



VARTA

Victorian Assisted Reproductive
Treatment Authority



Annual Report 2018

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 2017 to 30 June 2018.

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.

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About VARTA

Vision

People are enabled to make optimal choices about fertility and assisted reproductive treatment and the connections it creates.

Purpose

We help people understand what they can do to improve their chance of having a baby.

We regulate assisted reproductive treatment (ART) providers and prioritise the best interests of people having ART treatment, and their future children.

We support people involved in donor conception to get the information they need and achieve their connection preferences.

We are Independent

- We operate as a statutory authority guided by the *Assisted Reproductive Treatment Act 2008* (Vic) and the Minister of Health's expectations.

Evidence-informed

- We gather and analyse current evidence and translate findings, to inform all that we do.

Collaborative

- We work in partnership with those working in ART, health, education, research and legal sectors, and we consult with our consumers.

Inclusive

- We are committed to the *Charter of Human Rights and Responsibilities Act 2006* (Vic), and to the protection of the welfare of all people treated through, and born from, ART.

Sustainable

- We operate as an innovative, responsive and capable organisation.

Our work

Regulation

- We administer the registration of ART providers in Victoria and monitor and report on treatment outcomes.
- We approve the import/export of donor gametes and embryos containing donor gametes into and out of Victoria.

- Confidential information is stored within our systems, which comply with privacy regulations.

Education

- We translate research findings about fertility, infertility, ART and pre-conception health into information materials, education programs, campaigns and projects.
- We educate the community and relevant professionals.
- We educate ART clinics to foster their compliance with the *Assisted Reproductive Treatment Act (2008)*.

Donor register services

- We manage the Central and Voluntary registers and process applications from people who want to seek or store information on the registers.
- We provide information, counselling and support for donor-conceived people, parents, donors and family members.
- We make connections between donors, donor-conceived people and parents who received donor treatment.

Focus

Regulation

- Undertake risk-based regulatory planning to effectively use regulatory tools. Embed learnings to enhance future processes and minimise risks and build our expertise in investigating potential legislative breaches by ART clinics.

Education

- Increase engagement with consumers, and build VARTA's knowledge of behavioural insights and technology to broaden our methods of innovative and appropriate education methods, to enable more people to understand fertility, infertility and ART.

Donor register services

- Evaluate the impact of the 'Right to Know' legislation - the experiences of donor-conceived people, donors, parents and VARTA's systems and processes, to analyse, enhance our practices and share with others, nationally and internationally.

Organisational capability

- Operate with sustainable human and financial resources to undertake our functions and achieve strategic outcomes, as an innovative, responsive, capable, transparent and sustainable organisation with a positive culture.

Chairperson's report

It is fitting that this year, my final year as VARTA Chairperson, has been one of tremendous activity, with promises of more in the year ahead.

I began my first term as VARTA Chairperson in July 2010, shortly after the Authority had transitioned from the Infertility Treatment Authority to the Victorian Assisted Reproductive Treatment Authority (VARTA), following the enactment of the *Assisted Reproductive Treatment Act 2008 (Vic) (Act)* in January 2010.

In the eight years that have followed, there have been a number of important changes to the legislative regime, including:

- 2013 – enhancements to the provisions regarding long-term storage of gametes
- 2014 – preserving and securing access to donor treatment records and provision for people linked on the Central Register to exchange medical information
- 2015 – establishing counselling services at VARTA for people involved in applications to the donor conception registers; requiring all pre-1988 donor conception records to be lodged on the Central Register; and giving all donor-conceived people the right to apply for information about their donor, with information only released with the consent of the donor
- 2017 – giving people conceived in Victorian from egg and sperm donation prior to 1998 the right to know their donor's identity.

This year the Victorian Government announced a further review of the regime, and in a pleasing symmetry, this review will be overseen by Michael Gorton, my predecessor as VARTA Chairperson. The review will consider, among other things, whether:

- there are barriers to treatment for LGBTI people, particularly in light of the *Commonwealth Marriage Amendment (Definition and Religious Freedoms) Act 2017*
- current legislation offers adequate protection to people intending to have assisted reproductive treatment (ART) services, following the 2016 Australian Competition and Consumer Commission investigation into 'success rate' claims by IVF clinics
- the legislation continues to be appropriate for the evolving ART market, considering the increased commercialisation of the industry
- there are issues of access and affordability of ART services.

This legislative review is timely in view of the continuing change of the ART industry – both in terms of its ongoing global expansion and developments at a local level.

This year, a new provider, Number 1 Fertility, opened its doors in Victoria. Genea's entry into the state's fertility marketplace in early 2018 means that Victoria now has all three of Australia's largest providers in operation. Victorian consumers now have a more diverse range of treatment options. However, the changes are also likely to lead to an increase in industry competition, which in turn has the potential to raise the commercialisation of services.

The industry and VARTA are both very different now from when I started as VARTA Chairperson eight years ago. As I look back over my years in service with VARTA and reflect on what has changed and what has worked, I am very proud of the work VARTA has done to ensure that patient welfare and the health and welfare of children born from ART continues to be prioritised. It is good too to know that the regulatory spotlight remains focused on ensuring this continues.

It is important to acknowledge the significant work and effort of my fellow board members, our CEO, Louise Johnson, and the VARTA staff. This work is often at the cutting edge of law, ethics, science and public policy, and has a significant effect on many people's lives. As such, it is enormously challenging and rewarding in equal parts.

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



Chairperson's report

As new Chairperson I would like to endorse the words of my predecessor, Kirsten Mander. In addition, I would like to acknowledge the significant contribution Kirsten has made in her eight years as VARTA Chairperson.

It is my aim to build on the contributions that Kirsten and other board members, both current and former, have made in line with their responsibilities under the *Assisted Reproductive Treatment Act 2008* (Act).

I am looking forward to the outcomes of the review of the Victorian regulatory framework for assisted reproductive treatment and to working with my board member colleagues, as well as with Louise Johnson and the VARTA staff, and our stakeholders, to support developments that may result from the review.

VARTA's new Strategic Plan for 2018-2020 promises great opportunity and potential for VARTA activities and I am enthusiastic to see the result in terms of VARTA's donor conception services, public education and regulation.

VARTA holds an important position as thought leader and trusted provider of information for the public, including the excellent work it is doing in partnership with other members of the Fertility Coalition and other stakeholders on the *Your Fertility* program. I look forward to supporting this work in the future.

The new Ministerial Statement of Expectations, as provided in February 2018, has already reshaped VARTA's activity and will continue to influence the regulatory environment for ART providers in Victoria for the coming year. In particular, the new Conditions for Registration will be an important tool for facilitating, in the Minister's words, "non-discriminatory access to assisted reproductive treatment and protect(ing) those accessing it, including any children to be born".

VARTA's activities will continue to be driven by the guiding principles of the Act, in particular, to ensure that the welfare and interests of people born as a result of treatment procedures remain paramount and that the health and wellbeing of people undergoing treatment procedures are protected at all times.



Louise Glanville
Chairperson

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for the Victorian Assisted Reproductive Treatment Authority for the year ending 30 June 2018.



Chief Executive Officer's report

This year has seen a great deal of activity throughout every part of the organisation. In public education and research, the production of 'The History of Donor Conception Records in Victoria' research findings has been a highlight.

The findings, launched in March at the 2018 Louis Waller Lecture, included the unearthing of additional donor conception records, some of which have already enabled matches for donor-conceived people who previously thought they would be unable to find their donor. Understandably, the location of these records has generated considerable interest, including significant coverage in the media.

VARTA has continued to monitor the ways in which clinics provide information about success rates on their websites. Additionally, the Authority had been monitoring the extent to which clinics are using 'add-ons' (adjuvants) in their ART service provision. This information is determined through publicly available company information and via requests from clinics in line with the Conditions for Registration process.

A year after the introduction of the 'Right to Know' legislation, VARTA's experience of managing the donor conception registers has been diverse and instructive. The demand for VARTA's one-door-in service has been high, with 154 applications received in the past 12 months. These applications have impacted on more than 160 families, and many family members have called on VARTA to provide information and support.

VARTA is also seeing a significant number of applications to the donor conception registers for information from donors about donor-conceived people with whom they are linked. Donor applications are often motivated by a belief in the importance of sharing medical information; others may be the result of previous connections with donor-conceived people. These donor applications often require VARTA counsellors to inform people that they are donor conceived. This is sensitive work with an enormous impact on families.

VARTA developed and produced a new three-year strategic plan for the years 2018-2020. The plan was created following in-depth consultations with VARTA's Advisory Panel, staff and board members and can be viewed on the VARTA website. Our four primary focus areas: Regulation, Education, Donor Conception Register Services and Organisational Capability provide a framework for this report.

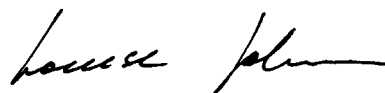
The year also saw significant activity from the *Your Fertility* program delivered in collaboration with the

Fertility Coalition: Andrology Australia, Jean Hailes Research Unit, and the Robinson Research Institute at the University of Adelaide. Fertility Week 2017 focussed on avoiding chemicals in the home that can affect fertility. The campaign generated extensive media interest, with a total audience reach of more than 72 million.

I would like to thank board members for the contributions they have made throughout the course of the year. I would like to thank our outgoing Chairperson, Kirsten Mander, for all her time and in leadership on the board. Kirsten has been VARTA Chairperson since 2010. Her four terms in this role have been filled with change and development in the Victorian ART landscape and the Authority has appreciated her expert advice and insight throughout this time.

Kirsten's departure also means the appointment of a new chairperson to the VARTA board. I would like to welcome Louise Glanville who comes with a wealth of experience and look forward to working with her.

VARTA is a small statutory authority that relies on the expertise of an advisory panel, a public education reference group, donor-conception registers reference group, consumers and a range of professionals to deliver results. I would like to acknowledge the continued support of many people from the donor conception community, whose involvement greatly assists VARTA's work. For all others who have given their time and expertise throughout the year, we thank you for your contributions.



Louise Johnson
Chief Executive Officer



Operational and budgetary objectives and performance

VARTA met the following financial objectives for the reporting period:

- Expenditure was within the amount budgeted for the 2017-18 financial year
- A positive ratio for assets: liabilities was maintained
- Compliance, taxation and reporting obligations were met in a timely manner

VARTA recorded a net surplus of \$27,976 for the 2017-18 financial year compared with a net surplus of \$444,155 for the prior year. Various contributing factors to the net surplus are described below.

Regulatory funding

During the reporting period, VARTA received \$140,000 of Victorian Government non-recurrent funding to provide support for VARTA's increased regulatory activity. Expenditure of \$1,773 was incurred and recognised in the reporting period. Surplus funds related to this funding are expected to be fully utilised in the 2018-19 financial year.

Donor Conception Register Services – IT system selection

Following the changes to the *Assisted Reproductive Treatment Act (2008)* that came into effect on 1 March 2017, the Authority was granted \$100,000 as part of its 2017-18 non-recurrent funding for the purposes of improving its IT platforms used for managing the voluntary and central registers, and to support its Donor Conception Register Services functions. During the

reporting period, VARTA entered into a systems selection process (process) to help identify the most appropriate IT system. Expenditure of \$33,051 relating to the process was incurred and recognised in the reporting period. Surplus funds related to the process are expected to be utilised in the 2018-19 financial year.

Your Fertility program

During the reporting period, VARTA received and recognised \$318,000 from the Commonwealth Government for the *Your Fertility* program (program). Expenditure of \$459,627 relating to the program was incurred and recognised in the reporting period. The deficit of \$(141,316) incurred in the reporting period was supported by \$320,000 of funding received in the final quarter of the 2016-17 financial year, of which only \$64,981 was utilised due to the timing of the funding receipt.

Project work

Expenditure of \$46,341 relating to additional project work was incurred and recognised in the reporting period. Additional funding from the Victorian State Government to undertake project work was received and recognised in the 2016-17 financial year.

Public education expenses

During the reporting period, VARTA incurred additional annual report data and design costs of \$38,420. This was due to the decision taken to report these costs in the year to which they relate, rather than when the work itself was carried out. This has resulted in annual report costs for both 2017 and 2018 being recognised in the reporting period.

Summary of financial results

	2017-18	2016-17	2015-16	2014-15	2013-14
	\$	\$	\$	\$	\$
Total revenue	2,040,435	1,760,125	984,744	936,249	922,859
Total expenses	2,012,459	1,315,970	991,564	911,811	1,008,390
Net result for the year	27,976	444,155	(6,820)	24,438	(85,531)
Total assets	959,551	862,674	328,180	330,237	305,640
Total liabilities	333,561	264,660	174,321	169,559	169,399
Net assets	625,990	598,014	153,859	160,678	136,241
Total equity	625,990	598,014	153,859	160,678	136,241

Focus 1

Regulation

Registration of assisted reproductive treatment (ART) providers

Under the Act, ART providers are required to notify the Authority 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. With the entry of two additional providers, Genea and Number 1 Fertility, patients have a greater choice of providers for ART.

ART providers registered to provide treatment 1 July 2017 – 30 June 2018

Ballarat IVF
City Babies, Richmond
City Fertility Centre, Bundoora
City Fertility Centre, Melbourne
Genea, Melbourne
Melbourne IVF, East Melbourne*
Melbourne IVF, Mt Waverley
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)
Number 1 Fertility Geelong
The Egg Freeze Centre by Number 1 Fertility, Melbourne
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 and Werribee. Patients managed at the East Melbourne site may attend Box Hill and Werribee for the above services. Data for East Melbourne will include data for some patients attending the Box Hill and Werribee clinics.

** 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

In February 2018, the Minister for Health issued VARTA with a new Statement of Expectations (SOE) performance standards. VARTA's action plan to meet these performance standards has been published on its website. Aspects of performance related to the SOE are embedded within this annual report. The Authority developed a regulator plan which was published on the website in early 2018.

Consultation with registered ART providers was conducted and risks and matters in the public interest were considered in reviewing VARTA's *Conditions for Registration* (June 2018). Additional requirements were imposed relating to the provision of information to patients about the use of adjuvant or 'add on' treatments in conjunction with a program of IVF treatment. An attestation in relation to information provision to patients about adjuvant use is now required. A requirement to conduct an audit on request and open disclosure about adverse incidents impacting on patients, have been included within the *Conditions for Registration*.

The Authority's auditing of publicly available information on 34 unique Australian and New Zealand ART providers' websites revealed that the five most commonly advertised adjuvant treatments were: preimplantation genetic screening (50 per cent of websites); sperm selection (44 per cent of websites); assisted hatching (35 per cent of websites); embryo culture enhancements (29 per cent of websites); and time-lapse imaging (21 per cent of websites). Adjuvants used by clinicians may not be included on registered ART provider websites and further information reported by ART providers will enable VARTA to provide information to the public.

The Authority imposed specific conditions on the registrations of two registered ART providers in response to self-reported adverse incidents. These new conditions require regular reports about the progress of systemic improvements to minimise the risk of similar incidents occurring in the future. Risks associated with adverse incidents and potential breaches of the Act have been discussed at inter-clinic meetings and with individual providers. Significant systemic improvements were implemented by providers during the year including enhancements to digital patient information systems, policies and procedures (clinical and scientific).

Annual meetings with designated officers were held to enable in-depth discussion of regulatory and compliance matters and treatment trends.

Throughout the year, VARTA has consulted on a regular basis with the RTAC Chairperson in relation to the accreditation scheme, quality assurance and the revision of the RTAC Code of Practice for ART providers. Improvements to the 2017 Code of Practice include enhanced requirements and guidance in relation to advertising and consumer information.

The Authority's monitoring of ART provider websites throughout Australia and New Zealand in 2017 revealed an improvement in the way success rates were provided to the public. VARTA has worked in partnership with the University of Technology Sydney to produce cumulative success rates information for the public via the website using annual report data collected over several years (see page 22).

The Authority is also scheduling meetings with other co-regulators such as the Australian Health Practitioner Regulation Agency (AHPRA) and the Health Complaints Commissioner to continue to explore the scope for collaborative work.

Import and export of donor gametes and embryos produced from donor gametes

Under the Act, if a person wants to import or export donor gametes (egg and sperm) or embryos produced from donor gametes into or out of Victoria they need approval from VARTA. An approval granted by VARTA may apply to a particular case or a class of cases and may be subject to conditions or exemptions. The *Guidelines for the import and export of donor sperm, donor eggs and embryos produced from donor sperm and/or eggs* were also reviewed and new application forms were developed in early 2018.

The number of individual import and export applications received this financial year (42) was slightly less than the number received in the previous financial year (49). There were two class applications received from Victorian registered ART providers to import or export donated sperm compared to the five class import applications received in the previous financial year.

Number of import and export applications involving donated gametes – 1 July 2017 to 30 June 2018

Application	Individual applications		Class applications	
	Import	Export	Import	Export
Total received	16	26	1	1
Note: Two applications requested the export of donated embryo/s and gamete/s				
Status by donated embryos / gametes type				
Donor sperm	3	10	1	1
Approved	2	10	1	1
Approved with conditions	1	–	–	–
Donor eggs	1	1	–	–
Approved	1	1	–	–
Donor embryos	1	3	–	–
Approved	1	3	–	–
Donor embryos formed using donor eggs	1	5	–	–
Approved	1	5	–	–
Embryos formed using donor sperm	2	9	–	–
Approved	2	9	–	–
Embryos formed using donor eggs	6	–	–	–
Approved	3	–	–	–
Pending	3	–	–	–
Embryos formed using donor sperm and eggs	2	–	–	–
Approved	1	–	–	–
Pending	1	–	–	–

Focus 2 Education

Time to tell seminar

The 2017 Time to tell seminar, the seventh of its kind run by VARTA, drew a sell-out crowd of 151 attendees. This annual event provides information on why, how, when and what to tell children who are donor conceived about the unique way in which they were conceived. It also offers information and support to potential parents, parents, families, friends and donors with information, as well as tips and support to feel more confident about their story. The event continues to grow in popularity. VARTA receives regular enquiries about the seminar along with requests to hold more than one event annually.

Louis Waller Lecture 2018

More than 160 people attended the 2018 Louis Waller Lecture, 'Looking back: the early days of donor conception in Victoria', making it VARTA's largest Louis Waller Lecture to date.

The evening, launched by the Victorian Minister for Health the Hon. Jill Hennessy MP by video, and compered by VARTA Chairperson Kirsten Mander, was particularly special because the keynote speech was delivered by Emeritus Professor Waller himself.

Professor Waller provided a thoughtful overview of, and insight into, developments that led to the first assisted reproductive treatment legislation in Victoria or anywhere in the world.

Other speakers included Dr Fiona Kelly, Associate Professor of Law at La Trobe University, who delivered an overview of research compiled for the 'History of Donor Conception Records in Victoria' report, launched that evening. Dr Lauren Burns, VARTA board member and donor-conceived person, also spoke, sharing a personal response to the findings of the report and perspective on what this information means for donor-conceived people.

The event also saw the unveiling of VARTA's History of Donor Conception in Victoria online gallery, which provides a range of historical material together with recordings of personal experiences of parents, donors and health professionals of the early days of donor treatment. The gallery can be viewed on the VARTA website.

History of Donor Conception Records in Victoria

The History of Donor Conception Records in Victoria study was conducted for VARTA by Dr Fiona Kelly, Associate Professor in Law at La Trobe University, and Dr Deborah Dempsey, Associate Professor in Sociology at Swinburne University of Technology. The research was supported by the Victorian Government.

The study involved approximately 40 interviews with clinicians, sperm donors and recipient parents who were involved in the fertility industry before 1988 when the first law regulating the fertility industry was passed. The purpose was to determine what record-keeping practices existed, how the records were stored, and what happened to them, particularly given that two of the clinics no longer exist. It also examined attitudes of the various stakeholders to information exchange between previously anonymous sperm donors and their donor offspring.

Key findings included:

- Contrary to popular belief, clinicians in the 1970s and 1980s kept meticulous sperm donor records, and substantive records have survived, particularly for the 1980s. While the purpose at the time was to maintain donor anonymity, in many cases the records make it possible to link donors to their offspring.
- By the early 1980s, most fertility clinics were trying to recruit donors who were open to having access with their offspring in the future, though the law did not require them to do so. Under the 2016 law which gave retrospective access to donor identities, those records are now being used to match previously anonymous donors with their donor offspring.
- The study unearthed some additional records, including a pregnancy book, from Queen Victoria Hospital (which went on to become Monash IVF). These records have now been provided to VARTA and are enabling matches for donor conceived offspring who previously thought they would never be able to find their donor.

Considerable media interest was generated by the research findings – in particular, regarding the location of additional early donor treatment records from Queen Victoria Hospital. VARTA instigated targeted coverage in the *Herald Sun* which generated significant attention in broadcast, print and online media.

Media attention relating to this report evolved into a focus on adult donor-conceived people learning of their conception as a result of an application by their donor to the Central Register. VARTA used these discussions as an opportunity to promote the importance of parents telling their adult donor-conceived children the circumstances of their conception, creating a video and online resources to promote key messages on this issue. With the popularity of ancestry DNA testing, many young adults are discovering that they are donor-conceived and VARTA is also providing support, linking these adults and their families into existing services.

Follow up to ACCC investigation/success rates – clinic audit and media coverage

A research paper published by VARTA staff in November 2017 on how ART clinics in Australia and New Zealand present success rates also received considerable media attention. Clinic websites were audited before and after an ACCC investigation which ordered clinics to improve the transparency of how they report success rates on their websites. The results showed that most ART clinics had not improved the quality of the information provided about success rates following the ACCC investigation. However, a subsequent audit undertaken in early 2018 revealed some improvement in the way clinics report success rates on their websites.

Your Fertility program

As the lead partner of the Fertility Coalition (also comprising Andrology Australia, Jean Hailes Research Unit, Robinson Research Institute), VARTA managed the national *Your Fertility* health promotion program, funded by the Commonwealth Department of Health. Numerous initiatives progressed during this period included:

- The multicultural women's pilot project, conducted in partnership with the Multicultural Centre for Women's Health, saw 11 bilingual health educators representing six language groups, trained to deliver preconception health education sessions to women in their communities
- Family Planning Victoria's partnership with *Your Fertility* to refresh the fertility and ART learning module for primary and secondary schools and develop an online learning tool for teachers
- The Robinson Research Institute's leadership of the *Your Fertility* Potential tool enhancement project
- Andrology Australia's survey of GPs to explore the information needs of men with regards to fertility education
- The refresh and redesign of the *Your Fertility* website.

Fertility Week 2017

Fertility Week is an annual, national public education campaign, delivered by the Fertility Coalition. The campaign, a key activity of the *Your Fertility* program, aims to raise public awareness of modifiable factors that can impact on pre-conception health.

Fertility Week 2017, which ran from 15–21 October, featured the effects of endocrine disrupting chemicals (EDCs) in the home on fertility, and the chances of becoming pregnant and having a healthy baby. The *Your Fertility* team collaborated with Dr Mark Green,

Senior Lecturer in Reproductive Biology at the University of Melbourne, who contributed the evidence base for the campaign and was the primary campaign expert and spokesperson.

Campaign resources included new fact sheets for health professionals and for the public, three short videos featuring Dr Green in the home of a couple trying for a baby, social media images and messaging. VARTA also worked closely with the University of Melbourne and other key stakeholders, including Better Health Channel, to extend the campaign's distribution. The campaign reached more than 72 million individuals through radio, print and online media coverage. More than 55 individual stories ran across a range of outlets including the *Herald Sun*, Radio 3AW, ABC Radio Melbourne and ABC Radio National.

Your Fertility Monthly

Since September 2017, the new *Your Fertility Monthly* e-newsletter addressing specific factors that impact on fertility was distributed each month to almost 4,500 subscribers. Subscriptions to the e-newsletter were mostly generated through the *Your Fertility* website.

New resources

VARTA produced three new brochures in consultation with clinicians and consumers: *Understanding the genetic health of embryos – preimplantation genetic testing for aneuploidy*; *Understanding the genetic health of embryos – preimplantation testing for genetic conditions*; and *Intra-cytoplasmic sperm injection and its possible effects on health*. The brochures are available on the VARTA website.

Social Media

The Education team focussed on professional development and new social media strategies to gain greater reach and engagement which resulted in growth on Facebook, Instagram and Twitter social media platforms.

Polycystic ovarian syndrome (PCOS) project

VARTA collaborated with the Monash Centre for Health Research and Implementation and the Centre for Research Excellence in PCOS and contributed to the major redevelopment of international PCOS guidelines. VARTA and the Jean Hailes Research Unit conducted consultations with women living with PCOS to determine their information needs. Updated website content for both the *Your Fertility* and the VARTA websites, informed by the current evidence-based guidelines is in progress.

Publications

Peer-reviewed articles

- Li Z, Wang A, Bowman M, Hammarberg K, Farquhar C, Johnson J, Safi N, Sullivan E, Intracytoplasmic sperm injection (ICSI) does not increase the cumulative live-birth rate in non-male factor infertility, *Human Reproduction*, doi-org. eproxy.lib.monash.edu.au/10.1093/humrep/dey118
- Prior E, Lew R, Hammarberg K, Johnson L, Fertility facts, figures and future plans: an online survey of university students, *Human Fertility*, Accepted for publication
- Hammarberg K, Prentice T, Purcell I, Johnson L, Quality of information about success rates provided on assisted reproductive technology clinic websites in Australia and New Zealand, *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 2018, 58, 330-334
- Hammarberg K, Kirkman M, Stern K, McLachlan R, Clarke G, Agresta F, Gook D, Rombauts L, Vollenhoven B, Fisher J, Survey of reproductive experiences and outcomes of cancer survivors who stored reproductive material before treatment, *Human Reproduction*, 32(12):2423-2430
- Lewis S, Kennedy J, Burgner D, McLachlan R, Ranganathan S, Hammarberg K, Saffery R, Amor D, Cheung M, Doyle L, Juonala M, Donath S, McBain J, Halliday J, Clinical review of 24-35 year olds conceived with and without in vitro fertilization: Study protocol, *Reproductive Health*, 2017, 14:117, DOI 10.1186/s12978-017-0377-3
- Hammarberg K, Norman R, McLachlan R, Robertson S, 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, *Reproductive Biomedicine and Society Online*, 2017, 4, 33-40
- 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*, 2017, 23(4), 458-480.

Other articles

- Johnson L, *Helping couples get their timing right*, AMA Vicdoc, June 2018
- Hammarberg K, How does being overweight affect my fertility?, *The Conversation*, 23 May 2018, <http://theconversation.com/how-does-being-overweight-affect-my-fertility-95224>
- Hammarberg K, Victoria's sperm donor laws yield some surprises, but mostly happy ones, *The Conversation*, 30 March 2018, <https://theconversation.com/victorias-sperm-donor-laws-yield-some-surprises-but-mostly-happy-ones-93743>
- Hammarberg K, 2017, Hidden chemical menace, *Medical Observer*, December 2017-January 2018
- Hammarberg K, 2017, Endocrine disrupting chemicals and fertility, *AMA Vicdoc*, October/November 2017
- Hammarberg K and Johnson L, World-first change to share sperm or egg donors' names with those who were conceived with their gametes in Victoria, Australia, *Chronicle*, (International Association of Youth and Family Judges and Magistrates Newsletter), July 2017.

Presentations

Invited presentations

- Bourne, K *Legislation and Ethics* Monash University Embryology students
- Bourne, K *Legislation and Ethics* University of Melbourne Gender studies third year Arts students Melbourne University Gender Studies course presentation
- Johnson, L Monash University, Dept. Epidemiology and

Preventative Medicine – Health Services Management Unit

- Bourne, K *This is how we became a family with the assistance of ART* Australian Association of Infant Mental Health
- Cathy Anderson participated in a panel discussion, *Infertility*, at the Wheeler Centre
- Louise Johnson participated in a panel discussion on Queer Families and the Law, coordinated by Nichols Family Lawyers at the Better Together conference at Melbourne Town Hall
- Hammarberg, K *Preconception care and fertility* – latest research Public Health Network Western Victoria, Ballarat Health Services
- Hammarberg, K *Optimising fertility and chance of ART success: the role lifestyle* Monash University Masters of Clinical Embryology students
- Hammarberg, K Managing the emotional aspects of infertile patients, Biennial Congress of Indonesian Association for In-Vitro Fertilization
- Hammarberg, K *Optimising patient care in ART*, Biennial Congress of Indonesian Association for In-Vitro Fertilization Yogyakarta, Java, Indonesia
- Hammarberg, K *Affordable assisted reproduction techniques for developing countries*, Biennial Congress of Indonesian Association for In-Vitro Fertilization Yogyakarta, Java, Indonesia
- Hammarberg, K *Improving patient satisfaction in ART: Evidence to guide best practice*, Biennial Congress of Indonesian Association for In-Vitro Fertilization Yogyakarta, Java, Indonesia.

Abstracts presented at conferences

- Johnson L, Bourne K, Anderson C, Thomson T, Lekkas E, Hammarberg K, Coughlan A, *Implementation of an evaluation framework to monitor outcomes of donor law changes in Victoria*, Fertility Society of Australia, Adelaide, October 2017
- Johnson L, Prentice T, Purcell I, Hammarberg K, *Quality of information about success rates provided on assisted reproductive technology (ART) clinic websites in Australia and New Zealand* Fertility Society of Australia, Adelaide, October 2017
- Prior E, Lew R, Hammarberg K, Johnson L, *Fertility facts, figures and future plans* Fertility Society of Australia, Adelaide, October 2017
- Dempsey D, Kelly F, Horsfall B, Power J, Bourne K, Hammarberg K, Johnson L, *Statements of Reasons: Who applies for information to the Victorian Donor Registers and why?* Fertility Society of Australia, Adelaide, October 2017
- Hammarberg K, Norman R, Robertson S, McLachlan 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* Fertility Society of Australia, Adelaide, October 2017
- Hammarberg K, Norman R, Robertson S, McLachlan 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*. Presented by Julie Hassard at Australasia Lifestyle and Medicine Association Conference, Sydney, September 2017
- Hassard J, Zosel R, Hammarberg K, Robertson S, McLachlan R, Michelmores J, Norman R, Johnson L, *Working in partnership: insights from leading reproductive health organisations*, presented at the Public Health Prevention Conference, Sydney, May 2018
- Li Z, Wang AY, Bowman M, Hammarberg K, Farquhar C, Johnson L, Safi N, Sullivan EA, *Cumulative live birth rate following intracytoplasmic sperm injection (ICSI) versus conventional in vitro fertilization (IVF)*, 22nd Annual Congress of the Perinatal Society of Australia and New Zealand (PSANZ), 25–28 March 2018, Auckland, New Zealand.

Focus 3

Donor conception register services

Overview of legislative changes implemented 1 March 2017

Amendments to the *Assisted Reproductive Treatment Act 2008* (Vic) that came into effect on 1 March 2017 ('Right to Know' amendments) gave all people conceived in Victoria from donor treatment the right to apply for and receive their donor's identifying information. This means that donor-conceived people born from sperm, eggs or embryos donated in Victoria before 1998 have the same right to their donor's identifying information as those born from donations made since 1998.

Previously, identifying information about pre-1998 donors could only be released with a donor's consent while sperm, egg or embryo donors who donated from 1998 were made aware that their identities could be made available to their donor offspring when their offspring turned 18 years of age.

Contact preferences are available to pre-1998 donors and donor-conceived people, allowing them to determine whether or how they have contact with the person who has applied for their information. Pre-1998 donors can lodge contact preferences to cover their children aged younger than 18 years. Parents or guardians of donor-conceived children aged younger than 18 years can lodge a contact preference on behalf of the child.

Donors and parents may apply to the Central Register for identifying information about their donor-conceived offspring and donors respectively. In the context of these applications, available information will only be released if the subject of the application provides consent.

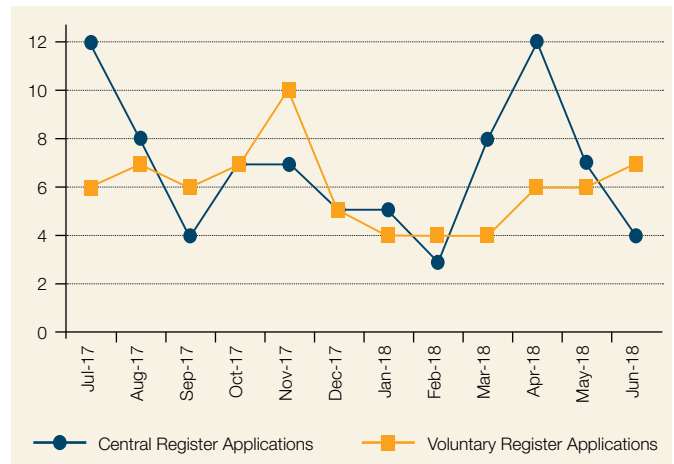
A snapshot of the Victorian donor conception registers

VARTA has managed the Central and Voluntary registers in Victoria since 1 March 2017, with the introduction of the 'Right to Know' amendments.

VARTA's counselling team provides information and support for people making or thinking about making applications for information from the donor conception registers. Support is also offered to people contacted as a result of these applications, and to their family members. As part of this service, VARTA also assists with the exchange of information and meetings between people connected via donor conception treatment.

VARTA met regularly with the Victorian Registry of Births, Deaths and Marriages (BDM) and gave information to BDM about the births of donor-conceived people to allow BDM to register those births. VARTA also consulted quarterly with the Donor Registers Reference Group (comprised of donor-conceived people, donors and recipient parents) to inform our service delivery.

Applications to the Central and Voluntary Registers 1 July 2017 to 30 June 2018



Publicity about the donor registers from March to June 2017 and March to May 2018 resulted in peaks in the number of Central Register applications received.

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, the woman treated and her partner, and the donor. The information is now provided to VARTA by the registered ART provider where treatment occurred.

Established on 1 July 1988, we celebrated 30 years of the Central Register at the end of this financial year.

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.

Registered ART providers provided notifications of 623 births from donor treatment for the Central Register in the past financial year – slightly more compared to the last financial year (516), see table following. This increase is due to a greater number of births from sperm donation compared with the previous year.

VARTA also received some pre-1988 records from a treating doctor which will inform the processing of applications to the Central Register related to treatment

at Prince Henry's Institute of Medical Research. Queen Victoria Hospital records held at Monash IVF were accessed by VARTA's registers officers to inform application processing related to treatment at that hospital.

New clinic notifications of births on the Central Register – year ending 30 June 2018

Clinic notifications of births	From sperm donation	From egg donation	From both egg & sperm donation	Total
From 1 July 2017 to 30 June 2018	429	131	63	623

Of the 10,042 donor-conceived children registered on the Central Register, 4,072 are now 18 years or older and eligible to apply for information about their donor. Children younger than 18 years can apply to the Central Register for information about their donor if a VARTA counsellor considers that they are mature enough.

Number of registrations on the Central Register	Donors	Donor-conceived children or persons	Recipient parents
Registrations to 30 June 2018	3,646	10,042	13,061

Of the 3,646 donors on the Central Register, 1,391 donated prior to the introduction of legislation in 1988.

As at 30 June 2018, the average age of new egg donors whose eggs produced a child was 33.3 years and new sperm donors whose sperm produced a child was 40.6 years.

Registered donors by type	Sperm donor	Egg donor	Total
Total registered as at 30 June 2017	1,689	1,708	3,397
New donors registered 1 July 2017 to 30 June 2018	122	127	249
Total registered donors as at 30 June 2018	1,811	1,835	3,646

There were more new donors registered in 2017-18 (249) compared with the previous year (174).

The number of applications to the Central Register was slightly less (82) in comparison with the previous financial year (92). Of these applications, 45 per cent were received from donor-conceived persons, 38 per cent from recipient parents and 17 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.

Of the 82 Central Register applications, 48 related to the pre-1998 donor treatment period and 34 to the post-1998 donor treatment period.

Applications to the Central Register – 1 July 2017 to 30 June 2018

Application type	Number of applications
Applications for identifying information only	
From donors*	4*
From donor-conceived persons	3
From recipient parents	7
From descendants of donor-conceived people	0
Total applications for identifying information	14
Applications for non-identifying information only	
From donors*	3*
From donor-conceived persons	3
From recipient parents	1
From descendants of donor-conceived people	0
Total applications for non-identifying information	7
Applications for both identifying and non-identifying information	
From donors*	7*
From donor-conceived persons	31
From recipient parent	23
From descendants of donor-conceived persons	0
Total applications for both information	61
Total applications to the Central Register in 2017-18	82

* Administrative changes, effective from 1 March 2017, enable 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.

The number of applications received from donors for identifying information this financial year (11) is similar to the previous financial year (12 in 2016-17). This potentially impacts on 40 donor-conceived people and 33 families. The work associated with these applications may span across a number of years. VARTA has continued to process applications from donors received from 1 March – 30 June 2017.

Many of these donors have key medical information to convey or are already connected with one of their donor-conceived offspring. Many of those conceived prior to 1998 do not know they are donor-conceived. This means that VARTA may reveal to an adult that they are donor-conceived while informing them of an application and their rights in relation to it. Support is provided to many members of the family in these circumstances. The provisions within the ART legislation are like those within adoption legislation, enabling all related parties to seek information. However, for applications lodged by parents or donors, information is only released if consent is provided by the person about whom information is sought. While many of those conceived prior to 1998 do not initially know that they are donor-conceived, around half have chosen to exchange information with donors via donor-linking services.

Applicants to the Central Register usually provide a statement of reasons describing in their own words why they are seeking information and what they would like to occur in the short and long term. This is passed on to the subject of the application to assist in decision making. VARTA partnered with La Trobe and Swinburne Universities to analyse sample statements where consent was provided by the applicant for participation in research. This analysis will inform work undertaken by counsellors to assist applicants with writing their statements.

Referrals to VANISH from 1 July 2017 to 30 June 2018

No. referrals	Outcomes
49	34 people identified/located (two found deceased)
	8 searches withdrawn
	2 inconclusive
	3 people not identified /located
	2 searches in progress as at 30 June 2018

With the implementation of the 'Right to Know' amendments from 1 March 2017, VARTA accessed the services of a specialist search agency, Victorian Adoption Network for Information and Self Help (VANISH),

authorised by the Secretary of the Department of Health and Human Services to undertake complex searches to locate contemporary contact details for the person who is the subject of an application to the Central Register.

These searches have been highly successful (see table). 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.

Outcomes of 'Right to Know' legislative amendments

From 1 March 2017 to 30 June 2018, there have been 156 applications to the Central Register (including transitional applications), from people affected by the 'Right to Know' amendments (pertaining to treatment prior to 1998): 84 from donor-conceived people, five from parents and 27 from donors.

There has been a greater proportion of pre-1998 donors who have agreed to exchange information (65 per cent) than those who submit a no-contact preference (27 per cent) in response to a Central Register application from a donor-conceived person. A smaller proportion of donors have not responded to communication from VARTA (eight per cent).

Donor conception support groups

Donor Conceived Adult Network

The Donor Conceived Adult Network bi-monthly meetings continue to be well-attended. These meetings are facilitated by a VARTA counsellor and Chloe Allworthy, a donor-conceived person. The group provides unique peer support to those discovering they are donor-conceived; are considering finding out more about their donor; those who have applied to the Central Register; and those who are now in contact with their donor or whose donor has refused contact.

Parent support

VARTA is also facilitating two parent peer support groups: the Donor Egg Parents' Support Group and the Single Mums' Support Group, which have both been well attended. These groups provide support to people considering treatment; are currently having treatment; who are pregnant; and to parents with babies or young children.

Counsellors also deliver 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 being born from a surrogacy arrangement.

The Voluntary Register

The Voluntary Register enables donor-conceived people, donors and parents to voluntarily connect or exchange information through lodgement of information on the Voluntary Register. Commonly, donor-conceived people are interested in connecting with their donor siblings. Parents of young children may connect with other parents who have used the same donor, or with the donor. Relatives of donors, donor-conceived people and their parents can record their wishes in relation to exchanging information with another party on the Voluntary Register. In this way, links and information exchange between various parties can be facilitated. The 'Right to Know' amendments resulted in the transfer of the Voluntary Register from BDM to VARTA.

As more people register information on the Voluntary Register, the likelihood of matches increases. The number of matched applications for 2017-18 is shown below.

Applications to the Voluntary Register

Applicant type	Number of applications 1 July 2017 – 30 June 2018	Cumulative total
Donor	11	282
Donor-conceived person	25	174
Recipient parent	35	272
Donor and recipient parent	1	1
Relative	0	4
Total applications	72	733

The number of people lodging information on the Voluntary Register in the past financial year has increased (72) compared with the previous year (48).

Applicants to the Voluntary Register – matched in the year ending 30 June 2018

Applicant type	Number of matched applications
Donors	3
Donor-conceived persons	12
Recipient parents	13
Relative	0
Total matched applications	28

Complex matches are increasing, with matches between multiple parties, including one between six parties. Multiple matches are complex for all concerned, with implications for the donor-conceived children involved.

Evaluation of donor conception register services

VARTA continued to evaluate its service provision throughout the year in line with its service evaluation plan. Once they have received an outcome from their application, applicants are invited to complete an online survey. Survey participants are asked for feedback about their experience of VARTA's services. Responses have been positive with 86 per cent of 71 participants strongly agreeing and a further 13 per cent agreeing that they were satisfied with their overall experience with VARTA services in the past year.

An independent consultant conducted interviews with a further sample of 20 people who had received VARTA services over the past two years, to gather in-depth feedback which will be used to shape future service provision.

Feedback from respondents identified sensitivities and challenges faced by applicants and those impacted by the application. This includes the enormity of the experience of seeking information and/or connection, particularly for donors who had donated many years before. Medical history and photographs were commonly exchanged and some of those interviewed spoke about being surprised about the degree of similarities (not only appearance but experience and interests) and the strength of the connection created. The interviews also capture the experiences and responses of people finding out that they are donor-conceived as adults, and parents' experiences with 'telling'.

DNA testing

Counsellors have also supported many people who have found out that they are donor-conceived through using DNA testing. Some go on to make applications to the donor conception registers; engagement with counsellors tends to be lengthy in these situations. As early donor insemination treatment was used for treatment of couples where the man was sub-fertile, VARTA has supported DNA testing in situations where it was uncertain whether the father or the donor was the biological father.

Donor register software

While amendments to existing software utilised for the management of the donor conception registers and case management have been made, the software has limitations. Project work is underway to find more suitable software solutions. Consultation with BDM and Fiom in the Netherlands in relation to recent software changes (manage a large voluntary register based on DNA testing) is informing this work.

Focus 4

Organisational Capability

Organisation 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 Victorian Board of the Medical Board of Australia. She is supported by staff members and contractors. An organisational chart is provided below.

Strategic planning was undertaken by the board and staff in late 2017 and early 2018, with a plan published on VARTA's website. An operational plan was then developed for 2018-19. Optimising capability continues to be a focus.

Gathering feedback from staff about their employment is important and for the first time, staff numbers were great enough for VARTA to participate in the Victorian Government's *People Matter Survey*. Planning is also underway in relation to a new staff growth and development framework.

Three student internships during the last year enabled the completion of research and health promotion work that otherwise would not be possible.

With an increased focus on regulatory work, the Department of Health and Human Services supported VARTA with some additional funding for the next financial year. This will enable the employment of a legal officer and capacity building in relation to investigatory and other regulatory work. Professional development in relation to risk-based regulation and the use of behavioural insights is being undertaken to inform VARTA's work.

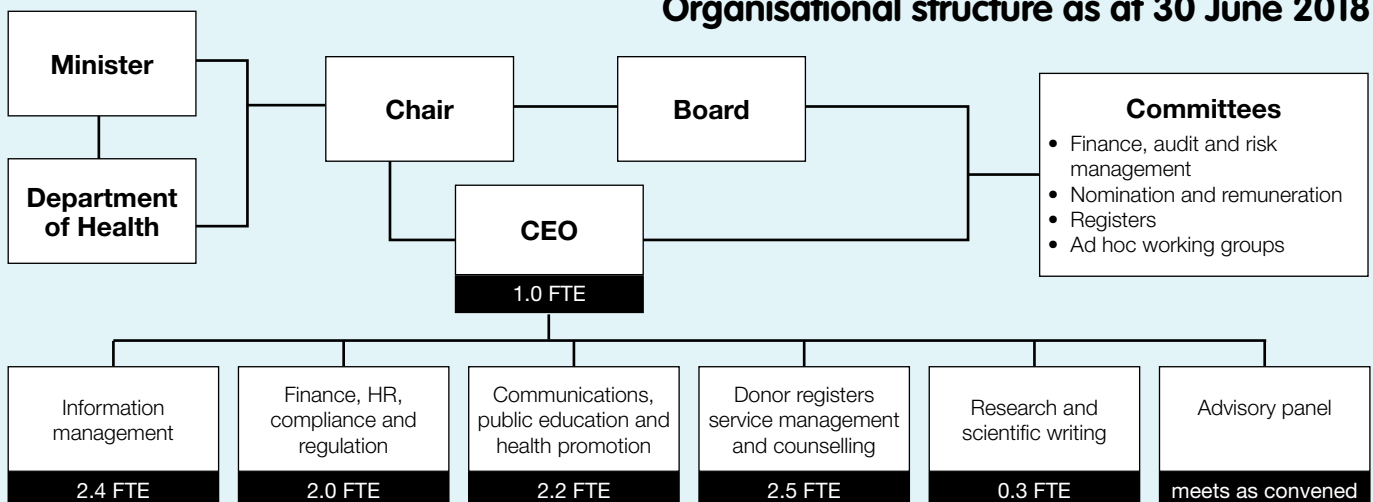
The demands on the time of part-time counsellors and registers officers continues to be high with a significant proportion of complex applications requiring support for multiple people within families.

Funding for the *Your Fertility* program from the Commonwealth Government continues to the end of next financial year and further sources of funding for this program will be explored.

During the reporting period, VARTA began the process of reviewing the IT systems that support its Donor Conception Register Services (DCRS) functions. An element of VARTA's non-recurrent funding in 2017-18 from the Department of Health and Human Services was to support this process. Following an initial review, several consulting firms were invited to discuss how they could assist with a system selection process. As a result, VARTA engaged Pitcher Partners to support a DCRS system selection process. This body of work is ongoing and will continue during 2018-19.

Compliance with the Victorian Protective Data Security Framework is also on track to enable an attestation to be made to the Office of the Victorian Information Commissioner by the 31 August 2018 deadline. Significant work was undertaken prior to March 2017 with preparation of a privacy impact statement and a risk security management framework in applying for access to the confidential electoral roll through the Victorian Electoral Commission.

Organisational structure as at 30 June 2018



Advisory panel

VARTA has established an advisory panel to contribute to its work on a voluntary basis. Membership is reviewed annually. Members of the panel are published on the VARTA website: www.varta.org.au

Other 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, subject to the provisions of the *Freedom of Information Act 1982* (Vic) (the FOI Act). A disclosure index is provided on page 74, 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.

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

The following statements are made in compliance with Part II of the *Freedom of Information Act 1982* (Vic) (FOI Act).

The Authority, its structure and powers

The Authority and its structure are established by Part 10 of the *Assisted Reproductive Treatment Act 2008* (Vic) (the ART Act). See page 15 of this annual report for the Authority's organisational structure. The Authority's functions are set out in section 100 of the ART Act. The Authority's decision-making powers include:

- The power to approve the import and export of donor gametes and embryos produced using donor gametes and impose conditions and grant exemptions in relation to those approvals (sections 36 and 37 of the Act)
- The power to approve applications for registration, impose conditions on a registered ART provider's registration and suspend a registered ART provider's registration (sections 74-77 of the Act).

Documents held by the Authority

The Authority holds the following categories of documents:

- Administrative and operational documents
- Applications, case management files and related documents
- Documents containing information about community consultation
- Internal and external legal advice
- Training and education materials
- Communication and public relations documents
- Research and public education documents
- Policies, procedures and guidelines
- Human resource records
- Correspondence
- Meeting records
- Financial records.

More specifically, the Authority holds the following documents which are used by the Authority to make decisions or recommendations pertaining to members of the public about their rights and obligations under the ART Act:

- Guidelines for the import and export of donor sperm, donor eggs and embryos produced using donor sperm and/or eggs
- Regulator Plan
- VARTA Central Register Application Refund Policy.

The Authority holds the following reports prepared by paid consultants, disclosed as required under section 11 of the FOI Act:

- VARTA and *Your Fertility* website audit report
- *Your Fertility* website review - stakeholder consultation
- Evaluation of VARTA donor conception register-related services
- History of donor conception records in Victoria
- Independent software review report
- IT security and audit report.

The Authority also disseminates a VARTA newsletter and a *Your Fertility* newsletter to which members of the public can subscribe.

Submitting a Freedom of Information (FOI) request

In order to submit an FOI request, an email should be sent to varta@varta.org.au requesting a freedom of information request form. The form should be filled out and sent to varta@varta.org.au. The FOI request will be processed by the Compliance, Board and Legal Support Officer, who has been authorised to make decisions under the FOI Act by the Chairperson of the Authority (the principal officer).

**Victorian Assisted
Reproductive Treatment
Authority financial
management compliance
attestation statement**

I, **Louise Glanville**, on behalf of the Responsible Body, certify that the Victorian Assisted Reproductive Treatment Authority has complied with the applicable Standing Directions of the Minister for Finance under the *Financial Management Act 1994* and Instructions.



Melbourne 21/08/2018

VARTA received three requests to access documents under the Freedom of Information Act 1982 (Vic) in this reporting period. Two of those requests were from donors and one from a donor-conceived person. Access to historical records and the applicants' files was granted in response to these requests.

Consultancy expenditure

Details of consultancies (under \$10,000)

In 2017-18, there were 10 consultancies engaged during the year, where the total fees payable to the individual consultancies was less than \$10,000. The total expenditure incurred during 2017-18 in relation to these consultancies was \$42,524 (exclusive of GST).

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

In 2017-18, there were six consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2017-18 in relation to these consultancies is \$117,623 (exclusive of GST). Details of the consultancies are presented below.

Protected Disclosure Act 2012

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

Information and communication technology (ICT) expenditure

The total ICT expenditure incurred during 2017-18 is \$77,048 (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)
\$73,670	\$3,378	\$2,174	\$1,204

ICT expenditure refers to VARTA's costs in providing business-enabling ICT services within the current reporting period. It comprises business as usual (BAU) ICT expenditure and non-business as usual (Non-BAU) ICT expenditure. Non-BAU ICT expenditure relates to extending or enhancing the Authority's current ICT capabilities. BAU ICT expenditure is all remaining ICT expenditure which primarily relates to ongoing activities to operate and maintain the current ICT capability.

Occupational health and safety

In relation to occupational health and safety, the installation of sit/stand desk attachments has proved to be popular with staff, providing flexibility with working position during the day. Flexible arrangements for some staff to enable work to be completed from home on a regular or as needs basis continue.

Consultant	Purpose of consultancy	Total project fees approved (exclusive of GST)	Total fees incurred in financial year (exclusive of GST)	Future commitments
Bliss Media Pty Ltd	Website development	\$48,300	\$31,395	\$16,905
Pitcher Partners	IT consultancy services and business analysis	\$56,500	\$22,491	\$34,009
List A Barristers Pty Ltd	Legal advice	\$22,290	\$22,290	Nil
Vertex Health	Stakeholder consultations and production of education materials	\$18,540	\$18,540	Nil
ZenithOptimedia Australia Pty Ltd	Advertising campaign for History of Donor Conception Records in Victoria project	\$12,347	\$12,347	Nil
Mintec	IT consultancy services	\$10,560	\$10,560	Nil
Total		\$180,537	\$117,623	\$62,914

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 (until 27 June 2018)

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 is chair of Legal Super and the International Women's Development Agency and a director of Swinburne University and Peninsula Health. 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, the Governance Institute of Australia and the Risk Management Institute of Australia.



Louise Glanville Chairperson (commenced 28 June 2018)

Louise, who has practised as a lawyer, is currently Chief Executive Officer of the Victorian Responsible Gambling Foundation, and was Deputy Chief Executive Officer of the National Disability Insurance Agency. Ms Glanville has held senior positions in Federal Government departments (First Assistant Secretary and acting Deputy Secretary in the Attorney-General's department) and State Government departments (Deputy Secretary, Legal and Equity portfolio, Department of Justice) as well as positions in local government, academia, the private sector and ministerial offices. Ms Glanville brings a breadth of experience as a board member and is keenly interested in social and legal policy as well as regulation and governance.



Authority committees

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

Eleven full board meetings of the Authority were held between 1 July 2017 and 30 June 2018.

Committees established are:

Finance, Audit and Risk Management Committee

Chair: Katrina Lai

Members: Frank Pereira-Jackson

Dr Ronald Carson

Number of meetings held: 5

Remuneration and Nomination Committee

Chair: Kirsten Mander

Member: Dr Rosalind McDougall

Number of meetings held: 1

Registers Committee

Chair: Dr Ronald Carson

Members: Frank Pereira-Jackson, Dr Lauren Burns

Number of meetings held: 5

Working groups

Ad hoc working groups are established when required.



1 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 and mediator practicing in health law with particular interest in medical negligence, professional disciplinary matters and public health. 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 18 years. Nicki is a former board member of the Victorian Cytology Service.

2 Dr Rosalind McDougall

B.Sc/B.A.(Hons), B.Phil,PhD

Rosalind is senior lecturer in health ethics at the Centre for Health Equity in the Melbourne School of Population and Global Health at the University of 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 in healthcare, particularly around parenthood and families.

3 Katrina Lai

GAICD, MBA, LLB (Hons) / BA

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).

4 Frank Pereira-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.

5 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 provided guidance in risk identification and minimisation strategies to clinics in India and South Korea. Ronald has for some years 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.

6 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.



Outcome of treatment procedures

The data in this report shows a 0.4 per cent increase in the number of women treated compared with the previous financial year (see Figure 2, page 23), and a 1.2 per cent decrease in the overall treatment cycles.

The figures in the following tables are derived from data between 1 July 2017 and 30 June 2018 and provided to the Faculty of Health, University of Technology Sydney, by each of the ART providers for VARTA. The following dates indicate when the latest updates were provided – pregnancy outcomes for each unit will only have been recorded up to these dates:

- Ballarat IVF – 01 August 2018
- City Babies – 12 August 2018
- City Fertility Centre, Bundoora – 01 August 2018
- City Fertility Centre, Melbourne – 01 August 2018
- Genea Melbourne – 23 July 2018
- Melbourne IVF – 14 August 2018
- Monash IVF – 05 August 2018
- Number 1 Fertility – 15 August 2018
- Primary IVF – 07 August 2018.

Final 2016-17 pregnancy outcomes data was updated in August 2018. There were 0.6 per cent (26 of 4604 pregnancies) of 2016-17 data with unknown outcomes.







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

	Hormone stimulation	Fertility drugs are given to develop a number of eggs (stimulated cycle). In a natural cycle, no superovulatory drugs are used.
	Egg retrieval	Eggs are collected.
	Embryo development	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.
	Embryo transfer	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 ¹ and the remainder frozen for later use if there is no pregnancy. Sometimes, all embryos are frozen.
	Clinical pregnancy	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.
	Live birth	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.

¹ 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

	Egg development	One or two eggs are developed with or without the use of fertility drugs.
	Monitoring	Ultrasound scans and blood tests are used to determine the right time to have the insemination.
	Insemination	Partner or donor sperm is placed in the uterus just before ovulation.
	Clinical pregnancy	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.
	Live birth	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.

Outcome of treatment procedures

Overall clinic data trends

A total of 23,743 treatment cycles were initiated in 2017-18. As reported on page 20, there was a very slight increase in the number of women treated and small decrease in the overall number of treatment cycles, compared with the previous year (Figure 2).

There was a decrease in the number of women treated with artificial insemination using partner sperm (9 per cent) and donor sperm (16 per cent) (Tables 1.1, 2.1).

Donor treatment

As in the previous year, single women continue to be the largest proportion of women treated with donor sperm (52 per cent), followed by women in same-sex relationships (33 per cent) and heterosexual relationships (15 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 women in same-sex relationships (53 per cent) (table 4.5).

The number of egg, sperm and embryo donors used in treatment has decreased in comparison with the previous year (Table 4.2). Use decreased by 11 per cent for egg donors, seven per cent for sperm donors and 35 per cent for embryo donors.

The overall number of donors whose sperm is stored and available for donor treatment at the start of the last financial year increased (560 compared with 460 the previous year) (Table 7.2). However, rising demand for donor treatment continues to make it challenging for clinics to recruit sufficient sperm donors.

Preimplantation genetic screening (PGS)

The use of preimplantation genetic screening (PGS) otherwise known as preimplantation genetic testing for aneuploidy (PGT-A) for the detection of chromosomal abnormalities in embryos continues to rise (three per cent increase; 1,336 women had embryos tested compared with 1,294 the previous year) (Table 8).

Intracytoplasmic sperm injection (ICSI)

The proportion of fresh cycles where the eggs are fertilised with ICSI has decreased (71.5 per cent compared with 76.8 per cent last year). The national average for use of ICSI in 2015 in cycles where a woman's own fresh eggs were fertilised was 67 per cent. There is emerging evidence from Victorian data that there is no difference between ICSI and IVF in cumulative live birth rates when the subfertility is not due to a male factor. Considering additional costs and emerging research findings that ICSI may be associated with a small increased risk of adverse perinatal outcomes, the decrease in the use of ICSI is encouraging.

Single embryo transfer

The percentage of single embryo transfer has increased slightly for use of fresh embryos (84.2 per cent compared with 82.2 per cent the previous year). The same trend is observed for use of fresh embryos formed from thawed eggs (80.5 per cent compared with 78.4 per cent the previous year) and use of thawed embryos (91.9 compared with 91.0 per cent compared with the previous year) (Tables 2.6, 2.7, 2.8).

Egg freezing

The number of women using their own eggs that have been frozen and thawed increased by 44 per cent (Table 2.5a). However, the number of women using donor or partner thawed eggs decreased by 75 per cent (Table 2.5b).

Cumulative live births

VARTA commissioned UTS to prepare data on cumulative live births utilising Victorian treatment data. Cumulative live birth rates from up to three stimulated cycles, including all fresh and frozen embryo transfer attempts until 30 June 2016 are provided, for women who had their first stimulated cycle between July 2009 and June 2014 (see Figure 1 below). The woman's age refers to their age at the first stimulated cycle. The cumulative live birth rate was defined as live deliveries (a delivery of at least one liveborn baby) per woman after up to three stimulated cycles, including all fresh and frozen embryo transfer attempts associated with these. Women up to, and including, the age of 31 years had a 68 per cent cumulative live birth rate which dropped to six per cent for women of 43 years of age. The chance of having a baby will also be impacted by the age of a male partner or donor, lifestyle and medical history.

Figure 1 Cumulative birth rates for women at different ages following up to three stimulated cycles of treatment

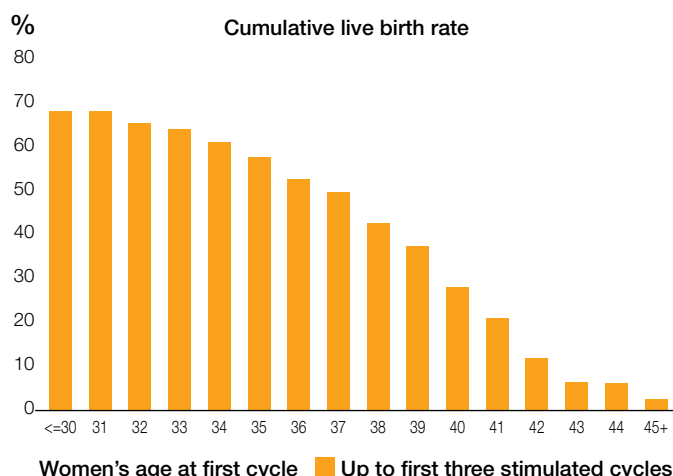
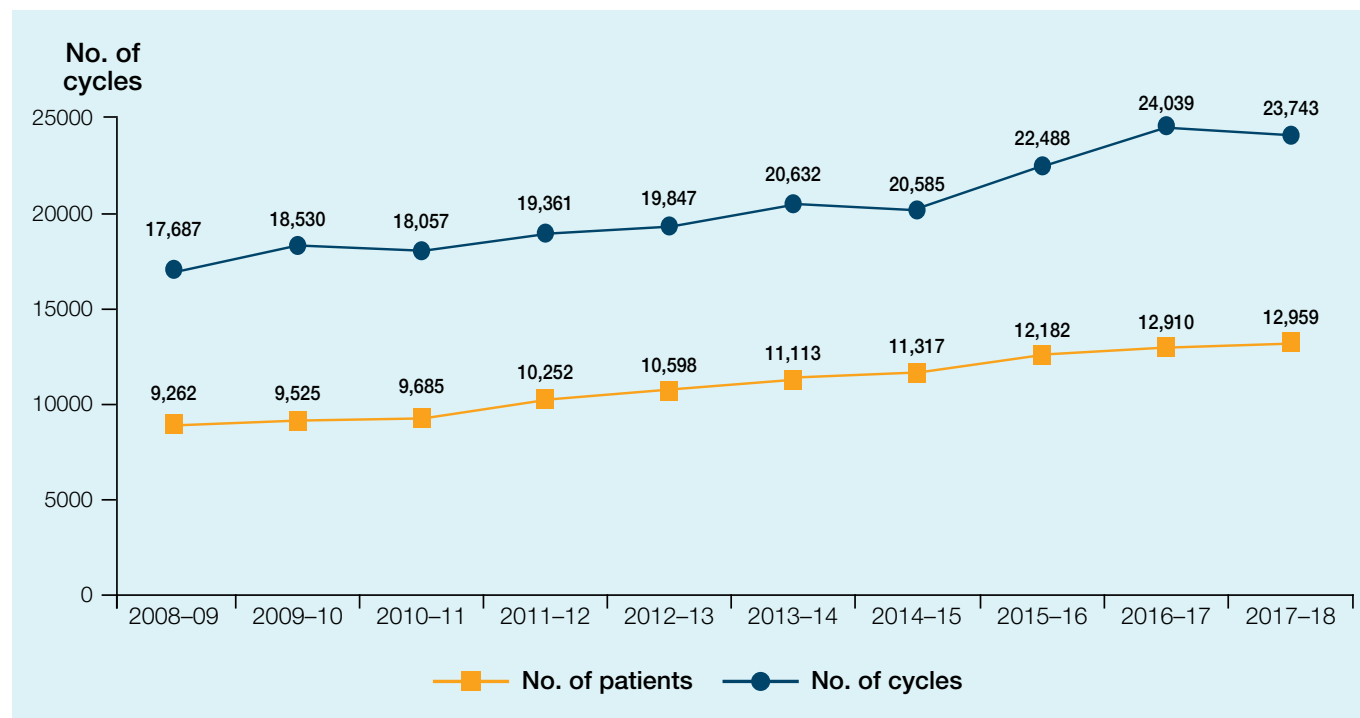
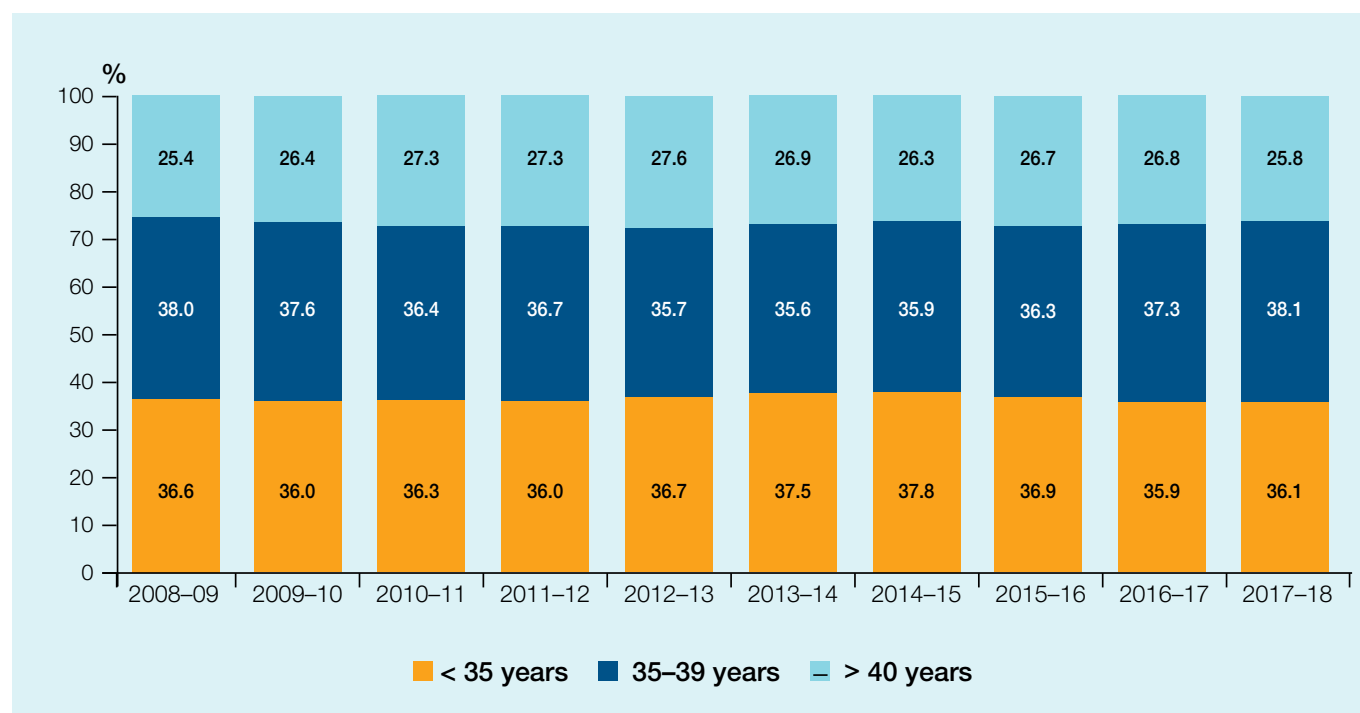


Figure 2 Number of patients and treatment cycles per financial year 2008–09 to 2017–18**Figure 3 Age of women treated per financial year 2008–09 to 2017–18**

Note: AI was not reported for 2008–09
 2008–09, 2009–10, 2010–11, 2011–12, 2012–13, 2013–14, 2014–15, 2015–16, 2016–17 data were from the final outcome data
 2017–18 data were from the treatment data

Section 1

Final outcomes for treatment cycles commenced in 2016-17 financial year

This section includes a final outcome of treatment procedures undertaken in 2016-17. These final figures were not available at the time of the production of the 2017 Annual Report. Similarly, this year, a full report on treatment outcomes will not be possible until the 2019 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, 2016-17 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	277	542	94	145	26	9
City Babies, Richmond	153	283	0	0	141	0
City Fertility Centre, Bundoora	164	341	54	85	0	7
City Fertility Centre, Melbourne	653	1308	309	291	50	82
Melbourne IVF, East Melbourne	3,902	7,772	1,219	1,674	183	142
Melbourne IVF, Mt Waverley	412	753	170	188	25	29
Melbourne IVF, Werribee	197	375	65	85	33	18
Monash IVF, Bendigo	97	164	46	54	0	0
Monash IVF, Clayton	1,911	3431	709	904	90	60
Monash IVF, Geelong	269	461	107	152	16	13
Monash IVF, Mildura	63	83	41	12	1	3
Monash IVF, Richmond	2,566	4650	1,048	1,150	48	58
Monash IVF, Sale	77	127	56	24	0	0
Monash IVF, Sunshine	238	368	143	62	0	0
Primary IVF, Preston	940	1885	668	297	25	0
Reproductive Services, (Melbourne IVF)	991	1496	368	304	39	5
Aggregated total	12,910	24,039	5,097	5,427	677	426

AI: artificial insemination.

Table 1.2 Number of women treated by age group and pregnancy outcomes, 2016-17 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	146	85	46	277	117	91
City Babies, Richmond	82	49	22	153	34	19
City Fertility Centre, Bundoora	56	69	39	164	66	48
City Fertility Centre, Melbourne	262	246	145	653	248	178
Melbourne IVF, East Melbourne	1,169	1,544	1,189	3,902	1,323	1,009
Melbourne IVF, Mt Waverley	181	165	66	412	165	128
Melbourne IVF, Werribee	98	67	32	197	69	43
Monash IVF, Bendigo	42	39	16	97	31	22
Monash IVF, Clayton	740	659	512	1911	749	604
Monash IVF, Geelong	118	103	48	269	109	82
Monash IVF, Mildura	31	19	13	63	18	15
Monash IVF, Richmond	766	1,039	761	2,566	916	754
Monash IVF, Sale	46	25	6	77	27	19
Monash IVF, Sunshine	102	79	57	238	66	50
Primary IVF, Preston	421	304	215	940	420	323
Reproductive Services, RWH (Melbourne IVF)	369	328	294	991	246	191
Aggregated total	4,629	4,820	3,461	12,910	4,604	3,576

Table 1.3 Number of women treated and pregnancy and birth outcomes, 2016-17 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	277	117	90	3	1	94	91	99	96	0
City Babies, Richmond	153	34	12	7	0	19	19	26	26	1
City Fertility Centre, Bundoora	164	66	47	1	0	48	48	49	49	0
City Fertility Centre, Melbourne	653	248	176	10	0	186	178	196	188	0
Melbourne IVF, East Melbourne	3,902	1,323	974	43	0	1,017	1,009	1,060	1,051	13
Melbourne IVF, Mt Waverley	412	165	121	8	0	129	128	137	136	3
Melbourne IVF, Werribee	197	69	43	1	0	44	43	45	44	5
Monash IVF, Bendigo	97	31	21	2	0	23	22	25	24	0
Monash IVF, Clayton	1,911	749	581	28	0	609	604	637	631	1
Monash IVF, Geelong	269	109	77	6	0	83	82	89	88	0
Monash IVF, Mildura	63	18	15	0	0	15	15	15	15	0
Monash IVF, Richmond	2,566	916	741	19	0	760	754	779	773	1
Monash IVF, Sale	77	27	17	2	0	19	19	21	21	0
Monash IVF, Sunshine	238	66	48	3	0	51	50	54	53	0
Primary IVF, Preston	940	420	315	10	0	325	323	335	333	2
Reproductive Services, RWH (Melbourne IVF)	991	246	187	7	0	194	191	201	197	0
Aggregated total	12,910	4,604	3,465	150	1	3,616	3,576	3,768	3,725	26

Legend (for full glossary, refer to page 73)

Birth	A birth event – the delivery of a baby or babies
Live birth	Birth of a living baby or babies (multiple births are classified as a single live birth)
Babies born	Includes liveborn and stillborn
Liveborn babies	A baby that is born alive
Age at the first treatment	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)
Clinical pregnancy	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
Thawed	Cryopreserved/frozen eggs, sperm or embryos must be thawed prior to transfer

Final outcomes per procedure for treatment cycles commenced in 2016-17 financial year

Table 1.4a Fresh embryo transfer cycles and pregnancy outcomes, 2016-17 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	59	100.0	21	18	19	34	94.1	9	7	7
City Fertility Centre, Bundoora	18	94.4	5	4	4	26	96.2	6	4	4
City Fertility Centre, Melbourne	138	87.0	38	23	24	154	82.5	36	31	34
Melbourne IVF, East Melbourne	425	93.6	174	141	146	601	86.7	175	124	132
Melbourne IVF, Mt Waverley	83	85.5	33	24	26	71	84.5	21	15	15
Melbourne IVF, Werribee	31	96.8	8	3	3	30	83.3	6	4	5
Monash IVF, Bendigo	29	93.1	5	3	4	20	90.0	4	4	5
Monash IVF, Clayton	314	90.4	123	107	109	289	86.2	88	68	73
Monash IVF, Geelong	53	92.5	18	15	16	36	94.4	10	8	8
Monash IVF, Mildura	19	94.7	8	7	7	16	100.0	5	4	4
Monash IVF, Richmond	337	87.2	124	109	115	495	79.2	125	98	100
Monash IVF, Sale	39	79.5	10	6	6	26	65.4	10	8	8
Monash IVF, Sunshine	77	88.3	26	23	24	51	82.4	14	9	10
Primary IVF, Preston	353	90.4	131	113	117	313	77.3	98	72	73
Reproductive Services, RWH (Melbourne IVF)	154	98.1	66	57	59	150	94.0	39	25	25
Aggregated total	2,129	90.9	790	653	679	2,312	84.0	646	481	503
	≥ 40					ALL				
Ballarat IVF, Ballarat	12	75.0	2	1	2	105	95.2	32	26	28
City Fertility Centre, Bundoora	19	63.2	2	1	1	63	85.7	13	9	9
City Fertility Centre, Melbourne	108	62.0	12	6	7	400	78.5	86	60	65
Melbourne IVF, East Melbourne	534	73.0	75	44	45	1,560	83.9	424	309	323
Melbourne IVF, Mt Waverley	39	84.6	6	2	2	193	85.0	60	41	43
Melbourne IVF, Werribee	10	60.0	2	1	1	71	85.9	16	8	9
Monash IVF, Bendigo	9	77.8	0	0	0	58	89.7	9	7	9
Monash IVF, Clayton	273	72.5	46	31	34	876	83.4	257	206	216
Monash IVF, Geelong	27	88.9	7	4	4	116	92.2	35	27	28
Monash IVF, Mildura	8	100.0	1	1	1	43	97.7	14	12	12
Monash IVF, Richmond	428	69.6	72	44	46	1,260	78.1	321	251	261
Monash IVF, Sale	6	66.7	0	0	0	71	73.2	20	14	14
Monash IVF, Sunshine	42	90.5	6	5	5	170	87.1	46	37	39
Primary IVF, Preston	262	56.5	31	17	17	928	76.4	260	202	207
Reproductive Services, RWH (Melbourne IVF)	120	76.7	9	6	6	424	90.6	114	88	90
Aggregated total	1,897	70.3	271	163	171	6,338	82.2	1,707	1,297	1,353

Table 1.4b Thawed embryo transfer cycles and pregnancy outcomes, 2016-17 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	205	99.5	80	62	65
City Fertility Centre, Bundoora	137	95.6	52	38	39
City Fertility Centre, Melbourne	427	89.9	140	99	103
Melbourne IVF, East Melbourne	2,605	90.2	823	639	665
Melbourne IVF, Mt Waverley	281	84.3	94	78	84
Melbourne IVF, Werribee	125	91.2	41	28	28
Monash IVF, Bendigo	74	97.3	22	15	15
Monash IVF, Clayton	1,215	93.3	465	374	390
Monash IVF, Geelong	225	92.9	63	45	49
Monash IVF, Mildura	15	73.3	2	2	2
Monash IVF, Richmond	1,606	90.8	577	488	497
Monash IVF, Sale	28	82.1	7	5	7
Monash IVF, Sunshine	85	84.7	20	13	14
Primary IVF, Preston	431	92.6	156	118	122
Reproductive Services, RWH (Melbourne IVF)	412	90.0	124	95	99
Aggregated total	7,871	91.1	2,666	2,099	2,179

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 73)

Birth	A birth event – the delivery of a baby or babies
Live birth	Birth of a living baby or babies (multiple births are classified as a single live birth)
Babies born	Includes liveborn and stillborn
Liveborn babies	A baby that is born alive
Age at the first treatment	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)
Clinical pregnancy	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
Thawed	Cryopreserved/frozen eggs, sperm or embryos must be thawed prior to transfer

Table 1.4c Artificial insemination (AI) cycles and pregnancy outcomes, 2016-17 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	19	3	2	2	4	0	0	0
City Babies, Richmond	142	23	13	17	0	0	0	0
City Fertility Centre, Bundoora	0	0	0	0	5	0	0	0
City Fertility Centre, Melbourne	34	3	2	2	70	13	12	13
Melbourne IVF, East Melbourne	139	17	15	15	87	17	15	15
Melbourne IVF, Mt Waverley	19	3	2	2	26	3	2	2
Melbourne IVF, Werribee	24	5	3	3	16	4	4	4
Monash IVF, Clayton	88	9	7	7	51	11	10	10
Monash IVF, Geelong	14	3	2	2	10	3	3	3
Monash IVF, Mildura	0	0	0	0	2	1	1	1
Monash IVF, Richmond	32	2	1	1	50	7	6	6
Primary IVF, Preston	23	3	2	3	0	0	0	0
Reproductive Services, RWH (Melbourne IVF)	28	6	6	6	7	1	1	1
Aggregated total	562	77	55	60	328	60	54	55

	AI with partner sperm				AI with donor sperm			
	35-39							
Ballarat IVF, Ballarat	8	1	1	1	2	0	0	0
City Babies, Richmond	77	9	6	9	0	0	0	0
City Fertility Centre, Bundoora	0	0	0	0	5	1	1	1
City Fertility Centre, Melbourne	32	2	2	2	53	3	3	3
Melbourne IVF, East Melbourne	111	17	13	14	145	24	17	17
Melbourne IVF, Mt Waverley	8	1	1	1	22	4	4	4
Melbourne IVF, Werribee	25	1	0	0	13	2	0	0
Monash IVF, Clayton	36	3	3	3	39	4	4	5
Monash IVF, Geelong	8	1	1	1	13	4	4	5
Monash IVF, Mildura	1	0	0	0	1	1	0	0
Monash IVF, Richmond	32	4	4	4	46	4	3	3
Primary IVF, Preston	4	1	1	1	0	0	0	0
Reproductive Services, RWH (Melbourne IVF)	15	1	1	1	0	0	0	0
Aggregated total	357	41	33	37	339	47	36	38

Table 1.4c Artificial insemination (AI) cycles and pregnancy outcomes, 2016-17 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	6	0	0	0	6	1	0	0
City Babies, Richmond	28	2	0	0	0	0	0	0
City Fertility Centre, Bundoora	0	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	6	0	0	0	10	1	0	0
Melbourne IVF, East Melbourne	30	0	0	0	5	1	1	2
Melbourne IVF, Mt Waverley	8	0	0	0	2	0	0	0
Melbourne IVF, Werribee	4	0	0	0	0	0	0	0
Monash IVF, Clayton	13	0	0	0	4	0	0	0
Monash IVF, Geelong	2	0	0	0	0	0	0	0
Monash IVF, Mildura	1	0	0	0	0	0	0	0
Monash IVF, Richmond	11	1	1	1	4	0	0	0
Primary IVF, Preston	1	0	0	0	0	0	0	0
Reproductive Services, RWH (Melbourne IVF)	3	0	0	0	0	0	0	0
Aggregated total	113	3	1	1	31	3	1	2

	AI with partner sperm				AI with donor sperm			
	ALL							
Ballarat IVF, Ballarat	33	4	3	3	12	1	0	0
City Babies, Richmond	247	34	19	26	0	0	0	0
City Fertility Centre, Bundoora	0	0	0	0	10	1	1	1
City Fertility Centre, Melbourne	72	5	4	4	133	17	15	16
Melbourne IVF, East Melbourne	280	34	28	29	237	42	33	34
Melbourne IVF, Mt Waverley	35	4	3	3	50	7	6	6
Melbourne IVF, Werribee	53	6	3	3	29	6	4	4
Monash IVF, Clayton	137	12	10	10	94	15	14	15
Monash IVF, Geelong	24	4	3	3	23	7	7	8
Monash IVF, Mildura	2	0	0	0	3	2	1	1
Monash IVF, Richmond	75	7	6	6	100	11	9	9
Primary IVF, Preston	28	4	3	4	0	0	0	0
Reproductive Services, RWH (Melbourne IVF)	46	7	7	7	7	1	1	1
Aggregated total	1,032	121	89	98	698	110	91	95

Table 1.5 Treatment using thawed eggs and pregnancy outcomes, 2016-17 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*				
City Fertility Centre, Bundoora	0	0	0	0	0	3	2	0	0	0
City Fertility Centre, Melbourne	5	5	3	3	4	4	3	0	0	0
Melbourne IVF, East Melbourne	40	22	4	3	4	3	3	0	0	0
Melbourne IVF, Mt Waverley	4	2	1	0	0	0	0	0	0	0
Monash IVF, Bendigo	1	1	0	0	0	0	0	0	0	0
Monash IVF, Clayton	20	10	2	2	2	27	23	10	9	10
Monash IVF, Geelong	0	0	0	0	0	6	6	2	2	2
Monash IVF, Richmond	37	24	4	4	4	46	44	18	16	17
Monash IVF, Sale	2	0	0	0	0	0	0	0	0	0
Monash IVF, Sunshine	5	2	1	0	0	2	1	0	0	0
Reproductive Services, RWH (Melbourne IVF)	2	1	0	0	0	0	0	0	0	0
Aggregated total	116	67	15	12	14	91	82	30	27	29

* Donor eggs include those imported from interstate or overseas.

Table 1.6 Surrogacy cycles and pregnancy outcomes, 2016-17 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
City Fertility Centre, Melbourne	1	1	100.0	0	0	0
Melbourne IVF, East Melbourne	18	39	100.0	8	7	7
Monash IVF, Clayton	6	12	100.0	1	1	1
Monash IVF, Geelong	1	1	100.0	0	0	0
Monash IVF, Richmond	13	20	100.0	5	5	5
Monash IVF, Sunshine	1	1	100.0	0	0	0
Aggregated total	40	74	100.0	14	13	13

** See note page 27.

Table 1.7 Outcome for preimplantation genetic diagnosis and screening, 2016-17 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	5	25	15	3	4	2	1	1
Reproductive Services, RWH (Melbourne IVF)	128	758	254	97	156	63	53	55
Monash IVF	68	306	97	59	70	31	25	25
Aggregated total	201	1,089	366	159	230	96	79	81
	PGS							
City Fertility Centre	38	158	96	34	41	18	11	11
Melbourne IVF, including Reproductive Services, RWH	592	2,610	1,079	417	577	245	212	218
Monash IVF	679	2,013	1,049	511	652	291	248	251
Aggregated total	1,309	4,781	2,224	962	1,270	554	471	480

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

Table 1.8 GIFT treatment

There were two GIFT cycles of treatment with no resulting pregnancy.

Section 2

ART procedures, 2017–18 financial year

This section provides details of ART treatment and clinical pregnancies for the 2017-18 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, 2017-18 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	317	609	220	206	198	173	242	19	5
City Babies, Richmond	145	242	138	0	0	0	0	143	0
City Fertility Centre, Bundoora	165	343	132	115	113	88	131	6	5
City Fertility Centre, Melbourne	690	1,415	436	404	384	355	484	48	79
Genea, Melbourne	16	22	15	12	9	2	8	0	0
Melbourne IVF, East Melbourne	3,838	7,877	2,571	2,273	1,906	1,670	2,311	157	140
Melbourne IVF, Mt Waverley	363	640	237	200	184	186	257	27	16
Melbourne IVF, Werribee	191	351	142	116	110	95	127	22	14
Monash IVF, Bendigo	113	169	85	78	73	48	94	0	0
Monash IVF, Clayton	1,816	3,143	1,285	1,152	1,044	918	1,293	85	35
Monash IVF, Geelong	329	593	219	184	173	181	243	28	12
Monash IVF, Mildura	64	100	52	44	45	21	49	1	2
Monash IVF, Richmond	1,974	3,393	1,352	1,234	1,102	1,041	1,445	39	46
Monash IVF, Sale	77	109	58	53	46	29	61	2	0
Monash IVF, Sunshine	264	416	211	195	177	71	183	0	0
Number 1 Fertility, Geelong	412	506	379	324	241	32	168	0	0
Primary IVF, Preston	1,211	2,320	1,082	1,009	974	429	964	20	0
Reproductive Services, RWH (Melbourne IVF)	974	1,495	543	501	459	320	536	21	4
Aggregated total	12,959	23,743	9,157	8,100	7,238	5,659	8,596	618	358

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, 2017-18 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

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	150	87	110	56	57	18	317	161
City Babies, Richmond	85	17	33	8	27	3	145	28
City Fertility Centre, Bundoora	76	30	63	26	26	4	165	60
City Fertility Centre, Melbourne	267	101	246	78	177	38	690	217
Genea, Melbourne	3	0	10	2	3	0	16	2
Melbourne IVF, East Melbourne	1,110	471	1,621	606	1,107	246	3,838	1,323
Melbourne IVF, Mt Waverley	137	55	153	53	73	16	363	124
Melbourne IVF, Werribee	88	39	73	26	30	2	191	67
Monash IVF, Bendigo	56	32	37	14	20	1	113	47
Monash IVF, Clayton	716	342	660	267	440	115	1,816	724
Monash IVF, Geelong	154	69	108	37	67	16	329	122
Monash IVF, Mildura	38	18	14	2	12	3	64	23
Monash IVF, Richmond	606	280	822	308	546	150	1,974	738
Monash IVF, Sale	42	12	20	5	15	4	77	21
Monash IVF, Sunshine	108	37	92	18	64	13	264	68
Number 1 Fertility, Geelong	133	31	183	25	96	5	412	61
Primary IVF, Preston	532	229	383	154	296	65	1,211	448
Reproductive Services, RWH (Melbourne IVF)	371	106	315	81	288	32	974	219
Aggregated total	4,672	1,956	4,943	1,766	3,344	731	12,959	4,453

* Number of clinical pregnancies only includes those reported by the date on page 20.

Egg retrieval

Table 2.3 Number of egg retrieval cycles, 2017-18 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 cycles with eggs frozen	No. of eggs frozen
< 35							
Ballarat IVF, Ballarat	129	129	129	1,590	9	7	45
City Fertility Centre, Bundoora	68	68	67	715	0	2	21
City Fertility Centre, Melbourne	173	173	171	2,313	22	3	34
Genea, Melbourne	3	3	3	31	0	0	0
Melbourne IVF, East Melbourne	827	827	820	11,188	42	146	1732
Melbourne IVF, Mt Waverley	91	91	91	1,442	3	3	59
Melbourne IVF, Werribee	53	53	51	789	1	2	11
Monash IVF, Bendigo	44	44	44	620	2	1	9
Monash IVF, Clayton	548	548	548	7,636	22	70	710
Monash IVF, Geelong	98	98	98	1,347	6	5	75
Monash IVF, Mildura	32	32	32	332	3	0	0
Monash IVF, Richmond	444	444	442	6,238	24	55	516
Monash IVF, Sale	37	37	35	365	2	6	37
Monash IVF, Sunshine	101	101	101	1,270	10	11	99
Number 1 Fertility, Geelong	115	115	114	1,491	1	28	226
Primary IVF, Preston	533	533	526	5,682	5	0	0
Reproductive Services, RWH (Melbourne IVF)	252	249	246	2,773	4	32	250
Aggregated total	3,548	3,545	3,518	45,822	156	371	3,824
35-39							
Ballarat IVF, Ballarat	109	109	107	867	4	3	21
City Fertility Centre, Bundoora	54	54	53	543	1	0	0
City Fertility Centre, Melbourne	214	214	212	2,014	14	10	110
Genea, Melbourne	9	9	9	110	0	3	23
Melbourne IVF, East Melbourne	1,395	1,380	1,364	13,711	36	264	2,571
Melbourne IVF, Mt Waverley	109	109	107	1,180	1	6	59
Melbourne IVF, Werribee	56	56	55	539	1	2	10
Monash IVF, Bendigo	25	25	25	264	1	2	12
Monash IVF, Clayton	541	538	539	5,909	26	65	632
Monash IVF, Geelong	77	77	77	748	2	4	48
Monash IVF, Mildura	15	15	15	83	0	0	0
Monash IVF, Richmond	689	686	686	7,029	27	118	913
Monash IVF, Sale	16	16	14	127	1	0	0
Monash IVF, Sunshine	101	101	100	790	9	11	55
Number 1 Fertility, Geelong	180	180	180	1,694	3	63	474
Primary IVF, Preston	446	445	429	3,199	2	0	0
Reproductive Services, RWH (Melbourne IVF)	201	201	194	1,500	2	8	60
Aggregated total	4,237	4,215	4,166	40,307	130	559	4,988

Table 2.3 Number of egg retrieval cycles, 2017-18 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 cycles with eggs frozen	No. of eggs frozen
≥ 40							
Ballarat IVF, Ballarat	57	57	54	335	2	2	7
City Fertility Centre, Bundoora	26	26	25	120	3	0	0
City Fertility Centre, Melbourne	171	171	164	1,210	1	3	12
Genea, Melbourne	2	2	2	8	0	0	0
Melbourne IVF, East Melbourne	1,031	1,027	989	7,247	32	46	312
Melbourne IVF, Mt Waverley	56	56	53	387	5	2	18
Melbourne IVF, Werribee	29	29	27	210	0	0	0
Monash IVF, Bendigo	21	21	20	130	1	2	22
Monash IVF, Clayton	371	367	360	2,845	5	18	83
Monash IVF, Geelong	43	43	39	256	3	0	0
Monash IVF, Mildura	8	8	8	40	0	0	0
Monash IVF, Richmond	496	495	486	3,836	11	44	228
Monash IVF, Sale	14	14	14	70	0	0	0
Monash IVF, Sunshine	59	59	56	372	1	6	35
Number 1 Fertility, Geelong	85	85	83	675	2	7	50
Primary IVF, Preston	411	411	381	1,837	9	0	0
Reproductive Services, RWH (Melbourne IVF)	209	209	196	996	4	4	20
Aggregated total	3,089	3,080	2,957	20,574	79	134	787
ALL							
Ballarat IVF, Ballarat	295	295	290	2,792	15	12	73
City Fertility Centre, Bundoora	148	148	145	1,378	4	2	21
City Fertility Centre, Melbourne	558	558	547	5,537	37	16	156
Genea, Melbourne	14	14	14	149	0	3	23
Melbourne IVF, East Melbourne	3,253	3,234	3,173	32,146	110	456	4,615
Melbourne IVF, Mt Waverley	256	256	251	3,009	9	11	136
Melbourne IVF, Werribee	138	138	133	1,538	2	4	21
Monash IVF, Bendigo	90	90	89	1,014	4	5	43
Monash IVF, Clayton	1,460	1,453	1,447	16,390	53	153	1,425
Monash IVF, Geelong	218	218	214	2,351	11	9	123
Monash IVF, Mildura	55	55	55	455	3	0	0
Monash IVF, Richmond	1,629	1,625	1,614	17,103	62	217	1,657
Monash IVF, Sale	67	67	63	562	3	6	37
Monash IVF, Sunshine	261	261	257	2,432	20	28	189
Number 1 Fertility, Geelong	380	380	377	3,860	6	98	750
Primary IVF, Preston	1,390	1,389	1,336	10,718	16	0	0
Reproductive Services, RWH (Melbourne IVF)	662	659	636	5,269	10	44	330
Aggregated total	10,874	10,840	10,641	106,703	365	1,064	9,599

Egg insemination

Table 2.4 Number of cycles with egg insemination, 2017-18 financial year

Table 2.4a Fertilisation, 2017-18 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	120	66.7	1,304	52.1	116	844
City Fertility Centre, Bundoora	67	76.1	601	73.7	65	402
City Fertility Centre, Melbourne	156	71.2	1,759	70.9	152	1,177
Genea, Melbourne	3	0.0	31	0.0	3	21
Melbourne IVF, East Melbourne	657	73.8	7,737	66.3	635	4,670
Melbourne IVF, Mt Waverley	85	80.0	1,095	71.7	83	697
Melbourne IVF, Werribee	50	82.0	622	76.5	47	386
Monash IVF, Bendigo	42	90.5	496	83.3	42	354
Monash IVF, Clayton	475	79.4	5,434	71.0	456	3,471
Monash IVF, Geelong	91	92.3	1,078	83.5	88	694
Monash IVF, Mildura	31	64.5	289	53.3	29	195
Monash IVF, Richmond	382	91.9	4,269	86.1	372	2,823
Monash IVF, Sale	29	96.6	245	95.1	27	155
Monash IVF, Sunshine	85	97.6	891	85.3	85	561
Number 1 Fertility, Geelong	86	74.4	960	65.3	77	504
Primary IVF, Preston	521	55.5	4,957	48.2	497	3,148
Reproductive Services, RWH (Melbourne IVF)	217	56.2	2,245	52.5	208	1,411
Aggregated total	3,097	74.0	34,013	67.5	2,982	21,513
35-39						
Ballarat IVF, Ballarat	101	67.3	747	51.4	96	496
City Fertility Centre, Bundoora	52	90.4	441	86.8	52	310
City Fertility Centre, Melbourne	195	72.8	1,555	71.1	185	989
Genea, Melbourne	6	66.7	74	64.9	6	32
Melbourne IVF, East Melbourne	1,096	72.7	8,963	67.0	1,028	5,497
Melbourne IVF, Mt Waverley	100	79.0	893	76.6	96	558
Melbourne IVF, Werribee	52	76.9	444	73.0	47	295
Monash IVF, Bendigo	23	91.3	200	87.5	22	127
Monash IVF, Clayton	463	89.0	3,938	83.2	429	2,381
Monash IVF, Geelong	71	93.0	588	85.5	69	389
Monash IVF, Mildura	15	93.3	65	96.9	13	38
Monash IVF, Richmond	573	92.7	4,817	88.6	546	3,077
Monash IVF, Sale	14	92.9	105	81.0	13	64
Monash IVF, Sunshine	85	95.3	557	91.2	79	322
Number 1 Fertility, Geelong	115	67.0	888	60.8	94	438
Primary IVF, Preston	427	56.7	2,786	48.1	397	1,860
Reproductive Services, RWH (Melbourne IVF)	186	62.4	1,273	57.6	171	805
Aggregated total	3,574	76.9	28,334	72.1	3,343	17,678

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

* Fertilised eggs with two pronuclei.

** See note page 27.

Egg insemination

Table 2.4a Fertilisation, 2017-18 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	54	83.3	317	70.3	50	186
City Fertility Centre, Bundoora	22	86.4	98	82.7	21	78
City Fertility Centre, Melbourne	182	74.2	1,251	77.2	174	786
Genea, Melbourne	2	50.0	6	66.7	1	3
Melbourne IVF, East Melbourne	971	72.4	6,342	70.6	878	3,762
Melbourne IVF, Mt Waverley	51	74.5	320	71.6	49	213
Melbourne IVF, Werribee	28	71.4	191	68.1	24	117
Monash IVF, Bendigo	19	100.0	104	100.0	18	66
Monash IVF, Clayton	377	92.8	2,617	92.2	347	1,553
Monash IVF, Geelong	41	97.6	225	93.8	38	132
Monash IVF, Mildura	10	90.0	56	94.6	10	32
Monash IVF, Richmond	476	96.0	3,242	95.6	427	2,003
Monash IVF, Sale	15	80.0	70	78.6	13	37
Monash IVF, Sunshine	64	98.4	355	97.7	53	228
Number 1 Fertility, Geelong	77	76.6	514	67.5	66	268
Primary IVF, Preston	372	63.7	1,580	59.4	334	1,057
Reproductive Services, RWH (Melbourne IVF)	190	71.6	885	62.1	171	512
Aggregated total	2,951	79.4	18,173	78.3	2,674	11,033
	ALL					
Ballarat IVF, Ballarat	275	70.2	2,368	54.3	262	1,526
City Fertility Centre, Bundoora	141	83.0	1,140	79.6	138	790
City Fertility Centre, Melbourne	533	72.8	4,565	72.7	511	2,952
Genea, Melbourne	11	45.5	111	46.8	10	56
Melbourne IVF, East Melbourne	2,724	72.9	23,042	67.8	2,541	13,929
Melbourne IVF, Mt Waverley	236	78.4	2,308	73.6	228	1,468
Melbourne IVF, Werribee	130	77.7	1,257	74.0	118	798
Monash IVF, Bendigo	84	92.9	800	86.5	82	547
Monash IVF, Clayton	1,315	86.6	11,989	79.6	1,232	7,405
Monash IVF, Geelong	203	93.6	1,891	85.4	195	1,215
Monash IVF, Mildura	56	76.8	410	65.9	52	265
Monash IVF, Richmond	1,431	93.6	12,328	89.6	1,345	7,903
Monash IVF, Sale	58	91.4	420	88.8	53	256
Monash IVF, Sunshine	234	97.0	1,803	89.6	217	1,111
Number 1 Fertility, Geelong	278	71.9	2,362	64.1	237	1,210
Primary IVF, Preston	1,320	58.2	9,323	50.1	1,228	6,065
Reproductive Services, RWH (Melbourne IVF)	593	63.1	4,403	55.9	550	2,728
Aggregated total	9,622	76.8	80,520	71.5	8,999	50,224

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

* Fertilised eggs with two pronuclei.

** See note page 27.

Egg insemination

Table 2.4b Use of embryos, 2017-18 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	46	46	81	50	275
City Fertility Centre, Bundoora	37	38	46	22	152
City Fertility Centre, Melbourne	94	114	118	54	391
Genea, Melbourne	1	1	2	1	5
Melbourne IVF, East Melbourne	365	386	496	228	2,114
Melbourne IVF, Mt Waverley	61	62	62	21	303
Melbourne IVF, Werribee	26	26	40	21	205
Monash IVF, Bendigo	36	38	33	6	115
Monash IVF, Clayton	263	301	337	168	1,290
Monash IVF, Geelong	52	53	70	30	308
Monash IVF, Mildura	27	28	20	1	67
Monash IVF, Richmond	203	222	296	145	1,175
Monash IVF, Sale	26	34	19	1	58
Monash IVF, Sunshine	68	75	56	12	176
Number 1 Fertility, Geelong	57	57	52	17	194
Primary IVF, Preston	349	375	302	115	1,080
Reproductive Services, RWH (Melbourne IVF)	131	132	163	64	684
Aggregated total	1,842	1,988	2,193	956	8,592
35-39					
Ballarat IVF, Ballarat	42	47	58	40	142
City Fertility Centre, Bundoora	29	30	30	18	82
City Fertility Centre, Melbourne	118	152	121	60	333
Genea, Melbourne	6	6	3	0	9
Melbourne IVF, East Melbourne	606	640	695	325	2,149
Melbourne IVF, Mt Waverley	71	77	67	21	200
Melbourne IVF, Werribee	20	22	29	18	105
Monash IVF, Bendigo	20	20	13	2	38
Monash IVF, Clayton	242	278	264	144	714
Monash IVF, Geelong	50	52	51	17	126
Monash IVF, Mildura	8	11	2	1	10
Monash IVF, Richmond	302	380	365	198	1,000
Monash IVF, Sale	13	18	6	0	24
Monash IVF, Sunshine	61	72	32	12	72
Number 1 Fertility, Geelong	65	65	60	24	140
Primary IVF, Preston	299	360	178	59	490
Reproductive Services, RWH (Melbourne IVF)	134	140	105	23	283
Aggregated total	2,086	2,370	2,079	962	5,917

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

Egg insemination

Table 2.4b Use of embryos, 2017-18 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	23	31	14	11	32
City Fertility Centre, Bundoora	14	20	8	6	13
City Fertility Centre, Melbourne	115	169	74	40	173
Genea, Melbourne	1	1	0	0	0
Melbourne IVF, East Melbourne	487	559	439	239	1,076
Melbourne IVF, Mt Waverley	35	39	24	10	71
Melbourne IVF, Werribee	14	18	10	4	29
Monash IVF, Bendigo	15	17	2	1	5
Monash IVF, Clayton	212	277	152	84	293
Monash IVF, Geelong	32	39	20	5	35
Monash IVF, Mildura	10	12	2	0	2
Monash IVF, Richmond	247	333	203	120	520
Monash IVF, Sale	13	14	6	0	9
Monash IVF, Sunshine	40	50	24	8	60
Number 1 Fertility, Geelong	27	27	33	24	89
Primary IVF, Preston	273	387	65	19	117
Reproductive Services, RWH (Melbourne IVF)	131	156	54	18	76
Aggregated total	1,689	2,149	1,130	589	2,600
	ALL				
Ballarat IVF, Ballarat	111	124	153	101	449
City Fertility Centre, Bundoora	80	88	84	46	247
City Fertility Centre, Melbourne	327	435	313	154	897
Genea, Melbourne	8	8	5	1	14
Melbourne IVF, East Melbourne	1,458	1,585	1,630	792	5,339
Melbourne IVF, Mt Waverley	167	178	153	52	574
Melbourne IVF, Werribee	60	66	79	43	339
Monash IVF, Bendigo	71	75	48	9	158
Monash IVF, Clayton	717	856	753	396	2,297
Monash IVF, Geelong	134	144	141	52	469
Monash IVF, Mildura	45	51	24	2	79
Monash IVF, Richmond	752	935	864	463	2,695
Monash IVF, Sale	52	66	31	1	91
Monash IVF, Sunshine	169	197	112	32	308
Number 1 Fertility, Geelong	149	149	145	65	423
Primary IVF, Preston	921	1,122	545	193	1,687
Reproductive Services, RWH (Melbourne IVF)	396	428	322	105	1,043
Aggregated total	5,617	6,507	5,402	2,507	17,109

* 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, 2017-18 financial year

Table 2.5a Fertilisation, 2017-18 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						
Ballarat IVF, Ballarat	2	100.0	12	100.0	2	7
City Fertility Centre, Bundoora	1	100.0	10	100.0	1	6
City Fertility Centre, Melbourne	6	100.0	69	100.0	6	43
Melbourne IVF, East Melbourne	48	100.0	497	96.2	46	269
Melbourne IVF, Mt Waverley	1	100.0	2	100.0	1	2
Melbourne IVF, Werribee	1	100.0	1	100.0	0	0
Monash IVF, Bendigo	2	100.0	20	100.0	2	14
Monash IVF, Clayton	29	100.0	305	100.0	24	162
Monash IVF, Mildura	1	100.0	7	100.0	0	0
Monash IVF, Richmond	53	100.0	531	98.3	47	329
Monash IVF, Sale	3	100.0	20	100.0	2	9
Monash IVF, Sunshine	8	100.0	55	100.0	6	23
Number 1 Fertility, Geelong	3	100.0	44	100.0	3	18
Reproductive Services, RWH (Melbourne IVF)	5	100.0	49	100.0	5	30
Aggregated total	163	100.0	1,622	98.3	145	912
Women using donor/partner eggs*						
Melbourne IVF, East Melbourne	2	100.0	32	100.0	2	27
Melbourne IVF, Werribee	1	100.0	8	100.0	1	6
Monash IVF, Clayton	9	100.0	61	100.0	8	44
Monash IVF, Geelong	1	100.0	2	100.0	1	2
Monash IVF, Richmond	7	100.0	38	100.0	7	25
Aggregated total	20	100.0	141	100.0	19	104

* Donor eggs include those imported from interstate or overseas.

** Fertilised eggs with two pronuclei.

*** See note page 27.

Table 2.5b Women using thawed eggs , 2017-18 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					
Ballarat IVF, Ballarat	1	2	1	1	1
City Fertility Centre, Melbourne	3	3	6	3	11
Melbourne IVF, East Melbourne	31	36	22	7	83
Melbourne IVF, Mt Waverley	0	0	1	1	1
Monash IVF, Bendigo	1	1	1	1	2
Monash IVF, Clayton	14	15	16	7	29
Monash IVF, Richmond	33	44	28	11	91
Monash IVF, Sale	2	2	1	0	2
Monash IVF, Sunshine	5	5	3	0	5
Number 1 Fertility, Geelong	2	2	2	1	5
Reproductive Services, RWH (Melbourne IVF)	5	6	4	0	7
Aggregated total	97	116	85	32	237
Women using donor/partner eggs*					
Melbourne IVF, East Melbourne	1	1	2	1	12
Melbourne IVF, Werribee	1	1	1	0	2
Monash IVF, Clayton	7	8	5	1	9
Monash IVF, Geelong	1	1	1	0	1
Monash IVF, Richmond	6	8	1	0	2
Aggregated total	16	19	10	2	26

* 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, 2017-18 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

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	46	100.0	25	42	88.1	12
City Fertility Centre, Bundoora	37	97.3	13	29	96.6	7
City Fertility Centre, Melbourne	94	78.7	26	118	72.0	18
Genea, Melbourne	0	0	0	6	100.0	2
Melbourne IVF, East Melbourne	358	94.4	130	587	94.4	199
Melbourne IVF, Mt Waverley	60	98.3	22	70	91.4	20
Melbourne IVF, Werribee	26	100.0	6	19	94.7	8
Monash IVF, Bendigo	36	94.4	19	20	100.0	7
Monash IVF, Clayton	263	85.6	114	241	85.1	68
Monash IVF, Geelong	52	98.1	25	50	96.0	11
Monash IVF, Mildura	27	96.3	13	8	62.5	0
Monash IVF, Richmond	204	90.7	79	296	75.3	83
Monash IVF, Sale	26	69.2	9	13	61.5	2
Monash IVF, Sunshine	68	89.7	25	61	82.0	10
Number 1 Fertility, Geelong	57	100.0	23	65	100.0	19
Primary IVF, Preston	349	92.6	122	299	79.6	87
Reproductive Services, RWH (Melbourne IVF)	131	99.2	44	134	95.5	37
Aggregated total	1,834	92.1	695	2,058	86.6	590
	≥ 40			ALL		
Ballarat IVF, Ballarat	23	65.2	4	111	88.3	41
City Fertility Centre, Bundoora	14	57.1	3	80	90.0	23
City Fertility Centre, Melbourne	115	53.0	4	327	67.3	48
Genea, Melbourne	1	100.0	0	7	100.0	2
Melbourne IVF, East Melbourne	471	84.9	87	1,416	91.2	416
Melbourne IVF, Mt Waverley	33	87.9	5	163	93.3	47
Melbourne IVF, Werribee	14	71.4	0	59	91.5	14
Monash IVF, Bendigo	15	86.7	1	71	94.4	27
Monash IVF, Clayton	210	69.5	30	714	80.7	212
Monash IVF, Geelong	32	78.1	5	134	92.5	41
Monash IVF, Mildura	10	80.0	1	45	86.7	14
Monash IVF, Richmond	239	65.7	33	739	76.5	195
Monash IVF, Sale	13	92.3	2	52	73.1	13
Monash IVF, Sunshine	40	75.0	10	169	83.4	45
Number 1 Fertility, Geelong	27	100.0	3	149	100.0	45
Primary IVF, Preston	273	58.2	47	921	78.2	256
Reproductive Services, RWH (Melbourne IVF)	131	80.9	15	396	91.9	96
Aggregated total	1,661	72.7	250	5,553	84.2	1,535

* See note page 27.

Use of embryos

Table 2.7 Number of cycles with fresh embryo formed from thawed eggs and transferred, 2017-18 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

Treatment site	No. of cycles with embryos transferred	% of single embryo transfer*	No. of clinical pregnancies
Ballarat IVF, Ballarat	1	0.0	1
City Fertility Centre, Melbourne	3	100.0	0
Melbourne IVF, East Melbourne	32	84.4	10
Melbourne IVF, Werribee	1	100.0	0
Monash IVF, Bendigo	1	100.0	0
Monash IVF, Clayton	21	90.5	6
Monash IVF, Geelong	1	100.0	1
Monash IVF, Richmond	39	66.7	8
Monash IVF, Sale	2	100.0	0
Monash IVF, Sunshine	5	100.0	3
Number 1 Fertility, Geelong	2	100.0	0
Reproductive Services, RWH (Melbourne IVF)	5	80.0	1
Aggregated total	113	80.5	30

* See note page 27.

Table 2.8 Number of cycles with embryo thawed, 2017-18 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

Treatment site	No. of cycles with embryos thawed	No. of embryos thawed	No. of cycles with embryos transferred	% of single embryo transfer	No. of embryos transferred	No. of clinical pregnancies*
Ballarat IVF, Ballarat	246	258	242	99.2	244	114
City Fertility Centre, Bundoora	138	145	134	97.8	137	37
City Fertility Centre, Melbourne	532	631	512	87.7	575	149
Genea, Melbourne	2	4	2	100.0	2	0
Melbourne IVF, East Melbourne	2,649	3,478	2,533	92.9	2,712	843
Melbourne IVF, Mt Waverley	272	342	256	93.0	274	67
Melbourne IVF, Werribee	139	219	131	88.5	146	45
Monash IVF, Bendigo	61	66	58	94.8	61	20
Monash IVF, Clayton	1,221	1,412	1,160	92.3	1,249	484
Monash IVF, Geelong	260	289	250	92.0	270	74
Monash IVF, Mildura	31	36	31	87.1	35	7
Monash IVF, Richmond	1,366	1,617	1,325	90.6	1,450	526
Monash IVF, Sale	32	49	29	62.1	40	8
Monash IVF, Sunshine	94	117	93	81.7	110	23
Number 1 Fertility, Geelong	39	45	38	97.4	39	16
Primary IVF, Preston	658	770	647	91.8	700	189
Reproductive Services, RWH (Melbourne IVF)	425	501	415	92.5	446	114
Aggregated total	8,165	9,979	7,856	91.9	8,490	2,716

* See note page 27.

No GIFT cycle in 2017-18

Section 3

Artificial insemination (AI), 2017–18 financial year

This section provides details of AI treatment and clinic pregnancies for the 2017-18 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, 2017-18 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

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
	Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated		FSH Stimulated	
	< 35				35–39			
Ballarat IVF, Ballarat	12	2	3	2	5	0	5	0
City Babies, Richmond	5	1	122	16	3	1	51	7
City Fertility Centre, Bundoora	0	0	1	0	0	0	4	0
City Fertility Centre, Melbourne	31	5	9	0	15	0	8	0
Melbourne IVF, East Melbourne	9	2	96	12	8	0	96	10
Melbourne IVF, Mt Waverley	1	0	13	3	0	0	14	1
Melbourne IVF, Werribee	2	0	18	4	0	0	12	2
Monash IVF, Clayton	32	9	57	8	16	1	29	4
Monash IVF, Geelong	8	1	15	1	4	1	11	1
Monash IVF, Mildura	0	0	0	0	0	0	1	0
Monash IVF, Richmond	16	3	14	1	5	0	11	0
Monash IVF, Sale	0	0	0	0	0	0	2	0
Primary IVF, Preston	6	0	8	0	3	2	2	1
Reproductive Services, RWH (Melbourne IVF)	0	0	15	3	0	0	12	4
Aggregated total	122	23	371	50	59	5	258	30

	Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated		FSH Stimulated	
	≥ 40				ALL			
Ballarat IVF, Ballarat	3	0	1	0	20	2	9	2
City Babies, Richmond	7	1	35	2	15	3	208	25
City Fertility Centre, Bundoora	0	0	3	0	0	0	8	0
City Fertility Centre, Melbourne	7	0	3	1	53	5	20	1
Melbourne IVF, East Melbourne	4	0	31	1	21	2	223	23
Melbourne IVF, Mt Waverley	0	0	8	1	1	0	35	5
Melbourne IVF, Werribee	0	0	0	0	2	0	30	6
Monash IVF, Clayton	1	0	2	0	49	10	88	12
Monash IVF, Geelong	2	0	5	0	14	2	31	2
Monash IVF, Mildura	0	0	0	0	0	0	1	0
Monash IVF, Richmond	3	0	7	0	24	3	32	1
Monash IVF, Sale	0	0	0	0	0	0	2	0
Primary IVF, Preston	0	0	3	0	9	2	13	1
Reproductive Services, RWH (Melbourne IVF)	0	0	2	0	0	0	29	7
Aggregated total	27	1	100	5	208	29	729	85

AI: artificial insemination. FSH: follicle stimulating hormone.

Table 3.2 AI with donor sperm for stimulated/unstimulated cycles, 2017-18 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

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
	Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated		FSH Stimulated	
	< 35				35-39			
Ballarat IVF, Ballarat	2	1	2	1	5	0	0	0
City Fertility Centre, Bundoora	1	0	2	0	3	0	5	0
City Fertility Centre, Melbourne	84	9	0	0	45	4	1	0
Melbourne IVF, East Melbourne	18	3	75	15	23	2	96	17
Melbourne IVF, Mt Waverley	0	0	12	2	4	0	9	3
Melbourne IVF, Werribee	0	0	9	2	0	0	14	0
Monash IVF, Clayton	21	3	8	1	11	1	8	1
Monash IVF, Geelong	9	3	5	0	4	0	2	0
Monash IVF, Mildura	0	0	1	1	0	0	1	0
Monash IVF, Richmond	24	7	17	3	19	2	12	0
Reproductive Services, RWH (Melbourne IVF)	1	0	3	1	0	0	3	1
Aggregated total	160	26	134	26	114	9	151	22

	Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated		FSH Stimulated	
	≥ 40				ALL			
Ballarat IVF, Ballarat	0	0	1	0	7	1	3	1
City Fertility Centre, Bundoora	0	0	0	0	4	0	7	0
City Fertility Centre, Melbourne	20	1	2	0	149	14	3	0
Melbourne IVF, East Melbourne	1	0	14	2	42	5	185	34
Melbourne IVF, Mt Waverley	0	0	0	0	4	0	21	5
Melbourne IVF, Werribee	0	0	0	0	0	0	23	2
Monash IVF, Clayton	0	0	0	0	32	4	16	2
Monash IVF, Geelong	0	0	0	0	13	3	7	0
Monash IVF, Mildura	0	0	0	0	0	0	2	1
Monash IVF, Richmond	1	1	0	0	44	10	29	3
Reproductive Services, RWH (Melbourne IVF)	0	0	0	0	1	0	6	2
Aggregated total	22	2	17	2	296	37	302	50

AI: artificial insemination. FSH: follicle stimulating hormone

Section 4

Donor ART treatment, 2017–18 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, 2017-18 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 20.

Donation type (all sites)	No. of recipients treated	No. of cycles with embryos transferred	No. of clinical pregnancies
Donor embryo	104	143	43
Donor/partner eggs			
-- Fresh egg	230	114	45
-- Thawed egg	19	16	4
-- Embryos from donated eggs	268	374	122
Donor sperm**	1,172	1,664	473
Aggregated total***	1,793	2,311	687

* 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, 2017–18 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	8	1	4	1	0	5
City Fertility Centre	30	0	4	61	0	0
Genea	0	0	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	71	2	47	142	25	8
Monash IVF	125	3	37	127	11	21
Number 1 Fertility	6	0	1	0	0	0
Aggregated total	240	6	93	331	36	34

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

Table 4.3 Number of recipients and treatment cycles with donor/partner eggs, 2017-18 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
	FRESH			
Ballarat IVF	8	1	10	1
City Fertility Centre	39	0	71	0
Genea	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	69	0	77	0
Monash IVF	107	3	118	3
Number 1 Fertility	3	0	3	0
Aggregated total	226	4	279	4

Table 4.3 Number of recipients and treatment cycles with donor/partner eggs, 2017-18 financial year (continued)

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
	THAWED			
Ballarat IVF	0	0	0	0
City Fertility Centre	0	0	0	0
Genea	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	3	2	3	2
Monash IVF	16	1	16	1
Number 1 Fertility	0	0	4	0
Aggregated total	19	3	23	3

Table 4.4 Number of recipients and treatment cycles with imported thawed donor eggs, 2017-18 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
Genea	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	0	0	0	0
Monash IVF	12	0	12	0
Number 1 Fertility	0	0	0	0
Aggregated total	12	0	12	0

Table 4.5 Relationship status of recipients of donor sperm treatment, 2017-18 financial year

Registered ART provider (all sites)	Relationship status of woman receiving donor sperm treatment			
	Single	Same-sex	Heterosexual	Other
Ballarat IVF	16	8	14	0
City Fertility Centre	54	84	22	0
Genea	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	271	162	53	0
Monash IVF	243	112	77	0
Number 1 Fertility	1	0	0	0
Aggregated total	585	366	166	0

Section 5

Surrogacy, 2017-18 financial year

Table 5 Surrogacy cycles and clinical pregnancies, 2017-18 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 20.

Treatment site	No. of surrogate women	No. of cycles with embryos transferred	% of single embryo transfer*	No. of clinical pregnancies
City Fertility Centre, Bundoora	1	2	100.0	0
Melbourne IVF, East Melbourne	13	20	100.0	8
Monash IVF, Clayton	13	16	100.0	6
Monash IVF, Geelong	1	2	100.0	0
Monash IVF, Mildura	1	2	100.0	0
Monash IVF, Richmond	6	9	100.0	2
Aggregated total	35	51	100.0	16

* See note page 27.

Section 6

Multiple pregnancies, 2017-18 financial year

Table 6 Number of clinical pregnancies measured by fetal heartbeats, 2017-18 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 20.

Treatment site	No. of clinical pregnancies	Number of fetal heartbeats				
		None	One	Two	Three or more	Not stated
Ballarat IVF, Ballarat	161	14	145	2	0	0
City Babies, Richmond	28	0	10	3	0	15
City Fertility Centre, Bundoora	60	4	52	1	1	2
City Fertility Centre, Melbourne	217	20	186	11	0	0
Genea, Melbourne	2	0	2	0	0	0
Melbourne IVF, East Melbourne	1,323	166	1,109	46	2	0
Melbourne IVF, Mt Waverley	124	8	110	6	0	0
Melbourne IVF, Werribee	67	7	57	3	0	0
Monash IVF, Bendigo	47	3	28	3	0	13
Monash IVF, Clayton	724	47	530	33	1	113
Monash IVF, Geelong	122	11	73	3	0	35
Monash IVF, Mildura	23	2	17	3	0	1
Monash IVF, Richmond	738	74	539	21	1	103
Monash IVF, Sale	21	5	7	1	0	8
Monash IVF, Sunshine	68	6	54	4	0	4
Number 1 Fertility, Geelong	61	1	60	0	0	0
Primary IVF, Preston	448	52	384	11	0	1
Reproductive Services, RWH (Melbourne IVF)	219	24	193	2	0	0
Aggregated total	4,453	444	3,556	153	5	295

Section 7

Storage of gametes, 2017–18 financial year

Table 7.1 Storage of sperm, ovarian tissue, eggs and embryos, 2017-18 financial year

Registered ART provider (all sites)	No. of patients with sperm in storage as at 30 June 2018	No. of patients with ovarian tissue in storage as at 30 June 2018	No. of patients with eggs in storage as at 30 June 2018	No. of patients with embryos in storage as at 30 June 2018	No. of embryos in storage as at 30 June 2018
Ballarat IVF	223	0	11	350	1,086
City Fertility Centre	321	0	76	900	2,628
Genea	1	0	2	6	17
Melbourne IVF, including Reproductive Services, RWH	1,386	415	1,377	5,627	19,967
Monash IVF	2,058	103	873	5,582	16,909
Number 1 Fertility, including the Egg Freeze Centre, Melbourne	31	2	72	203	576
Primary IVF	94	0	0	674	2,090
Aggregated total	4,114	520	2,411	13,342	43,273

Table 7.2 Storage of donor sperm, 2017–18 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 2017 (start of period)	New donors recruited during reporting financial year
Ballarat IVF	43	16	1
City Fertility Centre	57	59	18
Genea	0	0	0
Melbourne IVF, including Reproductive Services, RWH	261	320	80
Monash IVF	356	164	26
Number 1 Fertility	4	1	0
Aggregated total	721	560	125

Section 8

Preimplantation genetic diagnosis and screening, 2017-18 financial year

This table sets out the number of women who initiated treatment in the 2017-18 financial year. The clinical outcomes for these women cannot be finalised until April 2019 and will appear as Table 1.7 in next year's annual report.

Table 8 Preimplantation genetic diagnosis and screening, 2017-18 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	3	10	2	2	3
Genea	0	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	104	648	196	105	159
Monash IVF	47	243	81	56	66
Number 1 Fertility	4	13	2	0	0
Aggregated total	158	914	281	163	228
PGS					
City Fertility Centre	28	113	65	29	37
Genea	2	7	4	0	0
Melbourne IVF, including Reproductive Services, RWH	704	3,053	1,281	557	805
Monash IVF	507	1,457	803	522	581
Number 1 Fertility	95	252	76	10	10
Aggregated total	1,336	4,882	2,229	1,118	1,433

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

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 2018 and the financial position of the Victorian Assisted Reproductive Treatment Authority as at 30 June 2018.

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 21 August 2018 and authorised the persons named to sign the statements and authorise their release.



Ms Louise Glanville
Chairperson
Melbourne
Date 21 August 2018



Ms Louise Johnson
Chief Executive Officer
Melbourne
Date 21 August 2018



Mr Darren Collins
Chief Finance Officer
Melbourne
Date 21 August 2018

Comprehensive operating statement for the year ended 30 June 2018

	Notes	2018 \$	2017 \$
Revenue from operating activities	2	2,035,265	1,758,401
Revenue from non-operating activities	2	5,170	1,724
Employee expenses	3.1	(1,117,251)	(915,892)
Supplies and services	3.1	(416,309)	(317,802)
Commonwealth-funded project expenses	3.1	(459,627)	(64,981)
Net result before capital and specific items		47,248	461,450
Depreciation expense	4.2	(19,272)	(17,295)
Net result		27,976	444,155
Other comprehensive income		-	-
Comprehensive result for the year		27,976	444,155

Balance sheet as at 30 June 2018

	Notes	2018 \$	2017 \$
Current assets			
Cash and cash equivalents	6.1	800,245	763,824
Trade and other receivables	5.1	90,960	37,731
Other current assets	5.2	16,971	15,046
Total current assets		908,176	816,601
Non-current assets			
Plant and equipment	4.1	38,142	36,144
Intangibles	4.3	13,233	9,929
Total non-current assets		51,375	46,073
Total assets		959,551	862,674
Current liabilities			
Trade and other payables	5.3	164,175	106,573
Provisions	3.2	160,150	153,670
Total current liabilities		324,325	260,243
Non-current liabilities			
Provisions	3.2	9,236	4,417
Total non-current liabilities		9,236	4,417
Total liabilities		333,561	264,660
Net assets		625,990	598,014
Equity			
Contributed capital		11,200	11,200
Retained earnings		614,790	586,814
Total equity		625,990	598,014

Statement of changes in equity for the year ended 30 June 2018

	Contributed capital \$	Retained earnings \$	Total \$
Balance at 1 July 2016	11,200	142,659	153,859
Capital contributed	-	-	-
Surplus for the year	-	444,155	444,155
Other comprehensive income	-	-	-
Balance at 30 June 2017	11,200	586,814	598,014
Capital contributed	-	-	-
Surplus for the year	-	27,976	27,976
Other comprehensive income	-	-	-
Balance at 30 June 2018	11,200	614,790	625,990

Cash flow statement for the year ended 30 June 2018

	Notes	2018 \$	2017 \$
Cash flow from operating activities			
Operating grants from government		1,972,553	1,706,252
Receipts from customers and others		7,260	34,019
Payments to suppliers and employees		(1,923,381)	(1,208,291)
Interest received		4,562	1,724
Net cash provided by operating activities		60,994	533,704
Cash flow from investing activities			
Payment for plant and equipment		(17,741)	(20,729)
Payment for intangibles		(6,832)	(1,299)
Net cash used in investing activities		(24,573)	(22,028)
Net increase in cash held		36,421	511,676
Cash at beginning of financial year		763,824	252,148
Cash at end of financial year	6.1	800,245	763,824

Notes to the financial statements for the year ended 30 June 2018

1. About this Report

1. About this Report

The Victorian Assisted Reproductive Treatment Authority (the Authority), is an individual statutory authority, funded by the State of Victoria. Its principal address is:

Victorian Assisted Reproductive Treatment Authority
Level 30, 570 Bourke Street
Melbourne, VIC 3000

A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

Basis of preparation

The financial statements are prepared in accordance with Australian Accounting Standards and relevant FRDs.

These financial statements are in Australian dollars and the historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

The accrual basis of accounting has been applied in preparing these financial statements, whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of the Authority.

Additions to net assets which have been designated as contributions by owners are recognised as contributed capital. Other transfers that are in the nature of contributions to or distributions by owners have also been designated as contributions by owners.

Transfers of net assets arising from administrative restructurings are treated as distributions to or contributions by owners. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in applying AAS that have significant effects on the financial statements and estimates are disclosed in the notes under the heading: 'Significant judgement or estimates'.

Compliance information

These financial statements are general purpose financial statements prepared in accordance with the Financial Management Act 1994 and applicable AASBs which include interpretations issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of AASB 101 *Presentation of Financial Statements*.

The Authority is a not-for-profit entity and therefore where appropriate, those paragraphs applicable to not-for-profit entities have been applied.

The financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the Department of Treasury and Finance, and relevant Standing Directions (SDs) authorised by the Minister for Finance.

The annual financial statements were authorised for issue by the Board of the Authority on 21 August 2018.

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 have been applied in preparing the financial statements for the year ended 30 June 2018, and the comparative information presented in these financial statements for the year ended 30 June 2017.

The financial statements are prepared on a going concern basis (refer to Note 8.7).

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 Australian Taxation Office (ATO). In this case the GST payable 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, or payable to, the ATO is included with other receivables or payables in the Balance Sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the ATO, are presented as operating cash flow.

Commitments and contingent assets and liabilities are presented on a gross basis.

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

Notes to the financial statements for the year ended 30 June 2018

2. Funding delivery of our services

2. Funding delivery of our services

The Authority provides independent information and support for individuals, couples and health professionals on fertility and issues related to assisted reproductive treatment (ART). This includes IVF, surrogacy and donor-conception.

VARTA is responsible for:

- managing the donor conception registers and providing information and support to applicants and people affected by applications
- the registration of ART clinics and approval of import and export of donated eggs, sperm and embryos formed from donor gametes in and out of Victoria
- monitoring developments, trends and activities relating to the causes and prevention of infertility and the ART industry in Victoria, Australia and internationally.

To enable the Authority to fulfil its responsibilities, it receives accrual-based grant funding from the State of Victoria.

2.1 Analysis of revenue by source

	2018 \$	2017 \$
Operating activities		
Government grants – Department of Health and Human Services	1,654,553	1,386,253
Government grants – Commonwealth Government	318,000	320,000
Indirect contributions by Department of Health and Human Services	24,891	26,376
Other	37,821	25,772
	2,035,265	1,758,401
Non-operating revenue		
Interest received	5,170	1,724

Revenue 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.

Interest income

Interest income includes interest received on bank accounts and term deposits. Interest received on term deposits is recognised using the effective interest method, which allocates the interest over the relevant period. Bank deposit interest is recognised as received.

Notes to the financial statements for the year ended 30 June 2018

3. The cost of delivering our services

3. The cost of delivering our services

This section provides an account of the expenses incurred by the Authority in delivering services and outputs. In Note 2, the funds that enable the provision of services were disclosed and in this note the cost associated with provision of services are recorded.

Structure

- 3.1 Analysis of expenses by source**
- 3.2 Employee benefits in the balance sheet**
- 3.3 Superannuation**

3.1 Analysis of expenses by source

	2018 \$	2017 \$
Employee expenses	1,117,251	915,892
Other operating expenses		
Non-salary employee expense	22,378	46,713
Public education expenses	147,806	75,191
Legislation change expenses	62,992	61,824
Professional service fees	96,573	59,624
Member fees	32,205	30,590
Office expenses	29,383	25,589
Commonwealth-funded project expenses	459,627	64,981
Other operating expenses	24,972	18,271
Other expenses		
Depreciation expense	19,272	17,295
Total expenses	2,012,459	1,315,970

Expense recognition

Expenses are recognised as they are incurred and reported in the financial year to which they relate.

Employee expenses

Employee expenses include:

- Salaries and wages
- Fringe benefits tax
- Leave entitlements
- Termination payments
- Workcover premiums
- Payroll tax
- Superannuation expenses

Non-salary employee expenses

Non-salary employee expenses consist of staff amenities, recruitment, temporary staff and professional development.

Other operating expenses

Other operating expenses generally represent other day-to-day running costs incurred in normal operations and include travel and accommodation, bank fees, insurance and parking costs.

Notes to the financial statements for the year ended 30 June 2018

3. The cost of delivering our services

3.2 Employee benefits in the balance sheet

Current provisions

Annual leave

Unconditional and expected to be settled within 12 monthsⁱ

Unconditional and expected to be settled after 12 months

Long service leave

Unconditional and expected to be settled within 12 monthsⁱ

Unconditional and expected to be settled after 12 monthsⁱⁱ

2018 \$	2017 \$
61,926	61,870
-	-
77,335	57,531
-	14,224
139,261	133,626

Provisions related to employee benefit on-costs

Unconditional and expected to be settled within 12 monthsⁱ

Unconditional and expected to be settled after 12 monthsⁱⁱ

Total employee benefits and related on-costs

20,889	17,910
-	2,134
20,889	20,044
160,150	153,670

Total current provisions

Non-current provisions

Long service leave

Provisions related to employee benefit on-costs

Total non-current provisions

8,032	3,841
1,204	576
9,236	4,417
169,386	158,087

Total provisions

i The amounts disclosed are nominal amounts

ii The amounts disclosed are discounted to present values

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

71,215	71,151
98,171	86,936
169,386	158,087

Movements in long service leave

Balance at start of year

Provision made during the year

Expense recognising employee service

Balance at end of year

86,936	66,605
11,235	20,331
98,171	86,936

Employee benefit recognition

Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered to the reporting date as an expense during the period the services are delivered.

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 liability is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.

Notes to the financial statements for the year ended 30 June 2018

3. The cost of delivering our services

Employee benefits

This provision arises for benefits accruing to employees in respect of salaries and wages, annual leave and long service leave for services rendered to the reporting date.

Salaries and wages and annual leave

Liabilities for salaries and wages and annual leave are all recognised in the provision for employee benefits as 'current liabilities' because the Authority does not have an unconditional right to defer settlements of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for salaries and wages and annual leave are measured at:

Undiscounted value – if the Authority expects to wholly settle within 12 months; or

Present value – if the Authority does not expect to wholly settle within 12 months.

Long service leave

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where the Authority does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

Undiscounted value – if the Authority expects to wholly settle within 12 months; or

Present value – if the Authority does not expect to wholly settle within 12 months.

Conditional LSL is disclosed as a non-current liability. Any gain or loss following revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations e.g. bond rate movements, inflation rate movements and changes in probability factors which are then recognised as other economic flows.

Termination benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee decides to accept an offer of benefits in exchange for the termination of employment.

On-costs related to employee expense

Provision for on-costs such as workers compensation and superannuation are recognised together with provisions for employee benefits.

3.3 Superannuation

Defined contribution plans

Hesta Superannuation

First State Super

VicSuper

Other

Total

Paid contribution for the year		Contribution outstanding at year end	
2018 \$	2017 \$	2018 \$	2017 \$
39,902	36,143	3,058	3,336
31,009	35,523	1,947	3,086
30,292	13,534	2,139	1,928
36,730	24,081	2,823	1,873
137,933	109,281	9,967	10,223

Employees of the Authority are entitled to receive superannuation benefits and the Authority currently contributes to defined contribution plans.

Defined contribution superannuation plans

In relation to defined contribution (i.e. accumulation) superannuation plans, the associated expense is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting period. Contributions to defined contribution superannuation plans are expensed when incurred.

Superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement of the Authority.

The name and details of the major employee superannuation funds and contributions made by the Authority are shown above.

Notes to the financial statements for the year ended 30 June 2018

4. Key assets to support service delivery

4. Key assets to support service delivery

The Authority controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to the Authority to be utilised for delivery of those outputs.

Fair value measurement

Where the assets included in this section are carried at fair value, additional information is disclosed in Note 7.1.3 in connection with how those fair values are determined.

Structure

- 4.1 Plant and equipment**
- 4.2 Depreciation and amortisation**
- 4.3 Intangible assets**

4.1 Plant and equipment

Computer equipment

At fair value

Less accumulated depreciation

Office equipment

At fair value

Less accumulated depreciation

Total property, plant and equipment

2018 \$	2017 \$
68,971	61,092
(55,571)	(46,585)
13,400	14,507
51,334	41,471
(26,592)	(19,834)
24,742	21,637
38,142	36,144

Movements in carrying amounts

2018

Balance at the beginning of the year

Additions

Depreciation

Balance at end of year

Computer equipment \$	Office equipment \$	Total \$
14,507	21,637	36,144
7,879	9,863	17,742
(8,986)	(6,758)	(15,744)
13,400	24,742	38,142

Initial recognition: Items of plant and equipment are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition. Assets transferred as part of a machinery of government change are transferred at their carrying amount.

Subsequent measurement: Plant and equipment are subsequently measured at fair value less accumulated depreciation and impairment. Fair value is determined with regard to the asset's highest and best use (considering legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset)

Notes to the financial statements for the year ended 30 June 2018

4. Key assets to support service delivery

4.2 Depreciation and amortisation

Depreciation

Computer equipment

Office equipment

Total depreciation

Amortisation

Software

Total depreciation and amortisation

2018 \$	2017 \$
8,986	11,283
6,758	3,685
15,744	14,968
3,528	2,327
19,272	17,295

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets that have finite useful lives, are depreciated. The exceptions to this rule include items under operating leases, assets held for sale, land and investment properties.

Depreciation is generally calculated on a diminishing value basis, at rates that allocate the asset's value, less any estimated residual value, over its estimated useful life. Typical estimated useful lives for the different asset classes for current and prior years are included in the table below:

Computer equipment	3 to 5 years
Office equipment	5 to 10 years
Software	3 to 5 years

4.3 Intangible assets

Software

At cost

Less accumulated amortisation

Total intangibles

2018 \$	2017 \$
27,813	20,981
(14,580)	(11,052)
13,233	9,929

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. Amortisation begins when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management.

Notes to the financial statements for the year ended 30 June 2018

5. Other assets and liabilities

5. Other assets and liabilities

This section sets out those assets and liabilities that arose from the Authority's operations.

Structure

5.1 Receivables

5.2 Prepayments and other non-financial assets

5.3 Payables

5.1 Receivables

CURRENT

Contractual

Trade debtors

Accrued revenue

Statutory

GST receivable

Long service leave – Department of Health and Human Services

Total receivables

2018 \$	2017 \$
16,500	2,762
607	-
17,107	2,762
28,501	11,678
45,352	23,291
73,853	34,969
90,960	37,731

Contractual receivables, which consists of debtors in relation to goods and services and accrued investment income, are classified as financial instruments and categorised as 'loans and receivables'. They are recognised initially at fair value and subsequently measured at amortised cost less any accumulated impairment. Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition.

Statutory receivables, which predominantly includes amounts owing from the Victorian Government and Goods and Services Tax (GST) input tax credits recoverable. They are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments because they do not arise from a contract.

In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136 *Impairment of Assets*.

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 recognised when there is objective evidence that the debts may not be collected and bad debts are written off when identified.

5.2 Prepayments and other non-financial assets

CURRENT

Prepayments

2018 \$	2017 \$
16,971	15,046

Other non-financial assets include prepayments, which represent payments in advance of receipt of goods or services or the payments made for services covering a term extending beyond that financial accounting period.

Notes to the financial statements for the year ended 30 June 2018

5. Other assets and liabilities

5.3 Payables

CURRENT

Contractual

	2018 \$	2017 \$
Trade creditors	34,435	42,335
Credit card	5,341	4,209
Accruals	94,865	32,730
Superannuation payable	8,248	7,339
Salary package liability	1,052	3,397

Statutory

PAYG withheld	20,234	16,563
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Total payables

	164,175	106,573
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Contractual payables, are classified as financial instruments and measured at amortised cost. Trade creditors represent liabilities for goods and services provided to the Authority prior to the end of the financial year that are unpaid.

Statutory payables, that are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

Notes to the financial statements for the year ended 30 June 2018

6. How we financed our operations

6. How we financed our operations

This section provides information on the sources of finance utilised by the Authority during its operations and other information related to financing activities.

This section includes disclosures of balances that are financial instruments (such as cash balances).

Note 7 provides additional, specific financial instrument disclosures.

Structure

6.1 Cash flow information and balances

6.2 Commitments

6.1 Cash flow information and balances

Cash and deposits, including cash equivalents, comprise cash on hand and cash at bank, deposits at call and those highly liquid investments with an original maturity of three months or less, which are held for the purpose of meeting short-term cash commitments rather than for investment purposes, and which are readily convertible to known amounts of cash and are subject to an insignificant risk of changes in value.

Cash at bank and on hand

Reconciliation of cash

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

Term deposit

Cash on hand

2018 \$	2017 \$
800,245	763,824
547,574	512,190
252,617	251,365
54	269
800,245	763,824

6.1.1 Reconciliation of net result for the year to net cash inflow from operating activities

Net result for the year

Non cash movements:

Depreciation and amortisation

Movements in assets and liabilities:

(Increase) in receivables

(Increase)\decrease in other assets

Increase\decrease in payables

Increase in provisions

Net cash inflow from operations

2018 \$	2017 \$
27,976	444,155
19,272	17,295
(56,060)	(18,129)
905	42
57,601	48,335
11,299	42,006
60,993	533,704

Notes to the financial statements for the year ended 30 June 2018

6. How we financed our operations

6.2 Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts.

	Less than 1 year \$	1-5 years \$	Total \$
2018			
Capital expenditure commitments payable	-	-	-
Operating and lease commitments payable			
VARTA	36,896	2,647	39,543
Your Fertility program	73,481	-	73,481
Total operating and lease commitments payable	110,377	2,647	113,024
Total commitments (exclusive of GST)	110,377	2,647	113,024
2017			
Capital expenditure commitments payable	-	-	-
Operating and lease commitments payable			
VARTA	2,887	5,534	8,421
Your Fertility program	213,828	41,576	255,404
Total operating and lease commitments payable	216,715	47,110	263,825
Total commitments (exclusive of GST)	216,715	47,110	263,825

Notes to the financial statements for the year ended 30 June 2018

7. Risks, contingencies and valuation uncertainties

7. Risks, contingencies and valuation uncertainties

The Authority is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information, (including exposures to financial risks) as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for the Authority is related mainly to fair value determination.

Structure

7.1 Financial instruments

7.2 Contingent assets and contingent liabilities

7.1 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*.

Categories of financial instruments

Loans and receivables and cash are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets and liabilities are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, loans and receivables are measured at amortised cost using the effective interest method (and for assets, less any impairment). The Authority recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables);

Financial liabilities at amortised cost are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to 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 and loss over the period of the interest-bearing liability, using the effective interest rate method. The Authority recognises payables (excluding statutory payables) in this category.

7.1.1 Categorisation of financial instruments

Financial assets	Note	Category	Carrying amount \$	Carrying amount \$
			2018	2017
Cash and cash equivalents	6.1	Cash and cash equivalents	800,245	763,824
Trade receivables	5.1	Receivables and other current assets	16,500	2,762
Accrued income	5.1	Receivables and other current assets	607	-
Financial liabilities			Category	
Payables	5.3	Trade and other payables	143,941	90,010

Notes to the financial statements for the year ended 30 June 2018

7. Risks, contingencies and valuation uncertainties

7.1.2 Financial risk management objectives and policies

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 7.1.3.

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

	Weighted average effective interest rate		Floating interest rate		Fixed interest rate		Non-interest bearing		Total	
	2018 %	2017 %	2018 \$	2017 \$	2018 \$	2017 \$	2018 \$	2017 \$	2018 \$	2017 \$
<i>Financial assets:</i>										
Cash at bank and in hand	0.1	0.1	547,574	512,190	-	-	54	269	547,628	512,459
Term deposit	1.90	2.09	-	-	252,617	251,365	-	-	252,617	251,365
Trade and other receivables			-	-	-	-	17,107	2,762	17,107	2,762
Total financial assets			547,574	512,190	252,617	251,365	17,161	3,031	817,352	766,586
<i>Financial liabilities:</i>										
Trade and other payables	-	-	-	-	-	-	143,941	90,010	143,941	90,010
Total financial liabilities	-	-	-	-	-	-	143,941	90,010	143,941	90,010

Notes to the financial statements for the year ended 30 June 2018

7. Risks, contingencies and valuation uncertainties

7.1.3 Fair values

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. Depreciated replacement cost is used as fair value measurement for all assets with useful life of the asset being the significant unobservable input. Movements in fair value have been considered in line with the requirements of FRD103F *Non-Financial Physical Assets*. Highest and best use (HBU) has been considered and the Authority confirms that current use has been assessed to be HBU. The Authority determined that there were no transfers between levels in the hierarchy at the end of the reporting period.

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.

The aggregate net fair values of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to the financial statements.

7.2 Contingent assets and contingent liabilities

There are no contingent assets or contingent liabilities at 30 June 2018 (2017: Nil)

Notes to the financial statements for the year ended 30 June 2018

8. Other disclosures

8. Other disclosures

Structure

- 8.1 Responsible persons
- 8.2 Executive officer disclosures
- 8.3 Related parties
- 8.4 Remuneration of auditors
- 8.5 AASBs issued that are not yet effective
- 8.6 Events occurring after balance sheet date
- 8.7 Economic dependency
- 8.8 Authority details
- 8.9 *Assisted Reproductive Treatment Act 2008*

Note 8.1 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	From	To
The Hon. Jill Hennessy	01/07/2017	30/06/2018

Authority members

Ms. K. Mander (Chairperson)	01/07/2017	27/06/2018
Ms. L. Glanville (Chairperson)	28/06/2018	30/06/2018
Ms. N. Mollard	01/07/2017	30/06/2018
Ms. K. Lai	01/07/2017	30/06/2018
Dr. R. McDougall	01/07/2017	30/06/2018
Dr. L. Burns	01/07/2017	30/06/2018
Dr. R. Carson	01/07/2017	30/06/2018
Mr. F. Pereira-Jackson	01/07/2017	30/06/2018

Accountable Officer

Ms L Johnson (Chief Executive Officer)	01/07/2017	30/06/2018
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Remuneration of responsible persons

The responsible persons received remuneration for the financial year ended 30 June 2018. 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	2018	2017
\$0 – \$9,999	7	7
\$10,000 - \$19,999	1	1
\$190,000 - \$199,999	–	–
\$200,000 - \$209,999	1	1
Total numbers	9	9
Total remuneration received or due and receivable by responsible persons from the Authority amounted to:	243,530	237,727

Notes to the financial statements for the year ended 30 June 2018

8. Other disclosures

8.2 Executive officer disclosures

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

8.3 Related parties

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.

	2018 \$	2017 \$
Department of Health and Human Services	1,679,444	1,412,629

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 8.1.

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.

	2018 \$	2017 \$
Short-term benefits	220,047	214,893
Post-employment benefits	19,574	18,894
Other long-term benefits	3,909	3,939
Total remuneration	243,530	237,727

Notes to the financial statements for the year ended 30 June 2018

8. Other disclosures

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.

8.4 Auditor's remuneration

Victorian Auditor-General's Office:

Audit of the financial statements

2018 \$	2017 \$
7,000	7,000

8.5 AASBs issued that are not yet effective

Certain new Australian accounting standards have been published that are not mandatory for the 30 June 2018 reporting period. Department of Treasury and Finance assesses the impact of all these new standards and advises the Authority of their applicability and early adoption where applicable.

As at 30 June 2018, the following standards and interpretations had been issued by the AASB but were not yet effective. They become effective for the first financial statements for reporting periods commencing after the stated operative dates as detailed in the table below. The Authority has not and does not intend to adopt these standards early.

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. The initial application of AASB 9 is not expected to significantly impact the financial position however there will be a change to the way financial instruments are classified and new disclosure requirements.
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, 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 2014-7 <i>Amendments to Australian Accounting Standards arising from AASB 9</i>	Amends various AASs to incorporate the consequential amendments arising from the issuance of AASB 9.	1 January 2018	The assessment has indicated that there will be no significant impact for the public sector.
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.

Notes to the financial statements for the year ended 30 June 2018

8. Other disclosures

Standard/ Interpretation	Summary	Applicable for annual reporting periods beginning or ending on	Impact on financial statements
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 2016-8 <i>Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities</i>	<p>AASB 2016-8 inserts Australian requirements and authoritative implementation guidance for not-for-profit entities into AASB 9 and AASB 15.</p> <p>This Standard amends AASB 9 and AASB 15 to include requirements to assist not-for-profit entities in applying the respective standards to particular transactions and events.</p>	1 January 2019	<p>This standard clarifies the application of AASB 15 and AASB 9 in a not-for-profit context. The areas within these standards that are amended for not-for-profit application include:</p> <p>AASB 9</p> <ul style="list-style-type: none"> Statutory receivables are recognised and measured similarly to financial assets <p>AASB 15</p> <ul style="list-style-type: none"> The 'customer' does not need to be the recipient of goods and/or services; The 'contract' could include an arrangement entered into under the direction of another party; Contracts are enforceable if they are enforceable by legal or 'equivalent means'; Contracts do not have to have commercial substance, only economic substance; and <p>Performance obligations need to be 'sufficiently specific' to be able to apply AASB 15 to these transactions.</p>
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	<p>The assessment has indicated that most operating leases, with the exception of short term and low value leases will come on to the balance sheet and will be recognised as right of use assets with a corresponding lease liability.</p> <p>In the operating statement, the operating lease expense will be replaced by depreciation expense of the asset and an interest charge.</p> <p>There will be no change for lessors as the classification of operating and finance leases remains unchanged.</p>
AASB 1058 <i>Income of Not-for-Profit Entities</i>	<p>AASB 1058 standard will replace the majority of income recognition in relation to government grants and other types of contributions requirements relating to public sector not-for-profit entities, previously in AASB 1004 <i>Contributions</i>.</p> <p>The restructure of administrative arrangement will remain under AASB 1004 and will be restricted to government entities and contributions by owners in a public sector context, AASB 1058 establishes principles for transactions that are not within the scope of AASB 15, where the consideration to acquire an asset is significantly less than fair value to enable not-for-profit entities to further their objective.</p>	1 January 2019	<p>The current revenue recognition for grants is to recognise revenue up front upon receipt of the funds.</p> <p>This may change under AASB 1058, as capital grants for the construction of assets will need to be deferred. Income will be recognised over time, upon completion and satisfaction of performance obligations for assets being constructed, or income will be recognised at a point in time for acquisition of assets.</p> <p>The revenue recognition for operating grants will need to be analysed to establish whether the requirements under other applicable standards need to be considered for recognition of liabilities (which will have the effect of deferring the income associated with these grants). Only after that analysis would it be possible to conclude whether there are any changes to operating grants.</p> <p>The impact on current revenue recognition of the changes is the phasing and timing of revenue recorded in the profit and loss statement.</p>

Notes to the financial statements for the year ended 30 June 2018

8. Other disclosures

8.6 Events after balance sheet date

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

8.7 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.

At the date of this report, the Board of the Authority has no reason to believe the Department of Health and Human Services will not continue to support the Authority.

8.8 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

8.9 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.

Independent Auditor's Report

To the Members of the Victorian Assisted Reproductive Treatment Authority

Opinion	<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"> • balance sheet as at 30 June 2018 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including significant accounting policies • accountable officer's, member of responsible body's and chief finance officer's declaration. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the authority as at 30 June 2018 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>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards 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 Victoria. 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>
Members' responsibilities for the financial report	<p>The Members of the authority are 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 Members determine 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 Members are responsible for assessing the authority's ability to continue as a going concern, disclosing, as applicable, matters related to 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 my 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 Members
- conclude on the appropriateness of the Members' 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 Members 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.



Ron Mak

MELBOURNE
27 August 2018

as delegate for the Auditor-General of Victoria

Glossary

The terminology used in this report is fully explained below:

Age at first treatment	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).
AI (artificial insemination) with partner sperm	A procedure of transferring sperm without also transferring an egg into the vagina, cervical canal or uterus of a woman.
AI with donor sperm	Artificial insemination with donor sperm.
Clinical pregnancy	Any type of pregnancy except that diagnosed only by measuring levels of human chorionic gonadotrophin. This definition includes ectopic pregnancy, blighted ovum and spontaneous abortion.
Egg retrieval	Procedure undertaken in an attempt to collect egg(s) from a woman.
Embryo	A live embryo that has a human genome or an altered human genome and that has been developing for less than eight weeks since the appearance of two pronuclei or the initiation of its development by other means.
Fertilisation	Penetration of an egg by sperm. Only egg(s) with two pronuclei will be reported.
FSH stimulated cycle	A treatment cycle in which the woman's ovaries are stimulated with superovulatory drugs, excluding clomiphene citrate, to produce more than one egg.
Gamete	An egg or sperm.
ICSI (intra cytoplasmic sperm injection)	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.
IVF (in vitro fertilisation)	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.
Liveborn baby	A fetus delivered with signs of life after complete expulsion or extraction from its mother, beyond 20 completed weeks of gestational age.
Live birth	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.
Not FSH stimulated/ Unstimulated cycle	A treatment cycle where no super-ovulatory drugs are used or where only clomiphene citrate is used.
Number of fetal heartbeats	Number of fetal hearts seen by ultrasonography.
PGD (preimplantation genetic diagnosis)	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.
PGS (preimplantation genetic screening)	PGS is a scientific test used to screen for embryos that do not have the normal number of chromosomes (46 chromosomes).
Registered ART provider	A place in respect of which registration under Part 8 of the <i>Assisted Reproductive Treatment Act 2008</i> is in force.
Surrogacy	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).
Thaw cycle	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.
Transfer	The procedure of placing embryos or eggs and sperm into the body of a woman.
Women in treatment	From 1 January 2010, women in treatment can include women in heterosexual or same-sex relationships or single women. All women must be eligible for treatment as outlined in Section 10 of the <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 Authority is prepared in accordance with all relevant Victorian legislations and pronouncements. This index has been prepared to facilitate identification of the Authority's compliance with statutory disclosure requirements.

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