

VARTA



care. Education. Informed consent. Safer
Respecting people's choices. Person-centred care. Education.
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2021 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 2020 to 30 June 2021.

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.

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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

Following a difficult year for many Victorians, we are pleased to present VARTA's annual report for 2020-21. Despite many challenges from COVID-19, VARTA honoured its commitments this year and demonstrated agility and innovation in the face of adversity. We are particularly proud of the following achievements.

Regulation to encourage safer outcomes

In February, VARTA launched its *Person-centred Care Guidance* for IVF clinics to encourage safer, better care for patients. In response to consumer feedback that fertility treatment can feel impersonal and unnecessarily stressful at times, VARTA's practical guidance supports clinics to implement improvements that can make a big difference to patients' wellbeing.

While fertility treatment is safe for the majority of people who receive it, VARTA worked with co-regulators and other agencies to raise standards even higher this year. In one project, VARTA collaborated with the Victorian Agency for Health Information to improve its oversight of ovarian hyperstimulation syndrome (OHSS) – a potentially serious side effect of IVF treatment. The results suggest there is significant scope for increased transparency and analysis of trends to minimise more OHSS cases in future. You can read about this on page 9.

This work coincided with a surge in demand for fertility treatment during 2020-21. Clinics reported a 27 per cent increase in treatment cycles compared to the previous year and a 20 per cent rise in women treated. More detail about this and other treatment data is provided from page 30.

Education to empower consumers

Providing Victorians with independent, evidence-based information about fertility treatments remained a priority this year. There was a strong focus on IVF add-ons - optional extras that may not be proven to be safe or effective at improving the chance of a baby. VARTA participated in research investigating the presentation of add-ons by clinics, as well as use among IVF patients, and promoted the findings to educate consumers. You can read more about this on page 10.

VARTA also launched a new website in February with a cleaner, modern design to optimise the way it communicates with Victorians. It includes new resources translated into four commonly spoken languages to expand VARTA's reach and break down barriers to fertility treatment. These resources have been welcomed by fertility treatment providers and promoted on social media.



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 2021.

Increased agility in response to COVID-19

COVID-19 has had an enormous impact on the way VARTA staff work, with intermittent lockdowns causing many to work remotely for much of the year. The pandemic also altered demand for some of VARTA's services and caused barriers to other work that is usually managed in person. Staff pivoted to meet these challenges in innovative ways.

For example, travel restrictions caused by the pandemic triggered a three-fold rise in applications from people wanting to export and import donated eggs, sperm and embryos because they cannot travel to access treatment (there were 133 individual applications in 2020-21 compared to 44 in 2019-20). This caused VARTA's regulation team to streamline its application processes in order to reduce delays. You can read more about this on page 12.

The need for social distancing created some positive changes that increased VARTA's reach. Many counselling clients who previously had to travel long distances found it easier to use video applications for their sessions, and hosting VARTA events online increased our audience. Our first webinar for parents wanting advice on how to broach donor conception with their children reached four times its usual in-person audience. More people continue to download this webinar from our website every day.

However, lockdown restrictions prompted a temporary suspension of outreaches to donor-conceived people regarding applications to our registers. VARTA did not want people learning they were donor-conceived for the first time without access to appropriate support if required.

New leadership

This year's achievements occurred during a period of great change for VARTA. In February, the Authority farewelled its long serving Chief Executive Officer, Louise Johnson, and appointed Anna MacLeod to replace her. We would both like to thank Louise for her tremendous dedication and work for VARTA and its predecessor, the Infertility Treatment Authority, over 15 years. You can read more about Louise's significant achievements, and about Anna MacLeod, on page 24.

Finally, we would like to thank all of our hard-working board members, staff and volunteers who have kept VARTA running this year. A small group of talented people have worked tirelessly to achieve the Authority's goals.



Louise Glanville
Chairperson



Anna MacLeod
Chief Executive Officer



Anna MacLeod

The year in review



15,674 patients treated – up 20%



4,976 women with frozen eggs in storage



4,068 live babies born in 2019-20 – up 6%*



71 applications to the Central Register – down 28%



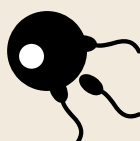
94 applications to the Voluntary Register – up 30%



4 million visits to the *Your Fertility* website



96% surveyed would recommend VARTA's 'Time to tell' webinar



Regulated 10 ART providers

Treatment at a glance

- 15,674 patients treated – up 20%
- 29,894 cycles of treatment – up 27%
- 4,976 women with frozen eggs in storage – up 23%
- 75% of cycles used ICSI – up from 72% last year
- 4,068 live babies born in 2019-20 – up 6%*

Donor conception register services at a glance

- 71 applications to the Central Register – down 28%
- 94 applications to the Voluntary Register – up 30%
- 279 donors added to the Central Register – up 18%

Public education at a glance

- 4 million visits to the *Your Fertility* website
- 330,000 resources downloaded from the *Your Fertility* website
- 100,000 visits to the VARTA website
- 96% of people surveyed would recommend VARTA's 'Time to tell' webinar

Regulation at a glance

- Regulated 10 ART providers
- 133 individual applications to import/export gametes and embryos compared to 44 the previous year – up 202%

* This data comes from 2019-20 because it takes time to follow up on births that occur after treatment in one financial year.

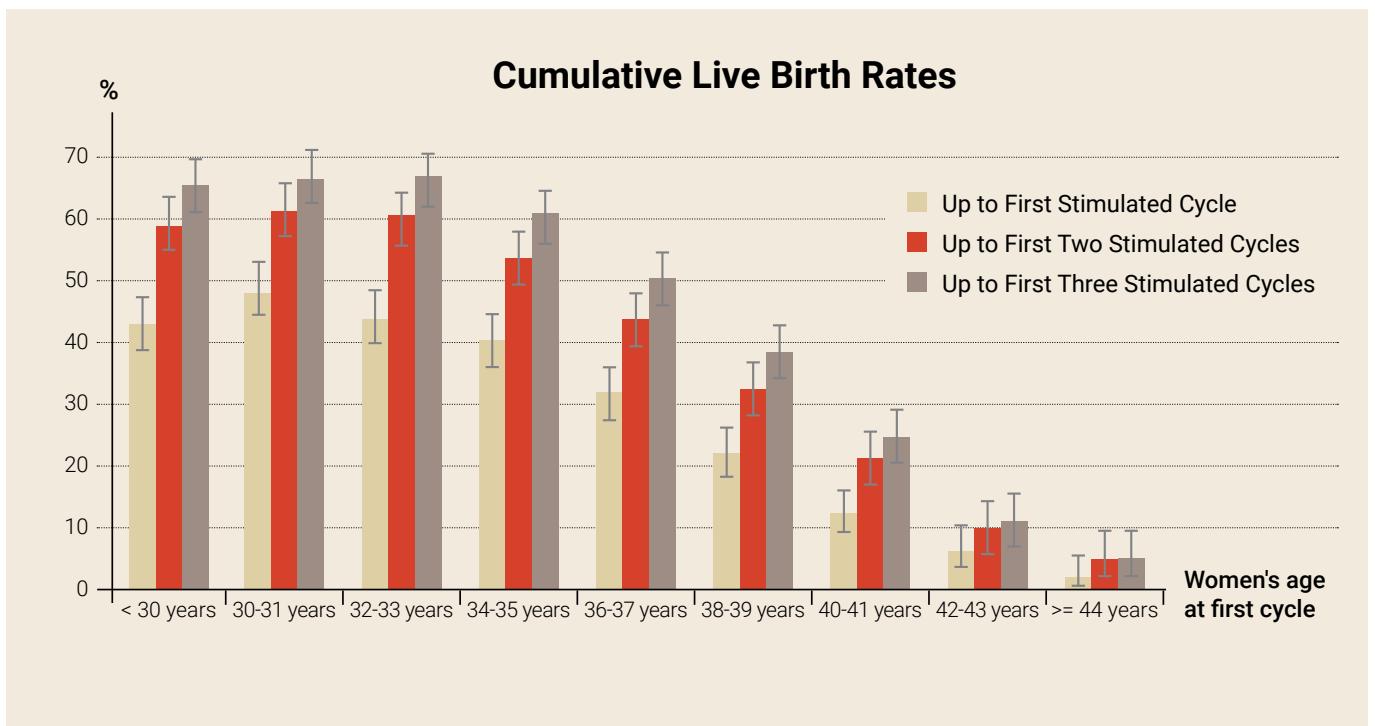
Fertility treatment trends for consumers

Every year VARTA collects data about fertility treatment and outcomes for people over time. This is a summary for people contemplating treatment or going through it.

IVF success rates according to age

The following graph shows birth rates for people who had up to three stimulated IVF cycles in Victoria by age group. It is called the cumulative live birth rate because it shows the proportion of people who had a baby after one, two or three stimulated IVF cycles, including all fresh and frozen embryo transfer attempts associated with these complete cycles. This data includes people tracked for 3-4 years until 30 June 2020.

As you can see in the graph below, for women aged up to 30 years the chance of a baby was 43% after one stimulated cycle and 65% after three stimulated cycles. For women aged 42-43 the chance of a baby was 6% after one and 11% after three stimulated cycles. While age is a key factor, other factors contribute to the chance of success. The cumulative live birth rate for individual women depends on their circumstances and may be higher or lower than the average figures provided here.



Note The cumulative live birth rate 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).

Overall birth rate

Of all the people who had fertility treatment in Victoria during 2019-20, 30% had a baby.*

Artificial insemination

Of all the people who used artificial insemination (IUI) in Victoria during 2019-20, 10% had a baby.*

Average number of eggs collected

During 2020-21, the average number of eggs collected during an egg collection procedure varied according to a woman's age.

- For women aged under 35 the average was 13 eggs.
- For women aged 35-39 the average was 10 eggs.
- For women aged 40 plus the average was 7 eggs.

ICSI (Intracytoplasmic sperm injection)

Clinics used ICSI for 75% of cycles. Research shows ICSI only improves live birth rates if there is a diagnosis of male infertility. About 30% of infertile couples have a diagnosis of male infertility.

Embryo transfers

- 94% of fresh embryo transfers were single embryo transfers
- 96% of thawed embryo transfers were single embryo transfers

* This data comes from previous years because it takes time to follow up on births that occur after treatment in one financial year.

Egg freezing

928 women froze their eggs during 2020-21. There were 4,976 women with eggs in storage on June 30, 2021 – up 23% from the year before.

Egg, sperm and embryo donations

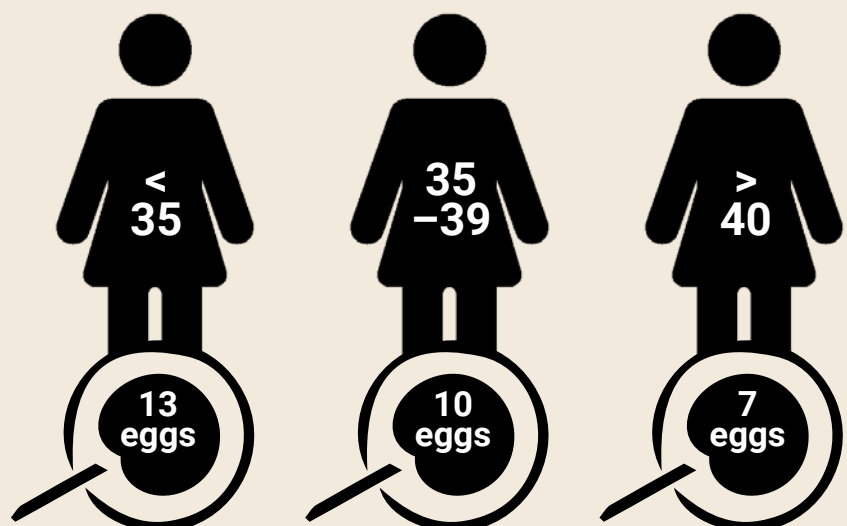
- 106 people received embryo donations – a similar number to last year.
- 310 people received egg donations – up 34% from last year.
- 285 people received embryos containing a donor egg – up 26% from last year.
- 1,574 people received sperm donations – up 28% from last year.

Where donors came from

- Egg donors: 81% recipient recruited, 12% overseas egg bank, 7% recruited through a clinic.
- Sperm donors: 69% recruited through a clinic, 28% recipient recruited, 3% overseas sperm bank.
- Embryo donors: 52% recipient recruited, 48% recruited through a clinic.

Average number of eggs collected

During 2020-21, the average number of eggs collected during an egg collection procedure varied according to a woman's age.



Operational and budgetary objectives and performance

Operational performance against budget

The total income for the year was \$2.1m and largely in line with the budgeted income. Notable variations in income to budget reflect:

- A one-off payment of \$80,000 provided by the Department of Health for additional headcount due to extra workload on the Authority.
- A varied service agreement between the Department of Health and VARTA of \$147,000 to carry out its statutory function including search services.

Total program expenditure was \$2.3m, which was over budget, however in line with projected adjustments due to policy and staff adjustments from the management decisions of:

- Retirement of the long-standing CEO and the recruitment process for a replacement.
- Changed parental leave policy to provide 12 weeks' agency paid parental leave to staff.

Your Fertility program

During the reporting period, VARTA received \$318,000 from the Commonwealth Government for the *Your Fertility* program. This was added to the \$26,000 which had been approved to be carried over surplus from the previous financial year. Expenditure of \$339,000 relating to *Your Fertility* was incurred and recognised in the reporting period. The remaining surplus of \$5,000 from the 2020-21 funding period has been approved for carry over into the 2021-22 financial year.

Subsequent Events

VARTA notified the Department of Health about the change in parental leave policy, along with the financial impact arising from five staff members taking parental leave during the 2020-2021 and 2021-2022 financial years. The Department agreed to provide financial reimbursement for the 12 weeks' paid parental leave for each of these five staff members whilst the organisation prepares to take over the cost of funding parental leave going forward. This reimbursement will occur in the forthcoming 2021-2022 financial year.

Five-year financial summary

	2020-21	2019-20	2018-19	2017-18	2016-17	2015-16
	\$	\$	\$	\$	\$	\$
Total revenue	2,134,092	2,114,294	1,689,759	2,040,435	1,760,125	984,744
Total expenses	2,322,610	1,925,304	2,082,030	2,012,459	1,315,970	991,564
Net result for the year	(188,518)	188,990	(392,271)	27,976	444,155	(6,820)
Total assets	565,748	786,755	593,174	959,550	862,674	328,180
Total liabilities	331,557	364,046	359,455	333,561	264,660	174,321
Net assets	234,191	422,709	233,719	625,990	598,014	153,859
Total equity	234,191	422,709	233,719	625,990	598,014	153,859

● Focus 1: Regulation

Registration of assisted reproductive treatment (ART) providers

VARTA's *Regulator Plan* sets out its regulatory role and priorities for fulfilling key functions in a targeted and risk-based way to protect the interests and wellbeing of both people having fertility treatment and the children born. During 2020-21, the Authority performed the following key regulatory activities in the plan:

- *Supported compliance.* VARTA provided information and guidance to registered ART providers on compliance with the Act, Regulations and *Conditions for Registration*.
- *Monitored compliance.* VARTA investigated adverse incidents, including actual or potential breaches of the ART Act and/or *Conditions for Registration*. VARTA also reviewed audits by the Fertility Society of Australia's Reproductive Treatment Accreditation Committee (RTAC) and progress on the implementation of agreed corrective actions.
- *Reviewed broader programs and activities.* Under the Act, VARTA monitored ART providers' activities through regular meetings and correspondence with clinic representatives, consultation with members of Advisory Panels and other stakeholders.
- *Demonstrated responsive intervention and enforcement.* VARTA referred matters to co-regulators for investigation and reported investigation outcomes to the Victorian Minister for Health.
- *Determined import and export applications.* VARTA considered and made determinations in respect of a large volume of applications to import or export donor gametes and embryos formed from donor gametes into or out of Victoria.

Registration of assisted reproductive treatment (ART) providers

ART providers accredited by RTAC can apply to VARTA for registration in Victoria. Upon registration, providers are required to comply with VARTA's *Conditions for Registration* and must complete annual attestations to indicate compliance.

These conditions require providers and their doctors to supply patients and the public with easily understood information about the risks and benefits of new treatment procedures and adjuvants (add-ons). This includes accurate information about the evidence which demonstrates the risks and benefits of add-ons.

The conditions also require providers to ensure their advertising and patient information is not misleading. Misleading conduct includes, for example, publishing

selective success rates that do not fairly compare one clinic with others. An ART provider must, on request, provide VARTA with evidence verifying published claims, comparisons or information.

In addition to the general conditions set out in the *Conditions for Registration*, VARTA can impose specific conditions on the registration of providers that it considers to be in the public interest to minimise specific risks, improve systems for legislative compliance and/or prioritise patient welfare. During 2020-21, no Victorian ART provider had specific conditions imposed on their registration.

ART providers registered to provide treatment 1 July 2020 – 30 June 2021

Adora Fertility (previously Primary IVF),
Greensborough (previously Preston)

Ballarat IVF

City Babies, Richmond

City Fertility Centre, Bundoora

City Fertility Centre, Melbourne

Genea, Melbourne

Melbourne IVF, East Melbourne¹

Melbourne IVF, Mt Waverley

Monash IVF, Bendigo

Monash IVF, Clayton,
(Monash IVF Monash Surgical Private Hospital)

Monash IVF, Geelong

Monash IVF, Mildura

Monash IVF, Richmond² (Monash IVF Epworth Hospital)

Monash IVF, Sale (Central Wellington Health Services)

Monash IVF, Sunshine (Western Day Surgery)

Newlife IVF, Box Hill³

Number 1 Fertility, Geelong

Number 1 Fertility, Melbourne⁴

Reproductive Services, Royal Women's Hospital⁵
(Melbourne IVF)

Notes:

1. Blood tests, scans, counselling and doctor consultations are conducted at Melbourne IVF Box Hill and Werribee. Patients managed at the East Melbourne site may attend Box Hill and Werribee for the above services. Data for East Melbourne will include data for some patients attending the Box Hill and Werribee clinics.
2. Monash IVF, Richmond uses laboratory facilities in Hawthorn.
3. Newlife IVF also has consulting suites in East Melbourne.
4. The Egg Freeze Centre is part of Number 1 Fertility Melbourne.
5. 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.

Adverse incidents

Clinics reported 70 adverse incidents to VARTA in 2020-21 – up from 53 last year. All adverse incidents are reviewed by VARTA for further action as required, or referral to relevant co-regulators, as appropriate. During the year, VARTA's CEO and staff met with designated officers at all clinics to discuss regulatory and compliance matters, including adverse incidents and treatment trends. In its regular newsletters for clinics, VARTA also shares case studies of adverse incidents or 'lessons from losses' to help clinics prevent similar events in future.

The adverse incidents reported this year occurred in the context of 15,674 women having more than 29,000 fresh or frozen cycles of IVF treatment in Victoria. A breakdown of these incidents follows.

Clinical	Scientific		
Ovarian Hyperstimulation Syndrome – OHSS (moderate to severe with hospitalisation)*	30	Embryo loss	3
Bleed	6	Gamete loss (sperm or eggs)	1
Infection	5	Transfer error	2
Ovarian torsion	3		
Ectopic pregnancy	2		
Legislative compliance	10		
Administrative/communication	3		
Other	5		
Total	64		6

* 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. Please note that this figure should be interpreted with caution. Read more about an OHSS audit underway at the end of 2020-21 in the next column on this page.

Clinical incidents

Clinical incidents were the most common, particularly side effects of treatment including ovarian hyperstimulation syndrome (OHSS), bleeds, infections, and ovarian torsions. However, the data for OHSS should be interpreted with caution due to an audit underway at the end of the 2020-21 financial year.

Ovarian hyperstimulation syndrome audit

In June 2021, VARTA revised its definition of reportable cases of ovarian hyperstimulation syndrome (OHSS) to ensure it receives adequate data to assess trends and, where appropriate, share clinical practices which might minimise more cases of OHSS in future. During 2020-21, VARTA received data from the Victorian Agency for Health Information (VAHI) showing discrepancies between the number of women treated for OHSS in Victorian hospitals and OHSS cases being reported to VARTA. This may have occurred due to a change in VARTA's reporting guidelines in 2019 which asked clinics not to report mild or moderate OHSS incidents or OHSS incidents that required hospitalisation only for observation or intravenous fluids.

In response to the VAHI data, VARTA asked clinics to conduct a retrospective audit of OHSS cases where a patient was hospitalised for at least one night during 2018-19, 2019-20 and 2020-21. The aim of this process is to ensure all relevant information about OHSS is captured and reported to VARTA in accordance with VARTA's *Conditions for Registration*. While the audit was still underway at the end of the 2020-21 financial year, ART providers reported a further 220 OHSS incidents to VARTA from this three-year period. Those cases come on top of the 83 cases previously reported as adverse incidents.

	Original OHSS cases reported to VARTA	OHSS cases identified by the audit (not previously reported to VARTA)	Total OHSS incidents
2018/19	35	54	89
1019/20	18	71	89
2020/21	30	95	125
Total	83	220	303

VARTA has asked clinics to ensure they are now reporting cases of OHSS that involve an overnight hospital stay of one night or longer and has revised its Guidance Note on reporting adverse incidents accordingly. VARTA appreciates the cooperation of all ART providers in undertaking this audit and will continue to work collaboratively with providers to better understand OHSS and share learnings.

Scientific events

Scientific events involved the loss of embryos and gametes due to false positive test results, equipment failure or accidents during freezing procedures. Read more about these events below.

False positive genetic test results

In October 2020, Monash IVF told VARTA it had suspended its non-invasive preimplantation genetic test for aneuploidy (NIPGT) after an internal review found different results in practice to the clinical trial. As a result of this test, some patients may have discarded embryos that were incorrectly assessed as aneuploid. Monash IVF has since notified VARTA it will no longer use the test. VARTA supports this decision.

Equipment failure

One clinic reported significant compromise of a considerable number of straws containing sperm when the straws were being transferred to a new storage facility. Three patients affected by this had stored their sperm to preserve their fertility. The quality of these older straws was identified as the main problem and the clinic now uses more durable straws. In response to this incident VARTA educated all Victorian clinics about the need to store cryopreserved sperm in high quality straws. VARTA also encouraged clinics to adopt strategies to reduce the risk of patients losing all of their gametes or embryos in storage in the event of a tank or equipment failure, such as storing items in at least two different tanks.

Other scientific events

VARTA reviewed two separate incidents where an embryo was accidentally lost during freezing procedures by a laboratory scientist. In another incident, a clinic stored straws of sperm beyond the permitted time for three patients.

Regulation priorities

In June 2019, the Victorian 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 related to developing 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. VARTA has delivered on both of these additional expectations. You can read more about the translated resources on page 20.

Guidance on Person-Centred Care

Following consultation with consumers, people working in the sector and the academic literature, VARTA published its *Guidance on Person Centred-Care* for clinics in February. The guidance, available on VARTA's website and promoted within the sector, offers clinics practical ideas for reviewing their systems and staff capabilities to strive for exceptional care. Among other things, the guidance describes standards for the provision of information to patients, accessibility of services, patient involvement in decision making, continuity of care, preservation of privacy and emotional support.

IVF add-ons

VARTA is concerned about the widespread use of IVF add-ons that have the potential to harm people or reduce their chance of a baby. IVF add-ons are optional extras that include tests, procedures, drugs, alternative therapies, and the use of new equipment on top of standard IVF protocols. Examples include endometrial scratching, acupuncture, Chinese herbal medicine and preimplantation genetic testing for aneuploidy (PGT-A).

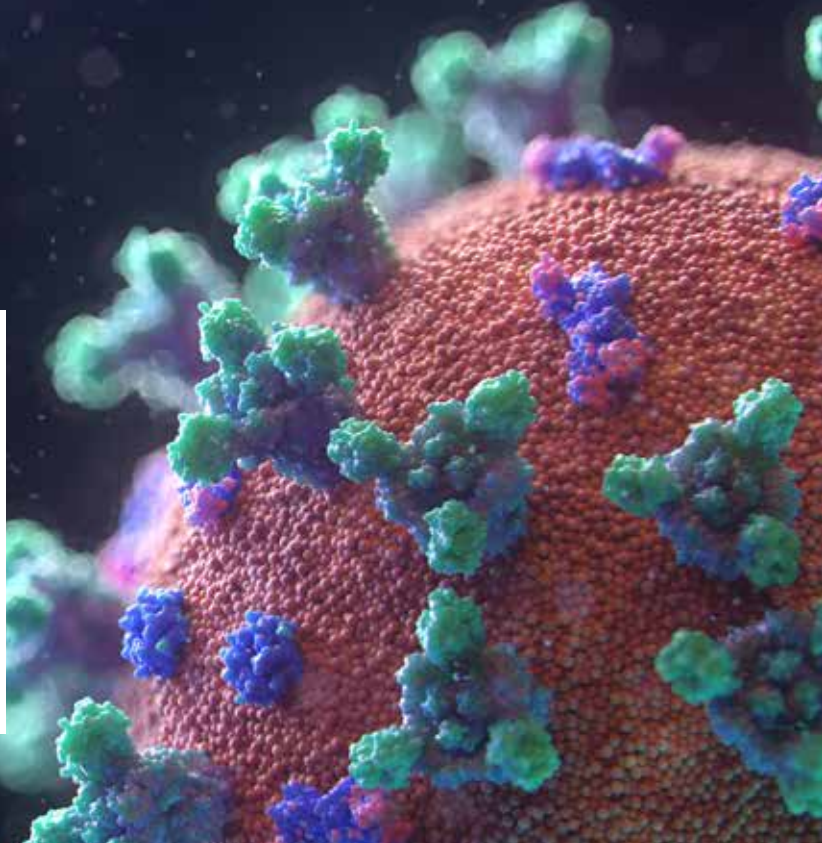
Other interventions which are required for some people are not considered optional add-ons. This includes ICSI (intracytoplasmic sperm injection) for people with male-factor infertility or PGD (preimplantation genetic diagnosis) to avoid having a baby with a hereditary illness. There is good evidence to support these interventions for people who need them.

Given many add-ons are expensive and have not been proven to improve the chance of a baby, VARTA asks all clinics to attest that they have provided patients with clear information about the risks and benefits of add-ons, as required under the *Conditions for Registration*. All clinics attested that they did this in 2020.

To complement this regulatory work, in 2020-21 VARTA prioritised activities that would increase patients' understanding of the potential risks and benefits of add-ons so they can make informed decisions. This work involved collaborating with Dr Sarah Lensen from Melbourne University to conduct two studies of add-ons. The first examined the quality and accuracy of information about add-ons on IVF clinic websites in Australia and New Zealand. It found widespread

COVID-19 monitoring

VARTA recognises that COVID-19 has had a significant impact on ART providers since March 2020. Clinics have responded to a rapidly changing environment and implemented new procedures to protect patients and staff from the spread of COVID-19.



advertising of add-ons on IVF clinic websites including reports of benefits not supported by evidence. The second surveyed Australian women who had recently been through IVF to find out how many had used add-ons, which add-ons they had used, and why. Of the more than 1,500 women who responded, more than 80% had used one or more add-ons.

To educate the public about the risks of add-ons, VARTA promoted the findings of this research through mainstream media outlets including *The Age*, *Herald Sun*, *ABC* and *3AW* radio, reaching millions of people. VARTA also worked with Dr Lensen and Professor Cindy Farquhar from the University of Auckland to produce a free one-hour webinar for the general public to learn more about add-ons. The webinar ran in July 2021 and can be viewed on VARTA's website.

VARTA is now exploring a collaboration with the Human Fertilisation and Embryology Authority (HFEA) in the United Kingdom to educate the public about the efficacy and safety of an ever-growing list of add-ons offered by IVF clinics. The aim is to work towards new ways of helping people understand the strength of the evidence for benefit and possible risks of add-ons, so they can make informed decisions.

Work with co-regulators

VARTA continues to work collaboratively alongside co-regulators and stakeholders to achieve a cohesive approach to regulation of the assisted reproductive treatment industry. Throughout 2020-21, VARTA consulted with the RTAC Chairperson, the Victorian Health Complaints Commissioner (HCC) and the Australian Health Practitioner Regulation Agency (AHPRA) regarding investigations of incidents reported to VARTA. This communication has

informed RTAC's audits of registered ART providers for accreditation purposes.

VARTA liaises with the HCC and AHPRA to continually explore scope for collaborative work. In addition, VARTA has a long-standing Memorandum of Understanding with AHPRA which forms the basis of information sharing arrangements. VARTA has also engaged with the Victorian Department of Health, Safer Care Victoria, VAHI, and the Australian Competition and Consumer Commission on a range of matters throughout the year.

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

Importing or exporting 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 can apply to a case or a class of cases and may be subject to conditions or exemptions.

The application process

The revised *Guidelines for Importing and Exporting Donor Material* outline VARTA's approval process and the requirements considered for an application to import or export donor sperm, eggs or embryos.

Due to a surge in applications following COVID-19 travel restrictions, VARTA made changes to streamline the process for applicants this year. From 1 July 2021, an applicant can submit an application form to their clinic and complete the required declaration to comply with Victorian requirements. Clinics can then submit the application form and declaration to VARTA for review. This will reduce the steps involved for applicants and improve communication for them.

The impact of travel restrictions

Restrictions on where people can travel due to COVID-19 has stopped people flying overseas for fertility treatment or moving easily between Australian states and territories. This meant some people had donor gametes or embryos produced with donor gametes in storage overseas or interstate that they wanted to import into Victoria. Some people also got stuck overseas or interstate due to travel restrictions and wanted to export donor material from Victoria to them.

This prompted a rise in applications to import and export donated gametes and embryos produced with donated gametes. In 2020-21, there were 133 individual import and export applications reviewed – three times the 44 applications processed last year.

Clinics also submitted class applications to import donated gametes for significantly more patients this year. In 2020-21, there were 35 class applications

approved from Victorian registered ART providers to import or export donated gametes, compared to 31 class import applications received last financial year. These applications were submitted on behalf of 157 intended recipients – a 76 per cent increase from 89 recipients last year. For import matters there were 86 Victorian intended recipients and for export matters there were 47 intended recipients from interstate.

An application cannot be approved if it does not meet Victorian legislative requirements, unless certain limited exemptions apply. Examples where VARTA does not have the power to grant an exemption, regardless of special circumstances, include situations where a donor is anonymous, has been paid or reimbursed beyond reasonable expenses, or where the use of donor material may result in more than 10 women having children who are genetic siblings.

Number of import and export applications involving donated gametes – 1 July 2020 to 30 June 2021

Application	Individual applications		Class applications	
	Import	Export	Import	Export
Total received	86	47	35	0
Status by donated embryos / gametes type				
Donor sperm	43	19	18	–
Approved	36	18	18	–
Withdrawn	5	–	–	–
Not approved	–	–	–	–
Pending*	1	1	–	–
Donor eggs	10	3	17	–
Approved	6	2	17	–
Withdrawn	2	–	–	–
Not approved	–	–	–	–
Pending*	2	–	–	–
Embryos formed using donor sperm and eggs	33	25	–	–
Approved	18	20	–	–
Withdrawn	3	1	–	–
Not approved	3	–	–	–
Pending*	8	4	–	–

* Pending means the application was incomplete or further information was required from the applicant or their ART provider.

Legislative changes to the Act and other developments

Amendments to the Act

The *Assisted Reproductive Treatment Amendment Act 2020* came into effect on 8 July 2020. The amendments 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 produced guidance for ART providers in relation to these amendments.

Mitochondrial Donation Law Reform (Maeve's Law) Bill 2021

The Commonwealth *Mitochondrial Donation Law Reform (Maeve's Law) Bill 2021* was introduced into Federal Parliament in March 2021. It seeks to amend the *Prohibition of Human Cloning for Reproduction Act 2002* and the *Research Involving Human Embryos Act 2002* to make mitochondrial donation legal in Australia and allow women to have a biological child in a way that minimises the risk of transmitting the effects of mitochondrial disease.

Mitochondrial donation is an umbrella term for IVF based reproductive technology which prevents mitochondrial disease being passed on from a mother to her child, with the assistance of a donor. The bill outlines a staged pathway towards the legalisation of mitochondrial donation in clinical practice, with the first stage allowing for laboratory-based research and training, followed by a controlled trial at a Commonwealth funded clinic. It is envisaged that during a second stage, the technology will be made available in a broader range of clinical settings, subject to further consultations and a separate decision by government. VARTA will continue to monitor the progress of this bill, including possible implications for the provision of ART in Victoria.

Independent Review of Assisted Reproductive Treatment

The Victorian Government is in the process of considering key findings and wide-ranging recommendations detailed in the *Independent Review of Assisted Reproductive Treatment in Victoria* conducted by Michael Gorton AM (Gorton Review).

The *Assisted Reproductive Treatment Amendment Act 2021* which implements 10 priority recommendations of the Gorton Review and related matters, was passed by Victorian Parliament on 19 October 2021. The Authority will support stakeholders to understand the changes, including registered ART providers implementing them as they progressively commence over the next nine months.

VARTA will continue to follow developments in the implementation of the Gorton Review recommendations, including possible further changes to the Act or Regulations.

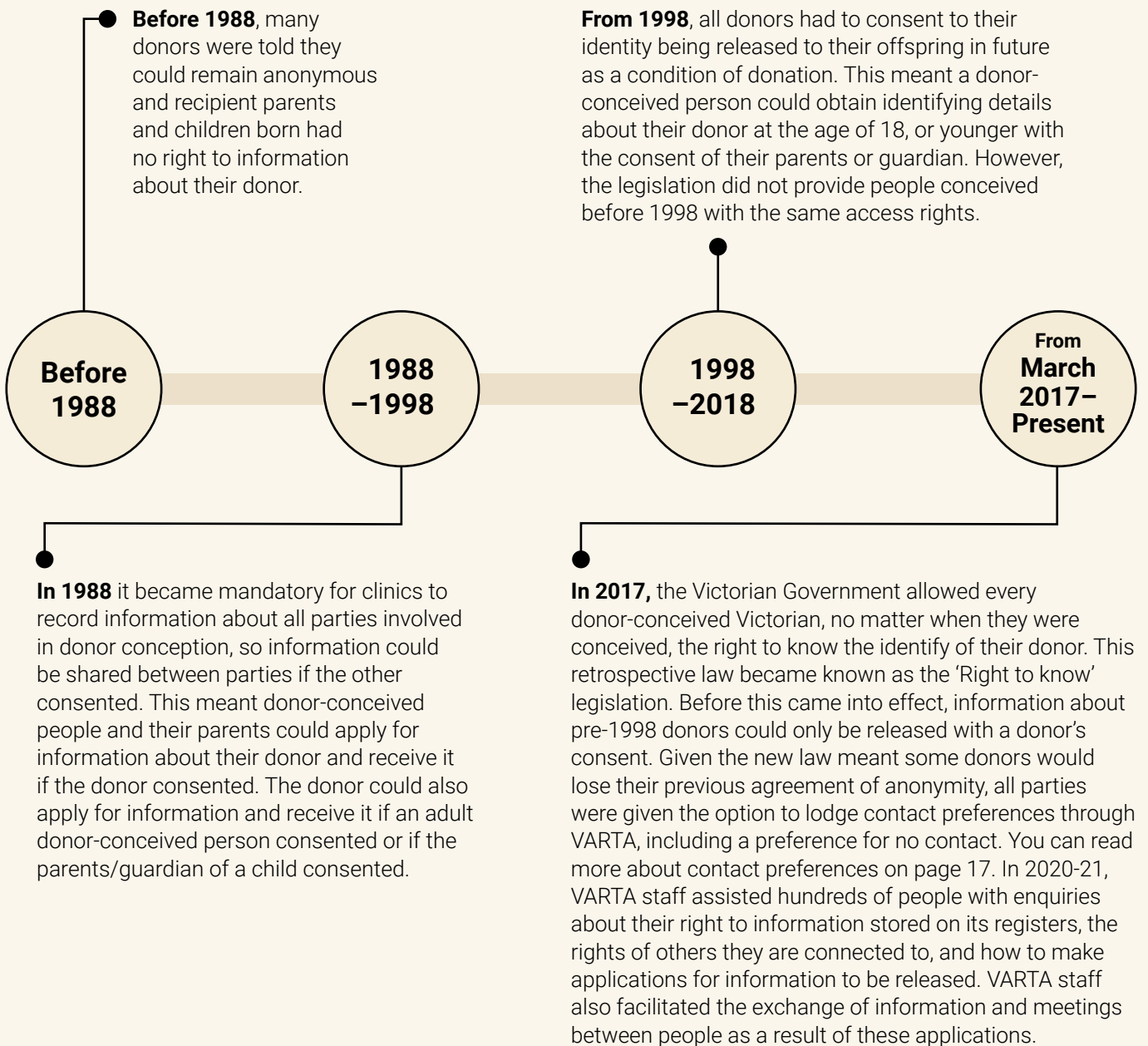
● Focus 2: Donor conception register services

Every year, hundreds of children are born in Victoria following altruistic egg, sperm and embryo donation. Under Victorian law, these children, their parents and the donors have a right to information about each other.

To uphold and facilitate these rights, VARTA manages a Central Register storing the details of more than 32,000 people involved in donor conception. VARTA also manages a Voluntary Register – a free matching service for people linked through donor conception in Victoria who want to communicate and share information. You can read more about the Voluntary Register on page 18.

How information rights have changed over time

Legal rights to information for people involved in donor conception have changed over time in Victoria. It is helpful to understand this when reading about VARTA's donor registers.



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 clinics are required to 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 2021	4,375	12,244	15,505

Of the 12,244 donor-conceived people on the Central Register, 4,828 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 with their parent or guardian's consent or if a VARTA counsellor deems them mature enough.

There were more donors added to the Central Register this year (279) compared to last year (237). The average age of egg donors added to the register this year was 34, and the average age of sperm donors was 40.

Donors added to the Central Register in 2020-21

Donors on Central Register by type	Sperm donor*	Egg donor*	Total
Donors added in 2020-21	149	130	279
Total donors at 30 June 2021	2,140	2,235	4,375

* Note: includes embryo donors – embryo donors are currently recorded separately as sperm donor and egg donor.

Registered clinics notified VARTA of 673 births from donor treatment for the Central Register in 2020-21, down from 697 births the previous year. See table below. There were fewer births involving egg donors this year (94 compared to 121 the previous year). Births involving sperm donation increased from 538 in 2019-20 to 547 this year.

Throughout the year, VARTA informed the Victorian Registry of Births, Deaths and Marriages (BDM) about births of donor-conceived people, so those births could be registered. 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 their birth. This addendum was introduced to ensure donor-conceived people had access to accurate information about their conception.

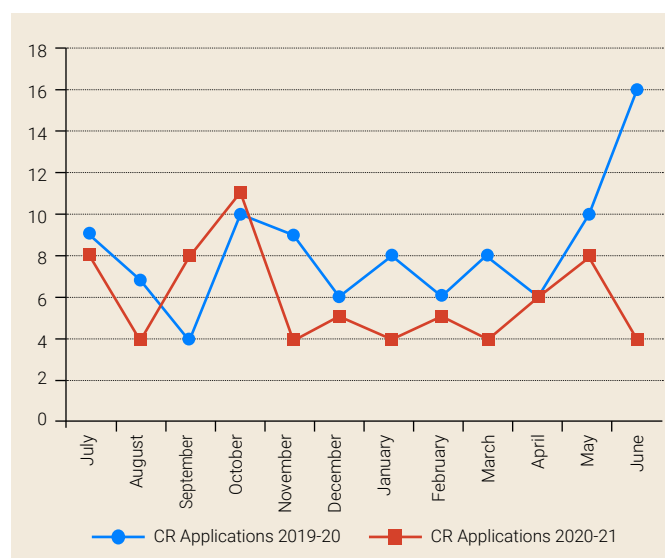
Clinic notifications of births to the Central Register – year ending 30 June 2021

Clinic notifications of births	From sperm donation	From egg donation	From both egg & sperm donation	Total
From 1 July 2020 to 30 June 2021	547	94	32	673

Applications for information

There were 71 applications to the Central Register this year compared to 99 last year.

Applications to the Central Register in 2019-20 and 2020-21



Of the applications received this year, 41 per cent were from donor-conceived people, 52 per cent from recipient parents and seven per cent from donors.

Applicant groups	2020-21	% of applications	2019-20	% of applications
Donor-conceived person	29	41%	45	46%
Parent of donor-conceived person	37	52%	43	43%
Donor	5	7%	11	11%
Total	71	100%	99	100%

Of the 71 Central Register applications received by VARTA, 32 related to the pre-1998 donor treatment period, 38 to the post-1998 donor treatment period, and one donor application related to both the pre-1998 and post-1998 treatment periods.

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 – 1 July 2020 to 30 June 2021

Application type	Number of applications 2020-21	Number of applications 2019-20
Applications for both identifying and non-identifying information		
From donor*	2	5
From donor-conceived person	28	41
From recipient parent	32	27
From a descendant of a donor-conceived person	–	–
Total applications for both information	62	73
Applications for identifying information only		
From donor*	1	–
From donor-conceived person	–	–
From recipient parent	3	10
From a descendant of a donor-conceived person	–	–
Total applications for identifying information	4	10
Applications for non-identifying-information only		
From donor*	2	6
From donor-conceived person	1	4
From recipient parent	2	6
From a descendant of a donor-conceived person	–	–
Total applications for non-identifying information	5	16
Total applications to the Central Register	71	99

* 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.

Of the five donor applications received this year, four were from pre-1998 donors and one was from a post-1998 donor. There were three requests for identifying information that relate to 13 donor-conceived people spread across eight families. Some of the reasons donors want to connect with their donor-conceived offspring is to communicate key medical information or to meet more offspring following an initial outreach from a donor conceived person.

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

The 'Right to know' legislation meant pre-1998 donors could apply for identifying information about their offspring. Applications from these donors has led to VARTA contacting people who did not know they were donor-conceived.

Of the 64 donor-conceived people VARTA staff have contacted since March 2017 on behalf of pre-1998 donors:

- 49 did not know they were donor-conceived
- 10 knew they were donor-conceived
- five did not respond to outreach.

In 2020-21, outreaches to donor-conceived people about applications from their donors were temporarily suspended due to the impact of COVID-19 restrictions. VARTA did not think it was an appropriate time to contact people who may not know they are donor conceived and may need additional support.

To increase the chance of donor-conceived people learning the truth about their conception from their parents or guardian, VARTA has information about the benefits of disclosure on its website. You can read more about VARTA's 'Time to tell' webinar on page 20.

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.

Since the implementation of the 'Right to know' legislation from 1 March 2017, more than half of the pre-1998 donors contacted about an application have agreed to some form of contact.

Number of pre-1998 donors contacted since 1 March 2017	Number who agreed to contact via donor linking services
106	68

Since 1 March 2017, 121 contact preferences have been lodged. Of this number, 82 were lodged by donors and 10 were lodged by donor-conceived people.

Of these 121 contact preferences, 63 lodged specific contact preferences, such as requests for contact on email only, and 58 lodged a preference for no contact.

1 March 2017 – 30 June 2021

Number of 'contact' preference forms lodged by:	From: 1 July 2020– 30 June 2021	From: 1 March 2017– 30 June 2021
Donors (for self)	17	82
Donor (for their child/ren <18 years)	2	21
Donor-conceived people	–	10
Parent for donor-conceived child (<18 years)	–	8
Total number	19	121

Number of 'no contact' preferences submitted by:	Of the 'no contact' preferences lodged, number who provided additional information to applicant	
Donors (for self)	32	13
Donor (for their child/ren <18 years)	19	1
Donor-conceived people	2	1
Parent for donor-conceived child (<18 years)	5	1
Total number	58	16

Some people who lodge a contact preference change their mind and withdraw it. Since 1 March 2017, 24 contact preferences were withdrawn. This usually means somebody has changed their mind about the way in which they would like to be contacted. For example, a donor who initially decides that they only want contact with their donor offspring via email might decide to withdraw their contact preference at a later date so they can have a phone conversation or meet their offspring in person.

Number of 'contact' preference forms withdrawn by:	
Donors	18
Donor (for their child/ren <18 years)	2
Donor-conceived people	4
Total number	24

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. When VARTA receives an application from a donor-conceived person wanting information about their post-1998 donor, VARTA always attempts to notify the donor before their identifying information is released. When donors apply for identifying information about their offspring, they can only receive information if the subject of their application provides consent.

The outcomes of 218 such applications made by donor-conceived adults, parents and donors since March 2017 are described below. The 218 applications involved case work with 255 subjects of those applications. Since March 2017, 240 cases have been resolved and the rest were in progress at the end of 2020-21. The vast majority of people searched for could be located (204 subjects of applications located). A high proportion of subjects of an application (143) 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 applications	Number of subjects found	Number of subjects who agreed to donor linking
Donor-conceived person	13	10	5 donors
Parent	175	153	120 donors
Donor	12	41	18 donor-conceived people (or their parents if a child)
Total	240	204	143

Referrals to an external search agency

Some applications to VARTA's Central Register involve searching for people decades after they were involved in fertility treatment. These searches involve checking confidential information on the electoral roll and using Births Deaths and Marriages records to look for name changes and deaths. When VARTA has exhausted its efforts to locate the subject of an application, it uses a specialist search agency, VANISH, to assist. In 2020-21, VARTA asked VANISH to assist with searches for 20 people. It has helped identify or locate 14 of those people. In 2020-21 VARTA will be taking over responsibility for the complex searches and retaining this function in-house.

The Voluntary Register

Established in 1998, the Voluntary Register enables people involved in donor conception to connect with each other and share information about themselves with mutual consent, including items such as photographs and videos that cannot be included on the Central Register. Two or more people need to add their details to the Voluntary Register for there to be a match and for communication to occur. If somebody lodges information and there is no match, they need to wait for one to happen. As more people add information to the Voluntary Register, the likelihood of a match increases.

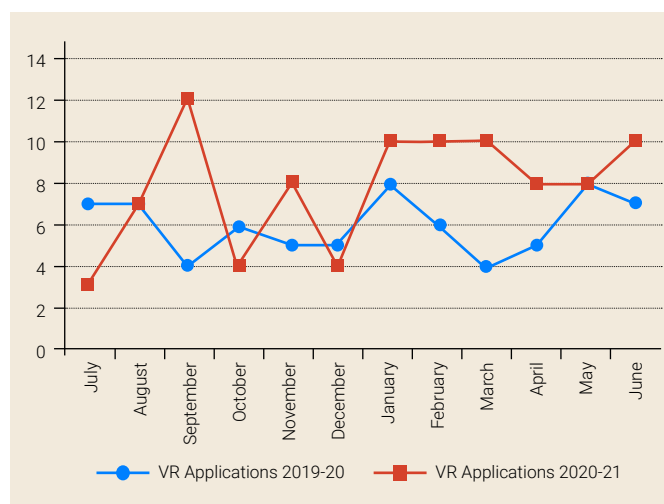
Common reasons people apply to the Voluntary Register include donor-conceived people wanting to connect with donor siblings born from the same donor in other families, and parents of young donor-conceived children wanting to connect with other parents who have used the same donor. VARTA cannot use the Central Register to connect these groups of people.

The following people can record their names and lodge information, including family trees, biographies, medical history, photos, letters, videos and more on the Voluntary Register:

- donors
- donor-conceived people
- parents of donor-conceived people
- relatives and descendants of these people.

In 2020-21, VARTA received 94 Voluntary Register applications – up from 72 last year.

Applications to the Voluntary Register in 2019-20 and 2020-21



Applicants who add their details to the Voluntary Register 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 94 applications received, 41 had a match on the register.

Applicant type	Number of applications 2020-21	Number of applications 2019-20	Cumulative total since 1998
Donor	18	19	332
Donor-conceived person	29	23	241
Recipient parent	44	30	386
Relative of donor	–	–	5
Relative of donor conceived person	3	–	4
Total applications	94	72	968

DNA testing

VARTA can request a DNA test from a pre-1998 donor where there is insufficient information on the Central Register to confirm they are genetically related to a donor-conceived person. When a donor cannot be located VARTA can also request a DNA test from one of the donor's relatives. Both parties must consent to the genetic testing for it to occur.

Support groups

During 2020-21, VARTA staff assisted three support groups: one for donor-conceived adults, one for women who have chosen to become mothers on their own using donor sperm, and one for parents who have used donated eggs to have a baby or are considering it. These groups met every second month, mostly online due to COVID-19 restrictions.

To ensure VARTA staff can complete donor linking work required under the *Victorian Assisted Reproductive Treatment Act 2008* in a timely way, the ongoing time spent with support groups will be reducing. VARTA remains committed to producing information and support for people attending these groups in other ways.

● Focus 3: Education

'Time to tell' webinar

Many parents of donor-conceived children don't know how to broach the story of their conception with their child. To help parents understand the benefits of transparency, VARTA provides helpful information on its website and runs periodic 'Time to tell' seminars about why, how and when to tell.

In 2020, VARTA held its first online version of this event which is now available on VARTA's website at no cost. The webinar, which includes presentations from VARTA counsellors, parents and donor-conceived people, was a great success. It has been viewed by more than 400 people since its recording – four times the audience that previously attended the event in person. A survey of 118 people who watched the webinar found 96 per cent would recommend it to other people.

New website

VARTA worked with Sentius Strategy and Services to launch a new website designed to communicate more effectively with Victorians. The website features a new logo chosen to reflect connections between people. During 2020-21, more than 100,000 users visited the website. New content was added, including practical information for people about commonly asked questions. VARTA also published the following articles translating research about fertility and fertility treatment for the public:

- Is embryo testing worth it?
- How likely are you to have a baby after one, two or three IVF cycles?
- What's your chance of having a baby from frozen eggs?
- Important research for men who want to have kids
- Who is most likely to benefit from ICSI (Intracytoplasmic Sperm Injection)?

Information for Victoria's multicultural community

VARTA translated two factsheets about fertility treatment into four languages commonly used in Victoria: Arabic, simplified Chinese, traditional Chinese and Vietnamese. The factsheets and VARTA's other translated resources were promoted across Victoria through clinics and social media in 2020-21 and will continue to be promoted.

Informal sperm donation

In response to reports about potential harms of informal sperm donation outside of registered clinics, VARTA ran an education campaign about these risks via social media and mainstream media outlets in May. VARTA pointed people to the risk of infectious diseases, improper claims of parentage and child support, and the potential for a child to not know who their donor is. New information was also published on VARTA's website to educate people considering their options.

Media coverage

Journalists regularly turn to VARTA for independent information and expert commentary about fertility, fertility treatment and donor conception. This year, VARTA contributed to dozens of media reports published in print, television, radio and online outlets. According to Meltwater media monitoring, the highest ranking reports reached more than 8 million people.



Your Fertility

Research shows most young Australians want to have a baby at some stage, but very few understand factors that can affect their fertility. The *Your Fertility* public health education program provides evidence-based information about these factors for men, women, trans and gender diverse people so they can make informed decisions about their health and maximise their chance of a healthy baby if they want one.

In 2020-21, the *Your Fertility* website was visited more than 4 million times and more than 330,000 resources were downloaded. Funded by the Australian Government Department of Health, *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.

Fertility Week

Fertility Week is an annual national social marketing campaign that educates people about factors that affect fertility. It is delivered by VARTA in collaboration with the Fertility Coalition. In 2020, the campaign focused on the biggest determinant of a woman and a couple's chance of having a healthy baby – their age.

Titled 'Age and fertility – Know the facts', the campaign featured:

- videos of *Your Fertility* ambassador and netball champion Liz Ellis talking about her experience of infertility which reached 94,000 people
- a Facebook live discussion with fertility experts viewed by 46,000 people
- other social media posts that reached 467,135 people
- mainstream media reports reaching more than 4.5 million people.

Interactive tools

During 2020-21, *Your Fertility* launched the following new interactive tools:

- One page preconception checklists for men and women about the factors that can affect their fertility and the chance of a healthy baby.
- A questionnaire for people with unexplained infertility to learn about their options. The tool, created with Monash University, was promoted through mainstream media reports reaching an estimated 2.9 million people. Users can submit their personal circumstances to the tool, 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. It has been used more than 10,000 times.

Changing people's behaviour

During 2020-21, BehaviourWorks Australia assisted *Your Fertility* with a review of its current activities to educate Australians of reproductive age about fertility and preconception health and inspire positive behaviour change. The research group at Monash University recommended a range of innovative strategies which are now being implemented. These include a search engine optimisation campaign to increase the chance of people finding *Your Fertility* information from Google searches, publishing 'Ask the expert' items on social media and telling more personal stories to deliver key messages.

Medibank partnership

Your Fertility partnered with Medibank, one of Australia's largest health insurers, to deliver its members high quality, evidence-based information about preconception health, fertility and fertility treatment. The partnership involved *Your Fertility* staff training Medibank staff in fertility health for phone conversations with members, and contributing to Medibank's information booklet: 'Trying for a baby? Understanding your options when you're having trouble getting pregnant'. In addition, the partnership resulted in Medibank making *Your Fertility's* Healthy Conception Tool available on its website. Between October 2020 and June 2021, more than 5,000 people accessed the tool from the Medibank website.

Supporting health professionals

A preconception health e-learning module developed by *Your Fertility* with the Australia Primary Health Care Nurses Association (APNA) has been evaluated by researchers at Monash University. They found the module improves nurses' and midwives' knowledge and capacity to promote preconception health in their practice. The findings have been accepted for publication in the *Australian Journal of Primary Health*.

Factsheets

Your Fertility reviewed and updated a suite of fertility and preconception health related factsheets for health professionals developed with the Fertility Society of Australia's Preconception Health Special Interest Group (PCHSIG). Geneticist Professor David Amor wrote a new factsheet about reproductive carrier screening on behalf of PCHSIG. They are all available on the *Your Fertility* and Fertility Society of Australia and New Zealand websites.

International collaboration

Your Fertility is a founding member of the newly formed International Fertility Education Initiative (IFEI). Its mission is to improve fertility and reproductive health awareness through education. The multidisciplinary group has representatives from 17 countries and Fertility Europe which represents patient associations in more than 20 European countries. Members of the group have published a commentary about their purpose and vision which has been accepted for publication in *Human Reproduction Open*.

Planting the seed

Your Fertility wants to encourage more GPs to ask their patients of reproductive age about their pregnancy plans, so they can access timely preconception health advice to maximise their chance of a healthy pregnancy and baby. To do this, the 'Planting the seed' campaign was launched in May. It includes demonstration videos and a flow chart to help GPs discuss pregnancy intention. The resources, available on the *Your Fertility* website, were promoted to medical centres nationally via Tonic Media Network. Further promotions are planned to reach GPs nationally.

Women's Health Week

As a Community Partner for Women's Health Week 2020, *Your Fertility* hosted a Facebook Live interview with Dr Jessica Grieger, an expert in preconception health from the University of Adelaide's Robinson Research Institute. The video reached more than 45,000 people and a social media campaign reached 97,000 people.

Men's Health Week

A social media campaign was carried out for Men's Health Week in June. In partnership with Healthy Male, *Your Fertility* promoted messages about men's preconception health and the importance of having a team for support, including health professionals, family members and friends. The campaign reached more than 150,000 people.

Publications

VARTA staff are actively involved in generating evidence about fertility and assisted reproductive treatment, and sharing that knowledge with the community. In 2020-21, VARTA staff contributed to the following publications and presentations.

Invited presentations

- Hammarberg K, *The nurse-led development of an online fertility education program*, ESHRE Virtual, 5-8 July 2020.
- Hammarberg K, *Patient-based assisted reproduction: How to integrate exceptional care with cutting edge technology*, Australia and New Zealand Infertility Counsellors Association, Virtual, 4 February 2021.
- Hammarberg K, *Optimising fertility and chance of ART success: the role of modifiable factors*, Lecture to Embryology and PGD academy students in the UK, Virtual, 21 March 2021.
- MacLeod A, *Person-centred care and the 'Right to know' legislation*, Fertility Nurses Association mid-year workshop, Melbourne, 15 May 2021.

Publications (* Based on VARTA data)

- * Attawet J, Wang A, Li Z, Johnson L, Hammarberg K, Sullivan E. *Cumulative live birth rates among gestational surrogates in altruistic surrogacy arrangements*. Hum Fertil. 2020;1-8. <http://doi.org/10.1080/14647273.2020.1794062>
- Beilby K, Dudink I, Kablar D, Kaynak M, Rodrigo S, Hammarberg K. *The quality of information about elective oocyte cryopreservation (EOC) on Australian fertility clinic websites*. ANZJOG. 2020;60(4):605-9. <https://doi.org/10.1111/ajo.13174>
- Hammarberg K, Simonis M, *A perfect storm for spike in fetal alcohol spectrum disorder*, NewsGP, September 21 2020 <https://www1.racgp.org.au/newsgp/gp-opinion/covid-creates-a-perfect-storm-for-a-spike-in-fetal>
- Hogan RG, Hammarberg K, Wang AY, Sullivan EA. *'Battery hens' or 'nuggets of gold': a qualitative study on the barriers and enablers for altruistic egg donation*. Hum Fertil. 2021;1-15. <http://doi.org/10.1080/14647273.2021.1873430>
- Hviid Malling GM, Schmidt L, Pitsillos T, Hammarberg K, Tyden T, Friberg B, et al. *Taking fertility for granted – A qualitative exploration of fertility awareness among young, childless men in Denmark and Sweden*. Hum Fertil. 2020; <http://doi.org/10.1080/14647273.2020.1798516>
- Pearson L, Holton S, McLachlan R, Hammarberg K. *Australian men's fertility information seeking attitudes and behaviour: A qualitative investigation*. Sexual & Reproductive Healthcare 2021;29: <https://doi.org/10.1016/j.srhc.2021.100621>

- Hammarberg K, *Stress and alcohol consumption in the era of COVID-19: How will babies be affected?*, International Journal of Birth and Parent Education 2021, 8(3):12-15
- Hammarberg K, *Do you really need IVF? A new online tool can help you weigh up your options*, The Conversation. February 3 2021.
- Lensen S, Hammarberg K, Polyakov A, Wilkinson J, Whyte S, Peate M, Hickey M, *How common is add-on use and how do patients decide whether to use them? A national survey of IVF patients*, Hum Reprod, <https://doi.org/10.1093/humrep/deab098>
- Lensen S, Chen S, Goodman L, Rombauts L, Farquhar C, Hammarberg K, *IVF add-ons in Australia and New Zealand: a systematic assessment of IVF clinic websites*, ANZJOG, 61 (3):430-438, <https://doi.org/10.1111/ajo.13321>

Conference presentations

- Dorney E, Millard J, Hammarberg K, Griffin K, Gordon A, McGeechan K, Black K, *Australian Primary Health Care Nurses' attitudes and practice relating to preconception care*, Queensland Women's Health Forum, Brisbane, 27-28 May 2021
- Dorney E, Millard J, Hammarberg K, Gordon A, McGeechan K, Black K, *Australian primary health care nurses' attitudes and practice relating to preconception care*, SPHERE Annual conference, Melbourne, November 2020
- Hammarberg K, Stocker R, Trounson A, Fisher J, *Preconception health information and service needs of women with chronic non-communicable health conditions: A systematic review*, SPHERE Annual conference, Melbourne, November 2020
- Hammarberg K, Stocker R, *Evaluation of an online learning module to improve nurses' and midwives' capacity to promote preconception health in primary care settings*, SPHERE Annual conference, Melbourne, November 2020
- Hviid Malling GM, Schmidt L, Pitsillos T, Tyden T, Hammarberg K, Friberg B, Toftelund Jensen I, Ziebe S, *Taking fertility for granted – A qualitative exploration of fertility awareness among young, childless men in Denmark and Sweden*, ESHRE Virtual, July 2020.

● Focus 4: Organisational capability

After 15 years of service, Louise Johnson concluded her role as CEO in February and Anna MacLeod replaced her.

Some of the key highlights of Ms Johnson’s tenure include strengthening VARTA’s regulatory plan and role; leading VARTA’s response to the Gorton Review; taking over and improving the Central and Voluntary Registers; improving the donor-conceived outreach and counselling programs; initiating a greater focus on add-ons in IVF treatment; and promulgating Victoria’s ‘Right to know’ experience nationally and internationally.

Ms Johnson 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. Ms Johnson is a member of the National Health and Medical Research Committee’s Embryo Research Licencing Committee. She has also been a community member of the Victorian Board of the Medical Board of Australia and Occupational Therapy Board of Australia, and Chair of Women’s Health Victoria.

Anna MacLeod, who commenced in the role of CEO on 8 February 2021, has extensive experience in Health, Insurance, Risk, Governance and Regulation working within both the public and private sectors. She is a health lawyer, nationally accredited mediator and registered nurse. Ms MacLeod has held many clinical governance and medico-legal roles in major public hospitals as well as senior management roles for key

medical indemnity insurers (public and private). She is passionate about patient safety and reducing risks in healthcare. She is also a Board Member of Northern Health and Castlemaine Health.

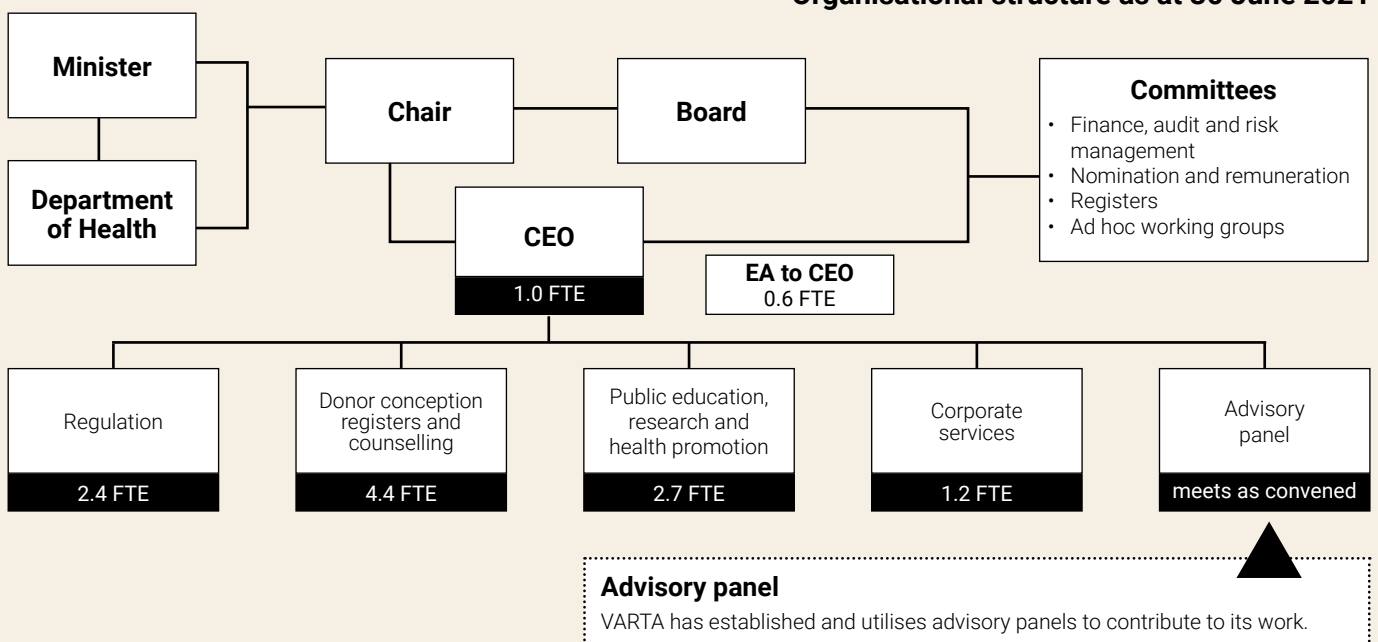
The CEO is supported by 17 staff members and 1 contractor. VARTA’s entire workforce is equivalent to 12.3 EFT. An organisational chart representing the distribution of staff for the 2020-21 year is provided below.

The organisation continued its work under sustained pressure arising from complex stakeholder demands, competing financial priorities and the COVID-19 pandemic.

In response to COVID-19, all VARTA staff have been assisted to work from home with the provision of laptops and other office equipment. In between lockdowns, staff worked in a hybrid fashion with 60 per cent of their hours in the office and 40 per cent at home. This coincided with the introduction of a cloud-based phone system to ensure staff are contactable wherever they work. At the beginning of 2020-21 VARTA outsourced its information and communications technology (ICT) service so staff could access a helpdesk for ICT matters. VARTA also implemented a new human resources and payroll system which includes a portal for all HR resources materials, including forms, templates and VARTA policies and protocols.

During 2020-21, one student intern temporarily joined the regulation team to learn about VARTA’s work and assist with tasks that would not have otherwise been possible.

Organisational structure as at 30 June 2021



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

Data integrity

ART treatment outcome data is collected from registered ART providers directly by VARTA and by the University of 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 put in place 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 are continuing the shift 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 24 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 types of documents:

- administrative and operational documents
- applications, case management files and related documents
- documents containing information about community consultation
- training and education materials
- communication and public relations documents
- research and public education documents
- policies, procedures and guidelines
- human resource records
- correspondence
- meeting records
- financial records.

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

- Assisted Reproductive Treatment Act 2008 Guidelines under section 100A
- Guidance Note – Reporting Adverse Incidents
- Guidelines for Importing and Exporting Donor Material – Individual Applications 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:

- *Your Fertility* Behavioural insights project report
- *Your Fertility* website and SEO audit report.

VARTA produces a number of publications and resources which can be accessed and downloaded from its website. VARTA also disseminates a VARTA newsletter and a Your Fertility newsletter to which members of the public can subscribe through its website. You can also keep up to date with VARTA's latest news and events by following its social media accounts, including on Facebook, LinkedIn and Twitter.

The Authority manages the Central and Voluntary Registers. General information about making an application to these registers is available on VARTA's website. For the purposes of FOI, a document is an exempt document if it contains information (whether or not that information is kept in a register) about or provided by:

- a donor
- a woman undergoing a treatment procedure and their partner, or
- a donor conceived person, unless certain limited circumstances apply.

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 ergonomic workstation reviews are undertaken.

Submitting a Freedom of Information (FOI) request

The FOI Act provides everyone with the right to request access to documents held by the Authority. The object of the FOI Act is to extend as far as possible the right of the community to access information in the possession of the government and other bodies constituted under the law of Victoria. An FOI request must be made in writing, clearly describe the information or document sought, and be accompanied by the prescribed application fee. If we cannot clearly identify the information or documents you are seeking access to we will contact you to clarify your request. We can also accept an FOI request submitted using the OVIC application form, which is available on the OVIC website. A request for access can be made to VARTA via email to: regulation@varta.org.au.

VARTA received no requests to access documents under the *Freedom of Information Act 1982 (Vic)* this financial year.

Consultancies

Details of consultancies (under \$10,000)

During 2020-21, there were nine consultancies engaged during the financial year, where total fees payable to the individual consultancies were less than \$10,000. The total incurred expenditure of these consultancies was \$60,554 (exclusive of GST).

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

There were four consultancies where the total fees payable to the consultant were \$10,000 or greater. The total expenditure incurred during the 2020-21 financial year in relation to these consultancies was \$276,032 (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
NGS Global	Recruitment of CEO	\$35,000.00	\$37,459.00	Nil
VANISH	Identifying donors who donated prior to 1989	\$91,919.80	\$91,919.80	Nil
Julia Medew	Media and communications management	\$92,316.00	\$107,380.00	\$99,840.00
Outright IT	Managed IT service Agreement	\$39,240.00	\$39,273.00	\$39,240.00
Total		\$258,475.80	\$276,031.80	\$139,080.00

Victorian Assisted Reproductive Treatment Authority Financial Management Compliance Attestation Statement

I, **Louise Glanville**, on behalf of the Responsible Body, certify that the Victorian Assisted Reproductive Treatment Authority has complied with the applicable Standing Directions 2018 under the *Financial Management Act 1994* and Instructions.



Melbourne 13 October 2021

Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2020-21 is \$86,337 (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)
\$83,129	\$3,207	\$3,207	\$0

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

Protected Disclosure Act (2012)

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

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. 17 full board meetings of the Authority were held between 1 July 2020 and 30 June 2021.

Finance, Audit and Risk Management Committee

Chair: Katrina Lai
Members: Julie White
A/Prof Peter Lutjen
Number of meetings held: 5

Remuneration and Nomination Committee

Chair: Louise Glanville
Member: Professor Fiona Kelly
Number of meetings held: 1

Registers Committee

Chair: Dr Gael Jennings
Members: Ms Nicki Mollard,
A/Prof Peter Lutjen
Professor Fiona Kelly
Number of meetings held: 3

Working groups

Ad hoc working groups are established when required.

Louise Glanville

Chairperson

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

Louise has extensive experience across the justice, social services and government sectors. Louise is the Chief Executive Officer of Victoria Legal Aid, the Chair of the Victorian Assisted Reproductive Treatment Authority, Chair of the Western Metropolitan Partnership and an Adjunct Professor at Victoria University. Prior to these appointments, Louise has held roles in Commonwealth and State government departments, 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 19 years. Nicki is a former board member of the Victorian Cytology Service. Nicki commenced a temporary leave of absence from the Board in March 2021.



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).



Julie White

BA/LLB (Hons), M. International Studies

Julie is a senior lawyer practising in discrimination and employment law, advising on a range of workplace issues in the public and private sectors. She is also an experienced workplace investigator. Julie has practised in Victoria and 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 and she holds a Masters in International Studies from the University of Sydney.



A/Prof Peter Lutjen

BSc (Hons), PhD, MBBS, FRANZCOG(ret),
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.



Dr Gael Jennings AM

PhD, BSc (Hons), Dip Ed

Gael Jennings has contributed to the communication of science and medical research and the analysis of its impact, on Australian television and radio for nearly 30 years as a prominent broadcaster, TV presenter, journalist, interviewer, factual content editor, developer and creator at ABC TV. Her media career has included national roles at ABC TV News, 7.30, Quantum and Catalyst, entertainment (Einstein Factor, Netflix 'Glitch') as well as host of the mid-morning and afternoon programs on 774 ABC Radio Melbourne and Victoria, and anchor of SBS TV's weekly current affairs programme Insight. Director on over a dozen Boards, including Cancer Council Australia, National Science and Technology Centre (Questacon) and Museums Vic, Jennings holds a PhD in Immunology and is the author of two books, one of them the award-winning children's book, *Sick As... Bloody Moments in the History of Medicine*. She is currently an Honorary Fellow of the Centre for Advancing Journalism at the University of Melbourne. In January 2020, Gael was awarded an Order of Australia award, AM, for significant service to science, and to the broadcast media.



Professor Fiona Kelly

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

Fiona is the Dean of the La Trobe University Law School. Prior to her arriving at La Trobe she was an Associate Professor at the Peter A. Allard School of Law at the University of British Columbia, Canada. Fiona's research interests are primarily in the areas of family law and health law, with a particular focus on the legal regulation of assisted reproduction. She has published extensively in Australian and international journals on the legal regulation of parentage in the context of assisted reproduction, the ethics of sperm donor anonymity, the judicial and legislative response to lesbian and single mother by choice families, and the legal barriers faced by transgender youth seeking medical treatment. Professor Kelly is currently the lead Chief Investigator on an Australian Research Council Discovery Project grant which explores the impact of donor linking – the process whereby donor-conceived people, donors and recipient parents access each other's identity – on individual and familial identities and relationships.

Fertility treatment data

VARTA collects data from all registered ART providers in Victoria to report on trends in fertility treatment and outcomes of fertility treatment over time. The National Perinatal Epidemiology Statistics Unit (NPESU) at the University of New South Wales assists with this data collection. However, data in tables 1.6, 4.2, 4.3, 4.4, 6.1, 6.2 and 7 was submitted by clinics directly to VARTA.

Section one includes the outcomes from treatment that occurred in 2019-20. This is being reported in 2021 because of the time it takes to follow up treatment, including clinical pregnancy and live birth rates arising from treatment that occurred the year before.

Sections two to seven include data from treatment that occurred in 2020-21. An update on the outcomes from this treatment, including live births, will be available in 2022.

For sections two to seven, registered clinics provided their most recent updates at the following times, so clinical pregnancy rates should be interpreted with caution.

- Adora Fertility, Greensborough – 22 July 2021
- Ballarat IVF, Wendouree – 23 July 2021
- City Babies, Richmond – 26 July 2021
- City Fertility Centre, Melbourne – 17 July 2021

- City Fertility Centre, Bundoora – 16 August 2021
- Genea, Melbourne – 16 July 2021
- Melbourne IVF, all sites, including Royal Women's Hospital – 21 July 2021
- Monash IVF, all sites – 2 August 2021
- Newlife IVF, Box Hill – 20 July 2021
- Number 1 Fertility, Geelong – 20 July 2021
- Number 1 Fertility, East Melbourne – 29 July 2021












Important notes about this data

This report includes all forms of ART and artificial insemination (AI) using either partner sperm or donor sperm. It does not include:

- egg or embryo movement from or to a clinic
- embryo disposal procedures
- cycles cancelled prior to follicle stimulating hormone (FSH) stimulation
- cycles cancelled before thawing an egg or embryo.

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

Understanding the ART process

The IVF and ICSI process		
	Hormone stimulation	Fertility drugs are given to develop a number of eggs (stimulated cycle). In a natural cycle, no superovulatory drugs are used.
	Egg retrieval	Eggs are collected.
	Embryo development	In IVF, sperm is added to the eggs and, in ICSI, a single sperm is physically injected into each egg for the embryo to develop. Sometimes more than one embryo develops that is suitable for transfer.
	Embryo transfer	When there are several embryos available for transfer, most commonly one embryo is transferred and the remainder frozen for later use.*
	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.
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.

* 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.



Understanding outcomes and success rates

The data presented here cannot be used to compare success rates between ART procedures and between treatment sites. A clinic's success rates might be higher or lower relative to another clinic based on the types of patients it treats and its treatment strategies.

● Section 1 Outcomes from treatment in 2019-20

This section provides data on the outcomes of treatment that occurred in 2019-20. Because pregnancies and births can occur the year after treatment, this data was not available for the 2019-20 annual report. The data in tables 1.1 – 1.5 show the following:

- Of the 13,041 women who received treatment in 2019-20, 3,912 had a live birth - 30 per cent.
- Of all the fresh embryo transfers in 2019-20, 25 per cent resulted in a live birth.
- Of all the thawed embryo transfers in 2019-20, 31 per cent resulted in a live birth.
- In 2019-20, there were 939 artificial cycles using partner sperm. Of these cycles, nine per cent resulted in a live birth.
- In 2019-20, there were 591 artificial insemination cycles using donor sperm. Of these cycles, 10 per cent resulted in a live birth.
- In 2019-20, women who had previously frozen their eggs, thawed them for 219 cycles of fertility treatment. Of these cycles, there were 35 live births (16 per cent). Some of these women may have had eggs thawed and fertilised and resulting embryos frozen rather than transferred.
- In 2019-20, women thawed their partner's or a donor's eggs for 36 fertility treatment cycles. Of this number, there were 15 live births (42 per cent).
- In 2019-20, 30 women were surrogates for other people. These women had 40 cycles with embryos transferred, of which 30 per cent resulted in a live birth (12 babies born).

Outcomes from genetic testing of embryos

Table 1.6 details the outcomes for women who used genetic tests on their embryos during 2019-20. This data becomes available a year later due to the time it takes to track outcomes.

- In 2019-20, 215 women used preimplantation testing for single gene disorders (PGT-M) to test their embryos. Of 1,178 embryos tested, 473 (40%) were deemed suitable for transfer. Of 249 embryos transferred, there were 106 live births (43%).
- In 2019-20, 1,247 women used preimplantation genetic testing for aneuploidy (PGT-A) to test their embryos. Of 4,360 embryos tested, 2,097 (48%) were deemed suitable for transfer. Of 1,244 embryos transferred, there were 497 live births (40%).
- In 2019-20, 356 women used non-invasive PGT-A to test their embryos. Of 980 embryos tested during 2019-20, 286 (29%) were deemed suitable for transfer. Of 107 embryos transferred, there were 33 live births (31%).

● Sections 2-7 Fertility treatment trends 2020-21

During 2020-21, 15,674 women received fertility treatment in Victoria – a 20 per cent increase from the previous year (figure 1). There were 29,894 treatment cycles, up 27 per cent (figure 1, table 2.1). The age of women receiving treatment has remained steady over the past decade. In 2020-21, about 23 per cent of women having fertility treatment were aged 40 plus (figure 2).

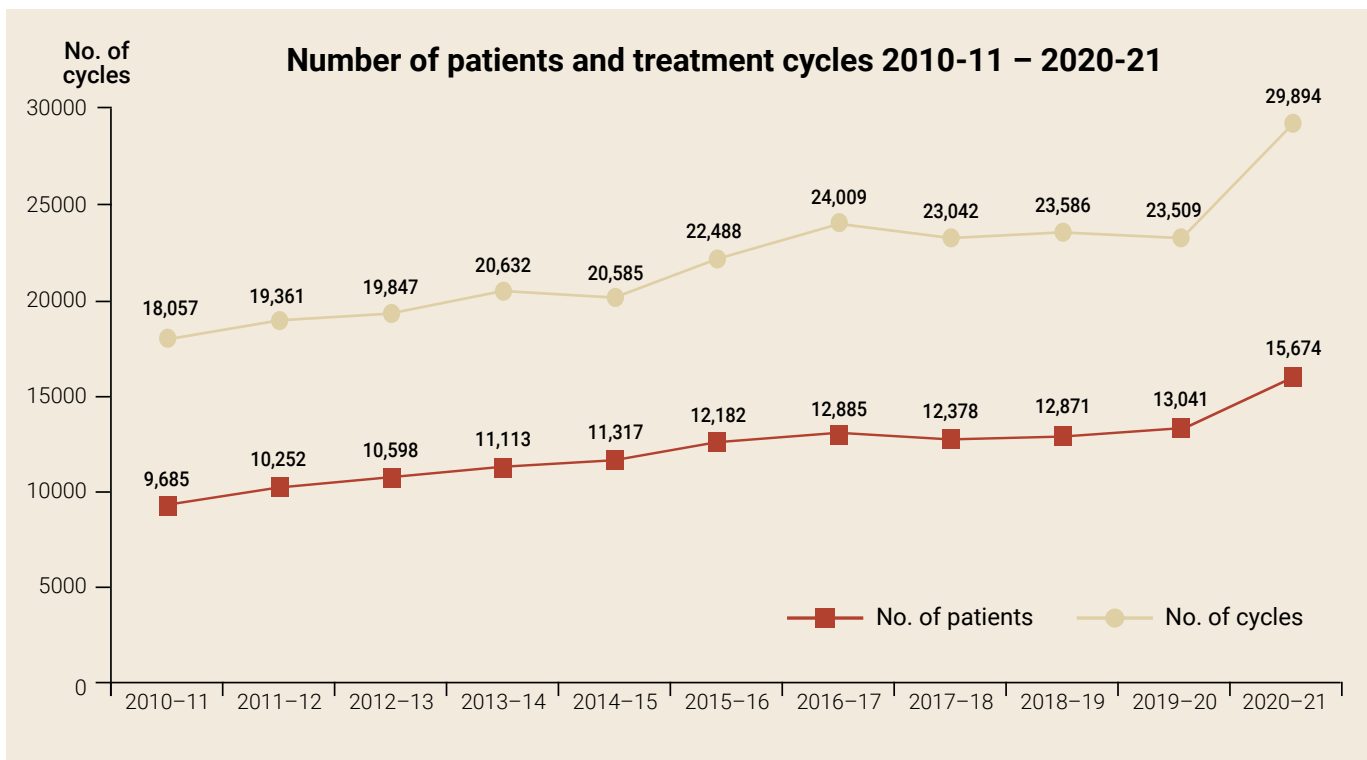


Figure 1

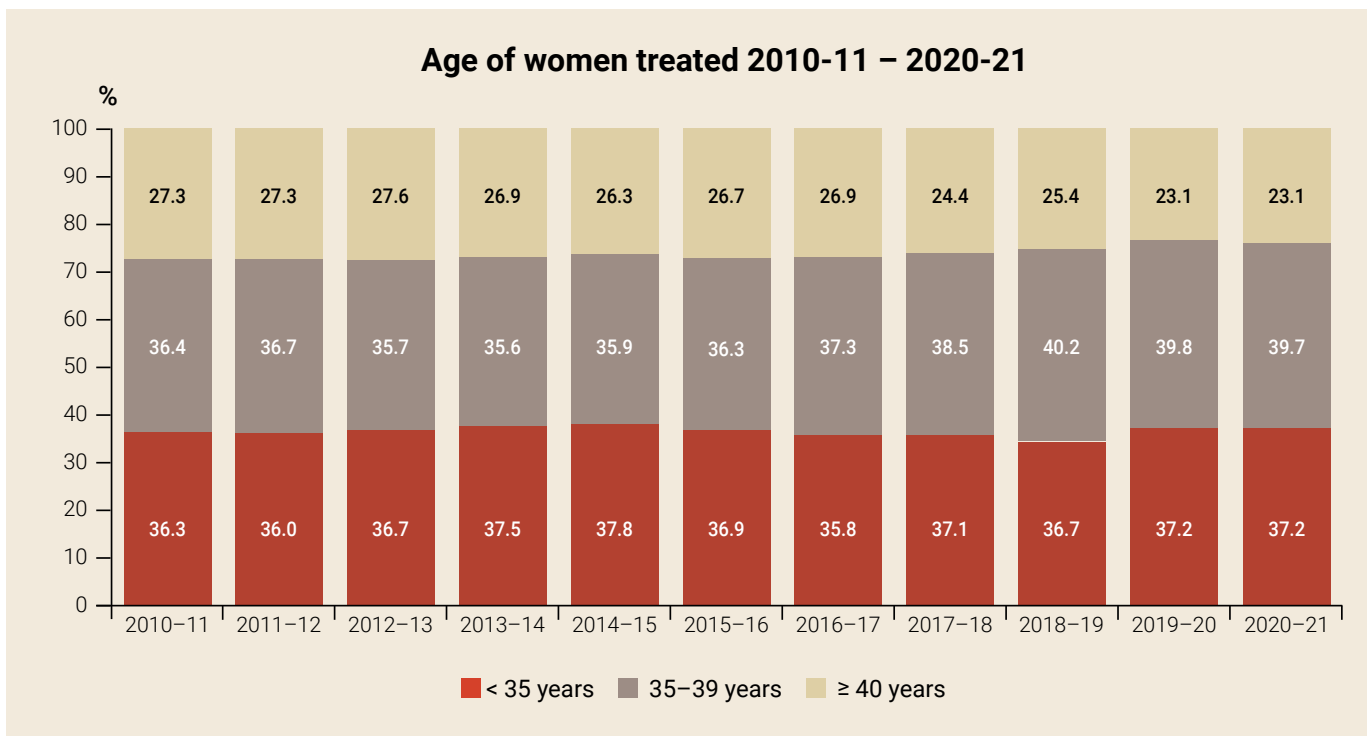


Figure 2

Artificial insemination

The number of women using artificial insemination with their partner's sperm increased 58 per cent from 2019-20 to 2020-21 (tables 1.1, 2.1). The number of women using artificial insemination with donor sperm increased 14 per cent over the same period (tables 1.1, 2.1).

Intracytoplasmic sperm injection (ICSI)

Clinics used ICSI for 75 per cent of cycles involving the fertilisation of eggs. There was wide variation across treatment sites, with ICSI rates ranging from 44 per cent to 91 per cent. One clinic used it 100 per cent of the time, however only five cycles were reported from this clinic (table 2.3a).

ICSI is more expensive for patients and research shows it does not improve live birth rates for people without a diagnosis of male factor infertility, so clinics with high rates should investigate factors influencing its use. One hundred per cent of thawed eggs were treated with ICSI during 2020-21 (table 2.4a). However, this is reasonable given the impact of freezing and thawing on the surface of eggs.

Genetic testing of embryos

The number of women who used preimplantation genetic testing for aneuploidy (PGT-A) to detect abnormal chromosomal numbers in their embryos increased 74 per cent from 1,208 in 2019-20 to 2,104 in 2020-21 (table 7). However, the number of women who had non-invasive preimplantation genetic testing for aneuploidy (NIPGT) dropped 71 per cent from 356 during 2019-20 to 105 in 2020-21. This is due to Monash IVF ceasing the use of this test. You can read more about this on page 10.

Frozen versus fresh embryo transfer

Sixty one per cent of all embryos transfers in 2020-21 were thawed embryos (table 2.5) – a similar proportion to the previous year.

Single embryo transfer

A preference for single embryo transfer continued this year. Ninety-four per cent of fresh embryo transfers were single embryo transfers in 2020-21, up from 91 per cent last year (table 2.5). Ninety-six per cent of cycles using thawed embryos were single embryo transfers, up from 95 per cent the previous year (tables 2.7). Single embryo transfer was used for all surrogacy treatment cycles (table 5).

Donor treatment

There were 2,275 women who used donor treatment in 2020-21 – up 27 per cent from 1,792 the year before (table 4.1). The following trends come from table 4.2:

- 106 women received embryo donations in 2020-21 – a similar number to last year.
- 310 people received egg donations in 2020-21 (this includes the use of a partner's eggs) – up 34% from last year.
- 285 people received embryos containing a donor egg – up 26% from last year.
- 1,574 people received sperm donations – up 28% from last year.

Sperm donation

There were 377 sperm donors available for treatment at the start of 2020-21, up 13 per cent from 335 at the start of 2019-20 (table 6.2). Clinics recruited 114 sperm donors during 2020-21 – up 41 per cent from the previous year (table 6.2).

Overall, single women continue to be the largest group using donor sperm (53 per cent), followed by women in same-sex relationships (34 per cent) and people in heterosexual relationships (17 per cent) (table 4.4).

Treatment using thawed eggs

Among women using their own thawed eggs, there were 165 cycles with attempted fertilisation. Of those cycles 93 per cent (153) resulted in embryos being formed (table 2.4a). Of 55 cycles where fertilisation of thawed eggs from a partner or a donor was attempted, 98 per cent (54) resulted in at least one embryo forming (table 2.4a).

Surrogacy

Forty-two women agreed to be surrogates for people during 2020-21 – up from 30 the year before (table 5).

Section 1 Final outcomes for treatment cycles commenced in 2019-20 FY

This section includes final outcomes of treatment procedures undertaken in 2019-20. These final figures were not available at the time of the production of the 2020 Annual Report. Similarly, this year, a full report on treatment outcomes will not be possible until the 2022 Annual Report.

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.

Overview

Table 1.1 Number of women treated, Victoria, 2019-20 financial year

Treatment site	No. of women treated				No. of cycles included	No. of women with fresh embryos transferred	No. of women with thawed embryos transferred	No. of women with AI* using partner sperm	No. of women with AI using donor sperm
	< 35	35-39	≥ 40	ALL					
Adora Fertility, Greensborough	495	408	231	1,134	2,179	590	493	20	0
Ballarat IVF, Ballarat	154	100	44	298	531	48	169	16	14
City Babies, Richmond	73	40	21	134	237	0	0	134	0
City Fertility Centre, Bundoora	97	79	39	215	449	45	124	7	11
City Fertility Centre, Melbourne	226	251	132	609	1,193	175	296	27	70
Genea, Melbourne	44	47	33	124	251	32	51	3	2
Melbourne IVF, East Melbourne	1,154	1,512	824	3,490	6,592	1,259	1,520	180	152
Melbourne IVF, Mt Waverley	127	124	55	306	556	120	150	15	21
Monash IVF, Bendigo	43	27	18	88	130	38	36	5	1
Monash IVF, Clayton	640	711	505	1,856	3,136	455	890	83	36
Monash IVF, Geelong	135	100	60	295	509	96	150	19	8
Monash IVF, Mildura	27	12	7	46	63	25	16	2	3
Monash IVF, Richmond	265	366	237	868	1,310	163	405	35	36
Monash IVF, Sale	24	14	16	54	72	25	16	0	0
Monash IVF, Sunshine	95	77	51	223	321	103	58	1	0
Newlife IVF, Box Hill	144	145	75	364	706	112	184	0	4
Number 1 Fertility, East Melbourne	476	707	344	1,527	2,741	296	616	73	1
Number 1 Fertility, Geelong	38	47	24	109	140	21	23	2	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	590	418	293	1,301	2,393	622	585	7	10
Aggregated total	4,847	5,185	3,009	13,041	23,509	4,225	5,782	629	369

* AI: artificial insemination

● Section 1

Table 1.2 Number of women treated and pregnancy and birth outcomes, Victoria, 2019-20 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	1,134	476	369	10	0	379	375	389	385	1
Ballarat IVF, Ballarat	298	111	88	4	0	92	90	96	94	1
City Babies, Richmond	134	26	22	1	0	23	23	24	24	0
City Fertility Centre, Bundoora	215	68	58	1	0	59	59	60	60	0
City Fertility Centre, Melbourne	609	252	187	12	0	199	199	211	211	0
Genea, Melbourne	124	39	25	0	0	25	25	25	25	0
Melbourne IVF, East Melbourne	3,490	1,590	1,183	49	1	1,233	1,214	1,284	1,264	10
Melbourne IVF, Mt Waverley	306	130	101	3	0	104	102	107	105	1
Monash IVF, Bendigo	88	31	25	3	0	28	28	31	31	0
Monash IVF, Clayton	1,856	625	487	27	0	514	508	541	535	0
Monash IVF, Geelong	295	121	96	6	0	102	102	108	108	0
Monash IVF, Mildura	46	17	13	2	0	15	14	17	15	0
Monash IVF, Richmond	868	278	215	8	1	224	221	234	230	0
Monash IVF, Sale	54	10	6	3	0	9	9	12	12	0
Monash IVF, Sunshine	223	58	43	2	0	45	45	47	47	0
Newlife IVF, Box Hill	364	138	106	7	0	113	112	120	119	0
Number 1 Fertility, East Melbourne	1,527	487	391	6	0	397	394	403	400	0
Number 1 Fertility, Geelong	109	19	18	0	0	18	17	18	17	1
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1,301	481	373	10	1	384	375	396	386	7
Aggregated total	13,041	4,957	3,806	154	3	3,963	3,912	4,123	4,068	21

Legend

(for full glossary, refer to page 86)

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 use.

● Section 1

Table 1.3a Fresh embryo transfer cycles and pregnancy outcomes, Victoria, 2019-20 financial year

Treatment site	Women using embryos derived from their own, their partner's or donated eggs				
	No. of cycles with fresh embryo transferred	% single embryo transfer	No. of clinical pregnancies	No. of live births	No. of liveborn babies
All ages by treatment site					
Adora Fertility, Greensborough	764	88.6	186	148	153
Ballarat IVF, Ballarat	48	100.0	16	11	11
City Fertility Centre, Bundoora	50	94.0	7	7	7
City Fertility Centre, Melbourne	220	81.8	51	32	32
Genea, Melbourne	40	97.5	13	7	7
Melbourne IVF, East Melbourne	1,533	92.5	599	445	463
Melbourne IVF, Mt Waverley	137	97.8	46	37	37
Monash IVF, Bendigo	41	97.6	15	14	16
Monash IVF, Clayton	522	77.0	128	111	120
Monash IVF, Geelong	107	96.3	31	23	25
Monash IVF, Mildura	26	96.2	7	5	5
Monash IVF, Richmond	182	88.5	57	44	46
Monash IVF, Sale	29	55.2	9	8	11
Monash IVF, Sunshine	119	82.4	35	25	27
Newlife IVF, Box Hill	126	98.4	46	37	38
Number 1 Fertility, East Melbourne	335	100.0	127	101	103
Number 1 Fertility, Geelong	21	100.0	8	8	8
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	747	97.5	223	172	179
Aggregated total	5,047	91.1	1,604	1,235	1,288
All treatment sites by age group					
Age group					
<35	1,748	95.4	722	613	644
35-39	1,938	94.2	632	462	477
>=40	1,361	81.0	250	160	167
Aggregated total	5,047	91.1	1,604	1,235	1,288

Note: This data includes fresh embryos formed from thawed eggs.

● Section 1

Table 1.3b Thawed embryo transfer cycles and pregnancy outcomes, Victoria, 2019-20 financial year

Treatment site	Women using own eggs				
	No. of cycles with thawed embryos transferred	% single embryo transfer	No. of clinical pregnancies	No. of live births	No. of liveborn babies
All ages by treatment site					
Adora Fertility, Greensborough	739	96.1	284	222	227
Ballarat IVF, Ballarat	210	99.5	84	71	75
City Fertility Centre, Bundoora	184	94.6	58	49	50
City Fertility Centre, Melbourne	374	86.4	159	129	140
Genea, Melbourne	72	100.0	24	16	16
Melbourne IVF, East Melbourne	2,020	92.6	869	677	702
Melbourne IVF, Mt Waverley	222	95.5	74	57	59
Monash IVF, Bendigo	35	100.0	12	11	11
Monash IVF, Clayton	1,076	94.1	447	359	375
Monash IVF, Geelong	201	91.5	78	68	72
Monash IVF, Mildura	17	82.4	8	8	9
Monash IVF, Richmond	459	92.6	198	160	167
Monash IVF, Sale	18	72.2	1	1	1
Monash IVF, Sunshine	62	88.7	22	19	19
Newlife IVF, Box Hill	266	94.7	92	75	81
Number 1 Fertility, East Melbourne	790	100.0	335	272	275
Number 1 Fertility, Geelong	28	100.0	10	8	8
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	870	98.3	250	195	199
Aggregated total	7,643	94.6	3,005	2,397	2,486
All treatment sites by age group					
Age group					
<35	3,028	94.9	1,315	1,098	1,142
35-39	3,164	95.6	1,272	1,010	1,044
>=40	1,451	91.9	418	289	300
Aggregated total	7,643	94.6	3,005	2,397	2,486

● Section 1

Table 1.3c Artificial insemination (AI) cycles using partner sperm and pregnancy outcomes, Victoria, 2019-20 FY

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	No. of liveborn babies
All ages by treatment site				
Adora Fertility, Greensborough	26	6	5	5
Ballarat IVF, Ballarat	20	0	0	0
City Babies, Richmond	237	26	23	24
City Fertility Centre, Bundoora	10	0	0	0
City Fertility Centre, Melbourne	35	5	3	3
Genea, Melbourne	3	0	0	0
Melbourne IVF, East Melbourne	282	31	25	28
Melbourne IVF, Mt Waverley	19	4	4	4
Monash IVF, Bendigo	7	0	0	0
Monash IVF, Clayton	125	11	11	12
Monash IVF, Geelong	23	4	4	4
Monash IVF, Mildura	4	1	0	0
Monash IVF, Richmond	45	5	4	4
Monash IVF, Sunshine	2	0	0	0
Newlife IVF, Box Hill	24	2	1	2
Number 1 Fertility, East Melbourne	88	10	7	8
Number 1 Fertility, Geelong	3	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	10	1	1	1
Aggregated total	963	106	88	95
All treatment sites by age group				
Age group				
<35	460	59	52	57
35-39	348	36	29	31
>=40	155	11	7	7
Aggregated total	963	106	88	95

Note: This table contains preliminary data.

● Section 1

Table 1.3d Artificial insemination (AI) cycles using donor sperm and pregnancy outcomes, Victoria, 2019-20 FY

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	No. of liveborn babies
All ages by treatment site				
Ballarat IVF, Ballarat	15	0	0	0
City Fertility Centre, Bundoora	17	3	3	3
City Fertility Centre, Melbourne	111	13	12	12
Genea, Melbourne	4	0	0	0
Melbourne IVF, East Melbourne	248	41	27	30
Melbourne IVF, Mt Waverley	38	5	3	4
Monash IVF, Bendigo	2	1	1	2
Monash IVF, Clayton	53	7	5	5
Monash IVF, Geelong	11	3	2	2
Monash IVF, Mildura	4	1	1	1
Monash IVF, Richmond	57	3	2	2
Newlife IVF, Box Hill	13	0	0	0
Number 1 Fertility, East Melbourne	3	1	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	15	3	3	3
Aggregated total	591	81	59	64
All treatment sites by age group				
Age group				
<35	261	41	33	34
35-39	291	38	25	29
>=40	39	2	1	1
Aggregated total	591	81	59	64

Section 1

Table 1.4 Treatment using thawed eggs and pregnancy outcomes, Victoria 2019-20 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
Ballarat IVF, Ballarat	2	0	0	0	0	0	0	0	0	0
City Fertility Centre, Bundoora	4	1	1	1	1	0	0	0	0	0
City Fertility Centre, Melbourne	3	2	0	0	0	2	1	1	1	1
Genea, Melbourne	1	1	0	0	0	0	0	0	0	0
Melbourne IVF, East Melbourne	87	63	32	21	22	3	2	1	1	1
Melbourne IVF, Mt Waverley	1	1	0	0	0	0	0	0	0	0
Monash IVF, Bendigo	0	0	0	0	0	1	1	1	1	1
Monash IVF, Clayton	48	21	3	3	3	6	3	1	1	1
Monash IVF, Geelong	2	1	0	0	0	0	0	0	0	0
Monash IVF, Richmond	25	11	4	3	3	22	19	11	11	11
Monash IVF, Sale	1	0	0	0	0	0	0	0	0	0
Monash IVF, Sunshine	6	6	2	0	0	1	0	0	0	0
Newlife IVF, Box Hill	3	2	2	1	1	1	0	0	0	0
Number 1 Fertility, East Melbourne	24	11	4	3	3	0	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	10	9	3	3	3	0	0	0	0	0
Aggregated total	219	130	51	35	36	36	26	15	15	15

* Donor eggs include those imported from interstate or overseas.

Table 1.5 Surrogacy cycles and pregnancy outcomes, Victoria, 2019-20 financial year

This table includes cycles where an embryo 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	1	100.0	0	0	0
Melbourne IVF, East Melbourne	11	14	100.0	6	5	5
Monash IVF, Bendigo	1	2	100.0	0	0	0
Monash IVF, Clayton	5	6	100.0	5	3	3
Monash IVF, Geelong	1	3	100.0	1	1	1
Monash IVF, Richmond	4	5	100.0	1	1	1
Monash IVF, Sunshine	1	1	100.0	0	0	0
Newlife IVF, Box Hill	1	1	100.0	0	0	0
Number 1 Fertility, East Melbourne	4	6	100.0	1	1	1
Number 1 Fertility, Geelong	1	1	100.0	1	1	1
Aggregated total	30	40	100.0	15	12	12

Note: There was 1 GIFT cycle and 1 ZIFT cycle in FY2020

Section 1

Table 1.6 Outcomes for preimplantation genetic testing of embryos (PGT), 2019-20 financial year

PGT-M is used for patients with a known genetic risk. PGT-A and NIPGT are used for the detection of numerical chromosome abnormalities (aneuploidy). 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 deemed suitable for transfer	No. of women in treatment**	No. of embryos transferred	No. of clinical pregnancies	No. of live births	No. of liveborn babies
Preimplantation testing for single gene disorders (PGT-M)								
Adora Fertility, Greensborough	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ballarat IVF, Ballarat	N/A	N/A	N/A	1	1	1	1	1
City Babies	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
City Fertility Centre	2	3	2	1	1	0	0	0
Genea, Melbourne	2	6	2	2	2	0	0	0
Monash IVF	61	310	108	52	65	28	23	24
Newlife IVF, Box Hill	5	30	7	2	3	1	1	1
Number 1 Fertility, East Melbourne	17	81	20	10	11	7	6	6
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	128	748	334	117	166	87	75	77
Aggregated total	215	1178	473	185	249	124	106	109
Preimplantation testing for aneuploidy (PGT-A)								
Adora Fertility, Greensborough	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ballarat IVF, Ballarat	N/A	N/A	N/A	0	0	0	0	0
City Babies	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
City Fertility Centre	41	139	64	36	58	13	12	12
Genea, Melbourne	35	157	75	25	36	14	7	7
Monash IVF	220	568	313	239	279	132	113	115
Newlife IVF, Box Hill	90	377	171	42	61	18	13	14
Number 1 Fertility, East Melbourne	388	1,266	576	251	295	157	137	137
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	473	1,853	898	392	515	260	215	222
Aggregated total	1,247	4,360	2,097	985	1,244	594	497	507
Non-invasive preimplantation testing for aneuploidy (NIPGT***)								
Adora Fertility, Greensborough	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ballarat IVF, Ballarat	N/A	N/A	N/A	0	0	0	0	0
City Babies, Richmond	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
City Fertility Centre	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Genea, Melbourne	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Monash IVF	355	977	284	91	105	39	33	33
Newlife IVF, Box Hill	1	3	2	1	2	0	0	0
Number 1 Fertility, East Melbourne	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Aggregated total	356	980	286	92	107	39	33	33

* 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 during a previous year.

*** Non-invasive PGT-A. Note that some women will have some embryos biopsied using standard PGT-A and some tested by NIPGT.

Section 2 ART procedures, 2020–21 financial year

This section provides details of ART treatment and clinical pregnancies for the 2020-21 financial year.

This data cannot be used to compare success rates between treatment sites as clinics provided their clinical pregnancy data at different times between July and August 2021. See submission dates on page 30.

Overview

Table 2.1 Number of women treated, Victoria, 2020-21 financial year

Treatment site	No. of women treated			
	< 35	35–39	≥ 40	ALL
Adora Fertility, Greensborough	468	424	214	1106
Ballarat IVF, Ballarat	201	130	58	389
City Babies, Richmond	63	41	16	120
City Fertility Centre, Bundoora	109	74	44	227
City Fertility Centre, Melbourne	264	262	136	662
Genea, Melbourne	68	66	48	182
Melbourne IVF, East Melbourne	1,416	1,693	914	4,023
Melbourne IVF, Mt Waverley	152	160	79	391
Monash IVF, Bendigo	72	44	16	132
Monash IVF, Clayton	755	856	597	2,208
Monash IVF, Geelong	179	162	92	433
Monash IVF, Mildura	42	25	9	76
Monash IVF, Richmond	324	380	302	1,006
Monash IVF, Sale	41	24	15	80
Monash IVF, Sunshine	115	96	67	278
Newlife IVF, Box Hill	292	340	205	837
Number 1 Fertility, East Melbourne	713	1,005	496	2,214
Number 1 Fertility, Geelong	0	6	2	8
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	560	436	306	1,302
Aggregated total	5,834	6,224	3,616	15,674

Treatment site	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	2,145	858	796	766	488	879	57	0
Ballarat IVF, Ballarat	871	268	252	232	248	267	8	28
City Babies, Richmond	249	116	0	0	0	0	120	0
City Fertility Centre, Bundoora	541	198	145	137	127	146	11	15
City Fertility Centre, Melbourne	1,133	467	394	334	278	398	29	106
Genea, Melbourne	393	160	143	124	81	126	6	2
Melbourne IVF, East Melbourne	8,022	3,339	2,938	2,471	1,839	2,674	272	163
Melbourne IVF, Mt Waverley	719	324	290	252	179	282	14	13
Monash IVF, Bendigo	225	90	72	66	70	99	8	3
Monash IVF, Clayton	3,923	1,637	1,525	1,334	985	1,444	109	31
Monash IVF, Geelong	857	323	287	261	249	318	36	11
Monash IVF, Mildura	125	62	47	44	31	51	9	1
Monash IVF, Richmond	1,644	668	551	475	473	622	70	20
Monash IVF, Sale	117	64	59	47	20	52	0	0
Monash IVF, Sunshine	416	238	219	194	65	170	1	0
Newlife IVF, Box Hill	1,697	701	648	559	372	545	27	20
Number 1 Fertility, East Melbourne	4,519	1,887	1,715	1,275	856	1,248	206	6
Number 1 Fertility, Geelong	8	8	8	5	0	0	0	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	2,290	1,062	991	897	533	946	13	1
Aggregated total	29,894	12,470	11,080	9,473	6,894	10,267	996	420

* FSH: Follicle stimulating hormone. ** IVF: in vitro fertilisation. *** ICSI: intracytoplasmic sperm injection. **** AI: artificial insemination.
Note: This table contains preliminary data.

Section 2

Egg retrieval cycles

Table 2.2 Number of egg retrieval cycles, Victoria, 2020-21 financial year

Treatment site	No. of egg retrieval cycles	No. of egg retrievals with eggs collected	No. of eggs collected	Average no. eggs collected per egg retrieval cycle	No. of cycles with eggs frozen	No. of eggs frozen	Average no. of eggs frozen per cycle with eggs frozen
< 35							
Adora Fertility, Greensborough	424	421	4,826	11	8	63	8
Ballarat IVF, Ballarat	192	188	2,211	12	14	136	10
City Fertility Centre, Bundoora	90	88	1,474	16	4	52	13
City Fertility Centre, Melbourne	160	159	2,000	13	9	65	7
Genea, Melbourne	81	79	836	10	16	87	5
Melbourne IVF, East Melbourne	1,273	1,261	17,906	14	261	2,998	11
Melbourne IVF, Mt Waverley	143	140	1,893	13	17	159	9
Monash IVF, Bendigo	51	51	652	13	5	41	8
Monash IVF, Clayton	599	598	8,131	14	90	908	10
Monash IVF, Geelong	124	122	1,830	15	11	111	10
Monash IVF, Mildura	29	29	255	9	1	11	11
Monash IVF, Richmond	206	204	2,566	12	45	442	10
Monash IVF, Sale	34	33	370	11	3	23	8
Monash IVF, Sunshine	111	110	1,303	12	10	85	9
Newlife IVF, Box Hill	316	313	4,406	14	38	396	10
Number 1 Fertility, East Melbourne	739	735	10,224	14	181	1,715	9
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	502	497	5,184	10	73	723	10
Aggregated total	5,074	5,028	66,067	13	786	8,015	10
35-39							
Adora Fertility, Greensborough	442	434	3,611	8	4	28	7
Ballarat IVF, Ballarat	132	125	1,058	8	11	92	8
City Fertility Centre, Bundoora	61	60	626	10	1	7	7
City Fertility Centre, Melbourne	215	211	2,012	9	13	113	9
Genea, Melbourne	75	73	684	9	14	103	7
Melbourne IVF, East Melbourne	1,711	1,688	19,141	11	302	2,994	10
Melbourne IVF, Mt Waverley	159	155	1,619	10	17	187	11
Monash IVF, Bendigo	26	26	304	12	3	40	13
Monash IVF, Clayton	814	805	8,194	10	95	863	9
Monash IVF, Geelong	132	132	1,434	11	6	77	13
Monash IVF, Mildura	21	21	182	9	0	0	..
Monash IVF, Richmond	274	273	2,838	10	66	541	8
Monash IVF, Sale	28	27	227	8	12	94	8
Monash IVF, Sunshine	104	104	891	9	14	105	8
Newlife IVF, Box Hill	392	386	4,396	11	57	525	9
Number 1 Fertility, East Melbourne	1,200	1,188	13,925	12	383	3,508	9
Number 1 Fertility, Geelong	6	6	45	8	3	13	4
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	423	413	3,397	8	33	221	7
Aggregated total	6,215	6,127	64,584	10	1,034	9,511	9

Note: This table contains preliminary data.

Section 2

Egg retrieval cycles

Table 2.2 Number of egg retrieval cycles, Victoria, 2020-21 financial year (continued)

Treatment site	No. of egg retrieval cycles	No. of egg retrievals with eggs collected	No. of eggs collected	Average no. eggs collected per egg retrieval cycle	No. of cycles with eggs frozen	No. of eggs frozen	Average no. of eggs frozen per cycle with eggs frozen
	≥ 40						
Adora Fertility, Greensborough	289	279	1,660	6	2	17	9
Ballarat IVF, Ballarat	41	39	293	7	1	6	6
City Fertility Centre, Bundoora	44	42	310	7	0	0	..
City Fertility Centre, Melbourne	120	116	869	7	3	14	5
Genea, Melbourne	60	59	413	7	0	0	..
Melbourne IVF, East Melbourne	1,163	1,121	8,468	7	69	456	7
Melbourne IVF, Mt Waverley	84	81	621	7	4	23	6
Monash IVF, Bendigo	7	7	55	8	0	0	..
Monash IVF, Clayton	649	630	5,265	8	30	207	7
Monash IVF, Geelong	98	95	756	8	2	6	3
Monash IVF, Mildura	8	8	41	5	0	0	..
Monash IVF, Richmond	234	230	1,923	8	32	209	7
Monash IVF, Sale	15	15	136	9	0	0	..
Monash IVF, Sunshine	67	63	476	7	6	28	5
Newlife IVF, Box Hill	286	281	2,455	9	22	122	6
Number 1 Fertility, East Melbourne	686	670	5,692	8	71	515	7
Number 1 Fertility, Geelong	2	2	22	11	0	0	..
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	359	344	1,895	5	13	90	7
Aggregated total	4,212	4,082	31,350	7	255	1,693	7
	ALL						
Adora Fertility, Greensborough	1,155	1,134	10,097	9	14	108	8
Ballarat IVF, Ballarat	365	352	3,562	10	26	234	9
City Fertility Centre, Bundoora	195	190	2,410	12	5	59	12
City Fertility Centre, Melbourne	495	486	4,881	10	25	192	8
Genea, Melbourne	216	211	1,933	9	30	190	6
Melbourne IVF, East Melbourne	4,147	4,070	45,515	11	632	6,448	10
Melbourne IVF, Mt Waverley	386	376	4,133	11	38	369	10
Monash IVF, Bendigo	84	84	1,011	12	8	81	10
Monash IVF, Clayton	2,062	2,033	21,590	10	215	1,978	9
Monash IVF, Geelong	354	349	4,020	11	19	194	10
Monash IVF, Mildura	58	58	478	8	1	11	11
Monash IVF, Richmond	714	707	7,327	10	143	1,192	8
Monash IVF, Sale	77	75	733	10	15	117	8
Monash IVF, Sunshine	282	277	2,670	9	30	218	7
Newlife IVF, Box Hill	994	980	11,257	11	117	1,043	9
Number 1 Fertility, East Melbourne	2,625	2,593	29,841	11	635	5,738	9
Number 1 Fertility, Geelong	8	8	67	8	3	13	4
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1,284	1,254	10,476	8	119	1,034	9
Aggregated total	15,501	15,237	162,001	10	2,075	19,219	9

Note: This table contains preliminary data.

● Section 2

Egg insemination

Table 2.3 ART cycles using fresh eggs, Victoria, 2020-21 financial year

Table 2.3a Attempted fertilisation, Victoria 2020-21 financial year

Treatment site	No. of cycles with attempted fertilisation	% of cycles involving eggs treated with ICSI*	No. of cycles with embryos formed**	No. of embryos formed
All ages by treatment site				
Adora Fertility, Greensborough	1,097	51	1,023	5,527
Ballarat IVF, Ballarat	325	62	307	1,981
City Fertility Centre, Bundoora	180	72	168	1,247
City Fertility Centre, Melbourne	402	79	378	2,135
Genea, Melbourne	179	44	170	975
Melbourne IVF, East Melbourne	3,393	70	3,190	19,622
Melbourne IVF, Mt Waverley	330	71	305	1,886
Monash IVF, Bendigo	75	64	74	570
Monash IVF, Clayton	1,777	82	1,670	9,772
Monash IVF, Geelong	317	91	309	2,118
Monash IVF, Mildura	54	70	47	251
Monash IVF, Richmond	547	87	523	2,913
Monash IVF, Sale	58	78	54	288
Monash IVF, Sunshine	243	89	226	1,331
Newlife IVF, Box Hill	830	88	779	4,550
Number 1 Fertility, East Melbourne	1,903	84	1,678	8,849
Number 1 Fertility, Geelong	5	100	4	26
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1,124	57	1,055	5,244
Aggregated total	12,839	74	11,960	69,285
All treatment sites by age group				
Age group				
<35	4,121	72.0	3,955	28,873
35-39	4,939	74.3	4,638	25,855
>=40	3,779	74.3	3,367	14,557
Aggregated total	12,839	73.6	11,960	69,285

* ICSI: intracytoplasmic sperm injection.

** Fertilised eggs with two pronuclei

Section 2

Use of embryos

Table 2.3b Number of ART cycles using fresh embryos after IVF/ICSI, Victoria, 2020-21 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
All ages by treatment site					
Adora Fertility, Greensborough	759	858	440	124	1,271
Ballarat IVF, Ballarat	42	43	240	211	796
City Fertility Centre, Bundoora	32	35	113	97	447
City Fertility Centre, Melbourne	208	223	242	133	711
Genea, Melbourne	102	110	95	36	302
Melbourne IVF, East Melbourne	1,698	1,788	2,126	1,087	7,540
Melbourne IVF, Mt Waverley	214	221	206	51	749
Monash IVF, Bendigo	52	52	57	18	225
Monash IVF, Clayton	711	808	1,086	734	3,258
Monash IVF, Geelong	120	123	231	154	810
Monash IVF, Mildura	39	40	37	7	92
Monash IVF, Richmond	226	247	359	239	1,113
Monash IVF, Sale	42	51	27	9	80
Monash IVF, Sunshine	137	149	138	62	455
Newlife IVF, Box Hill	332	356	515	340	1,745
Number 1 Fertility, East Melbourne	751	751	1,193	740	4,065
Number 1 Fertility, Geelong	0	0	4	4	16
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	705	711	537	188	1,506
Aggregated total	6,170	6,566	7,646	4,234	25,181
All treatment sites by age group					
<35	2,070	2,118	2,998	1,586	12,132
35-39	2,385	2,494	3,070	1,665	9,333
>=40	1,715	1,954	1,578	983	3,716
Aggregated total	6,170	6,566	7,646	4,234	25,181

Section 2

Use of thawed eggs

Table 2.4 ART cycles using thawed eggs, Victoria, 2020-21 financial year

Table 2.4a Attempted fertilisation, Victoria, 2020-21 financial year

Women using own eggs				
Treatment site	No. of cycles with attempted fertilisation	% of cycles involving eggs treated with ICSI	No. of cycles with embryos formed*	No. of embryos formed
All ages by treatment site				
Ballarat IVF, Ballarat	1	100.0	1	1
City Fertility Centre, Melbourne	4	100.0	4	12
Genea, Melbourne	3	100.0	3	5
Melbourne IVF, East Melbourne	69	100.0	68	470
Melbourne IVF, Mt Waverley	2	100.0	2	18
Monash IVF, Bendigo	1	100.0	1	6
Monash IVF, Clayton	29	100.0	26	161
Monash IVF, Richmond	16	100.0	14	72
Monash IVF, Sale	1	100.0	1	6
Monash IVF, Sunshine	2	100.0	2	8
Newlife IVF, Box Hill	9	100.0	4	42
Number 1 Fertility, East Melbourne	21	100.0	21	141
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	7	100.0	6	24
Aggregated total	165	100.0	153	966
All treatment sites by age group				
Age group				
<35	50	100.0	46	308
35-39	41	100.0	39	263
>=40	74	100.0	68	395
Aggregated total	165	100.0	153	966
Women using donor/partner eggs**				
Treatment site	No. of cycles with attempted fertilisation	% of cycles involving eggs treated with ICSI	No. of cycles with embryos formed*	No. of embryos formed
All ages by treatment site				
Melbourne IVF, East Melbourne	9	100.0	9	42
Melbourne IVF, Mt Waverley	1	100.0	1	6
Monash IVF, Clayton	3	100.0	3	12
Monash IVF, Richmond	35	100.0	35	163
Number 1 Fertility, East Melbourne	7	100.0	6	25
Aggregated total	55	100.0	54	248
All treatment sites by age group				
Age group				
<35	3	100.0	3	14
35-39	11	100.0	11	44
>=40	41	100.0	40	190
Aggregated total	55	100.0	54	248

* Fertilised eggs with two pronuclei.

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

Section 2

Embryos made from thawed eggs

Table 2.4b Number of ART cycles using embryos from thawed eggs, Victoria, 2020-21 financial year

Treatment site	Women using own eggs				
	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
All ages by treatment site					
Ballarat IVF, Ballarat	0	0	3	3	9
City Fertility Centre, Bundoora	0	0	1	1	2
City Fertility Centre, Melbourne	4	4	1	0	1
Genea, Melbourne	3	3	1	0	1
Melbourne IVF, East Melbourne	60	65	54	13	148
Melbourne IVF, Mt Waverley	2	2	2	1	9
Monash IVF, Bendigo	1	1	1	0	1
Monash IVF, Clayton	22	23	27	13	55
Monash IVF, Geelong	0	0	0	0	0
Monash IVF, Richmond	13	16	25	17	63
Monash IVF, Sale	1	1	0	0	0
Monash IVF, Sunshine	2	2	1	0	2
Newlife IVF, Box Hill	4	6	3	1	13
Number 1 Fertility, East Melbourne	19	19	16	2	46
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	3	3	0	0	0
Aggregated total	134	145	135	51	350
All treatment sites by age group					
Age group					
<35	39	43	39	13	102
35-39	34	35	34	19	110
>=40	61	67	62	19	138
Aggregated total	134	145	135	51	350
Women using donor/partner eggs**					
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
All ages by treatment site					
Melbourne IVF, East Melbourne	9	9	5	0	9
Melbourne IVF, Mt Waverley	1	1	1	0	3
Monash IVF, Clayton	2	2	1	0	3
Monash IVF, Richmond	26	27	22	3	40
Number 1 Fertility, East Melbourne	6	6	3	1	5
Aggregated total	44	45	32	4	60
All treatment sites by age group					
Age group					
<35	2	2	2	0	4
35-39	10	10	6	1	14
>=40	32	33	24	3	42
Aggregated total	44	45	32	4	60

* Constitutes a lab-only cycle where eggs are thawed, fertilised and all resulting embryos are frozen.

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

● Section 2

Use of embryos

Table 2.5 Clinical pregnancies from ART cycles with fresh embryos transferred, Victoria, 2020-21 financial year

This data cannot be used to compare success rates between treatment sites as clinics provided their clinical pregnancy data at different times between July and August 2021. See submission dates on page 30.

Treatment site	No. of cycles with embryos transferred	% single embryo transfer*	No. of clinical pregnancies	% clinical pregnancies per embryo transfer cycle
All ages by treatment site				
Adora Fertility, Greensborough	759	87.0	179	23.6
Ballarat IVF, Ballarat	42	97.6	6	14.3
City Fertility Centre, Bundoora	32	90.6	7	21.9
City Fertility Centre, Melbourne	209	92.8	51	24.4
Genea, Melbourne	102	92.2	25	24.5
Melbourne IVF, East Melbourne	1,698	94.7	608	35.8
Melbourne IVF, Mt Waverley	214	96.7	75	35.0
Monash IVF, Bendigo	52	100.0	20	38.5
Monash IVF, Clayton	712	86.4	207	29.1
Monash IVF, Geelong	120	97.5	38	31.7
Monash IVF, Mildura	39	97.4	9	23.1
Monash IVF, Richmond	227	90.7	66	29.1
Monash IVF, Sale	42	78.6	9	21.4
Monash IVF, Sunshine	137	91.2	47	34.3
Newlife IVF, Box Hill	333	92.8	103	30.9
Number 1 Fertility, East Melbourne	751	100.0	221	29.4
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	705	99.1	160	22.7
Aggregated total	6,174	93.6	1,831	29.7
All treatment sites by age group				
Age group				
<35	2,073	97.7	802	38.7
35-39	2,386	95.4	742	31.1
>=40	1,715	86.1	287	16.7
Aggregated total	6,174	93.6	1,831	29.7

* See note page 34.

● Section 2

Use of embryos

Table 2.6 Number of clinical pregnancies from ART cycles with fresh embryos formed from thawed eggs, Victoria, 2020-21 financial year

This data cannot be used to compare success rates between treatment sites as clinics provided their clinical pregnancy data at different times between July and August 2021. See submission dates on page 30.

Treatment site	No. of cycles with embryos transferred*	% single embryo transfer	No. of clinical pregnancies	% clinical pregnancies per embryo transfer cycle
Adora Fertility, Greensborough	3	66.7	0	0.0
City Fertility Centre, Bundoora	1	100.0	1	100.0
City Fertility Centre, Melbourne	4	100.0	1	25.0
Genea, Melbourne	5	100.0	0	0.0
Melbourne IVF, East Melbourne	80	93.8	32	40.0
Melbourne IVF, Mt Waverley	3	100.0	2	66.7
Monash IVF, Bendigo	1	100.0	1	100.0
Monash IVF, Clayton	26	96.2	12	46.2
Monash IVF, Richmond	40	90.0	14	35.0
Monash IVF, Sale	2	100.0	0	0.0
Monash IVF, Sunshine	3	100.0	1	33.3
Newlife IVF, Box Hill	6	66.7	4	66.7
Number 1 Fertility, East Melbourne	37	100.0	8	21.6
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	3	100.0	0	0.0
Aggregated total	214	93.9	76	35.5

* Includes cycles using fresh eggs and thawed eggs.

● Section 2

Use of embryos

Table 2.7 Number of clinical pregnancies from ART cycles with embryos thawed, Victoria, 2020-21 financial year

This data cannot be used to compare success rates between treatment sites as clinics provided their clinical pregnancy data at different times between July and August 2021. See submission dates on page 30.

Treatment site	No. of cycles with embryos thawed	No. of embryos thawed	No. of cycles with embryos transferred	% single embryo transfer	No. of embryos transferred	No. of clinical pregnancies	% clinical pregnancies per embryo transfer cycle
All ages by treatment site							
Adora Fertility, Greensborough	721	796	686	97.2	705	220	32.1
Ballarat IVF, Ballarat	399	429	398	99.5	400	136	34.2
City Fertility Centre, Bundoora	200	214	194	97.9	198	67	34.5
City Fertility Centre, Melbourne	351	389	336	94.0	356	105	31.3
Genea, Melbourne	123	128	121	98.3	123	38	31.4
Melbourne IVF, East Melbourne	2,780	3,127	2,683	94.5	2,830	1,014	37.8
Melbourne IVF, Mt Waverley	262	292	256	95.7	267	95	37.1
Monash IVF, Bendigo	105	107	105	100.0	105	30	28.6
Monash IVF, Clayton	1,323	1,447	1,305	95.2	1,368	563	43.1
Monash IVF, Geelong	371	401	370	95.4	387	127	34.3
Monash IVF, Mildura	39	40	39	100.0	39	10	25.6
Monash IVF, Richmond	611	665	600	95.3	628	228	38.0
Monash IVF, Sale	28	35	28	78.6	34	4	14.3
Monash IVF, Sunshine	89	106	85	88.2	95	34	40.0
Newlife IVF, Box Hill	527	556	516	96.5	534	223	43.2
Number 1 Fertility, East Melbourne	1,208	1,221	1,202	100.0	1,202	479	39.9
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	812	843	804	99.0	812	199	24.8
Aggregated total	9,949	10,796	9,728	96.4	10,083	3,572	36.7
All treatment sites by age group							
Age group							
<35	3,851	4,147	3,783	96.8	3,903	1,557	41.2
35-39	4,057	4,343	3,964	97.0	4,083	1,463	36.9
>=40	2,041	2,306	1,981	94.1	2,097	552	27.9
Aggregated total	9,949	10,796	9,728	96.4	10,083	3,572	36.7

Section 3 Artificial insemination (AI), 2020-21 financial year

This data cannot be used to compare success rates between treatment sites as clinics provided their clinical pregnancy data at different times between July and August 2021. See submission dates on page 30.

Table 3.1 AI with partner sperm for stimulated/unstimulated cycles, Victoria, 2020-21 financial year

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies*
All ages		
Adora Fertility, Greensborough	87	10
Ballarat IVF, Ballarat	12	0
City Babies, Richmond	249	28
City Fertility Centre, Bundoora	12	3
City Fertility Centre, Melbourne	37	6
Genea, Melbourne	15	0
Melbourne IVF, East Melbourne	426	46
Melbourne IVF, Mt Waverley	20	0
Monash IVF, Bendigo	9	1
Monash IVF, Clayton (Monash IVF Monash Surgical Private Hospital)	177	18
Monash IVF, Geelong	65	5
Monash IVF, Mildura	11	4
Monash IVF, Richmond (Monash IVF Epworth Hospital)	99	9
Monash IVF, Sunshine (Western Day Surgery)	1	0
Newlife IVF, Box Hill	47	5
Number 1 Fertility, East Melbourne	309	15
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	19	5
Aggregated total	1,595	155

* This table contains preliminary data. Small numbers should be interpreted with caution.

Table 3.2 AI with donor sperm for stimulated/unstimulated cycles, Victoria, 2020-21 financial year

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies*
All ages		
Ballarat IVF, Ballarat	48	4
City Fertility Centre, Bundoora	29	4
City Fertility Centre, Melbourne	153	12
Genea, Melbourne	4	0
Melbourne IVF, East Melbourne	276	38
Melbourne IVF, Mt Waverley	22	2
Monash IVF, Bendigo	5	1
Monash IVF, Clayton (Monash IVF Monash Surgical Private Hospital)	45	11
Monash IVF, Geelong	15	4
Monash IVF, Mildura	1	0
Monash IVF, Richmond (Monash IVF Epworth Hospital)	28	2
Newlife IVF, Box Hill	30	5
Number 1 Fertility, East Melbourne	8	0
Reproductive Services, Royal Women's Hospital (Melbourne IVF)	1	1
Aggregated total	665	84

* This table contains preliminary data. Small numbers should be interpreted with caution.

Section 4 Donor ART treatment, 2020-21 financial year

For use of artificial insemination, 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, Victoria, 2020-21 financial year

This table includes cycles where a woman's own eggs or donated eggs were used. The number of clinical pregnancies only includes those known by the date clinics submitted their data. These submission dates are on page 30.

Donation type (all sites)	No. of recipients treated	No. of cycles with embryos transferred	No. of clinical pregnancies	% clinical pregnancies per embryo transfer cycle
Donor embryo	106	143	47	32.9
Donor/partner eggs				
– Fresh egg	244	87	38	43.7
– Thawed egg	66	43	17	39.5
– Embryos from donated eggs	285	388	132	34.0
Donor sperm	1,574	1,926	645	33.5
Aggregated total	2,275	2,587	879	34.0

Table 4.2 Number of egg, sperm and embryo donors used in treatment by method of recruitment, 2020-21 FY*

Registered ART provider (all sites)	No. egg donors			No. sperm donors			No. embryo donors	
	Recipient recruited	Overseas egg bank recruited	Clinic recruited	Recipient recruited	Overseas sperm bank recruited	Clinic recruited	Recipient recruited	Clinic recruited
Adora Fertility	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ballarat IVF	14	N/A	4	5	N/A	25	2	5
City Babies, Richmond	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
City Fertility Centre	75	0	14	2	0	85	0	2
Genea, Melbourne	3	0	0	2	7	0	1	0
Melbourne IVF, including Reproductive Services, RWH	69	0	5	71	0	105	24	21
Monash IVF	80	33	2	28	4	137	15	11
Newlife IVF, Box Hill	18	0	0	14	3	11	1	0
Number 1 Fertility	28	10	N/A	28	N/A	10	0	N/A
Aggregated total	287	43	25	150	14	373	43	39

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

Section 4

Table 4.3 Number of recipients and treatment cycles with donor/partner eggs, 2020-21 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	Overseas egg bank recruited	Clinic recruited	Recipient recruited	Overseas egg bank recruited	Clinic recruited
FRESH						
Adora Fertility	N/A	N/A	N/A	N/A	N/A	N/A
Ballarat IVF	9	N/A	3	12	N/A	4
City Babies, Richmond	N/A	N/A	N/A	N/A	N/A	N/A
City Fertility Centre	44	0	12	72	0	12
Genea, Melbourne	3	0	0	3	0	0
Melbourne IVF, including Reproductive Services, RWH	97	0	0	140	0	0
Monash IVF	74	0	2	86	0	2
Newlife IVF, Box Hill	11	0	0	11	0	0
Number 1 Fertility	25	N/A	N/A	30	N/A	N/A
Aggregated total	263	0	17	354	0	18
THAWED						
Adora Fertility	N/A	N/A	N/A	N/A	N/A	N/A
Ballarat IVF	0	N/A	0	0	N/A	0
City Babies, Richmond	N/A	N/A	N/A	N/A	N/A	N/A
City Fertility Centre	3	0	2	2	0	3
Genea, Melbourne	0	0	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	7	0	5	7	0	5
Monash IVF	5	35	0	5	40	0
Newlife IVF, Box Hill	13	0	0	17	0	0
Number 1 Fertility	24	11	N/A	48	11	N/A
Aggregated total	52	46	7	79	51	8

Table 4.4 Relationship status of recipients of donor sperm treatment, 2020-21 financial year

Registered ART provider (all sites)	Relationship status of women receiving donor sperm treatment			
	Single	Same-sex	Heterosexual	Other
Adora Fertility	N/A	N/A	N/A	N/A
Ballarat IVF	37	15	12	0
City Babies, Richmond	N/A	N/A	N/A	N/A
City Fertility Centre	134	170	19	0
Genea, Melbourne	6	1	2	0
Melbourne IVF, including Reproductive Services, RWH	359	216	86	0
Monash IVF	270	101	68	0
Newlife IVF, Box Hill	44	30	10	0
Number 1 Fertility	16	15	8	0
Aggregated total	866	548	205	0

Section 5 Surrogacy, 2020-21 financial year

Table 5 Surrogacy cycles and clinical pregnancies, Victoria, 2020-21 financial year

This table includes cycles where an embryo was transferred to a surrogate woman during 2020-21. The data only includes clinical pregnancies known by the date clinics submitted their data. These dates are on page 30.

Treatment site	No. of surrogate women	No. of cycles with embryos transferred	No. of clinical pregnancies
City Fertility Centre, Melbourne	2	2	2
Melbourne IVF, East Melbourne	8	12	5
Monash IVF, Bendigo	1	1	0
Monash IVF, Clayton (Monash IVF Monash Surgical Private Hospital)	10	13	6
Monash IVF, Geelong	1	4	1
Monash IVF, Richmond (Monash IVF Epworth Hospital)	8	11	7
Monash IVF, Sunshine (Western Day Surgery)	1	1	1
Newlife IVF, Box Hill	3	4	1
Number 1 Fertility, East Melbourne	8	11	4
Aggregated total	42	59	27

Note: 100% of surrogacy cycles involving the transfer of an embryo were single embryo transfers

Section 6 Storage of gametes, 2020-21 financial year

Table 6.1 Storage of sperm, ovarian tissue, eggs and embryos, 2020-21 financial year

Registered ART provider (all sites)	No. of patients with sperm in storage as at 30 June 2021	No. of patients with ovarian tissue in storage as at 30 June 2021	No. of patients with eggs in storage as at 30 June 2021	No. of patients with embryos in storage as at 30 June 2021	No. of embryos in storage as at 30 June 2021
Adora Fertility	172	N/A	12	1,004	2,923
Ballarat IVF	200	N/A	38	547	1,698
City Babies, Richmond	N/A	N/A	N/A	N/A	N/A
City Fertility Centre	532	N/A	162	1,155	3,646
Genea, Melbourne	28	0	17	61	179
Melbourne IVF, including Reproductive Services, RWH	1,738	462	2,413	6,551	23,690
Monash IVF	1,814	76	1,349	5,190	17,307
Newlife IVF	119	0	94	517	2,040
Number 1 Fertility	257	3	891	1,611	5,456
Aggregated total	4,860	541	4,976	16,636	56,939

Table 6.2 Storage of donor sperm, 2020-21 financial year

Registered ART provider (all sites)	No. of donors whose sperm was stored and available for donor treatment at 1 July 2020 (start of period)	New donors recruited during reporting financial year
Adora Fertility	N/A	N/A
Ballarat IVF	36	0
City Babies, Richmond	N/A	N/A
City Fertility Centre	65	42
Genea, Melbourne	10	0
Melbourne IVF, including Reproductive Services, RWH	222	19
Monash IVF	35	20
Newlife IVF	9	32
Number 1 Fertility	0	1
Aggregated total	377	114

Section 7 Preimplantation genetic testing, 2020-21 financial year

Table 7 Preimplantation genetic testing of embryos (PGT), 2020-21 financial year

Registered ART provider (all sites)	No. of women in treatment	No. of embryos tested*	No. of embryos deemed suitable for transfer	No. of women in treatment**	No. of embryos transferred
Preimplantation testing for single gene disorders (PGT-M)					
Adora Fertility	N/A	N/A	N/A	N/A	N/A
Ballarat IVF	N/A	N/A	N/A	0	0
City Babies, Richmond	N/A	N/A	N/A	N/A	N/A
City Fertility Centre	12	34	15	7	12
Genea, Melbourne	2	14	2	2	2
Melbourne IVF, including Reproductive Services, RWH	131	828	336	133	186
Monash IVF	54	231	75	49	66
Newlife IVF	16	112	20	9	13
Number 1 Fertility	16	107	30	13	14
Aggregated total	231	1326	478	213	293
Preimplantation testing for aneuploidy (incorrect chromosomal numbers, PGT-A)					
Adora Fertility	N/A	N/A	N/A	N/A	N/A
Ballarat IVF	N/A	N/A	N/A	1	3
City Babies, Richmond	N/A	N/A	N/A	N/A	N/A
City Fertility Centre	73	160	116	66	77
Genea, Melbourne	39	144	83	40	61
Melbourne IVF, including Reproductive Services, RWH	609	2,401	1,147	450	622
Monash IVF	570	1,704	917	382	480
Newlife IVF	218	873	366	124	162
Number 1 Fertility	595	2,111	931	403	500
Aggregated total	2,104	7,393	3,560	1,466	1,905
Non-invasive preimplantation testing for aneuploidy (NIPGT***)					
Adora Fertility	N/A	N/A	N/A	N/A	N/A
Ballarat IVF	N/A	N/A	N/A	0	0
City Babies, Richmond	N/A	N/A	N/A	N/A	N/A
City Fertility Centre	N/A	N/A	N/A	N/A	N/A
Genea, Melbourne	0	0	0	0	0
Melbourne IVF, including Reproductive Services, RWH	N/A	N/A	N/A	N/A	N/A
Monash IVF	105	227	53	85	101
Newlife IVF	0	0	0	0	0
Number 1 Fertility	N/A	N/A	N/A	N/A	N/A
Aggregated total	105	227	53	85	101

PGT-M is used for patients with a known genetic risk. PGT-A and NIPGT are used for the detection of numerical chromosome abnormalities (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 previous year.

*** Non-invasive PGT-A. Note that some women will have some embryos biopsied using standard PGT-A and some tested using 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 2021 in the following structure to provide users with the information about the Authority's stewardship of resources entrusted to it.

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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.

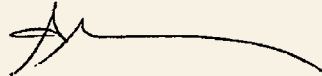
We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2021 and financial position of the Victorian Assisted Reproductive Treatment Authority as at 30 June 2021.

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.

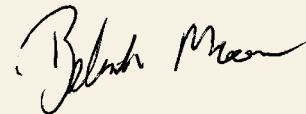
We authorise the attached financial statements for issue on 13 October 2021.



Ms Louise Glanville
Chairperson
Melbourne
Date 13 October 2021



Ms Anna MacLeod
Chief Executive Officer
Melbourne
Date 13 October 2021



Mrs Belinda Moore
Financial Controller
Melbourne
Date 13 October 2021

● Financial Statements

Comprehensive operating statement for the year ended 30 June 2021

	Notes	2021 \$	2020 \$
Income from operating activities	2	2,133,003	2,111,542
Income from non-operating activities	2	1,089	2,752
Employee expenses	3.1	(1,506,310)	(1,163,709)
Supplies and services	3.1	(453,766)	(448,769)
Depreciation expense	4.2	(23,436)	(17,255)
Commonwealth funded project expenses	3.1	(339,099)	(295,571)
Net result for the year		(188,518)	188,990
Other comprehensive income		-	-
Comprehensive result for the year		(188,518)	188,990

Balance sheet as at 30 June 2021

	Notes	2021 \$	2020 \$
Current assets			
Cash and cash equivalents	6.1	451,167	571,948
Trade and other receivables	5.1	16,969	118,933
Other current assets	5.2	17,812	19,423
Total current assets		485,948	710,304
Non-current assets			
Plant and equipment	4.1	40,936	49,952
Intangibles	4.3	38,864	26,499
Total non-current assets		79,800	76,451
Total assets		565,748	786,755
Current liabilities			
Trade and other payables	5.3	179,782	148,696
Provisions	3.2	125,490	200,729
Total current liabilities		305,272	349,425
Non-current liabilities			
Provisions	3.2	26,285	14,621
Total non-current liabilities		26,285	14,621
Total liabilities		331,557	364,046
Net assets		234,191	422,709
Equity			
Contributed capital		11,200	11,200
Retained earnings		222,991	411,509
Total equity		234,191	422,709

● Financial Statements

Statement of changes in equity for the year ended 30 June 2021

	Contributed capital \$	Retained earnings \$	Total \$
Balance at 1 July 2019	11,200	222,519	233,719
Surplus for the year	-	188,990	188,990
Balance at 30 June 2020	11,200	411,509	422,709
Deficit for the year	-	(188,518)	(188,518)
Balance at 30 June 2021	11,200	222,991	234,191

Cash flow statement for the year ended 30 June 2021

	Notes	2021 \$	2020 \$
Cash flow from operating activities			
Operating grants from state government		1,855,122	1,635,431
Operating grants from commonwealth government		318,000	320,000
Receipts from customers and others		61,476	64,231
Payments to suppliers and employees		(2,329,682)	(1,903,179)
Interest received		1,089	2,752
Net cash provided by / (used in) operating activities		(93,995)	119,235
Cash flow from investing activities			
Payment for plant and equipment		(9,386)	(24,524)
Payment for intangibles		(17,400)	(22,710)
Net cash used in investing activities		(26,786)	(47,234)
Net increase/(decrease) in cash held		(120,781)	72,001
Cash at beginning of financial year		571,948	499,947
Cash at end of financial year	6.1	451,167	571,948

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'.

Impact of COVID-19

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 2021

1. Funding delivery of our services

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 13 October 2021.

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 2021, and the comparative information presented in these financial statements for the year ended 30 June 2021.

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 Income

Government grants – Department of Health

Government grants – Commonwealth Government

Other Income

	2021 \$	2020 \$
	1,748,138	1,742,415
	318,000	320,000
	66,865	49,127
	2,133,003	2,111,542
Non-operating Income		
Interest received	1,089	2,752

Non-operating Income

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 2021, there has been no material impact on the Authority's revenue resulting from COVID-19.

2.1 Analysis of revenue by source (continued)

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:

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

Interest income

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

Key judgements and estimates

In identifying performance obligations, VARTA applies significant judgement when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations. If this criteria is met, the contract/funding agreement is treated as a contract with a customer, requiring the Agency to recognise revenue as or when the health service transfers promised goods or services to customers. If this criteria is not met, funding is recognised immediately in the net result from operations.

In determining timing of revenue recognition, VARTA applies significant judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.

Notes to the financial statements for the year ended 30 June 2021

3. The cost of delivering our services

3. The cost of delivering our services

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

Structure

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

3.1 Analysis of expenses by source

	2021 \$	2020 \$
Employee expenses	1,506,310	1,163,709
Other operating expenses		
Non-salary employee expense	120,027	206,378
Public education expenses	69,919	92,352
Legislation change expenses	92,613	1,571
Professional service fees	85,921	52,148
Member fees	30,346	31,120
Office expenses	52,714	50,566
Commonwealth funded project expenses	339,099	295,571
Other operating expenses	2,225	14,634
Other expenses		
Depreciation and amortisation	23,436	17,255
Total expenses	2,322,610	1,925,304

Impact of COVID-19 on expenses

Expenses incurred to delivery our services during the financial year were not materially impacted by the COVID-19 Coronavirus pandemic and its impact on our economy and the health of our community.

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 2021

3. The cost of delivering our services

3.1 Analysis of expenses by source (continued)

Key Judgement and estimates

The Authority applies significant judgment when measuring and classifying its employee benefit liabilities. Employee benefit liabilities are classified as a current liability if VARTA does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category. Employee benefit liabilities are classified as a non-current liability if the Authority has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.

The Authority also applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if the Authority does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value. All other entitlements are measured at their nominal value.

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 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

	2021 \$	2020 \$
78,783	94,417	
-	-	
-	52,253	
30,338	27,877	
109,121	174,547	
11,817	22,000	
4,551	4,182	
16,368	26,182	
125,490	200,729	
22,857	12,714	
3,428	1,907	
26,285	14,621	
151,775	215,350	
90,601	108,579	
61,174	106,771	
151,775	215,350	
28,089	26,117	
(8,292)	1,972	
19,797	28,089	

3.2 Employee benefits in the balance sheet (continued)

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.

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.

Notes to the financial statements for the year ended 30 June 2021

3. The cost of delivering our services

3.3 Superannuation

	Paid contribution for the year		Contribution outstanding at year end	
	2021 \$	2020 \$	2021 \$	2020 \$
Defined contribution plans				
Hesta Super Fund	18,052	28,788	353	1,787
AWARE (First State Super)	34,596	34,402	2,650	1,184
VicSuper	35,791	29,633	2,505	2,212
REST Industry Super	16,364	14,308	547	1,430
Other	77,935	40,125	8,494	4,933
Total	182,737	147,256	14,549	11,546

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.

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

Movements in carrying amounts

2021

Balance at the beginning of the year

Additions

Depreciation

Balance at end of year

	2021 \$	2020 \$
	70,340	93,665
	(45,468)	(68,810)
	24,872	24,855
	95,239	64,177
	(79,174)	(39,080)
	16,064	25,097
	40,936	49,952

	Computer equipment \$	Office equipment \$	Total \$
	24,855	25,097	49,952
	3,223	6,163	9,385
	(12,014)	(6,387)	(18,401)
	16,064	24,872	40,936

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).

Key judgements and estimates

In Estimating useful life and residual value of property, plant and equipment, the Authority assigns an estimated useful life to each item of property, plant and equipment, whilst also estimating the residual value of the asset, if any, at the end of the useful life. This is used to calculate depreciation of the asset. VARTA reviews the useful life, residual value and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.

In estimating the useful life of intangible assets, the Authority assigns an estimated useful life to each intangible asset with a finite useful life, which is used to calculate amortisation of the asset.

In identifying indicators of impairment, at the end of each year, VARTA assesses impairment by evaluating the conditions and events specific to the Authority that may be indicative of impairment triggers. Where an indication exists, the Authority tests the asset for impairment.

Notes to the financial statements for the year ended 30 June 2021

4. Key assets to support service delivery

Key judgements and estimates (continued)

VARTA considers a range of information when performing its assessment, including considering:

- If an asset's value has declined more than expected based on normal use
- If a significant change in technological, market, economic or legal environment which adversely impacts the way the Authority uses an asset
- If an asset is obsolete or damaged
- If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life
- If the performance of the asset is or will be worse than initially expected.

Where an impairment trigger exists, the Authority applies significant judgement and estimate to determine the recoverable amount of the asset.

4.2 Depreciation and amortisation

Depreciation

Computer equipment

Office equipment

Total depreciation

Amortisation

Software

Website

Total amortisation

Total depreciation and amortisation

	2021 \$	2020 \$
Computer equipment	12,014	9,786
Office equipment	6,387	5,589
Total depreciation	18,401	15,375
Software	1,692	1,880
Website	3,343	-
Total amortisation	5,035	1,880
Total depreciation and amortisation	23,436	17,255

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. 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 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

	2021 \$	2020 \$
Software At cost	27,813	27,813
Less accumulated amortisation	(25,717)	(24,024)
	2,097	3,789
Website At cost	40,110	22,710
Less accumulated amortisation At cost	(3,343)	-
	36,768	22,710
Total intangibles	38,864	26,499

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.

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

Trade debtors

Accrued revenue

FBT refundable

GST receivable

Cash supplement - DHHS

Total receivables

	2021 \$	2020 \$
Trade debtors	-	-
Accrued revenue	-	-
FBT refundable	-	369
GST receivable	16,969	11,580
Cash supplement - DHHS	-	106,984
Total receivables	16,969	118,933

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.

Key judgements and estimates

In measuring contract liabilities, the Authority at the end of each year, assesses impairment by evaluating the conditions and events specific to the Authority that may be indicative of impairment triggers. Where an indication exists, the Authority tests the asset for impairment.

The Authority considers a range of information when performing its assessment, including considering:

- If an asset's value has declined more than expected based on normal use
- If a significant change in technological, market, economic or legal environment which adversely impacts the way the Authority uses an asset
- If an asset is obsolete or damaged
- If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life
- If the performance of the asset is or will be worse than initially expected.

Where an impairment trigger exists, the Authority applies significant judgement and estimate to determine the recoverable amount of the asset.

Notes to the financial statements for the year ended 30 June 2021

5. Other assets and liabilities

5.2 Prepayments and other non-financial assets

CURRENT

Prepayments

2021 \$	2020 \$
17,812	19,423

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.

5.3 Payables

CURRENT

Contractual

Trade creditors

Credit card

Accruals

Superannuation payable

Salary package liability

Parental Leave liability

2021 \$	2020 \$
15,687	15,076
4,665	3,093
117,395	92,095
10,444	10,156
4,105	1,390
1,508	-
153,804	121,810
25,978	26,886
25,978	26,886

Statutory

PAYG withheld

Payables consist of:

Contractual payables, classified as financial instruments and measured at amortised cost. Accounts payable 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 2021

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

2021 \$	2020 \$
451,167	571,948
175,138	318,365
276,029	253,583
451,167	571,948

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

Increase in other assets

Increase/(decrease) in payables

Increase/(decrease) in provisions

Net cash inflow/(outflow) from operations

2021 \$	2020 \$
(188,518)	188,989
23,436	17,255
101,964	(92,249)
1,611	648
31,086	(10,526)
(63,575)	15,117
(93,995)	119,234

Notes to the financial statements for the year ended 30 June 2021

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 \$
2021			
Capital expenditure commitments payable	-	-	-
Operating and lease commitments payable	139,080	-	139,080
Total commitments (exclusive of GST)	139,080	-	139,080
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

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 2021

7. Risks, contingencies and valuation uncertainties

7.1 Financial instruments (continued)

7.1.1 Financial instruments: categorisation

2021	Note	Financial assets at amortised cost \$	Financial liabilities at amortised cost \$	Total \$
Contractual financial assets				
Cash and cash equivalents	6.1	451,167	-	451,167
<i>Receivables</i>				
Trade receivables	5.1	-	-	-
Other receivables	5.1	-	-	-
Total contractual financial assets		451,167	-	451,167
Contractual financial liabilities				
Payables	5.3	-	153,804	153,804
Total contractual financial liabilities		-	153,804	153,804
2020				
	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	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

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 2021

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.

2021	Note	Carrying amount \$	Nominal amount \$	Maturity dates			
				Less than 1 month \$	1-3 months \$	3 months to 1 year \$	1 to 5 years \$
Financial liabilities							
Payables	5.3	153,804	153,804	153,804	-	-	-
Total financial liabilities		153,804	153,804	153,804	-	-	-
2020							
Financial liabilities							
Payables	5.3	121,810	121,810	121,810	-	-	-
Total financial liabilities		121,810	121,810	121,810	-	-	-

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 interest rate		Floating interest rate		Fixed interest rate		Non-interest bearing		Total	
	2021 %	2020 %	2021 \$	2020 \$	2021 \$	2020 \$	2021 \$	2020 \$	2021 \$	2020 \$
<i>Financial assets:</i>										
Cash at bank and in hand	0.10	0.10	175,138	318,365	-	-	-	-	175,138	318,365
Deposits at call	0.03	1.05	276,029	253,583	-	-	-	-	276,029	253,583
Total financial assets			451,167	571,948	-	-	-	-	451,167	571,948
<i>Financial liabilities:</i>										
Trade and other payables			-	-	-	-	153,804	121,810	153,804	121,810
Total financial liabilities			-	-	-	-	153,804	121,810	153,804	121,810

Notes to the financial statements for the year ended 30 June 2021

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 2021 (2020: Nil)

8. Other disclosures

Structure

- 8.1 Responsible persons
- 8.2 Executive officer disclosures
- 8.3 Related parties
- 8.4 Auditor's remuneration
- 8.5 AASBs issued that are not yet effective
- 8.6 Changes in accounting policies
- 8.7 Events 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	26/09/2020
The Hon. Martin Foley	26/09/2020	30/06/2021

Authority members

Ms. L. Glanville (Chairperson)	1/07/2020	30/06/2021
Ms. N. Mollard	1/07/2020	30/06/2021
Ms. K. Lai	1/07/2020	30/06/2021
Ms. J. White	1/07/2020	30/06/2021
A/Prof. P. Lutjen	1/07/2020	30/06/2021
Dr. G. Jennings AM	1/07/2020	30/06/2021
Prof. F. Kelly	1/07/2020	30/06/2021

Accountable Officer

Ms. L. Johnson (Chief Executive Officer)	1/07/2020	7/02/2021
Ms. A. MacLeod (Chief Executive Officer)	8/02/2021	30/06/2021

Remuneration of responsible persons

The Responsible Persons received remuneration for the financial year ended 30 June 2021. 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	2021	2020
\$0 – \$9,999	7	9
\$90,000 – \$100,000	1	-
\$210,000 – \$219,999	1	1
Total numbers	9	10
Total remuneration received or due and receivable by responsible persons from the Authority amounted to:	270,099	246,796

Notes to the financial statements for the year ended 30 June 2021

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.

Department of Health and Human Services

Revenue (government grants)

Receivables

2021 \$	2020 \$
1,748,138	1,742,415
-	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.

Short-term benefits

Post-employment benefits

Other long-term benefits

Total remuneration

2021 \$	2020 \$
244,283	222,909
22,063	19,683
3,753	4,204
270,099	246,796

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

	2021 \$	2020 \$
	7,350	7,300

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.

8.6 Change in accounting policies

8.6.1 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.

8.6.2 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.

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 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 2021 • 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 2021 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 <i>APES 110 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>
Other information	<p>The Members of the authority are responsible for the Other Information, which comprises the information in the authority's annual report for the year ended 30 June 2021, but does not include the financial report and my auditor's report thereon.</p> <p>My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.</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
29 October 2021


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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