VARTA

Victorian Assisted Reproductive Treatment Authority

Annual Report 2014

Contents

Victorian Assisted Reproductive Treatment Authority
ABN 94 021 324 852
Level 30, 570 Bourke Street, Melbourne Vic 3000

Tel (61 3) 8601 5250
Fax (61 3) 8601 5277
Email varta@varta.org.au
www.varta.org.au

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Chairperson's report – Kirsten Mander

The past year has seen significant ongoing changes to the environment in which the Victorian Assisted Reproductive Treatment Authority (VARTA) operates.

This includes: potential regulatory change within Victoria and other Australian states, as well as at a Commonwealth level; increased globalisation and commercialisation of the assisted reproductive treatment (ART) industry; increased travel throughout the world by intending parents to access treatment; and changing expectations of treatment options.

At the time of writing, amendments to the *Assisted Reproductive Treatment Act 2008* are under consideration by the Victorian Parliament. If passed, the amendments will allow donor-conceived adults born before 1988, to apply for and, with the donors consent, receive identifying information about their donor. VARTA will be responsible for providing counselling and donor-linking support and for the provision of public education and resources to support the changes.

Interstate, changes to surrogacy legislation are being considered in Western Australia and New South Wales. VARTA has also provided submissions in relation to the setting up of a donor conception register in South Australia and the review of the National Health and Medical Research Council's *Ethical Guidelines on the Use of Assisted Reproductive Technology in Clinical Practice.*

The globalisation and commercialisation of the ART industry has continued apace, with the float of Monash IVF on the Australian Stock Exchange in June 2014, and the purchase of an Irish IVF business by Virtus Health Ltd (Virtus listed last year in Australia and includes Melbourne IVF, IVF Australia and Queensland Fertility Group).

Due to the growing demand for donor gametes, Australian clinics have been increasingly importing sperm and eggs from international sperm banks. In Victoria, the import or export of donor sperm, eggs or embryos requires VARTA's approval, and VARTA was consulted during the year regarding requirements for a class application to import donor sperm from an international sperm bank to supplement existing donor numbers.

Intending parents continue to make applications to VARTA to export donor gametes offshore, with the intention of either continuing their own treatment or utilising offshore surrogacy arrangements.

The issues that VARTA considers in granting its approvals and developing its programs commonly stretch across a wide spectrum of legal, technical and ethical considerations. In this regard, VARTA is currently closely monitoring developments in the commercialisation of sperm and egg donations and international surrogacy.

All of these developments also increase the importance of the role VARTA plays in providing independent, evidence-based resources and education to inform the public and other decision-makers about the options, risks and implications of ART treatment. Development of these resources and programs remains a central part of VARTA's role.

I would like to express my sincere appreciation for the excellent work and dedication of our CEO, Louise Johnson, and VARTA's staff, as well as the significant contribution of my fellow members of the board.

I would also like to thank the Victorian Minister for Health, the Victorian Department of Health, the Commonwealth Department of Health and the Fertility Coalition partners, each of whom have played an important role in supporting VARTA's work throughout the year.

Kirsten Mander
Chairperson

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 2014.

Chief Executive Officer's report – Louise Johnson

The prospect of legislative change, a change in premises, continuing changes to the field of ART and emerging needs in relation to public education have meant another busy year for VARTA.

Following the consultation last year with donors who donated gametes before 1998, VARTA has continued to provide information to the Minister for Health and is currently working closely with the Department of Health, Registry of Births, Deaths and Marriages and representatives from registered ART providers to develop an action plan associated with the potential implementation of the Assisted Reproductive Treatment (Further Amendment) Bill 2013.

The delivery of public education activities through partnerships continues to grow and provide new opportunities to reach the public and professionals. One of these key partnerships is the *Your Fertility* program, and thanks to ongoing funding from the Commonwealth Department of Health and the Victorian Department of Health, VARTA has continued working in partnership with Andrology Australia, Jean Hailes for Women's Health, and the Robinson Research Institute during the year. We continue to work with the Preconception Health Special Interest Group of the Fertility Society of Australia to develop further fact sheets for health professionals.

VARTA continues to collaborate with Rainbow Families to develop public education information for those in same-sex relationships. It is also working with Family Planning Victoria to develop a unit for the *SafeLanding* teacher's resource. The unit will incorporate assisted reproductive treatment and fertility within sexual and reproductive health education for secondary students.

Working closely with conference organisers of the Fertility Society of Australia, Public Health Association of Australia, Surrogacy Australia and the Asia Pacific Initiative on Reproduction (ASPIRE) has provided VARTA with an opportunity to reach over 1,000 health professionals.

The VARTA and *Your Fertility* websites provide a major platform for the dissemination of evidence-informed public education information. A revamp of the *Your Fertility* website in time for the delivery of a social media campaign on the impact of age on fertility in March 2014 ensured information was disseminated in a flexible way. Work is currently underway to overhaul the VARTA website in 2014 to take into account emerging needs associated with potential legislative change.

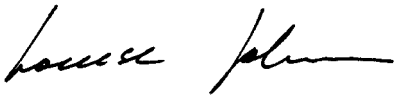
VARTA's profile and visibility in the media has continued through interviews and comments on a range of ART and fertility-related issues throughout the year.

The level of activity in relation to VARTA's regulatory role in the approval of the import or export of donor gametes, or embryos containing donor gametes, continues to expand with 90 applications considered. Over the year, 66 applications from individual applicants to import eggs from an international egg bank were received.

A clinic, City Babies became a registered ART provider during the last financial year, providing artificial insemination services.

I would like to thank the staff for their patience during the process of re-locating premises twice within the past 12 months. We are now well positioned at level 30, 570 Bourke Street to take on the challenge of new service functions associated with the donor registers if the Assisted Reproductive Treatment (Further Amendment) Bill 2013 is passed.

I would also like to thank VARTA's board for their strong stewardship and support and staff for their professionalism, enthusiasm and commitment. As a small statutory authority, VARTA draws on the expertise of an advisory panel, a public education reference group, consumers, collaborating researchers, and a range of professionals in delivering results. Thank you to all those who have partnered with VARTA, volunteered your time, were willing to be consulted, or shared personal stories for the benefit of others.



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 2013 to 30 June 2014.

The Victorian Assisted Reproductive Treatment Authority (referred to as VARTA or the Authority herein) was established under Part 10 of the *Assisted Reproductive Treatment Act* 2008. The Authority 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 this Act.
- Public education about treatment procedures and the best interests of children born as a result of treatment procedures.
- Community consultation about matters relevant to this Act.
- Monitoring of
  - (i) Programs and activities carried out under this Act
  - (ii) Programs and activities carried out relating to the causes and prevention of infertility
  - (iii) Programs and activities relating to treatment procedures carried out outside Victoria.
- Promotion of research into the causes and prevention of infertility.
- Approval of the bringing of donor gametes or embryos formed from donor gametes into, or the taking out of them from, Victoria, and to provide for the exemption from particular provisions.
- Any other functions conferred on the Authority by or under this or any other Act.

Strategic direction

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 uses a mix of health promotion strategies, encompassing a balance of both individual and population–based health promotion.

Performance at a glance

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

● AIM 1
Raise awareness of the causes and prevention of infertility

www.yourfertility.org.au

Your Fertility is a national public education program that empowers individuals and couples to make informed and timely decisions regarding their reproductive health. The program raises awareness of the modifiable factors that influence fertility for men and women, so that every person in Australia who wants children has the best chance to have a healthy baby.

The program was established by VARTA in 2011 in collaborative partnership with other members of the Fertility Coalition: Andrology Australia, Jean Hailes for Women's Health, and the Robinson Research Institute.

Your Fertility is funded by the Australian Government Department of Health and the Victorian Government Department of Health.

Achievements

Following the success of the program in the first two years, new funding was secured to deliver the program over 2013-16. Strategic planning for the program was undertaken and a 2013-16 program plan and evaluation framework developed. An advisory group was established to provide expert advice and feedback on the program. It held its inaugural meeting in May.

Qualitative research, undertaken by the Social Research Centre in early 2014, explored fertility-related knowledge, attitudes and behaviours; barriers and enablers for take-up of fertility messages; and optimal modes of delivery of fertility-related messages. Concepts for the *Fertility is Ageist* campaign, material and website content were modified as a result of the research findings.

Key public communication activities undertaken this financial year and led by VARTA include the second national *Fertility Week* and the *Fertility is Ageist* campaign. Social media continued to prove an effective channel to reach our audience, and the number of likes on Facebook is nearing 2,000.

Since its launch in March 2012, the *Your Fertility* website has continued to grow its visits and users, and to evolve with the needs and usage of its visitors. The website was redesigned and re-launched with the *Fertility is Ageist* campaign on 17 March 2014. The new website has information tailored specifically for both women and men and includes film clips for the general public and health professionals. The last financial year saw a 506% increase in the number of visits over the previous period, and a 523% increase in the number of users.

Almost 700 *Your Fertility* resource packs were distributed to health professionals over the past financial year. Additionally, information about the *Your Fertility* program was distributed to around 1,500 health professionals at the ASPIRE conference and 220 *Get ready to get pregnant* flyers were distributed to health professionals.

New resources were released during the year, including a series of preconception health fact sheets for health professionals developed in partnership with the Fertility Society of Australia. An education unit delivered by ThinkGP was developed in partnership with Dr Caroline West and Jean Hailes for Women's Health. Andrology Australia's *Male Infertility* booklet was released as an e-book.

VARTA staff provided leadership in the development of the Public Health Association Australia (PHAA) preconception health and fertility policy. VARTA staff co-chaired the Australasian ASPIRE conference session on preconception health, and sat on the organising committee for the PHAA 2nd Sexual and Reproductive Health conference.

Challenges

Delivering evidence-based information in a factual, sensitive and supportive way is an ongoing challenge, complicated by the competing messages often broadcast by different interest groups. Qualitative research findings have helped to inform and strengthen the program's communications. This research included eight focus groups with people planning to have children in the future and eight in-depth interviews with couples preparing to get pregnant or trying to conceive. Fertility knowledge, attitudes and behaviours, barriers and enablers for take-up of fertility messages and optimal modes of delivery of fertility messages were explored and campaign material tested. Data from three questions relating to fertility in the Victorian Population Health Survey was also provided to VARTA by the Victorian Goverment Department of Health for planning purposes.

Maximising our impact with limited resources remains challenging and partnership activity is a priority.

Publications

- Hammarberg K, 2014, 'Fertility-No quick fix for aging', *Medical Observer,* March 4, 2014, http://www.medicalobserver.com.au/news/fertility--no-quick-fix-for-ageing.
- Sylvest R, Christensen U, Hammarberg K, Schmidt L, 2014, 'Desire for parenthood, beliefs about masculinity, and fertility awareness among young Danish men', *Reproductive System & Sexual Disorders* 3:127, doi10.4172/2161-038X.10000127.

Presentations

- Hammarberg K, 2014, 'Preconception health: Research and action at a population level', *Asia Pacific Initiative on Reproduction (ASPIRE) congress,* Brisbane (invited speaker).
- Johnson, L, Hammarberg K, Smallwood H, Francis S, Norman R, Holden C, Michelmore J, Hirst S, 2013, 'Evaluation of Your Fertility, a public education campaign to increase fertility knowledge', *Fertility Society of Australia Annual Scientific Meeting,* Sydney.
- Hammarberg K, Smallwood H, Francis S, Norman R, Holden C, Michelmore J, Hirst S, Johnson L, 2013, 'Evaluation of Your Fertility, a public education campaign to increase knowledge about modifiable factors that influence fertility', *Australasian Society for Psychosocial Obstetrics and Gynaecology,* Sydney.

Looking ahead

A priority for the program in the current funding period is to embrace a systems-based approach and to work in partnership with other organisations. Currently, this involves looking for opportunities to embed key information within community organisations' health promotion activities in an ongoing way to empower individuals and communities. This will help to achieve mass reach and enhance the program's sustainability.

fertilityWeek

2–8 September 2013

Campaign message circulation: over 11 million

This year saw the second national *Fertility Week*, and activity focused on raising awareness of how sexually transmitted infections (STIs) can affect the fertility of both women and men. A series of events calling on health professionals to 'talk about making babies' to patients and clients were held. Events included the Fertility Society of Australia's annual conference (1-4 September) and a *Healthy Development Adelaide* seminar (5 September). An STI animation was released and e-cards and email campaigns distributed to various online media and stakeholders including Fertility Society of Australia members, Medicare Locals and health professionals. A media release generated a number of radio interviews, online and print articles including features in *Mx, Bubhub, Mamamia* and Woolworth's *Baby and Toddler Club* blog. An updated resource pack was developed and distributed. Partnerships with Genea and the Fertility Nurses Association extended the reach of the campaign messages and resources.

Fertility is ageist

Campaign message circulation: over 65 million

A national public relations and advertising campaign was delivered 17-26 March 2013 to raise awareness of age as a key factor affecting fertility. A media release generated significant radio, online and print coverage including articles in the *Herald Sun, The Daily Telegraph, Sky News Australia, The Mercury* and *The Courier-Mail.* An article appeared in *Medical Observer,* a newsletter distributed to over 50,000 Australian general practitioners. A social media campaign focusing on Facebook and Twitter was implemented with high levels of engagement. Campaign materials were displayed and distributed in gymnasiums including Fitness First, Fernwood and Active Media. Online advertising with campaign partners such as *Mamamia* and *Ask Men* enabled the campaign to achieve mass reach. Two new videos, *Women, age and fertility* with Dr Melanie McDowall of the Robinson Research Institute, and *Men, age and fertility* with Laureate Professor John Aitken of the University of Newcastle, were launched during the campaign and have been played 1,289 and 537 times respectively as at the end of the financial year.

● AIM 2

Improved public understanding about the options and implications of assisted reproductive treatment (ART)

Achievements

Due to growing concerns about the increasing numbers of Victorians travelling overseas for reproductive services with sometimes disturbing outcomes, VARTA has turned its focus to informing ART consumers about the benefits of treatment locally. The brochures *Finding an egg donor* and *Finding a surrogate* show how it is possible to find an altruistic local donor or surrogate with the benefit of Australian and Victorian legal protections. The *Finding a surrogate* brochure was launched at a Surrogacy Australia consumer conference. The Merck Serono Symposium, *Pushing Boundaries: Reproductive Care across Borders* provided another opportunity to promote the brochure and canvas issues related to treatment abroad.

A new brochure, *What is Preimplantation Genetic Diagnosis?* was written with the assistance of Associate Professor David Amor from the Victorian Clinical Genetics Services at the Murdoch Children's Research Institute. The translated brochures of *What is ART* and the *Possible Health Effects of ART* into Vietnamese, Mandarin, Cantonese and Arabic developed last year proved to be popular with 4,481 downloads from the website.

One of the perceived barriers to more donors being recruited was explored as a conversation starter in the annual Louis Waller lecture. *Both sides of the coin* canvassed the contentious issue of remuneration for donors and surrogates. Evaluation feedback for the event was positive — 98% of respondents were satisfied or very satisfied that the lecture met their expectations.

The *Talking to children about donor-conception and surrogacy* section of the website was reviewed and updated to integrate information, research, podcasts and films better and to promote the popular *Time to tell* seminar. New films recorded at the seminar on embryo donation and surrogacy were added.

VARTA has a strong commitment to educating students both in both school and tertiary settings. In addition to providing information to educators through sexual and reproductive health curriculum materials, VARTA continues to lecture university students at the University of Melbourne, Federation University and Monash University.

Academic papers were published in the journal *Human Reproduction* as a result of the VARTA donor consultation held in the previous financial year.

Challenges

The *What to do with unused embryos Decision Tool* evaluation has been slow to progress due to a disappointing number of surveys completed by IVF patients to date. VARTA is working closely with Melbourne IVF to include a link to the tool and questionnaire in all letters sent to their patients with embryos in storage.

VARTA continues to explore smart and effective ways to disseminate complex and sensitive information with a small public education team and is taking advantage of new platforms such as social media.

Looking ahead

If the Assisted Reproductive Treatment (Further Amendment Bill) 2013 is passed, the revised website will include information about the legislative changes and new client services that VARTA will provide from July 2015. Information gleaned from consultation with international health professionals working in this area will inform the service development.

Publications

- Johnson L, Blyth E, Hammarberg K, 'Barriers for domestic surrogacy and challenges of transnational surrogacy in the context of Australians' undertaking surrogacy in India', *Journal of Law and Medicine,* accepted for publication.
- Everingham S, Stafford-Bell M, Hammarberg K, 2014, 'Australians' use of surrogacy', *MJA,* accepted for publication.
- Kirkman M, Bourne K, Fisher J, Johnson L, Hammarberg K, 2014, 'Gamete donors' expectations and experiences of contact with their donor offspring', *Human Reproduction,* 29, 731-738.
- Hammarberg K, Johnson L, Bourne K, Fisher J, Kirkman M, 2014, 'Proposed legislative change mandating retrospective release of identifying information: Consultation with donors and Government response', *Human Reproduction*, 29:2, 286-292.

Presentations

- Kirkman M, Bourne K, Johnson L, Fisher J, Hammarberg K, 2014, 'Gamete donors' expectations and experiences of contact with their donor offspring', *Asia Pacific Initiative on Reproduction (ASPIRE)* congress, Brisbane.
- Bourne K, Hammarberg K, Kirkman M, Fisher J, Johnson L, 2013, 'Consultation with donors who donated gametes in Victoria, Australia before 1998: Acceptability of access by donor-conceived people to information about donors', *Fertility Society of Australia Annual Scientific Meeting,* Sydney.
- K Bourne, 2014, 'Regulating the 'good' donor: the expectations and experiences of sperm donors in Denmark and Victoria', *Regulating Reproductive Donation Cambridge University workshop,* Geneva.

Louis Waller Lecture

Both sides of the coin
– An exploration of the contentious issue of remuneration for donors and surrogates

The 2013 Louis Waller lecture featured a debate between two prominent legal academics, Professor Jenni Millbank and Dr Sonia Allan to explore the issues surrounding levels of compensation for donors and surrogates in Australia. Two opposing positions were taken and explored to examine the issues.

Professor Millbank contended that the current approach of reasonable expenses is unworkable, confusing and inequitable and that shortages and lack of clarity on payment lead to evasion, hypocrisy, invasive treatments, the importation of gametes, informal brokering and intended parents travelling overseas for treatment. She suggested that fixed modest sums be considered, which recognise the burden and risk undertaken by donors and surrogates. She argued in favour of compensation, but not commercial payment or reward. Professor Millbank posited a flat fee for each form of donation, with no differential payments to individual donors, and no allowance for demand or inducement. Safeguards would need to include careful intake and counselling processes.

Dr Sonia Allan argued the prohibition on payment of donors or surrogates correctly reflects not only the law but also the underpinning values that have shaped that law. She noted that Victorian legislation, National Health and Medical Research Council guidelines, the Council of Australian Governments, the European Parliament and the Permanent Bureau of the Hague all have regulation or policy in support of altruistic donation or surrogacy. Dr Allan argued that legislation should not be changed, however the issue of what constitutes 'reasonable' expenses needs to be addressed.

"The topic for discussion proved to be more complex than I had anticipated. It was very stimulating and the speakers brought forward a number of arguments that I had not considered."

"Both speakers provided very compelling points of view."

"Good to have both sides of the argument. Very informative. Very interactive."

"Two strong speakers – information was useful in developing my thinking on the subject."

"The event was excellent – both speakers took very different approaches and demonstrated just how difficult these kinds of issues, where ethics are inescapably tied up with the law, are to resolve. The time for questions at the conclusion of the presentations allowed for further engagement. It was a really, really interesting and informing event and the speakers did a wonderful job of addressing the topic. I would certainly commend VARTA for the event and their choice of presenters."

New VARTA brochures

Three new brochures developed by VARTA reflect the growing interest and demand for egg donation, surrogacy and PGD treatments. They include: *Finding an egg donor, Finding a surrogate* and *What is Preimplantation Genetic Diagnosis?*

Many people assume that it is not possible to find an egg donor locally. In fact, 222 women donated eggs in Victoria in the past financial year. The *Finding an egg donor* brochure aims to help guide people through the process of finding a local donor. It includes material on what makes an ideal donor, asking someone you know, advertising and internet forums, possible questions to ask a potential donor and negotiating future contact.

Similarly, finding a local surrogate can be a daunting and complex prospect for intended parents. The *Finding a surrogate* brochure directs people through the process of finding a surrogate within Australia. It includes material on what makes an ideal surrogate, asking someone they know, finding a surrogate they don't know, and possible questions to ask a potential surrogate.

Preimplantation genetic diagnosis (PGD) is the genetic testing of embryos sometimes used in assisted reproductive treatment to reduce the risk or avoid transmission of a genetic disease or chromosomal abnormality. This highly-sophisticated scientific technique is used to select embryos free of genetic disease or abnormalities before the transfer of the embryos back to the uterus. The *What is Preimplantation Genetic Diagnosis?* brochure describes the reasons for having PGD treatment, the steps in the process, techniques used (including gene sequencing and chromosome microarray), and explores the pros and cons of the treatment.

● AIM 3
Promote the welfare and interests of children born through ART

Achievements

VARTA continued to promote the welfare and interests of children born through ART. A generation ago, many people were not told as children they were donor-conceived. However, experience since then has been that secret of their conception has a tendency to come out later, often in difficult circumstances, with resulting significant emotional and trust implications. To support these individuals, VARTA jointly runs a support group of donor-conceived adults in partnership with the not-for-profit organisation, VANISH. A re-enactment of the group was filmed for an upcoming documentary, *Australian Story*.

A major revamp of the *Talking to children about donor conception and surrogacy* section of the VARTA website was conducted recently. The information was rewritten to make it more accessible with a lighter feel. The new section includes information on why tell, when to tell – ages and stages, how to tell, children's reactions, family storybooks, resources (including children's books), telling others and research. A literature review was also conducted to evaluate the current research in this area. Free information and advice sessions for parents are also provided by VARTA.

The fourth *Time to tell* seminar was held on 31 May 2014 at Northcote High School. One of VARTA's flagship public education events, it helps to improve public understanding about the implications of ART and promoting the welfare of children born through donor conception and surrogacy. The event was oversubscribed a month ahead, with 105 tickets sold and 15 people remaining on the waiting list. One hundred and one participants travelled from metropolitan and rural Victoria, interstate and overseas as there is no other equivalent seminar run elsewhere in Australia.

For the first time, a breakout group was held for surrogacy parents. The *Family storybook workshop* (piloted in July) was introduced and promoted, with four parents sharing the ways they developed their story through various mediums including film, digital journal, scrapbooking and a hand-illustrated book. Filmmakers, who were present to record some of the speakers for an ABC television documentary for the new *Future of the Family* series, also filmed some of the sessions at the seminar for the VARTA website.

Challenges

The first *Family storybook workshop* was held in July. It booked out in less than six days. Feedback to date has been encouraging and more workshops are intended to run later in the year. This demonstrates the growing popularity and increased demand for VARTA events. New strategies to cater for more participants with limited resources available are required.

Looking ahead

The next financial year is set to be busy. If passed, the amendments to the Act will mean significant planning for VARTA to provide new client services and promote the changes included in the new Act. Meetings held with health professionals and academics in the United Kingdom and the Netherlands involved with donor-linking will inform planning. VARTA will need to review resources to ensure the needs of clients are met and that the education campaign has an effective reach.

Impact of the donor-conceived support group on participants

Who attends?

Any donor-conceived person who is aged 18 years and older is welcome to join. Members tend to be based in Melbourne but people travel from regional Victoria and interstate to attend. Members' parents have usually had treatment at the major hospitals which offered donor insemination treatment in the 1980s and 1990s. These include Prince Henry's Hospital, Queen Victoria Hospital, The Epworth Hospital or Monash IVF, Melbourne IVF and the Royal Women's Hospital. Some attendees' parents had treatment outside Victoria. Some siblings attend.

What is discussed?

The support group enables people who are donor-conceived to discuss issues of common concern and interest. Some members have only recently discovered they are donor-conceived, others have known for some time, some are considering applying to the donor registers, some are not interested, some have been in contact with their donor for some years, some have just met and some are not able to find information about their donor if they were conceived before 1988 or were conceived interstate or overseas. Despite these differences all share a bond of knowing what it is like to be donor-conceived.

"A safe space to share stories, reflect, cry, laugh, be silent, or talk non-stop. The group has given me gifts of friendship, compassion and advice. Most of all, they truly 'get it' – whatever 'it' means. **Andrea**

The VARTA DC Group has been a huge help and eye-opener to my situation, seeing other donor-conceived people's situations. Before this group, I had never met anyone else who was donor-conceived. Now, I have one friend that is particularly close and it's thanks to this group! Having an understanding into this type of feeling seems rare because finding other donor-conceived people seems such a rare event! **Katherine**

The group gives me such a wonderful network of support and up-to-date information on every facet of being donor-conceived. I have made lifelong friends within the group and I always come away from the sessions having learnt so much from people of all ages, and perspectives. I drive an hour to get there and I just wouldn't miss it for the world. I know that I am fully supported because of what this group does for me. **Adrienne**

This type of friendship and support from the whole group I am especially thankful for because each member fundamentally understands this point of view of 'who we are' from this perspective; because we were all 'made' in the same way. I love that the group is there to come to when I am contemplating what to do next in my own journey of self-discovery and discovery of my own heritage, and all the questions that come with both! **Katherine**

The DCP support group is of the highest priority in my yearly calendar. It is great to be a part of a select group of individuals that have such a unique uniting factor in common; that we can talk about without judgment or misunderstanding. **Ross"**

● AIM 4

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

Achievements

A report and summary report on VARTA's *Consultation with donors who donated gametes in Victoria, Australia, before 1998: Acceptability of access by donor-conceived people to information about donors, Report May 2013* was published in September 2013 and has been downloaded 695 times by the end of June 2014. The feedback from donors consulted was taken into account by the government in developing laws (currently being considered by the Victorian Parliament) to help donor-conceived Victorians learn more about their heritage.

Staff involvement with the the *5th Congress of the Asia Pacific Initiative on Reproduction* (ASPIRE) in Brisbane in April 2014 provided a unique opportunity to monitor ART and infertility-related services throughout Asia. This event was held in partnership with the Fertility Society of Australia (FSA). Staff members co-chaired a session on *The Future for Preconception planning: What the Patient Should Know about Preconception Care* and presented a paper on *Preconception health – Research and action at a population level.*

Sharing information with international stakeholders assists VARTA with monitoring. This has included policy personnel from the United Kingdom, Japan and New Zealand. Collaboration for publications assists with information sharing and facilitates opportunities for monitoring.

All registered ART providers in Victoria have to be accredited by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia (FSA). VARTA participated in consultation processes through involvement with the RTAC Technical Advisory Committee and a submission to the RTAC Code of Practice Review.

As a requirement for accreditation, registered ART providers are also required to comply with the National Health and Medical Research Council's (NHMRC) *Ethical Guidelines on the Use of Assisted Reproductive Technology in Clinical Practice and Research.* VARTA made a submission to the NHMRC's review of the clinical practice section of the guidelines.

Challenges

VARTA must use a broad range of networks and strategies to monitor the use of ART in Victoria, nationally and internationally. Partnership activities are crucial for VARTA to promote research about fertility and infertility. Continuing to explore new opportunities remains a priority for VARTA.

Clear information about success rates and the possible health effects of ART for those thinking about ART is important. Monitoring emerging research findings about the possible health effects of ART will remain a high priority as will the need to review and find ways to disseminate information to the public to help them untangle the variety of published information about success rates.

Looking ahead

A meeting with VARTA's Advisory Panel in May 2014 provided another opportunity to stay abreast about current issues, including the pressure from some patients for the transfer of more than one embryo during IVF treatment. VARTA's promotion of information about the advantages of single embryo transfer for the health of mother and baby would complement the advice provided by clinicians. The panel has encouraged VARTA to produce public information in a range of languages. Translations of *Possible Health Effects of IVF* and *What is ART* brochures in Vietnamese, Arabic, Chinese and Mandarin have been well used. Further consultation will be needed to ascertain needs in relation to the translation of this information into other languages and the development of new information, particularly in communities where there is a high level of stigma about infertility.

Monitoring

Further globalisation and commercialisation of the ART industry

Further globalisation of the ART industry is occurring with the largest IVF provider in Australia, Virtus Health (which listed on the ASX last year), teaming up with SIMS IVF in Ireland. Virtus Health services are provided through 34 integrated fertility clinics and includes Melbourne IVF, IVF Australia and Queensland Fertility group.

The second largest IVF provider, Monash IVF, was floated on the ASX in June this year, with estimated market value of $557 million. Monash IVF also has a presence in Singapore.

A new provider, Primary Health Care, has opened up a new clinic in Sydney offering bulk billing for some IVF clinical services.

The global market for IVF is predicted to grow at 11.5% per annum until 2020. It has been reported that reproductive care across borders is contributing to this growth.

An international version of the Reproductive Technology Accreditation Committee's *Code of Practice* is currently being piloted during re-accreditation of a number of Singapore ART clinics and at a new clinic accreditation in Vietnam.

Trends from annual report data

The use of IVF treatment continues to grow with 20,375 treatment cycles in 2013-14 compared with 19,847 in 2012-13 (2.7% increase).

Screening for chromosome abnormalities through the use of pre-implantation genetic diagnosis (PGD) may be appropriate for women from their late thirties or for individuals or couples who have experienced repeated miscarriage or repeated IVF failure. The use of PGD for the detection of chromosomal abnormalities has increased in the past financial year with 399 women in treatment in 2013-14 compared with 325 women in treatment in 2012-13 (23% increase).

Increased demand for donor eggs and sperm

While the supply of new sperm donors recruited (61) during 2013-14 has remained steady, the overall supply of sperm donors was lower at the start of the financial year (343) compared to that of the previous year (445). The increase in demand for donor sperm from single women and those in same-sex relationships has seen the demand outstrip supply. Clinics from Queensland, NSW, the ACT and Tasmania are importing donor sperm from the United States. Victorian clinics are currently engaged with VARTA about the potential for a class application to import sperm from the United States. Victorian legislative requirements will need to be met.

Uterus transplants

Since 2012, 12 Swedish women have received a uterus donation from a relative – in most cases their own mother. Some are now undergoing IVF treatment to see if they can have a baby.

Artificial gametes

Pluripotent stem cells, such as embryonic stem cells and induced pluripotent stem cells are able to differentiate into germ cells – the precursor of eggs or sperm. Artificial eggs made from induced pluripotent stem cells from mice have been successfully used to create healthy baby mice, some of which are fertile. However, there are many barriers to producing robust mature eggs and sperm or applying methods used for other species including humans or livestock.

Performance at a glance

A statistical snapshot of the donor registers in Victoria for 2013–2014

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. The Registrar has provided VARTA with data for the period to 30 June 2014 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 below.

The 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.

Of the 6,309 donor-conceived children registered on the Central Register, 1,876 of those are now over the age of 18 and eligible to apply for information.

The average age of new donors as at 30 June 2014 was 43 years and 7 months for sperm donors and 37 years and 2 months for egg donors (inclusive of ages of the men and women who donated embryos). In comparison, the average age of new donors as at 30 June 2013 was 41 years and 9 months for sperm donors and 35 years and 7 months for egg donors.

The total number of births notified for the Central Register in 2013-14 was 406. This is similar to the previous financial year (408). The number of new donors registered in 2013-14 was 120, which is less than the previous financial year (174).

The Voluntary Register

The Voluntary Register contains information lodged by people who were involved with donor treatment procedures before and following the introduction of legislation in 1988. 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 or between donors and young adults born before legislation have been facilitated.

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 2014	4422	1576	311	**6309**
From 1 July 2013 to 30 June 2014	268	88	50	**406**

Registered donors by type	Sperm donor	Egg donor	Total
Total registered as at 30 June 2014	955	1260	**2215**
New donors registered 1 July 2013 to 30 June 2014	52	68	**120**
Total registered donors as at 30 June 2014	**1007**	**1328**	**2335**

Applicants to the Voluntary Register – matched in the year ending 30 June 2014

Applicant type	Identifying Information sought	Non-identifying information sought
Donor	2	0
Donor-conceived person	0	1
Recipient parent	5	1
Total matches	**7**	**1**

Total number of applicants to Voluntary Register	
Donors	203
Donor-conceived persons	93
Recipient parents	175
Total	**471**

Counselling sessions

During the past financial year, Family Networks Information and Discovery (FIND) conducted 19 counselling sessions on referral from the Registry of Births, Deaths and Marriages for 16 recipient parents and three 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. In the past financial year, there were no notifications from registered ART providers in relation to this limit.

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 AI notifications from individual doctors in the past financial year.

Performance at a glance

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. 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 their 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 Legislation summary table below.

Total number of applications to the Central and Voluntary Registers – year ending 30 June 2014

	Central Register	Voluntary Register
Applications for identifying information		
From donor	0	0
From donor-conceived person	0	0
From recipient parent	3	0
Total applications for identifying information	**3**	**0**
Applications for non-identifying information		
From donor	0	0
From donor-conceived person	0	1
From recipient parent	0	1
Total applications for non-identifying information	**0**	**2**
Applications for both identifying and non-identifying information		
From donor	0	10
From donor-conceived person	3	9
From recipient parent	13	16
Total applications for both information	**16**	**35**
Applications lodging information only		
From donor	N/A	5
From donor-conceived person	N/A	0
From recipient parent	N/A	0
Total lodgements only	**N/A**	**5**
Applications per register in 2013-14		
Total	**19**	**42**

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*.

▲ Legislative amendments currently before Parliament would see Victorians conceived through donor sperm or eggs before 1988 able to access information about their donor with consent from 29 June 2015.

◀ The total number of applications to the Registers is similar to the previous financial year (20 applications for Central Register and 43 applications for the Voluntary Register).

● 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.

Under the *Assisted Reproductive Treatment Act 2008*, VARTA is required to approve 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 the Authority. *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 2013 to 30 June 2014 are presented in the following table.

Gamete type	No. of applications		Outcome
	Import	Export	
Donor sperm	7	3	Approved
Donor sperm	1	1	Pending approval
Donor sperm		1	Withdrawn
Donor eggs	66		Approved
Donor eggs	2		Pending approval
Embryos formed using donor sperm	2	1	Approved
Embryos formed using donor eggs		2	Approved
Embryos formed using donor eggs	1	1	Pending approval
Embryos formed using donor eggs & sperm	1	1	Approved
Total	**90**		

Challenges

VARTA is facing an increasing number of applications to approve the import or export of donor gametes or embryos formed from donor gametes into or out of Victoria. Over the past financial year, there were 90 applications to approve the import or export of donor gametes or embryos containing donor gametes (compared to 36 in the past financial year). Of these, there were 66 applications to import eggs from an international egg bank.

The majority of Australian clinics are now importing donor sperm from international sperm banks. Some Victorian clinics have reported that there are increasing requests from consumers for an overseas sperm donor. While donor numbers have remained steady, demand for donors has outstripped supply. Following consultation with some Victorian registered ART providers, amendments were made to VARTA guidelines to enable a class application to import donor sperm from identity-release altruistic donors in accordance with the Act. In considering whether to amend VARTA's guidelines, legislative requirements and guiding principles were taken into account including requirements in relation to 'reasonable expenses', requirements for donor counselling and identifying information for the Victorian donor registers.

Looking ahead

VARTA will continue to monitor the use of cross-border reproductive care and use of overseas donors. Public education initiatives around finding a local gamete donor or surrogate will also be maintained.

Governance structure, staffing and advisory panels

VARTA staff (L–R): Rebecca Zosel, Hanna Genee (joined July 2014), Tanya Thomson, Dr Karin Hammarberg, Caroline Comoy, Louise Johnson (CEO), Kate Bourne

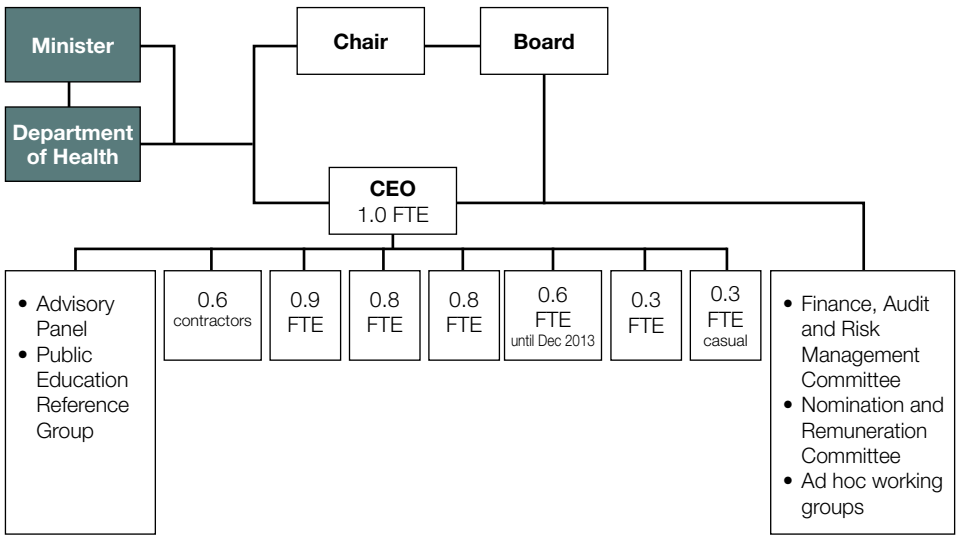
VARTA's Chief Executive Officer is Louise Johnson. Ms Johnson has an Honours degree in microbiology, postgraduate qualifications in education and management, Masters in Regulatory Studies and is a graduate of the Australian Institute of Company Directors. Ms Johnson is a community member of the Occupational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

VARTA staff members / contractors

Louise Johnson	**Chief Executive Officer**	
Tanya Thomson	**Office and Information Manager**	
Kate Bourne	**Senior Community Education Officer**	
Helen Smallwood	**Project Manager**	– to end October 2013
Caroline Comoy	**Education and Health Promotion Officer**	
Stephanie Francis	**Communications Manager**	– to end March 2014
Dr Karin Hammarberg	**Senior Research Officer**	
Emily McDiarmid	**Administration Officer**	
Rebecca Zosel	**Health Promotion Adviser**	– from December 2013
Penny Underwood	**Communications Consultant**	– from January 2014

Advisory panel

VARTA 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 VARTA website: **www.varta.org.au.** ▶



Governance

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

The following is a list of membership from 1 July 2013 to 30 June 2014.

Kirsten Mander

Chairperson

Kirsten is an experienced director, business woman and lawyer. She has had extensive experience as a senior executive and general counsel of a number of Australia's top companies, including Australian Unity, Sigma Pharmaceuticals, TRUenergy and Smorgon Steel Group. She currently serves on a number of boards, including Swinburne University, the International Women's Development Agency and the Consultative Council for Clinical Trials Research. Formerly she was Ethics Committee Chair of the Law Institute of Victoria and Victorian President of the Australian Corporate Lawyers Association. She is a fellow of the Australian Institute of Company Directors and the Governance Institute of Australia.

Helen Shardey

Helen 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. Helen 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 Alfred Hospital board.

Margaret Coady

Margaret 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.

Authority committees

Section 113 of the Act provides that the Authority may set up one or more committees, comprised of members of the Authority. Eleven full meetings of the Authority were held between 1 July 2013 and 30 June 2014.

Committees established are:

Finance, Audit and Risk Management Committee
Chair: David Edgar
Members: Victoria Heywood, Katrina Harkess
Number of meetings held: four.

Nomination and Remuneration Committee
Chair: Kirsten Mander
Members: Helen Shardey, Jennifer Jarman
Number of meetings held: three.

Working Groups
Ad hoc working groups are established when required.

David Edgar

David is Scientific Director of Melbourne IVF and Reproductive Services at the Royal Women's Hospital. He is also an Associate Professor in the Department of Obstetrics and Gynaecology at the University of Melbourne. He was a member of the Infertility Treatment Authority from 2004 until it was replaced by VARTA in 2010, and has also served on the Royal Women's Hospital Human Research and Ethics Committee and on the Reproductive Technology Accreditation Committee. He has lectured and published widely in the areas of reproductive biology and human embryology.

Katrina Harkess

not pictured

With a background in IT, Katrina 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.

Victoria Heywood

Victoria 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 30 adult non-fiction books.

Jennifer Jarman

Jennifer is a midwife, lactation consultant, and childbirth educator with Frances Perry House private hospital. 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).

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 Chronic Disease Prevention and Service Improvement Fund administered by the Department of Health for the *Your Fertility* program. Over three financial years, $611,000 (excluding GST) has been provided for the project (1 July 2013 to 30 June 2016). The Fertility Coalition (Andrology Australia, Jean Hailes for Women's Health, the Robinson Research Institute, with VARTA as the lead agency) is implementing the program. This grant has substantially increased the capacity of VARTA to promote research into the causes and prevention of infertility in partnership with other organisations.

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 deficit for the year ending 30 June 2014, with an associated decrease in equity for VARTA. This is due to expenditure of funding received just before the end of last financial year from the Victorian Government for *Your Fertility* Victorian activities, relocation and rental expenses.

Summary of financial results

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

	2014	2013	2012	2011	2010
Total revenue	922,859	1,156,266	814,805	632,807	701,440
Total expenses	1,008,390	989,303	797,757	(630,010)	(677,432)
Operating surplus / deficit	(85,531)	166,963	17,048	2,797	21,598
Retained surplus / (accumulated deficit)	125,041	210,572	43,609	26,561	13,045
Total assets	305,640	435,216	255,776	227,239	140,175
Total liabilities	169,399	213,444	200,967	189,478	105,211
Total equity	136,241	221,772	54,809	37,761	34,964

Subsequent events

No events occurred after balance sheet date.

Freedom of Information

VARTA received no freedom of information requests in this financial year.

Risk management

Risk management plans were reviewed in June 2014. Risk attestation is provided below.

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

Data reporting

ART treatment outcome data is collected from registered ART providers directly by VARTA and by the National Perinatal Epidemiology and Statistics 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.

Consistent with the DataVic Access Policy issued by the Victorian Government in 2012, the information on treatment data included in this annual report will be available at http://www.data.vic.gov.au.

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

Insurance

I, Louise Johnson,
Chief Executive Officer, certify that the Victorian Assisted Reproductive Treatment Authority has complied with Ministerial direction 4.5.5.1 – through insurance coverage with the VMIA.

Protected Disclosure Act 2012

No disclosures have been notified to the Authority or forwarded to the Independent Broad-based Anti-corruption Commission, Victoria (IBAC).

Occupational health and safety

An occupational health and safety audit was organised in relation to staff work stations for July 2014 to identify any improvements that could be made to VARTA working environment with the relocation to 570 Bourke Street, Melbourne. Ergonomic chairs for staff work stations in the new premises were purchased in the past financial year.

Consultancies

Consultancy costs were incurred for use of accounting and financial planning, public relations, information technology requirements, communications, evaluation of the *Your Fertility* program, design of public education materials, and strategic planning at a total cost of $47,436. A schedule of consultancy costs incurred is provided below.

Environmental performance

VARTA divides waste into recyclable, organic and landfill waste in conjunction with other statutory authorities housed at 570 Bourke Street, Melbourne. Double-sided photocopying reduces the use of paper in the office.

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 the Authority's compliance with statutory disclosure requirements.

Consultant engagements costing in excess of $10,000 in the financial year 2013–14

Consultant	Project detail	Total project fees approved (exclusive of GST)	Total fees incurred in financial year 2013-14 (ex of GST)	Future commitments
Andrology Australia	Male fertility e-book	$14,680	**$14,680**	Nil
Jean Hailes Foundation	Educational product; development of online webinar module; development of Rural Workforce Agency Victoria; Journal articles; e-cards; Jean Hailes Research Unit	$55,600	**$17,900**	$37,700
Total		**$70,280**	**$32,580**	

Consultant engagements costing less than $10,000 in the financial year 2013–14

Consultant	Total costs for financial year 2012-13 (exclusive of GST)
Russell Kennedy	**$5,837**
Family Planning Victoria	**$5,519**
Monash University	**$3,500**
Total	**$14,856**

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*. Before 2010, women were required to be eligible for treatment under Section 8 of the *Infertility Treatment Act 1995.*

Outcome of treatment procedures in Victoria

Data tables

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

Details of each site for a registered ART provider under the *Assisted Reproductive Treatment Act 2008* during the 2013-14 financial year are provided opposite. Data in the tables is provided for registered ART providers that are currently accredited by RTAC.

Registered Assisted Reproductive Treament (ART) providers

ART Providers registered to provide treatment under the *Assisted Reproductive Treatment Act 2008,* 1 July 2013 – 30 June 2014
Ballarat IVF
City Babies, Richmond
City Fertility Centre, Bundoora
City Fertility Centre, Melbourne
Melbourne IVF, Box Hill*
Melbourne IVF, East Melbourne
Melbourne IVF Werribee
Melbourne IVF, Mt Waverley
Monash IVF, Bendigo
Monash IVF, Clayton (Monash IVF Monash Surgical Private Hospital)
Monash IVF, Geelong
Monash IVF, Frankston
Monash IVF, Richmond (Monash IVF Epworth Hospital)
Monash IVF, Sale (Central Wellington Health Services)
Monash IVF, Sunshine (Western Day Surgery)
Reproductive Services, Royal Women's Hospital (Melbourne IVF)

** Blood tests, scans, counselling and doctor consultations are conducted at Melbourne IVF Box Hill. Patients managed at the East Melbourne site may attend Box Hill for the above services. Data for East Melbourne will include data for some patients attending the Box Hill clinic.*

Data collection, trends and success rates

The data in this report shows a 2.7% increase in the overall number of treatment cycles compared with the last financial year (see Figure 1).

Figure 1 Number of patients and treatment cycles per financial year 2008–09 to 2013–14.

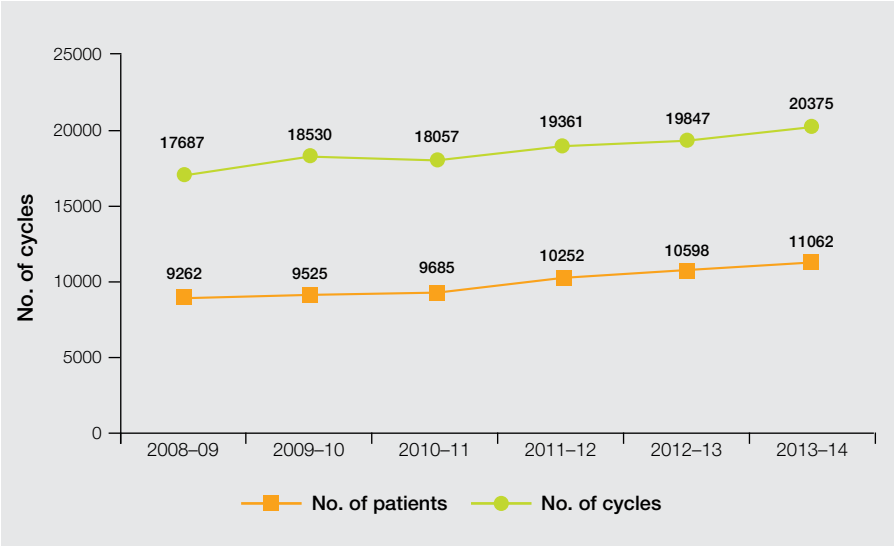
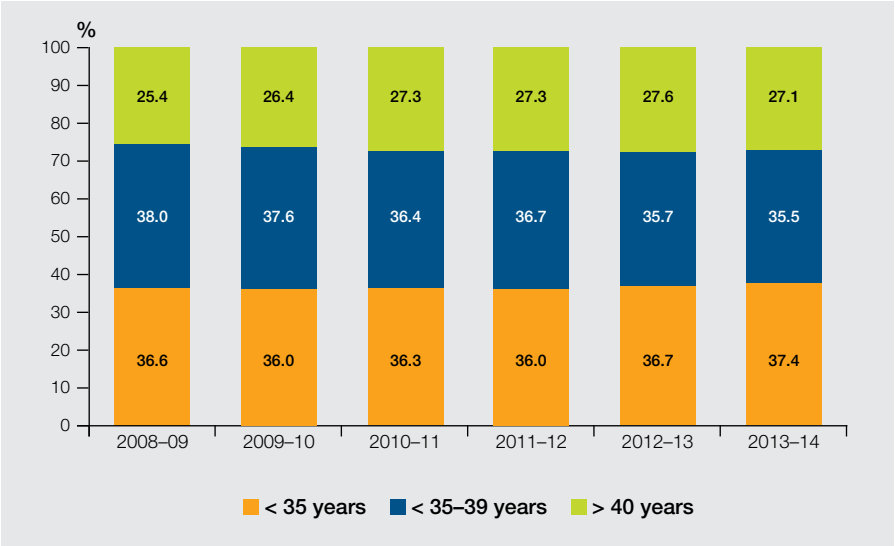


Figure 2 Age of women treated per financial year 2008–09 to 2013–14.



Note

The figures in the following tables are derived from the latest versions of the Australia and New Zealand Assisted Reproduction Database (ANZARD) data from 1 July 2013 to 30 June 2014 and provided to the National Perinatal Epidemiology and Statistics Unit, University of NSW, by each of the ART units for VARTA.

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:

- 01/08/2014 Ballarat IVF
- 04/08/2014 CFC Melbourne
- 25/07/2014 City Babies
- 20/08/2014 Melbourne IVF
- 01/08/2014 Monash IVF

Final 2012-13 pregnancy outcomes data for the ANZARD database was updated in August 2014. There were 0.7% (30 of 4129 pregnancies) of 2012-13 pregnancies data with unknown outcomes.

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

Outcome of treatment procedures in Victoria

SECTION 1 Final outcomes for treatment cycles commenced in 2012–13 financial year

This report includes a final outcome of treatment procedures undertaken in 2013. These final figures were not available at the time of the production of the 2013 Annual Report. Similarly, this year, a full report on treatment outcomes is not possible until the 2015 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, 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	No. women involved in surrogacy arrangements	No. of liveborn babies
		< 35	35–39	≥ 40							
Ballarat IVF	323	164	104	55	206	140	153	73	12	0	109
City Babies	75	39	26	10	9	0	0	71	0	0	17
City Fertility Centre, Bundoora	31	14	9	8	17	9	16	0	0	0	3
City Fertility Centre, Melbourne	639	244	213	182	521	302	287	33	10	0	193
Melbourne IVF, East Melbourne	3387	1116	1242	1029	2586	1850	1642	226	75	23	983
Melbourne IVF, Mt Waverley	241	122	69	50	188	128	110	17	12	0	52
Monash IVF, Bendigo	97	50	36	11	82	71	27	0	0	0	42
Monash IVF, Clayton	2168	771	803	594	1719	1254	952	27	27	1	730
Monash IVF, Frankston	28	9	9	10	27	19	2	0	0	0	5
Monash IVF, Geelong	238	106	80	52	198	133	99	0	0	3	76
Monash IVF, Richmond	1623	540	604	479	1193	912	767	26	22	5	625
Monash IVF, Sale	74	30	26	18	64	47	14	0	0	0	18
Monash IVF, Sunshine	142	60	45	37	130	82	29	0	0	0	38
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1532	628	514	390	1061	729	754	77	18	0	396
Aggregated total	**10598**	**3893**	**3780**	**2925**	**8001**	**5676**	**4852**	**550**	**176**	**32**	**3287**

Note: Women may undergo more than one type of treatment in any given year. This table updates data provided in the 2013 Annual Report (table 2.1).
* Number of women with initiated treatment cycles (including cancelled FSH stimulated cycles, oocyte retrieval). FSH: follicle stimulating hormone.

Table 1.2 Final outcomes for treatment cycles commenced in 2012–13 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
	Fresh (including cancelled FSH stimulated cycles, oocyte retrieval, IVF/ICSI cycles)										
Ballarat IVF	206	282	251	60	43	44	42	1	0	44	0
City Babies	9	11	0	0	0	0	0	0	0	0	0
City Fertility Centre, Bundoora	17	18	16	3	2	2	2	0	0	2	0
City Fertility Centre, Melbourne	521	791	755	121	100	106	94	6	0	106	1
Melbourne IVF, East Melbourne	2586	3872	3500	660	480	510	451	28	1	502	4
Melbourne IVF, Mt Waverley	188	219	209	39	29	29	29	0	0	28	4
Monash IVF, Bendigo	82	111	98	36	31	33	29	2	0	33	0
Monash IVF, Clayton	1719	2499	2173	480	373	391	355	18	0	385	1
Monash IVF, Frankston	27	31	25	6	5	5	5	0	0	5	0
Monash IVF, Geelong	198	265	238	60	50	53	47	3	0	52	0
Monash IVF, Richmond	1193	1800	1535	395	300	320	280	20	0	315	1
Monash IVF, Sale	64	84	71	22	17	18	16	1	0	18	0
Monash IVF, Sunshine	130	194	157	35	30	32	28	2	0	32	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1061	1278	1205	230	166	173	159	7	0	170	5
Aggregated total	**8001**	**11455**	**10233**	**2147**	**1626**	**1716**	**1537**	**88**	**1**	**1692**	**16**

* Included all babies (liveborn, stillborn, neonatal death). ^ Cycles continued. FSH: follicle stimulating hormone.

Outcome of treatment procedures in Victoria

Table 1.2 Final outcomes for treatment cycles commenced in 2012–13 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	140	179	42	29	30	28	1	0	30	0
City Fertility Centre, Bundoora	9	9	1	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	302	424	68	55	60	50	5	0	60	1
Melbourne IVF, East Melbourne	1850	2634	516	375	401	350	24	1	394	4
Melbourne IVF, Mt Waverley	128	144	29	22	22	22	0	0	21	3
Monash IVF, Bendigo	71	93	33	29	30	28	1	0	30	0
Monash IVF, Clayton	1254	1711	369	283	301	265	18	0	295	1
Monash IVF, Frankston	19	20	5	5	5	5	0	0	5	0
Monash IVF, Geelong	133	168	41	33	36	30	3	0	35	0
Monash IVF, Richmond	912	1247	340	257	275	239	18	0	271	1
Monash IVF, Sale	47	57	16	12	13	11	1	0	13	0
Monash IVF, Sunshine	82	116	27	24	26	22	2	0	26	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	729	859	173	124	130	118	6	0	130	4
Aggregated total	**5676**	**7661**	**1660**	**1248**	**1329**	**1168**	**79**	**1**	**1310**	**14**

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

Table 1.2 Final outcomes for treatment cycles commenced in 2012–13 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	153	233	233	59	47	49	45	2	0	49	0
City Fertility Centre, Bundoora	16	18	18	5	1	1	1	0	0	1	0
City Fertility Centre, Melbourne	287	422	409	102	80	86	74	6	0	86	4
Melbourne IVF, East Melbourne	1642	2603	2549	541	402	432	372	30	0	431	2
Melbourne IVF, Mt Waverley	110	189	188	27	17	18	16	1	0	18	1
Monash IVF, Bendigo	27	31	31	10	9	9	9	0	0	9	0
Monash IVF, Clayton	952	1308	1308	411	318	335	301	17	0	331	1
Monash IVF, Frankston	2	2	2	0	0	0	0	0	0	0	0
Monash IVF, Geelong	99	134	134	29	22	23	21	1	0	23	0
Monash IVF, Richmond	767	1052	1052	359	283	298	269	13	1	298	0
Monash IVF, Sale	14	17	17	2	0	0	0	0	0	0	0
Monash IVF, Sunshine	29	45	45	7	6	6	6	0	0	6	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	754	1158	1152	275	196	216	176	20	0	211	3
Aggregated total	**4852**	**7212**	**7138**	**1827**	**1381**	**1473**	**1290**	**90**	**1**	**1463**	**11**

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

Outcome of treatment procedures in Victoria

Table 1.2 Final outcomes for treatment cycles commenced in 2012–13 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	73	117	13	11	12	10	1	0	11	0
City Babies	71	111	18	15	17	13	2	0	17	0
City Fertility Centre, Melbourne	33	50	1	1	1	1	0	0	1	0
Melbourne IVF, East Melbourne	226	360	44	29	33	25	4	0	32	1
Melbourne IVF, Mt Waverley	17	31	5	3	3	3	0	0	3	1
Melbourne IVF, Clayton	27	37	6	6	7	5	1	0	7	0
Melbourne IVF, Richmond	26	39	3	3	3	3	0	0	3	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	77	97	17	13	14	12	1	0	14	1
Aggregated total	**550**	**842**	**107**	**81**	**90**	**72**	**9**	**0**	**88**	**3**

Table 1.2 Final outcomes for treatment cycles commenced in 2012–13 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	12	21	3	3	5	2	0	1	5	0
City Fertility Centre, Melbourne	10	22	0	0	0	0	0	0	0	0
Melbourne IVF, East Melbourne	75	110	20	14	14	14	0	0	14	0
Melbourne IVF, Mt Waverley	12	19	3	3	3	3	0	0	3	0
Monash IVF, Clayton	27	48	6	6	7	5	1	0	7	0
Monash IVF, Richmond	22	38	7	7	7	7	0	0	7	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	18	25	1	1	1	1	0	0	1	0
Aggregated total	**176**	**283**	**40**	**34**	**37**	**32**	**1**	**1**	**37**	**0**

Table 1.3 Final outcomes for GIFT cycles commenced in 2012–13 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
City Fertility Centre, Melbourne	1	1	0	0	0	0
Monash IVF, Richmond	1	1	0	0	0	0
Aggregated total	**2**	**2**	**0**	**0**	**0**	**0**

Table 1.4 Final outcomes for surrogacy cycles commenced in 2012–13 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	23	39	4	4	4	4
Monash IVF, Clayton	1	1	0	0	0	0
Monash IVF, Geelong	3	4	1	1	1	1
Monash IVF, Richmond	5	9	3	2	2	2
Aggregated total	**32**	**53**	**8**	**7**	**7**	**7**

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

SECTION 2 Outcomes from treatment cycles, 2013–14 financial year

Table 2.1 Number of patients per treatment site, 2013–14 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	282	142	93	47	205	124	119	43	11
City Babies	173	97	52	24	25	0	0	163	0
City Fertility Centre, Bundoora	150	73	47	30	131	80	73	5	1
City Fertility Centre, Melbourne	573	203	210	160	405	233	296	53	26
Melbourne IVF, East Melbourne	3356	1157	1226	973	2476	1794	1537	199	133
Melbourne IVF, Mt Waverley	339	173	99	67	232	163	174	33	16
Melbourne IVF, Werribee	15	3	8	4	9	5	1	5	0
Monash IVF, Bendigo	85	40	33	12	74	52	26	0	0
Monash IVF, Clayton	2249	778	803	668	1741	1290	1027	64	33
Monash IVF, Frankston	15	9	6	0	14	8	4	1	0
Monash IVF, Geelong	232	95	82	55	180	108	93	1	2
Monash IVF, Richmond	1928	668	712	548	1401	1068	915	34	52
Monash IVF, Sale	82	33	29	20	69	46	27	0	0
Monash IVF, Sunshine	189	77	66	46	171	124	41	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1394	588	462	344	893	609	686	69	37
Aggregated total	**11062**	**4136**	**3928**	**2998**	**8026**	**5704**	**5019**	**670**	**311**

Note: Women undertaking IVF/ICSI cycles may also undertake THAW or AI cycles within this period.
* Number of women with initiated treatment cycles (including cancelled FSH stimulated cycles, oocyte retrieval). FSH: follicle stimulating hormone.

Table 2.2 Outcomes per treatment site of fresh cycles including cancelled FSH stimulating cycles, oocyte retrieval, IVF/ICSI cycles, 2013–14 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	280	246	60.6	231	214	81.8	73
City Babies	31	0	0	0	0	0	0
City Fertility Centre, Bundoora	220	179	71.5	166	149	64.4	22
City Fertility Centre, Melbourne	586	527	64.3	498	450	68.7	66
Melbourne IVF, East Melbourne	3724	3138	82.9	3010	2335	70.1	654
Melbourne IVF, Mt Waverley	315	278	75.5	262	233	73.0	71
Melbourne IVF, Werribee	9	7	71.4	6	6	83.3	3
Monash IVF, Bendigo	94	79	77.2	75	62	83.9	23
Monash IVF, Clayton	2511	2074	82.6	1938	1479	83.6	417
Monash IVF, Frankston	18	13	69.2	10	9	100.0	2
Monash IVF, Geelong	250	185	70.3	183	179	90.5	59
Monash IVF, Richmond	2066	1637	85.6	1508	1267	79.5	365
Monash IVF, Sale	96	75	80.0	71	66	71.2	22
Monash IVF, Sunshine	233	198	81.8	184	171	83.0	47
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1098	928	77.3	876	760	70.7	194
Aggregated total	**11531**	**9564**	**80.4**	**9018**	**7380**	**75.7**	**2018**

* 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. FSH: follicle stimulating hormone.
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.

Outcome of treatment procedures in Victoria

Table 2.3 Outcomes of non-donor fresh IVF/ICSI cycles by cause of infertility, all treatment sites, 2013–14

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	1898	1246	307	65.6	16.2
Female factor	1494	910	258	60.9	17.3
- Tubal disease only	232	157	53	67.7	22.8
- Endometriosis only	343	219	61	63.8	17.8
- Other female factor only	788	450	120	57.1	15.2
- Combined female factor	131	84	24	64.1	18.3
Combined male—female factor	1133	727	219	64.2	19.3
Unexplained	1637	1075	258	65.7	15.8
Not stated	4834	3177	884	65.7	18.3
Aggregated total	**10996**	**7135**	**1926**	**64.9**	**17.5**

* 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 2.4 Oocyte collection, embryo formation and transfer per treatment site, IVF/ICSI, 2013–14

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	253	2114	1756	1215	15	253	1.18	368	594
City Fertility Centre, Bundoora	186	1788	1496	877	13	202	1.36	188	487
City Fertility Centre, Melbourne	562	4892	4170	2523	29	592	1.32	683	1248
Melbourne IVF, East Melbourne	3376	30870	24465	17709	128	3039	1.30	4801	9869
Melbourne IVF, Mt Waverley	293	2524	2049	1452	16	296	1.27	566	590
Melbourne IVF, Werribee	7	69	41	23	1	7	1.17	2	14
Monash IVF, Bendigo	80	985	810	536	4	72	1.16	186	278
Monash IVF, Clayton	2144	22111	17141	10681	136	1722	1.16	3012	5947
Monash IVF, Frankston	14	72	67	45	3	9	1.00	14	22
Monash IVF, Geelong	184	1754	1521	1030	2	196	1.09	319	515
Monash IVF, Richmond	1694	16128	12052	7686	129	1527	1.21	2248	3911
Monash IVF, Sale	84	845	658	383	4	85	1.29	146	152
Monash IVF, Sunshine	208	1918	1522	886	14	200	1.17	208	478
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1011	8673	7026	4905	52	983	1.29	1797	2125
Aggregated total	**10096**	**94743**	**74774**	**49951**	**546**	**9183**	**1.24**	**14538**	**26230**

^ 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.

Table 2.5 Outcomes per treatment site, THAW cycle, 2013–14 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	180	180	254	159	178	1.12	88.1	0	39
City Fertility Centre, Bundoora	113	91	115	87	95	1.09	90.8	1	22
City Fertility Centre, Melbourne	455	397	511	379	431	1.14	86.3	12	84
Melbourne IVF, East Melbourne	2363	2328	4692	2133	2581	1.21	79.1	180	496
Melbourne IVF, Mt Waverley	289	285	511	261	299	1.15	85.4	3	60
Melbourne IVF, Werribee	2	2	4	2	3	1.50	50.0	0	0
Monash IVF, Bendigo	36	36	42	34	36	1.06	94.1	0	9
Monash IVF, Clayton	1434	1434	1691	1355	1447	1.07	93.2	91	454
Monash IVF, Frankston	4	4	4	4	4	1.00	100.0	0	1
Monash IVF, Geelong	123	123	147	115	129	1.12	87.8	0	41
Monash IVF, Richmond	1229	1225	1463	1190	1287	1.08	91.8	7	419
Monash IVF, Sale	36	36	41	33	37	1.12	87.9	1	8
Monash IVF, Sunshine	51	51	61	50	58	1.16	84.0	0	13
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	978	975	1909	919	1141	1.24	76.0	65	230
Aggregated total	**7293**	**7167**	**11445**	**6721**	**7726**	**1.15**	**85.1**	**360**	**1876**

* 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, FSH stimulated/unstimulated 2013–14

Treatment site	Total no. cycles initiated	Total no. clinical pregnancies*	Total no. cycles initiated	Total no. clinical pregnancies*
	STIMULATED		UNSTIMULATED	
Ballarat IVF	16	1	41	2
City Babies	274	34	2	0
City Fertility Centre, Bundoora	5	0	2	0
City Fertility Centre, Melbourne	7	0	89	4
Melbourne IVF, East Melbourne	283	28	15	2
Melbourne IVF, Mt Waverley	49	2	5	0
Melbourne IVF, Werribee	7	1	0	0
Monash IVF, Clayton	70	9	34	2
Monash IVF, Frankston	1	0	0	0
Monash IVF, Geelong	1	0	0	0
Monash IVF, Richmond	32	4	26	6
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	79	12	5	0
Aggregated total	**824**	**91**	**219**	**16**

FSH: follicle stimulating hormone. * 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 2013–14

Treatment site	Total no. cycles Initiated	Total no. oocytes transferred	Total no. of clinical pregnancies*
Monash IVF, Richmond	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.

Table 2.8 Storage of sperm / ovarian tissue / oocytes / embryos per treatment site, 2013-14 financial year

Treatment site	No. patients with sperm in storage as at 30 June 2014	No. patients with ovarian tissue or oocytes in storage as at 30 June 2014	No. embryos in storage as at 30 June 2014
Ballarat IVF	175	4	1069
City Fertility Centre, Bundoora	12	1	291
City Fertility Centre, Melbourne	90	16	1784
Melbourne IVF, East Melbourne	159	309	13705
Melbourne IVF, Mt Waverley	29	6	718
Melbourne IVF, Werribee	1	0	3
Monash IVF, Clayton	1713	57	7411
Monash IVF, Richmond	0	316	8626
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	95	600	7896
Aggregated total	**2274**	**1309**	**41503**

SECTION 3 Multiple pregnancies, 2013-14 financial year

Table 3 Multiple pregnancies as at dates on page 22 per treatment site, 2013–14 financial year

Treatment site	Total no. clinical pregnancies*	Number of fetal hearts*				Not stated
		None	One	Two	Three	
Ballarat IVF	116	10	98	2	1	5
City Babies	34	0	29	5	0	0
City Fertility Centre, Bundoora	44	9	32	2	1	0
City Fertility Centre, Melbourne	159	13	137	9	0	0
Melbourne IVF, East Melbourne	1221	191	953	75	2	0
Melbourne IVF, Mt Waverley	138	19	110	8	1	0
Melbourne IVF, Werribee	4	3	1	0	0	0
Monash IVF, Bendigo	32	4	22	0	0	6
Monash IVF, Clayton	892	60	649	34	1	148
Monash IVF, Frankston	3	0	2	0	0	1
Monash IVF, Geelong	101	8	63	3	0	27
Monash IVF, Richmond	803	68	545	33	1	156
Monash IVF, Sale	30	1	23	0	0	6
Monash IVF, Sunshine	60	6	43	3	0	8
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	443	69	346	26	1	1
Aggregated total	**4080**	**461**	**3053**	**200**	**8**	**358**

* 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 Surrogacy, 2013-14 financial year

Table 4 Surrogacy cycles and resulting outcomes, all treatment sites, 2013–14 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	18	29	2	24	5
Monash IVF, Clayton	2	4	1	2	0
Monash IVF, Geelong	1	2	0	2	1
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	3	3	1	1	0
Aggregated total	**24**	**38**	**4**	**29**	**6**

* 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, 2013–14 financial year

Table 5.1 Use of donor gametes and embryos and outcomes, all treatment sites, 2013–14 financial year

Treatment site	Total no. recipients treated	Total no. cycles continued	Total no. of clinical pregnancies*
Donor embryo	63	95	25
Donor oocytes	369	593	173
Donor sperm**	874	1572	335
Aggregated total* **	**1306**	**2260**	**533**

* 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, FSH stimulated/unstimulated – DI, 2013–14 financial year

Treatment site	Total no. cycles initiated	Total no. clinical pregnancies*	Total no. cycles initiated	Total no. clinical pregnancies*
	STIMULATED		UNSTIMULATED	
Ballarat IVF	3	0	13	1
City Fertility Centre, Bundoora	1	0	0	0
City Fertility Centre, Melbourne	0	0	44	5
Melbourne IVF, East Melbourne	158	32	27	4
Melbourne IVF, Mt Waverley	25	5	3	0
Monash IVF, Clayton	13	2	46	8
Monash IVF, Geelong	1	0	1	0
Monash IVF, Richmond	45	5	47	4
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	35	6	7	1
Aggregated total	**281**	**50**	**188**	**23**

* 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. FSH: follicle stimulating hormone.

Table 5.3 Storage of donor sperm per treatment site, 2013–14 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	12	2
City Fertility Centre, Bundoora	1	0
City Fertility Centre, Melbourne	30	10
Melbourne IVF, East Melbourne	8	44
Monash IVF, Clayton	39	4
Monash IVF, Richmond	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	253	1
Aggregated total	**343**	**61**

Table 5.4 Number of oocyte and embryo donors utilised, 2013–14 financial year

Treatment site	No. oocyte donors		No. embryo donors	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Ballarat IVF	9	1	0	3
City Fertility Centre, Bundoora	4	0	0	0
City Fertility Centre, Melbourne	11	0	0	0
Melbourne IVF, East Melbourne	58	0	23	12
Melbourne IVF, Mt Waverley	5	0	1	0
Monash IVF, Bendigo	2	0	0	0
Monash IVF, Clayton	54	3	1	3
Monash IVF, Geelong	5	1	0	0
Monash IVF, Frankston	0	0	0	0
Monash IVF, Richmond	38	1	3	19
Monash IVF, Sale	2	0	0	0
Monash IVF, Sunshine	7	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	21	0	1	8
Aggregated total	**216**	**6**	**29**	**45**

SECTION 6 Preimplantation genetic diagnosis, 2013-14 financial year

Table 6.1 Preimplantation genetic diagnosis for patients with a known genetic risk, 2013-14 financial year

Treatment site	No. of women in treatment	No. of cycles where PGD performed*	No. of cycles with embryo transfer**	No. of clinical pregnancies	No. of confinements
Monash IVF, Clayton	32	43	51	17	3
Melbourne IVF, East Melbourne	76	116	60	14	6
Aggregated total	**108**	**159**	**111**	**31**	**9**

Treatment site	No. of embryos tested*	No. of embryos genetically-suitable for transfer	No. of genetically-suitable embryos transferred
Monash IVF, Clayton	196	46	55
Melbourne IVF, East Melbourne	708	206	71
Aggregated total	**904**	**252**	**126**

* Either fresh embryos or thawed frozen embryos may be tested. Some patients will have some fresh and thawed frozen embryos tested.
** Embryo transfer could occur in a different financial year to PGD testing.

Table 6.2 Preimplantation genetic diagnosis for detection of numerical chromosome abnormalities, 2013–14 financial year

Treatment site	No. of women in treatment	No. of cycles where PGD performed*	No. of cycles with embryo transfer**	No. of clinical pregnancies	No. of confinements
Monash IVF, Clayton	106	134	119	53	7
Melbourne IVF, East Melbourne	293	386	189	60	19
Aggregated total	**399**	**520**	**308**	**113**	**26**

Treatment site	No. of embryos tested*	No. of embryos genetically-suitable for transfer	No. of genetically-suitable embryos transferred
Monash IVF, Clayton	402	147	129
Melbourne IVF, East Melbourne	2352	430	214
Aggregated total	**2754**	**577**	**343**

* Either fresh embryos or thawed frozen embryos may be tested. Some patients will have some fresh and thawed frozen embryos tested.
** Embryo transfer could occur in a different financial year to PGD testing.
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 the Victorian Assisted Reproductive Treatment Authority have been prepared in accordance with Part 4.2 of the Standing Directions of the Minister for Finance under the *Financial Management Act 1994,* applicable Financial Reporting Directions, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the statement of profit or loss and other comprehensive income, 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 2014 and financial position of the Victorian Assisted Reproductive Treatment Authority as at 30 June 2014.

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
20 August 2014

Ms Louise Johnson
Chief Executive Officer

Melbourne
20 August 2014

Statement of profit or loss and other comprehensive income for the year ended 30 June 2014

	Notes	2014 $	2013 $
Revenue	2	**923,259**	1,155,701
Interest Income	2	**1,600**	525
Employee benefits expense	3(a)	**(393,525)**	(375,664)
Depreciation expense	3	**(6,740)**	(7,745)
Supplies and services	3(b)	**(266,017)**	(275,331)
Project expenses – employee benefits expense		**(131,297)**	(171,457)
Project expenses – other		**(212,811)**	(159,066)
Operating surplus/(deficit)		**(85,531)**	166,963
Other comprehensive income		**-**	-
Comprehensive result for the year	25	**(85,531)**	**166,963**

Balance sheet as at 30 June 2014

	Notes	2014 $	2013 $
CURRENT ASSETS			
Cash and cash equivalents	7	230,507	390,470
Trade and other receivables	8	**22,139**	20,276
Other current assets	9	**12,351**	22,591
TOTAL CURRENT ASSETS		**264,997**	433,337
NON CURRENT ASSETS			
Property, plant and equipment	10	**25,703**	9,864
Intangibles	11	**7,284**	6,315
TOTAL NON CURRENT ASSETS		**32,987**	16,179
TOTAL ASSETS		**297,984**	449,516
CURRENT LIABILITIES			
Trade and other payables	12	**75,617**	132,046
Short term provisions	13	**83,097**	93,632
TOTAL CURRENT LIABILITIES		**158,714**	225,678
NON CURRENT LIABILITIES			
Long term provisions	13	**3,029**	2,066
TOTAL NON CURRENT LIABILITIES		**3,029**	2,066
TOTAL LIABILITIES		**161,743**	227,744
NET ASSETS		**136,241**	221,772
EQUITY			
Contributed capital	14	**11,200**	11,200
Retained earnings		**125,041**	210,572
TOTAL EQUITY		**136,241**	**221,772**
Commitments for expenditure	18		
Contingent assets and contingent liabilities	19		

Statement of changes in equity for the year ended 30 June 2014

	Contributed Capital $	Retained Earnings $	Total $
Balance at 1 July 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
Capital contributed	-	-	-
Surplus/(deficit) for the year	-	(85,531)	(85,531)
Other comprehensive income	-	-	-
Balance at 30 June 2014	**11,200**	**125,041**	**136,241**

Cash flow statement for the year ended 30 June 2014

	Notes	2014 $	2013 $
CASH FLOW FROM OPERATING ACTIVITIES			
Government grants		**904,795**	1,141,543
Receipts from customers and others		**60,311**	72,217
Payments to suppliers and employees		**(1,102,681)**	(1,007,064)
Interest received		**1,600**	525
Net cash provided by operating activities	15	**(135,975)**	207,221
CASH FLOW FROM INVESTING ACTIVITIES			
Payment for property, plant and equipment		**(21,280)**	(2,388)
Payment for intangibles		**(2,708)**	-
Net cash used in investing activities		**(23,988)**	(2,388)
Net increase in cash held		**(159,963)**	204,833
Cash at beginning of financial year		**390,470**	185,637
Cash at end of financial year	7	**230,507**	390,470

Notes to the financial statements for the year ended 30 June 2014

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 2014

(b) Basis of preparation (continued)

Consistent with AASB 13 *Fair Value Measurement* the Victorian Assisted Reproductive Treatment Authority determines the policies and procedures for both recurring fair value measurements such as property, plant and equipment, and for non-recurring fair value measurements such as non-financial physical assets held for sale, in accordance with the requirements of AASB 13 and the relevant FRDs.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy, described as follows, based on the lowest level input that is significant to the fair value measurement as a whole:

- Level 1 – Quoted (unadjusted) market prices in active markets for identical assets or liabilities
- Level 2 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable
- Level 3 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

For the purpose of fair value disclosures, the Victorian Assisted Reproductive Treatment Authority has determined classes of assets and liabilities on the basis of the nature, characteristics and risks of the asset or liability and the level of the fair value hierarchy as explained above.

In addition, the Victorian Assisted Reproductive Treatment Authority determines whether transfers have occurred between levels in the hierarchy by re-assessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

The Valuer-General Victoria (VGV) is the Victorian Assisted Reproductive Treatment Authority's independent valuation agency.

The Victorian Assisted Reproductive Treatment Authority, in conjunction with VGV monitors the changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required.

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 2014, and the comparative information presented in these financial statements for the year ended 30 June 2013.

(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 three 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.

More details about the valuation techniques and inputs used in determining the fair value of non-financial physical assets are discussed in Note 10 *Property, Plant and Equipment.*

(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 (2013-14 and 2012-13) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives using the diminishing value basis. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Health.

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

	2014 & 2013
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.

Notes to the financial statements for the year ended 30 June 2014

(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.

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	
	2014	**2013**
Vision Super	2,895	4,209
Hesta Superannuation	23,153	32,937
AMP Superannuation	–	5,302
Health Superannuation	30,345	23,118
Vic Super	3,864	9,434
Other	15,151	7,807
Total	**75,408**	**82,807**

(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.

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.

Notes to the financial statements for the year ended 30 June 2014

(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) Change in accounting policies

AASB 13 Fair value measurement

AASB 13 establishes a single source of guidance for all fair value measurements. AASB 13 does not change when a health service is required to use fair value, but rather provides guidance on how to measure fair value under Australian Accounting Standards when fair value is required or permitted. The health service has considered the specific requirements relating to the highest and best use, valuation premise, and principal (or most advantageous) market. The methods, assumptions, processes and procedures for determining fair value were revised and adjusted where applicable. In light of AASB 13, the health service has reviewed the fair value principles as well as its current valuation methodologies in assessing the fair value, and the assessment has not materially changed the fair value recognised.

AASB 13 has predominantly impacted the disclosures of the health service. It requires specific disclosures about fair value measurements and disclosures of fair values, some of which replace existing disclosure requirements in other standards, including AASB 7 *Financial Instruments: Disclosures.*

The disclosure requirements of AASB 13 apply prospectively and need not to be provided for comparative periods, before initial application. Consequently, comparatives of these disclosures have not been provided for 2012-13, except for financial instruments, of which the fair value disclosures are required under AASB 7 *Financial Instrument Disclosures.*

AASB 119 Employee benefits

In 2013-14, the health service has applied AASB 119 *Employee Benefits (Sept 2011, as amended)* and related consequential amendments for the first time.

The revised AASB 119 changes the accounting for defined benefit plans and termination benefits. The most significant change relates to the accounting for changes in defined benefit obligation and plan assets.

The revised standard also changes the definition of short-term employee benefits. These were previously benefits that were expected to be settled within 12 months after the end of the reporting period in which the employees render the related service, however, short-term employee benefits are now defined as benefits expected to be settled wholly within 12 months after the end of the reporting period in which the employees render the related service. As a result, accrued annual leave balances which were previously measures as short-term employee benefits no longer meet this definition and are now measured as long-term employee benefits. This has resulted in a change of measurement for the annual leave provision from an undiscounted to discounted basis.

The Victorian Assisted Reproductive Treatment Authority considers the change in classification has not materially altered the measurement of the annual leave provision.

(w) New accounting standards and interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2014 reporting period. These new standards are not expected to have any material impact for future financial reporting periods and the Authority has not and does not intend to adopt any these standards early.

Notes to the financial statements for the year ended 30 June 2014

	Notes	2014 $	2013 $
NOTE 2: REVENUE			
Operating activities			
Government grants – core funding		**594,795**	563,524
Government grants – in kind		**2,000**	26,899
Government grants – projects		**310,000**	538,420
Other		**16,464**	26,858
		923,259	1,155,701
Other income			
Interest Income		**1,600**	525
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		**354,780**	331,587
Superannuation		**31,122**	30,664
Staff amenities		**732**	489
Staff development and seminars		**6,891**	12,924
Total employee benefits		**393,525**	375,664
(b) Supplies and services expense			
Accounting		**18,018**	13,980
Advertising		**-**	22,302
Audit fees		**6,370**	5,930
Bank charges		**488**	375
Computer maintenance		**2,957**	4,189
Consultants fees		**13,217**	52,596
Courier/postage		**751**	492
Media and website		**14,986**	8,145
Entertainment		**-**	86
Insurance		**2,000**	27,449
Lease payments		**6,529**	6,590
Legal expenses		**773**	-
Loss on disposal of assets		**440**	407
Maintenance		**166**	461
Member sitting fees		**8,561**	9,032
Motor vehicle expense		**680**	933
Office outgoings		**3,924**	3,472
Printing and publications		**38,562**	34,952
Relocation		**52,417**	3,980
Rent and outgoings		**58,326**	42,852
Resources		**8,571**	11,911
Symposium/seminars		**10,676**	12,028
Telephone		**2,354**	3,568
Travel and accommodation		**12,236**	8,007
Work cover		**3,015**	1,594
Total supplies and services expense		**266,017**	275,331
Project expenses		**344,108**	330,523
Depreciation and amortisation		**6,740**	7,745
Total expenses		**1,010,390**	989,263

Notes to the financial statements for the year ended 30 June 2014

NOTE 4: RESPONSIBLE PERSONS DISCLOSURES

Key management personnel

Authority members

Ms K Mander	(Chairperson from 01/07/2013 to 30/06/2014)
Ms H Shardey	(Member from 01/07/2013 to 30/06/2014)
Dr D Edgar	(Member from 01/07/2013 to 30/06/2014)
Ms M Coady	(Member from 01/07/2013 to 30/06/2014)
Ms V Heywood	(Member from 23/07/2013 to 30/06/2014)
Ms K Harkess	(Member from 01/07/2013 to 30/06/2014)
Ms J Jarman	(Member from 01/07/2013 to 30/06/2014)

Chief Executive Officer

Ms L Johnson

	Short term benefits		Total
	Salary and fees $	Superannuation $	$
2014			
Total compensation	**159,374**	**22,467**	**182,975**
2013			
Total compensation	164,170	14,116	178,286

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 2014 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 $75,408 (2013: $82,807) 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 9.25% of gross salaries. Contributions made by the Authority in accordance with employer obligations and excluding salary sacrifice arrangements were $30,859 (2013: $42,906).

	Notes	2014 $	2013 $
NOTE 6: AUDITORS REMUNERATION			
Remuneration of the auditors for: Victorian Auditor General Officer		**6,370**	5,930
NOTE 7: CASH AND CASH EQUIVALENTS			
Cash at bank and on hand		**230,507**	390,470
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		**229,783**	390,383
Cash on hand		**724**	87
		230,507	390,470
NOTE 8: TRADE AND OTHER RECEIVABLES			
CURRENT			
Trade and other receivables		**5,524**	5,976
GST receivables		**16,615**	14,300
		22,139	20,276
NOTE 9: OTHER CURRENT ASSETS			
CURRENT			
Prepayments		**11,757**	9,611
Deposit		**594**	12,980
		12,351	22,591

Notes to the financial statements for the year ended 30 June 2014

NOTE 10: PROPERTY, PLANT AND EQUIPMENT	Notes	2014 $	2013 $
PLANT AND EQUIPMENT			
(a) Computer equipment			
At fair value		**30,959**	25,385
Less accumulated depreciation		**(18,916)**	(18,668)
		12,043	6,717
(b) Office equipment			
At fair value		**23,111**	11,226
Less accumulated depreciation		**(9,451)**	(8,079)
		13,660	3,147
Total property, plant and equipment		**25,703**	9,864

(a) Movements in carrying amounts 2014	Computer equipment $	Office equipment $	Total $
Balance at the beginning of the year	6,717	3,147	9,864
Additions	9,355	11,925	21,280
Depreciation expense	(3,589)	(1,412)	(5,001)
Assets written off	(440)	-	(440)
Balance at end of year	12,043	13,660	25,703

(b) Fair value measurement hierarchy for assets as at 30 June 2014	Carrying amount as at 30 June 2014	Fair value measurement at end of reporting period using		
		Level 1*	Level 2*	Level 3*
Plant and equipment at fair value				
Computer equipment	12,043	-	-	12,043
Office equipment	13,660	-	-	13,660
Total of plant and equipment at fair value	25,703	-	-	25,703

*Classified in accordance with the fair value hierarchy, See Note 1.

There have been no transfers between levels during the period.

Plant and equipment

Plant and equipment is held at carrying value (depreciated cost). When plant and equipment is specialised in use, such that it is rarely sold other than as part of going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that depreciated replacement cost will be materially different from the existing carrying value.

There were no changes in valuation techniques throughout the period to 30 June 2014.

For all assets measured at fair value, the current use is considered the highest and best use.

Notes to the financial statements for the year ended 30 June 2014

NOTE 10: PROPERTY, PLANT AND EQUIPMENT (continued) (c) Reconciliation of Level 3 fair value	Plant and Equipment $
Opening balance	9,864
Purchases (sales)	20,840
Transfers in (out) of Level 3	-
Gains or losses recognised in net result	
Depreciation	5,001
Impairment loss	
Subtotal	25,703
Items recognised in other comprehensive income	
Revaluation	-
Subtotal	25,703
Closing balance	25,703
Unrealised gains / (losses) on non-financial assets	-

There have been no transfers between levels during the period.

(d) Description of significant unobservable inputs in Level 3 valuations	Valuation technique	Significant unobservable inputs	Range (weighted average)	Sensitivity of fair value measurement to changes in significant unobservable inputs
Plant and Equipment at fair value	Depreciated replacement cost	Cost per unit	$1,000 – $2,000 ($1,500)	A significant increase or decrease in cost per unit would result in a significantly higher or lower fair value
		Useful life of PPE	3 – 5 years (4 years)	A significant increase or decrease in the estimated useful life of the asset would result in a significantly higher or lower valuation

NOTE 11: INTANGIBLES	Notes	2014 $	2013 $
SOFTWARE			
At cost		**11,045**	8,337
Less accumulated amortisation		**(3,761)**	(2,022)
		7,284	6,315
Total intangibles		**7,284**	6,315

NOTE 12: TRADE AND OTHER PAYABLES			
CURRENT			
Trade creditors		**29,072**	77,612
Accruals		**35,022**	40,010
PAYG withheld		**8,208**	10,185
Superannuation payable		**3,094**	3,365
Salary package liability		**221**	874
		75,617	132,046

Notes to the financial statements for the year ended 30 June 2014

NOTE 13: PROVISIONS	$
Opening balance at 1 July 2012	130,187
Provisions/(reductions) raised during the year	(34,489)
Balance at 30 June 2013	95,698
Provisions/(reductions) raised during the year	(9,572)
Balance at 30 June 2014	**86,126**

Current provisions	2014 $	2013 $
Annual leave		
Unconditional and expected to be settled within 12 months	**41,759**	57,593
Unconditional and expected to settled after 12 months	**-**	-
Long service leave		
Unconditional and expected to be settled within 12 months	**41,338**	36,039
Unconditional and expected to be settled after 12 months	**3,029**	2,066
Total current provisions	**86,126**	95,698

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).

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	**(85,531)**	166,963
Non cash flows in profit from ordinary activities:		
Depreciation and amortisation	**6,740**	7,745
Loss on disposal of asset	**440**	407
Changes in assets and liabilities:		
(Increase)\decrease in trade and other receivables	**(1,863)**	35,659
(Increase)\decrease in other assets	**10,240**	(16,030)
Increase\(decrease) in trade and other payables	**(56,429)**	46,966
Increase\(decrease) in provisions	**(9,572)**	(34,489)
Cash flows from operations	**(135,975)**	207,221

Notes to the financial statements for the year ended 30 June 2014

NOTE 16: RELATED PARTY TRANSACTIONS

(a) Responsible minister

The Hon David Davis, Minister for Health and Ageing, was the responsible minister from 1 July 2013 to 30 June 2014.

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

(c) Remuneration of responsible persons

The number of responsible persons are shown in their relevant income bands	2014 No.	2013 No.
Income band		
$0 – $ 9,999	**7**	7
$160,000 – $169,999	**-**	1
$170,000 – $179,999	**1**	-
Total numbers	**8**	**8**
Total remuneration received or due and receivable by responsible persons from the reporting entity amounted to:	**182,975**	178,286

(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 2014.

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**	**2014**	**2013**
Cash and cash equivalents	7	Cash and cash equivalents	**230,507**	390,470
Receivables	8	Loans and receivables	**6,118**	18,956
Financial liabilities		**Category**		
Trade payables	12	Measured at amortised cost	**67,409**	121,861

Notes to the financial statements for the year ended 30 June 2014

NOTE 17: FINANCIAL INSTRUMENTS (continued)

Risk management

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

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

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

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

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

(b) Interest rate risk

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

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

	Weighted average effective interest rate		Interest bearing floating interest rate		Non-interest bearing		Total	
	2014 %	2013 %	2014 $	2013 $	2014 $	2013 $	2014 $	2013 $
Financial assets:								
Cash and cash equivalents	**0.47%**	0.083%	**230,069**	390,383	**438**	87	**230,507**	390,470
Trade and other receivables			**-**	-	**6,118**	18,956	**6,118**	18,956
Total financial assets			**230,069**	390,383	**6,556**	19,043	**236,625**	409,426
Financial liabilities:								
Trade and other payables			**-**	-	**67,409**	121,861	**67,409**	121,861
Total financial liabilities			**-**	-	**67,409**	121,861	**67,409**	121,861

	Notes	2014 $	2013 $
Trade and other payables are expected to be settled as follows:			
Less than 90 days		**67,409**	121,861
		67,409	121,861

(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:

	2014		2013	
	Carrying amount $	Net fair value $	Carrying amount $	Net fair value $
Financial assets				
Trade and other receivables	**6,118**	**6,118**	18,956	18,956
Financial liabilities				
Trade and other payables	**67,409**	**67,409**	121,861	121,861

Notes to the financial statements for the year ended 30 June 2014

NOTE 17: FINANCIAL INSTRUMENTS (continued)

(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 0.47%.
- 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 $
2014					
Financial assets					
Cash and cash equivalents	230,507	(2,305)	(2,305)	2,305	2,305
2013					
Financial assets					
Cash and cash equivalents	390,470	(3,904)	(3,904)	3,904	3,904

NOTE 18: CAPITAL AND LEASING COMMITMENTS

(a) Capital commitments

The Authority had no capital commitments at 30 June 2014 (2013: NIL)

(b) Lease commitments

	2014 $	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	**3,441**	49,108
– later than one year and not later than two years	**-**	3,441
– later than two years and not later than five years	**-**	-
	3,441	52,549

New photocopier lease expires June 2015.

(c) Other commitments

The Authority had no other significant commitments at 30 June 2014.

NOTE 19: CONTINGENT LIABILITIES

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

Notes to the financial statements for the year ended 30 June 2014

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 30, 570 Bourke 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.

NOTE 25: OPERATING RESULTS

There is an operating deficit for the year ending 30 June 2014 in comparison to an operating surplus reported last financial year. In the 2013 financial year funding was received from the Victorian Government in respect to the *Your Fertility* Victorian activities, relocation and rental expenses. Expenditure relating to this funding was incurred and recognised in the current financial year.

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 2014 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 2014 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 2014 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
21 August 2014

for Dr Peter Frost
Acting 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 30, 570 Bourke Street,
Melbourne Vic 3000

Tel (61 3) 8601 5250
Fax (61 3) 8601 5277
Email varta@varta.org.au
www.varta.org.au