



**VARTA**

Victorian Assisted Reproductive  
Treatment Authority



# Annual Report 2015

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## Victorian Assisted Reproductive Treatment Authority

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# Chairperson's report – Kirsten Mander

## The past year has been one dominated by changes in the legal framework governing donor conception in Victoria.

On 29 June 2015, last year's amendments to the *Assisted Reproductive Treatment Act 2008* came into effect, giving donor-conceived people born before 1988 the right to apply for and receive identifying information about their donor with their donors consent. In June the Victorian Government announced its intention to amend the Act to give all donor-conceived people the right to identifying information about their donors without having to seek donor consent. The amendments include 'contact preferences' enabling donors to choose and manage what contact they have with their offspring. These proposed changes significantly advance the rights of donor-conceived people to learn more about their biological heritage.

In support of these changes, the launch of VARTA's donor register services is another significant development in the landscape of donor conception in Victoria. Internationally, donor linking is still in its early days and VARTA, in conjunction with the people it assists through this process, will be mapping out this new territory of personal and biological connections. The lessons learned in the coming months and years will impact on future donor linking processes locally and abroad. These are important days ahead.

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 2015.

Internationally, changes to laws in India and Thailand have altered the operating environment for overseas surrogacy arrangements and many people are now turning to Mexico and Nepal as alternative destinations. VARTA educates regarding the benefits of domestic surrogacy arrangements and provides information about the ethical questions and risks associated with operating in jurisdictions abroad, as well as continuing to address challenging issues in approving the import and export of donor gametes in accordance with Victorian law.

The assisted reproductive industry continues to expand on a commercial and global scale. Monash IVF has extended its activity in NSW. Virtus Health, which owns Melbourne IVF, has pursued further activity in Queensland and Tasmania. Having acquired a majority stake in an IVF provider in Ireland and opened a clinic in Singapore in December 2014, Virtus expanded activity in Ireland in early 2015 with services in Dublin. The Australian fertility group Genea, which operates clinics in Australia, New Zealand and Thailand, has partnered with pharmaceutical company Merck to commercialise and market fertility products in Europe and Asia.

In the past financial year, different models for providing low-cost IVF have been appearing across Australia, with both Virtus Health and Monash IVF entering the low-cost sector. However, low-cost options may not be suitable for all those experiencing infertility. VARTA will continue to monitor all of these developments.

The increasing diversity of information and marketing makes it increasingly challenging for the general public to understand their chances of bringing home a healthy baby. VARTA has examined the way

that clinics throughout Australia market IVF success rates. As a result VARTA's brochure on success rates will be reviewed in the next financial year and it will work with the University of Technology Sydney to find ways to enhance publish independent, evidence-based information in relation to success rates.

I would like to thank our CEO, Louise Johnson, and the entire VARTA staff for their dedication and commitment throughout a busy and demanding year. I would also like to acknowledge the significant contribution of my fellow board members.

Finally, I would like to thank the Victorian Minister for Health, the Victorian Department for Health and Human Services, the Australian Government Department of Health, members of the Fertility Coalition, and other partners who have supported VARTA in its work throughout the year.



**Kirsten Mander**  
Chairperson



# Chief Executive Officer's report – Louise Johnson

This financial year has been especially full, in no small part because of VARTA's efforts to prepare for 2014 amendments to the *Assisted Reproductive Treatment Act 2008*, implemented on 29 June 2015.

VARTA has invested considerable time and resources in a public education campaign to highlight current and future legislative changes in donor conception law. A major aspect of this initiative was VARTA's 'Donor conception: towards openness' exhibition, held at the Melbourne City Library throughout the month of June 2015. The exhibition explored donor conception through art, photography and archival material. It was a first of its kind on both a national and international level. In producing the exhibition, VARTA collaborated with a creative coalition of donors and donor-conceived people. Opened by Anthony Carabines, MP, Parliamentary Secretary for the Environment and former member of the Parliamentary Victorian Law Reform Committee, the exhibition provided an insight into what it means to be donor-conceived or a donor, or to form a

family through donor conception. This exhibition will be re-housed in a virtual form on the VARTA website, where it will continue to accept new submissions.

In accordance with the implementation of the 2014 legislative amendments, VARTA also developed and launched its donor register services. Staff members were appointed to provide counselling services to donor-conceived people, parents or donors making an application to the donor registers or those affected by an application.

The Victorian Government's intention to deliver further legislative changes to provide donor-conceived people with the right to receive identifying information about their donor, regardless of when they were born, will require VARTA to prepare extensively and work closely with the Department of Health and Human Services. Government intentions to transfer the donor registers to VARTA – to provide a 'one door in' and customer-focused service delivery to applicants to the donor registers and people affected by applications – will also require considerable planning.

There has also been significant activity in other areas of VARTA's operations. In 2015, VARTA launched its new website. The redesigned site is built around our large stock of resources and includes a restructuring of old content and the development of new. It also incorporates information about VARTA's new donor register services.

Expanded partnership opportunities have been taken up, including work with Family Planning Victoria to develop a teaching module on fertility and assisted reproduction for primary and secondary schools. This module will form part of Family Planning Victoria's *Safe Landing*

resource, designed to provide teachers with material to teach young people self-acceptance, good relationship skills and how to make safe sexual and reproductive health choices as a preparation for adult life.

Also of particular note are the achievements made this year in the delivery of the *Your Fertility* program by the Fertility Coalition – the partnership with Jean Hailes for Women's Health, Andrology Australia and The Robinson Research Institute in which VARTA is the lead agency. Web traffic to the *Your Fertility* website has increased markedly, receiving more than 2.1 million hits in the year.

During the year, performance standards were introduced through ministerial expectations for VARTA's regulatory responsibilities. These performance standards were met.

With an increase in profile, VARTA has provided information on a regular basis to the media on a range of issues. Social egg freezing, surrogacy and donor conception have seen periods of considerable media focus throughout the year and VARTA has been a leading source of comment and information.

I would like to acknowledge the leadership and support of VARTA's board as well as the hard work, professionalism and dedication of its staff. 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. The achievements we make are a joint effort and we thank you for your contribution.



**Louise Johnson**  
Chief Executive Officer





## 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 2014 to 30 June 2015.

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 import or export of donor gametes or embryos formed from donor gametes into or out of 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

### Priorities

Meeting high performance standards for its regulatory obligations under the Act is a key priority for VARTA. Over the next three years VARTA will also prioritise:

- providing up-to-date evidence-based information to the general public about factors that impact on fertility; family formation options; and assisted reproductive treatment (ART)
- broadening the public understanding of its role and of its work while becoming recognised for its work with increasing prominence
- positioning itself as the 'go to' source for information on developments and trends in ART
- building the sustainability of the organisation
- ensuring robust and quality systems, processes and procedures
- being a sought-after partner for research, service delivery and public education
- enhancing its contribution to developing and translating existing and new evidence
- integration of short-term funded projects into VARTA's operational activities to ensure their sustainability.

### Ways of working

VARTA will continue to:

- put the needs and rights of children who are the result of ART at the centre of all that it does
- maintain independence and impartiality in what it does and how it works
- ensure that its work is informed by existing and emerging evidence
- seek out relevant partnerships and relationships in acknowledgement of the value of collaboration
- monitor and evaluate its work to improve performance, value and output
- work collaboratively while maintaining confidentiality where required and sensitivity in the way messages are delivered.

### Focus of work

- **regulatory obligations under the Act**
- **public education, communications, and promotion of service delivery**
- **partnerships and stakeholder engagement**
- **research, monitoring, evaluation, and knowledge translation**
- **organisational capability, capacity, compliance, and sustainability**
- **building awareness of the work of VARTA to ensure its long term success.**

# Performance at a glance

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

## ● FOCUS 1 Regulatory obligations under the Act

### Achievements

#### Ministerial statement of expectations

VARTA is required to report on ministerial statement of expectation (SOE) performance standards for 2014-15. Performance standards have been met, and full details are provided below.

Priority	Statement of expectation (SOE) performance standards
<b>1. ensure effective administration of the registration system for ART providers by imposing the least regulatory burden on ART providers to protect the public, consistent with the legislative scheme action</b>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>regular consultation with registered ART provider designated officers and personnel in relation to the <i>Conditions for Registration</i> and other regulatory matters. Provides ongoing opportunities to discuss how to minimise the regulatory burden while maintaining protection of the public</li> <li>ask registered ART providers to notify VARTA promptly once Reproductive Technology Accreditation Committee (RTAC) licensing approval gained</li> <li>once VARTA is aware that a new ART provider wants to operate (or an existing clinic wants to operate from a new site), the date of accreditation assessment is discussed as are strategies for ensuring the registration application is received in time for consideration at the next board meeting</li> <li>VARTA provides regular public education events, web-based information, meetings, and information on request, giving registered ART providers opportunities to consider and discuss any issues associated with the implementation of the Act.</li> </ul> <p><b>Deliverable</b></p> <ul style="list-style-type: none"> <li>registration as an ART provider approved or renewed within four weeks of gaining or renewing a RTAC licence.</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>all ART providers' registration status updated on the website within one week of notification of re-accreditation by RTAC</li> <li>application received from Monash IVF Mildura for registration approved within three weeks of receipt of RTAC licensing certificate.</li> </ul>
<b>2. ensure appropriate handling of potential breaches of the Act and informing the Minister for Health in a timely manner</b>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>VARTA's <i>Conditions for Registration</i> require registered ART providers to notify VARTA of any potential breaches of the Act. VARTA will consult, document processes and activities, and conduct thorough investigations, taking a proportionate, considered and risk-based approach to investigations – informing the Health Minister and Department of Health and Human Services in a timely way</li> <li>potential breach in relation to registered ART provider consent processes investigated with the cooperation of the provider concerned</li> <li>consultation with representatives from registered ART providers in relation to current practices and ways of minimising risks</li> <li>communication with the Department of Health and Human Services during the investigation.</li> </ul> <p><b>Deliverable</b></p> <ul style="list-style-type: none"> <li>communication with the Health Minister of any contravention of the Act or regulations without delay, as required under section 100(2)(a) of the Act.</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>correspondence sent to the Minister for Health within one week of completing one investigation, raising issues concerned with consent processes when a person's relationship status changes and indicating that, in the view of VARTA, no breach of the Act occurred.</li> </ul>

# Performance at a glance

Priority	Statement of Expectation (SOE) performance standards
<b>3. ensure good regulatory practice in approving the bringing of donor gametes or an embryo formed with donor gametes into or the taking of them from Victoria</b>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• policies and procedures are well documented, with guidelines and application forms available via the website</li> <li>• guidelines and forms are revised annually and consultation with providers conducted when new circumstances or issues arise</li> <li>• a checklist for board papers is utilised for each application to ensure legal requirements are met.</li> </ul> <p><b>Deliverable</b></p> <ul style="list-style-type: none"> <li>• applications processed within a target timeline (90% within five weeks)</li> <li>• class application key performance indicator developed and met</li> <li>• approval letters for World Egg Bank applications sent within two weeks of receipt of donor details.</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• general application target timeline exceeded with 100% of applications processed within five weeks of receipt of all information</li> <li>• class application form developed and published on website following consultation with registered ART providers</li> <li>• class application key performance indicator set (90% of applications considered and decisions made within five weeks of receipt of all information)</li> <li>• one class application received and approved within the target timeline</li> <li>• outcomes of decisions made in relation to applications provided on page 6.</li> </ul>
<b>4. particularly in light of changes in the <i>Assisted Reproductive Treatment Further Amendment Act 2014</i> (Amendment Act), continue to work together and co-operate with stakeholders to ensure appropriate implementation of the changes in the amendment Act</b>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• set up a donor register services reference group to advise on the implementation of VARTA services with representation from donor-conceived people, donors, parents, clinic counsellors, Family Information Networks and Discovery (FIND), VANISH and the Victorian Registry of Births Deaths and Marriages (BDM)</li> <li>• set up regular meetings with BDM and draft Memorandum of Understanding (MOU) to cover operational work in partnership with BDM.</li> </ul> <p><b>Deliverable</b></p> <ul style="list-style-type: none"> <li>• production of brochures about VARTA services, standard letter content, application forms and statement forms for communicating reasons for making an application to the registers for use by VARTA and BDM.</li> <li>• MOU in place.</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• all deliverables achieved</li> <li>• donor register services operational. While fine-tuning of the draft MOU is underway, the intent of the MOU has been put into action.</li> </ul>
<b>5. ensure accountability and transparency in enforcement and administration of regulation of regulation by measuring performance against achieving regulatory outcomes and reviewing regulatory practices regularly (at least annually)</b>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• organisational strategic planning with the development of an annual operational plan, incorporating SOE standards</li> <li>• consultation with designated officers of registered ART providers</li> <li>• annual consultation with Authority's advisory panel.</li> </ul> <p><b>Deliverable</b></p> <ul style="list-style-type: none"> <li>• regulatory practices incorporated within the <i>Conditions for Registration</i>, guidelines and application forms associated with regulatory functions reviewed annually, incorporating a review of practices as well as policy</li> <li>• outcomes against key performance indicators, including regulatory indicators reported within the 2015 and 2016 annual reports</li> <li>• report to Health Minister on SOE standards within annual report</li> <li>• summary of VARTA's strategic direction for 2014-17 published on the website.</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• deliverables met.</li> </ul>

# Performance at a glance

## Import and export of donor gametes and embryos formed from donor gametes

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 and export of donor gametes and embryos formed from donor gametes into and out of Victoria. An approval granted by VARTA may apply to a particular case or a class of cases, and may be subject to conditions imposed.

The *Guidelines for the import and export of donated gametes and embryos produced from donated gametes* were also reviewed during the year.

Import and export applications involving donated gametes approved under the *Assisted Reproductive Act 2008* from 1 July 2014 to 30 June 2015 are presented in the following table.

Gamete type	No. of applications			
	Import	Export	Class import	Class export
Donor sperm	3 approved 8 conditionally approved 1 withdrawn	5 approved 1 conditionally approved	1 approved (5 donors)	0 approved
Donor eggs	53 approved 5 pending	0 approved 1 withdrawn		
Embryos formed using donor sperm	1 approved 1 withdrawn	2 approved		
Embryos formed using donor eggs	3 approved 1 conditionally approved 1 withdrawn 2 pending	2 approved		
Embryos formed using donor sperm and eggs	0 approved 1 pending	1 approved		
<b>Total</b>	<b>92</b>		<b>1</b>	

The number of individual import and export applications received this financial year (92) was similar to the previous financial year (90).

The number of applications approved to import eggs from an international egg bank was slightly less (53) compared with the previous financial year (66). One class application to import sperm from five donors was approved.



# Performance at a glance

## A snapshot of the donor registers in Victoria for 2014-15

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 (BDM). The Registrar has provided VARTA with data for the period to 30 June 2015 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 6715 donor-conceived children registered on the Central Register, 2048 are now 18 years or older and eligible to apply for information about their donor. These figures do not include donor-conceived adults born prior to the introduction of legislation in 1988. BDM received this data in April 2015 and is in the process of quality assuring and cleaning this data.

The average age of new donors as at 30 June 2015 was 41.5 years for sperm donors and 34.5 years for egg donors (includes the age of men and women at the time of embryo donation). In comparison, the average age of new donors as at 30 June 2014 was 43.5 years for sperm donors and 37 years for egg donors. The total number of births notified for the Central Register was 426. This is slightly higher than the previous financial year (406). The number of new donors registered in 2014-15 was 298, which is more than double the number in the previous financial year (120).

### 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

Applicants to the Voluntary Register – matched in the year ending 30 June 2015

Applicant type	Identifying Information sought	Non-identifying information sought
Donor	3	2
Donor-conceived person	5	5
Recipient parent	8	8
<b>Total matches</b>	<b>16</b>	<b>15</b>
<b>Total number of applicants to Voluntary Register</b>		
Donors		221
Donor-conceived persons		110
Recipient parents		194
<b>Total</b>		<b>525</b>

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.

### Counselling sessions

During the past financial year, Family Networks Information and Discovery (FIND) conducted 47 counselling sessions on referral from the Registry of Births, Deaths and Marriages.

## 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 2015	4690	1664	361	<b>6715</b>
From 1 July 2014 to 30 June 2015	278	118	30	<b>426</b>
Registered donors by type	Sperm donor	Egg donor	Total	
Total registered as at 30 June 2014	1007	1328	<b>2335</b>	
New donors registered 1 July 2014 to 30 June 2015	120	178	<b>298</b>	
<b>Total registered donors as at 30 June 2015</b>	<b>1127</b>	<b>1506</b>	<b>2633</b>	

# Performance at a glance

## Total number of applications to the central and voluntary registers – year ending 30 June 2015

	Central Register	Voluntary Register
<b>Applications for identifying information</b>		
From donor	0	1
From donor-conceived person	1	2
From recipient parent	12	2
<b>Total applications for identifying information</b>	<b>13</b>	<b>5</b>
<b>Applications for non-identifying information</b>		
From donor	0	0
From donor-conceived person	1	3
From recipient parent	0	0
<b>Total applications for non-identifying information</b>	<b>1</b>	<b>3</b>
<b>Applications for both identifying and non-identifying information</b>		
From donor	2	14
From donor-conceived person	7	12
From recipient parent	12	17
<b>Total applications for both information</b>	<b>21</b>	<b>43</b>
<b>Applications lodging information only</b>		
From donor	N/A	4
From donor-conceived person	N/A	0
From recipient parent	N/A	0
<b>Total lodgements only</b>	<b>N/A</b>	<b>4</b>
<b>Applications per register in 2013-14</b>		
<b>Total</b>	<b>35</b>	<b>55</b>

## 10-woman limit for donors

In Victoria, a donor treatment procedure may not be carried out if it may result in more than ten women having children who are genetic offspring of the donor. The Registry of Births, Deaths and Marriages provides information to VARTA in relation to the monitoring of the women limit. In the past financial year, there were no notifications received (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 BDM of each AI procedure and resultant births or pregnancies. There were no AI notifications from individual doctors in the past financial year.

The total number of applications to the Registers is greater than the previous financial year when there were 19 applications for Central Register and 42 applications for the Voluntary Register.

## Donor registers and changes to legislation

Legislative amendments passed in 2014 enable Victorians conceived through donor sperm or eggs before 1988 to access identifying information about their donor from 29 June 2015 – if the donor consents. The Victorian Government has committed to introducing further changes to legislation to give all donor-conceived people, no matter when they were born, the right to know their genetic heritage.

The Central Register was established in Victoria in 1988. As the law has changed in Victoria over time, the amount of information that is currently available to parties on the Central Register depends on when the donation was made. Timeframes for differences in access to information are summarised in the legislation summary table opposite.

# Performance at a glance

## Victorian legislative changes in donor conception – pre-1988 to 2015

When consent was provided by a donor	Legal rights for donor-conceived persons
<b>Before 1988</b>	Before 1 July 1988, anonymity was a requirement of the donation process.
<b>Between 1988 and 1998</b>	<p>Non-identifying information was made automatically available to recipient parents and donor-conceived people.</p> <p>Donor-conceived adults (and their parents) have the right to access identifying information about their donor, with the donor's consent.</p> <p>Donors have the right to access information about their donor offspring, with the consent of the donor offspring.</p> <p>Parents of younger children can also gain access to information about the donor if the donor consents.</p>
<b>Since 1998</b>	<p>Once a person born from donation turns 18 years (or younger if a counsellor considers them sufficiently mature), they can obtain identifying information (e.g. name, address) about their donor by applying to the Central Register. The donor consented to this release of information at the time of donation.</p> <p>Non-identifying information about the donor is kept by the Victorian Registry of Births, Deaths and Marriages (BDM) and by the clinic. These include:</p> <ul style="list-style-type: none"> <li>• physical characteristics, including height, eye colour and blood group</li> <li>• social information, such as ethnic background, and medical history.</li> </ul> <p>Parents, donors and donor-conceived people are all able to access non-identifying information about each other whenever they wish, via their clinic or BDM.</p> <p>The donor is able to receive non-identifying information about:</p> <ul style="list-style-type: none"> <li>• children who were born as a result of the donation (i.e. the number, gender and the month and year of birth)</li> <li>• recipient parent/s who have used the donation.</li> </ul> <p>Non-identifying information can be sought from the clinic, or by submitting an application for information to BDM.</p> <p>The donor also has the right to request identifying information about the recipient parent/s and the people who were born as a result of the donation:</p> <ul style="list-style-type: none"> <li>• if the child is younger than 18, the parents must consent</li> <li>• if the donor-conceived person born is 18 or older, they must consent.</li> </ul>
<b>Amendments commencing 29 June 2015</b>	<p>The amendments to the <i>Assisted Reproductive Treatment Act 2008</i> brought the rights of donor-conceived people born before 1988 into line with those born between 1988 and 1998.</p> <p>The amendments mean that non-identifying information is made available to recipient parents and donor-conceived people, wherever it is available (either from the treating clinic or BDM).</p> <p>Donor-conceived people (and their parents) have the right to access identifying information about their donor, with the donor's consent. Donors have the right to access information about their donor offspring, with the consent of the donor offspring.</p>
<b>What's next?</b>	<p>On 27 June 2015, at the National Conference for Donor-Conceived People, the Victorian Government announced its proposed amendments to give all donor-conceived people rights to access identifying information about their donors – regardless of when they were born and without having to seek consent from a donor.</p> <p>Protections are proposed for donors, with the requirement for contact preferences to be respected. To support this, the Government has released a discussion paper, 'The Right to Know', which outlines how the proposed changes will work. It called for submissions to the paper.</p>

# Performance at a glance

## **Preparation for VARTA's new donor register services commencing from 29 June 2015**

VARTA spent considerable time preparing for the implementation of the 2014 legislative amendments to the *Assisted Reproductive Treatment Act 2008*, including developing the counselling, donor-linking and intermediary services for donor-conceived people, parents who have used a donor, donors and their families.

Information held on the donor registers will continue to be managed by the Victorian Registry of Births, Deaths and Marriages (BDM). However, since 29 June, people who apply to the donor registers are being referred to VARTA for an information and support session as mandated under the legislation.

After the first two days of service late in the financial year, download activity of education material from the website (16 Donor Register Services brochures, 12 Central Register application forms and 10 Voluntary Register application forms) reflected substantial interest within the community.

## **Challenges**

It will be important to work closely with BDM to ensure that the flow of information between the two organisations is seamless. Evaluation will be essential to enable continuous improvement to service delivery.

## **Looking ahead**

VARTA anticipates an increase in applications to the donor registers and high demand for information and support during the next year.

VARTA will continue to develop the donor register services. A discussion paper released by the Victorian Government has flagged proposed changes to legislation that would give all donor-conceived people the right to identifying information. Donors will be contacted and asked for their contact preference. It has also been proposed in the discussion paper that VARTA will manage the donor registers again.

VARTA will continue to monitor the use of cross-border ART, including use of overseas donors. Public education initiatives around finding a local gamete donor or surrogate will also continue.

# Performance at a glance

## ● FOCUS 2

Public education,  
communications and  
promotion of service delivery

### Achievements

#### Communications – a snapshot

Media coverage of VARTA activity continues to be strong with total press, online and broadcast circulation figures of approximately four million people for the year.

The VARTA website received a 50% increase in the number of Australian visits, reaching more than 36,000 session hits in the reporting period. The numbers of Victorian users and new users also increased by 50% in that period.

The number of people who have liked VARTA on Facebook has increased by 65% from 267 to 439. There was a dramatic increase in the number of page likes following the 'Donor conception: towards openness' exhibition and associated social media activity. Total post reach for this period was close to 40,000.

#### Australian Story and documentary work

VARTA was involved with three separate ABC Australian Story episodes examining the topic of donor conception during the reporting period: *Searching for C11*, *How I met your father* and *How I met my daughter*.

VARTA assisted producers of the ABC documentary, *Sperm Donors Anonymous*, for broadcast in August 2015. As its name suggests, the documentary explores the stories of people conceived from anonymous sperm donations, as well as the stories of some donors. VARTA staff connected the documentary makers with relevant individuals and were interviewed.

#### Donor-conceived people's support group numbers grow

Following the airing of the Australian Story, *Searching for C11*, more people have been attending the VARTA/VANISH donor-conceived adult support group. This group is for any donor-conceived person aged 18 years or older. Media exposure has also led to an increase in enquiries to VARTA from donor-conceived people, parents and donors.

#### The Outspoken Families' Resource Kit for Rainbow Families

Work commissioned by VARTA for its website was incorporated into this resource. It provides ideas, suggestions, advice and collective wisdom about same-sex family formation shared by parents from lesbian and gay families.

#### New preservation of fertility information for transgender people on the website

Until recently, transition to one's desired gender and reproduction was often mutually exclusive and not being able to have biologically related children seen as the price to pay. The new VARTA website includes a special section that provides information to help transgender people with reproductive decision making, including information on fertility preservation.

#### VARTA poster and postcard

In order to promote and increase the reach of VARTA's resources and services a new promotional postcard and poster have been produced. The promotional material will be distributed at VARTA events and through ART clinics across Victoria, to ensure that they reach appropriate existing and potential new audiences. ▼

#### Family Storybook

The Family Storybook Workshop was launched in July 2014 and was held for a second time in April 2015. The event is designed to help parents create a personal storybook about their unique journey to becoming a family.





## Performance at a glance



### Public education to promote the donor register services

A new brochure entitled *Donor Register Services* developed by VARTA, outlines how people can access information on the central and voluntary registers, and who is eligible to apply.

Two related brochures – *Thinking of using a donor?* and *Thinking of donating?* – have been updated to reflect the current rights and responsibilities associated with gamete donation, as well as the implications of having a child using donor sperm, eggs or embryos. ►



### Challenges

Reaching donor-conceived people, parents and donors to let them know about legislative amendments will continue to be important.

As the profile of VARTA increases, the ability of VARTA staff to respond to a growing number of complex enquiries needs to be factored into resources planning. Enquiries relate to topics such as: egg freezing; finding a donor; making an application to import or export donor sperm, eggs or embryos formed from donor gametes; whether to make an application to the donor registers; surrogacy at home or abroad; and aspects of the legislation and its impact on the enquirer.

Clinics' marketing of success rates can be difficult for consumers to interpret (i.e. their chance of taking home a baby). VARTA's role in providing the general public and patients with independent information on the chance of success is becoming increasingly important.

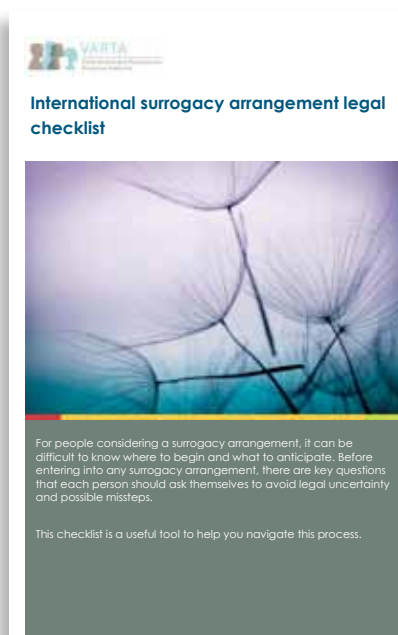
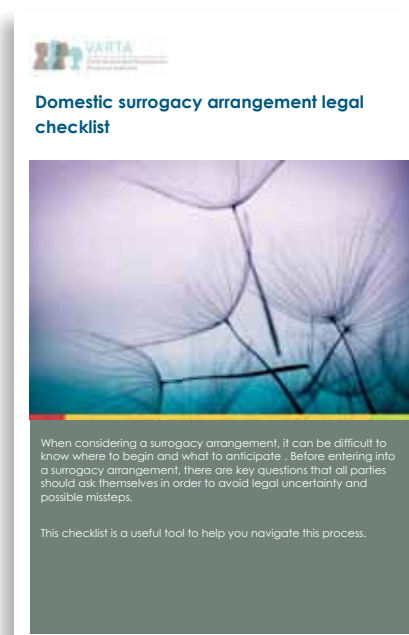
### Looking ahead

The Victorian Government's plans for further amendments to donor conception legislation will require sensitive communications planning so that donor-conceived people, parents and donors become aware of their rights and the implications of an application to the donor registers.

VARTA's brochure and website information on success rates will be reviewed in the next financial year.

### Surrogacy checklists

VARTA worked with stakeholders to develop legal checklists for surrogacy arrangements, based on resources originally created by Kellehers Australia. The checklists are essential reading for people considering surrogacy arrangements – whether domestically or overseas. They were launched jointly with Kellehers Australia at the Public Health Association of Australia (PHAA) conference in November 2014.



## Performance at a glance



### **‘Donor Conception: towards openness’ exhibition**

VARTA held its ‘Donor conception: towards openness’ exhibition at the City Library Gallery in Melbourne throughout June 2015.

The exhibition, which explored donor conception through art, photography and archival material, was timed to highlight the implementation of changes in Victorian donor conception legislation from 29 June, 2015.

The exhibition was dedicated to the memory of Narelle Grech, a pioneering campaigner for the right to have information about her biological heritage. Its creation was the product of many hours of work by VARTA staff and a dedicated, talented group of donors and donor-conceived volunteers.

The photographic and art elements of the exhibition were curated by artist Kim Buck, a donor-conceived woman and Roger Clarke, a sperm donor from the 1980s, who curated the archival material components of the exhibition.

Nothing like this exhibition has been staged before – either nationally or internationally. The exhibition will be recreated in a virtual form on the VARTA website and will continue to accept submissions in this format.

### **National Conference for Donor-Conceived People**

Running alongside the ‘Donor conception: towards openness’ exhibition was the 2015 National Conference for Donor-Conceived People.

Also held at the City Library, the conference was organised by a group of donor-conceived people (RUDC) with the support of VANISH, (a community organisation providing support and search services for those affected by adoption or donor-conception or Forgotten Australians). Many of its organisers and participants were also closely involved with the donor conception exhibition.



## Publications

### New resources on VARTA website

- *Donor Register Services, Thinking of donating?* and *Thinking of using a donor?*
- Web-based question and answer sheet for stakeholders and the broader community outlining changes to the Act.
- *Why, when and how to tell children they are donor-conceived: a review of the literature.*
- International and domestic surrogacy checklists, a collaborative project with Kellehers Australia.

### Online publications

- Johnson L, *How to talk to a child about becoming a family with the help of a donor*, Bubhub
- Johnson, L, *Donor sperm gave us the family we thought we'd never have*, Kidspot.

### Presentations

- Johnson L, Blyth E, Hammarberg K, *Physical and psychosocial risks associated with surrogacy arrangements in non-regulated settings*, PHAA Second Sexual and Reproductive Health Conference, Melbourne.
- Johnson L Facilitator and Hammarberg K panellist on *Surrogacy in the spotlight*, PHAA Second Sexual and Reproductive Health Conference, Melbourne.
- Hammarberg K, *Psychological and social aspects of male infertility and Infertility in resource-poor settings*, Invited speaker at the 65th Mexican Congress of Obstetricians and Gynaecologists, Monterrey, Mexico.
- Johnson L, Blyth E, Hammarberg K, *Physical and psychosocial risks associated with surrogacy arrangements in non-regulated settings*, Medical Tourism Summit, Melbourne.
- Johnson L, Bourne K, participants in roundtable on surrogacy, Standing Committee on Social Policy and Legal Affairs, Canberra.
- Johnson L, occasional address, presentation to Monash University graduation ceremony for science and law graduates.
- Johnson L, chairperson and moderator at the Fourth Australian Consumer Conference, Surrogacy Australia, Sydney.
- Bourne K, *Creating your own story book*, and chairperson and moderator at the Fourth Australian Consumer Conference, Surrogacy Australia, Sydney.
- Hammarberg K, *Regulation of Assisted Reproductive Technology in Australia* lecture to genetic counsellor students at Murdoch Childrens Research Institute, Melbourne.
- Hammarberg K, *Current ART research*, presented at ANZICA workshop, Melbourne.
- Hammarberg K, *Experiences in Australia and the Western Pacific- Addressing the interests of the child*, presented at *Debates to guide policies and guideline development on achieving pregnancy for HIV-serodiscordant couples*, WHO Brocher Foundation, Geneva, Switzerland.
- Johnson L, chaired panel discussion, following the play, *e-baby* at Chapel off Chapel, March 2015.
- Bourne K, *The etiquette of donor-linking*, Reproductive Technology Council, Perth, Western Australia.
- Bourne K, guest lecturer at Monash University, Melbourne University and Latrobe University on *ART, legislation and ethics*.
- Bourne K invited, *Third Party Reproduction - When it Takes More than Two to Have a Baby* speaker Southern Health maternal and child health nurses professional development day.

- Bourne K, invited speaker to the Armadale Perinatal Network.
- Bourne K, spoke to Melbourne IVF's donor egg mothers' group and single mothers' group.

### Published interviews

- Johnson L, Hammarberg K, Interviewed on ABC 774 Babytalk about embryo donation and deciding what to do with surplus embryo. Podcast: <http://www.abc.net.au/local/stories/2015/04/23/4222164.htm>.
- Hammarberg K, Interviewed on ABC 774 Babytalk about surrogacy. Podcast: <http://www.abc.net.au/local/stories/2014/10/14/4106760.htm>.
- Bourne K, interviewed for ABC Australian Story program, *Searching for C11*, August 2014.
- Bourne K, interviewed for ABC Australian story *How I met your father*, November 2014.
- Johnson L, *How I met my daughter* aired on ABC in March 2015, told a story of a sperm donor who met and subsequently developed a relationship with a recipient of his sperm and her donor conceived daughter. VARTA liaised with program producers about the sensitive subject material and collaborated to publish an interview on donor conception and donor-linking following the broadcast.
- Bourne K, interview for ABC documentary, *Sperm Donors Anonymous*, to be broadcast in August 2015.
- Johnson L, panel interview for Modern Family Legal Forum for Joy FM, June 2015.



# Performance at a glance

## ● FOCUS 3

### Partnerships and stakeholder engagement

#### Achievements

*Your Fertility*, funded by the Commonwealth and Victorian governments, is a national public education program to increase awareness among health professionals and the general public about the modifiable factors that affect fertility and pregnancy health. The *Your Fertility* program is delivered by the Fertility Coalition (VARTA as the lead agency, with Andrology Australia, Jean Hailes for Women's Health, and The Robinson Research Institute).

#### Fertility Week 1-7 September 2014

The focus of *Fertility Week* in 2014 was the fertile window in the menstrual cycle and how timing intercourse to coincide with this increases the chance of pregnancy. This had been identified as a knowledge gap for the public in formative research. The campaign strategy had a strong focus on social and online media, using sponsored Facebook health promotion messages.

#### Research

*Your Fertility* commissioned the Jean Hailes Research Unit at Monash University to conduct an online survey to establish what primary health care nurses know about factors that influence fertility; whether and under what circumstances they talk to patients about fertility and reproductive life planning; and what resources might help them start a conversation about fertility. The survey identified knowledge gaps that will be targeted in *Your Fertility* program activities.

The Social Research Centre undertook focus group discussions on behalf of *Your Fertility* to investigate fertility-related knowledge and information-

seeking behaviour; barriers and enablers for take-up of fertility-related messages; and optimal modes of delivery of fertility-related messages among people of reproductive age. The findings inform the development of educational resources and the *Your Fertility* dissemination strategy.

#### Other activities

##### Funding for factsheets

*Your Fertility* secured funding from the Fertility Society of Australia to develop fact sheets about factors that affect fertility for the general public. The work will be undertaken by VARTA staff and includes translating eight existing fact sheets for health professionals to lay audiences and developing two additional fact sheets. The facts sheets will be available for download on the *Your Fertility* and the Fertility Society Australia websites.

A ThinkGP continuous professional education module, '*Promoting awareness of factors that increase fertility in primary care*', was developed in collaboration with Fertility Coalition partner organisation, Jean Hailes for Women's Health.

#### Partnerships

##### Health Direct

VARTA and *Your Fertility* are now recognised partners of HealthDirect Australia, a large online health service and information database established by the Council of Australian Governments.

##### Melbourne University

Developing partnerships with health promotion organisation is a key strategic priority for *Your Fertility* to ensure continuation of the program beyond funding years. This year has seen many positive outcomes, including the start of a relationship with Dr Raelia Lew, specialist obstetrician and gynaecologist, as well as with Melbourne University medical students.



### Your Fertility program snapshot

- Web traffic to the *Your Fertility* website has increased markedly, receiving more than 2.1 million hits in the year.
- *Women's guide to getting the timing right*, has been viewed more than 3.2 million times.
- The *Your Fertility* website is now the top search item on Google for 'fertility'.
- Articles published in the media had a circulation of almost 700,000.
- Facebook messages reached over 227,700 people during *Fertility Week*.
- Twitter conversations reached approximately 22,000 people during *Fertility Week*.
- Over 400 health professionals completed a learning module through ThinkGP.
- The *Optimising patient fertility* webinar was delivered live to 52 health professionals and was subsequently viewed 248 times via the website.
- Promotional film clip at *Moomba Festival Melbourne* in March 2015 with an audience of over 1 million contributed to the increasing number of website users peaking at 10,700 in one day and continuing to grow.

# Performance at a glance

## Health promotion organisations involved with the issue of being overweight or obese

The *Your Fertility* roundtable held on 12 May 2015 was designed to present evidence on the links between obesity and reproductive health outcomes and to explore how messages about the impact of obesity on fertility can be integrated into information provided by existing obesity prevention and public health organisations. Presentations from Professor Michael Davies, The Robinson Research Institute, and Professor Anna Peeters, Baker IDI Heart and Diabetes Institute, provided research evidence to inform discussion. The roundtable presented an important opportunity to meet and network with obesity-prevention leaders ahead of the upcoming weight and fertility focused *Fertility Week*.

## Optimising Patient Fertility webinar, September 2014.

The first webinar for health professionals *Optimising patient fertility*, was piloted in conjunction with *Fertility Week* 2014. It featured distinguished guest speakers, Dr Magdalena Simonis and Associate Professor Kate Stern. The webinar, delivered live to 52 health professionals and subsequently viewed 248 times from the website, emphasised the crucial role that general practitioners (GPs) play in educating patients about fertility.

## Challenges

The Australian Government Department of Health has funded *Your Fertility* to 30 June

2016. Sourcing further funding and implementing strategies for the sustainability of the program will be important. Whether partnering with additional organisations can help achieve sustainability goals is currently under consideration.

## Looking ahead

**Polycystic ovarian syndrome (PCOS):** Collaboration with Monash University's PCOS Centre for Excellence and Innovation has enabled the development of information on how women with PCOS can optimise their fertility and infertility treatment options. This will be placed on the VARTA and *Your Fertility* websites. VARTA looks forward to a continued productive relationship with the PCOS Centre for Excellence and Innovation to translate further research findings for public education purposes.

### LiveLighter partnership:

A partnership between *Your Fertility* and LiveLighter has been established which will enable continued collaboration on a number of promotional activities targeting health professionals and aspiring parents who are overweight.

### Fertility and assisted reproduction – teaching module:

A teaching module on fertility and assisted reproduction has been developed for primary and secondary schools in partnership with Family Planning Victoria. This will be promoted in the coming financial year.

Work is underway for the 2015 *Fertility Week*, which will focus on obesity and reproductive health.

## Publications

### New resources on Your Fertility website

- *Fertility facts for health professionals*
- *Thinking about having a baby?*
- *Women's guide to getting the timing right*
- *Men's guide to getting the timing right*

### Peer-reviewed publications

- Hammarberg L, Collison L, Johnson L, Nguyen N, Fisher J, *Knowledge, attitudes and practices relating to fertility among nurses working in primary health care*, Australian Journal of Advanced Nursing, Under review
- Hammarberg, Zosel R, Comoy C, Deeks A, Holden C, Robertson S, Johnson L, *Fertility-related knowledge and information-seeking behaviour among people of reproductive age: a qualitative study*, Health Promotion Journal of Australia, Under review

### Online publications

- Zosel, R 2014 *10 tips for using social media to promote health, reflections from Fertility Week* PHAA newsletter and Croakey
- Hammarberg K, *Health Check: how to get pregnant*, The Conversation.

### Presentations

- Zosel R, Comoy C, Hammarberg K, Holden C, Robertson S, Deeks M, Johnson L, *Fertility is ageist: insights from a national social marketing campaign*, PHAA Second Sexual and Reproductive Health Conference, Melbourne
- Hammarberg K, Comoy C, Zosel R, Robertson S, Holden C, Deeks M, Johnson L, *Improving awareness about modifiable factors that influence fertility: A qualitative study*, PHAA Second Sexual and Reproductive Health Conference, Melbourne
- Holden C, Johnson L, Hammarberg K, 2014, *Men's knowledge, attitudes and behaviours relating to fertility - a qualitative study*, PHAA Second Sexual and Reproductive Health Conference, Melbourne
- Hammarberg K, *Optimising fertility and chance of ART success: the role of modifiable factors*, lecture to Monash University Masters of clinical embryology students
- Johnson L and Hammarberg K, *Research underpinning Your Fertility: Supporting Reproductive Choices*, School of Paediatrics and Reproductive Health Research Seminar, University of Adelaide



## ● FOCUS 4

### Research, monitoring, evaluation and knowledge translation

#### Achievements

##### What to do with unused embryos?

Significant effort has been devoted to evaluate the usefulness of a decision tool produced by VARTA for people who need to make a decision about embryos that are surplus to their needs. Findings from an online questionnaire suggest that this resource is helpful. The results of the survey will be submitted for publication in the second half of 2015.

##### Research partnerships

Increasingly, VARTA staff are asked to partner with university researchers to be involved with projects to enable the translation of research findings. This includes funding applications from:

- the University of Technology Sydney's project: *Empowering couples to choose the right in vitro fertilisation procedure for a healthy baby: a population study of cumulative pregnancy and birth outcomes and cost-effectiveness of intracytoplasmic sperm injection (ICSI)* and
- the Murdoch Children's Research Institute's project: *Clinical review of a cohort aged 22-33 years conceived using Assisted Reproductive Technologies*.

Some highlights from monitoring activities are provided in the box opposite.

## Highlights from monitoring

### Clinic data trends

While the number of treatment cycles undertaken has not grown, there has been a slight increase in the number of patients receiving IVF treatment in 2014-15, compared with the past financial year (see page 28). However, as demand for donor treatment continues, sperm from approximately 1,000 donors was stored and available for donor treatment at the start of the past financial year (see table 5.3). This compares with sperm from 343 donors stored at the start of 2013-14. The diversity of family formation is reflected in new data indicating that 684 single women (50%), 476 women in same-sex relationships (35%) and 202 women in heterosexual relationships (15%) received donor treatment in the past financial year (see table 5.8).

With the increased success and awareness of egg cryopreservation (egg freezing), for the first time VARTA has collected data on the use of cryopreserved eggs in treatment. Table 2.9 indicates that 46 women used their own cryopreserved eggs (frozen and stored) for treatment in the past financial year.

In relation to donor eggs, 212 women commenced treatment utilising fresh donor eggs (table 5.5) and 52 women commenced treatment utilising cryopreserved donor eggs (table 5.6). Of the women using cryopreserved eggs, 50 (or 96%) utilised donor eggs that were imported from overseas (see table 5.7). For further information on the outcome of treatment procedures in Victoria, see pages 26-43.

### Low cost IVF

Cheaper forms of ART treatment involving less hormone stimulation per treatment cycle are becoming more readily available in Victoria and Australia.

## Further globalisation and commercialisation of the ART industry

Increased attention is being paid to cross-border reproductive services as growing numbers of people are crossing state and international borders for the purposes of accessing or facilitating ART. There are a variety of factors that influence decision making about travel for ART.

### Surrogacy in the spotlight

The ethical, social, psychological, legal and financial complexities associated with cross-border travel for reproductive services continue to gain attention nationally and internationally.

VARTA regularly receives calls from members of the public considering overseas surrogacy arrangements; many have undertaken years of ART unsuccessfully in Australia. VARTA provides information and brochures on ways to find a local surrogate, based on the experience of those who have successfully done so.

### Success rates

The way in which ART providers determine and present success rates continues to be debated within the ART industry. This is highlighted by media attention in June 2015 concerning statistics held by the Fertility Society of Australia that are not presently publicly available and, in particular, the difference in outcomes between the highest and lowest performing clinics.

It is difficult to set a benchmark for the success of ART as many variables contribute to success in a cycle of treatment and some infertility problems are more difficult to treat than others.

VARTA is presently considering what further public education can be provided in relation to success rates for ART and what measures can be taken to assist the general public and patients to interpret information published by registered ART providers.

# Performance at a glance

## Challenges

Prioritising the translation of research in the face of rapid technological changes and a wealth of research that could be provided to the general public.

## Looking ahead

VARTA undertakes ongoing review of tables in the annual report for monitoring and public education purposes.

Research and evaluation of VARTA's donor-linking services will be an ongoing initiative.

VARTA staff will continue to work closely with The Robinson Research Institute to explore further the scope for the translation of research findings for public education purposes relating to the use of assisted reproductive treatment.

VARTA's involvement in media activity on topics such as surrogacy and donor conception in the past financial year will continue into the future, and provide VARTA with an opportunity to translate research findings and highlight issues of significant public interest.

## Publications and presentations

### Peer-reviewed publications

- Johnson L, Blyth E and 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 2014, 22, 136-154
- Everingham S, Stafford-Bell M, Hammarberg K, *Australians' use of surrogacy*, Medical Journal of Australia, 2014, 201:5, 270-273
- Stafford-Bell M, Everingham S, Hammarberg K, *Outcomes of surrogacy undertaken by Australians overseas*, Medical Journal of Australia, 2014, 201:6, 330-333
- Hammarberg K, Wilson C, McBain J, Fisher J, Halliday J, *Age when learning about mode of conception and wellbeing among young adults conceived with ART*, Journal of Reproductive and Infant Psychology, 2015, DOI 10.1080/02646838.2015.1015115
- Johnson L, *Regulation of assisted reproductive treatment (ART) in Australia and current ethical issues*, Indian Journal of Medical Research, 2015, 140, 9-12
- Hammarberg K, Stafford-Bell M, Everingham S, *Intended parents' motivations and information and support needs when seeking extraterritorial compensated surrogacy*, Reproductive Biomedicine Online, accepted for publication.

### Online publications

- Hammarberg K, 2014, *If IVF 'success' is judged on the number of live births, the figures don't look so good*, The Conversation.

### Presentations

- Johnson L and Hammarberg K, *VARTA: roles, current initiatives and issues, and Promoting fertility & the health of children*, School of Paediatrics and Reproductive Health Research Seminar, University of Adelaide.

# Performance at a glance

## ● FOCUS 5

**Organisational capability, capacity, compliance and sustainability**

### Achievements

#### Internships

VARTA hosted three students from Deakin University and Melbourne University for short-term internships. Students were involved in project tasks, including assisting with the implementation and evaluation of *Fertility Week*; seeking partnership opportunities within the university setting; and reviewing preconception health information on ART clinic websites. Internships are an important opportunity for professional practice for students and provide additional support for VARTA projects.

Louise Johnson, CEO and Ellen Crocker, Education Officer, were filmed by Deakin University for internal use to inform students of the nature of internships and placements in the health field.

#### Teamwork

Our small team of staff members collaborate to drive the success of projects and events. Throughout the developmental phase of the new VARTA website, all staff combined their areas of skill and expertise to contribute content and feedback and refine the new platform. A new section on the website regarding donor register services was later developed in preparation for the new services. This project, along with the successful collaboration for the 'Donor conception: towards openness' exhibition revealed the dedication and multi-skilled nature of the team work involved in all aspects of VARTA's operation. VARTA is proud of the new website and the amount and quality of the information available to the public.

#### Challenges

The broad range of responsibilities for VARTA under the *Assisted Reproductive Treatment Act 2008*, requires a team of multi-skilled and committed staff.

Australian Government Department of Health funding for the *Your Fertility* project has enabled VARTA to engage staff for an increased time fraction for public education and communications activities. This has been invaluable to promote research associated with fertility and factors that influence fertility.

It will be challenging to continue to source funding beyond June 2016 to maintain the current level of resources to provide flexibility and employment of a broad range of skills.

With any further legislative changes, careful assessment of resource requirements will be important.

#### Looking ahead

Partnership with other key organisations is key to increasing the reach to the general public, health and education professionals. Partnerships such as those established with Family Planning Victoria provide an avenue for expanding VARTA's audience reach.

# Performance at a glance

## ● FOCUS 6

### Awareness of the work of VARTA to ensure its long-term success

#### Achievements

VARTA identified the increasing topicality of egg freezing and subsequently chose it as its focus for the 2014 Louis Waller Lecture. A few weeks before the event, Apple and Facebook announced that they would be offering significant financial contributions for female employees to freeze their eggs. As a result, discussion around the topic exploded in the media.

The Louis Waller Lecture on 30 September 2014, entitled *Eggsurance: False hope or sensible fertility planning? The pros and cons of social egg freezing*, continued the conversation and attracted further media interest.

Three distinguished fertility specialists, Professor Catherine Waldby, Dr Devora Lieberman and Professor Martha Hickey explored different aspects of the subject. The event was oversubscribed, with guests including fertility professionals, academics and consumers.

Recordings were made of participating speakers' presentations and provided as a resource on the website. VARTA arranged an interview with Professor Martha Hickey, to discuss egg freezing on ABC 774's *Babytalk*, it also shared multiple online media stories on the subject each day on Facebook and Twitter during the week of the lecture.

In subsequent months VARTA provided assistance for the weekend supplement of the *Herald Sun* and *The Age's* Good Weekend writing on the subject.

Additionally, VARTA updated the information on its website on social egg freezing and shares quality media articles about this through its social media. It continues to be a leading source of information on this topic for the media and the public.

For cancer patients, the freezing of eggs has become a real option with increased success rates for use of thawed eggs in ART. For some cancer patients, ovarian cryopreservation (freezing of tissue) for pre-adolescent girls and women with a cancer diagnosis has been undertaken in an attempt to preserve fertility.

#### Challenges

VARTA's new website provides an improved and accessible source of information for the public and health professionals. With online material securing its position as the primary source of information for the general public – including social media and website – VARTA continues to focus its attention on improving online content.

With a growing profile for VARTA, there is an increased demand for provision of information to the media. Given the importance of independent information for the general public, planning is required to ensure VARTA can be responsive to such requests.

## Looking ahead

VARTA hopes to explore opportunities for conducting regular public education webinars on issues of importance. Webinar capabilities could increase the dissemination of information to both the general public and health professionals.

VARTA has established informal agreements with influential parenting blogs such as *BubHub* and *Kidspot* to provide regular guest posts.

# Governance

## Governance structure, staffing and advisory panels



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

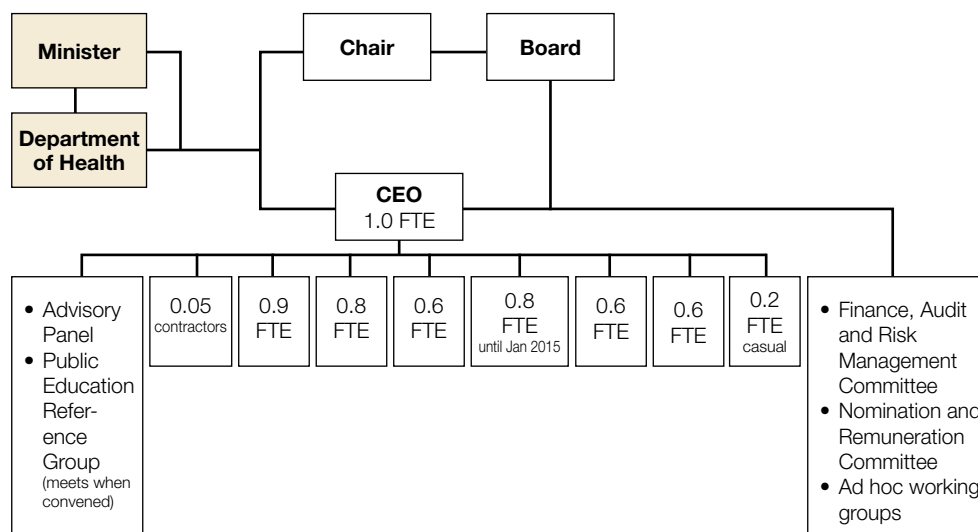
VARTA staff (L-R): Louise Johnson, Kate Bourne, Karin Hammarberg, Marjorie Solomon, Cathy Anderson, Ellen Crocker, Tanya Thomson, Emily McDiarmid, Hanna Genee.

### VARTA staff members / contractors

Louise Johnson	<b>Chief Executive Officer</b>
Tanya Thomson	<b>Office and Information Manager</b>
Kate Bourne	<b>Senior Community Education Officer/ Manager Donor Register Services</b>
Cathy Anderson	<b>Counsellor/Community Educator</b>
Caroline Comoy	<b>Education and Health Promotion Officer</b> – maternity leave from February 2015
Marjorie Solomon	<b>Public Relations Officer</b>
Ellen Crocker	<b>Education and Health Promotion Officer</b> – from February 2015
Hanna Genee	<b>Project Officer</b>
Dr Karin Hammarberg	<b>Senior Research Officer</b>
Emily McDiarmid	<b>Administration Officer</b>
Rebecca Zosel	<b>Health Promotion Adviser</b>

### Advisory panel

VARTA has established an advisory panel and a reference group to contribute to its work on a voluntary basis. Membership is reviewed annually. Members of the panel are published on the VARTA website: [www.varta.org.au](http://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 Act 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 during the 2014-15 financial year.

### **Kirsten Mander**

#### **Chairperson**

Kirsten is an experienced director, business woman and lawyer. She has an extensive background 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, and a member of the Youth Research Centre, both at the University of Melbourne. She is also a foundation member of the Victoria Police Human Research Ethics Committee. She has been a consultant on codes of ethics to a number of professional organisations, including the Royal Australian and New Zealand College of Psychiatry and the Australian Association of Social Workers. She has published on children's rights and on professional ethics both in academic journals and in more popular press.



# Governance

## Authority committees

Section 113 of the Act provides that the Authority may set up one or more committees, comprised of members of the Authority. Twelve full board meetings of the Authority were held between 1 July 2014 and 30 June 2015.

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: five.

### 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 three donor-conceived children, 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 31 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.

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.

There is a surplus for the year ending 30 June 2015, with an associated increase in equity for VARTA.

## Summary of financial results

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

	2015	2014	2013	2012	2011
Total revenue	936,249	922,859	1,156,266	814,805	632,807
Total expenses	911,811	1,008,390	989,303	797,757	(630,010)
Operating surplus / deficit	24,438	(85,531)	166,963	17,048	2,797
Retained surplus / (accumulated deficit)	149,479	125,041	210,572	43,609	26,561
Total assets	330,237	305,640	435,216	255,776	227,239
Total liabilities	169,559	169,399	213,444	200,967	189,478
Total equity	160,678	136,241	221,772	54,809	37,761

## 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 during the financial year. Risk attestation is provided below.

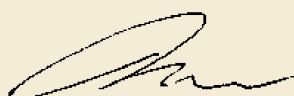
## Data reporting

ART treatment outcome data is collected from registered ART providers directly by VARTA and by the University of Technology Sydney (UTS).

In addition, data is collected from the Victorian 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 made available at <http://www.data.vic.gov.au>.

### I, Kirsten Mander,

Chairperson, certify that the Victorian Assisted Reproductive Treatment Authority has complied with the Ministerial Standing Direction 4.5.5 – Risk Management Framework and Processes.



### 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 workstations in July 2014 to identify any improvements that could be made to VARTA's working environment with the relocation to 570 Bourke Street, Melbourne. Advice received was used to make adjustments to staff workstations.

## Consultancies

Consultancy costs were incurred for occupational health and safety advice, employment matters, communications, evaluation of the *Your Fertility* program and strategic planning. 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 61, to facilitate identification of the Authority's compliance with statutory disclosure requirements.

## Consultant engagements costing in excess of \$10,000 in the financial year 2014–15

Consultant	Project detail	Total project fees approved (exclusive of GST)	Total fees incurred in financial year (exclusive of GST)	Future commitments
The Jean Hailes Foundation	Educational development	\$27,700	<b>\$19,800</b>	\$7,900
Malachite Consulting	Strategic work	\$10,359	<b>\$4,359</b>	\$6,000
<b>Total</b>		<b>\$38,059</b>	<b>\$24,159</b>	<b>\$13,900</b>

## Consultant engagements costing less than \$10,000 in the financial year 2014–15

Consultant	Total costs for financial year 2014–15 (exclusive of GST)
Russell Kennedy Pty Ltd	<b>\$7,749</b>
Farquhar Associates Pty Ltd	<b>\$600</b>
Davidson Consulting	<b>\$5,040</b>
<b>Total</b>	<b>\$13,389</b>



# 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 28. Finalised delivery and birth details data will be included in the next annual report.

### Oocyte (egg) retrieval

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

### PGD (preimplantation genetic diagnosis)

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

### Registered ART provider

A place in respect of which registration under Part 8 of the

*Assisted Reproductive Treatment Act 2008* is in force.

### Stimulated cycle

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

### THAW cycle

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

### Transfer

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

### Treatment cycle commenced

A treatment cycle begins:

- (a) on the day when superovulatory drugs were commenced; or
- (b) from the date of the last menstrual period.

### Treatment cycle continued

For the purposes of reporting, a treatment cycle continues when:

- (a) for IVF/GIFT, an oocyte retrieval procedure occurs;
- (b) for frozen embryo transfer, an embryo transfer procedure occurs;
- (c) for donor insemination, if insemination occurs.

### Unstimulated cycle

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

### Women in treatment

From 1 January 2010, women in treatment can include women in heterosexual or same-sex relationships or single women. All women must be eligible for treatment as outlined in Section 10 of the *Assisted Reproductive Treatment Act 2008*. 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 2014-15 financial year are provided opposite. Data in the tables is provided for registered ART providers that are currently accredited by RTAC.

## Registered Assisted Reproductive Treatment (ART) providers

### ART providers registered to provide treatment under the *Assisted Reproductive Treatment Act 2008*, 1 July 2014 – 30 June 2015

Ballarat IVF
City Babies, Richmond
City Fertility Centre, Bundoora
City Fertility Centre, Melbourne
Melbourne IVF, Box Hill*
Melbourne IVF, East Melbourne
Melbourne IVF, Mt Waverley
Melbourne IVF, Werribee
Monash IVF, Bendigo
Monash IVF, Clayton (Monash IVF Monash Surgical Private Hospital)
Monash IVF, Frankston
Monash IVF, Geelong
Monash IVF, Mildura
Monash IVF, Richmond/Hawthorn (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)

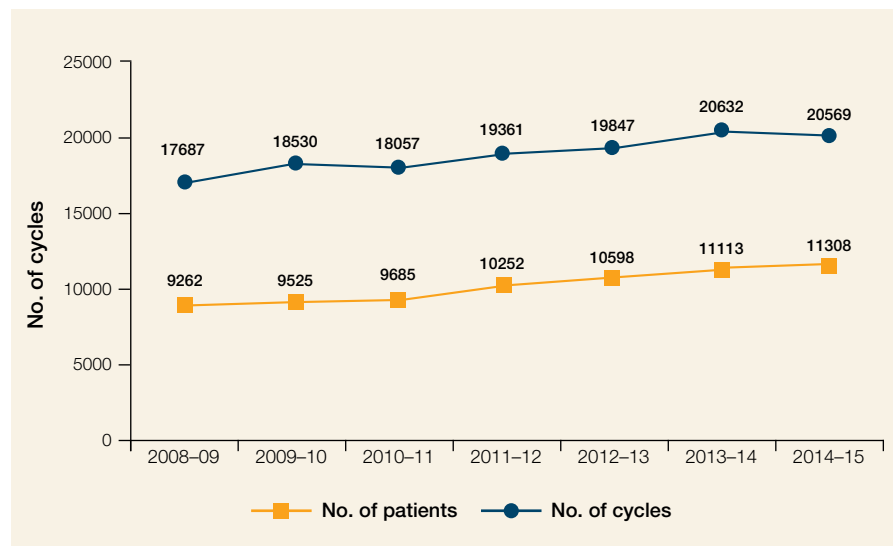
*\* Blood tests, scans, counselling and doctor consultations are conducted at Melbourne IVF Box Hill. Patients managed at the East Melbourne site may attend Box Hill for the above services. Data for East Melbourne will include data for some patients attending the Box Hill clinic.*

Monash IVF, Frankston was a registered ART provider to the end of December 2014. Monash IVF, Richmond utilise laboratory facilities in Hawthorn.

# Outcome of treatment procedures in Victoria

## Data collection, trends and success rates

**Figure 1** Number of patients and treatment cycles per financial year 2008–09 to 2014–15.



### Note

The data in this report shows no growth in the number of treatment cycles and a slight increase in the number of women treated compared with the past financial year (see Figure 1).

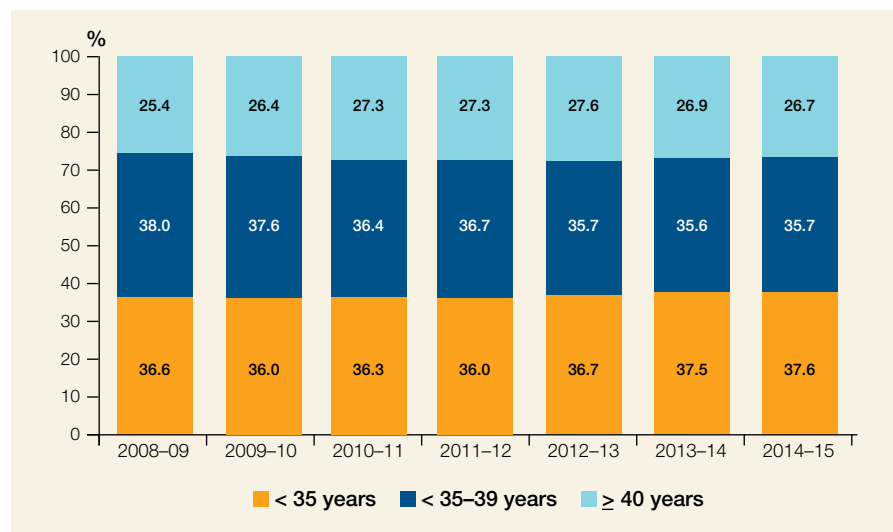
The figures in the following tables are derived from data between 1 July 2014 and 30 June 2015 and provided to the Faculty of Health, University of Technology Sydney, by each of the ART units for VARTA.

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

- 31/07/2015 Ballarat IVF
- 12/08/2015 City Fertility Centre
- 05/08/2015 City Babies
- 04/09/2015 Melbourne IVF
- 06/08/2015 Monash IVF

Final 2013–14 pregnancy outcomes data was updated in September 2015. There were 1.7% (74 of 4227 pregnancies) of 2013–14 data with unknown outcomes.

**Figure 2** Age of women treated per financial year 2008–09 to 2014–15.



The data in the VARTA annual report cannot be used to compare success rates between ART procedures and between treatment sites. In evidence-based clinical practice, the most reliable and strongest evidence to compare the efficacy between ART procedures or to compare the success rates between treatment sites is generated from prospective randomised controlled trials (RCT). Only RCT can ensure that the 'known' and 'unknown' factors which impact the success rate are evenly distributed between comparison groups. The data for VARTA annual

report are collected retrospectively. ART clinics in Victoria practice very differently in terms of patient selection and use of laboratory techniques. 'Known' factors; such as age of the woman treated; the type of subfertility problem; the length of subfertility; previous pregnancies and live births; the history of pregnancy losses; the number of cycles undergone; and other 'unknown' factors are not evenly distributed between treatment sites. Therefore, VARTA annual report data only presents number of cycles; type of ART procedures; and number of pregnancies

and number of births, not the success rates. Given the differences in 'known' and 'unknown' factors between treatment sites, it is not correct to calculate the success rate by number of live births over number of cycles and compare between treatment sites. Furthermore, the information on intention to treat is not available in the VARTA data. It is not correct to compare the efficacy between ART procedures since cancelled cycles and 'known' and 'unknown' factors are not taken into consideration.

# Outcome of treatment procedures in Victoria

## SECTION 1 Final outcomes for treatment cycles commenced in 2013-14 financial year

This report includes a final outcome of treatment procedures undertaken in 2013-14. These final figures were not available at the time of the production of the 2014 Annual Report. Similarly, this year, a full report on treatment outcomes is not possible until the 2016 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, 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	No. women involved in surrogacy arrangements	No. of liveborn babies
		< 35	35-39	≥ 40							
Ballarat IVF	281	141	93	47	203	126	120	43	11	0	88
City Babies, Richmond	143	78	44	21	23			130			37
City Fertility Centre, Bundoora	143	69	44	30	124	80	64	3	1	0	42
City Fertility Centre, Melbourne	568	201	209	158	406	233	282	51	26	0	175
Melbourne IVF, East Melbourne	3736	1313	1363	1060	2704	1962	1792	209	135	21	1114
Melbourne IVF, Mt Waverley	280	147	86	47	211	151	130	28	16	0	91
Melbourne IVF, Werribee	14	4	7	3	10	6	0	4	0	0	0
Monash IVF, Bendigo	85	40	33	12	74	52	26	0	0	0	25
Monash IVF, Clayton	2250	778	803	669	1742	1291	1027	64	33	2	708
Monash IVF, Frankston	15	9	6	0	14	8	4	1	0	0	4
Monash IVF, Geelong	232	95	82	55	180	108	93	1	2	1	84
Monash IVF, Richmond/Hawthorn	1932	670	712	550	1401	1068	915	37	52	2	647
Monash IVF, Sale	82	33	29	20	69	46	27	0	0	0	21
Monash IVF, Sunshine	189	77	66	46	171	124	41	0	0	0	44
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1163	510	377	276	883	584	439	61	30	4	270
<b>Aggregated total</b>	<b>11113</b>	<b>4165</b>	<b>3954</b>	<b>2994</b>	<b>8215</b>	<b>5839</b>	<b>4960</b>	<b>632</b>	<b>306</b>	<b>30</b>	<b>3350</b>

Note: Women may undergo more than one type of treatment in any given year. The tables update data provided in the 2014 Annual Report (table 2.1).

\* Number of women with initiated treatment cycles (including cancelled FSH stimulated cycles, oocyte retrieval). FSH: follicle stimulating hormone.

**Table 1.2a Final outcomes for treatment cycles commenced in 2013-14 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	203	268	259	74	61	61	61	0	0	60	0
City Babies, Richmond	23	28									
City Fertility Centre, Bundoora	124	219	184	26	20	21	19	1	0	21	0
City Fertility Centre, Melbourne	406	586	560	89	68	70	66	2	0	70	2
Melbourne IVF, East Melbourne	2704	4062	3695	730	546	581	512	33	1	573	13
Melbourne IVF, Mt Waverley	211	290	271	69	54	57	51	3	0	56	4
Melbourne IVF, Werribee	10	10	9	1	0	0	0	0	0	0	0
Monash IVF, Bendigo	74	94	80	23	19	19	19	0	0	19	0
Monash IVF, Clayton	1742	2513	2146	419	340	355	325	15	0	348	0
Monash IVF, Frankston	14	18	14	2	2	3	1	1	0	3	0
Monash IVF, Geelong	180	250	184	59	49	52	46	3	0	52	0
Monash IVF, Richmond/Hawthorn	1401	2068	1694	360	282	296	269	12	1	292	2
Monash IVF, Sale	69	96	84	22	15	15	15	0	0	15	0
Monash IVF, Sunshine	171	233	208	47	33	35	31	2	0	35	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	883	1154	1054	215	152	159	145	7	0	158	11
<b>Aggregated total</b>	<b>8215</b>	<b>11889</b>	<b>10442</b>	<b>2136</b>	<b>1641</b>	<b>1724</b>	<b>1560</b>	<b>79</b>	<b>2</b>	<b>1702</b>	<b>32</b>

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

^ Cycles continued. FSH: follicle stimulating hormone.

# Outcome of treatment procedures in Victoria

**Table 1.2b Final outcomes for treatment cycles commenced in 2013-14 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 single-tons	No. sets of twins born	No. sets of triplets born	No. of liveborn babies	Preg outcome unknown
<b>ICSI ONLY</b>										
Ballarat IVF	126	154	47	37	37	37	0	0	36	0
City Fertility Centre, Bundoora	80	128	20	15	15	15	0	0	15	0
City Fertility Centre, Melbourne	233	337	63	47	49	45	2	0	49	2
Melbourne IVF, East Melbourne	1962	2851	576	432	457	408	23	1	450	11
Melbourne IVF, Mt Waverley	151	192	51	39	41	37	2	0	40	3
Melbourne IVF, Werribee	6	6	1	0	0	0	0	0	0	0
Monash IVF, Bendigo	52	61	15	12	12	12	0	0	12	0
Monash IVF, Clayton	1291	1715	329	266	278	254	12	0	272	0
Monash IVF, Frankston	8	9	2	2	3	1	1	0	3	0
Monash IVF, Geelong	108	130	36	27	28	26	1	0	28	0
Monash IVF, Richmond/Hawthorn	1068	1404	309	239	251	228	10	1	247	2
Monash IVF, Sale	46	60	17	11	11	11	0	0	11	0
Monash IVF, Sunshine	124	162	36	25	26	24	1	0	26	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	584	720	165	115	120	110	5	0	119	8
<b>Aggregated total</b>	<b>5839</b>	<b>7929</b>	<b>1667</b>	<b>1267</b>	<b>1328</b>	<b>1208</b>	<b>57</b>	<b>2</b>	<b>1308</b>	<b>26</b>

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

**Table 1.2c Final outcomes for treatment cycles commenced in 2013-14 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 single-tons	No. sets of twins born	No. sets of triplets born	No. of liveborn babies	Preg outcome unknown
<b>THAW</b>											
Ballarat IVF	120	181	181	38	25	25	25	0	0	24	0
City Fertility Centre, Bundoora	64	101	101	24	19	21	17	2	0	21	0
City Fertility Centre, Melbourne	282	434	434	122	89	95	83	6	0	95	7
Melbourne IVF, East Melbourne	1792	2794	2794	597	442	476	408	34	0	472	13
Melbourne IVF, Mt Waverley	130	224	224	45	30	31	29	1	0	31	0
Monash IVF, Bendigo	26	36	36	9	6	6	6	0	0	6	0
Monash IVF, Clayton	1027	1435	1435	446	338	346	330	8	0	343	0
Monash IVF, Frankston	4	4	4	1	1	1	1	0	0	1	0
Monash IVF, Geelong	93	123	123	39	30	31	29	1	0	31	0
Monash IVF, Richmond/Hawthorn	915	1230	1230	415	325	341	309	16	0	340	3
Monash IVF, Sale	27	36	36	8	7	7	7	0	0	6	0
Monash IVF, Sunshine	41	51	51	13	8	9	7	1	0	9	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	439	606	606	141	96	102	90	6	0	101	11
<b>Aggregated total</b>	<b>4960</b>	<b>7255</b>	<b>7255</b>	<b>1898</b>	<b>1416</b>	<b>1491</b>	<b>1341</b>	<b>75</b>	<b>0</b>	<b>1480</b>	<b>34</b>

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

# Outcome of treatment procedures in Victoria

**Table 1.2d Final outcomes for treatment cycles commenced in 2013-14 financial year**

Treatment Site	No. of women treated by AI	Cycles cont'd	Clinical pregnancies	Confinements	Total no. babies born*	No. of single-tons	No. sets of twins born	No. sets of triplets born	No. of liveborn babies	Preg outcome unknown
	<b>AI</b>									
Ballarat IVF	43	57	3	3	3	3	0	0	2	0
City Babies, Richmond	130	209	34	31	37	25	6		37	0
City Fertility Centre, Bundoora	3	3	0	0	0	0	0		0	0
City Fertility Centre, Melbourne	51	95	7	5	5	5	0		5	2
Melbourne IVF, East Melbourne	209	317	35	28	30	26	2		28	3
Melbourne IVF, Mt Waverley	28	45	2	1	1	1	0		1	1
Melbourne IVF, Werribee	4	6	0	0	0	0	0		0	0
Monash IVF, Clayton	64	104	11	8	8	8	0		8	0
Monash IVF, Frankston	1	1	0	0	0	0	0		0	0
Monash IVF, Geelong	1	1	0	0	0	0	0		0	0
Monash IVF, Richmond/Hawthorn	37	61	10	7	8	6	1		8	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	61	73	10	7	9	5	2	0	9	2
<b>Aggregated total</b>	<b>632</b>	<b>972</b>	<b>112</b>	<b>90</b>	<b>101</b>	<b>79</b>	<b>11</b>	<b>0</b>	<b>98</b>	<b>8</b>

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

**Table 1.2e Final outcomes for treatment cycles commenced in 2013-14 financial year**

Treatment Site	No. of women treated by DI	Cycles cont'd	Clinical pregnancies	Confinements	Total no. babies born*	No. of single-tons	No. sets of twins born	No. sets of triplets born	No. of liveborn babies	Preg outcome unknown
	<b>DI</b>									
Ballarat IVF	11	17	1	1	2	0	1	0	2	0
City Fertility Centre, Bundoora	1	1	0	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	26	45	7	5	5	5	0	0	5	0
Melbourne IVF, East Melbourne	135	192	39	36	36	36	0	0	36	0
Melbourne IVF, Mt Waverley	16	28	5	3	3	3	0	0	3	0
Monash IVF, Clayton	33	59	10	9	9	9	0	0	9	0
Monash IVF, Geelong	2	2	0	0	0	0	0	0	0	0
Monash IVF, Richmond/Hawthorn	52	92	9	7	7	7	0	0	7	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	30	35	4	2	2	2	0	0	2	0
<b>Aggregated total</b>	<b>306</b>	<b>471</b>	<b>75</b>	<b>63</b>	<b>64</b>	<b>62</b>	<b>1</b>	<b>0</b>	<b>64</b>	<b>0</b>

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

**Table 1.3 Final outcomes for GIFT cycles commenced in 2013-14 financial year**

Treatment site	No. of women treated by GIFT	Total no. cycles initiated	Clinical pregnancies	Confinements	Total no. babies born*	No. of liveborn babies
Monash IVF, Richmond/Hawthorn	1	1	0	0	0	0
<b>Aggregated total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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



# Outcome of treatment procedures in Victoria

**Table 1.4 Final outcomes for surrogacy cycles commenced in 2013-14 financial year**

Treatment site	No. women involved in surrogacy arrangements	Total no. cycles initiated	Clinical pregnancies	Confinements	Total no. babies born*	No. of liveborn babies
Melbourne IVF, East Melbourne	21	31	5	5	5	5
Monash IVF, Clayton	2	4	0	0	0	0
Monash IVF, Geelong	1	2	1	1	1	1
Monash IVF, Richmond	2	2	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)(Melbourne IVF)	4	5	0	0	0	0
<b>Aggregated total</b>	<b>30</b>	<b>44</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>

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

**Table 1.5 Outcomes of treatment using imported cryopreserved donor eggs per treatment site, 2013-2014**

Treatment site	No. of women undergoing treatment using imported donor eggs	Outcomes of treatment using imported donor eggs	
		Clinical pregnancies	Live births
Monash IVF, Clayton	10	5	4
Monash IVF, Geelong	2	1	1
Monash IVF, Richmond/Hawthorn	29	6	5
<b>Aggregated total</b>	<b>41</b>	<b>12</b>	<b>10</b>

**Table 1.6 Outcomes of treatment using cryopreserved non-donor eggs per treatment site, 2013-2014 financial year**

Treatment site	No. of women undergoing treatment using previously stored non-donor eggs	Outcomes of treatment using previously stored non-donor eggs	
		Clinical pregnancies	Live births
City Fertility Centre, Melbourne	1	0	0
Melbourne IVF, East Melbourne	29	12	7
Melbourne IVF, Mt Waverly	1	0	0
Monash IVF, Clayton	16	6	4
Monash IVF, Richmond/Hawthorn	5	2	1
Monash IVF, Sunshine	1	0	0
<b>Aggregated total</b>	<b>53</b>	<b>20</b>	<b>12</b>

# Outcome of treatment procedures in Victoria

## SECTION 2 Outcomes from treatment cycles, 2014–15 financial year

**Table 2.1** Number of patients per treatment site, 2014-15 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	277	126	95	56	189	111	130	32	10
City Babies, Richmond	168	94	42	32	52			151	
City Fertility Centre, Bundoora	159	80	42	37	133	92	91	5	0
City Fertility Centre, Melbourne	592	221	225	146	430	262	282	50	53
Melbourne IVF, East Melbourne	3420	1173	1304	943	2433	1686	1602	204	128
Melbourne IVF, Mt Waverley	327	157	99	71	257	195	102	24	19
Melbourne IVF, Werribee	113	59	28	26	90	71	23	17	2
Monash IVF, Bendigo	75	36	26	13	61	53	34	0	0
Monash IVF, Clayton	2136	785	739	612	1496	1056	1069	73	50
Monash IVF, Frankston	21	8	5	8	16	10	7	0	0
Monash IVF, Geelong	236	103	95	38	174	135	125	4	11
Monash IVF, Mildura	58	35	10	13	54	29	10	2	1
Monash IVF, Richmond/Hawthorn	2208	701	838	669	1633	1263	1004	63	55
Monash IVF, Sale	77	34	27	16	65	50	22	0	0
Monash IVF, Sunshine	199	88	71	40	178	130	43	0	0
Reproductive Services, RWH (Melbourne IVF)	1242	550	389	303	945	624	418	65	36
<b>Aggregated total</b>	<b>11308</b>	<b>4250</b>	<b>4035</b>	<b>3023</b>	<b>8206</b>	<b>5767</b>	<b>4962</b>	<b>690</b>	<b>365</b>

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.

# Outcome of treatment procedures in Victoria

**Table 2.2 Outcomes per treatment site of fresh cycles including cancelled FSH stimulating cycles, oocyte retrieval, IVF/ICSI cycles, 2014–15 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	249	227	61.67	217	184	85.87	51
City Babies, Richmond	60						
City Fertility Centre, Bundoora	202	156	76.28	147	83	79.52	17
City Fertility Centre, Melbourne	602	522	67.43	492	406	76.11	70
Melbourne IVF, East Melbourne	3713	3045	82.50	2895	2247	78.95	621
Melbourne IVF, Mt Waverley	355	306	83.33	290	251	75.30	76
Melbourne IVF, Werribee	105	95	85.26	90	75	82.67	18
Monash IVF, Bendigo	80	69	88.41	65	57	84.21	17
Monash IVF, Clayton	2150	1703	81.44	1595	1144	88.64	327
Monash IVF, Frankston	20	14	78.57	12	11	100.00	2
Monash IVF, Geelong	228	192	85.42	178	159	96.23	50
Monash IVF, Mildura	69	51	68.63	50	44	81.82	14
Monash IVF, Richmond/Hawthorn	2391	1855	90.84	1733	1338	78.25	421
Monash IVF, Sale	95	75	94.67	67	61	63.93	20
Monash IVF, Sunshine	251	203	84.73	189	164	76.22	40
Reproductive Services, RWH (Melbourne IVF)	1202	1030	74.47	986	836	80.14	192
<b>Aggregated total</b>	<b>11772</b>	<b>9543</b>	<b>81.86</b>	<b>9006</b>	<b>7060</b>	<b>80.75</b>	<b>1936</b>

\* SET: single embryo transfer. \*\* Number of clinical pregnancies only included those reported by the date on page 28. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28. 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.

**Table 2.3 Outcomes of non-donor fresh cycles by cause of infertility, all treatment sites, 2014-15 financial year**

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	1263	789	207	62.5	16.4
Female factor	1872	1008	297	53.8	15.9
- Tubal disease only	246	154	44	62.6	17.9
- Endometriosis only	396	240	85	60.6	21.5
- Other female factor only	1098	517	145	47.1	13.2
- Combined female factor	132	97	23	73.5	17.4
Combined male—female factor	858	499	150	58.2	17.5
Unexplained	2195	1282	328	58.4	14.9
Not stated	5010	3245	866	64.8	17.3
<b>Aggregated total</b>	<b>11198</b>	<b>6823</b>	<b>1848</b>	<b>60.9</b>	<b>16.5</b>

\* Number of clinical pregnancies only included those reported by the date on page 28. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28.

# Outcome of treatment procedures in Victoria

**Table 2.4 Oocyte collection and transfer per treatment site, IVF/ICSI, 2014-15 financial year**

Treatment site	Total no. oocyte retrieval attempts	Total no. oocytes collected	Total no. oocytes inseminated*	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	236	2141	1713	1167	10	210	1.14	213	744
City Fertility Centre, Bundoora	164	1549	1309	850	9	100	1.20	293	457
City Fertility Centre, Melbourne	551	5423	4408	2608	30	504	1.24	818	1286
Melbourne IVF, East Melbourne	3344	30156	23432	16253	150	2721	1.21	3883	9649
Melbourne IVF, Mt Waverley	327	2925	2395	1666	16	313	1.25	403	950
Melbourne IVF, Werribee	102	934	749	505	5	88	1.17	84	333
Monash IVF, Bendigo	71	815	589	423	4	66	1.16	143	214
Monash IVF, Clayton	1796	17767	13797	8391	108	1274	1.11	2581	4536
Monash IVF, Frankston	13	152	142	87	2	11	1.00	28	48
Monash IVF, Geelong	194	1877	1509	1047	14	165	1.04	414	468
Monash IVF, Mildura	56	445	373	265	1	52	1.18	86	127
Monash IVF, Richmond/Hawthorn	1982	19062	13858	9172	122	1629	1.22	2868	4675
Monash IVF, Sale	82	791	572	378	8	83	1.36	123	172
Monash IVF, Sunshine	224	2306	1811	1078	14	203	1.24	250	625
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1104	9740	7802	5441	44	1002	1.20	1381	3058
<b>Aggregated total</b>	<b>10246</b>	<b>96083</b>	<b>74459</b>	<b>49331</b>	<b>537</b>	<b>8421</b>	<b>1.19</b>	<b>13568</b>	<b>27342</b>

^ Total no. of cycles where no embryo formed. \* Included thawed oocytes. \*\* This also represents the total no. of embryos formed and 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.

# Outcome of treatment procedures in Victoria

**Table 2.5 Outcomes per treatment site, THAW cycle, 2014–15 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	176	176	227	163	170	1.04	95.71	0	50
City Fertility Centre, Bundoora	150	147	162	145	148	1.02	97.93	0	32
City Fertility Centre, Melbourne	418	402	463	395	432	1.09	90.63	0	94
Melbourne IVF, East Melbourne	2418	2364	4282	2127	2464	1.16	84.16	523	589
Melbourne IVF, Mt Waverley	144	144	193	139	161	1.16	84.17	1	54
Melbourne IVF, Werribee	27	26	46	25	29	1.16	84.00	4	13
Monash IVF, Bendigo	46	46	46	43	45	1.05	95.35	1	14
Monash IVF, Clayton	1501	1498	1703	1435	1523	1.06	93.87	46	477
Monash IVF, Frankston	8	8	8	6	6	1.00	100.00	0	3
Monash IVF, Geelong	180	180	192	174	179	1.03	97.13	0	54
Monash IVF, Mildura	12	12	15	11	13	1.18	81.82	0	1
Monash IVF, Richmond/Hawthorn	1406	1401	1672	1348	1461	1.08	91.62	66	465
Monash IVF, Sale	25	25	38	25	35	1.40	60.00	0	5
Monash IVF, Sunshine	57	57	82	54	66	1.22	77.78	0	14
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	547	540	878	506	585	1.16	84.39	91	161
<b>Aggregated total</b>	<b>7115</b>	<b>7026</b>	<b>10007</b>	<b>6596</b>	<b>7317</b>	<b>1.11</b>	<b>89.07</b>	<b>732</b>	<b>2026</b>

\* SET: single embryo transfer. \*\* Number of clinical pregnancies only included those reported by the date on page 28. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28.

**Table 2.6 AI insemination using partner's sperm, outcomes per treatment site, stimulated/unstimulated 2014-15**

Treatment site	Total no. cycles initiated	Total no. clinical pregnancies*	Total no. cycles initiated	Total no. clinical pregnancies*
	FSH STIMULATED		UNSTIMULATED	
Ballarat IVF	8	0	32	3
City Babies, Richmond	264	28	4	0
City Fertility Centre, Bundoora	6	0	1	0
City Fertility Centre, Melbourne	8	1	76	5
Melbourne IVF, East Melbourne	286	23	27	5
Melbourne IVF, Mt Waverley	33	5	0	0
Melbourne IVF, Werribee	24	3	3	0
Monash IVF, Clayton	91	10	25	3
Monash IVF, Geelong	3	0	6	0
Monash IVF, Mildura	3	0	0	0
Monash IVF, Richmond/Hawthorn	60	8	40	2
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	83	16	5	2
<b>Aggregated total</b>	<b>869</b>	<b>94</b>	<b>219</b>	<b>20</b>

FSH: follicle stimulating hormone. \* Number of clinical pregnancies only included those reported by the date on page 28. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28. Note: This data only includes AI at registered ART providers and does not include AI at private doctor's facilities.



# Outcome of treatment procedures in Victoria

**Table 2.7 GIFT cycles, outcomes per treatment site, stimulated/unstimulated 2014–15 financial year**

Treatment site	Total no. cycles initiated	Total no. oocytes transferred	Total no. of clinical pregnancies*
Monash IVF, Richmond	1	2	0
<b>Aggregated total</b>	<b>1</b>	<b>2</b>	<b>0</b>

\* Number of clinical pregnancies only included those reported by the date on page 28. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28.

**Table 2.8 Storage of sperm/ovarian tissue/oocytes/embryos per treatment site, 2014-15 financial year**

Treatment site	No. patients with sperm in storage as at 30 June 2015	No. patients with ovarian tissue in storage as at 30 June 2015	No. patients with oocytes in storage as at 30 June 2015 (non-donor)	No. embryos in storage as at 30 June 2015
Ballarat IVF	195	0	6	894
City Fertility Centre, Bundoora	19	0	4	391
City Fertility Centre, Melbourne	105	0	29	2166
Melbourne IVF, East Melbourne	1144	0	419	12449
Melbourne IVF, Mt Waverley	52	0	4	841
Melbourne IVF, Werribee	11	0	0	96
Monash IVF, Bendigo	0	0	0	0
Monash IVF, Clayton	1831	7	115	7174
Monash IVF, Geelong	0	0	0	0
Monash IVF, Richmond/Hawthorn	0	127	236	9377
Monash IVF, Sale	0	0	0	0
Monash IVF, Sunshine	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	115	399	272	6,570
<b>Aggregated total</b>	<b>3472</b>	<b>533</b>	<b>1085</b>	<b>39958</b>

**Table 2.9 Treatment using cryopreserved non-donor oocytes per treatment site, 2014-15 financial year**

Treatment site	No. women treated using previously stored oocytes (non-donor)
City Fertility Centre, Bundoora	1
Melbourne IVF, East Melbourne	23
Melbourne IVF, Mt Waverley	1
Monash IVF, Clayton	7
Monash IVF, Richmond/Hawthorn	10
Monash IVF, Sunshine	2
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	2
<b>Aggregated total</b>	<b>46</b>

# Outcome of treatment procedures in Victoria

## SECTION 3 Multiple pregnancies, 2014-15 financial year

**Table 3 Multiple pregnancies as at dates on page 28 per treatment site, 2014–15 financial year**

Treatment site	Total no. clinical pregnancies*	Number of fetal hearts*				Not stated
		None	One	Two	Three or more	
Ballarat IVF	107	17	88	2	0	0
City Babies, Richmond	28	0	27	0	1	0
City Fertility Centre, Bundoora	49	7	41	1	0	0
City Fertility Centre, Melbourne	177	11	154	11	1	0
Melbourne IVF, East Melbourne	1281	176	1043	61	1	0
Melbourne IVF, Mt Waverley	138	15	114	8	1	0
Melbourne IVF, Werribee	35	3	30	2	0	0
Monash IVF, Bendigo	31	2	16	0	0	13
Monash IVF, Clayton	823	68	460	18	1	276
Monash IVF, Frankston	5	1	3	0	0	1
Monash IVF, Geelong	106	6	47	1	0	52
Monash IVF, Mildura	15	0	2	0	0	13
Monash IVF, Richmond/Hawthorn	908	77	449	18	0	364
Monash IVF, Sale	25	7	12	0	0	6
Monash IVF, Sunshine	54	0	33	4	0	17
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	387	65	308	13	1	0
<b>Aggregated total</b>	<b>4169</b>	<b>455</b>	<b>2827</b>	<b>139</b>	<b>6</b>	<b>742</b>

\* Number of clinical pregnancies only included those reported by the date on page 28. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28.

# Outcome of treatment procedures in Victoria

## SECTION 4 Surrogacy, 2014-15 financial year

**Table 4 Surrogacy cycles and resulting outcomes, all treatment sites, 2014–15 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	14	24	2	21	9
Monash IVF, Clayton	3	4	0	4	1
Monash IVF, Richmond/Hawthorn	8	9	1	6	2
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1	1	0	1	0
<b>Aggregated total</b>	<b>26</b>	<b>38</b>	<b>3</b>	<b>32</b>	<b>12</b>

\* 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 28. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28. Note: Melbourne IVF extracted data for this table manually.

## SECTION 5 Donor treatment, 2014–15 financial year

**Table 5.1 Use of donor gametes and embryos and outcomes, all treatment sites, 2014–15 financial year**

Treatment site	Total no. recipients treated	Total no. cycles continued	Total no. of clinical pregnancies*
Donor embryo	60	102	24
Donor oocytes	392	644	175
Donor sperm**	989	1727	396
<b>Aggregated total***</b>	<b>1441</b>	<b>2473</b>	<b>595</b>

\* Number of clinical pregnancies only included those reported by the date on page 28. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28. \*\* excluded DI \*\*\* Some recipients had both donated oocytes and sperm.

**Table 5.2 Outcomes per treatment site, stimulated/unstimulated – DI, 2014–15 financial year**

Treatment site	Total no. clinical pregnancies*		Total no. clinical pregnancies*	
	Total no. cycles initiated	Total no. clinical pregnancies*	Total no. cycles initiated	Total no. clinical pregnancies*
	FSH STIMULATED		UNSTIMULATED	
Ballarat IVF	3	0	14	3
City Fertility Centre, Melbourne	3	0	78	7
Melbourne IVF, East Melbourne	155	31	34	3
Melbourne IVF, Mt Waverley	29	3	0	0
Melbourne IVF, Werribee	3	1	0	0
Monash IVF, Clayton	19	1	66	4
Monash IVF, Geelong	2	0	16	2
Monash IVF, Mildura	0	0	1	0
Monash IVF, Richmond/Hawthorn	33	4	55	6
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	39	12	5	4
<b>Aggregated total</b>	<b>286</b>	<b>52</b>	<b>269</b>	<b>29</b>

\* Number of clinical pregnancies only included those reported by the date on page 28. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28. FSH: follicle stimulating hormone.

# Outcome of treatment procedures in Victoria

**Table 5.3 Storage of donor sperm per treatment site, 2014–15 financial year**

Treatment site	Total no. of donors whose sperm is stored and available for donor treatment at 1 July 2014 (start of period)	New donors recruited during reporting financial year
Ballarat IVF	30	3
City Fertility Centre, Bundoora	1	0
City Fertility Centre, Melbourne	37	35
Melbourne IVF, East Melbourne	380	57
Melbourne IVF, Mt Waverley	42	0
Melbourne IVF, Werribee	9	0
Monash IVF, Clayton	42	13
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	464	1
<b>Aggregated total</b>	<b>1005</b>	<b>109</b>

**Table 5.4 Number of oocyte and embryo donors utilised, 2014–15 financial year**

Treatment site	No. oocyte donors		No. embryo donors	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Ballarat IVF	13	0	0	2
City Fertility Centre, Bundoora	1	0	0	0
City Fertility Centre, Melbourne	12	0	0	1
Melbourne IVF, East Melbourne	74	0	16	11
Melbourne IVF, Mt Waverley	6	0	0	0
Melbourne IVF, Werribee	1	0	0	0
Monash IVF, Clayton	50	2	1	0
Monash IVF, Geelong	7	0	0	0
Monash IVF, Mildura	1	0	0	0
Monash IVF, Richmond/Hawthorn	35	1	2	15
Monash IVF, Sale	5	0	0	0
Monash IVF, Sunshine	2	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	13	0	1	11
<b>Aggregated total</b>	<b>220</b>	<b>3</b>	<b>20</b>	<b>40</b>



# Outcome of treatment procedures in Victoria

**Table 5.5 Treatment with fresh donor eggs per treatment site, 2014-2015 financial year**

Treatment site	No. patients commencing treatment with fresh donor eggs		No. of cycles commenced using fresh donor eggs	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Ballarat IVF	13	0	13	0
City Fertility Centre, Melbourne	12	0	14	0
Melbourne IVF, East Melbourne	77	0	88	0
Melbourne IVF, Mt Waverley	7	0	8	0
Monash IVF, Clayton	41	2	42	2
Monash IVF, Geelong	7	0	8	0
Monash IVF, Mildura	1	0	1	0
Monash IVF, Richmond/Hawthorn	46	2	49	2
Monash IVF, Sale	5	0	7	0
Monash IVF, Sunshine	2	0	2	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1	0	1	0
<b>Aggregated total</b>	<b>212</b>	<b>4</b>	<b>233</b>	<b>4</b>

**Table 5.6 Treatment with thawed donor eggs per treatment site, 2014-2015 financial year**

Treatment site	No. patients commencing treatment with thawed donor eggs		No. of cycles commenced using thawed donor eggs	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Melbourne IVF, East Melbourne	2	0	3	0
Monash IVF, Clayton	19	0	19	0
Monash IVF, Frankston	1	0	1	0
Monash IVF, Geelong	2	0	2	0
Monash IVF, Richmond/Hawthorn	28	0	35	0
<b>Aggregated total</b>	<b>52</b>	<b>0</b>	<b>60</b>	<b>0</b>

## Outcome of treatment procedures in Victoria

**Table 5.7 Treatment with imported thawed donor eggs per treatment site, 2014-2015 financial year**

Treatment site	No. patients undergoing treatment with imported donor eggs		No. of cycles commenced using imported donor eggs	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Monash IVF, Clayton	19	0	19	0
Monash IVF, Frankston	1	0	1	0
Monash IVF, Geelong	2	0	2	0
Monash IVF, Richmond/Hawthorn	28	0	35	0
<b>Aggregated total</b>	<b>50</b>	<b>0</b>	<b>57</b>	<b>0</b>

**Table 5.8 Relationship status of recipients of sperm donor treatment, 2014-15 financial year**

Treatment site	Relationship status of woman receiving donor sperm treatment		
	Single	Same-sex	Heterosexual
Ballarat IVF	7	6	13
City Fertility Centre, Bundoora	8	3	4
City Fertility Centre, Melbourne	50	34	12
Melbourne IVF, East Melbourne	349	305	70
Melbourne IVF, Mt Waverley	43	21	6
Melbourne IVF, Werribee	3	1	1
Monash IVF, Bendigo	6	1	1
Monash IVF, Clayton	79	29	43
Monash IVF, Frankston	1	0	0
Monash IVF, Geelong	15	7	3
Monash IVF, Mildura	3	2	0
Monash IVF, Richmond/Hawthorn	100	51	34
Monash IVF, Sale	4	4	1
Monash IVF, Sunshine	8	6	4
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	8	6	10
<b>Aggregated total</b>	<b>684</b>	<b>476</b>	<b>202</b>

Note: A women may have treatment at more than one treatment site.

# Outcome of treatment procedures in Victoria

## SECTION 6 Preimplantation genetic diagnosis, 2014-15 financial year

**Table 6.1 Preimplantation genetic diagnosis for patients with a known genetic risk, 2014-15 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
City Fertility Centre, Bundoora	1	2	1	0	0
City Fertility Centre, Melbourne	1	1	1	1	1
Melbourne IVF, East Melbourne	102	144	112	23	15
Monash IVF, Clayton	24	37	1	0	0
<b>Aggregated total</b>	<b>128</b>	<b>184</b>	<b>115</b>	<b>24</b>	<b>16</b>

Treatment site	No. of embryos tested*	No. of embryos genetically-suitable for transfer	No. of genetically-suitable embryos transferred
City Fertility Centre, Bundoora	6	1	1
City Fertility Centre, Melbourne	8	5	1
Melbourne IVF, East Melbourne	668	217	113
Monash IVF, Clayton	113	35	1
Monash IVF, Richmond/Hawthorn	18	5	0
<b>Aggregated total</b>	<b>813</b>	<b>263</b>	<b>116</b>

\* 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). Monash IVF note: There was only one cycle during this period in which a day 3 biopsy was conducted before a day 5 transfer. Biopsied embryos were frozen in all other cycles (no embryos transferred).

**Table 6.2 Preimplantation genetic diagnosis for detection of numerical chromosome abnormalities, 2014-15 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
City Fertility Centre, Bundoora	2	2	0	0	0
City Fertility Centre, Melbourne	4	4	6	1	1
Melbourne IVF, East Melbourne	240	344	198	60	54
Monash IVF, Clayton	80	95	2	0	0
Monash IVF, Richmond/Hawthorn	177	219	0	0	0
<b>Aggregated total</b>	<b>503</b>	<b>664</b>	<b>206</b>	<b>61</b>	<b>55</b>

Treatment site	No. of embryos tested*	No. of embryos genetically-suitable for transfer	No. of genetically-suitable embryos transferred
City Fertility Centre, Bundoora	4	1	0
City Fertility Centre, Melbourne	13	8	2
Melbourne IVF, East Melbourne	1914	254	211
Monash IVF, Clayton	296	104	2
Monash IVF, Richmond/Hawthorn	596	253	0
<b>Aggregated total</b>	<b>2823</b>	<b>620</b>	<b>213</b>

\* 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 2015 and financial position of the Victorian Assisted Reproductive Treatment Authority as at 30 June 2015.

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.

The Board of the Victorian Assisted Reproductive Treatment Authority adopted the attached financial statements on 27 August 2015 and authorised the persons named to sign the statements and authorise their release.

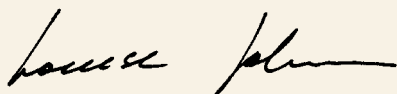


**Ms Kirsten Mander**

Chairperson

Melbourne

Date 27/8/2015



**Ms Louise Johnson**

Chief Executive Officer

Melbourne

Date 27/8/2015



# Financial statements

The accompanying notes form part of these financial statements

## Statement of profit or loss and other comprehensive income for the year ended 30 June 2015

	Notes	2015 \$	2014 \$
Revenue	2	935,810	923,259
Interest Income	2	439	1,600
Employee benefits expense	3(a)	(544,247)	(393,525)
Depreciation expense	3	(13,999)	(6,740)
Supplies and services	3(b)	(206,769)	(266,017)
Project expenses – employee benefits expense		(89,684)	(131,297)
Project expenses – other		(57,112)	(212,811)
<b>Operating surplus/(deficit)</b>		<b>24,438</b>	<b>(85,531)</b>
Other comprehensive income		-	-
<b>Comprehensive result for the year</b>	25	<b>24,438</b>	<b>(85,531)</b>

## Balance sheet as at 30 June 2015

	Notes	2015 \$	2014 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	7	268,896	230,507
Trade and other receivables	8	18,457	22,139
Other current assets	9	6,385	12,351
<b>TOTAL CURRENT ASSETS</b>		<b>293,738</b>	<b>264,997</b>
<b>NON CURRENT ASSETS</b>			
Property, plant and equipment	10	27,065	25,703
Intangibles	11	9,434	7,284
<b>TOTAL NON CURRENT ASSETS</b>		<b>36,499</b>	<b>32,987</b>
<b>TOTAL ASSETS</b>		<b>330,237</b>	<b>297,984</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	12	67,956	75,617
Short-term provisions	13	83,220	83,097
<b>TOTAL CURRENT LIABILITIES</b>		<b>151,176</b>	<b>158,714</b>
<b>NON CURRENT LIABILITIES</b>			
Long-term provisions	13	18,383	3,029
<b>TOTAL NON CURRENT LIABILITIES</b>		<b>18,383</b>	<b>3,029</b>
<b>TOTAL LIABILITIES</b>		<b>169,559</b>	<b>161,743</b>
<b>NET ASSETS</b>		<b>160,678</b>	<b>136,241</b>
<b>EQUITY</b>			
Contributed capital	14	11,200	11,200
Retained earnings		149,478	125,041
<b>TOTAL EQUITY</b>		<b>160,678</b>	<b>136,241</b>
Commitments for expenditure	18		
Contingent assets and contingent liabilities	19		

## Statement of changes in equity for the year ended 30 June 2015

	Contributed Capital \$	Retained Earnings \$	Total \$
<b>Balance at 1 July 2013</b>	11,200	210,572	221,772
Capital contributed	-	-	-
Surplus/(deficit) for the year	-	(85,531)	(85,531)
Other comprehensive income	-	-	-
<b>Balance at 30 June 2014</b>	11,200	125,041	136,241
Capital contributed	-	-	-
Surplus/(deficit) for the year	-	24,438	24,438
Other comprehensive income	-	-	-
<b>Balance at 30 June 2015</b>	<b>11,200</b>	<b>149,478</b>	<b>160,678</b>

## Cash flow statement for the year ended 30 June 2015

	Notes	2015 \$	2014 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Government grants		<b>902,321</b>	904,795
Receipts from customers and others		<b>37,492</b>	60,311
Payments to suppliers and employees		<b>(884,351)</b>	(1,102,681)
Interest received		<b>439</b>	1,600
Net cash provided by operating activities	15	<b>55,901</b>	(135,975)
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Payment for property, plant and equipment		<b>(12,575)</b>	(21,280)
Payment for intangibles		<b>(4,937)</b>	(2,708)
Net cash used in investing activities		<b>(17,512)</b>	(23,988)
Net increase in cash held		<b>38,389</b>	(159,963)
Cash at beginning of financial year		<b>230,507</b>	390,470
Cash at end of financial year	7	<b>268,896</b>	230,507

## Notes to the financial statements for the year ended 30 June 2015

### 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.

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 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 2015, and the comparative information presented in these financial statements for the year ended 30 June 2014.

#### (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.

#### (e) 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.

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 (2014-15 and 2013-14) 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 and Human Services.

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

	2015 & 2014
Computer equipment	Up to 10 years
Office equipment	Up to 20 years
Software	Up to 5 years

## Notes to the financial statements for the year ended 30 June 2015

### (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 Net 30 days.

### (j) Provisions

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

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

### (k) Goods and services tax

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

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

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

### (l) Employee benefits

#### Wages and Salaries and Annual Leave

Liabilities for wages and salaries, including non-monetary benefits, and annual leave 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 the 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

Conditional LSL representing less than 7 years of continuous service is disclosed as a non-current liability because 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	
	2015	2014
Vision Super	-	2,895
Hesta Superannuation	17,434	23,153
Health Superannuation	31,963	30,345
Vic Super	1,608	3,864
Other	26,385	15,151
<b>Total</b>	<b>77,390</b>	<b>75,408</b>

### (m) Leases

#### Operating leases

Operating lease payments, including any contingent rentals, are recognised as an expense 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.

## Notes to the financial statements for the year ended 30 June 2015

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**(n) Income recognition (continued)**

**Government grants**

Grants are recognised as income when the Authority 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 as received.

**(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) 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 in the balance sheet.

**(u) Contingent assets and contingent liabilities**

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

**(v) New accounting standards and interpretations**

Certain accounting standards and interpretations have been published that are not mandatory for 30 June 2015 reporting period. These 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.

# Financial statements

The accompanying notes form part of these financial statements

## Notes to the financial statements for the year ended 30 June 2015

	Notes	2015 \$	2014 \$
<b>NOTE 2: REVENUE</b>			
<b>Operating activities</b>			
Government grants – core funding		738,906	594,795
Government grants – in kind		2,000	2,000
Government grants – special purpose		163,415	310,000
Other		31,489	16,464
		<b>935,810</b>	<b>923,259</b>
<b>Other income</b>			
Interest Income		439	1,600
<b>NOTE 3: EXPENSES FROM ORDINARY ACTIVITIES</b>			
Profit from ordinary activities has been determined after the following expenses:			
<b>(a) Employee benefits expense</b>			
Salaries and wages and on-costs		495,540	354,780
Superannuation		43,801	31,122
Staff amenities		403	732
Staff development and seminars		4,503	6,891
<i>Total employee benefits</i>		<b>544,247</b>	<b>393,525</b>
<b>(b) Supplies and services expense</b>			
Accounting		20,590	18,018
Audit fees		6,500	6,370
Bank charges		336	488
Computer maintenance		2,258	2,957
Consultants fees		11,640	13,217
Courier/postage		648	751
Media and website		46,367	14,986
Insurance		2,275	2,000
Lease payments		3,819	6,529
Legal expenses		7,749	773
Loss on disposal of assets		-	440
Maintenance		5	166
Member sitting fees		19,644	8,561
Motor vehicle expense		1,200	680
Office outgoings		11,638	3,924
Printing and publications		31,211	38,562
Relocation		-	52,417
Rent and outgoings		-	58,326
Resources		12,406	8,571
Symposium/seminars		10,543	10,676
Telephone		5,328	2,354
Travel and accommodation		9,791	12,236
Work cover		2,821	3,015
<i>Total supplies and services expense</i>		<b>206,769</b>	<b>266,017</b>
Project expenses		146,796	344,108
Depreciation and amortisation		13,999	6,740
<b>Total expenses</b>		<b>911,811</b>	<b>1,010,390</b>



## Notes to the financial statements for the year ended 30 June 2015

### NOTE 4: RESPONSIBLE PERSONS DISCLOSURES

#### Key management personnel

##### Authority members

Ms K Mander	(Chairperson from 01/07/2014 to 30/06/2015)
Ms H Shardey	(Member from 01/07/2014 to 18/06/2015)
Ms M Coady	(Member from 01/07/2014 to 30/06/2015)
Ms V Heywood	(Member from 01/07/2014 to 30/06/2015)
Ms K Harkess	(Member from 01/07/2014 to 30/06/2015)
Ms J Jarman	(Member from 01/07/2014 to 30/06/2015)
Dr D Edgar	(Member from 01/07/2014 to 30/06/2015)

##### Chief Executive Officer

Ms L Johnson

	Short term benefits		Total \$
	Salary and fees \$	Superannuation \$	
<b>2015</b>			
Total compensation	184,944	17,678	202,622
<b>2014</b>			
Total compensation	159,374	22,467	181,841

### 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 2015 to Vic Super, Hesta, Health Super, and REST, 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 \$77,390 (2014: \$75,408) 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 9.50% of gross salaries. Contributions made by the Authority in accordance with employer obligations and excluding salary sacrifice arrangements were \$48,214 (2014: \$30,859).

	Notes	2015 \$	2014 \$
<b>NOTE 6: AUDITORS REMUNERATION</b>			
Remuneration of the auditors for: Victorian Auditor General Officer		6,500	6,370
<b>NOTE 7: CASH AND CASH EQUIVALENTS</b>			
Cash at bank and on hand		268,896	230,507
<b>Reconciliation of cash</b>			
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		268,618	229,783
Cash on hand		278	724
		268,896	230,507
<b>NOTE 8: TRADE AND OTHER RECEIVABLES</b>			
CURRENT			
Trade and other receivables		3,115	5,524
GST receivables		15,342	16,615
		18,457	22,139
<b>NOTE 9: OTHER CURRENT ASSETS</b>			
CURRENT			
Prepayments		6,113	11,757
Deposit		272	594
		6,385	12,351

## Notes to the financial statements for the year ended 30 June 2015

### NOTE 10: PLANT AND EQUIPMENT

	Notes	2015 \$	2014 \$
<b>PLANT AND EQUIPMENT</b>			
(a) Computer equipment			
At fair value		40,996	30,959
Less accumulated depreciation		(27,173)	(18,916)
		13,823	12,043
(b) Office equipment			
At fair value		25,669	23,111
Less accumulated depreciation		(12,427)	(9,451)
		13,242	13,660
Total property, plant and equipment		27,065	25,703

### (a) Movements in carrying amounts

#### 2015

#### Balance at the beginning of the year

	Computer equipment \$	Office equipment \$	Total \$
Balance at the beginning of the year	12,043	13,660	25,703
Additions	10,057	2,518	12,575
Depreciation expense	(8,277)	(2,936)	(11,213)
Assets written off	-	-	-
Balance at end of year	13,823	13,242	27,065

### (b) Fair value measurement hierarchy for assets as at 30 June 2015

#### Plant and equipment at fair value

	Carrying amount as at 30 June 2015	Fair value measurement at end of reporting period using		
		Level 1*	Level 2*	Level 3*
Computer equipment	13,823	-	-	13,823
Office equipment	13,242	-	-	13,242
Total of plant and equipment at fair value	27,065	-	-	27,065

\*Classified in accordance with the fair value hierarchy,

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 year to 30 June 2015.

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 2015

<b>NOTE 10: PLANT AND EQUIPMENT (continued)</b>		<b>Plant and Equipment</b>
<b>(c) Reconciliation of Level 3 fair value</b>		<b>\$</b>
<b>Opening balance</b>		25,703
<b>Purchases (sales)</b>		12,575
<b>Transfers in (out) of Level 3</b>		-
Gains or losses recognised in net result		
Depreciation		(11,213)
Impairment loss		
<b>Subtotal</b>		<b>27,065</b>
<b>Items recognised in other comprehensive income</b>		
Revaluation		-
<b>Subtotal</b>		<b>27,065</b>
<b>Closing balance</b>		<b>27,065</b>
Unrealised gains / (losses) on non-financial assets		-
There have been no transfers between levels during the period.		

<b>(d) Description of significant unobservable inputs in Level 3 valuations</b>	<b>Valuation technique</b>	<b>Significant unobservable inputs</b>	<b>Range (weighted average)</b>	<b>Sensitivity of fair value measurement to changes in significant unobservable inputs</b>
<b>Plant and Equipment at fair value</b>	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 PE	10 – 20 years (15 years)	A significant increase or decrease in the estimated useful life of the asset would result in a significantly higher or lower valuation

<b>NOTE 11: INTANGIBLES</b>	<b>Notes</b>	<b>2015 \$</b>	<b>2014 \$</b>
<b>SOFTWARE</b>			
At cost		<b>15,981</b>	11,045
Less accumulated amortisation		<b>(6,547)</b>	(3,761)
		<b>9,434</b>	7,284
Total intangibles		<b>9,434</b>	7,284
<b>NOTE 12: TRADE AND OTHER PAYABLES</b>			
<b>CURRENT</b>			
Trade creditors		<b>3,511</b>	29,072
Accruals		<b>38,987</b>	35,022
PAYG withheld		<b>21,187</b>	8,208
Superannuation payable		<b>4,050</b>	3,094
Salary package liability		<b>221</b>	221
		<b>67,956</b>	75,617

## Notes to the financial statements for the year ended 30 June 2015

### NOTE 13: PROVISIONS

	\$
Opening balance at 1 July 2013	95,698
Provisions/(reductions) raised during the year	(9,572)
Balance at 30 June 2014	86,126
Provisions/(reductions) raised during the year	15,477
Balance at 30 June 2015	<b>101,603</b>

#### Current provisions

##### Annual leave

Unconditional and expected to be settled within 12 months

Unconditional and expected to be settled after 12 months

##### Long service leave

Unconditional and expected to be settled within 12 months

Unconditional and expected to be settled after 12 months

#### Total current provisions

2015 \$	2014 \$
<b>51,304</b>	41,759
-	-
<b>31,916</b>	41,338
<b>18,383</b>	3,029
<b>101,603</b>	86,126

#### Employee benefits and related on-costs

Current employee benefits and related on-costs

Annual leave entitlements

Long service leave entitlement

#### Total employee benefits and related on-costs

<b>51,304</b>	41,759
<b>50,299</b>	44,367
<b>101,603</b>	86,126

#### 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

Balance at the end of the reporting period

<b>11,200</b>	11,200
-	-
<b>11,200</b>	11,200

### NOTE 15: CASH FLOW INFORMATION

#### (a) Reconciliation of cash flow from ordinary activities

Operating profit/(deficit) from ordinary activities

Non cash flows in profit from ordinary activities:

Depreciation and amortisation

Loss on disposal of asset

Changes in assets and liabilities:

(Increase)\decrease in trade and other receivables

(Increase)\decrease in other assets

Increase\decrease in trade and other payables

Increase\decrease in provisions

#### Cash flows from operations

<b>24,438</b>	(85,531)
<b>13,999</b>	6,740
-	440
<b>3,681</b>	(1,863)
<b>5,644</b>	10,240
<b>(7,338)</b>	(56,429)
<b>15,477</b>	(9,572)
<b>55,901</b>	(135,975)

## Notes to the financial statements for the year ended 30 June 2015

### NOTE 16: RELATED PARTY TRANSACTIONS

#### (a) Responsible minister

The Hon David Davis, Minister for Health and Ageing, was the Responsible Minister from 1 July 2014 to 3 December 2014. The Hon Jill Hennessy, Minister for Health, was the Responsible Minister from 4 December 2014 to 30 June 2015.

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

#### (b) Authority members

The names of authority members at the date of this report are:

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

**Chief Executive Officer**  
Ms L Johnson

#### (c) Remuneration of responsible persons

The number of responsible persons are shown in their relevant income bands

##### Income band

\$0 – \$ 9,999

\$160,000 – \$169,999

\$180,000 – \$189,999

##### Total numbers

Total remuneration received or due and receivable by responsible persons from the reporting entity amounted to:

2015 No.	2014 No.
6	7
-	-
1	1
7	8
202,622	181,841

#### (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 2015 (2014: NIL).

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 and financial liability are disclosed in Note 1 to the financial statements.

Categorisation of financial instruments			Carrying amount \$	Carrying amount \$
Financial assets	Note	Category	2015	2014
Cash and cash equivalents	7	Cash and cash equivalents	268,896	230,507
Receivables/deposits	8, 9	Loans and receivables	3,387	6,118
Financial liabilities				
		Category		
Payables	12	Trade and Other Payables	46,769	67,409

## Notes to the financial statements for the year ended 30 June 2015

### 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

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	
	2015 %	2014 %	2015 \$	2014 \$	2015 \$	2014 \$	2015 \$	2014 \$
Financial assets:								
Cash and cash equivalents	0.087	0.47%	268,618	229,783	278	724	268,896	230,507
Trade and other receivables			-	-	3,387	6,118	3,387	6,118
Total financial assets			268,618	229,783	3,665	6,842	272,283	236,625
Financial liabilities:								
Trade and other payables	-	-	-	-	46,769	67,409	46,769	67,409
Total financial liabilities	-	-	-	-	46,769	67,409	46,769	67,409

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

Less than 90 days

#### Notes

2015 \$	2014 \$
46,769	67,409
46,769	67,409

#### (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:

	2015		2014	
	Carrying amount \$	Net fair value \$	Carrying amount \$	Net fair value \$
Financial assets				
Cash and cash equivalents	268,896	268,896	230,507	230,507
Trade and other receivables	3,387	3,387	6,118	6,118
Financial liabilities				
Trade and other payables	46,769	46,769	67,409	67,409



## Notes to the financial statements for the year ended 30 June 2015

### 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 0.087%.
- 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/(Loss) \$	-1% Equity \$	+1% Profit/(Loss) \$	+1% Equity \$
<b>2015</b>					
<b>Financial assets</b>					
Cash and cash equivalents	268,896	(2,689)	(2,689)	2,689	2,689
<b>2014</b>					
<b>Financial assets</b>					
Cash and cash equivalents	230,507	(2,305)	(2,305)	2,305	2,305

### NOTE 18: CAPITAL AND LEASING COMMITMENTS

#### (a) Capital commitments

The Authority had no capital commitments at 30 June 2015 (2014: NIL)

#### (b) Lease commitments

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
- later than one year and not later than two years
- later than two years and not later than five years

Photocopier lease expires June 2015.

2015 \$	2014 \$
-	3,441
-	-
-	-
-	3,441

#### (c) Other commitments

The Authority had no other significant commitments at 30 June 2015 (2014: NIL).

### NOTE 19: CONTINGENT LIABILITIES

There are no contingent liabilities at 30 June 2015 (2014: NIL).

### NOTE 20: ECONOMIC DEPENDENCY

Victorian Assisted Reproductive Treatment Authority is dependent upon State of Victoria, via the Department of Health and Human Services, 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

In the 2015 financial year funding was received from the Australian Government in respect to the *Your Fertility* Victorian activities, with an amount of \$17,642 yet to be expended. The income received in relation to this funding was recognised in the current financial year.

## INDEPENDENT AUDITOR'S REPORT

### To the Board Members, Victorian Assisted Reproductive Treatment Authority

#### *The Financial Report*

The accompanying financial report for the year ended 30 June 2015 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 Board Member's Responsibility for the Financial Report*

The Board Members of the Victorian Assisted Reproductive Treatment Authority are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*, and for such internal control as the Board Members determine is necessary to enable the preparation 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 Board Members, as well as evaluating the overall presentation of the financial report.

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

## Independent Auditor's Report (continued)


### *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 2015 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*.

MELBOURNE  
27 August 2015



John Doyle  
Auditor-General

# Alternative operating statement

Note: this alternative operating statement does not form part of the audited financial statements.

## Appendix A - Alternative presentation of comprehensive operating statement

	2015 \$	2014 \$
Interest	(439.00)	(1,600.00)
Dividends and income tax equivalent and rate equivalent revenue	0.00	0.00
Fair value of assets received free of charge or for nominal consideration	0.00	0.00
Sales of goods and services	0.00	(16,464.00)
Grants	<b>(904,321.00)</b>	(906,795.00)
Other current revenue	<b>(31,489.00)</b>	0.00
<b>Total revenue</b>	<b>(936,249.00)</b>	(924,859.00)
Employee expenses	<b>544,247.00</b>	393,525.00
Assets provided free of charge	<b>0.00</b>	0.00
Depreciation	<b>11,213.00</b>	5,001.00
Interest expense	<b>0.00</b>	0.00
Grants and other transfers	<b>0.00</b>	0.00
Other operating expenses	<b>338,088.00</b>	609,521.00
<b>Total expenses</b>	<b>893,548.00</b>	1,008,047.00
<b>Net result from transactions – Net operating balance</b>	<b>(42,701.00)</b>	<b>83,188.00</b>
Net gain/ (loss) on sale of non-financial assets	<b>0.00</b>	440.00
Net gain/(loss) on financial instruments at fair value	<b>0.00</b>	0.00
Share of net profit/(loss) from associates/joint venture entities excluding dividends	<b>0.00</b>	0.00
Other gains /(losses) from other economic flows	<b>18,263.00</b>	1,903.00
<b>Total other economic flows included in net result</b>	<b>18,263.00</b>	2,343.00
Items that may be reclassified subsequently to net result	<b>0.00</b>	0.00
Changes to financial assets available-for sale revaluation surplus	<b>0.00</b>	<b>0.00</b>
<b>NET RESULT</b>	<b>(24,438.00)</b>	<b>85,531.00</b>

# 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

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