



VARTA

Victorian Assisted Reproductive  
Treatment Authority



Annual Report 2017

# VARTA provides independent information and support for individuals, couples and health professionals on fertility, infertility, assisted reproductive treatment (ART) and the best interests of children born from ART.

## About this report

The annual report is submitted in compliance with section 114 of the *Assisted Reproductive Treatment Act 2008* (the Act). The reporting period is 1 July 2016 to 30 June 2017.

The Victorian Assisted Reproductive Treatment Authority (referred to as VARTA or the Authority herein) was established under part 10 of the Act. The Authority reports to the Victorian Minister for Health.

The work of VARTA and publication of this annual report is supported by funding from the Victorian Government Department of Health and Human Services.

Cover photo:  
'Together' from VARTA's 'Donor Conception: Towards Openness' exhibition.  
To view the exhibition visit [www.varta.org.au](http://www.varta.org.au)  
Image courtesy of The Social Photographer  
[www.thesocialphotographer.com.au](http://www.thesocialphotographer.com.au).

## Contents

Chairperson's report	2
Chief Executive Officer's report	3
<b>Report of operations</b>	4–21
Performance at a glance	4
Operational and budgetary objectives and performance	6
<b>Focus 1</b> Regulatory obligations under the Act Registration/ list of registered ART providers Import/export of donor gametes and embryos Ministerial Statement of Expectations Statistical snapshot of donor conception registers	7
<b>Focus 2</b> Public education, communications and promotion of service delivery	14
<b>Focus 3</b> Partnerships and stakeholder engagement	16
<b>Focus 4</b> Research, monitoring, evaluation and knowledge translation	18
<b>Focus 5</b> Organisational capability, capacity, compliance and sustainability	21
<b>Compliance disclosures</b>	22–23
Data integrity	22
Environmental performance	22
Freedom of information	22
Consultancies	22
Information and communication technology expenditure	23
Occupational health and safety	23
<i>Protected Disclosure Act 2012</i>	23
Risk management	23
<b>Governance</b>	
Board members	24
Organisation	26
<b>Outcome of treatment procedures in Victoria</b>	28–56
<b>Financial statements</b>	57–72
Comprehensive operating statement	58
Balance sheet	58
Statement of changes in equity	59
Cash flow statement	59
Notes to the financial statements	60–72
Independent auditor's report	73–74
<b>Glossary</b>	75
<b>Disclosure index</b>	76



## Our functions

VARTA is an independent statutory authority, whose specific functions under the *Assisted Reproductive Treatment Act 2008* include:

- the administration of the registration system under this Act
- management of the Central Register and the Voluntary Register
- 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
- counselling and support services in relation to matters relating to persons born as a result of donor treatment procedures
- monitoring of:
  - programs and activities carried out under the Act
  - programs and activities carried out relating to the causes and prevention of infertility
  - 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.

## Our strategic priorities

VARTA's strategic priorities are to:

- meet high standards for its regulatory obligations
- provide information for the general public to inform choices about factors that impact on fertility, assisted reproductive treatment and family formation including the best interests of children born as a result of ART
- increase understanding and awareness of its role to effectively promote available information
- position itself as the 'go to' provider of information about developments and trends in ART
- be a sought-after partner for research, service delivery and public education
- enhance its contribution to developing and translating evidence
- build the sustainability of the organisation
- ensure robust and quality systems, processes and procedures
- integrate short-term funded projects into VARTA's operational activities to ensure their sustainability.

Focus of work related to these priorities is reported at a glance on pages 4-5 and expanded in the report of operations.

## Our guiding principles

VARTA's work is informed by the following guiding principles set in the Act:

- the welfare and interests of persons born or to be born as a result of treatment procedures are paramount
- at no time should the use of treatment procedures be for the purpose of exploiting, in trade or otherwise:
  - the reproductive capabilities of men or women or
  - 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.

## Our ways of working

VARTA works 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 available and emerging evidence
- work collaboratively, seeking out relevant partnerships and relationships
- work with integrity, ensuring confidentiality where required and sensitivity in the way messages are delivered
- monitor and evaluate its work to improve performance, value and output.

# Chairperson's report

This has been a transformative year for VARTA and the environment for assisted reproductive treatment (ART) in Victoria. Amendments to donor conception legislation have given all donor-conceived Victorians equal rights to know their donor's identity. VARTA has worked hard throughout the course of the year translating this complex legislation into practice. These new donor conception laws reinforce Victoria's position as a pioneering jurisdiction in the protection of the rights of children born from ART. They also confirm VARTA's position as a leading international authority in the connection of people linked through donor treatment.

The environment in which the ART industry in Victoria operates has seen other regulatory issues and changes come to the fore. An Australian Competition and Consumer Commission (ACCC) investigation found that some fertility clinics in Australia made misleading claims about IVF success rates on their websites. These findings mirrored information gathered earlier by VARTA in an audit of clinic websites. A subsequent audit by VARTA after the ACCC investigation found that little improvement had been made in the quality of information provided by these clinics on their websites. In response to this and potential breaches of the ART legislation by some clinics, VARTA has introduced new conditions of registration on clinics governing the use of advertising claims and comparisons and requiring upgraded regulatory compliance. VARTA will continue to monitor this issue and work with RTAC and other relevant authorities to foster an improvement in standards across the industry.

The increasing globalisation of the industry has also increased the challenges for VARTA in relation to its responsibility for approving the importation and exportation of donor eggs, sperm and embryos. The VARTA board has spent considerable time this year considering what constitutes commercial trading in relation to donor eggs or sperm, with particular regard to the new NHMRC ethical guidelines.

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 2017.

The Australian ART industry continues its international expansion. Virtus Health has now established a presence in Denmark and Repromed (part of the Monash IVF group) was launched in Ireland. Meanwhile, the growing Asian ART market now includes Monash IVF, Genea and Virtus Health among its numbers.

This year has seen considerable changes for VARTA at a board level, with the commencement of five new members. As chairperson, I am delighted to welcome these new members and am thrilled with the qualities and expertise that they bring. I would like to thank members – existing and new – for the contributions they have made throughout the course of the year.

It is important to acknowledge the significant work and effort of our CEO, Louise Johnson, and the VARTA staff. This has been a demanding year for the Authority and the VARTA team has stepped up to meet its challenges.

Finally, I would like to acknowledge support provided by the Victorian Minister for Health, the Victorian Department for Health and Human Services, the Commonwealth Department of Health, members of the Fertility Coalition, and other partners to VARTA in its work throughout the year.



**Kirsten Mander**  
Chairperson





# Chief Executive Officer's report

While VARTA has seen a range of varied activities throughout the course of the 2016-17 reporting period, the organisation's primary focus has been on preparing for the implementation of amendments to the *Assisted Reproductive Treatment Act 2008* (Vic).

In addition to implications for individuals and families with experience of donor conception, the new laws have significantly affected VARTA's role, responsibilities and structure – particularly in view of the relocation of the donor conception registers from the Registry of Births, Deaths and Marriages (BDM) to VARTA.

These new responsibilities, combined with the complex nature of the legislative amendments, meant that detailed planning went into preparation for the commencement of the laws on 1 March 2017. Systems, protocols and safeguards were planned in detail with close consideration given to the outcomes for donor-conceived people, donors and families – as well as to the integrity of the application and donor linking processes. Public education programs were developed to ensure that the best possible information and support would be provided to those affected by the changes.

In advance of the legal changes, VARTA underwent some staffing expansion. In addition to three new staff for the Donor Conception Register Services, VARTA has also taken on a chief financial officer, a legal officer and a public education manager (part-time and full-time roles).

With Commonwealth funding ceasing for the *Your Fertility* program at the end of the 2015-16 reporting period, *Your Fertility* activities continued at a limited capacity. Part of the public education funding provided to VARTA by the Victorian Department of Health and Human Service (DHHS) was used to support this continued activity for *Your Fertility*.

We are delighted, however, that the Australian Government has committed to renew *Your Fertility* funding until the end of the 2018-9 reporting period. The new phase of funding began in April 2017 and the coming years will see the program develop a range of new and existing initiatives.

In line with its work in fertility education, VARTA welcomes the Victorian Government's reproductive health plan, *Women's sexual and reproductive health: key priorities 2017-2020*, announced in March 2017. We look forward to working with the Government in the implementation of this initiative.

Assisted reproductive treatment continues to draw the interest of the media, many of whom come to VARTA for information or comment. In addition to the extensive media coverage given to the changes to donor

conception laws, there was also considerable interest in the presentation of success rates by IVF clinics resulting from an ACCC investigation in 2016. Egg and embryo donation continues to attract interest as does the changing nature of the surrogacy industry.

VARTA is required to meet performance standards introduced through ministerial expectations for the Authority's regulatory responsibilities. For more information see page 8.

I would like to acknowledge the role and contribution of VARTA's board over the course of the year – including new members who joined the Authority this year. I would also like to thank VARTA staff for their ongoing professional work and commitment.

VARTA is a small statutory authority and, as such, it relies on the expertise of an advisory panel, a public education reference group, consumers and a range of professionals to deliver results. This has been a year of significant change and achievement which has resulted from the efforts of many individuals. In particular, the support and involvement of so many people from the donor conception community – especially, donor conceived people and donors – meant that key messages about the legislation were promoted and that much negative or incorrect comment was countered by individual volunteers across social, online and traditional media.

For everyone who has given their time and expertise throughout the year, we thank you for your contributions.







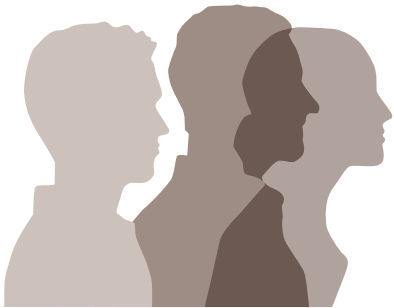
**Louise Johnson**  
Chief Executive Officer



# Performance at a glance

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

	Focus 1	Focus 2
What we do	obligations under the Act	public education
<b>Highlights 2016–2017</b>	<p><b>17</b> treatment sites across <b>SIX</b> registered Assisted Reproductive Treatment providers</p> <p><b>98%</b> of people surveyed, agreed or strongly agreed they were satisfied with information and support services provided by VARTA</p> <p><b>9</b> donor egg or sperm class applications were conditionally approved <b>THREE TIMES MORE THAN LAST YEAR.</b></p> <p><b>56 REFERRALS</b> to VANISH</p> <p>(Victorian Adoption Network for Information and Self Help) for Central Register application searches since 1 March 2017</p> <p><b>COMMENCED 151</b> cases, providing support to clients and their relatives. Eighty-nine of these started from March 1 2017</p>	<p><b>259,000</b> WEBSITE PAGE VIEWS</p> <p><b>66% INCREASE</b></p> <p><b>37,800 users</b> 45% increase</p> <p>58 PUBLISHED/BROADCAST INTERVIEWS</p> <p><b>66% INCREASE</b></p> <p><b>VARTA:</b></p> <ul style="list-style-type: none"> <li>15% increase in Facebook follows – from 551 to 635</li> <li>18% increase in Twitter follows – 335 to 398</li> <li>20% increase in Instagram follows – 62 to 75</li> </ul> <p><b>1,515</b> NEWSLETTER SUBSCRIBERS <b>5% INCREASE</b></p>

Focus 3	Focus 4	Focus 5
partnerships Your Fertility (YF)	research, knowledge translation	organisational capability
 8% increase in YF Facebook follows – from 3392 to 3688  22% increase in YF Twitter follows – from 553 to 697  <b>2.75 million</b> website users for Your Fertility program      <b>11,000</b> Your Fertility resources downloaded  <b>3.35 million</b> page views of top rating page 'Women's guide to getting the timing right'  Videos and films on Your Fertility website played <b>105,000</b> times	 <b>60% increase</b> IN VARTA RESOURCE DOWNLOADS – FROM <b>7,200 to 11,600</b>   <b>20</b> presentations given by VARTA staff    <b>4 PEER-REVIEWED</b> journal articles and <b>7 ARTICLES</b> published in online and print publications	   <b>Staffing increased</b> from 6.7 to 9.4 Full Time Equivalent positions

# Operational and budgetary objectives and performance

VARTA met the following financial objectives for the reporting period:

- Expenditure was within the amount budgeted for the 2016-17 financial year
- A positive ratio for assets: liabilities was maintained
- Taxation and reporting obligations were met in a timely way

VARTA recorded a net surplus of \$444,155 for the 2016-17 financial year, compared with a net deficit of \$(6,820) for the prior year. There were numerous factors that contributed to the net surplus including:

## **Your Fertility Program**

During the reporting period, VARTA was granted \$956,000 (excluding GST) by the Commonwealth Government to fund the *Your Fertility* program until the end of the 2018-19 financial year. The grant has again substantially increased VARTA's capacity to promote research into the causes and prevention of infertility in partnership with Andrology Australia, Jean Hailes Research Unit and the Robinson Research Institute. The initial tranche of funding of \$320,000 (excluding

GST) was received in April 2017 and is recognised in the reporting period as required by Australian Accounting Standards. Expenditure of \$64,981 (excluding GST) relating to *Your Fertility* was incurred in the reporting period, resulting in a surplus for *Your Fertility* of \$255,019.

## **Project work**

During the reporting period, VARTA received \$80,000 (excluding GST) from the Victorian State Government to undertake project work. Expenditure of \$11,248 (excluding GST) relating to project work was incurred in the reporting period, resulting in a surplus for the project work of \$68,752.

## **Legislative Change**

Certain funded expenditure items related to the implementation of amendments to the *Assisted Reproductive Treatment Act (2008)* (Vic) that came into effect on 1 March 2017 are now expected to be incurred in the 2017-18 financial year.

Surplus funding for *Your Fertility* (including scheduled 2017-18 funding), project work and legislative change will be largely expended by the end of 2017-18 and will contribute towards an expected net deficit for the next financial year.

## **Summary of financial results**

	2016-17	2015-16	2014-15	2013-14	2012-13
	\$	\$	\$	\$	\$
Total revenue	1,760,125	984,744	936,249	922,859	1,156,266
Total expenses	1,315,970	991,564	911,811	1,008,390	989,303
Net result for the year (including capital and specific items)	444,155	(6,820)	24,438	(85,531)	166,963
Total assets	862,674	328,180	330,237	305,640	435,216
Total liabilities	264,660	174,321	169,559	169,399	213,444
Net assets	598,014	153,859	160,678	136,241	221,772
Total equity	598,014	153,859	160,678	136,241	221,772



# Focus 1

## Regulatory obligations under the Act

### Registration of assisted reproductive treatment (ART) providers

Under the Act, ART providers are required to notify VARTA when they are formally accredited by the Reproductive Treatment Accreditation Committee (RTAC) of the Fertility Society of Australia.

They are also required to comply with VARTA's conditions for registration, which are reviewed annually.

#### ART providers registered to provide treatment 1 July 2016 – 30 June 2017

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, Geelong
Monash IVF, Mildura
Monash IVF, Richmond** (Monash IVF Epworth Hospital)
Monash IVF, Sale (Central Wellington Health Services)
Monash IVF, Sunshine (Western Day Surgery)
Primary IVF, Preston
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, Richmond utilises laboratory facilities in Hawthorn.

\*\*\* Blood tests, scans, counselling and doctor consultations are conducted at Melbourne IVF's low-cost centres branded as the Fertility Centre in Sunshine and Dandenong. Data for the Royal Women's Hospital will include data for some patients attending these centres.

### Regulatory compliance and monitoring of the use of ART in Victoria

VARTA is required to report on ministerial Statement of Expectations (SOE) performance standards against VARTA's strategic priorities for 2016-17. VARTA is well placed to meet these expectations. This SOE has been extended to the end of December 2017 and a report of outcomes will be provided to the Minister for Health by the end of December 2017. Aspects of performance related to the SOE are embedded within this annual report. A new SOE will be developed during the latter half of 2017.

The Authority consulted with registered ART providers, considering risks and matters in the public interest, in reviewing the Authority's *Conditions for Registration* (January 2017) and imposing additional requirements for attestations related to systems in place that manage compliance with the Act, data provision for the VARTA annual report and patient information, including advertising.

During 2017, VARTA investigated adverse incidents self-reported by two registered ART providers and identified a number of improvements in their systems desirable to minimise the risk of further such incidents. Specific conditions for registration have been imposed on these providers requiring enhancements in their governance, policies, systems and processes in order to minimise these risks and improve systems in place for legislative compliance and prioritise patient welfare. Enhanced reporting and monitoring mechanisms have also been mandated and annual meetings with Designated Officers scheduled to enable in-depth discussion of regulatory matters and treatment trends.

The Authority has also considered how the overall regulatory landscape for ART providers can be improved and has taken the opportunity to provide three submissions to the review of the Reproductive Technology Accreditation Committee's (RTAC) Code of Practice and accreditation scheme in relation to the enhancement of ART provider compliance, advertising and consumer information. The Authority's CEO will also attend a consultation meeting associated with this review process.

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

Under the Act, VARTA is required to approve the import and export of donor gametes (egg and sperm) 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 further conditions imposed.

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

The number of individual import and export applications received this financial year (49) was less than the number received in the previous financial year (103).

There were five class applications to import sperm from a number of donors compared with three in the previous financial year. For the first time, there were five class applications to import eggs from a number of donors.

### Number of import and export applications involving donated gametes – 1 July 2016 to 30 June 2017

Application status by donated gamete type	Individual applications		Class applications	
	Import	Export	Import	Export
<b>Donor sperm</b>	<b>11</b>	<b>8</b>	<b>5</b>	<b>–</b>
Approved	5	6	–	–
Conditionally approved	2	–	5	–
Withdrawn	4	2	–	–
<b>Donor eggs</b>	<b>13</b>	<b>0</b>	<b>5</b>	<b>–</b>
Conditionally approved	–	–	4	–
Pending	13	–	1	–
<b>Donor embryos</b>	<b>1</b>	<b>1</b>	<b>–</b>	<b>–</b>
Approved	–	1	–	–
Pending	1	–	–	–
<b>Embryos formed using donor sperm</b>	<b>4</b>	<b>4</b>	<b>–</b>	<b>–</b>
Approved	2	3	–	–
Pending	1	–	–	–
Withdrawn	1	1	–	–
<b>Embryos formed using donor eggs</b>	<b>4</b>	<b>1</b>	<b>–</b>	<b>–</b>
Approved	2	1	–	–
Declined	2	–	–	–
<b>Embryos formed using donor sperm and eggs</b>	<b>1</b>	<b>1</b>	<b>–</b>	<b>–</b>
Approved	–	1	–	–
Pending	1	–	–	–
<b>Total</b>	<b>34</b>	<b>15</b>	<b>10</b>	<b>0</b>

## Overview of changes to donor conception legislation

Groundbreaking donor conception legislation came into effect in Victoria on 1 March, 2017. The new laws give all people conceived in Victoria from donor treatment the right to know their donor's identity. This means that donor-conceived people born from sperm, eggs or embryos donated in Victoria before 1998 now have the same rights as those born from donations made since 1998. Previously, the identities of pre-1998 donors could only be released with a donor's consent while sperm, egg or embryo donors who donated from 1998 could only do so if they agreed that their identities could be made available to their donor offspring when their offspring turned 18.

Contact preferences are available to pre-1998 donors and donor-conceived people, allowing them to determine whether or how they have contact with someone who applies to the Central Register for information about them. Pre-1998 donors can lodge contact preferences to cover their own children aged under 18 years. Parents or guardians of donor-conceived children aged under 18 years can lodge a contact preference on behalf of the child.

## A snapshot of the Victorian donor conception registers

This financial year saw the movement of the Central and Voluntary donor conception registers in Victoria from the Victorian Registry of Births, Deaths and Marriages (BDM) to VARTA. The transition was the result of amendments to the *Assisted Reproductive Treatment Act (2008)* that were implemented on 1 March 2017.

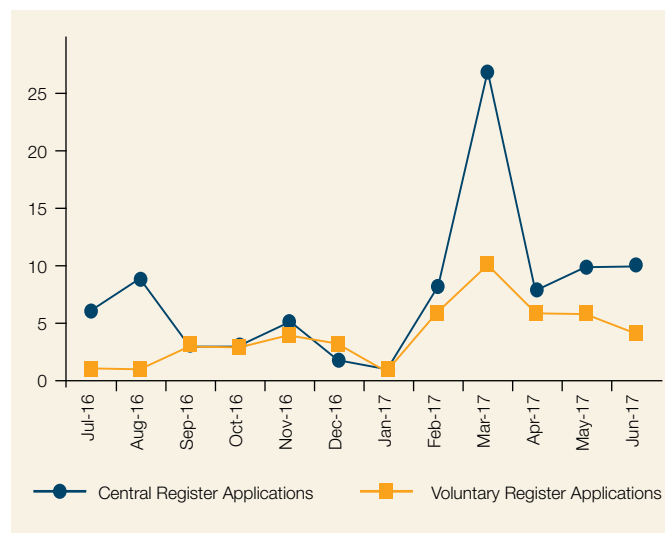
Under the new system, VARTA manages the donor conception registers, providing information and support to people making – or thinking about making – applications to the donor conception registers, as well as people who are subjects of applications and their families. As part of this service, VARTA also assists with the exchange of information between, or meeting of, people connected via donor conception treatment.

As part of planned activities in the Authority's stakeholder management plan, the Authority attended quarterly inter-clinic meetings, utilising the opportunity to consult about implementation of amendments to the Act and the submission of birth notifications from donor treatment for the Central Register.

Regular meetings and consultation with the Department of Health and Human Services and the Registry of Births Deaths and Marriages (BDM), prior to and following implementation of the ART amendments, enabled a smooth transition in relation to the transfer of responsibilities. A Memorandum of Understanding (MOU) was established between VARTA and BDM to enable information exchange following implementation of the ART amendments. VARTA also consulted quarterly with the donor registers reference group (comprised of donor-conception stakeholders) in relation to processes, form letters and public education brochures.

With the implementation of the legislative amendments – and the associated public education campaign – there was a peak in the number of applications to both the Central and the Voluntary Register in March 2017, as shown in the graph below. It appears that people waited for the implementation of legislative change to lodge applications, with low numbers of applications received prior to 1 March 2017. From April 2017, a steady stream of applications has been received.

### Applications to the Central and Voluntary Registers between 1 July 2016 and 30 June 2017



A statistical snapshot of the number of people who have been registered on the donor conception registers and who have applied for information from the central and voluntary registers is provided in the following pages.

### The Central Register

The Central Register contains information about people involved in donor treatment procedures, including the donor-conceived person, his/her parent(s), and the donor. The information is now provided to VARTA by the clinics where treatment occurred and also directly from parents.

The following people can apply for information from the Central Register:

- donor-conceived people
- parents of a donor-conceived person
- donors
- descendants of donor-conceived people.

VARTA is readily able to facilitate the provision of available information from the register, to applicant donors, donor-conceived people and parents. This process is known as donor linking.

Under amended legislation implemented on 1 March 2017, all donor-conceived people applying for information about their donor, regardless of when they were born, can receive information about their donor if records and contact details can be found. Donors have the right to determine if and how they wish to have contact with someone applying for information about them via contact preferences.

If donors and parents apply to the Central Register for information about someone to whom they are connected via donor conception, available information will only be released if the person they want information about provides consent for this to occur.

Legislative changes enacted on 1 March 2017 resulted in all Central Register records held by BDM, being transferred to VARTA.

Registered ART providers provided notifications of 516 births from donor treatment for the Central Register in the last financial year – slightly less than in the last financial year (565), see table below.

### New clinic notifications of births on the Central Register – year ending 30 June 2017

Clinic notifications of births	From sperm donation	From egg donation	From both egg & sperm donation	Total
From 1 July 2016 to 30 June 2017	338	116	62	<b>516</b>

## The Central Register (continued)

In addition to births from donor treatment in the last financial year, numbers of donor-conceived persons on the Central Register have increased over the last two years with the addition of pre-legislative records (from donor treatment prior to 1988).

**Of the 9,206 donor-conceived children registered on the Central Register, 3,836 are now 18 years or older and eligible to apply for information about their donor.**

Number of registrations on the Central Register	Donors	Donor-conceived children or persons	Recipient parents
<b>Registrations to 30 June 2017</b>	<b>3,397</b>	<b>9,206</b>	<b>12,101</b>

New donors registered during 2016-17 (174) are fewer than those registered in the previous financial year (590) as a significant number of donor conception records were added to the Central Register in 2015-16. Of the 3,397 donors on the Central Register, 1,391 donated prior to the introduction of legislation in 1988.

**As at 30 June 2017, the average age of new egg donors whose eggs produced a child was 31.5 years and new sperm donors whose sperm produced a child was 38.4 years.**

Registered donors by type	Sperm donor	Egg donor	Total
Total registered as at 30 June 2016	1,603	1,620	<b>3,223</b>
New donors registered 1 July 2016 to 30 June 2017	86	88	<b>174</b>
<b>Total registered donors as at 30 June 2017</b>	<b>1,689</b>	<b>1,708</b>	<b>3,397</b>

The number of applications to the Central Register were similar (92) in comparison with the previous financial year (102). Of these applications, 42 per cent were received from donor-conceived persons, 41 per cent from recipient parents and 16 per cent from donors.

It is important to note that from 1 March 2017, administrative changes enabled donors to make one single application for information about one or more donor-conceived offspring. Prior to that time, donors were required to make separate applications for information about each offspring. This makes it difficult to

compare the number of subjects of donors' applications (i.e. donor-conceived offspring) this year, and in the previous financial year.

The number of applications received from donors this financial year is similar to the previous financial year (15 in 2016-17 and 14, from 11 donors, in 2015-16).

Of the 92 Central Register applications received, 57 applications were received between 1 March and 30 June 2017. Of the 57 applications, 42 related to the pre-1998 donor treatment period and 15 to the post-1998 donor treatment period. Additionally, there were 45 applications relating to the 2015-16 financial year still in progress in relation to counselling and donor-linking matters.

## Applications to the Central Register – 1 July 2016 to 30 June 2017

Application type	Number of applications
<b>Applications for identifying information only</b>	
From donor	5*
From donor-conceived person	4
From recipient parent	12
<b>Total applications for identifying information</b>	<b>21</b>
<b>Applications for non-identifying information only</b>	
From donor	3*
From donor-conceived person	3
From recipient parent	0
<b>Total applications for non-identifying information</b>	<b>6</b>
<b>Applications for both identifying and non-identifying information</b>	
From donor	7*
From donor-conceived person	32
From recipient parent	26
<b>Total applications for both information</b>	<b>65</b>
<b>Total applications to the Central Register in 2016-17</b>	<b>92</b>

\* Administrative changes, effective from 1 March 2017, enabled donors to make a single application for information about one or more donor-conceived offspring. Prior to that time, donors were required to make separate applications for information about each offspring.

With the implementation of amended legislation from 1 March, VARTA has been able to access the services of a specialist search agency, VANISH. VANISH was appointed by the Secretary, Department of Health and Human Services to provide complex searches to locate contemporary contact details for the person who is the subject of an application to the Central Register. VANISH-conducted searches for the person who is the subject of an application to the Central Register have been highly successful (see table below). VARTA also accesses information from the confidential electoral roll and BDM as part of search processes, checking for name changes and that a person has not died.

### Referrals to VANISH from 1 March 2017 to 30 June 2017

No. referrals		Outcomes	
56	45 people identified / located	1 person not identified	10 searches in progress as at 30 June 2017

There have been a variety of outcomes since VARTA started managing applications to the Central Register on March 1.

**Some pre-1998 donors that could not be previously located have been found and have been open to the exchange of information and contact with donor-conceived applicants. Other pre-1998 donors have lodged contact preferences specifying no contact or a specific means of contact with a donor-conceived applicant. Some pre-1998 donors who have chosen no contact have provided contemporary medical and personal information for the donor-conceived applicant.**

Parents continue to apply to the Central Register while their children are young and many donors have agreed to exchange information and meet.

Some donors who are already connected with a donor-conceived person have made applications to the Central Register, seeking information about other offspring.

The new legislation increased VARTA's ability to search for donors and donor-conceived people. As a consequence, some donors who were previously not found have now been located.

The Donor Conceived Adult Network monthly meetings continue to be well attended. These meetings are facilitated by a counsellor and a donor-conceived person.

Interest in the *Time to tell* seminar continues to be high. Counsellors also provide year-round telephone support and face-to-face advice sessions for parents who would like help talking to their children about being donor-conceived or born from a surrogacy arrangement.

## Case Study

**Lisa\* and Bill\* were connected through the Donor Conception Register Services a few months after the legislative change in 2017. Lisa had made an application to the donor conception registers some years earlier, but her donor had not been found. Under the new legislation, Bill was able to be located and the two were linked.**

Lisa and Bill have agreed to take the process slowly and, three months after their connection, they have not yet met. Instead, they have exchanged photographs, emailed regularly and have spoken on the telephone. In that time, Bill has also spoken to his daughters about his donation and one of his daughters has been in contact with Lisa.

For Lisa and Bill, the connection has been a positive experience, but not without issues to which they have had to adjust. Lisa found it confronting to encounter someone she resembled so closely physically and in personality. For Bill, who had long forgotten about his sperm donation, it took some time to become accustomed to the fact that he had donor offspring. However, both Lisa and Bill are delighted with the way their connection has gone and are looking forward to the time, in the coming months, when they will meet.

\* names have been changed



## The Voluntary Register

The Voluntary Register enables donor-conceived people, donors, and parents to voluntarily connect or exchange information through lodgement of an application. Commonly, donor-conceived people are interested in connecting with other related donor-conceived people and parents of young children may connect with other parents who have used the same donor, or the donor. Family members (and descendants) can record their wishes in relation to exchanging information with another party. In this way, links and information exchange between various parties can be facilitated. Legislative changes enacted on 1 March 2017 resulted in all Voluntary Register records being transferred from BDM to VARTA.

### Applications to the Voluntary Register

Applicant type	Number of applications 1 July 2016 – 30 June 2017	Cumulative total
Donors	16	271
Donor-conceived persons	15	149
Recipient parents	17	237
Relative	–	4
<b>Total applications</b>	<b>48</b>	<b>661</b>

As more people register information on the Voluntary Register, the likelihood of matches increases. The number of matched applications for 2016-17 is shown below. The number of people lodging information on the Voluntary Register in the last financial year has dropped (48) compared with the previous year (88). VARTA counsellors have reported that a number of people are making applications to the Central Register first under amended legislation and intend lodging information on the Voluntary Register in the future. With further publicity about the Voluntary Register and bedding down of VARTA's management of the donor conception registers, a different pattern of applications may emerge.

### Applicants to the Voluntary Register – matched in the year ending 30 June 2017

Applicant type	Number of matched applications
Donors	4
Donor-conceived persons	6
Recipient parents	14
Relative	–
<b>Total matched applications</b>	<b>24</b>

## Evaluation of donor register services

VARTA has implemented an evaluation plan for service provision throughout the year, utilising an online survey to gather feedback at the conclusion of service provision, with positive feedback received about overall service provision (88 per cent of 77 participants strongly agreed and a further 10 per cent agreed that they were satisfied with their overall experience with VARTA services in the last year). A sample of 10 interviews of service recipients was also conducted by an independent consultant to gather in-depth feedback to inform service provision. The evaluation plan has been designed to enable continual review and improvement of services.

An external consultant conducted interviews with ten individual users of VARTA's Donor Conception Register Services (donors, donor conceived people and recipient parents) to capture their overall experiences, hopes and expectations, the outcomes of their donor register application(s), and their suggestions on how VARTA service provision could be improved.

Responses to the evaluation reflected the complexities and sensitivities of the highly personal and challenging experience of donor conception, especially the navigation of relationships within the context of multiple families formed through the contribution of a single donor and the need for significant support, information and navigation.

The importance of understanding one's biological origin was strongly expressed throughout the conversations, with several commenting on how positive outcomes from the donor register application process can help to add another 'piece of the puzzle' and fill a void or gap in one's identity. Strong endorsement of the donor register-related services provided by VARTA was noted, with some very positive feedback about VARTA's approach, processes and personnel.

*"We were still anxious but we felt there was a system in place, we felt it had been thought through, we felt it was caring, we felt it was sincere and we felt it was unthreatening to the donor – they could come to it in a way that honoured the goodwill of both sides...I was encouraged."* (Recipient parent)

*"She laid it out re: what could actually happen. She let us go at our own pace. 'I'll let you go ahead – see how you go' and she'd check in with us."* (Donor)

Through the conduct of further interviews over time, VARTA will build upon and deepen the insights gained, and will capture a greater diversity of experience and outcomes to further inform our services.

## Achievements

Since the implementation of amendments to donor conception laws in Victoria, there has been a significant increase in the number of applications to both the Central and Voluntary Register. This was anticipated by VARTA in advance of the legislative changes. Counsellors have provided information and supportive services associated with applications to the donor conception registers to 151 people over the last financial year, with 89 of those people provided with supportive services since 1 March 2017.

The transition of management of the donor conception registers from BDM to VARTA has been smooth, despite the tight timeframe for preparations and the complexity of the new legislation. This smooth transition resulted from careful and detailed planning of the systems and processes required to support the changes related to the legislation.

## Challenges

The volume of applications to the donor conception registers received by VARTA within a short timeframe placed considerable pressure on VARTA staff. Applicants to the registers were informed that due to the number of applications lodged, processing timeframes may be longer than usual and priority will be given to applications from donor-conceived people.

Reaching appropriate audiences affected by changes to the donor conception laws has been complicated. People who donated before 1998 were the primary audience for the initial phase of VARTA's public education campaign in recognition that they may be immediately affected by the legislative change. VARTA spread its media activities across a range of forums to primarily reach men aged 45 years and over, through newspaper (print) advertising, selective media outreach and targeted online and social media advertising. Furthermore, due to the sensitive nature of the legislative change for some people, campaign messaging was carefully crafted in order to convey information clearly and effectively. Negative responses were minimal.

## Looking ahead

The coming year will see systems and processes



associated with the donor conception registers and donor linking activities monitored and refined. The legislation puts VARTA in a position of forging new ground in the area of donor linking. VARTA understands that it may need to respond to unprecedented challenges in this field and to report its experiences to state, national and international audiences.

Changing technologies, in particular DNA testing and genealogical matching, are already having an impact on the donor-linking environment. VARTA is exploring ways to provide support and intermediary assistance within its legislative framework to people who have discovered that they are donor-conceived or who have found others with whom they are connected via donor conception through their own DNA searches or other means.

## Focus 2

# Public education, communications and promotion of service delivery

### Introduction of new donor conception laws

#### Public education campaign

Due to the complex changes to the donor conception laws and the resulting expansion of VARTA's role, it was important to ensure that the VARTA website – the Authority's primary method of providing information about these issues to the public – provides clear, accessible and comprehensive information. VARTA staff worked solidly on extensive structural and content changes to the website, with the aim of making information clear to all parties who may be affected by the legislative changes.

In parallel with the website changes, VARTA developed numerous information sheets and forms to ensure that people making applications to the registers – and those who are the subject of applications – have access to the information and support that they need.

In order to inform members of the public affected by the legislative change, VARTA ran a comprehensive education campaign. VARTA worked with creative agency Marmalade to develop a striking campaign image (see previous page) for use in newspaper, online, and social media advertising. The image proved effective, provoking interest and debate on a range of platforms.

In the lead-up to the legislative change, VARTA developed a detailed media relations plan and worked closely with the Department of Health and Human Services and the Health Minister's office to promote this issue as widely as possible. Media interest was extensive and included local, national and international coverage on television and radio as well as in print and online media.

#### Industry information campaign

To ensure that professionals working in the ART industry understand the nature and detail of the legislative change, VARTA visited a number of Victorian fertility clinics and gave four presentations to staff on amendments to the law, the new role of VARTA, and what this could mean for patients and clinicians. VARTA was delighted that a pre-1998 donor who had connected with his donor offspring participated in the presentations, providing a personal perspective on the issue.

### Louis Waller lecture

'The child's right to know and family law orders' was the subject of VARTA's 2016 Louis Waller Lecture. Presented by His Honour, Chief Judge John Pascoe, the event attracted an increased number of attendees compared to previous events, with almost 120 attendees.

Chief Judge Pascoe discussed the right of the child to know his or her biological heritage and how this right is threatened by advances in technology as well as being limited by the slow pace of the law to adequately respond. Concluding his lecture, His Honour said: "There is a duty on all of us, regardless of whether we are doctors or lawyers or scientists or parents, that the rights of the child are protected... When the price of inaction, insecurity, or selfish convenience is the permanent loss of a child's identity, surely our common humanity must demand positive action to protect the most vulnerable."

A full transcript of the lecture is available on the VARTA website.

### VARTA media

#### ACCC investigation of treatment success

Findings from an investigation by the Australian Competition and Consumer Commission (ACCC) released in November 2016 found that some IVF clinics in Australia have made misleading claims about their treatment success rates on their websites.

The findings mirrored information gathered by VARTA in an audit of 32 clinic websites. VARTA liaised with the ACCC and other regulators in relation to these developments and will continue to monitor and communicate with Victorian clinics in relation to these matters.

A VARTA-authored article on this issue, *Five traps to be aware of when reading success rates on IVF clinic websites*, was published in *The Conversation*\*. To help people understand the presentation of success rates by clinics, VARTA revised its brochure, *Understanding IVF success rates*.

#### Finding and paying for egg donors

In response to a number of media stories about egg donation in Australia, VARTA published two blog posts outlining important information for people exploring this area to consider. One article addressed the issue of what constituted reasonable expenses when paying to use donor eggs or sperm. The other explained laws in Victoria about advertising for an egg donor.

\* Hammarberg, K, Johnson, L Five traps to be aware of when reading success rates on IVF clinic websites. *The Conversation*. 16/11/2016.

## New resources

As a result of new Victorian donor conception laws, VARTA has revised its brochures: *Time to tell*; *Thinking about donating sperm, eggs or embryos?*; and *Thinking about using donor sperm, eggs or embryos?* A new brochure, *Donor Conception Register Services*, was also produced. All are available in online and print formats.

## Achievements

Media coverage of the donor conception legislative change was extensive. In the days following the implementation, at least 17 radio and four television news and current affairs programs focused on the issue. The story was widely covered by the national press, with considerable interest also from respected science and health journals, including numerous medical publications. VARTA provided editorial about the legislative change to a range of key academic and professional journals including *The Conversation*, the *Law Institute Journal*, and the Australian Medical Association of Victoria's *Vicdoc* magazine.

Despite Commonwealth funding for the *Your Fertility* program ending on 30 June 2016, Fertility Week went ahead in September 2016 with considerable effect. The campaign '7 ways in 7 days', which ran from September 1 – 7, focused daily on one of the various factors which can affect a person's ability to conceive and have a healthy baby – either naturally or with the assistance of IVF. The factors included:

- timing of sex
- sexually transmitted diseases (STIs)
- age
- parenting begins before conception (epigenetics)
- smoking, alcohol and caffeine
- weight and exercise
- vitamins and minerals.

With significantly reduced specific funding, the Fertility Week campaign relied heavily on individuals and partner organisations including Andrology Australia, Jean Hailes for Women's Health and the Robinson Research Institute, to help promote its messages. VARTA was delighted with the level of support and engagement from stakeholders, which made a great impact in promoting the information.

The campaign coincided with the launch of new *Your Fertility* fact sheets on the modifiable factors affecting fertility at the Fertility Society of Australia's annual conference.



## Challenges

Ensuring that information reaches the diverse audiences affected by changes to the donor conception laws – including donor-conceived people, donors, parents and families of all parties – was challenging and will continue to be so into the future.

## Looking ahead

The new donor conception laws and VARTA's new responsibilities mean that continuing to keep the public informed about important developments and messages will be an ongoing priority. Issues emerging as a result of VARTA's increasing experience with donor linking will be shared and communicated with appropriate audiences. A focus on the human element of donor conception will be presented through personal stories delivered via social media and online audio or video formats.



## Focus 3

## Partnerships and stakeholder engagement

### Fertility Society of Australia (FSA) Conference 2016

#### VARTA presentations

Three VARTA representatives attended the FSA annual conference in Perth in September 2016. Donor Conception Register Services Manager, Kate Bourne, presented on 'Donor Linking: the Victorian Experience', while VARTA Senior Research Officer, Dr Karin Hammarberg, presented 'Men's fertility-related knowledge and attitudes, and childbearing desires, expectations and outcomes: findings from the "Understanding fertility management in contemporary Australia" survey' and 'Assessing the quality of clinic information about chances of ART success'.



Dr Karin Hammarberg (left) and Kate Bourne presenting at the Fertility Society Australia Conference 2016.

#### Donor conception exhibition

For its 2016 conference, the Fertility Society of Australia sponsored and displayed a scaled-down version of VARTA's photographic exhibition: Donor conception: from anonymity to openness. The exhibit was well received, generating considerable interest among delegates.

#### Fact sheet launch

FSA President Professor Mike Chapman launched a series of *Your Fertility* fact sheets at the 2016 FSA Conference. The fact sheets, designed for the general public, had been funded by the Fertility Society and their launch was timed to coincide with Fertility Week.



### Your Fertility

Based on the evaluation of the first five years of the program, VARTA was invited to apply for continued funding for the *Your Fertility* program by the Commonwealth Department of Health in November 2016. VARTA staff worked collectively, in collaboration with *Your Fertility* Coalition members, to write and submit the application within a tight timeframe.

The successful funding submission to the Commonwealth Department of Health's Family Planning grant resulted in funding for this important program from April 2017 to June 2019.

Program initiatives will solidify *Your Fertility* messages through existing channels and reach out to new targeted groups, including culturally and linguistically diverse audiences and a pilot project with an Aboriginal and Torres Strait Islander community.

As part of VARTA's Victorian activities, Department of Health and Human Services material on the Better Health Channel relating to fertility was reviewed in 31 March 2017 with proposals provided for amendments to content. This work is viewed as ongoing.

### Your Fertility web tool

VARTA and the Robinson Research Institute (RRI), University of Adelaide, worked in partnership to develop and test an interactive web tool that was launched in July 2016. The educational tool, *Your Fertility Potential*, is designed to help users understand the impact of health behaviours that may reduce fertility, including age, weight and alcohol consumption – and gauge their fertility potential based on these modifiable factors. While the web tool was not strongly promoted, it has had 61,881



## Fertility Coalition

Various members of the Coalition also worked together to explore new funding possibilities. The Fertility Coalition for this period, led by VARTA, comprises Andrology Australia, Jean Hailes Research Unit and the Robinson Research Institute, University of Adelaide. VARTA and Jean Hailes for Women's Health continue to work in partnership to promote one another's health messages.

The renewal of funding for *Your Fertility* until June 2019 is a recognition of the success of the *Your Fertility* program, its achievements to date and the strength of the *Your Fertility* coalition.

## Challenges

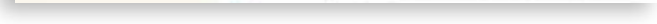
While Commonwealth Government funding for *Your Fertility* ceased on June 2016, the Victorian Department of Health and Human Services (DHHS) funded VARTA for additional part-time human resources for public education activities, which ensured that some *Your Fertility* activities continued during the reporting period.

## Looking ahead

Recruitment of new VARTA staff, including a Coordinator, Health Promotion will allow for the initiation and management of new *Your Fertility* program directions. The next phase will include a range of new initiatives and partnerships with organisations and groups including:

- a significant focus on men's awareness and behavior related to fertility, working closely with Andrology Australia and the Jean Hailes Research Unit
- working with the Multicultural Centre for Women's Health to implement a pilot project within diverse communities
- partnership with Family Planning Victoria to increase fertility awareness in schools
- supporting a pilot project for Aboriginal and Torres Strait communities with Family Planning NSW and Walgett Community Health Service
- working with women's health organisations to raise fertility awareness within their communities.

VARTA also looks forward to working with the Victorian Department of Health and Human Services in the implementation of its reproductive health plan, *Women's sexual and reproductive health: key priorities 2017-2020*.



## Focus 4

## Research, monitoring, evaluation and knowledge translation

### Grant applications

VARTA staff are co-investigators on a National Health and Medical Research Centre (NHMRC) funded study to investigate the long-term safety of assisted reproduction. To date, more than 100 people aged between 21 and 32 years have been recruited to this clinical follow-up study. VARTA will assist with the translation and dissemination of the findings to: ART service providers and their professional organisations and accrediting bodies; past and present consumers of ART services; people born as a result of ART; policy makers and regulators; and the general public.

VARTA staff are also co-investigators on two NHMRC applications that were submitted in 2017 where the outcome is still unknown. Professor Alex Wang from University of Technology in Sydney is lead investigator on the proposal *Empowering couples to choose the right in vitro fertilisation procedure for a healthy baby: a population study of cumulative live births and cost-effectiveness of intracytoplasmic sperm injection (ICSI)* and Professor Martha Hickey is lead investigator on the proposal *'Eggsurance?' Developing and evaluating a novel Decision Aid (DA) for women considering elective egg freezing*. VARTA's role in both these proposals is to translate and disseminate findings from the studies to inform clinical practice, ART consumers, and the general public.

### Research

As part of the introduction of the new donor laws, an evaluation framework has been developed and implemented. It includes engaging with users of the donor-linking services to seek their views about whether VARTA's services met their needs. Fifteen people have been interviewed to date and the findings will guide the continued improvement of the services.

Statements of reasons are a world-first and a unique source of information about the motivations and expectations of those who seek contact with someone who is linked to them through sperm or egg donation.

A research study was conducted, in collaboration with LaTrobe and Swinburne universities, to thematically analyse individuals' statement of reasons documents, after gaining their permission to do so. The knowledge gained from this study will improve understanding of what people who seek contact through the donor conception registers hope to achieve.

VARTA hosted and supervised two university students undertaking research projects. In January 2017,

Tess Prentice, a University of Melbourne Science student, examined an audit conducted in 2016 of the quality of information about success rates available on ART clinic websites in Australia and New Zealand. In the time between the 2016 and 2017 audits of clinic website success rates, an Australian Competition and Consumer Commission (ACCC) investigation concluded that clinic information needed to be more transparent and explained in non-technical terms so that consumers can rely on it to make informed treatment decisions. In spite of this, VARTA's 2017 audit revealed that the quality of information on clinics' websites had not improved.

Eugenie Prior is a medical student from the University of Melbourne who aspires to be a general practitioner and has a keen interest in fertility management. In her study *Fertility facts, figures and future plans*, Eugenie surveyed fellow university students about their knowledge about fertility and future plans for parenthood. More than 1,000 students completed the survey, including almost 300 male students. Most students wanted and expected to have children in the future, but overestimated the reproductive lifespan, which indicates that more education about the impact of age on fertility is needed for this audience.

The findings of these four studies will be submitted for presentation at conferences and publication in peer-reviewed journals.

### Monitoring and translation

VARTA staff continue to monitor emerging evidence relating to the increasingly complex and fast-moving field of reproductive medicine to ensure that the information provided on the VARTA and *Your Fertility* websites is up-to-date and evidence-based. An example of research translation is VARTA's collaboration with Professor Ben Mol from the Robinson Research Institute at the University of Adelaide. He and his colleagues have found in several large studies that for some couples with unexplained infertility or mild male factor infertility, just trying for a while longer gives them the same chance of having a baby as if they have infertility treatment. Based on this research, plans are under way to devise a web-based 'probability tool' where people enter their details and get an estimate of their chance of conceiving without treatment. This will help them decide if and for how long to give nature a chance before starting infertility treatment. As part of the information associated with this tool, people are encouraged to ask their doctor questions to help them understand the risks and benefits of different treatment options, including no treatment.

## European industry research

### FIOM donor linking and DNA testing

VARTA CEO Louise Johnson visited FIOM in the Netherlands, which provides a tracing service for biological families. Louise attended FIOM's DNA testing laboratory to learn about their DNA testing service for people who approach the organisation to search for biological links.

### European Society of Human Reproduction and Embryology conference

Louise Johnson attended a pre-conference workshop on epigenetics in July before attending the 2016 European Society of Human Reproduction and Embryology (ESHRE) conference in Helsinki. Conference themes included the trend towards freezing all embryos, debate about the overuse of intracytoplasmic sperm injection (ICSI), the increasing use of preimplantation genetic screening (PGS) across Europe and the individualisation of treatment and communication with ART patients about their chance of success.

Professor Rob Norman, from the Robinson Research Institute presented in the pre-conference program on obesity and fertility, incorporating the Fertility Coalition's promotional video. Posters were available for audiences to view electronically, download and email. The *Your Fertility* poster was one of seven paramedical posters accepted at the conference.

## VARTA brochures

VARTA produced new evidence-based brochures; *Understanding IVF success rates* and *Possible health effects of IVF*. They continue to be accessed by ART clinics and the general public.



## Challenges

Keeping abreast of the literature, including the international evidence, and producing timely and relevant information for the public is an ongoing challenge. VARTA will continue to monitor the evidence base for the treatments that clinics advertise and produce independent information about the possible risks and benefits of these to help people make informed decisions about treatment.

## Looking ahead

As ART practice evolves and new evidence comes to light, some of VARTA and *Your Fertility*'s resources and information material will be revised and some new material developed. VARTA also intends to develop summary versions of existing resources to make sure that important messages and information are accessible to people from all levels of health literacy in the community.

VARTA will also work with Monash University to translate and disseminate information from an NHMRC approved evidence-based project: Guidelines for the assessment and management of Polycystic Ovary Syndrome.



## Publications

### Peer-reviewed publications

- Hammarberg K, Kirkman M, Stern C, McLachlan R, Gook D, Rombauts L, Vollenhoven B, Fisher J, Cryopreservation of reproductive material before cancer treatment: a qualitative study of health care professionals' views about ways to enhance clinical care, *BMC Health Services Research*, doi:10.1186/s12913-017-2292-2.
- Hammarberg K, Collins V, Holden C, Young K, McLachlan R, 2017, Men's knowledge, attitudes and behaviours relating to fertility and childbearing, *Human Reproduction Update*, doi:10.1093/humupd/dmx005.
- Hammarberg K, Kirkman M, Pritchard N, Hickey M, Peate M, McBain J, Agresta F, Fisher J, 2017, Reproductive experiences of women who cryopreserved oocytes for non-medical reasons, *Human Reproduction*, 32:3, 575-581, doi:10.1093/humrep/dew342.
- Hammarberg K, Collison L, Johnson L, Nguyen H, Fisher J, 2016, Knowledge, attitudes and practices relating to fertility among nurses working in primary health care, *Australian Journal of Advanced Nursing*, 34:1, 6-13.

### Online publications

- Hammarberg K, Johnson, L Victoria's world-first change to share sperm or egg donors' names with children. *The Conversation*, 1/3/2017 <https://theconversation.com/victorias-world-first-change-to-share-sperm-or-egg-donors-names-with-children-72417> Republished in the International Association of Youth and Family Judges and Magistrates and translated to Spanish and French.
- Hammarberg, K, Johnson, L Five traps to be aware of when reading success rates on IVF clinic websites. *The Conversation*, 16/11/2016. <https://theconversation.com/five-traps-to-be-aware-of-when-reading-success-rates-on-ivf-clinic-websites-68806> This was republished on the ABC website, see <http://www.abc.net.au/news/2016-11-17/five-traps-aware-reading-success-rates-ivf-clinic-websites/8029952> and was covered in the *Financial Review* and ABC News Radio.
- Hammarberg, K and Holton, S, Most men don't realise age is a factor in their fertility too. *The Conversation*. 11/11/16. <http://theconversation.com/most-men-dont-realise-age-is-a-factor-in-their-fertility-too-67785>.

### Publications in partnership with other organisations

- Hammarberg K, 2016, *7 ways in 7 days* Helping patients improve their fertility, AMA, *Vicdoc*, September.
- Johnson, L 'Anonymity and the right to know' *Law Institute Journal*, December
- Johnson, L 'Donor conception -The desire to know more' AMA *Vicdoc*, April
- Johnson, L 'New Victorian Donor Conception Laws' *SIRT Quarterly*, April

### Other publications

- VARTA staff made three submissions suggesting changes to the Reproductive Technology Accreditation Committee (RTAC) Code of Practice.

## Presentations

### Invited presentations

- Hammarberg K, *Planned research for Your Fertility 2017-2019*, presented at A Healthy Start to Life: Securing health in future generations through pre-conception care, New Frontiers for a Healthy Start to Life, Robinson Research Institute, University of Adelaide.
- Hammarberg K, *What do we know about Preconception Health - Guiding our Patients*, Fertility Society of Australia Annual Scientific Meeting, Perth.
- Hammarberg K, *Optimising fertility and chance of ART success: the role of lifestyle*, presented to Masters of Clinical Embryology students at Monash University.
- Louise Johnson and Karin Hammarberg were invited as expert witnesses on the Tasmanian Government's Standing Committee on Community Development – Inquiry into Donor Conception Practices in Tasmania.
- Johnson L, *Valuing donation: re-evaluating tissue, blood and reproductive donations from live donors in Australia*. Monash University seminar and roundtable discussion at Monash IVF.
- Johnson L, Liew R, Presentation on donor conception issues at TikunLeil Shavot program: Are you my mother? Are you my father? Surrogacy, IVF, adoption and cloning in law, society and Halachah.
- Bourne K, *Access by donor-conceived people to information about their donors - ART Regulation*. Latrobe University Health Law students.
- Bourne K, *Third Party Reproduction – When it takes more than two to have a baby* Masters of Clinical Embryology students, Monash University.
- Bourne K, *Legislation and Ethics in Assisted Reproductive Technologies*. University of Melbourne Science and Arts students.
- Bourne K, *Legislation and Ethics in Assisted Reproductive Technologies*. University of Melbourne gender studies students.
- Bourne K, *Donor linking – the Victorian experience*. Fertility of Society of Australia conference.
- Bourne, K, *Donor-Linking: Connecting people related via donor conception treatment*. Apollo Bay Community Discussion Group.
- Bourne, K, *Donor linking – The Victorian Experience*. The Assisted Reproductive Technology Summit, Sydney.
- Johnson L, Bourne K, Jim (donor) *Donor conception – legislative changes, management of the donor registers and services*. Melbourne IVF, City Fertility Clinic and Monash IVF at Richmond and Clayton.
- Hammarberg K, *Your Fertility program*. Australian Practice Nurses Association (APNA) conference.

### Abstracts presented at conferences

- Hammarberg K, Crocker E, McLachlan R, Robertson S, Norman R, Michelmores J, Johnson L, *Development of a health promotion program to improve awareness of factors that affect fertility and evaluation of its reach in the first five years*. APNA National Conference, Hobart May 4-6, 2017.
- Hammarberg K, Crocker E, McLachlan R, Robertson S, Norman R, Michelmores J, Johnson L, *Development of a health promotion program to improve awareness of factors that affect fertility and evaluation of its reach in the first five years*. APNA National Conference, Hobart May 4-6, 2017.
- Johnson L, Hammarberg K, Crocker E, Robertson S, Norman R, MacLachlan R, Deeks M, *Your Fertility – Evaluation of a health promotion program to improve awareness of factors that affect fertility*, Australasian Sexual Health Conference, Adelaide, November 2016, Awarded Best Poster.
- Hammarberg K, Holton S, Rowe H, Kirkman M, Bayly B, Jordan L, McBain J, McName K, Sinnott V, Fisher, *Men's fertility-related knowledge and attitudes, and childbearing desires, expectations and outcomes: findings from the Understanding Fertility Management in Contemporary Australia survey*, Annual Scientific Conference of the Fertility Society of Australia, Perth, September 2016.
- Hammarberg K, Purcell I, Johnson L, *Assessing the quality of clinic information about chance of ART success*, Annual Scientific Conference of the Fertility Society of Australia, Perth, September 2016.

## Focus 5

# Organisational capability, capacity, compliance and sustainability

VARTA has experienced organisational growth with additional funding from the Victorian Department of Health and Human Services and Commonwealth funding for the *Your Fertility* program. VARTA's full time equivalent (FTE) staffing level has increased from 5.7 FTE to 9.4 FTE in this financial year. In early July, a coordinator for the *Your Fertility* program will commence on a full-time basis, bringing the staffing FTE to 10.4.

With this expansion, a new level of energy emanates from the office environment with a diversity of staff involved with the implementation of VARTA's broad functions under the Act. Management of the donor conception registers has been embraced with enthusiasm and there is a strong commitment to providing client-centred services. Positive outcomes to date are a tribute to VARTA's staff and their positive and flexible approach to the work required.

Following an occupational health and safety assessment, sit-stand desk attachments have been accommodated within workstations for staff wellbeing and sit-stand meetings are held. Adjustments to workstation arrangements have also been implemented for some staff members.

With a focus on client services, additional policies and processes have been developed for handling complaints and feedback, ensuring child safety and dealing with protected disclosures.

### Achievements

Organisational capacity has expanded and staff have embraced organisational change in the wake of legislative change and the management of new functions.

Commonwealth Department of Health funding of \$956,000 for the *Your Fertility* program from 1 April 2017 to 30 June 2019 offers new scope and creative health promotional and public education strategies have been initiated in partnership with Andrology Australia, the Jean Hailes Research Unit, and the Robinson Research Institute.

### Challenges

With the implementation of legislative changes from 1 March 2017, weekly problem-solving meetings with relevant staff have been held to discuss complex applications to the donor conception registers and responses from those affected by applications. Counsellors, information management and legal staff members have needed to wrestle with extremely diverse issues, coming up with practical solutions for new situations.

With a hectic pace of work, VARTA has not had the capacity to host as many interns. Early in 2018, part-time interns may be considered, taking limited workstation availability into account.

### Looking ahead

With staffing expansion, all available workstations are now utilised, except on Fridays. An extra workstation has been organised to provide some additional flexibility for employment of a casual staff member when peaks in workload are experienced.

Organisational performance is heavily reliant on a small team of staff and the strategic use of external expertise where required. With the bedding-down of processes associated with implementation of the legislative changes, it will be crucial to ensure that staff have the opportunity to recharge their batteries for all the new challenges ahead.

VARTA is currently well resourced and it will be important to continue to assess resourcing needs for the following financial year to ensure a continued strong performance.



# Compliance disclosures

## 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 76, to facilitate identification of the Authority's compliance with statutory disclosure requirements.

### Data integrity

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 [www.data.vic.gov.au](http://www.data.vic.gov.au) in machine-readable format.

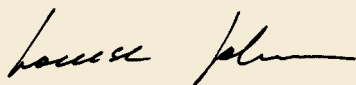
### Environmental performance

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

### Freedom of Information

VARTA received one freedom of information request in this financial year from a historian conducting a project about ART legislation. Access to VARTA historical and current resources was provided and a meeting room organised for research work.

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 reported data reasonably reflects actual performance. The Authority has critically reviewed these controls and processes during the year.



Melbourne 31/08/2017

### Consultancies

#### Details of consultancies (under \$10,000)

In 2016-17, there were 11 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2016-17 in relation to these consultancies was \$48,410 (exclusive of GST).

#### Details of consultancies (valued at \$10,000 or greater)

In 2016-17, there was one consultancy where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2016-17 in relation to this consultancy was \$16,431 (exclusive of GST). Details of the consultancy are presented below:

Consultant	Project detail	Start date	End date	Total project fees approved (exclusive of GST)	Total fees incurred in financial year (exclusive of GST)	Future commitments
Dentsu Mitchell Media Australia Pty Ltd	Advertising campaign for changes to <i>Assisted Reproductive Treatment Act (2008)</i>	February 2017	March 2017	\$16,431	<b>\$16,431</b>	\$0
<b>Total</b>				<b>\$16,431</b>	<b>\$16,431</b>	<b>\$0</b>

### Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2016-17 was \$53,537 (excluding GST) with the details shown below.

Business as usual (BAU) ICT expenditure total (exclusive of GST)	Non-BAU ICT expenditure total (exclusive of GST)	Operational expenditure (exclusive of GST)	Capital expenditure (exclusive of GST)
\$16,172	\$37,365	\$26,872	\$10,493

### Occupational health and safety

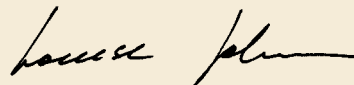
An occupational health and safety audit of workstations for new and existing staff was conducted in 2017. Advice received was used to make adjustments as necessary, which included the installation of sit-stand desk attachments for staff.

### Protected Disclosure Act 2012

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

### Risk management

**I, Louise Johnson**, Chief Executive Officer, certify that the Victorian Assisted Reproductive Treatment Authority has complied with Ministerial Direction 3.7.1 – Risk Management Framework and Processes. The Authority's Finance, Audit and Risk Management Committee has verified this.



Melbourne 31/08/2017

# Board members

**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.**

## **Kirsten Mander** Chairperson LLM, FAICD, FGIA, FRMIA

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



## **Nicki Mollard** BA/LLB(Hons) M.Bioethics

Nicki's area of expertise is where the law, medicine and ethics intersect. She has a Masters degree in Bioethics from the Centre for Human Bioethics and published a first-class thesis on the regulation of IVF in Victoria. Nicki is a barrister practicing in Health law with particular interest in medical negligence, professional disciplinary matters and public health. Nicki is also a nationally accredited mediator. Nicki has researched and taught law at Monash University in the faculties of Law and Medicine, Nursing and Health Sciences at undergraduate and postgraduate level for 15 years. Nicki is a former board member of the Victorian Cytology Service.



## **Dr Rosalind McDougall** B.Sc/B.A.(Hons), B.Phil, PhD

Rosalind is a Research Fellow in Ethics at the Centre for Health Equity in the Melbourne School of Population and Global Health at the University of Melbourne. She is also affiliated with the Children's Bioethics Centre at the Royal Children's Hospital, Melbourne. She studied at the University of Melbourne and the University of Oxford, and has published widely in clinical ethics and reproductive ethics. Her research focuses on ethical issues around parenthood and families.



## **Katrina Lai** GAICD, HBA, LLB,(Hons)/BA Finance

Katrina has extensive commercial and strategy experience. Her background includes senior executive roles at Telstra and strategy consulting across diverse industries with Boston Consulting Group. Currently, she is an independent consultant advising government and private sector organisations on strategy, transformation and organisational development. She also serves on the board of Hepburn Health Service. Katrina has an MBA and a law degree, and is a graduate of the Australian Institute of Company Directors (GAICD).



### Authority committees

Section 113 of the Act provides that the Authority may set up one or more committees, comprised of members of the Authority.

Eleven full board meetings of the Authority were held between 1 July 2016 and 30 June 2017.

Committees established are:

### Finance, Audit and Risk Management Committee

Chair: Katrina Lai  
Members: Frank Jackson,  
Dr Ronald Carson  
Number of meetings held: 3

### Remuneration and Nomination Committee

Chair: Kirsten Mander  
Member: Dr Rosalind McDougall  
Number of meetings held: 1

### Registers Committee

Chair: Nicki Mollard  
Members: Frank Jackson,  
Dr Ronald Carson,  
Dr Lauren Burns  
Number of meetings held: 8

### Working groups

Ad hoc working groups are established when required.

### Frank Jackson

MSC, GDCS, GDIT(KBS)

After a 21 year career in operations research, actuarial and computer science and artificial intelligence, Frank founded a business consultancy which he operated for another 20 years. He has been on the board of numerous professional and community organisations including the Australian Society for Operations Research, Westgate Health Co-op, the Victorian Standing Committee on Adoption and Alternative Families and currently serves on the board of the Westgate Baptist Community and Westgate Community Initiatives Group. He also has personal experience as a donor of gametes and an adoptive parent.

### Dr Ronald Carson

BSc(Hons) MSC PhD

Over the past three decades Ronald has been responsible for the design, accreditation and operation of IVF and diagnostic laboratories in the United States and Australia. IVF centres under his direction were recognised as early leaders in improvement of IVF outcomes. He has served as a consultant with the World Health Organisation Programme in Human Reproduction in China and Indonesia and more recently has taught in the Masters' degree in Human Embryology at Monash University. Ronald has experience in health services planning and management at both board and senior executive levels.

### Dr Lauren Burns

B.Eng(Hons), PhD

Lauren is a donor-conceived person who brings to the board skills in public education, community organising and research. She has previously worked on the executive committee of management of VANISH (Victorian Adoption Network for Information and Self Help) and the VARTA donor register services reference group committee. She has been involved in community organising and peer support initiatives for donor-conceived people, including co-founding the VARTA-VANISH support network for adult donor-conceived people, co-producing the web clip and website for the RUDC (Are you donor conceived?) public awareness campaign and managing the 2015 national conference for donor-conceived people. She has a PhD in engineering.





# Organisation

## VARTA staff

Due to the impending legislative changes, it was necessary to resource VARTA to adequately conduct the work required to implement the changes, take over and administer the Central and Voluntary Registers from the Registry of Births, Deaths and Marriages Victoria, ensure understanding of and compliance with the changed legislation, produce appropriate public education materials and ensure adequate human resources to support the Donor Conception Register Services support function.

Staff numbers grew during the 2016-17 period. The legislative changes warranted an increase in expertise in law, data management and counselling. The growing organisation required a dedicated chief finance officer for implementation of the Victorian Government's new Standing Directions for the Minister of Finance, also enabling a greater focus on information management.

VARTA utilises guidance material published by the Public Sector Commissioner in relation to human resource management. Employees have been correctly classified in workforce data collection.

## Organisational structure

Louise Johnson is VARTA's Chief Executive Officer. Louise has an Honours degree in Microbiology, postgraduate qualifications in management and education, a 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.

Standing L-R: Marjorie Solomon, Alexandra Saltis, Effie Lekkas, Darren Collins, Julie Hassard, Jacqueline Evans, Renee de Silva.  
Seated L-R: Emily Hunter, Kate Bourne, Louise Johnson, Tanya Thomson, Cathy Anderson. Absent: Michelle Gilmour, Karin Hammarberg, Mimi Von Meffe.



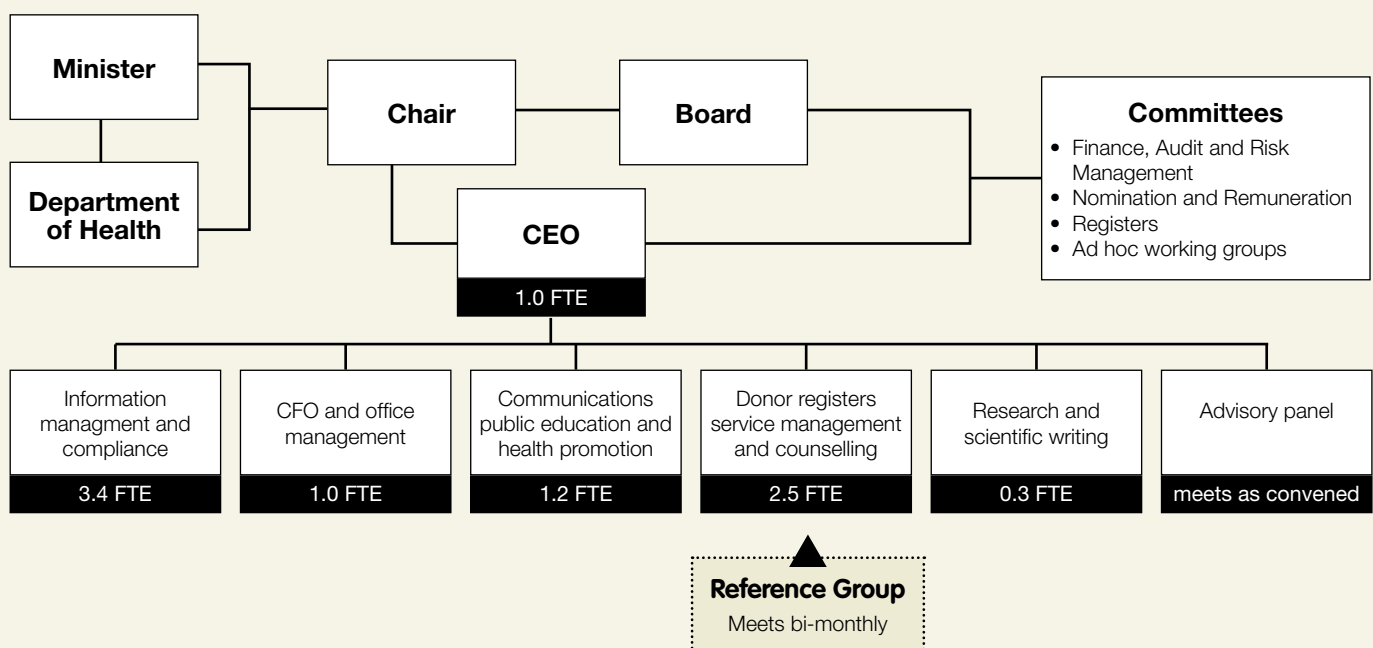


# Organisation

## VARTA staff members

Louise Johnson	Chief Executive Officer	
Alexandra Saltis	Project Officer	from August 2016
Caroline Jordan	Education and Health Promotion Officer	until October 2016
Cathy Anderson	Counsellor / Community Educator	
Darren Collins	Chief Finance Officer	
Effie Lekkas	Registers Officer	from November 2016
Ellen Crocker	Education and Health Promotion Officer	until July 2016
Emily Hunter	Counsellor / Community Educator	from November 2016
Jacqueline Evans	Counsellor / Community Educator	from November 2016
Julie Hassard	Manager, Education Programs	from September 2016
Dr Karin Hammarberg	Senior Research Officer	
Kate Bourne	Donor Register Services Manager	
Marjorie Solomon	Public Relations Officer	
Michelle Gilmour	Legal Officer	from October 2016
Mimi Von Meffe	Registers Assistant	from May 2017
Tanya Thomson	Manager, Information and Knowledge	

## Organisational structure as at 30 June 2017



# Outcome of treatment procedures

This report outlines the procedures carried out for registered ART providers under the *Assisted Reproductive Treatment Act 2008* (The Act). Data is provided on a financial year basis (between 1 July 2016 and 30 June 2017) as required under the Act.

Assisted Reproductive Treatment (ART) treatment outcome data is collected from registered ART providers directly by VARTA and by the Faculty of Health, University of Technology Sydney (UTS). The data is collected retrospectively. The following dates indicate when the latest updates were provided:

- Ballarat IVF – 31 March 2018
- City Fertility Centre – 31 May 2018
- City Babies – 31 October 2017
- Melbourne IVF – 30 April 2018
- Monash IVF – 30 April 2018
- Primary IVF – 31 December 2017

Pregnancy outcomes for each unit will only have been recorded up to these dates. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the above dates.







## How to read the data

This report includes all forms of ART cycles and artificial insemination (AI) using either partner sperm or donor sperm. Cycles involving: purely egg or embryo movement; embryo disposal; cancelled prior to follicle stimulating hormone (FSH) stimulation; or prior to thawing the egg or embryo, are not included.

Where a woman may have treatment at more than one treatment site, the information is presented per registered ART provider. Elsewhere, details of each treatment site for a registered ART provider are shown. The following diagram explains the ART process to help readers better understand the data reported.






## Understanding the ART process

### The IVF and ICSI process

	<b>Hormone stimulation</b>	Fertility drugs are given to develop a number of eggs (stimulated cycle). In a natural cycle, no superovulatory drugs are used.
	<b>Egg retrieval</b>	Eggs are collected.
	<b>Embryo development</b>	In IVF, sperm is added to the eggs and, in ICSI, a single sperm is physically injected into each egg for the embryo to develop. Sometimes more than one embryo develops that is suitable for transfer.
	<b>Embryo transfer</b>	An embryo is placed in the uterus where it may implant and grow into a baby. When there are several embryos available for transfer, most commonly one is transferred <sup>1</sup> and the remainder frozen for later use if there is no pregnancy. Sometimes, all embryos are frozen.
	<b>Clinical pregnancy</b>	A pregnancy is verified by ultrasound at approximately six to seven weeks into the pregnancy. A clinical pregnancy does not guarantee the birth of a baby, as some pregnancies miscarry.
	<b>Live birth</b>	The birth of a living baby or babies (multiple births are classed as a single live birth). Collection of this data can be slow because the clinic has to wait until a baby is born to count him or her as part of the clinic's success rate.

<sup>1</sup> Single embryo transfer (transferring one embryo at a time) is considered the gold standard of practice in IVF to minimise the risk of multiple pregnancy which is associated with higher risk to both mother and babies.

### The AI process

	<b>Egg development</b>	One or two eggs are developed with or without the use of fertility drugs.
	<b>Monitoring</b>	Ultrasound scans and blood tests are used to determine the right time to have the insemination.
	<b>Insemination</b>	Partner or donor sperm is placed in the uterus just before ovulation.
	<b>Clinical pregnancy</b>	A pregnancy is verified by ultrasound at approximately six to seven weeks into the pregnancy. A clinical pregnancy does not guarantee the birth of a baby, as some pregnancies miscarry.
	<b>Live birth</b>	The birth of a living baby or babies (multiple births are classed as a single live birth). Collection of this data can be slow because the clinic has to wait until a baby is born to count him or her as part of the clinic's success rate.

## Data reporting and success rates

The data presented here cannot be used to compare success rates between ART procedures and between treatment sites.

ART clinics in Victoria practise differently in terms of patient selection and use of laboratory techniques. When considering clinic success rates, personal circumstances and medical history must be taken into account in estimating an individual's chance of having a baby.

The age of the woman treated, the stage of the embryo transferred (day 2-3 stage embryo or day 5-6 blastocyst), the use of fresh and/or thawed embryos, the type of infertility problem, lifestyle of the women treated, population of women receiving treatment at a particular clinic and other factors will have an impact on success rates.

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 other factors are not taken into consideration.

Therefore, the data reported here only presents number of cycles, type of ART procedures, number of pregnancies and number of births, not the success rates.

# Monitoring

## Overall clinic data trends

A total of 22,963 treatment cycles were initiated in 2016-17. This represents a 2.1 per cent increase in the overall number of treatment cycles. The number of women undertaking treatment increased 2.6 per cent, compared with the last financial year (Figure 1).

Overall, many clinics have experienced a slight decrease in the number of patients initiating one or more IVF treatment cycles in comparison with last year (Tables 1.1 and 2.1). The newly established lower-cost IVF services at Primary IVF, Preston in early 2016 accounted for 8.2 per cent of overall cycles in the 2016-17 financial year, third among registered ART providers taking all treatment sites into account.

There is a slightly lower percentage of women treated of 40 years of age or older (25.3 per cent) compared with the previous financial year (26.7 per cent) (Figure 2). However, the proportion of women treated aged 40 years or over at various treatment sites throughout Victoria varies from 8 per cent to 30 per cent (Table 2.2).

The proportion of women treated under 35 years of age (37 per cent) is similar to last year (Figure 2). However, this proportion varies across treatment sites (30 to 54 per cent) with a higher proportion in country and some outer-metropolitan areas of Victoria (Table 2.2 for the number of women treated in various age groups).

Pregnancy outcomes for 2016-17 were updated by ART providers in August 2017. As only 0.8 per cent of pregnancy outcomes were unknown as of that date (34 out of 4336, Table 1.3), these data provide a reliable estimate of final outcomes to be published in the 2018 annual report.

## Artificial insemination using partner or donor sperm

There have been small increases in the number of women treated with artificial insemination using partner sperm (687 compared with 675 the previous year) or donor sperm (437 compared with 383 the previous year) (Tables 1.1 and 2.1).

## Gamete intra-fallopian transfer (GIFT)

GIFT is a method of treatment now rarely used. In 2015-16 only two GIFT cycles were performed, but there were no resulting pregnancies. In 2016-17 three GIFT cycles were performed.

## Donor treatment

As in the previous year, single women continue to be the largest proportion of women treated with donor sperm (53 per cent), followed by women in same-sex relationships (34 per cent) and heterosexual relationships (13 per cent) (Table 4.5).

The exception is City Fertility Centre which established Rainbow clinics in 2015-16, where the greatest proportion of women treated with donor sperm is same-sex/other women (143 or 52 per cent) compared with the previous year (108 or 43 per cent) (Table 4.5).

The number of egg, sperm and embryo donors used in treatment continues to increase in comparison with the previous year (Table 4.2). There was a 10 per cent increase in the use of egg and sperm donors and 32 per cent increase in the use of embryo donors, in comparison with the previous year.

## Use of frozen and thawed eggs

Treatment cycles for women using their own eggs that have been frozen and thawed/warmed have increased (113 cycles where eggs were thawed and inseminated compared with 77 the previous year). Treatment cycles for women using donor or partner frozen eggs have also increased (92) compared with the previous year (77) (Table 2.5a).

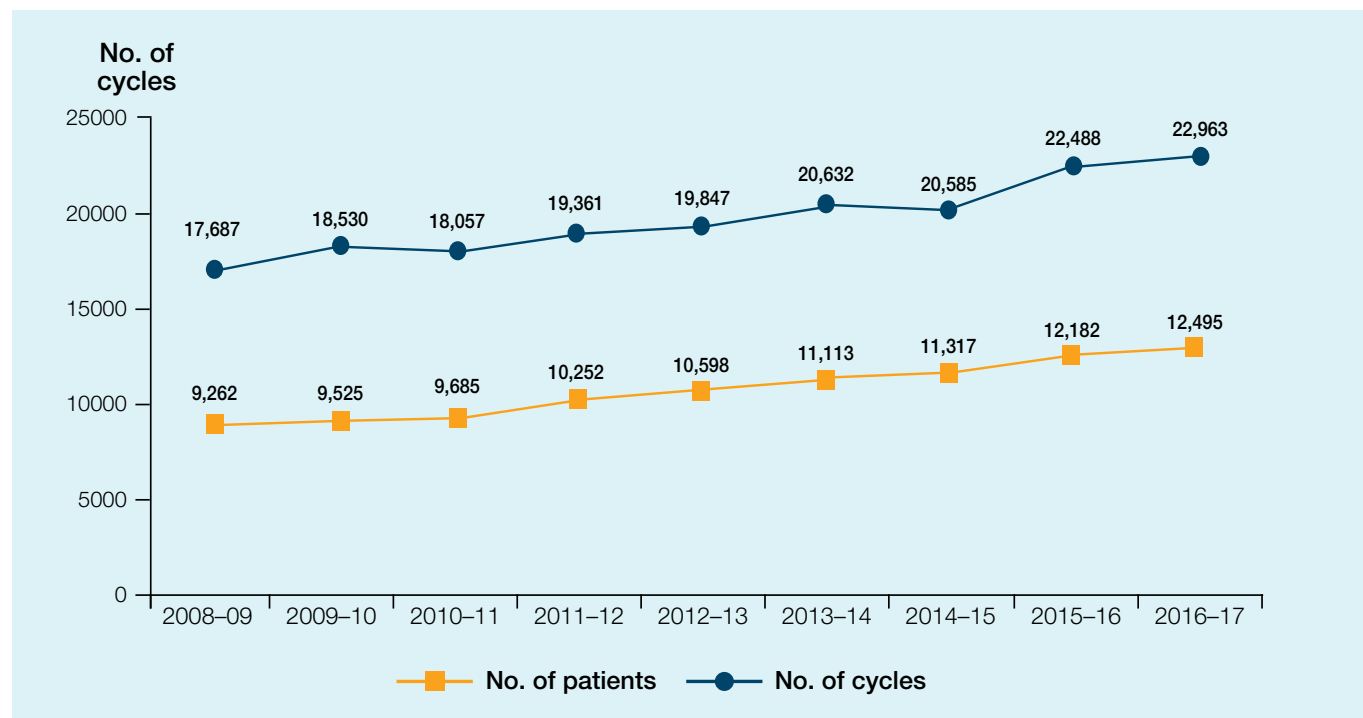
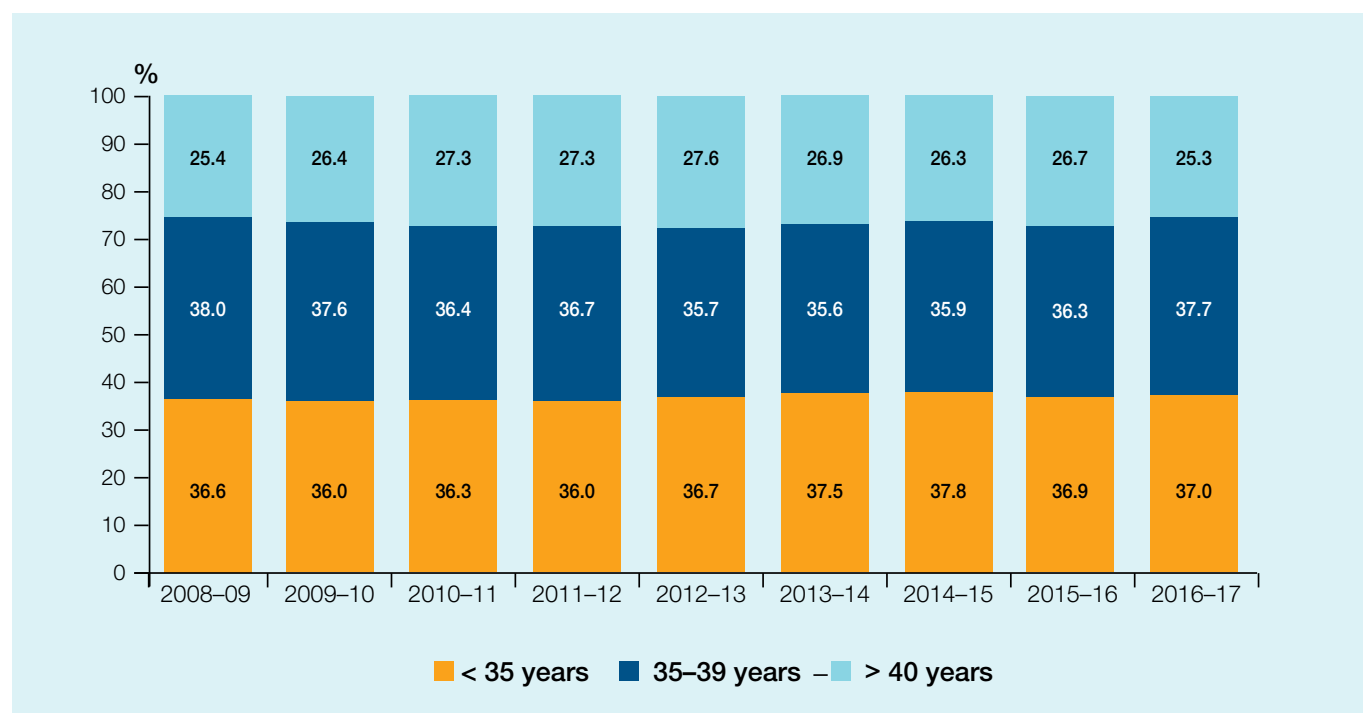
## Intracytoplasmic sperm injection (ICSI)

The proportion of fresh cycles where the eggs are fertilised with ICSI continues to be high (82 per cent) with proportions varying from 61 per cent to 96 per cent between treatment sites and providers. The national average for use of ICSI in 2014 in cycles where a woman's own eggs were fertilised was 68 per cent. Considering emerging evidence that there is no difference in pregnancy rates between ICSI and IVF when the subfertility is not due to a male factor and that ICSI is associated with an increased risk of adverse perinatal outcomes, the high use of ICSI in Victoria is concerning.

## Preimplantation genetic screening (PGS)

The use of PGS for the detection of chromosomal abnormalities in embryos continues to rise (12 per cent increase, 1,294 women had embryos tested compared with 1155 the previous year) (Table 8).



**Figure 1 Number of patients and treatment cycles per financial year 2008–09 to 2016–17****Figure 2 Age of women treated per financial year 2008–09 to 2016–17**

Note: AI was not reported for 2008/09  
 2008/09, 2009/10, 2010/11, 2011/12, 2012/13, 2013/14, 2014/15, 2015/16 data were from the final outcome data  
 2016/17 data were from the treatment data

## Section 1

### Final outcomes for treatment cycles commenced in 2015-16 financial year

This section includes the final outcome of treatment procedures undertaken in 2015-16. These final figures were not available at the time of the production of the 2016 Annual Report. Similarly, this year, a full report on treatment outcomes will not be possible until the 2018 Annual Report. As pregnancies are ongoing, some outcomes are not known at the time of this report going to print.

#### Overview

**Table 1.1 Number of women treated, 2015-16 financial year**

Treatment site	No. of women treated	No. of cycles included	Refer to 1.4a No. of women with fresh embryos transferred	Refer to 1.4b No. of women with thawed embryos transferred	Refer to 1.4c No. of women with AI using partner sperm	Refer to 1.4c No. of women with AI using donor sperm
Ballarat IVF, Ballarat	283	520	128	123	22	9
City Babies, Richmond	191	389	0	0	176	0
City Fertility Centre, Bundoora	160	322	48	95	2	1
City Fertility Centre, Melbourne	677	1,363	306	320	57	70
Melbourne IVF, East Melbourne	3,199	6,460	1,230	1,442	165	129
Melbourne IVF, Mt Waverley	413	748	199	174	30	17
Melbourne IVF, Werribee	145	224	63	38	22	4
Monash IVF, Bendigo	130	214	80	53	0	3
Monash IVF, Clayton	2,102	3,863	813	973	99	56
Monash IVF, Geelong	303	576	157	161	9	15
Monash IVF, Mildura	67	103	32	21	3	3
Monash IVF, Richmond	2,419	4,499	1,028	1,077	42	49
Monash IVF, Sale	79	127	42	33	0	1
Monash IVF, Sunshine	214	328	124	57	0	0
Primary IVF, Preston	311	433	226	35	8	0
Reproductive Services, RWH (Melbourne IVF)	1,489	2,319	649	640	40	26
<b>Aggregated total</b>	<b>12,182</b>	<b>22,488</b>	<b>5,125</b>	<b>5,242</b>	<b>675</b>	<b>383</b>

AI: artificial insemination.

**Table 1.2 Number of women treated by age group and pregnancy outcomes, 2015-16 financial year**

Treatment site	No. of women treated by age at first treatment				Clinical pregnancies	No. of live births
	< 35	35-39	≥ 40	ALL		
Ballarat IVF, Ballarat	149	84	50	283	130	98
City Babies, Richmond	98	56	37	191	34	27
City Fertility Centre, Bundoora	71	47	42	160	62	45
City Fertility Centre, Melbourne	262	260	155	677	252	191
Melbourne IVF, East Melbourne	1,082	1,220	897	3,199	1,158	889
Melbourne IVF, Mt Waverley	197	141	75	413	168	129
Melbourne IVF, Werribee	71	39	35	145	27	17
Monash IVF, Bendigo	66	43	21	130	43	33
Monash IVF, Clayton	781	744	577	2,102	791	645
Monash IVF, Geelong	143	111	49	303	126	104
Monash IVF, Mildura	38	14	15	67	18	13
Monash IVF, Richmond	694	973	752	2,419	906	723
Monash IVF, Sale	38	25	16	79	26	17
Monash IVF, Sunshine	93	67	54	214	58	50
Primary IVF, Preston	129	108	74	311	99	83
Reproductive Services, RWH (Melbourne IVF)	588	493	408	1,489	438	314
<b>Aggregated total</b>	<b>4,500</b>	<b>4,425</b>	<b>3,257</b>	<b>12,182</b>	<b>4,336</b>	<b>3,378</b>

**Table 1.3 Number of women treated and pregnancy and birth outcomes, 2015-16 financial year**

Treatment site	No. of women treated	Clinical pregnancies	No. of births				No. of live births	No. of babies born	No. of liveborn babies	Pregnancy outcome unknown
			No. of singletons	No. of sets of twins	No. of sets of higher order multiples	All				
Ballarat IVF, Ballarat	283	130	98	4	0	102	98	106	102	0
City Babies, Richmond	191	34	26	1	0	27	27	28	28	0
City Fertility Centre, Bundoora	160	62	43	3	0	46	45	49	47	0
City Fertility Centre, Melbourne	677	252	185	9	0	194	191	203	200	3
Melbourne IVF, East Melbourne	3,199	1,158	851	44	2	897	889	945	933	2
Melbourne IVF, Mt Waverley	413	168	127	3	0	130	129	133	132	2
Melbourne IVF, Werribee	145	27	18	0	0	18	17	18	17	4
Monash IVF, Bendigo	130	43	31	1	1	33	33	36	36	0
Monash IVF, Clayton	2,102	791	624	22	1	647	645	671	668	0
Monash IVF, Geelong	303	126	101	3	0	104	104	107	107	0
Monash IVF, Mildura	67	18	12	1	0	13	13	14	14	0
Monash IVF, Richmond	2,419	906	693	31	2	726	723	761	758	4
Monash IVF, Sale	79	26	18	0	0	18	17	18	17	0
Monash IVF, Sunshine	214	58	47	3	0	50	50	53	53	0
Primary IVF, Preston	311	99	81	3	0	84	83	87	85	0
Reproductive Services, RWH (Melbourne IVF)	1,489	438	297	18	0	315	314	333	331	19
<b>Aggregated total</b>	<b>12,182</b>	<b>4,336</b>	<b>3,252</b>	<b>146</b>	<b>6</b>	<b>3,404</b>	<b>3,378</b>	<b>3,562</b>	<b>3,528</b>	<b>34</b>

**Legend** (for full glossary, refer to page 75)

<b>Birth</b>	A birth event – the delivery of a baby or babies
<b>Live birth</b>	Birth of a living baby or babies (multiple births are classified as a single live birth)
<b>Babies born</b>	Includes liveborn and stillborn
<b>Liveborn babies</b>	A baby that is born alive
<b>Age at the first treatment</b>	Age is based on the cycle date – either the first date where FSH/stimulation drug is administered, or the date of last menstrual period (LMP) for unstimulated cycles (including natural fresh cycles and thaw cycles)
<b>Clinical pregnancy</b>	A pregnancy verified by ultrasound at six/seven weeks gestation. A clinical pregnancy does not guarantee the birth of a baby, as miscarriages can occur Women can have more than one clinical pregnancy in a financial year
<b>Thawed</b>	Cryopreserved/frozen eggs, sperm or embryos must be thawed prior to transfer

## Final outcomes per procedure for treatment cycles commenced in 2015-16 financial year

**Table 1.4a Fresh embryo transfer cycles and pregnancy outcomes, 2015-16 financial year**

This data includes fresh embryos formed from thawed eggs.

Treatment site	No. of cycles with fresh embryo transferred	% of single embryo transfer	No. of clinical pregnancies	No. of live births	No. of liveborn babies	No. of cycles with fresh embryo transferred	% of single embryo transfer	No. of clinical pregnancies	No. of live births	No. of liveborn babies
Women using embryos derived from their own, their partner's or donated eggs										
	< 35					35-39				
Ballarat IVF, Ballarat	88	94.3	42	30	32	41	90.2	19	15	16
City Fertility Centre, Bundoora	26	92.3	14	11	11	13	84.6	3	3	3
City Fertility Centre, Melbourne	105	81.0	37	35	36	157	79.0	32	24	26
Melbourne IVF, East Melbourne	451	89.6	158	128	135	586	85.0	174	125	134
Melbourne IVF, Mt Waverley	110	82.7	40	32	33	74	74.3	21	15	15
Melbourne IVF, Werribee	30	93.3	3	1	1	19	84.2	3	0	0
Monash IVF, Bendigo	48	93.8	18	16	16	26	96.2	10	8	9
Monash IVF, Clayton	333	88.6	127	114	117	312	90.7	96	75	78
Monash IVF, Geelong	89	92.1	35	30	30	55	92.7	17	15	16
Monash IVF, Mildura	20	100.0	6	4	4	7	100.0	2	1	1
Monash IVF, Richmond	337	87.8	117	105	108	507	81.9	149	110	116
Monash IVF, Sale	23	69.6	7	5	5	20	95.0	6	5	5
Monash IVF, Sunshine	70	91.4	20	18	20	47	70.2	10	9	10
Primary IVF, Preston	102	89.2	45	40	41	94	78.7	29	25	26
Reproductive Services, RWH (Melbourne IVF)	267	92.1	76	63	67	249	90.4	51	29	31
<b>Aggregated total</b>	<b>2,099</b>	<b>89.1</b>	<b>745</b>	<b>632</b>	<b>656</b>	<b>2,207</b>	<b>84.9</b>	<b>622</b>	<b>459</b>	<b>486</b>
	≥ 40					ALL				
Ballarat IVF, Ballarat	20	65.0	2	0	0	149	89.3	63	45	48
City Fertility Centre, Bundoora	14	71.4	2	2	2	53	84.9	19	16	16
City Fertility Centre, Melbourne	122	59.0	11	8	9	384	73.2	80	67	71
Melbourne IVF, East Melbourne	531	66.7	84	53	55	1,568	80.1	416	306	324
Melbourne IVF, Mt Waverley	59	74.6	6	3	3	243	78.2	67	50	51
Melbourne IVF, Werribee	21	76.2	4	2	2	70	85.7	10	3	3
Monash IVF, Bendigo	18	66.7	4	2	4	92	89.1	32	26	29
Monash IVF, Clayton	356	78.1	62	38	38	1,001	85.5	285	227	233
Monash IVF, Geelong	33	97.0	4	2	2	177	93.2	56	47	48
Monash IVF, Mildura	12	83.3	1	1	1	39	94.9	9	6	6
Monash IVF, Richmond	417	72.4	56	39	42	1,261	80.3	322	254	266
Monash IVF, Sale	9	66.7	1	1	1	52	78.8	14	11	11
Monash IVF, Sunshine	43	72.1	6	6	6	160	80.0	36	33	36
Primary IVF, Preston	64	54.7	8	4	4	260	76.9	82	69	71
Reproductive Services, RWH (Melbourne IVF)	235	72.3	28	12	12	751	85.4	155	104	110
<b>Aggregated total</b>	<b>1,954</b>	<b>70.9</b>	<b>279</b>	<b>173</b>	<b>181</b>	<b>6,260</b>	<b>81.9</b>	<b>1,646</b>	<b>1,264</b>	<b>1,323</b>



**Table 1.4b Thawed embryo transfer cycles and pregnancy outcomes, 2015-16 financial year**

Treatment site	No. of cycles with thawed embryos transferred	% of single embryo transfer	No. of clinical pregnancies	No. of live births	No. of liveborn babies
Women using own eggs					
Ballarat IVF, Ballarat	156	99.4	60	48	49
City Fertility Centre, Bundoora	155	92.3	43	29	31
City Fertility Centre, Melbourne	501	88.2	148	108	112
Melbourne IVF, East Melbourne	2,277	87.7	670	527	548
Melbourne IVF, Mt Waverley	258	87.6	87	68	69
Melbourne IVF, Werribee	59	88.1	12	11	11
Monash IVF, Bendigo	78	100.0	11	7	7
Monash IVF, Clayton	1,343	94.3	480	399	415
Monash IVF, Geelong	237	92.8	65	52	53
Monash IVF, Mildura	25	84.0	9	7	8
Monash IVF, Richmond	1,517	92.2	568	454	477
Monash IVF, Sale	50	76.0	12	6	6
Monash IVF, Sunshine	73	94.5	22	17	17
Primary IVF, Preston	39	89.7	17	14	14
Reproductive Services, RWH (Melbourne IVF)	906	87.5	269	200	211
<b>Aggregated total</b>	<b>7,674</b>	<b>90.4</b>	<b>2,473</b>	<b>1,947</b>	<b>2,028</b>

**Note:** Aggregate percentages have been calculated using total numbers within the treatment dataset. For example, the percentage of single embryo transfers was calculated as the total number of cycles with a single fresh embryo transferred as a proportion of the total number of cycles with fresh embryos transferred.

### Legend (for full glossary, refer to page 75)

<b>Birth</b>	A birth event – the delivery of a baby or babies
<b>Live birth</b>	Birth of a living baby or babies (multiple births are classified as a single live birth)
<b>Babies born</b>	Includes liveborn and stillborn
<b>Liveborn babies</b>	A baby that is born alive
<b>Age at the first treatment</b>	Age is based on the cycle date – either the first date where FSH/stimulation drug is administered, or the date of last menstrual period (LMP) for unstimulated cycles (including natural fresh cycles and thaw cycles)
<b>Clinical pregnancy</b>	A pregnancy verified by ultrasound at six/seven weeks gestation. A clinical pregnancy does not guarantee the birth of a baby, as miscarriages can occur Women can have more than one clinical pregnancy in a financial year
<b>Thawed</b>	Cryopreserved/frozen eggs, sperm or embryos must be thawed prior to transfer

**Table 1.4c Artificial insemination (AI) cycles and pregnancy outcomes, 2015-16 financial year**

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	No. of liveborn babies	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	No. of liveborn babies
	AI with partner sperm				AI with donor sperm			
	< 35							
Ballarat IVF, Ballarat	21	6	5	5	7	0	0	0
City Babies, Richmond	165	22	19	20	0	0	0	0
City Fertility Centre, Bundoora	1	0	0	0	1	0	0	0
City Fertility Centre, Melbourne	43	5	3	4	61	8	4	4
Melbourne IVF, East Melbourne	125	17	11	11	87	25	19	20
Melbourne IVF, Mt Waverley	28	4	4	4	11	2	2	2
Melbourne IVF, Werribee	16	2	1	1	3	1	1	1
Monash IVF, Bendigo	0	0	0	0	4	0	0	0
Monash IVF, Clayton	72	11	10	11	36	5	4	4
Monash IVF, Geelong	7	1	1	1	17	1	1	1
Monash IVF, Mildura	3	0	0	0	5	0	0	0
Monash IVF, Richmond	25	3	3	3	37	7	7	7
Monash IVF, Sale	0	0	0	0	1	0	0	0
Primary IVF, Preston	4	0	0	0	0	0	0	0
Reproductive Services, RWH (Melbourne IVF)	23	6	4	4	19	3	2	2
Aggregated total	533	77	61	64	289	52	40	41

	AI with partner sperm				AI with donor sperm			
	35-39							
Ballarat IVF, Ballarat	6	0	0	0	5	1	0	0
City Babies, Richmond	96	10	6	6	0	0	0	0
City Fertility Centre, Melbourne	34	5	3	3	49	5	5	5
Melbourne IVF, East Melbourne	105	11	9	10	105	18	16	19
Melbourne IVF, Mt Waverley	14	2	1	1	13	4	4	5
Melbourne IVF, Werribee	9	2	1	1	3	0	0	0
Monash IVF, Clayton	61	5	2	2	53	3	1	1
Monash IVF, Geelong	8	0	0	0	12	3	3	4
Monash IVF, Richmond	27	2	2	2	48	4	3	3
Primary IVF, Preston	4	0	0	0	0	0	0	0
Reproductive Services, RWH (Melbourne IVF)	17	1	1	1	14	4	3	3
Aggregated total	381	38	25	26	302	42	35	40

**Table 1.4c Artificial insemination (AI) cycles and pregnancy outcomes, 2015-16 financial year (continued)**

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	No. of liveborn babies	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	No. of liveborn babies
	AI with partner sperm				AI with donor sperm			
	≥ 40							
Ballarat IVF, Ballarat	5	0	0	0	1	0	0	0
City Babies, Richmond	65	2	2	2	0	0	0	0
City Fertility Centre, Bundoora	1	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	7	1	1	1	5	0	0	0
Melbourne IVF, East Melbourne	34	1	1	1	3	0	0	0
Melbourne IVF, Mt Waverley	10	2	0	0	0	0	0	0
Melbourne IVF, Werribee	3	0	0	0	0	0	0	0
Monash IVF, Clayton	15	1	1	1	2	1	1	1
Monash IVF, Mildura	1	0	0	0	0	0	0	0
Monash IVF, Richmond	11	0	0	0	1	0	0	0
Reproductive Services, RWH (Melbourne IVF)	11	0	0	0	0	0	0	0
Aggregated total	163	7	5	5	12	1	1	1

	AI with partner sperm				AI with donor sperm			
	ALL							
Ballarat IVF, Ballarat	32	6	5	5	13	1	0	0
City Babies, Richmond	326	34	27	28	0	0	0	0
City Fertility Centre, Bundoora	2	0	0	0	1	0	0	0
City Fertility Centre, Melbourne	84	11	7	8	115	13	9	9
Melbourne IVF, East Melbourne	264	29	21	22	195	43	35	39
Melbourne IVF, Mt Waverley	52	8	5	5	24	6	6	7
Melbourne IVF, Werribee	28	4	2	2	6	1	1	1
Monash IVF, Bendigo	0	0	0	0	4	0	0	0
Monash IVF, Clayton	148	17	13	14	91	9	6	6
Monash IVF, Geelong	15	1	1	1	29	4	4	5
Monash IVF, Mildura	4	0	0	0	5	0	0	0
Monash IVF, Richmond	63	5	5	5	86	11	10	10
Monash IVF, Sale	0	0	0	0	1	0	0	0
Primary IVF, Preston	8	0	0	0	0	0	0	0
Reproductive Services, RWH (Melbourne IVF)	51	7	5	5	33	7	5	5
Aggregated total	1,077	122	91	95	603	95	76	82

**Table 1.5 Treatment using thawed eggs and pregnancy outcomes, 2015-16 financial year**

Treatment site	No. of cycles with eggs thawed	No. of cycles with embryos transferred	No. of clinical pregnancies	No. of live births	No. of liveborn babies	No. of cycles with eggs thawed	No. of cycles with embryos transferred	No. of clinical pregnancies	No. of live births	No. of liveborn babies
	Women using own eggs					Women using donor/partner eggs*				
Ballarat IVF, Ballarat	2	1	0	0	0	0	0	0	0	0
City Fertility Centre, Bundoora	1	0	0	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	4	3	0	0	0	2	2	0	0	0
Melbourne IVF, East Melbourne	26	20	13	12	12	2	1	1	1	1
Melbourne IVF, Mt Waverley	2	1	0	0	0	0	0	0	0	0
Melbourne IVF, Werribee	1	0	0	0	0	0	0	0	0	0
Monash IVF, Clayton	14	13	3	3	3	22	20	11	8	8
Monash IVF, Geelong	0	0	0	0	0	5	4	2	2	3
Monash IVF, Richmond	14	12	3	2	2	47	41	12	10	11
Monash IVF, Sale	3	3	1	0	0	0	0	0	0	0
Monash IVF, Sunshine	3	3	1	1	1	0	0	0	0	0
Reproductive Services, RWH (Melbourne IVF)	15	14	2	2	3	0	0	0	0	0
<b>Aggregated total</b>	<b>85</b>	<b>70</b>	<b>23</b>	<b>20</b>	<b>21</b>	<b>78</b>	<b>68</b>	<b>26</b>	<b>21</b>	<b>23</b>

\* Donor eggs include those imported from interstate or overseas.

**Table 1.6 Surrogacy cycles and pregnancy outcomes, 2015-16 financial year**

This table includes cycles where an embryo(s) was transferred to a surrogate woman.

Treatment site	No. of surrogate women	No. of cycles with embryos transferred*	% of single embryo transfer**	No. of clinical pregnancies	No. of live births	No. of liveborn babies
Melbourne IVF, East Melbourne	14	31	100.0	6	4	4
Monash IVF, Clayton	6	8	100.0	4	2	2
Monash IVF, Richmond	6	8	100.0	2	2	2
Reproductive Services, RWH (Melbourne IVF)	1	1	100.0	1	1	1
<b>Aggregated total</b>	<b>27</b>	<b>48</b>	<b>100.0</b>	<b>13</b>	<b>9</b>	<b>9</b>

\*\* See note page 35.

**Table 1.7 Outcome for preimplantation genetic diagnosis and screening, 2015-16 financial year**

PGD is used for patients with a known genetic risk. PGS is used for the detection of numerical chromosome abnormalities. PGD IVF/ICSI and thaw cycles may be initiated with the aim of freezing all embryos (no embryos transferred).

Registered ART provider (all sites)	No. of women in treatment*	No. of embryos tested**	No. of embryos genetically-suitable for transfer	No. of women in treatment***	No. of genetically-suitable embryos transferred	No. of clinical pregnancies	No. of live births	No. of liveborn babies
PGD								
City Fertility Centre	3	14	9	1	2	1	1	1
Melbourne IVF, including Reproductive Services, RWH	107	647	234	96	159	56	49	50
Monash IVF	61	266	106	57	78	42	35	35
<b>Aggregated total</b>	<b>171</b>	<b>927</b>	<b>349</b>	<b>154</b>	<b>239</b>	<b>99</b>	<b>85</b>	<b>86</b>
PGS								
City Fertility Centre	30	109	51	18	28	7	4	4
Melbourne IVF, including Reproductive Services, RWH	448	2,047	868	285	404	173	142	146
Monash IVF	653	2,152	1,142	395	475	242	204	212
<b>Aggregated total</b>	<b>1,131</b>	<b>4,308</b>	<b>2,061</b>	<b>698</b>	<b>907</b>	<b>422</b>	<b>350</b>	<b>362</b>

PGD: preimplantation genetic diagnosis; PGS: preimplantation genetic screening

\* Number of women in treatment reported may vary from numbers reported in Table 8 the previous financial year

\*\* Either fresh embryos or thawed frozen embryos may be tested. Some patients will have some fresh and thawed frozen embryos tested

\*\*\*Women may have treatment using embryos tested and stored in a prior year



## Section 2

## ART procedures, 2016–17 financial year

This section provides details of ART treatment and clinical pregnancies for the 2016-17 financial year. As pregnancies are ongoing, some outcomes are not known at the time of this report going to print.

## Overview

Table 2.1 Number of women treated, 2016-17 financial year

Treatment site	No. of women treated	No. of cycles included	No. of women with FSH stimulation	No. of women with egg retrievals	No. of women with fresh/thawed eggs inseminated incl. IVF/ICSI	No. of women with embryos thawed	No. of women with fresh/thawed embryos transferred	No. of women with AI using partner sperm	No. of women with AI using donor sperm
Ballarat IVF, Ballarat	268	507	187	180	172	139	185	25	9
City Babies, Richmond	156	286	153	0	0	0	0	144	0
City Fertility Centre, Bundoora	166	347	131	120	115	89	122	0	8
City Fertility Centre, Melbourne	651	1,307	456	421	401	303	473	51	80
Melbourne IVF, East Melbourne	3,116	6,152	2,410	2,081	1,798	1,487	2,114	180	148
Melbourne IVF, Mt Waverley	400	699	307	259	237	183	286	25	26
Melbourne IVF, Werribee	141	239	112	65	61	55	75	26	15
Monash IVF, Bendigo	97	164	64	58	56	55	84	0	0
Monash IVF, Clayton	1,912	3,441	1,327	1,194	1,133	939	1,392	90	60
Monash IVF, Geelong	269	461	148	122	123	160	219	16	13
Monash IVF, Mildura	63	83	55	47	44	12	47	1	3
Monash IVF, Richmond	2,567	4,658	1,938	1,789	1,638	1,183	1,847	48	58
Monash IVF, Sale	78	128	68	65	61	25	66	0	0
Monash IVF, Sunshine	238	368	195	181	172	63	182	0	0
Primary IVF, Preston	927	1,880	869	833	807	299	789	22	0
Reproductive Services, RWH (Melbourne IVF)	1,446	2,243	1,109	1021	923	619	1,049	59	17
<b>Aggregated total</b>	<b>12,495</b>	<b>22,963</b>	<b>9,529</b>	<b>8,436</b>	<b>7,741</b>	<b>5,611</b>	<b>8,930</b>	<b>687</b>	<b>437</b>

FSH: Follicle stimulating hormone. IVF: in vitro fertilisation. ICSI: intracytoplasmic sperm injection. AI: artificial insemination.

Table 2.2 Number of women treated and clinical pregnancies, 2016-17 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28.

Treatment site	No. of women treated	No. of clinical pregnancies*	No. of women treated	No. of clinical pregnancies*	No. of women treated	No. of clinical pregnancies*	No. of women treated	No. of clinical pregnancies*
	< 35		35–39		≥ 40		ALL	
Ballarat IVF, Ballarat	142	62	81	36	45	9	268	107
City Babies, Richmond	84	23	49	9	23	3	156	35
City Fertility Centre, Bundoora	57	26	69	27	40	7	166	60
City Fertility Centre, Melbourne	262	116	245	84	144	36	651	236
Melbourne IVF, East Melbourne	997	459	1,280	487	839	217	3,116	1,163
Melbourne IVF, Mt Waverley	179	82	159	62	62	13	400	157
Melbourne IVF, Werribee	69	20	49	12	23	3	141	35
Monash IVF, Bendigo	42	14	39	14	16	3	97	31
Monash IVF, Clayton	740	347	660	253	512	144	1,912	744
Monash IVF, Geelong	118	51	103	43	48	13	269	107
Monash IVF, Mildura	31	10	19	7	13	1	63	18
Monash IVF, Richmond	767	366	1,039	355	761	186	2,567	907
Monash IVF, Sale	47	14	25	13	6	0	78	27
Monash IVF, Sunshine	102	39	79	21	57	6	238	66
Primary IVF, Preston	411	186	302	136	214	39	927	361
Reproductive Services, RWH (Melbourne IVF)	576	229	510	162	360	57	1,446	448
<b>Aggregated total</b>	<b>4,624</b>	<b>2,044</b>	<b>4,708</b>	<b>1,721</b>	<b>3,163</b>	<b>737</b>	<b>12,495</b>	<b>4,502</b>

\* Number of clinical pregnancies only includes those reported by the date on page 28.

## Egg retrieval

**Table 2.3 Number of egg retrieval cycles, 2016-17 financial year**

Treatment site	No. of egg retrievals	No. of FSH stimulated egg retrievals	No. of egg retrievals with eggs collected	No. of eggs collected	No. of egg retrievals with eggs collected but not suitable for freezing or transfer	No. of eggs frozen	No. of cycles with eggs frozen
< 35							
Ballarat IVF, Ballarat	136	136	135	1,539	14	0	0
City Fertility Centre, Bundoora	51	51	51	686	1	5	2
City Fertility Centre, Melbourne	194	194	193	2,385	16	61	4
Melbourne IVF, East Melbourne	823	820	813	10,872	42	1155	108
Melbourne IVF, Mt Waverley	126	126	125	1,752	3	46	5
Melbourne IVF, Werribee	28	28	28	472	0	23	2
Monash IVF, Bendigo	35	35	35	387	1	0	0
Monash IVF, Clayton	574	574	570	7,593	32	397	39
Monash IVF, Geelong	65	65	65	763	0	15	3
Monash IVF, Mildura	23	23	23	266	3	7	1
Monash IVF, Richmond	639	637	633	8,650	19	906	73
Monash IVF, Sale	48	48	48	535	0	16	5
Monash IVF, Sunshine	103	102	103	1,248	4	44	7
Primary IVF, Preston	476	474	469	4,750	10	0	0
Reproductive Services, RWH (Melbourne IVF)	440	438	437	5,553	8	478	43
<b>Aggregated total</b>	<b>3,761</b>	<b>3,751</b>	<b>3,728</b>	<b>47,451</b>	<b>153</b>	<b>3,153</b>	<b>292</b>
35-39							
Ballarat IVF, Ballarat	72	72	69	510	1	0	0
City Fertility Centre, Bundoora	67	64	64	597	4	0	0
City Fertility Centre, Melbourne	236	236	234	2,211	14	68	9
Melbourne IVF, East Melbourne	1,143	1,136	1,130	11,722	38	1,566	167
Melbourne IVF, Mt Waverley	129	129	127	1,595	5	142	12
Melbourne IVF, Werribee	29	29	29	343		16	2
Monash IVF, Bendigo	27	26	27	250	2	5	1
Monash IVF, Clayton	572	566	567	6,043	12	441	48
Monash IVF, Geelong	55	55	55	559	4	20	4
Monash IVF, Mildura	17	17	17	176	1	0	0
Monash IVF, Richmond	1,024	1,021	1,016	10,789	25	1,230	151
Monash IVF, Sale	33	33	31	292	1	26	3
Monash IVF, Sunshine	78	78	78	784	4	46	7
Primary IVF, Preston	409	409	394	3,174	11	0	0
Reproductive Services, RWH (Melbourne IVF)	427	424	414	3,881	8	256	33
<b>Aggregated total</b>	<b>4,318</b>	<b>4,295</b>	<b>4,252</b>	<b>42,926</b>	<b>130</b>	<b>3,816</b>	<b>437</b>

## Egg retrieval

**Table 2.3** Number of egg retrieval cycles, 2016-17 financial year (continued)

Treatment site	No. of egg retrievals	No. of FSH stimulated egg retrievals	No. of egg retrievals with eggs collected	No. of eggs collected	No. of egg retrievals with eggs collected but not suitable for freezing or transfer	No. of eggs frozen	No. of cycles with eggs frozen
	≥ 40						
Ballarat IVF, Ballarat	38	38	32	144	1	0	0
City Fertility Centre, Bundoora	39	39	36	202	3	0	0
City Fertility Centre, Melbourne	150	150	143	1043	4	15	2
Melbourne IVF, East Melbourne	997	987	948	6,653	30	223	32
Melbourne IVF, Mt Waverley	69	69	65	431	2	5	1
Melbourne IVF, Werribee	12	12	12	74	0	11	1
Monash IVF, Bendigo	11	11	11	82	0	0	0
Monash IVF, Clayton	488	479	481	3,678	12	138	25
Monash IVF, Geelong	24	24	24	164	1	0	0
Monash IVF, Mildura	11	11	10	106	0	0	0
Monash IVF, Richmond	731	722	714	5,737	17	164	26
Monash IVF, Sale	6	6	6	30	0	0	0
Monash IVF, Sunshine	56	56	55	324	1	17	2
Primary IVF, Preston	380	380	364	1764	13	0	0
Reproductive Services, RWH (Melbourne IVF)	368	363	342	2,152	15	61	10
<b>Aggregated total</b>	<b>3,380</b>	<b>3,347</b>	<b>3,243</b>	<b>22,584</b>	<b>99</b>	<b>634</b>	<b>99</b>
	ALL						
Ballarat IVF, Ballarat	246	246	236	2,193	16	0	0
City Fertility Centre, Bundoora	157	154	151	1,485	8	5	2
City Fertility Centre, Melbourne	580	580	570	5,639	34	144	15
Melbourne IVF, East Melbourne	2,963	2,943	2,891	29,247	110	2,944	307
Melbourne IVF, Mt Waverley	324	324	317	3,778	10	193	18
Melbourne IVF, Werribee	69	69	69	889	0	50	5
Monash IVF, Bendigo	73	72	73	719	3	5	1
Monash IVF, Clayton	1,634	1,619	1,618	17,314	56	976	112
Monash IVF, Geelong	144	144	144	1,486	5	35	7
Monash IVF, Mildura	51	51	50	548	4	7	1
Monash IVF, Richmond	2,394	2,380	2,363	25,176	61	2,300	250
Monash IVF, Sale	87	87	85	857	1	42	8
Monash IVF, Sunshine	237	236	236	2,356	9	107	16
Primary IVF, Preston	1,265	1,263	1,227	9,688	34	0	0
Reproductive Services, RWH (Melbourne IVF)	1,235	1,225	1,193	11,586	31	795	86
<b>Aggregated total</b>	<b>11,459</b>	<b>11,393</b>	<b>11,223</b>	<b>112,961</b>	<b>382</b>	<b>7,603</b>	<b>828</b>

## Egg insemination

**Table 2.4 Number of cycles with egg insemination, 2016-17 financial year**

**Table 2.4a Fertilisation, 2016-17 financial year**

Treatment site	No. of cycles with eggs inseminated	% of cycles using ICSI or mixed IVF/ICSI**	No. of eggs inseminated	% of eggs inseminated using ICSI**	No. of cycles with embryos formed*	No. of embryos formed
< 35						
Ballarat IVF, Ballarat	123	67.5	1276	46.7	115	809
City Fertility Centre, Bundoora	50	82.0	567	82.5	49	375
City Fertility Centre, Melbourne	184	72.8	1,902	69.9	182	1,276
Melbourne IVF, East Melbourne	685	78.2	7,756	73.0	659	4,948
Melbourne IVF, Mt Waverley	118	80.5	1,333	72.5	113	843
Melbourne IVF, Werribee	27	92.6	373	86.3	27	263
Monash IVF, Bendigo	34	94.1	321	84.4	32	217
Monash IVF, Clayton	518	82.0	5,381	76.3	493	3,360
Monash IVF, Geelong	63	90.5	641	79.4	62	465
Monash IVF, Mildura	21	76.2	221	64.7	20	146
Monash IVF, Richmond	570	93.7	5,905	86.9	552	3,860
Monash IVF, Sale	46	89.1	414	83.1	43	220
Monash IVF, Sunshine	98	89.8	970	73.6	94	556
Primary IVF, Preston	459	56.9	4,116	46.9	429	2,498
Reproductive Services, RWH (Melbourne IVF)	393	69.5	4,305	64.9	380	2,763
<b>Aggregated total</b>	<b>3,389</b>	<b>77.9</b>	<b>35,481</b>	<b>71.3</b>	<b>3,250</b>	<b>22,599</b>
35-39						
Ballarat IVF, Ballarat	73	69.9	497	51.1	70	335
City Fertility Centre, Bundoora	63	81.0	479	76.0	60	329
City Fertility Centre, Melbourne	219	70.3	1,767	69.6	209	1,143
Melbourne IVF, East Melbourne	942	81.0	8,071	76.3	900	5,166
Melbourne IVF, Mt Waverley	111	82.0	1,166	80.6	108	796
Melbourne IVF, Werribee	27	81.5	269	79.9	25	204
Monash IVF, Bendigo	25	76.0	220	69.5	25	157
Monash IVF, Clayton	524	88.5	4,402	84.2	494	2,719
Monash IVF, Geelong	49	93.9	452	79.9	47	285
Monash IVF, Mildura	16	81.3	151	83.4	16	104
Monash IVF, Richmond	852	95.8	7,046	94.3	815	4,556
Monash IVF, Sale	27	88.9	202	92.1	26	113
Monash IVF, Sunshine	71	87.3	554	83.0	65	329
Primary IVF, Preston	383	60.8	2,646	52.5	357	1,638
Reproductive Services, RWH (Melbourne IVF)	380	73.9	3,061	68.9	351	1,918
<b>Aggregated total</b>	<b>3,762</b>	<b>82.1</b>	<b>30,983</b>	<b>78.4</b>	<b>3,568</b>	<b>19,792</b>

IVF: in vitro fertilisation. ICSI: intracytoplasmic sperm injection.

\* Fertilised eggs with two pronuclei.

\*\* See note page 35.



## Egg insemination

**Table 2.4a Fertilisation, 2016-17 financial year (continued)**

Treatment site	No. of cycles with eggs inseminated	% of cycles using ICSI or mixed IVF/ICSI**	No. of eggs inseminated	% of eggs inseminated using ICSI**	No. of cycles with embryos formed*	No. of embryos formed
	≥ 40					
Ballarat IVF, Ballarat	39	74.4	192	50.5	33	131
City Fertility Centre, Bundoora	37	81.1	212	63.2	32	126
City Fertility Centre, Melbourne	153	75.2	1,007	76.3	140	651
Melbourne IVF, East Melbourne	947	82.7	5,763	81.8	876	3,635
Melbourne IVF, Mt Waverley	67	95.5	346	91.0	58	231
Melbourne IVF, Werribee	11	100.0	61	100.0	11	39
Monash IVF, Bendigo	11	100.0	61	100.0	10	37
Monash IVF, Clayton	494	93.1	3,217	91.7	455	1,959
Monash IVF, Geelong	31	96.8	192	94.3	31	155
Monash IVF, Mildura	10	90.0	93	82.8	10	59
Monash IVF, Richmond	755	97.7	5,036	96.0	691	3,186
Monash IVF, Sale	7	85.7	26	96.2	6	12
Monash IVF, Sunshine	56	91.1	281	88.3	46	154
Primary IVF, Preston	351	67.2	1,504	59.8	291	904
Reproductive Services, RWH (Melbourne IVF)	325	78.5	1,815	73.4	286	1,138
<b>Aggregated total</b>	<b>3,294</b>	<b>85.9</b>	<b>19,806</b>	<b>84.3</b>	<b>2,976</b>	<b>12,417</b>
	ALL					
Ballarat IVF, Ballarat	235	69.4	1,965	48.2	218	1,275
City Fertility Centre, Bundoora	150	81.3	1,258	76.8	141	830
City Fertility Centre, Melbourne	556	72.5	4,676	71.2	531	3,070
Melbourne IVF, East Melbourne	2,574	80.9	21,590	76.6	2,435	13,749
Melbourne IVF, Mt Waverley	296	84.5	2,845	78.1	279	1,870
Melbourne IVF, Werribee	65	89.2	703	85.1	63	506
Monash IVF, Bendigo	70	88.6	602	80.6	67	411
Monash IVF, Clayton	1,536	87.8	13,000	82.8	1,442	8,038
Monash IVF, Geelong	143	93.0	1,285	81.8	140	905
Monash IVF, Mildura	47	80.9	465	74.4	46	309
Monash IVF, Richmond	2,177	95.9	17,987	92.3	2,058	11,602
Monash IVF, Sale	80	88.8	642	86.4	75	345
Monash IVF, Sunshine	225	89.3	1,805	78.8	205	1,039
Primary IVF, Preston	1,193	61.2	8,266	51.0	1,077	5,040
Reproductive Services, RWH (Melbourne IVF)	1,098	73.7	9,181	67.9	1,017	5,819
<b>Aggregated total</b>	<b>10,445</b>	<b>81.9</b>	<b>86,270</b>	<b>76.8</b>	<b>9,794</b>	<b>54,808</b>

IVF: in vitro fertilisation. ICSI: intracytoplasmic sperm injection.

\* Fertilised eggs with two pronuclei.

\*\* See note page 35.

## Egg insemination

Table 2.4b Use of embryos, 2016-17 financial year

Treatment site	No. of cycles with embryos transferred	No. of embryos transferred	No. of cycles with embryos frozen*	No. of cycles with ALL embryos frozen*	No. of embryos frozen*
< 35					
Ballarat IVF, Ballarat	57	57	74	47	234
City Fertility Centre, Bundoora	18	19	36	25	129
City Fertility Centre, Melbourne	138	156	121	37	380
Melbourne IVF, East Melbourne	345	366	536	275	2,333
Melbourne IVF, Mt Waverley	82	94	81	27	373
Melbourne IVF, Werribee	12	12	26	14	114
Monash IVF, Bendigo	29	31	24	3	51
Monash IVF, Clayton	314	345	342	144	1,149
Monash IVF, Geelong	53	57	52	8	183
Monash IVF, Mildura	19	20	16	1	46
Monash IVF, Richmond	339	383	399	178	1,401
Monash IVF, Sale	39	47	22	3	93
Monash IVF, Sunshine	77	86	58	13	182
Primary IVF, Preston	354	389	240	63	819
Reproductive Services, RWH (Melbourne IVF)	262	274	299	102	1,275
<b>Aggregated total</b>	<b>2,138</b>	<b>2,336</b>	<b>2,326</b>	<b>940</b>	<b>8,762</b>
35-39					
Ballarat IVF, Ballarat	31	32	43	27	106
City Fertility Centre, Bundoora	26	27	31	21	85
City Fertility Centre, Melbourne	154	181	115	41	298
Melbourne IVF, East Melbourne	526	593	612	305	2,102
Melbourne IVF, Mt Waverley	67	79	86	36	301
Melbourne IVF, Werribee	18	22	21	6	77
Monash IVF, Bendigo	20	22	15	3	57
Monash IVF, Clayton	289	329	296	155	765
Monash IVF, Geelong	36	38	36	9	115
Monash IVF, Mildura	16	16	13	0	36
Monash IVF, Richmond	507	616	518	242	1,454
Monash IVF, Sale	26	35	14	0	38
Monash IVF, Sunshine	51	60	31	6	92
Primary IVF, Preston	313	384	164	36	426
Reproductive Services, RWH (Melbourne IVF)	264	294	219	65	771
<b>Aggregated total</b>	<b>2,344</b>	<b>2,728</b>	<b>2,214</b>	<b>952</b>	<b>6,723</b>

\* Embryos frozen may need to be suitable – i.e. of good quality and meeting freezing criteria.

## Egg insemination

Table 2.4b Use of embryos, 2016-17 financial year (continued)

Treatment site	No. of cycles with embryos transferred	No. of embryos transferred	No. of cycles with embryos frozen*	No. of cycles with ALL embryos frozen*	No. of embryos frozen*
	≥ 40				
Ballarat IVF, Ballarat	11	14	15	13	39
City Fertility Centre, Bundoora	19	26	11	8	28
City Fertility Centre, Melbourne	108	149	63	26	151
Melbourne IVF, East Melbourne	485	618	435	276	1,112
Melbourne IVF, Mt Waverley	38	43	27	10	68
Melbourne IVF, Werribee	6	8	5	3	17
Monash IVF, Bendigo	9	11	3	1	4
Monash IVF, Clayton	277	353	196	110	416
Monash IVF, Geelong	27	30	18	1	40
Monash IVF, Mildura	8	8	3	1	7
Monash IVF, Richmond	434	565	326	168	750
Monash IVF, Sale	6	8	0	0	0
Monash IVF, Sunshine	42	46	16	1	32
Primary IVF, Preston	263	378	57	10	116
Reproductive Services, RWH (Melbourne IVF)	194	244	134	65	321
<b>Aggregated total</b>	<b>1,927</b>	<b>2,501</b>	<b>1,309</b>	<b>693</b>	<b>3,101</b>
	ALL				
Ballarat IVF, Ballarat	99	103	132	87	379
City Fertility Centre, Bundoora	63	72	78	54	242
City Fertility Centre, Melbourne	400	486	299	104	829
Melbourne IVF, East Melbourne	1,356	1,577	1,583	856	5,547
Melbourne IVF, Mt Waverley	187	216	194	73	742
Melbourne IVF, Werribee	36	42	52	23	208
Monash IVF, Bendigo	58	64	42	7	112
Monash IVF, Clayton	880	1,027	834	409	2,330
Monash IVF, Geelong	116	125	106	18	338
Monash IVF, Mildura	43	44	32	2	89
Monash IVF, Richmond	1,280	1,564	1,243	588	3,605
Monash IVF, Sale	71	90	36	3	131
Monash IVF, Sunshine	170	192	105	20	306
Primary IVF, Preston	930	1,151	461	109	1,361
Reproductive Services, RWH (Melbourne IVF)	720	812	652	232	2,367
<b>Aggregated total</b>	<b>6,409</b>	<b>7,565</b>	<b>5,849</b>	<b>2,585</b>	<b>18,586</b>

\* Embryos frozen may need to be suitable – i.e. of good quality and meeting freezing criteria.

## Egg insemination

**Table 2.5 Number of cycles using thawed eggs, 2016-17 financial year**

**Table 2.5a Fertilisation, 2016-17 financial year**

Treatment site	No. of cycles with eggs inseminated	% of cycles using ICSI or mixed IVF/ICSI***	No. of eggs inseminated	% of eggs inseminated using ICSI***	No. of cycles with embryos formed**	No. of embryos formed
Women using own eggs						
City Fertility Centre, Bundoora	0					
City Fertility Centre, Melbourne	5	100.0	51	100.0	5	40
Melbourne IVF, East Melbourne	31	100.0	249	98.8	31	143
Melbourne IVF, Mt Waverley	1	100.0	19	100.0	1	14
Melbourne IVF, Werribee	1	100.0	13	100.0	1	8
Monash IVF, Bendigo	1	100.0	5	100.0	1	3
Monash IVF, Clayton	19	100.0	210	100.0	18	114
Monash IVF, Richmond	37	100.0	447	100.0	35	263
Monash IVF, Sale	2	100.0	6	100.0	1	1
Monash IVF, Sunshine	5	100.0	26	100.0	4	9
Reproductive Services, RWH (Melbourne IVF)	11	100.0	104	100.0	9	55
<b>Aggregated total</b>	<b>113</b>	<b>100.0</b>	<b>1130</b>	<b>99.7</b>	<b>106</b>	<b>650</b>
Women using donor/partner eggs*						
City Fertility Centre, Bundoora	2	100.0	14	100.0	2	6
City Fertility Centre, Melbourne	4	100.0	31	100.0	4	25
Melbourne IVF, East Melbourne	3	100.0	38	100.0	3	35
Monash IVF, Clayton	27	100.0	186	100.0	27	135
Monash IVF, Geelong	6	100.0	38	100.0	6	31
Monash IVF, Richmond	48	100.0	312	100.0	48	220
Monash IVF, Sunshine	2	100.0	8	100.0	2	4
<b>Aggregated total</b>	<b>92</b>	<b>100.0</b>	<b>627</b>	<b>100.0</b>	<b>92</b>	<b>456</b>

\* Donor eggs include those imported from interstate or overseas.

\*\* Fertilised eggs with two pronuclei.

\*\*\* See note page 35.

## Egg insemination

**Table 2.5b Women using thawed eggs , 2016-17 financial year**

Treatment site	No. of cycles with embryos transferred	No. of embryos transferred	No. of cycles with embryos frozen**	No. of cycles with ALL embryos frozen**	No. of embryos frozen**
Women using own eggs					
City Fertility Centre, Melbourne	5	5	4	0	8
Melbourne IVF, East Melbourne	19	23	10	6	37
Melbourne IVF, Mt Waverley	0	0	1	1	6
Melbourne IVF, Werribee	0	0	1	1	7
Monash IVF, Bendigo	1	1	0	0	0
Monash IVF, Clayton	10	12	10	6	21
Monash IVF, Richmond	24	33	20	8	66
Monash IVF, Sunshine	2	3	0	0	0
Reproductive Services, RWH (Melbourne IVF)	5	6	6	3	16
<b>Aggregated total</b>	<b>66</b>	<b>83</b>	<b>52</b>	<b>25</b>	<b>161</b>
Women using donor/partner eggs*					
City Fertility Centre, Bundoora	1	1	0	0	0
City Fertility Centre, Melbourne	3	5	2	1	2
Melbourne IVF, East Melbourne	3	4	2	0	14
Monash IVF, Clayton	23	24	19	3	31
Monash IVF, Geelong	6	6	4	0	8
Monash IVF, Richmond	45	56	21	1	61
Monash IVF, Sunshine	1	1	1	0	1
<b>Aggregated total</b>	<b>82</b>	<b>97</b>	<b>49</b>	<b>5</b>	<b>117</b>

\* Donor eggs include those imported from interstate or overseas.

\*\* Embryos frozen may need to be suitable - ie of good quality and meeting freezing criteria.



## Use of embryos

**Table 2.6 Number of cycles with fresh embryo transferred, 2016-17 financial year**

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28.

Treatment site	No. of cycles with embryos transferred	% of single embryo transfer*	No. of clinical pregnancies	No. of cycles with embryos transferred	% of single embryo transfer*	No. of clinical pregnancies
	< 35			35-39		
Ballarat IVF, Ballarat	57	100.0	20	31	96.8	8
City Fertility Centre, Bundoora	18	94.4	5	26	96.2	4
City Fertility Centre, Melbourne	138	87.0	38	154	82.5	33
Melbourne IVF, East Melbourne	342	94.4	140	520	87.3	152
Melbourne IVF, Mt Waverley	82	85.4	30	64	85.9	20
Melbourne IVF, Werribee	12	100.0	2	18	77.8	5
Monash IVF, Bendigo	29	93.1	5	20	90.0	4
Monash IVF, Clayton	313	90.4	120	289	86.2	89
Monash IVF, Geelong	53	92.5	16	36	94.4	9
Monash IVF, Mildura	19	94.7	8	16	100.0	5
Monash IVF, Richmond	337	87.2	123	494	79.1	125
Monash IVF, Sale	39	79.5	10	26	65.4	10
Monash IVF, Sunshine	77	88.3	26	51	82.4	15
Primary IVF, Preston	353	90.4	113	313	77.3	89
Reproductive Services, RWH (Melbourne IVF)	262	95.4	105	263	88.6	66
<b>Aggregated total</b>	<b>2,131</b>	<b>90.9</b>	<b>761</b>	<b>2,321</b>	<b>83.9</b>	<b>634</b>
	≥ 40			ALL		
Ballarat IVF, Ballarat	11	72.7	2	99	96.0	30
City Fertility Centre, Bundoora	19	63.2	2	63	85.7	11
City Fertility Centre, Melbourne	108	62.0	11	400	78.5	82
Melbourne IVF, East Melbourne	481	72.8	67	1,343	83.9	359
Melbourne IVF, Mt Waverley	37	89.2	6	183	86.3	56
Melbourne IVF, Werribee	6	66.7	1	36	83.3	8
Monash IVF, Bendigo	9	77.8	0	58	89.7	9
Monash IVF, Clayton	273	72.5	48	875	83.4	257
Monash IVF, Geelong	27	88.9	7	116	92.2	32
Monash IVF, Mildura	8	100.0	1	43	97.7	14
Monash IVF, Richmond	426	69.7	70	1,257	78.1	318
Monash IVF, Sale	6	66.7	0	71	73.2	20
Monash IVF, Sunshine	42	90.5	6	170	87.1	47
Primary IVF, Preston	262	56.5	27	928	76.4	229
Reproductive Services, RWH (Melbourne IVF)	193	74.6	22	718	87.3	193
<b>Aggregated total</b>	<b>1,908</b>	<b>70.3</b>	<b>270</b>	<b>6,360</b>	<b>82.2</b>	<b>1,665</b>

\* See note page 35.

## Use of embryos

**Table 2.7 Number of cycles with fresh embryo formed from thawed eggs and transferred, 2016-17 financial year**

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28.

Treatment site	No. of cycles with embryos transferred	% of single embryo transfer*	No. of clinical pregnancies
City Fertility Centre, Bundoora	1	100.0	0
City Fertility Centre, Melbourne	8	75.0	2
Melbourne IVF, East Melbourne	22	77.3	5
Monash IVF, Bendigo	1	100.0	0
Monash IVF, Clayton	33	90.9	13
Monash IVF, Geelong	6	100.0	2
Monash IVF, Richmond	69	71.0	21
Monash IVF, Sunshine	3	66.7	1
Reproductive Services, RWH (Melbourne IVF)	5	80.0	0
<b>Aggregated total</b>	<b>148</b>	<b>78.4</b>	<b>44</b>

\* See note page 35.

**Table 2.8 Number of cycles with embryo thawed, 2016-17 financial year**

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28.

Treatment site	No. of cycles with embryos thawed	No. of embryos thawed	No. of cycles with embryos transferred	No. of embryos transferred	% of single embryo transfer*	No. of clinical pregnancies
Ballarat IVF, Ballarat	192	222	184	184	100.0	72
City Fertility Centre, Bundoora	147	157	140	146	95.7	48
City Fertility Centre, Melbourne	450	516	426	469	89.9	132
Melbourne IVF, East Melbourne	2,321	3,365	2,237	2,430	91.4	728
Melbourne IVF, Mt Waverley	276	410	270	316	83.0	92
Melbourne IVF, Werribee	84	101	82	92	87.8	21
Monash IVF, Bendigo	76	78	74	76	97.3	22
Monash IVF, Clayton	1,273	1,480	1,215	1,296	93.3	460
Monash IVF, Geelong	236	270	225	241	92.9	63
Monash IVF, Mildura	15	20	15	19	73.3	2
Monash IVF, Richmond	1,674	1,946	1,607	1,754	90.9	570
Monash IVF, Sale	29	45	28	33	82.1	7
Monash IVF, Sunshine	86	102	85	98	84.7	19
Primary IVF, Preston	437	479	431	463	92.6	129
Reproductive Services, RWH (Melbourne IVF)	854	1,185	833	939	87.3	239
<b>Aggregated total</b>	<b>8,150</b>	<b>10,376</b>	<b>7,852</b>	<b>8,556</b>	<b>91.0</b>	<b>2,604</b>

\* See note page 35.

## Section 3

## Artificial insemination (AI), 2016–17 financial year

This section provides details of AI treatment and clinic pregnancies for the 2016-17 financial year. This data only includes AI insemination at registered ART providers and does not include AI at private doctors' facilities.

**Table 3.1 AI with partner sperm for stimulated/unstimulated cycles, 2016-17 financial year**

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28.

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of cycles with AI performed	No. of clinical pregnancies	No. of cycles with AI performed	No. of clinical pregnancies	No. of cycles with AI performed	No. of clinical pregnancies
	FSH Stimulated		Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated	
	< 35				35–39			
Ballarat IVF, Ballarat	3	1	14	2	1	0	6	1
City Babies, Richmond	131	23	13	0	75	9	2	0
City Fertility Centre, Melbourne	6	0	28	3	8	0	24	2
Melbourne IVF, East Melbourne	108	15	17	2	104	15	7	0
Melbourne IVF, Mt Waverley	18	3	2	0	6	1	2	0
Melbourne IVF, Werribee	20	2	0	0	20	1	0	0
Monash IVF, Clayton	62	5	26	4	24	3	12	0
Monash IVF, Geelong	10	3	4	1	4	0	4	1
Monash IVF, Mildura	0	0	0	0	1	0	0	0
Monash IVF, Richmond	12	0	20	2	13	3	19	1
Primary IVF, Preston	13	2	7	0	4	1	0	0
Reproductive Services, RWH (Melbourne IVF)	43	9	2	0	19	3	1	0
<b>Aggregated total</b>	<b>426</b>	<b>63</b>	<b>133</b>	<b>14</b>	<b>279</b>	<b>36</b>	<b>77</b>	<b>5</b>

	FSH Stimulated		Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated	
	≥ 40				ALL			
Ballarat IVF, Ballarat	4	0	2	0	8	1	22	3
City Babies, Richmond	28	3	1	0	234	35	16	0
City Fertility Centre, Melbourne	3	1	4	0	17	1	56	5
Melbourne IVF, East Melbourne	28	0	6	0	240	30	30	2
Melbourne IVF, Mt Waverley	7	0	0	0	31	4	4	0
Melbourne IVF, Werribee	1	0	0	0	41	3	0	0
Monash IVF, Clayton	9	0	4	0	95	8	42	4
Monash IVF, Geelong	2	0	0	0	16	3	8	2
Monash IVF, Mildura	1	0	0	0	2	0	0	0
Monash IVF, Richmond	7	0	4	1	32	3	43	4
Primary IVF, Preston	1	0	0	0	18	3	7	0
Reproductive Services, RWH (Melbourne IVF)	4	0	1	0	66	12	4	0
<b>Aggregated total</b>	<b>95</b>	<b>4</b>	<b>22</b>	<b>1</b>	<b>800</b>	<b>103</b>	<b>232</b>	<b>20</b>

AI: artificial insemination. FSH: follicle stimulating hormone.

**Table 3.2 AI with donor sperm for stimulated/unstimulated cycles, 2016-17 financial year**

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28.

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of cycles with AI performed	No. of clinical pregnancies	No. of cycles with AI performed	No. of clinical pregnancies	No. of cycles with AI performed	No. of clinical pregnancies
	FSH Stimulated		Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated	
	< 35				35-39			
Ballarat IVF, Ballarat	1	0	3	0	0	0	2	0
City Fertility Centre, Bundoora	5	0	0	0	3	0	2	1
City Fertility Centre, Melbourne	0	0	70	13	0	0	53	3
Melbourne IVF, East Melbourne	75	15	14	2	116	19	29	7
Melbourne IVF, Mt Waverley	19	2	3	0	18	3	0	0
Melbourne IVF, Werribee	11	2	0	0	10	1	0	0
Monash IVF, Clayton	14	2	37	9	13	2	25	2
Monash IVF, Geelong	3	0	7	3	5	2	8	2
Monash IVF, Mildura	2	1	0	0	1	1	0	0
Monash IVF, Richmond	15	2	35	6	14	2	32	2
Reproductive Services, RWH (Melbourne IVF)	14	4	0	0	5	0	2	0
<b>Aggregated total</b>	<b>159</b>	<b>28</b>	<b>169</b>	<b>33</b>	<b>185</b>	<b>30</b>	<b>153</b>	<b>17</b>

	FSH Stimulated		Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated	
	≥ 40				ALL			
Ballarat IVF, Ballarat	0	0	6	1	1	0	11	1
City Fertility Centre, Bundoora	0	0	1	0	8	0	3	1
City Fertility Centre, Melbourne	2	0	7	0	2	0	130	16
Melbourne IVF, East Melbourne	3	1	2	0	194	35	45	9
Melbourne IVF, Mt Waverley	2	0	0	0	39	5	3	0
Melbourne IVF, Werribee	0	0	0	0	21	3	0	0
Monash IVF, Clayton	0	0	4	0	27	4	66	11
Monash IVF, Geelong	0	0	0	0	8	2	15	5
Monash IVF, Mildura	0	0	0	0	3	2	0	0
Monash IVF, Richmond	2	0	2	0	31	4	69	8
Reproductive Services, RWH (Melbourne IVF)	0	0	0	0	19	4	2	0
Aggregated total	9	1	22	1	353	59	344	51

AI: artificial insemination. FSH: follicle stimulating hormone

## Section 4

## Donor ART treatment, 2016–17 financial year

For use of AI, refer to section 3. For storage of donor sperm, refer to section 7.

**Table 4.1 Number of recipients and clinical pregnancies by donation type, 2016-17 financial year**

This table includes cycles where an embryo(s) was transferred. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28.

Donation type (all sites)	No. of recipients treated	No. of cycles with embryos transferred	No. of clinical pregnancies
Donor embryo	102	168	39
Donor/partner eggs			
-- Fresh egg	219	113	43
-- Thawed egg	86	82	30
-- Embryos from donated eggs	256	358	114
Donor sperm**	1122	1624	446
<b>Aggregated total***</b>	<b>1785</b>	<b>2345</b>	<b>672</b>

\* Excluded AI using donor sperm. Refer to table 3.2

\*\* Some recipients had both donated eggs and sperm.

**Table 4.2 Number of egg, sperm and embryo donors used in treatment by method of recruitment, 2016–17 financial year\***

Registered ART provider (all sites)	No. egg donors		No. sperm donors		No. embryo donors	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Ballarat IVF	11	3	2	40	0	5
City Fertility Centre	28	5	6	53	5	0
Melbourne IVF, including Reproductive Services, RWH	86	0	47	126	46	13
Monash IVF	141	1	54	127	25	13
<b>Aggregated total</b>	<b>266</b>	<b>9</b>	<b>109</b>	<b>346</b>	<b>76</b>	<b>31</b>

\* Donors may include commissioning couples or individuals entering into surrogacy arrangements

**Table 4.3 Number of recipients and treatment cycles with donor/partner eggs, 2016-17 financial year**

Registered ART provider (all sites)	No. recipients commencing treatment with donor/partner eggs		No. of cycles commenced using donor/partner eggs	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
<b>FRESH</b>				
Ballarat IVF	11	4	11	4
City Fertility Centre	28	0	32	0
Melbourne IVF, including Reproductive Services, RWH	85	0	100	0
Monash IVF	92	2	99	2
<b>Aggregated total</b>	<b>216</b>	<b>6</b>	<b>242</b>	<b>6</b>
<b>THAWED</b>				
Ballarat IVF	2	3	2	3
City Fertility Centre	0	7	0	7
Melbourne IVF, including Reproductive Services, RWH	3	0	3	0
Monash IVF	76	0	84	0
<b>Aggregated total</b>	<b>81</b>	<b>10</b>	<b>89</b>	<b>10</b>



**Table 4.4 Number of recipients and treatment cycles with imported thawed donor eggs, 2016-17 financial year**

Registered ART provider (all sites)	No. recipients commencing treatment with imported donor eggs		No. of cycles commenced using imported donor eggs	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Ballarat IVF	0	0	0	0
City Fertility Centre	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	0	0	0	0
Monash IVF	73	0	77	0
<b>Aggregated total</b>	<b>73</b>	<b>0</b>	<b>77</b>	<b>0</b>

**Table 4.5 Relationship status of recipients of donor sperm treatment, 2016-17 financial year**

Registered ART provider (all sites)	Relationship status of woman receiving donor sperm treatment			
	Single	Same-sex	Heterosexual	Other
Ballarat IVF	11	4	10	0
City Fertility Centre	105	142	27	1
Melbourne IVF, including Reproductive Services, RWH	291	157	55	0
Monash IVF	254	123	73	0
<b>Aggregated total</b>	<b>661</b>	<b>426</b>	<b>165</b>	<b>1</b>

## Section 5

## Surrogacy, 2016-17 financial year

**Table 5 Surrogacy cycles and clinical pregnancies, 2016-17 financial year**

This table includes cycles where an embryo(s) was transferred to a surrogate woman during the financial year. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28.

Treatment site	No. of surrogate women	No. of cycles with embryos transferred	% of single embryo transfer*	No. of clinical pregnancies
City Fertility Centre, Melbourne	1	1	100.0	0
Melbourne IVF, East Melbourne	18	39	100.0	9
Monash IVF, Clayton	5	11	100.0	1
Monash IVF, Geelong	1	1	100.0	0
Monash IVF, Richmond	12	19	100.0	5
Monash IVF, Sunshine	1	1	100.0	0
Reproductive Services, RWH (Melbourne IVF)	2	2	100.0	0
<b>Aggregated total</b>	<b>40</b>	<b>74</b>	<b>100.0</b>	<b>15</b>

\* See note page 35.

## Section 6

## Multiple pregnancies, 2016-17 financial year

**Table 6 Number of clinical pregnancies measured by fetal heartbeats, 2016-17 financial year**

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 28.

Treatment site	No. of clinical pregnancies	Number of fetal heartbeats				
		None	One	Two	Three or more	Not stated
Ballarat IVF, Ballarat	107	16	84	3	0	4
City Babies, Richmond	35	0	22	7	1	5
City Fertility Centre, Bundoora	60	4	55	1	0	0
City Fertility Centre, Melbourne	236	25	198	10	0	3
Melbourne IVF, East Melbourne	1,163	154	965	42	2	0
Melbourne IVF, Mt Waverley	157	21	121	15	0	0
Melbourne IVF, Werribee	35	10	24	1	0	0
Monash IVF, Bendigo	31	2	22	3	0	4
Monash IVF, Clayton	744	82	520	29	0	113
Monash IVF, Geelong	107	14	62	3	0	28
Monash IVF, Mildura	18	1	14	0	0	3
Monash IVF, Richmond	907	103	633	15	0	156
Monash IVF, Sale	27	4	16	1	0	6
Monash IVF, Sunshine	66	7	48	3	0	8
Primary IVF, Preston	361	38	306	9	0	8
Reproductive Services, RWH (Melbourne IVF)	448	55	369	24	0	0
<b>Aggregated total</b>	<b>4,502</b>	<b>536</b>	<b>3,459</b>	<b>166</b>	<b>3</b>	<b>338</b>

## Section 7

## Storage of gametes, 2016–17 financial year

Table 7.1 Storage of sperm, ovarian tissue, eggs and embryos, 2016-17 financial year

Registered ART provider (all sites)	No. of patients with sperm in storage as at 30 June 2017	No. of patients with ovarian tissue in storage as at 30 June 2017	No. of patients with eggs in storage as at 30 June 2017	No. of patients with embryos in storage as at 30 June 2017	No. of embryos in storage as at 30 June 2017
Ballarat IVF	224	0	4	314	885
City Fertility Centre	263	0	68	883	2,509
Melbourne IVF, including Reproductive Services, RWH	1,359	413	1,116	5,570	20,214
Monash IVF	1,973	122	737	5,875	17,243
Primary IVF	72	0	0	355	934
<b>Aggregated total</b>	<b>3,891</b>	<b>535</b>	<b>1,925</b>	<b>12,997</b>	<b>41,785</b>

Table 7.2 Storage of donor sperm, 2016–17 financial year

Registered ART provider (all sites)	No. of unique donors	No. of donors whose sperm is stored and available for donor treatment at 1 July 2016 (start of period)	New donors recruited during reporting financial year
Ballarat IVF	36	34	2
City Fertility Centre	59	64	17
Melbourne IVF, including Reproductive Services, RWH	320	326	62
Monash IVF	127	36	19
<b>Aggregated total</b>	<b>542</b>	<b>460</b>	<b>100</b>

## Section 8

**Preimplantation genetic diagnosis and screening, 2016-17 financial year**

This table sets out the number of women who initiated treatment in the 2016-17 financial year. The clinical outcomes for these women cannot be finalised until April 2018 and will appear as Table 1.7 in next year's annual report.

**Table 8 Preimplantation genetic diagnosis and screening, 2016-17 financial year**

Registered ART provider (all sites)	No. of women in treatment	No. of embryos tested*	No. of embryos genetically-suitable for transfer	No. of women in treatment**	No. of genetically-suitable embryos transferred
PGD					
City Fertility Centre	5	25	15	3	5
Melbourne IVF, including Reproductive Services, RWH	126	730	97	209	156
Monash IVF	65	304	84	122	70
<b>Aggregated total</b>	<b>196</b>	<b>1,059</b>	<b>196</b>	<b>334</b>	<b>231</b>
PGS					
City Fertility Centre	38	158	96	26	44
Melbourne IVF, including Reproductive Services, RWH	579	2,586	417	1,070	577
Monash IVF	677	2,038	662	1,300	641
<b>Aggregated total</b>	<b>1,294</b>	<b>4,782</b>	<b>1,175</b>	<b>2,396</b>	<b>1,262</b>

PGD: preimplantation genetic diagnosis; PGS: preimplantation genetic screening

\* Either fresh embryos or thawed frozen embryos may be tested. Some patients will have some fresh and thawed frozen embryos tested.

\*\* Women may have treatment using embryos tested and stored in a prior year

Because Victorian ART Providers freeze all embryos after biopsy and generally transfer one selected embryo in each of several subsequent thaw cycles and those thaw cycles may take place over several years, the number of women undergoing PGD or PGS may not match exactly the number of women for whom clinical outcomes are reported in the next subsequent year.

PGD is used for patients with a known genetic risk. This can include sex selection to identify a specific genetic condition affecting one gender. PGS is used for the detection of numerical chromosome abnormalities.

For more information about these techniques, please read VARTA's *Understanding genetic testing of embryos* brochure, available at [varta.org.au](http://varta.org.au)

## Accountable officer's, member of responsible body's and chief finance officer's declaration

We certify that the attached financial statements for the Victorian Assisted Reproductive Treatment Authority have been prepared in accordance with Direction 5.2 of the Standing Directions of the Minister for Finance under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards, including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2017 and the financial position of the Victorian Assisted Reproductive Treatment Authority as at 30 June 2017.

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 31 August 2017 and authorised the persons named to sign the statements and authorise their release.



**Ms Kirsten Mander**  
Chairperson  
Melbourne  
Date 31/08/2017



**Ms Louise Johnson**  
Chief Executive Officer  
Melbourne  
Date 31/08/2017



**Mr Darren Collins**  
Chief Finance Officer  
Melbourne  
Date 31/08/2017



**Comprehensive operating statement for the year ended 30 June 2017**

	Notes	2017 \$	2016 \$
Revenue from operating activities	2	<b>1,758,401</b>	984,399
Revenue from non-operating activities	2	<b>1,724</b>	345
Employee expenses	3	<b>(915,892)</b>	(530,694)
Supplies and services	3	<b>(317,802)</b>	(208,011)
Commonwealth-funded project expenses	3	<b>(64,981)</b>	(238,831)
<b>Net result before capital and specific items</b>		<b>461,450</b>	7,208
Depreciation expense	3	<b>(17,295)</b>	(14,028)
<b>Net result</b>		<b>444,155</b>	(6,820)
Other comprehensive income		-	-
<b>Comprehensive result for the year</b>	25	<b>444,155</b>	(6,820)

**Balance sheet as at 30 June 2017**

	Notes	2017 \$	2016 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	6	<b>763,824</b>	252,148
Trade and other receivables	7	<b>37,731</b>	19,602
Other current assets	8	<b>15,046</b>	15,088
<b>TOTAL CURRENT ASSETS</b>		<b>816,601</b>	286,838
<b>NON-CURRENT ASSETS</b>			
Plant and equipment	9	<b>36,144</b>	30,383
Intangibles	10	<b>9,929</b>	10,959
<b>TOTAL NON-CURRENT ASSETS</b>		<b>46,073</b>	41,342
<b>TOTAL ASSETS</b>		<b>862,674</b>	328,180
<b>CURRENT LIABILITIES</b>			
Trade and other payables	11	<b>106,573</b>	58,240
Short-term provisions	12	<b>153,670</b>	113,940
<b>TOTAL CURRENT LIABILITIES</b>		<b>260,243</b>	172,180
<b>NON-CURRENT LIABILITIES</b>			
Long-term provisions	12	<b>4,417</b>	2,141
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>4,417</b>	2,141
<b>TOTAL LIABILITIES</b>		<b>264,660</b>	174,321
<b>NET ASSETS</b>		<b>598,014</b>	153,859
<b>EQUITY</b>			
Contributed capital		<b>11,200</b>	11,200
Retained earnings		<b>586,814</b>	142,659
<b>TOTAL EQUITY</b>		<b>598,014</b>	153,859

**Statement of changes in equity for the year ended 30 June 2017**

	Contributed capital \$	Retained earnings \$	Total \$
<b>Balance at 1 July 2015</b>	11,200	149,479	160,679
Capital contributed	-	-	-
Deficit for the year	-	(6,820)	(6,820)
Other comprehensive income	-	-	-
<b>Balance at 30 June 2016</b>	11,200	142,659	153,859
Capital contributed	-	-	-
Surplus for the year	-	<b>444,155</b>	<b>444,155</b>
Other comprehensive income	-	-	-
<b>Balance at 30 June 2017</b>	<b>11,200</b>	<b>586,814</b>	<b>598,014</b>

**Cash flow statement for the year ended 30 June 2017**

	Notes	2017 \$	2016 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Operating grants from government		<b>1,706,252</b>	958,539
Receipts from customers and others		<b>34,019</b>	24,715
Payments to suppliers and employees		<b>(1,208,291)</b>	(981,476)
Interest received		<b>1,724</b>	345
Net cash provided by operating activities	13	<b>533,704</b>	2,123
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Payment for plant and equipment		<b>(20,729)</b>	(15,168)
Payment for intangibles		<b>(1,299)</b>	(3,703)
Net cash used in investing activities		<b>(22,028)</b>	(18,871)
Net increase/(decrease) in cash held		<b>511,676</b>	(16,748)
Cash at beginning of financial year		<b>252,148</b>	268,896
Cash at end of financial year	6, 25	<b>763,824</b>	252,148

## Notes to the financial statements for the year ended 30 June 2017

### NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

#### (a) Statement of compliance

The financial report of the Victorian Assisted Reproductive Treatment Authority (The Authority), as an individual entity, is a general purpose financial report, 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 Directions (FRDs) and relevant Standing Directions of the Minister for Finance.

The financial report 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 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.

The financial report was authorised for issue by the Board of the Authority on 31 August 2017.

#### (b) Basis of preparation

The financial report has been prepared on an accruals basis and is based on historical costs, except for the revaluation of certain non-current assets, for which the fair value basis of accounting has been applied.

In the application of AAS, management is required to make judgments, estimates and assumptions about the 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 Authority determines the policies and procedures for recurring fair value measurements such as plant and equipment in accordance with the requirements of AASB 13 *Fair Value Measurement* 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:

- 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 fair value disclosures, the Authority has determined classes of assets and liabilities as level 3 in the hierarchy. In addition, the Authority determined that there were no transfers between levels in the hierarchy at the end of the reporting period.

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 2017, and the comparative information presented in these financial statements for the year ended 30 June 2016.

#### (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 is 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 9 *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 more than \$100 (2016-17 and 2015-16) 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.

	2017 & 2016
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 2017

### NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### (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.

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 Authority 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, considering 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 (GST)

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the ATO. 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 ATO 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 ATO are presented as operating cash flow. Commitments and contingent 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.

##### **Non-current liability — conditional long service leave (LSL)**

Conditional LSL 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 Australian Government Securities.

### 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 Authority are as follows:

Fund – Defined contribution plans:	Contributions paid or payable for the year	
	2017 \$	2016 \$
Hesta Superannuation	39,479	19,352
First State Super	38,609	32,969
VicSuper	15,461	4,583
Other	25,954	25,598
<b>Total</b>	<b>119,503</b>	<b>82,502</b>

#### (m) Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of the Authority's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*. For example, statutory receivables arising from taxes, fines and penalties do not meet the definition of financial instruments as they do not arise under contract.

Where relevant, for note disclosure purposes, a distinction is made between those financial assets and financial liabilities that meet the definition of financial instruments in accordance with AASB 132 and those that do not.

The following refers to financial instruments unless otherwise stated.

#### **Categories of non-derivative financial instruments**

##### *Financial assets and liabilities at fair value through profit or loss*

Financial assets are categorised as fair value through profit or loss at trade date if they are classified as held for trading or designated as such upon initial recognition. Financial instrument assets are designated at fair value through profit or loss on the basis that the financial assets form part of a group of financial assets that are managed by the Authority based on their fair values, and have their performance evaluated in accordance with documented risk management and investment strategies.

Financial instruments at fair value through profit or loss are initially measured at fair value and attributable transaction costs are expensed as incurred. Subsequently, any changes in fair value are recognised in the net result as other comprehensive income, as required by AASB 139 *Financial Instruments: Recognition and Measurement* para 55. Any dividend or interest on a financial asset is recognised in the net result for the year.

Financial assets and liabilities at fair value through profit or loss include equity investments, debt securities and borrowings.

##### *Reclassification of financial instruments at fair value through profit or loss*

Financial instrument assets that meet the definition of receivables may be reclassified out of the fair value through profit or loss category into the receivables category, where they would have met the definition of receivables had they not been required to be

## Notes to the financial statements for the year ended 30 June 2017

### NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### (m) Financial instruments (continued)

classified as fair value through profit or loss. In these cases, the financial instrument assets may be reclassified out of the fair value through profit or loss category, if there is the intention and ability to hold them for the foreseeable future or until maturity.

##### *Receivables*

Receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are initially recognised at fair value plus any directly attributable transaction costs. After initial measurement, receivables are measured at amortised cost using the effective interest method, less any impairment.

Receivables include cash and deposits (refer to Note 1(c)), trade receivables and other receivables, but not statutory receivables.

##### *Financial liabilities at amortised cost*

Financial instrument liabilities are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. After initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit or loss over the period of the interest-bearing liability, using the effective interest rate method.

Financial instrument liabilities measured at amortised cost include contractual payables, deposits held and advances received, and interest-bearing arrangements other than those designated at fair value through profit or loss.

#### (n) 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.

If 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.

#### (o) Income recognition

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

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

#### *Government grants*

Grants are recognised as income when the 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 a specific restricted purpose reserve.

#### *Interest revenue*

Interest revenue is recognised as received.

#### (p) Project expenses

Project expenses relate to the conduct of specifically funded activities of a defined nature and duration. Project expenses are recognised as expenses in the reporting period in which they are incurred.

#### (q) Other expenses

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

#### (r) Rounding off

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

#### (s) Comparatives

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

#### (t) 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 contributions or distributions that have been designated as contributed capital are also treated as contributed capital.

#### (u) Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note (refer to Note 18) at their nominal value and are inclusive of 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.

#### (v) 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.

#### (w) New accounting standards and interpretations

As at 30 June 2017, the following standards and interpretations had been issued by the Australian Accounting Standards Board but were not yet effective. They become effective for the first financial statements for reporting periods commencing after the stated operative dates in the table below. The Authority has not, and does not intend to, apply these standards early.



## Notes to the financial statements for the year ended 30 June 2017

### NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### (w) New accounting standards and interpretations (continued)

Standard/ Interpretation	Summary	Applicable for annual reporting periods beginning or ending on	Impact on financial statements
AASB 9 <i>Financial Instruments</i>	The key changes include the simplified requirements for the classification and measurement of financial assets, a new hedging accounting model and a revised impairment loss model to recognise impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	1 January 2018	The assessment has identified that the amendments are likely to result in earlier recognition of impairment losses and at more regular intervals.
AASB 2014-1 <i>Amendments to Australian Accounting Standards [Part E Financial Instruments]</i>	Amends various AASs to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2018 as a consequence of Chapter 6 Hedge Accounting, and to amend reduced disclosure requirements.	1 January 2018	This amending standard will defer the application period of AASB 9 to the 2018-19 reporting period in accordance with the transition requirements.
AASB 15 <i>Revenue from Contracts with Customers</i>	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer.	1 January 2018	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. The Standard will also require additional disclosures on service revenue and contract modifications.
AASB 2016-7 <i>Amendments to Australian Accounting Standards – Deferral of AASB 15 for Not-for-Profit Entities</i>	This Standard defers the mandatory effective date of AASB 15 for not-for-profit entities from 1 January 2018 to 1 January 2019.	1 January 2019	This amending standard will defer the application period of AASB 15 for not-for-profit entities to the 2019-20 reporting period.
AASB 16 <i>Leases</i>	The key changes introduced by AASB 16 include the recognition of most operating leases (which are current not recognised) on balance sheet.	1 January 2019	The assessment has indicated that as most operating leases will come on balance sheet, recognition of the right-of-use assets and lease liabilities will cause net debt to increase.  Rather than expensing the lease payments, depreciation of right-of-use assets and interest on lease liabilities will be recognised in the income statement with marginal impact on the operating surplus.  No change for lessors.
AASB 1058 <i>Income of Not-for-Profit Entities</i>	This standard replaces AASB 1004 Contributions and establishes revenue recognition principles for transactions where the consideration to acquire an asset is significantly less than fair value to enable to not-for-profit entity to further its objectives.	1 January 2019	The assessment has indicated that revenue from capital grants that are provided under an enforceable agreement that have sufficiently specific obligations, will now be deferred and recognised as performance obligations are satisfied. As a result, the timing recognition of revenue will change.

**Notes to the financial statements for the year ended 30 June 2017**

	2017 \$	2016 \$
<b>NOTE 2: REVENUE</b>		
<b>Operating activities</b>		
Government grants – Victorian Government	1,386,253	750,954
Government grants – Commonwealth Government	320,000	207,585
Indirect contributions by Department of Health and Human Services	26,376	3,018
Other	25,772	22,842
	<b>1,758,401</b>	<b>984,399</b>
<b>Non-operating revenue</b>		
Interest received	1,724	345
<b>NOTE 3: ANALYSIS OF EXPENSES</b>		
Profit from ordinary activities has been determined after the following expenses:		
Employee expenses	915,892	530,693
<b>Other operating expenses</b>		
Non-salary employee expense	46,713	34,716
Public education expenses	75,191	56,201
Legislation change expenses	61,824	19,811
Professional service fees	59,624	41,475
Member fees	30,590	18,117
Office expenses	25,589	19,903
Commonwealth-funded project expenses	64,981	238,831
Other operating expenses	18,271	17,790
<b>Other expenses</b>		
Depreciation expense	17,295	14,028
<b>Total expenses</b>	<b>1,315,970</b>	<b>911,564</b>

**NOTE 4: 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 2017 to various funds, notably VicSuper, First State Super and Hesta, all being complying funds under the *Superannuation Industry (Supervision) Act 1993*.
- No loans exist between the Authority and these superannuation funds.
- The total contributions by the Authority to these superannuation funds for the year amount to \$119,503 (2016: \$82,502) with employer statutory requirements specifying 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 \$75,295 (2016: \$53,005).

**Notes to the financial statements for the year ended 30 June 2017**

	Notes	2017 \$	2016 \$
<b>NOTE 5: AUDITORS REMUNERATION</b>			
Victorian Auditor-General's Office: Audit of the financial statements		<b>7,000</b>	6,700
<b>NOTE 6: CASH AND CASH EQUIVALENTS</b>			
Cash at bank and on hand	25	<b>763,824</b>	252,148
<b>Reconciliation of cash</b>			
Cash at 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		<b>512,190</b>	251,910
Term deposit		<b>251,365</b>	-
Cash on hand		<b>269</b>	238
		<b>763,824</b>	252,148
<b>NOTE 7: TRADE AND OTHER RECEIVABLES</b>			
<b>CURRENT</b>			
<i>Contractual</i>			
Trade debtors		<b>2,762</b>	2,118
<i>Statutory</i>			
GST receivable		<b>11,678</b>	17,484
Long service leave – Department of Health and Human Services		<b>23,291</b>	-
		<b>34,969</b>	17,484
<b>NOTE 8: OTHER CURRENT ASSETS</b>			
<b>CURRENT</b>			
Prepayments		<b>15,046</b>	14,816
Deposits		-	272
		<b>15,046</b>	15,088
<b>NOTE 9: PLANT AND EQUIPMENT</b>			
(a) Computer equipment			
At fair value		<b>61,092</b>	51,896
Less accumulated depreciation		<b>(46,585)</b>	(35,302)
		<b>14,507</b>	16,594
(b) Office equipment			
At fair value		<b>41,471</b>	29,937
Less accumulated depreciation		<b>(19,834)</b>	(16,148)
		<b>21,637</b>	13,789
<b>Total plant and equipment</b>		<b>36,144</b>	30,383



## Notes to the financial statements for the year ended 30 June 2017

### NOTE 12: PROVISIONS

	\$
Opening balance at 1 July 2015	101,603
Provisions raised during the year	14,478
Balance at 30 June 2016	116,081
Provisions raised during the year	42,006
<b>Balance at 30 June 2017</b>	<b>158,087</b>

#### Current provisions

##### Annual leave (including on-costs)

Unconditional and expected to be settled within 12 months

Unconditional and expected to be settled after 12 months

##### Long service leave (including on-costs)

Unconditional and expected to be settled within 12 months

Unconditional and expected to be settled after 12 months

#### Total current provisions

2017 \$	2016 \$
<b>71,151</b>	49,476
-	-
<b>66,161</b>	54,459
<b>16,358</b>	10,005
<b>153,670</b>	113,940

#### Non-current provisions

Long service leave (including on-costs)

#### Total provisions

<b>4,417</b>	2,141
<b>158,087</b>	116,081

#### 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>71,151</b>	49,476
<b>86,396</b>	66,605
<b>158,087</b>	116,081

#### Movements in long service leave

Balance at start of year

*Provision made during the year*

Expense recognising employee service

#### Balance at end of year

<b>66,605</b>	50,299
<b>19,791</b>	16,306
<b>86,396</b>	66,605

## Notes to the financial statements for the year ended 30 June 2017

### NOTE 13: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOW FROM OPERATING ACTIVITIES

	2017 \$	2016 \$
Net result for the year	444,155	(6,820)
<i>Non cash movements:</i>		
Depreciation and amortisation	17,295	14,028
<i>Movements in assets and liabilities:</i>		
(Increase) in receivables	(18,129)	(1,145)
(Increase)\decrease in other assets	42	(8,702)
Increase\decrease in payables	48,335	(9,716)
Increase in provisions	42,006	14,478
<b>Net cash inflow from operations</b>	<b>533,704</b>	<b>2,123</b>

### NOTE 14: RESPONSIBLE PERSONS

In accordance with the Ministerial Directions issued by the Minister for Finance under the *Financial Management Act 1994*, the following disclosures are made regarding Responsible Persons for the reporting period:

#### Minister for Health

The Hon. Jill Hennessy from 01/07/2016 to 30/06/2017

#### Authority members

Ms K Mander (Chairperson)	from 01/07/2016 to 30/06/2017
Ms. N. Mollard	from 01/07/2016 to 30/06/2017
Ms. K. Lai	from 25/08/2016 to 30/06/2017
Dr. R. McDougall	from 25/08/2016 to 30/06/2017
Dr. L. Burns	from 25/08/2016 to 30/06/2017
Dr. R. Carson	from 25/08/2016 to 30/06/2017
Mr. F. Jackson	from 25/08/2016 to 30/06/2017
Ms. V. Heywood	from 01/07/2016 to 22/07/2016

#### Accountable Officer

Ms L Johnson (Chief Executive Officer) from 01/07/2016 to 30/06/2017

#### Remuneration of Responsible Persons

The Responsible Persons received remuneration for the financial year ended 30 June 2017. The number of Responsible Persons, excluding Ministers, whose total remuneration in connection with the affairs of the Authority as shown in the following bands, were:

Income band	2017	2016
\$0 – \$9,999	7	7
\$10,000 - \$19,999	1	–
\$190,000 - \$199,999	–	1
\$200,000 - \$209,999	1	–
<b>Total numbers</b>	<b>9</b>	<b>8</b>
Total remuneration received or due and receivable by responsible persons from the reporting entity amounted to:	<b>237,727</b>	221,354

### NOTE 15: EXECUTIVE OFFICER DISCLOSURES

In accordance with FRD 21C, other than the Accountable Officer, there were no other executive officers during the reporting period.



## Notes to the financial statements for the year ended 30 June 2017

### NOTE 16: RELATED PARTY TRANSACTIONS

The Authority is established under the *Assisted Reproductive Treatment Act (2008)* (Vic) and reports to the Minister for Health.

Related parties of the Authority include:

- all key management personnel and their close family members and personal business interests (controlled entities, joint ventures and entities they have significant influence over)
- all cabinet ministers and their close family members
- all departments and public-sector entities that are controlled and consolidated into the whole of state consolidated financial statements.

Related party transactions are entered into on an arm's length basis.

#### Significant transactions with government-related entities

During the financial year, the following aggregate transactions were undertaken and balances held. These transactions were undertaken in the ordinary course of operations.

	2017 \$	2016 \$
Department of Health and Human Services	1,412,629	753,972
Commonwealth Department of Health	320,000	207,585

#### Key Management Personnel

Key Management Personnel of the Authority includes the Minister for Health, the Authority's Board and the Accountable Officer as listed in Note 14: *Responsible Persons*.

#### Remuneration

The compensation detailed below excludes the salaries and benefits the Minister of Health receives. The Minister of Health's remuneration and allowances is set by the Parliamentary Salaries and Superannuation Act 1968 and is reported within the Department of Parliamentary Services' Financial Report.

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided by the entity, or on behalf of the Authority, in exchange for services rendered, and is disclosed in the following categories.

Short-term employee benefits include amounts such as wages, salaries, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment benefits include pensions and other retirement benefits paid or payable on a discrete basis when employment has ceased.

Other long-term benefits include long service leave, other long service benefits or deferred compensation.

	2017 \$	2016 <sup>i</sup> \$
Short-term benefits	214,893	
Post-employment benefits	18,894	
Other long-term benefits	3,939	
<b>Total remuneration</b>	<b>237,727</b>	

- i. No comparatives have been reported because remuneration in the prior year was determined in line with the basis and definition under FRD 21B. Remuneration previously excluded non-monetary benefits and comprised any money, consideration or benefit received or receivable, excluding reimbursement of out-of-pocket expenses, including any amount received or receivable from a related party transaction. Refer to the prior year's financial statements for executive remuneration for the 2015-16 reporting period.

#### Transactions and balances with key management personnel and other related parties

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the Victorian Government Procurement Board requirements.

There were no related party transactions that involved key management personnel, their close family members and their personal business interests.

## Notes to the financial statements for the year ended 30 June 2017

### 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 2017 (2016: NIL).

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis for measurement, and the basis on which income and expenses are recognised, with respect to 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	2017	2016
Cash and cash equivalents	6	Cash and cash equivalents	763,824	252,148
Receivables/deposits	7, 8	Receivables and other current assets	2,762	2,390
Financial liabilities				
		Category		
Payables	12	Trade and other payables	90,010	44,066

#### Risk management

##### i. Treasury risk management

The 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 risks 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 of those assets, net of any provisions for impairment, 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 and term deposit that are at floating 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		Floating interest rate		Fixed interest rate		Non-interest bearing		Total	
	2017 %	2016 %	2017 \$	2016 \$	2017 \$	2016 \$	2017 \$	2016 \$	2017 \$	2016 \$
<i>Financial assets:</i>										
Cash at bank and in hand	0.100	0.096	512,190	251,910	-	-	269	238	512,459	252,148
Term deposit	2.090	-	-	-	251,365	-	-	-	251,365	-
Trade and other receivables			-	-	-	-	2,762	2,390	2,762	2,390
<b>Total financial assets</b>			<b>512,190</b>	<b>251,910</b>	<b>251,365</b>		<b>3,031</b>	<b>2,628</b>	<b>766,586</b>	<b>254,538</b>
<i>Financial liabilities:</i>										
Trade and other payables	-	-	-	-	-	-	90,010	44,066	90,010	44,066
<b>Total financial liabilities</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>90,010</b>	<b>44,066</b>	<b>90,010</b>	<b>44,066</b>

## Notes to the financial statements for the year ended 30 June 2017

### NOTE 17: FINANCIAL INSTRUMENTS (continued)

#### (b) Interest rate risk (continued)

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

Less than 90 days

2017 \$	2016 \$
<b>90,010</b>	44,066
<b>90,010</b>	44,066

#### (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 liabilities are disclosed in the balance sheet and in the notes to the financial statements.

The following table discloses details of aggregate net fair value and carrying amounts of financial assets and financial liabilities at balance date:

	2017		2016	
	Carrying amount \$	Net fair value \$	Carrying amount \$	Net fair value \$
<i>Financial assets</i>				
Cash and cash equivalents	<b>763,824</b>	<b>763,824</b>	252,148	252,148
Trade and other receivables	<b>2,762</b>	<b>2,762</b>	2,390	2,390
<i>Financial liabilities</i>				
Trade and other payables	<b>90,010</b>	<b>90,010</b>	44,066	44,066

#### (d) Sensitivity analysis

Considering 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 0.1%.
- A parallel shift of +1% and -1% in inflation rate from year end rates of 1.9%

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>2017</b>					
<i>Financial assets</i>					
Cash and cash equivalents	763,824	(7,638)	(7,638)	7,638	7,638
<b>2016</b>					
<i>Financial assets</i>					
Cash and cash equivalents	252,148	(2,521)	(2,521)	2,521	2,521

## Notes to the financial statements for the year ended 30 June 2017

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### NOTE 18: CAPITAL AND LEASING COMMITMENTS

#### (a) Capital commitments

The Authority had no capital commitments at 30 June 2017 (2016: NIL).

#### (b) Lease commitments

The Authority had no lease commitments at 30 June 2017 (2016: NIL).

#### (c) Other commitments

The Authority had no other significant commitments at 30 June 2017 (2016: NIL).

### NOTE 19: CONTINGENT LIABILITIES

There are no contingent liabilities at 30 June 2017 (2016: NIL).

### NOTE 20: ECONOMIC DEPENDENCY

The 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 the Victorian Assisted Reproductive Treatment Authority.

### NOTE 25: OPERATING RESULT AND CASH BALANCE

There was a net surplus of \$444,155 for the reporting period compared to a net deficit of \$(6,820) for the prior year. Cash and cash equivalents at 30 June 2017 were \$763,824 compared with \$252,148 for the prior year. There were various contributing factors to the net surplus and increase in cash balance including:

#### **Your Fertility Program**

During the reporting period, the Authority received and recognised \$320,000 from the Commonwealth Government for the *Your Fertility Program* (Program). Expenditure of \$64,981 relating to the Program was incurred and recognised in the reporting period. Surplus funds related to the Program are expected to be utilised in the 2017–18 financial year.

#### **Project work**

During the reporting period, the Authority received and recognised \$80,000 from the Victorian State Government for project work. Expenditure of \$11,248 relating to project work was incurred and recognised in the reporting period. Surplus funds related to project work are expected to be utilised in the 2017–18 financial year.

#### **Legislative Change**

Certain expenditure items related to changes to the *Assisted Reproductive Treatment Act (2008)* that came into effect on 1 March 2017 are expected to be incurred in the 2017–18 financial year.

# Independent Auditor's Report

## To the Board of the Victorian Assisted Reproductive Treatment Authority

<b>Opinion</b>	<p>I have audited the financial report of the Victorian Assisted Reproductive Treatment Authority (the authority) which comprises the:</p> <ul style="list-style-type: none"> <li>• balance sheet as at 30 June 2017</li> <li>• comprehensive operating statement for the year then ended</li> <li>• statement of changes in equity for the year then ended</li> <li>• cash flow statement for the year then ended</li> <li>• notes to the financial statements, including a summary of significant accounting policies</li> <li>• accountable officer's, member of responsible body's and chief finance officer's declaration</li> </ul> <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the authority as at 30 June 2017 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
<b>Basis for Opinion</b>	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. My responsibilities under the Act are further described in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the authority in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Australia. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
<b>Board's responsibilities for the financial report</b>	<p>The Board of the authority is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Board is responsible for assessing the authority's ability to continue as a going concern, and using the going concern basis of accounting unless it is inappropriate to do so.</p>

**Auditor's responsibilities for the audit of the financial report**

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit 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 authority's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board
- conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the authority's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the authority to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE  
1 September 2017



Charlotte Jeffries  
*as delegate for the Auditor-General of Victoria*



# Glossary

The terminology used in this report is fully explained below:

<b>Age at first treatment</b>	Age is based on the cycle date – either the first date where FSH/stimulation drug is administered, or the date of last menstrual period (LMP) for unstimulated cycles (including natural fresh cycles and thaw cycles).
<b>AI (artificial insemination) with partner sperm</b>	A procedure of transferring sperm without also transferring an egg into the vagina, cervical canal or uterus of a woman.
<b>AI with donor sperm</b>	Artificial insemination with donor sperm.
<b>Clinical pregnancy</b>	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.
<b>Egg retrieval</b>	Procedure undertaken in an attempt to collect egg(s) from a woman.
<b>Embryo</b>	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.
<b>Fertilisation</b>	Penetration of an egg by sperm. Only egg(s) with two pronuclei will be reported.
<b>FSH stimulated cycle</b>	A treatment cycle in which the woman's ovaries are stimulated with superovulatory drugs, excluding clomiphene citrate, to produce more than one egg.
<b>Gamete</b>	An egg or sperm.
<b>ICSI (intra cytoplasmic sperm injection)</b>	ICSI is a micromanipulation technique where a single sperm is injected into the inner cellular structure of an egg. For the purposes of this report, ICSI treatment cycles are included in the total of IVF treatment cycles.
<b>IVF (in vitro fertilisation)</b>	Co-incubation of sperm and egg outside the body of a woman. It does not necessarily result in the formation of an embryo that is fit for transfer. Intra cytoplasmic sperm injection (ICSI) may also be used as a part of an IVF procedure.
<b>Liveborn baby</b>	A fetus delivered with signs of life after complete expulsion or extraction from its mother, beyond 20 completed weeks of gestational age.
<b>Live birth</b>	A birth event in which a live born baby is delivered. Live births are counted as birth events, e.g. a twin or triplet live birth is counted as one birth event.
<b>Not FSH stimulated/ Unstimulated cycle</b>	A treatment cycle where no super-ovulatory drugs are used or where only clomiphene citrate is used.
<b>Number of fetal heartbeats</b>	Number of fetal hearts seen by ultrasonography.
<b>PGD (preimplantation genetic diagnosis)</b>	PGD is a genetic test for embryos designed to reduce the risk of a person or couple passing on their genetic or chromosomal disorder to their child.
<b>PGS (preimplantation genetic screening)</b>	PGS is a scientific test used to screen for embryos that do not have the normal number of chromosomes (46 chromosomes).
<b>Registered ART provider</b>	A place in respect of which registration under Part 8 of the <i>Assisted Reproductive Treatment Act 2008</i> is in force.
<b>Surrogacy</b>	An arrangement whereby a woman is treated with an embryo created from gametes from the commissioning parent(s) or donor eggs and sperm. She carries the pregnancy with the intention or agreement that the offspring will be parented by the commissioning parent(s).
<b>Thaw cycle</b>	Cryopreserved/frozen eggs, sperm or embryos must be thawed prior to transfer. A thaw cycle commences with the removal of frozen embryos from storage in order to be thawed and then transferred.
<b>Transfer</b>	The procedure of placing embryos or eggs and sperm into the body of a woman.
<b>Women in treatment</b>	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 <i>Assisted Reproductive Treatment Act 2008</i> . Before 2010, women were required to be eligible for treatment under Section 8 of the <i>Infertility Treatment Act 1995</i> .

# 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.

## Report of operations

PAGE

### Charter and purpose

FRD 22H	Manner of establishment and the relevant ministers	i
FRD 22H	Purpose, functions, powers and duties	1
FRD 22H	Initiatives and key achievements	4-8
FRD 22H	Nature and range of services provided	4-21

### Management and structure

FRD 22H	Organisational structure	27
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### Financial and other information

FRD 10A	Disclosure index	76
FRD 11A	Disclosure of ex-gratia payments	n/a
FRD 21C	Responsible person and executive officer disclosures	68
FRD 22H	Application and operation of <i>Protected Disclosure 2012</i>	23
FRD 22H	Application and operation of <i>Carers Recognition Act 2012</i>	n/a
FRD 22H	Application and operation of <i>Freedom of Information Act 1982</i>	22
FRD 22H	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	n/a
FRD 22H	Details of consultancies over \$10,000	22
FRD 22H	Details of consultancies under \$10,000	22
FRD 22H	Employment and conduct principles	26
FRD 22H	Information and Communication Technology Expenditure	23
FRD 22H	Major changes or factors affecting performance	6
FRD 22H	Occupational violence	n/a
FRD 22H	Operational and budgetary objectives and performance against objectives	6
FRD 24C	Reporting of office-based environmental impacts	22
FRD 22H	Significant changes in financial position during the year	6
FRD 22H	Statement on National Competition Policy	n/a
FRD 22H	Subsequent events	72
FRD 22H	Summary of the financial results for the year	6
FRD 22H	Additional information available on request	22
FRD 22H	Workforce Data Disclosures including a statement on the application of employment and conduct principles	26
FRD 25C	Victorian Industry Participation Policy disclosures	n/a
FRD 29B	Workforce Data disclosures	n/a
FRD 103F	Non-Financial Physical Assets	n/a
FRD 110A	Cash flow Statements	59
FRD 112D	Defined Benefit Superannuation Obligations	n/a
SD 5.2.3	Declaration in report of operations	2
SD 3.7.1	Risk management framework and processes.	23

### Other requirements under Standing Directions 5.2

SD 5.2.2	Declaration in financial statements	57
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	60
SD 5.2.1(a)	Compliance with Ministerial Directions	60

## Legislation

<i>Freedom of Information Act 1982</i>	22
<i>Protected Disclosure Act 2012</i>	23
<i>Carers Recognition Act 2012</i>	n/a
<i>Victorian Industry Participation Policy Act 2003</i>	n/a
<i>Building Act 1993</i>	n/a
<i>Financial Management Act 1994</i>	2
<i>Safe Patient Care Act 2015</i>	n/a



