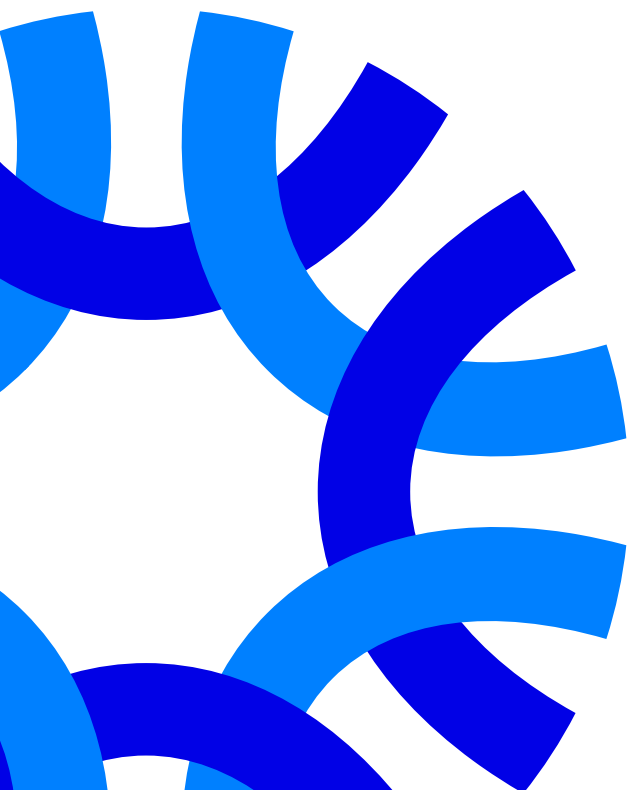
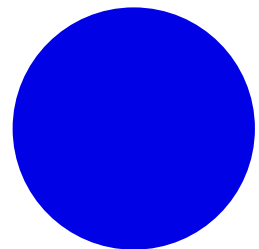
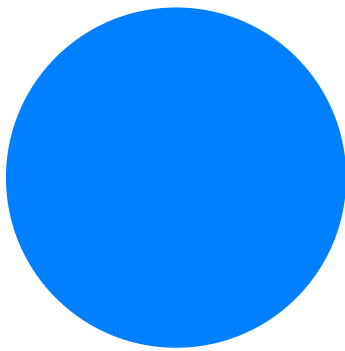


VARTA



2020 Annual Report

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 2019 to 30 June 2020.

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

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

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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, 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) (the Act) and the Minister for Health's Statement of 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 Act, Regulations and *Conditions for Registration*.

- We investigate adverse incidents, and actual or potential breaches of the 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 support and monitor compliance with the Act, Regulations and *Conditions for Registration*.

Education

- We use behavioural insights and technology to teach people about fertility, infertility and ART in innovative and appropriate ways.

Donor conception register services

- We evaluate 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

2019-20 has been a challenging but successful year for VARTA. Despite many disruptions caused by COVID-19, the Authority made great progress on its regulatory, public education and donor register services work.

The development of guidance about person-centred care for assisted reproductive treatment clinics in Victoria has been a priority. Following feedback that some people feel like 'numbers' when receiving fertility treatment, VARTA set up a dedicated web page, online survey and individual interviews to consult consumers and health professionals about what they would like to see clinics focus on. Their valuable insights will be used to complete this important work by the end of the 2020 calendar year.

Another focus for the Authority this year was investigating the use of adjuvants or 'add-on' tests and treatments offered by ART clinics due to ongoing concerns about the value they offer. In 2019-20, VARTA established a diverse panel of health professionals, scientists, academics and consumers to help guide this work. It also contributed to Melbourne University research assessing information about adjuvants on clinic websites and a survey of patients to explore their perceptions of adjuvants, their motivations for using them and their experiences thereafter. The findings of this research will contribute to the development of regulatory options and resources to ensure people are truly informed about the pros and cons of adjuvants in future.

As VARTA reached its 10th anniversary, a new logo was commissioned as part of a re-design of the website. The new logo, featured on the cover of this report, was chosen because it reflects connections between people. The new website will be ready at the beginning of 2021.

Collaboration with co-regulators remained a priority to promote safe care. Throughout the year, VARTA worked with the Reproductive Technology and Accreditation Committee (RTAC) of the Fertility Society of Australia to create and implement a common adverse incident reporting system for clinics. VARTA also exchanged information with the Australian Health Practitioner Regulation Agency (AHPRA) when work overlapped. In addition to this, VARTA liaised with AHPRA, RTAC and the Australian Competition and Consumer Commission on clinic advertising. At the end of 2019-20, VARTA was working with the Victorian Health Complaints Commissioner on plans for joint-communications activities.

The arrival of COVID-19 also saw renewed collaboration between VARTA and the Victorian Department of Health and Human Services unit that regulates hospitals and day procedure centres to communicate with clinics and the community about federal and state government restrictions on elective surgery. These government policies, designed to preserve essential medical supplies and reduce infections, meant there was no increase in the number of ART cycles carried out during 2019-20, compared to the previous year. However, there was a small 1.5 per cent increase in the number of women treated. Data from Victorian clinics shows 13,062 women received fertility treatment in 2019-20. This came as one new clinic, Newlife IVF, opened in Victoria becoming the 10th registered clinic and 19th treatment site in the state.

Travel restrictions due to COVID-19 have impacted on the ability of many people to use gametes or embryos stored outside of Victoria. This resulted in a



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 2020.

53 per cent increase in applications to import or export gametes or embryos in or out of Victoria. For some, their applications have not met Victorian legislative requirements.

The pandemic created its own problems for VARTA's operations, but staff did a tremendous job of adapting to a new way of working and overcoming hurdles to deliver our calendar of events. Our popular annual 'Time to tell' seminar was turned into a webinar for people to access from home and *Your Fertility's* annual health promotion campaign 'Fertility week' was delayed six months to ensure the messaging did not clash with health authorities' advice about COVID-19 and its impact on fertility and pregnancy. In response to reports that some women were delaying plans to conceive due to the pandemic, VARTA's public education team swiftly launched a multi-media campaign in May to educate people about the benefits of improving their preconception health in the lead up to pregnancy. The campaign reached millions of people through *The Age*, *The Sydney Morning Herald*, *MJA Insight* and rural health publications, *Partyline* and *CRANA Plus*.

Despite reduced access to search services due to COVID-19, our donor conception register services team managed to connect scores of people connected through donor conception this year. You can read more about the outcomes of applications to our registers and our donor linking services from page 14.

While this work was underway, VARTA continued to make an impact by contributing to public discussions about subjects including the risks and benefits of fertility treatments such as genetic testing of embryos, and impacts of DNA testing on people involved in donor conception. As an independent statutory authority that regulates ART, VARTA's voice is increasingly valued by journalists and media outlets regarding the complex issues related to fertility treatment. We work hard to ensure our commentary is fair and balanced.

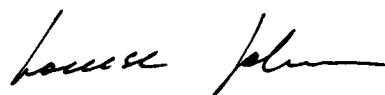
VARTA also assisted the Victorian Government in its communication of legislative changes in 2019-20. This included the removal of police and child protection order checks for people before treatment, and the removal of a requirement for separated but not yet divorced women to seek permission from their husband for treatment.

Finally, we'd like to thank our hard-working staff, volunteers and board members for their dedication to VARTA's objectives throughout this difficult year. We were delighted to welcome new board members with a range of valuable experience including Professor Fiona Kelly, Dr Gael Jennings and Associate Professor Peter Lutjen. You can read more about them on page 25. At the same time, we farewelled Dr Lauren Burns and Dr Ronald Carson who did a terrific job of serving VARTA over several years.



Louise Glanville

Chairperson



Louise Johnson

Chief Executive Officer



Louise Johnson

The year in review



13,062 patients treated – up 1.5%



3,852 liveborn babies born in 2018-19 – down 1.7%



4,048 women with frozen eggs in storage



99 applications to the Central Register – down 12%



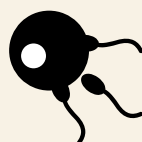
98% of people surveyed reported a positive experience



4 million visits to the *Your Fertility* website



13 peer-reviewed articles in academic journals



10 registered ART providers at 19 sites

Treatment at a glance

- 13,062 patients treated – up 1.5%
- 23,566 cycles of treatment – down 0.1%
- 4,048 women with frozen eggs in storage – up 30%
- 65% of eggs inseminated with ICSI – down 1 percentage point
- 3,852 liveborn babies born in 2018-19 – down 1.7%
- 2,412 women accessed low cost treatment – up 3.6%

Donor conception register services at a glance

- 99 applications to the Central Register – down 12%
- 72 applications to the Voluntary Register – down 18%
- 98% of people surveyed reported a positive experience of using VARTA's service

Public education at a glance

- 4 million visits to the *Your Fertility* website – up 43%
- 583,000 page views of the VARTA website – up 1%
- 13 peer-reviewed articles in academic journals

Regulation at a glance

- 10 registered ART providers at 19 sites
- 75 applications to import/export gametes and embryos – up 53%

Operational and budgetary objectives and performance

VARTA met the following financial objectives for the reporting period:

- Expenditure was within the amount budgeted for the 2019-20 financial year
- A positive ratio for assets: liabilities was maintained
- Compliance, taxation and reporting obligations were met in a timely manner.

The 2019-20 financial year was the first of a current four-year funding arrangement with the Department of Health and Human Services. This four-year commitment provides funding certainty until 30 June 2023 which is of great benefit and comfort when considering the current economic climate resulting in large part from the COVID-19 global pandemic.

VARTA recorded a net surplus of \$188,990 for the reporting period compared to a net deficit of \$392,271 for the previous year. Cash and cash equivalents at 30 June 2020 were \$571,948 compared to \$499,947 for the previous year.

Your Fertility program

During the reporting period, VARTA received and recognised \$320,000 from the Commonwealth Government for the *Your Fertility* program (*Your Fertility*). The 2019-20 financial year was the first of a new four-year funding agreement worth \$1.274m to continue running *Your Fertility* with VARTA's partners in the Fertility Coalition until 30 June 2023.

Expenditure of \$295,571 relating to *Your Fertility* was incurred and recognised in the reporting period. Surplus funds in the reporting period have been approved for carry over into 2020-21.

Cash supplement

VARTA was granted a one-off cash supplement of \$106,984 in the reporting period. These funds are reported as both revenue and a receivable at 30 June 2020. Expenditure related to the cash supplement is expected to commence in the 2020-21 financial year.

COVID-19

During the reporting period, \$14,782 was expended in response to the COVID-19 pandemic, including \$12,100 relating to laptop computers, mobile handsets and home office equipment.

Five-year financial summary

	2019-20	2018-19	2017-18	2016-17	2015-16
	\$	\$	\$	\$	\$
Total revenue	2,114,294	1,689,759	2,040,435	1,760,125	984,744
Total expenses	1,925,304	2,082,030	2,012,459	1,315,970	991,564
Net result for the year	188,990	(392,271)	27,976	444,155	(6,820)
Total assets	786,755	593,174	959,550	862,674	328,180
Total liabilities	364,046	359,455	333,561	264,660	174,321
Net assets	422,709	233,719	625,990	598,014	153,859
Total equity	422,709	233,719	625,990	598,014	153,859

● 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 VARTA for registration as an ART provider in Victoria. Upon registration, ART providers are required to comply with VARTA's *Conditions for Registration*, which are reviewed annually and were most recently updated on 1 February 2020. All registered ART providers in Victoria gave attestations to indicate compliance. This included an attestation to confirm they were providing information about the evidence behind treatments offered to patients within a program of IVF treatment, including add-ons which are also known as adjuvants. This information needs to include evidence about the potential harms and benefits of interventions so patients can make informed decisions.

ART providers registered to provide treatment 1 July 2019 – 30 June 2020

Adora Fertility (previously Primary IVF), Greensborough (previously Preston)
Ballarat IVF ¹
City Babies, Richmond
City Fertility Centre, Bundoora
City Fertility Centre, Melbourne
Genea, Melbourne
Melbourne IVF, East Melbourne ²
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 ³ (Monash IVF Epworth Hospital)
Monash IVF, Sale (Central Wellington Health Services)
Monash IVF, Sunshine (Western Day Surgery)
Newlife IVF, Box Hill ⁴
Number 1 Fertility Geelong
Number 1 Fertility Melbourne ⁵
Reproductive Services, Royal Women's Hospital ⁶ (Melbourne IVF)

In addition to the general conditions set out in the *Conditions for Registration*, VARTA may also impose specific conditions on the registration of some registered ART providers if this is deemed necessary to minimise specific risks, improve systems for legislative compliance and/or prioritise patient welfare. During 2019-20, no Victorian ART provider had specific conditions imposed on their registration.

Reporting of adverse incidents

VARTA received 53 adverse incident reports in 2019-20, of which three warranted investigation. These incidents occurred in the context of 13,062 women having more than 25,000 fresh or frozen cycles of IVF treatment in Victoria. These numbers are down from last financial year when 80 adverse incident reports were received and eight matters were investigated by VARTA. A breakdown of reported adverse incidents can be seen below.

Clinical		Scientific	
Ectopic pregnancy	5	Embryo loss	1
Ovarian Hyperstimulation Syndrome – OHSS (moderate to severe with hospitalisation) ⁷	20	Potential embryo loss	2
Infection	6	Oocyte (egg) loss	2
Hemoperitoneum/ Haemorrhage	5	Potential oocyte (egg) loss	1
Ovarian torsion	2		
Ovarian cyst	1		
Injury (bladder/ bowel)	2		
Communication/Data issues	2		
Other	4		
Total	47		6

Notes:

1. Ballarat IVF consults in facilities at Bacchus Marsh, Geelong, Kyneton, Gisborne, Maryborough, Warrnambool and Melton.
2. Blood tests, scans, counselling and doctor consultations are conducted at Melbourne IVF Box Hill clinic. Patients managed at the East Melbourne site may attend Box Hill clinic for the above services. Data for East Melbourne will include data for some patients attending the Box Hill clinic.
3. Monash IVF, Richmond uses laboratory facilities in Hawthorn.
4. Newlife IVF also has consulting suites in East Melbourne.
5. The Egg Freeze Centre is part of Number 1 Fertility Melbourne.
6. 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.
7. Includes cases of OHSS which resulted in overnight hospital admission or were deemed severe or critical as per the RCOG classification. Excludes cases involving observation and intravenous fluids after symptoms.

Clinical incidents were the most common adverse incidents reported, in particular, side effects of treatment including Ovarian Hyperstimulation Syndrome (OHSS), bleeds and infections, as well as ectopic pregnancies. Scientific events involved three incidents of actual loss of embryos and gametes, and three incidents involving potential loss of embryos and oocytes (eggs). Most of these involved mishandling of equipment and in some cases internal processes were not followed. From December 2019 ART providers were no longer required to report on mild OHSS and ectopic pregnancies.

Risks associated with these adverse incidents were discussed with individual ART providers to ensure they were appropriately managed. Group meetings with designated officers from all clinics were held for in-depth discussion about regulatory and compliance matters, as well as treatment trends.

Regulation priorities

In June 2019, the Minister for Health issued VARTA with a Statement of Expectations for performance standards for 1 July 2019 – 30 June 2021. A revised Statement of Expectations was issued to VARTA in October 2019, to incorporate implementation of two recommendations of the *Independent Review of Assisted Reproductive Treatment (final report)* by Michael Gorton AM. These additional expectations are to develop guidance for person-centred care in assisted reproductive treatment, and to work with assisted reproductive treatment providers and community organisations to expand the range of materials translated into languages other than English. Through consultation, high priority language groups have been identified. Information about ART and the possible health effects of IVF have been reviewed to reflect the latest research and are ready for translation. VARTA also collaborated with a group of researchers from around the world to produce a poster highlighting preconception health and fertility in different languages. For further information, see page 12. This will be promoted in the coming financial year.

VARTA's *Strategic Plan 2018-20* sets out VARTA's strong commitment to:

- Undertake risk-based regulatory planning to effectively use regulatory tools;
- Embed learnings to enhance future processes and minimise risks and build our expertise in investigating potential legislative breaches by ART providers;
- Increase engagement with consumers, and build VARTA's knowledge of behavioural insights and technology to educate more people about fertility, infertility and ART;

- Evaluate the impact of the 'Right to Know' legislation on donor-conceived people, donors, parents and VARTA's systems and processes to enhance our practices and share learnings with others, nationally and internationally; and
- Operate with sustainable human and financial resources to undertake our functions and achieve strategic outcomes as an innovative, responsive, capable, transparent and sustainable organisation with a positive culture.

VARTA's *Regulator Plan* was finalised in October 2019. It sets out the organisation's regulatory role and outlines VARTA's approach to fulfilling key regulatory functions in a targeted and risk-based way to protect the interests and wellbeing of those undergoing treatment and children born from such procedures.

Work with co-regulators

VARTA works alongside co-regulators and stakeholders to achieve a cohesive, collaborative approach to regulation of the assisted reproductive treatment industry. Co-regulatory work between RTAC and VARTA facilitates an efficient regulatory response. 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.

VARTA also collaborated with RTAC on a new combined adverse incident reporting form, which was developed and approved for use in reporting matters to VARTA under its *Conditions for Registration* and to the RTAC under the RTAC Code of Practice. The use of the new reporting form is intended to simplify and streamline the reporting requirements for ART providers. VARTA has also contributed comments to the review of the RTAC Code of Practice which was underway at the end of 2019-20.

VARTA liaises regularly with other co-regulators such as the Australian Health Practitioner Regulation Agency (AHPRA) and the Health Complaints Commissioner to continually explore scope for collaborative work. VARTA has also engaged with the Victorian Department of Health and Human Services, Safer Care Victoria and the Australian Competition and Consumer Commission on a range of matters throughout the year.

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. In late 2019, some members of this group and other stakeholders and consumers attended a meeting to discuss the use of IVF add-ons. Their input is informing plans for more public education about IVF add-ons.

Add-ons offered by clinics

VARTA continues to take an interest in add-ons offered by many fertility clinics. Also known as adjuvants, they are tests, procedures or medications which are added to assisted reproductive treatment to try to improve the chance of success. However, many add-ons are experimental and while there may be emerging evidence of promising effect for some, for most there is no evidence that they increase the chance of a live birth. As required under the *Conditions for Registration*, all clinics attested in 2019 that they provide patients with information including evidence about the risks and benefits of add-on treatments. Clinics also provided VARTA with information about clinical adjuvants used by doctors providing services within a program of IVF treatment.

Research led by Melbourne University in collaboration with VARTA has mapped the use of ART add-ons in Victoria and Australia. The research has involved a review of accredited IVF clinic websites in Australia to record IVF add-ons offered at each clinic, their costs, and statements about benefits and risks where such information is provided. There was also a review of the literature to establish existing evidence for each add-on and the extent to which it supports clinics' claims of benefits. VARTA will use the findings of this research to promote transparent and accurate information about add-ons for patients. VARTA will continue to collaborate with a leading Melbourne University researcher who has been funded to survey IVF patients, clinicians and embryologists about add-on use within Australia. This information will inform the development of evidence-based resources to help patients make treatment decisions. VARTA also exchanges information about add-ons with the Human Fertilisation and Embryology Authority (HFEA) in the United Kingdom for monitoring and public education purposes.

New technological developments

New technology continues to influence fertility treatments on offer in Victoria and interstate. Melbourne IVF uses artificial intelligence with time lapse imaging to choose embryos for transfer. Research is underway to evaluate the effectiveness of this tool. During 2019-20, Number 1 Fertility started using another artificial intelligence tool with time lapse imaging called Life Whisperer, which is also used in South Australia. Number 1 Fertility are also introducing a new add-on procedure called autologous platelet-

rich plasma (PRP) therapy for patients who struggle to achieve a healthy endometrium (lining of the uterus) prior to embryo transfer. VARTA will monitor emerging evidence about the effectiveness of this procedure.

During 2018-19, Monash IVF introduced a non-invasive preimplantation genetic test for embryos to see if they have the right number of chromosomes. In 2019-20, Newlife IVF as well as Monash IVF utilised this technique. In 2019-20, 356 women had 980 embryos tested with this new method which involves testing of DNA secreted by the embryo, rather than a biopsy to extract cells. This compares with 23 women in the previous financial year. Data on the use of this technique is provided in table 8 on page 55.

COVID-19 monitoring

COVID-19 has had a significant impact on ART providers since March 2020. Clinics had to respond to a rapidly changing environment and implement new procedures to protect patients and staff from the spread of COVID-19. Clinics were required to suspend all elective surgery on 3 April 2020 to preserve medical resources including personal protective equipment. While restrictions were lifted on 27 April 2020, elective surgery was at 75 per cent capacity on 30 June 2020. Throughout the pandemic, VARTA staff monitored the websites and social media posts of all ART providers and observed a high level of compliance with Commonwealth and State government directives. Where clinics were uncertain of the requirements, VARTA liaised with the Victorian Department of Health and Human Services and the Fertility Society of Australia to ensure correct advice was provided to all ART providers as quickly as possible.

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

Moving donated eggs or sperm (gametes) and embryos produced from donated gametes into and out of Victoria is subject to VARTA's approval under the Act. 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* set out VARTA's approval process and the requirements considered for an application to import or export donor gametes or embryos.

There were 44 individual import and export applications reviewed this financial year, compared to 34 applications last year. Of the 44 individual import and export applications reviewed, 24 applications were reviewed during the period 1 March 2020 to 30 June 2020.

An increase in the number of applications during the last quarter of the financial year was a direct result of COVID-19 and travel restrictions interstate and overseas.

There were two new proposals submitted by ART providers for import arrangements with overseas providers during the financial year. The Authority approved the arrangements in principle.

There were 31 class applications considered from Victorian registered ART providers to import or export donated gametes compared to 15 class import applications received last financial year. These class applications were submitted by ART providers on behalf of a total of 89 intended recipients. For import matters there were 64 Victorian intended recipients and for export matters there were 25 intended recipients from interstate.

Number of import and export applications involving donated gametes – 1 July 2019 to 30 June 2020

Application	Individual applications		Class applications	
	Import	Export	Import	Export
Total received	27	17	28	3
Status by donated embryos / gametes type				
Donor sperm	5	8	15	3
Approved	1	8	–	–
Approved with conditions	1	–	15	3
Withdrawn	–	–	–	–
Not approved	1	–	–	–
Pending*	2	–	–	–
Donor eggs	2	–	13	–
Approved	2	–	–	–
Approved with conditions	–	–	13	–
Withdrawn	–	–	–	–
Not approved	–	–	–	–
Pending*	–	–	–	–
Embryos formed using donor sperm and eggs	20	9	–	–
Approved	6	6	–	–
Approved with conditions	2	1	–	–
Withdrawn	3	1	–	–
Not approved	2	1	–	–
Pending*	7	–	–	–

* Pending as at 30 June 2020. Since this time, 2 applications were approved, 1 declined and 4 are pending information from the ART provider.

Legislative changes to the Act and Regulations and other developments

Amendments to the Act

The *Assisted Reproductive Treatment Amendment (Consent) Act 2019* amended the Act in late 2019 to ensure that a married woman is not required to obtain the consent of her spouse to undergo a treatment procedure

using donor sperm in circumstances where the woman is separated from her spouse. Further, it amended the *Status of Children Act 1974* so that presumptions as to parentage of children operate consistently with the amendments made to the *Assisted Reproductive Treatment Act 2008*, and to clarify requirements for counsellors for the purposes of surrogacy arrangements commissioned without the assistance of a registered ART provider.

The *Assisted Reproductive Treatment Amendment Act 2020* came into effect on 8 July 2020. The amendments in the Act removed the requirement for a woman and her partner, if she has one, and parties to a surrogacy arrangement, to undergo a police or child protection order check before accessing assisted reproductive treatment in Victoria. Victorian ART providers continue to have a statutory obligation to follow the guiding principles in section 5 of the Act in providing treatment, including that the welfare and interests of persons born or to be born as a result of treatment procedures are paramount.

VARTA has produced guidance for ART providers in relation to both amendments.

New Assisted Reproductive Treatment Regulations 2019

The *Assisted Reproductive Treatment Regulations 2019* commenced on 13 December 2019 and replaced the earlier Regulations which no longer operate. The new Regulations expand the costs that can be reimbursed to a surrogate and include some new requirements for data collection and reporting by ART providers concerning donor treatment procedures. The new Regulations also include minor amendments to the prescribed consent forms to enhance monitoring of the restriction on treatment procedures that may result in more than 10 women having children who are genetic siblings, and to include a definition of 'partner' in the consent to treatment form.

Independent Review of Assisted Reproductive Treatment

In 2018-19, Michael Gorton AM led an *Independent Review of Assisted Reproductive Treatment* in Victoria. The Review was informed by extensive consultations with many stakeholders involved in or impacted by assisted reproductive treatment who shared their experiences. The Victorian Government has released the interim and final reports of the Review and is in the process of considering key findings and wide-ranging recommendations. VARTA will continue to monitor developments, including possible further changes to the Act or Regulations, which may result from implementation of these recommendations.

● Focus 2: Education

'Time to tell' seminar 2019

VARTA's ninth annual 'Time to tell' seminar attracted 117 people wanting information on how and when to tell children they are donor-conceived. The popular event provides expert information and support for potential parents, current parents, families, friends and donors to help them discuss their story with others. Speakers include donor-conceived young people who reflect on their own experiences of finding out they were created with the help of a donor. Due to COVID-19, the 'Time to tell' event will be a webinar in September 2020 for the first time.

New resources

Consumers seeking independent information about fertility treatment benefited from new resources on VARTA's website this year. New brochures included plain English summaries of genetic testing options at fertility clinics which can cost hundreds of dollars per embryo. These brochures are titled: *Pre-implantation genetic testing explained* and *The pros and cons of pre-implantation genetic testing for aneuploidy (PGT-A)*.

VARTA also updated its explanations of fertility treatments to ensure they reflected the latest research. This required careful review by our research officer in consultation with leading reproductive health specialists. In response to counselling trend data, VARTA added a new section to its website for people who discover they were donor conceived through DNA testing. It offers support for this growing group of people with complex needs.

Reaching multicultural communities

In 2019-20, VARTA disseminated two resources about IVF which have been translated into four commonly used languages. The brochures, titled: *What is IVF?* and *Possible Health Effects of IVF*, were shared with all Victorian clinics and counsellors who specialise in fertility. *Your Fertility* also promoted two preconception health resources available in six languages. These are titled: *Thinking about having a baby?* and *Five tips on how to become pregnant*.

Translating research

Every year, thousands of academic research papers are published about reproductive health and fertility treatment. VARTA aims to review and translate the most relevant for people affected by fertility treatment and those interested in the topic. This year, in consultation with our senior research officer and leading reproductive health specialists, staff published blogs about research investigating:

- factors that affect a woman's chance of a second IVF baby
- links between diet and fertility
- the association between a man's age and his chance of creating a healthy baby
- the association between smoking and the chance of a healthy baby
- the impact of a man's age on IVF success
- epigenetic changes in children born through assisted reproductive technology
- the chance of a spontaneous pregnancy for people who have used IVF in the past
- young people's views on their GPs asking them about pregnancy plans
- COVID-19 and its impact on reproductive health
- what donor conceived people and donors want to know about each other.

Website redesign

VARTA's website was visited by more than 100,000 users, with over half a million page views last year, an increase from the previous year. During 2019-20, VARTA worked with Sentius Strategy and Services to redesign our website so we can improve communication with those we serve. VARTA's diverse audience includes people attending fertility clinics, donors, surrogates, donor-conceived people and the families they belong to, as well as health professionals, scientists and educators. The new website will be ready to launch by the end of the 2020 calendar year.

Media coverage

Media organisations frequently turn to VARTA for independent information and commentary about fertility treatment and donor conception, and where appropriate, VARTA disseminates information through mainstream media to reach its target audiences. This year, VARTA contributed to dozens of reports published in print, television, radio and online outlets. The highest ranking publications reached more than 1.2 million people. Topics included:

- new laws for fairer treatment of women who act as surrogates in Victoria
- removal of police and child protection order checks to start fertility treatment
- removal of a requirement for separated but not yet divorced women to seek permission from their husband for treatment
- the impact of COVID-19 on people planning a pregnancy and using fertility treatment
- the rise of DNA ancestry testing and what it means for donor-conceived people, donors and their families

- VARTA and Family Planning Victoria's fertility and assisted reproduction teaching module
- questions to ask when looking for a fertility clinic.

In addition to this, our senior research officer authored three articles in *The Conversation* informing people about how IVF clinics were changing due to the pandemic, whether genetic testing of embryos during IVF improves the chance of a baby, and the pros and cons of freezing ovarian tissue.

Consumer advisory group

People who are considering fertility treatment, experiencing it, or who have gone through it are in a unique position to offer valuable insights and guide our public education work. In 2019-20, VARTA set up a consumer advisory group of men and women with relevant experience to share. The group, consisting of 26 people from a mix of metro, regional and rural areas will provide feedback, ideas and opinions on various projects so VARTA can fine tune its education and communication activities in 2020-21.

IVF add-ons

VARTA set up an advisory group to inform its plan for more public education about add-on treatments offered by many fertility clinics. The panel of health professionals, scientists, academics and consumers are helping VARTA gather more perspectives while it collaborates with a leading Melbourne University researcher who is surveying patients, clinicians and embryologists about add-on use. Some add-ons have very limited or no reliable evidence to show they increase the chance of a healthy baby, and some are potentially harmful, so VARTA is investigating new ways to communicate the benefits and risks of using them.

Your Fertility

The *Your Fertility* public health education program provides facts about fertility for men, women, trans and gender diverse people so they can make informed decisions about their preconception health and maximise their chance of a healthy baby if they want one. In 2019-20, the *Your Fertility* website was visited 4 million times and more than 150,000 resources were downloaded.

Funded by the Australian Government Department of Health and the Victorian Government Department of Health and Human Services, *Your Fertility* is led by

VARTA and the Fertility Coalition which includes: Healthy Male, Jean Hailes for Women's Health, Global and Women's Health at Monash University and The Robinson Research Institute at the University of Adelaide. During 2019-20, there has been a focus on building on the program's achievements to date, accelerating and amplifying implementation of key projects, and expanding its influence and reach.

Preconception health and COVID-19 campaign

Due to COVID-19, plans for a 'Fertility week' education campaign in April 2020 were postponed to ensure messages did not clash with emerging public health information about COVID-19 and pregnancy. In response to reports that some women were delaying plans to conceive due to the pandemic, *Your Fertility* chose to run a media campaign about what people can do to improve their preconception health and fertility over time. Using the latest research about COVID-19, our team of experts wrote articles for health professionals and the general public about what people should consider when contemplating a pregnancy this year. Articles were published in various media outlets that collectively reach millions of people. These included *The Age*, *Sydney Morning Herald*, *MJA Insight*, *Healthed*, *CRANA plus* and *Partyline*.

Supporting primary health nurses

Primary health nurses have been using and evaluating *Your Fertility's* online professional development module about fertility and preconception health during 2019-20. Developed in partnership with the Australian Primary Care Nurses Association (APNA), the module includes videos with nurses and their patients, providing practical strategies for starting conversations about preconception health and fertility. Since the launch of the module, 330 people have enrolled to use it.

Pregnancy probability tool

A new tool created with Monash University was launched on the *Your Fertility* website to help people with unexplained infertility make informed decisions about what to do next. Users can submit their personal circumstances, such as their age and the amount of time they have been trying to conceive, to get an estimate of their chance of conceiving spontaneously or with fertility treatment in the next six or 12 months. The tool is currently live and being reviewed.

Updated healthy conception tool

Your Fertility's healthy conception tool helps people assess their preconception health and discover gaps that could be addressed to improve their chance of a healthy pregnancy and healthy baby. The tool was updated in consultation with the Robinson Research Institute at The University of Adelaide to enhance its usability, assist in behaviour change and improve the quality of data captured. Plans to evaluate the tool are currently underway.

Behavioural insights project

Your Fertility has been working on an exciting project with BehaviourWorks Australia, a leading behaviour change research enterprise at Monash University, to explore and gain insight into the behaviours of men and women of reproductive age. The findings will be used to create content and nudges that will hopefully spark positive behaviour change for people wanting to improve their fertility and have a healthy baby in future.

International poster

Your Fertility helped develop a global education poster campaign in collaboration with the UK Fertility Education Initiative to spread the word about preconception health through health clinics and other spaces young people attend. The poster, titled *Do you want to have KIDS in the future? 9 Things you Should Know*, has been translated into more than 20 languages. It provides concise preconception health information for men and women and is now housed on the *Your Fertility* website.

Social media

Your Fertility's social media posts reached more than 1.2 million people this year. A new social media officer changed the look and feel of content across all platforms to improve its appeal.

Planning for partnership projects

Building on successful projects and partnerships from previous years, *Your Fertility* continues to expand its collaborations with not-for-profit organisations to reach new audiences. Partners include Family Planning Victoria, Multicultural Centre for Women's Health, National Rural Women's Coalition and Monash Centre for Health Research and Implementation (MCHRI).

Publications

VARTA staff are actively involved in generating evidence about fertility and assisted reproductive treatment, and sharing that knowledge with the community. In 2019-20, VARTA staff contributed to the following publications and presentations. Those marked by an asterisk (*) involved the use of data collected by VARTA.

Peer-reviewed articles

- Hammarberg K, Schmidt L, Malling GM, Koert E, *Using technology to enhance communication in ART care in Patient-Centered Assisted Reproduction: How to Integrate Exceptional Care with Cutting-Edge Technology*. Editors: Alice D. Domar, Denny Sakkas, Thomas L. Toth, Cambridge University Press, 2020
- Hammarberg K, Hassard J, de Silva R, Johnson L, *Acceptability of screening for pregnancy intention in general practice: a population survey of people of reproductive age*, BMC Family Practice, 2020
- *Hogan R, Hammarberg K, Mol B, Wang A, Sullivan E, *Having a baby in your 40s with ART: the reproductive dilemma of autologous versus donor oocytes*, Australian and New Zealand Journal of Obstetrics and Gynaecology, <https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1111/ajo.13179>
- Wilkinson J, Malpas P, Hammarberg K, Mahoney Tsigdinos P, Lensen S, Jackson E, Harper J, Mol BW, *Do à la carte menus serve infertility patients? The ethics and regulation of in vitro fertility add-ons*, Fertility and Sterility, 2019, 112:6,973977 <https://www.ncbi.nlm.nih.gov/pubmed/31703942>
- Juonala M, Lewis S, McLachlan R, Hammarberg K, Kennedy J, Saffery R, McBain J, Welsh L, Cheung M, Doyle L, Amor D, Burgner D, Halliday J, *American Heart Association ideal cardiovascular health score and subclinical atherosclerosis in 22–35 year-old adults conceived with and without assisted reproductive technologies*, Human Reproduction, <https://doi.org/10.1093/humrep/dez240>
- Rowe H, Hammarberg K, Camilleri R, Dwyer S, Fisher J, *Improving clinical care for women with endometriosis: qualitative analysis of women's and health professionals' views*, Journal of Psychosomatic Obstetrics & Gynecology, <https://doi.org/10.1080/0167482X.2019.1678022>
- Novakovic B, Lewis S, Kennedy J, Burgner B, Czajko1 A, Kim B, Sexton-Oates A, Juonala M, Hammarberg K, Amor DJ, Doyle LW, Ranganathan S, Welsh L, Cheung M, McBain J, McLachlan R, Saffery R, Halliday J, *Assisted reproductive technologies induce limited epigenetic variation at birth that largely resolves by adulthood*, Nature Communications, 2019 <https://doi.org/10.1038/s41467-019-11929-9>
- *Dempsey D, Kelly F, Horsfall B, Hammarberg K, Bourne K, Johnson L, *Applications to statutory donor registers in Victoria, Australia: information sought and expectations of contact*, Reproductive Biomedicine and Society Online, 2019 <https://doi.org/10.1016/j.rbms.2019.08.002>

- Halliday J, Lewis S, Kennedy J, Burgner D, Juonala M, Hammarberg K, Amor D, Doyle L, Saffery R, Ranganathan S, Welsh L, Cheung M, McBain J, McLachlan R, *Health of 22-35 year olds conceived by Assisted Reproductive Technology*, Fertility and Sterility, 2019, 112:1, 130-139 <https://doi.org/10.1016/j.fertnstert.2019.03.001>
- *Hogan R, Wang A, Li Z, Hammarberg K, Johnson L, Mol B, Sullivan E, *Oocyte donor age has a significant impact on oocyte recipients' cumulative live birth rate: a population-based cohort study*, Fertility and Sterility, 2019, 112:4, 724-730 <https://doi.org/10.1016/j.fertnstert.2019.05.012>
- *Kelly F, Dempsey D, Power J, Bourne K, Hammarberg K, Johnson L, *From stranger to family or something in between: donor linking in an era of retrospective access to anonymous donor records*, International Journal of Law, Policy and the Family, 2019 <https://doi.org/10.1093/lawfam/ebz011>
- Hogg K, Rizio T, Manocha R, McLachlan R, Hammarberg K, *Men's preconception healthcare in Australian general practice: GPs' knowledge, attitudes and behaviours*, Australian Journal of Primary Health, 2019, <https://doi.org/10.1071/PY19069>
- Gritt Marie Hviid Malling, Tryfonas Pitsillos, Tanja Tydén, Karin Hammarberg, Søren Ziebe, Britt Friberg & Lone Schmidt *'Doing it in the right order': childless men's intentions regarding family formation*, Human Fertility, 2020 DOI: 10.1080/14647273.2020.1778803

Other articles

- Hammarberg K, Rombauts L, *IVF is changing now clinics have reopened. Here's what to expect during the coronavirus pandemic*, The Conversation, May 7, 2020, <https://theconversation.com/ivf-is-changing-now-clinics-have-reopened-heres-what-to-expect-during-the-coronavirus-pandemic-137709>
- Hammarberg K and Amor D, *Genetic testing IVF embryos doesn't improve the chance of a baby*, The Conversation, November 2019, <https://theconversation.com/genetic-testing-ivf-embryos-doesnt-improve-the-chance-of-a-baby-126839>
- Hammarberg K, *Don't count on freezing ovarian tissue to delay menopause or stop your biological clock*, The Conversation, August 8 2019, <https://theconversation.com/dont-count-on-freezing-ovarian-tissue-to-delay-menopause-or-stop-your-biological-clock-121496>
- Hammarberg K, *How to help people contemplating a pregnancy this year*, CRANAplus Magazine June 2020, <https://crana.org.au/resources/media/magazine>
- Hammarberg K, *Five things to consider for those planning a pregnancy this year*, Partyline Magazine, June 2020, <https://www.ruralhealth.org.au/partyline/article/five-things-consider-those-planning-pregnancy-year>
- Hammarberg K, *So, you're planning on getting pregnant this year*, The Age, May 2020, <https://www.theage.com.au/lifestyle/life-and-relationships/so-you-re-planning-on-getting-pregnant-this-year-20200522-p54vn3.html>
- Simonis, M, *How to help patients contemplating a pregnancy this year*, MJA Insight, May 11 2020, <https://insightplus.mja.com.au/2020/18/how-to-help-patients-contemplating-a-pregnancy-this-year/>

Invited presentations

- Hammarberg K, *Fertility health promotion to prevent infertility and chronic health conditions*, Jean Hailes Symposium, Canberra, October 22-23, 2019
- Hammarberg K, *Family building: a dream or nightmare for young people*, 4th European Conference on Preconception Health and Care, Copenhagen September 26-28, 2019
- Hammarberg K, *Health promotion in action: Your Fertility seven years on*, ASPOG, Melbourne, August 1-3, 2019

Abstracts presented at conferences

- Hassard J, de Silva R, Johnson L, Hammarberg K, *Knowledge about the effect of age on fertility is improving*, Australian Public Health Association Conference, Adelaide, September 2019
- Sandhu S, Hickey M, Braat S, Poterie A, Lew R, Agresta F, Fisher J, Ledger W, Hammarberg K, Peate M, *Exploring the knowledge and decision-making needs of women interested in receiving information about elective egg freezing*, Fertility Society of Australia Annual Scientific Meeting, Hobart, September 2019
- Sandhu S, Hickey M, Hucker A, Braat S, Poterie A, Lew R, Agresta F, Fisher J, Hammarberg K, Ledger W, Lieberman D, Hart R, Peate M, *The development and pilot testing of a decision aid for women considering elective egg freezing*, Fertility Society of Australia Annual Scientific Meeting, Hobart, September 2019
- Hogan R, Wang A, Li Z, Hammarberg K, Johnson L, Mol B, Sullivan E, *Comparing the Cumulative Live Birth Rate from Autologous and Donor Oocytes in Women 40 years and above: A Retrospective Population Study by Discrete-Time Analysis*, Fertility Society of Australia Annual Scientific Meeting, Hobart, September 2019
- Hammarberg K, Hassard J, de Silva R, Johnson L, *High expectations: What people think ART can achieve*, Fertility Society of Australia Annual Scientific Meeting, Hobart, September 2019

● Focus 3: Donor conception register services

VARTA manages two registers which collectively hold the details of more than 30,000 people involved in donor conception.

The Central Register and Voluntary Register store information about people who have donated sperm, eggs, and embryos in Victoria, as well as people who received their donations, and the children born as a result.

In 2019-20, VARTA staff assisted hundreds of people with inquiries about their right to information stored on these registers, the rights of others they are connected to, and how to make applications for information to be released. VARTA's counselling staff are involved in these discussions, and provide support to people making applications, people contacted as a result of applications, and to their family members.

When applications are processed, VARTA can assist with the exchange of information and meetings between people connected via donor conception treatment. However, due to COVID-19 restrictions, many counselling appointments were held via telephone or video conference during 2020.

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.

During 2019-20, VARTA received 171 applications from people wanting to either access information from its two registers or wanting to lodge information for others to find. There were 99 applications to the Central Register and 72 applications to the Voluntary Register. You can read more about these applications below.

History of the 'Right to Know' legislation

VARTA became responsible for managing the Central and Voluntary Registers on 1 March 2017 when the *Assisted Reproductive Treatment Act 2008 (Vic)* was amended to give more people access to information about others they're connected to through donor conception.

These changes, known as 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 identifying information will only be released if the subject of the application provides consent.

The Central Register

Established in 1988, the Central Register contains information about people involved in donor treatment procedures, including donor-conceived people, parents of donor-conceived people, and donors.

Registered ART providers notify VARTA of births from donor treatment for the Central Register throughout the year.

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

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

VARTA continues to add pre-1998 records to the Central Register as new information comes to hand and duplicate records are removed when discovered. These efforts to ensure the Central Register is as accurate and complete as possible can cause slight variations in the total records reported each year.

Total records on the Central Register

Number of records on the Central Register	Donors	Donor-conceived people	Recipient parents
Total at 30 June 2020	4,096	11,559	14,772

Of the 11,559 donor-conceived people on the Central Register, 4,650 are now 18 years or older and eligible to apply for information about their donor independently. 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.

A similar number of donors were added to the Central Register this year (237 compared to 241 the previous year). The average age of egg donors added to the register this year was 35, and the average age of sperm donors was 44.

Donors added to the Central Register in 2019-20

Donors on Central Register by type	Sperm donor*	Egg donor*	Total
Donors added in 2019-20	128	109	237
Total donors at 30 June 2020	1,989	2,107	4,096

* NOTE: includes embryo donors - embryo donors are currently recorded separately as sperm donor and egg donor.

Registered ART providers notified VARTA of 697 births from donor treatment for the Central Register in 2019-20, up from 565 births the previous year. See table below. There were more births involving egg donors this year (121 births compared to 86 the previous year). Births involving sperm donation also increased from 427 in 2018-19 to 538 this year.

In 2019-20, VARTA informed the Victorian Registry of Births, Deaths and Marriages (BDM) about births of donor-conceived people, so those births could be registered. This provides BDM with the information required to produce an addendum to birth certificates for donor-conceived people born from 2010 to indicate that more information is available about the birth.

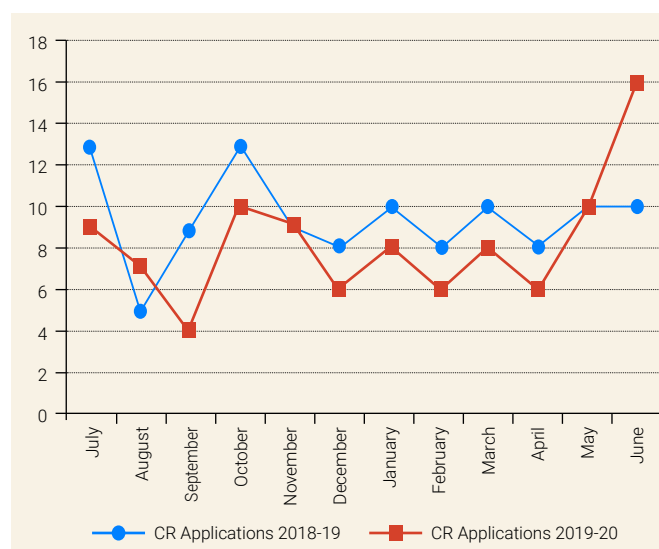
Clinic notifications of births for the Central Register – year ending 30 June 2020

Clinic notifications of births	From sperm donation	From egg donation	From both egg & sperm donation	Total
From 1 July 2019 to 30 June 2020	538	121	38	697

Applications for information

There were 99 applications to the Central Register this year compared to 113 last year.

Applications to the Central Register in 2018-19 and 2019-20



Of the applications received this year, 46 per cent were from donor-conceived people, 43 per cent from recipient parents and 11 per cent from donors.

Applicant groups	2019-20	% of applications	2018-19	% of applications
Donor-conceived person	45	46%	44	39%
Parent of donor-conceived person	43	43%	57	50%
Donor	11	11%	12	11%
Total	99		113	

Of the 99 Central Register applications, 53 related to the pre-1998 donor treatment period and 46 to the post-1998 donor treatment period. In the following table, you can see what sort of information people applied for. 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 2019-20 and 2018-19

Application type	Number of applications 2019-20	Number of applications 2018-19
Applications for identifying information		
From donors*	0	1
From donor-conceived people	0	3
From recipient parents	6	18
From descendants of donor-conceived people	0	0
Total applications for identifying information	6	22
Applications for non-identifying information		
From donors*	6	6
From donor-conceived people	3	4
From recipient parents	4	3
From descendants of donor-conceived people	0	0
Total applications for non-identifying information	13	13
Applications for both identifying and non-identifying information		
From donors*	5	5
From donor-conceived people	42	37
From recipient parent	33	36
From descendants of donor-conceived persons	0	0
Total applications for both information	80	78
Total applications to the Central Register	99	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 (11) is similar to last year (12). Of the 11 donors who applied for information, nine were pre-1998 donors and two were post-1998 donors. There were five requests for identifying information that related to 14 donor-conceived people and 14 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 several years as many outreaches can be required from one donor application depending on how many offspring they have.

Impact of the 'Right to Know' legislation Pre-1998 Central Register applications

The 'Right to Know' legislation gave people involved in donor conception before 1998 increased rights to access information about people they are connected to. This meant donor-conceived people conceived before 1998 had the opportunity to receive identifying information about their donor. It also meant donors who donated gametes before 1998 had the opportunity to apply for information about their offspring.

Since the legislation came into effect on 1 March 2017, VARTA counsellors have contacted 54 donor-conceived people about applications made by their donors. This is a particularly sensitive process because research suggests many parents who received donations before 1998 have not disclosed this to their children who are now adults. This is consistent with VARTA's experience. Of the 54 donor-conceived people contacted about applications from their donors, 47 did not know they were donor-conceived.

When a pre-1998 sperm donor makes an application for identifying information about their offspring, VARTA counsellors send an initial general letter to the offspring asking them to contact VARTA at a suitable time for more information. If the person is not aware of why VARTA is contacting them, they are advised to speak with their parents. 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 members of the family in these circumstances. In 2020, outreaches to donor-conceived people about applications from their donors were temporarily suspended due to COVID-19 restrictions. VARTA counsellors did not feel they could provide the level of support required for these people.

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 any contact preferences that have been lodged or may be lodged in the future. Penalties apply if a contact preference is breached. To date VARTA has not been notified of any breaches of contact preferences.

Since the 'Right to Know' legislation came into effect from 1 March 2017, almost two thirds of the pre-1998 donors contacted about an application have agreed to some form of contact or information exchange.

Number of pre-1998 donors contacted since 1 March 2017	Number who agreed to contact via donor linking services
85	52 donors
	2 next-of-kin of donors

Since 1 March 2017, 102 contact preferences have been lodged. Of these contact preferences, 84 were from donors in relation to donor-conceived people, and 10 were from donor-conceived people in relation to donors.

Of these 102 contact preferences, 51 lodged specific contact preferences, such as requests for contact on email only, and 51 lodged a preference for no contact. A 'no contact' preference may still include communication via the VARTA intermediary email service. See tables below.

1 March 2017 – 30 June 2020

Number of 'contact' preference forms lodged by:	
Donors (for themselves)	65
Donors (for their child <18 years)	19
Donor-conceived people	10
Parent for donor-conceived child (<18 years)	8
Total	102

Number of 'no contact' preferences submitted by:	Number who provided additional information to applicant	
Donors (for themselves)	27	9
Donors (for their child <18 years)	17	0
Donor-conceived people	2	1
Parent for donor conceived child (<18 years)	5	1
Total	51	11

Some people who lodge a contact preference change their mind and withdraw it. This year, 19 contact preferences were withdrawn. 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 (for themselves)	13
Donors (for their child <18 years)	2
Donor-conceived people	4
Total	19

Post-1998 Central Register application outcomes

People who donated eggs or sperm after 1998 agreed that their identifying information could be provided to adult offspring if they apply for it. The outcomes of 181 such applications made by donor-conceived adults, parents and donors since March 2017 are described below.

The 181 applications involved case work with 198 subjects of those applications. Since March 2017, 165 cases have been resolved and the rest were in progress at the end of 2019-20. The vast majority of people searched for could be located (145 subjects of applications located). However, two donors had died, four could not be located and two did not respond to letters sent by registered mail. A high proportion of subjects of an application (101) have agreed to use VARTA's donor-linking services to exchange information with the applicant. More detail is provided below.

Applications made by:	Number of subjects found	Number of subjects who agreed to donor linking
Donor-conceived person	7	3 donors
Parents	107	82 donors
Donors	31	16 parents of donor-conceived people
Total	145	101

While donor-conceived applicants can receive identifying information, the majority of donors agree to exchange further information. Donor applicants are reliant on consent from the subject of their application.

Referrals to VANISH from 1 July 2019 to 30 June 2020

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

Searches conducted by VANISH 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, recent addresses and deaths.

No. referrals this year	No. of searches completed this year*	VANISH search outcomes
27	28	19 people identified/located 1 person identified located (deceased) 6 people not located 2 searches withdrawn by VARTA 2 searches in progress as at 30/06/20

* includes searches carried over from previous financial year

The Voluntary Register

The Voluntary Register works differently from the Central Register. It enables donor-conceived people, donors, and parents to voluntarily connect or exchange information through the lodgement of information on the Voluntary Register. It also enables donor-conceived people to connect with others who have been created by the same donor (donor siblings), and parents to connect with other parents who have used the same donor. These connections are not possible via a Central Register application.

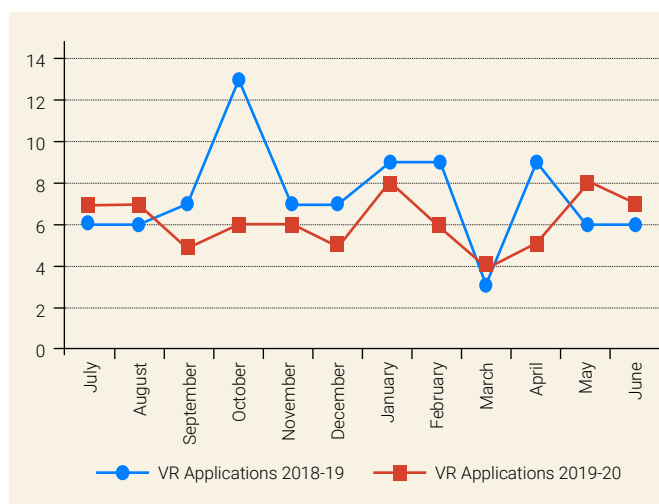
Donors, donor-conceived people, their parents, their relatives and descendants can lodge information on the Voluntary Register and record their wishes in relation to exchanging information with another party.

In this way, links and information exchange between various parties can be facilitated if people share the same donor code. As more people add information to the Voluntary Register, the likelihood of matches increases.

Legislative changes enacted on 1 March 2017 resulted in the transfer of all Voluntary Register records from BDM to VARTA.

Applications to the Voluntary Register

VARTA received 72 Voluntary Register applications in 2019-20 compared to 88 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 72 applications received 27 had a match on the register. You can see who made applications in the table below. Recipient parents were the largest group, followed by donor-conceived people and donors.

Applicant type	Number of applications 2019-20	Number of applications 2018-19	Cumulative total
Donor	19	22	314
Donor-conceived person	23	24	212
Recipient parent	30	41	342
Relative of donor	0	0	5
Relative of donor conceived person	0	1	1
Total applications	72	88	874**

The cumulative figures provide the total number of people that have lodged information on the Voluntary Register.

** The cumulative total does not correlate with data published last year due to duplicate entries being discovered on the Voluntary Register over time. These records have been re-classified.

DNA testing

An increasing number of people are discovering they are donor-conceived because of ancestry websites and direct-to-consumer DNA testing. VARTA counsellors have supported many people who have learnt about their heritage in this way. Some go on to make applications to the donor conception registers. Engagement with counsellors tends to be lengthy in these situations. VARTA has helped to facilitate genetic testing as prescribed in the legislation, in order to confirm the link between a donor-conceived person and possible donor on the Central Register.

VARTA also assists parties to undergo genetic testing outside the legislation, for example to confirm a donor and donor-conceived person are related or to confirm a sibling relationship. Occasionally family members are also tested to improve the accuracy of the DNA results.

VARTA has processed 18 applications which involved DNA testing to try to confirm a genetic relationship since 1 March 2017.

DNA testing	
Number of applications where DNA testing was requested	18
Number of people who have undergone DNA testing	37
DNA test positive	30
DNA test negative	7
DNA test declined by subject	1

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 Ross Hunter, a donor-conceived man, continue to be well attended. Due to COVID-19, meetings were held online in the second half of 2019-20. These meetings have resulted in an even greater attendance.

Donor Egg Parents' Support Group and the Solo Mums' Support Group

The Donor Egg Parents' Support Group and the Solo 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. Due to COVID-19, meetings were held online in the second half of 2019-20. These meetings were so popular, VARTA increased sessions to meet demand.

Research examining why people apply to VARTA's registers

Research examining why people seek information from VARTA's registers was published in two academic journals in 2019. Researchers from Swinburne and La Trobe Universities studied 42 de-identified 'Statement of Reasons' submitted to VARTA as part of the application process for finding out about donor relatives. In these documents, applicants explain why they want identifying information or contact.

The research found that single mothers of young children used the registers more than any other group in the study and that all applicants were curious about the other party and wanted personal information such as their hobbies and interests, occupation, family circumstances and appearance. All applicants expressed a desire for some form of contact whether via e-mail, telephone or face-to-face. Many were particularly interested in exchanging photographs, confirming interest in tracing family resemblances.

Donor-conceived adults tended to be more interested than recipient parents in the donor's medical history. Most donor-conceived people were seeking medical information, either due to having experienced illness, fears about developing genetically linked diseases, or the perceived importance of this knowledge for their own children.

Donor-conceived people often sought information about the donor's physical appearance, either due to curiosity or to explain physical attributes that were not apparent in their known family. The research was published in *Reproductive Biomedicine and Society Online* and *The International Journal of Law, Policy and the Family*.

● 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 of 30 June 2020 is provided below.

Increasingly complex stakeholder demands, competing financial priorities and the COVID-19 pandemic have all created a highly challenging organisational environment. Organisational capability remains a strategic priority, as documented in VARTA's Strategic Plan 2018-20. VARTA is aware that the working landscape has shifted dramatically in the second half of the reporting period, and although the priority remains to establish sustainable financial and human resources, there is an acute awareness that staff wellbeing must, more than ever, be a key focus. A staff workplace wellbeing program for 2020 was instigated in December 2019, and although some of the ideas generated from the associated workshops were initiated, the COVID-19 pandemic has changed the short-term direction of the program.

In response to COVID-19, all VARTA staff have been enabled to work from home, in line with the directives of the Victorian Government. Setting up staff to work

from home was challenging and required investment in scarce items such as laptops, mobile phones for the Donor Conception Register Services team, an upgraded firewall, and home office equipment such as printers, sit-stand desks and office chairs. Wherever required, staff have also been supported with internet access, and travel and parking assistance for occasional office visits.

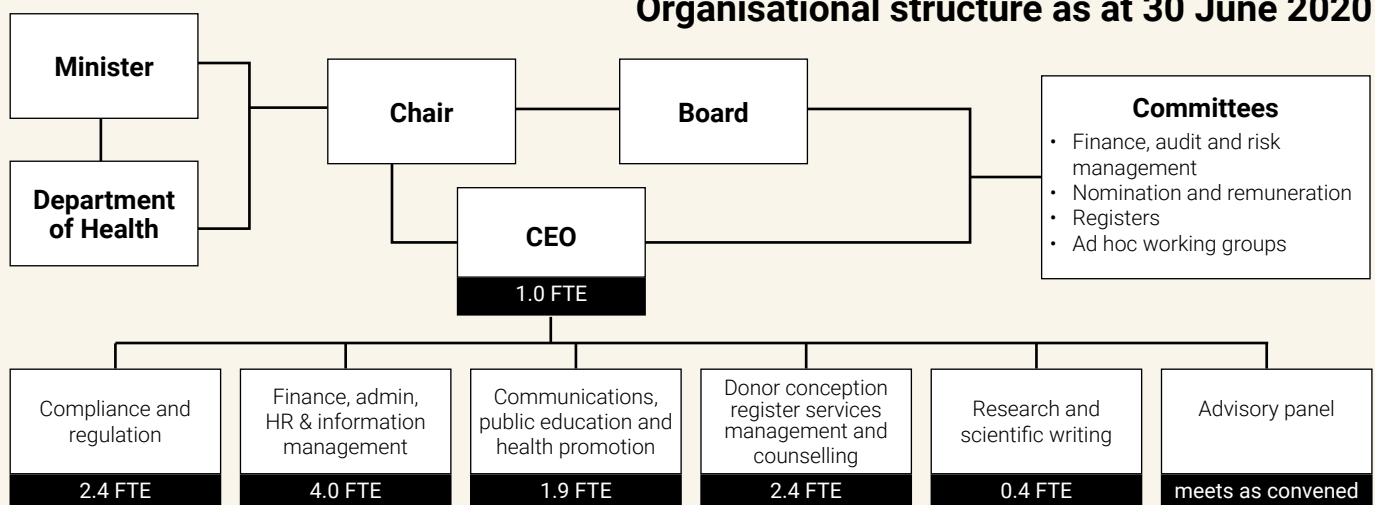
Movement towards a fully outsourced IT and software licencing model continued during the year with an outsourced ICT support and maintenance agreement signed at the very end of the financial year. This has provided a full helpdesk function which has supported remote working significantly. HR compliance and payroll systems are also being updated, with work commencing on the implementation of a web-based system enabling best practice onboarding, offboarding, superannuation and tax compliance, as well as a portal for all human resources materials, including forms and templates. This will create efficiencies and mitigate risk of non-compliance.

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

Funding for the *Your Fertility* program from the Commonwealth Government was 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 2020 deadline.

Organisational structure as at 30 June 2020



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 85 to facilitate identification of the Authority's compliance with statutory disclosure requirements.

Data integrity

ART outcome data is collected from registered ART providers directly by VARTA and by the University of New South Wales (UNSW). 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 follows the extensive waste and recycling protocols established by building management at 570 Bourke Street, Melbourne, including the more recently added coffee cup recycling program. All copying and printing facilities are set to automatically print double-sided to help reduce the use of paper in the office. During COVID-19 stay-at-home restrictions, employees began moving towards a more paperless environment including payroll and accounts payable functions.

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 20 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 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.

Occupational health and safety

VARTA continues to look for ways to improve occupational health and safety. All staff are given the option to utilise sit-stand desks and regular ergonomic workstation reviews are undertaken. Before COVID-19 restrictions were introduced in Victoria, some staff were working from home on a regular or 'as needs' basis.

Submitting a Freedom of Information (FOI) request

To submit an FOI request, an email should be sent to regulation@varta.org.au requesting a Freedom of Information Request Form. The form should be filled out and sent to regulation@varta.org.au. The FOI request will be processed by the Principal Legal Policy Officer – Regulation, who has been authorised to make decisions under the FOI Act by the Chairperson of the Authority (the principal officer).

VARTA received no requests to access documents under the FOI Act this financial year.

Consultancy expenditure

Details of consultancies (under \$10,000)

In 2019-20, there were five consultancies engaged during the year, where the total fees payable to the individual consultancies was less than \$10,000. The total expenditure incurred during 2019-20 in relation to these consultancies was \$20,930 (exclusive of GST).

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

In 2019-20, there were five consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2019-20 in relation to these consultancies is \$185,427 (exclusive of GST). Details of the consultancies are presented below.

Consultant	Purpose of consultancy	Total project fees approved (exclusive of GST)	Total fees incurred in financial year (exclusive of GST)	Future commitments
Julia Medew	Media and communications management	\$81,058	\$80,080	\$76,554
Bliss Media	Website development	\$31,110	\$31,110	Nil
Rebecca Zosel	Strategic and communications planning	\$30,750	\$30,750	Nil
Strataspan Enterprises Pty Ltd t/a Sentius	Website development	\$27,050	\$27,050	\$21,340
Russell Kennedy Pty Ltd	Legal advice	\$16,437	\$16,437	Nil
Total		\$186,405	\$185,427	\$97,894

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 no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Melbourne 26 October 2020

Public Interest Disclosures 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 2019-20 is \$67,982 (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)
\$57,453	\$10,529	\$976	\$9,553

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.

Governance: 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.

Authority committees

Section 113 of the Act provides that the Authority may set up one or more committees, comprised of members of the Authority. 16 full board meetings of the Authority were held between 1 July 2019 and 30 June 2020.

Committees established are:

Finance, Audit and Risk Management Committee

Chair: Katrina Lai

Members: Dr Ronald Carson (to August 2019),
Julie White, A/Prof Peter Lutjen
(from December 2019)

Number of meetings held: 4

Working groups

Ad hoc working groups are established when required.

Remuneration and Nomination Committee

Chair: Louise Glanville

Member: Dr Fiona Kelly (from May 2020)

Number of meetings held: 1

Registers Committee

Chair: Dr Ronald Carson (to June 2019),
Dr Gael Jennings (from November 2019)

Members: Dr Lauren Burns (to June 2019),
Ms Nicki Mollard, A/Prof Peter Lutjen
(from November 2019),
Dr Fiona Kelly (from November 2019)

Number of meetings held: 2

Louise Glanville

Chairperson

GAICD, MA (Research), LLB, BSW, BA

Louise 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 Senior Executive 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.



Board members



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 20 years. Nicki is a former board member of the Victorian Cytology Service.

Katrina Lai

BA/LLB (Hons), MBA, GAICD

Katrina has extensive commercial and strategy experience. Her background includes senior executive roles at Telstra, strategy consulting and corporate law. Currently, she is an independent consultant advising government and private sector organisations on strategy, transformation and organisational development. She is an experienced public sector board director and also serves on the boards of Bendigo Kangan Institute and Gippsland Water. Katrina has an MBA and a law degree, and is a graduate of the Australian Institute of Company Directors (GAICD).

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.

(until August 2019)

Dr Lauren Burns

BEng (Hons), PhD

Lauren is a donor-conceived person with 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.

(until August 2019)



Julie White

BA/LLB (Hons), M. International Studies

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.

Peter Lutjen

BSc (Hons), PhD, MBBS, FRANZCOG, CREI, MAICD

Peter has over 35 years' experience in the ART industry. He was initially involved in scientific research into human reproduction at the Queen Victoria Medical Centre in the early days of IVF. He went on to gain a medical degree which was followed by a career in clinical practice in obstetrics and gynaecology with a particular interest in IVF and infertility. He has extensive experience in medical administration, staff management and clinical governance with previous senior administrative roles in Victorian public hospitals and both private and listed ART companies. He has now retired from clinical practice but maintains an active interest in publicly focused health services planning, clinical governance and pharmacovigilance.

(commenced September 2019)

Gael Jennings

PhD, BSc (Hons), Dip Ed

Gael Jennings holds a PhD from the Walter and Eliza Hall Institute of Medical Research, and has spent the last 30 years working to increase public understanding of science and medical research, and its impact, as a multi-award winning broadcaster, TV presenter and journalist at ABC TV and radio. Gael combined her on-air roles as national science and medical reporter at ABC TV News, 7.30, Quantum, and as an ABC radio host at 774, with Directorships of 14 Boards including Cancer Council Australia, Questacon, and Museums Vic. Gael was awarded an AM (Member of the Order of Australia) in the Australia Day Honours this year, for her contribution to science and broadcast media.

(commenced September 2019)

Fiona Kelly

BA/LLB (Hons), LLM, PhD (Law)

Fiona is the Dean of La Trobe University Law School. She holds a BA and LLB (Hons) from the University of Melbourne and an LLM and PhD from the University of British Columbia, Canada. Fiona's research interests are in the areas of family law and health law, with a particular focus on the legal regulation of assisted reproduction. She has published extensively on topics including the legal regulation of parentage in the context of assisted reproduction, the ethics of sperm donor anonymity, the judicial and legislative treatment of lesbian and single mother by choice families, and the legal treatment of transgender youth seeking medical treatment. Fiona is the Editor of the *Australian Journal of Family Law* and the co-author of the *History of Donor Conception Records in Victoria* report (2018).

(commenced September 2019)

Outcome of treatment procedures

The figures in the tables in sections 1 to 6 (pages 30–53) are derived from data generated between 1 July 2019 and 30 June 2020. The data was provided to the National Perinatal Epidemiology Statistics Unit (NPESU), University of New South Wales, by each of the registered ART providers in Victoria. The following dates indicate when the latest updates were provided by various treatment sites:

- Adora Fertility, Greensborough – 28 August 2020
- Ballarat IVF, Wendouree – 28 July 2020
- City Babies, Richmond – 24 July 2020
- City Fertility Centre, Melbourne – 7 August 2020
- City Fertility Centre, Bundoora – 28 July 2020
- Genea, Melbourne – 21 July 2020
- Melbourne IVF, all sites, including Royal Women's Hospital – 28 August 2020
- Monash IVF, all sites – 28 July 2020
- Newlife IVF, Box Hill – 26 August 2020
- Number 1 Fertility, Geelong – 29 July 2020
- Number 1 Fertility, East Melbourne – 5 August 2020

As treatments at Melbourne IVF's Werribee site ceased in early 2018, the data on outcome of treatment cycles attributed to Melbourne IVF Werribee were included in the Melbourne IVF, East Melbourne clinic data.

Data presented in Tables 1.7, 4.2, 4.3, 4.4, 4.5, 7.1, 7.2 and 8 were submitted to VARTA by registered ART providers.

Cumulative Live Birth Rates

Many people who use IVF to have a baby go through multiple stimulated cycles to get there, and some people never have a baby following IVF treatment. To help people understand their chance of success with IVF, and how long it may take to get there, VARTA commissioned NPESU to calculate the cumulative live birth rate for people who have up to three stimulated cycles.

The cumulative live birth rate (CLBR) is defined as the live births (a birth of at least one liveborn baby) per woman after up to three stimulated cycles, including all fresh and frozen embryo transfer attempts associated with these (complete cycle). The CLBR presented here are for women who had their first ever stimulated cycle in Victoria between July 2015 and June 2016. The outcomes of subsequent fresh and frozen embryo transfer attempts performed in Victoria were followed until 30 June 2019 (minimum of 3 years and maximum of 4 years follow-up). The woman's age refers to their age at the first stimulated cycle. While age is a key factor, other factors contribute to the chance of

success. The CLBR for individual women depend on their circumstances and may be higher or lower than the average CLBR figures provided here.

As you can see in Figure 1 on the next page, for women aged up to 30 years the chance of a baby was 46 per cent after one stimulated cycle and 67 per cent after three stimulated cycles. For women aged 42-43 years the chance of a baby was six per cent after one and nine per cent after three stimulated cycles. It should be noted that these figures do not include babies born to women who conceive spontaneously after they start IVF.

Data reporting and success rates

The data presented in tables within section 1 to 8 cannot be used to compare success rates between ART procedures and between treatment sites. Nor can it be used for individuals to understand their chance of success. ART clinics in Victoria practice differently in terms of patient selection and use of laboratory techniques. Many factors will impact on clinics' success rates. These factors include:

- Age and lifestyle of the people treated
- Diagnoses for people treated
- Stage of embryos transferred (day 2-3 versus day 5-6)
- Use of fresh versus thawed embryos

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. The diagram on the next page under Figure 1 explains the ART process to help readers better understand the data reported.

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.

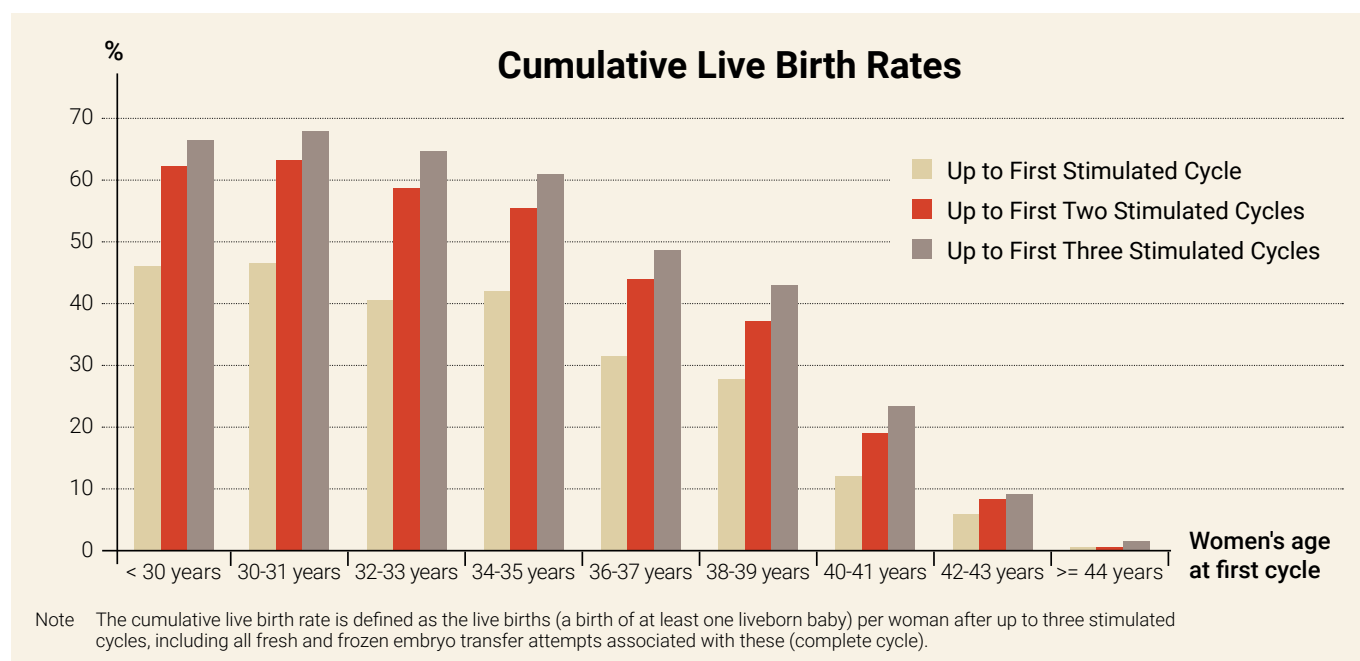


Figure 1 Cumulative live birth rates for women in Victoria commencing assisted reproductive treatment between 1 July 2015 and 30 June 2016.

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.

Clinic data trends and COVID-19

There were 13,062 women who received fertility treatment in Victoria this year – a 1.5 per cent increase from the previous year. However, the number of treatment cycles carried out decreased slightly by 0.1 per cent (Figure 2). Restrictions placed on clinics due to COVID-19 had an impact on activity reported this year at most treatment sites. The data indicates that some clinics performed no treatment cycles for a few months in early 2020 and that total cycles dropped from 1,777 in March to 677 in April before rebounding to 2,694 cycles in May. There were six clinics that reported no activity for more than 30 days after February 2020.

While COVID-19 restrictions reduced the number of treatment cycles undertaken at some treatment sites, this was balanced by the entry of Newlife IVF into Victoria and increased activity at some other sites (section 2 of Tables). For example, the number of women accessing low cost treatment at the Royal Women's Hospital increased by 17 per cent compared to the previous year (Tables 2.1, 1.1).

The discrepancy in the number of treatment cycles from 2018-19 in this and last year's report is due to the exclusion of non-treatment cycles in this year's report (e.g. import/export cycles, embryo disposal cycles, embryo donation cycles recorded separately from egg pickups, unstimulated cancelled cycles, etc.). This brings this year's annual report in line with the Australia and New Zealand Assisted Reproduction Database (ANZARD) reporting.

Frozen versus fresh embryo transfer

The trend towards increased use of frozen embryos as a proportion of all embryo transfers continued this year. There were 8,062 thawed embryo transfer cycles this year – a nine per cent increase from 7,408 last year (Tables 2.8, 1.4b). In contrast, fresh embryo transfer cycles dropped seven per cent from 5,577 to 5,186 this year (Tables 2.6, 2.7, 1.4a).

Artificial insemination

The number of women using artificial insemination with partner sperm was slightly higher than last year (2.5 per cent increase) (Tables 2.1, 1.1). The number of women using artificial insemination with donor sperm was similar to the previous year (Tables 2.1, 1.1).

Single embryo transfer

A preference for single embryo transfer continued this year. Ninety-one per cent of fresh embryos and those formed from frozen eggs resulted in single embryo transfers this year, up from 89 per cent last year. Ninety-five per cent of cycles using thawed embryos were used

for single transfer this year, up from 93 per cent the previous year (Tables 2.6, 2.7, 2.8). Single embryo transfer was used for all surrogacy treatment cycles (Table 5).

Donor treatment

There were 1,792 women who used donor treatment in 2019-20, slightly more than last year (1,724) (Table 4.1). The numbers of egg and sperm donors used in treatment remained steady this year compared to the previous year, however embryo donors decreased from 87 in 2018-19 to 58 this year (Table 4.2).

There were 335 sperm donors available at the start of 2019-20, down from 424 at the start of 2018-19. There were also fewer sperm donors recruited this year (81) compared with the previous year (128) (Table 7.2).

Overall, single women continue to be the largest group of women treated with donor sperm (54 per cent), followed by women in same-sex relationships (32 per cent), heterosexual relationships (13 per cent) and other (0.4 per cent). City Fertility Centre's Rainbow Fertility clinics continue to treat a higher proportion of women in same-sex relationships (56 per cent).

Sixty women used thawed donor or partner eggs this year, up from 34 women the previous year, and between them, they had 80 cycles of treatment compared with 45 last year.

Surrogacy

There were slightly fewer surrogate women receiving treatment this year compared to last year (30 versus 37).

Pre-implantation genetic testing for aneuploidy (PGT-A) previously known as pre-implantation genetic screening (PGS)

The number of women who had pre-implantation genetic testing for aneuploidy (PGT-A) to detect abnormal chromosomal numbers in their embryos decreased from 1,322 in the previous year to 1,208 this year. However, the number of women who had non-invasive pre-implantation genetic testing (NIPGT) increased from 11 in the previous year to 356 this year (Tables 8 and 1.7). The NIPGT method involves testing DNA secreted by the embryo rather than cells extracted through embryo biopsy as is done for PGT-A. At the time of writing, the NIPGT-A method had been suspended by Monash IVF.

Egg freezing

The number of women freezing their eggs continues to climb. There were 4,048 women with eggs in storage at the end of 2019-20, compared with 3,124 women in the previous year (30 per cent increase) (Table 7.1). The use of frozen eggs is still limited. In 2019-20, there

were 159 cycles where a woman's own eggs were used and 35 cycles where donor eggs were used to attempt fertilisation (Table 2.5a). These led to 155 embryo transfers (Table 2.7), slightly fewer than last year (162) (Table 1.5).

Intracytoplasmic sperm injection (ICSI)

Sixty-five per cent of fresh eggs (as opposed to frozen eggs) were treated with ICSI in 2019-20, compared with 66 per cent last year. ICSI involves a scientist selecting a

single sperm to inject into an egg. There is wide variation across treatment sites, with ICSI rates ranging from 34 to 89 per cent (Table 2.4a). There is increasing research showing ICSI does not improve live birth rates for people without a diagnosis of male factor infertility, so high use of ICSI at some clinics should continue to be investigated. All frozen eggs were treated with ICSI this year and last year. This is required for fertilisation due to the impact of freezing and thawing on the surface of eggs.

Figure 2 Number of patients and treatment cycles per financial year 2009–10 to 2019–20

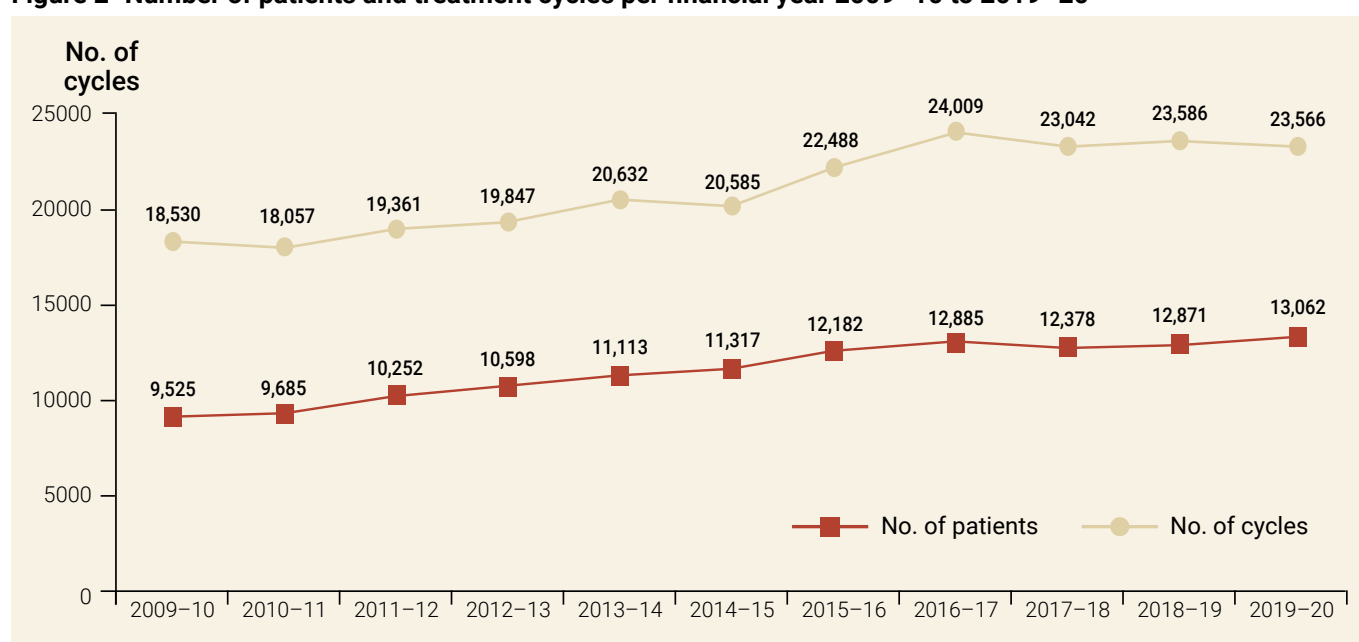
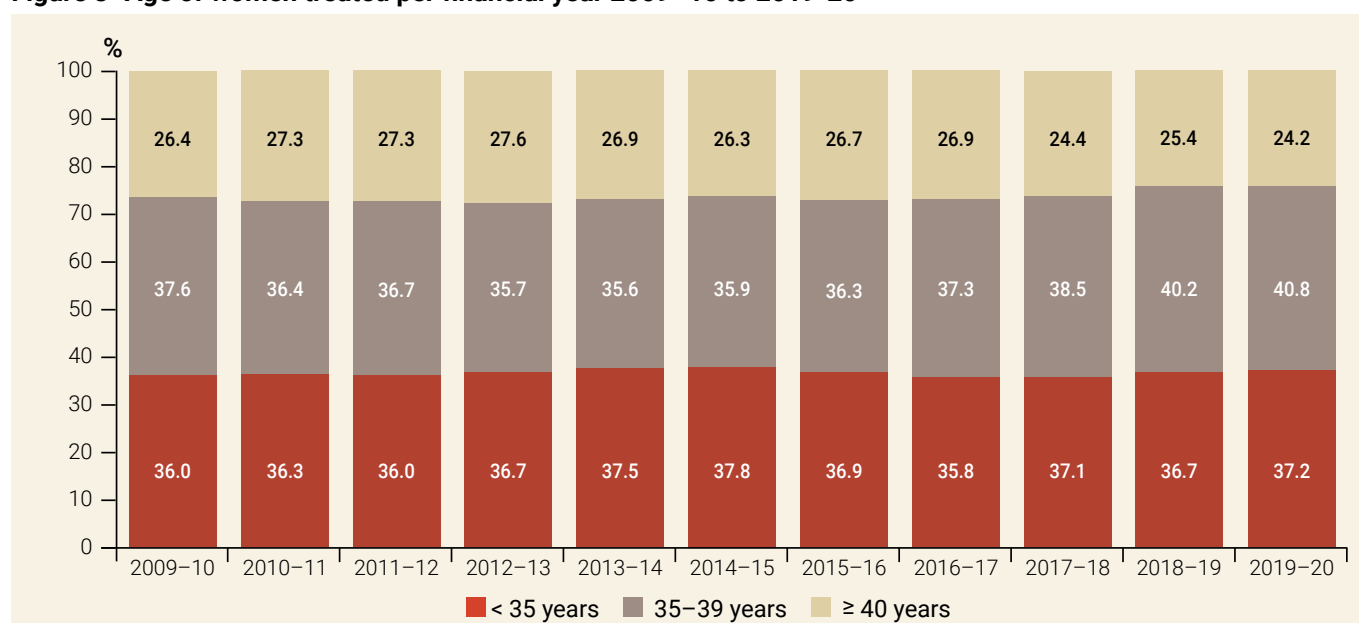


Figure 3 Age of women treated per financial year 2009–10 to 2019–20



Note: 2009-10, 2010-11, 2011-12, 2012-13, 2013-14, 2014-15, 2015-16, 2016-17, 2017-18, 2018-19 data were from the final outcome data. 2019-20 data were from the treatment data.

Section 1 Final outcomes for treatment cycles commenced in 2018-19 FY

This section includes a final outcome of treatment procedures undertaken in 2018-19. These final figures were not available at the time of the production of the 2019 Annual Report. Similarly, this year, a full report on treatment outcomes will not be possible until the 2021 Annual Report. As pregnancies are ongoing, some outcomes are not known at the time of this report going to print.

Overview

Table 1.1 Number of women treated, 2018-19 financial year

AI: artificial insemination

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	1,247	2,451	703	488	11	0
Ballarat IVF, Ballarat	265	546	46	155	25	11
City Babies, Richmond	123	216	0	0	123	0
City Fertility Centre, Bundoora	189	385	69	90	8	12
City Fertility Centre, Melbourne	686	1,373	222	333	35	92
Genea, Melbourne	78	148	21	29	3	0
Melbourne IVF, East Melbourne	3,524	6,960	1,207	1,597	229	153
Melbourne IVF, Mt Waverley	315	584	118	169	22	14
Monash IVF, Bendigo	110	182	57	57	2	1
Monash IVF, Clayton	1,756	3,113	581	817	73	34
Monash IVF, Geelong	303	571	137	157	21	12
Monash IVF, Mildura	48	60	21	12	4	4
Monash IVF, Richmond	1,305	2,252	359	650	52	30
Monash IVF, Sale	80	126	47	23	0	0
Monash IVF, Sunshine	215	323	104	70	1	0
Number 1 Fertility, East Melbourne	566	685	76	168	11	0
Number 1 Fertility, Geelong	980	1,631	248	315	17	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1,081	1,980	571	422	14	7
Aggregated total	12,871	23,586	4,587	5,552	651	370

Table 1.2 Number of women treated by age group and pregnancy outcomes, 2018-19 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	554	426	267	1,247	483	389
Ballarat IVF, Ballarat	124	85	56	265	110	89
City Babies, Richmond	63	43	17	123	35	25
City Fertility Centre, Bundoora	92	73	24	189	68	54
City Fertility Centre, Melbourne	256	254	176	686	244	179
Genea, Melbourne	25	27	26	78	18	15
Melbourne IVF, East Melbourne	1,145	1,465	914	3,524	1,483	1,154
Melbourne IVF, Mt Waverley	130	122	63	315	127	106
Monash IVF, Bendigo	58	32	20	110	43	38
Monash IVF, Clayton	662	631	463	1,756	702	541
Monash IVF, Geelong	136	105	62	303	131	105
Monash IVF, Mildura	28	15	5	48	13	13
Monash IVF, Richmond	389	562	354	1,305	491	404
Monash IVF, Sale	38	27	15	80	21	17
Monash IVF, Sunshine	88	83	44	215	56	41
Number 1 Fertility, East Melbourne	158	270	138	566	120	85
Number 1 Fertility, Geelong	308	437	235	980	237	193
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	475	349	257	1,081	380	286
Aggregated total	4,729	5,006	3,136	12,871	4,762	3,734

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Table 1.3 Number of women treated and pregnancy and birth outcomes, 2018-19 financial year

Treatment site	No. of women treated	Clinical pregnancies	No. of births			All	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					
Adora Fertility, Greensborough	1,247	483	380	9	1	390	389	401	400	2
Ballarat IVF, Ballarat	265	110	88	1	0	89	89	90	90	0
City Babies, Richmond	123	35	22	3	0	25	25	28	28	0
City Fertility Centre, Bundoora	189	68	53	1	0	54	54	55	55	0
City Fertility Centre, Melbourne	686	244	176	4	0	180	179	184	183	1
Genea, Melbourne	78	18	14	1	0	15	15	16	16	0
Melbourne IVF, East Melbourne	3,524	1,483	1,129	33	1	1,163	1,154	1,198	1,185	2
Melbourne IVF, Mt Waverley	315	127	104	2	0	106	106	108	108	0
Monash IVF, Bendigo	110	43	38	0	0	38	38	38	38	0
Monash IVF, Clayton	1,756	702	521	24	0	545	541	569	564	1
Monash IVF, Geelong	303	131	103	3	0	106	105	109	107	1
Monash IVF, Mildura	48	13	13	0	0	13	13	13	13	0
Monash IVF, Richmond	1,305	491	386	19	0	405	404	424	423	1
Monash IVF, Sale	80	21	17	0	0	17	17	17	17	0
Monash IVF, Sunshine	215	56	39	2	0	41	41	43	43	0
Number 1 Fertility, East Melbourne	566	120	83	2	0	85	85	87	87	0
Number 1 Fertility, Geelong	980	237	187	6	0	193	193	199	199	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1,081	380	278	10	0	288	286	298	296	0
Aggregated total	12,871	4,762	3,631	120	2	3,753	3,734	3,877	3,852	8

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 83)

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 baby	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.

● Section 1

Final outcomes per procedure for treatment cycles commenced in 2018-19 financial year

Table 1.4a Fresh embryo transfer cycles and pregnancy outcomes, 2018-19 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	324	98.5	117	102	102	332	94.0	98	80	84
Ballarat IVF, Ballarat	18	100.0	11	11	11	22	100.0	9	7	7
City Fertility Centre, Bundoora	37	100.0	8	8	8	36	94.4	11	7	7
City Fertility Centre, Melbourne	73	90.4	19	16	16	129	84.5	26	15	15
Genea, Melbourne	11	100.0	4	4	5	8	100.0	2	1	1
Melbourne IVF, East Melbourne	405	95.3	173	156	161	617	92.1	252	185	190
Melbourne IVF, Mt Waverley	56	94.6	23	22	23	47	97.9	19	12	13
Monash IVF, Bendigo	37	100.0	16	14	14	13	100.0	4	4	4
Monash IVF, Clayton	236	86.9	108	88	90	243	86.4	70	53	56
Monash IVF, Geelong	67	91.0	30	24	24	64	89.1	18	14	15
Monash IVF, Mildura	17	100.0	6	6	6	6	66.7	0	0	0
Monash IVF, Richmond	122	93.4	47	40	42	164	85.4	52	38	40
Monash IVF, Sale	27	77.8	10	6	6	22	54.5	4	4	4
Monash IVF, Sunshine	42	90.5	16	13	14	59	67.8	11	6	7
Number 1 Fertility, East Melbourne	31	100.0	16	10	11	33	100.0	12	8	8
Number 1 Fertility, Geelong	93	100.0	37	32	33	131	100.0	40	29	34
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	271	100.0	101	75	76	214	94.4	64	51	53
Aggregated total	1,867	95.2	742	627	642	2,140	90.7	692	514	538
	≥ 40					ALL				
Adora Fertility, Greensborough	242	75.6	26	14	14	898	90.6	241	196	200
Ballarat IVF, Ballarat	11	72.7	0	0	0	51	94.1	20	18	18
City Fertility Centre, Bundoora	6	66.7	0	0	0	79	94.9	19	15	15
City Fertility Centre, Melbourne	83	56.6	9	4	4	285	77.9	54	35	35
Genea, Melbourne	6	100.0	0	0	0	25	100.0	6	5	6
Melbourne IVF, East Melbourne	452	81.0	96	58	59	1,474	89.6	521	399	410
Melbourne IVF, Mt Waverley	33	97.0	4	4	4	136	96.3	46	38	40
Monash IVF, Bendigo	15	93.3	2	1	1	65	98.5	22	19	19
Monash IVF, Clayton	234	67.5	33	17	18	713	80.4	211	158	164
Monash IVF, Geelong	41	85.4	4	3	3	172	89.0	52	41	42
Monash IVF, Mildura	1	100.0	1	1	1	24	91.7	7	7	7
Monash IVF, Richmond	151	76.2	18	12	13	437	84.4	117	90	95
Monash IVF, Sale	7	57.1	0	0	0	56	66.1	14	10	10
Monash IVF, Sunshine	22	68.2	5	2	2	123	75.6	32	21	23
Number 1 Fertility, East Melbourne	14	100.0	4	1	1	78	100.0	32	19	20
Number 1 Fertility, Geelong	54	100.0	7	6	6	278	100.0	84	67	73
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	198	79.8	35	21	23	683	92.4	200	147	152
Aggregated total	1,570	77.3	244	144	149	5,577	88.5	1,678	1,285	1,329

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Table 1.4b Thawed embryo transfer cycles and pregnancy outcomes, 2018-19 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	764	96.5	241	193	200
Ballarat IVF, Ballarat	215	99.5	76	57	58
City Fertility Centre, Bundoora	140	95.7	46	36	37
City Fertility Centre, Melbourne	421	92.6	147	108	110
Genea, Melbourne	38	100.0	12	10	10
Melbourne IVF, East Melbourne	2,198	90.9	821	654	670
Melbourne IVF, Mt Waverley	237	92.8	72	59	59
Monash IVF, Bendigo	68	100.0	21	19	19
Monash IVF, Clayton	1,019	91.4	430	337	351
Monash IVF, Geelong	202	94.1	73	60	61
Monash IVF, Mildura	13	100.0	4	4	4
Monash IVF, Richmond	805	93.8	322	267	278
Monash IVF, Sale	27	74.1	7	7	7
Monash IVF, Sunshine	71	80.3	21	17	17
Number 1 Fertility, East Melbourne	178	100.0	84	65	66
Number 1 Fertility, Geelong	382	100.0	143	119	119
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	630	94.6	171	131	135
Aggregated total	7,408	93.4	2,691	2,143	2,201

Legend (for full glossary, refer to page 83)

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 baby	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.

● Section 1

Table 1.4c Artificial insemination (AI) cycles and pregnancy outcomes, 2018-19 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	8	1	0	0	0	0	0	0
Ballarat IVF, Ballarat	15	4	4	4	12	1	1	1
City Babies, Richmond	104	21	16	19	0	0	0	0
City Fertility Centre, Bundoora	9	1	1	1	8	1	1	1
City Fertility Centre, Melbourne	25	4	3	3	81	13	12	14
Genea, Melbourne	0	0	0	0	0	0	0	0
Melbourne IVF, East Melbourne	167	20	14	14	78	11	10	12
Melbourne IVF, Mt Waverley	21	2	2	2	7	0	0	0
Monash IVF, Bendigo	2	0	0	0	1	0	0	0
Monash IVF, Clayton	71	11	8	8	25	6	5	6
Monash IVF, Geelong	16	1	1	1	12	1	1	1
Monash IVF, Mildura	0	0	0	0	1	0	0	0
Monash IVF, Richmond	42	5	5	6	19	5	5	5
Monash IVF, Sunshine	0	0	0	0	0	0	0	0
Number 1 Fertility, East Melbourne	4	0	0	0	0	0	0	0
Number 1 Fertility, Geelong	6	1	1	1	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	8	2	2	2	2	0	0	0
Aggregated total	498	73	57	61	246	38	35	40
	AI with partner sperm				AI with donor sperm			
	35–39							
Adora Fertility, Greensborough	3	0	0	0	0	0	0	0
Ballarat IVF, Ballarat	10	1	1	1	3	1	1	1
City Babies, Richmond	80	12	9	9	0	0	0	0
City Fertility Centre, Bundoora	0	0	0	0	9	1	1	1
City Fertility Centre, Melbourne	20	0	0	0	49	1	1	1
Genea, Melbourne	3	0	0	0	0	0	0	0
Melbourne IVF, East Melbourne	120	19	14	15	155	26	13	13
Melbourne IVF, Mt Waverley	15	2	2	2	12	2	2	2
Monash IVF, Bendigo	0	0	0	0	0	0	0	0
Monash IVF, Clayton	30	4	2	2	25	0	0	0
Monash IVF, Geelong	11	0	0	0	5	2	1	1
Monash IVF, Mildura	3	0	0	0	4	2	2	2
Monash IVF, Richmond	31	4	3	3	20	7	7	7
Monash IVF, Sunshine	1	0	0	0	0	0	0	0
Number 1 Fertility, East Melbourne	5	0	0	0	0	0	0	0
Number 1 Fertility, Geelong	7	3	2	2	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	9	2	2	3	11	2	1	1
Aggregated total	348	47	35	37	293	44	29	29

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Table 1.4c Artificial insemination (AI) cycles and pregnancy outcomes, 2018-19 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	7	0	0	0	1	0	0	0
City Babies, Richmond	32	2	0	0	0	0	0	0
City Fertility Centre, Bundoora	1	0	0	0	1	0	0	0
City Fertility Centre, Melbourne	5	1	1	1	26	4	3	3
Genea, Melbourne	1	0	0	0	0	0	0	0
Melbourne IVF, East Melbourne	52	6	4	4	15	1	1	1
Melbourne IVF, Mt Waverley	0	0	0	0	0	0	0	0
Monash IVF, Bendigo	0	0	0	0	0	0	0	0
Monash IVF, Clayton	8	1	1	1	2	1	1	1
Monash IVF, Geelong	8	0	0	0	0	0	0	0
Monash IVF, Mildura	1	0	0	0	0	0	0	0
Monash IVF, Richmond	5	2	1	1	3	0	0	0
Monash IVF, Sunshine	0	0	0	0	0	0	0	0
Number 1 Fertility, East Melbourne	3	1	0	0	0	0	0	0
Number 1 Fertility, Geelong	4	0	0	0	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	0	0	0	0	0	0	0	0
Aggregated total	128	13	7	7	48	6	5	5
	AI with partner sperm				AI with donor sperm			
	ALL							
Adora Fertility, Greensborough	12	1	0	0	0	0	0	0
Ballarat IVF, Ballarat	32	5	5	5	16	2	2	2
City Babies, Richmond	216	35	25	28	0	0	0	0
City Fertility Centre, Bundoora	10	1	1	1	18	2	2	2
City Fertility Centre, Melbourne	50	5	4	4	156	18	16	18
Genea, Melbourne	4	0	0	0	0	0	0	0
Melbourne IVF, East Melbourne	339	45	32	33	248	38	24	26
Melbourne IVF, Mt Waverley	36	4	4	4	19	2	2	2
Monash IVF, Bendigo	2	0	0	0	1	0	0	0
Monash IVF, Clayton	109	16	11	11	52	7	6	7
Monash IVF, Geelong	35	1	1	1	17	3	2	2
Monash IVF, Mildura	4	0	0	0	5	2	2	2
Monash IVF, Richmond	78	11	9	10	42	12	12	12
Monash IVF, Sunshine	1	0	0	0	0	0	0	0
Number 1 Fertility, East Melbourne	12	1	0	0	0	0	0	0
Number 1 Fertility, Geelong	17	4	3	3	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	17	4	4	5	13	2	1	1
Aggregated total	974	133	99	105	587	88	69	74

● Section 1

Table 1.5 Treatment using thawed eggs and pregnancy outcomes, 2018-19 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*				
Adora Fertility, Greensborough	2	1	0	0	0	0	0	0	0	0
City Fertility Centre, Bundoora	1	1	0	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	5	3	0	0	0	0	0	0	0	0
Melbourne IVF, East Melbourne	95	59	22	13	14	4	4	2	2	2
Melbourne IVF, Mt Waverley	1	0	0	0	0	1	1	1	1	1
Monash IVF, Bendigo	1	1	0	0	0	0	0	0	0	0
Monash IVF, Clayton	39	24	6	4	4	3	3	1	1	1
Monash IVF, Geelong	10	8	0	0	0	3	3	1	0	0
Monash IVF, Mildura	2	1	1	1	1	0	0	0	0	0
Monash IVF, Richmond	43	28	11	9	9	9	8	1	1	1
Monash IVF, Sale	2	2	2	2	2	0	0	0	0	0
Monash IVF, Sunshine	8	5	1	1	2	0	0	0	0	0
Number 1 Fertility, East Melbourne	2	1	0	0	0	0	0	0	0	0
Number 1 Fertility, Geelong	7	1	0	0	0	0	0	0	0	0
Reproductive Services, Royal Women Hospital (Melbourne IVF)	8	7	5	2	2	1	1	0	0	0
Aggregated total	226	142	48	32	34	21	20	6	5	5

* Donor eggs include those imported from interstate or overseas.

Table 1.6 Surrogacy cycles and pregnancy outcomes, 2018-19 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
Genea, Melbourne	1	2	100.0	0	0	0
Melbourne IVF, East Melbourne	14	23	100.0	11	9	9
Monash IVF, Clayton	10	14	100.0	7	7	7
Monash IVF, Mildura	1	1	100.0	0	0	0
Monash IVF, Richmond	7	10	100.0	6	6	6
Monash IVF, Sunshine	1	1	100.0	1	1	1
Number 1 Fertility, Geelong	3	4	100.0	2	2	2
Aggregated total	37	55	100.0	27	25	25

* See note page 31.

Note: There were no GIFT cycles in 2018-19.

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Table 1.7 Outcome for pre-implantation testing (PGT), 2018-19 financial year

PGT-M is used for patients with a known genetic risk. PGT-A is used for the detection of numerical chromosome abnormalities. NIPGT is also used for the detection of numerical chromosome abnormalities. It is a non-invasive test which uses DNA secreted by the embryo, rather than a biopsy as for PGT-A. 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	2	0	N/A	2	3	1	1	1
City Fertility Centre	5	23	9	3	8	0	0	0
Genea, Melbourne	3	16	5	2	4	1	1	1
Melbourne IVF, including Reproductive Services, RWH	139	773	246	103	129	79	64	64
Monash IVF	51	234	74	57	57	35	30	30
Number 1 Fertility	15	74	19	7	11	4	3	3
Aggregated total	215	1,120	353	174	212	120	99	99
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	N/A	0	0	0	0	0
City Fertility Centre	25	75	36	26	42	15	11	12
Genea, Melbourne	19	84	45	10	11	7	5	5
Melbourne IVF, including Reproductive Services, RWH	571	2,598	1,048	463	676	292	229	232
Monash IVF	360	1,036	557	466	472	213	176	179
Newlife IVF	Commenced operation FY20							
Number 1 Fertility	347	1112	472	188	222	114	91	92
Aggregated total	1,322	4,905	2,158	1,153	1,423	641	512	520
NIPGT								
Monash IVF	11	11	10	1	1	0	0	0
Aggregated total	11	11	10	1	1	0	0	0

* 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, 2019–20 financial year

This section provides details of ART treatment and clinical pregnancies for the 2019-20 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, 2019-20 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 and attempted IVF/ICSI fertilisation	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	1,148	2,211	915	854	826	509	936	44	0
Ballarat IVF, Ballarat	298	531	198	187	179	171	201	16	14
City Babies, Richmond	133	239	126	0	0	0	0	133	0
City Fertility Centre, Bundoora	215	450	151	137	133	127	152	7	11
City Fertility Centre, Melbourne	609	1,193	446	388	339	302	400	27	70
Genea, Melbourne	123	250	103	96	78	53	67	3	2
Melbourne IVF, East Melbourne	3,531	6,648	2,836	2,514	2,103	1,562	2,326	180	154
Melbourne IVF, Mt Waverley	306	556	232	197	175	156	221	15	21
Monash IVF, Bendigo	89	130	62	54	48	36	66	4	1
Monash IVF, Clayton	1,853	3,132	1,269	1,163	1,033	904	1,237	83	36
Monash IVF, Geelong	295	509	199	183	164	152	208	19	8
Monash IVF, Mildura	46	63	33	28	26	16	35	2	3
Monash IVF, Richmond	867	1,310	524	432	386	422	537	35	36
Monash IVF, Sale	54	72	42	39	32	17	36	0	0
Monash IVF, Sunshine	223	320	181	165	145	57	148	1	0
Newlife IVF, Box Hill	373	731	315	290	262	189	262	14	4
Number 1 Fertility, East Melbourne	1,531	2,754	1,301	1,147	837	616	810	74	1
Number 1 Fertility, Geelong	104	132	90	88	68	24	41	3	0
Reproductive Services, Royal Women Hospital (Melbourne IVF)	1,264	2,335	1,033	959	872	578	986	7	6
Aggregated total	13,062	23,566	10,056	8,921	7,706	5,891	8,669	667	367

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 by age group, 2019-20 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 26.

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	507	237	430	160	251	48	1,148	445
Ballarat IVF, Ballarat	154	58	101	43	45	8	298	109
City Babies, Richmond	72	13	44	6	21	3	133	22
City Fertility Centre, Bundoora	97	30	83	25	40	4	215	59
City Fertility Centre, Melbourne	226	81	258	92	137	30	609	203
Genea, Melbourne	44	15	46	13	36	5	123	33
Melbourne IVF, East Melbourne	1,169	521	1,552	663	878	259	3,531	1,443
Melbourne IVF, Mt Waverley	127	58	126	42	62	18	306	118
Monash IVF, Bendigo	43	19	28	7	19	5	89	31
Monash IVF, Clayton	640	260	732	229	521	110	1,853	599
Monash IVF, Geelong	135	53	103	42	62	15	295	110
Monash IVF, Mildura	27	12	12	3	7	2	46	17
Monash IVF, Richmond	265	94	371	109	244	62	867	265
Monash IVF, Sale	24	6	14	2	16	2	54	10
Monash IVF, Sunshine	95	34	78	15	53	6	223	55
Newlife IVF, Box Hill	146	71	152	45	86	18	373	134
Number 1 Fertility, East Melbourne	479	182	729	178	362	48	1,531	408
Number 1 Fertility, Geelong	36	11	46	5	22	3	104	19
Reproductive Services, Royal Women Hospital (Melbourne IVF)	573	229	423	161	304	36	1,264	426
Aggregated total	4,859	1,984	5,328	1,840	3,166	682	13,062	4,506

* Number of clinical pregnancies only includes those reported by the date on page 26.

Section 2

Egg retrieval

Table 2.3 Number of egg retrieval cycles, 2019-20 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 fertilisation nor freezing occurred	No. of cycles with eggs frozen	No. of eggs frozen
< 35							
Adora Fertility, Greensborough	450	450	443	5,467	4	2	11
Ballarat IVF, Ballarat	122	122	121	1,547	7	5	69
City Fertility Centre, Bundoora	78	75	78	930	0	3	28
City Fertility Centre, Melbourne	185	185	184	2,425	21	16	199
Genea, Melbourne	46	46	46	479	6	11	56
Melbourne IVF, East Melbourne	1,074	1,073	1,064	14,533	37	211	2,477
Melbourne IVF, Mt Waverley	93	93	92	1,342	4	15	151
Monash IVF, Bendigo	36	36	36	441	2	2	11
Monash IVF, Clayton	475	475	473	6,385	15	63	672
Monash IVF, Geelong	96	96	96	1,356	9	16	143
Monash IVF, Mildura	18	18	18	164	2	1	7
Monash IVF, Richmond	151	151	151	2,186	12	26	296
Monash IVF, Sale	19	19	19	208	1	1	1
Monash IVF, Sunshine	89	89	88	1,037	3	11	126
Newlife IVF, Box Hill	143	142	143	2,174	2	13	85
Number 1 Fertility, East Melbourne	446	444	444	6,184	13	121	1,177
Number 1 Fertility, Geelong	32	32	31	438	1	5	53
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	551	550	540	6,130	2	71	774
Aggregated total	4,104	4,096	4,067	53,426	141	593	6,336
35-39							
Adora Fertility, Greensborough	483	483	470	3,609	7	2	12
Ballarat IVF, Ballarat	73	73	72	766	3	5	35
City Fertility Centre, Bundoora	63	61	63	584	2	2	10
City Fertility Centre, Melbourne	207	206	203	1,959	9	24	232
Genea, Melbourne	50	50	49	474	1	16	91
Melbourne IVF, East Melbourne	1,496	1,489	1,477	15,761	36	309	3,097
Melbourne IVF, Mt Waverley	93	93	92	785	2	7	60
Monash IVF, Bendigo	19	19	19	227	0	4	23
Monash IVF, Clayton	563	562	559	5,994	15	79	637
Monash IVF, Geelong	76	76	76	774	2	3	29
Monash IVF, Mildura	9	9	9	78	1	1	5
Monash IVF, Richmond	240	239	238	2,733	1	66	587
Monash IVF, Sale	11	11	11	117	1	3	23
Monash IVF, Sunshine	65	64	64	745	6	8	59
Newlife IVF, Box Hill	149	148	149	1,834	1	20	214
Number 1 Fertility, East Melbourne	765	764	759	8,492	17	246	2,203
Number 1 Fertility, Geelong	42	42	41	434	1	12	115
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	377	377	372	3,304	4	13	108
Aggregated total	4,781	4,766	4,723	48,670	109	820	7,540

● Section 2

Table 2.3 Number of egg retrieval cycles, 2019-20 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	305	305	283	1,528	10	1	1
Ballarat IVF, Ballarat	35	35	34	268	0	1	1
City Fertility Centre, Bundoora	47	47	46	369	1	1	11
City Fertility Centre, Melbourne	123	123	117	753	6	4	15
Genea, Melbourne	37	37	37	277	0	2	8
Melbourne IVF, East Melbourne	924	916	888	6,898	15	48	304
Melbourne IVF, Mt Waverley	65	65	63	549	2	2	15
Monash IVF, Bendigo	7	7	5	31	0	0	0
Monash IVF, Clayton	440	436	423	3,255	8	25	123
Monash IVF, Geelong	45	45	44	355	3	0	0
Monash IVF, Mildura	6	6	6	30	0	0	0
Monash IVF, Richmond	151	151	149	1,274	2	21	166
Monash IVF, Sale	16	16	15	73	1	1	6
Monash IVF, Sunshine	46	46	42	236	1	4	9
Newlife IVF, Box Hill	78	77	77	645	3	4	17
Number 1 Fertility, East Melbourne	403	403	396	3,378	7	51	289
Number 1 Fertility, Geelong	21	21	21	219	0	4	29
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	322	321	303	1,684	2	10	82
Aggregated total	3,071	3,057	2,949	21,822	61	179	1,076
	ALL						
Adora Fertility, Greensborough	1,238	1,238	1,196	10,604	21	5	24
Ballarat IVF, Ballarat	230	230	227	2,581	10	11	105
City Fertility Centre, Bundoora	188	183	187	1,883	3	6	49
City Fertility Centre, Melbourne	515	514	504	5,137	36	44	446
Genea, Melbourne	133	133	132	1,230	7	29	155
Melbourne IVF, East Melbourne	3,494	3,478	3,429	37,192	88	568	5,878
Melbourne IVF, Mt Waverley	251	251	247	2,676	8	24	226
Monash IVF, Bendigo	62	62	60	699	2	6	34
Monash IVF, Clayton	1,478	1,473	1,455	15,634	38	167	1,432
Monash IVF, Geelong	217	217	216	2,485	14	19	172
Monash IVF, Mildura	33	33	33	272	3	2	12
Monash IVF, Richmond	542	541	538	6,193	15	113	1,049
Monash IVF, Sale	46	46	45	398	3	5	30
Monash IVF, Sunshine	200	199	194	2,018	10	23	194
Newlife IVF, Box Hill	370	367	369	4,653	6	37	316
Number 1 Fertility, East Melbourne	1,614	1,611	1,599	18,054	37	418	3,669
Number 1 Fertility, Geelong	95	95	93	1,091	2	21	197
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1,250	1,248	1,215	11,118	8	94	964
Aggregated total	11,956	11,919	11,739	123,918	311	1,592	14,952

Section 2

Egg insemination

Table 2.4 Number of ART cycles using fresh eggs, 2019-20 financial year

Table 2.4a Attempted fertilisation, 2019-20 financial year

Treatment site	No. of cycles with attempted fertilisation	% of cycles using ICSI or mixed IVF/ICSI**	No. of eggs treated with IVF or ICSI	% of eggs treated with ICSI **	No. of cycles with embryos formed*	No. of embryos formed
< 35						
Adora Fertility, Greensborough	437	51.9	4,762	43.5	423	3,124
Ballarat IVF, Ballarat	112	52.7	1,290	35.4	109	800
City Fertility Centre, Bundoora	73	80.8	761	73.3	69	477
City Fertility Centre, Melbourne	160	83.8	1,709	81.1	149	1,045
Genea, Melbourne	33	69.7	354	66.4	32	218
Melbourne IVF, East Melbourne	832	72.8	9,620	64.6	796	5,995
Melbourne IVF, Mt Waverley	74	63.5	904	59.3	73	631
Monash IVF, Bendigo	33	87.9	362	75.7	32	246
Monash IVF, Clayton	395	80.0	4,316	73.1	382	2,788
Monash IVF, Geelong	76	90.8	948	89.3	76	625
Monash IVF, Mildura	15	73.3	117	55.6	15	85
Monash IVF, Richmond	118	86.4	1,327	77.7	113	864
Monash IVF, Sale	18	83.3	170	88.2	18	96
Monash IVF, Sunshine	73	89.0	698	84.0	72	442
Newlife IVF, Box Hill	129	78.3	1,668	68.0	122	1,095
Number 1 Fertility, East Melbourne	316	88.9	3,609	72.2	301	2,037
Number 1 Fertility, Geelong	27	92.6	279	82.4	26	176
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	469	57.6	4,617	50.5	454	2,919
Aggregated total	3,390	71.9	37,511	63.6	3,262	23,663
35-39						
Adora Fertility, Greensborough	459	49.5	3,113	40.4	427	2,008
Ballarat IVF, Ballarat	68	45.6	658	27.7	64	453
City Fertility Centre, Bundoora	59	79.7	499	69.5	47	282
City Fertility Centre, Melbourne	179	81.0	1,378	79.2	169	874
Genea, Melbourne	33	45.5	311	34.7	33	196
Melbourne IVF, East Melbourne	1,163	71.4	10,370	64.3	1,099	6,243
Melbourne IVF, Mt Waverley	84	78.6	578	76.6	76	370
Monash IVF, Bendigo	15	73.3	178	64.6	15	126
Monash IVF, Clayton	475	86.1	4,221	81.8	443	2,649
Monash IVF, Geelong	75	94.7	644	87.1	73	426
Monash IVF, Mildura	8	87.5	45	97.8	6	21
Monash IVF, Richmond	177	93.8	1,639	84.7	168	1,017
Monash IVF, Sale	7	85.7	69	95.7	7	39
Monash IVF, Sunshine	52	92.3	472	83.7	49	290
Newlife IVF, Box Hill	129	78.3	1,267	69.4	125	820
Number 1 Fertility, East Melbourne	492	86.6	4,221	70.4	448	2,196
Number 1 Fertility, Geelong	29	96.6	220	77.3	27	112
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	354	56.8	2,818	48.6	337	1,795
Aggregated total	3,858	73.5	32,701	65.8	3,613	19,917

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

* Fertilised eggs with two pronuclei.

** See note page 31.

● Section 2

Egg insemination

Table 2.4a Attempted fertilisation, 2019-20 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	272	41.5	1,349	35	253	893
Ballarat IVF, Ballarat	36	55.6	290	41	36	183
City Fertility Centre, Bundoora	44	79.5	305	82	42	202
City Fertility Centre, Melbourne	116	77.6	680	78	95	419
Genea, Melbourne	34	29.4	250	26	32	140
Melbourne IVF, East Melbourne	834	65.3	5,688	61	752	3,354
Melbourne IVF, Mt Waverley	63	66.7	458	61	52	258
Monash IVF, Bendigo	6	83.3	49	73	5	23
Monash IVF, Clayton	399	88.7	2,491	88	365	1,533
Monash IVF, Geelong	45	93.3	304	93	42	188
Monash IVF, Mildura	8	50.0	54	54	7	36
Monash IVF, Richmond	129	88.4	881	87	120	504
Monash IVF, Sale	13	53.8	61	41	10	30
Monash IVF, Sunshine	42	90.5	255	94	35	158
Newlife IVF, Box Hill	72	83.3	477	81	67	272
Number 1 Fertility, East Melbourne	342	81.3	2,384	69	291	1,100
Number 1 Fertility, Geelong	18	94.4	142	96	15	78
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	291	53.6	1,407	48	265	865
Aggregated total	2,764	69.8	17,525	66.2	2,484	10,236
	ALL					
Adora Fertility, Greensborough	1,168	48.5	9,224	41.2	1,103	6,025
Ballarat IVF, Ballarat	216	50.9	2,238	33.9	209	1,436
City Fertility Centre, Bundoora	176	80.1	1,565	73.9	158	961
City Fertility Centre, Melbourne	455	81.1	3,767	79.9	413	2,338
Genea, Melbourne	100	48.0	915	44.6	97	554
Melbourne IVF, East Melbourne	2,829	70.0	25,678	63.7	2,647	15,592
Melbourne IVF, Mt Waverley	221	70.1	1,940	64.8	201	1,259
Monash IVF, Bendigo	54	83.3	589	72.2	52	395
Monash IVF, Clayton	1,269	85.0	11,028	79.8	1,190	6,970
Monash IVF, Geelong	196	92.9	1,896	89.2	191	1,239
Monash IVF, Mildura	31	71.0	216	63.9	28	142
Monash IVF, Richmond	424	90.1	3,847	82.9	401	2,385
Monash IVF, Sale	38	73.7	300	80.3	35	165
Monash IVF, Sunshine	167	90.4	1,425	85.7	156	890
Newlife IVF, Box Hill	330	79.4	3,412	70.3	314	2,187
Number 1 Fertility, East Melbourne	1,150	85.7	10,214	70.7	1,040	5,333
Number 1 Fertility, Geelong	74	94.6	641	83.8	68	366
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1,114	56.3	8,842	49.5	1,056	5,579
Aggregated total	10,012	72.0	87,737	64.9	9,359	53,816

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

* Fertilised eggs with two pronuclei.

** See note page 31.

Section 2

Egg insemination

Table 2.4b Number of ART cycles using fresh embryos after IVF/ICSI, 2019-20 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	265	275	240	111	880
Ballarat IVF, Ballarat	28	28	91	72	359
City Fertility Centre, Bundoora	25	26	48	35	121
City Fertility Centre, Melbourne	69	72	118	75	460
Genea, Melbourne	14	14	26	16	104
Melbourne IVF, East Melbourne	426	444	607	294	2,655
Melbourne IVF, Mt Waverley	55	57	60	15	290
Monash IVF, Bendigo	25	26	24	8	74
Monash IVF, Clayton	158	180	306	214	1,083
Monash IVF, Geelong	38	39	65	38	274
Monash IVF, Mildura	15	15	10	0	22
Monash IVF, Richmond	51	58	102	62	421
Monash IVF, Sale	15	21	9	2	46
Monash IVF, Sunshine	57	66	50	17	171
Newlife IVF, Box Hill	54	54	105	63	555
Number 1 Fertility, East Melbourne	140	140	245	142	975
Number 1 Fertility, Geelong	12	12	24	13	103
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	294	294	314	126	1,127
Aggregated total	1,741	1,821	2,444	1,303	9,720
35-39					
Adora Fertility, Greensborough	302	318	165	54	450
Ballarat IVF, Ballarat	15	15	54	46	195
City Fertility Centre, Bundoora	14	16	28	23	81
City Fertility Centre, Melbourne	84	96	117	71	295
Genea, Melbourne	15	15	26	14	78
Melbourne IVF, East Melbourne	673	705	745	315	2,412
Melbourne IVF, Mt Waverley	56	57	42	12	118
Monash IVF, Bendigo	11	11	8	2	27
Monash IVF, Clayton	178	203	319	233	913
Monash IVF, Geelong	46	47	53	25	144
Monash IVF, Mildura	4	4	3	0	4
Monash IVF, Richmond	63	70	119	88	392
Monash IVF, Sale	4	6	2	0	7
Monash IVF, Sunshine	31	37	33	13	85
Newlife IVF, Box Hill	51	53	97	65	325
Number 1 Fertility, East Melbourne	136	136	334	260	1,080
Number 1 Fertility, Geelong	7	7	20	17	45
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	245	251	190	55	537
Aggregated total	1,935	2,047	2,355	1,293	7,188

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

● Section 2

Egg insemination

Table 2.4b Number of ART cycles using fresh embryos after IVF/ICSI, 2019-20 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	197	258	40	3	65
Ballarat IVF, Ballarat	5	5	25	22	66
City Fertility Centre, Bundoora	11	11	16	14	33
City Fertility Centre, Melbourne	66	90	40	20	107
Genea, Melbourne	11	12	15	11	23
Melbourne IVF, East Melbourne	439	503	394	195	996
Melbourne IVF, Mt Waverley	27	27	31	14	85
Monash IVF, Bendigo	5	5	1	0	3
Monash IVF, Clayton	185	258	172	122	363
Monash IVF, Geelong	23	25	20	15	59
Monash IVF, Mildura	7	8	3	0	7
Monash IVF, Richmond	68	75	75	48	158
Monash IVF, Sale	10	15	3	0	4
Monash IVF, Sunshine	30	36	18	5	40
Newlife IVF, Box Hill	21	21	42	34	100
Number 1 Fertility, East Melbourne	52	52	192	171	444
Number 1 Fertility, Geelong	1	1	12	11	27
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	196	209	62	13	95
Aggregated total	1,354	1,611	1,161	698	2,675
	ALL				
Adora Fertility, Greensborough	764	851	445	168	1,395
Ballarat IVF, Ballarat	48	48	170	140	620
City Fertility Centre, Bundoora	50	53	92	72	235
City Fertility Centre, Melbourne	219	258	275	166	862
Genea, Melbourne	40	41	67	41	205
Melbourne IVF, East Melbourne	1,538	1,652	1,746	804	6,063
Melbourne IVF, Mt Waverley	138	141	133	41	493
Monash IVF, Bendigo	41	42	33	10	104
Monash IVF, Clayton	521	641	797	569	2,359
Monash IVF, Geelong	107	111	138	78	477
Monash IVF, Mildura	26	27	16	0	33
Monash IVF, Richmond	182	203	296	198	971
Monash IVF, Sale	29	42	14	2	57
Monash IVF, Sunshine	118	139	101	35	296
Newlife IVF, Box Hill	126	128	244	162	980
Number 1 Fertility, East Melbourne	328	328	771	573	2,499
Number 1 Fertility, Geelong	20	20	56	41	175
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	735	754	566	194	1,759
Aggregated total	5,030	5,479	5,960	3,294	19,583

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

Section 2

Egg insemination

Table 2.5 Number of ART cycles using thawed eggs, 2019-20 financial year

Table 2.5a Attempted fertilisation, 2019-20 financial year

Treatment site	No. of cycles with attempted fertilisation	% of cycles using ICSI or mixed IVF/ICSI***	No. of eggs treated with IVF or ICSI	% of eggs treated with ICSI*	No. of cycles with embryos formed*	No. of embryos formed
Women using own eggs						
Ballarat IVF, Ballarat	2	100.0	25	100.0	2	17
City Fertility Centre, Melbourne	3	100.0	11	100.0	3	8
Melbourne IVF, East Melbourne	71	100.0	615	100.0	69	369
Melbourne IVF, Mt Waverley	1	100.0	5	100.0	1	4
Monash IVF, Clayton	36	100.0	382	100.0	32	229
Monash IVF, Geelong	2	100.0	3	100.0	1	1
Monash IVF, Richmond	22	100.0	237	100.0	19	131
Monash IVF, Sale	1	100.0	7	100.0	1	5
Monash IVF, Sunshine	3	100.0	24	100.0	3	14
Newlife IVF, Box Hill	2	100.0	39	100.0	2	24
Number 1 Fertility, East Melbourne	8	100.0	133	100.0	8	71
Reproductive Services, Royal Women Hospital (Melbourne IVF)	8	100.0	80	100.0	8	52
Aggregated total	159	100.0	1,561	100.0	149	925
Women using donor/partner eggs*						
City Fertility Centre, Melbourne	2	100.0	24	100.0	2	12
Melbourne IVF, East Melbourne	3	100.0	28	100.0	3	20
Monash IVF, Bendigo	1	100.0	5	100.0	1	3
Monash IVF, Clayton	6	100.0	60	100.0	6	35
Monash IVF, Richmond	22	100.0	145	100.0	22	98
Monash IVF, Sunshine	1	100.0	1	100.0	1	1
Aggregated total	35	100.0	263	100.0	35	169

* Donor eggs include those imported from interstate or overseas.

** Fertilised eggs with two pronuclei.

*** See note page 31.

● Section 2

Table 2.5b Number of ART cycles using thawed eggs, 2019-20 financial year

Treatment site	No. of cycles with embryos transferred	No. of embryos transferred	No. of cycles with embryos frozen**	No. of cycles with all embryos frozen**	No. of embryos frozen**
Women using own eggs					
Ballarat IVF, Ballarat	0	0	2	2	9
City Fertility Centre, Melbourne	2	2	2	1	3
Melbourne IVF, East Melbourne	51	56	33	6	95
Melbourne IVF, Mt Waverley	1	1	1	0	2
Monash IVF, Clayton	18	22	14	8	41
Monash IVF, Geelong	1	1	0	0	0
Monash IVF, Richmond	9	12	11	7	37
Monash IVF, Sale	0	0	0	0	0
Monash IVF, Sunshine	3	3	2	0	2
Newlife IVF, Box Hill	1	1	2	1	8
Number 1 Fertility, East Melbourne	4	4	6	3	19
Reproductive Services, Royal Women Hospital (Melbourne IVF)	7	7	3	1	6
Aggregated total	97	109	76	29	222
Women using donor/partner eggs*					
City Fertility Centre, Melbourne	1	1	1	0	5
Melbourne IVF, East Melbourne	2	2	2	1	4
Monash IVF, Bendigo	1	1	0	0	0
Monash IVF, Clayton	3	3	4	2	10
Monash IVF, Richmond	19	19	16	1	26
Monash IVF, Sunshine	0	0	0	0	0
Aggregated total	26	26	23	4	45

* Donor eggs include those imported from interstate or overseas.

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

Section 2

Use of embryos

Table 2.6 Number of ART cycles with fresh embryo transferred, 2019-20 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 26.

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	265	96.2	81	302	94.7	66
Ballarat IVF, Ballarat	28	100.0	10	15	100.0	6
City Fertility Centre, Bundoora	25	96.0	5	14	85.7	2
City Fertility Centre, Melbourne	69	95.7	16	84	85.7	21
Genea, Melbourne	14	100.0	6	15	100.0	6
Melbourne IVF, East Melbourne	426	95.8	190	673	95.2	258
Melbourne IVF, Mt Waverley	55	96.4	23	56	98.2	14
Monash IVF, Bendigo	25	96.0	11	11	100.0	4
Monash IVF, Clayton	158	86.1	56	178	86.0	45
Monash IVF, Geelong	38	97.4	16	46	97.8	10
Monash IVF, Mildura	15	100.0	5	4	100.0	1
Monash IVF, Richmond	51	86.3	21	63	88.9	16
Monash IVF, Sale	15	60.0	6	4	50.0	1
Monash IVF, Sunshine	57	84.2	24	31	80.6	7
Newlife IVF, Box Hill	54	100.0	24	51	96.1	15
Number 1 Fertility, East Melbourne	140	100.0	58	136	100.0	38
Number 1 Fertility, Geelong	12	100.0	6	7	100.0	1
Reproductive Services, Royal Women Hospital (Melbourne IVF)	294	100.0	111	245	97.6	74
Aggregated total	1,741	95.4	669	1,935	94.2	585
	≥ 40			ALL		
Adora Fertility, Greensborough	197	69.0	26	764	88.6	173
Ballarat IVF, Ballarat	5	100.0	0	48	100.0	16
City Fertility Centre, Bundoora	11	100.0	0	50	94.0	7
City Fertility Centre, Melbourne	66	63.6	8	219	82.2	45
Genea, Melbourne	11	90.9	0	40	97.5	12
Melbourne IVF, East Melbourne	439	85.4	102	1,538	92.6	550
Melbourne IVF, Mt Waverley	27	100.0	5	138	97.8	42
Monash IVF, Bendigo	5	100.0	0	41	97.6	15
Monash IVF, Clayton	185	60.5	23	521	77.0	124
Monash IVF, Geelong	23	91.3	5	107	96.3	31
Monash IVF, Mildura	7	85.7	1	26	96.2	7
Monash IVF, Richmond	68	89.7	15	182	88.5	52
Monash IVF, Sale	10	50.0	2	29	55.2	9
Monash IVF, Sunshine	31	80.6	4	119	82.4	35
Newlife IVF, Box Hill	21	100.0	6	126	98.4	45
Number 1 Fertility, East Melbourne	52	100.0	11	328	100.0	107
Number 1 Fertility, Geelong	1	100.0	0	20	100.0	7
Reproductive Services, Royal Women Hospital (Melbourne IVF)	196	93.4	17	735	97.4	202
Aggregated total	1,355	81.0	225	5,031	91.1	1,479

* See note page 31.

● Section 2

Use of embryos

Table 2.7 Number of ART cycles with fresh embryo formed from thawed eggs, 2019-20 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 26.

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	1
City Fertility Centre, Melbourne	3	100.0	1
Genea, Melbourne	1	100.0	0
Melbourne IVF, East Melbourne	65	90.8	31
Melbourne IVF, Mt Waverley	1	100.0	0
Monash IVF, Bendigo	1	100.0	1
Monash IVF, Clayton	24	79.2	4
Monash IVF, Geelong	1	100.0	0
Monash IVF, Richmond	30	90.0	14
Monash IVF, Sunshine	6	100.0	2
Newlife IVF, Box Hill	1	100.0	1
Number 1 Fertility, East Melbourne	11	100.0	3
Reproductive Services, Royal Women Hospital (Melbourne IVF)	9	100.0	3
Aggregated total	155	91.0	61

* See note page 31.

Table 2.8 Number of ART cycles with embryos thawed, 2019-20 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 26.

Treatment site	No. of cycles with embryos thawed (a)	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	766	881	735	96.1	764	259
Ballarat IVF, Ballarat	239	244	236	99.6	237	93
City Fertility Centre, Bundoora	191	220	185	94.6	195	50
City Fertility Centre, Melbourne	446	531	432	87.3	487	148
Genea, Melbourne	91	115	78	100.0	78	21
Melbourne IVF, East Melbourne	2,244	2,704	2,160	92.8	2,317	827
Melbourne IVF, Mt Waverley	231	275	223	95.5	233	67
Monash IVF, Bendigo	45	46	44	100.0	44	15
Monash IVF, Clayton	1,211	1,367	1,166	94.1	1,235	458
Monash IVF, Geelong	224	252	221	91.9	239	74
Monash IVF, Mildura	18	21	18	83.3	21	8
Monash IVF, Richmond	525	599	494	92.7	530	205
Monash IVF, Sale	20	60	19	73.7	24	1
Monash IVF, Sunshine	69	77	69	89.9	76	20
Newlife IVF, Box Hill	285	324	276	94.6	291	87
Number 1 Fertility, East Melbourne	818	843	808	100.0	808	293
Number 1 Fertility, Geelong	31	31	31	100.0	31	12
Reproductive Services, Royal Women Hospital (Melbourne IVF)	873	913	867	98.4	881	221
Aggregated total	8,327	9,503	8,062	94.7	8,491	2,859

(a) This includes cycles where embryos were thawed, biopsied and refrozen.

* See note page 31.

Note: There were 2 GIFT cycles in 2019-20.

Section 3 Artificial insemination (AI), 2019–20 financial year

This section provides detail of AI treatment and clinical pregnancies for the 2019-20 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, 2019-20 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 26.

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			
Adora Fertility, Greensborough	28	4	14	6	10	1	5	2
Ballarat IVF, Ballarat	9	0	0	0	7	0	0	0
City Babies, Richmond	7	0	114	13	5	1	65	5
City Fertility Centre, Bundoora	3	0	3	0	0	0	2	0
City Fertility Centre, Melbourne	9	0	2	0	8	1	8	0
Genea, Melbourne	1	0	0	0	1	0	0	0
Melbourne IVF, East Melbourne	21	3	97	14	24	3	105	9
Melbourne IVF, Mt Waverley	3	0	10	2	2	1	4	1
Monash IVF, Bendigo	0	0	0	0	0	0	2	0
Monash IVF, Clayton	42	3	37	5	18	1	16	0
Monash IVF, Geelong	6	0	8	1	4	1	4	0
Monash IVF, Mildura	0	0	4	1	0	0	0	0
Monash IVF, Richmond	2	0	21	2	5	1	13	2
Monash IVF, Sunshine	0	0	0	0	0	0	2	0
Newlife IVF, Box Hill	2	0	6	1	2	0	2	1
Number 1 Fertility, East Melbourne	20	0	10	3	10	0	24	2
Number 1 Fertility, Geelong	1	0	0	0	1	0	1	0
Reproductive Services, Royal Women Hospital (Melbourne IVF)	1	1	3	0	2	0	4	0
Aggregated total	155	11	329	48	99	10	257	22
	Not FSH Stimulated		FSH Stimulated		Not FSH Stimulated		FSH Stimulated	
	≥ 40				ALL			
Adora Fertility, Greensborough	2	0	1	0	40	5	20	8
Ballarat IVF, Ballarat	3	0	1	0	19	0	1	0
City Babies, Richmond	0	0	48	3	12	1	227	21
City Fertility Centre, Bundoora	2	0	0	0	5	0	5	0
City Fertility Centre, Melbourne	1	0	7	1	18	1	17	1
Genea, Melbourne	0	0	1	0	2	0	1	0
Melbourne IVF, East Melbourne	7	0	28	2	52	6	230	25
Melbourne IVF, Mt Waverley	0	0	0	0	5	1	14	3
Monash IVF, Bendigo	0	0	4	0	0	0	6	0
Monash IVF, Clayton	3	0	9	0	63	4	62	5
Monash IVF, Geelong	0	0	1	0	10	1	13	1
Monash IVF, Mildura	0	0	0	0	0	0	4	1
Monash IVF, Richmond	0	0	4	0	7	1	38	4
Monash IVF, Sunshine	0	0	0	0	0	0	2	0
Newlife IVF, Box Hill	2	0	6	0	6	0	14	2
Number 1 Fertility, East Melbourne	5	0	22	2	35	0	56	7
Number 1 Fertility, Geelong	0	0	1	0	2	0	2	0
Reproductive Services, Royal Women Hospital (Melbourne IVF)	0	0	0	0	3	1	7	0
Aggregated total	25	0	133	8	279	21	719	78

AI: artificial insemination. FSH: follicle stimulating hormone.

Section 3

Table 3.2 AI with donor sperm for stimulated/unstimulated cycles, 2019-20 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 26.

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	Not FSH Stimulated	FSH Stimulated	Not FSH Stimulated	FSH Stimulated
	< 35				35-39			
Ballarat IVF, Ballarat	8	0	1	0	4	0	1	0
City Fertility Centre, Bundoora	6	1	4	0	3	0	2	1
City Fertility Centre, Melbourne	32	2	27	1	24	2	12	2
Genea, Melbourne	2	0	0	0	2	0	0	0
Melbourne IVF, East Melbourne	22	2	67	15	27	5	122	12
Melbourne IVF, Mt Waverley	2	0	5	1	6	2	23	2
Monash IVF, Bendigo	0	0	2	1	0	0	0	0
Monash IVF, Clayton	28	5	1	0	18	2	6	0
Monash IVF, Geelong	6	2	1	1	3	0	0	0
Monash IVF, Mildura	0	0	2	1	0	0	2	0
Monash IVF, Richmond	10	0	15	0	24	2	6	1
Newlife IVF, Box Hill	12	0	1	0	0	0	0	0
Number 1 Fertility, East Melbourne	0	0	3	1	0	0	0	0
Reproductive Services, Royal Women Hospital (Melbourne IVF)	2	0	2	1	1	0	5	1
Aggregated total	130	12	131	22	112	13	179	19

	Not FSH Stimulated	FSH Stimulated	Not FSH Stimulated	FSH Stimulated
	≥ 40		ALL	
Ballarat IVF, Ballarat	0	0	12	0
City Fertility Centre, Bundoora	2	0	11	1
City Fertility Centre, Melbourne	4	0	60	4
Genea, Melbourne	0	0	4	0
Melbourne IVF, East Melbourne	1	0	50	7
Melbourne IVF, Mt Waverley	2	0	10	2
Monash IVF, Bendigo	0	0	0	0
Monash IVF, Clayton	0	0	46	7
Monash IVF, Geelong	1	0	10	2
Monash IVF, Mildura	0	0	0	0
Monash IVF, Richmond	0	0	34	2
Newlife IVF, Box Hill	0	0	12	0
Number 1 Fertility, East Melbourne	0	0	0	0
Reproductive Services, Royal Women Hospital (Melbourne IVF)	0	0	3	0
Aggregated total	10	0	252	25

AI: artificial insemination. FSH: follicle stimulating hormone

* Number of clinical pregnancies only included those reported by the date on page 26.

Section 4 Donor ART treatment, 2019–20 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, 2019-20 financial year

This table includes cycles where embryo(s) was transferred. Figures do not include all clinical pregnancies, only those with ultrasound scan available before date on page 26.

Donation type (all sites)	No. of recipients treated	No. of cycles with embryos transferred	No. of clinical pregnancies*
Donor embryo	107	117	47
Donor/partner eggs			
– Fresh egg	194	74	38
– Thawed egg	37	26	14
– Embryos from donated eggs	226	314	97
Donor sperm*	1,228	1,584	519
Aggregated total**	1,792	2,115	715

* Number of clinical pregnancies only includes those reported by the date on page 26.

** Excluded AI using donor sperm. Refer to table 3.2 ** Some recipients had both donated eggs and sperm.

Table 4.2 Number of egg, sperm and embryo donors used in treatment by method of recruitment, 2019-20 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	12	1	1	14	0	4
City Fertility Centre	40	0	13	58	6	0
Genea, Melbourne	5	0	1	6	1	0
Melbourne IVF, including Reproductive Services, RWH	67	2	52	107	22	7
Monash IVF	81	3	36	149	11	7
Newlife IVF	6	0	5	4	0	0
Number 1 Fertility	19	0	17	3	0	0
Aggregated total	230	6	125	341	40	18

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

Table 4.3 Number of recipients and treatment cycles with donor/partner eggs, 2019-20 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	7	3	7	3
City Fertility Centre	31	0	33	0
Genea, Melbourne	5	0	10	0
Melbourne IVF, including Reproductive Services, RWH	66	0	77	0
Monash IVF	52	3	62	3
Newlife IVF	2	0	3	0
Number 1 Fertility	19	0	17	0
Aggregated total	182	6	209	6

● Section 4

Table 4.3 Number of recipients and treatment cycles with donor/partner eggs, 2019-20 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	8	5	13	6
City Fertility Centre	1	1	1	1
Genea, Melbourne	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	1	2	1	2
Monash IVF	28	0	29	0
Newlife IVF	2	0	7	0
Number 1 Fertility	12	0	20	0
Aggregated total	52	8	71	9

Table 4.4 Number of recipients and treatment cycles with imported thawed donor eggs, 2019-20 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	24	0	25	0
Newlife IVF	0	0	0	0
Number 1 Fertility	0	0	0	0
Aggregated total	24	0	25	0

Table 4.5 Relationship status of recipients of donor sperm treatment, 2019-20 financial year

Registered ART provider (all sites)	Relationship status of woman receiving donor sperm treatment			
	Single	Same-sex	Heterosexual	Other
Ballarat IVF	23	7	7	0
City Fertility Centre	68	107	11	4
Genea, Melbourne	3	1	2	0
Melbourne IVF, including Reproductive Services, RWH	256	140	41	0
Monash IVF	245	97	84	0
Newlife IVF	4	4	1	0
Number 1 Fertility	10	6	4	0
Aggregated total	609	362	150	4

Section 5 Surrogacy, 2019-20 financial year

Table 5 Surrogacy cycles and clinical pregnancies, 2019-20 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 26.

Treatment site	No. of surrogate women	No. of cycles with embryos transferred	% of single embryo transfer*	No. of clinical pregnancies
Genea, Melbourne	1	1	100.0	0
Melbourne IVF, East Melbourne	11	14	100.0	4
Monash IVF, Bendigo	1	2	100.0	0
Monash IVF, Clayton	5	6	100.0	5
Monash IVF, Geelong	1	3	100.0	1
Monash IVF, Richmond	4	5	100.0	1
Monash IVF, Sunshine	1	1	100.0	0
Newlife IVF, Box Hill	2	2	100.0	0
Number 1 Fertility, East Melbourne	3	5	100.0	0
Number 1 Fertility, Geelong	1	1	100.0	1
Aggregated total	30	40	100.0	12

* See note page 31.

Section 6 Multiple pregnancies, 2019-20 financial year

Table 6 Number of clinical pregnancies measured by fetal heartbeats, 2019-20 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before the date on page 26.

Treatment site	No. of clinical pregnancies	Number of fetal heartbeats				
		None	One	Two	Three or more	Not stated
Adora Fertility, Greensborough	445	47	389	7	0	2
Ballarat IVF, Ballarat	109	14	91	4	0	0
City Babies, Richmond	22	0	4	1	0	17
City Fertility Centre, Bundoora	59	1	55	3	0	0
City Fertility Centre, Melbourne	203	26	164	13	0	0
Genea, Melbourne	33	4	29	0	0	0
Melbourne IVF, East Melbourne	1,443	183	1,210	49	1	0
Melbourne IVF, Mt Waverley	118	11	105	2	0	0
Monash IVF, Bendigo	31	1	27	3	0	0
Monash IVF, Clayton	599	67	501	31	0	0
Monash IVF, Geelong	110	8	94	6	1	1
Monash IVF, Mildura	17	2	13	2	0	0
Monash IVF, Richmond	265	33	220	10	2	0
Monash IVF, Sale	10	0	8	2	0	0
Monash IVF, Sunshine	55	7	43	5	0	0
Newlife IVF, Box Hill	134	12	114	8	0	0
Number 1 Fertility, East Melbourne	408	154	247	7	0	0
Number 1 Fertility, Geelong	19	3	16	0	0	0
Reproductive Services, Royal Women Hospital (Melbourne IVF)	426	54	354	17	1	0
Aggregated total	4,506	627	3,684	170	5	20

Section 7 Storage of gametes, 2019–20 financial year

Table 7.1 Storage of sperm, ovarian tissue, eggs and embryos, 2019-20 financial year

Registered ART provider (all sites)	No. of patients with sperm in storage as at 30 June 2020	No. of patients with ovarian tissue in storage as at 30 June 2020	No. of patients with eggs in storage as at 30 June 2020	No. of patients with embryos in storage as at 30 June 2020	No. of embryos in storage as at 30 June 2020
Adora Fertility (prev.Primary IVF)	184	0	4	1,010	2,907
Ballarat IVF	209	0	27	428	1,455
City Fertility Centre	430	0	118	1,032	3,072
Genea, Melbourne	12	0	32	74	227
Melbourne IVF, including Reproductive Services, RWH	1,603	436	2,015	6,042	21,558
Monash IVF	2,078	83	1,171	5,010	16,028
Newlife IVF	32	0	43	259	1,019
Number 1 Fertility, incl. the Egg Freeze Centre, Melbourne	182	3	638	1,260	3,305
Aggregated total	4,730	522	4,048	15,115	49,571

Table 7.2 Storage of donor sperm, 2019–20 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 2019 (start of period)	New donors recruited during reporting financial year
Ballarat IVF	46	33	3
City Fertility Centre	130	77	27
Genea, Melbourne	0	0	0
Melbourne IVF, including Reproductive Services, RWH	222	198	24
Monash IVF	255	27	24
Newlife IVF	14	0	3
Number 1 Fertility, incl. the Egg Freeze Centre	0	0	0
Aggregated total	667	335	81

Section 8 Pre-implantation genetic testing, 2019-20 financial year

Table 8 Pre-implantation testing (PGT), 2019-20 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
Ballarat IVF	1	0	NA	1	1
City Fertility Centre	2	14	6	2	3
Genea, Melbourne	35	157	75	25	72
Melbourne IVF, including Reproductive Services, RWH	117	729	288	118	166
Monash IVF	60	302	106	36	36
Newlife IVF	4	47	12	0	0
Number 1 Fertility	17	81	20	15	19
Aggregated total	236	1,330	507	197	297
Pre-implantation testing for aneuploidy (incorrect chromosomal numbers, PGT-A)					
Adora Fertility	0	0	0	0	0
City Fertility Centre	41	143	67	19	22
Genea, Melbourne	2	6	1	1	1
Melbourne IVF, including Reproductive Services, RWH	469	1,886	769	403	532
Monash IVF	220	568	313	274	279
Newlife IVF	88	475	268	0	0
Number 1 Fertility	388	1,266	576	272	333
Aggregated total	1,208	4,344	1,994	969	1,167
Non-invasive pre-implantation testing for aneuploidy (NIPGT***)					
Adora Fertility	0	0	0	0	0
City Fertility Centre	0	0	0	0	0
Genea, Melbourne	0	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	0	0	0	0	0
Monash IVF	355	977	284	99	99
Newlife IVF	1	3	2	0	0
Number 1 Fertility	0	0	0	1	1
Aggregated total	356	980	286	100	100

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 biopsied and some tested by NIPGT

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

● Financial Statements

How this report is structured

The Victorian Assisted Reproductive Treatment Authority (Authority) has presented its audited general purpose financial statements for the financial year ended 30 June 2020 in the following structure to provide users with the information about the Authority's stewardship of resources entrusted to it.

Financial statements

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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 2020 and financial position of the Victorian Assisted Reproductive Treatment Authority as at 30 June 2020.

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 26 October 2020.



Ms Louise Glanville
Chairperson
Melbourne
Date 26 October 2020



Ms Louise Johnson
Chief Executive Officer
Melbourne
Date 26 October 2020



Mr Darren Collins
Chief Finance Officer
Melbourne
Date 26 October 2020

Comprehensive operating statement for the year ended 30 June 2020

	Notes	2020 \$	2019 \$
Revenue from operating activities	2	2,111,542	1,686,206
Revenue from non-operating activities	2	2,752	3,553
Employee expenses	3.1	(1,163,709)	(1,216,405)
Supplies and services	3.1	(448,769)	(417,886)
Commonwealth-funded project expenses	3.1	(295,571)	(429,822)
Net result before capital and specific items		206,245	(374,354)
Depreciation expense	4.2	(17,255)	(17,917)
Net result		188,990	(392,171)
Other comprehensive income		-	-
Comprehensive result for the year		188,990	(392,271)

Balance sheet as at 30 June 2020

	Notes	2020 \$	2019 \$
Current assets			
Cash and cash equivalents	6.1	571,948	499,947
Trade and other receivables	5.1	118,933	26,684
Other current assets	5.2	19,423	20,071
Total current assets		710,304	546,702
Non-current assets			
Plant and equipment	4.1	49,952	40,804
Intangibles	4.3	26,499	5,668
Total non-current assets		76,451	46,472
Total assets		786,755	593,174
Current liabilities			
Trade and other payables	5.3	148,696	159,223
Provisions	3.2	200,729	192,554
Total current liabilities		349,425	351,777
Non-current liabilities			
Provisions	3.2	14,621	7,678
Total non-current liabilities		14,621	7,678
Total liabilities		364,046	359,455
Net assets		422,709	233,719
Equity			
Contributed capital		11,200	11,200
Retained earnings		411,509	222,519
Total equity		422,709	233,719

Statement of changes in equity for the year ended 30 June 2020

	Contributed capital \$	Retained earnings \$	Total \$
Balance at 1 July 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
Capital contributed	-	-	-
Surplus for the year	-	188,990	188,990
Other comprehensive income	-	-	-
Balance at 30 June 2020	11,200	411,509	422,709

Cash flow statement for the year ended 30 June 2020

	Notes	2020 \$	2019 \$
Cash flow from operating activities			
Operating grants from government		1,955,431	1,630,427
Receipts from customers and others		64,231	74,097
Payments to suppliers and employees		(1,903,179)	(1,995,967)
Interest received		2,752	4,160
Net cash provided by operating activities		119,235	(287,283)
Cash flow from investing activities			
Payment for plant and equipment		(24,524)	(13,015)
Payment for intangibles		(22,710)	-
Net cash used in investing activities		(47,234)	(13,015)
Net increase/(decrease) in cash held		72,001	(300,298)
Cash at beginning of financial year		499,947	800,245
Cash at end of financial year	6.1	571,948	499,947

Notes to the financial statements for the year ended 30 June 2020

1. About this Report

1. About this Report

The Victorian Assisted Reproductive Treatment Authority (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.

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

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'.

A state of emergency was declared in Victoria on 16 March 2020 due to the global coronavirus pandemic, known as COVID-19. A state of disaster was subsequently declared on 2 August 2020.

To contain the spread of the virus and to prioritise the health and safety of our communities various restrictions have been announced and implemented by the state government, which in turn has impacted the manner in which businesses operate, including the Authority.

In response, the Authority placed restrictions on non-essential visitors to its offices and implemented work from home arrangements where appropriate.

For further details refer to Note 2.1 Funding delivery of our services and Note 4.1 Property, plant and equipment.

Notes to the financial statements for the year ended 30 June 2020

1. About this Report

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 26 October 2020.

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 2020, and the comparative information presented in these financial statements for the year ended 30 June 2019.

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.

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

Operating revenue

Government grants – Department of Health and Human Services

Government grants – Commonwealth Government

Other

2020 \$	2019 \$
1,742,415	1,312,427
320,000	318,000
49,127	55,779
2,111,542	1,686,206
2,752	3,553

Non-operating revenue

Interest received

Impact of COVID-19 on revenue

As indicated at Note 1, the Authority's daily activities were impacted by the COVID-19 pandemic; however, as at 30 June 2020, there has been no material impact on the Authority's revenue resulting from COVID-19.

Revenue recognition

Government grants

The Authority has determined that all grant income is recognised as income of not-for-profit entities in accordance with AASB 1058, except for grants that are enforceable and with sufficiently specific performance obligations and accounted for as revenue from contracts with customers in accordance with AASB 15.

There is nil impact from initially applying AASB 1058 on the Authority's grant revenue. Comparative information has not been restated to reflect the new requirements. The adoption of AASB 1058 did not have an impact on Other comprehensive income and the Statement of cash flows for the financial year.

Income from grants without any sufficiently specific performance obligations, or that are not enforceable, is recognised when the Authority has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, the Authority recognises any related contributions by owners, increases in liabilities, decreases in assets, and revenue ('related amounts') in accordance with other Australian Accounting Standards. Related amounts may take the form of:

- contributions by owners, in accordance with AASB 1004;
- revenue or a contract liability arising from a contract with a customer, in accordance with AASB 15;
- a lease liability in accordance with AASB 16;
- a financial instrument, in accordance with AASB 9; or
- a provision, in accordance with AASB 137 Provisions, Contingent Liabilities and Contingent Assets.

Notes to the financial statements for the year ended 30 June 2020

2. Funding delivery of our services

2.1 Analysis of revenue by source (continued)

Previous accounting policy for 30 June 2019

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.

Other Income

Revenue is measured based on the consideration specified in the contract with the customer. The Authority recognises revenue when it transfers control of a good or service to the customer, i.e. when, or as, the performance obligations for the sale of goods and services to the customer are satisfied.

- Customers obtain control of the supplies and consumables at a point in time when the goods are delivered to and have been accepted at their premises.
- Revenue from the sale of goods are recognised when the goods are delivered and have been accepted by the customer at their premises
- Revenue from the rendering of services is recognised at a point in time when the performance obligation is satisfied when the service is completed; and over time when the customer simultaneously receives and consumes the services as it is provided.

Customers are invoiced and revenue is recognised when the goods are delivered and accepted by customers. For services rendered, where customers simultaneously receive and consume the services as it is provided, revenue is recognised progressively as contract assets until the customer is subsequently invoiced in accordance with the terms of the service agreement. For other customers that are only able to consume the services when they have been completed, revenue is only recognised upon completion and delivery of the services. In rare circumstance where there may be a change in the scope of services provided, the customer will be provided with a new contract for the additional services to be rendered and revenue is recognised consistent with accounting policy above.

For contracts that permit the customer to return an item, revenue is recognised to the extent it is highly probable that a significant cumulative reversal will not occur. Therefore, the amount of revenue recognised is adjusted for the expected returns, which are estimated based on the historical data. In these circumstances, a refund liability and a right to recover returned goods asset are recognised. The right to recover the returned goods asset is measured at the former carrying amount of the inventory less any expected costs to recover goods. The Authority reviews its estimate of expected returns at each reporting date and updates the amount of the asset and liability accordingly. As the sales are made with a short credit term, there is no financing element present. There has been no change in the recognition of revenue from the sale of goods as a result of the adoption of AASB 15.

Previous accounting policy for 30 June 2019

Revenue from the sale of goods was recognised when:

- the Authority no longer had any of the significant risks and rewards of ownership of the goods transferred to the buyer;
- the Authority no longer had continuing managerial involvement to the degree usually associated with ownership, nor effective control over the goods sold;
- the amount of revenue, and the costs incurred or to be incurred in respect of the transactions, could be reliably measured; and
- it was probable that the economic benefits associated with the transaction would flow to the Authority.

Revenue from the supply of services was recognised by reference to the stage of completion of the services performed. The income was recognised when:

- the amount of the revenue, stage of completion and transaction costs incurred could be reliably measured; and
- it was probable that the economic benefits associated with the transaction would flow to the Authority.

Interest income

Interest income includes interest received on bank accounts. Bank deposit interest is recognised as received.

Notes to the financial statements for the year ended 30 June 2020

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

	2020 \$	2019 \$
Employee expenses	1,163,709	1,216,405
Other operating expenses		
Non-salary employee expense	206,378	48,116
Public education expenses	92,352	86,030
Legislation change expenses	1,571	89,831
Professional service fees	52,148	105,581
Member fees	31,120	34,547
Office expenses	50,566	31,312
Commonwealth-funded project expenses	295,571	429,822
Other operating expenses	14,634	22,470
Other expenses		
Depreciation and amortisation	17,255	17,917
Total expenses	1,925,304	2,082,030

Impact of COVID-19 on expenses

As indicated at Note 1, the Authority's daily activities were impacted by the COVID-19 pandemic. This resulted in indirect costs of \$2,682 being incurred mainly as a result of remote working arrangements.

Expense recognition

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

Employee expenses

- 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 2020

3. The cost of delivering our services

3.2 Employee benefits in the balance sheet

Current provisions

Annual leave

Unconditional and expected to be settled within 12 monthsⁱ

Unconditional and expected to be settled after 12 months

Long service leave

Unconditional and expected to be settled within 12 monthsⁱ

Unconditional and expected to be settled after 12 monthsⁱⁱ

Provisions related to employee benefit on-costs

Unconditional and expected to be settled within 12 monthsⁱ

Unconditional and expected to be settled after 12 monthsⁱⁱ

Total employee benefits and related on-costs

Total current provisions

Non-current provisions

Long service leave

Provisions related to employee benefit on-costs

Total non-current provisions

Total provisions

i The amounts disclosed are nominal amounts

ii The amounts disclosed are discounted to present values

Employee benefits and related on-costs

Current employee benefits and related on-costs

Annual leave entitlements

Long service leave entitlement

Total employee benefits and related on-costs

Movements in long service leave

Balance at start of year

Additional provisions recognised

Balance at end of year

2020 \$	2019 \$
94,417	77,217
-	-
52,253	42,659
27,877	47,563
174,547	167,439
22,000	17,980
4,182	7,135
26,182	25,115
200,729	192,554
12,714	6,676
1,907	1,002
14,621	7,678
215,350	200,232
108,579	88,799
106,771	111,433
215,350	200,232
26,117	22,093
1,972	4,024
28,089	26,117

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.

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.

Notes to the financial statements for the year ended 30 June 2020

3. The cost of delivering our services

3.2 Employee benefits in the balance sheet (continued)

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.

3.3 Superannuation

Defined contribution plans

	Paid contribution for the year		Contribution outstanding at year end	
	2020 \$	2019 \$	2020 \$	2019 \$
Hesta Superannuation	28,788	40,200	1,787	3,017
First State Super	34,402	33,671	1,184	2,661
VicSuper	29,633	31,438	2,212	2,075
REST Industry Super	14,308	14,643	1,430	526
Other	40,125	27,226	4,933	2,345
Total	147,256	147,178	11,546	10,624

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

Defined contribution superannuation plans

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

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

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

Notes to the financial statements for the year ended 30 June 2020

4. Key assets to support service delivery

4. Key assets to support service delivery

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

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

Computer equipment

At fair value

Less accumulated depreciation

Office equipment

At fair value

Less accumulated depreciation

Total property, plant and equipment

2020 \$	2019 \$
93,665	74,232
(68,810)	(59,023)
24,855	15,209
64,177	59,086
(39,080)	(33,491)
25,097	25,595
49,952	40,804

Movements in carrying amounts

2020

Balance at the beginning of the year

Additions

Depreciation

Balance at end of year

Computer equipment \$	Office equipment \$	Total \$
15,209	25,595	40,804
19,432	5,091	24,523
(9,786)	(5,589)	(15,375)
24,855	25,097	49,952

Impact of COVID-19 on plant and equipment

As indicated at Note 1, the Authority's daily activities were impacted by the COVID-19 pandemic. This resulted in computer equipment costs of \$12,100 being incurred mainly as a result of remote working arrangements.

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 2020

4. Key assets to support service delivery

4.2 Depreciation and amortisation

Depreciation

Computer equipment

Office equipment

Total depreciation

Amortisation

Software

Website

Total amortisation

Total depreciation and amortisation

2020 \$	2019 \$
9,786	3,453
5,589	6,899
15,375	10,352
1,880	7,565
-	-
1,880	7,565
17,255	17,917

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

Software

At cost

Less accumulated amortisation

Website

At cost

Less accumulated amortisation At cost

Total intangibles

2020 \$	2019 \$
27,813	27,813
(24,024)	(22,145)
3,789	5,668
22,710	-
-	-
22,710	-
26,499	5,668

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 2020

5. Other assets and liabilities

5. Other assets and liabilities

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

Structure

5.1 Receivables

5.2 Prepayments and other non-financial assets

5.3 Payables

5.1 Receivables

CURRENT

Statutory

FBT refundable

GST receivable

Cash supplement - DHHS

Total receivables

2020 \$	2019 \$
369	-
11,580	26,684
106,984	-
118,933	26,684

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

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

Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is recognised when there is objective evidence that the debts may not be collected and bad debts are written off when identified.

5.2 Prepayments and other non-financial assets

CURRENT

Prepayments

2020 \$	2019 \$
19,423	20,071

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 2020

5. Other assets and liabilities

5.3 Payables

	2020 \$	2019 \$
CURRENT		
Contractual		
Trade creditors	15,076	56,761
Credit card	3,093	2,955
Accruals	92,095	67,657
Superannuation payable	10,156	8,013
Salary package liability	1,390	3,926
	121,810	139,312
Statutory		
PAYG withheld	26,886	19,911
Total payables	148,696	159,223

Payables consist of:

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

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

Notes to the financial statements for the year ended 30 June 2020

6. How we financed our operations

6. How we financed our operations

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

This section includes disclosures of balances that are financial instruments (such as cash balances). Note 7 provides additional, specific financial instrument disclosures.

Structure

6.1 Cash flow information and balances

6.2 Commitments

6.1 Cash flow information and balances

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

Cash at bank and on hand

Reconciliation of cash

Cash at the end of the financial year as shown in the cash flow statement is reconciled to the related items in the balance sheet as follows:

Cash at bank

Deposits at call

2020 \$	2019 \$
571,948	499,947
318,365	249,048
253,583	250,899
571,948	499,947

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

Net result for the year

Non cash movements:

Depreciation and amortisation

Movements in assets and liabilities:

(Increase)/decrease in receivables

Decrease in other assets

(Decrease) in payables

Increase in provisions

Net cash inflow from operations

2020 \$	2019 \$
188,990	(392,271)
17,255	17,917
(92,249)	18,925
648	42,251
(10,526)	(4,951)
15,117	30,846
119,235	(287,283)

Notes to the financial statements for the year ended 30 June 2020

6. How we financed our operations

6.2 Commitments

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

	Less than 1 year \$	1-5 years \$	Total \$
2020			
Capital expenditure commitments payable	17,400	-	17,400
Operating and lease commitments payable	149,896	-	149,896
Total commitments (exclusive of GST)	167,296	-	167,296
2019			
Capital expenditure commitments payable	-	-	-
Operating and lease commitments payable	20,260	-	20,260
Total commitments (exclusive of GST)	20,260	-	20,260

Notes to the financial statements for the year ended 30 June 2020

7. Risks, contingencies and valuation uncertainties

7. Risks, contingencies and valuation uncertainties

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

Structure

7.1 Financial instruments

7.2 Fair values

7.3 Contingent assets and contingent liabilities

7.1 Financial instruments

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

The Authority applies AASB 9 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

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)

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)

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.

Notes to the financial statements for the year ended 30 June 2020

7. Risks, contingencies and valuation uncertainties

7.1 Financial instruments (continued)

7.1.1 Financial instruments: categorisation

2020	Note	Financial assets at amortised cost \$	Financial liabilities at amortised cost \$	Total \$
Contractual financial assets				
Cash and cash equivalents	6.1	571,948	-	571,948
<i>Receivables</i>				
Trade receivables	5.1	-	-	-
Other receivables	5.1	-	-	-
Total contractual financial assets		571,948	-	571,948
Contractual financial liabilities				
Payables	5.3	-	121,810	121,810
Total contractual financial liabilities		-	121,810	121,810
2019	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	499,947	-	499,947
<i>Receivables</i>				
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

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.

Notes to the financial statements for the year ended 30 June 2020

7. Risks, contingencies and valuation uncertainties

7.1.2 Financial risk management objectives and policies (continued)

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			
2020	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	121,810	121,810	121,810	-	-	-
Total financial liabilities		121,810	121,810	121,810	-	-	-
2019							
Financial liabilities							
Payables	5.3	139,312	139,312	139,312	-	-	-
Total financial liabilities		139,312	139,312	139,312	-	-	-

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	
	2020 %	2019 %	2020 \$	2019 \$	2020 \$	2019 \$	2020 \$	2019 \$	2020 \$	2019 \$
<i>Financial assets:</i>										
Cash at bank and in hand	0.10	0.10	318,365	249,048	-	-	-	-	318,365	249,048
Deposits at call	1.05	1.90	253,583	250,899	-	-	-	-	253,583	250,899
Total financial assets			571,948	499,947	-	-	-	-	571,948	499,947
<i>Financial liabilities:</i>										
Trade and other payables			-	-	-	-	121,810	139,312	121,810	139,312
Total financial liabilities			-	-	-	-	121,810	139,312	121,810	139,312

Notes to the financial statements for the year ended 30 June 2020

7. Risks, contingencies and valuation uncertainties

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 2020 (2019: Nil)

Notes to the financial statements for the year ended 30 June 2020

8. Other disclosures

8. Other disclosures

Structure

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

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	01/07/2019	30/06/2020

Authority members

Ms. L. Glanville (Chairperson)	01/07/2019	30/06/2020
Ms. N. Mollard	01/07/2019	30/06/2020
Ms. K. Lai	01/07/2019	30/06/2020
Dr. L. Burns	01/07/2019	23/08/2019
Ms. J White	01/07/2019	30/06/2020
Dr. R. Carson	01/07/2019	23/08/2019
Dr. P. Lutjen	23/08/2019	30/06/2020
Dr. G. Jennings	23/08/2019	30/06/2020
Dr. F. Kelly	23/08/2019	30/06/2020

Accountable Officer

Ms L Johnson (Chief Executive Officer)	01/07/2019	30/06/2020
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Remuneration of responsible persons

The Responsible Persons received remuneration for the financial year ended 30 June 2020. 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	2020	2019
\$0 – \$9,999	9	8
\$200,000 – \$209,999	-	1
\$210,000 – \$219,999	1	-
Total numbers	10	9
Total remuneration received or due and receivable by responsible persons from the Authority amounted to:	246,796	244,686

Notes to the financial statements for the year ended 30 June 2020

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.

	2020 \$	2019 \$
Department of Health and Human Services		
Revenue (government grants)	1,742,415	1,312,427
Receivables	106,984	-

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.

	2020 \$	2019 \$
Short-term benefits	222,909	221,645
Post-employment benefits	19,683	18,991
Other long-term benefits	4,204	4,050
Total remuneration	246,796	244,686

Notes to the financial statements for the year ended 30 June 2020

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

Victorian Auditor-General's Office:

Audit of the financial statements

2020 \$	2019 \$
7,300	7,200

8.5 AASBs issued that are not yet effective

AASB 2018-7 Amendments to Australian Accounting Standards – Definition of Material

This Standard principally amends AASB 101 Presentation of Financial Statements and AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors. The amendments refine and clarify the definition of material in AASB 101 and its application by improving the wording and aligning the definition across AASB Standards and other publications. The amendments also include some supporting requirements in AASB 101 in the definition to give it more prominence and clarify the explanation accompanying the definition of material. The standard is not expected to have a material impact on the Authority.

AASB 2020-1 Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current

This Standard principally amends AASB 101 Presentation of Financial Statements and AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors. The amendments refine and clarify the definition of material in AASB 101 and its application by improving the wording and aligning the definition across AASB Standards and other publications. The amendments also include some supporting requirements in AASB 101 in the definition to give it more prominence and clarify the explanation accompanying the definition of material. The standard is not expected to have a significant impact on the Authority.

In addition to the new standards and amendments above, the AASB has issued a list of other amending standards that are not effective for the 2019-20 reporting period (as listed below). In general, these amending standards include editorial and reference changes that are expected to have insignificant impacts on public sector reporting.

AASB 2018-6 Amendments to Australian Accounting Standards – Definition of a Business.

AASB 2019-1 Amendments to Australian Accounting Standards – References to the Conceptual Framework.

AASB 2019-3 Amendments to Australian Accounting Standards – Interest Rate Benchmark Reform.

AASB 2019-5 Amendments to Australian Accounting Standards – Disclosure of the Effect of New IFRS Standards Not Yet Issued in Australia.

AASB 2019-4 Amendments to Australian Accounting Standards – Disclosure in Special Purpose Financial Statements of Not-for-Profit Private Sector Entities on Compliance with Recognition and Measurement Requirements.

AASB 2020-2 Amendments to Australian Accounting Standards – Removal of Special Purpose Financial Statements for Certain For-Profit Private Sector Entities.

AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities (Appendix C).

Conceptual Framework for Financial Reporting.

Notes to the financial statements for the year ended 30 June 2020

8. Other disclosures

8.6 Changes in accounting policy

8.6.1 Leases

This note explains the impact of the adoption of AASB 16 Leases on the Authority's financial statements. The Authority has applied AASB 16 with a date of initial application of 1 July 2019.

Leases classified as operating leases under AASB 117

As a lessee, the Authority previously classified leases as operating or finance leases based on its assessment of whether the lease transferred significantly all of the risks and rewards incidental to ownership of the underlying asset to the Authority. Under AASB 16, the Authority recognises right-of-use assets and lease liabilities for all leases except where exemption is availed in respect of short-term and low-value leases. On adoption of AASB 16, the Authority has elected to apply the exemption not to recognise right-of-use assets and liabilities for leases with less than 12 months of lease term when applying AASB 16 to leases previously classified as operating leases under AASB 117.

Impacts on financial statements

On transition to AASB 16, there was nil impact on the financial statements.

8.6.2 Revenue from contracts with customers

In accordance with FRD 121 requirements, the Authority has applied the transitional provisions of AASB 15, under modified retrospective method with the cumulative effect of initially applying this standard against the opening retained earnings at 1 July 2019. Under this transition method, the Authority applied this standard retrospectively only to contracts that are not 'completed contracts' at the date of initial application. Comparative information has not been restated.

Note 2.1 *Analysis of revenue by source* includes details about the transitional application of AASB 15 and how the standard has been applied to revenue transactions.

Impacts on financial statements

On transition to AASB 15, there was nil impact on the financial statements.

8.6.3 Income of not-for-profit entities

In accordance with FRD 122 requirements, the Authority has applied the transitional provision of AASB 1058, under modified retrospective method with the cumulative effect of initially applying this standard against the opening retained earnings at 1 July 2019. Under this transition method, the Authority applied this standard retrospectively only to contracts and transactions that are not completed contracts at the date of initial application. Comparative information has not been restated.

Note 2.1 *Analysis of revenue by source* includes details about the transitional application of AASB 1058 and how the standard has been applied to revenue transactions.

Impacts on financial statements

On transition to AASB 1058, there was nil impact on the financial statements.

8.7 Events after balance sheet date

The COVID-19 pandemic has created unprecedented economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by the Authority at the reporting date. As responses by government continue to evolve, management recognises that it is difficult to reliably estimate with any degree of certainty the potential impact of the pandemic after the reporting date on the Authority, its operations, its future results and financial position. The state of emergency in Victoria was extended on 11 October 2020 until 8 November 2020 and the state of disaster is still in place.

No other matters or circumstances have arisen since the end of the financial year which significantly affected or may affect the operations of the Authority, the results of the operations or the state of affairs of the Authority in the future financial years.

8.8 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. Recurrent funding has been granted until the end of the 2022-23 financial year.

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.

8.9 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

8.10 Assisted Reproductive Treatment Act (2008)

The Infertility Treatment Authority was established under the *Infertility Treatment Act 1995*. On 1 January 2010 upon the implementation of the *Assisted Reproductive Treatment Act 2008*, the Infertility Treatment Authority became the Victorian Assisted Reproductive Treatment Authority.

Independent Auditor's Report

To the Members of the Victorian Assisted Reproductive Treatment Authority

Opinion	<p>I have audited the financial report of the Victorian Assisted Reproductive Treatment Authority (the authority) which comprises the:</p> <ul style="list-style-type: none"> • balance sheet as at 30 June 2020 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including significant accounting policies • accountable officer's, member of responsible body's and chief finance officer's declaration. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the authority as at 30 June 2020 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the authority in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Members' responsibilities for the financial report	<p>The Members of the authority are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Members determine is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Members are responsible for assessing the authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

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


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

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

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

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

MELBOURNE
30 October 2020


Travis Derricott
as delegate for the Auditor-General of Victoria

Glossary

The terminology used in this report is fully explained below:

Adjuvant or 'add-on'	Interventions offered in addition to recognised standard assisted reproductive treatment (ART) or artificial insemination (AI) which are claimed to improve fertility and/or reproductive outcomes.
Age at first treatment	Age is based on the cycle date – either the first date where FSH/stimulation drug is administered, or the date of last menstrual period (LMP) for unstimulated cycles (including natural fresh cycles and thaw cycles).
AI (artificial insemination with partner sperm)	A procedure where sperm is injected into the vagina, cervical canal or uterus of a woman.
AI with donor sperm	Artificial insemination with donor sperm.
ART	Assisted reproductive treatment, also known as assisted reproductive technology, refers to technologies and associated methods used to assist people in achieving a pregnancy.
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.
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.
Fresh embryo	An embryo that has not been cryopreserved (frozen).
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.
Gamete Intra-Fallopian Transfer (GIFT)	A GIFT cycle involves eggs being removed from a woman's ovaries to be placed in one of the Fallopian tubes along with the man's 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.

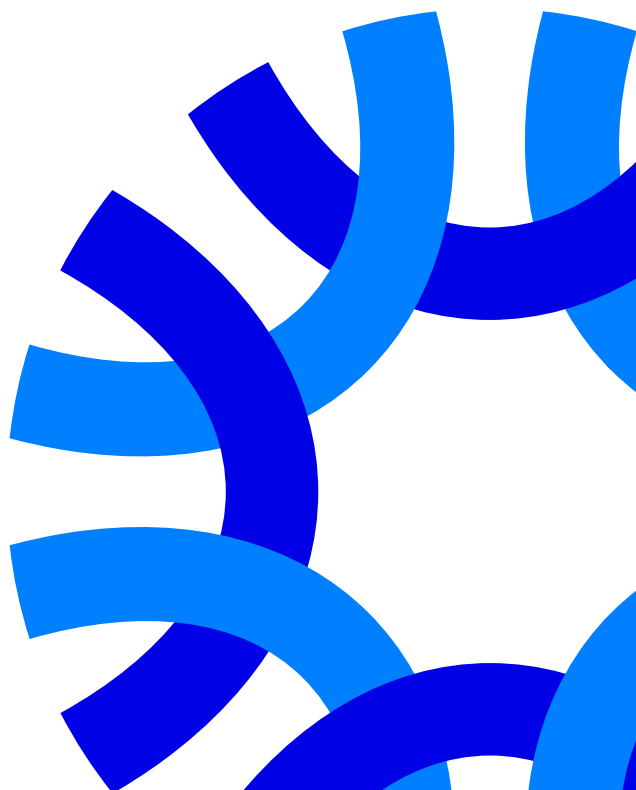
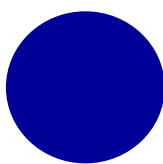
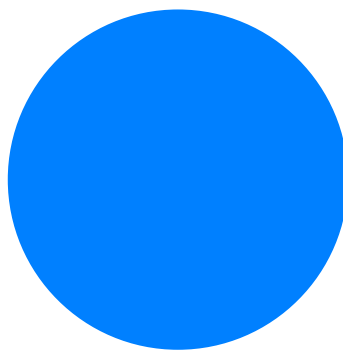
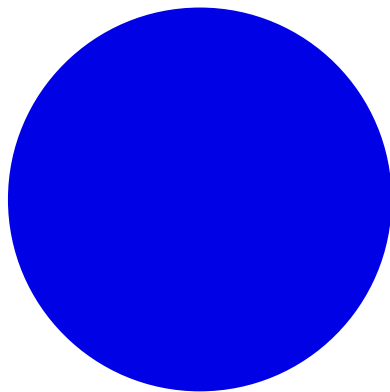
Glossary continued

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.
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.
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 <i>Assisted Reproductive Treatment Act 2008</i> .
Single embryo transfer	The process of transferring one embryo into a woman's uterus, rather than two or more embryos.
Singleton	A baby born singly, rather than one of a multiple birth.
Surrogacy	An arrangement whereby a woman is treated with an embryo created from gametes from the intended parent(s) or donor eggs and sperm. She carries the pregnancy with the intention or agreement that the offspring will be parented by the intended parent(s).
Thaw cycle	A cycle where cryopreserved (frozen) eggs, sperm or embryos are thawed prior to transfer.
Thawed embryo	A previously cryopreserved (frozen) embryo that has been thawed.
Transfer	The procedure of placing embryos or eggs and sperm into the body of a woman.
Women in treatment	From 1 January 2010, women in treatment can include women in heterosexual or same-sex relationships or single women. All women must be eligible for treatment as outlined in Section 10 of the <i>Assisted Reproductive Treatment Act 2008</i> . Before 2010, women were required to be eligible for treatment under Section 8 of the <i>Infertility Treatment Act 1995</i> .

Disclosure index

The annual report of the Authority is prepared in accordance with all relevant Victorian legislations and pronouncements. This index has been prepared to facilitate identification of the Authority's compliance with statutory disclosure requirements.

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VARTA

ABN 94 021 324 852
Level 30, 570 Bourke Street,
Melbourne Vic 3000
Tel (61 3) 8601 5250
Email varta@varta.org.au
www.varta.org.au