VARTA

ANNUAL REPORT 2022

REGULATION

DONOR CONCEPTION
REGISTRY SERVICES

EDUCATION

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 2021 to 30 June 2022.

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.

Contents

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.

Donor Conception Registry 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.

Education

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

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.

Donor Conception Registry Services

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

Education

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

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.

Message from the Chair and Chief Executive

It has been a solid year of regulatory work for VARTA to make assisted reproductive treatment as safe as possible for Victorians. In 2021-22, several changes enhanced VARTA's detection and investigation of adverse incidents, so lessons could be fed back to clinics to strive for improvement.

Louise Glanville

In November 2021, VARTA established its first Quality and Safety Committee at Board level to spend more time examining the detail of adverse incidents which are becoming more complex. The allocation of this additional time and expertise complements the work of VARTA's skilled regulation team.

During the same period, VARTA updated its *Conditions for Registration* to require all clinics to include the names of treating clinicians in adverse incident reports. This change helped VARTA refine its analysis of trends that affect patient care.

In one outstanding project during 2021-22, VARTA worked with the Victorian Agency for Health Information and clinics to establish a more accurate picture of how many people have been hospitalised for ovarian hyperstimulation syndrome (OHSS). OHSS is a potentially serious side effect of fertility treatment including egg freezing and IVF.

The project concluded that cases of OHSS involving at least one night of hospital treatment rose 261 per cent during the four years to 2022 – a steeper increase than the 43 per cent rise in fertility treatment cycles during that time. This data is now helping clinics understand their own rates of OHSS, so they can reflect on their practices. Meanwhile, VARTA is working hard to educate Victorians using fertility treatment about OHSS, so they understand the signs and symptoms of the condition and seek timely medical treatment. You can read more about this important work on page 10 of this report.

It was a big year for our Donor Conception Registry Service team which continues to adapt to new trends among people using donor sperm, eggs and embryos to start a family, and the needs of all people connected via donor conception. In 2021-22, there was a sharp rise in Victorians having donor-conceived babies, with 970 newborns added to our Central Register – a 44% increase from 673 the previous year. During 2021-22, VARTA staff used this Central Register to connect 155 people wanting to communicate with others they are linked to via donor conception, including donors, donor-conceived people, and their parents.

An analysis of VARTA's data also shows that an increasing number of new parents of young donor-conceived children, particularly 'solo mothers by choice', are using the Voluntary Register to try to connect with their donor and/ or other parents who used the same donor as them. In 2021-22, 60% of people using the Voluntary Register were single people. To safeguard the important and sometimes life-changing work of our Donor Conception Registry Service, VARTA is investing in new software and servers to maximise the accuracy and accessibility of records on our Central and Voluntary Registers. You can read more about the Central and Voluntary Registers from page 58.

VARTA's education team continued to deliver independent, evidence-based information to the public about fertility options and research into the causes and prevention of infertility. In December, *Your Fertility's* Fertility Week campaign told a range of powerful personal stories to highlight factors that affect people's fertility. The campaign reached more than 50 million people through mainstream media and over 114,000 via social media. VARTA also ran free webinars for consumers and health professionals about a range of topics including our donor conception registers, the health of children born from fertility treatment, and 'lessons from losses' for clinics to learn from adverse incidents and improve patient safety.


Anna MacLeod

In 2022-23, VARTA will be governed by a new Board chaired by Associate Professor Peter Lutjen. We congratulate Peter on this important appointment.

Finally, we would like to acknowledge the support of the Victorian Minister for Health; the Victorian Department of Health; the Commonwealth Department of Health; and members of the Fertility Coalition who have assisted VARTA and *Your Fertility* this year.

Louise Glanville
Chair – until 30 June 2022

Anna MacLeod
Chief Executive

Message from the new Chair

VARTA is extremely grateful for the service of its outgoing Chair, Louise Glanville, and other outgoing members Katrina Lai, Nicki Mollard, Julie White and Jane Poletti.

I would like to acknowledge the significant contribution each person has made and recognise Louise Glanville's diligent and wise stewardship across her four years as Chair.

I aim to build on all their contributions and I'm looking forward to working with my fellow board members, the Chief Executive, Anna MacLeod, VARTA staff, and our stakeholders, to support VARTA's Strategic Plan for 2022-2024.

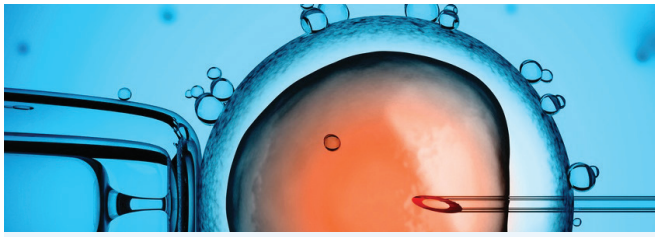
While the assisted reproductive treatment sector continues to evolve rapidly in Victoria, with new technology and more publicly funded services, VARTA's activities will continue to be driven by the guiding principles of the *Assisted Reproductive Treatment Act 2008*. In particular, VARTA will work hard to protect the health and wellbeing of people undergoing fertility treatment, and ensure the welfare and interests of people born as a result of fertility treatment remain paramount.

A/Prof Peter Lutjen
Chair – commencing 1 July 2022

The year in review

Regulation at a glance

- Regulated 9 ART providers
- 118 individual applications to import/export gametes and embryos – down 11%
- 50 class applications to import donor gametes – up 43%
- Clinics reported 107 adverse incidents – down 25%



Treatment at a glance

- 16,971 patients treated – up 8%
- 30,895 treatment cycles – up 4%
- 6,489 women with frozen eggs in storage – up 30%
- 75% of cycles used ICSI – same as last year
- 5,006 live babies born in 2020-21* – up 23%

Regulated 9 ART providers

Clinics reported 107 adverse incidents – down 25%

16,971 patients treated – up 8%

6,489 women with frozen eggs in storage – up 30%

* This data comes from 2020-21 because it takes time to follow up on births that occur after treatment in one financial year.

Donor Conception Registry Services at a glance

- 81 applications to the Central Register – up 17%
- 132 applications to the Voluntary Register – up 39%
- Registered clinics notified VARTA of 970 births as a result of donor treatment - up 44%

Public education at a glance

- More than 3.2 million visits to the *Your Fertility* website
- 310,000 resources downloaded from the *Your Fertility* website
- More than 55,000 visits to the VARTA website
- Fertility week campaign reached over 114,000 people across social media

81 applications to the Central Register – up 17%

132 applications to the Voluntary Register – up 39%

More than 3.2 million visits to the *Your Fertility* website

Fertility week campaign reached over 114,000 people

Regulation

VARTA's Strategic 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.

Regulation

Registration of assisted reproductive treatment (ART) providers

VARTA undertakes its regulatory role and priorities for fulfilling key functions in a targeted and risk-based way to protect the welfare and interests of:

- people born from treatment procedures
- individuals seeking fertility treatment, and
- donors.

During 2021-22, VARTA performed the following key regulatory activities:

- *Supported compliance*. VARTA provided information and guidance to registered ART providers on compliance with the *Assisted Reproductive Treatment Act 2008* (the Act), Regulations and *Conditions for Registration*.
- *Monitored compliance*. VARTA demonstrated responsive intervention and enforcement including reviewing adverse incidents and actual or potential breaches of the Act, Regulations and/or *Conditions for Registration*. VARTA also monitored progress on the implementation of agreed corrective actions and referred matters to co-regulators for investigation as necessary and appropriate in accordance with its information sharing powers.
- *Reviewed broader programs and activities*. Under the Act, VARTA monitored ART providers' activities, including treatment procedures and add-ons offered to patients, through regular meetings and correspondence with clinic representatives, consultation with industry experts, co-regulators and other stakeholders.
- *Advised the Minister*. VARTA advised the Victorian Minister for Health on actual or potential breaches of the Act, Regulations and/or *Conditions for Registration*, and developments relating to research and treatment relating to infertility.
- *Processed 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.

ART providers accredited by the Fertility Society of Australia's Reproductive Technology Accreditation Committee (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 confirm compliance. The *Conditions for Registration* address a range of matters, including:

- compliance with the Act, Regulations and all other applicable Victorian and Commonwealth laws and regulations
- the provision of RTAC accreditation, audit and surveillance reports and conditions, and any corrective action plans and related documentation to VARTA,
- the provision of information to VARTA,
- the provision of information to patients, and
- the notification of adverse incidents.

In addition to the general conditions set out in the *Conditions for Registration*, VARTA may impose conditions on an ART provider's registration that it considers necessary in the public interest. VARTA may furthermore suspend (either in whole or in part) an ART provider's registration by written notice to the registered ART provider if VARTA:

1. believes that the ART provider has breached a condition for registration, or
2. is satisfied that there are reasonable grounds for suspension.

The *Conditions for Registration* are reviewed by VARTA on an ongoing basis and were updated in November 2021 to require that all registered ART providers include the name of the treating clinician involved in adverse incidents reported to the Authority.

The Authority imposed this new condition for the following reasons:

1. To maintain consistency in the information provided by ART clinics.
2. To track and analyse trends in ART treatment provided by clinicians working for Victorian clinics to provide broader 'best practice' learning opportunities and improve the safety and quality of ART service provision.
3. To act on any trends that might improve patient safety. Where the Authority recognises patterns in adverse incidents involving clinicians, the Authority will work with the clinician and clinic directly, as well as informing Ahpra when appropriate to do so.

VARTA believes this condition is in the public interest to ensure the safety of patients and the continuous improvement in services provided. VARTA appreciates the ongoing cooperation of Victorian ART providers to report this additional information.

The current *Conditions for Registration* are available on VARTA's website.

VARTA will undertake a further review of the *Conditions for Registration* in 2022-2023 to ensure they reflect evolving standards.

Registered ART entities and sites 1 July 2021 – 30 June 2022	
Adora Fertility	Adora Fertility, Greensborough
Ballarat IVF	Ballarat IVF, Ballarat
City Babies	City Babies, Richmond
City Fertility Centre	City Fertility, Bundoora
	City Fertility, Melbourne
	City Fertility, Notting Hill
Genea	Genea, Melbourne
Melbourne IVF	Melbourne IVF, East Melbourne
	Melbourne IVF, Mt Waverley
	Reproductive Services, Royal Women's Hospital (Melbourne IVF)
Monash IVF	Monash IVF, Bendigo
	Monash IVF, Clayton (Monash IVF Monash Surgical Private Hospital)
	Monash IVF, Geelong
	Monash IVF, Mildura
	Monash IVF, Richmond (Monash IVF Epworth Hospital)
	Monash IVF, Sale (Central Wellington Health Services
	Monash IVF, Sunshine (Western Day Surgery)
	Monash IVF, Hawthorn
Newlife IVF	Newlife IVF, Box Hill
Number 1 Fertility	Number 1 Fertility, Melbourne
	Number 1 Fertility, East Melbourne

VARTA's new Safety and Quality Committee

In November 2021, VARTA established a Safety and Quality Committee (the Committee) under section 113 of the *Assisted Reproductive Treatment Act 2008* with the approval of the Minster for Health. The Committee comprised three members of VARTA's Board up until 30 June 2022, when it increased its membership to four members.

The primary objective of the Committee is to assist VARTA to fulfil its duties and responsibilities relating to:

- the consideration of adverse events reported by Victorian ART providers in accordance with VARTA's *Conditions of Registration*
- the review and analysis of data and research relating to the safety and quality of treatment procedures
- the active promotion of person-centred care, safety and quality compliance and the monitoring and prevention of adverse events such as ovarian hyperstimulation syndrome
- the consideration and approval of applications made to import or export donor material under section 36 of the Act, and
- to assist the Board to fulfil its duties and responsibilities relating to the effective operation of Parts 6 and 7 of the Act and the *Guidelines issued under section 100A* (the guidelines) by the Secretary of the Department of Health.

Since its establishment, the Committee has been able to:

- provide a more streamlined and tailored approach to processing import and export applications given the threefold increase of applications in 2020-21 due to ongoing COVID-related travel restrictions, and
- consider adverse incidents in more detail than previously possible given the limited amount of time to discuss such incidents during monthly VARTA Board meetings.

On 27 March 2022, the Minister for Health approved VARTA's request to issue an ongoing delegation of certain functions to the Committee, subject to a 12-month review of the Committee's arrangements and operation.

Adverse incidents

VARTA requires all registered ART providers report adverse incidents as part of their *Conditions for Registration*. Clinics reported 107 adverse incidents to VARTA in 2021-22 – down from 142 last year, when an internal OHSS audit was conducted. Under VARTA's conditions, clinics must report incidents as soon as practicable or at the latest, within six weeks. This reporting timeframe is shorter for sentinel events or actual or potential legislative breaches. In the 2021-22 financial year, 36% of all incidents were reported outside this six-week period. VARTA will work with clinics to improve the incident reporting timeframe.

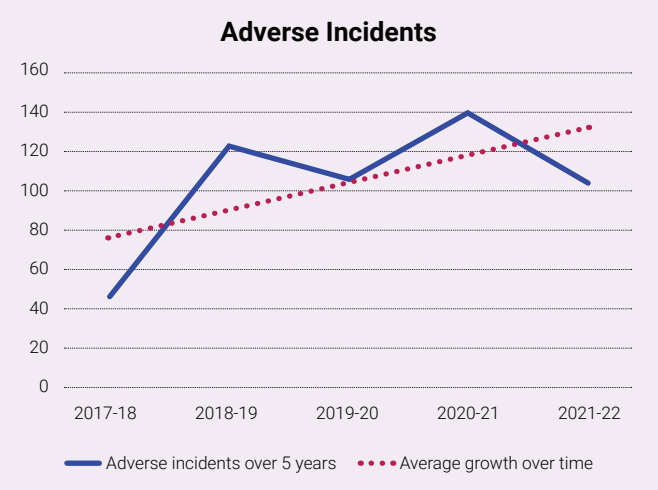
All adverse incidents are reviewed by VARTA for further action as required, or referral to relevant co-regulators, as appropriate. During the year, VARTA's CEO and staff met with designated officers at all clinics to discuss regulatory and compliance matters, including adverse incidents and treatment trends. In its regular newsletters for clinics, VARTA also shares de-identified 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 16,971 women having 30,895 cycles of ART treatment in Victoria. A breakdown of these adverse incidents follows.

Clinical		Scientific	
Ovarian hyperstimulation syndrome –OHSS (cases requiring overnight hospitalisation)[1]	65	Embryo loss	3
Bleed	4	Gamete loss (sperm or eggs)	4
Infection	4	Transfer error	1
Ovarian torsion	1		
Legislative compliance	9		
Administrative/communication	2		
Other	14		
Total	**99**	**Total**	**8**

1. Cases of OHSS which resulted in overnight hospital admission are considered reportable adverse events under VARTA's Conditions of Registration.

This graph highlights that adverse incidents have grown over the past five years by approximately 154%. This is in the context of treatment cycles growing 30% from 23,743 to 30,895 in the past five years. Adverse incidents include all clinical, scientific, administrative and legislative breaches. Since the pandemic began, VARTA saw an increase in incidents related to staff shortages, the failure of new electronic systems implemented to suit remote working, and the streamlining and triaging of staff. While the overall number of adverse incidents has dropped slightly since last year, the number of complex adverse incidents have continued to rise.



Clinical incidents

Clinical incidents were the most common type of adverse events, particularly side effects of treatment including ovarian hyperstimulation syndrome (OHSS), bleeds, infections, and ovarian torsions.

Ovarian hyperstimulation syndrome audit

During 2021-22, VARTA continued its work with the Victorian Agency for Health Information (VAHI) Division of the Department of Health and clinics to examine how many people are being hospitalised for ovarian hyperstimulation syndrome – a potentially serious side effect of IVF treatment. OHSS can occur when fertility drugs are used to stimulate a patient's ovaries to produce a higher than usual number of eggs for collection.

To improve oversight of moderate to severe cases of OHSS, VARTA asked clinics to report all cases of the condition requiring at least one overnight stay in hospital for the three-year period to 30 June 2021. This was compared with cases previously reported to VARTA as adverse incidents and data requested from VAHI which they collected from the Victorian Admitted Episodes Dataset (VAED) on hospital admissions.

After more than 18 months of work with clinics to refine the definition of OHSS adverse incidents and to examine the prevalence of it, the following table shows it is more common than previously reported to VARTA.

Financial Year	Original OHSS cases reported to VARTA	OHSS cases identified by the audit (not previously reported to VARTA)	Total OHSS incidents
2018/2019	35	45	80
2019/2020	18	55	73
2020/2021	30	72	102
2021/2022	65[1]	N/A	65
Total	**148**	**172**	**320**

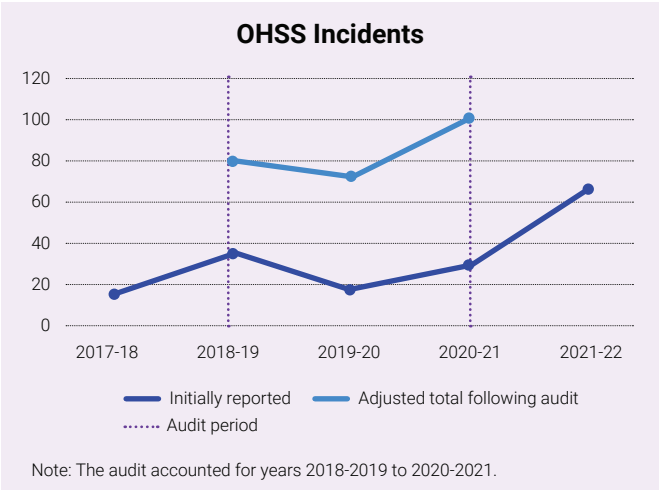
1. The OHSS audit accounted for 2018/2019–2020/2021.

The graph below shows OHSS incidents increased 261% between 2018 and 2022 – faster than the rise of IVF cycles which increased by 43% during the same period.

This data tells us that 0.6% of people having their ovaries stimulated for fertility treatment experience moderate to severe OHSS. This amounts to one case for every 171 number of egg retrieval cycles.

It is positive that OHSS cases decreased between 2021 and 2022, possibly due to clinics focusing more on OHSS, however it may also be due to lower reporting. In 2022-23, VARTA will continue to:

- Work with clinics on OHSS reporting so they can compare their own incidence to the industry wide data and take preventative measures to reduce cases.
- Collaborate with VAHI to compare its data on OHSS hospital admissions with the adverse incident reports sent by clinics to VARTA.
- Monitor the OHSS rates for individual clinicians to consider what further action may be necessary in future.
- Educate patients undergoing fertility treatment about OHSS symptoms and when to report these to their clinician.



Note: The audit accounted for years 2018-2019 to 2020-2021.

Storage incidents

One ART provider notified VARTA of four separate adverse incidents concerning storage incidents in the last financial year. A comprehensive audit revealed 434 discrete storage incidents, dating over four years, involving biological materials, including eggs, sperm and embryos held beyond their statutory disposal dates. Under the ART Act, gametes should not be stored beyond 10 years and embryos should not be stored beyond 5 years, unless the responsible persons for decisions about the gametes or embryo have elected to extend this period or if other exceptional circumstances apply. Failing to abide by this time period can have broader consequences for the terms the patients and clinics consented to, as well as for the health of the items in storage.

VARTA reviewed these storage incidents and found they occurred as a result of factors such as staff shortages relating to COVID-19, a lack of training, inadequate handovers, errors in the electronic recording systems, and failing to track disposal requests from patients.

Throughout the year, VARTA worked closely with the affected clinic to reconcile the number of items affected, request further information, gain an understanding of causal factors, and to develop agreed preventative measures to prevent further incidents. VARTA also referred to historical storage incidents in order to gain a more holistic understanding of storage practices at each clinic.

VARTA will continue to monitor corrective measures to ensure the risk of these types of events is properly managed through appropriate staff training, streamlining of information management, and record-keeping procedures for the disposal of biological material.

10 women limit incidents

In Victoria, a donor's sperm or eggs can be used in the treatment of up to 10 women having children, including the donor and any current or former partner of the donor. This is to prevent donor-conceived people having large numbers of half siblings. VARTA is concerned that some clinic-recruited donors have been donating their gametes privately outside of clinic arrangements via social media platforms, apps, and other informal arrangements. Such incidents create the risk of clinics being unable to track the number of donations made, which can lead to the 10 women limit being exceeded. VARTA is working with clinics to ensure such incidents are minimised through appropriate donor education and counselling.

Scientific events

VARTA received eight scientific adverse event reports in 2021-22. These events involved the loss of embryos and/or gametes due to factors such as handling and equipment errors during intracytoplasmic sperm injection (ICSI) and standard insemination procedures, sample assessments, as well as freezing and thawing procedures.

Handling errors

Several incidents involved the loss of embryos and gametes resulting from handling errors including.

- two incidents involving accidental spillage of items;
- accidental release of an embryo from a pipette;
- two incidents resulted in the loss of embryos and eggs due to prolonged exposure;
- one incident involved the loss of a sample due to it being inadvertently discarded; and
- one incident involved the loss of eggs arising from a laboratory miscommunication.

Equipment errors

One clinic reported the loss of an embryo which resulted in part due to air bubbles being expelled from the pipette storing the embryo, making it impossible to locate the embryo in the well before freezing. While the embryo was eventually located, due to the time which had elapsed, the embryo became unviable.

VARTA wrote to all clinics reminding them of their reporting obligations regarding scientific incidents as specified in VARTA's *Conditions for Registration* and the Guidance Note on Reporting Adverse Incidents. VARTA is further working to clarify the definition of reportable scientific incidents to ensure incidents are reported consistently.

Birth certificate amendment enquiries

In 2021-22, people approached VARTA seeking to change the name of their partner or donor recorded on the Central Register with the aim of amending the name of those included on their child's birth certificate. These situations arise if the names that the parent wants to include on a child's birth certificate do not match the information held on file by the clinic at the time of the treatment that resulted in that child's birth.

Following the birth of a child born as a result of donor treatment, clinics submit a birth notification to VARTA and Births Deaths and Marriages Victoria (BDM), which includes information about the person who underwent treatment, that person's partner (if any), and the donor. Information on a birth notification reflects the contemporaneous records held by the clinic at the time of the treatment that resulted in that child's birth, including records of consent and counselling undertaken before commencing treatment.

Therefore, patients and donors undergoing fertility treatment should immediately notify their clinic about any changes in personal circumstances, as it may affect future birth certificates and registration. Further, clinics should ensure that patients and donors clearly understand their legal rights and obligations under Victorian law before consenting to or starting fertility treatment. People should also be aware that birth certificates cannot be changed by requesting that VARTA amend information recorded on the Central Register.

IVF add-ons

VARTA remains concerned about the widespread use of IVF add-ons, including some that may harm people or reduce their chance of a baby. IVF add-ons or adjuvant therapies 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, intracytoplasmic magnification selected sperm injection (IMSI), immunotherapies and preimplantation genetic testing for aneuploidy (PGT-A).

Many add-ons are experimental, have not been thoroughly tested, or have been studied with limitations, such as small sample sizes, risk of bias and insufficient data. These limitations mean it is not known if they make a difference to the chance of having a baby or if their use has potential risks. Add-ons generally come at additional costs to patients and can be very expensive. As such, it is important for patients to consider whether the cost of an add-on is justified in their specific circumstances, or if having an extra IVF treatment cycle to potentially produce more embryos is a better option.

There are also a variety of interventions that some people need that are not considered add-ons. This includes intracytoplasmic sperm injection (ICSI) for people with male-factor infertility or PGD (preimplantation genetic diagnosis), also known as preimplantation genetic testing for monogenic/single gene disorders (PGT-M) or preimplantation genetic testing for structural rearrangements (PGT-SR). This is to avoid passing on a known inherited disorder or chromosomal structural abnormality, which involves extra or missing genetic material. There is good evidence to support these interventions for people who need them.

Given many add-ons are expensive and have not been scientifically 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 the last financial year.

To complement this regulatory work, in 2021-22 VARTA prioritised activities that would increase patients' understanding of the potential risks and benefits of add-ons so they can make informed decisions, including the publication of further material to help patients make informed decisions on VARTA's website.

VARTA is also 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 ART 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 2021-22, VARTA consulted with the RTAC Chairperson, the Victorian Health Complaints Commissioner (HCC), the Australian Health Practitioner Regulation Agency (Ahpra), the Therapeutic Goods Administration (TGA) and Medicare regarding incidents reported to VARTA or audits undertaken by VARTA. In some instances, this communication has informed RTAC's audits of registered ART providers for accreditation purposes.

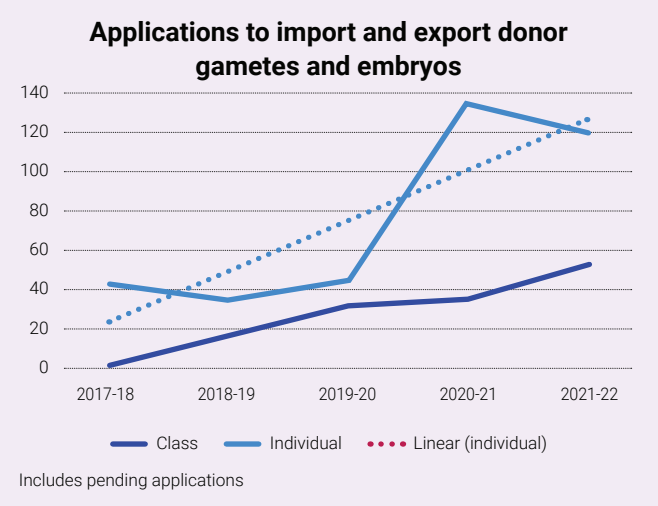
VARTA liaises with the HCC and Ahpra to continually explore the scope for collaborative work. VARTA has a long-standing Memorandum of Understanding with Ahpra which forms the basis of information sharing arrangements. VARTA has also engaged with the Victorian Department of Health on a range of matters throughout the year.

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

Moving donated eggs or sperm (gametes) and embryos formed using donated gametes into or out of Victoria is subject to VARTA's approval under the Act.

An approval granted by VARTA can apply to an individual case or a class of cases and may be subject to conditions or exemptions. VARTA does not need to approve the movement of a person's own gametes or embryos into or out of Victoria.

Restrictions on where people could travel for part of 2021-22 due to COVID-19 meant VARTA continued to see a high volume of import and export applications compared to previous years.



Includes pending applications

In 2021-22, there was a total of 118 individual import and export applications submitted and reviewed – compared to 133 individual applications processed in the previous financial year. While there was a minor decrease in the total number of individual applications, there was an increase in the number of complex individual applications.

Clinics also submitted class applications to import donated gametes for significantly more patients this year. A class application is a type of application for arrangements where a Victorian clinic imports donor material from one specific overseas provider on behalf of a class of individuals. In order to import under a class arrangement, the Victorian clinic must first submit a proposal demonstrating compliance with Victorian law and receive in-principle approval by the Board. In 2021-22, there was a total of 50 class applications to import donated gametes – a 43% increase from 35 during 2020-21. In most instances, once the complete paperwork was received, the class applications were reviewed and approved within seven to 14 days of submission.

The class applications were submitted by clinics on behalf of:

- 251 intended recipients residing in Victoria – a 60% increase from the 157 recipients last year
- 35 overseas sperm donors pending allocation to no more than 9 women – a 170% increase from 13 sperm donors last year
- one egg donor – a 100% increase from last year.

The donor material imported for the 35 sperm donors and one egg donor can be allocated to up to nine individual recipients each, totalling potentially 324 additional individual recipients.

Outcome of import and export applications – 1 July 2021 to 30 June 2022

	Individual		Class
	Import	Export	Import
Applications received	65	53	50[1]
Approved / Approved with conditions	57	49	49[2]
Withdrawn	3	4	0
Declined	0	0	0
Pending*	7	3	2[3]

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

1. These 50 class applications were on behalf of 287 applicants.
2. These 49 class applications were on behalf of 283 applicants.
3. These two class applications were on behalf of 5 applicants.

An import or export application cannot be approved by VARTA 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.

Revised application process

In April 2022 VARTA published new forms for people wanting to import or export donor gametes and/or embryos formed using donor gametes. Applicants now submit these forms to their clinics with all supporting documentation to ensure their application is complete for VARTA's Board to review. This includes a final checklist for applicants to check their application meets legal requirements which has increased the rate at which applications can be processed.

Impact of the new Safety and Quality Committee

VARTA's new Safety and Quality Committee has been able to consider a significant number of import and export applications each month, minimising the need for out-of-session Board meetings, and speeding up decisions for applicants.

This has been well received by stakeholders, particularly individual applicants. Both individuals and registered ART providers have provided positive feedback to VARTA regarding the turnaround times of applications since the Safety and Quality Committee commenced.

Risks involving arrangements with overseas egg donor agencies

In carrying out its functions, VARTA must ensure that the recruitment of egg donors does not result in the exploitation in trade or otherwise of the reproductive capabilities of women. Applications to import or export donor eggs obtained through overseas agencies, or embryos created from such eggs, cannot be approved by VARTA if the applicant cannot demonstrate that all Victorian requirements have been satisfied.

VARTA continues to be concerned about the activities of overseas agencies that purport to provide an international egg donor program that matches intending parents and egg donors, at considerable cost to the recipient. Some agencies include a business model that involves flying donors into the country of the intending parents or recruiting donors locally. These agencies may be based outside of Australia and the information published on their website indicates their practices will not necessarily comply with either Australian or Victorian legislative requirements or guidelines for egg donation.

Over the past year, VARTA has worked to educate clinics and individuals about the risks of such arrangements, including the possibility that an import or export application involving such donor eggs will not be approved.

Legislative changes to the Act, Regulations and other developments

Amendments to the Act and Regulations

The *Assisted Reproductive Treatment Amendment Act 2021* (Amendment Act), which implemented 10 priority recommendations of the Gorton Review and related matters, was passed by Victorian Parliament on 19 October 2021 to:

- provide an exception to the '10-women limit' on using donor eggs and sperm to enable 'existing families' to use the same donor to have more than one child
- expand the circumstances where a deceased person's gametes can be used with their consent, including by a surviving same sex partner in a surrogacy arrangement
- permit health professionals such as nurses, to perform artificial insemination under the supervision and direction of a doctor who is carrying out the procedure on behalf of a registered ART provider
- clarify consent requirements for the use of gametes and embryos in particular circumstances and provide more certainty for prospective parents where embryos are formed from donor eggs and sperm
- clarify rights, entitlements, and language relating to surrogacy arrangements.

The Regulations have furthermore been revised to:

- prescribe the costs a surrogate's partner may be reimbursed
- prescribe additional pre-treatment mandated counselling to support implementation of the Amendment Act
- prescribe a Notice of Separation, and
- provide for consequential amendments.

The Authority has worked with the Department of Health to support stakeholders to understand the changes, including registered ART providers implementing these amendments, as they progressively commenced between October 2021 and August 2022.

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 and passed on 30 March 2022. It amends the *Prohibition of Human Cloning for Reproduction Act 2002* and the *Research Involving Human Embryos Act 2002* to provide for the legalisation and introduction of mitochondrial donation techniques for use in Australia under a national regulatory framework. The purpose of the changes are to allow women whose mitochondria would otherwise predispose their potential children to severe and life-threatening mitochondrial disease, 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 ART based reproductive technology which prevents mitochondrial disease being passed on from a mother to her child, with the assistance of a donor. The new Commonwealth law outlines a staged pathway towards the legalisation of mitochondrial donation in clinical practice at a Commonwealth level, with the first stage allowing for laboratory-based research and training, followed by a controlled trial at a Commonwealth funded clinic. During a second stage, the technology will be made available in a broader range of clinical settings, subject to further consultations and separate decisions by the Commonwealth Government and individual State and Territory based Governments. It is a matter for States and Territories to each consider whether to adopt the changes through their own State and Territory legislation and to consider any intersect with their assisted reproductive treatment laws.

VARTA will continue to monitor the effects of these changes, including possible implications for the provision of ART in Victoria.

Independent Review of Assisted Reproductive Treatment

The Victorian Government has continued to progress its staged consideration and implementation of recommendations from the *Independent Review of Assisted Reproductive Treatment in Victoria* conducted by Michael Gorton AM (the Gorton Review). Since passage of the *Assisted Reproductive Treatment Amendment Act 2021*, 10 priority recommendations and related matters have been implemented, including the matters detailed above.

A further recommendation was implemented through the commencement of the Status of Children Amendment (Counselling) Regulations 2021 on 28 September 2021. This prescribed the requirements for persons who can provide counselling to individuals who wish to enter into traditional surrogacy arrangements for the purposes of section 23(3)(b) of the *Status of Children Act 1974*. VARTA will continue to follow developments in the implementation of the Gorton Review recommendations, including possible further changes to the Act or Regulations.

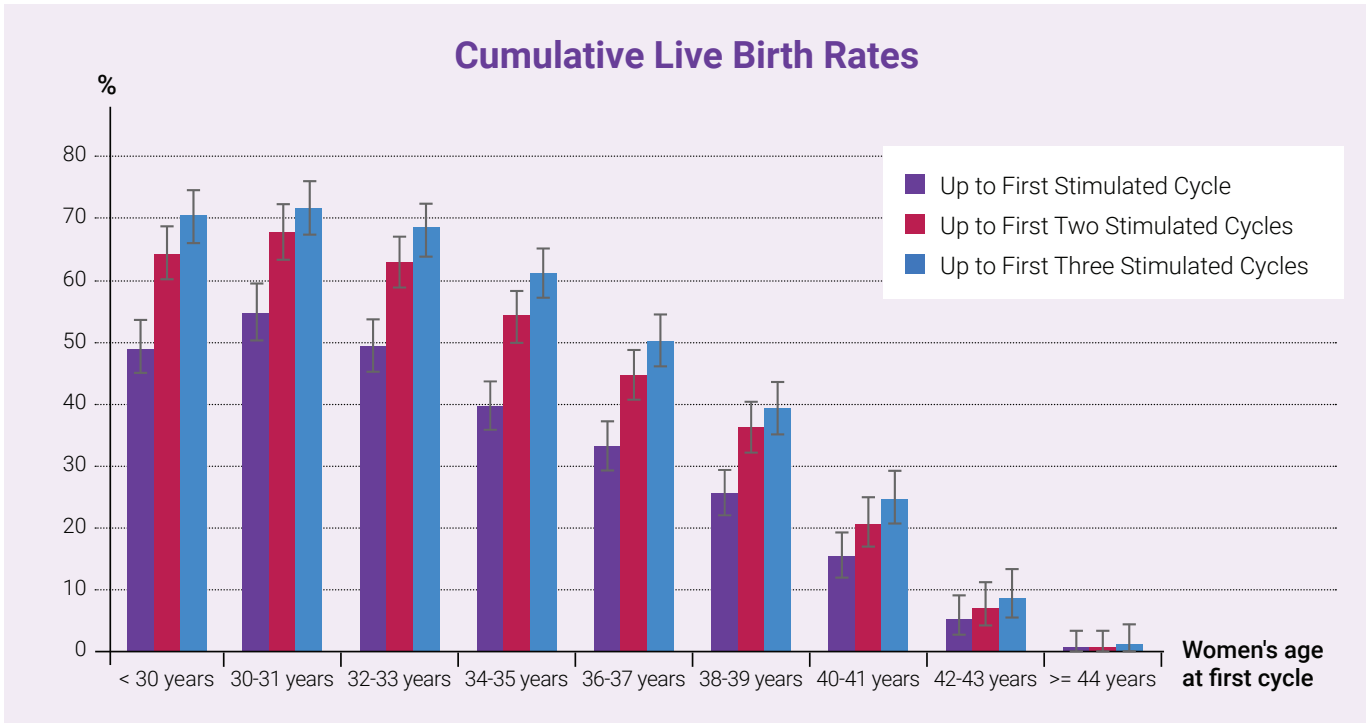
Fertility treatment trends for consumers

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 2021.

As you can see in the graph below, for women aged up to 30 years the chance of a baby was 49% after one stimulated cycle and 71% after three stimulated cycles. For women aged 42-43, the chance of a baby was 5% after one and 9% 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.



Overall birth rate

Of all the people who had fertility treatment in Victoria during 2020-21, 31% had a baby.*

Artificial insemination

Of all the people who used artificial insemination (IUI) in Victoria during 2020-21, 9% had a baby.*

While the chance of a baby is lower with IUI than with IVF, it is less costly and less invasive. For some people with unexplained infertility having, up to six cycles of IUI offers a good chance of pregnancy.

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

Average number of eggs collected

During 2021-22 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 11 eggs.
- For women aged 40 plus the average was 7 eggs.

The number of eggs collected is linked to the chance of success. Older women are less likely than younger women to have a baby with IVF, in part because they produce fewer eggs.

ICSI (Intracytoplasmic sperm injection)

Clinics used ICSI for 75% of cycles. There was wide variation across treatment sites, with ICSI rates ranging from 52% to 89%. 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. About 30% of infertile couples have a diagnosis of male infertility.

Single embryo transfer

- 95% of fresh embryo transfers were single embryo transfers
- 96% of thawed embryo transfers were single embryo transfers

Single embryo transfer reduces risks for mothers and babies.

Egg freezing

1,513 women froze their eggs during 2021-22, up 63% from the year before. There were 6,489 women with eggs in storage on June 30, 2022 – up 30% from the year before.

While egg freezing offers a chance of having a baby later in life, there is no guarantee. For a reasonable chance of success, multiple cycles may be needed. It is estimated that a woman aged 37 years needs to freeze about 25 eggs for an 80% chance of a baby later. This goes up to 35 eggs for a woman aged 39 years.

Average number of eggs collected

During 2021-22 the average number of eggs collected during an egg collection procedure varied according to a woman's age.

Treatment using thawed eggs

Among the 308 women using their own eggs in 2020-21, 173 had an embryo transfer. Of those 50 (29%) had a baby.

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 decreased 9% from 2,068 in 2020-21 to 1.949 in 2021-22. However, the number of women who had non-invasive preimplantation genetic testing for aneuploidy (NIPGT) dropped from 105 in 2020-21 to 0 in 2021-22. This is due to Monash IVF ceasing the use of this test.

PGT-A is expensive and while some studies have demonstrated a higher implantation rate for embryos that were selected after a PGT-A, there is no reliable evidence that it improves the chance of having a baby.

Donor treatment

- 143 people received embryo donations – up 35% from last year.
- 394 people received egg donations – up 27% from last year.
- 340 people received embryos containing a donor egg – up 19% from last year.
- 1,658 people received sperm donations – up 8% from last year.

Where donors came from

- Egg donors: 70% recipient recruited, 26% overseas egg bank, 4% recruited through a clinic.
- Sperm donors: 59% recruited through a clinic, 36% recipient recruited, 5% overseas sperm bank.
- Embryo donors: 62% recipient recruited, 38% recruited through a clinic.

Sperm donation

Single women continue to be the largest group using donor sperm (53 %), followed by women in same-sex relationships (35%) and people in heterosexual relationships (12 %).

Surrogacy

Forty-four women agreed to be surrogates for people during 2021-22 – up from 42 the year before.

Fertility Treatment Data

Important notes about this data

The data presented here cannot be used to compare success rates between ART procedures and between clinics. A clinic's success rate might be higher or lower relative to another clinic based on their location, the types of patients they treat and their treatment strategies and services. Success rates found within the Annual Report should be viewed with caution and not be the sole contributor to choosing a clinic for treatment, as they do not necessarily reflect the chance of success for an individual.

VARTA collects data from all registered ART providers in Victoria to report on fertility treatment trends and fertility treatment outcomes 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, 4.5, 6.1, 6.2, 6.3, 6.4 6.5 and 7 were submitted by clinics directly to VARTA.

Section one includes the outcomes from treatment that occurred in 2020-21. This is being reported in 2022 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 2021-22. An update on the outcomes from this treatment, including live births, will be available in 2023.

For sections two to seven, registered clinics were able to provide data to NPESU up until the submission deadline of 15 July 2022. They were all given the opportunity to provide any updates to clinical pregnancy outcomes by 29 July 2022. Therefore, clinical pregnancy rates should be interpreted with caution as ultrasound scans confirming clinical pregnancies may have not been completed before data was submitted.

This report includes all forms of ART cycles 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 clinic, the information is presented per registered ART provider. Women can also have more than one cycle during a financial year. Keep this in mind when referring to data discussing the number of cycles. The diagram on the following page explains the ART process to help readers better understand the data reported.

Error in last year's data

Please note, that there was a minor error in the treatment data reported in the VARTA Annual Report for 2020-21. One IVF clinic made some very minor errors in their annual reporting of treatment data which were not recognised until early 2022, after the publication of the Annual Report. This oversight included the following:

- 3 oocyte pick-up cycles not submitted and 1 cycle duplicated (which did not change the clinical pregnancy rates);
- 6 frozen embryo transfer cycles not submitted
- 16 clinical pregnancies not reported.

Given the numbers were so small, the missed data did not change the overall treatment information in any meaningful way. The clinic provided a full report to VARTA along with a risk evaluation with preventative actions. COVID-related pressures, including staffing and workloads, were identified as high-level contributing factors.

Understanding the ART process

The IVF and ICSI process	
Hormone stimulation	In a stimulated cycle, fertility drugs are given to develop multiple eggs. In a natural cycle, no superovulatory drugs are used.
Egg retrieval	Eggs are collected under light sedation using ultrasound guidance.
Embryo development	In IVF, sperm is added to the eggs and, in ICSI a single sperm is physically injected into each egg for embryos to develop.
Embryo transfer	The procedure of placing an embryo into the uterus. 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 can result in a miscarriage.
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 the child 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 at the time of, or 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 can result in a miscarriage.
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 the child 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.

Summary of section 1

Outcomes from treatment

This section provides data on the outcomes of treatment that occurred in 2020-21. Because pregnancies and births can occur the year after treatment, this data was not available for the 2020-21 annual report. The data in tables 1.1 – 1.5 show the following:

- Of the 15,683 of women who received treatment in 2020-21, 4,875 had a live birth – 31%.
- Of all the fresh embryo transfers in 2020-21, 25% resulted in a live birth.
- Of all the thawed embryo transfers in 2020-21, 32% resulted in a live birth.
- There were 1,591 artificial insemination cycles using partner sperm. Of these cycles, 8% resulted in a live birth.
- There were 693 artificial insemination cycles using donor sperm. Of these cycles, 12% resulted in a live birth.
- Of the women who had previously frozen their eggs, 308 cycles were completed where their eggs were thawed and used in treatment.
  - Of the 308 cycles, 173 cycles included an embryo transfer. Some women may have had eggs thawed, fertilised and embryos frozen rather than transferred.
  - Of the 173 cycles that included an embryo transfer, 50 resulted in live births (29%).
- 82 fertility treatment cycles were completed where women thawed their partner's or donor's eggs for use during treatment.
  - Of these 82 cycles, 69 cycles included an embryo transfer. Some of these women may have had eggs thawed, fertilised and embryos frozen rather than transferred.
  - Of the 69 cycles that included an embryo transfer, 23 resulted in live births (33%).
- 44 women were surrogates for other people. These women had 62 cycles with embryos transferred, of which 27 resulted in a live birth (44%).

Outcomes from genetic testing of embryos

Table 1.6 details the outcomes for women who used genetic tests on their embryos during 2020-21. This data becomes available a year later due to the time it takes to track outcomes.

- 268 women used preimplantation genetic testing for single gene disorders (PGT-M), structural rearrangements (PGT-SR) and sex selection.
  - Of the 1,547 embryos tested, 591 (38%) were deemed suitable for transfer.
  - Of the 323 embryos transferred, there were 141 live births (44%).
- 2,068 women used preimplantation genetic testing for aneuploidy (PGT-A).
  - Of 7,337 embryos tested, 3,299 (45%) were deemed euploid (normal).
  - Of the 1,901 embryos transferred, there were 752 live births (40%).
- 105 women used non-invasive preimplantation genetic testing (NIPGT).
  - Of the 227 embryos tested, 53 (23%) were deemed suitable for transfer.
  - Of the 124 embryos transferred, there were 44 live births (35%).

Summary of sections 2-7

Fertility treatment trends 2021-22

During 2021-22, 16,971 women received fertility treatment in Victoria – an 8% increase from the previous financial year (figure 1). There were 30,895 treatment cycles, up 4% from the previous financial year (figure 1, table 2.1).
The age of women receiving treatment has remained steady over the past decade. In 2021-22, about 24% of women having fertility treatment were aged 40 plus (figure 2).

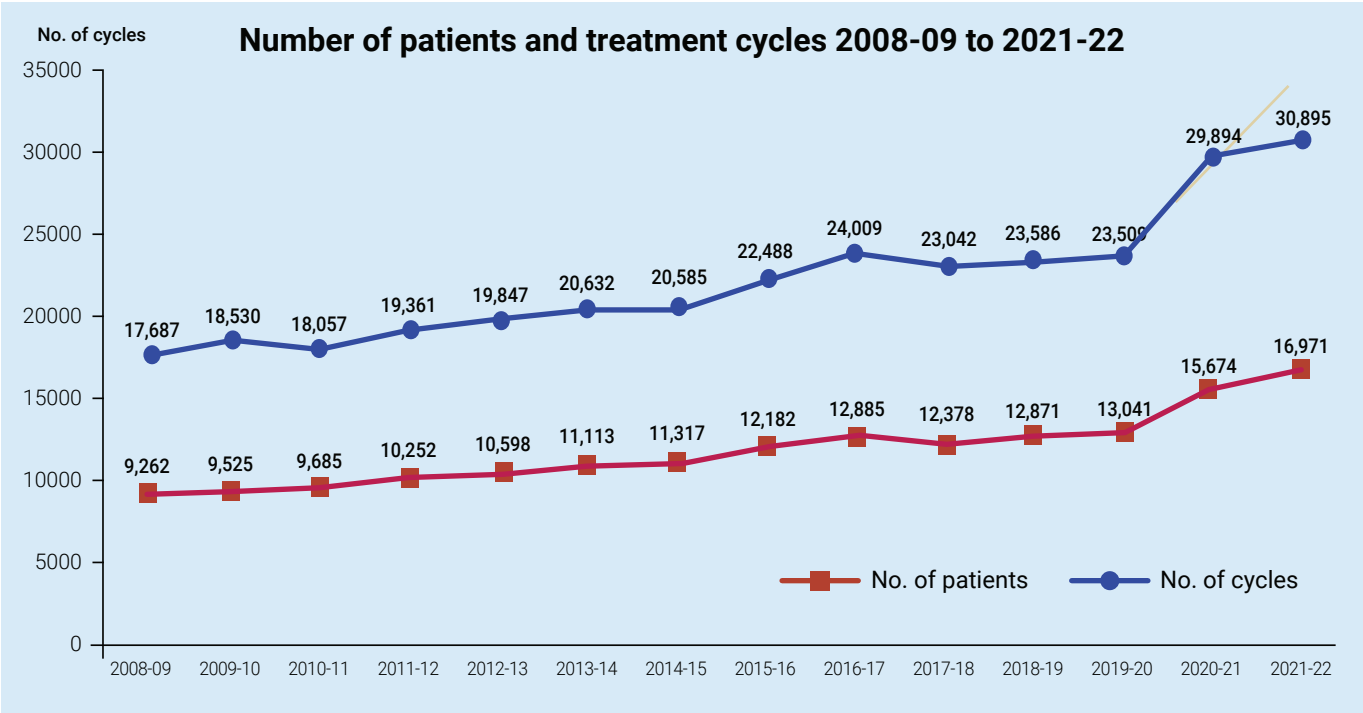


Figure 1

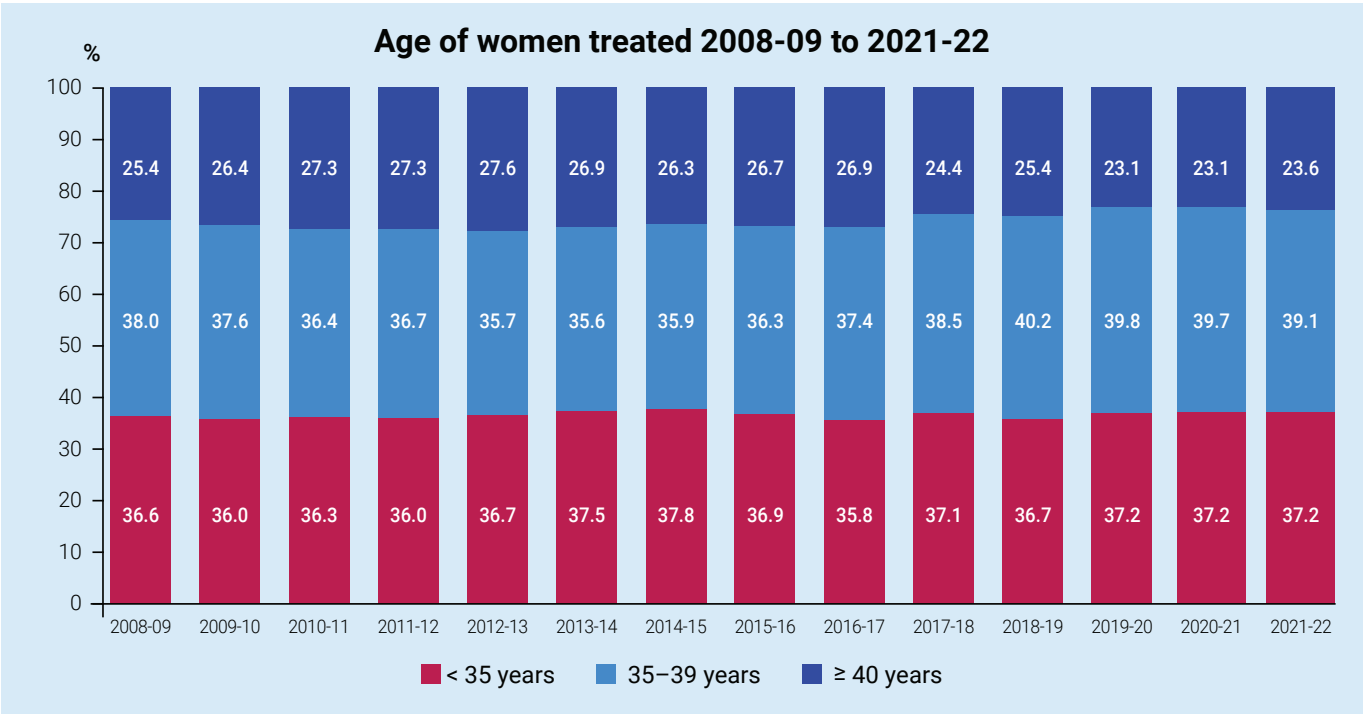


Figure 2

Section 1: Outcomes from 2020-21 financial year

This section includes a final outcome of treatment procedures undertaken in 2020-21. These final figures were not available at the time of the production of the 2021 Annual Report. Similarly, this year, a full report on treatment outcomes will not be possible until the 2023 Annual Report. As pregnancies are ongoing, some outcomes are not known at the time of this report going to print.

Overview

Table 1.1 Number of women treated, Victoria, 2020-21 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	450	403	195	1,048	1,963	584	473	73	0
Ballarat IVF	201	132	57	390	877	41	251	8	28
City Babies	64	41	15	120	249	0	0	120	0
City Fertility Centre	373	334	176	883	1,660	216	392	40	121
Genea, Melbourne	69	65	48	182	392	75	81	6	2
Melbourne IVF	2,152	2,311	1,304	5,767	11,047	2,208	2,534	286	201
Monash IVF	1,543	1,593	1,091	4,227	7,326	1,172	1,883	233	66
Newlife IVF	299	339	202	840	1,708	281	372	27	20
Number 1 Fertility	719	1,014	493	2,226	4,540	631	855	207	6
Aggregated total	**5,870**	**6,232**	**3,581**	**15,683**	**29,762**	**5,208**	**6,841**	**1,000**	**444**

AI: artificial insemination.

Table 1.1 reports the number of women treated during the 2020-21 financial year. This table also breaks down the total number of women treated from each clinic into age categories.

- A total of 15,683 women were treated, a 20% increase from the previous financial year.
- The 35-39 age group was the most common followed by the <35 age group and lastly >40 age category.
- A total of 29,762 treatment cycles occurred.
- 5,208 women had treatment with fresh embryos transferred, 6,841 had thawed embryos transferred, 1,000 had artificial insemination using their partner's sperm and 444 had artificial insemination with donor sperm.

Table 1.2 Pregnancy and birth outcomes, Victoria, 2020-21 financial year

Treatment site	No. of births				No. of live births	No. of babies born	No. of liveborn babies	Pregnancy outcome unknown
	No. of singletons	No. of sets of twins	No. of sets of higher order multiples	All				
Adora Fertility	363	10	0	373	366	383	376	1
Ballarat IVF	144	1	0	145	127	146	128	11
City Babies	19	2	1	22	22	26	26	0
City Fertility Centre	209	11	0	220	216	231	227	1
Genea	54	1	0	55	53	56	54	0
Melbourne IVF	1,915	39	2	1,956	1,946	1,999	1,987	0
Monash IVF	1,211	39	2	1,252	1,238	1,295	1,280	0
Newlife IVF	289	12	0	301	299	313	310	0
Number 1 Fertility	606	10	0	616	608	626	618	2
Aggregated total	**4,810**	**125**	**5**	**4,940**	**4,875**	**5,075**	**5,006**	**15**

Table 1.2 reports the pregnancy and birth outcomes following treatment during the 2020-21 financial year.

- There were 4,875 live births and 5006 liveborn babies born.
- There was a total of 125 sets of twins and 5 sets of higher order multiples. This is a 17% reduction in multiple births compared to the previous financial year.

Legend	For full glossary, refer to page 54
Age at first treatment	The age of a person when they begin treatment – either the first date when a stimulation drug is administrated or the date of the last menstrual period (LMP) for unstimulated cycles (including natural fresh cycles and thaw cycles).
Babies born	Includes liveborn and stillborn.
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).
Liveborn baby	A baby that is born alive.
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.

Table 1.3a Fresh embryo transfer cycles and pregnancy outcomes, Victoria, 2020-21 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	% of live births per fresh embryo transfer
	All ages by treatment site				
Adora Fertility	767	87	214	157	20
Ballarat IVF	42	98	13	7	17
City Fertility Centre	243	93	60	47	19
Genea	104	92	29	20	19
Melbourne IVF	2,628	96	922	716	27
Monash IVF	1,336	89	436	337	25
Newlife IVF	350	93	123	90	26
Number 1 Fertility	763	100	245	174	23
Aggregated total	**6,233**	**94**	**2,042**	**1,548**	**25**
Age group	**All treatment sites by age group**				
<35	2,108	98	893	741	35
35–39	2,404	95	824	619	26
>=40	1,721	86	325	188	11
Aggregated total	**6,233**	**94**	**2,042**	**1,548**	**25**

Table 1.3a reports the number of treatment cycles of women using their own, their partners or donated eggs which included a fresh embryo transfer and the pregnancy outcomes following this treatment. Women can have more than one cycle during a financial year where fresh embryos(s) are transferred, including fresh embryos formed from thawed eggs.

- A total of 6,233 cycles that included a fresh embryo transfer occurred during the 2020-21 financial year.
- Of the 6,233 cycles, there were 1,548 live births.
- 25% of cycles resulted in a live birth after a fresh embryo transfer.
- The percentage of single embryo transfers has increased from 91% to 94%.
- 24% of pregnancies were lost due to ectopic pregnancy, miscarriage or neonatal death.

Percentage of live births per fresh embryo transfer

During 2020-21, the percentage of live births from women using embryos derived from their own, their partner's or donated eggs per age group

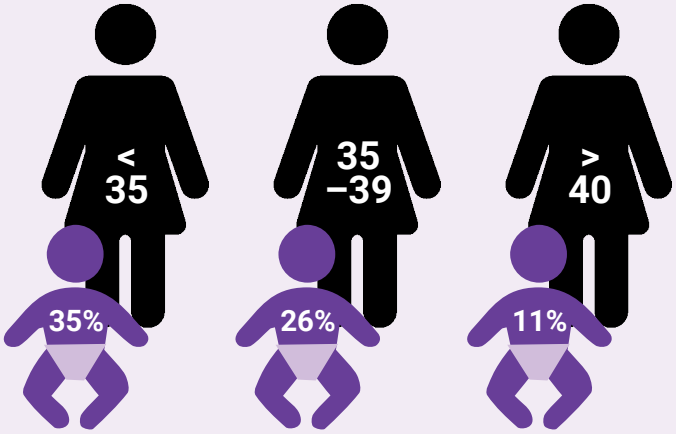


Table 1.3b Thawed embryo transfer cycles and pregnancy outcomes, Victoria, 2020-21 financial year

Treatment site	Women using own eggs				
	No. of cycles with thawed embryos transferred	% of single embryo transfer	No. of clinical pregnancies	No. of live births	% of live births per thawed embryo transfer
All ages by treatment site					
Adora Fertility	696	97	260	201	29
Ballarat IVF	371	99	159	107	29
City Fertility Centre	511	95	172	141	28
Genea	118	97	40	30	25
Melbourne IVF	3,632	96	1,386	1,108	31
Monash IVF	2,346	95	994	800	34
Newlife IVF	502	97	232	192	38
Number 1 Fertility	1,169	100	489	406	35
Aggregated total	**9,345**	**96**	**3,732**	**2,985**	**32**
Age group	**All treatment sites by age group**				
<35	3,739	97	1,682	1,417	38
35–39	3,871	97	1,546	1,215	31
>=40	1,735	94	504	353	20
Aggregated total	**9,345**	**96**	**3,732**	**2,985**	**32**

Table 1.3b reports the number of treatment cycles for women using their own eggs in a thawed embryo(s) transfer and the pregnancy outcomes following this treatment.

- A total of 9,345 thawed embryo transfer cycles occurred during the 2020-21 financial year.
- Of the 9,345 cycles, there were 2,985 live births.
- 32% of cycles resulted in a live birth after thawed embryo transfers using their own eggs.
- The percentage of single embryo transfers has increased from 95% to 96%.
- 20% of pregnancies were lost due to ectopic pregnancy, miscarriage or neonatal death.

Percentage of live births per thawed embryo transfer

During 2020-21, the percentage of live births from women using their own eggs per age group

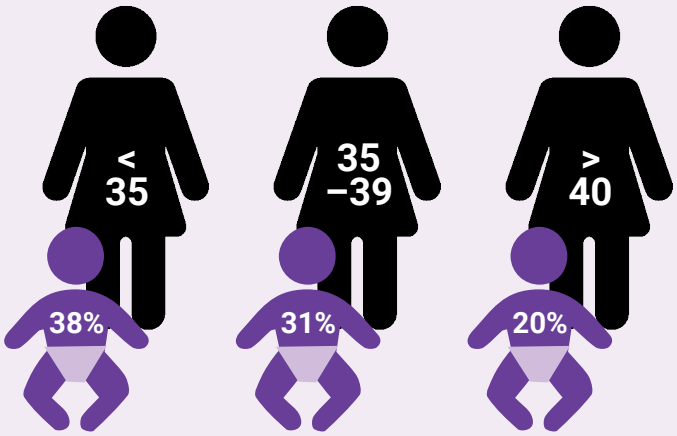


Table 1.3c Artificial insemination (AI) cycles usng partner sperm and pregnancy outcomes, Victoria, 2020-21 FY

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	% of live births per AI cycle using partner sperm
		All ages by treatment site		
Adora Fertility	109	11	8	7
Ballarat IVF	12	0	0	0
City Babies	249	29	22	9
City Fertility Centre	49	9	7	14
Genea	15	1	1	7
Melbourne IVF	440	55	46	10
Monash IVF	362	39	26	7
Newlife IVF	45	6	4	9
Number 1 Fertility	310	21	14	5
Aggregated total	**1,591**	**171**	**128**	**8**
Age group		**All treatment sites by age group**		
<35	771	86	66	9
35–39	606	76	56	9
>=40	214	9	6	3
Aggregated total	**1,591**	**171**	**128**	**8**

Table 1.3c shows the number of AI cycles using a partner's sperm and the pregnancy outcomes following these.

- There were 1,591 AI cycles using partner sperm that occurred during the 2020-21 financial year.
- Of the 1,591 AI cycles, there were 128 live births.
- 8% of cycles resulted in a live birth from AI using their partner's sperm.
- 25% of pregnancies were lost due to ectopic pregnancy, miscarriage or neonatal death.

Percentage of live births per AI cycle using partner sperm

During 2020-21, the percentage of live births from AI cycles using partner's sperm per age group

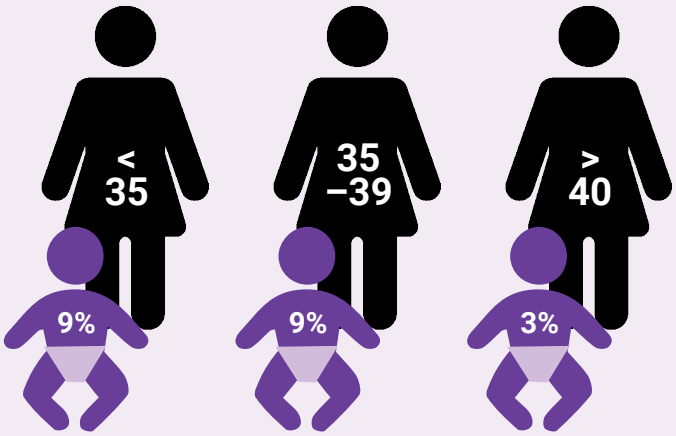


Table 1.3d Artificial insemination (AI) cycles using donor sperm and pregnancy outcomes, Victoria, 2020-21 FY

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	% of live births per AI cycle using donor sperm
		All ages by treatment site		
Ballarat IVF	46	5	4	9
City Fertility Centre	181	18	17	9
Genea	4	0	0	0
Melbourne IVF	330	50	35	11
Monash IVF	94	20	19	20
Newlife IVF	30	6	6	20
Number 1 Fertility	8	0	0	0
Aggregated total	**693**	**99**	**81**	**12**
Age group		**All treatment sites by age group**		
<35	336	52	46	14
35–39	321	43	33	10
>=40	36	4	2	6
Aggregated total	**693**	**99**	**81**	**12**

Table 1.3d shows the number of AI cycles using donor sperm and the pregnancy outcomes following this treatment.

- There were 693 AI cycles using donor sperm that occurred during the 2020-21 financial year.
- Of the 693 AI cycles using donor sperm, there were 81 live births.
- 12% of cycles resulted in a live birth from AI using donor sperm.
- 18% of pregnancies were lost due to ectopic pregnancy, miscarriage or neonatal death.

Percentage of live births per AI cycle using donor sperm

During 2020-21, the percentage of live births from AI cycles using donor sperm per age group

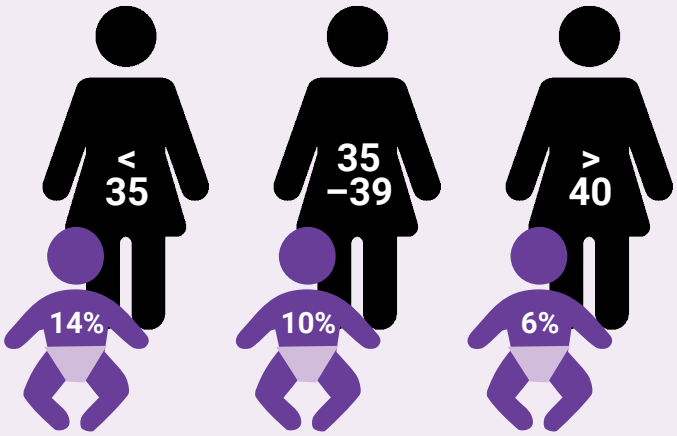


Table 1.4 Treatment using thawed eggs and pregnancy outcomes, Victoria, 2020-21 financial year

Treatment site	No. of cycles with eggs thawed	No. of cycles with embryos transferred	No. of clinical pregnancies	No. of live births	% of live births per embryo transfer from a woman's own thawed eggs	No. of cycles with eggs thawed	No. of cycles with embryos transferred	No. of clinical pregnancies	No. of live births	% of live births per embryo transfer from a donor or partner thawed eggs
	Women using own eggs					Women using donor/partner eggs*				
Adora Fertility	3	3	0	0	0	0	0	0	0	0
Ballarat IVF	5	0	0	0	0	0	0	0	0	0
City Fertility Centre	9	5	2	2	40	2	2	2	1	50
Genea	5	5	0	0	0	0	0	0	0	0
Melbourne IVF	114	74	34	25	34	14	13	5	3	23
Monash IVF	105	45	18	14	31	58	47	19	18	38
Newlife IVF	20	9	6	4	44	0	0	0	0	0
Number 1 Fertility	47	32	9	5	16	8	7	2	1	14
Aggregated total	**308**	**173**	**69**	**50**	**29**	**82**	**69**	**28**	**23**	**33**

* Donor eggs include those imported from interstate or overseas

Table 1.4 reports the cycles where thawed eggs were used and the pregnancy outcomes following this treatment. This table includes eggs that have been frozen following an IVF or egg freezing cycle, intra-partner IVF cycle or after receiving donated eggs which include those imported from interstate and overseas.

- There were 308 cycles where a women's own eggs were thawed, a 41% increase from 219 in the previous financial year.
  - Of the 308 cycles, 173 included an embryo transfer, resulting in 50 live births
  - 29% of cycles resulted in a live birth following an embryo transfer using their own thawed eggs.
  - 135 initiated cycles (44%) did not include an embryo transfer. This could be for a number of reasons including, eggs not surviving the thawing process, not having an embryo suitable to transfer, or because embryos were frozen for use in subsequent cycles.
- There were 82 cycles where donor or partner eggs were thawed and used within a treatment cycle.
  - Of the 82 cycles, 69 included an embryo transfer, resulting in 23 live births.
  - 33% of cycles resulted in a live birth.
  - 13 initiated cycles (16%) did not have an embryo transfer. This could be for a number of reasons including, eggs not surviving the thawing process, not having an embryo suitable to transfer, or because embryos were frozen for use in subsequent cycles.

Table 1.5 Surrogacy cycles and pregnancy outcomes, Victoria, 2020-21 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	No. of clinical pregnancies	No. of live births	% of live births per embryo transfer in a surrogacy cycle
City Fertility Centre	2	2	2	2	100
Melbourne IVF	9	13	7	6	46
Monash IVF	22	32	17	15	47
Newlife IVF	3	4	1	0	0
Number 1 Fertility	8	11	4	4	36
Aggregated total	**44**	**62**	**31**	**27**	**44**

Table 1.5 looks at surrogacy cycles and the pregnancy outcomes following these. This table includes cycles where an embryo was transferred to a surrogate.

- There were 44 surrogates who had 62 cycles where an embryo was transferred.
- From these 62 transfer cycles, 27 live births occurred.
- 44% of embryo transfer cycles resulted in a live birth.

There were 3 GIFT/ZIFT cycles in FY2021

Table 1.6 Outcome for Preimplantation testing (PGT), 2020-21 financial year

PGT-M, PGT-SR and sex selection are used for patients with a known genetic risk. PGT-A is used for the detection of numerical chromosome abnormalities. PGT IVF/ICSI cycles may be initiated with the aim of freezing all embryos (no embryos transferred).

Registered ART provider (all sites)	No. of women who had embryos tested	No. of embryos tested*	No. of embryos deemed suitable for transfer	No. of women who had an embryo transfer**	No. of embryos transferred following PGT	No. of clinical pregnancies	No. of live births	% of live births per embryo transfer following PGT
Preimplantation genetic testing for single gene disorders (PGT-M), Preimplantation testing for structural rearrangements (PGT-SR) and Sex selection								
City Fertility Centre	17	47	15	14	14	10	5	36
Genea	2	14	2	2	2	0	0	0
Melbourne IVF	131	849	336	133	188	99	78	41
Monash IVF	54	232	91	51	69	36	33	48
Newlife IVF	21	139	30	11	15	8	7	47
Number 1 Fertility	43	266	117	28	35	23	18	51
Aggregated total	**268**	**1,547**	**591**	**239**	**323**	**176**	**141**	**44**

PGT-M: preimplantation genetic testing for single gene disorders, PGT-SR: preimplantation genetic testing for structural rearrangements.

* Either fresh embryos or thawed frozen embryos may be tested. Some patients will have some fresh and thawed frozen embryos tested.
** Women may have treatment using embryos tested and stored in a prior year
*** Non-invasive PGT-A. Note that some women will have some embryos biopsied using standard PGT-A and some tested by NIPGT.
^ Some clinics that do not undertake PGT, may receive embryos transported from another clinic with PGT information

Table 1.6 Outcome for Preimplantation testing (PGT), 2020-21 financial year (continued)

PGT-M, PGT-SR and sex selection are used for patients with a known genetic risk. PGT-A is used for the detection of numerical chromosome abnormalities. PGT IVF/ICSI cycles may be initiated with the aim of freezing all embryos (no embryos transferred).

Registered ART provider (all sites)	No. of women who had embryos tested	No. of embryos tested*	No. of embryos deemed euploid after PGT-A	No. of embryos deemed mosaic after PGT-A	No of embryos deemed inconclusive or no result after PGT-A	No. of women who had an embryo transer**	No. of PGT-A tested embryos transferred	No. of clinical pregnancies	No. of live births	% of live births per embryo transfer following PGT-A
Preimplantation genetic testing for aneuploidy (incorrect chromosomal numbers, PGT-A)										
Ballarat IVF ^	NA	NA	NA	NA	NA	1	3	1	0	0
City Fertility Centre	55	184	78	45	8	34	45	20	14	31
Genea	39	144	72	11	0	40	62	21	18	29
Melbourne IVF	608	2,401	976	140	110	434	608	257	206	34
Monash IVF	571	1,719	925	124	133	400	504	240	219	43
Newlife IVF	218	873	366	164	35	124	166	83	75	45
Number 1 Fertility	577	2,016	882	353	43	415	513	252	220	43
Aggregated total	**2,068**	**7,337**	**3,299**	**837**	**329**	**1,448**	**1,901**	**874**	**752**	**40**

PGT-A: preimplantation genetic screening for aneuploidy

Registered ART provider (all sites)	No. of women who had embryos tested	No. of embryos tested*	No. of embryos deemed suitable for transfer	No. of women who had an embryo tranfser**	No. of embryos transferred following PGT	No. of clinical pregnancies	No. of live births	% of live births per embryo transfer following PGT
Non-invasive preimplantation genetic testing for aneuploidy (NIPGT)* **								
Monash IVF	105	227	53	103	124	56	44	35
Aggregated total	**105**	**227**	**53**	**103**	**124**	**56**	**44**	**35**

NIPGT: non-invasive preimplantation genetic testing for aneuploidy

* Either fresh embryos or thawed frozen embryos may be tested. Some patients will have some fresh and thawed frozen embryos tested.
** Women may have treatment using embryos tested and stored in a prior year
*** Non-invasive PGT-A. Note that some women will have some embryos biopsied using standard PGT-A and some tested by NIPGT.
^ Some clinics that do not undertake PGT, may receive embryos transported from another clinic with PGT information

Table 1.6 reports the pregnancy outcomes following preimplantation genetic testing (PGT). PGT is a procedure where embryos are tested to detect abnormal chromosomal numbers or a genetic disease. This table has been updated from previous years, with PGT-SR and sex selection data now being included in the same table as PGT-M. The PGT-A section has also had columns added to report all possible outcomes following this treatment including the number of euploid (normal), mosaic and inconclusive and no result embryos.

PGT-M, PGT-SR and Sex selection

- 268 women used PGT-M, PGT-SR or sex selection in their treatment.
- 1,547 embryos were tested with 591 (38%) embryos deemed suitable for transfer.
- 323 embryos were transferred following PGT, resulting in 141 live births (44 live birth rate per embryo transfer).

PGT-A

- 2,068 women used PGT-A in their treatment.
- 7,337 embryos were tested with 3,299 (45%) embryos deemed euploid (normal), 837 (11%) deemed mosaic, 329 (5%) deemed inconclusive/no result and 2,872 (39%) abnormal.
- 1,901 embryos were transferred following PGT-A (which could include all possible results following PGT-A, such as euploid, mosaic or inconclusive/no result) resulting in 752 live births (40% live birth rate per embryo transfer).

NIPGT

- 105 women used NIPGT in their treatment.
- 227 embryos were tested with 53 (23%) embryos deemed suitable for transfer.
- 124 embryos were transferred following NIPGT, resulting in 44 live births (35% live birth rate per embryo transfer).

Section 2: ART procedures, 2021–22 financial year

This section provides details of ART treatment and clinical pregnancies for the 2021-22 financial year.

Overview

Table 2.1 Number of women treated, Victoria, 2021-22 financial year

Treatment site	No. of women treated			
	< 35	35–39	≥ 40	ALL
Adora Fertility	391	397	207	995
Ballarat IVF	231	150	75	456
City Babies	64	33	22	119
City Fertility Centre	558	509	280	1,347
Genea	93	78	57	228
Melbourne IVF	2,140	2,362	1,328	5,830
Monash IVF	1,602	1,588	1,171	4,361
Newlife IVF	411	438	227	1,076
Number 1 Fertility	828	1,085	646	2,559
Aggregated total	**6,318**	**6,640**	**4,013**	**16,971**

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	1,790	793	721	687	388	766	60	0
Ballarat IVF	965	313	309	264	278	307	30	15
City Babies	231	113	0	0	0	0	119	0
City Fertility Centre	2,517	946	891	783	577	783	63	149
Genea	433	176	173	128	93	136	12	6
Melbourne IVF	10,501	4,340	4,160	3,374	2,522	3,789	236	135
Monash IVF	7,090	3,111	2,723	2,187	1,884	2,605	235	85
Newlife IVF	2,204	897	851	682	464	671	37	37
Number 1 Fertility	5,164	2,106	1,889	1,334	946	1,325	252	3
Aggregated total	**30,895**	**12,795**	**11,717**	**9,439**	**7,152**	**10,382**	**1,044**	**430**

FSH: Follicle stimulating hormone. IVF: in vitro fertilisation. ICSI: intracytoplasmic sperm injection. AI: artificial insemination.
A small number of cycles (<1%) were not received by the submission deadline.
Note: this table contains preliminary data.

Table 2.1 reports the number of women treated during the 2021-22 financial year.

- 16,971 women were treated, an increase of 8% from 15,683 in the previous financial year.
- The 35-39 age group was the most common age category followed by <35's and then the >40 age group.
- The >40 age category saw the highest increase of women accessing treatment, a 12% increase from the previous year, with the <35 age category having an 8% increase and the 35-39 age category having a 7% increase.
- 30,895 cycles were undertaken, a 4% increase from 29,762 in the previous financial year.

Egg retrieval cycles

Table 2.2 Number of egg retrieval cycles, Victoria, 2021-22 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
ALL							
Adora Fertility	1,001	977	8,590	9	23	176	8
Ballarat IVF	444	433	4,612	10	66	671	10
City Fertility Centre	1,132	1,106	11,706	10	78	720	9
Genea	244	240	2,165	9	52	393	8
Melbourne IVF	5,568	5,447	59,167	11	987	10,093	10
Monash IVF	3,399	3,343	34,925	10	671	5,801	9
Newlife IVF	1,258	1,252	14,743	12	215	2,107	10
Number 1 Fertility	2,932	2,895	33,840	12	948	8,499	9
Aggregated total	**15,978**	**15,693**	**169,748**	**11**	**3,040**	**28,460**	**9**
< 35							
Adora Fertility	367	364	3,883	11	10	80	8
Ballarat IVF	193	193	2,500	13	36	361	10
City Fertility Centre	403	401	5,313	13	40	360	9
Genea	85	84	922	11	22	183	8
Melbourne IVF	1,899	1,888	25,951	14	452	5,436	12
Monash IVF	1,162	1,159	14,887	13	294	2,791	9
Newlife IVF	401	400	5,600	14	90	898	10
Number 1 Fertility	882	873	12,442	14	330	3,395	10
Aggregated total	**5,392**	**5,362**	**71,498**	**13**	**1,274**	**13,504**	**11**

Note: this table contains preliminary data.

Table 2.2 reports the number of egg retrievals during the 2021-22 financial year. The table shows the total number of egg retrievals and the number of these that involved egg freezing.

- There were 15,978 egg retrievals, a 3% increase from the previous year.
- Of the 15,978 egg retrievals, 15,693 (98%) had eggs collected and 3,040 (19%) were egg freezing cycles.
- The average number of eggs collected was 11 and the average number of eggs frozen per egg freezing cycle was 9.

< 35

- The average number of eggs collected per egg retrieval was 13.
- Of the 5,392 egg retrievals, 1,274 (24%) were egg freeze cycles. The <35 age group had a 62% increase in egg freezing compared to the 2020-21 financial year.
- The average number of eggs collected per egg freezing cycle was 11.

Egg retrieval cycles

Table 2.2 Number of egg retrieval cycles, Victoria, 2021-22 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
35-39							
Adora Fertility	382	370	3,101	8	10	85	9
Ballarat IVF	164	158	1,542	9	28	303	11
City Fertility Centre	451	445	4,559	10	31	325	10
Genea	78	77	771	10	18	150	8
Melbourne IVF	2,236	2,199	23,123	10	460	4,126	9
Monash IVF	1,214	1,205	12,778	11	275	2,427	9
Newlife IVF	544	541	6,287	12	102	1,039	10
Number 1 Fertility	1,324	1,312	15,094	11	511	4,409	9
Aggregated total	**6,393**	**6,307**	**67,255**	**11**	**1,435**	**12,864**	**9**
≥ 40							
Adora Fertility	252	243	1,606	6	3	11	4
Ballarat IVF	87	82	570	7	2	7	4
City Fertility Centre	278	260	1,834	7	7	35	5
Genea	81	79	472	6	12	60	5
Melbourne IVF	1,433	1,360	10,093	7	75	531	7
Monash IVF	1,015	979	7,260	7	102	583	6
Newlife IVF	313	311	2,856	9	23	170	7
Number 1 Fertility	726	710	6,304	9	107	695	6
Aggregated total	**4,193**	**4,024**	**30,995**	**7**	**331**	**2,092**	**6**

Note: this table contains preliminary data.

Table 2.2 reports the number of egg retrievals during the 2021-22 financial year. The table shows the total number of egg retrievals and the number of these that involved egg freezing.

- There were 15,978 egg retrievals, a 3% increase from the previous year.
- Of the 15,978 egg retrievals, 15,693 (98%) had eggs collected and 3,040 (19%) were egg freezing cycles.
- The average number of eggs collected was 11 and the average number of eggs frozen per egg freezing cycle was 9.

35-39

- The average number of eggs collected per egg retrieval was 11.
- ·Of the 6,393 egg retrievals, 1,435 (22%) were egg freezing cycles. The 35-39 age group had a 39% increase in egg freezing compared to the 2020-21 financial year.
- The average number of eggs collected per egg freeze cycle was 9.

≥ 40

- The average number of eggs collected per egg retrieval was 7.
- Of the 4,193 egg retrievals, 331 (8%) were egg freeze cycles. The >40 age group had a 30% increase in egg freezing compared to the 2020-21 financial year.
- The average number of eggs collected per egg freezing cycle was 6.

Use of eggs

Table 2.3 Number of ART cycles using fresh eggs, Victoria, 2021-22 financial year

Table 2.3 reports cycles using fresh eggs and embryos with table 2.3a and 2.3b showing data for fresh eggs with attempted fertilisation and the use of fresh embryos respectively.

Table 2.3a Attempted fertilisation, Victoria, 2021-22 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	Average no. of embryos formed per cycle
			All ages by treatment site		
Adora Fertility	936	55	898	4,839	5
Ballarat IVF	363	53	347	2,324	6
City Fertility Centre	985	72	928	5,613	6
Genea	182	52	176	931	5
Melbourne IVF	4,361	70	4,058	24,261	6
Monash IVF	2,575	80	346	14,300	6
Newlife IVF	990	86	925	5,622	6
Number 1 Fertility	1,865	89	1,626	8,513	5
Aggregated total	**12,257**	**75**	**11,378**	**66,403**	**5**
Age group			**All treatment sites by age group**		
<35	3,968	74	3,804	27,747	7
35–39	4,683	76	4,357	24,887	5
>=40	3,606	74	3,217	13,769	4
Aggregated total	**12,257**	**75**	**11,378**	**66,403**	**5**

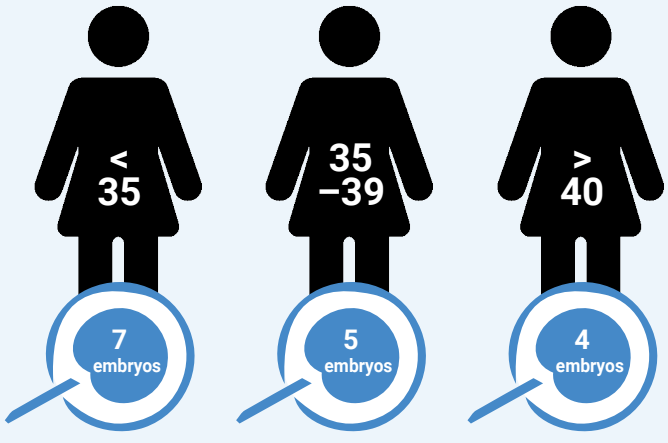
ICSI: intracytoplasmic sperm injection.
* Fertilised eggs with two pronuclei

Table 2.3a reports fresh eggs used in attempted fertilisation.

- There were 12,257 cycles with attempted fertilisation.
- Of all the cycles where attempted fertilisation occurred, 75% involved ICSI as the insemination technique.
- There were 11,378 (93%) cycles where embryos formed, in the remaining cycles fertilisation failed.
- There were 66,403 embryos formed from 12,257 cycles with attempted fertilisation, resulting in an average of 5 embryos formed per cycle.

Average number of embryos formed

During the 2021-22 the average number of embryos formed from attempted fertilisation of fresh eggs varied according to a women's age.



Use of embryos

Table 2.3b Number of cycles using fresh embryos after IVF/ICSI, Victoria, 2021-22 financial year

Treatment site	No. of cycles with embryos formed**	No. of cycles with fresh embryos transferred	No. of cycles with embryos frozen*	No. of cycles with ALL embryos frozen*	% of cycles with ALL embryos frozen
All ages by treatment site					
Adora Fertility	898	623	369	137	15
Ballarat IVF	347	59	278	232	67
City Fertility Centre	928	384	588	382	41
Genea	176	107	94	48	27
Melbourne IVF	4,058	2,346	2,625	1,292	32
Monash IVF	2,420	1,097	1,653	1,053	44
Newlife IVF	925	362	673	463	50
Number 1 Fertility	1,626	704	1,231	817	50
Aggregated total	**11,378**	**5,682**	**7,511**	**4,424**	**39**
Age group	**All treatment sites by age group**				
<35	3,804	1,903	2,855	1,574	41
35–39	4,357	2,101	2,936	1,774	41
>=40	3,217	1,678	1,720	1,076	33
Aggregated total	**11,378**	**5,682**	**7,511**	**4,424**	**39**

* Embryos frozen may need to be suitable – i.e. of good quality and meeting freezing criteria.
* * Fertilised eggs with two pronuclei

Table 2.3b reports the number of cycles using fresh embryos after IVF/ICSI during the 2021-22 financial year.

- Of the 11,378 cycles where embryos were formed, 5,682 (50%) cycles had a fresh embryo transferred, 7,511 (66%) had embryos frozen and 4,424 (39%) had all embryos frozen (freeze only cycle).

Use of thawed eggs

Table 2.4 Number of cycles using thawed eggs, Victoria, 2021-22 financial year

Table 2.4 reports cycles using thawed eggs during the 2021-22 financial year. Tables 2.4a and 2.4b show data for attempted fertilisation with thawed eggs and the use of embryos created from thawed eggs respectively.

Table 2.4a Attempted fertilisation, Victoria, 2021-22 financial year^

Treatment site	Women using own eggs				
	No. of cycles with attempted fertilisation	No. of cycles with embryos formed**	% of cycles with embryos formed from attempted fertilisation	No. of embryos formed	Average no. of embryos formed per cycle
			All ages by treatment site		
City Fertility Centre	6	6	100	33	6
Genea	2	2	100	24	12
Melbourne IVF	114	112	98	743	7
Monash IVF	46	45	98	249	5
Newlife IVF	11	10	91	42	4
Number 1 Fertility	21	21	100	144	7
Aggregated total	**200**	**196**	**98**	**1,235**	**6**
Age group			**All treatment sites by age group**		
<35	30	30	100	218	7
35–39	57	56	98	379	7
>=40	113	110	97	638	6
Aggregated total	**200**	**196**	**98**	**1,235**	**6**

Treatment site	Women using donor/partner eggs*				
			All ages by treatment site		
Melbourne IVF	25	24	96	145	6
Monash IVF	76	76	100	360	5
Number 1 Fertility	76	75	99	475	6
Aggregated total	**177**	**175**	**99**	**980**	**6**
Age group			**All treatment sites by age group**		
<35	7	7	100	30	4
35–39	22	22	100	121	6
>=40	148	146	99	829	6
Aggregated total	**177**	**175**	**99**	**980**	**6**

* Donor eggs include those imported from interstate or overseas. ** Fertilised eggs with two pronuclei ^ Does not include lab-only cycles

Table 2.4a reports attempted fertilisation using a woman's own thawed eggs or thawed donor/partner eggs during the 2021-22 financial year. Table 2.4a **does not include** cycles where eggs were thawed, fertilised and all resulting embryos frozen.

- There were 200 cycles with attempted fertilisation using a women's own thawed eggs, a 21% increase from last year.
- There were 196 cycles (98%) with embryos formed and a total of 1,235 embryos formed.
- The average number of embryos formed was 6.
- There were 177 cycles with attempted fertilisation using thawed donor/partner eggs.
- There were 175 cycles with embryos formed (99%) and a total of 980 embryos formed.
- The average number of embryos formed was 6.There were 66,403 embryos formed from 12,257 cycles with attempted fertilisation, resulting in an average of 5 embryos formed per cycle.

Use of thawed eggs

Table 2.4b Number of cycles using thawed eggs, Victoria, 2021-22 financial year

Treatment site	Women using own eggs			
	No. of cycles with an embryo transfer	No. of cycles with embryos frozen**	No. of cycles with ALL embryos frozen***	No.of embryos frozen**
	All ages by treatment site			
Ballarat IVF	0	1	1	1
City Fertility Centre	5	10	8	35
Genea	2	3	1	11
Melbourne IVF	104	77	15	226
Monash IVF	35	43	27	98
Newlife IVF	10	13	8	31
Number 1 Fertility	18	24	9	86
Aggregated total	**174**	**171**	**69**	**487**
Age group	**All treatment sites by age group**			
<35	27	34	17	137
35–39	49	57	25	172
>=40	98	80	27	178
Aggregated total	**174**	**171**	**69**	**487**

Treatment site	Women using donor/partner eggs*				
	All ages by treatment site				
Melbourne IVF	22	17	2	49	6
Monash IVF	58	56	10	111	5
Newlife IVF	0	1	1	1	5
Number 1 Fertility	73	59	0	147	6
Aggregated total	**153**	**133**	**13**	**308**	**6**
Age group	**All treatment sites by age group**				
<35	6	2	0	4	4
35–39	19	15	1	36	6
>=40	128	116	12	268	6
Aggregated total	**153**	**133**	**13**	**308**	**6**

* Donor eggs include those imported from interstate or overseas.
** Embryos frozen may need to be suitable - i.e. of good quality and meeting freezing criteria.
*** Constitutes a lab-only cycle where eggs are thawed, fertilised and all resulting embryos are frozen.

Table 2.4b shows the number of cycles using embryos from thawed eggs during the 2021-22 financial year. The data in table 2.4b **includes** cycles where eggs were thawed, fertilised and all resulting embryos frozen.

- Of the cycles using a women's own thawed eggs, 174 cycles had a fresh embryo transferred, 171 had embryos frozen and 69 had all embryos frozen (freeze-only cycle).
- Of the cycles using thawed donor/partner's eggs, 153 cycles had a fresh embryo transferred, 133 cycles had embryos frozen, and 13 cycles had all embryos frozen (freeze only cycle).

Use of embryos

Disclaimer

Please note, the data in tables 2.5, 2.6, 2.7, 3.1, 3.2 and 4.1 cannot be used to compare success rates between treatment sites as clinics provided their clinical pregnancy data during set times in July 2022. Some data may be incomplete as treatment has been included up until 30 June 2022 and ultrasound scans confirming clinical pregnancies may have not been completed before data was submitted. Birth outcomes following treatment in the 2021-22 financial year will be included in next year's annual report due to the time it takes to track pregnancies and births outcomes.

Table 2.5 Number of fresh embryo transfer cycles and clinical pregnancies, Victoria, 2021-22 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before 29 July 2022.

Treatment site	No. of cycles with embryos transferred	No. of clinical pregnancies	% clinical pregnancies per embryo transfer cycle
		All ages by treatment site	
Adora Fertility	623	132	21
Ballarat IVF	59	16	27
City Fertility Centre	384	97	25
Genea	107	18	17
Melbourne IVF	2,346	780	33
Monash IVF	1,098	366	33
Newlife IVF	369	120	33
Number 1 Fertility	704	225	32
Aggregated total	**5,690**	**1,754**	**31**
Age group		**All treatment sites by age group**	
<35	1,908	787	41
35–39	2,103	642	31
>=40	1,679	325	19
Aggregated total	**5,690**	**1,754**	**31**

The single embryo transfer rate among all clinics was 94.7%

Table 2.5 reports the clinical pregnancies from cycles with fresh embryos transferred during the 2022-21 financial year. Data in table 2.5 also includes cycles where embryos were received from elsewhere and transferred

- There were 5,690 fresh embryo transfers resulting in 1,754 clinical pregnancies. A 31% clinical pregnancy rate per embryo transfer.

Use of embryos

Table 2.6 Number of fresh embryo transfer cycles formed from thawed eggs and clinical pregnancies, Victoria, 2021-22 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before 29 July 2022

Treatment site	No. of cycles with embryos transferred*	No. of clinical pregnancies	% clinical pregnancies per embryo transfer cycle
		All ages by treatment site	
Adora Fertility	1	0	0
City Fertility Centre	8	1	13
Genea	2	0	0
Melbourne IVF	138	54	39
Monash IVF	101	37	37
Newlife IVF	15	5	33
Number 1 Fertility	105	37	35
Aggregated total	**370**	**134**	**36**

* Includes cycles using both fresh and thawed eggs in the same cycle

The single embryo transfer rate among all clinics was 96.5%
Clinical pregnancy rate per embryo transfer cycle among all clinics was 36.2%"

Table 2.6 reports the clinical pregnancies from cycles with fresh embryos transferred that were formed thawed eggs during the 2022-21 financial year.

- There were 370 fresh embryo transfers resulting in 134 clinical pregnancies. A 36% clinical pregnancy rate per embryo transfer.

Use of embryos

Table 2.7 Number of thawed embryo transfer cycles and clinical pregnancies, Victoria, 2021-22 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before 29 July 2022

Treatment site	No. of cycles with embryos thawed	No. of cycles with embryos transferred	No. of clinical pregnancies	% clinical pregnancies per embryo transfer cycle
		All ages by treatment site		
Adora Fertility	562	539	156	29
Ballarat IVF	438	435	152	35
City Fertility Centre	835	811	282	35
Genea	140	140	37	26
Melbourne IVF	3,727	3,660	1,312	36
Monash IVF	2,496	2,473	1,003	41
Newlife IVF	668	655	280	43
Number 1 Fertility	1,326	1,323	505	38
Aggregated total	**10,192**	**10,036**	**3,727**	**37**
Age group		**All treatment sites by age group**		
<35	3,773	3,732	1,597	43
35–39	4,070	4,007	1,483	37
>=40	2,349	2,297	647	28
Aggregated total	**10,192**	**10,036**	**3,727**	**37**

The single embryo transfer rate among all clinics was 96.3%

There was 1 GIFT/ZIFT cycle in FY2022

Table 2.7 reports the clinical pregnancies from ART cycles with thawed embryos transferred during the 2021-22 financial year.

- There were 10,192 cycles with embryos thawed and 10,036 (98%) cycles with embryos transferred, resulting in 3,727 clinical pregnancies. A 37% clinical pregnancy rate per thawed embryo transfer.

Section 3: Artificial insemination (AI), 2021-22 financial year

This section provides detail of AI treatment and clinical pregnancies for the 2020-21 financial year.
This data only includes AI insemination at registered ART providers and does not include AI at private doctor's facilities.

These tables contains preliminary data. Not all pregnancy outcomes are known at the time of this report going to print.

Table 3.1 AI with partner sperm for stimulated/unstimulated cycles, Victoria, 2021-22 financial year

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies*	% clinical pregnancies per AI cycle
		All ages	
Adora Fertility	90	10	11
Ballarat IVF	46	4	9
City Babies	231	33	14
City Fertility Centre	82	8	10
Genea	14	3	21
Melbourne IVF	331	33	10
Monash IVF	359	44	12
Newlife IVF	61	1	2
Number 1 Fertility	342	22	6
Aggregated total	**1,556**	**158**	**10**

* Number of clinical pregnancies only included those reported by 29 July 2022. AI: artificial insemination.

Table 3.1 reports the clinical pregnancies following AI with partner sperm for stimulated cycles/unstimulated cycles during the 2021-22 financial year.

- There were 1,556 AI cycles with partner sperm, resulting in 158 clinical pregnancies. A 10% clinical pregnancy rate per AI cycle with partner sperm.

Table 3.2 AI with donor sperm for stimulated/unstimulated cycles, Victoria, 2021-22 financial year

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies*	% clinical pregnancies per AI cycle
		All ages	
Ballarat IVF	22	3	14
City Fertility Centre	238	20	8
Genea	10	0	0
Melbourne IVF	224	25	11
Monash IVF	131	27	21
Newlife IVF	61	2	3
Number 1 Fertility	4	0	0
Aggregated total	**690**	**77**	**11**

* Number of clinical pregnancies only included those reported by 29 July 2022. AI: artificial insemination.

Table 3.2 reports the clinical pregnancies following AI with donor sperm for stimulated cycles/unstimulated cycles during the 2021-22 financial year.

- There were 690 AI cycles with donor sperm, resulting in 77 clinical pregnancies. An 11% per clinical pregnancy rate per AI cycle with donor sperm.

Section 4: Donor ART treatment, 2021-22 financial year

For use of AI, refer to section 3. For storage of donor sperm, refer to section 6

Table 4.1 Number of recipients and clinical pregnancies by donation type, Victoria, 2021-22 financial year

This table includes cycles where embryo(s) was transferred.
Figures do not include all clinical pregnancies, only those with ultrasound scans available before 29 July 2022.

Donation type (all treatment sites)	No. of recipients treated	No. of cycles with embryos transferred	No. of clinical pregnancies	% clinical pregnancies per embryo transfer cycle
Donor embryo	143	191	75	39
Donor/partner eggs				
--- Fresh egg	212	66	31	47
--- Thawed egg	182	152	54	36
--- Embryos from donated eggs	340	436	156	36
Donor sperm**	1,658	1,980	734	37
Aggregated total* **	**2,535**	**2,825**	**1,050**	**37**

* Number of clinical pregnancies only included those reported by 29 July 2022
** Includes cycles where a woman's own eggs or donated eggs were used in IVF
*** Excludes AI using donor sperm. Refer to table 3.2. Some recipients had both donated eggs and sperm.

Table 4.1 reports the number of donor gamete recipients and clinical pregnancies by donation type in the 2021-22 financial year. This table includes cycles where a woman's own eggs or donated eggs were used with donor sperm.

- There were 2,535 recipients using donor eggs, donor sperm or donor embryos and 2,825 cycles with embryos transferred.

Donor embryos

- There were 143 recipients using donor embryos and 191 cycles with embryos transferred, resulting in 75 clinical pregnancies. A 39% clinical pregnancy rate per embryo transfer.

Donor/partner eggs

- There were 212 recipients using fresh donor or partner eggs and 66 cycles with embryos transferred, resulting in 31 clinical pregnancies. A 47% clinical pregnancy rate per embryo transfer.
- There were 182 recipients using thawed donor or partner eggs and 152 cycles with embryos transferred, resulting in 54 clinical pregnancies. A 36% clinical pregnancy rate per embryo transfer using thawed donor or partner eggs.
- There were 340 recipients using embryos that contain a donor egg and 436 cycles with embryos transferred, resulting in 156 clinical pregnancies. A 37% clinical pregnancy rate per embryo transfer using embryos that contain a donor egg.

Donor sperm

- This data includes donor sperm used in IVF and transfers of embryos that contain donor sperm, it does not include AI using donor sperm as this data is reflected in table 3.2.
- There were 1,658 recipients using donor sperm in IVF and 1,980 cycles with embryos transferred, resulting in 734 clinical pregnancies. A 37% per clinical pregnancy rate per embryo transfer.

Table 4.2 Number of egg, sperm and embryo donors used in treatment by method of recruitment, 2021-22 financial year*

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

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
Ballarat IVF	17	0	3	6	0	26	4	2
City Fertility Centre	48	0	2	44	0	50	8	0
Genea	6	0	0	1	6	1	0	0
Melbourne IVF	62	0	8	68	4	96	37	28
Monash IVF	133	56	4	49	14	155	16	10
Newlife IVF	27	0	0	26	5	29	1	0
Number 1 Fertility	37	66	0	25	0	6	0	0
Aggregated total	**330**	**122**	**17**	**219**	**29**	**363**	**66**	**40**

Table 4.2 shows the number of egg, sperm and embryo donors in the 2021-22 financial year.

- There were 469 egg donors used in treatment, which is a 32% increase from the previous financial year. Most egg donors were recipient recruited (70%), followed by overseas egg bank recruited (26%) and then clinic recruited (4%). Overseas egg bank recruitment increased by 65% compared to the previous financial year.
- There were 611 sperm donors used in treatment, which is a 14% increase from the previous financial year. Most sperm donors were clinic recruited (59%), followed by recipient recruited (36%) and then overseas sperm bank recruited (5%). Recipient recruited donors increased by 46% compared to the previous financial year, overseas recruited donors increased by 107% and clinic recruited donors decreased by 3%.
- There were 106 embryo donors used in treatment, which is a 29% increase from the previous financial year. Most embryo donors were recipient recruited (62%) than clinic recruited (38%).

Table 4.3 Number of recipients and treatment cycles with donor/partner eggs, 2021-22 financial year

Registered ART provider (all sites)	No. of recipients who had treatment with donor/partner eggs			No. of cycles using donor/partner eggs		
	Recipient recruited	Overseas egg bank recruited	Clinic recruited	Recipient recruited	Overseas egg bank recruited	Clinic recruited
	Fresh Eggs					
Ballarat IVF	17		4	35		6
City Fertility Centre	42		14	67		24
Genea	8		0	9		0
Melbourne IVF	102		0	148		0
Monash IVF, all sites	90		3	96		3
Newlife IVF	40		0	95		0
Number 1 Fertility	21		0	25		0
Aggregated total	**320**		**21**	**475**		**33**
	Thawed Eggs					
City Fertility Centre	0	0	1	0	0	1
Melbourne IVF	8	0	9	6	0	9
Monash IVF	5	69	0	6	74	0
Newlife IVF	1	0	0	0	0	0
Number 1 Fertility	25	80	0	38	126	0
Aggregated total	**39**	**149**	**10**	**50**	**200**	**10**

Table 4.3 reports the number of recipients and treatment cycles with donor or partner eggs in the 2021-22 financial year. This table shows fresh and thawed eggs and the recruitment method of the donor or partner eggs.

Fresh Eggs

- There were 341 recipients who used fresh donor or partner eggs in treatment, a 22% increase from the previous financial year. The majority of the fresh donor or partner eggs used by recipients were recipient recruited (94%).
- There were 508 treatment cycles completed by these recipients using fresh donor or partner eggs, a 36% increase from the previous financial year. The majority of the fresh donor or partner eggs used in treatment cycles were recipient recruited (94%), a 35% increase from the previous financial year.

Thawed Eggs

- There were 198 recipients who used thawed donor or partner eggs, an 89% increase from the previous financial year.
- There were 260 cycles completed by recipients using thawed donor or partner eggs, an 88% increase from the previous financial year.

Table 4.4 Relationship status of recipients of donor sperm treatment, 2021-22 financial year

Registered ART provider (all sites)	Relationship status of women receiving donor sperm treatment			
	Single	Same-sex	Heterosexual	Other
Ballarat IVF	40	20	9	0
City Fertility Centre	72	93	15	0
Genea	5	5	0	0
Melbourne IVF	315	193	75	0
Monash IVF	288	145	71	0
Newlife IVF	59	62	12	0
Number 1 Fertility	25	13	6	0
Aggregated total	**804**	**531**	**188**	**0**

Table 4.4 shows the relationship status of recipients of donor sperm during the 2021-22 financial year.

- Single women were the biggest group accessing donor sperm, with 804 using donor sperm in treatment (Figure 3).

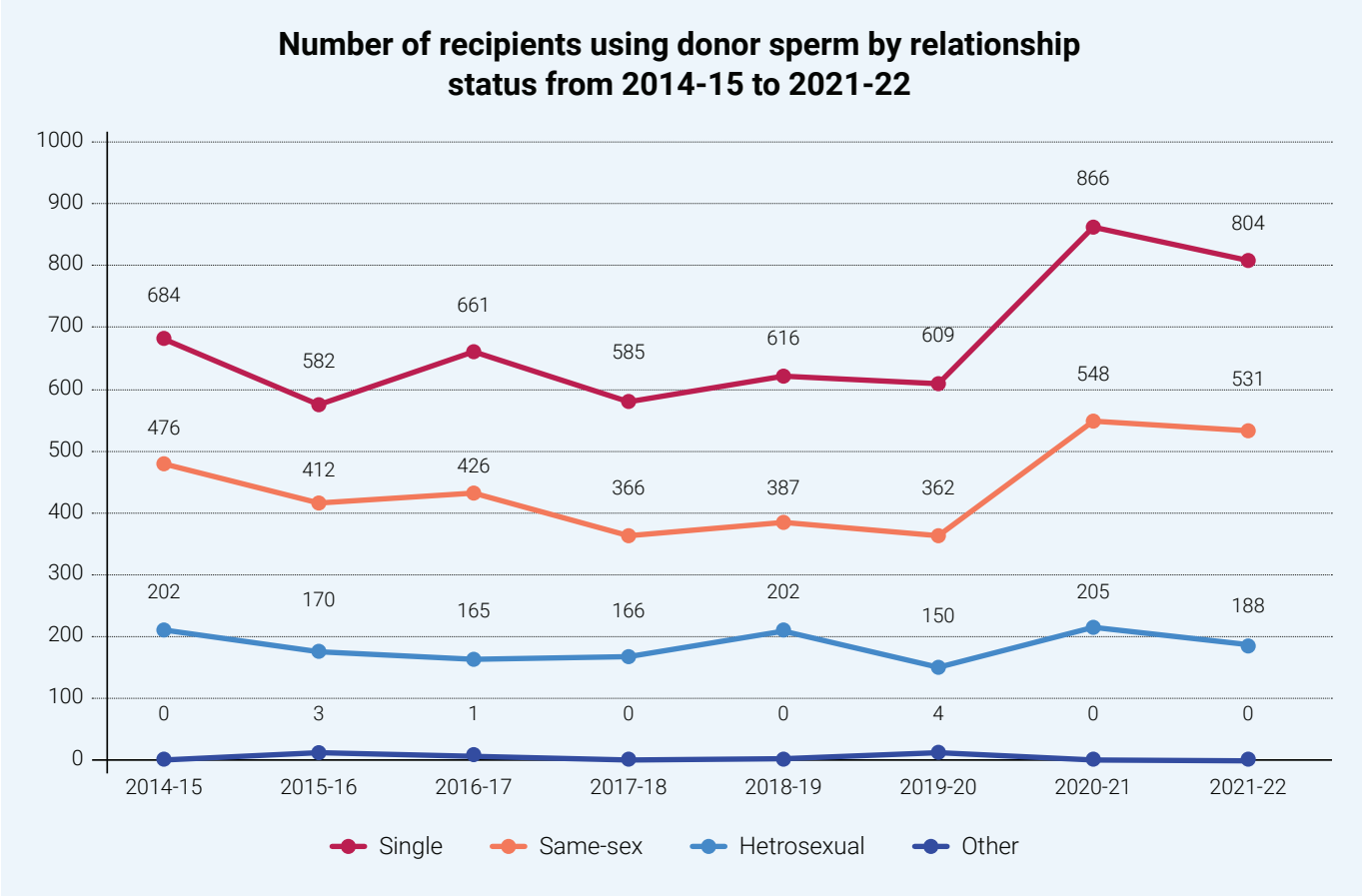


Figure 3 shows the number of donor sperm recipients by relationship status from 2014/15 to 2021/22.

Table 4.5 Relationship status of recipients of donor egg treatment, 2021-22 financial year

Registered ART provider (all sites)	Relationship status of woman receiving donor egg treatment			
	Single	Same-sex	Heterosexual	Other
Ballarat IVF	2	0	19	0
City Fertility Centre	9	28	21	2
Genea	0	1	6	0
Melbourne IVF	13	20	62	4
Monash IVF	22	26	147	0
Newlife IVF	3	1	23	0
Number 1 Fertility	4	5	111	0
Aggregated total	**53**	**81**	**389**	**6**

Table 4.5 is new in the 2021-22 annual report and shows the relationship status of recipients of donor eggs during the 2021-22 financial year.

- Heterosexual couples were the biggest group accessing donor eggs, with 389 using donor eggs in treatment. Followed by same-sex couples (81) and single women (53).

Section 5: Surrogacy, 2021-22 financial year

Table 5 Surrogacy cycles and clinical pregnancies, Victoria, 2021-22 financial year

This table includes cycles where embryo(s) was transferred to a surrogate woman during the financial year.
Figures do not include all clinical pregnancies, only those with ultrasound scan available by 29 July 2022

Treatment site	No. of surrogate women	No. of cycles with embryos transferred	No. of clinical pregnancies	% clinical pregnancies per embryo transfer cycle
City Fertility Centre	3	6	2	33
Melbourne IVF	16	21	10	48
Monash IVF	12	16	6	38
Newlife IVF	3	3	2	67
Number 1 Fertility	11	16	8	50
Aggregated total	**45**	**62**	**28**	**45**

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

Table 5 shows the surrogacy cycles and clinical pregnancies for the 2021-22 financial year.

- There were 45 surrogates having embryo transfers.
- There were 62 cycles with embryos transferred. These transfers resulted in 28 clinical pregnancies, reflecting a clinical pregnancy rate of 45% per embryo transfer.

Section 6: Storage of gametes, 2021-22 financial year

Table 6.1 Storage of sperm, ovarian tissue, eggs and embryos, 2021-22 financial year

This table does not include donor gametes, donor embryos or embryos containing donor gametes

Registered ART provider (all sites)	No. of patients with their own sperm in storage as of 30 June 2022	No. of patients with their own ovarian tissue in storage as of 30 June 2022	No. of patients with their own eggs in storage as of 30 June 2022	No. of eggs in storage as of 30 June 2022	No. of patients with their own embryos in storage as of 30 June 2022	No. of embryos in storage as of 30 June 2022
Adora Fertility	157	N/A	32	259	978	3,048
Ballarat IVF	189	0	77	1,100	513	1,822
City Fertility Centre	586	0	249	2,695	1,352	4,303
Genea	59	0	40	387	62	186
Melbourne IVF	1,906	483	2,908	40,513	6,971	25,202
Monash IVF	1,908	68	1,617	20,832	4,232	14,446
Newlife IVF	149	0	231	3,445	845	3,468
Number 1 Fertility	300	1	1,335	19,700	1,578	6,894
Aggregated total	**5,254**	**552**	**6,489**	**88,931**	**16,531**	**59,369**

Table 6.1 reports on the storage of one's own sperm, ovarian tissue, eggs and embryos during the 2021-22 financial year as of 30 June 2022.

- There were 5,254 patients with their own sperm in storage.
- 552 patients had their own ovarian tissue in storage.
- 16,531 patients had their own embryos in storage.
- 59,369 embryos in storage.
- 6,489 patients had their own eggs in storage, a 30% increase from the previous year, with a total of 88,931 eggs in storage. Since the 2015-16 financial year, there has been a 304% increase in the number of patients with eggs in storage (Figure 4).pregnancy rate of 45% per embryo transfer.

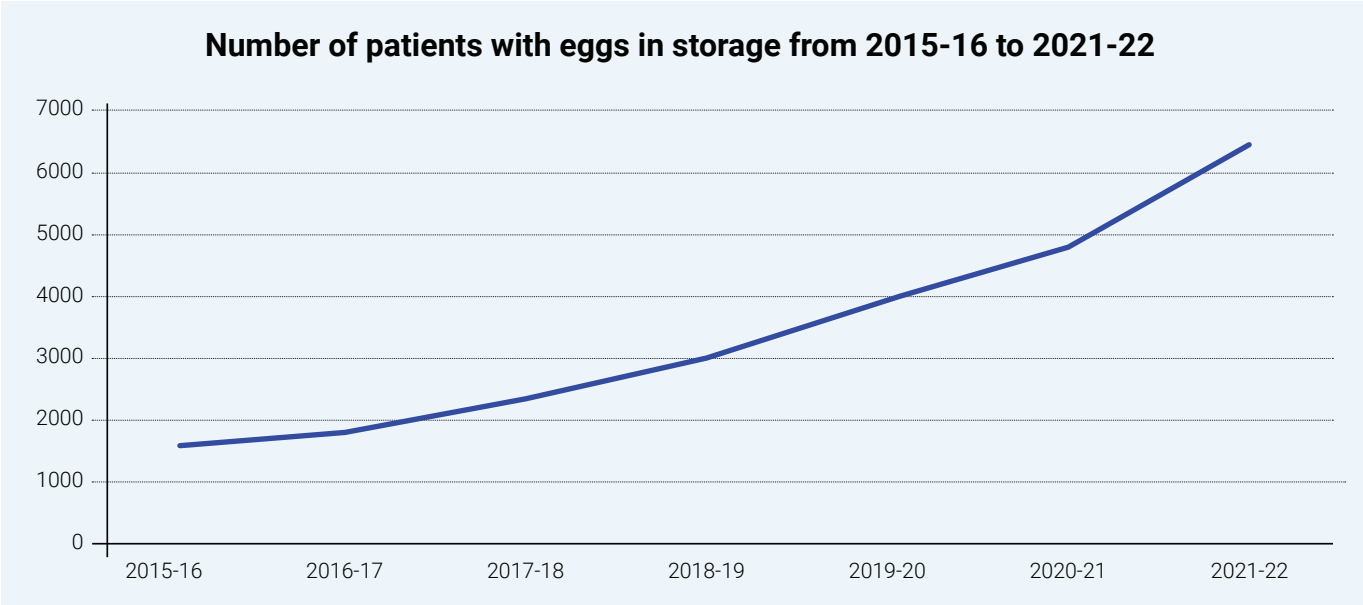


Figure 4 shows the number of patients with eggs in storage 2015-2016 to 2021-22.

Table 6.2 Storage of donor sperm, 2021-22 financial year

Registered ART provider (all sites)	No. of donors whose sperm is stored and available as of 1 July 2021			No. of donors whose sperm is stored and available as of 30 June 2022			New donors recruited during 2021-22		
	Recipient recruited	Overseas sperm bank recruited	Clinic recruited	Recipient recruited	Overseas sperm bank recruited	Clinic recruited	Recipient recruited	Overseas sperm bank recruited	Clinic recruited
Ballarat IVF	6	0	41	10	0	44	1	0	3
City Fertility Centre	24	0	85	29	0	27	13	0	40
Genea	4	11	1	6	9	2	3	0	1
Melbourne IVF	100	4	232	125	4	245	41	0	27
Monash IVF	147	8	270	168	23	308	21	15	21
Newlife IVF	29	4	32	37	5	47	12	0	16
Number 1 Fertility	27	0	1	45	0	1	24	0	0
Aggregated total	**337**	**27**	**662**	**420**	**41**	**674**	**115**	**15**	**108**

Table 6.2 reports the storage of donor sperm during the 2021-22 financial year.

- At the start of the financial year, there were 1,026 sperm donors whose sperm was stored and available for treatment.
- At the end of the financial year, there were 1,135 sperm donors in storage, an 11% increase from the start of the financial year.
- There were 238 new sperm donors over the financial year, the majority were recipient recruited (59%).

Table 6.3 Storage of donor eggs, 2021-22 financial year

Registered ART provider (all sites)	No. of donors whose eggs are stored and available as of 1 July 2021			No. of donors whose eggs are stored and available as of 30 June 2022			New donors recruited during 2021-22		
	Recipient recruited	Overseas egg bank recruited	Clinic recruited	Recipient recruited	Overseas egg bank recruited	Clinic recruited	Recipient recruited	Overseas egg bank recruited	Clinic recruited
City Fertility Centre	1	0	4	0	0	4	63	0	6
Melbourne IVF	10	0	3	10	0	7	5	0	4
Monash IVF	1	34	0	10	26	0	59	45	1
Newlife IVF	0	0	0	0	0	0	16	0	0
Number 1 Fertility	0	14	0	1	25	0	1	40	0
Aggregated total	**12**	**48**	**7**	**21**	**51**	**11**	**144**	**85**	**11**

Table 6.3 reports the storage of donor eggs during the 2021-22 financial year.

- At the start of the financial year, there were 67 egg donors whose eggs were stored and available for treatment.
- At the end of the financial year, there were 83 donors in storage, a 24% increase from the start of the financial year.
- There were 240 new egg donors over the financial year, the majority being recipient recruited (70%).

Table 6.4 Storage of donor embryos, 2021-22 financial year

This table referes to donated embryos, it does not include embryos that contain donor gametes as this is covered in table 6.5.

Registered ART provider (all sites)	No. of embryo donors whose embryos were stored and available as of 1 July 2021		No. of embryo donors whose embryos were stored and availableas of 30 June 2022		New donors recruited during 2021-22	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Ballarat IVF	3	8	3	7	2	0
City Fertility Centre	5	0	3	0	6	0
Genea	0	0	0	0	0	0
Melbourne IVF	15	29	13	27	8	12
Monash IVF	18	31	20	26	7	1
Newlife IVF	1	0	1	0	0	0
Number 1 Fertility	27	1	45	1	24	0
Aggregated total	**42**	**68**	**40**	**60**	**23**	**13**

Table 6.4 reports the storage of donor embryos during the 2021-22 financial year.

- At the start of the financial year, there were 110 embryo donors whose embryos were stored and available for treatment.
- At the end of the financial year, there were 100 donors in storage, a 9% decrease from the start of the financial year.
- There were 36 new embryo donors over the financial year, the majority being recipient recruited (62%).

Table 6.5 Storage of embryos that contain donor gametes, 2021-22 financial year

This table does include embryos that contain donor gametes.

Registered ART provider (all sites)	No. of embryos that contain donor gametes that are stored and available as of 1 July 2021		No. of embryos that contain donor gametes that are stored and availableas of 30 June 2022	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Ballarat IVF	120	74	186	84
City Fertility Centre	641	240	1,084	327
Genea	12	17	19	23
Melbourne IVF	1,543	418	1,687	483
Monash IVF	2,487	805	2,617	893
Newlife IVF	247	74	564	145
Number 1 Fertility	84	137	166	324
Aggregated total	**5,134**	**1,765**	**6,323**	**2,279**

Table 6.5 reports the storage of embryos that contain donor gametes (either a donor egg or donor sperm).

- At the start of the financial year, there were 5,134 embryos that contain a sperm donor in storage and 1,765 embryos that contain an egg donor.
- At the end of the financial year, there were 6,323 embryos that contain donor sperm, a 23% increase.
- At the end of the financial year, there were 2,279 embryos that contain a donor egg, a 29% increase.

Section 7: Preimplantation genetic testing, 2021-22 financial year

Table 7 Preimplantation testing (PGT), 2021-22 financial year

Registered ART provider (all sites)	No. of women who had embryos tested	No. of embryos tested*	No. of embryos deemed suitable for transfer	No. of women who had an embryo transer**	No. of embryos transferred following PGT
Preimplantation testing for single gene disorders (PGT-M), Preimplantation testing for structural rearrangements (PGT-SR) and Sex selection					
Ballarat IVF^	N/A	N/A	0	1	1
City Fertility Centre	14	57	11	7	7
Genea	6	17	7	1	1
Melbourne IVF	147	958	393	196	197
Monash IVF	73	330	138	28	80
Newlife IVF	20	120	28	16	31
Number 1 Fertility	53	317	163	43	57
Aggregated total	**313**	**1,799**	**740**	**292**	**374**

PGT-M: preimplantation genetic testing for single gene disorders, PGT-SR: preimplantation genetic testing for structural rearrangements

Registered ART provider (all sites)	No. of women who had embryos tested	No. of embryos tested*	No. of embryos deemed euploid after PGT-A	No. of embryos deemed mosaic after PGT-A	No of embryos deemed inconclusive or no result after PGT-A	No. of women who had an embryo transer following PGT-A**	No. of embryos transferred following PGT-A
Preimplantation testing for aneuploidy (incorrect chromasomal numbers, PGT-A)							
Ballarat IVF^	N/A	N/A	N/A	N/A	N/A	1	2
City Fertility Centre	55	232	103	29	17	31	42
Genea	38	101	45	8	0	12	17
Melbourne IVF	471	1,780	764	94	78	557	574
Monash IVF	493	1,435	783	117	94	415	531
Newlife IVF	324	1,409	594	196	51	207	296
Number 1 Fertility	568	2,204	976	343	73	433	571
Aggregated total	**1,949**	**7,161**	**3,265**	**787**	**313**	**1,656**	**2,033**

PGT-A: preimplantation genetic screening for aneuploidy

Registered ART provider (all sites)	No. of women who had embryos tested	No. of embryos tested*	No. of embryos deemed suitable for transfer	No. of women who had an embryo transer**	No. of embryos transferred following PGT
Non-invasive preimplantation genetic testing for aneuploidy (NIPGT)* **					
Ballarat IVF^	N/A	N/A	0	1	1
Monash IVF, all sites	0	0	0	30	35
Aggregated total	**0**	**0**	**0**	**31**	**36**

NIPGT: non-invasive preimplantation genetic testing for aneuploidy

* Either fresh embryos or thawed frozen embryos may be tested. Some patients will have some fresh and thawed frozen embryos tested.
** Women may have treatment using embryos tested and stored in a prior year
*** Non-invasive PGT-A. Note that some women will have some embryos biopsied using standard PGT-A and some tested by NIPGT.
^ Some clinics that may not undertake PGT, may receive embryos transported from another clinic with PGT information.

PGT-M, PGT-SR and sex selection are used for patients with a known genetic risk. 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

Table 7 reports the preimplantation genetic testing (PGT) that occurred during the 2021-22 financial year. PGT is a procedure where embryos are tested to detect abnormal chromosomal numbers or a genetic disease. This table has been updated from previous years, with PGT-SR and sex selection data now being included in the same table as PGT-M. The PGT-A section has also had columns added to report all possible outcomes following this treatment including the number of euploid (normal), mosaic and inconclusive and no result embryos.

PGT-M, PGT-SR and Sex selection

- 313 women used PGT-M, PGT-SR or sex selection included in their treatment, a 17% increase from last year.
- 1,799 embryos were tested with 740 (41%) embryos deemed suitable for transfer.
- 292 women had a transfer following PGT-M, PGT-SR or sex selection, a 22% increase from last year.

PGT-A

- 1,949 women used PGT-A in their treatment, a 6% decrease from the 2020-21 financial year.
- 7,161 embryos were tested with 3,265 (46%) embryos deemed euploid (normal), 787 (11%) deemed mosaic, 313 (4%) deemed inconclusive/no result and 2,796 (39%) abnormal.
- 1,654 women had a transfer following PGT-A (which could include all possible results following PGT-A, such as euploid, mosaic or inconclusive/no result), a 14% increase from the 2020-21 financial year.

NIPGT

- There were 0 women who used NIPGT in their treatment. This is due to Monash IVF ceasing the use of this test.
- 31 women had a transfer following NIPGT conducted in a previous financial year, a 70% decrease from last year.

The pregnancy outcomes following PGT that occurred during the 2021-22 financial year will be included in Table 1.6 of the next annual report, as this data will become available a year later due to the time it takes to track pregnancy outcomes.

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	The age of a person when they begin treatment – either the first date when a stimulation drug is administrated or the date of the 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 uterus at the time of or just before ovulation. Also known as intrauterine insemination (IUI).
AI (artificial insemination) with donor sperm	A procedure where donor sperm is injected into the uterus at the time of or just before ovulation. Also known as donor insemination (DI).
ART	Assisted reproductive treatment, also known as assisted reproductive technology, refers to technologies and associated methods used to assist people in achieving a pregnancy. ART does not include artificial insemination (AI).
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 can result in a miscarriage.
Clinic recruited donor	Refers to a donor voluntarily donating their gametes (eggs, sperm or embryos) through a clinic to recipients they don't know. This type of donor is also known as a de-identified donor.
Egg retrieval	A procedure undertaken to attempt to collect egg(s) from a person's ovaries.
Embryo	A fertilised egg in the earliest growth and development stage. The term embryo starts from fertilisation up until 10 weeks of pregnancy.
Embryo transfer	A procedure whereby embryo(s) are placed in the uterus. The embryo(s) can be fresh or thawed following cryopreservation (freezing).
Fertilisation	The process when an egg and sperm combine. Only egg(s) with two pronuclei will be reported as fertilised (indicating a mature egg).
Fresh embryo	An embryo that has been created during an IVF cycle with plans to transfer it into the uterus within the same cycle, rather than cryopreserved (frozen) for future use.
Freeze-all (freeze only) cycle	An IVF cycle where a fresh embryo transfer doesn't take place and all suitable embryos are frozen for future use.
Frozen embryo transfer	A previously cryopreserved (frozen) embryo that has been thawed with plans for it to be transferred into the uterus. Also known as thawed embryo transfer.
FSH stimulated cycle	A treatment cycle in which the ovaries are stimulated with superovulation 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 (Intracytoplasmic sperm injection)	ICSI is an insemination technique used to help fertilise an egg by directly injecting a single sperm into the egg. For this report, ICSI treatment cycles are included in the total of IVF treatment cycles.
IVF (in vitro fertilisation)	An assisted reproductive treatment where an egg and sperm are combined outside of the body in a laboratory. Embryo(s) created can then be transferred into the uterus (fresh transfer) or frozen for future use during a frozen embryo transfer. It does not necessarily result in the formation of an embryo that is fit for transfer. Intracytoplasmic sperm injection (ICSI) may also be used as a part of an IVF procedure.
Liveborn baby	According to the World Health Organisation (WHO) definition, a liveborn baby is defined as a foetus delivered with signs of life after complete expulsion or extraction from its mother. This report includes live births if they are beyond 20 completed weeks of gestational age.
Live birth	A birth event in which a live-born baby is delivered. Twin or triplet live births are counted as one birth event (i.e. twins will be documented as one live birth event).

NIPGT (non-invasive pre-implantation genetic testing)	A non-invasive technique that attempts to identify embryo(s) with the correct amount of genetic material.
Not FSH stimulated/ Unstimulated cycle	A treatment cycle where no super-ovulatory drugs are used or where only clomiphene citrate is used.
Number of foetal heartbeats	Number of foetal hearts seen by ultrasonography.
Overseas recruited donor	Refers to a donor voluntarily donating their gametes (eggs or sperm) through a clinic that has an overseas arrangement approved by VARTA, for recipients that they don't know, to use during ART treatment. This type of donor is also known as a de-identified donor.
PGT-A (pre-implantation genetic testing for aneuploidy)	A technique that attempts to identify embryos with the correct amount of chromosomal (genetic) material. PGT-A is used to avoid transferring embryos that have too few or too many chromosomes. This is also known as PGS (pre-implantation genetic screening). This is considered an adjuvant or add-on procedure.
PGT-M (pre-implantation genetic testing for monogenic disorders)	Used for individuals that have an increased risk of passing on a known genetic condition. Some people carry a faulty gene that may not affect them but can cause severe genetic conditions in their offspring. PGT-M helps identify embryos that are not affected by this specific genetic disorder. This is also known as PGD (pre-implantation genetic testing).
PGT-SR (pre-implantation genetic testing for structural rearrangement)	Used for people who have chromosomal rearrangements that do not affect their health but can affect their chance of having a healthy baby. PGT-SR helps identify embryos with the correct amount of genetic material and the correct arrangement of chromosomal (genetic) material.
Registered ART provider	A provider registered under Part 8 of the *Assisted Reproductive Treatment Act 2008 (Vic)*.
Recipient	A person who receives donor gametes (eggs or sperm) or donor embryos from a donor to use in their treatment.
Recipient recruited donor	Refers to a donor voluntarily donating their gametes (eggs or sperm) or embryos through a clinic to recipients who they know. This type of donor can also be known as a known donor.
Sex selection	Sex selection refers to the selection and transfer of an embryo on the basis of its genetic sex. At ART clinics, this is done through preimplantation genetic testing. Section 28 of the *Assisted Reproductive Treatment Act 2008* prohibits sex selection in Victoria, except in two situations: a. where it is necessary for the child to be of a particular sex so as to avoid the risk of transmission of a genetic abnormality or a genetic disease to the child; or b. the Patient Review Panel has otherwise approved the use of the gametes or embryo for the purpose or a purpose of producing or attempting to produce a child of a particular sex.
Single embryo transfer (SET)	The process of transferring one embryo into a person's uterus, rather than two or more embryos.
Singleton	The technical term for a pregnancy and birth involving one baby, rather than multiple babies.
Surrogacy	An arrangement where a person with a uterus, known as the 'gestational carrier' agrees to carry a child for another person or couple, known as the 'intended parent(s)', with the intention that the child will be raised by the intended parent(s). The eggs and/or sperm used to create the embryo(s) in the surrogacy cycle can be either from the intended parents or from a donor(s). In Victoria, the surrogate cannot be the egg provider/egg donor for a surrogacy arrangement.
Thaw cycle	An ART treatment cycle in which cryopreserved (frozen) embryo(s) are thawed to perform an embryo transfer. Also known as a frozen embryo transfer (FET) cycle.
Thawed eggs	Eggs that have been previously cryopreserved (frozen) to use in ART treatment. Eggs could have previously been frozen after an IVF or egg freezing cycle, intra-partner IVF cycle, or after receiving fresh donated eggs.
Thawed embryo	A previously cryopreserved (frozen) embryo that has been thawed to be used in a thaw cycle.
Treatment	For this report, treatment involves all possible ART or AI procedures.
Women in treatment	From 1 January 2010, women in treatment can include women in heterosexual or same-sex relationships or single women. All women must be eligible for treatment as outlined in Section 10 of the *Assisted Reproductive Treatment Act 2008*. Before 2010, women were required to be eligible for treatment under Section 8 of the Infertility Treatment Act 1995.

Donor Conception Registry 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 apply for certain information about each other.

Donor Conception Registry 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 apply for certain information about each other. To uphold and facilitate these rights, VARTA manages a Central Register storing the details of more than 34,000 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 62.

The Central Register

Established in 1988, the Central Register contains information about people involved in donor treatment procedures in Victoria, 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.

Several changes have occurred over the last couple of decades, in relation to people's entitlements to information held on the Central Register. More information on this can be accessed via the VARTA website. The important highlights are:

- that donor anonymity has been removed which allows all donor-conceived persons, regardless of when they were born, the entitlement to apply for identifying information about their donor; and
- donors can also apply for their donor offspring's identity; however, it does require the donor-conceived person's consent.

Due to the various changes in legislation over time, VARTA's statistical reporting for applications to the Central or Voluntary Registers by donor-conceived people, their parents and donors are often referred to in two groups: the pre-1998 group and the post-1998 group.

VARTA is continuously updating the Central Register as new information comes to hand. This includes the addition of information extracted from paper-based copies of pre-1998 records as the need arises. 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.

2021-2022 Data

On 30 June 2022 there were 34,617 people recorded in the Central Register. Approximately 500 people are recorded twice as they have more than one role (ie. parent and donor).

People recorded in the Central Register as of 30 June 2022

Donors	Donor-conceived Persons	Parents (inc. recipients and partners)	Total
4,646	13,232	16,739	**34,617**

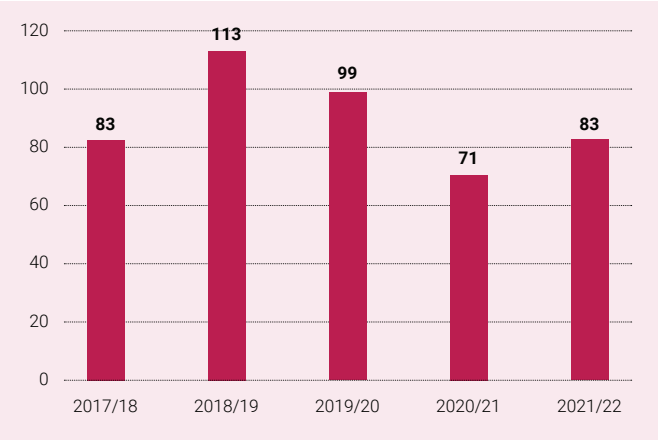
Pregnancy and birth notifications

Registered clinics notified VARTA of 970 births as a result of donor treatment during the year, up 44% from 673 the previous year. Furthermore, as of 30 June 2022, there were 226 pregnancies or births resulting from donor treatment, where the outcome was unknown.

Applications to the Central Register

In 2021-22 VARTA received 83 applications to the Central Register, up 17% from the previous year.

Central Register applications peaked in 2018-19 following the removal of donor anonymity which came into effect on 1 March 2017. Since then, applications to the Central Register have trended down and now appear to be leveling out.



Applications to the Central Register, 2017/18–2021/22

Clinic notifications of births and pregnancies to the Central Register in 2021-22

	Donation Type					
	Egg	Sperm	Egg and Sperm	Embryo	Surrogacy (using donated eggs)	Total
Births	127	771	32	22	18	**970**
Pregnancies / Unknown Outcomes at 30 June 2022	33	180	6	2	5	**226**
Total	**160**	**951**	**38**	**24**	**23**	**1,196**

Donors added to the Central Register in 2021-22

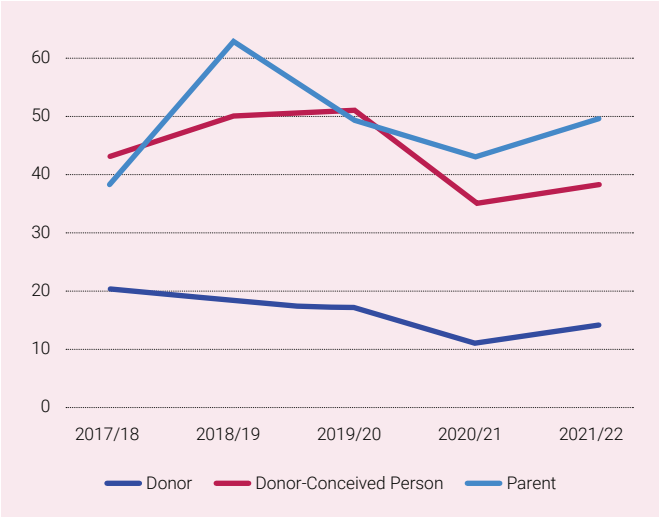
	Donors			
	Egg	Sperm	Embryo	Total
Added in 2021-22	72	136	20	**228**
Total in Central Register as at 30 June 2022	2307	2276	63*	**4,646**

* Embryo donors were previously recorded as egg or sperm donors and research is continuing to identify these donors

Who is applying to the Central Register?

Parents of donor-conceived people make up the biggest group applying to the Central Register. In 2021-22, 43 parents applied for information, making up 52% of all applications. Donor-conceived people accounted for 39% (or 32 applications) and donors 10% (or eight applications).

To date, VARTA has not received any applications from descendants of donor-conceived persons.



Applications to the Central Register by Applicant Type, 2017/18–2021/22

What are people applying for?

Applications to the Central Register by applicant type and information requested

	Total number of people who applied	Identifying information	Non-identifying information	Non-identifying donor sibling information
Donors	8	7	7	N/A
Donor-conceived people	32	26	18	18
Parents	43	38	24	24
Total	**83**	**71**	**49**	**49**

- 86% of people who applied to the Central Register in 2021/22 applied for identifying information such as names and dates of birth.
- 88% of donors sought both identifying and non-identifying information about their donor-conceived offspring.
- 63% of parents and 70% of donor-conceived persons applied for both identifying and non-identifying information about their donor as well as non-identifying information about their (or their child's) donor-siblings.

Outcomes

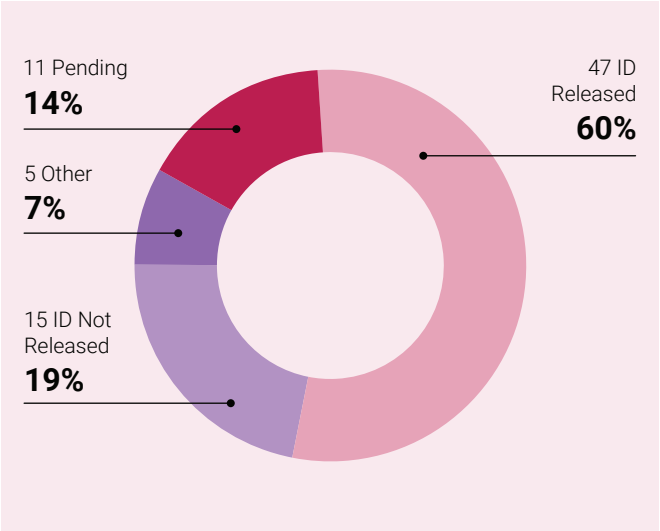
Applications for non-identifying information do not require consent from the subject and the information is disclosed once VARTA has verified that the parties are related through donor treatment.

When VARTA receives an application to the Central Register for identifying information, VARTA must notify the subject of the application, and where required, obtain their consent before disclosing any identifying information to the applicant.

In 2021-22 VARTA received applications for identifying information about 96 people. 78 of these cases proceeded and:

- 47 (60%) resulted in the person's identifying information being disclosed to the applicant
- 15 (19%) people did not consent to their identifying information being released including 6 donor-conceived people and 9 donors (where application made by parent)
- the identities of 5 (7%) people were already known to the applicant and did not require disclosure, and
- 11 (14%) cases were pending as of 30 June 2022.

Central Register Application Outcomes, 2021/22



Outreaches

VARTA refers to the process of contacting the subject of an application to obtain their consent to release their identifying information as an 'outreach'.

If a donor applies for identifying information about their donor-conceived offspring, VARTA must notify and obtain consent from the donor-conceived person's parent or guardian if they are a child under the age of 18. If they are an adult, VARTA must outreach to the donor-conceived person directly, and not their parents, for legal and privacy reasons.

If a donor-conceived person or descendant of a donor-conceived person applies for identifying information about a pre-1998 donor, VARTA notifies the donor of the application and seeks their consent to release their identifying information prior to the mandatory release after a four month waiting period.

If a parent applies for identifying information about a donor, VARTA must outreach to the donor to obtain their consent to release their identifying information to the parent. If the donor does not consent, the information cannot be disclosed to the parent.

In 2021-22 VARTA outreached to 101 people to obtain their consent to release identifying information about them.

- 61 were donors and
- 40 were donor-conceived persons or their parents/guardians.

Outreaches to Subjects of Central Register Applications by Subject Type, 2021-22

Subject	Applicant			
	Donors	Donor-conceived people	Parents	Total
Donors				**61**
Post-1998	N/A	-	38	
Pre-1998	N/A	21	2	
Donor-Conceived Persons				**40**
Post-1998	5	N/A	N/A	
Post-1998 (parent on behalf of child)	9	N/A	N/A	
Pre-1998	26	N/A	N/A	
Total	**40**	**21**	**40**	**101**

Outreaches to:

- **donors** were made on behalf of 40 parents and 21 donor-conceived people who applied to the Central Register in 2021-22 or the preceding year.
- **donor-conceived people** were made on behalf of
  - 14 donors (post-1998) of which 13 were sperm donors and one was an embryo donor.
  - 26 donors (pre-1998), requiring VARTA to outreach directly to their adult donor-conceived offspring.

Outreaches to pre-1998 donor-conceived people

From March 2020 – December 2021, as a result of the COVID-19 pandemic, VARTA suspended outreaches to donor-conceived people born as a result of treatment prior to 1998 as it was not able to facilitate 'in person' communication. VARTA was also not able to access some government information sources it relies on to research applications and locate people. Further, family members were also unable to meet and support each other in person at the time.

- In January 2022, VARTA re-commenced outreaches to pre-1998 donor-conceived people. Since then, VARTA has outreached to 26 adult donor-conceived people in this group. Of these:
- 13 people (50%), aged between 29 and 41, did not know they were donor-conceived.
- 11 people (42.3%) had been told they were donor-conceived by their parents.
- 2 people were located but did not respond to VARTA's outreach, therefore, it is not known if they knew they were donor-conceived.
- Outreaches to 5 other donor-conceived adults were not required as they were already in contact with the donor.
  - Only 1 of these 5 people had been told they were donor-conceived by their parents.
  - The other 4 learned as a result of direct-to-consumer DNA testing or by being told by other relatives.

Finding out you are donor-conceived for the first time from VARTA, rather than family or loved ones, can be confronting. VARTA continues to support families who had donor treatment prior to 1998 and has developed an educational video series called 'Time to Tell' to help parents discuss this sensitive topic with their children, even if they are now adults.

DNA Testing

Prior to disclosing identifying information to an applicant, VARTA must first be satisfied that there is a relationship between the applicant and the person they are applying for information about. This sometimes requires VARTA to request the relationship is confirmed via DNA testing. In 2020-21 VARTA requested one donor undertake a DNA test, which confirmed a genetic match, prior to disclosing their identifying information to their donor-offspring.

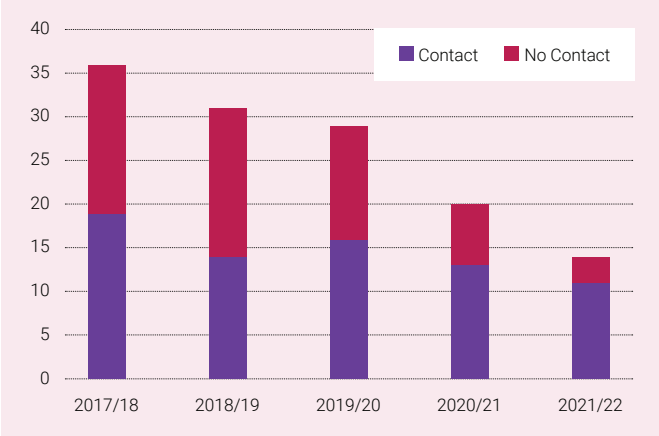
Contact Preferences and donor linking

Contact Preferences

Donors who donated before 1998 and all donor-conceived people (irrespective of when they were born) can lodge a Contact Preference specifying if and how they want to have contact with a person who has applied for identifying information about them from the Central Register. A Contact Preference is only required if someone wants to place some type of boundary or rules around how they wish to communicate with the applicant. Donors can also lodge a Contact Preference for their own children until they turn 18.

A person who is subject to a Contact Preference must sign a legally binding Undertaking (to abide by it) and penalties apply if they breach the conditions of the Contact Preference. Contact Preferences last for five years at which time they are no longer binding unless the person who lodged the Contact Preference seeks to extend it for another 5 years. To date, VARTA is not aware of anyone breaching the conditions of a Contact Preference.

Over the past five years, the number of persons lodging a Contact Preference has significantly declined, particularly those specifying 'no contact' at all with the applicant.



Number of Contact Preferences lodged March 2017 – 30 June 2022

On 30 June 2022 there were a total of 98 Contact Preferences in effect.

Contact preferences as of 30 June 2022

	New Contact Preferences in 2021-22		All Contact Preferences in effect as at 30 June 2022	
	Contact	No Contact	Contact	No Contact
Donors	7	3	36	33
Donor's Children	0	0	0	12
Donor-Conceived Persons	4	0	8	1
Parents (for donor-conceived child)	0	0	3	5
Sub-Total	**11**	**3**	**47**	**51**
Total	**14**		**98**	

In 2021-22:

- 14 new Contact Preferences were lodged by donors (10) and donor-conceived people (4)
- 1 'Contact' preference and four 'No Contact' preferences for donors were extended for a further 5 years
- 5 'No Contact' preferences for Donor's children expired
- 2 donors and one donor-conceived person withdrew their Contact Preferences

Donor Linking

For those who are comfortable to proceed without a formalised Contact Preference, VARTA offers applicants and subjects of Central Register applications the option of contact or meeting each other via donor linking.

VARTA offers the following donor linking services for people involved in Central Register applications:

- exchange of contact details (identified or non-identified)
- intermediary exchange of correspondence (up to 5 items for the first 6 months)
- facilitated meeting by a VARTA staff member

In 2021-22 VARTA assisted 155 people to connect with each other through its donor linking services. Some people connected via more than one method. Exchanging email addresses was the most common method of connection.

The Voluntary Register

Established in 1998, the Voluntary Register enables people involved in donor conception to match and connect with each other. Two or more people need to join the Voluntary Register for there to be a match and for a connection to occur. If somebody applies and there is no match, they will need to wait until another person linked to them applies. As more people join the Voluntary Register, the likelihood of a match increases. The Voluntary Register, unlike the Central Register, offers the option of lodging documents including letters, medical history and photographs that can be shared with others now or in the future.

This register allows connections to be made that are not legally possible through the Central Register. For example, some donor-conceived people want to connect with donor siblings born from the same donor in other families, and some parents of young donor-conceived children want 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 and letters on the Voluntary Register:

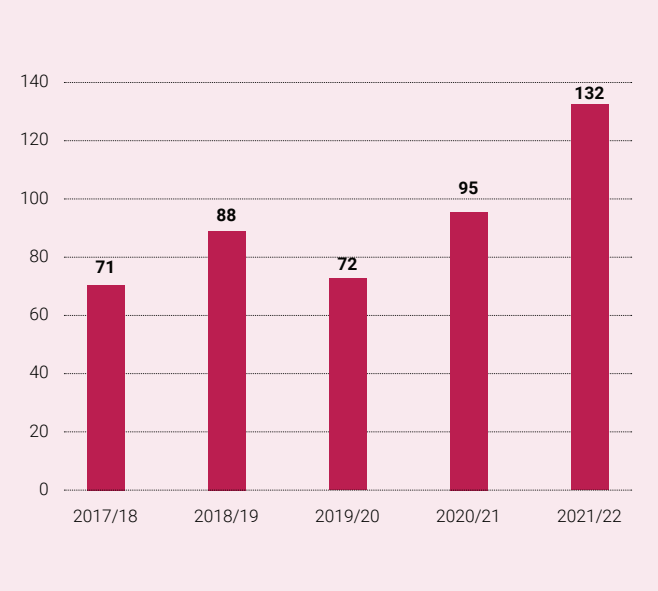
- Donors
- Donor-conceived people
- Parents of donor-conceived people
- Descendants of donor-conceived people
- Relatives and descendants of these people.

On 30 June 2022 there were 1074 people recorded on the Voluntary Register. Two people had more than one role (ie. donor-conceived person and donor). Ten people are deceased but remain on the register so that others can learn their names and receive legacy items they registered.

People recorded in the Voluntary Register as of 30 June 2022

Age as of 30 June 2022	Donors	Donor-conceived people	Parents (inc. recipients and partners)	Relatives	Total
0-9	-	-	-	-	**0**
10-19	-	4	-	-	**4**
20-29	5	36	2	1	**44**
30-39	23	134	54	2	**213**
40-49	46	80	179	3	**308**
50-59	87	1	149	-	**237**
60-69	110	-	54	2	**166**
70-79	66	-	18	1	**85**
80+	9	-	-	-	**9**
Deceased	5	2	3	-	**10**
Total	**351**	**257**	**459**	**9**	**1,076**

Applications to the Voluntary Register, 2017/18–2021/22



Applications to the Voluntary Register

In 2021/22 VARTA received 132 applications to the Voluntary Register, up 39% from the previous year. Eight people were unable to be added as they did not meet the eligibility criteria.

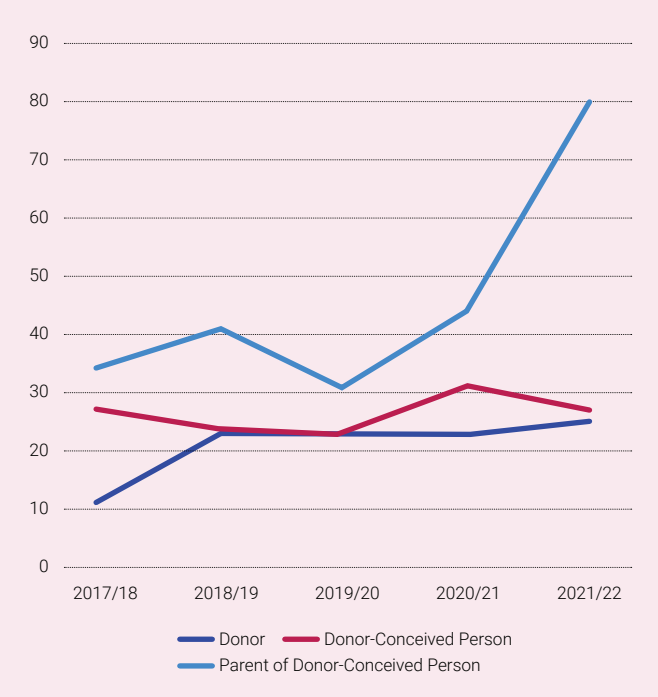
Applications to the Voluntary Register have been trending upwards over the past five years.

Who is applying to the Voluntary Register?

Applications by parents to the Voluntary Register increased 82% this year, from 44 in 2020/21 to 80 in 2021/22. Applications from parents accounted for 61% of all applications to the Voluntary Register this year.

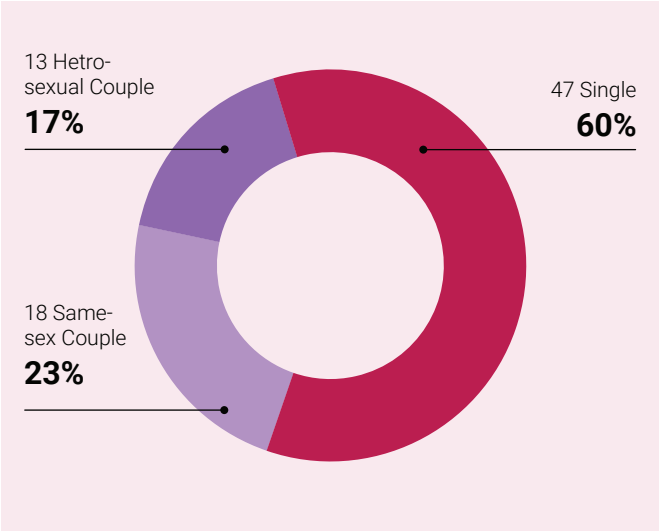
Applications from donors and donor-conceived persons have remained relatively stable, accounting for 19% (25) and 20% (27) of the applications respectively.

Only four relatives have applied to the Voluntary Register over the past five years and no descendants of donor-conceived persons have applied to date.

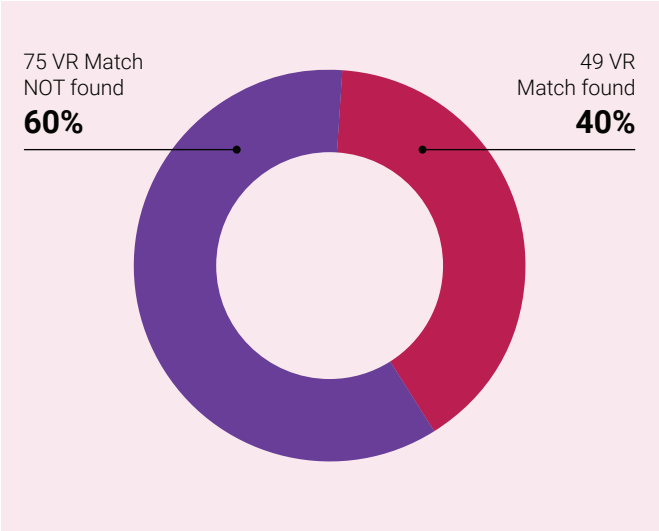


Applications to the Voluntary Register by Applicant Type, 2017/18–2021/22

Parents who applied to the Voluntary Register by relationship status, 2021-22



Outcome of Voluntary Register Applications, 2021-22



Of those parents who applied to the Voluntary Register in 2021-22, 95% were from people who identified as female and 60% were single parents.

The majority were parents of young donor-conceived children, with a median age of two years old. Of the 80 parents that applied, 29% (23) did so before their child was one year of age and VARTA had several enquiries from parents wanting to join the Register before their child was born.

VARTA's analysis shows that the Voluntary Register is becoming increasingly popular among new parents, particularly solo mothers, who wish to connect with the donor and/or other parents who used the same donor.

At the other end of the spectrum, 5% (4) of parents who applied had adult donor-conceived children aged between 32 and 42.

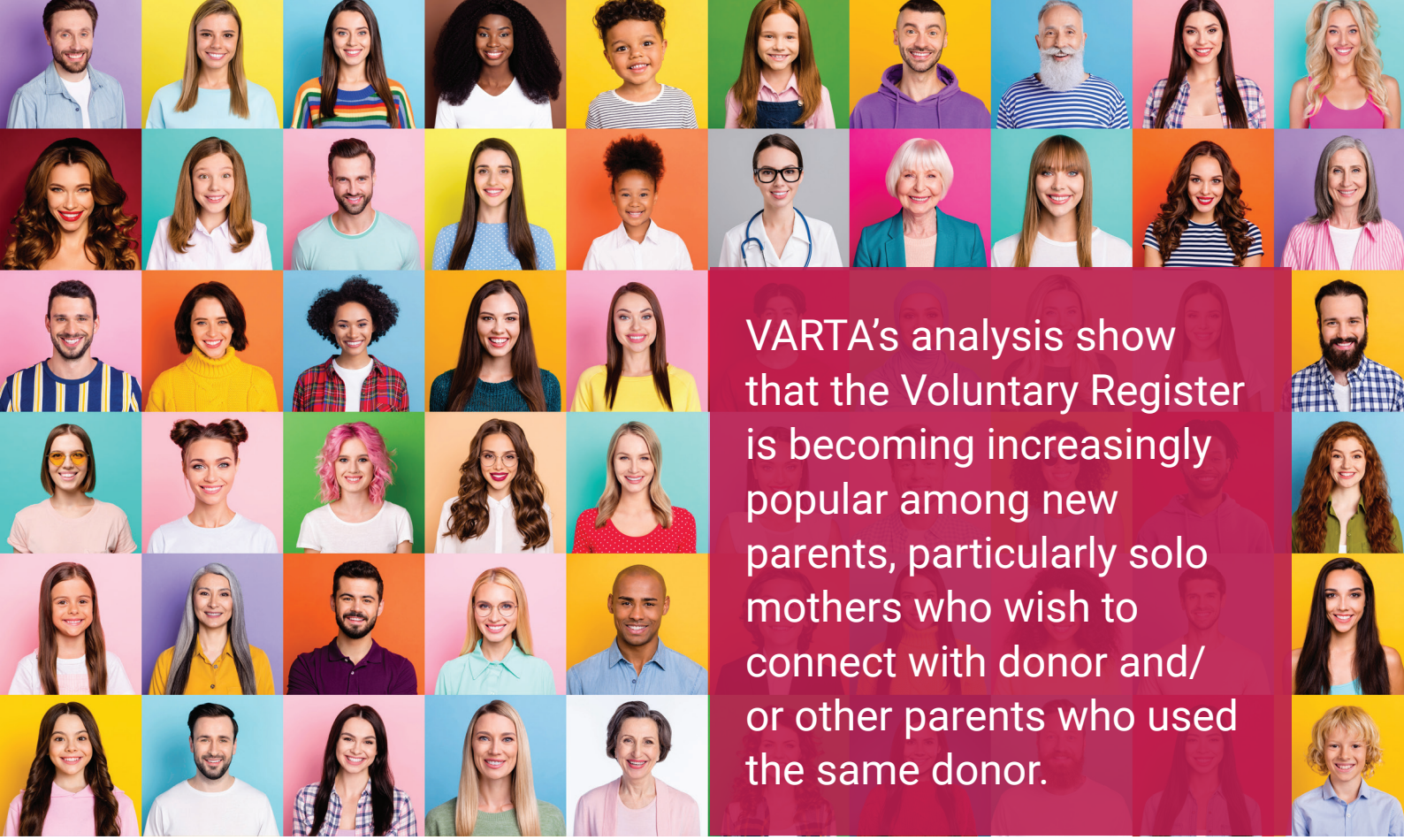
Outcomes

As of 30 June 2022, 56% (602) of people registered on the Voluntary Register have matched with at least one other person who shares their donor code.

Matches were below average in 2021-22, with only 40% (49) matching with at least one other person.

Number of Voluntary Register matches 2021-22

Number of matches	Persons who applied in 2021/22	All Persons registered on 30 June 2022
0	75 (60%)	472 (44%)
1	35 (28%)	293 (27%)
2	11 (9%)	125 (12%)
3	1 (1%)	75 (7%)
4	2 (2%)	68 (6%)
5	-	32 (3%)
6	-	9 (1%)



VARTA's analysis show that the Voluntary Register is becoming increasingly popular among new parents, particularly solo mothers who wish to connect with donor and/or other parents who used the same donor.

VARTA notes the low rate of matches for donors, particularly for older donors. As of 30 June 2022 there were 43 donors aged over 70 (including seven over 80) who have never had a match on the Voluntary Register. Some donors report they choose to join the Voluntary Register first as it is their wish that their donor offspring will seek them out when they are ready. They prefer to do this than to actively seek out their donor offspring by way of an application to the Central Register which requires VARTA to contact and inform the offspring of the donor's application for information about them. Of these 43 donors, a small number (six) have subsequently applied to the Central Register after waiting several years with no success on the Voluntary Register, allowing them the opportunity to connect with their offspring while they are still alive.

VARTA provides informational counselling to all persons seeking identifying information or connection through the Voluntary Register to manage their expectations and alert them to the possibility that they may not match, or matches may not proceed.

Education

Every year, thousands of Victorians turn to fertility treatment. Under the *Assisted Reproductive Treatment Act 2008*, VARTA promotes research into the causes and prevention of infertility and educates the public about fertility treatment options.

VARTA

Every year, thousands of Victorians turn to fertility treatment. Under the *Assisted Reproductive Treatment Act 2008,* VARTA promotes research into the causes and prevention of infertility and educates the public about fertility treatment options. VARTA's education activities prioritise the best interests of people seeking treatment, undergoing treatment, and the children born following treatment.

'Lessons from losses' webinar

During this webinar for health professionals and ART clinic staff, VARTA CEO Anna MacLeod discussed VARTA's *Guidance on Person-Centred Care* and reflected on how clinics could make their work safer and reduce complaints. Dr Rosalind Hearder from the Health Complaints Commissioner's (HCC) office also presented the key findings and next steps from the HCC's *Inquiry into Assisted Reproductive Treatment Practices in Victoria* report. Anthony McEachran from the Australian Health Practitioner Regulation Agency (Ahpra) presented on the role of Ahpra and how to manage identified risks.

A survey of 116 people who initially attended the webinar found 97% were very satisfied or satisfied with it. The webinar, now available to view on VARTA's website for free, has been viewed more than 100 times.

Donor linking webinar

This webinar for health professionals and ART clinic staff focused on VARTA's Central and Voluntary Registers, including what information is available on the registers, who can access information stored on them, and what is involved in donor linking.

More than 240 people registered for the event from six countries and overall, 97% rated the quality of the webinar as high or good. Since being published on VARTA's website this free webinar has been viewed more than 150 times.

What is known about the health of children and young adults born after IVF or ICSI?

VARTA's 2022 public webinar, which is available on VARTA's website at no cost, explored what is known about the health of children and young adults born after IVF or ICSI. Three experts, Professor Jane Halliday, Professor Rob McLachlan, and Dr Sarah Catford, discussed the history and evolution of treatments for male factor infertility and the long-term health effects associated with these treatments.

More than 160 people registered for the event and 74 people attended the event live. About a quarter of these people were parents of children born following fertility treatment. All attendees rated the webinar quality as either 'high' or 'good'. Many also said it exceeded their expectations and that scientific information was presented in an easy-to-understand way.

VARTA's website

During 2021-22, more than 55,000 users visited the VARTA website. This resulted in more than 170,000 page views and 11,000 resources being downloaded. New content was added, including 'five questions to ask your doctor or other healthcare providers before you get any test, treatment, or procedure' in conjunction with Choosing Wisely Australia, and updates to regulation, donor conception and fertility treatment information sheets. VARTA also published the following articles translating research about fertility and fertility treatment for the public:

- Do COVID-19 vaccines affect IVF outcomes?
- Good news for boys born after ICSI
- Record numbers of people seeking fertility treatment
- How likely are you to have a baby after one, two or three IVF cycles?
- Ovarian hyperstimulation syndrome
- Beware of the 'egg timer' test, researchers say

Healthtalk Australia

VARTA was part of the reference group supplying information and resources for Healthtalk Australia's Experiences of Infertility and Fertility Treatment online resource. The resource is based on qualitative research conducted by researchers at RMIT University and the Monash Centre for Health Research and Implementation. The resource enables individuals to watch and listen to the video and audio-recorded stories of 25 people living in Australia sharing their experiences of infertility and fertility treatment. Short 'explainers' about different aspects of infertility and fertility treatment, and links to other credible sources of information and support, are also included.

Media coverage

VARTA contributed to dozens of media reports during 2021-22, providing expert commentary about fertility, fertility treatment, surrogacy, and donor conception. VARTA's work featured in high-profile media organisations such as the *ABC*, *The Age*, and *Herald Sun* throughout the year. According to Meltwater media monitoring, many of these reports reached millions of people. One report about VARTA's work to quantify and prevent cases of severe ovarian hyperstimulation syndrome – a potentially serious side effect of IVF treatment – reached more than 10 million people. The report was published in *The Age* and syndicated across other nine publications throughout Australia.

In addition to this, our senior research officer authored two articles for *The Conversation* about the risks and benefits of genetic testing of embryos, and how many women aged 35 plus miss out on having children in Australia.

Your Fertility

Many young Australians want to have a baby at some stage during their reproductive life, but very few understand the factors that can affect their fertility. The *Your Fertility* public health education program provides evidence-based information about these factors for people of all genders so they can make informed decisions about their health and maximise their chance of a healthy baby if they want one.

In 2021-22, the *Your Fertility* website was visited by more than 3.2 million users. This resulted in more than four million page views and 310,000 resources being 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 and improve their chances of becoming pregnant and having a healthy baby. It is delivered by VARTA in collaboration with the Fertility Coalition. In 2021, the campaign focused on the difficulties people can face when planning for a baby, including medical conditions that make it harder to conceive or carry a pregnancy. These stories also highlighted the experiences of the LBGTQIA+ community and 'solo mums by choice', and their journey investigating fertility preservation or using donor eggs or sperm to conceive.

Titled 'Sometimes having a baby isn't easy,' the campaign featured:

- Eight personal stories shared across 23 posts from those who faced challenges in their quest for a baby, which reached more than 114,000 people via social media.
- Mainstream media reports that reached more than 50 million people according to Meltwater media monitoring.

Interactive tools

Your Fertility's Healthy Conception Tool is a survey for people wanting to assess their health and behaviours to discuss at a preconception health check with their GP. In 2021-22 *Your Fertility* worked with the University of Sydney, Robinson Research Institute and Sentius, to evaluate the tool and improve it. The team used qualitative interviews to develop prototypes to test with 10 people. A new version of the tool which is easier to navigate and more user-friendly will be launched in 2022-23.

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. *Your Fertility's* 'Planting the seed' campaign educates GPs about the benefits of doing this and how they can do it. During 2021-22, *Your Fertility* promoted its 'Planting the seed' resources, including flowcharts and videos, to GPs via news organisations that target doctors, and via direct marketing emails with Tonic Media Network. The latter reached more than 3,000 medical centres across Australia.

Women's Health Week

As a Community Partner for Women's Health Week 2021, *Your Fertility* hosted a Facebook Live interview with Dr Jodie Avery, a Senior Research Fellow with Robinson Research Institute, the University of Adelaide. The interview was about endometriosis, Polycystic Ovary Syndrome (PCOS)and fertility. The Facebook Live reached more than 9,000 people and a social media campaign reached more than 79,000 people.

Men's Health Week

A social media campaign was carried out for Men's Health Week in June 2022. In partnership with Healthy Male, *Your Fertility* promoted messages about factors that prevent men from seeking information and support when it comes to health. From taking too long to do something about their health, having trouble talking about health or not sure what information they can trust, Men's Health Week explored these issues and shared tools and resources to help overcome them. The campaign reached more than 294,000 people across Facebook and Instagram.

Publications

VARTA staff are actively involved in generating evidence about fertility and assisted reproductive treatment, and sharing that knowledge with the community. In 2021-22, VARTA staff contributed to the following publications and presentations.

Hammarberg K, Coutts A, Rodrigues M, *The value of care, In Fertility Patients Care Guidance: EFS Fertility Patients Care Guidance Development Group*, The European Fertility Society, UK, https://www.europeanfertilitysociety.com/publications/EFS-Fertility-Patients-Care-Guidance-2022-rev-1.pdf

Hammarberg K, Stocker R, Romero L, Fisher J, *Pregnancy planning health information and service needs of women with chronic non-communicable conditions: A systematic review and narrative synthesis*, BMC Pregnancy and Childbirth, https://doi.org/10.1186/s12884-022-04498-1

Hammarberg K, de Silva R, *Parenthood aspirations and understanding of factors that affect the chance of achieving them: A population survey*, Reproductive Biomedicine and Society Online, https://authors.elsevier.com/sd/article/S2405-6618(21)00042-3

Sarwari S, Beilby K, Hammarberg K, Hickey M, Lensen S, *Endometrial scratching in Australia, New Zealand and the UK: a follow-up survey*, Human Fertility, https://doi.org/10.1080/14647273.2021.1995902

Copp T, Tessa, Nickel B, Lensen S, Hammarberg K, Lieberman D, Doust J, Mol B, McCaffery K, *Anti-Mullerian hormone (AMH) test information on Australian and New Zealand fertility clinic websites: A content analysis*, BMJ Open, https://doi.org/10.1136/bmjopen-2020-046927

Dorney E, Millard J, Hammarberg K, Griffin K, Gordon A, McGeechan K, Black K, *Australian primary health care nurses' knowledge, practice and attitudes relating to preconception care, learnings for service implementation*, Australian Journal of Primary Health, https://doi.org/10.1071/PY21104

Hammarberg K, Halliday J, Kennedy, Burgner D, Amor D, Doyle L, Juonala M, Ranganathan S, Welsh L, Cheung M, McLachlan R, McBain J, Lewis S, *Does being conceived by assisted reproductive technology influence adult quality of life?*, Human Fertility, https://doi.org/10.1080/14647273.2022.2042860

Moll T, Gerrits T, Hammarberg K, Mandeson L, Whittaker A, *Reproductive travel to, from and within sub-Saharan Africa: A scoping review, Reproductive Biomedicine and Society Online*, https://doi.org/10.1016/j.rbms.2021.12.003

Hammarberg K and Stocker R, *Evaluation of an online learning module to improve nurses' and midwives' capacity to promote preconception health in primary healthcare settings,* Australian Journal of Primary Health, https://doi.org/10.1071/PY21026

Harper J, Hammarberg K, Simopoulou M, Koert E, Pedro J, Massin N, Balen A on behalf of the International Fertility Education Initiative, *The International Fertility Education Initiative: research and action to improve fertility awareness*, Human Reproduction Open, https://doi.org/10.1093/hropen/hoab031

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.

Boyle JA, Black K, Dorney E, Amor DJ, Brown L, Callander E, Camilleri R, Cheney K, Gordon A, Hammarberg K, Jeyapalan D, Leahy D, Millard J, Mills C, Musgrave L, Norman RJ, O'Brien C, Roach V, Skouteris H, Steel A, Walker S, Walker R. *Setting Preconception Care Priorities in Australia Using a Delphi Technique*. Semin Reprod Med. 2022 Jun 27. http://doi:org10.1055/s-0042-1749683

Dorney E, Boyle JA, Walker R, Hammarberg K, Musgrave L, Schoenaker D, Jack B, Black KI. *A Systematic Review of Clinical Guidelines for Preconception Care*. Semin Reprod Med. 2022 May 16. http://doi:org/10.1055/s-0042-1748190

During 2021-22, more than 55,000 users visited the VARTA website. This resulted in more than 170,000 page views and 11,000 resources being downloaded.

Conference presentations

Hammarberg K, de Silva R, *Men's parenthood aspirations and understanding of factors that affect the chance of achieving them,* Australian Fatherhood Research Symposium, May 5, 2022

Copp T, Thompson R, Hammarberg K, Doust J, Lensen S, Peate M, Lieberman D, Mol B, McCaffery K, *Community awareness and use of anti-Mullerian hormone (AMH) testing in Australia: A population survey of women aged 18-55 years*. Preventing Overdiagnosis Conference, Calgary, Canada, 9-12 June, 2022

Whittaker A, Moll, T, Gerrits T, Hammarberg K, Manderson L, *Mobilities of assisted reproduction staff across borders, Reproductive Futures: Emergent Injustices, Hopes and Paradoxes*, Tampere, Finland, June 15-17, 2022

Other articles

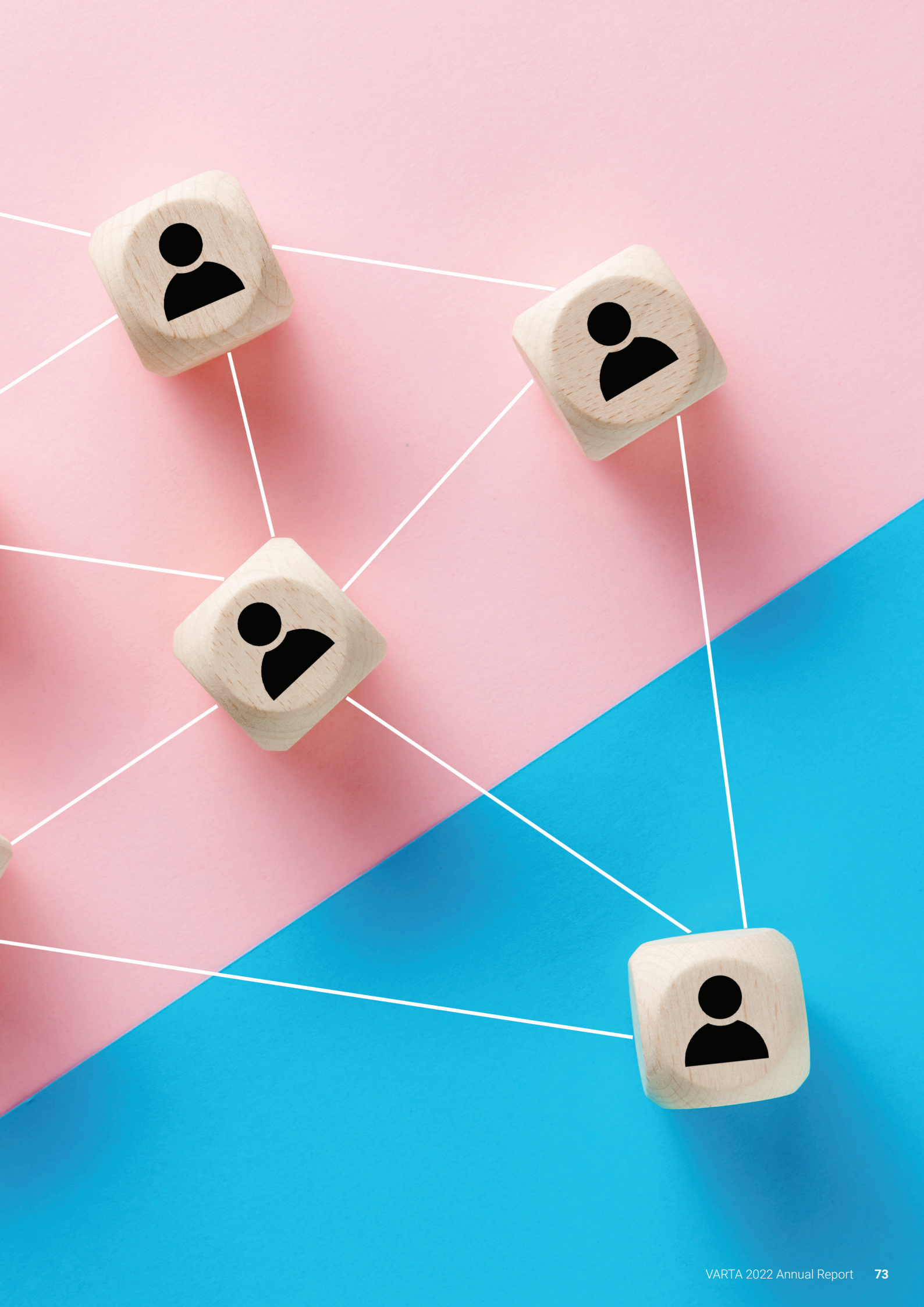
Hammarberg K, Norman R, Lensen S, *Testing of embryos before IVF doesn't increase the chance of a baby,* The Conversation, December 15 2021, https://theconversation.com/testing-embryos-before-ivf-doesnt-increase-the-chance-of-a-baby-172981

Hammarberg K, *Half of women over 35 who want a child don't end up having one, or have fewer than they planned*, The Conversation, December 7, 2021 https://theconversation.com/half-of-women-over-35-who-want-a-child-dont-end-up-having-one-or-have-fewer-than-they-planned-173151

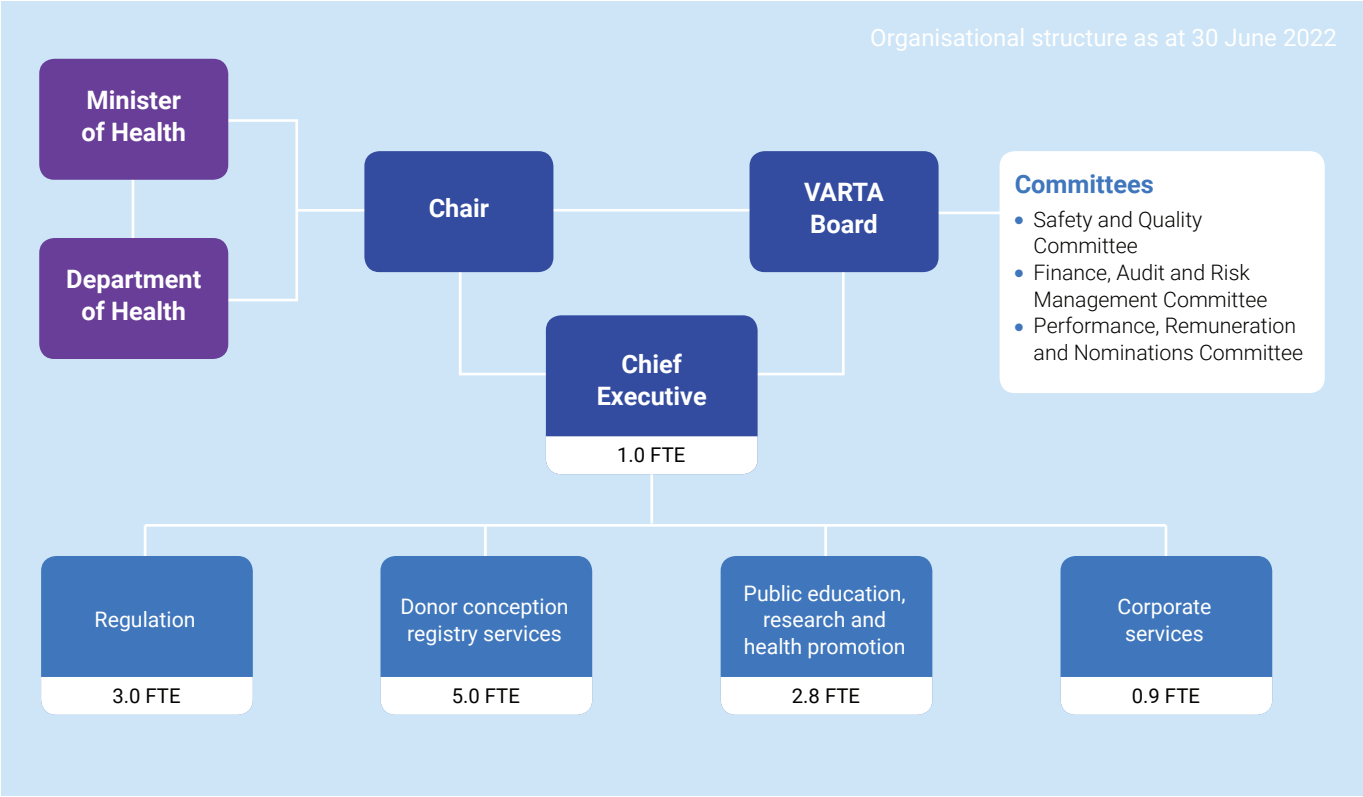
Hammarberg K, *Giving patients a realistic understanding of IVF success rates*, GP News, December 7, 2021, https://www1.racgp.org.au/newsgp/clinical/giving-patients-a-realistic-understanding-of-ivf-s

Organisation, Corporate Governance and Information

VARTA continuously improves operations to deliver inclusive services, achieve stragegic outcomes, develop efficient ICT systems and foster a positive culture for our staff.



Organisational Structure



Stakeholder Engagement

Donor Conception Advisory Group

In 2021-22 VARTA re-established the *Donor Conception Advisory Group*. The group includes donor-conceived people, parents of donor-conceived people, and donors from both the pre and post 1998 fertility treatment periods. Amongst these members are representatives of external support groups including *Donor Conception Australia, SMC Australia (Solo Mothers by Choice)* and the *Donor Egg Parents' Support Group*. In future, VARTA hopes to include descendants and immediate relatives of donor-conceived people. The *Donor Conception Advisory Group* will provide valuable advice and feedback to VARTA on its donor register services and activities.

ART Clinic Reference Group

In 2021-22 VARTA established an *ART Clinic Reference Group* to streamline communication between the designated officers of Assisted Reproductive Treatment (ART) clinics and VARTA. The objective is for VARTA and clinics to exchange information and feedback on current issues and trends relevant to clinics. The *ART Clinic Reference Group* is convened to ensure representation by designated officers on behalf of ART clinics in Victoria. This will ensure that a range of perspectives and expertise across clinics informs the work.

VARTA People Bank

The VARTA People Bank includes people with lived experience of fertility treatment who are willing to share their views with VARTA when needed to inform projects and other activities. Some members are also willing to share their stories with partner organisations or journalists wanting to consult with or interview people with lived experience of fertility treatment. The VARTA People Bank currently includes 42 people who are highly valued for assisting VARTA to educate Victorians about fertility treatment. This group was formerly referred to as the *VARTA Consumer Advisory Group.*

Corporate 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.

Louise Glanville

Chair – until 30 June 2022

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

Ms Louise Glanville 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.

Peter Lutjen

Member and incoming Chair – commenced 1 July 2022

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

A/Prof Peter Lutjen 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.

Board Members

Fiona Kelly

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

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

Katrina Lai

BA/LLB (Hons), MBA, GAICD

Ms Katrina Lai 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).

Gael Jennings AM

BSC(Hons), Dip Ed, PhD

Dr 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 program Insight. Director on over a dozen Boards, including Cancer Council Australia, National Science and Technology Centre (Questacon) and Museums Vic, Gael 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.

Julie White

BA/LLB (Hons), M. International Studies

Ms Julie White 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.

Jane Poletti

LLB, BSc, MMgt (Strategic Foresight), GAICD

Ms Jane Poletti developed a keen interest in public health during her three terms as a director of BreastScreen Victoria and currently pursues this interest as a director with Rural Workforce Agenecy Victoria (RWAV), Ballarat Health Services and now VARTA. As a commercial lawyer, both a consultant and in-house, Jane's experience includes IP commercialisation/ protection, internet enabled businesses, healthcare products/services and privacy compliance. She has extensive senior management experience in high-growth organisations undergoing significant transformation. Jane is currently general counsel for an organisation that delivers online population demographic and forecasting solutions Australia-wide. With her strategic foresight qualification and skills Jane values a longer-term sustainable approach to problem-solving balanced with pragmatism, ethical considerations and evidenced-based thinking to make informed decisions. Jane was appointed on 7 September 2021 to fill the vacant position created by Ms Mollard's leave of absence.

Nicki Mollard (not pictured) was not an active board member for the 2021-22 financial year.

Board Committees

Section 113 of the Act provides that the Authority may set up one or more committees, comprised of members of the Authority. Eleven (11) full board meetings of the Authority were held between 1 July 2021 and 30 June 2022.

Committees established are:

Safety and Quality Committee

Membership
1. A/Professor Peter Lutjen – Authority Member (Chair)
2. Professor Fiona Kelly – Authority Member
3. Dr Gael Jennings – Authority Member
Number of meetings: 4

The Safety & Quality committee was set up at the end of 2021.

The primary objective of the S&Q Committee is to assist the Authority to fulfil its duties and responsibilities relating to:

- the consideration of adverse events reported by Victorian ART providers in accordance with VARTA's Conditions of Registration;
- review and analysis of data and research relating to the safety and quality of treatment procedures;
- promoting person-centred care, overseeing safety and quality compliance and the monitoring and prevention of adverse events such as ovarian hyperstimulation syndrome;
- the consideration and approval of applications made to import or export donor material under section 36 of the Assisted Reproductive Treatment Act 2008 (the Act); and
- ensuring the effective operation of Parts 6 and 7 of the Act and the Guidelines issued under section 100A (the guidelines) by the Secretary of the Department of Health.

Finance, Audit and Risk Management (FARM) Committee

Membership
1. Ms Katrina Lai - Authority Member (Chair)
2. Ms Julie White - Authority Member
3. Ms Jane Poletti - Authority Member
Number of meetings: 5

The primary objectives of the FARM Committee is to assist the Authority to fulfil its duties and responsibilities relating to:

- financial management compliance
- risk management
- information management and information technology
- the effectiveness of internal controls
- statutory financial reporting; and
- audit of the financial statements for VARTA.

Performance, Remuneration & Nomination Committee

Membership
1. Ms Louise Glanville – Board Chair (Chair)
2. Professor Fiona Kelly - Authority Member
Number of meetings: 2

The primary objective of the Performance, Remuneration & Nomination Committee is to review the CEO performance and workplan, remuneration package, and contract review/renewal. The Committee also reviews Authority nomination issues and provides recommendations on such issues to the Authority.

Directors' Attendance for Board and Committee Meetings: 1 July 2021- 30 June 2022

Authority Member	Board	FARM Committee	S&Q Committee	PR&N Committee	Total
No. of meetings	**11**	**5**	**4**	**2**	**22**
Lousie Glanville	10	0	0	2	12
A/Prof Peter Lutjen	11	0	4	0	15
Fiona Kelly	9	0	4	2	15
Gael Jennings	7	0	4	0	11
Julie White	8	5	0	0	13
Katrina Lai	10	5	0	0	15
Jane Poletti	8	4	0	0	12

Corporate Information

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

Complex people searches

VARTA staff are trained in-house to undertake complex people searches. Some applications to VARTA's Central Register involve searching for people decades after they were involved in fertility treatment. In addition to the usual search avenues, these searches may involve checking confidential information on the electoral roll and using Births Deaths and Marriages records to look for name changes and death notices.

Environmental performance

VARTA follows the extensive waste and recycling protocols put in place by building management at 570 Bourke Street, Melbourne. Employees are continuing the shift towards a more paperless environment.

Occupational health and safety

VARTA continues to look for ways to improve occupational health and safety. All staff are provided a sit/stand desk whilst working in the office and education sessions on ergonomic care are also provided. Hybrid working arrangements are still in place to enhance staff flexibility and work life balance.

Freedom of Information (FOI) – Part II statements

Part II of the FOI Act requires VARTA to publish a range of information about our functions and procedures, the types of documents we keep, reports and publications and freedom of information arrangements. This information is available on our website: www.varta.org.au.

Freedom of Information Requests

The FOI Act provides everyone with the right to request access to documents held by VARTA. 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. A request for access can be made to VARTA by email to regulation@varta.org.au.

VARTA received one request to access documents under the Freedom of Information Act 1982 (Vic) this financial year.

Consultancies

Details of consultancies (under $10,000)

During 2021-22, there was one consultant engaged, where total fees payable to the individual consultant were less than $10,000. The total expenditure incurred was $2,063 (exclusive of GST).

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

There was one consultant where the total fees payable to the consultant were $10,000 or greater. The total expenditure incurred during the 2021-22 financial year in relation to this consultant was $10,000 (exclusive of GST). Details of the Consultant are presented below.

Information and communication technology (ICT) expenditure

The total ICT expenditure incurred during 2021-22 is $113,196 (excluding GST) with the details shown below.

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 VARTA's '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.

Victorian Assisted Reproductive Treatment Authority Financial Management Compliance Attestation Statement

I, Peter Lutjen, on behalf of the Responsible Body, certify that the Victorian Assisted Reproductive Treatment Authority has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.

A/Professor Peter Lutjen, Board Chair
14 September, 2022

Public Interest Disclosures Act 2012

Under the *Public Interest Disclosures Act 2012*, complaints about certain serious misconduct or corruption involving public entities in Victoria should be made directly to the Independent Broad-based Anti-corruption Commission (IBAC) in order to remain protected under the Act.

VARTA encourages individuals to make any disclosures which are protected disclosures within the meaning of the Act with IBAC

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

Consultancies 2021-22

Consultant	Purpose of consultancy	Total Project fees approved (exclusive of GST)	Total fees incurred in Financial year (exclusive of GST)	Future commitments
Tina Daisley	Leadership team pulse check	$10,000.00	$10,000.00	Nil
Total		**$10,000.00**	**$10,000.00**	**$0.00**

ICT expenditure 2021-22

All operational ICT expenditure	ICT Expenditure related to projects to create or enhance ICT capabilities		
Business as usual (BAU) ICT expenditure total*	Non Business as usual (BAU) ICT expenditure total*	Operational Expenditure*	Capital Expenditure*
$67,929	**$45,267**	**$5,267**	**$40,000**

* Exclusive of GST

Operational and budgetary objectives and performance

Operational performance against budget

As VARTA's workload steadily increases, year-on-year, the Authority has had to review all activities and narrow the scope of our work to those functions that sit squarely within our remit.

The review work has allowed us to restructure the organisation, engage the right people in the right roles, and re-align with our strategic plan. It has taken time to identify organisational gaps and work towards improving processes and procedures. Significant effort has been invested in recruiting new employees.

VARTA received some additional one-off funding by the department to cover:

a) organisation paid maternity leave for four employees (five occasions of leave), and
b) a contribution towards the replacement of our IT systems and servers.

These events did contribute to an additional income of 5% from expected budget in the financial year. The flow on effect of this can also be viewed in the additional cash reserves, leading to the increase in assets value.

With employment costs making up 70% of VARTA's expenses, staff changes have given rise to a 13% lower than budget estimate. These stem from unintended savings that arise due to the time it takes to recruit and replace employees, the reduction in leave accruals, and the covid-19 relief provided by the State Revenue Office in relation to payroll tax. A reduction in leave accruals also gives rise to a reduction in VARTA's liabilities value.

Your Fertility

During the reporting period, VARTA received $318,000 from the Commonwealth Government for the *Your Fertility* program. This was added to the $5,000 which had been approved to be carried over surplus from the previous financial year.

Expenditure of around $316,000 relating to *Your Fertility* was incurred and recognised in the reporting period. The remaining surplus of $7,000 from the 2021-22 funding period has been approved for carry over into the 2022-23 financial year, which will be the final year of this project.

Work will commence in applying for future funding to continue the project post the 2022-23 financial year.

Five-year financial summary

	2021-22	2020-21	2019-20	2018-19	2017-18	2016-17
	$	$	$	$	$	$
Total Income	2,217,943	2,134,092	2,114,294	1,689,759	2,040,435	1,760,125
Total expenses	1,828,634	2,322,610	1,925,304	2,082,030	2,012,459	1,315,970
Net result for the year	389,309	-188,518	188,990	-392,271	27,976	444,155
Total assets	934,894	565,748	786,755	593,174	959,550	862,674
Total liabilities	311,394	331,557	364,046	359,455	333,561	264,660
Net assets	623,500	234,191	422,709	233,719	625,990	598,014
Total equity	623,500	234,191	422,709	233,719	625,990	598,014

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.

Legislation	Requirement	PAGE
Standing Directions and Financial Reporting Directions		
Report of operations		
Charter and purpose		
FRD 22H	Manner of establishment and the relevant Ministers	i
FRD 22H	Purpose, functions, powers and duties	1
FRD 22H	Key initiatives and projects	4–5
FRD 22H	Nature and range of services provided	6–71
Management and structure		
FRD 22H	Organisational structure	74
Financial and other information		
FRD 10A	Disclosure index	82
FRD 22H	Employment and conduct principles	79
FRD 22H	Occupational health and safety policy	79
FRD 22H	Summary of the financial results for the year	81
FRD 22H	Significant changes in financial position during the year	81
FRD 22H	Major changes or factors affecting performance	81
FRD 22H	Subsequent events	113
FRD 22H	Application and operation of *Freedom of Information Act 1982*	79
FRD 22H	Application and operation of the *Public Interest Disclosures Act 2012*	80
FRD 22H	Details of consultancies over $10,000	80
FRD 22H	Details of consultancies under $10,000	80
FRD 22H	Disclosure of ICT expenditure	80
FRD 22H	Statement of availability of other information	79
Compliance attestation and declaration		
SD 5.1.4	Attestation for compliance with Ministerial Standing Directions	80
SD 5.2	Specific requirements understanding directions 5.2	87
SD 5.2.3	Declaration in report of operations	2–3
Financial statements		
Declaration		
SD 5.2.2	Declaration in financial statements	87
Other requirements under Standing Directions 5.2		
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	92–93
SD 5.2.1(a)	Compliance with Standing Directions	80
SD 5.2.1(b)	Compliance with Model Financial Report	N/A
Other disclosures as required by FRDs in notes to the financial statements [a]		
FRD 21C	Disclosures of Responsible Persons, Executive Officers and other Personnel (Contractors with Significant Management Responsibilities) in the Financial Report	110–111
FRD 103H	Non Financial Physical Assets	100–102
FRD 110A	Cash Flow Statements	91

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

Legislation

Freedom of Information Act 1982	79
Public Interest Disclosures Act 2012	80
Financial Management Act 1994	2, 87

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 2022 in the following structure to provide users with the information about the Authority's stewardship of resources entrusted to it.

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.

Financial statements

Notes to the financial statements

Board member's, accountable officer's, and financial controller'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.

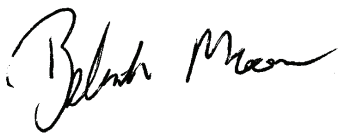
We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2022 and financial position of the Victorian Assisted Reproductive Treatment Authority as at 30 June 2022.

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 14 September 2022.

Mr Peter Lutjen
Chairperson
Melbourne

Ms Anna MacLeod
Chief Executive
Melbourne



Mrs Belinda Moore
Financial Controller
Melbourne

14 September 2022

Victorian Auditor-General's Office

Independent Auditor's Report

To the Members of the Victorian Assisted Reproductive Treatment Authority

Opinion

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

- Balance sheet as at 30 June 2022
- 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
- Board member's, accountable officer's, and financial controller's declaration.

In my opinion the financial report presents fairly the financial position of the authority as at 30 June 2022 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.

Basis for Opinion

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

My independence is established by the *Constitution Act 1975.* My staff and I are independent of the authority in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Members' responsibilities for the financial report

The Members of the authority are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Financial Management Act 1994,* and for such internal control as the Members determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Members are responsible for assessing the authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

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
4 October 2022

Cassandra Gravenall
as delegate for the Auditor-General of Victoria

Comprehensive operating statement
for the year ended 30 June 2022

	Notes	2022 $	2021 $
Income from operating activities	2	**2,216,512**	2,133,003
Income from non-operating activities	2	**1,431**	1,089
Employee expenses	3.1	**(1,164,088)**	(1,506,310)
Supplies and services	3.1	**(321,233)**	(453,766)
Depreciation expense	4.2	**(27,408)**	(23,436)
Commonwealth funded project expenses	3.1	**(315,905)**	(339,099)
Net result for the year		**389,309**	(188,518)
Other comprehensive income		**-**	-
Comprehensive result for the year		**389,309**	(188,518)

Balance sheet
as at 30 June 2022

	Notes	2022 $	2021 $
Current assets			
Cash and cash equivalents	6.1	**820,256**	451,167
Trade and other receivables	5.1	**7,452**	16,969
Other current assets	5.2	**12,997**	17,812
Total current assets		**840,705**	485,948
Non-current assets			
Plant and equipment	4.1	**26,074**	40,936
Intangibles	4.3	**68,115**	38,864
Total non-current assets		**94,189**	79,800
Total assets		**934,894**	565,748
Current liabilities			
Trade and other payables	5.3	**238,820**	179,782
Provisions	3.2	**66,809**	125,490
Total current liabilities		**305,629**	305,272
Non-current liabilities			
Provisions	3.2	**5,765**	26,285
Total non-current liabilities		**5,765**	26,285
Total liabilities		**311,394**	331,557
Net assets		**623,500**	234,191
Equity			
Contributed capital		**11,200**	11,200
Retained earnings		**612,300**	222,991
Total equity		**623,500**	234,191

The accompanying notes form part of these financial statements

Statement of changes in equity
for the year ended 30 June 2022

	Contributed capital $	Retained earnings $	Total $
Balance at 1 July 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**
Surplus for the year	**-**	**389,309**	**389,309**
Balance at 30 June 2022	**11,200**	**612,300**	**623,500**

Cash flow statement
for the year ended 30 June 2022

	Notes	2022 $	2021 $
Cash flow from operating activities			
Operating grants from State Government		**1,866,418**	1,855,122
Operating grants from Commonwealth Government		**318,000**	318,000
Receipts from customers and others		**41,610**	61,476
Payments to suppliers and employees		**(1,816,574)**	(2,329,682)
Interest received		**1,431**	1,089
Net cash provided by/(used in) operating activities		**410,886**	(93,995)
Cash flow from investing activities			
Payment for plant and equipment		**(1,797)**	(9,386)
Payment for Intangibles		**(40,000)**	(17,400)
Net cash used in investing activities		**(41,797)**	(26,786)
Net increase/(decrease) in cash held		**369,089**	(120,781)
Cash at beginning of financial year		**451,167**	571,948
Cash at end of financial year	6.1	**820,256**	451,167

Notes to the financial statements
for the year ended 30 June 2022

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

These financial statements are general purpose financial statements which have been prepared in accordance with the Financial Management Act 1994 and applicable Australian Accounting Standards, 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 financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the DTF, and relevant Standing Directions (SDs) authorised by the Assistant Treasurer.

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 are prepared on a going concern basis (refer to Note 8.8 Economic Dependency).

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.

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

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.

The annual financial statements were authorised for issue by the Board of the Authority on 14th September 2022.

Key accounting estimates and judgements

Management make estimates and judgements when preparing the financial statements.

These estimates and judgements are based on historical knowledge and best available current information and assume any reasonable expectation of future events. Actual results may differ.

Revisions to key estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision.

The accounting policies and significant management judgements and estimates used, and any changes thereto, are identified at the beginning of each section where applicable and are disclosed in further detail throughout the accounting policies.

Impact of COVID 19

In March 2020 a state of emergency was declared in Victoria due to the global coronavirus pandemic, known as COVID-19. On 2 August 2020 a state of disaster was added with both operating concurrently. The state of disaster in Victoria concluded on 28 October 2020 and the state of emergency concluded on 15 December 2021.

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.

Compliance information

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 2022, and the comparative information presented in these financial statements for the year ended 30 June 2021.

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.

Notes to the financial statements
for the year ended 30 June 2022

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. The Authority 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.

Structure

2.1 Analysis of Income by source

	2022 $	2021 $
Operating Income		
Government grants – Department of Health	**1,866,418**	1,748,138
Government grants – Commonwealth Government	**318,000**	318,000
Other Income	**32,094**	66,865
	2,216,512	2,133,003
Non-operating Income		
Interest received	**1,431**	1,089

Impact of COVID-19 on income

As indicated at Note 1, the Authority's daily activities were impacted by the COVID-19 pandemic; however, revenue recognised to fund the delivery of our services during the financial year was not materially impacted by the COVID-19 Coronavirus pandemic.

2.1 Analysis of Income by source (continued)

Revenue recognition policies

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.

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, the Authority 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, the Authority 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 2022

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

	2022 $	2021 $
Employee expenses	**1,164,088**	1,506,310
Other operating expenses		
Non-salary employee expense 77,236 120,027	**77,236**	120,027
Public education expenses 68,064 69,919	**68,064**	69,919
Legislation change expenses 3,197 92,613	**3,197**	92,613
Professional service fees 88,030 85,921	**88,030**	85,921
Member fees 34,920 30,346	**34,920**	30,346
Office expenses 47,682 52,714	**47,682**	52,714
Commonwealth funded project expenses 315,905 339,099	**315,905**	339,099
Other operating expenses 2,103 2,225	**2,103**	2,225
Other expenses		
Depreciation and amortisation	**27,408**	23,436
Total expenses	**1,828,634**	2,322,610

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.

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.

Other expenses

Other expenses generally represent expenditure outside the normal operations such as depreciation and amortisation.

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 the Authority 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 applies significant judgment when measuring its employee benefit liabilities. The Authority 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, being the expected future payments to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.

3.2 Employee benefits in the balance sheet	2022 $	2021 $
Current provisions		
Annual leave		
Unconditional and expected to be settled within 12 months[i]	**50,347**	78,783
Unconditional and expected to be settled after 12 months	**-**	-
Long service leave		
Unconditional and expected to be settled within 12 months[i]	**-**	-
Unconditional and expected to be settled after 12 months[ii]	**7,765**	30,338
	58,112	109,121
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months[i]	**7,804**	11,817
Unconditional and expected to be settled after 12 months[ii]	**893**	4,551
	8,697	16,368
Total current provisions	**66,809**	125,490
Non-current provisions		
Long service leave	**5,147**	22,857
Provisions related to employee benefit on-costs	**618**	3,428
Total non-current provisions	**5,765**	26,285
Total provisions	**72,574**	151,775

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	**58,151**	90,601
Long service leave entitlement	**14,423**	61,174
Total employee benefits and related on-costs	**72,574**	151,775
Movements in long service leave		
Balance at start of year	**19,797**	28,089
Additional provisions recognised	**(10,482)**	(8,292)
Balance at end of year	**9,315**	19,797

Notes to the financial statements
for the year ended 30 June 2022

3.2 Employee benefits in the balance sheet (continued)

Employee benefit recognition

Employee benefits are accrued for 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.

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive Income as it is taken.

Annual leave

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

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

- Undiscounted value – if the Authority expects to wholly settle within 12 months; or
- Present value – if the Authority does not expect to wholly settle within 12 months.

Long service leave

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

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

The components of this current LSL liability are measured at:

- Undiscounted value – if the Authority expects to wholly settle within 12 months; or
- Present value – if the Authority does not expect to wholly settle within 12 months.

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

Termination benefits

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

On-costs related to employee expense

Provision for on-costs such as workers compensation and superannuation are recognised separately from provisions for employee benefits

3.3 Superannuation

	Paid contribution for the year		Contribution outstanding at year end	
	2022 $	**2021 $**	**2022 $**	**2021 $**
Defined contribution plans				
Hesta Super Fund	**3,804**	18,052	**277**	353
AWARE (First State Super)	**12,166**	34,596	**-**	2,650
VicSuper	**16,171**	35,791	**882**	2,505
REST Industry Super	**5,154**	16,364		547
Australian Super	**44,842**		**5,302**	
Other	**73,669**	77,935	**2,619**	8,494
Total	**155,806**	182,737	**9,081**	14,549

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, details and amounts that have been expensed in relation to the major employee superannuation funds and contributions made by the Authority are shown above.

Notes to the financial statements
for the year ended 30 June 2022

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.

Structure

4.1 Plant and equipment
4.2 Depreciation and amortisation
4.3 Intangible assets

Impact of COVID-19

Assets used to support the delivery of our services during the financial year were not materially impacted by the COVID-19 Coronavirus pandemic.

Key judgements and estimates

The Authority assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset. The Authority 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.

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.

At the end of each year, the Authority 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 Authoriy 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 estimates to determine the recoverable amount of the asset.

4.1 Plant and equipment

	2022 $	2021 $
Computer equipment		
At fair value	**72,137**	70,340
Less accumulated depreciation	**(52,838)**	(45,468)
	19,299	24,872
Office equipment		
At fair value	**95,239**	95,239
Less accumulated depreciation	**(88,463)**	(79,174)
	6,775	16,064
Total property, plant and equipment	**26,075**	40,936

4.1 Plant and equipment (continued)

Movements in carrying amounts 2022	Computer equipment $	Office equipment $	Total $
Balance at the beginning of the year	16,064	24,872	**40,936**
Additions	-	1,797	**1,797**
Depreciation	(9,289)	(7,370)	**(16,659)**
Balance at end of year	**6,775**	**19,299**	**26,075**

How we recognise property, plant and equipment

Property, plant and equipment are tangible items that are used by the Authority in fulfilling its objectives and conducting its activities, and are expected to be used during more than one financial year.

Initial recognition: Items of plant and equipment are measured initially at cost. 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 losses where applicable.. 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).

Further information regarding fair value measurement is disclosed in Note 7.2.

4.2 Depreciation and amortisation

	2022 $	2021 $
Depreciation		
Computer equipment	**9,289**	12,014
Office equipment	**7,370**	6,387
Total depreciation	**16,659**	18,401
Amortisation		
Software	**2,727**	1,692
Website	**8,022**	3,343
Total amortisation	**10,749**	5,035
Total depreciation and amortisation	**27,408**	23,436

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets (excluding items under assets held for sale, land and investment properties) that have finite useful lives, are depreciated. Depreciation is generally calculated on a straight-line basis at rates that allocate the asset's value, less any estimated residual value over its estimated useful life.

The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments made where appropriate.

How we recognise amortisation

Amortisation is the systematic allocation of the depreciable amount of an asset over its useful life. The following table indicates the expected useful lives of non-current assets on which the depreciation and amortisation charges are based.

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

Notes to the financial statements
for the year ended 30 June 2022

4.3 Intangible assets

	2022 $	2021 $
Software		
At cost	**67,813**	27,813
Less accumulated amortisation	**(28,443)**	(25,717)
	39,370	2,097
Website		
At cost	**40,110**	40,110
Less accumulated amortisation	**(11,365)**	(3,343)
	28,746	36,768
Total intangibles	**68,115**	38,864

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

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

Impact of COVID-19

The measurement of other assets and liabilities were not materially impacted by the COVID-19 Coronavirus pandemic.

5.1 Receivables

	2022 $	2021 $
CURRENT		
Statutory		
Trade debtors	**-**	-
Accrued revenue	**-**	-
	-	-
FBT refundable	**-**	0
GST receivable	**7,452**	16,969
Cash supplement – DHHS	**-**	0
Total receivables	**7,452**	16,969

Statutory receivables, includes Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. The Authority applies AASB 9 for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost

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

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

5.2 Prepayments and other non-financial assets

	2022 $	2021 $
CURRENT		
Prepayments	**12,997**	17,812

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

Notes to the financial statements
for the year ended 30 June 2022

5.3 Payables

	2022 $	2021 $
CURRENT		
Contractual		
Trade creditors	**15,687**	15,076
Credit card	**4,665**	3,093
Accruals	**117,395**	92,095
Superannuation payable	**10,444**	10,156
Salary package liability	**4,105**	1,390
Parental Leave liability	**1,508**	-
	153,804	121,810
Statutory		
PAYG withheld	**25,978**	26,886
	25,978	26,886

Payables consist of:

contractual payables, which mostly includes payables in relation to goods and services. These payables are classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to the Authority prior to the end of the financial year that are unpaid.

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

6. How we financed our operations

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

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

Impact of COVID-19

Our finance and borrowing arrangements were not materially impacted by the COVID-19 Coronavirus pandemic.

6.1 Cash flow information and balances

	2022 $	2021 $
Cash at bank and on hand	**820,256**	451,167
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	**820,256**	175,138
Deposits at call	**0**	276,029
	820,256	451,167

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.

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

	2022 $	2021 $
Net result for the year	**389,309**	(188,518)
Non cash movements:		
Depreciation and amortisation	**27,408**	23,436
Movements in assets and liabilities:		
(Increase)/decrease in receivables	**9,539**	101,964
Increase in other assets	**4,815**	1,611
Increase in payables	**59,016**	31,086
Increase/(decrease) in provisions	**(79,201)**	(63,575)
Net cash inflow/(outflow) from operations	**410,886**	(93,995)

Notes to the financial statements
for the year ended 30 June 2022

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.

7.1.1 Financial instruments: categorisation

2022	Note	Financial assets at amortised cost $	Financial liabilities at amortised cost $	Total $
Contractual financial assets				
Cash and cash equivalents	6.1	820,256	**-**	**820,256**
Receivables				
Trade receivables	5.1	-	**-**	**-**
Other receivables	5.1	-	**-**	**-**
Total contractual financial assets		**820,256**	**-**	**820,256**
Contractual financial liabilities				
Payables	5.3	-	205,771	**205,771**
Total contractual financial liabilities		**-**	**205,771**	**205,771**

2021	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	451,167	**-**	**451,167**
Receivables				
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**

7.1.1 Financial instruments: categorisation (continued)

Categories of financial instruments

Financial assets are recognised when the Authority becomes party to the contractual provisions to the instrument. For financial assets, this is at the date the Authority commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

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 are recognised when the Authority becomes a party to the contractual provisions to the instrument.

Financial liabilities at amortised cost

Financial liabilities are measured at amortised cost using the effective interest method, where they are not held at fair value through net result. The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in net result over the relevant period. The effective interest is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

The Authority recognises the following liabilities in this category:

- payables (excluding statutory payables and contract liabilities)
- borrowings

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

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

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

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

7.1.2 Financial risk management objectives and policies

As a whole, the Authority's financial risk management program seeks to manage the risks and the associated volatility of its financial performance.

Details of the significant accounting policies and methods adopted, included the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument above are disclosed throughout the financial statements.

The Authority's main financial risks include credit risk, liquidity risk, and interest rate risk. The Authority manages these financial risks in accordance with its financial risk management policy.

The Authority uses different methods to measure and manage the different risks to which it is exposed. Primary responsibility for the identification and management of financial risks rests with the Accountable Officer.

Notes to the financial statements
for the year ended 30 June 2022

7.1.2 Financial risk management objectives and policies (continued)

Credit risk

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. The Authority's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to the Authority. Credit risk is measured at fair value and is monitored on a regular basis. Credit risk associated with the Authority contractual financial assets is minimal because the main debtor is the Victorian Government.

Contract financial assets are written off against the carrying amount when there is no reasonable expectation of recovery. Bad debt written off by mutual consent is classified as a transaction expense. Bad debt written off following a unilateral decision is recognised as other economic flows in the net result.

The carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents the Authority's maximum exposure to credit risk without taking account of the value of any collateral obtained.

There has been no material change to the Authority's credit risk profile in 2021-22.

Liquidity risk

Liquidity risk arises from being unable to meet financial obligations as they fall due.

The Authority is exposed to liquidity risk mainly through the financial liabilities as disclosed in the face of the balance sheet and the amounts related to financial guarantees. The Authority manages its liquidity risk by:

- close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and requirements
- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations
- careful maturity planning of its financial obligations based on forecasts of future cash flows.

The Authority's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk. Cash for unexpected events is generally sourced from financial assets.

Maturity analysis of financial liabilities as at 30 June

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

				Maturity dates			
2022	**Note**	**Carrying amount $**	**Nominal amount $**	**Less than 1 month $**	**1-3 months $**	**3 months to 1 year $**	**1 to 5 years $**
Financial liabilities							
Payables	5.3	205,771	205,771	205,771	-	-	-
Total financial liabilities		**205,771**	**205,771**	**205,771**	-	-	-
2021							
Financial liabilities							
Payables	5.3	153,804	153,804	153,804	-	-	-
Total financial liabilities		**153,804**	**153,804**	**153,804**	-	-	-

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 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.

7.2 Fair values

How we measure fair value

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following assets and liabilities are carried at fair value:

- Financial assets and liabilities at fair value through net result
- Property, plant and equipment

In addition, the fair value of other assets and liabilities that are carried at amortised cost, also need to be determined for disclosure.

Valuation hierarchy

In determining fair values a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy. The levels are as follows:

- 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 and
- Level 3 – valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

The Authority determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period. There have been no transfers between levels during the period.

The Authority monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required. The Valuer-General Victoria (VGV) is the Authority's independent valuation agency for property, plant and equipment.

Furniture, fittings, plant and equipment

Furniture, fittings, plant and equipment (including computers and communication equipment) are held at carrying amount (depreciated cost). Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that depreciated replacement cost will be materially different from the existing carrying amount.

Financial assets and liabilities at fair value

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.

There were no changes in valuation techniques throughout the period to 30 June 2022.

7.3 Contingent assets and contingent liabilities

There are nil contingent assets or contingent liabilities at 30 June 2022 (2021: Nil).

Notes to the financial statements
for the year ended 30 June 2022

8. Other disclosures

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. Martin Foley	1/07/2021	27/06/2022	
The Hon. Mary-Anne Thomas	27/06/2022	30/06/2022	
Authority members			
Ms. L. Glanville (Chairperson)	1/07/2022	30/06/2022	
Ms. N. Mollard	1/07/2022	30/06/2022	– (non-participating)
Ms. K. Lai	1/07/2022	30/06/2022	
Ms. J White	1/07/2022	30/06/2022	
A/Prof. P. Lutjen	1/07/2022	30/06/2022	
Dr. G. Jennings	1/07/2022	30/06/2022	
Prof. F. Kelly	1/07/2022	30/06/2022	
Ms J. Poletti	7/09/2021	30/06/2022	
Accountable Officer			
Ms. A. MacLeod (Chief Executive)	1/07/2021	30/06/2022	

Remuneration of Responsible Persons

The number of Responsible Persons are shown in their relevant income bands:

Income band	**2022**	**2021**
$0 – $9,999	**7**	7
$90,000 – $100,000	**-**	1
$210,000 – $219,999		1
$210,000 – $219,999	**1**	
Total numbers	**8**	**9**
Total remuneration received or due and receivable by responsible persons from the Authority amounted to:	**328,451**	270,099

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 (KMP)and their close family members and personal business interests
- 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.

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of the Authority and its controlled entities, directly or indirectly.

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.*

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	**2022 $**	**2021 $**
Revenue (government grants)	**1,866,418**	1,748,138
Receivables	**-**	-

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 State's Annual 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.

	2022 $	**2021 $**
Short-term benefits	**297,776**	244,283
Post-employment benefits	**26,778**	22,063
Other long-term benefits	**3,897**	3,753
Total remuneration	**328,451**	**270,099**

Notes to the financial statements
for the year ended 30 June 2022

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

	2022 $	2021 $
Victorian Auditor-General's Office:		
Audit of the financial statements	**12,500**	7,350

8.5 AASBs issued that are not yet effective

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

This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. For example, the amendments clarify that a liability is classified as non-current if an entity has the right at the end of the reporting period to defer settlement of the liability for at least 12 months after the reporting period. The meaning of settlement of a liability is also clarified. Adoption of this standard is not expected to have a material impact.

AASB 2021-2: Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definitions of Accounting Estimates

This Standard amends:

(a) AASB 7, to clarify that information about measurement bases for financial instruments is expected to be material to an entity's financial statements;

(b) AASB 101, to require entities to disclose their material accounting policy information rather than their significant accounting policies;

(c) AASB 108, to clarify how entities should distinguish changes in accounting policies and changes in accounting estimates;

(d) AASB 134, to identify material accounting policy information as a component of a complete set of financial statements; and

(e) AASB Practice Statement 2, to provide guidance on how to apply the concept of materiality to accounting policy disclosures.

Adoption of this standard is not expected to have a material impact.

8.5 AASBs issued that are not yet effective (continued)

AASB 2021-6: Amendments to Australian Accounting Standards – Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards

To help entities provide accounting policy disclosures that are more useful to the users of their financial statements, AASB 2021-6 makes amendments to certain Australian Accounting Standards.

Specifically, AASB 2021-6 amends:

a. AASB 1049 *Whole of Government and General Government Sector Financial Reporting*, to require entities to disclose their material accounting policy information rather than their significant accounting policies;
b. AASB 1054 *Australian Additional Disclosures*, to reflect the updated accounting policy terminology used in AASB 101 Presentation of Financial Statements; and
c. AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*, to require entities to disclose their material accounting policy information rather than their significant accounting policies and to clarify that information about measurement bases for financial instruments is expected to be material to an entity's financial statements.

Adoption of this standard is not expected to have a material impact

8.6 Change in Accounting policies

No changes in accounting policies have been made in the Financial year ending 30 June 2022.

8.7 Events after balance sheet date

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, 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 Victorian Assisted Reproductive Treatment Authority.

VARTA

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VICTORIA
State Government