VARTA

Victorian Assisted Reproductive Treatment Authority

Annual Report 2019

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 2018 to 30 June 2019.

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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Cover photo: Aleksandar Nakic

Contents

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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 to 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 conduct research related to public education, and we gather and analyse published research for the general public and health and education professionals.

Collaborative

- We work in partnership with consumers and people working in the ART, health, education, research and legal sectors.

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 with, 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 guide ART providers to comply with the ART Act, regulations and *Conditions for Registration*.
- We investigate adverse incidents, and actual or potential breaches of the ART Act and/or *Conditions for Registration*.
- We approve the import and export of donor gametes and embryos containing donor gametes into and out of Victoria.
- We store confidential information that complies with privacy regulations.

Education

- We translate research about fertility, infertility, ART and preconception health into education programs, campaigns and projects.
- We educate the community and relevant professionals.

Donor conception register services

- We manage the Central and Voluntary Registers and process applications for information stored on the registers.
- We provide information, counselling and support for donor-conceived people, parents, donors and family members.
- We facilitate connections between donors, donor-conceived people and parents who received donor treatment.

Focus

Regulation

- We perform risk-based planning to effectively use regulatory tools. We embed learnings to enhance our processes, minimise risks, and build our expertise in investigating potential legislative breaches by ART clinics.

Education

- We are building knowledge of behavioural insights and technology to teach more people about fertility, infertility and ART in innovative and appropriate ways.

Donor conception register services

- We are evaluating the impact of the 'Right to Know' legislation on donor-conceived people, donors and parents to enhance our practices and services.

Organisational capability

- We operate with sustainable human and financial resources to undertake our functions and achieve strategic outcomes as an innovative and transparent organisation with a positive culture.

Chairperson and CEO report

As VARTA approaches its 10th anniversary, we are pleased to report on another highly successful year of regulation that prioritised people using assisted reproductive treatment (ART) and their future children.

In 2018-19, VARTA oversaw 18 ART sites in Victoria which provided treatment to nearly 13,000 people. The industry continued to evolve this year, with clinics offering new services in an increasingly competitive and corporate marketplace. Notable trends include a marked increase in the number of women freezing and storing their eggs. By 30 June 2019, 3,124 women had eggs in storage - a 30 per cent increase from 2,411 last year. There was also high demand for donor sperm, depleting the number of donors available. At the start of this financial year (1 July 2018), there were 424 sperm donors available compared to 560 the previous year.

VARTA was well placed to monitor and respond to these and other industry trends through its regulation and education work this year. For example, in response to concerns about the use of unproven 'add-on' (adjuvant) treatments, VARTA simultaneously collected information about their use in Victorian clinics; began studying the evidence base for them; and introduced a new condition of registration for clinics to improve transparency. Since September, clinics have been required to provide patients with information about evidence for treatments they offer. Designated officers must attest that this has been done each year.

At the same time, VARTA stepped up its communication of robust research findings about adjuvants and other treatments through our website, social media and mainstream media reports. VARTA holds an important position as a trusted provider of independent information for the public, and we remain committed to empowering patients to ask the right questions at the right time. VARTA strives to provide a measured, balanced approach to media enquiries in disseminating information to the public.

This important educational work is also done through the *Your Fertility* program which focuses on preconception health so people can maximise their chance of natural conception and a healthy pregnancy and child. We were delighted to receive more Commonwealth Government funding this year for *Your Fertility* to continue into 2023.

In 2018-19, VARTA continued to manage Victoria's Central and Voluntary Registers which contain the details of tens of thousands of people involved in donor conception spanning more than 30 years. This year, the registers allowed our counsellors to connect scores of people related through donor treatment dating back to the 1970s. It is delicate, life changing work. In some cases, our counsellors were the first to inform donor-conceived people of their origins. This requires extensive counselling and underscores the importance of our annual 'Time to Tell' seminar which encourages parents to be open with their children about donor conception. The global rise of DNA testing and ancestry websites has added to the workload for our counselling team as more people stumble across family secrets online. Some of these people have called on VARTA for specialist assistance.

Louise Glanville

In accordance with the *Financial Management Act 1994*, I am pleased to present the Annual Report for the Victorian Assisted Reproductive Treatment Authority for the year ending 30 June 2019.

Chairperson and CEO report

Meanwhile, it was a privilege to participate in the timely review of Victoria's ART sector by former VARTA chair Michael Gorton AM. Mr Gorton's final report *Helping Victorians create families with assisted reproductive treatment* made recommendations to improve access to services, and the quality and safety of them. The report coincides with the Victorian Government's plan to establish public fertility services from 2021 and the Victorian Health Complaints Commissioner's inquiry into the practices of ART providers. It also comes as the Victorian Government amends the *Assisted Reproductive Treatment Act 2008* (the Act) to make it fairer for women experiencing separation or divorce. The amendment removes a requirement for women to obtain approval from a former partner to access IVF using their own eggs and donor sperm. VARTA stands ready to support the Government with any changes to come.

VARTA liaised regularly with co-regulators including the Reproductive Technology Accreditation Committee of the Fertility Society of Australia (RTAC) and the Australian Health Practitioner Regulation Agency (AHPRA) this year to minimise the risk of adverse events and harm to patients. A Memorandum of Understanding for communication between AHPRA and VARTA is now in place so information can be exchanged for regulatory purposes. VARTA is also supporting the Health Complaints Commissioner in relation to her inquiry into IVF and other ART health services.

Lastly, we would like to acknowledge all of the people who have assisted VARTA with its work this year, including our hard-working board members. As a small statutory authority, we rely 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.

We are particularly grateful for the continued support of many people from the donor conception community who tell their personal stories to help others. For all others who have given their time and expertise throughout the year, we thank you for your contributions.

Louise Glanville
Chairperson

Louise Johnson
Chief Executive Officer

Louise Johnson

Performance at a glance

12,940 patients treated up 4.5%

3,919 liveborn babies born in 2017-18 up 5%

Treatment at a glance

- 12,940 patients treated – up 4.5%
- 24,049 cycles of treatment – up 4.4%
- 1,393 egg freezing cycles – up 31%
- 66% of IVF cycles used ICSI – down 6% points
- 3,919 liveborn babies born in 2017-18 – up 5%

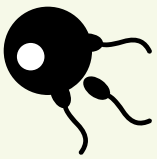
113 applications to the Central Register up 38%

98% of people surveyed reported a positive experience

Donor conception register services at a glance

- 113 applications to the Central Register – up 38%
- 88 applications to the Voluntary Register – up 22%
- 98% of people surveyed reported a positive experience of using this service

2.79 million visits to the *Your Fertility* website



14% improvement in knowledge about the impact of age on fertility among women

Public education at a glance

- 2.79 million visits to the *Your Fertility* website
- 578,000 page views of the VARTA website
- Contributed to more than 60 media reports
- 16 peer-reviewed articles in academic journals
- 14% improvement in knowledge about the impact of age on fertility among women
- 19% improvement in knowledge about the impact of age on fertility among men

Operational and budgetary objectives and performance

VARTA met the following financial objectives for the reporting period:

- A positive ratio for assets: liabilities was maintained
- Compliance, taxation and reporting obligations were met in a timely manner.

VARTA recorded a net deficit of $392,271 for the reporting period compared to a net surplus of $27,976 for the previous year. Cash and cash equivalents at 30 June 2018 were $499,947 compared to $800,245 for the previous year. Numerous factors that contributed to the net deficit and decrease in cash balance are outlined below.

Regulatory funding

As stated in VARTA's 2018 Annual Report, VARTA received $140,000 of non-recurrent funding from the Victorian Government to provide support for increased regulatory activity. Although the grant funding was recorded in the previous reporting period, $132,351 was expended in 2018-19 (2017-18: $1,773). This funding contributed towards salary costs, consulting fees and professional development activities related to regulatory activity.

VARTA also utilised a further $53,936 of retained earnings during 2018-19 for work related to regulation, including work associated with the Independent Review of Assisted Reproductive Treatment in Victoria by Michael Gorton AM.

Donor Conception Register Services – IT system selection

Following changes to the *Assisted Reproductive Treatment Act (2008)* which 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. VARTA entered into a systems selection process during 2017-18 to help identify the most appropriate IT system. This process continued during 2018-19 and expenditure of $68,902 relating to the process was incurred and recognised in the reporting period (2017-18: $33,051). It should be noted that this project is currently on hold while further funding options for system implementation are investigated.

Your Fertility program

During the reporting period, VARTA received and recognised $318,000 from the Commonwealth Government for the *Your Fertility* program (*Your Fertility*). Expenditure of $429,822 relating to *Your Fertility* was incurred and recognised in the reporting period. The deficit of $111,625 incurred in the reporting period was supported by funding received in the prior reporting period. *Your Fertility* reported a net surplus of $2,087 over the 3-year life of the program. VARTA has since been granted a further $1.272m over the next four financial years by the Commonwealth Government to continue running *Your Fertility* with its partners in the Fertility Coalition.

Summary of financial results

	2018-19	2017-18	2016-17	2015-16	2014-15
	$	$	$	$	$
Total revenue	1,689,759	2,040,435	1,760,125	984,744	936,249
Total expenses	2,082,030	2,012,459	1,315,970	991,564	911,811
Net result for the year	(392,271)	27,976	444,155	(6,820)	24,438
Total assets	593,174	959,550	862,674	328,180	330,237
Total liabilities	359,455	333,561	264,660	174,321	169,559
Net assets	233,719	625,990	598,014	153,859	160,678
Total equity	233,719	625,990	598,014	153,859	160,678

Focus 1 Regulation

Registration of assisted reproductive treatment (ART) providers

Under the Act, entities accredited by the Reproductive Treatment Accreditation Committee (RTAC) of the Fertility Society of Australia can apply to the authority for registration as an ART provider. Upon registration, ART providers are required to comply with VARTA's *Conditions for Registration*, which are reviewed annually.

ART providers registered to provide treatment 1 July 2018 – 30 June 2019
Adora Fertility (previously Primary IVF), Greensborough (previously Preston)
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
Number 1 Fertility Melbourne***
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 uses laboratory facilities in Hawthorn.

*** The Egg Freeze Centre is part of Number 1 Fertility Melbourne.

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

Regulatory compliance and monitoring of the use of ART in Victoria

VARTA received 80 adverse incident reports in 2018-19, of which eight warranted investigation. These incidents occurred in the context of nearly 13,000 women having 24,049 fresh or frozen cycles of IVF treatment. A breakdown of reported adverse events can be seen below.

Clinical		Scientific	
Ectopic pregnancy	8	Embryo loss	14
Ovarian Hyperstimulation Syndrome – OHSS (moderate to severe)	27	Oocyte (egg) loss	5
Abdominal pain and bloating (mild OHSS)	12	Sperm compromised	2
Infection	2	Donor sperm preference issue	1
Fluid drainage/ cyst	2		
Ovarian torsion	2		
Legal issues	2		
Other	3		
Total	**58**		**22**

Risks associated with these adverse incidents were discussed with individual providers and at inter-clinic meetings so others could learn from them.

Specific conditions on the registration of two ART providers were lifted this year. This followed satisfactory reports and evidence demonstrating systemic improvements to minimise the risk of similar incidents occurring in future.

Annual meetings with designated officers at all clinics were held for in-depth discussion about regulatory and compliance matters, as well as treatment trends.

In 2018-19, registered ART providers were required to comply with VARTA's *Conditions for Registration*. All registered providers gave attestations to indicate compliance. This included an attestation to indicate they were providing information about the evidence behind treatments offered to patients within a program of IVF treatment. This includes IVF 'add-ons' or adjuvants.

In February 2018, the Minister for Health issued VARTA with a new Statement of Expectations for performance standards. As part of this work, VARTA developed a regulator plan in early 2018. The Regulator Plan was being reviewed in mid-2019 and will be published on VARTA's website.

Monitoring the use of ART in Victoria

Under the Act, VARTA is required to monitor the use of assisted reproductive treatment in Victoria. As part of this role, VARTA has an advisory panel comprised of stakeholders including current senior people within the industry and other industry experts and consumers. This group provides environmental scanning for strategic planning purposes and advice when issues arise.

Adjuvant treatments

In recent years, an increasing number of 'add-ons' or adjuvant treatments have been offered by fertility clinics. They are procedures or medications which are added to assisted reproductive treatment to try to improve the chance of success. However, many are experimental and while there may be emerging evidence of promising effect for some, high quality research may still be required, so it's not known if they increase the chance of having a baby.

In late 2017 and again in May 2019, some clinical members of the advisory panel raised concerns about the use of adjuvants within a program of IVF and/or intracytoplasmic sperm injection (ICSI) treatment. They were concerned about patients paying significant amounts of money for adjuvants with a questionable evidence base.

In response to this, VARTA Senior Research Officer Dr Karin Hammarberg conducted an audit of publicly available information about adjuvants on Australian and New Zealand ART providers' websites. This audit, combined with a literature review to search for evidence backing them, found that only one adjuvant listed on the websites had the potential to improve a woman's chance of having a baby. This research has been submitted for publication.

Because there are other adjuvants used in clinics which are not detailed on their websites, VARTA this year asked Victorian clinics to provide details of adjuvants they use. VARTA also promoted robust research about adjuvants on our website and through the media to inform consumers about their risks and benefits, and to encourage them to ask questions before deciding on treatment options.

VARTA will continue to examine published systematic reviews, meta analyses, and Cochrane reviews to help determine the strength of the evidence for commonly offered adjuvants. This information will be used to prepare educational material for consumers with the assistance of a reference group including clinical, scientific and patient members. VARTA will also draw on work by the Human Fertilisation and Embryology Authority in the UK.

Work with co-regulators

Throughout the year, VARTA has consulted with the RTAC Chairperson in relation to the investigation of adverse incidents reported by registered ART providers. This communication has informed the work of RTAC in conducting regular or additional audits of registered ART providers for accreditation purposes. Co-regulatory work between RTAC and VARTA facilitates an efficient regulatory response when required. VARTA also contributed comments to the review of the RTAC accreditation scheme last year.

The Authority has met regularly 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. A Memorandum of Understanding for communication between AHPRA and VARTA is now in place and information exchange for regulatory purposes is underway. VARTA will provide information to the Health Complaints Commissioner in relation to her inquiry into ART health services practices.

New developments

Technological changes are influencing fertility treatments on offer in Victoria and interstate. In 2018-19, Monash IVF introduced a non-invasive genetic test for embryos to see if they have the right number of chromosomes. Twenty-three women had 38 embryos tested with this new method which involves testing of DNA secreted by the embryo, rather than a biopsy to extract cells. Data on the use of this technique is provided in table 8. Melbourne IVF began using artificial intelligence with time lapse imaging to choose embryos for transfer.

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 to obtain VARTA's approval. An approval granted by VARTA may apply to a 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* are currently under review.

There were 34 individual import and export applications reviewed this financial year, down from 42 last year. There were 15 class applications reviewed from Victorian registered ART providers to import or export donated gametes (sperm or eggs) compared to the two class import applications received in the previous financial year.

Number of import and export applications involving donated gametes – 1 July 2018 to 30 June 2019

Application	Individual applications		Class applications	
	Import	Export	Import	Export
Total received	**17**	**17**	**15**	**0**
Status by donated embryos / gametes type				
Donor sperm	**9**	**9**	**7**	**–**
Approved	3	7	–	–
Approved with conditions	3	–	6	–
Withdrawn	2	–	–	–
Not approved	–	–	–	–
Pending	1	2	1	–
Donor eggs	**7**	**8**	**8**	**–**
Approved	2	6	–	–
Approved with conditions	3	2	8	–
Withdrawn	1	–	–	–
Not approved	1	–	–	–
Pending	–	–	–	–
Embryos formed using donor sperm and eggs	**1**	**–**	**–**	**–**
Approved	–	–	–	–
Approved with conditions	–	–	–	–
Withdrawn	–	–	–	–
Not approved	–	–	–	–
Pending	1	–	–	–

Focus 2 Education

Time to Tell seminar 2018

VARTA's eighth annual Time to Tell seminar attracted 111 people seeking information about how and when to tell children they were donor conceived. The increasingly popular event provides expert information and support for potential parents, current parents, families, friends and donors to help them feel more confident about their story and its impact on others. Speakers included parents, donor-conceived young people and donors. VARTA receives regular enquiries about the seminar including requests for it to be held more frequently.

Twilight seminar 2018

More than 100 people attended VARTA's 2018 Twilight seminar, which explored what happens when people who are connected as a result of donor conception treatment learn each other's identities, exchange information or meet. The event, held in July, examined the latest research into donor linking and its outcomes, and featured personal accounts from people who have been through the process. Associate Professor Joanna Scheib from the University of California and The Sperm Bank of California spoke about lessons learnt from 10 years of donor linking in her state.

Twilight seminar 2019

VARTA's 2019 Twilight seminar in June discussed the global rise of DNA testing and its impact on donors, donor-conceived people, and their families. VARTA counsellor and Manager of Donor Register Services Kate Bourne, spoke about implications for donors' anonymity. The attendees also heard from:

- Melbourne geneticist David Amor
- Rose Overberg, a donor-conceived woman who located her donor through DNA testing and genealogy
- Hayley Smith, who worked out who her donor was following a DNA test
- Professor Daniel Roos, a sperm donor who was contacted by his donor offspring as a result of DNA testing and ancestry websites.

Media coverage

Journalists frequently contact VARTA for independent information about assisted reproductive treatments and their impact on people's lives. This year, VARTA staff contributed to dozens of media reports published on television, radio, in print and online. The most popular topics were adjuvants, particularly endometrial scratching and ICSI; the anti-mullerian hormone (AMH) 'egg timer' test; egg freezing; DNA testing; and the impact of the 'Right to Know' legislation. The most high-profile reports reached audiences estimated to exceed 800,000 people.

New resources

New information developed for our website this year, in consultation with clinicians and consumers includes: *Understanding DNA Tests; Egg Freezing; Pre-implantation genetic testing explained;* and *The pros and cons of pre-implantation genetic testing for aneuploidy (PGT-A).*

The site also featured new blog articles titled: *What you need to know about IVF 'add-ons'; To scratch or not to scratch?; Good news! Adults born after IVF are as healthy as others;* and *IVF clinics improve their success rate information.*

Polycystic Ovarian Syndrome Guidelines

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 VARTA websites, informed by the current evidence-based guidelines, is underway.

Your Fertility

Supported by funds from the Commonwealth Government, VARTA has led the delivery of the national *Your Fertility* public health promotion program since 2011. This final year of the current funding round focused primarily on a new website and partnerships. Our successful submission for further Commonwealth funds will continue *Your Fertility* into 2023.

Population research – awareness of fertility and preconception health

Your Fertility conducted a national population-based telephone survey about fertility knowledge in 2019, which built on an earlier survey conducted in 2012. Data from these surveys show that community knowledge about the impact of age on fertility has increased 14% among females and 19% among males.

Your Fertility website

Following extensive consultation with fertility experts, partners and potential users, the new *Your Fertility* website went live in September. Featuring a fresh style and easy navigation options, it includes personal stories and evidence-based information about preconception health. The site was visited nearly 2.8 million times this year and more than 30,000 resources were downloaded.

Fertility week 2018

In 2018, the Fertility Week national education campaign 'Healthy You, Healthy Baby' explained how lifestyle factors, such as poor nutrition, being overweight and smoking, can affect the chance of conception and a child's long-term health.

The social and traditional media campaign featured expert advice from Professor Sarah Robinson from the Robinson Research Institute, and Professor Rob McLachlan of Andrology Australia (now Healthy Male), via video. One woman told her story about the healthy changes she and her husband made in preparation for their successful pregnancy and healthy baby.

Social media content reached more than 1.8 million people of reproductive age and featured a live Facebook event hosted by Dr Alison Care, Research Fellow at the Robinson Research Institute. Traditional media coverage (radio, print, and online outlets) reached an estimated 1.3 million people.

Conferences

Your Fertility featured at primary health conferences reaching more than 20,000 health professionals this year to alert them to our range of resources to assist their practice. Events with a *Your Fertility* stand included Healthed's 'Women's and Children's Health Update' meetings in Melbourne and Sydney, the 15th National Rural Health Conference in Hobart and the General Practice Conference and Exhibition in Melbourne.

Responding to GPs' needs for fertility education

More than 300 health professionals viewed our March webinar, 'Addressing the sensitive topics of fertility and preconception health with your male and female patients', produced in partnership with Healthy Male (formerly Andrology Australia). Designed to make GPs feel more confident with preconception healthcare, the 1.5-hour event featured presentations from three fertility experts, two consumers, and a GP with a special interest in women's health. A survey of 60 participants found that most respondents rated the content as either excellent or good. Eighty-five per cent indicated it was entirely relevant to their practice. A follow up podcast addressed questions generated by participants.

New module for primary and secondary school teachers

With one in six couples experiencing infertility, the 'Fertility and Assisted Reproduction: Teaching Module for Primary and Secondary Schools' revised by Family Planning Victoria and VARTA this year, teaches students that future fertility is not guaranteed, and that there are ways to protect their fertility. It also delves into complex aspects of human reproduction, including assisted reproductive treatments, donor conception, surrogacy, and same sex parent families. Dozens of teachers made use of the new innovative online resource designed to build teachers' confidence in discussing these topics with their students.

Rural focus

Your Fertility's presence at the 15th National Rural Health Conference in Hobart 2019 and presentation at the Country Women's Association of Australia's National Conference 2018, promoted fertility and preconception health as crucial topics for rural health and rural families. More recently, a partnership with the National Rural Women's Coalition has facilitated ongoing engagement with relevant peak bodies, health professionals and people of reproductive age in rural areas.

Supporting primary health nurses

A *Your Fertility* study in 2018 gained insight into maternal and child health nurses' attitudes to fertility and preconception health education. Of the 192 nurses surveyed, most agreed this was an important part of their role. Many identified the need for education and resources to assist their health promotion efforts with families in their care.

From March, *Your Fertility* developed an online professional development module for primary health nurses, in partnership with the Australian Primary Care Nurses Association (APNA). The content, including videos with nurses and their patients, gives nurses strategies for integrating fertility topics into conversations with patients about their health and future family plans.

Reaching Aboriginal and Torres Strait Islander communities

Your Fertility commissioned the Monash Centre for Health Research and Implementation (MCHRI) and Menzies HealthLAB to design a preconception health education resource for Aboriginal and Torres Strait Islander young people, in consultation with Northern Territory community representatives. Believed to be the first of its kind, the unique resource has potential for development into a mobile phone app that can be translated into Indigenous languages.

Your Fertility in diverse cultures

The Multicultural Centre for Women's Health (MCWH) and VARTA staff trained 12 bilingual health educators to deliver preconception health and fertility education to more than 250 women in their communities. New fact sheets and videos produced by MCWH in Chinese, Vietnamese, Arabic, Dari, Hakka Chin and Punjabi are available from the *Your Fertility* website. They will complement future education to improve women's chances of conceiving and having healthy pregnancies.

Publications

Peer-reviewed articles

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Other articles

- Johnson L, Removing donor anonymity retrospectively in Victoria, Australia – two years on, BioNews, May 2019
- Holton S, Hammarberg K, I have PCOS and I want a baby, what do I need to know? The Conversation February 8 2019, https://theconversation.com/i-have-pcos-and-i-want-to-have-a-baby-what-do-i-need-to-know-109800
- Hammarberg K, Women's fertility: does 'egg timer' testing work and what are the other options? The Conversation January 17 2019, https://theconversation.com/womens-fertility-does-egg-timer-testing-work-and-what-are-the-other-options-109726
- Hammarberg K, Healthy parents healthy baby: the benefits of optimising preconception health, VicDoc, October/November 2018

Presentations

Invited presentations

- Johnson L, *Anonymous no more? Donor conception and direct-to-consumer DNA testing*, panel involvement, Progress Educational Trust
- Hammarberg K, *Your Fertility: Development of a health promotion program to improve awareness of factors that affect fertility*, ESHRE
- Johnson L, *How can regulators help patients make informed decisions about adjuvants?* Fertility Society of Australia
- Hammarberg K, *The experience of pregnancy, birth and mothering after ART*, Fertility Nurses of Australasia Workshop
- Hammarberg K, VARTA initiatives, Scientists in Reproductive Technology Meeting
- Bourne K, Melbourne University Gender Studies course presentation
- Bourne K, *"You Can't Say That!"* Counselling should be an optional extra that patients should pay for, Merck Symposium
- Bourne K, Donor conception and DNA private detectives: a panel discussion, Fertility Society of Australia
- Hammarberg K, Fertility and preconception health promotion in primary care, Geelong GP study group seminar
- Hammarberg K, Social and societal consequences of fertility preservation: a round table discussion with international experts, University of Copenhagen, Denmark
- Bourne K, *DNA Testing-The End of Anonymity?* Australian and New Zealand Infertility Counsellors' Association
- Bourne K, *Right to Know legislation*, Lecture to Bioethics and Public Health Students at Melbourne University
- Bourne K, Ethical Responsibilities, Moderator at Families Through Surrogacy conference
- Bourne K, *Creating Your Family Storybook*, Families Through Surrogacy conference
- Bourne K, *The counselling process*, Moderator at Surrogacy Australia conference
- Anderson C, Donor linking, Lecture to Prospective Lesbian Parents
- Hammarberg K, *Optimising fertility and chance of ART success: the role of modifiable factors*, Lecture to Monash University Masters of Clinical Embryology students

Abstracts presented at conferences

- Lewis S, Halliday J, Burgner D, Juonala M, Ranganathan S, Kennedy J, Doyle L, Cheung M, Hammarberg K, Amor D, McBain J, McLachlan R, *Health of adults conceived following in vitro fertilisation (IVF)*, Fertility Society of Australia, Melbourne September 2018 Awarded Best Clinical Paper
- Clegg, T, Lew R, Hammarberg K, Peate M, *Degrees and Delayed Childbearing* – Australian Female University Students' Knowledge and Views on Elective Egg Freezing, Fertility Society of Australia, Melbourne September 2018
- Johnson L, Bourne K, Thomson T, Hammarberg K, *Right to Know Legislation Outcomes, One Year On*, Fertility Society of Australia, Melbourne September 2018
- Hammarberg K, Fryer A, Goulsbra A, Johnson L, Adjuvant therapies offered on assisted reproductive technology (ART) clinic websites in Australia and New Zealand: how do claims of benefit match the evidence?, Fertility Society of Australia, Melbourne September 2018 Awarded Best Psychosocial Paper
- Hammarberg K, Trounson A, McBain J, Matthews P, Mhlanga T, Makurumure T, Marechera F, *Improving access to ART in low-income settings:* A case study from Zimbabwe, Fertility Society of Australia, Melbourne September 2018
- Halliday J, Hammarberg K, *Health and wellbeing of adults conceived by IVF:* a comparison of those who do and don't participate in a follow up study, Poster at ESHRE, Barcelona, July 2018
- Li Z, Wang AY, Bowman M, Hammarberg K, Farquhar C, Johnson L, Safi N, Sullivan EA, *Cumulative live birth rate following freeze-only versus conventional fresh transfer cycles:* a population-based cohort study, ESHRE, Barcelona, July 2018
- Hogan RM, Wang A, Li Z, Hammarberg K, Johnson L, Sullivan E, *The effect of the oocyte donor's and recipient's ages on the cumulative live birth rate:* a population-based cohort study, ESHRE, Barcelona, July 2018
- Hviid Malling G M, Pitsillos T, Tydén T, Ziebe S, Friberg B, Hammarberg K, Schmidt L, *'Doing it in the right order'* – Childless young men's intentions regarding family formation, ESHRE, Barcelona, July 2018
- Johnson L Bourne, K, Thompson T, Hammarberg K, Outcomes of applications for information about a person related through donor treatment following legislative change removing donor anonymity retrospectively, ESHRE, Barcelona, July 2018

Focus 3 Donor conception register services

VARTA's register services have connected scores of people who are genetically related through the donation of sperm, eggs and embryos.

At a time when direct-to-consumer DNA testing can lead to unexpected encounters for donors, donor-conceived people, and their families, VARTA staff have assisted hundreds of people with inquiries about their rights, the rights of others, and how to sensitively contact people they are related to.

Activity since the 'Right to Know' legislation

VARTA's donor conception work has increased markedly since amendments to the *Assisted Reproductive Treatment Act 2008* (Vic) came into effect on 1 March 2017. The '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 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 their 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.

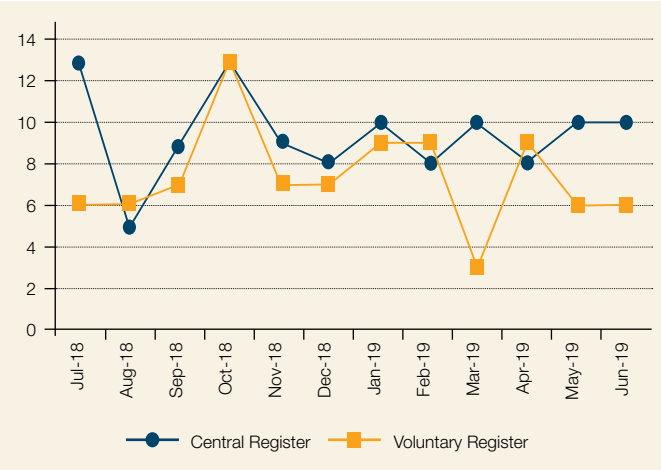
Overview of the Victorian donor conception registers

VARTA has managed the Central and Voluntary Registers in Victoria since 1 March 2017. VARTA counsellors provide information and support for people making or thinking about making applications for information from the 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 assists with the exchange of information and meetings between people connected via donor conception treatment.

Contact between parents, donor-conceived people and donors varies enormously, ranging from disclosure of limited information, to contemporary personal or medical information, to occasional email communication, to an ongoing friendship. The way in which people choose to exchange information depends on the wishes of those involved.

This year, there were 113 applications to the Central Register and 88 applications to the Voluntary Register. High profile media coverage of the donor registers in July and October coincided with a spike in applications. A statistical snapshot of how many people are on the registers, and how many people applied for information from the registers, is provided in the following pages.

Applications to the Central and Voluntary Registers 1 July 2018 to 30 June 2019



The Central Register

Established in 1988, 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. ART providers send this information to VARTA when treatment has occurred.

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.

Birth notifications

Registered ART providers notified VARTA of 565 births from donor treatment for the Central Register this year, down from 623 births last year. See table below. There were fewer births from the use of egg donors (86) this year compared to the previous year (131).

VARTA continues to register pre-1998 records on the Central Register relative to Central Register applications and has recently removed a number of duplicate records as part of a broader objective to ensure information is correct.

Throughout the year, VARTA informed the Victorian Registry of Births, Deaths and Marriages (BDM) about births of donor-conceived people, so those births could be registered. VARTA also consulted quarterly with the Donor Registers Reference Group (comprised of donor-conceived people, donors and recipient parents) to inform our service delivery.

New clinic notifications of births on the Central Register – year ending 30 June 2019

Clinic notifications of births	From sperm donation	From egg donation	From both egg & sperm donation	Total
From 1 July 2018 to 30 June 2019	427	86	52	**565**

Number of registrations on the Central Register	Donors	Donor-conceived children or persons	Recipient parents
Total registrations to 30 June 2019	3,840	10,690	13,780

Of the 10,690 donor-conceived children registered on the Central Register, 4,301 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 they are mature enough.

On 30 June 2019, the average age of egg donors whose eggs produced a child was 33.9 years and the average age of sperm donors added was 40.5 years. This is similar to the averages for the previous year.

Registered donors by type	Sperm donor	Egg donor	Total
New donors registered 1 July 2018 to 30 June 2019	124	117	**241**
Total registered donors as at 30 June 2019	**1,844**	**1,996**	**3,840**

A similar number of new donors were registered during 2018-19 (241) compared to the previous year (249).

Applications for information

There were more applications to the Central Register this year (113) compared to the previous year (82). Of these applications, 39 per cent were from donor-conceived persons, 50 per cent from recipient parents and 11 per cent from donors.

Of the 113 Central Register applications, 51 related to the pre-1998 donor treatment period and 62 to the post-1998 donor treatment period. Identifying information includes names and contact details if they are available. Non-identifying information includes number of offspring, year of birth and sex at birth, as well as interests and general information about appearance.

Applications to the Central Register – 1 July 2018 to 30 June 2019

Application type	Number of applications
Applications for identifying information only	
From donors*	1
From donor-conceived persons	3
From recipient parents	18
From descendants of donor-conceived people	0
Total applications for identifying information	**22**
Applications for non-identifying information only	
From donors*	6
From donor-conceived persons	4
From recipient parents	3
From descendants of donor-conceived people	0
Total applications for non-identifying information	**13**
Applications for both identifying and non-identifying information	
From donors*	5
From donor-conceived persons	37
From recipient parent	36
From descendants of donor-conceived persons	0
Total applications for both information	**78**
Total applications to the Central Register in 2018-19	**113**

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

The number of applications received from donors this financial year (12) is similar to last year (11). Of the 12 donor applications received, half requested identifying information. The requests for identifying information related to 13 donor-conceived people and 11 families. Sometimes donors want to communicate key medical information to their donor-conceived offspring or are already connected with one or more of their offspring. The work associated with applications from donors may span across a number of years. VARTA continues to process applications from donors received from 1 March 2017.

Since 1 March 2017, VARTA counsellors have contacted 41 donor-conceived people who did not know they were donor-conceived following a Central Register application made by pre-1998 donors. When a pre-1998 sperm donor makes an application for identifying information about their offspring, VARTA counsellors send an initial letter to their offspring asking them to contact VARTA at a suitable time for more information. Extensive counselling is provided to these people when they are told about the donor and their rights in relation to their donor's application. Support is also provided to many members of the family in these circumstances.

Contact preferences

In accordance with the *Assisted Reproductive Treatment Act, 2008*, a pre-1998 donor can lodge a contact preference form in response to an application made by a donor-conceived person requesting identifying information. The contact preference specifies how the donor would like the applicant to contact them, or if they want no contact. A contact preference lodged by a donor can also include preferences for the donor's children under the age of 18.

Similarly, a donor-conceived person can lodge a contact preference in response to a donor's application, and a parent of a donor-conceived person under 18 years can lodge a contact preference to be sent to their donor. Before any identifying information is disclosed to an applicant, they are asked to comply with contact preferences that exist. Penalties apply if a contact preference is breached.

Since the implementation of the 'Right to Know' legislation from 1 March 2017, more than half of the pre-1998 donors contacted about an application have agreed to some form of contact. When donors are contacted about an application, they are provided with the donor-conceived person's 'statement of reasons'. This explains the applicant's reasons for seeking information.

Since 1 March 2017, 54 people have lodged contact preferences, including 45 donors in relation to donor-conceived people, and 9 donor-conceived people in relation to donors. Of these 54 people, 33 lodged specific contact preferences, such as requests for contact on email only, and 21 lodged a preference for no contact.

1 March 2017 – 30 June 2019

Number of contact preference forms written by:	
Donors	45
Donor-conceived people	9
Total number	**54**

Number of 'no contact' preferences submitted by:	
Donors	20
Donor-conceived people	1
Total number	**21**

Number of donors or parents lodging a contact preference regarding their child/ren under 18 years:	
Donors	11
Parent of donor-conceived child	7
Total number	**18**

Some people who lodge a contact preference change their mind and withdraw it. This year, 12 people withdrew their contact preferences. This usually means somebody has changed their mind about the way in which they would like to be contacted. For example, a donor who initially decides that they only want contact with their donor offspring via email might decide to withdraw their contact preference so they can have a phone conversation or meet their offspring in person.

Number of contact preference forms withdrawn by:	
Donors	3
Donor-conceived people	9
Total number	**12**

Referrals to VANISH from 1 July 2018 to 30 June 2019

Since 1 March 2017, VARTA has been able to access the services of a specialist search agency, VANISH. VANISH was authorised by the Secretary, Department of Health and Human Services to provide complex searches to locate contemporary contact details for the person who is the subject of an application to the Central Register.

VANISH-conducted searches have been highly successful (see table below). VARTA also accesses information from the confidential electoral roll and BDM as part of search processes, checking for name changes and deaths.

No. referrals	Outcomes
32	31 people identified/located 1 search in progress as at 30 June 2019

The Voluntary Register

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

As more people add information to the Voluntary Register, the likelihood of matches increases. The number of applications and matched applications for 2018-19 is shown below.

Applications to the Voluntary Register

VARTA received 88 Voluntary Register applications, up from 72 last year. Applicants may match with one or more people on the voluntary register and outreaches need to be made to each person matched over a period of time. Of the 88 applications received 44 had a match on the register.

Applicant type	Number of applications 1 July 2018 – 30 June 2019	Cumulative total
Donor	22	304
Donor-conceived person	24	198
Recipient parent	41	313
Donor and recipient parent	0	1
Relative	1	5
Total applications	**88**	**821**

DNA testing

Counsellors have also supported many people who have found out that they are donor-conceived through DNA testing and ancestry websites. 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 to confirm the donor was the biological father.

Donor conception support groups

Donor-conceived Adult Network

The Donor-conceived Adult Network provides unique peer support to those discovering they are donor conceived. It also caters for people 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. The bi-monthly meetings, facilitated by a VARTA counsellor and Chloe Allworthy, a donor-conceived woman, continue to be well-attended.

Parent support

The Donor Egg Parents' Support Group and the Single Mums' Support Group, facilitated by VARTA counsellors, have attracted dozens of participants this year. These groups provide support to people considering treatment; those currently having treatment; those 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.

Research into the impact of the 'Right to Know' legislation

Researchers from LaTrobe University and Swinburne University are currently investigating the experiences of donor-conceived people conceived prior to 1998, and donors who donated prior to 1998 who have been impacted by the new legislation.

The researchers are interviewing people who have made applications to Victoria's Central Register since March 2017, and those who have been the subject of an application since March 2017. The research will examine the motivations of people who make applications, as well as those who are the subject of applications. It will explore the expectations of people who make applications and the impact of the registry process on them, as well as the subjects and the families of both groups.

Evaluation of donor conception register services

An online survey of 119 people who used VARTA services this year found 98 per cent were satisfied with their overall experience. An independent consultant conducted interviews with a further group of 22 people who had used VARTA services in the past two years. Participants included donors, donor-conceived people, recipient parents and a relative of a deceased donor.

Twenty of the 22 participants said their overall experience was positive. Many commented on the quality of care, expertise and professionalism exhibited by VARTA staff. Some said they were particularly grateful that counsellors had prepared them for a range of outcomes. VARTA staff are analysing the findings to look for ways to improve.

The feedback highlighted the unique sensitivities and challenges faced by applicants to our registers and those affected by applications. Participants spoke about the enormity of the experience including their hopes, fears, and disappointment or joy regarding various outcomes. Medical history and photographs were commonly exchanged, and some people said they were surprised by the level of connection they felt to relatives they had met with VARTA's help.

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 and the National Health and Medical Research Committee's Embryo Research Licensing Committee. She is supported by staff members and contractors. An organisational chart as at 30 June 2019 is provided below.

Organisational capability was a strategic priority in VARTA's Strategic Plan 2018-20, highlighting the need for sustainable financial and human resources to perform its functions and achieve strategic outcomes. This focus will be maintained in the operational plan for 2019-20.

Asking staff for their feedback is important for maintaining a productive team environment. Following participation in the Victorian Government's *People Matter Survey*, a staff wellbeing program was implemented this year which included access to the Employee Assistance Program run by the Department of Health and Human Services (DHHS). It is the second year in a row that VARTA staff have participated in the *People Matter Survey*. It is hoped the results will provide further insight into how staff can remain healthy and engaged.

As part of the same overarching staff growth and development framework, a revised performance appraisal process was introduced in 2018-19, replacing the more traditional annual historic review. The new process involves rolling quarterly reviews which are less onerous and allow more time for planning relevant professional development activities.

During 2017-18, the DHHS supported VARTA with $140,000 of additional non-recurrent funding to be used during 2018-19 for increased regulatory focus. This funding was used to employ a legal officer and provided extra capacity at a critical time while the Independent Review of Assisted Reproductive Treatment in Victoria was underway. It also allowed VARTA to focus on co-regulatory work at a high level. As part of the agreement governing the additional funding, there was an opportunity for VARTA staff to attend behavioural insights training run by Monash University. The additional regulatory funding also helped VARTA support its legal and compliance staff through valuable regulatory training and professional development opportunities.

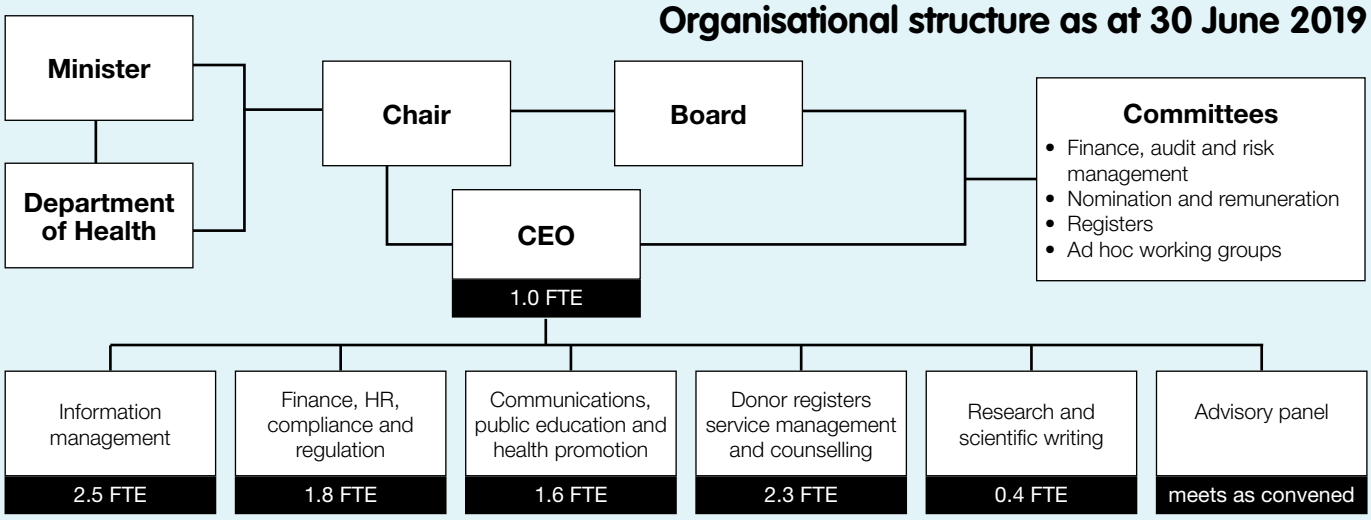
One student internship in the reporting period enabled the completion of research and health promotion work that would not have otherwise been possible.

The demands on the time of part-time counselling and registers officer staff continues to be high with a significant proportion of applications involving complexity and support for multiple people within families. Prioritisation of this work continues.

Funding for the *Your Fertility* program from the Commonwealth Government has been renewed for another four years from July 2019.

Compliance with the Victorian Protective Data Security Framework enabled an attestation to be made to the Office of the Victorian Information Commissioner by the 31 August 2018 deadline.

Organisational structure as at 30 June 2019



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 Assistant Treasurer, 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 79 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 and VANISH as part of VARTA's role in managing applications to the Central Register and searches for contemporary contact details for the subject of an application. 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 in machine readable format.

Environmental performance

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

Freedom of Information

The following statements are made in compliance with Part II of the 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 Act). See page 19 of this annual report for the Authority's organisational structure. The Authority's functions are set out in section 100 of the 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 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 2018 under the *Financial Management Act 1994* and Instructions.

Melbourne 22 August 2019

VARTA received one request to access documents under the *Freedom of Information Act 1982* (Vic) this financial year. This request was from a donor and information was provided.

Consultancy expenditure

Details of consultancies (under $10,000)

In 2018-19, there were 9 consultancies engaged during the year, where the total fees payable to the individual consultancies was less than $10,000. The total expenditure incurred during 2018-19 in relation to these consultancies was $47,401 (exclusive of GST).

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

In 2018-19, there were 5 consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2018-19 in relation to these consultancies is $168,056 (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 2018-19 is $47,623 (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)
$47,623	**$0**	$0	$0

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 Department'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

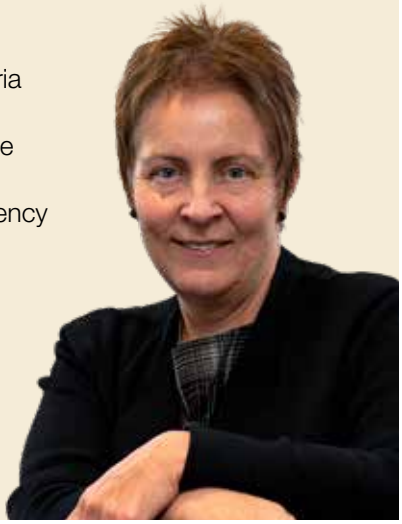
To improve occupational health and safety, VARTA installed additional sit/stand desk stations for staff to work in different positions. Some staff also work from home on a regular or 'as needs' basis.

Consultant	Purpose of consultancy	Total project fees approved (exclusive of GST)	Total fees incurred in financial year (exclusive of GST)	Future commitments
Pitcher Partners	IT consultancy services and business analysis	$83,576	$61,085	Nil
Julia Medew	Media and communications management	$129,795	$48,737	$81,058
Bliss Media	Website development – VARTA and *Your Fertility*	$57,460	$37,200	$20,260
List A Barristers	Legal advice	$10,730	$10,730	Nil
Korn Ferry	Human resources advice	$10,304	$10,304	Nil
Total		**$291,865**	**$168,056**	**$101,318**

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.

Louise Glanville Chairperson (commenced 28 June 2018)
GAICD, MA (Research), LLB, BSW, BA



Louise, who practised as a lawyer, is currently the Chief Executive Officer of Victoria Legal Aid. She has extensive experience across the justice, social services and government sectors. Prior to her appointment at Victoria Legal Aid, Louise was the Chief Executive Officer of the Victorian Responsible Gambling Foundation. Before this, she spent three years as Deputy CEO at the National Disability Insurance Agency implementing the National Disability Insurance Scheme. Louise was the inaugural Director of Victoria's Neighbourhood Justice Centre Project which saw the Centre opening in Collingwood in 2007. She has worked for the Victorian Public Advocate, the then Victorian Department of Justice and the Commonwealth Attorney-General's Department in Deputy Secretary roles, as well as in local government, academia, the private sector, and ministerial offices. Louise holds qualifications in law, social work and social policy, and is keenly interested in the intersections between legal policy and public policy generally.

❶ 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 practising 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 19 years. Nicki is a former board member of the Victorian Cytology Service.

❷ Dr Rosalind McDougall

BSc/BA,(Hons), BPhil, PhD
(until 30 April 2019)

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.

❸ 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).

Authority committees

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

Thirteen full board meetings of the Authority were held between 1 July 2018 and 30 June 2019.

Committees established are:

Finance, Audit and Risk Management Committee
Chair: Katrina Lai
Members: Frank Pereira-Jackson (to August 2018), Dr Ronald Carson, Julie White (from Dec 2018)
Number of meetings held: 4

Working groups
Ad hoc working groups are established when required.

Remuneration and Nomination Committee
Chair: Louise Glanville
Member: Dr Rosalind McDougall
Number of meetings held: 1

Registers Committee
Chair: Dr Ronald Carson
Members: Dr Lauren Burns, Ms Nicki Mollard
Number of meetings held: 3

4 Frank Pereira-Jackson

MSc, GDCS, GDIT(KBS)
(until 23 August 2018)

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

BEng (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, coproducing 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.

7 Julie White

BA/LLB (Hons), M. International Studies (commenced 23 August 2018)

Julie is an experienced lawyer practising in discrimination and employment law. Her practice focuses on equal opportunity and workplace issues in the public and private sectors, including in healthcare. She is also a skilled investigator of workplace misconduct. As well as Victoria, Julie has practised in NSW and as a lawyer for the Government Legal Department in the UK. She has a keen interest in diversity, inclusion and equal opportunity law and policy. She sits on the Diversity Committee of the Law Institute of Victoria and promotes measures to reduce discrimination, particularly on the grounds of pregnancy and family and caring responsibilities. Julie also holds a Masters in International Studies from the University of Sydney.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Outcome of treatment procedures

The figures in the following tables are derived from data between 1 July 2018 and 30 June 2019 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:

- Adora Fertility (previously Primary IVF) – 7 August 2019
- Ballarat IVF – 8 August 2019
- City Babies – 23 July 2019
- City Fertility Centre, Bundoora – 8 July 2019
- City Fertility Centre, Melbourne – 12 July 2019
- Genea Melbourne – 26 July 2019
- Melbourne IVF – 2 August 2019
- Monash IVF – 2 August 2019
- Number 1 Fertility – 1 August 2019

Final 2017-18 pregnancy outcomes data was updated in August 2018. There were 0.2 per cent of 2017-18 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 artificial insemination (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 considered 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

Clinic data trends

The data in this report shows a 4.5 per cent increase in the number of women treated compared with the previous financial year (see Figure 1, opposite), and a 4.4 per cent increase in overall treatment cycles.

The increase is largely due to more activity by Number 1 Fertility across the Geelong treatment site and a new site in Melbourne. The number of women undertaking low cost treatment has increased slightly at Adora Fertility (6 per cent increase) and significantly at the Royal Women's Hospital (47 per cent increase) (Tables 1.1, 2.1). The number of women treated at many other treatment sites decreased slightly compared with the previous year (Tables 1.1, 2.1).

The number of treatment cycles for 2017-18 is lower in this report than the figure reported in last year's annual report. This is due to updated data provided by Melbourne IVF for embryo disposal cycles. Disposal cycles are those where an embryo destined to be discarded (usually because it has reached its storage time limit) is thawed and allowed to succumb.

There was a slight decrease in the number of women treated with artificial insemination using partner sperm (3 per cent decrease) and donor sperm (2 per cent decrease) (Tables 1.1, 2.1).

Single embryo transfer

The strong preference for single embryo transfer continues. Single embryo transfer was used for all surrogacy treatment cycles. The percentage of single embryo transfer has increased slightly in fresh embryo transfers (88 per cent compared with 84 per cent the previous year). The same trend is observed in transfers of fresh embryos formed from thawed eggs (88 per cent compared with 81 per cent the previous year) and thawed embryo transfers (94 per cent compared with 92 per cent the previous year) (Tables 2.6, 2.7, 2.8). In 2016, 88 per cent of treatment cycles in Australia involved a single embryo transfer.

Donor treatment

The number of egg, sperm and embryo donors used in treatment was similar to the previous year (Table 4.2).

Single women continue to be the largest proportion of women treated with donor sperm (49 per cent), followed by women in same-sex relationships (32 per cent) and heterosexual relationships (17 per cent) (Table 4.5).

The exception is City Fertility Centre which established Rainbow Fertility clinics in 2015-16, where the greatest proportion of women treated with donor sperm are women in same-sex relationships (58 per cent) (Table 4.5).

The number of donors whose sperm is stored and available for donor treatment at the start of the financial year decreased from 560 on 1 July 2017 to 424 on 1 July 2018 (Table 7.2). The rising demand for donor treatment continues to make it challenging for clinics to recruit enough sperm donors. The number of new donors recruited was similar (128) to the previous year (125).

Pre-implantation genetic testing (PGT-A, previously known as pre-implantation genetic screening or PGS)

The use of pre-implantation genetic testing for aneuploidy (PGT-A) for the detection of abnormal chromosomal numbers in embryos has plateaued and is similar to the previous year (1,324 women had embryos tested compared with 1,336 the previous year) (Table 8).

Intracytoplasmic sperm injection (ICSI)

The proportion of cycles where fresh eggs are fertilised using ICSI has decreased significantly from 72 per cent last year to 66 per cent this year (Table 2.4a). In 2016, 66 per cent of IVF cycles involving a woman's own fresh eggs in Australia used ICSI. Given the emerging evidence from Victorian and international 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, the decrease in the use of ICSI is encouraging. However, it is noteworthy that the use of ICSI to fertilise fresh eggs across treatment sites ranges from 39 per cent to 89 per cent.

Egg freezing

There was a 31 per cent increase in the number of cycles where women had eggs frozen (1,393) compared with the previous year (1,064).

The number of cycles where women used their own thawed eggs increased by 36 per cent from 163 last year to 222 this year (Table 2.5a). The number of cycles where women used donor or partner thawed eggs was similar (22) compared with the previous year (20) (Table 2.5b).

In 2017-18, there were 20 babies born from the use of a woman's own thawed eggs following 166 cycles of treatment, and four babies born from the use of thawed donor eggs following 23 cycles of treatment.

Figure 1 Number of patients and treatment cycles per financial year 2009–10 to 2018–19

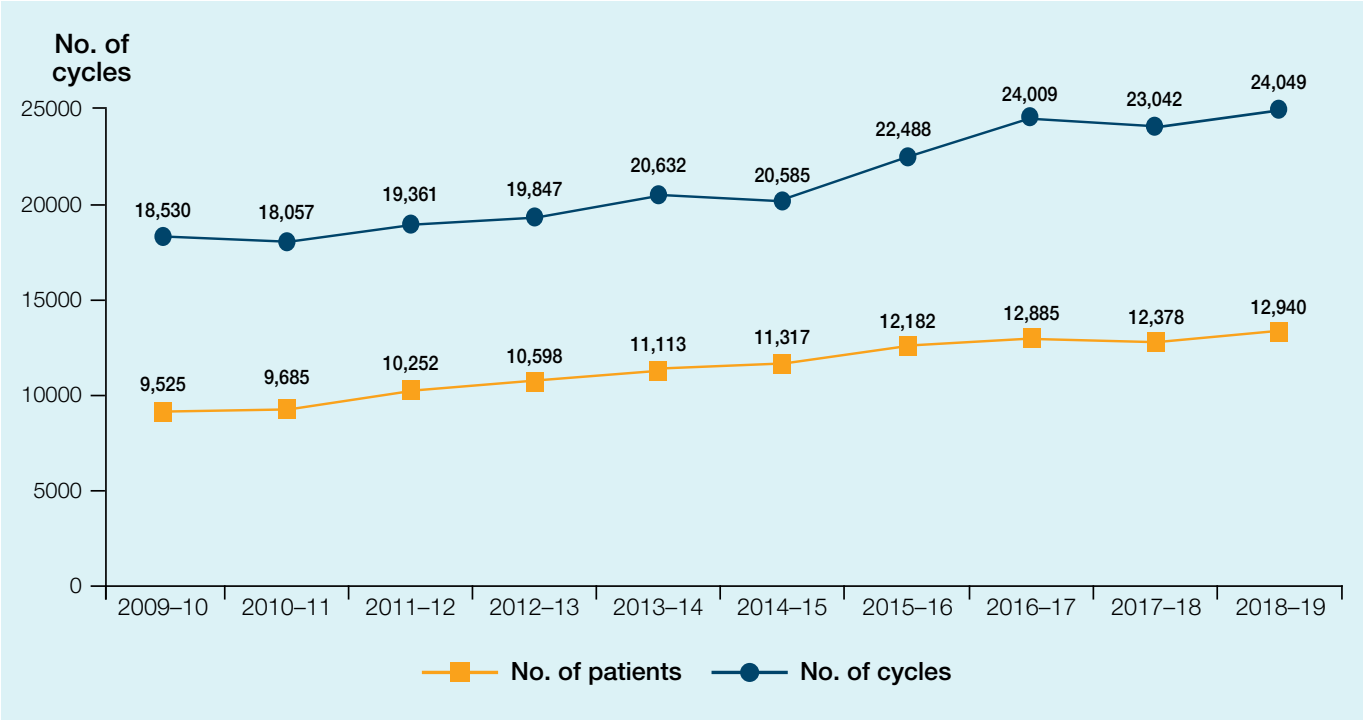
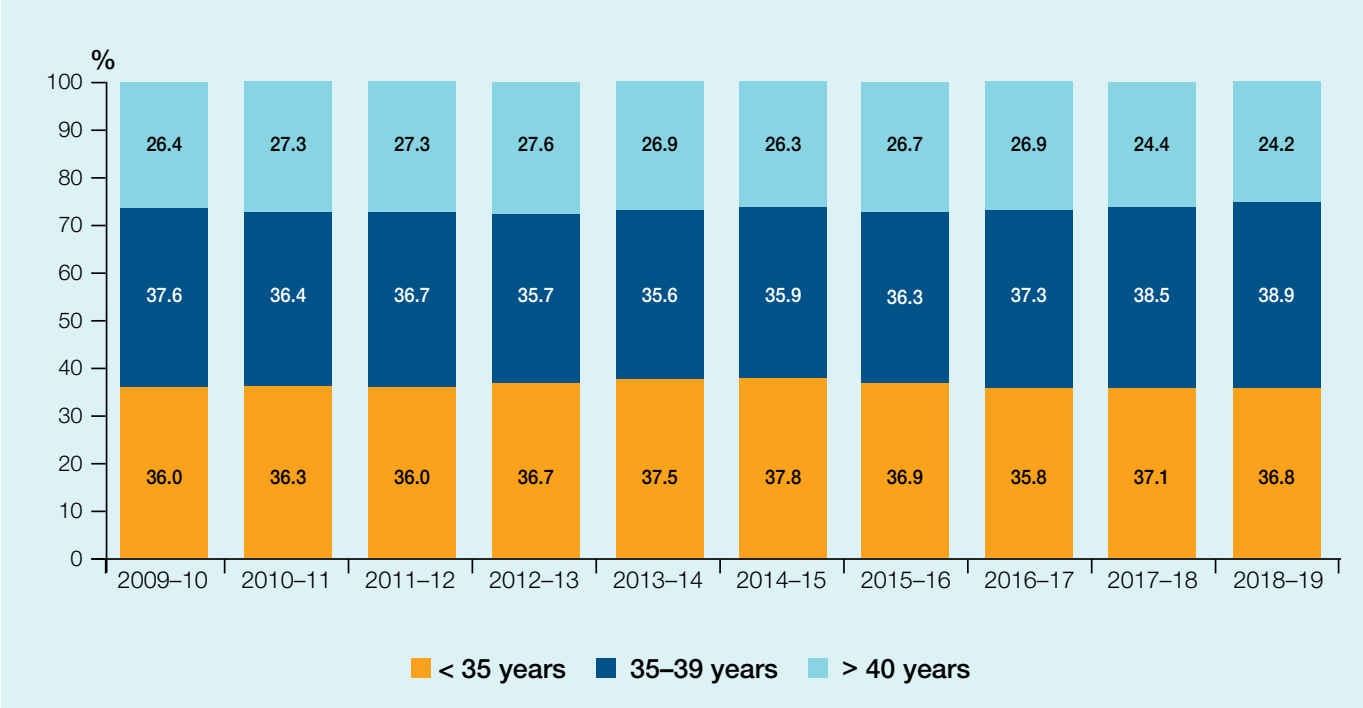


Figure 2 Age of women treated per financial year 2008–09 to 2018-19



Note: 2009-10, 2010-11, 2011-12, 2012-13, 2013-14, 2014-15, 2015-16, 2016-17, 2017-18 data were from the final outcome data. 2018-19 data were from the treatment data.

Section 1

Overview

Final outcomes for treatment cycles commenced in 2017-18 financial year

This section includes a final outcome of treatment procedures undertaken in 2017-18. These final figures were not available at the time of the production of the 2018 Annual Report. Similarly, this year, a full report on treatment outcomes will not be possible until the 2020 Annual Report. As pregnancies are ongoing, some outcomes are not known at the time of this report going to print.

Table 1.1 Number of women treated, 2017-18 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
Adora Fertility, Greensborough	1,185	2,228	709	430	2	0
Ballarat IVF, Ballarat	326	636	103	177	20	5
City Babies, Richmond	145	242	0	0	143	0
City Fertility Centre, Bundoora	166	350	69	87	6	5
City Fertility Centre, Melbourne	690	1,414	246	349	48	79
Genea, Melbourne	16	22	6	2	0	0
Melbourne IVF, East Melbourne	3,561	7,458	1,191	1,700	157	140
Melbourne IVF, Mt Waverley	335	629	135	180	27	16
Melbourne IVF, Werribee	69	96	1	7	22	14
Monash IVF, Bendigo	113	170	62	46	0	0
Monash IVF, Clayton	1,835	3,178	616	888	86	36
Monash IVF, Geelong	331	598	119	176	28	13
Monash IVF, Mildura	64	100	38	21	1	2
Monash IVF, Richmond	1,981	3,418	635	1,033	39	46
Monash IVF, Sale	77	110	43	27	2	0
Monash IVF, Sunshine	265	417	137	70	0	0
Number 1 Fertility, Geelong	480	683	188	91	5	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	739	1,293	332	322	21	4
Aggregated total	**12,378**	**23,042**	**4,630**	**5,606**	**607**	**360**

AI: artificial insemination.

Table 1.2 Number of women treated by age group and pregnancy outcomes, 2017-18 financial year

Treatment site	No. of women treated by age at first treatment				Clinical pregnancies	No. of live births
	< 35	35–39	≥ 40	ALL		
Adora Fertility, Greensborough	515	377	293	1,185	512	396
Ballarat IVF, Ballarat	155	113	58	326	170	139
City Babies, Richmond	85	33	27	145	29	24
City Fertility Centre, Bundoora	76	64	26	166	71	57
City Fertility Centre, Melbourne	268	247	175	690	256	209
Genea, Melbourne	3	10	3	16	2	1
Melbourne IVF, East Melbourne	1,123	1,526	912	3,561	1,437	1,118
Melbourne IVF, Mt Waverley	126	146	63	335	138	114
Melbourne IVF, Werribee	35	28	6	69	11	8
Monash IVF, Bendigo	56	37	20	113	43	38
Monash IVF, Clayton	725	667	443	1,835	739	613
Monash IVF, Geelong	155	108	68	331	129	106
Monash IVF, Mildura	38	14	12	64	22	19
Monash IVF, Richmond	608	826	547	1,981	756	584
Monash IVF, Sale	42	20	15	77	20	14
Monash IVF, Sunshine	108	93	64	265	68	49
Number 1 Fertility, Geelong	154	206	120	480	102	77
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	316	252	171	739	244	199
Aggregated total	**4,588**	**4,767**	**3,023**	**12,378**	**4,749**	**3,765**

Table 1.3 Number of women treated and pregnancy and birth outcomes, 2017-18 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				
Adora Fertility, Greensborough	1,185	512	387	11	0	398	396	409	407	5
Ballarat IVF, Ballarat	326	170	141	2	0	143	139	145	141	3
City Babies, Richmond	145	29	20	4	0	24	24	28	28	0
City Fertility Centre, Bundoora	166	71	54	2	1	57	57	61	61	0
City Fertility Centre, Melbourne	690	256	198	13	0	211	209	224	222	0
Genea, Melbourne	16	2	1	0	0	1	1	1	1	0
Melbourne IVF, East Melbourne	3,561	1,437	1,086	42	0	1,128	1,118	1,170	1,160	0
Melbourne IVF, Mt Waverley	335	138	108	8	0	116	114	124	122	0
Melbourne IVF, Werribee	69	11	9	0	0	9	8	9	8	0
Monash IVF, Bendigo	113	43	35	3	0	38	38	41	41	0
Monash IVF, Clayton	1,835	739	590	29	0	619	613	648	642	0
Monash IVF, Geelong	331	129	100	6	0	106	106	112	112	0
Monash IVF, Mildura	64	22	16	3	0	19	19	22	22	0
Monash IVF, Richmond	1,981	756	564	23	0	587	584	610	607	0
Monash IVF, Sale	77	20	13	1	0	14	14	15	15	0
Monash IVF, Sunshine	265	68	47	2	0	49	49	51	50	0
Number 1 Fertility, Geelong	480	102	76	1	0	77	77	78	78	1
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	739	244	197	3	0	200	199	203	202	0
Aggregated total	**12,378**	**4,749**	**3,642**	**153**	**1**	**3,796**	**3,765**	**3,951**	**3,919**	**9**

Legend (for full glossary, refer to page 78)

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 2017-18 financial year

Table 1.4a Fresh embryo transfer cycles and pregnancy outcomes, 2017-18 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				
Adora Fertility, Greensborough	349	92.6	130	108	114	299	79.6	96	78	78
Ballarat IVF, Ballarat	47	100.0	26	22	22	44	88.6	13	11	11
City Fertility Centre, Bundoora	38	97.4	15	15	15	30	96.7	7	4	4
City Fertility Centre, Melbourne	95	78.9	29	26	29	119	71.4	20	15	15
Genea, Melbourne	0	0	0	0	0	6	100.0	2	1	1
Melbourne IVF, East Melbourne	385	94.8	146	128	133	603	94.2	214	161	167
Melbourne IVF, Mt Waverley	60	98.3	25	21	22	72	91.7	21	15	16
Melbourne IVF, Werribee	0	0	0	0	0	0	0	0	0	0
Monash IVF, Bendigo	36	94.4	17	14	14	20	100.0	7	7	7
Monash IVF, Clayton	271	86.0	117	106	112	241	85.1	67	55	56
Monash IVF, Geelong	52	98.1	26	23	24	50	96.0	12	11	12
Monash IVF, Mildura	27	96.3	13	12	14	8	62.5	0	0	0
Monash IVF, Richmond	205	90.2	82	69	74	298	75.5	82	63	67
Monash IVF, Sale	26	69.2	9	7	8	13	61.5	2	1	1
Monash IVF, Sunshine	68	89.7	26	22	23	62	82.3	11	6	6
Number 1 Fertility, Geelong	79	100.0	29	23	23	83	100.0	26	19	20
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	133	99.2	50	43	44	139	95.7	43	32	32
Aggregated total	**1,871**	**92.2**	**740**	**639**	**671**	**2,087**	**86.7**	**623**	**479**	**493**

	≥ 40					ALL				
Adora Fertility, Greensborough	273	58.2	53	23	23	921	78.2	279	209	215
Ballarat IVF, Ballarat	24	62.5	5	5	5	115	87.8	44	38	38
City Fertility Centre, Bundoora	14	57.1	3	2	3	82	90.2	25	21	22
City Fertility Centre, Melbourne	115	53.0	6	6	7	329	67.2	55	47	51
Genea, Melbourne	1	100.0	0	0	0	7	100.0	2	1	1
Melbourne IVF, East Melbourne	484	84.5	89	50	52	1472	91.2	449	339	352
Melbourne IVF, Mt Waverley	33	87.9	7	4	4	165	93.3	53	40	42
Melbourne IVF, Werribee	1	100.0	0	0	0	1	100.0	0	0	0
Monash IVF, Bendigo	15	86.7	1	0	0	71	94.4	25	21	21
Monash IVF, Clayton	213	69.0	31	18	19	725	80.7	215	179	187
Monash IVF, Geelong	32	78.1	5	2	2	134	92.5	43	36	38
Monash IVF, Mildura	10	80.0	1	1	1	45	86.7	14	13	15
Monash IVF, Richmond	242	65.7	34	13	13	745	76.4	198	145	154
Monash IVF, Sale	13	92.3	2	1	1	52	73.1	13	9	10
Monash IVF, Sunshine	40	75.0	10	6	6	170	83.5	47	34	35
Number 1 Fertility, Geelong	40	100.0	7	4	4	202	100.0	62	46	47
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	131	80.9	17	6	6	403	92.1	110	81	82
Aggregated total	**1,681**	**72.8**	**271**	**141**	**146**	**5,639**	**84.4**	**1,634**	**1,259**	**1,310**

Table 1.4b Thawed embryo transfer cycles and pregnancy outcomes, 2017-18 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				
Adora Fertility, Greensborough	650	91.8	233	187	192
Ballarat IVF, Ballarat	252	99.2	120	97	99
City Fertility Centre, Bundoora	139	97.8	45	36	39
City Fertility Centre, Melbourne	512	87.9	179	142	150
Genea, Melbourne	2	100.0	0	0	0
Melbourne IVF, East Melbourne	2,654	92.8	923	731	758
Melbourne IVF, Mt Waverley	256	93.0	75	67	71
Melbourne IVF, Werribee	9	88.9	3	2	2
Monash IVF, Bendigo	59	94.9	18	17	20
Monash IVF, Clayton	1,168	92.3	496	415	436
Monash IVF, Geelong	252	92.1	79	65	68
Monash IVF, Mildura	31	87.1	7	5	6
Monash IVF, Richmond	1,339	90.6	540	424	438
Monash IVF, Sale	29	62.1	7	5	5
Monash IVF, Sunshine	93	81.7	21	15	15
Number 1 Fertility, Geelong	111	99.1	39	31	31
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	432	92.1	125	109	111
Aggregated total	**7,988**	**92.0**	**2,910**	**2,348**	**2,441**

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 78)

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, 2017-18 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							
Adora Fertility, Greensborough	1	0	0	0	0	0	0	0
Ballarat IVF, Ballarat	15	4	2	2	4	2	2	2
City Babies, Richmond	127	17	14	17	0	0	0	0
City Fertility Centre, Bundoora	1	0	0	0	3	0	0	0
City Fertility Centre, Melbourne	40	5	5	5	84	11	10	10
Melbourne IVF, East Melbourne	105	14	11	11	93	18	17	19
Melbourne IVF, Mt Waverley	14	3	3	4	12	2	1	2
Melbourne IVF, Werribee	20	4	2	2	9	2	2	2
Monash IVF, Clayton	90	17	10	10	29	4	4	4
Monash IVF, Geelong	23	2	1	1	15	3	3	3
Monash IVF, Mildura	0	0	0	0	1	1	1	1
Monash IVF, Richmond	30	5	4	4	41	10	9	9
Monash IVF, Sale	0	0	0	0	0	0	0	0
Number 1 Fertility, Geelong	3	0	0	0	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	15	3	3	3	4	1	1	1
Aggregated total	**484**	**74**	**55**	**59**	**295**	**54**	**50**	**53**

	AI with partner sperm				AI with donor sperm			
	35–39							
Adora Fertility, Greensborough	0	0	0	0	0	0	0	0
Ballarat IVF, Ballarat	10	0	0	0	5	0	0	0
City Babies, Richmond	54	9	7	8	0	0	0	0
City Fertility Centre, Bundoora	4	0	0	0	8	0	0	0
City Fertility Centre, Melbourne	23	0	0	0	46	4	3	4
Melbourne IVF, East Melbourne	104	10	6	6	119	20	13	13
Melbourne IVF, Mt Waverley	14	1	1	1	13	3	2	2
Melbourne IVF, Werribee	12	2	2	2	14	0	0	0
Monash IVF, Clayton	46	4	3	3	20	3	2	2
Monash IVF, Geelong	15	2	1	2	6	0	0	0
Monash IVF, Mildura	1	0	0	0	1	0	0	0
Monash IVF, Richmond	16	0	0	0	31	2	1	1
Monash IVF, Sale	2	0	0	0	0	0	0	0
Number 1 Fertility, Geelong	2	1	0	0	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	12	4	4	4	3	1	1	1
Aggregated total	**315**	**33**	**24**	**26**	**266**	**33**	**22**	**23**

Table 1.4c Artificial insemination (AI) cycles and pregnancy outcomes, 2017-18 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							
Adora Fertility, Greensborough	1	0	0	0	0	0	0	0
Ballarat IVF, Ballarat	4	0	0	0	1	0	0	0
City Babies, Richmond	42	3	3	3	0	0	0	0
City Fertility Centre, Bundoora	3	1	0	0	0	0	0	0
City Fertility Centre, Melbourne	10	1	1	1	22	1	1	2
Melbourne IVF, East Melbourne	36	1	1	1	15	2	0	0
Melbourne IVF, Mt Waverley	8	1	0	0	0	0	0	0
Melbourne IVF, Werribee	0	0	0	0	0	0	0	0
Monash IVF, Clayton	3	0	0	0	0	0	0	0
Monash IVF, Geelong	7	0	0	0	0	0	0	0
Monash IVF, Mildura	0	0	0	0	0	0	0	0
Monash IVF, Richmond	10	0	0	0	1	1	1	2
Monash IVF, Sale	0	0	0	0	0	0	0	0
Number 1 Fertility, Geelong	0	0	0	0	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	2	0	0	0	0	0	0	0
Aggregated total	**126**	**7**	**5**	**5**	**39**	**4**	**2**	**4**

	AI with partner sperm				AI with donor sperm			
	ALL							
Adora Fertility, Greensborough	2	0	0	0	0	0	0	0
Ballarat IVF, Ballarat	29	4	2	2	10	2	2	2
City Babies, Richmond	223	29	24	28	0	0	0	0
City Fertility Centre, Bundoora	8	1	0	0	11	0	0	0
City Fertility Centre, Melbourne	73	6	6	6	152	16	14	15
Melbourne IVF, East Melbourne	245	25	18	18	227	40	30	32
Melbourne IVF, Mt Waverley	36	5	4	5	25	5	3	4
Melbourne IVF, Werribee	32	6	4	4	23	2	2	2
Monash IVF, Clayton	139	21	13	13	49	7	6	6
Monash IVF, Geelong	45	4	2	3	21	3	3	3
Monash IVF, Mildura	1	0	0	0	2	1	1	1
Monash IVF, Richmond	56	5	4	4	73	13	11	11
Monash IVF, Sale	2	0	0	0	0	0	0	0
Number 1 Fertility, Geelong	5	1	0	0	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	29	7	7	7	7	2	2	2
Aggregated total	**925**	**114**	**84**	**90**	**600**	**91**	**74**	**78**

Table 1.5 Treatment using thawed eggs and pregnancy outcomes, 2017-18 financial year

Treatment site	No. of cycles with eggs thawed	No. of cycles with embryos transferred	No. of clinical pregnancies	No. of live births	No. of liveborn babies	No. of cycles with eggs thawed	No. of cycles with embryos transferred	No. of clinical pregnancies	No. of live births	No. of liveborn babies
	Women using own eggs					Women using donor/partner eggs*				
Ballarat IVF, Ballarat	3	2	2	2	2	0	0	0	0	0
City Fertility Centre, Bundoora	1	0	0	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	5	2	0	0	0	1	1	0	0	0
Melbourne IVF, East Melbourne	48	32	11	8	8	3	2	0	0	0
Melbourne IVF, Mt Waverley	1	0	0	0	0	0	0	0	0	0
Melbourne IVF, Werribee	1	0	0	0	0	0	0	0	0	0
Monash IVF, Bendigo	2	1	0	0	0	0	0	0	0	0
Monash IVF, Clayton	30	15	5	4	4	9	7	2	2	2
Monash IVF, Geelong	0	0	0	0	0	1	1	1	1	1
Monash IVF, Mildura	1	0	0	0	0	0	0	0	0	0
Monash IVF, Richmond	54	35	7	5	5	9	8	1	1	1
Monash IVF, Sale	3	2	0	0	0	0	0	0	0	0
Monash IVF, Sunshine	8	5	3	1	1	0	0	0	0	0
Number 1 Fertility, Geelong	4	2	0	0	0	0	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	5	5	1	0	0	0	0	0	0	0
Aggregated total	**166**	**101**	**29**	**20**	**20**	**23**	**19**	**4**	**4**	**4**

* Donor eggs include those imported from interstate or overseas.

Table 1.6 Surrogacy cycles and pregnancy outcomes, 2017-18 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, Bundoora	1	2	100.0	0	0	0
Melbourne IVF, East Melbourne	13	20	100.0	8	8	8
Monash IVF, Clayton	13	16	100.0	4	3	4
Monash IVF, Geelong	1	2	100.0	0	0	0
Monash IVF, Richmond	1	2	100.0	0	0	0
Monash IVF, Sunshine	6	9	100.0	2	1	1
Aggregated total	**35**	**51**	**100.0**	**14**	**12**	**13**

* See note page 31.

Table 1.7 Outcome for pre-implantation genetic diagnosis and screening, 2017-18 financial year

PGT-M is used for patients with a known genetic risk. PGT-A is used for the detection of an abnormal number of chromosomes. PGT 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
	Pre-implantation testing for single gene disorders (PGT-M)							
Adora Fertility (Primary IVF)	0	0	0	0	0	0	0	0
Ballarat IVF, Ballarat	0	0	0	0	0	0	0	0
City Fertility Centre	3	10	2	2	3	2	2	2
Genea, Melbourne	0	0	0	0	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	123	766	239	98	147	64	53	54
Monash IVF	48	246	82	56	66	41	36	38
Number 1 Fertility	4	13	4	0	0	0	0	0
Aggregated total	**178**	**1,035**	**327**	**156**	**216**	**107**	**91**	**94**
	Pre-implantation testing for aneuploidy (incorrect chromosomal numbers, PGT-A)							
Adora Fertility (Primary IVF)	0	0	0	0	0	0	0	0
Ballarat IVF, Ballarat	0	0	0	0	0	0	0	0
City Fertility Centre	28	113	65	29	37	12	11	11
Genea, Melbourne	2	7	4	0	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	712	3,171	1,297	564	814	337	282	290
Monash IVF	512	1,469	809	522	582	292	252	259
Number 1 Fertility	95	252	93	10	10	4	4	4
Aggregated total	**1,349**	**5,012**	**2,268**	**1,125**	**1,443**	**645**	**549**	**564**

* Either fresh embryos or thawed frozen embryos may be tested. Some patients will have some fresh and thawed frozen embryos tested.
** Women may have treatment using embryos tested and stored in a prior year

Section 2

ART procedures, 2018–19 financial year

This section provides details of ART treatment and clinical pregnancies for the 2018-19 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, 2018-19 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
Adora Fertility, Greensborough	1,252	2,487	1,071	1,024	983	508	1,017	0	0
Ballarat IVF, Ballarat	272	536	179	169	155	157	186	26	11
City Babies, Richmond	133	241	127	0	0	0	0	126	0
City Fertility Centre, Bundoora	189	385	154	132	130	92	135	8	12
City Fertility Centre, Melbourne	688	1,385	464	430	403	346	481	37	92
Genea, Melbourne	79	148	73	63	52	28	40	2	0
Melbourne IVF, East Melbourne	3,539	7,187	2,829	2,491	2,105	1,621	2,288	206	148
Melbourne IVF, Mt Waverley	317	601	232	192	177	170	237	20	14
Melbourne IVF, Werribee	41	56	33	0	0	4	0	18	5
Monash IVF, Bendigo	110	182	82	73	67	59	87	2	1
Monash IVF, Clayton	1,736	3,066	1,243	1,132	1,031	829	1,234	70	34
Monash IVF, Geelong	303	570	213	197	186	163	244	20	12
Monash IVF, Mildura	47	59	35	25	25	13	30	3	4
Monash IVF, Richmond	1,291	2,224	855	764	666	657	877	48	29
Monash IVF, Sale	79	125	64	61	55	24	61	0	0
Monash IVF, Sunshine	213	320	168	153	131	70	152	0	0
Number 1 Fertility, East Melbourne	578	725	452	403	293	157	226	11	0
Number 1 Fertility, Geelong	986	1,691	864	775	586	319	490	17	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1,087	2,061	926	865	802	422	791	10	7
Aggregated total	**12,940**	**24,049**	**10,064**	**8,949**	**7,847**	**5,639**	**8,576**	**624**	**369**

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, 2018-19 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 24.

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	
Adora Fertility, Greensborough	556	234	428	147	268	40	1,252	421
Ballarat IVF, Ballarat	128	52	88	38	56	8	272	98
City Babies, Richmond	67	16	48	9	18	2	133	27
City Fertility Centre, Bundoora	92	29	73	34	24	1	189	64
City Fertility Centre, Melbourne	257	109	256	77	175	37	688	223
Genea, Melbourne	25	9	28	5	26	2	79	16
Melbourne IVF, East Melbourne	1,145	467	1476	621	918	275	3,539	1,363
Melbourne IVF, Mt Waverley	131	57	123	47	63	15	317	119
Melbourne IVF, Werribee	27	3	10	0	4	0	41	3
Monash IVF, Bendigo	58	28	32	12	20	3	110	43
Monash IVF, Clayton	655	321	624	252	457	109	1736	682
Monash IVF, Geelong	136	71	105	43	62	13	303	127
Monash IVF, Mildura	28	10	14	2	5	1	47	13
Monash IVF, Richmond	387	174	553	196	351	107	1,291	477
Monash IVF, Sale	38	10	26	5	15	0	79	15
Monash IVF, Sunshine	87	30	82	20	44	7	213	57
Number 1 Fertility, East Melbourne	162	45	279	37	137	19	578	101
Number 1 Fertility, Geelong	310	92	441	113	235	26	986	231
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	478	174	350	117	259	45	1087	336
Aggregated total	**4,767**	**1,931**	**5,036**	**1,775**	**3,137**	**710**	**12,940**	**4,416**

Egg retrieval

Table 2.3 Number of egg retrieval cycles, 2018-19 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			
Adora Fertility, Greensborough	565	563	555	5,744	7	0	0
Ballarat IVF, Ballarat	94	94	94	1,210	2	10	58
City Fertility Centre, Bundoora	82	82	82	1,028	1	1	9
City Fertility Centre, Melbourne	176	176	176	2,418	16	9	130
Genea, Melbourne	25	25	25	291	1	2	5
Melbourne IVF, East Melbourne	1,045	1,045	1,034	14,793	44	194	2426
Melbourne IVF, Mt Waverley	95	95	93	1,328	3	4	47
Monash IVF, Bendigo	47	47	46	581	4	0	0
Monash IVF, Clayton	499	498	498	7,107	21	60	714
Monash IVF, Geelong	102	102	99	1,384	4	4	53
Monash IVF, Mildura	22	22	22	211	2	1	11
Monash IVF, Richmond	289	289	288	3,926	18	61	628
Monash IVF, Sale	33	33	33	310	0	4	40
Monash IVF, Sunshine	65	65	64	777	3	16	128
Number 1 Fertility, East Melbourne	110	110	109	1,368	4	31	285
Number 1 Fertility, Geelong	292	292	289	4,028	9	77	696
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	464	464	453	4,849	2	45	413
Aggregated total	**4,005**	**4,002**	**3,960**	**51,353**	**141**	**519**	**5,643**
				35-39			
Adora Fertility, Greensborough	512	511	496	3,537	11	1	7
Ballarat IVF, Ballarat	81	81	80	707	4	6	28
City Fertility Centre, Bundoora	61	61	60	640	0	1	5
City Fertility Centre, Melbourne	250	250	245	2,266	18	16	113
Genea, Melbourne	30	30	30	273	0	10	81
Melbourne IVF, East Melbourne	1,462	1,445	1,436	15,146	38	262	2,503
Melbourne IVF, Mt Waverley	95	95	93	1,047	1	7	53
Monash IVF, Bendigo	22	22	22	230	0	2	7
Monash IVF, Clayton	540	539	531	5,803	25	50	511
Monash IVF, Geelong	95	95	95	1,014	3	13	77
Monash IVF, Mildura	7	7	7	27	0	1	4
Monash IVF, Richmond	420	417	415	4,578	12	84	723
Monash IVF, Sale	35	35	34	251	1	6	25
Monash IVF, Sunshine	92	92	92	1,007	2	17	131
Number 1 Fertility, East Melbourne	222	222	219	2,363	4	77	601
Number 1 Fertility, Geelong	483	481	480	5,350	14	132	1,156
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	349	349	344	2,851	3	18	125
Aggregated total	**4,756**	**4,732**	**4,679**	**47,090**	**136**	**703**	**6,150**

Table 2.3 Number of egg retrieval cycles, 2018-19 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						
Adora Fertility, Greensborough	403	403	370	1,762	6	1	6
Ballarat IVF, Ballarat	59	59	55	336	2	1	7
City Fertility Centre, Bundoora	15	15	14	90	2	0	0
City Fertility Centre, Melbourne	148	147	143	935	5	0	0
Genea, Melbourne	35	35	35	278	0	1	5
Melbourne IVF, East Melbourne	1,124	1,117	1,086	8,754	23	69	399
Melbourne IVF, Mt Waverley	66	66	60	454	1	1	9
Monash IVF, Bendigo	17	17	16	157	0	2	9
Monash IVF, Clayton	432	430	427	3,146	15	17	93
Monash IVF, Geelong	56	56	55	434	4	1	7
Monash IVF, Mildura	0	0	0	0	0	0	0
Monash IVF, Richmond	320	318	310	2,566	4	26	158
Monash IVF, Sale	15	15	15	92	1	2	14
Monash IVF, Sunshine	37	37	32	207	1	1	4
Number 1 Fertility, East Melbourne	103	103	99	852	3	9	66
Number 1 Fertility, Geelong	261	261	255	2,126	6	31	199
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	349	349	333	1,845	7	9	69
Aggregated total	**3,440**	**3,428**	**3,305**	**24,034**	**80**	**171**	**1,045**
	ALL						
Adora Fertility, Greensborough	1,480	1,477	1,421	11,043	24	2	13
Ballarat IVF, Ballarat	234	234	229	2,253	8	17	93
City Fertility Centre, Bundoora	158	158	156	1,758	3	2	14
City Fertility Centre, Melbourne	574	573	564	5,619	39	25	243
Genea, Melbourne	90	90	90	842	1	13	91
Melbourne IVF, East Melbourne	3,631	3,607	3,556	38,693	105	525	5,328
Melbourne IVF, Mt Waverley	256	256	246	2,829	5	12	109
Monash IVF, Bendigo	86	86	84	968	4	4	16
Monash IVF, Clayton	1,471	1,467	1,456	16,056	61	127	1,318
Monash IVF, Geelong	253	253	249	2,832	11	18	137
Monash IVF, Mildura	29	29	29	238	2	2	15
Monash IVF, Richmond	1,029	1,024	1,013	11,070	34	171	1,509
Monash IVF, Sale	83	83	82	653	2	12	79
Monash IVF, Sunshine	194	194	188	1,991	6	34	263
Number 1 Fertility, East Melbourne	435	435	427	4,583	11	117	952
Number 1 Fertility, Geelong	1,036	1,034	1,024	11,504	29	240	2,051
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1,162	1,162	1,130	9,545	12	72	607
Aggregated total	**12,201**	**12,162**	**11,944**	**122,477**	**357**	**1,393**	**12,838**

Egg insemination

Table 2.4 Number of cycles with egg insemination, 2018-19 financial year
Table 2.4a Fertilisation, 2018-19 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			
Adora Fertility, Greensborough	548	47.1	5,022	40.1	523	3,246
Ballarat IVF, Ballarat	85	63.5	1,028	43.7	85	709
City Fertility Centre, Bundoora	81	59.3	944	47.8	77	586
City Fertility Centre, Melbourne	168	78.0	1,884	72.4	160	1,181
Genea, Melbourne	22	63.6	250	48.8	22	177
Melbourne IVF, East Melbourne	831	68.8	10,024	62.9	802	5,874
Melbourne IVF, Mt Waverley	87	66.7	1,055	63.9	85	614
Monash IVF, Bendigo	42	85.7	478	69.9	41	323
Monash IVF, Clayton	443	77.4	5,120	67.9	425	3,240
Monash IVF, Geelong	96	96.9	1,101	84.0	95	722
Monash IVF, Mildura	19	57.9	162	44.4	17	107
Monash IVF, Richmond	223	83.0	2,466	78.2	212	1,531
Monash IVF, Sale	32	90.6	235	79.1	29	160
Monash IVF, Sunshine	50	98.0	507	85.8	48	311
Number 1 Fertility, East Melbourne	78	84.6	841	72.5	74	475
Number 1 Fertility, Geelong	207	87.9	2,407	78.5	194	1,411
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	413	51.3	3,948	47.6	396	2,545
Aggregated total	**3,425**	**68.4**	**37,472**	**61.7**	**3,285**	**23,212**
			35-39			
Adora Fertility, Greensborough	484	43.8	3,103	36.0	454	2,012
Ballarat IVF, Ballarat	70	58.6	556	45.3	63	352
City Fertility Centre, Bundoora	59	64.4	546	65.6	56	325
City Fertility Centre, Melbourne	224	73.2	1,802	70.5	209	1,103
Genea, Melbourne	21	61.9	143	54.5	20	94
Melbourne IVF, East Melbourne	1,179	70.3	10,631	64.0	1,113	6,302
Melbourne IVF, Mt Waverley	87	69.0	864	68.5	84	536
Monash IVF, Bendigo	20	100.0	188	78.7	18	125
Monash IVF, Clayton	473	87.7	4,101	80.6	445	2,528
Monash IVF, Geelong	89	94.4	820	85.0	87	570
Monash IVF, Mildura	7	85.7	33	81.8	7	18
Monash IVF, Richmond	344	89.8	3,054	82.8	318	1,864
Monash IVF, Sale	27	88.9	188	70.2	25	129
Monash IVF, Sunshine	77	98.7	675	88.3	69	417
Number 1 Fertility, East Melbourne	143	85.3	1,231	79.0	130	648
Number 1 Fertility, Geelong	342	84.8	3,019	75.5	312	1,748
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	326	54.9	2,450	47.0	298	1,565
Aggregated total	**3,972**	**72.6**	**33,404**	**66.8**	**3,708**	**20,336**

IVF: in vitro fertilisation. ICSI: intracytoplasmic sperm injection.
* Fertilised eggs with two pronuclei.
** See note page 31.

Egg insemination

Table 2.4a Fertilisation, 2018-19 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					
Adora Fertility, Greensborough	363	47.1	1,573	40.8	328	1,040
Ballarat IVF, Ballarat	56	51.8	310	34.8	49	199
City Fertility Centre, Bundoora	13	69.2	81	72.8	12	45
City Fertility Centre, Melbourne	152	78.9	934	79.4	130	551
Genea, Melbourne	34	82.4	218	82.6	34	144
Melbourne IVF, East Melbourne	1,067	70.4	7,630	67.0	960	4,388
Melbourne IVF, Mt Waverley	60	83.3	356	80.9	53	209
Monash IVF, Bendigo	18	100.0	172	92.4	17	111
Monash IVF, Clayton	434	90.6	2,734	89.7	385	1,634
Monash IVF, Geelong	58	96.6	380	93.7	55	243
Monash IVF, Mildura	2	100.0	12	100.0	2	10
Monash IVF, Richmond	316	92.4	2,292	89.7	278	1,399
Monash IVF, Sale	12	100.0	61	100.0	9	26
Monash IVF, Sunshine	35	97.1	186	99.5	30	122
Number 1 Fertility, East Melbourne	92	82.6	629	77.1	80	325
Number 1 Fertility, Geelong	230	85.2	1,568	80.4	205	807
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	323	65.6	1,611	64.2	282	987
Aggregated total	**3,265**	**75.0**	**20,747**	**73.2**	**2,909**	**12,240**
	ALL					
Adora Fertility, Greensborough	1,395	45.9	9,698	38.9	1,305	6,298
Ballarat IVF, Ballarat	211	58.8	1,894	42.7	197	1,260
City Fertility Centre, Bundoora	153	62.1	1,571	55.3	145	956
City Fertility Centre, Melbourne	544	76.3	4,620	73.1	499	2,835
Genea, Melbourne	77	71.4	611	62.2	76	415
Melbourne IVF, East Melbourne	3,077	69.9	28,285	64.5	2,875	16,564
Melbourne IVF, Mt Waverley	234	71.8	2,275	68.3	222	1,359
Monash IVF, Bendigo	80	92.5	838	76.5	76	559
Monash IVF, Clayton	1,350	85.3	11,955	77.3	1,255	7,402
Monash IVF, Geelong	243	95.9	2,301	86.0	237	1,535
Monash IVF, Mildura	28	67.9	207	53.6	26	135
Monash IVF, Richmond	883	89.0	7,812	83.3	808	4,794
Monash IVF, Sale	71	91.5	484	78.3	63	315
Monash IVF, Sunshine	162	98.1	1,368	88.9	147	850
Number 1 Fertility, East Melbourne	313	84.3	2,701	76.6	284	1,448
Number 1 Fertility, Geelong	779	85.8	6,994	77.6	711	3,966
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1,062	56.8	8,009	50.8	976	5,097
Aggregated total	**10,662**	**72.0**	**91,623**	**66.2**	**9,902**	**55,788**

IVF: in vitro fertilisation. ICSI: intracytoplasmic sperm injection.
* Fertilised eggs with two pronuclei.
** See note page 31.

Egg insemination

Table 2.4b Use of embryos, 2018-19 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		
Adora Fertility, Greensborough	326	331	290	136	1,031
Ballarat IVF, Ballarat	18	18	72	56	306
City Fertility Centre, Bundoora	37	37	59	35	238
City Fertility Centre, Melbourne	74	81	121	72	429
Genea, Melbourne	11	11	16	7	47
Melbourne IVF, East Melbourne	404	423	624	322	2,596
Melbourne IVF, Mt Waverley	55	58	60	25	230
Monash IVF, Bendigo	37	37	32	3	109
Monash IVF, Clayton	235	265	301	164	1,155
Monash IVF, Geelong	67	73	72	26	229
Monash IVF, Mildura	17	17	12	0	31
Monash IVF, Richmond	121	129	174	85	644
Monash IVF, Sale	27	33	20	2	72
Monash IVF, Sunshine	41	45	29	5	88
Number 1 Fertility, East Melbourne	31	31	59	35	208
Number 1 Fertility, Geelong	91	91	156	87	568
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	268	268	265	88	894
Aggregated total	**1,860**	**1,948**	**2,362**	**1,148**	**8,875**
			35-39		
Adora Fertility, Greensborough	330	350	193	58	506
Ballarat IVF, Ballarat	20	20	47	35	116
City Fertility Centre, Bundoora	36	38	33	15	108
City Fertility Centre, Melbourne	128	149	121	63	316
Genea, Melbourne	9	9	13	9	25
Melbourne IVF, East Melbourne	620	669	744	341	2,415
Melbourne IVF, Mt Waverley	47	48	56	27	197
Monash IVF, Bendigo	13	13	14	4	41
Monash IVF, Clayton	241	274	270	162	799
Monash IVF, Geelong	65	72	52	19	161
Monash IVF, Mildura	6	8	2	1	2
Monash IVF, Richmond	162	186	203	129	642
Monash IVF, Sale	21	31	11	2	41
Monash IVF, Sunshine	58	77	35	9	125
Number 1 Fertility, East Melbourne	33	33	92	75	256
Number 1 Fertility, Geelong	132	132	223	141	623
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	209	221	160	41	438
Aggregated total	**2,130**	**2,330**	**2,269**	**1,131**	**6,811**

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

Egg insemination

Table 2.4b Use of embryos, 2018-19 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		
Adora Fertility, Greensborough	245	301	64	13	121
Ballarat IVF, Ballarat	11	14	20	20	39
City Fertility Centre, Bundoora	6	8	4	4	14
City Fertility Centre, Melbourne	82	118	55	36	122
Genea, Melbourne	6	6	16	12	22
Melbourne IVF, East Melbourne	462	547	458	275	1,168
Melbourne IVF, Mt Waverley	32	33	16	8	39
Monash IVF, Bendigo	15	16	9	2	26
Monash IVF, Clayton	229	302	149	101	314
Monash IVF, Geelong	41	47	26	9	56
Monash IVF, Mildura	1	1	2	1	3
Monash IVF, Richmond	156	194	153	97	365
Monash IVF, Sale	7	10	4	1	5
Monash IVF, Sunshine	22	29	10	2	27
Number 1 Fertility, East Melbourne	15	15	47	41	88
Number 1 Fertility, Geelong	57	57	110	88	218
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	197	240	75	17	138
Aggregated total	**1,584**	**1,938**	**1,218**	**727**	**2,765**
			ALL		
Adora Fertility, Greensborough	901	982	547	207	1,658
Ballarat IVF, Ballarat	49	52	139	111	461
City Fertility Centre, Bundoora	79	83	96	54	360
City Fertility Centre, Melbourne	284	348	297	171	867
Genea, Melbourne	26	26	45	28	94
Melbourne IVF, East Melbourne	1,486	1,639	1,826	938	6,179
Melbourne IVF, Mt Waverley	134	139	132	60	466
Monash IVF, Bendigo	65	66	55	9	176
Monash IVF, Clayton	705	841	720	427	2,268
Monash IVF, Geelong	173	192	150	54	446
Monash IVF, Mildura	24	26	16	2	36
Monash IVF, Richmond	439	509	530	311	1,651
Monash IVF, Sale	55	74	35	5	118
Monash IVF, Sunshine	121	151	74	16	240
Number 1 Fertility, East Melbourne	79	79	198	151	552
Number 1 Fertility, Geelong	280	280	489	316	1,409
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	674	729	500	146	1,470
Aggregated total	**5,574**	**6,216**	**5,849**	**3,006**	**18,451**

* 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, 2018-19 financial year
Table 2.5a Fertilisation, 2018-19 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					
Adora Fertility, Greensborough	2	100.0	23	100.0	1	14
City Fertility Centre, Bundoora	1	100.0	4	100.0	1	1
City Fertility Centre, Melbourne	7	100.0	75	100.0	7	40
Melbourne IVF, East Melbourne	94	93.6	925	90.2	88	502
Melbourne IVF, Mt Waverley	1	100.0	5	100.0	1	2
Monash IVF, Bendigo	1	100.0	7	100.0	1	1
Monash IVF, Clayton	36	100.0	280	100.0	30	142
Monash IVF, Geelong	10	100.0	41	100.0	9	22
Monash IVF, Mildura	2	100.0	18	100.0	2	14
Monash IVF, Richmond	42	100.0	384	100.0	35	214
Monash IVF, Sale	2	100.0	19	100.0	2	13
Monash IVF, Sunshine	7	100.0	45	100.0	5	26
Number 1 Fertility, East Melbourne	2	100.0	53	100.0	2	9
Number 1 Fertility, Geelong	6	100.0	103	90.3	6	70
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	9	100.0	108	91.7	9	68
Aggregated total	**222**	**97.3**	**2,090**	**94.7**	**199**	**1,138**
	Women using donor/partner eggs*					
Melbourne IVF, East Melbourne	5	100.0	38	100.0	5	26
Melbourne IVF, Mt Waverley	1	100.0	4	100.0	1	2
Monash IVF, Clayton	3	100.0	20	100.0	3	15
Monash IVF, Geelong	3	100.0	20	100.0	3	14
Monash IVF, Richmond	9	100.0	69	100.0	9	45
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1	100.0	7	100.0	1	5
Aggregated total	**22**	**100.0**	**158**	**100.0**	**22**	**107**

* Donor eggs include those imported from interstate or overseas.
** Fertilised eggs with two pronuclei.
*** See note page 31.

Table 2.5b Women using thawed eggs, 2018-19 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				
Adora Fertility, Greensborough	1	1	1	0	3
City Fertility Centre, Bundoora	1	1	0	0	0
City Fertility Centre, Melbourne	5	5	2	1	6
Melbourne IVF, East Melbourne	58	62	47	21	138
Melbourne IVF, Mt Waverley	0	0	0	0	0
Monash IVF, Bendigo	1	1	0	0	0
Monash IVF, Clayton	22	28	11	6	27
Monash IVF, Geelong	8	10	0	0	0
Monash IVF, Mildura	1	1	2	1	3
Monash IVF, Richmond	28	32	23	5	51
Monash IVF, Sale	2	3	2	0	4
Monash IVF, Sunshine	4	6	3	0	4
Number 1 Fertility, East Melbourne	1	1	0	0	0
Number 1 Fertility, Geelong	1	1	3	3	11
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	7	8	4	0	15
Aggregated total	140	160	98	37	262
	Women using donor/partner eggs*				
Melbourne IVF, East Melbourne	5	5	5	0	10
Melbourne IVF, Mt Waverley	1	1	0	0	0
Monash IVF, Clayton	3	3	1	0	1
Monash IVF, Geelong	3	3	0	0	0
Monash IVF, Richmond	8	8	3	0	7
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1	1	0	0	0
Aggregated total	**21**	**21**	**9**	**0**	**18**

* 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, 2018-19 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 24.

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		
Adora Fertility, Greensborough	326	98.5	109	330	93.9	80
Ballarat IVF, Ballarat	18	100.0	10	20	100.0	8
City Fertility Centre, Bundoora	37	100.0	8	36	94.4	10
City Fertility Centre, Melbourne	74	90.5	19	128	84.4	24
Genea, Melbourne	11	100.0	4	8	100.0	2
Melbourne IVF, East Melbourne	397	95.2	160	605	92.2	231
Melbourne IVF, Mt Waverley	55	94.5	23	47	97.9	17
Monash IVF, Bendigo	37	100.0	16	13	100.0	4
Monash IVF, Clayton	234	87.2	106	241	86.3	65
Monash IVF, Geelong	67	91.0	30	64	89.1	18
Monash IVF, Mildura	17	100.0	6	6	66.7	0
Monash IVF, Richmond	121	93.4	47	157	84.7	48
Monash IVF, Sale	27	77.8	7	21	52.4	2
Monash IVF, Sunshine	41	90.2	17	58	67.2	10
Number 1 Fertility, East Melbourne	31	100.0	14	33	100.0	8
Number 1 Fertility, Geelong	91	100.0	34	131	100.0	38
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	268	100.0	88	208	94.2	54
Aggregated total	**1,852**	**95.2**	**698**	**2,106**	**90.6**	**619**
	≥ 40			ALL		
Adora Fertility, Greensborough	245	77.1	25	901	91.0	214
Ballarat IVF, Ballarat	11	72.7	0	49	93.9	18
City Fertility Centre, Bundoora	6	66.7	0	79	94.9	18
City Fertility Centre, Melbourne	82	56.1	8	284	77.8	51
Genea, Melbourne	8	100.0	0	27	100.0	6
Melbourne IVF, East Melbourne	438	81.1	90	1,440	89.7	481
Melbourne IVF, Mt Waverley	32	96.9	3	134	96.3	43
Monash IVF, Bendigo	15	93.3	2	65	98.5	22
Monash IVF, Clayton	229	68.1	32	704	80.7	203
Monash IVF, Geelong	41	85.4	4	172	89.0	52
Monash IVF, Mildura	1	100.0	1	24	91.7	7
Monash IVF, Richmond	151	76.2	18	429	84.1	113
Monash IVF, Sale	7	57.1	0	55	65.5	9
Monash IVF, Sunshine	22	68.2	5	121	75.2	32
Number 1 Fertility, East Melbourne	14	100.0	4	78	100.0	26
Number 1 Fertility, Geelong	54	100.0	7	276	100.0	79
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	196	78.6	29	672	92.0	171
Aggregated total	**1,552**	**77.5**	**228**	**5,510**	**88.5**	**1,545**

* See note page 31.

Use of embryos

Table 2.7 Number of cycles with fresh embryo formed from thawed eggs and transferred, 2018-19 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 24.

Treatment site	No. of cycles with embryos transferred	% of single embryo transfer*	No. of clinical pregnancies
Adora Fertility, Greensborough	1	100.0	0
City Fertility Centre, Bundoora	1	100.0	0
City Fertility Centre, Melbourne	5	100.0	0
Melbourne IVF, East Melbourne	63	93.7	20
Melbourne IVF, Mt Waverley	1	100.0	1
Monash IVF, Bendigo	1	100.0	0
Monash IVF, Clayton	25	76.0	6
Monash IVF, Geelong	11	81.8	1
Monash IVF, Mildura	1	100.0	1
Monash IVF, Richmond	36	88.9	12
Monash IVF, Sale	2	50.0	1
Monash IVF, Sunshine	4	50.0	1
Number 1 Fertility, East Melbourne	1	100.0	0
Number 1 Fertility, Geelong	1	100.0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	8	87.5	3
Aggregated total	**161**	**87.6**	**46**

* See note page 31.

Table 2.8 Number of cycles with embryo thawed, 2018-19 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 24.

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*
Adora Fertility, Greensborough	795	898	758	96.6	784	207
Ballarat IVF, Ballarat	234	247	232	99.6	233	74
City Fertility Centre, Bundoora	145	161	140	95.7	146	43
City Fertility Centre, Melbourne	512	586	491	92.3	529	149
Genea, Melbourne	40	42	37	100.0	37	10
Melbourne IVF, East Melbourne	2,411	3,007	2,306	91.5	2,501	804
Melbourne IVF, Mt Waverley	258	314	246	93.1	263	70
Melbourne IVF, Werribee	4	25	0	0	0	0
Monash IVF, Bendigo	74	76	72	100.0	72	21
Monash IVF, Clayton	1,137	1,309	1,095	91.8	1,185	457
Monash IVF, Geelong	227	251	216	94.4	228	72
Monash IVF, Mildura	15	15	14	100.0	14	4
Monash IVF, Richmond	899	1,000	869	93.7	924	342
Monash IVF, Sale	30	51	29	72.4	37	6
Monash IVF, Sunshine	82	106	81	79.0	98	25
Number 1 Fertility, East Melbourne	172	175	166	100.0	166	74
Number 1 Fertility, Geelong	406	419	400	100.0	400	146
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	639	728	624	94.6	658	160
Aggregated total	**8,080**	**9,410**	**7,776**	**93.6**	**8,275**	**2,664**

* See note page 31.

Section 3

Artificial insemination (AI), 2018–19 financial year

This section provides detail of AI treatment and clinical pregnancies for the 2018-19 financial year. This data only includes AI insemination at registered ART providers and does not include AI at private doctor's facilities.

Table 3.1 AI with partner sperm for stimulated/unstimulated cycles, 2018-19 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 24.

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	11	3	5	1	6	1	4	0
City Babies, Richmond	4	0	100	16	4	1	76	8
City Fertility Centre, Bundoora	6	1	3	0	0	0	0	0
City Fertility Centre, Melbourne	13	2	13	2	13	0	7	0
Genea, Melbourne	0	0	0	0	2	0	1	0
Melbourne IVF, East Melbourne	13	0	134	18	2	0	103	18
Melbourne IVF, Mt Waverley	0	0	18	2	5	0	11	2
Melbourne IVF, Werribee	0	0	18	2	1	0	8	0
Monash IVF, Bendigo	0	0	2	0	0	0	0	0
Monash IVF, Clayton	21	3	49	8	9	0	21	4
Monash IVF, Geelong	2	0	14	1	3	0	7	0
Monash IVF, Mildura	0	0	0	0	0	0	2	0
Monash IVF, Richmond	16	2	25	3	12	2	14	2
Number 1 Fertility, East Melbourne	3	0	1	0	1	0	5	0
Number 1 Fertility, Geelong	4	1	2	0	3	1	3	2
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	0	0	5	1	1	1	7	1
Aggregated total	**93**	**12**	**389**	**54**	**62**	**6**	**269**	**37**

	Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated		FSH Stimulated	
	≥ 40				ALL			
Ballarat IVF, Ballarat	4	0	3	0	21	4	12	1
City Babies, Richmond	2	0	30	2	10	1	206	26
City Fertility Centre, Bundoora	0	0	1	0	6	1	4	0
City Fertility Centre, Melbourne	1	0	5	1	27	2	25	3
Genea, Melbourne	0	0	0	0	2	0	1	0
Melbourne IVF, East Melbourne	9	1	40	5	24	1	277	41
Melbourne IVF, Mt Waverley	0	0	0	0	5	0	29	4
Melbourne IVF, Werribee	0	0	0	0	1	0	26	2
Monash IVF, Bendigo	0	0	0	0	0	0	2	0
Monash IVF, Clayton	4	0	2	1	34	3	72	13
Monash IVF, Geelong	5	0	3	0	10	0	24	1
Monash IVF, Mildura	0	0	1	0	0	0	3	0
Monash IVF, Richmond	0	0	4	2	28	4	43	7
Number 1 Fertility, East Melbourne	0	0	3	1	4	0	9	1
Number 1 Fertility, Geelong	0	0	5	1	7	2	10	3
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	0	0	0	0	1	1	12	2
Aggregated total	**25**	**1**	**97**	**13**	**180**	**19**	**755**	**104**

AI: artificial insemination. FSH: follicle stimulating hormone.

Table 3.2 AI with donor sperm for stimulated/unstimulated cycles, 2018-19 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 24.

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	9	1	2	0	3	0	0	0
City Fertility Centre, Bundoora	6	0	2	1	6	0	3	1
City Fertility Centre, Melbourne	81	13	0	0	48	1	1	0
Melbourne IVF, East Melbourne	12	1	62	9	29	6	123	19
Melbourne IVF, Mt Waverley	2	0	5	0	1	0	11	2
Melbourne IVF, Werribee	0	0	4	1	0	0	2	0
Monash IVF, Bendigo	0	0	1	0	0	0	0	0
Monash IVF, Clayton	15	4	10	1	18	0	7	0
Monash IVF, Geelong	8	0	4	0	1	0	4	2
Monash IVF, Mildura	0	0	1	0	0	0	4	2
Monash IVF, Richmond	17	4	2	0	15	4	5	3
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	0	0	2	0	1	1	10	1
Aggregated total	**150**	**23**	**95**	**12**	**122**	**12**	**170**	**30**

	Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated		FSH Stimulated	
	≥ 40				ALL			
Ballarat IVF, Ballarat	0	0	1	0	12	1	3	0
City Fertility Centre, Bundoora	0	0	1	0	12	0	6	2
City Fertility Centre, Melbourne	24	4	2	0	153	18	3	0
Melbourne IVF, East Melbourne	4	1	11	0	45	8	196	28
Melbourne IVF, Mt Waverley	0	0	0	0	3	0	16	2
Melbourne IVF, Werribee	0	0	0	0	0	0	6	1
Monash IVF, Bendigo	0	0	0	0	0	0	1	0
Monash IVF, Clayton	2	1	0	0	35	5	17	1
Monash IVF, Geelong	0	0	0	0	9	0	8	2
Monash IVF, Mildura	0	0	0	0	0	0	5	2
Monash IVF, Richmond	0	0	2	0	32	8	9	3
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	0	0	0	0	1	1	12	1
Aggregated total	**30**	**6**	**17**	**0**	**302**	**41**	**282**	**42**

AI: artificial insemination. FSH: follicle stimulating hormone

Section 4

Donor ART treatment, 2018–19 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, 2018-19 financial year

This table includes cycles where an embryo(s) was transferred. It excludes AI using donor sperm. Refer to table 3.2. Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 24.

Donation type (all sites)	No. of recipients treated	No. of cycles with embryos transferred	No. of clinical pregnancies
Donor embryo	105	155	55
Donor/partner eggs			
-- Fresh egg	211	95	34
-- Thawed egg	21	21	5
-- Embryos from donated eggs	239	322	103
Donor sperm*	1,148	1,589	470
Aggregated total	**1,724**	**2,182**	**667**

* 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, 2018–19 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	10	4	3	16	1	6
City Fertility Centre	25	1	10	65	1	1
Genea, Melbourne	1	1	0	2	2	0
Melbourne IVF, including Reproductive Services, RWH	67	2	40	124	36	10
Monash IVF	93	4	41	142	18	11
Number 1 Fertility	24	0	11	0	1	0
Aggregated total	**220**	**12**	**105**	**349**	**59**	**28**

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

Table 4.3 Number of recipients and treatment cycles with donor/partner eggs, 2018-19 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	5	3	6	3
City Fertility Centre	47	1	75	2
Genea, Melbourne	1	0	1	0
Melbourne IVF, including Reproductive Services, RWH	64	0	71	0
Monash IVF	74	5	83	5
Number 1 Fertility	13	0	15	0
Aggregated total	**204**	**9**	**251**	**10**

Table 4.3 Number of recipients and treatment cycles with donor/partner eggs, 2018-19 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, Melbourne	0	1	0	2
Melbourne IVF, including Reproductive Services, RWH	4	2	5	2
Monash IVF	15	0	15	0
Number 1 Fertility	12	0	21	0
Aggregated total	**31**	**3**	**41**	**4**

Table 4.4 Number of recipients and treatment cycles with imported thawed donor eggs, 2018-19 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, Melbourne	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	0	0	0	0
Monash IVF	13	0	13	0
Number 1 Fertility	0	0	0	0
Aggregated total	**13**	**0**	**13**	**0**

Table 4.5 Relationship status of recipients of donor sperm treatment, 2018-19 financial year

Registered ART provider (all sites)	Relationship status of woman receiving donor sperm treatment			
	Single	Same-sex	Heterosexual	Other
Ballarat IVF	14	8	7	0
City Fertility Centre	70	118	17	0
Genea, Melbourne	0	2	0	0
Melbourne IVF, including Reproductive Services, RWH	261	142	52	0
Monash IVF	264	111	122	0
Number 1 Fertility	7	6	4	0
Aggregated total	**616**	**387**	**202**	**0**

Section 5

Surrogacy, 2018-19 financial year

Table 5 Surrogacy cycles and clinical pregnancies, 2018-19 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 24.

Treatment site	No. of surrogate women	No. of cycles with embryos transferred	% of single embryo transfer*	No. of clinical pregnancies
Genea, Melbourne	1	2	100.0	0
Melbourne IVF, East Melbourne	14	23	100.0	11
Monash IVF, Clayton	10	14	100.0	7
Monash IVF, Mildura	1	1	100.0	0
Monash IVF, Richmond	7	10	100.0	6
Monash IVF, Sunshine	1	1	100.0	1
Number 1 Fertility, Geelong	3	4	100.0	2
Aggregated total	**37**	**55**	**100.0**	**27**

* See note page 31.

Section 6

Multiple pregnancies, 2018-19 financial year

Table 6 Number of clinical pregnancies measured by fetal heartbeats, 2018–19 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 24.

Treatment site	No. of clinical pregnancies	Number of fetal heartbeats				
		None	One	Two	Three or more	Not stated
Adora Fertility, Greensborough	421	43	368	8	1	1
Ballarat IVF, Ballarat	98	11	86	1	0	0
City Babies, Richmond	27	0	23	2	1	1
City Fertility Centre, Bundoora	64	7	55	1	1	0
City Fertility Centre, Melbourne	223	30	189	4	0	0
Genea, Melbourne	16	1	14	1	0	0
Melbourne IVF, East Melbourne	1,363	160	1,154	43	1	5
Melbourne IVF, Mt Waverley	119	15	104	0	0	0
Melbourne IVF, Werribee	3	0	3	0	0	0
Monash IVF, Bendigo	43	4	39	0	0	0
Monash IVF, Clayton	682	73	561	29	0	19
Monash IVF, Geelong	127	15	106	3	0	3
Monash IVF, Mildura	13	0	13	0	0	0
Monash IVF, Richmond	477	44	396	23	1	13
Monash IVF, Sale	15	2	12	1	0	0
Monash IVF, Sunshine	57	8	45	2	0	2
Number 1 Fertility, East Melbourne	101	8	85	4	0	4
Number 1 Fertility, Geelong	231	18	202	7	1	3
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	336	50	272	14	0	0
Aggregated total	**4,416**	**489**	**3,727**	**143**	**6**	**51**

Section 7

Storage of gametes, 2018–19 financial year

Table 7.1 Storage of sperm, ovarian tissue, eggs and embryos, 2018-19 financial year

Registered ART provider (all sites)	No. of patients with sperm in storage as at 30 June 2019	No. of patients with ovarian tissue in storage as at 30 June 2019	No. of patients with eggs in storage as at 30 June 2019	No. of patients with embryos in storage as at 30 June 2019	No. of embryos in storage as at 30 June 2019
Adora Fertility (prev.Primary IVF)	141	0	1	380	1,102
Ballarat IVF	166	0	21	348	1,052
City Fertility Centre	405	0	88	1,000	2,976
Genea	11	0	15	29	77
Melbourne IVF, including Reproductive Services, RWH	1,447	430	1,648	5,205	18,279
Monash IVF	1,981	90	1,045	5,329	16,663
Number 1 Fertility, incl. the Egg Freeze Centre, Melbourne	106	3	306	699	2,365
Aggregated total	**4,257**	**523**	**3,124**	**12,990**	**42,514**

Table 7.2 Storage of donor sperm, 2018–19 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 2018 (start of period)	New donors recruited during reporting financial year
Ballarat IVF	44	37	1
City Fertility Centre	123	79	22
Genea	2	2	0
Melbourne IVF, including Reproductive Services, RWH	331	273	81
Monash IVF	238	29	14
Number 1 Fertility, incl. the Egg Freeze Centre	14	4	10
Aggregated total	**752**	**424**	**128**

Section 8

Pre-implantation genetic testing, 2018-19 financial year

Table 8 Pre-implantation genetic diagnosis and screening, 2018-19 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
	Pre-implantation testing for single gene disorders (PGT-M)				
Adora Fertility	0	0	0	0	0
City Fertility Centre	5	23	9	4	8
Melbourne IVF, including Reproductive Services, RWH	139	773	246	103	129
Monash IVF	47	237	73	41	57
Genea, Melbourne	3	16	5	2	4
Number 1 Fertility	15	74	19	7	10
Aggregated total	**209**	**1,123**	**352**	**157**	**208**
	Pre-implantation testing for aneuploidy (incorrect chromosomal numbers, PGT-A)				
Adora Fertility	0	0	0	0	0
City Fertility Centre	25	75	36	26	36
Melbourne IVF, including Reproductive Services, RWH	571	2,598	1,048	463	676
Monash IVF	362	1,069	569	398	474
Genea, Melbourne	19	84	45	11	13
Number 1 Fertility	347	1,112	472	158	193
Aggregated total	**1,324**	**4,938**	**2,170**	**1,056**	**1,392**
	Non-invasive pre-implantation testing for aneuploidy (NIPGT*)**				
Adora Fertility	0	0	0	0	0
City Fertility Centre	0	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	0	0	0	0	0
Monash IVF	23	38	10	1	1
Genea, Melbourne	0	0	0	0	0
Number 1 Fertility	0	0	0	0	0
Aggregated total	**23**	**38**	**10**	**1**	**1**

PGT-M: pre-implantation genetic testing for single gene disorders; PGT-A: pre-implantation genetic screening for aneuploidy
NIPGT: non-invasive pre-implantation genetic testing for aneuploidy
* 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
***Non-invasive PGT. Note that some women will have some embryos bipsied and some tested by NIPGT

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 PGT-M or PGT-A may not match exactly the number of women for whom clinical outcomes are reported in the next subsequent year.

PGT-M is used for patients with a known genetic risk. This can include sex selection to identify a specific genetic condition affecting one gender. PGT-A is used for the detection of an abnormal number of chromosomes.
For more information about these techniques, please read VARTA's brochures: *Pre-implantation genetic testing explained* and *The pros and cons of pre-implantation genetic testing for aneuploidy*, available at **varta.org.au**

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

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 Assistant Treasurer 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 2019 and financial position of the Victorian Assisted Reproductive Treatment Authority as at 30 June 2019.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on 22 August 2019.

Ms Louise Glanville
Chairperson
Melbourne
Date 22 August 2019

Ms Louise Johnson
Chief Executive Officer
Melbourne
Date 22 August 2019

Mr Darren Collins
Chief Finance Officer
Melbourne
Date 22 August 2019

Comprehensive operating statement for the year ended 30 June 2019

	Notes	2019 $	2018 $
Revenue from operating activities	2	**1,686,206**	2,035,265
Revenue from non-operating activities	2	**3,553**	5,170
Employee expenses	3.1	**(1,216,405)**	(1,117,251)
Supplies and services	3.1	**(417,886)**	(416,309)
Commonwealth-funded project expenses	3.1	**(429,822)**	(459,627)
Net result before capital and specific items		**(374,354)**	47,248
Depreciation expense	4.2	**(17,917)**	(19,272)
Net result		**(392,271)**	27,976
Other comprehensive income		**-**	-
Comprehensive result for the year		**(392,271)**	27,976

Balance sheet as at 30 June 2019

	Notes	2019 $	2018 $
Current assets			
Cash and cash equivalents	6.1	**499,947**	800,245
Trade and other receivables	5.1	**26,684**	90,960
Other current assets	5.2	**20,071**	16,971
Total current assets		**546,702**	908,175
Non-current assets			
Plant and equipment	4.1	**40,804**	38,142
Intangibles	4.3	**5,668**	13,233
Total non-current assets		**46,472**	51,375
Total assets		**593,174**	959,550
Current liabilities			
Trade and other payables	5.3	**159,223**	164,175
Provisions	3.2	**192,554**	160,150
Total current liabilities		**351,777**	324,325
Non-current liabilities			
Provisions	3.2	**7,678**	9,236
Total non-current liabilities		**7,678**	9,236
Total liabilities		**359,455**	333,561
Net assets		**233,719**	625,989
Equity			
Contributed capital		**11,200**	11,200
Retained earnings		**222,519**	614,790
Total equity		**233,719**	625,990

Statement of changes in equity for the year ended 30 June 2019

	Contributed capital $	Retained earnings $	Total $
Balance at 1 July 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
Capital contributed	**-**	**-**	**-**
Surplus for the year	**-**	**(392,271)**	**(392,271)**
Other comprehensive income	**-**	**-**	**-**
Balance at 30 June 2019	**11,200**	**222,519**	**233,719**

Cash flow statement for the year ended 30 June 2019

	Notes	2019 $	2018 $
Cash flow from operating activities			
Operating grants from government		**1,630,427**	1,972,553
Receipts from customers and others		**74,097**	7,260
Payments to suppliers and employees		**(1,995,967)**	(1,923,381)
Interest received		**4,160**	4,562
Net cash provided by operating activities		**(287,283)**	60,994
Cash flow from investing activities			
Payment for plant and equipment		**(13,015)**	(17,741)
Payment for intangibles		**-**	(6,832)
Net cash used in investing activities		**(13,015)**	(24,573)
Net increase in cash held		**(300,298)**	36,421
Cash at beginning of financial year		**800,245**	763,824
Cash at end of financial year	6.1	**499,947**	800,245

The accompanying notes form part of these financial statements

Notes to the financial statements for the year ended 30 June 2019
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 Assistant Treasurer.

The annual financial statements were authorised for issue by the Board of the Authority on 22 August 2019.

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 2019, and the comparative information presented in these financial statements for the year ended 30 June 2018

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

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 2019
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. The Authority has also received funding from the Commonwealth Government to undertake the *Your Fertility* Program on its behalf.

2.1 Analysis of revenue by source

	2019 $	2018 $
Operating activities		
Government grants – Department of Health and Human Services	**1,312,427**	1,654,553
Government grants – Commonwealth Government	**318,000**	318,000
Indirect contributions by Department of Health and Human Services	**-**	24,891
Other	**55,779**	37,821
	1,686,206	2,035,265
Non-operating revenue		
Interest received	**3,553**	5,170

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 2019
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 costs 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	**2019 $**	**2018 $**
Employee expenses	**1,216,405**	1,117,251
Other operating expenses		
Non-salary employee expense	**48,116**	22,378
Public education expenses	**86,030**	147,806
Legislation change expenses	**89,831**	62,992
Professional service fees	**105,580**	96,573
Member fees	**34,547**	32,205
Office expenses	**31,312**	29,383
Commonwealth-funded project expenses	**429,822**	459,627
Other operating expenses	**22,470**	24,972
Other expenses		
Depreciation expense	**17,917**	19,272
Total expenses	**2,082,030**	2,012,459

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 2019

3. The cost of delivering our services

3.2 Employee benefits in the balance sheet

	2019 $	2018 $
Current provisions		
Annual leave		
Unconditional and expected to be settled within 12 months[i]	**77,217**	61,926
Unconditional and expected to be settled after 12 months	**-**	-
Long service leave		
Unconditional and expected to be settled within 12 months[i]	**42,659**	77,335
Unconditional and expected to be settled after 12 months[ii]	**47,563**	-
	167,439	139,261
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months[i]	**17,981**	20,889
Unconditional and expected to be settled after 12 months[ii]	**7,135**	-
Total employee benefits and related on-costs	**25,115**	20,889
Total current provisions	**192,554**	160,150
Non-current provisions		
Long service leave	**6,676**	8,032
Provisions related to employee benefit on-costs	**1,002**	1,204
Total non-current provisions	**7,678**	9,236
Total provisions	**200,232**	169,386

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	**88,799**	71,215
Long service leave entitlement	**111,433**	98,171
Total employee benefits and related on-costs	**200,232**	169,386
Movements in long service leave		
Balance at start of year	**22,093**	20,620
Additional provisions recognised	**4,024**	1,473
Balance at end of year	**26,117**	22,093

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 2019

3. The cost of delivering our services

3.2 Employee benefits in the balance sheet (continued)

Employee benefits

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

Annual leave

Liabilities for 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 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 separately from provisions for employee benefits.fits.

3.3 Superannuation

	Paid contribution for the year		Contribution outstanding at year end	
	2019 $	**2018 $**	**2019 $**	**2018 $**
Defined contribution plans				
Hesta Superannuation	**40,200**	39,902	**3,017**	3,058
First State Super	**33,671**	31,009	**2,661**	1,947
VicSuper	**31,438**	30,292	**2,075**	2,139
Other	**41,869**	36,730	**2,871**	2,823
Total	**147,178**	137,933	**10,624**	9,967

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.

Notes to the financial statements for the year ended 30 June 2019

4. Key assets to support service delivery

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

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.

Where the assets included in this section are carried at fair value, additional information is disclosed in Note 7.2 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	**2019 $**	**2018 $**
Computer equipment		
At fair value	**74,232**	68,971
Less accumulated depreciation	**(59,023)**	(55,571)
	15,209	13,400
Office equipment		
At fair value	**59,086**	51,334
Less accumulated depreciation	**(33,491)**	(26,592)
	25,595	24,742
Total property, plant and equipment	**40,804**	38,142

Movements in carrying amounts	**Computer equipment $**	**Office equipment $**	**Total $**
2019			
Balance at the beginning of the year	13,400	24,742	38,142
Additions	5,262	7,752	13,014
Depreciation	(3,453)	(6,899)	(10,352)
Balance at end of year	**15,209**	**25,595**	**40,804**

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 2019

4. Key assets to support service delivery

4.2 Depreciation and amortisation

	2019 $	2018 $
Depreciation		
Computer equipment	**3,453**	8,986
Office equipment	**6,899**	6,758
Total depreciation	**10,352**	15,744
Amortisation		
Software	**7,565**	3,528
Total depreciation and amortisation	**17,917**	19,272

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.

The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments made where appropriate. During the reporting period, the Authority deemed it appropriate to change the depreciation method from diminishing value basis to straight line basis. As a result, depreciation is calculated on a straight-line 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

	2019 $	2018 $
Software		
At cost	**27,813**	27,813
Less accumulated amortisation	**(22,145)**	(14,580)
Total intangibles	**5,668**	13,233

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 2019
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	**2019 $**	**2018 $**
CURRENT		
Contractual		
Trade debtors	**-**	16,500
Accrued revenue	**-**	607
	-	17,107
Statutory		
GST receivable	**26,684**	28,501
Long service leave – Department of Health and Human Services	**-**	45,352
	26,684	73,853
Total receivables	**26,684**	90,960

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	**2019 $**	**2018 $**
CURRENT		
Prepayments	**20,071**	16,971

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 2019

5. Other assets and liabilities

5.3 Payables

	2019 $	2018 $
CURRENT		
Contractual		
Trade creditors	**56,761**	34,435
Credit card	**2,955**	5,341
Accruals	**67,657**	94,865
Superannuation payable	**8,013**	8,248
Salary package liability	**3,926**	1,052
	139,312	143,941
Statutory		
PAYG withheld	**19,911**	20,234
Total payables	**159,223**	164,175

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.

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.

	2019 $	2018 $
Cash at bank and on hand	**499,947**	800,245
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	**249,048**	547,574
Deposits at call	**250,899**	-
Term deposit	**-**	252,617
Cash on hand	**-**	54
	499,947	800,245

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

	2019 $	2018 $
Net result for the year	**(392,271)**	27,976
Non cash movements:		
Depreciation and amortisation	**17,917**	19,272
Movements in assets and liabilities:		
(Increase) in receivables	**18,925**	(56,060)
(Increase)\decrease in other assets	**42,251**	905
Increase\(decrease) in payables	**(4,951)**	57,601
Increase in provisions	**30,846**	11,299
Net cash inflow from operations	**(287,283)**	60,993

Notes to the financial statements for the year ended 30 June 2019

6. How we financed our operations

6.2 Commitments

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

2019	Less than 1 year $	1-5 years $	Total $
Capital expenditure commitments payable	-	-	-
Operating and lease commitments payable			
VARTA	20,260	-	20,260
Your Fertility program	-	-	-
Total operating and lease commitments payable	20,260	-	20,260
Total commitments (exclusive of GST)	**20,260**	**-**	**20,260**

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**

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

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*.

From 1 July 2018, the Authority applies AASB 9 *Financial Instruments* and classifies all of its financial assets based on the business model for managing the assets and the assets contractual terms.

Categories of financial instruments under AASB 9

Financial assets at amortised cost
Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by the Authority to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

The Authority recognises the following assets in this category:

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

Categories of financial assets previously under AASB 139

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)
- term deposits

Categories of financial liabilities under AASB 9 and previously under AASB 139

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 the following liabilities in this category:

- payables (excluding statutory payables)
- borrowings (including finance lease liabilities)

Notes to the financial statements for the year ended 30 June 2019

7. Risks, contingencies and valuation uncertainties

7.1 Financial instruments (continued)

Offsetting financial instruments: Financial instrument assets and liabilities are offset and the net amount presented in the consolidated balance sheet when, and only when, the Authority concerned has a legal right to offset the amounts and intend either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Some master netting arrangements do not result in an offset of balance sheet assets and liabilities. Where the Authority does not have a legally enforceable right to offset recognised amounts, because the right to offset is enforceable only on the occurrence of future events such as default, insolvency or bankruptcy, they are reported on a gross basis.

Derecognition of financial assets: A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the rights to receive cash flows from the asset have expired.

Derecognition of financial liabilities: A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

7.1.1 Financial instruments: categorisation

2019	Note	Financial assets at amortised cost $	Financial liabilities at amortised cost $	Total $
Contractual financial assets				
Cash and cash equivalents	6.1	499,947	**-**	**499,947**
Receivables				
Trade receivables	5.1	-	**-**	**-**
Other receivables	5.1	-	**-**	**-**
Total contractual financial assets		**499,947**	**-**	**499,947**
Contractual financial liabilities				
Payables	5.3	-	139,312	**139,312**
Total contractual financial liabilities		**-**	**139,312**	**139,312**

2018	Note	Contractual financial assets - Loans and receivables and cash $	Contractual financial liabilities at amortised cost $	Total $
Contractual financial assets				
Cash and cash equivalents	6.1	800,245	**-**	**800,245**
Receivables				
Trade receivables	5.1	16,500	**-**	**16,500**
Other receivables	5.1	607	**-**	**607**
Total contractual financial assets		**817,352**	**-**	**817,352**
Contractual financial liabilities				
Payables	5.3	-	**143,941**	**143,941**
Total contractual financial liabilities		**-**	**143,941**	**143,941**

Notes to the financial statements for the year ended 30 June 2019

7. Risks, contingencies and valuation uncertainties

7.1 Financial instruments (continued)

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 7.3.

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

Maturity analysis of financial liabilities as at 30 June

The following table discloses the contractual maturity analysis for the Authority's financial liabilities.

				Maturity dates			
2019	**Note**	**Carrying amount $**	**Nominal amount $**	**Less than 1 month $**	**1-3 months $**	**3 months to 1 year $**	**1 to 5 years $**
Financial liabilities							
Payables	5.3	139,312	139,312	139,312	-	-	-
Total financial liabilities		**139,312**	**139,312**	**139,312**	-	-	-
2018							
Financial liabilities							
Payables	5.3	143,941	143,941	143,941			
Total financial liabilities		**143,941**	**143,941**	**143,941**	-	-	-

Contractual receivables at amortised costs

Impairment of financial assets under AASB 9 – applicable from 1 July 2018

From 1 July 2018, the Authority has been recording the allowance for expected credit loss for the relevant financial instruments, replacing AASB 139's incurred loss approach with AASB 9's Expected Credit Loss approach. Subject to AASB 9 impairment assessment include the Authority's contractual receivables and statutory receivables.

Contractual receivables at amortised cost

The Authority applies AASB 9's simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. The Authority has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on the Authority's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

On this basis, the Authority determines the opening loss allowance on initial application date of AASB 9 and the closing loss allowance at end of the financial year as follows:

1 July 2018	**Current**	**Less than 1 month**	**1-3 months**	**3 months to 1 year**	**1 to 5 years**
Expected loss rate	0%	0%	0%	0%	0%
Gross carrying amount of contractual receivables	17,107	-	-	-	-
Loss allowance	-	-	-	-	-
30 June 2019					
Expected loss rate	0%	0%	0%	0%	0%
Gross carrying amount of contractual receivables	-	-	-	-	-
Loss allowance	-	-	-	-	-

Notes to the financial statements for the year ended 30 June 2019

7. Risks, contingencies and valuation uncertainties

7.1.2 Financial risk management objectives and policies (continued)

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	
	2019 %	2018 %	2019 $	2018 $	2019 $	2018 $	2019 $	2018 $	2019 $	2018 $
Financial assets:										
Cash at bank and in hand	0.1	0.1	249,048	547,574	-	-	-	54	249,048	547,628
Deposits at call	1.9	-	250,899	-	-	-	-	-	250,899	-
Term deposit	-	1.9	-	-	-	252,617	-	-	-	252,617
Trade and other receivables			-	-	-	-	-	17,107	-	17,107
Total financial assets			**499,947**	**547,574**		**- 252,617**	**-**	**17,161**	**499,947**	**817,353**
Financial liabilities:										
Trade and other payables			-	-	-	-	139,312	143,941	139,312	143,941
Total financial liabilities			**-**	**-**	**-**	**-**	**139,312**	**143,941**	**139,312**	**143,941**

7.2 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.

7.3 Contingent assets and contingent liabilities

There are no contingent assets or contingent liabilities at 30 June 2019 (2018: Nil)

Notes to the financial statements for the year ended 30 June 2019
8. Other disclosures

8. Other disclosures

Note 8.1 Responsible persons

In accordance with the Ministerial Directions issued by the Assistant Treasurer 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. Jenny Mikakos	04/12/2018	30/06/2019
The Hon. Jill Hennessy	01/07/2018	03/12/2018
Authority members		
Ms. L. Glanville (Chairperson)	01/07/2018	30/06/2019
Ms. N. Mollard	01/07/2018	30/06/2019
Ms. K. Lai	01/07/2018	30/06/2019
Dr. L. Burns	01/07/2018	30/06/2019
Ms. J White	23/08/2018	30/06/2019
Dr. R. Carson	01/07/2018	30/06/2019
Dr. R. McDougall	01/07/2018	30/04/2019
Mr. F. Pereira-Jackson	01/07/2018	23/08/2018
Accountable Officer		
Ms L Johnson (Chief Executive Officer)	01/07/2018	30/06/2019

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	**2019**	**2018**
$0 – $9,999	**8**	7
$10,000 - $19,999	**-**	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:	**244,686**	243,530

Notes to the financial statements for the year ended 30 June 2019

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 Authority's 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.

	2019 $	2018 $
Department of Health and Human Services	**1,312,427**	1,679,444

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: *Responsible Persons.*

Remuneration

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

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

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

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

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

	2019 $	2018 $
Short-term benefits	221,645	220,047
Post-employment benefits	18,991	19,574
Other long-term benefits	4,050	3,909
Total remuneration	**244,686**	243,530

Notes to the financial statements for the year ended 30 June 2019

8. Other disclosures

8.3 Related parties (continued)

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

	2019 $	2018 $
Victorian Auditor-General's Office:		
Audit of the financial statements	**7,200**	7,000

8.5 AASBs issued that are not yet effective

The following AASs become effective for reporting periods commencing after 1 July 2019:

AASB 16 *Leases*

AASB 15 *Revenue from Contract with Customers*

AASB 1058 *Income of Not-for-Profit Entities*

Leases

AASB 16 *Leases* replaces AASB 117 *Leases*, AASB Interpretation 4 *Determining whether an Arrangement contains a Lease*, AASB Interpretation 115 *Operating Leases-Incentives* and AASB Interpretation 127 *Evaluating the Substance of Transactions Involving the Legal Form of a Lease.*

AASB 16 sets out the principles for the recognition, measurement, presentation and disclosure of leases and requires lessees to account for all leases on the balance sheet by recording a Right-Of-Use (RoU) asset and a lease liability except for leases that are shorter than 12 months and leases where the underlying asset is of low value (deemed to be below $10,000).

AASB 16 also requires the lessees to separately recognise the interest expense on the lease liability and the depreciation expense on the right-of-use asset, and remeasure the lease liability upon the occurrence of certain events (e.g. a change in the lease term, a change in future lease payments resulting from a change in an index or rate used to determine those payments). The amount of the remeasurement of the lease liability will generally be recognised as an adjustment to the RoU asset.

Lessor accounting under AASB 16 is substantially unchanged from AASB 117. Lessors will continue to classify all leases using the same classification principle as in AASB 117 and distinguish between two types of leases: operating and finance leases.

The effective date is for annual reporting periods beginning on or after 1 January 2019. The Authority intends to adopt AASB 16 in the 2019-20 financial year when it becomes effective.

The Authority will apply the standard using a modified retrospective approach with the cumulative effect of initial application recognised as an adjustment to the opening balance of accumulated surplus at 1 July 2019, with no restatement of comparative information.

Various practical expedients are available on adoption to account for leases previously classified by a lessee as operating leases under AASB 117. The Authority will elect to use the exemptions for all short-term leases (lease term less than 12 months) and low value leases (deemed to be below $10,000).

The Authority has performed a detailed impact assessment of AASB 16 and the potential impact is expected to be immaterial.

Notes to the financial statements for the year ended 30 June 2019

8. Other disclosures

8.5 AASBs issued that are not yet effective (continued)

Revenue and Income

AASB 15 supersedes AASB 118 *Revenue*, AASB 111 *Construction Contracts* and related Interpretations and it applies, with limited exceptions, to all revenue arising from contracts with its customers.

AASB 15 establishes a five-step model to account for revenue arising from an enforceable contract that imposes a sufficiently specific performance obligation on an entity to transfer goods or services. AASB 15 requires entities to only recognise revenue upon the fulfilment of the performance obligation. Therefore, entities need to allocate the transaction price to each performance obligation in a contract and recognise the revenue only when the related obligation is satisfied.

To address specific concerns from the 'not-for-profit' sector in Australia, the AASB also released the following standards and guidance:

AASB 2016-8 *Amendments to Australian Accounting Standards* – Australian implementation guidance for NFP entities (AASB 2016-8), to provide guidance on application of revenue recognition principles under AASB 15 in the not-for-profit sector.

AASB 2018-4 *Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Public-Sector Licensors (2018-4)*, to provide guidance on how to distinguish payments receive in connection with the access to an asset (or other resource) or to enable other parties to perform activities as tax and non-IP licence. It also provides guidance on timing of revenue recognition for non-IP licence payments.

AASB 1058 *Income of Not-for-Profit Entities*, to supplement AASB 15 and provide criteria to be applied by not-for-profit entities in establishing the timing of recognising income for government grants and other types of contributions previously contained within AASB 1004 *Contributions*.

AASB 15, AASB 1058 and the related guidance will come into effect for not-for-profit entities for annual reporting periods beginning on or after 1 January 2019. The Authority intends to adopt these standards in the 2019-20 financial year when it becomes effective.

The Authority will apply the standard using a modified retrospective approach with the cumulative effect of initial application recognised as an adjustment to the opening balance of accumulated surplus at 1 July 2019, with no restatement of comparative information.

The Authority has performed a detailed impact assessment of AASB 15 and AASB 1058 and the potential impact for each major class of revenue is expected to be immaterial.

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

Victorian Auditor-General's Office

To the Members of the Victorian Assisted Reproductive Treatment Authority

Opinion

I have audited the financial report of the Victorian Assisted Reproductive Treatment Authority (the authority) which comprises the:

- balance sheet as at 30 June 2019
- 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.

In my opinion the financial report presents fairly, in all material respects, the financial position of the authority as at 30 June 2019 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.

Basis for Opinion

I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

My independence is established by the *Constitution Act 1975.* 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 *Code of Ethics for Professional Accountants* (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.

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

Members' responsibilities for the financial report

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 *Financial Management Act 1994*, 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.

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.

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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.

MELBOURNE
29 August 2019

Travis Derricott
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 administrated, 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 where sperm is injected 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.
NIPGT (non-invasive pre-implantation genetic testing)	A non-invasive technique used to identify embryos with the correct amount of genetic material.
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 (pre-implantation genetic diagnosis)	A technique used to identify embryos that are not affected by a 'faulty' gene that can lead to disease. This is also known as PGT-M.
PGS (pre-implantation genetic screening)	A technique used to identify embryos with the correct amount of genetic material. This is also known as PGT-A.
PGT-A (pre-implantation genetic testing for aneuploidy)	A technique used to identify embryos with the correct amount of genetic material. This is also known as PGS.

Glossary continued

PGT-M (pre-implantation genetic testing for monogenic disorders)	A technique used to identify embryos that are not affected by a 'faulty' gene that can lead to disease. This is also known as PGD.
Registered ART provider	A provider registered under Part 8 of the *Assisted Reproductive Treatment Act 2008*.
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	A cycle where cryopreserved (frozen) eggs, sperm or embryos are thawed prior to transfer.
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 *Assisted Reproductive Treatment Act 2008*. Before 2010, women were required to be eligible for treatment under Section 8 of the *Infertility Treatment Act 1995.*

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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Note: (a) References to FRDs have been removed from the Disclosure Index if the specific FRDs do not contain requirements that are of the nature of disclosure.

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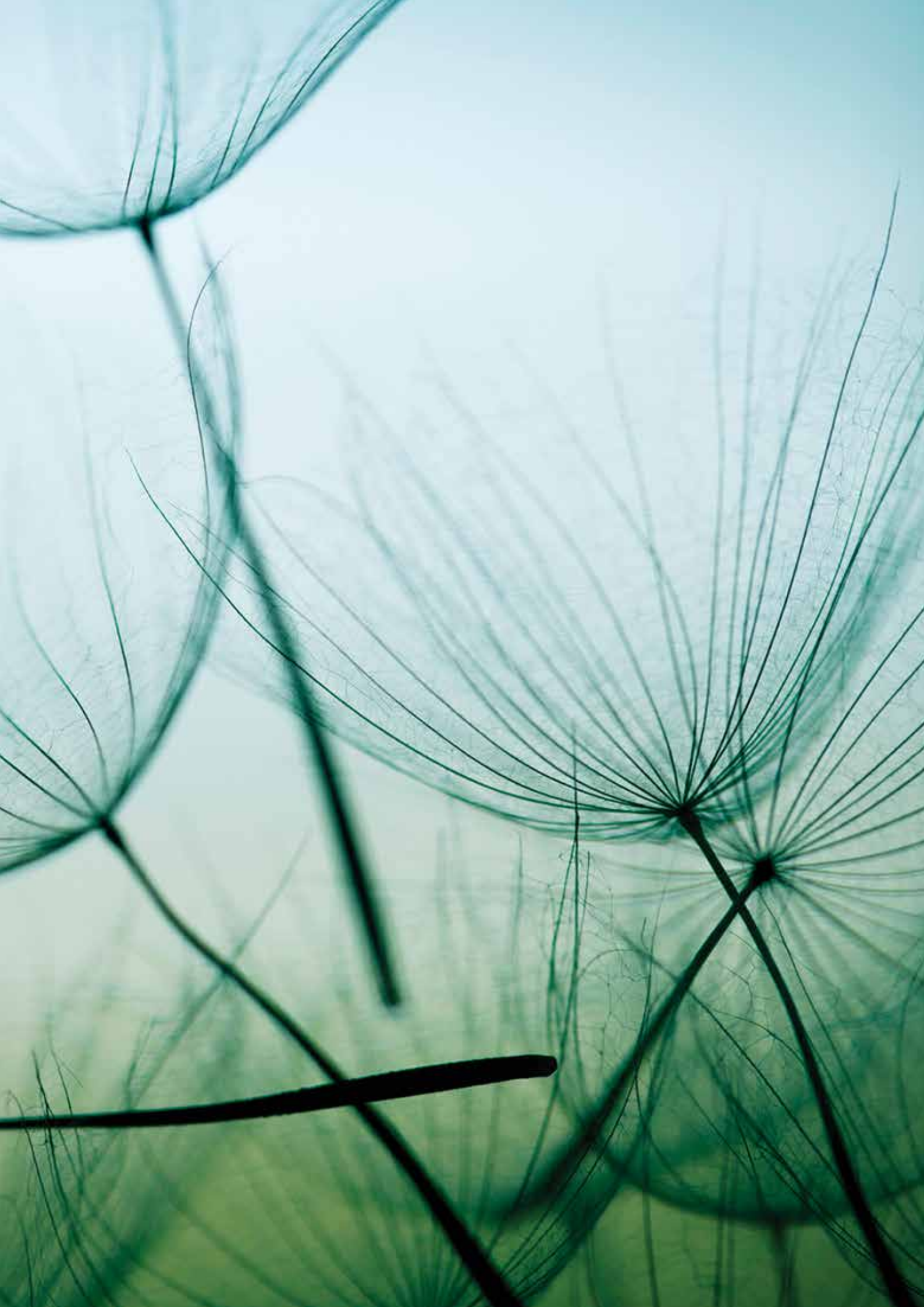

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