13,386	-
Net cash used in investing activities		10,232	(673)
Net increase/(decrease) in cash held		34,860	54,176
Cash at beginning of financial year		105,743	51,567
Cash at end of financial year	7	140,603	105,743

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 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

Notes to the Financial Statements for the year ended 30 June 2011

and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies set out below have been applied in preparing the financial report for the year ended 30 June 2011, and the comparative information presented in these financial statements for the year ended 30 June 2010.

(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

Assets with a cost in excess of \$100 (2010-11 and 2009-10) 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 Human Services.

The following table indicates the expected useful lives of non current assets on which the depreciation charges are based.

	2011 & 2010
Motor Vehicle	Up to 10 years
Computer Equipment	Up to 10 years
Office Equipment	Up to 20 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	
	2011	2010
Vic Super	-	4,074
Hesta Superannuation	22,636	18,087
AMP Superannuation	14,733	13,975
Health Superannuation	2,954	4,724
Other	1,941	3,347
Total	42,264	44,207

Notes to the Financial Statements for the year ended 30 June 2011

(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. During the year the Authority received grants in connection with a fully acquittable project. The Authority has recognised a liability for the amount of unexpended revenue at balance date.

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) Commitments for Expenditure

Non-cancellable operating leases are recognised as an expense in the period which they are incurred. The entity is not party to any financial leases.

(q) Contingent Assets and Contingent Liabilities

As at reporting date contingent assets will be disclosed where the inflow of future economic benefits is probable. Disclosures in respect of contingent liabilities will be made unless the possibility of outflow in settlement is remote. Where practicable, an estimate of financial effects will be included.

(r) Project Expenses

Project expenses relate to service agreements for the delivery of defined outcomes. Project expenses are recognised as an expense in the reporting period they are incurred.

(s) Other Expenses

Other expenses are recognised as an expense in the reporting period in which they are incurred.

(t) Prepayments

Payments for expenses relating to future reporting periods are recognised as prepaid expenses (current assets) in the current year. Expenses are then recognised as an expense in the reporting period to which they relate.

(u) Rounding

The amounts contained in this report and in the financial report have been rounded to the nearest dollar unless otherwise stated.

(v) New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2011 reporting period. As at 30 June 2011, the following standards and interpretations had been issued but were not mandatory for financial year ending 30 June 2011. The Authority has not and does not intend to adopt these standards early.

Financial statements

The accompanying notes form part of these financial statements.

Standard / Interpretation	Summary	Reporting Periods [*]	Impact on Financial Statements
AASB 9 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 still being assessed.
AASB 124 Related Party Disclosures (December 2009)	Government related entities have been granted partial exemption with certain disclosure requirements	Beginning 1 January 2011.	Preliminary assessment suggests the impact is insignificant. However, the Authority is still assessing the detailed impact and whether to early adopt.
AASB 1053 Application of Tiers of Australian Accounting Standards	This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.	Beginning 1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) for certain public sector entities and has not decided if RDRs will be implemented to Victorian Public Sector.
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 & 1038 and Interpretations 10 & 12]	This Standard gives effect to consequential changes arising from issuance of AASB 9.	Beginning 1 January 2013	Detail of impact still being assessed.
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 entities 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 AASs.	Beginning 1 January 2013	The amendments only apply to those entities to whom AASB 8 applies, which are for-profit government departments. Detail of impact is still being assessed.
AASB 2009-14 Amendments to Australian Interpretation – Prepayments of a Minimum Funding Requirement [AASB Interpretation 14]	Amendments to Interpretation 14 arise from the issuance of prepayments of a minimum funding requirement.	Beginning 1 January 2013	Expected to have no significant impact.
AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements	This Standard makes amendments to many Australian Accounting Standards, including Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities.editorial amendments to other AASs.	Beginning 1 July 2013	Does not affect financial measurement or recognition, so is not expected to have any impact on financial result or position. May reduce some note disclosures in financial statements.
AASB 2010-4 Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 1, AASB 7, AASB 101 & AASB 134 and Interpretation 13]	This Standard makes numerous improvements designed to enhance the clarity of standards.	Beginning 1 January 2011	No significant impact on the financial statements.
AASB 2010-5 Amendments to Australian Accounting Standards [AASB 1, 3, 4, 5, 101, 107, 112, 118, 119, 121, 132, 133, 134, 137, 139, 140, 1023 & 1038 and Interpretations 112, 115, 127, 132 & 1042]	This amendment contains editorial corrections to a range of Australian Accounting Standards and Interpretations, which includes amendments to reflect changes made to the text of IFRSs by the IASB.	Beginning 1 January 2011	No significant impact on the financial statements.
AASB 2010-6 Amendments to Australian Accounting Standards – Disclosures on Transfers of Financial Assets [AASB 1 & AASB 7]	This amendment adds and changes disclosure requirements about the transfer of financial assets. This includes the nature and risk of the financial assets.	Beginning 1 July 2011	This may impact on departments and public sector entities as it creates additional disclosure for transfers of financial assets. Detail of impact is still being assessed.
AASB 2010-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127]	These amendments are in relation to the introduction of AASB 9.	Beginning 1 January 2013	This amendment may have an impact on departments and public sector bodies as AASB 9 is a new standard and it changes the requirements of numerous standards. Detail of impact is still being assessed.
AASB 2010-8 Amendments to Australian Accounting Standards – Deferred Tax: Recovery of Underlying Assets [AASB 112]	This amendment provides a practical approach for measuring deferred tax assets and deferred tax liabilities when measuring investment property by using the fair value model in AASB 140 <i>Investment Property</i> .	Beginning 1 January 2012	This amendment provides additional clarification through practical guidance.
AASB 2010-9 Amendments to Australian Accounting Standards – Severe Hyperinflation and Removal of Fixed Dates for First-time Adopters [AASB 1]	This amendment provides guidance for entities emerging from severe hyperinflation who are going to resume presenting Australian Accounting Standards financial statements or entities that are going to present Australian Accounting Standards financial statements for the first time.It provides relief for first-time adopters from having to reconstruct transactions that occurred before their date of transition to Australian Accounting Standards.	Beginning 1 July 2011	Amendment unlikely to impact on public sector entities.
AASB 2011-1 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project [AASB 1, AASB 5, AASB 101, AASB 107, AASB 108, AASB 121, AASB 128, AASB 132 & AASB 134 and Interpretations 2, 112 & 113]	This amendment affects multiple Australian Accounting Standards and AASB Interpretations for the objective of increased alignment with IFRSs and achieving harmonisation between both Australian and New Zealand Standards. It achieves this by removing guidance and definitions from some Australian Accounting Standards, without changing their requirements.	Beginning 1 July 2011	This amendment will have no significant impact on public sector bodies.
AASB 2011-2 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements [AASB 101 & AASB 1054]	The objective of this amendment is to include some additional disclosure from the Trans-Tasman Convergence Project and to reduce disclosure requirements for entities preparing general purpose financial statements under Australian Accounting Standards – Reduced Disclosure Requirements.	Beginning 1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) and has not decided if RDRs will be implemented to Victorian Public Sector.
AASB 2011-3 Amendments to Australian Accounting Standards – Orderly Adoption of Changes to the ABS GFS Manual and Related Amendments [AASB 1049]	This amends AASB 1049 to clarify the definition of the ABS GFS Manual, and to facilitate the adoption of changes to the ABS GFS Manual and related disclosures.	Beginning 1 July 2012	This amendment provides clarification to users on the version of the GFS Manual to be used and what to disclose if the latest GFS Manual is not used. No impact on performance measurements will occur.

^{*} Application for reporting periods beginning on or ending on.

Financial statements

The accompanying notes form part of these financial statements.

Notes to the Financial Statements for the year ended 30 June 2011

	Notes	2011 \$	2010 \$
NOTE 2: REVENUE			
Operating activities			
Government Grants – Core Funding		563,245	665,344
Government Grants – Projects		54,920	-
Licensing Fees		-	29,346
Other		12,295	6,370
		630,460	701,060
Other Income			
Interest Income		2,347	380
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		342,731	396,790
Superannuation		29,270	37,050
Staff Amenities		586	617
Staff development & seminars		6,340	1,793
<i>Total employee benefits</i>		378,927	436,250
Supplies and services expense			
Accounting		13,500	16,314
Advertising		-	6,954
Audit fees		6,680	6,275
Bank charges		262	362
Computer maintenance		3,280	4,991
Consultants fees		11,130	4,094
Courier/Postage		704	2,761
Entertainment		87	980
Insurance		27,590	-
Lease payments		7,333	5,281
Loss on disposal of assets		1,425	362
Maintenance		-	300
Member sitting fees		12,465	40,362
Motor vehicle expense		1,989	3,310
Office outgoings		3,685	10,919
Other		9,109	8,158
Printing and publications		39,043	46,834
Public relations		-	3,523
Rent		30,743	53,537
Software		-	7,453
Symposium/Seminars		10,964	-
Telephone		2,668	6,576
Travel and accommodation		5,389	3,480
Work Cover		1,936	2,601
<i>Total supplies and services expense</i>		189,982	235,427
Project Expenses		54,920	-
Depreciation		6,181	8,165
Total expenses		630,010	679,842

Financial statements

The accompanying notes form part of these financial statements.

Notes to the Financial Statements for the year ended 30 June 2011

NOTE 4: RESPONSIBLE PERSONS DISCLOSURES

(a) Responsible Minister

The Hon. Daniel Andrews, Minister for Health was the Responsible Minister from 1 July 2010 to 1 December 2010.

The Hon David Davis, Minister for Health and Aging, was the Responsible Minister from 2 December 2010 to 30 June 2011

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) Key Management Personnel

Authority Members

Ms K Mander	(Chairperson from 01/07/2010 to 30/06/2011)
Ms E Roadley	(Deputy Chairperson from 01/07/2010 to 30/06/2011)
Ms A Styles	(Member from 01/07/2010 to 31/05/2011)
Dr D Edgar	(Member from 01/07/2010 to 30/06/2011)
Ms M Coady	(Member from 01/07/2010 to 30/06/2011)
Ms V Tutungi	(Member from 01/07/2010 to 05/08/2010)
Ms V Heywood	(Member from 01/07/2010 to 30/06/2011)

Chief Executive Officer

Ms L Johnson

(c) Remuneration of Responsible persons

The number of Responsible Persons are shown in their relevant income bands

Income Band

\$0	– \$ 9,999
\$10,000	– \$19,999
\$20,000	– \$29,999
\$30,000	– \$39,999
\$110,000	– \$119,999
\$130,000	– \$139,999
\$150,000	– \$159,999
\$160,000	– \$169,999

Total Numbers

Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:

No.	No.
7	7
-	1
-	-
-	-
-	-
-	-
-	1
1	-
8	9
176,120	196,825

(d) Short term benefits

Remuneration of Responsible persons		Total \$
Salary and Fees \$	Superannuation \$	

2011

Total compensation	163,629	12,491	176,120
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2010

Total compensation	181,009	15,816	196,825
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(e) Transactions with related parties

There were no transactions with related parties during the year.

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 2011 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 \$42,264 (2010: \$44,207) 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 \$29,270 (2010: \$37,479).

NOTE 6: AUDITORS REMUNERATION

Remuneration of the auditors for:

Victorian Auditor General Officer

Notes

2011 \$	2010 \$
6,680	5,720

Financial statements

The accompanying notes form part of these financial statements.

Notes to the Financial Statements for the year ended 30 June 2011

	Notes	2011 \$	2010 \$
NOTE 7: CASH AND CASH EQUIVALENTS			
Cash at bank and on hand		140,603	105,743
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		140,301	105,460
Cash on hand		302	283
		140,603	105,743
NOTE 8: TRADE & OTHER RECEIVABLES			
CURRENT			
Trade and other receivables		63,364	2,603
NOTE 9: OTHER CURRENT ASSETS			
CURRENT			
Prepayments		13,540	4,259
NOTE 10: PROPERTY, PLANT AND EQUIPMENT			
PLANT AND EQUIPMENT			
(a) Motor Vehicles			
At fair value		-	21,301
Less accumulated depreciation		-	(3,994)
		-	17,307
(b) Computer Equipment			
At cost		3,827	673
At fair value		8,040	8,040
Less accumulated depreciation		(5,873)	(3,041)
		5,994	5,672
(c) Office Equipment			
At fair value		5,721	5,721
Less accumulated depreciation		(1,983)	(1,130)
		3,738	4,591
Total property, plant and equipment		9,732	27,570

Movement in Carrying Amounts 2011

Balance at the beginning of the year

	Motor Vehicles \$	Computer Equipment \$	Office Equipment \$	Total \$
Balance at the beginning of the year	17,307	5,672	4,591	27,570
Additions	-	3,154	-	3,154
Depreciation expense	(2,496)	(2,832)	(853)	(6,181)
Disposals	(14,811)	-	-	(14,811)
Balance at end of year	-	5,994	3,738	9,732

Financial statements

The accompanying notes form part of these financial statements.

Notes to the Financial Statements for the year ended 30 June 2011

NOTE 11: TRADE AND OTHER PAYABLES

	Notes	2011 \$	2010 \$
CURRENT			
<i>Contractual Payables</i>			
Trade Creditors		42,355	16,720
Accruals		25,037	27,941
Superannuation Payable		2,019	2,454
Salary Package Liability		1,151	200
		70,562	47,315
<i>Statutory Payables</i>			
PAYG Withheld		6,076	7,642
Total Trade and Other Payables		76,638	54,957

NOTE 12: PROVISIONS

Opening balance at 1 July 2009		36,836
Provisions/(Reductions) raised during the year		13,418
Balance at 30 June 2010		50,254
Provisions/(Reductions) raised during the year		62,586
Balance at 30 June 2011		112,840

Analysis of Total Provisions

Current – Annual Leave – unconditional and expected to be settled within 12 months	42,220	32,109
Current – Long Service Leave – unconditional and expected to be settled after 12 months	20,576	-
Current – Project – unconditional and expected to be settled within 12 months	43,841	-
Non Current – Long Service Leave – conditional and expected to be settled after 12 months	6,203	18,145
Total	112,840	50,254

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 measurement and recognition criteria for employee benefits has been included in Note 1(k).

Provision for Project Expenses

The provision relates to project expenditure already funded by specific grant and subject to service agreement for the delivery of defined outcomes.

NOTE 13: 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 14: CASH FLOW INFORMATION

(a) Reconciliation of cash flow from ordinary activities

Operating Profit/(Deficit) from ordinary activities	2,797	21,598
Non cash flows in profit from ordinary activities:		
Depreciation	6,181	8,527
Loss on Disposal of asset	1,425	-
Changes in assets and liabilities:		
(Increase)\Decrease in trade and other receivables	(60,761)	30,123
(Increase)\Decrease in other assets	(9,281)	(4,259)
Increase\Decrease in trade and other payables	21,681	14,560
Increase\Decrease in deferred income	-	(29,118)
Increase\Decrease in provisions	62,586	13,418
Cash flows from operations	24,628	54,849

Notes to the Financial Statements for the year ended 30 June 2011

NOTE 15: 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 2011.

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 \$
			2011	2010
Cash and cash equivalents	7	Cash and cash equivalents	140,603	107,543
Receivables	8	Loans and Receivables	63,364	2,603
Financial liabilities			Category	
Trade payables	11	Measured at amortised cost	70,562	47,315

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	
	2011 %	2010 %	2011 \$	2010 \$	2011 \$	2010 \$	2011 \$	2010 \$
Financial Assets								
Cash and Cash Equivalents	1.95%	1.25%	140,301	105,460	302	283	140,603	105,743
Trade and other receivables			-	-	63,364	2,603	63,364	2,603
Total Financial Assets			140,301	105,460	63,666	2,886	203,967	108,346
Financial Liabilities								
Trade and other payables			-	-	70,562	47,315	70,562	47,315
Total Financial Liabilities			-	-	70,562	47,315	70,562	47,315

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

Less than 90 days

Notes

2011 \$	2010 \$
70,562	47,315
70,562	47,315

Notes to the Financial Statements for the year ended 30 June 2011

NOTE 15: 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:

	2011		2010	
	Carrying Amount \$	Net Fair Value \$	Carrying Amount \$	Net Fair Value \$
Financial assets				
Trade and other receivables	63,364	63,364	2,603	2,603
Financial liabilities				
Trade and other payables	70,562	70,562	47,315	47,315

(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 1.95%.
- A parallel shift of +1% and -1% in inflation rate from year end rates of 3.3%.

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 \$
2011					
Financial Assets					
Cash and Cash Equivalents	140,301	(1,403)	(1,403)	1,403	1,403
2010					
Financial Assets					
Cash and Cash Equivalents	105,460	(1,055)	(1,055)	1,055	1,055

NOTE 16: CAPITAL AND LEASING COMMITMENTS

(a) Capital Commitments

The Authority had no capital commitments at 30 June 2011 (2010: Nil).

(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 two years
- later than two years and not later than five years

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 2011 (2010: Nil).

2011 \$	2010 \$
4,073	12,263
3,442	14,290
6,883	-
14,398	26,553

NOTE 17: CONTINGENT LIABILITIES

There are no contingent liabilities at 30 June 2011 (2010: NIL)

NOTE 18: 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 19: EVENTS AFTER THE BALANCE SHEET DATE

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

NOTE 20: 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 21: 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 22: 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 2011 of the Victorian Assisted Reproductive Treatment Authority which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a statement of significant accounting policies and other explanatory information, 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*, and for such internal control as the Board Members determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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. Those Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about 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.

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.

Independent Auditor's Report (continued)


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 2011 and of its financial performance and its 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*.

Matters Relating to the Electronic Publication of the Audited Financial Report

This auditor's report relates to the financial report of the Victorian Assisted Reproductive Treatment Authority for the year ended 30 June 2011 included both in the Victorian Assisted Reproductive Treatment Authority's annual report and on the website. The Board Members of the Victorian Assisted Reproductive Treatment Authority are responsible for the integrity of the Victorian Assisted Reproductive Treatment Authority's website. I have not been engaged to report on the integrity of the Victorian Assisted Reproductive Treatment Authority's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.

MELBOURNE
29 August 2011



for D D R Pearson
Auditor-General

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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