VARTA

Victorian Assisted Reproductive Treatment Authority





Annual Report 2013

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Victorian Assisted Reproductive Treatment Authority
ABN 94 021 324 852
Level 3, 454 Collins Street, Melbourne Vic 3000
PO Box 16123, Collins Street, West Melbourne Vic 8007
Tel (61 3) 8601 5250
Fax (61 3) 8601 5277
Email varta@varta.org.au
www.varta.org.au

Chairperson's report
Kirsten Mander

The past year has been one of considerable growth and development in the assisted reproductive treatment (ART) field, with regulatory issues for both donor conception and surrogacy coming to the fore. These developments both within Victoria and elsewhere, have emphasised VARTA's critical role as provider of independent evidence-based information, education and monitoring.

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 year ending 30 June 2013.

In 2012, in addition to changes made to the *Assisted Reproductive Treatment Act 2008* around the storage of gametes, the Victorian Government continued to explore legislative change regarding access of donor-conceived people to identifying information about their donors. This potential change would affect those who donated eggs or sperm prior to donor anonymity ending under 1995 legislation.

VARTA was asked to consult with those who donated sperm or eggs in Victoria pre-1998 to gauge their views on the proposed changes (see page12). VARTA has an important voice to aid the development of well-considered Victorian legislation and a service delivery model, with appropriate sensitivity to the associated emotional, legal and ethical challenges of all parties involved.

Although VARTA is a Victorian authority, the field in which we work is expanding and operates beyond state and national borders. Nowadays, about 4 per cent of Australian children are born through some form of ART. The demand for ART is continuing to rise (see Figure 1, page 23); so too is the number of women over 40 years of age seeking treatment and the prevalence of health issues affecting fertility. For the first time this year, an IVF company was listed on the Australian stock exchange enabling public investment.

VARTA also took note of changes and trends in interstate and international ART legislation and policy. For instance, the Indian Government made changes in the past year to its visa regulations. At the time of writing, those entering India for surrogacy arrangements require a medical visa and the Indian Government has restricted eligibility to heterosexual couples who have been married for at least two years. This has implications for VARTA in ensuring those seeking overseas treatment are better informed about cross-border reproductive options, and we dedicated the 2012 Louis Waller Lecture to exploring this issue.

In a climate of increasing corporatisation and globalisation of the ART sector, and evolving technological capabilities, VARTA's role in monitoring developments and in providing independent, evidence-based information to those considering or undergoing assisted reproductive treatment is more important than ever. VARTA is continually innovating the way in which we disseminate information to respond to the global, fast-changing environment and to align with the means by which our audiences are accessing information.

As chairperson of VARTA, I would like to acknowledge the excellent work and dedication of VARTA's staff and my fellow members of the board. I warmly welcome new board members Jennifer Jarman and Katrina Harkess and the return of Margaret Coady and David Edgar.

Finally, I would like to thank the Victorian Minister for Health, the Commonwealth Department of Health and Ageing, the Fertility Coalition partners and the other organisations endorsing the Your Fertility project, as well as the participants in VARTA's education programs for their guidance and support during the year.

Kirsten Mander
Chairperson from 1 July 2010

Chief Executive Officer's report
Louise Johnson

The rapidly changing nature of the field of assisted reproductive treatment and its associated social, legal and ethical issues have meant another busy and productive year for the Victorian Assisted Reproductive Treatment Authority (VARTA).

VARTA's role is increasingly critical to the effective operation of the ART system and the welfare of the people that it touches. Since our inception, recognition and appreciation of VARTA's central and unique position within Australia has blossomed, with seminars quickly over-subscribed and including interstate participants; increased media presence; Your Fertility gaining increasing momentum; and active engagement and leadership in robust debate about ethics and public policy.

Over the past year, VARTA has produced and disseminated information via a range of means through improved websites, brochures, newsletters, media, social media, events, videos, podcasts, lectures, reports and conference presentations. This reflects the wide array of communication channels required to address the needs of our audience.

Of particular note are the consultation VARTA conducted with donors who donated gametes prior to 1998, as mentioned in the Chairperson's report and highlighted on page 12, and the Your Fertility project.

As part of the Your Fertility campaign, we continued working in strong partnership with our Fertility Coalition partners – Jean Hailes for Women's Health, Andrology Australia and the Robinson Institute – to deliver valuable resources for health professionals and the public about preconception health and the key factors that affect men's and women's fertility. These resources – including animations about the key fertility factors, case study videos and preconception health videos – are available to view at **www.yourfertility.org.au** and attract large numbers of viewers.

The 2012 Fertility Week activities are described on page 5 and the 2013 Fertility Week has had an even greater reach.

I am pleased to report that VARTA will be able to continue building on the excellent work of this campaign through new funding from the Victorian Department of Health (for Victorian activities in 2013–14) and the Commonwealth Department of Health and Ageing's Chronic Disease Prevention and Service Improvement Fund (over the next three years).

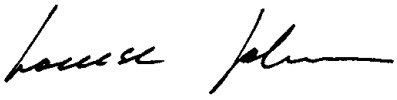
In addition to these efforts, VARTA continued to develop and provide clear, evidence-based and impartial information about assisted reproductive treatment through its brochures, staff talks, website and events. As well as the annual Louis Waller Lecture, VARTA organised two fully-subscribed events – the Twilight Seminar, *'How are you going? Experiences of donor conception'* and the Time to Tell Seminar, at which families shared insights about telling donor-conceived children about their origins and people talked about how their experiences of being donor-conceived. The feedback from these events is most encouraging and we continue to find ways to improve our delivery and make these highly-valued events accessible to a wider audience.

VARTA's profile and visibility in the media was expanded through interviews and comments on a range of ART and fertility-related issues throughout the year.

VARTA also exercised its regulatory role through consideration of 36 applications for import or export of donor gametes and monitoring of local and international ART developments such as a Victorian fertility clinic's partnership with an international egg bank.

We also negotiated some changes of our own, with a move to temporary premises, pending a more permanent move in 2014.

I would like to thank VARTA's board for its excellent stewardship, and staff members for their hard work, passion and professionalism in what was a dynamic year for both our organisation and our industry. I also express my profound gratitude to all those who have supported VARTA's work throughout the year, including members of our Advisory Panel and Public Education Reference Group; our seminar speakers and all those who have been willing to share their story to help others; those that volunteered their time and resources; collaborating researchers, health professionals and organisations; and those behind the scenes, without whom we couldn't have achieved such breadth of high-calibre activities.



Louise Johnson
Chief Executive Officer

Report of operations

Introduction

The Annual Report is submitted in compliance with section 114 of the *Assisted Reproductive Treatment Act 2008* (Act). The reporting period is 1 July 2012 to 30 June 2013.

The Victorian Assisted Reproductive Treatment Authority was established under Part 10 of the *Assisted Reproductive Treatment Act 2008*. VARTA reports to the Victorian Minister for Health.

Aims and functions

VARTA is an independent statutory authority, whose work is informed by the following guiding principles:

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

Specific functions under the Act include:

- the administration of the registration system under 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, and to provide for the exemption from particular provisions
- any other functions conferred on VARTA by or under the *Assisted Reproductive Treatment Act 2008*.

Strategic directions

Over the three-year strategy period 2010–11 to December 2013, VARTA aims to:

1. raise awareness of the causes and prevention of infertility
2. improve public understanding about the options and implications of assisted reproductive treatment (ART)
3. promote the welfare and interests of children born through ART
4. monitor, consult and advise the Minister regarding programs and activities under the Act
5. administer its registration and approval functions under the Act.

VARTA aims to provide leadership where appropriate and work collaboratively with relevant agencies and other stakeholders. In its public education program, VARTA utilises an appropriate mix of health promotion strategies, encompassing a balance of both individual and population–based approaches.

Performance at a glance

Below is a summary of our overall performance in relation to the current strategic plan.

AIM 1

Raise awareness of the causes and prevention of infertility

Achievements

The Your Fertility project aims to inform all Australians about the key factors that affect their ability to conceive and have healthy children. Your Fertility is run by the Fertility Coalition, consisting of VARTA as the lead agency, Jean Hailes for Women's Health, Andrology Australia and the Robinson Institute of the University of Adelaide. Your Fertility was independently evaluated this year, with the conclusion that the project to date has been 'highly successful in achieving its objectives within limited resources'. New content was developed and added to the Your Fertility website, which attracted nearly 52,000 visits in the 2012–13 financial year and continued to achieve a high search engine ranking.

The new *Fertility Factors* animated series explores the issues of age, weight, alcohol, smoking and timing of sex. The *Optimising Your Fertility* and *Optimising Patient Fertility* programs were among seven other major resources added, as were two case study videos. A mobile-optimised version of the site was launched in March 2013 to meet increasing demand from mobile-device users.

Fertility Factors was developed for monthly release in the lead-up to Fertility Week 2012. The animations were loaded more than 38,310 times throughout the year, with the video on timing of sex being the most popular.

As the lead agency of the Fertility Coalition, VARTA also produced two educational programs for the Your Fertility campaign this year. The 10-minute *Optimising Your Fertility* video targets the community with information about boosting chances of conceiving. Presented by Professor Rob Norman, Director of the Robinson Institute at the University of Adelaide, it has been loaded on the Your Fertility website about 6,130 times.

The *Optimising Patient Fertility* program is a 60-minute educational video for health professionals presented by experts. Developed through the Rural Health Education Foundation, the program is an accredited activity in several professional development programs.

To promote awareness of fertility factors, a series of case study videos is in production. Two videos, which feature women who have conceived either naturally or on IVF following lifestyle changes, now appear on the Your Fertility website. *Ricci-Jane's story* was launched on 4 February 2013, attracting 3,775 views. *Karlee's story* was released on 13 June 2013, and has since been loaded more than 1,360 times.

Social media has proven particularly important in promoting Your Fertility activities throughout the year. There have been 22 posts on the Your Fertility blog, a significant increase in likes on Your Fertility Facebook page and an increased number of Twitter followers. The Your Fertility campaign attracted media coverage on more than 100 occasions during the year.

Still from *Fertility Factors – Alcohol*

Challenges

Determining the long-term impact of the program is challenging, given the long-term nature of behaviour change, time-specific funding and limited resources of the project. The next phase of the project will involve repeating a survey of Australians of reproductive age to detect changes in levels of awareness of lifestyle and age on fertility.

Additionally, further building credibility and trust within the community and the health sector, and ensuring Your Fertility website resources are current, relevant and evidence-based, depends on the Fertility Coalition's ability to engage health professionals and attract long-term support.

Looking ahead

New funding from the Victorian Department of Health and the Commonwealth Department of Health and Ageing will support key activities. These include further qualitative research and continuing review of the literature to inform public education programs; maintenance and promotion of the Your Fertility website and social media campaigns; partnership development; and Fertility Week for the next three years.

fertilityWeek

3 – 9 September 2012

Fertility Week is a major focus of the Your Fertility project, aiming to promote conversations between individuals and health professionals about the lifestyle factors affecting fertility. A number of materials were developed for circulation during Fertility Week 2012.

A dedicated Fertility Week web page offered PDF versions of the Your Fertility promotional pack, which was downloaded 200 times. Overall, the site recorded 1600 visits during Fertility Week. Some 80 per cent of those visits were made by new visitors.

The Your Fertility promotional pack was developed as an educational resource for the general public and health professionals. Alongside the PDF version, this pack was offered in printed format and as a CD. Health professionals from 38 organisations around Australia ordered 179 hard-copy Your Fertility packs before and during Fertility Week, with orders continuing throughout the year. Additionally, 70 physical packs were distributed at the Healthy Development Adelaide Seminar, and 10 at the Public Health Association of Australia's conference in Adelaide. The Your Fertility promotional pack included: *Get ready to get pregnant* flyer, Fertility Week events flyer, Your Fertility Top 5 Fertility Factors postcard, Fertility Week poster, Your Fertility poster, Your Fertility facts for health professionals, Your Fertility reference list, *Optimising Patient Fertility* DVD and printed resource CD.

Media, sponsorship, website and social networking activities were also undertaken by VARTA and Fertility Coalition partners. Two versions of a community service announcement were developed and broadcast on the Rural Health Channel. The announcements were aired a further 63 times free of charge between 1 October and 2 December 2012. The animation series, *Fertility Factors,* was also broadcast on the channel at no cost on 64 occasions over that same period. A media release promoting Fertility Week was distributed nationally and the Your Fertility project received coverage by radio, print and online media.

An email campaign was used to promote Fertility Week within the Australian health sector. The two-part campaign encouraged health professionals to educate patients and clients about factors affecting fertility, using the resources available on the Your Fertility website, including the Your Fertility information pack.

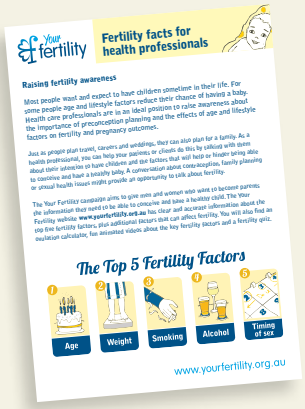
The *Optimising Your Fertility* program was broadcast 30 times on the Rural Health Channel over a three-month period from the start of Fertility Week. The *Optimising Patient Fertility* program, which was uploaded to the Your Fertility website during Fertility Week, has been loaded more than 870 times. These programs are also available on a DVD as part of the Your Fertility health promotion pack.

Lessons learned from this year's efforts have been used to inform plans for Fertility Week 2013, held on 2–8 September 2013.

The *Event activities* flyer suggested activities that health professionals and organisations could do to educate patients about fertility issues.

The *Want to have a baby?* GP conversation prompter provided information that individuals could use as a basis for a conversation with their GP about conception and preconception health.

The Your Fertility poster was intended for display in waiting or treatment rooms. It encourages individuals to ask health professionals about factors affecting fertility, and promotes Your Fertility messages and resources.



The Your Fertility factsheet targeted health professionals with information on key factors influencing fertility and pregnancy outcomes.

Performance at a glance

AIM 2

Improve public understanding about the options and implications of Assisted Reproductive Treatment (ART)

Achievements

In the past year, VARTA has focused heavily on growing public understanding of ART and improving public access to related information.

Notably, the need for key material to be made available in non-English languages was identified as a priority in last year's annual report. This resulted in two brochures being translated into Chinese-Mandarin, Cantonese, Vietnamese and Arabic: the *What is ART?* and *Possible health effects of ART.* A mapping exercise to identify culturally and linguistically diverse (CALD) organisations informed the promotion of these resources.

Other brochures, the *Costs of IVF* and *Possible health effects of IVF,* have been updated. The *What to do with your unused embryos?* decision tool is being evaluated in partnership with Melbourne IVF.

The website continues to play an important role in disseminating information to the public, with new visitors steadily increasing (10,415 new Victorian visits were recorded in 2012–13).

VARTA further expanded the types of content offered online. Video recordings of speakers at our Twilight Seminar *'How are you going?' – Experiences of donor conception* on donor-conception have been added to the site, as have two new *Life after IVF* podcasts, featuring couples' varying experiences with fertility treatment.

The annual Louis Waller Lecture, *Crossing Borders for Fertility Care: Where should the line be drawn?*, held on 3 July 2012, attracted an audience of more than 80 consumers, health professionals, government representatives and academics. Further information is provided on page 7.

VARTA staff spoke at a number of industry conferences, including the 2012 Fertility Society of Australia Conference, where two published papers by VARTA CEO Louise Johnson and Senior Research Officer/Scientific Writer Dr Karin Hammarberg, *Your Fertility: Development of a public awareness campaign* and *Evaluation of Your Fertility, a public education campaign to increase fertility knowledge*, were presented. Senior Community Education Officer Kate Bourne won the Best Psychosocial Paper award for her paper, *Fertility preservation in young cancer patients: the development of an education program for oncology health professionals.* Presentations were also given at the Australian Society for Psychosocial Obstetrics and Gynaecology and Surrogacy Australia conferences.

A continued commitment to education saw VARTA present lectures to students of Ballarat University and the University of Melbourne, and to Master of Clinical Embryology students at Monash University. VARTA fostered relationships with Japanese ART professionals and academics, keen to explore Victorian practice and legislation on all aspects of donor conception. VARTA contributed to Family Planning Victoria's Safe Landing sexuality education toolkit for secondary teachers. Ms Bourne was invited to co-author a chapter on donor conception issues for a planned University of Cambridge Press title. Throughout the year, she has spoken to various patient support groups.

Media coverage remained strong throughout the year, with Louise Johnson speaking on issues related to VARTA's donor consultation on 774 and 3AW radio stations. Enquiries from the public have focused on donor conception and surrogacy. VARTA continued to address and promote interest in assisted reproductive treatment through our newsletter and social media.

Challenges

Expanding the information available on the VARTA website to inform all those involved with ART and fertility issues, while also keeping the site easy for all visitors to navigate and use, remains a delicate balancing act.

In publicising its education events, VARTA faces a challenge in reaching audiences beyond those we already address. New approaches will be needed to expand the reach into the broader community.

Looking ahead

A review of VARTA's resources by the Public Education Reference Group has given us direction for future resource development. Consequently, we will undertake work to develop resources on finding a donor or surrogate, surrogacy in general, and any matters relating to changes to ART legislation. Efforts to make the website more usable and mobile-friendly will be continued. In addition, ART professionals and geneticists are advising VARTA on the development of materials on pre-implantation genetic diagnosis.

Louis Waller Lecture
A synthesis of cross-border reproduction issues

The 10th annual Louis Waller Lecture, presented by Professor Eric Blyth, Professor of Social Work at the University of Huddersfield (UK), explored the issues of reproductive tourism.

Increasingly, VARTA and other organisations like it around the world, are witnessing the scenario of prospective parents seeking fertility treatment beyond state and national borders. Ethical, legal and religious issues, as well as safety concerns and the availability of skills and technology, are among the main reasons for cross-border reproductive care.

Patients may face delays in accessing services in their own country, or treatments may be too costly. Other countries may offer higher success rates and better standards of care than are available in the home country, and some would-be parents find it easier to protect their privacy by accessing offshore fertility services.

While the influence of legal and social restrictions means that the nature and size of the market for reproductive tourism is not known, Professor Blyth cited evidence to suggest it may be large. Although not all aspects of reproductive tourism give grounds for concern, serious potential risks to patients, donors, surrogates and children have been identified. For those working in reproductive care, these risks provide good reason to establish ground-rules to govern the market.

Professor Blyth argues that the international community has three broad options to attempt to govern cross-border travel for fertility care: regulatory harmonisation, prohibition or criminalisation, and harm minimisation.

“The legal, cultural, moral and religious diversity between jurisdiction points to the impracticality of a global regulatory solution”, Professor Blyth contends, “however local harmonisation efforts, like those undertaken by the Fertility Society of Australia, and recent initiatives in Europe, highlight areas for potential development”.

According to Professor Blyth, prohibition or criminalisation, on the other hand, is a key concern for countries whose citizens are involved in cross-border fertility treatment. To prevent people from accessing the services they desire, and can obtain while ‘holidaying’ in another country, is likely to drive reproductive tourism underground—with the potential for significant negative impacts on the welfare of children. He cited Turkey and some Australian states (New South Wales, Queensland and the Australian Capital Territory) as examples of states where attempts to regulate the services citizens could access offshore were at best unenforceable. At worst, they caused citizens to relocate to locations with more moderate legislation.

“Efforts to minimise the potential harm that faces prospective parents seeking fertility treatments overseas are likely to be more helpful in the immediate term”, suggests Professor Blyth.

These efforts must address the needs of patients, donors, surrogates and children, and Professor Blyth believes that the development of an international code of professional practice would support those goals. He suggested that a system of international clinic accreditation that identifies affiliated clinics and defines agreed quality standards may further benefit the industry—and all those engaged with it.

Evaluation of a decision tool for people who need to make a choice about unused frozen embryos

This year, VARTA received Victorian Government funding to assess the usefulness of its decision tool for deciding what to do with unused embryos. Following Human Research Ethics Committee (HREC) approval, Melbourne IVF sent a mail pack containing the decision tool, its accompanying brochure and a questionnaire to people who have embryos approaching the storage time limit. The response rate to the survey was surprisingly low. VARTA has asked Melbourne IVF to offer the survey online, rather than in print form, and extend the study to target all people with stored embryos in Victoria, not just those approaching the time limit. Once HREC approval is granted, the decision tool and evaluation survey will be available on the VARTA website.

Performance at a glance

AIM 3

Promote the welfare and interests of children born through ART

Achievements

VARTA's focus on promoting the welfare and interests of donor-conceived people was strengthened this financial year through a range of educational events.

'How are you going?' – Experiences of donor conception, was the latest in the popular series of Twilight seminars, and was booked out 10 days prior to the event. Dr Vasanti Jadva from the University of Cambridge presented the results of a longitudinal study of families created using gamete donation. Four donor-conceived people, Ross, Riley, Louise and Chantele, then spoke about their experiences. The seminar was dedicated to the memory of Narelle Grech, a donor-conceived woman who worked closely with VARTA to promote issues of importance to donor-conceived people. Sadly, Narelle passed away in March.

The 2013 Time to Tell Seminar was another highlight of VARTA's public education work. Attended by prospective parents, parents and health professionals, the seminar addressed a wide range of family formations. Presentations by professionals introducing the legal and psychosocial contexts of donor conception were followed by 'real-life' stories from a wide range of people who had used ART or were donor-conceived. These included: two donor-conceived adults, a mother, and two teenagers conceived via donated embryos; adult twins conceived by donor sperm and their parents. A teenage boy who was gestated by a surrogate also spoke, along with his mother. A mother of donor egg-conceived teenage twins discussed the issues around telling others of her use of ART; an egg donor and a sperm donor also spoke.

The personal elements of these presentations were greatly appreciated by attendees. Breakout sessions, facilitated by a counsellor and a parent, then gave attendees the opportunity to speak to others in a similar situation to themselves, and created a more comfortable atmosphere in which to ask questions.

In addition to this work, VARTA continued to run regular meetings for donor-conceived people in partnership with VANISH. Lauren Burns, a donor-conceived person, co-facilitates the group, which this year attracted attendees from interstate as well as siblings of regular attendees.

These meetings provide attendees the chance to share experiences, and discuss topics ranging from finding out they were donor-conceived, to seeking information about their donor, building a relationship with their donor and navigating family issues. Narelle Grech, who was a founding member and regular attendee of the group, is sadly missed by participants.

Challenges

The growing popularity of the Time to Tell and Twilight seminars has seen audiences exceed capacity, and left would-be attendees on a waiting list. Alternative means of presenting the seminar material need to be investigated to enable VARTA to make these educational sessions accessible to a wider audience.

Looking ahead

The addition of two ART-conceived people to the Public Education Reference Group, will ensure that the views of donor-conceived and surrogate offspring continue to be addressed through future educational programs (see VARTA's website for a list of group members).

VARTA is working to develop a robust evaluation framework for next year's Time to Tell Seminar. VARTA aims to publish the evaluation in an international academic journal to promote the value of public education in encouraging open, honest communication to children about how they came into the world.

Impact of Time to Tell and Twilight seminars on participants

'Thanks for the fantastic work you do it makes an enormous difference to people's lives.'
Time to Tell participant, 2013

'So thrilled that my fears for the child's development were alleviated by your wonderful speaker'
Time to Tell participant, 2013

'It has made a huge impact on my decision to go forward with a donor to fulfil my dream of having a child.'
Twilight Seminar participant, 2013

'The sessions I have been to with VARTA so far have been fantastic and very informative, this organisation does a great job in bringing relevant information to its base. There is also a really "loving and supportive" vibe at these sessions.'
Time to Tell participant, 2013

'I think VARTA do a wonderful job with these seminars. They are always run so professionally and the staff are wonderful.'
Twilight Seminar participant, 2013

'I left feeling really positive about everything and confident in the future ahead. Understanding that it is not only you going through this and that not one story is the same is very important.'
Time to Tell participant, 2013

The focus on public education about ART and related issues has strengthened significantly since VARTA's role changed in 2010, with the introduction of the *Assisted Reproductive Treatment Act 2008*

A solid reputation for quality

The four years of holding Time to Tell and Twilight seminars have honed VARTA's expertise in developing and delivering a wide range of ART-related content covering issues relevant to a growing range of family constellations. These seminars' popularity has grown such that, in the past year they were over-subscribed by more than 10 per cent. Over 96 per cent of attendees who provided feedback were satisfied with the information provided.

Perhaps most importantly, feedback collected indicates a demonstrable impact on participants' knowledge, attitudes, beliefs and behaviours. Confidence levels with parenting a donor-conceived person increased markedly, from 32 per cent to 62 per cent among participants of the Time to Tell Seminar. Confidence levels increased even more dramatically around telling an ART-conceived person about their conception, from 23 per cent to 80 per cent. Furthermore, 100 per cent of participants described the seminar as being helpful or very helpful in assisting them to know when and how to tell their child.

Some 96 per cent of participants returning surveys said they appreciated meeting with others in a similar situation, while 97 per cent found talking with those people about key issues to be beneficial.

Behind the scenes

VARTA's educational program has developed well over the past four years. VARTA has streamlined its event management processes, and now uses an automated system to handle registrations and feedback. This year, 98 per cent of event registrations were completed online, with up to 90 per cent registered through an integrated system involving the VARTA website, social media and online promotion through other organisations.

Event promotion has also been a focus, as more effective promotional channels have been identified, and resources developed to serve them.

In the coming year, VARTA will focus on expanding the seminars' promotion to maternal and child health centres, pre-schools and day care centres, and through primary and secondary school newsletters.

An employee has been recruited to help with event management, which has enabled VARTA to more thoroughly consolidate learnings from each seminar and improve process efficiency.

To ensure the seminars are accessible to as many people as possible, attendance fees cover only the cost of running each event. The ongoing support of Russell Kennedy Pty Ltd and Northcote High School to provide free event space has helped keep attendance fees low.

Who is attending?

In the reporting period, event attendance from the general public increased, as did participation across family formations, particularly gay and lesbian and single-parent families.

The reputation of these events has now spread beyond Victorian borders, with some attendees travelling from interstate as such public education provision does not exist in their home state. The seminars have also been promoted within international networks, expanding awareness of VARTA and its educational focus offshore.

Performance at a glance

AIM 4

Monitor, consult and advise the Minister regarding programs and activities under the Act

Achievements

In March 2012 the Victorian Law Reform Committee delivered its report, *Inquiry into Access by Donor-Conceived People to Information about Donors.* In light of the Committee's recommendations VARTA was this year commissioned to undertake a consultation with people who had donated eggs or sperm prior to 1998. We provided a report on that consultation to the Victorian Government in May 2013. More information is provided on page 12. Throughout the year, regular meetings were also held with the Minister and the Department of Health to discuss a range of issues relating to the use of assisted reproductive treatment and the *Assisted Reproductive Treatment Act 2008*.

VARTA also consulted with our website visitors in November 2012. A web-based survey was used to ascertain if visitors were able to find the information they sought, whether that information met their needs, and if it was easy to access and understand. The website was regarded as highly valuable in Victoria and in other states where similar information is not readily available. Feedback also indicated a high level of satisfaction with the website's content and usability.

This year, VARTA improved the monitoring of its online activities to better understand website visitor behaviour. Site visitors most commonly sought information on surrogacy, egg freezing and donor conception. The most frequently downloaded resources were brochures on the health effects, success rates and costs of IVF, and our annual report. By closely monitoring visitor behaviour in this way, VARTA is able to more thoroughly assess the needs of site users, and provide information that is most pertinent to them. VARTA is also improving the website to meet the Website Content Accessibility Guidelines (WCAG 2.0).

Under the *Assisted Reproductive Treatment Act 2008*, a single donor's gametes (eggs, sperm or embryos) cannot be used to provide treatment for more than 10 women, or to form more than 10 families. This Act represents the first piece of legislation to prescribe donor limits. In the last financial year, as part of its monitoring function under the Act, VARTA consulted with ART providers and the Registry of Births, Deaths and Marriages in relation to a potential breach of the 10-family limit. One instance occurred where more than 10 families were formed through the donations of a single donor. However, the donor had donated at three clinics before the introduction of the Act, and the clinics had not knowingly provided treatment to form more than 10 families. Collaborative work with clinics and the Registry of Births, Deaths and Marriages was undertaken to reduce the risk of this issue recurring, and advice was provided to the Minister.

Ongoing monitoring of international research and consultation with VARTA's Public Education Reference Group has informed the development and implementation of the Your Fertility project, as well as new public education initiatives and resources.

Challenges

VARTA's move to temporary accommodation in June 2013, and intended move to level 30, 570 Bourke Street in early 2014, requires careful planning to ensure continuity of operations. VARTA, as a small statutory authority, continues to seek efficient ways to monitor the use of assisted reproductive treatment within Victoria, as well as interstate and internationally. A snapshot of some of the key issues being monitored is provided on page 11.

Looking ahead

VARTA will consult with our Advisory Panel in late 2013 to inform our strategic planning processes. VARTA looks forward to working with the Victorian Government on any decisions that flow from the recommendations of the Victorian Law Reform Committee's report.

Monitoring

Cross border reproductive care

Growing numbers of Australians continue to travel overseas for ART, particularly for access to donor gametes (eggs or sperm) and surrogacy arrangements. Following a change in Indian visa regulations in late 2012/ early 2013, restricting access to surrogacy arrangements, Thailand has become an alternative destination for Australians seeking surrogacy. Australian children born through overseas arrangements using anonymous donor gametes generally do not have the same access to information about their donor as those conceived locally. VARTA continues to monitor the cross-border reproductive care industry, and to provide education opportunities that help prospective parents to make informed choices about treatment.

Global services and changes to regulation

Articles describing Asia's low fertility rate, and the impact on economic growth, have appeared in the media. The World Health Organization predicts that after cancer and cardiovascular diseases, fertility and sterility issues will be the third most serious health condition of the 21st century.

With four billion people in the Asia Pacific region (representing more than 60 per cent of the global population), ART use reliance is growing rapidly in China, India, Vietnam, Japan and Korea. Australia's ART industry is looking to capitalise on Asia's vast developing markets, with companies such as Virtus Health and Genea taking steps to expand their activities. Virtus Health, which was listed on the Australian stock exchange, appointed a Singapore-based business development director, while Sydney-based Genea, opened a joint venture clinic in Bangkok, Thailand, specialising in screening for genetic diseases.

In the UK, the value of a specialist regulator of ART has been recognised in the decision to retain the Human Fertilisation and Embryology Authority. With the expansion of ART in Asia, industry regulation is under consideration by some governments. For example the *2010 Assisted Reproductive Technologies (Regulation) Bill* has been drafted in India but the legislation is yet to pass through the machinery of government.

Technological innovation and research

Advanced techniques for the detection of numerical chromosome abnormalities using pre-implantation genetic diagnosis (PGD) include chromosome microarray. This is a new form of chromosome analysis that simultaneously looks at thousands of sites across chromosomes, counting the number of copies of DNA present to screen for abnormalities. Chromosome microarray has largely replaced a previous technique called fluorescence in situ hybridisation (FISH). These techniques are used with women who have experienced miscarriage or multiple failed IVF cycles and enable the selection of healthy embryos. The number of women treated using PGD for this purpose have continued to increase with 325 women in treatment in 2012–13, a 29 per cent increase on last year (see page 33 for more statistics on PGD). In response to this trend, VARTA is currently developing a new brochure on PGD for the public.

In fulfilling VARTA's function to raise awareness of the causes and prevention of infertility, ongoing review and synthesis of the latest research on effective interventions and models of best practice is being undertaken. This work will further build the evidence base for the Your Fertility initiative.

Advertisement placed in *The Age* and *Herald Sun* (13 & 20 January 2013)

VARTA Report to the Victorian Government (20 May 2013)

Consultation with donors who donated gametes in Victoria, Australia before 1998: Access by donor-conceived people to information about donors

In March 2012, the Victorian Law Reform Committee published a report: *Inquiry into Access by Donor-Conceived People to Information about Donors*.

The report recommended that information that identifies donors should be released on application by donor-conceived people irrespective of whether the donors had been assured of anonymity at the time they donated, or they donated at a time when their consent was required for their information to be released.

The Victorian Government sought to understand the potential implications of the legislative change that might arise from this recommendation as well as others in the Committee's report. The Victorian Government commissioned VARTA to consult donors who would be affected by such legislation: people who made sperm and egg donations before 1998.

To ensure the confidentiality, rigour and neutrality of the research, VARTA contracted Monash University to interview donors and analyse the findings. A public relations and advertising campaign targeting people who donated in Victoria before 1998 was run in January and February 2013. The campaign invited pre-1998 donors to take part in the research.

Some 42 donors responded to the campaign and participated in the consultation – a figure that exceeded expectations. Donation records prior to 1998 are incomplete, and the total number of donors from prior years is not known, so the number of respondents cannot be confirmed as a representative sample of the target population. However, the diversity of individuals and opinions, and the inclusion of donors who had not previously made their views known, suggest that the participants represent more than a narrow segment of donors.

Participants comprised 36 sperm donors and six egg donors aged from 40 to 73 years. They had made donations in a variety of locations between 1970 and 1997, and differed considerably in their disclosure patterns and donation outcomes, as well as whether or not they had been approached by donor offspring or joined the Voluntary Register. Of the participants, seven had made a submission to the Law Reform Committee inquiry.

The research, which was conducted between December and February 2013, used semi-structured interviews to explore donors' opinions of the committee's recommendations. It also investigated how donors felt they would be affected if the recommendations were introduced into legislation.

A report of the findings, prepared by VARTA in partnership with Monash University, was submitted to the Victorian Government on 20 May.

The report can be downloaded from the VARTA website (**www.varta.org.au**).

Performance at a glance

A statistical snapshot of the donor registers in Victoria for 2012–13

The Victorian donor registers consist of the Central Register and the Voluntary Register. Both registers are managed by the Victorian Registry of Births, Deaths and Marriages under the *Assisted Reproductive Treatment Act 2008.* The Registrar has provided VARTA with data to 30 June 2013 from the donor registers for monitoring and public education purposes. A statistical snapshot of the numbers of people who have accessed the Central Register and Voluntary Register, as well as some information about their applications is provided.

Central Register

The Central Register contains information about people involved in donor treatment procedures, including the donor-conceived person, his or her parent/s and the donor. Clinics where treatment occurred provide the information. The following people can access the Central Register:

- a donor-conceived person
- a parent of a donor-conceived person
- a descendant of a donor-conceived person
- a donor.

A total of 1685 donor-conceived children on the Central Register are now over the age of 18 and eligible to apply for information.

The average age of new donors as at 30 June 2013 was 41 years and nine months for sperm donors and 35 years and seven months for egg donors (inclusive of ages of the men and women who donated embryos).

Voluntary Register

The Voluntary Register contains information lodged voluntarily by people who were involved with donor treatment procedures both before and following the introduction of legislation regarding assisted reproductive treatment in Victoria. Family members also use the register to record their wishes in relation to linking up with another party. In this way, matches between half-siblings and between donors and young adults born prior to legislation have been facilitated.

Applicants to the Voluntary Register – matched in the year ending 30 June 2013

Applicant type	Identifying Information sought	Non-identifying information sought
Donor	0	0
Donor-conceived person	3	0
Recipient parent	3	0
Total matches=6	**6**	**0**

Total number of applicants to Voluntary Register	
Donors	188
Donor-conceived persons	83
Recipient parents	158
Total	**429**

Legislation summary table

When consent was provided by a donor	Legal rights for donor-conceived persons
Prior to 1 July 1988	No access to identifying information about their donor parents. Access to Voluntary Register.
Between 1 July 1988 – 31 December 1997	Can access the identity of their donor on Central Register as long as the donor consents to the release of this information. Access to Voluntary Register.
After 1 January 1998	Unqualified right to access the identity of their donor from Voluntary and Central Register if the donor consented under the *Infertility Treatment Act 1995.*

Donor registers and changes to legislation

The Central Register was established in Victoria in 1988. As the law has changed in Victoria over time, the amount of information that is available to parties on the Central Register depends on when the donor signed their consent form regarding the donation of sperm or eggs. From 1988 until the implementation of the *Infertility Treatment Act 1995* on 1 January 1998, donor-conceived children could only access information about the identity of their donor if the donor consented to this.

Since 1 January 1998, it is no longer possible to donate sperm or eggs anonymously in Victoria. Therefore, any person conceived from donated gametes (eggs or sperm), where consent was given after 1 January 1998, can access information regarding the identity of their donor parent. They can apply in their own right once they turn 18, or parents can apply on their child's behalf before the child turns 18. This enables parents to gradually provide information about the donor to children as they become older and more curious. Contact established between parents and donors varies enormously, ranging from email communication to regular involvement of donors in family functions.

Timeframes for differences in access to information are summarised in the table at left.

Performance at a glance

The Central Register

Clinic notifications of births	From sperm donation	From egg donation	From both sperm & egg donation	Total
Total notified as at 30 June 2013	4154	1488	261	**5903**
From 1 July 2012 to 30 June 2013	278	96	34	**408**

Registered donors by type	Sperm donor	Egg donor	Total
Total registered as at 30 June 2013	875	1166	**2041**
New donors registered 1 July 2012 to 30 June 2013	80	94	**174**
Total registered donors as at 30 June 2013	**955**	**1260**	**2215**

Total number of applications to the Central and Voluntary Registers – year ending 30 June 2013

	Central Register	Voluntary Register
Applications for identifying information		
From donor	1	0
From donor-conceived person	0	1
From recipient parent	3	2
Total applications for identifying information	**4**	**3**
Applications for non-identifying information		
From donor	0	1
From donor-conceived person	1	0
From recipient parent	1	0
Total applications for non-identifying information	**2**	**1**
Applications for both identifying and non-identifying information		
From donor	0	13
From donor-conceived person	6	12
From recipient parent	9	14
Total applications for both information	**14**	**39**
Applications lodging information only		
From donor	N/A	0
From donor-conceived person	N/A	0
From recipient parent	N/A	0
Total lodgements only	**N/A**	**0**
Applications per register in 2012-13		
Total	**20**	**43**

Counselling sessions

Family Information Networks and Discovery (FIND) is the Department of Human Services agency responsible for counselling parties wanting to link through the registers. During the past financial year, FIND conducted 26 counselling sessions on referral from the Registry of Births, Deaths and Marriages for 15 recipient parents and 11 donor-conceived persons.

10-family limit for donors

In Victoria, a donor can contribute to the formation of no more than 10 families. The Registry of Births, Deaths and Marriages provides information to VARTA in relation to the monitoring of the 10-family limit. Since implementation of the Act, there has been one instance of a donor contributing to the formation of more than 10 families (refer to Aim 4 on page 10).

Doctors carrying out artificial insemination outside of registered ART providers

Doctors carrying out artificial insemination (AI), other than on behalf of a registered ART provider, are required to notify the Registry of Births, Deaths and Marriages of each AI procedure and arising births or pregnancies. There were no such AI notifications from 1 July 2012 to 30 June 2013.

Performance at a glance

AIM 5

Administer its registration and approval functions under the Act

Achievements

ART providers are required to notify VARTA when they are formally accredited by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia. They are also required to comply with VARTA's conditions for registration, which were reviewed during the year. A list of registered ART providers is provided on page 22. RTAC has accredited ART providers more rapidly this year, enabling VARTA to update website information about providers in a timely way.

Under the *Assisted Reproductive Treatment Act 2008,* VARTA is required to make decisions about the approval of the import or export of donor gametes or embryos formed from donor gametes into, or out of, Victoria. If people wished to import or export their own gametes or embryos into, or out of, Victoria and there are no donor gametes involved, then these arrangements can be made by registered ART providers without further application to VARTA. VARTA aimed to approve 90 per cent of applications within five weeks over the last financial year; this target was exceeded with 97 per cent of applications approved within this timeframe. *Guidelines for the Import and Export of Donor Gametes and Embryos Produced from Donor Gametes* were reviewed during the year.

Import and exports involving donated gametes approved under the *Assisted Reproductive Act 2008* from 1 July 2012 to 30 June 2013 are depicted in the following table.

Gamete type	No. of applications		Outcome
	Import	Export	
Donor sperm	6	3	Approved
Donor eggs	9	0	Approved
Donor eggs	8	0	Pending Approval
Embryos formed using donor sperm	4	3	Approved
Embryos formed using donor eggs	1	1	Approved
Embryos formed using donor eggs	1	0	Pending Approval
Total	**36**		

Challenges

As people increasingly seek donor gametes offshore for use for treatment in Victoria, approval decision-making by VARTA continues to be complex. A particular challenge is ensuring compliance with the 10-family limit for imports from countries where ART is unregulated and no checks and balances exist.

Similar complexity surrounds whether payments made by donors meet legislative requirements in relation to "reasonable expenses". VARTA has put processes in place to deal with this issue.

Monash IVF made plans this year to utilise services of the World Egg Bank for altruistic identity-release egg donors. VARTA examined all compliance aspects of the proposed arrangements, and assessed whether the eggs would be used in a way that is consistent with the Act. Monash IVF patients are currently applying to VARTA to import donor eggs from the World Egg Bank. Conditions imposed by VARTA and legislative requirements need to be met in order for applications to be successful.

Looking ahead

With clinics experiencing an increased demand for donor gametes, the pressure to examine offshore ART arrangements grows. VARTA will continue to monitor the use of cross-border reproductive care. It will address the differences between various state and national legislative and regulatory requirements as it considers applications to import or export donor gametes or embryos containing donor gametes. VARTA will also explore public education initiatives around finding a local gamete donor or surrogate.

Governance

Membership of VARTA

The Minister for Health nominates the members of the VARTA Board and the appointments are made by the Governor-in-Council. Section 101 of the *Assisted Reproductive Treatment Act 2008* states that in making nominations to the Governor-in-Council, the Minister must have regard to the need for diversity and expertise.

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

Members of the Authority (L–R): Ms Katrina Harkess, Ms Jennifer Jarman, Ms Kirsten Mander (Chairperson), A/Prof. David Edgar, Ms Margaret Coady, Ms Victoria Heywood. Ms Helen Shardey absent for photograph.

Governance

The following is a list of board members from 1 July 2012 to 30 June 2013.

Ms Kirsten Mander
Chairperson

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

Ms Helen Shardey

Ms Shardey was appointed on 19 June 2012. She was a Member of the Victorian Parliament for 14 years until her retirement in 2010, including five years as the Shadow Minister for Health. At various times, she also served as the Shadow Minister for Aged Care; Community Services; Housing; and Multicultural Affairs. Ms Shardey has previously worked as a corporate consultant, senior policy adviser (Federal Parliament), medical practice manager and secondary teacher, and was appointed Ambassador at Large for the Jewish National Fund of Australia. She is a board member on a number of community organisations, a member of the Australian Institute of Company Directors and chairs the board of Alfred Health.

Ms Margaret Coady

Ms Coady is a member of the Centre for Applied Philosophy and Public Ethics. 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.

Associate Professor David Edgar

Associate Professor Edgar is Scientific Director of Melbourne IVF and Reproductive Services at the Royal Women's Hospital, and is also a Principal 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. He has also served on the Royal Women's Hospital Human Research and Ethics Committee and on the Reproductive Technology Accreditation Committee.

Ms Victoria Heywood

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 29 adult non-fiction books.

Ms Katrina Harkess

With a background in IT, Ms Harkess has held a number of roles in the medical and security industries. A part-time student and full-time single parent of donor-conceived twins, she is actively involved in the parents of donor-conceived children community.

Ms Jennifer Jarman

Ms Jarman is a midwife and childbirth educator with Ramsay Health Care. She was a member of the Royal Women's Hospital board prior to relocating to London where she completed a MSc Health Policy, Planning and Financing at the University of London. She also served on the Committee of Management of the Centre Against Sexual Assault (CASA).

Governance

Board meetings

Section 113 of the Act provides that the VARTA Board may set up one or more committees, comprised of members of the board. Eleven full VARTA Board meetings were held between 1 July 2012 and 30 June 2013. Committees established are listed below.

Finance, Audit and Risk Management Committee
Chair: A/Prof. David Edgar
Member: Ms Victoria Heywood
Number of meetings held: four.

Remuneration Committee
Chair: Ms Kirsten Mander
Members: Ms Helen Shardey
Number of meetings held: one.

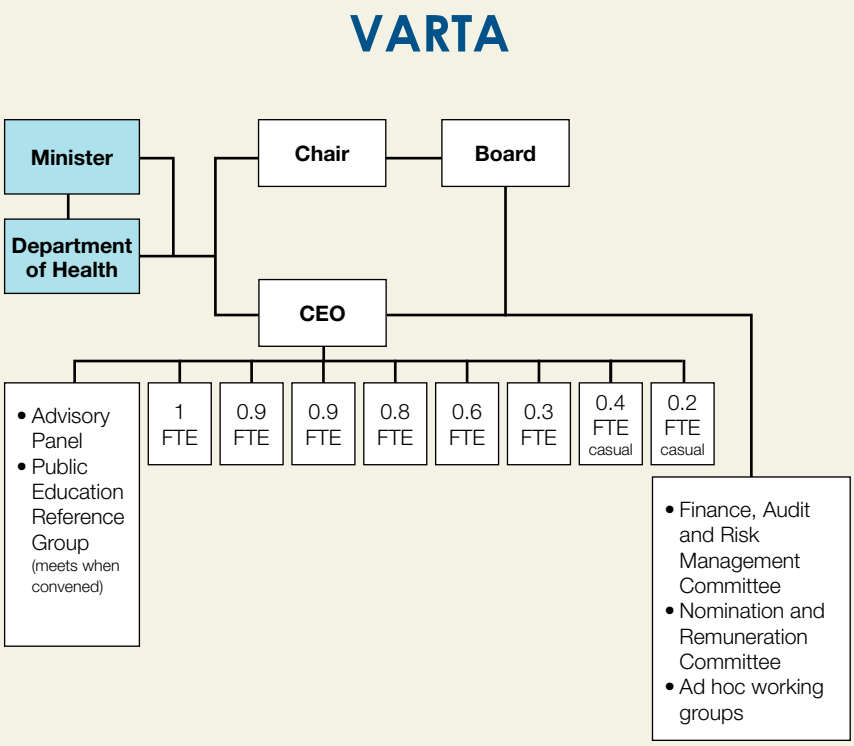
Working Groups
Ad hoc working groups are established when required for planning purposes.

Governance structure, staffing and advisory panels

VARTA's Chief Executive Officer is Louise Johnson. Ms Johnson has an Honours degree in microbiology, postgraduate qualifications in education and management and a Masters in Regulatory Studies. Ms Johnson is a community member of the Occupational Therapy Board of Australia, member of the NHMRC Embryo Licensing Committee, and a past chairperson for Women's Health Victoria. She is supported by the staff members listed below.

Office and Information Manager:	Tanya Thomson
Project Manager:	Helen Smallwood
Senior Community Education Officer:	Kate Bourne
Communications Manager:	Stephanie Francis
Senior Research Officer:	Karin Hammarberg
Administration Officer:	Emily McDiarmid
Education Officer:	Caroline Comoy

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

Operational and budgetary objectives and performance

VARTA has worked within budget and met the following financial objectives:

- expenditure within the amount budgeted for the end of the financial year including contingencies
- a positive ratio for assets: liabilities maintained
- taxation obligations met in a timely way.

VARTA has received funding from the Australian Government under the Family Planning Grants program administered by the Department of Health and Ageing for the Your Fertility project. Over three financial years, $598,175 (excluding GST) has been provided for the project (May 2011 to 30 June 2013). This grant has substantially increased the capacity of VARTA to promote research into the causes and prevention of infertility.

The Victorian Government provided $100,000 in May 2013 for Your Fertility activities conducted in Victoria to the end of June 2014.

There is a surplus for the year ending 30 June 2013, with an associated increase in equity for VARTA. This is largely due to unexpended funding from the Victorian Government for Your Fertility Victorian activities, as well as relocation and rental expenses to be incurred in the current and next financial years.

Summary of financial results

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

	2013	2012	2011	2010	2009
Total revenue	1,156,226	814,805	632,807	701,440	771,226
Total expenses	989,263	797,757	(630,010)	(677,432)	(835,024)
Operating surplus / deficit	166,963	17,048	2,797	21,598	(63,798)
Retained surplus / (accumulated deficit)	210,572	43,609	26,561	13,045	2,165
Total assets	435,216	255,776	227,239	140,175	119,716
Total liabilities	213,444	200,967	189,478	105,211	106,351
Total equity	221,772	54,809	37,761	34,964	13,365

Subsequent events

No events occurred after Balance Sheet date.

Risk management

Risk management plans were reviewed in June 2013. Following is a risk attestation.

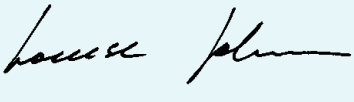
I, Kirsten Mander, Chairperson, certify that the Victorian Assisted Reproductive Treatment Authority has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system in place, that Victorian Assisted Reproductive Treatment Authority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

Data reporting

ART treatment outcome data is collected from registered ART providers directly by the Authority and by the Perinatal & Reproductive Epidemiology Research Unit at the University of New South Wales.

In addition, data is collected from the Registry of Births, Deaths and Marriages for public education and monitoring purposes. An attestation in relation to the reporting of data 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.



Governance

Privacy

VARTA is committed to protecting the privacy of individuals who make applications or participate in public education activities. A privacy policy is implemented ensuring that the requirements of the *Health Records Act 2001* are met.

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 50 to facilitate identification of VARTA's compliance with statutory disclosure requirements.

Consultancies

Consultancy costs were incurred for use of accounting and financial planning, public relations, information technology requirements, communications, evaluation of the Your Fertility project, design of public education materials, and strategic planning at a total cost of $205,743. Following is a schedule of consultancy costs incurred.

Occupational Health and Safety

An occupational health and safety audit is planned in relation to staff work stations in August 2013 to identify any improvements that could be made to the Authority's working environment with the relocation to temporary office accommodation.

Freedom of Information

The Authority received one Freedom of Information request in this financial year.

Consultant engagements costing in excess of $10,000 in the financial year 2012–13

Consultant	Project detail	Total project fees approved (exclusive of GST)	Total fees incurred in financial year 2012-13 (exclusive of GST)	Future commitments
Consultant engagements				
Monash University Jean Hailes Research Unit	Research for donor consultation project	$27,083	**$27,083**	Project completed
Enterprise Knowledge Pty Ltd	Record keeping	$10,080	**$10,080**	Project completed
TOTAL		**$173,463**	**$173,463**	
Your Fertility Project expenses include the following consultant engagements				
Monash University	Partnership work	$16,945	**$16,945**	Continued partnership work
Sheila Hirst	Project evaluation	$17,550	**$17,550**	Project completed
Simon O'Halloran Design	Project collateral design	$25,679	**$25,679**	Continuing work
Rural Health Education Foundation	Education project to reach rural and remote health professionals	$72,682	**$72,682**	Project completed
Sparkmill	Your Fertility website	$25,429	**$25,429**	Continuing work
TOTAL		**$158,285**	**$158,285**	

Consultant engagements costing less than $10,000 in the financial year 2012–13

Consultant	Total costs for financial year 2012-13 (exclusive of GST)
Consultant engagements	
Russell Kennedy Solicitors (legal advice), FOI Solutions (legal advice), AW Solutions (transcription services), Optimum (OH&S advice).	**$15,433**
Your Fertility Project expenses include the following consultant engagements	
Russell Kennedy Solicitors (legal advice), Davidson Consulting (strategic planning facilitation), Mariona Guiu (video production), Dylan Woolcock (music for website), Kate Cawley (animation).	**$22,987**

Outcome of treatment procedures in Victoria

Terminology

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.

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.

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.

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 22. 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 super-ovulatory drugs are used or where only clomiphene citrate is used.

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

Outcome of treatment procedures in Victoria

Registered Assisted Reproductive Treament (ART) providers

ART Providers registered to provide treatment under the *Assisted Reproductive Treatment Act 2008,* 1 July 2012 – 30 June 2013
Ballarat IVF
City Fertility Centre, Bundoora
City Fertility Centre, Melbourne
Melbourne IVF, Box Hill
Melbourne IVF, East Melbourne
Melbourne IVF, Mt Waverley
Monash IVF, Bendigo
Monash IVF, Clayton
Monash IVF, Frankston
Monash IVF, Geelong
Monash IVF, Hawthorn
Monash IVF, Sale
Monash IVF, Sunshine
Reproductive Services, Royal Women's Hospital (Melbourne IVF)

All sites listed for 2013 are registered ART providers with RTAC accreditation.
Melbourne IVF provides consultant services at Box Hill.

Data tables

This report outlines the procedures carried out at each site for a registered ART provider under 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 in the tables is provided for registered ART providers that are currently accredited by Reproductive Technology Accreditation Committee (RTAC). A list of registered ART providers is provided above.

Data collection, trends and success rates

The data in this report shows an increase in the overall number of treatment cycles. The data shows a 1.3 per cent increase in the number of IVF cycles continued in 2013 relative to 2012 (see Section 2).

The collection and preparation of data for the 2013 Annual Report is completed by the National Perinatal Epidemiology and Statistics Unit (NPESU) at the University of New South Wales.

Please note

The figures in the following tables are derived from the latest versions of the Australian and New Zealand Assisted Reproduction Database (ANZARD) data from 1 July 2012 to 30 June 2013 provided to Perinatal and Reproductive Epidemiology Research Unit (PRERU) by each of the ART units.

The following dates indicate when latest version ANZARD data were provided – pregnancy outcomes for each unit will only have been recorded up to these dates:

- 12/08/13 Ballarat IVF
- 31/07/13 CFC Bundoora
- 20/08/13 CFC Melbourne
- 19/08/13 Melbourne IVF
- 21/08/13 Monash IVF

Final 2011–12 pregnancy outcomes data for the ANZARD database was updated in August 2013. There were about 1.2 per cent of 2011-12 pregnancies data with unknown outcomes.

Outcome of treatment procedures in Victoria

Data collection, trends and success rates

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

Figure 1 Number of patients and treatment cycles per financial year 2008–09 to 2012–13.

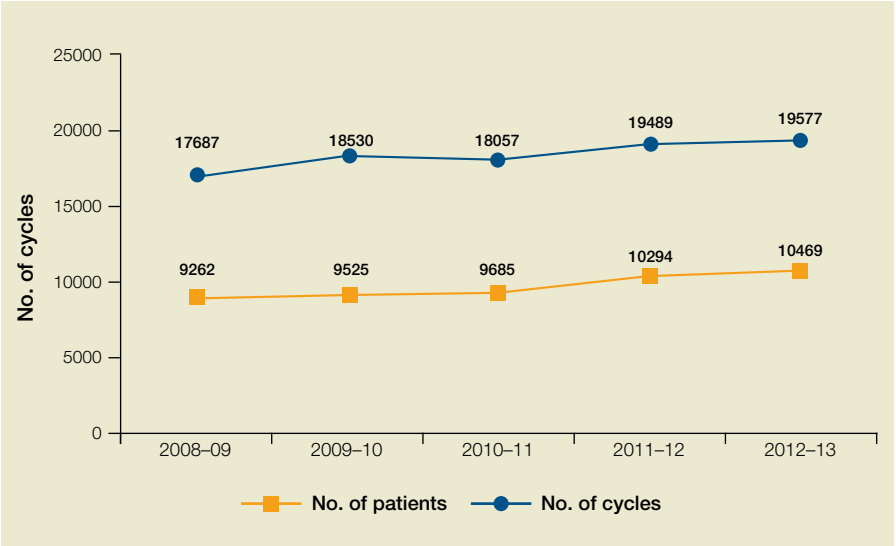
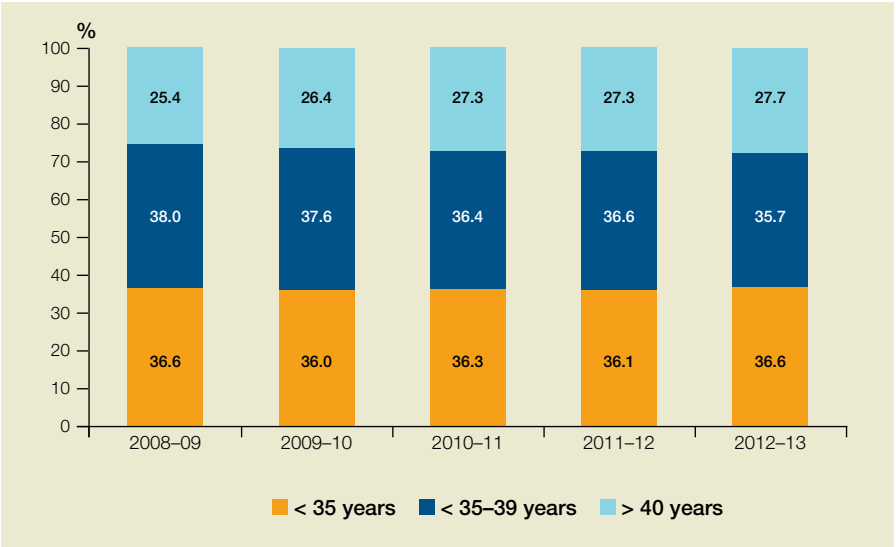


Figure 2 Age of women treated per financial year 2008–09 to 2012–13.



Final outcomes for treatment cycles commenced in 2011–12 financial year

This report includes a final outcome of treatment procedures undertaken in 2011. These final figures were not available at the time of the production of the 2012 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, 2011–12 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	No. of liveborn babies
		< 35	35–39	≥ 40							
Ballarat IVF	285	145	96	44	187	125	132	35	5	0	95
City Fertility Centre, Melbourne	548	209	192	147	466	258	235	2	0	0	158
Melbourne IVF, East Melbourne	3437	1119	1314	1004	2674	1806	1635	246	73	20	1058
Monash IVF, Bendigo	108	45	45	18	98	78	24	0	0	0	28
Monash IVF, Clayton	2134	771	790	573	1678	1256	866	24	38	7	714
Monash IVF, Frankston	41	17	11	13	41	25	0	0	0	0	6
Monash IVF, Geelong	243	103	92	48	207	121	79	0	0	1	67
Monash IVF, Hawthorn	1674	582	620	472	1236	952	734	23	31	2	597
Monash IVF, Sale	60	21	26	13	56	40	14	0	0	0	10
Monash IVF, Sunshine	167	79	54	34	159	112	23	0	0	0	43
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1555	604	518	433	1061	741	803	67	28	1	401
Aggregated total	**10252**	**3695**	**3758**	**2799**	**7863**	**5514**	**4545**	**397**	**175**	**31**	**3177**

Note: Women may undergo more than one type of treatment in any given year. This table updates data provided in the 2012 annual report (table 2.1).

Table 1.2 Final outcomes for treatment cycles commenced in 2011–12 financial year

Treatment site	No. of women treated by IVF/ICSI	Total no. cycles initiated*	No. oocyte retrieval attempts^	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	187	246	231	64	53	54	52	1	0	52	0
City Fertility Centre, Melbourne	466	681	657	120	99	102	96	3	0	98	1
Melbourne IVF, East Melbourne	2674	4075	3713	675	485	525	445	40	0	519	6
Monash IVF, Bendigo	98	138	117	28	22	24	20	2	0	24	0
Monash IVF, Clayton	1678	2488	2148	467	384	410	358	26	0	407	1
Monash IVF, Frankston	41	48	39	8	6	6	6	0	0	6	0
Monash IVF, Geelong	207	279	227	57	47	50	44	3	0	50	0
Monash IVF, Hawthorn	1236	1918	1631	385	294	311	277	17	0	303	2
Monash IVF, Sale	56	75	65	12	9	10	8	1	0	9	0
Monash IVF, Sunshine	159	228	199	51	36	38	34	2	0	37	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1061	1313	1235	244	173	192	154	19	0	192	5
Aggregated Total	**7863**	**11489**	**10262**	**2111**	**1608**	**1722**	**1494**	**114**	**0**	**1697**	**15**

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

Table 1.2 Final outcomes for treatment cycles commenced in 2011–12 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	125	157	44	36	37	35	1	0	36	0
City Fertility Centre, Melbourne	258	364	63	49	49	49	0	0	49	1
Melbourne IVF, East Melbourne	1806	2565	487	346	377	315	31	0	372	4
Monash IVF, Bendigo	78	104	25	20	22	18	2	0	22	0
Monash IVF, Clayton	1256	1727	365	295	314	276	19	0	311	0
Monash IVF, Frankston	25	27	3	3	3	3	0	0	3	0
Monash IVF, Geelong	121	156	36	29	30	28	1	0	30	0
Monash IVF, Hawthorn	952	1364	328	249	266	232	17	0	259	2
Monash IVF, Sale	40	53	9	7	8	6	1	0	7	0
Monash IVF, Sunshine	112	152	44	32	34	30	2	0	33	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	741	909	179	131	148	114	17	0	148	2
Aggregated total	**5514**	**7578**	**1583**	**1197**	**1288**	**1106**	**91**	**0**	**1270**	**9**

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

Table 1.2 Final outcomes for treatment cycles commenced in 2011–12 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	132	200	200	54	41	43	39	2	0	43	0
City Fertility Centre, Melbourne	235	376	376	66	56	61	51	5	0	60	0
Melbourne IVF, East Melbourne	1635	2733	2682	574	443	481	405	38	0	479	6
Monash IVF, Bendigo	24	28	28	4	4	4	4	0	0	4	0
Monash IVF, Clayton	866	1162	1160	358	281	292	270	11	0	289	0
Monash IVF, Frankston			0	0	0	0	0	0	0	0	0
Monash IVF, Geelong	79	106	106	24	17	17	17	0	0	17	0
Monash IVF, Hawthorn	734	1000	992	322	273	286	260	13	0	284	1
Monash IVF, Sale	14	17	17	3	1	1	1	0	0	1	0
Monash IVF, Sunshine	23	30	30	7	5	6	4	1	0	6	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	803	1264	1263	245	187	203	171	16	0	199	10
Aggregated Total	**4545**	**6916**	**6854**	**1657**	**1308**	**1394**	**1222**	**86**	**0**	**1382**	**17**

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

Final outcomes for treatment cycles commenced in 2011–12 financial year

Table 1.2 Final outcomes for treatment cycles commenced in 2011–12 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					
Ballarat IVF	35	43	13	0	0	0	0	0	0	13
City Fertility Centre, Melbourne	2	2	0	0	0	0	0	0	0	0
Melbourne IVF, East Melbourne	246	404	45	38	43	33	5	0	42	1
Monash IVF, Clayton	24	32	3	2	2	2	0	0	2	0
Monash IVF, Hawthorn	23	45	2	1	1	1	0	0	1	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	67	85	6	5	5	5	0	0	5	1
Aggregated total	**397**	**611**	**69**	**46**	**51**	**41**	**5**	**0**	**50**	**15**

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

Table 1.2 Final outcomes for treatment cycles commenced in 2011–12 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	5	7	1	0	0	0	0	0	0	1
Melbourne IVF, East Melbourne	73	117	22	15	15	15	0	0	15	0
Monash IVF, Clayton	38	69	9	9	10	8	1	0	10	0
Monash IVF, Hawthorn	31	47	7	7	8	6	1	0	8	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	28	35	6	5	5	5	0	0	5	0
Aggregated total	**175**	**275**	**45**	**36**	**38**	**34**	**2**	**0**	**38**	**1**

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

Table 1.3 Final outcomes for GIFT cycles commenced in 2011–12 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, Clayton	1	2	0	0	0	0
Monash IVF, Hawthorn	1	1	0	0	0	0
Aggregated Total	**2**	**3**	**0**	**0**	**0**	**0**

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

Table 1.4 Final outcomes for surrogacy cycles commenced in 2011–12 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
Melbourne IVF, East Melbourne	20	53	6	3	3	3
Monash IVF, Clayton	7	9	5	5	6	6
Monash IVF, Geelong	1	1	0	0	0	0
Monash IVF, Hawthorn	2	3	1	1	1	1
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1	1	0	0	0	0
Aggregated total	**31**	**67**	**12**	**9**	**10**	**10**

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

Outcomes from treatment cycles, 2012–13 financial year

Table 2.1 Number of patients per treatment site, 2012–13 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	265	133	86	46	176	128	135	41	5
City Fertility Centre, Bundoora	36	18	9	9	21	10	18	0	0
City Fertility Centre, Melbourne	638	247	212	179	523	301	288	32	11
Melbourne IVF, East Melbourne	3391	1118	1243	1030	2590	1851	1642	226	76
Melbourne IVF, Mt Waverley	241	122	69	50	188	129	110	17	12
Monash IVF, Bendigo	97	50	36	11	82	71	27	0	0
Monash IVF, Clayton	2168	771	803	594	1719	1255	952	26	28
Monash IVF, Frankston	28	9	9	10	27	19	2	0	0
Monash IVF, Geelong	238	106	80	52	198	133	99	0	0
Monash IVF, Hawthorn	1624	539	604	481	1194	913	767	26	22
Monash IVF, Sale	74	30	26	18	64	47	14	0	0
Monash IVF, Sunshine	142	60	45	37	130	82	29	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1531	628	514	389	1061	729	754	77	18
Aggregated total	**10473**	**3831**	**3736**	**2906**	**7973**	**5668**	**4837**	**445**	**172**

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, 2012–13 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	220	211	73.9	199	187	88.8	52
City Fertility Centre, Bundoora	24	21	52.4	19	19	78.9	3
City Fertility Centre, Melbourne	798	724	59.1	662	612	65.4	123
Melbourne IVF, East Melbourne	3877	3280	80.5	3128	2493	68.4	657
Melbourne IVF, Mt Waverley	219	200	72.5	192	177	81.9	38
Monash IVF, Bendigo	111	99	93.9	98	92	87.0	36
Monash IVF, Clayton	2498	2082	82.1	1907	1574	82.8	486
Monash IVF, Frankston	31	24	83.3	23	18	94.4	6
Monash IVF, Geelong	265	231	72.7	214	204	85.3	61
Monash IVF, Hawthorn	1801	1463	85.3	1354	1206	76.7	397
Monash IVF, Sale	84	69	82.6	66	63	76.2	22
Monash IVF, Sunshine	194	149	77.9	133	125	77.6	35
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1277	1135	75.7	1087	931	69.8	228
Aggregated total	**11399**	**9688**	**79.0**	**9082**	**7701**	**74.3**	**2144**

* SET: single embryo transfer. ** Number of clinical pregnancies only included those reported by the date on page 22. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 22.
Note: not all cycles result in embryo transfer (see table 2.3). This may reflect variation in practice between clinics. In some cycles, all embryos may be frozen.

Outcomes from treatment cycles, 2012–13 financial year

Table 2.3 Outcomes of non-donor fresh IVF/ICSI cycles by cause of infertility, all treatment sites, 2012–13**

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	1876	1318	401	70.3	21.4
Female factor	1122	739	213	65.9	19.0
- Tubal disease only	195	131	31	67.2	15.9
- Endometriosis only	225	162	56	72.0	24.9
- Other female factor only	627	390	108	62.2	17.2
- Combined female factor	75	56	18	74.7	24.0
Combined male—female factor	1183	808	268	68.3	22.7
Unexplained	1613	1145	306	71.0	19.0
Not stated	5135	3505	891	68.3	17.4
Total	**10929**	**7515**	**2079**	**68.8**	**19.0**

* Number of clinical pregnancies only included those reported by the date on page 22. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 22. ** Please note that this data does not include Melbourne IVF data relating to cause of infertility.

Table 2.4 Oocyte collection, embryo formation and transfer per treatment site, IVF/ICSI, 2012–13

Treatment site	Total no. oocyte retrieval attempts	Total no. oocytes collected	Total no. oocytes insem*	Total no. oocytes fertilised** (embryos formed)	Total no. cycles^	Total no. embryos transferred	Average no. embryos transferred	Total no. embryos frozen	Total no. embryos unsuitable***
Ballarat IVF	215	1955	1569	1123	12	208	1.11	313	602
City Fertility Centre, Bundoora	22	235	197	123	2	23	1.21	21	79
City Fertility Centre, Melbourne	756	6617	5726	3280	62	824	1.35	928	1528
Melbourne IVF, East Melbourne	3503	33011	26463	18716	152	3289	1.32	6424	9003
Melbourne IVF, Mt Waverley	209	2103	1791	1236	8	209	1.18	697	330
Monash IVF, Bendigo	98	1008	809	596	1	104	1.13	150	342
Monash IVF, Clayton	2172	19331	15369	9374	175	1845	1.17	2648	4881
Monash IVF, Frankston	25	308	239	158	1	19	1.06	44	95
Monash IVF, Geelong	238	2037	1745	1148	17	234	1.15	315	599
Monash IVF, Hawthorn	1536	14011	10414	6571	109	1487	1.23	1833	3251
Monash IVF, Sale	71	667	546	352	3	78	1.24	92	182
Monash IVF, Sunshine	157	1637	1303	743	16	153	1.22	150	440
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1204	11161	9231	6426	48	1213	1.30	2993	2220
Aggregated total	**10206**	**94081**	**75402**	**49846**	**606**	**9686**	**1.26**	**16608**	**23552**

^ Total no. of cycles where no embryo formed * Included thawed oocytes ** 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. *** Total no. of embryos unsuitable for freezing or transfer.

Outcomes from treatment cycles, 2012–13 financial year

Table 2.5 Outcomes per treatment site, THAW cycle, 2012–13 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	196	196	252	178	185	1.04	96.1	0	47
City Fertility Centre, Bundoora	20	17	18	16	18	1.13	87.5	0	5
City Fertility Centre, Melbourne	428	394	503	372	417	1.12	87.9	9	95
Melbourne IVF, East Melbourne	2604	2549	4425	2340	2885	1.23	76.9	138	541
Melbourne IVF, Mt Waverley	189	188	358	185	218	1.18	82.2	11	27
Monash IVF, Bendigo	31	31	37	31	33	1.06	93.5	0	10
Monash IVF, Clayton	1305	1305	1607	1211	1311	1.08	91.7	103	417
Monash IVF, Frankston	2	2	2	2	2	1.00	100.0	0	0
Monash IVF, Geelong	134	134	149	128	135	1.05	94.5	2	30
Monash IVF, Hawthorn	1052	1051	1293	1014	1105	1.09	91.0	16	359
Monash IVF, Sale	17	17	20	16	18	1.13	87.5	0	2
Monash IVF, Sunshine	45	45	49	44	47	1.07	93.2	0	6
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1158	1152	2114	1096	1417	1.29	70.9	51	273
Aggregated total	**7181**	**7081**	**10827**	**6633**	**7791**	**1.17**	**82.6**	**330**	**1812**

* SET: single embryo transfer. ** Number of clinical pregnancies only included those reported by the date on page 22. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 22.

Table 2.6 AI using partner's sperm, outcomes per treatment site, stimulated/unstimulated 2012–13

Treatment site	Total no. cycles initiated	Total no. clinical pregnancies*	Total no. cycles initiated	Total no. clinical pregnancies*
	STIMULATED		UNSTIMULATED	
Ballarat IVF	16	2	51	8
City Fertility Centre, Melbourne	7	0	44	0
Melbourne IVF, East Melbourne	334	37	26	3
Melbourne IVF, Mt Waverley	30	5	1	0
Monash IVF, Clayton	26	6	10	0
Monash IVF, Hawthorn	21	1	18	2
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	90	16	7	1
Aggregated total	**524**	**67**	**157**	**14**

* Number of clinical pregnancies only included those reported by the date on page 22. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 22. Note: This data only includes AI 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 2012–13

Treatment site	Total no. cycles Initiated	Total no. oocytes transferred	Total no. of clinical pregnancies*
Monash IVF, Hawthorn	1	2	0
Aggregated total	**1**	**2**	**0**

* Number of clinical pregnancies only included those reported by the date on page 22. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 22.

Section 2

Outcomes from treatment cycles, 2012-13 financial year

Table 2.8 Storage of sperm/ovarian tissue/oocytes/embryos per treatment site, 2012–13 financial year

Treatment site	No. patients with sperm in storage as at 30 June 2013	No. patients with ovarian tissue or oocytes in storage as at 30 June 2013	No. embryos in storage as at 30 June 2013
Ballarat IVF	116	4	1013
City Fertility Centre, Bundoora	0	0	48
City Fertility Centre, Melbourne	113	3	1589
Melbourne IVF, East Melbourne	881	234	15570
Melbourne IVF, Mt Waverley	17	1	538
Monash IVF, Clayton	560	85	5394
Monash IVF, Hawthorn	1271	148	8721
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	86	159	10276
Aggregated total	**3044**	**634**	**43149**

Section 3

Table 3 Multiple pregnancies as at dates on page 22 per treatment site, 2012–13 financial year

Treatment site	Total no. clinical pregnancies*	Number of fetal hearts*				Not stated
		None	One	Two	Three	
Ballarat IVF	111	11	98	2	0	0
City Fertility Centre, Bundoora	8	0	0	0	0	8
City Fertility Centre, Melbourne	218	16	143	11	0	48
Melbourne IVF, East Melbourne	1262	206	991	62	2	1
Melbourne IVF, Mt Waverley	73	7	63	3	0	0
Monash IVF, Bendigo	46	2	12	2	0	30
Monash IVF, Clayton	915	72	614	36	1	192
Monash IVF, Frankston	6	0	3	1	0	2
Monash IVF, Geelong	92	6	61	5	0	20
Monash IVF, Hawthorn	769	82	486	31	0	170
Monash IVF, Sale	24	2	7	1	1	13
Monash IVF, Sunshine	41	2	17	2	0	20
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	519	89	393	37	0	0
Aggregated total	**4084**	**495**	**2888**	**193**	**4**	**504**

* Number of clinical pregnancies only included those reported by the date on page 22. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 22.

Section 4

Table 4 Surrogacy cycles and resulting outcomes, all treatment sites, 2012–13 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***
Melbourne IVF, East Melbourne	23	60	5	21	4
Monash IVF, Clayton	1	1	0	1	0
Monash IVF, Geelong	3	4	1	3	1
Monash IVF, Hawthorn	5	9	2	7	3
Aggregated total	**32**	**74**	**8**	**32**	**8**

* 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 22. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 22.

Section 5

Donor treatment procedures during 2012–13 financial year

Table 5.1 Use of donor gametes and embryos and outcomes, all treatment sites, 2012–13 financial year

Treatment site	Total no. recipients treated	Total no. cycles continued	Total no. of clinical pregnancies*
Donor embryo	70	108	34
Donor oocytes	310	495	127
Donor sperm**	1901	3019	318
Aggregated total* **	**2281**	**3622**	**479**

* Number of clinical pregnancies only included those reported by the date on page 22. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 22. ** excluded DI. *** Some recipients had both donated oocytes and sperm.

Table 5.2 Outcomes per treatment site, stimulated/unstimulated – DI, 2012–13 financial year

Treatment site	Total no. cycles initiated	Total no. clinical pregnancies*	Total no. cycles initiated	Total no. clinical pregnancies*
	STIMULATED		UNSTIMULATED	
Ballarat IVF	1	0	5	2
City Fertility Centre, Melbourne	0	0	23	0
Melbourne IVF, East Melbourne	102	20	9	0
Melbourne IVF, Mt Waverley	19	3	0	0
Monash IVF, Clayton	14	3	35	3
Monash IVF, Hawthorn	10	2	28	5
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	23	1	2	0
Aggregated total	**169**	**29**	**102**	**10**

* Number of clinical pregnancies only included those reported by the date on page 22. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 22.

Table 5.3 Storage of donor sperm per treatment site, 2012–13 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	20	2
City Fertility Centre, Bundoora	0	0
City Fertility Centre, Melbourne	15	15
Melbourne IVF, East Melbourne	104	42
Monash IVF, Clayton	0	0
Monash IVF, Hawthorn	53	5
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	253*	0
Aggregated total	**445**	**64**

* From 2012-13, these figures combine recipient-recruited donors (n=126) with clinic donors (n=127).

Donor treatment procedures during 2012–13 financial year

Table 5.4 Number of oocyte and embryo donors utilised, 2012–13 financial year

Treatment site	No. oocyte donors		No. embryo donors	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Ballarat IVF	13	0	0	6
City Fertility Centre, Bundoora	0	0	0	0
City Fertility Centre, Melbourne	6	0	0	0
Melbourne IVF, East Melbourne	88	0	12	7
Melbourne IVF, Mt Waverley	2	0	0	0
Monash IVF, Bendigo	0	1	0	0
Monash IVF, Clayton	51	2	1	0
Monash IVF, Frankston	1	0	0	0
Monash IVF, Geelong	3	1	0	0
Monash IVF, Hawthorn	28	1	5	30
Monash IVF, Sale	2	0	0	0
Monash IVF, Sunshine	2	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	20	0	3	6
Aggregated total	**216**	**5**	**21**	**49**

Section 6

Preimplantation Genetic Diagnosis

Table 6.1 Preimplantation genetic diagnosis for patients with a known genetic risk, 2012–13 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, East Melbourne	63	80	13	5
Monash IVF, Clayton	43	64	9	3
Aggregated total	**106**	**144**	**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, East Melbourne	80	1145	955	716	44	48	47	621
Monash IVF, Clayton	64	858	718	484	33	37	124	323
Aggregated total	**144**	**2003**	**1673**	**1200**	**77**	**85**	**171**	**944**

* Suitable embryos available for transfer – represents cycles where at least one embryo did not have the abnormality being tested for.
** Unsuitable for freezing or transfer – includes those embryos diagnosed as genetically unsuitable.
Note: PGD IVF/ICSI and Thaw cycles may be initiated with the aim of freezing all embryos (no embryos transferred).

Table 6.2 Preimplantation genetic diagnosis for detection of numerical chromosome abnormalities, 2012–13

Treatment site	No. of women in treatment	No. of cycles where PGD performed	Total no. of clinical pregnancies	Total no. of confinements
Melbourne IVF, East Melbourne	262	343	51	16
Monash IVF, Clayton	63	85	8	1
Aggregated total	**325**	**428**	**59**	**17**

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, East Melbourne	343	4810	4039	3067	173	196	193	2678
Monash IVF, Clayton	85	974	861	582	85	16	248	318
Aggregated total	**428**	**5784**	**4900**	**3649**	**258**	**212**	**441**	**2996**

* Suitable embryos available for transfer – represents cycles where at least one embryo did not have the abnormality being tested for.
** Unsuitable for freezing or transfer – includes those embryos diagnosed as genetically unsuitable.
Note: PGD IVF/ICSI and Thaw cycles may be initiated with the aim of freezing all embryos (no embryos transferred).

Table 6.3 Preimplantation genetic diagnosis on embryos that have been frozen / thawed, 2012–13

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, East Melbourne	13	14	78	14	9	1
Monash IVF, Clayton	3*	3	17	0	0	0
Aggregated total	**13**	**17**	**95**	**14**	**9**	**1**

* the three patients had their embryos thawed, biopsied and re-frozen.
Note: PGD IVF/ICSI and Thaw cycles may be initiated with the aim of freezing all embryos (no embryos transferred).

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, presents fairly the financial transactions during the year ended 30 June 2013 and financial position of Victorian Assisted Reproductive Treatment Authority as at 30 June 2013.

At the time of signing 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
22 August 2013

Ms Louise Johnson
Chief Executive Officer

Melbourne
22 August 2013

Financial statements

The accompanying notes form part of these financial statements.

Statement of Profit or Loss & Other Comprehensive Income for the year ended 30 June 2013

	Notes	2013 $	2012 $
Revenue	2	**1,155,701**	811,778
Interest Income	2	**525**	3,027
Employee benefits expense	3(a)	**(375,664)**	(366,691)
Depreciation expense	3	**(7,745)**	(4,822)
Supplies and services	3(b)	**(275,331)**	(200,529)
Project expenses – employee benefits expense		**(171,457)**	(132,513)
Project expenses – other		**(159,066)**	(93,202)
Operating surplus/(deficit)		**166,963**	17,048
Other comprehensive income		**-**	-
Comprehensive result for the year		**166,963**	**17,048**

Balance sheet as at 30 June 2013

	Notes	2013 $	2012 $
CURRENT ASSETS			
Cash and cash equivalents	7	390,470	185,637
Trade and other receivables	8	**5,976**	41,635
Other current assets	9	**22,591**	6,561
TOTAL CURRENT ASSETS		**419,037**	233,833
NON CURRENT ASSETS			
Property, plant and equipment	10	**9,864**	14,352
Intangibles	11	**6,315**	7,591
TOTAL NON CURRENT ASSETS		**16,179**	21,943
TOTAL ASSETS		**435,216**	255,776
CURRENT LIABILITIES			
Trade and other payables	12	**117,746**	70,780
Short term provisions	13	**93,632**	129,038
TOTAL CURRENT LIABILITIES		**211,378**	199,818
NON CURRENT LIABILITIES			
Long term provisions	13	**2,066**	1,149
TOTAL NON CURRENT LIABILITIES		**2,066**	1,149
TOTAL LIABILITIES		**213,444**	200,967
NET ASSETS		**221,772**	54,809
EQUITY			
Contributed capital	14	**11,200**	11,200
Retained earnings		**210,572**	43,609
TOTAL EQUITY		**221,772**	**54,809**
Commitments for expenditure	18		
Contingent assets and contingent liabilities	19		

Statement of changes in equity for the year ended 30 June 2013

	Contributed Capital $	Retained Earnings $	**Total $**
Balance at 1 July 2011	11,200	26,561	37,761
Capital contributed	-	-	-
Surplus/(deficit) for the year	-	17,048	17,048
Other comprehensive income	-	-	-
Balance at 30 June 2012	11,200	43,609	54,809
Capital contributed	-	-	-
Surplus/(deficit) for the year	-	166,963	166,963
Other comprehensive income	-	-	-
Balance at 30 June 2013	**11,200**	**210,572**	**221,772**

Cash flow statement for the year ended 30 June 2013

	Notes	**2013 $**	**2012 $**
CASH FLOW FROM OPERATING ACTIVITIES			
Government grants		**1,141,543**	817,749
Receipts from customers and others		**72,217**	15,647
Payments to suppliers and employees		**(1,007,064)**	(773,740)
Interest received		**525**	3,027
Net cash provided by operating activities	15	**207,221**	62,683
CASH FLOW FROM INVESTING ACTIVITIES			
Payment for property, plant and equipment		**(2,388)**	(17,649)
Proceeds for property, plant and equipment		**-**	-
Net cash used in investing activities		**(2,388)**	(17,649)
Net increase in cash held		**204,833**	45,034
Cash at beginning of financial year		**185,637**	140,603
Cash at end of financial year	7	**390,470**	185,637

Notes to the Financial Statements for the year ended 30 June 2013

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.

Notes to the Financial Statements for the year ended 30 June 2013

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

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

The accounting policies set out below have been applied in preparing the financial report for the year ended 30 June 2013, and the comparative information presented in these financial statements for the year ended 30 June 2012.

(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) Intangible assets

Intangible assets represent identifiable non-monetary assets without physical substance such as computer software and development costs.

Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses.

Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to the Authority.

(g) Depreciation and amortisation

Assets with a cost in excess of $100 (2011-12 and 2010-11) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives using the diminishing value basis. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Health.

	2013 & 2012
Computer equipment	Up to 10 years
Office equipment	Up to 20 years
Software	Up to 5 years

(h) 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.

(i) 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.

(j) 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.

(k) 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.

(l) 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 seven 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.

Notes to the Financial Statements for the year ended 30 June 2013

(l) Employee benefits (continued)

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	
	2013	2012
Vision Super	4,209	3,687
Hesta Superannuation	32,937	31,547
AMP Superannuation	5,302	14,123
Health Superannuation	23,118	5,639
Vic Super	9,434	–
Other	7,807	1,674
Total	**82,807**	**56,670**

(m) 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.

(n) 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.

(o) Project expenses

Project expenses relate to the conduct of specifically funded activities of a defined nature and duration. Expenditure is recognised as expenses in the reporting period it is incurred.

(p) Other expenses

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

(q) Rounding off

All amounts shown in the financial statement are expressed to the nearest dollar.

(r) Comparatives

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

(s) 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.

(t) Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note (refer to note 18) at their nominal value and are inclusive of the goods and services tax ("GST") payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

(u) Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

(v) New accounting standards and interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2013 reporting period. As at 30 June 2013, the following standards and interpretations had been issued but were not mandatory for financial year ending 30 June 2013. The Authority has not and does not intend to adopt these standards early.

Standard / interpretation	Summary	Reporting periods *	Impact on financial statements
AASB 9 *Financial Instruments* AASB 2010-7 *Amendments to Australian Accounting Standards arising from* AASB 9 *(December 2010)* and AASB 2012-6 *Amendments to Australian Accounting Standards - Mandatory Effective Date of* AASB 9 *and Transition Disclosures*	AASB 9 Financial Instruments addresses the classification, measurement and derecognition of financial assets and financial liabilities. The standard is not applicable until 1 January 2015 but is available for early adoption. The derecognition rules have been transferred from AASB 139 Financial Instruments: Recognition and Measurement and have not been changed. VARTA has not yet decided when to adopt AASB 9.	Beginning 1 January 2013	Detail of impact still being assessed.
AASB 13 *Fair Value Measurement* and *AASB 2011-8 Amendments to Australian Accounting Standards arising from AASB 13*	This Standard outlines the requirements for measuring the fair value of assets and liabilities and replaces the existing fair value definition and guidance in other AASs. AASB 13 includes a 'fair value hierarchy' which ranks the valuation technique inputs into three levels using unadjusted quoted prices in active markets for identical assets or liabilities; other observable inputs; and unobservable inputs. In particular, AASB 2011-8 replaces the existing definition and guidance of fair value measurements in other Australian Accounting Standards and Interpretations.	Beginning 1 January 2013	Disclosure for fair value measurements using unobservable inputs are relatively onerous compared to disclosure for fair value measurements using observable inputs. Consequently, the Standard may increase the disclosures for public sector entities that have assets measured using depreciated replacement cost. VARTA does not currently use these this valuation methodology.
AASB 119 *Employee Benefits*	In this revised Standard for defined benefit superannuation plans, there is a change to the methodology in the calculation of superannuation expenses, in particular there is now a change in the split between superannuation interest expense (classified as transactions) and actuarial gains and losses (classified as 'Other economic flows – other movements in equity') reported on the comprehensive operating statement.	Beginning 1 January 2013	Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. While the total superannuation expense is unchanged, the revised methodology is expected to have a negative impact on the net result from transactions of the general government sector and for those few Victorian public sector entities that report superannuation defined benefit plans.
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 the impact is still being assessed.
AASB 2010-2 *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and* AASB 2012-11 *Amendments to Australian Accounting Standards – Reduced Disclosure Requirements and Other Amendments*	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. AASB 2012-11 makes various editorial corrections to Australian Accounting Standards – Reduced Disclosure Requirements (Tier 2). These corrections ensure that the Standards reflect decisions of the AASB regarding the Tier 2 requirements.	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 2010-7 *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements*	This Standard adds to or amends the Australian Accounting Standards – Reduced Disclosure Requirements for AASB 7 Financial Instruments: Disclosures, AASB 12 Disclosure of Interests in Other Entities, AASB 101 Presentation of Financial Statements and AASB 127 Separate Financial Statements. AASB 1053 Application of Tiers of Australian Accounting Standards provides further information regarding the differential reporting framework and the two tiers of reporting requirements for preparing general purpose financial statements.	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.

* Applicable for annual reporting periods beginning or ending on.

Standard / interpretation	Summary	Reporting periods *	Impact on financial statements
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 2011-4 *Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirements [AASB 124]*	This Standard amends AASB 124 Related Party Disclosures by removing the disclosure requirements in AASB 124 in relation to individual key management personnel (KMP).	Beginning 1 July 2013	No significant impact is expected from these consequential amendments on VARTA reporting.
AASB 2011-10 *Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) [AASB 1, AASB 8, AASB 101, AASB 124, AASB 134, AASB 1049 & AASB 2011-8 and Interpretation 14]*	This Standard makes consequential changes to a range of other Australian Accounting Standards and Interpretation arising from the issuance of AASB 119 *Employee Benefits*.	Beginning 1 January 2013	No significant impact is expected from these consequential amendments on entity reporting.
AASB 2011-11 *Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements*	This standard makes amendments to AASB 119 *Employee Benefits* (September 2011), to incorporate reduced disclosure requirements into the Standard for entities applying Tier 2 requirements in preparing general purpose financial statements.	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 in the Victorian public sector.
AASB 2011-12 *Amendments to Australian Accounting Standards arising from Interpretation 20 [AASB 1]*	This Standard makes amendments to AASB 1 *First-time Adoption of Australian Accounting Standards, as a consequence* of the issuance of IFRIC Interpretation 20 *Stripping Costs in the Production Phase of a Surface Mine.* This Standard allows the first-time adopters to apply the transitional provisions contained in Interpretation 20.	Beginning 1 January 2013	There may be an impact for new agencies that adopt Australian Accounting Standards for the first time. No implication is expected for existing entities in the Victorian public sector.
2012-1 *Amendments to Australian Accounting Standards – Fair Value Measurement – Reduced Disclosure Requirements [AASB 3, AASB 7, AASB 13, AASB 140 & AASB 141]*	This amending Standard prescribes the reduced disclosure requirements in a number of Australian Accounting Standards as a consequence of the issuance of AASB 13 *Fair Value Measurement*.	Beginning 1 July 2013	As the Victorian whole of government and the general government (GG) sector are subject to Tier 1 reporting requirements (refer to AASB 1053 *Application of Tiers of Australian Accounting Standards),* the reduced disclosure requirements included in AASB 2012-1 will not affect the financial reporting for Victorian whole of government and GG sector.
AASB 2012-2 *Amendments to Australian Accounting Standard – Disclosures – Offsetting Financial Assets and Financial Liabilities*	This Standard amends the required disclosures in AASB 7 to include information that will enable users of an entity's financial statements to evaluate the effect or potential effect of netting arrangements, including rights of set-off associated with the entity's recognised financial assets and recognised financial liabilities, on the entity's financial position.	Beginning 1 January 2013	VARTA does not currently have rights of financial set-off.
AASB 2012-3 *Amendments to Australian Accounting Standard – Offsetting Financial Assets and Financial Liabilities*	This Standard adds application guidance to AASB 132 to address inconsistencies identified in applying some of the offsetting criteria of AASB 132, including clarifying the meaning of "currently has a legally enforceable right of set-off" and that some gross settlement systems may be considered equivalent to net settlement.	Beginning 1 January 2014	VARTA does not plan to adopt these standards until their effective date. As such, this amendment will not be adopted until the year ended 30 June 2016.

* Applicable for annual reporting periods beginning or ending on.

Notes to the Financial Statements for the year ended 30 June 2013

	Notes	2013 $	2012 $
NOTE 2: REVENUE			
Operating activities			
Government grants – core funding		**563,524**	552,474
Government grants – in kind		**26,899**	24,140
Government grants – projects		**538,420**	223,550
Other		**26,858**	11,614
		1,155,701	811,778
Other income			
Interest Income		**525**	3,027
NOTE 3: EXPENSES FROM ORDINARY ACTIVITIES			
Profit from ordinary activities has been determined after the following expenses:			
(a) Employee benefits expense			
Salaries and wages and on-costs		**331,587**	330,484
Superannuation		**30,664**	29,404
Staff amenities		**489**	716
Staff development and seminars		**12,924**	6,087
Total employee benefits		**375,664**	366,691
(b) Supplies and services expense			
Accounting		**13,980**	13,760
Advertising		**22,302**	45
Audit fees		**5,930**	5,130
Bank charges		**375**	330
Computer maintenance		**4,189**	1,487
Consultants fees		**52,596**	11,600
Courier/postage		**492**	793
Media and website		**8,145**	17,026
Entertainment		**86**	304
Insurance		**27,449**	24,395
Lease payments		**6,590**	5,794
Loss on disposal of assets		**407**	616
Maintenance		**461**	55
Member sitting fees		**9,032**	6,990
Motor vehicle expense		**933**	891
Office outgoings		**3,472**	2,410
Printing and publications		**34,952**	29,344
Recruitment		**-**	20,155
Relocation		**3,980**	-
Rent & outgoings		**42,852**	30,700
Resources		**11,911**	13,485
Symposium/seminars		**12,028**	4,979
Telephone		**3,568**	4,328
Travel and accommodation		**8,007**	3,910
Work cover		**1,594**	2,002
Total supplies and services expense		**275,331**	200,529
Project expenses		**330,523**	225,715
Depreciation and amortisation		**7,745**	4,822
Total expenses		**989,263**	797,757

Notes to the Financial Statements for the year ended 30 June 2013

NOTE 4: RESPONSIBLE PERSONS DISCLOSURES

Key Management Personnel

Authority members

Ms K Mander	(Chairperson from 01/07/2012 to 30/06/2013)
Ms H Shardey	(Member from 01/07/2012 to 30/06/2013)
Dr D Edgar	(Member from 01/07/2012 to 31/03/2013 and 15/05/2013 to 30/06/2013)
Ms M Coady	(Member from 01/04/2013 to 30/06/2013)
Ms V Heywood	(Member from 01/07/2012 to 31/03/2013)
Ms K Harkess	(Member from 01/04/2013 to 30/06/2013)
Ms J Jarman	(Member from 15/05/2013 to 30/06/2013)

Chief Executive Officer

Ms L Johnson

	Short term benefits		Total
	Salary and Fees $	Superannuation $	$
2013			
Total compensation	**164,170**	**14,116**	**178,286**
2012			
Total compensation	147,528	12,698	160,226

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 2013 to Vic Super, Hesta, Health Super, REST, AMP Superannuation, 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 $82,807 (2012: $56,670) 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 $42,906 (2012: $38,092).

	Notes	2013 $	2012 $
NOTE 6: AUDITORS REMUNERATION			
Remuneration of the auditors for:			
Victorian Auditor General Officer		**5,930**	5,130
NOTE 7: CASH AND CASH EQUIVALENTS			
Cash at bank and on hand		**390,470**	185,637
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		**390,383**	185,490
Cash on hand		**87**	147
		390,470	185,637
NOTE 8: TRADE AND OTHER RECEIVABLES			
CURRENT			
Trade and other receivables		**5,976**	41,635
NOTE 9: OTHER CURRENT ASSETS			
CURRENT			
Prepayments		**9,611**	6,561
Deposit		**12,980**	–
		22,591	6,561

Notes to the Financial Statements for the year ended 30 June 2013

NOTE 10: PROPERTY, PLANT AND EQUIPMENT	Notes	2013 $	2012 $
PLANT AND EQUIPMENT			
(a) Computer equipment			
At cost		**11,539**	10,665
At fair value		**4,714**	7,179
Less accumulated depreciation		**(9,536)**	(6,320)
		6,717	11,524
(b) Office equipment			
At fair value		**4,691**	5,020
At cost		**1,159**	
Less accumulated depreciation		**(2,703)**	(2,192)
		3,147	2,828
Total property, plant and equipment		**9,864**	14,352

Movements in carrying amounts 2013	Computer Equipment $	Office Equipment $	Total $
Balance at the beginning of the year	11,524	2,828	14,352
Additions	874	1,159	2,033
Depreciation expense	(5,353)	(761)	(6,114)
Assets written off	(328)	(79)	(407)
Balance at end of year	6,717	3,147	9,864

NOTE 11: INTANGIBLES			
SOFTWARE			
At cost		**8,337**	7,982
Less accumulated amortisation		**(2,022)**	(391)
		6,315	7,591
		6,315	7,591

NOTE 12: TRADE AND OTHER PAYABLES			
CURRENT			
Trade creditors		**77,612**	32,984
Accruals		**25,710**	25,089
PAYG withheld		**10,185**	8,046
Superannuation payable		**3,365**	3,091
Salary package liability		**874**	1,570
		117,746	70,780

NOTE 13: PROVISIONS	
Opening balance at 1 July 2011	**112,840**
Provisions/(reductions) raised during the year	**17,347**
Balance at 30 June 2012	**130,187**
Provisions/(reductions) raised during the year	**(34,489)**
Balance at 30 June 2013	**95,698**

Notes to the Financial Statements for the year ended 30 June 2013

NOTE 13: PROVISIONS (cont'd)	Notes	2013 $	2012 $
Analysis of total provisions			
Current – annual leave – unconditional and expected to be settled within 12 months		**57,593**	54,196
Current – long service leave – unconditional and expected to settled after 12 months		**36,039**	28,371
Current – project – unconditional and expected to be settled within 12 months		**-**	46,471
		93,632	129,038
Non current – long service leave – conditional and expected to be settled after 12 months		**2,066**	1,149
Total		**95,698**	130,187

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(j).

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 14: CONTRIBUTED CAPITAL			
Balance at the beginning of the reporting period			
Capital contributions		**11,200**	11,200
Balance at the end of the reporting period		**-**	-
		11,200	11,200

NOTE 15: CASH FLOW INFORMATION		
(a) Reconciliation of cash flow from ordinary activities		
Operating profit/(deficit) from ordinary activities	**166,963**	17,048
Non cash flows in profit from ordinary activities:		
Depreciation and amortisation	**7,745**	4,822
Loss on disposal of asset	**407**	616
Changes in assets and liabilities:		
(Increase)\decrease in trade and other receivables	**35,659**	21,728
(Increase)\decrease in other assets	**(16,030)**	6,980
Increase\(decrease) in trade and other payables	**46,966**	(5,858)
Increase\(decrease) in provisions	**(34,489)**	17,347
Cash flows from operations	**207,221**	62,683

NOTE 16: RELATED PARTY TRANSACTIONS

(a) Responsible Minister

The Hon David Davis, Minister for Health and Aging, was the Responsible Minister from 1 July 2012 to 30 June 2013.

Remuneration of the Ministers is disclosed in the financial report if the Department of Premier and Cabinet. At the reporting date there were no related party transactions between the Authority and Responsible Persons or key management personnel.

(b) Authority Members

The names of Authority Members at the date of this report are:

Ms K Mander (Chairperson)
Dr D Edgar
Ms V Heywood
Ms H Shardey
Ms M Coady
Ms K Harkess
Ms J Jarman

Chief Executive Officer
Ms L Johnson

Notes to the Financial Statements for the year ended 30 June 2013

NOTE 16: RELATED PARTY TRANSACTIONS (cont'd)

(c) Remuneration of responsible persons

The number of Responsible Persons are shown in their relevant income bands	2013 No.	2012 No.
Income band		
$0 – $ 9,999	**7**	5
$10,000 – $19,999	**-**	-
$20,000 – $29,999	**-**	-
$30,000 – $39,999	**-**	-
$110,000 – $119,999	**-**	-
$130,000 – $139,999	**-**	-
$140,000 - $149,999	**-**	-
$150,000 - $159,999	**-**	1
$160,000 - $169,999	**1**	-
Total numbers	**8**	**6**
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**178,286**	160,226

(d) Transactions with related parties

There were no transactions with related parties during the year.

NOTE 17: FINANCIAL INSTRUMENTS

(a) Financial risk management

The Authority's financial instruments consist of deposits with banks, accounts receivable and payable. The Authority does not have any derivative instruments at 30 June 2013.

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.

Categorisation of financial instruments			Carrying amount $	Carrying amount $
Financial assets	**Note**	**Category**	**2013**	**2012**
Cash and cash equivalents	7	Cash and cash equivalents	**390,470**	185,637
Receivables	8	Loans and receivables	**18,956**	41,635
Financial liabilities		**Category**		
Trade payables	12	Measured at amortised cost	**131,512**	71,479

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:

Notes to the Financial Statements for the year ended 30 June 2013

NOTE 17: FINANCIAL INSTRUMENTS (cont'd)

	Weighted average effective interest rate		Interest bearing floating interest rate		Non-interest bearing		Total	
	2013 %	2012 %	2013 $	2012 $	2013 $	2012 $	2013 $	2012 $
Financial assets:								
Cash and cash equivalents	**0.083%**	0.29%	**390,383**	185,490	**87**	147	**390,470**	185,637
Trade and other receivables			**-**	-	**18,956**	41,635	**18,956**	41,635
Total financial assets			**390,383**	185,490	**19,043**	41,782	**409,426**	227,272
Financial liabilities:								
Trade and other payables			**-**	-	**131,512**	71,479	**131,512**	71,479
Total financial liabilities			**-**	-	**131,512**	71,479	**131,512**	71,479

	Notes	2013 $	2012 $
Trade and other payables are expected to be settled as follows:			
Less than 90 days		**131,512**	71,479
		131,512	71,479

(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:

	2013		2012	
	Carrying amount $	Net fair value $	Carrying amount $	Net fair value $
Financial assets				
Trade and other receivables	**18,956**	**18,956**	41,635	41,635
Financial liabilities				
Trade and other payables	**131,512**	**131,512**	71,479	71,479

(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 0.083%.
- A parallel shift of +1% and -1% in inflation rate from year end rates of 1.2%.

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 $
2013					
Financial assets					
Cash and cash equivalents	390,470	(3,904)	(3,904)	3,904	3,904
2012					
Financial assets					
Cash and cash equivalents	185,490	(1,854)	(1,854)	1,854	1,854

Notes to the Financial Statements for the year ended 30 June 2013

NOTE 18: CAPITAL AND LEASING COMMITMENTS

(a) Capital commitments

The Authority had no capital commitments at 30 June 2013 (2012: NIL)

(b) Lease commitments

	2013 $	2012 $
Operating lease commitments (photocopier and office premises)		
Non cancellable operating leases contracted for but not capitalised in the financial statements:		
Payable		
– not later than one year	**49,108**	3,442
– later than one year and not later than two years	**3,441**	3,442
– later than two years and not later than five years	**-**	3,441
	52,549	10,325

New photocopier lease expires June 2015.

(c) Other commitments

The Authority had no other significant commitments at 30 June 2013.

NOTE 19: CONTINGENT LIABILITIES

There are no contingent liabilities at 30 June 2013 (2012: NIL).

NOTE 20: ECONOMIC DEPENDENCY

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

NOTE 21: EVENTS AFTER THE BALANCE SHEET DATE

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

NOTE 22: SEGMENT REPORTING

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

NOTE 23: AUTHORITY DETAILS

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

Victorian Assisted Reproductive Treatment Authority
Level 3, 454 Collins Street
Melbourne VIC 3000

NOTE 24: ASSISTED REPRODUCTIVE TREATMENT ACT 2008

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

VAGO
Victorian Auditor-General's Office

Level 24, 35 Collins Street
Melbourne VIC 3000
Telephone 61 3 8601 7000
Facsimile 61 3 8601 7010
Email comments@audit.vic.gov.au
Website www.audit.vic.gov.au

INDEPENDENT AUDITOR'S REPORT

To the Members, Victorian Assisted Reproductive Treatment Authority

The Financial Report

The accompanying financial report for the year ended 30 June 2013 of the Victorian Assisted Reproductive Treatment Authority which comprises the statement of profit or loss and other comprehensive income, 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 Members' Responsibility for the Financial Report

The 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, and the financial reporting requirements of the *Financial Management Act 1994*, and for such internal control as the Members determine is necessary to enable the preparation and fair presentation 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 Members, as well as evaluating the overall presentation of the financial report.

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

Independent Auditor's Report (continued)

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.

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 2013 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, 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 2013 included both in the Victorian Assisted Reproductive Treatment Authority's annual report and on the website. The 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
23 August 2013

for John Doyle
Auditor-General

Disclosure Index

The Annual Report of the Victorian Assisted 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.

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VARTA

Victorian Assisted Reproductive
Treatment Authority

ABN 94 021 324 852
Level 3, 454 Collins Street
Melbourne Vic 3000
PO Box 16123, Collins Street
West Melbourne Vic 8007
Tel (61 3) 8601 5250
Fax (61 3) 8601 5277
Email varta@varta.org.au
www.varta.org.au