

A microscopic view of cells, likely from a tissue section, showing various cell shapes and structures. The cells are stained, and a large, dark, circular structure is prominent on the right side of the image.

infertility treatment authority
2000 annual report

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purpose of report

This Annual Report is submitted in compliance with Section 137 of the *Infertility Treatment Act* 1995 (the Act).

The reporting period for the third Annual Report is:

- 1 July 1999 to 30 June 2000 for the licences, approvals, exemptions and accounts;
- 1 January 1999 to 31 December 1999 for all other activities.

foreword – chairperson



It is salutary to consider that one has lived through the turn of the century. For an organisation such as the Infertility Treatment Authority, which is in its relative infancy, to be able to herald a new century has focussed our minds on many issues. In its second full year of operation, the Authority was asked to consider many proposed interpretations of the legislation, and to continue to look critically at its own operation and performance. It is my view that, through the endeavours of the members and the excellent communication with our constituencies, the Authority has continued to operate effectively and within the bounds of its charter, as defined by the *Infertility Treatment Act 1995*. There were a number of key themes which dominated the considerations of the Authority during 1999. In many respects these themes were reflected in the ethical, social and legal considerations of those other bodies throughout the world which address issues associated with reproductive technology.

The first relates broadly to the issue of consent. The Act places a fundamental emphasis on informed consent and incorporates a range of measures which protect the consenting parties to the treatment processes. The themes of consent and information-giving to ensure that consent is given in an informed manner, weave their way through the legislation, both in relation to people providing gametes or embryos for treatment, but also as part of the treatment process. It is considered an important component of ensuring that the guiding principles, as enunciated at the beginning of the Act, are adhered to, particularly those relating to the welfare and interests of the child. The range of consent issues that the Authority has been obliged to consider varied from the very sensitive issue of dealing with the withdrawal of consent by a donor who had donated sperm, to the posthumous use of gametes. The particular donor case involved the withdrawal of consent following the formation of embryos, with some formed and in storage. The Authority, through a long, detailed and thorough process, sought clarification about the appropriate application of the law. This particular case was satisfactorily resolved. The legislation was interpreted to mean that the withdrawal of consent may be effective only until the time that the embryo is formed. Once the embryo is formed, then it is considered

to be a different entity with more than one person's consent pertaining to its future use. Consent is also a consideration in any posthumous use of donor sperm. The prohibition in relation to posthumous use is very clear in the Act; the frozen sperm cannot be legally used in Victoria. Nor may the Authority approve its removal from the state. These considerations are very clear in relation to the legislation and again the first guiding principle that the welfare of the child is paramount is emphasized.

The approval processes for the import and export of gametes and embryos into and from Victoria are clearly enunciated in the legislation. The Authority may give approval only if the proposed use is consistent with the requirements of the legislation. These provisions, in Section 56 of the Act, have had a bearing on a number of cases which have come before the Authority in the 1999 calendar year.

Another major issue which commanded much of the energy and attention of the Authority, and emerged as a key issue internationally, has been cloning. The Act of 1995 contains a clear prohibition on cloning, as defined in that legislation. Section 3 of the Act states that "clone means to form outside the human body a human embryo that is genetically identical to another human embryo or person".

The Authority must apply the words of the Act. It has become clear that, as the emerging dialogue around cloning and the clarification and differentiation between reproductive and therapeutic cloning emerged, the language of the legislation did not, perhaps, anticipate and thus encompass some of the scientific developments which have occurred in this important area. It must be noted that since the Act imposes criminal responsibilities, its words must be read restrictively.

Human cloning was a key consideration which was shared with many other national and international bodies. The Authority's work has been informed by the NHMRC's Australian Health Ethics Committee's report on human cloning, which was released in December 1998, and also by the seminars which have been held by the Australian Academy of Science later in 1999, and by the Catholic Archbishop of Melbourne earlier in the year.

Internationally, the matter has been the subject of attention in the United Kingdom, with the Human Genetics Advisory Committee and the Human Fertilisation and Embryology Authority developing a paper in December 1998 which provided advice to the government of the United Kingdom in relation to therapeutic cloning and its possible applications in that country. It is indicative of the complexity and the sensitivities associated with the matter of cloning that, notwithstanding this paper's finalisation and submission in 1998, the matter has only recently been resolved in that country. Even though the United Kingdom is at the forefront of the technology through the production and birth of Dolly the sheep, and subsequent scientific endeavours in animal cloning, ongoing public debate, considered discussion and careful policy input at the level of government all reveal concern at many levels in that country. Similarly in the United States the National Institutes of Health and the National Bioethics Advisory Committee have had this matter under consideration, and have recently recommended that the ban on federal funding for certain types of embryo research should be lifted, and also that therapeutic cloning should be allowed, particularly if it relates to the production of embryo stem cells.

These matters took much of the time of the Authority, in ensuring that appropriate advice was given to Institutional Ethics Committees and to scientists who are approved to conduct research under the Act. Inevitably, due to the sensitivity of the area, these matters still attracted both positive and negative commentary.

The year also saw the first alleged breach of the legislation, with the case of two police members who, it was stated, provided misleading information, contrary to Section 58 of the Act. This proceeding was not initiated by the Authority. The matter was subsequently heard in the Magistrates Court in the following year, and the case was dismissed. It is indicative, nonetheless, that the legislation contains many issues which are of great public interest, and as a consequence the Authority has a significant responsibility in the administration of the legislation.

It is timely to reiterate and to clarify the status of the Authority. Many people see the Authority as the producer of the law. In fact, the *Infertility Treatment Act* 1995, like its predecessor the *Infertility (Medical Procedures) Act* 1984, received bicameral and bi-partisan support in the State Parliament. The legislation attempts to reflect the level of community understanding, and of community acceptance, about the use of these technologies. The Authority's

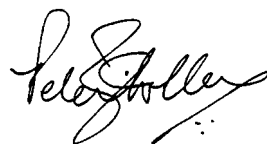
the legislation attempts to reflect the level of community understanding, and of community acceptance about the use of these technologies.

responsibilities, as outlined in the legislation, are to administer the provisions of the Act and to provide advice to the Minister for Health as appropriate. In order to meet them, it fulfils licensing, approval and record-keeping functions. But it also attempts through every measure to keep in touch with the constituencies particularly affected by the legislation, and with the public. It does this through its information services, through the vast number of publications of all kinds the Authority receives, which are disseminated amongst its members; through seeking the advice of the support groups who help patients who are undergoing infertility treatments, and those who support donors who participate in the treatment processes; through ongoing dialogue with staff at the clinics; and through its panel of expert advisers, who operate on a voluntary basis in ensuring that the Authority has a clear scientific and clinical understanding of all the events and issues before it.

I would like to conclude by acknowledging with gratitude the significant contribution of each member of the Authority and of the roles that each plays in ensuring that the provisions of the legislation are put into effect. The Authority comprises seven members. We have a very small administrative staff: a chief executive officer, an administration assistant, and a part-time computing

officer. The work of Ms Helen Szoke, the Chief Executive Officer, has been of central importance in every aspect of the Authority's activities. I commend it, as do my fellow members. We express also our thanks to Ms Jill Smithson, the Administrative Officer, and Mr Ross Adams, our Data Officer. This means that the members of the Authority are very much working members. This report is very much a product of their efforts during the 1999 calendar year.

I commend this report to you. I trust that it will provide a clear understanding not only of the work of the Authority, but also the application of the Act in Victoria.



Professor Louis Waller AO
Chairperson.

the year in review

The Infertility Treatment Authority had a very busy year in 1999, both in terms of bedding down the legislation, which was in the second year of its operation, but also ensuring that it met to the best of its ability the full requirements of the legislation.

The licensing responsibilities of the Authority were completed for the first round, with licensing visits to the Royal Women's Hospital, as part of the then Women's and Children's Healthcare Network and the Freemasons Hospital in East Melbourne. A number of country hospitals were also licensed in the year, including Casterton, Maryvale and an outer suburban hospital located in the Broadmeadows area.

Policy deliberations were initiated through either requests for clarification about the application of the legislation, or through particular cases which were brought to the attention of the Authority. One of the vexed areas which was addressed arose from the notification of intent to provide IVF surrogacy at a place licensed by the Authority. This resulted in an internal review and audit of the issues in relation to gestational or IVF surrogacy, including the ethical considerations and the legal considerations, and the previous policy from which the current provisions of the legislation were derived. It is clear that the issue of IVF surrogacy remains unresolved in

Australia generally, particularly arising from the lack of clarity about the legal status of the child born as a result of the surrogacy arrangement.

During 1999 the Authority undertook a number of audits of the major clinics which provide donor procedures. The provisions in relation to record keeping and the requirements for the Authority to maintain registers meant that there are different statutory requirements which are imposed on clinics depending on when donors had donated and when gametes or embryos were used for treatment procedures. The clinics have responded with a very high level of goodwill and cooperation, ensuring that the correct statutory provisions are met for each of the treatment procedures. The audit which was undertaken by the Licensing Committee of the Authority was to identify any problems that may arise from this process, to ensure that the appropriate procedures were being adhered to, but also to identify any areas of clarification where the Authority could facilitate the work of the clinics.

The provisions of the legislation which ensure that any offspring born as a result of donor procedures has access to birth origin information are fundamental to the *Infertility Treatment Act 1995*. The Authority sought to ensure that this transition into new legislation was a matter

which was closely monitored and continues to be so. Unfortunately, the establishment of a donor treatment procedure information register, as required by Section 82, was not as successfully implemented. This matter has been the subject of ongoing discussion, as the register currently only provides coverage for those procedures which have occurred since 1988. The enquiries the Authority has received to date suggest that in the first instance donors are keen to register their willingness to release identifying information about themselves to any offspring. All of these enquiries, which number about 30, have come from donors who have donated before 1988. The Authority has continued to pursue discussions with the Department of Human Services and later with the Minister for Health to extend the provisions of the voluntary register, and not to have them confined by time limitations of any sort.

In the area of donor procedures, the Authority is keen to ensure that it understands the impact of legislation on sperm donor recruitment in particular. We sought to undertake a survey on donor recruitment which we felt would provide us with some understanding of how Victoria was faring in relation to other Australian states, and sought the cooperation through the IVF Directors' Group to undertake a survey of a number of

it is clear that the issue of IVF surrogacy remains unresolved...



clinics across Australia in order to facilitate this process. Unfortunately, clinics in other states were very wary of participating in such a survey for varying reasons, including commercial confidentiality but also concern about a state authority embarking on such a survey. It had to be abandoned. We continue to monitor the situation in Victoria through the compilation of a non-identified database of all donors on record in Victoria, and to undertake analysis of the profile of donors to monitor whether there are changes in this regard. This is one example of an area where the Authority is extremely serious about trying not only to fulfil its obligations under the legislation but also to monitor the impact and provide appropriate advice to the Minister for Health. Work continues on compiling this data for release in a report.

Prince Henry's Institute of Medical Research closed its reproductive medicine clinic in 1998, leaving the issue of the future of donor records unresolved. The Authority has been involved in discussions with the Institute, with a view to ensuring that the clinic had a reliable system of accessing any donor records which are not covered by the Authority's registers. Through exercises such as these, the Authority has attempted to facilitate the role of the clinic as well as regulating it, to ensure that the

spirit of the legislation can be applied.

There were some areas of clarification required during the year in relation to the application of the legislation, including the requirement for Ministerial approval for any advertisement for gamete donations. Notwithstanding initial concerns about the length of time this might take, through various negotiations between the Authority and the Department of Human Services it appears to date that this process has been reasonably speedy and efficient and quite easily applied. This has resulted in a minimum time impediment, particularly to those people who were advertising for egg donors. The purpose of the legislation is to ensure that there is no commercial trade or traffic of reproductive tissue and hence the requirement for the approval of the Minister to ensure that advertisements soliciting help in this regard clearly portray an altruistic intent in terms of the donation.

Through the CEO, the Authority has continued to maintain links with other organisations and with professional groups associated with the provision of infertility services. The Authority had a number of members who attended the International IVF Conference in Sydney in May 1999. The Authority again instituted a telephone conference of regulators and ethical

bodies involved in the provision or monitoring of IVF services. What has now become an annual event has proved useful in marking the different kinds of policy debates. These discussions have included the Reproductive Technology Accreditation Committee and, through the chairmanship of Mr Ian Johnston, a particularly useful insight into the clinical issues and scientific issues which were being prioritised by that Committee was given. The discussion also included Ms Rosemary de Luca, the Chair of the New Zealand Ethics Committee on Assisted Reproduction. This valuable interchange of ethical, social and policy perspectives has facilitated the work of all of the organisations who participated in that process. The CEO also made a number of presentations in a study tour of Canada. These presentations were made to consumer groups, Health Canada, and the Canadian Medical Association.

A handwritten signature in black ink, appearing to read 'Helen Szoke'.

Helen Szoke
Chief Executive Officer

The mystery surrounding human development in the womb was revealed through the development of procedural technologies such as laparoscopy and technologies associated with assisted reproduction. These developments inevitably raised a number of issues, including the social significance of the family, the psychological anxieties, hopes and very commonly disappointments of those who undergo treatment, the importance of truly informed consent, respect for the beginnings of human life and its early nurture, the rights of children, donors and parents and, in particular, the rights and well-being of children conceived by the intervention of birth technologies.

These concerns justify a degree of legal, social and professional regulation of the practices of assisted reproduction. The Infertility Treatment Authority embodies this regulative interest and is empowered to apply the Act within the State of Victoria. The Authority is also a natural locus for the raising and discussing of community concerns about the scope and meaning of the Act, and for the examination of new trends in the relevant medical and scientific technologies.

The Authority seeks to:

- Promote community understanding of the complex issues involved in the treatment of infertility;
- Ensure that appropriate information and counselling is available to those who seek treatment;
- Assist in the smooth provisions of healthcare by the treatment institutions;
- Gather and store information relevant to the proper regulation and broad oversight of the provisions of reproductive assistance and to release it where necessary; and
- Report to Parliament under the terms of the Act.

functions

The Infertility Treatment Authority is established under the *Infertility Treatment Act 1995* as an independent, statutory authority, whose role it is to regulate the performance of assisted reproductive technology in Victoria.

The Act enunciates four guiding principles. They are in descending order of importance and application:

- a) The welfare and interest of any person born or to be born as a result of a treatment procedure are paramount. *The Authority's view is that this is why there are restrictions in treatment procedures and why there are provisions allowing access to information and identification of donors.*
- b) Human life should be preserved and protected. *The Authority's view is that this is why there are restrictions on what may be done to, and with, zygotes and embryos.*
- c) The interests of the family should be considered. *The Authority's view is that this is why the consent is important and counselling is a required feature of treatment.*
- d) Infertile couples should be assisted in fulfilling their desire to have children. *The Authority's view is that the aim of all treatment procedures permitted by the Infertility Treatment Act 1995 is to*

assist couples to have a healthy child. The circumstances in which sperm, eggs or embryos may be donated and stored and the circumstances in which research may be carried out upon sperm, eggs, or embryos are all directed towards fulfilling this aim.

The specific functions of the Authority are:

- The licensing of places for treatment and for approved research;
- The approval of practitioners, including doctors, counsellors and clinical and research scientists;
- The maintenance of statutory time limits in relation to the storage of sperm, eggs and embryos for use in treatment procedures;
- The maintenance of three registers related to donor treatment procedures;
- Monitoring decision-making and consent processes;
- Monitoring and reporting information about assisted reproductive technology within this State, through the Annual Report to the Minister for Health;
- Approving research as required under the Act.

It fulfils these functions through the development of conditions and guidelines for clinics and couples involved in assisted reproductive technology, the licensing and approval process, the production of information for clinics and consumers, media briefings and the maintenance of a library at the offices of the Authority.

membership



Professor Louis Waller AO
Chairperson

Professor of Law, Monash University

Term of membership expires 10 September 2001

Professor Louis Waller AO, FASSA, holds the Sir Leo Cussen Chair of Law at Monash University. He has held many posts including the first Chairman of the Law Reform Commission of Victoria, Chairman of the Victorian Government's Committee on The Social, Ethical and Legal Issues Arising from IVF, the first Chairman of The Standing Review Advisory Committee on Infertility. He retires as the Chairman of the Ethics Committee of the Walter and Eliza Hall Institute of Medical Research in May 2000.



Dame Margaret Guilfoyle DBE
Deputy Chairperson

Term of membership expires 1 January 2002

The Hon Dame Margaret Guilfoyle, DBE, was a senator for Victoria from 1971 – 1987. During that time she was Minister for Education, Social Security and Finance, holding ministerial portfolios from 1975 - 1983. Dame Margaret holds numerous appointments to government and non-government bodies in the areas of the arts, education, justice and health.



Professor C.A.J. (Tony) Coady

Term of membership expires 1 January 2001

Professor Tony Coady FAHA is a Senior Research Fellow of the Australian Research Council and the Director of the Centre for Philosophy and Public Issues at the University of Melbourne. Prior to appointment as Senior Research Fellow (and Professorial Fellow at the University of Melbourne) in 1998, he was Boyce Gibson Professor of Philosophy at the University of Melbourne. He is Chair of the Humanities Large Grants Panel of the Australian Research Council, and Chair of the Philosophy, Religion and History of Ideas Electoral Panel of the Australian Academy of Humanities.



Professor John (Jock) Findlay

Term of membership expires 1 January 2001

Professor Findlay is the Deputy Director of the Prince Henry's Institute of Medical Research. He is also the Chairman of the Scientific and Technical Advisory Group of the Special Program of Research, Development and Research Training in Human Reproduction of The World Health Organisation, and a member of editorial boards of several internationally recognized scientific journals.

the members of the Authority are nominated by the Minister for Health and the appointments are made by the Governor-in-Council. Section 123 of the Act requires that in making the nominations, the Minister must have regard to the need for diversity and expertise .

V Rev Dr Anthony Fisher is the Episcopal Vicar for Healthcare, Catholic Archdiocese of Melbourne, in addition to being a lecturer in the Australian Catholic University, where he teaches healthcare ethics and law (until July 2000). He is a member of several hospital ethics committees.

Very Rev Dr Anthony Fisher OP

Term of membership expires 1 January 2002



Dr Christine McDonald is a senior respiratory physician at The Austin and Repatriation Medical Centre in Heidelberg. She is a member of the Ministerial Asthma Working Party, past Chair of the Specialist Advisory Committee in Thoracic Medicine, and past Medical Vice-President of the Asthma Foundation of Victoria. She is also a Board member of The Institute of Breathing and Sleep, and a member of the Medical Workforce Advisory Committee in Thoracic Medicine. Dr McDonald has an interest in ethics in medicine.

Dr Christine McDonald

Term of membership expires 1 January 2001



Dr Leeanda Wilton is the Head of the Genetic and Molecular Research Laboratory with Melbourne IVF at the Freemasons Hospital and the Royal Women's Hospital in Melbourne. She spent some years working on mammalian embryology at London Zoo. Her initial embryology training was undertaken at the Centre for Early Human Development at Monash Medical Centre.

Dr Leeanda Wilton

Term of membership expires 1 January 2002



The Authority is staffed by a Chief Executive Officer, **Ms Helen Szoke**, AFCHSE. Other staff include:

Mr Ross Adams

Data Base Assistant

From 8 May 1998

Ms Jill Smithson

Personal Assistant

From 25 May 1998



committees

Section 135 of the Act provides that the Authority may set up one or more committees of members of the Authority. The Authority has established the following committees which comprise Authority members:

- *Annual Report Committee:* has responsibility for the production of the Annual Report, and the commissioning of data from the licensed places on an on-going basis. This committee met on six occasions.
- *Conflict of Interest Committee:* a Conflict of Interest Policy Statement has been produced and accepted by the Authority, and forms the basis of monitoring the activities of the Authority in an on going manner. The committee has not been required to meet in the reporting period, although conflict of interest declarations are clearly made at meetings of the Authority when appropriate.
- *Finance and Personnel Committee:* the on-going monitoring of budget and business planning remain the responsibility of this group, which is particularly active at the conclusion of the financial year. The Committee was also responsible for overseeing the implementation of Y2K's provisions, and met on three occasions.
- *Licensing and Approval Committee:* members have been responsible for the conduct of site visits to a number of places to be licensed for treatment and storage, under the provisions of the Act. All approvals are considered by this Committee with recommendations made to a full meeting of the Authority. The combination of these activities has resulted in eight meetings
- *Research Committee:* the Research Committee monitors research activity and makes recommendations as required. The Committee has met six times.
- *Storage Committee:* a monthly meeting of this committee considers applications for the extension of the storage period for gametes and embryos, and also applications to import and export gametes and embryos. This Committee has met ten times.

In addition a range of working groups and reference groups has been established to facilitate the work of the Authority. These groups co-opted the experience and expertise of people beyond the membership of the Authority.

panel of advisers

The Authority has invited a number of people to assist in deliberations relating to research and significant innovations in clinical practice. The Panel's role is:

- The provision of up to date information on general matters relating to reproductive technology;
- Response to questions of a technical nature on request by the Authority;
- The provision of technical advice to the Research Committee of the Authority on related fields of investigation.

Specific advice is sought from individual members, as determined by the focus of the project or referral to the ITA. The panel is reviewed at the start of each calendar year, to ascertain the ongoing interest of members, but also to ensure relevant advice is provided to the Authority.

The following people agreed to participate as contact people for the Authority during 1999, on matters related to their field of research:

Dr Agnes BANKIER
The Murdoch Institute for Research into Birth Defects

Professor Henry BURGER AO
Prince Henry's Institute of Medical Research

Professor David DE KRETZER
The Institute of Reproduction and Development, Monash University

Dr David EDGAR
Reproductive Biology Unit, Royal Women's Hospital

Dr Sean FLAHERTY
Scientific Consultant based in Adelaide

Professor David L HEALY
Department of Obstetrics and Gynaecology, Monash University

Mr Ian JOHNSTON
Melbourne IVF Pty Ltd

Dr Robert I McLACHLAN
Prince Henry's Institute of Medical Research

Professor Colin MATTHEWS
Honorary Visiting Research Fellow, University of Adelaide.

Professor Alan TROUNSON
Institute of Reproduction and Development, Monash University

Professor Robert WILLIAMSON
The Murdoch Institute for Research into Birth Defects

licensing and approvals

licensed places for treatment

The Infertility Treatment Authority has authority to administer the licensing and approval systems under the Act.

Section 93 stipulates that certain activities may not be performed unless they are performed at a place which is licensed. An application for a licence may be made by a legal person at a public hospital, which is a statutory corporation, or by a denominational or private hospital, or a day procedure centre, and will be in respect of specified premises.

The licensing process, where possible, is undertaken when accreditation by the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia (FSA) occurs. This ensures that the technical, scientific and clinical aspects are addressed through the RTAC process, and adherence to the legal provisions of the Act is assessed by the Authority.

In Victoria, a licence is required to undertake a range of treatment procedures which include:

- in vitro fertilisation (IVF)
- gamete intrafallopian fertilisation transfer (GIFT)
- donor insemination (DI)

A list of places which have been licensed, or provided with a provisional licence is outlined in Appendix 1. A number of new clinics opened in

1999 including Casterton and Maryvale. These are satellite clinics, offering treatment on specified occasions during the year. The Prince Henry's Institute of Reproductive Medicine Clinic ceased operation from 1/9/98. In the following period, patients were referred to the Monash IVF clinic at Monash Surgical Private Hospital Pty Ltd, and donors were counselled and, where appropriate, donor sperm transferred to the Monash Surgical Private Hospital Pty Ltd during 1999.

In anticipation of the complexities arising from the legal requirements in relation to donor procedures, the Authority during 1999 also undertook an audit of licensed places providing donor treatment procedures. This audit addressed:

- Information provision
- Counselling processes
- Consent procedures
- Record-keeping requirements
- Possibility of donors reviewing consent under the provisions of the new legislation.

The process highlighted a high level of co-operation by the clinics in ensuring appropriate procedures are applied.

The audit revealed that the clinics' monitoring and record-keeping facilities were adequately managing the differing transition provisions.

licensed places for approved research

Section 94 of the Act stipulates that approved research activities may not be undertaken, unless they are undertaken at a place which is licensed.

A licence may be granted for either or both of the following activities:

- a) the undertaking of approved research as outlined in s 22(1)(a) or (b) of the Act, and/or
- b) the storage of gametes, zygotes or embryos.

One place was licensed for approved research in 1999.

approvals

The approval requirements apply to doctors, counsellors and scientists. In the case of doctors, the Authority requires the Medical Practitioners Board Registration number and the names of two referees. In the case of scientists, two referees are required. Counsellors are required to be members of the Australian and New Zealand Infertility Counsellors' Association (ANZICA), to have appropriate qualifications and to nominate two referees.

To date the following applications have been approved:

<i>Counsellors</i>	22
<i>Clinical Scientists</i>	45
<i>Doctors</i>	31
<i>Research Scientists</i>	5

Appendices 3 - 5 list approvals under the *Infertility Treatment Act 1995*.

storage and import and export of sperm, eggs and embryos

The *Infertility Treatment Act 1995* includes a number of provisions in relation to the storage of gametes and embryos and the taking of sperm, eggs and embryos in and out of Victoria.

The Act requires that embryos must not remain in storage for longer than five years and gametes longer than ten years, except with the express approval of the Authority. The applications which were considered by the Storage Committee are outlined below, and fall into three broad categories:

- Those applications received from couples, where they wished to extend the storage period because they want to continue treatment or wish to have an additional child, or wish to donate the embryo for use by another couple. All of these applications were approved.
- In a number of cases, the licensed places provided the Authority with a list of couples who had embryos in storage, but the clinics were unable to locate the couples. In these cases, the clinics were required to send registered letters. Where those letters were returned address unknown, the assistance of the Health Insurance Commission (HIC) was sought, in sending letters to couples, utilising information recorded for the purposes of Medicare. This

involved the HIC sending out letters to those couples on behalf of the Authority. Where the couple then responded, their application was dealt with through the normal processes outlined above. Where no application was received, the clinic was notified to withdraw the embryos from storage, as they exceeded the five year storage limit, and no application for extension had been received. About 20% of couples responded to the letter from the HIC. This suggests that some couples were not able to be located, or that couples found the decision about the future fate of their embryos very difficult, and chose not to respond for this or other reasons.

- A small number of applications for extension of the storage period were denied. These were applications where the couple whose gametes had been used to create the embryo were divorced, or separated or no longer living together. Where it was not possible for both of the people who provided the gametes to produce the embryo to agree on an extension of the storage period, and the five year storage period had expired, the clinic was advised to remove the embryo from storage.

The Storage Committee considered the following applications in 1999.

Applications for Extensions in Storage: Embryos and Sperm

Applications Received from 1 January 1999 to 31 December 1999

Storage Type	Number of Applications	Outcome
Own Sperm	12	Approved
Donor Sperm	31	Approved
	14	Approved with conditions
Embryo	68	Approved
	2	Not Approved

Clinics were advised that the embryos of 222 couples were to be removed from storage as they were no longer required, and the storage time exceeded five years.

The extension for the storage of donor sperm has been subject to the imposition of conditions in some cases. In those cases where sperm has been used to create children in more than ten families, the sperm is restricted to future use only for the creation of siblings in those families, or for research purposes. This measure thus implements one of the conditions for licensing of places, that is, that donor sperm can only be used to create children in ten families.

storage and import and export of sperm, eggs and embryos

The Authority is also required to approve the transfer of embryos, zygotes or gametes to and from Victoria. Such transfer should be in line with the main provisions of the Act. This means, for example, that in those cases where donor gametes were used, the counselling and record provisions of the legislation must be met. The summary of applications approved is outlined below.

Applications to Import Sperm and Embryos

1 January 1999 to 31 December 1999

Type of Application	Number of Applications	Outcome
Sperm	9	Approved
Embryo	18	Approved
Embryos formed from donor gametes	4	Approved

Those applications to export donor sperm which were not approved related to circumstances where the use of the sperm was inconsistent with the requirements of the Act. This related to its use by a single woman, or where the man who produced the sperm was deceased.

Applications to Export Sperm and Embryos

1 January 1999 to 31 December 1999

Type of Application	Number of Applications	Outcome
Sperm	8	Approved
Donor Sperm	18	Approved
	2	Not Approved
Embryos	14	Approved
Embryos formed from donor gametes	4	Approved

research

The Authority has established a Research Committee which:

- provides advice to the Authority on matters related to research, and the impact of the Act on research which requires approval;
- provides advice on clinical and scientific developments within the area of infertility treatment;
- receives advice about notifications from clinics, institutions and researchers in relation to changes in clinical practice;
- seeks advice from the Panel of Advisers or other areas to ensure that the Authority is appropriately informed on matters relating to research.

The requirements of the Act in relation to research on embryos are very specific.

The *Infertility Treatment Act* 1995, in section 22, defines research as including:

- a) an experimental procedure or clinical trial;
- b) the activity of bringing about or attempting to bring about parthenogenesis in an oocyte outside the body of a woman; or forming or attempting to form a parthenogenetic oocyte outside or a parthenogene outside the body of a woman.

The approval of the Authority is required for any research which:

- involves a living embryo;
- involves the formation of a zygote for the purposes of research, or the use in research of a zygote originally formed for a treatment procedure;
- uses a parthenogenetic oocyte.

No notification or approval is required for research on gametes, provided that they are not used to form a zygote, and that consent is given as required by section 36 of the Act.

No notification or approval is required for research undertaken on embryos after they have been allowed to succumb.

The Research Committee received one application for research which related to embryo duplication for the purposes of maximising a patient's chances to achieve a pregnancy. This application was not approved, as the proposal came within the definition of cloning in the *Infertility Treatment Act* 1995. The prohibition on cloning in the Act is clear, and the definition of cloning is "clone means to form, outside the human body, a human embryo that is genetically identical to another human embryo or person".

The Research Committee has received eight notifications in relation to proposed research or clinical procedures during 1999, which did not require the approval of the Authority.

During 1999 researchers began to focus their research efforts on 'therapeutic cloning' as it came to be known, and particularly on the use of human embryonic stem cells (ES cells) and research to develop these undifferentiated cells into specific, differentiated cells. The Authority closely monitored the activities of government and scientific organisations both in Australia and overseas, to facilitate its understanding of the use of 'cloning technology', but also to monitor the impact of these research developments on the application of the *Infertility Treatment Act* 1995. The convenor of the Research Committee attended the Australian Academy of Science Seminar on Cloning, held in Canberra in September. The Deputy Chairperson and the CEO attended a seminar convened by the Catholic Archdiocese of Melbourne during April to further review the ethical and social issues associated with therapeutic cloning.

research

The Authority met with Victorian researchers, Professor Alan Trounson and Dr Martin Pera to clarify the legal requirement in relation to the use of ES cells, formed outside of Victoria, but brought into the state in that form. The view that was provided at that time was that the *Infertility Treatment Act 1995* does not include a definition of ES cells. For the purposes of the Act, ES cells are neither gametes nor embryos. Therefore they are not within the requirements related to research, nor within the approval processes in relation to import and export of gametes and embryos prescribed in section 56 of the Act. The Authority, therefore, has no statutory power under the *Infertility Treatment Act 1995* to prescribe certain actions or conditions in relation to the importation of ES cells into Victoria, or in relation to their use in research in Victoria.

A similar process of clarification was sought from the Authority in relation to the process of dedifferentiation of a somatic cell by passing through an enucleated, fertilised oocyte. The Authority received a formal presentation by Professor Robert Williamson, Director of The Murdoch Institute for Research into Birth Defects. The Authority confirmed the advice, that if the process does not achieve syngamy, then it is not covered by the requirements of the *Infertility Treatment Act 1995*.

In all of its deliberations in the research area, the Authority must understand scientific developments, and then assess their implications as far as the law is concerned. This process is always facilitated by expert scientific briefings from non-members of the Authority to supplement the scientific, legal and ethical expertise which already exists among the Authority's membership.

registers

central register

The Authority has responsibility for the operation of two central registers. The Central Register, which was established under the *Infertility (Medical Procedures) Act 1984*, recorded information about offspring born as a result of a donor procedure. The information recorded relates to identifying and non-identifying information about the donor and the offspring at the time of birth and identifying information about the couple.

Total Number of Registrations as at 31 December 1999

No. of Donors Registered	No. of Births Registered	No. of Couples Registered
527	1,997	1,506

In addition to the Central Register established under the 1984 legislation, the Authority is required under the 1995 legislation to keep its own central register. This register contains similar information. However, the provisions for access to information to the 1995 Central Register are significantly different to that of the register established under the 1984 legislation. The previous Act's provisions allow applications to be made from donors, couples with a child born as a result of a donor procedure or the offspring for both identifying and non-identifying information. However, identifying information may only be released by the Authority with the consent of the

person to whom the information relates. The 1995 register, by contrast, allows access to identifying information by offspring when they turn 18 years of age. This right is conferred unconditionally, the donor consenting to the use of their gametes or embryos on the understanding that this information will be made available on request.

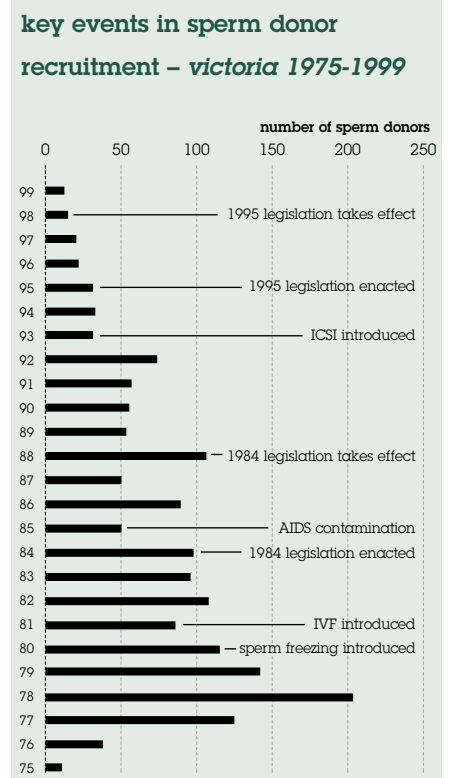
No registrations were made to the 1995 Register in this year. This related to the 'catch-up' time associated with following up pregnancies where donor gametes or embryos were used, and the reporting timetable.

donor treatment procedure information register

Section 82 of the Act requires that a Donor Treatment Procedure Information Register be established, to enable applications for lodgement of details on this register to be made on a voluntary basis. This register was not established during the reporting period.

The Authority has tried to monitor the impact of the legislation on sperm donor recruitment. A national survey of sperm donor recruitment strategies was commissioned, with a view to understanding how Victorian clinics were fairing, compared with other states where record keeping requirements were different. Interstate clinics were reluctant to

participate and the survey was not undertaken. The Authority however has continued to collect non-identifying data on every donor on record in Victoria. A status report will be produced from this data, monitoring age, marital status and other features of donors. The chart below shows the overall number of sperm donors recruited each year in Victoria, and also highlights some of the clinical and legal issues which may have had an effect on donor recruitment. The key factors affecting sperm donor recruitment are the increased use of ICSI, the availability of stored sperm and the level of recruitment activity undertaken by clinics.



communications and public relations

It is important for the Authority to ensure that it maintains close links not only with the immediate constituency in relation to infertility services, but also the broader community of interest. During 1999 the Authority continued to liaise with many organisations in Victoria, interstate and overseas, with a view to ensuring that it was informed of developments in these areas, but also promoted its own work. Many strategies are pursued in achieving the ends of remaining up to date. These include:

- Regular meetings with the Minister for Health and representatives from the Department of Human Services;
- Regular communication and information sharing with other regulatory agencies in Australia and overseas;
- Consistent contact with patient support groups and where appropriate attendance at their meetings;
- Regular briefings and presentations from experts in the field of assisted reproduction;
- Attendance at conferences and seminars both in Australia and overseas;
- Maintenance of information from the Authority through brochures and newsletters;

- Attendance at meetings to respond to enquiries about the legislation or to talk about the work of the Authority;
- The conduct of consultative forums to inform the work of the Authority.

The following summarises the nature of general enquiries to the Authority. These do not include the use of the website.

General Enquiries to the Infertility Treatment Authority

1 January 1999 to 31 December 1999

Nature of Enquiry	Number of Enquiries
Application Process	
– clarification of the application process, as required under the Act	10
Information – any general enquiry	67
Legislation	
– relates to any enquiry where the caller is seeking clarification about the application of the Infertility Treatment Act.	34
Media – any enquiry from radio, print or TV media	43

information to the public

A range of information brochures has been developed for patients using clinic services. In addition, general information brochures are available for use by the public to facilitate the understanding of the role of the Authority and the scope of the Act.

Brochures are produced by the Authority on:

- General Information*
- A Guide to Patients*
- Information to Couples Utilising Donor Egg, Sperm or Embryo*
- Information to Men considering Donation of Sperm*
- Information to Women considering Donation of Eggs*
- Information to Couples considering Donation of Embryos*
- Information to Couples utilising Donor Egg, Sperm or Embryos*
- Different Conditions Apply*

The Authority has a website which contains all of the information about the operation of the Authority and the forms required for various applications. The website address is www.ita.org.au.

In addition, the Authority produces a regular edition of the *ITA News*, and other reports arising from meetings. These are also available on the website.

many strategies are pursued in achieving the ends of keeping up-to-date

regulators' meeting

The Infertility Treatment Authority hosted a teleconference of national and state ethics, regulatory and data organisations in the field of reproductive technology in Australia and New Zealand in November 1999. Participation included representatives from all states except Queensland and Tasmania. The Chairperson from the National Ethics Committee on Assisted Reproduction in New Zealand, and of the Reproductive Technology Accreditation Committee of the Fertility Society of Australia also participated. The Director of the National Perinatal Statistics Unit of the Australian Institute of Health and Welfare also participated. A report of the teleconference is available from the Authority.

liaison with other organisations

The ITA maintains consistent communication with a number of other regulatory bodies, including the South Australian Council on Reproductive Technology, the Western Australian Reproductive Technology Council, the Reproductive Technology Accreditation Committee of the Fertility Society of Australia, the Human Fertilisation and Embryology Authority in the United Kingdom, and government departments in Canada, New Zealand and Hong Kong. Such communication ensures that the Authority is kept abreast of developments in Australia and beyond.

The link with organized support groups is also essential, to ensure the perspective of those people using the services is incorporated into considerations by the Authority. The Authority has met regularly with support groups from Monash IVF and Melbourne IVF. The Victorian branch of the Donor Conception Support Group has also made many important contributions to the development of policy in this area. Finally the Authority has regular communication with the national bodies of Access and the Donor Conception Support Group.

The National Health and Medical Research Council (NHMRC) and the Australian Institute of Health and Welfare National Perinatal Statistics Unit (AIHW-NPSU) perform important roles at a national level. The ITA maintains regular links with these groups.

outcome of treatment procedures in victoria

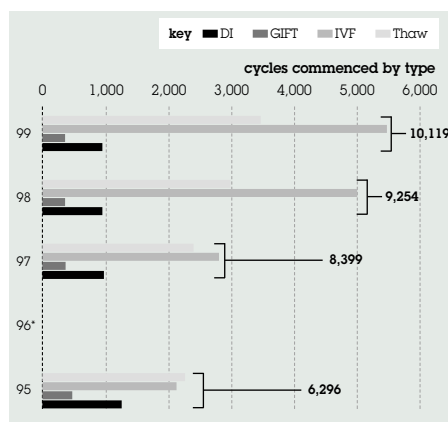
Section 137 of the *Infertility Treatment Act 1995* requires the Authority to report to the Minister, on the 30th September in each year. The report is to include particulars of each program including details about the number of treatment procedures carried out and the outcome of these treatment procedures. The Authority is required to report this information in terms of procedures carried out at each licensed place and also the status of stored embryos and gametes for each of the licensed places.

The Authority, in reporting this information at each of the places it licenses, recognises the complexity of reporting data related to assisted reproduction. In reporting treatment procedures by place, it should be noted that there are significant differences in the size of places which are licensed, and the number of services offered at these places. Many of the licensed places in country Victoria, for example, have a small number of patients. In addition, the licensed places implement different treatment policies, and this may also have an impact on the outcome for different procedures. Caution should therefore be exercised in any interpretation of the data outlined in this report.

In the reporting period, over 4,400 couples were treated in licensed places. The table below shows a gradual increase in the number of

treatment cycles offered in Victoria over the past five years. These figures include all forms of assisted reproduction, including in vitro fertilisation (IVF) and intracytoplasmic sperm injection (ICSI), gamete intra fallopian transfer (GIFT), thaw cycles from frozen embryos and donor insemination (DI). The Authority does not have complete figures for 1996, and is unable to report for this year.

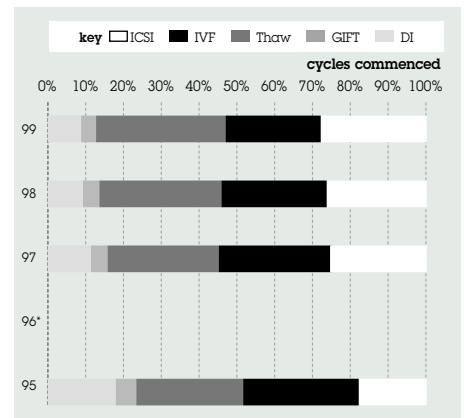
Infertility Treatment Cycles Commenced in Victoria: 1995 to 1999



There have also been changes in the relative frequency of particular treatments offered. The chart below shows a gradual increase in the use of ICSI as a proportion of IVF, and a reduction in the use of DI. There has also been a reduction in the use of GIFT, as concerns continue to be expressed by clinicians about multiple pregnancy rates.

The Authority wishes to thank the licensees and their Designated Officers for their efforts in ensuring that this data is complete for the purposes of this Annual Report.

Proportion of Treatment by Type: 1995 to 1999



The terminology used in the tables which follow is fully explained in the list of terminology, found on page 21. It is important to read this to ensure an accurate understanding of the reporting in the tables.

In the tables that follow, it should also be noted that double counting of couples may occur because they may:

- attend more than one licensed place for treatment, or
- receive treatment using more than one type of procedure.

This report also includes a final outcome of treatment procedures undertaken in 1998. These are shown on page 22. These final figures were not available at the time of the production of the 1999 Annual Report. Similarly, this year, a full report on treatment outcomes is not possible until next year's Annual Report. As pregnancies are ongoing, some outcomes are not known at the time of this report going to print.

terminology used in reporting data

Age of Patient

Age of woman as at the first Treatment Cycle for the period reported.

Clinical Pregnancy

Any type of pregnancy except that diagnosed only by measuring levels of human chorionic gonadotrophin. This definition includes ectopic pregnancy, blighted ovum and spontaneous abortion.

Confinement

Birth of one or more babies from a pregnancy. Such an event is counted as a single delivery for the pregnancy, irrespective of the number of babies born.

Couple

A couple, for the purposes of the Infertility Treatment Act 1995, is a man and woman who are married or in a heterosexual de facto relationship, who are considered unlikely to become pregnant other than by a treatment procedure, or who wish to avoid a major genetic abnormality or disease being passed onto a person born as a result of a pregnancy.

Donor Insemination (DI)

Artificial insemination with donor sperm.

Oocyte Retrieval

Procedure undertaken in an attempt to collect oocyte/s from a woman.

Embryo

Any stage of human embryonic development at and from syngamy. Syngamy is that stage of development of a fertilised oocyte where the chromosomes derived from the male and female pronuclei align on the mitotic spindle.

Fertilisation

Penetration of an oocyte by sperm. Only oocyte/s with two pronuclei will be reported.

Gamete

An oocyte or sperm

Gamete Intra-fallopian Transfer (GIFT)

A medical procedure of transferring an oocyte/s and sperm to the fallopian tube of a woman.

Intra Cytoplasmic Sperm Injection (ICSI)

ICSI is a micromanipulation technique where a single sperm is injected into the inner cellular structure of an oocyte. For the purposes of this report, ICSI treatment cycles are included in the total of IVF treatment cycles.

Insemination (In Vitro)

Insemination (in vitro) occurs with the co-incubation of sperm and oocyte outside the body of a woman. It does not necessarily result in the formation of an embryo which is fit for transfer.

In Vitro Fertilisation (IVF)

Co-incubation of sperm and oocyte outside the body of a woman. Intra Cytoplasmic Sperm Injection (ICSI) may also be used as a part of an IVF procedure.

Licensed Place

A place in respect of which a licence under Part 8 of the Act is in force.

Live Birth

Infant with signs of life after a pregnancy of at least 20 weeks' gestation.

Ongoing Pregnancies

Ongoing Clinical Pregnancies as at the 31st August of the year following that being reported on. Finalised delivery and birth details will be reported in the next Annual Report to be published.

Preimplantation Genetic Diagnosis (PGD)

After IVF, one or two cells are removed from the embryo in vitro and tested to avoid the transmission of a genetic abnormality or congenital disease inherited from the parents.

Stimulated Cycle

A Treatment Cycle in which the woman's ovaries are stimulated with superovulatory drugs, excluding clomiphene citrate, to produce more than one oocyte.

Syngamy

Syngamy is that stage of development of a fertilised oocyte where the chromosomes derived from the male and female pronuclei align on the mitotic spindle.

Thaw Cycle

A Thaw cycle commences with the removal of frozen embryos from storage in order to be thawed and then transferred.

Transfer

The procedure of placing embryos or oocytes and sperm into the body of a woman.

Treatment Cycle

A Treatment cycle begins (a) on the day when superovulatory drugs were commenced or (b) from the date of the last menstrual period (LMP).

Treatment Cycle Continued

For the purposes of reporting, a treatment cycle continues when: (a) IVF/GIFT - an oocyte retrieval procedure occurs (b) Frozen embryo transfer and an embryo transfer procedure occurs - if an embryo is fit for transfer (c) Donor Insemination - if insemination occurs.

Unstimulated Cycle

A treatment cycle where no superovulatory drugs are used or where clomiphene citrate is used.

outcome of treatment procedures

Final Outcomes for Treatment Cycles Commenced in 1998 All Licensed Places

Licensed Place	IVF							GIFT						
	Total No. Couples	Cycles Commenced	Cycles Cont'd	Clinical Pregnancies	Confinements	Total No. Babies Born	Pregnancy Outcome Unkown	Total No. Couples	Cycles Commenced	Cycles Cont'd	Clinical Pregnancies	Confinements	Total No. Babies Born	Pregn'y Outcome Unk'wn
Ballarat Health Services	33	44	35	7	5	6	0	1	1	1	0	0	0	0
Bellarine Hospital	50	64	49	6	5	8	0	11	13	10	2	2	3	0
Bendigo Healthcare Group	42	58	53	15	11	12	1	2	2	2	0	0	0	0
Central Wellington Health Service	51	72	62	19	15	18	0	3	3	3	0	0	0	0
Epworth Hospital	671	989	847	134	111	152	0	57	75	57	10	9	17	0
Freemasons Hospital	968	1,506	1,250	192	153	182	0	8	9	9	1	1	1	0
Mercy Hospital for Women	0	0	0	0	0	0	0	143	191	168	48	34	49	0
Mildura Private Hospital	73	94	82	12	11	13	0	0	0	0	0	0	0	0
Monash Surgical Private Hospital	856	1,268	1,088	194	159	204	1	56	68	56	14	10	19	0
Shepparton Private Hospital	22	23	20	10	7	8	0	0	0	0	0	0	0	0
Wangaratta Private Hospital	17	20	15	1	1	1	0	0	0	0	0	0	0	0
Women's and Children's Health Care Network	666	851	739	110	87	103	1	4	6	5	1	0	0	0
Aggregated Total	3,449	4,989	4,240	700	565	707	3	285	368	311	76	56	89	0

Licensed Place	THAW							DI						
	Total No. Couples	Cycles Commenced	Cycles Cont'd	Clinical Pregnancies	Confinements	Total No. Babies Born	Pregnancy Outcome Unkown	Total No. Couples	Cycles Commenced	Cycles Cont'd	Clinical Pregnancies	Confinements	Total No. Babies Born	Pregn'y Outcome Unk'wn
Ballarat Health Services	5	5	4	0	0	0	0	0	0	0	0	0	0	0
Bellarine Hospital	4	4	3	0	0	0	0	0	0	0	0	0	0	0
Bendigo Healthcare Group	4	6	6	3	3	3	0	0	0	0	0	0	0	0
Central Wellington Health Service	12	12	9	1	0	0	0	0	0	0	0	0	0	0
Epworth Hospital	285	367	294	41	33	41	0	96	406	351	27	19	19	0
Freemasons Hospital	683	1,269	1,113	192	153	171	1	1	1	1	0	0	0	0
Mercy Hospital for Women	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mildura Private Hospital	60	110	101	20	17	19	0	7	23	23	3	2	2	0
Monash Surgical Private Hospital	233	286	240	34	25	30	0	28	57	56	2	1	1	0
Shepparton Private Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wangaratta Private Hospital	1	1	1	0	0	0	0	0	0	0	0	0	0	0
Women's and Children's Health Care Network	503	960	781	105	78	90	3	73	232	205	32	22	24	2
Aggregated Total	1,790	3,020	2,552	396	309	354	4	205	719	636	64	44	46	2

data tables

Outcomes for Treatment Cycles Commenced in 1999 Treatment Procedures – All Licensed Places

TABLE 1

For period 1 January 1999 to 31 December 1999, All Places

	Total No. of Couples	Total No. of Cycles Commenced	Total No. of Cycles Continued	Total No. of Clinical Pregnancies	Total No. of Confinements	Total No. of Babies Born	Total No. of Ongoing Pregnancies
Whole of Victoria	4,471	10,118	8,370	1,225	480	577	561
By Procedure							
DI	214	855	736	54	29	29	21
GIFT	259	337	300	74	38	47	18
IVF	3,458	5,441	4,513	716	272	344	345
Thaw Cycle	1,813	3,485	2,821	381	141	157	177

* Variations in totals may be caused by attendance in the same year at more than one Licensed Place and/or by treatment under more than one procedure.

Patients Per Age Groups – All Licensed Places

TABLE 2

For period 1 January 1999 to 31 December 1999, All Places

Age of Women – Years	Total No. of Women in Treatment	Total No. of Cycles Commenced	Total No. of Cycles Continued	Total No. of Clinical Pregnancies	Total No. of Confinements	Total No. of Babies Born	Total No. of Ongoing Pregnancies
DI Procedures							
20 to 24	14	62	55	4	2	2	2
25 to 29	41	148	125	15	9	9	5
30 to 34	67	272	232	15	9	9	5
35 to 39	75	305	271	18	9	9	7
40 to 44	15	60	45	2	0	0	2
45 to 49	2	8	8	0	0	0	0
Aggregated Total	214	855	736	54	29	29	21
IVF/GIFT/Thaw Procedures							
<=24	66	136	111	21	10	11	9
25 to 29	660	1,324	1,110	204	85	108	99
30 to 34	1,546	3,126	2,675	493	201	246	224
35 to 39	1,469	3,120	2,556	358	126	150	171
40 to 44	653	1,377	1,050	85	24	29	35
45 to 49	89	166	121	7	3	3	2
>=50	9	14	11	2	1	1	0
Aggregated Total	4,492	9,263	7,634	1,170	450	548	540

Figures include Cycles in which oocytes were donated.

Women may have pregnancies from eggs donated from a younger woman.

Use of Donor Gametes and Embryos and Outcomes – All Licensed Places

TABLE 3

For period 1 January 1999 to 31 December 1999, All Places

Donor Gamete/s or Embryo/s	Total No. of Couples using Donor Gametes/Embryos	Total No. of Cycles Commenced	Total No. of Cycles Continued	Total No. of Clinical Pregnancies	Total No. of Confinements	Total No. of Babies Born	Total No. of Ongoing Pregnancies
Donor Oocytes	188	264	215	49	17	21	21
Donor Embryos	32	41	36	6	3	4	3
Donor Sperm	266	946	827	70	39	41	25

The ITA only collects information on treatment cycles for patients under treatment for infertility. As a result cycles commenced and continued for cycles receiving donor oocytes are the same – these cycles are not recorded by the places unless donor oocytes are available.

data tables

Outcomes per Licensed Place IVF – In Vitro Fertilisation*

TABLE 4.1

For period 1 January 1999 to 31 December 1999, All Places

Licensed Place	Total No. of Couples	Total No. of Cycles Commenced	Total No. of Cycles Continued	Total No. of Clinical Pregnancies	Total No. of Confinements	Total No. of Babies Born	Total No. of Ongoing Pregnancies
Ballarat Health Services	32	38	34	3	3	5	0
Bendigo Health Care Group	18	19	17	5	2	3	2
Casterton Memorial Hospital	43	57	43	9	6	8	2
Central Wellington Health Service	57	74	63	15	4	4	8
Epworth Hospital	637	931	780	146	55	72	73
Freemasons Hospital	1,010	1,591	1,282	153	54	61	67
Geelong Private Hospital	78	107	79	27	14	18	10
Maryvale Private Hospital	13	13	10	0	0	0	0
Mildura Private Hospital	69	96	86	11	9	11	2
Monash Surgical Private Hospital	796	1142	977	176	76	105	85
North West Health Care Network	38	53	37	6	0	0	0
Shepparton Private Hospital	10	10	7	3	3	4	0
Women's & Children's Health Care Network	797	1121	949	119	32	36	70
Aggregated Total	3,598	5,252	4,364	673	258	327	325

* Excludes treatment where oocytes and embryos donated.

Double counting of patient numbers occurs where they have attended more than one place in the year.

Egg Collection and Embryo Transfer per Licensed Place, IVF – In Vitro Fertilisation*

TABLE 4.2

For period 1 January 1999 to 31 December 1999, All Places

Licensed Place	Total No. of Oocyte Retrieval Attempts	Total No. of Oocytes Collected	Total No. of Oocytes Inseminated	Total No. of Oocytes Fertilised	Total No. of Cycles where no Embryo was formed	Total No. of Embryos Transferred	Total No. of Embryos Frozen	Total No. of Embryos unsuitable for Transfer or Freezing
Ballarat Health Services	34	360	338	187	2	75	42	70
Bendigo Health Care Group	17	171	147	95	2	35	36	24
Casterton Memorial Hospital	43	471	432	268	5	81	94	93
Central Wellington Health Service	63	611	540	375	3	127	114	134
Epworth Hospital	779	8061	7017	4384	63	1,460	1,306	1,618
Freemasons Hospital	1,282	11,359	10,258	5,992	148	1,927	3,147	918
Geelong Private Hospital	79	1020	878	538	1	175	179	184
Maryvale Private Hospital	10	116	114	48	1	18	8	22
Mildura Private Hospital	86	940	877	543	0	135	336	71
Monash Surgical Private Hospital	977	11,074	9,498	6,354	58	1,952	1,458	2,944
North West Health Care Network	37	304	290	169	5	71	50	48
Shepparton Private Hospital	7	109	101	74	0	16	35	23
Women's and Children's Health Care Network	949	8,390	7,585	4,620	105	1,394	2,572	654
Aggregated Total	4,363	42,986	38,075	23,647	393	7,466	9,377	6,803

data tables

Outcomes per Licensed Place GIFT – Gamete Intra-Fallopian Transfer

TABLE 4.3

For period 1 January 1999 to 31 December 1999, All Places

Licensed Place	Total No. of Couples	Total No. of Cycles Commenced	Total No. of Cycles Continued	Total No. of Clinical Pregnancies	Total No. of Confinements	Total No. of Babies Born	Total No. of Ongoing Pregnancies
Central Wellington Health Service	4	4	3	1	1	1	0
Epworth Hospital	44	51	40	12	9	10	3
Freemasons Hospital	8	11	11	0	0	0	0
Geelong Private Hospital	6	8	7	1	1	2	0
Maryvale Private Hospital	1	1	1	0	0	0	0
Mercy Hospital for Women	156	211	190	48	24	30	8
Monash Surgical Private Hospital	40	47	44	11	3	4	7
Women's and Children's Health Care Network	2	4	4	1	0	0	0
Aggregated Total	261	337	300	74	38	47	18

Double counting of patient numbers occurs where they have attended more than one place in the year.

Oocyte Collection and Transfer per Licensed Place GIFT – Gamete Intra-Fallopian Transfer

TABLE 4.4

For period 1 January 1999 to 31 December 1999, All Places

Licensed Place	GIFT			ADDITIONAL PROCEDURES FOLLOWING GIFT			
	Total No. of Oocyte Retrieval Attempts	Total No. of Oocytes Collected	Total No. of Oocytes Transferred	Total No. of Oocytes Frozen	Total No. of Oocytes Inseminated	Total No. of Oocytes Fertilised	Total No. of Embryos Frozen
Central Wellington Health Service	3	20	8	0	12	4	4
Epworth Hospital	40	390	111	3	244	105	69
Freemasons Hospital	11	63	30	0	33	18	14
Geelong Private Hospital	7	59	15	0	44	19	11
Maryvale Private Hospital	1	2	2	0	0	0	0
Mercy Hospital for Women	190	1,279	560	323	0	0	0
Monash Surgical Private Hospital	44	483	140	0	305	172	80
Women's and Children's Health Care Network	4	23	11	0	12	5	5
Aggregated Total	300	2,319	877	326	650	323	183

Outcomes per Licensed Place, Thaw Cycle – Frozen Embryo Transfer

TABLE 4.5

For period 1 January 1999 to 31 December 1999, All Places

Licensed Place	Total No. of Couples	Total No. of Cycles Commenced	Total No. of Embryos Thawed	Total No. of Cycles Continued	Total No. of Embryos Transferred	Total No. of Clinical Pregnancies	Total No. of Confinements	Total No. of Babies Born	Total No. of Ongoing Pregnancies
Ballarat Health Services	5	5	15	5	10	0	0	0	0
Casterton Memorial Hospital	12	12	38	11	21	1	0	0	1
Central Wellington Health Service	10	12	36	10	21	2	0	0	1
Epworth Hospital	366	504	1,188	380	704	53	25	28	21
Freemasons Hospital	715	1,329	2,479	1,107	1,832	153	54	61	74
Geelong Private Hospital	2	2	5	2	3	0	0	0	0
Maryvale Private Hospital	6	6	14	5	9	0	0	0	0
Mercy Hospital for Women	1	1	5	1	1	0	0	0	0
Mildura Private Hospital	61	103	293	87	152	9	9	11	0
Monash Surgical Private Hospital	329	433	1,089	334	608	49	21	22	24
North West Health Care Network	2	2	4	2	3	0	0	0	0
Shepparton Private Hospital	2	2	5	1	2	0	0	0	0
Women's & Children's Health Care Network	577	1,074	1,974	882	1,490	114	32	35	56
Aggregated Total	2,088	3,485	7,145	2,827	4,856	381	141	157	177

data tables

Outcomes per Licensed Place, DI – Donor Insemination

TABLE 4.6

For period 1 January 1999 to 31 December 1999, All Places

Licensed Place	Total No. of Couples	Total No. of Cycles Commenced	Total No. of Cycles Continued	Total No. of Clinical Pregnancies	Total No. of Confinements	Total No. of Babies Born	Total No. of Ongoing Pregnancies
STIMULATED							
Epworth Hospital	7	22	19	1	1	1	0
Monash Surgical Private Hospital	1	2	2	0	0	0	0
Women's and Children's Health Care Network	12	19	17	2	2	2	0
UNSTIMULATED							
Epworth Hospital	74	306	261	13	8	8	5
Mildura Private Hospital	4	9	9	0	0	0	0
Monash Surgical Private Hospital	59	237	210	19	11	11	8
Women's and Children's Health Care Network	74	260	218	19	7	7	8
Aggregated Total	231	855	736	54	29	29	21

Double counting of patient numbers occurs where they have attended more than one place in the year or had more than one type of procedure.

Outcomes per Licensed Place, Stimulated / Unstimulated – IVF / Gift

TABLE 5

For period 1 January 1999 to 31 December 1999, All Places

Licensed Place	Total No. of Couples	Total No. of Cycles Commenced	Total No. of Cycles Continued	Total No. of Clinical Pregnancies	Total No. of Confinements	Total No. of Babies Born	Total No. of Ongoing Pregnancies
STIMULATED							
Ballarat Health Services	32	38	34	3	3	5	0
Bendigo Health Care Group	18	19	17	5	2	3	2
Casterton Memorial Hospital	42	56	42	9	6	8	2
Central Wellington Health Service	55	69	58	16	5	5	8
Epworth Hospital	620	869	730	148	59	76	73
Freemasons Hospital	923	1249	1,065	141	49	56	60
Geelong Private Hospital	79	114	85	28	15	20	10
Maryvale Private Hospital	13	13	10	0	0	0	0
Mercy Hospital for Women	156	211	190	48	24	30	8
Mildura Private Hospital	69	98	89	11	9	11	2
Monash Surgical Private Hospital	785	1089	936	180	77	106	87
North West Health Care Network	37	51	36	6	0	0	6
Shepparton Private Hospital	9	9	7	3	3	4	0
Women's and Children's Health Care Network	728	956	822	111	30	34	64
UNSTIMULATED							
Ballarat Health Services	1	1	1	0	0	0	0
Casterton Memorial Hospital	3	4	4	0	0	0	0
Central Wellington Health Service	7	10	9	1	0	0	1
Epworth Hospital	153	206	183	33	11	13	14
Freemasons Hospital	191	390	228	23	8	10	14
Geelong Private Hospital	3	4	4	0	0	0	0
Maryvale Private Hospital	3	3	3	1	1	1	0
Mildura Private Hospital	1	1	0	0	0	0	0
Monash Surgical Private Hospital	100	141	126	12	5	7	5
North West Health Care Network	2	2	1	0	0	0	0
Shepparton Private Hospital	2	2	1	0	0	0	0
Women's and Children's Health Care Network	112	173	132	10	2	2	7
Aggregated Total	4,144	5,778	4,813	789	309	391	363

Double counting of patient numbers occurs where they have attended more than one place in the year.

data tables

Multiple Births per Licensed Place

TABLE 6

For period 1 January 1999 to 31 December 1999, All Places

Licensed Place	Total No. of Confinements	Total No. of Babies Born	Number of Singleton/s Born	Set/s of Twin/s Born	Set/s of Triplet/s Born	Set/s of >Quad/s Born
Ballarat Health Services	3	5	1	2	0	0
Bendigo Health Care Group	2	3	1	1	0	0
Casterton Memorial Hospital	6	8	4	2	0	0
Central Wellington Health Service	5	5	5	0	0	0
Epworth Hospital	104	126	84	18	2	0
Freemasons Hospital	111	127	95	16	0	0
Geelong Private Hospital	15	20	10	5	0	0
Maryvale Private Hospital	1	1	1	0	0	0
Mercy Hospital for Women	24	30	19	4	1	0
Mildura Private Hospital	18	22	14	4	0	0
Monash Surgical Private Hospital	114	146	84	28	2	0
North West Health Care Network	0	0	0	0	0	0
Shepparton Private Hospital	3	4	2	1	0	0
Wangaratta Private Hospital	0	0	0	0	0	0
Women's and Children's Health Care Network	73	80	67	5	1	0
Aggregated Total	479	577	387	86	6	0

Causes of Infertility

TABLE 7

For period 1 January 1999 to 31 December 1999, All Places

Licensed Place	Femal Tubal Only	Other Female Factor	Male Infertility Only	Multiple Causes for the Couple	Unexplained for the Couple
Ballarat Health Services	7	3	11	10	6
Bendigo Health Care Group	3	3	5	5	2
Casterton Memorial Hospital	11	7	0	4	25
Central Wellington Health Service	4	9	13	10	32
Epworth Hospital	77	137	263	258	232
Freemasons Hospital	173	130	385	135	458
Geelong Private Hospital	7	9	29	17	20
Maryvale Private Hospital	3	3	3	3	10
Mercy Hospital for Women	2	4	7	110	34
Mildura Private Hospital	17	13	25	9	16
Monash Surgical Private Hospital	101	97	328	241	240
North West Health Care Network	4	1	13	7	13
Shepparton Private Hospital	1	2	5	3	2
Women's and Children's Health Care Network	132	86	306	81	490
Aggregated Total	484	457	1,264	814	1,441

The licensed place totals are greater than the aggregated total due to patients attending more than one place in the year.

data tables

Storage of Oocytes / Embryos per Licensed Place

TABLE 8

For period 1 January 1999 to 31 December 1999, All Places

Licensed Place	OOCYTES STORED		NUMBER OF EMBRYOS STORED		
	Woman with oocytes/ ovarian tissue stored at start of period	Start of Reporting Period	Frozen from Cycles Commenced	Thawed for Cycles Commenced	Remaining in Storage
Ballarat Health Services			57	15	
Bellarine Hospital			192	1	
Bendigo Health Care Group			57	4	
Broadmeadows Health Service			50	4	
Casterton Memorial Hospital			98	23	
Central Wellington Health Service			122	28	
Epworth Hospital	43	1,939	1,621	1,166	2,936
Freemasons Hospital	N/A	4,484	-	-	5,010
Maryvale Hospital			17	14	
Mercy Hospital for Women					
Mildura Private Hospital	N/A	459	336	293	502
Monash Surgical Private Hospital		1,344	1,673	1,106	1,911
Shepparton Private Hospital			43	5	
Wangaratta Private Hospital					
Women's and Children's Health Care Network	N/A	4,538	-	-	5,004
Aggregated Total	43	12,764	4,266	2,659	15,363

Storage of Donor Sperm per Licensed Place

TABLE 9

For period 1 January 1999 to 31 December 1999, All Places

Licensed Place	Total Number of donors whose sperm is stored and available for donor treatment (at start of period)	New donors recruited during Reporting Year (1999)
Epworth Hospital	126	26
Women's and Children's Health Care Network	52	3
Aggregated Total	178	29

Preimplantation Genetic Diagnosis

TABLE 10

For period 1 January 1999 to 31 December 1999, All Places

Licensed Place	Total No. of Couples	Total No. of Treatment Cycles Commenced	Total No. of Cycles Continued	Total No. of Clinical Pregnancies	Total No. of Confinements	Total No. of Babies Born
Epworth Hospital	1	1	1	0	0	0
Freemasons Hospital	21	22	22	5	3	6
Monash Surgical Private Hospital	53	55	55	8	3	3
Aggregated Total	75	78	78	13	6	9

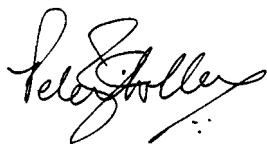
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Infertility Treatment Authority Certification of Annual Financial Statements

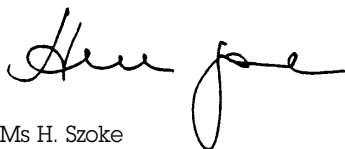
In our opinion the financial statements of the Infertility Treatment Authority, comprising Revenue and Expense Statement, Balance Sheet, Statement of Cash Flows and Notes to the Accounts:

- 1) have been prepared in accordance with directions of the Minister of Finance under the Financial Management Act 1994, Australian Accounting Standards and other mandatory requirements (Urgent Issues Group Consensus Views), and
- 2) present fairly the results of the financial transactions of the Authority for the year ended 30 June 2000 and the financial position of the Authority as at that date.

At the date of signing these statements we are not aware of any circumstances, which would render any particulars, included in these statements to be misleading or inaccurate.



P.L. Waller
Chairman & Member of the Board



Ms H. Szoke
Chief Executive Officer

12th September, 2000, MELBOURNE

Auditor-General's Report

to the Members of the Parliament of Victoria, the responsible Ministers and the Members of the Infertility Treatment Authority

Audit Scope

The accompanying financial report of the Infertility Treatment Authority for the financial year ended 30 June 2000, comprising a revenue and expense statement, balance sheet, statement of cash flows and notes to the financial statements, has been audited. The Members of the Authority are responsible for the preparation and presentation of the financial report and the information it contains. An independent audit of the financial report has been carried out in order to express an opinion on it to the Members of the Parliament of Victoria, the responsible Ministers and the Members of the Infertility Treatment Authority as required by the *Audit Act* 1994.

The audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement. The audit procedures included an examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial report is presented fairly in accordance with Australian Accounting Standards and other mandatory professional reporting requirements and complies with the requirements of the *Financial Management Act* 1994, so as to present a view which is consistent with my understanding of the Authority's financial position, the results of its operations and its cash flows.


The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In my opinion, the financial report presents fairly the financial position of the Infertility Treatment Authority as at 30 June 2000 and the results of its operations and its cash flows for the year ended on that date in accordance with Australian Accounting Standards and other mandatory professional reporting requirements and complies with the requirements of the *Financial Management Act* 1994.

MELBOURNE
13/9/2000

Victorian Auditor-General's Office
Auditing in the Public Interest


for J.W. CAMERON
Auditor-General

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Revenue and Expense Statement for the year ended 30 June 2000

	Notes	1999/00 \$	1998/99 \$
Revenue for the year			
Approval Fees		5,190	4,710
Dept of Human Services Grant		325,000	325,000
Interest Received		1,185	1,126
Licensing Fees		36,239	31,417
Sales of Publications		80	113
Other Income		280	9
Proceeds from Sale of Non Current Assets		800	22,232
Total Revenue for the year		368,774	384,607
Less Operating Expenses Requiring Fund Outflows:			
Operating Expenses	12	350,371	378,912
Operating Surplus Attributable to Fund Items		18,403	5,695
Less Operating Expenses Not Requiring Fund Outflows:			
Depreciation / Amortisation	7	23,996	42,167
Operating (Deficit) Attributable to Non Fund Items		(23,996)	(42,167)
Operating (Deficit) for the year		(5,593)	(36,472)
Accumulated Surplus at beginning of Financial Year		49,803	86,275
Accumulated Surplus at end of Financial Year		44,210	49,803

The accompanying notes form part of these financial statements

Balance Sheet as at 30 June 2000

	Notes	1999/00 \$	1998/99 \$
EQUITY			
Accumulated Surplus		44,210	49,803
Total Equity		44,210	49,803
LIABILITIES			
<i>Current Liabilities</i>			
Creditors and Liabilities	5	41,641	46,503
Provisions	6	5,681	8,845
Total Current Liabilities		47,322	55,348
<i>Non-Current Liabilities</i>			
Provisions	6	7,731	4,254
Total Non-Current Liabilities		7,731	4,254
Total Liabilities		55,053	59,602
TOTAL EQUITY AND LIABILITIES		99,263	109,405
ASSETS			
<i>Current Assets</i>			
Cash	2	41,428	34,800
Prepayments/Receivables	4	10,544	6,717
Total Current Assets		51,972	41,517
<i>Non-Current Assets</i>			
Property Plant and Equipment	7	47,291	67,888
Total Non-Current Assets		47,291	67,888
TOTAL ASSETS		99,263	109,405

The accompanying notes form part of these financial statements

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Statement of Cash Flows for the year ended 30 June 2000

	Notes	1999/00 Inflows/(Outflows) \$	1998/99 Inflows/(Outflows) \$
Cash Flows from Operating Activities:			
Operating Grant Receipts		325,000	325,000
Payments to Suppliers and Employees		(364,338)	(345,182)
Interest Received		1,309	1,180
Income from Fees		48,111	36,356
Other Income		280	9
Net Cash (Used in)/Provided by Operating Activities	3	10,362	17,363
Cash Flows from Investment Activities:			
Proceeds from sale of Property, Plant and Equipment		800	22,232
Payments for Property, Plant and Equipment		(4,534)	(38,045)
Net Cash used in Investing Activities		(3,734)	(15,813)
Net Increase in Cash held		6,628	1,550
Cash held at beginning of the financial year		34,800	33,250
Cash held at end of the financial year	2	41,428	34,800

The accompanying notes form part of these financial statements

notes to and forming part of the financial statements for the years ended 30 June 2000

1. Statement of Accounting Policies

These general purpose financial statements have been prepared in accordance with the directions of the Minister of Finance under the Financial Management Act 1994 and applicable Australian Accounting Standards and other mandatory professional reporting requirements

a) Accrual Basis

The Accrual Basis of accounting has been used with revenues and expenses being recognised as they are earned or incurred, and are brought to account in the period to which they relate.

b) Historical Cost

The financial statements have been prepared on the historical cost basis whereby assets are recorded at cost and do not take into account changing money values or the current costs of non-current assets.

c) Rounding Off

All amounts shown in the Financial Statement are expressed to the nearest dollar.

d) Depreciation/Amortisation

Depreciation and Amortisation are charged using the straight-line method of depreciation, at rates considered appropriate to expire the relevant cost of the assets in full over the term of their estimated useful life to the Authority. The relevant depreciation rates have been outlined in Note 7.

e) Creditors

Creditors are valued at nominal amounts. Creditors are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Authority. Creditors are normally settled on 30-day terms.

f) Prepayments / Receivables

Prepayments or Receivables are

carried at nominal amounts due. Credit sales are on 30-day terms.

g) Employee Entitlements

Based on pay rates effective at balance date, on-costs such as workcover and superannuation are included in the calculation of leave provisions.

Provision is made for the Authority's liabilities for employee entitlements to annual leave and long service leave arising from service rendered by employees to balance date. The Authority's accrued liability for annual leave not taken by employees at balance date is classified as a current liability.

Employee entitlements payable later than one year is classified as a non-current liability, and have been measured at the present value of estimated future cash flows to be made for those entitlements.

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The provision for long service leave is determined in accordance with Australian Accounting Standard AAS30 – Accounting for Employee Entitlements. The long service leave entitlements under existing employment arrangements becomes payable upon completion of 10 years service.

h) Comparatives

Where necessary the figures for the previous year have been reclassified to facilitate comparison.

i) Prepaid Licensing Fees

The Authority charges License Fees to professionals who operate infertility treatment practices. The License Fees are for the period 1 January 2000 to 31 December 2000. As a result six months of License Fees that have been paid in this year have been recognised as prepaid Licensing Fees.

2. Cash

For the purposes of the Statement of Cash Flows cash includes cash on hand and at call deposits with banks or financial institutions. Cash on deposit is held at call and valued at the nominal amount held. Effective interest rates of between 3.5% and 4.3% per annum were earned on funds held during the year.

Cash at the end of the financial year as shown in the statement of cash flows and balance sheet is made up as follows:

	Notes	2000 \$	1999 \$
Cash at Bank		41,171	1,890
Cash on Hand		257	257
Cash on Deposit		-	32,653
		41,428	34,800

3. Notes to the Statement of Cash Flows

Reconciliation of Net Cash Used in Operating Activities to Operating (Deficit)

Operating Surplus (Deficit)		(5,593)	(36,472)
Loss on Sale of Fixed Assets		335	8,383
Non-Operating movements in Receivables and Creditors		-	(3,161)
Depreciation/Amortisation (non-cash)		23,996	42,167
Decrease/(Increase) in Prepayments/Receivables		(3,827)	(2,628)
Increase in Provisions		313	7,676
Increase/(Decrease) in Creditors		(4,862)	1,398
Net Cash generated by Operating Activities		10,362	17,363

4. Prepayments/Receivables

Insurance Prepaid		10,292	
Interest Receivable		154	278
Debtors		98	6,439
		10,544	6,717

5. Creditors & Liabilities

Audit and Accounting Fees Payable		8,000	7,700
Fringe Benefits Tax Liability		5,312	5,846
Group Tax Payable		3,185	3,233
Lease Liability		436	436
Prepaid Licensing Fees	1(i)	18,511	18,250
Superannuation Payable		923	-
Trade Creditors and other Payables		5,274	11,038
		41,641	46,503

6. Provisions

Employee entitlements:

Current:

Annual Leave	1(g)	5,681	8,845
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Non-Current

Long Service Leave	1(g)	7,731	4,254
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Total Employee Entitlements		13,412	13,099
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7. Plant and Equipment

Item	At Cost \$	Rate %	Depreciation 1999-00 Amount \$	Accumulated Depreciation at 30-6-00 \$	Written Down Value at 30-6-00 \$	Written Down Value at 30-6-99 \$
Motor Vehicles	33,130	15%	4,970	8,687	24,443	29,413
Computer Equipment	11,711	40%	3,971	4,612	7,099	7,435
Office Equipment	85,946	20%	15,055	70,197	15,749	31,040
Total	130,787		23,996	83,496	47,291	67,888

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8. Responsible Persons & Related

Party Transactions

a) Responsible Minister

The Hon. Rob Knowles MLC Minister for Health was the Responsible Minister until 19 October 1999. As of the 20 October 1999, the Hon. John Thwaites MLA Minister for Health is the Responsible Minister.

b) Authority Members

The names of Authority members at the date of this report are: *P.L. Waller (Chairman)*
M.G.C. Guilfoyle *C.F. McDonald*
C.A.J. Coady *L.J. Wilton*
J.K. Findlay *A Fisher*

c) Members Remuneration 1999/00 1998/99

	1999/00	1998/99
i) Total amount received or due and Receivable by members of the Board of the Authority	\$ 59,334	\$ 51,044
ii) The number of Board Members whose Remuneration fell within the following Bands:		
\$0 - \$10,000	6	7
\$10,000 - \$20,000	1	1

d) Executive Officer

The Authority's Executive Officer did not receive remuneration in excess of \$100,000.

10. Commitments

a) Capital Commitments

At 30 June 2000, the Authority had no outstanding capital commitments.

b) Lease Commitments

Non-cancelable operating leases contracted for in relation to the rental of premises, but not included in the accounts:

Less than 1 year	\$42,074
Greater than 1 year but less than 5 years	\$190,411
Greater than 5 years	\$53,698

c) Other Commitments

At 30 June 2000, there were no other outstanding service commitments.

11. Superannuation

Details in relation to superannuation funds are as follows:

- The Authority contributed on behalf of its employees during the year ended 30 June 2000 to Vic Super, being a complying fund under the Superannuation Industry (Supervision) Act 1993.
- No loans exist between the Authority and Vic Super.
- The amount of total contributions by the Authority to Vic Super during the year amounted to \$10,689 and outstanding contributions at year end amounted to \$923 (1999 - \$11,291).
- The basis for calculation of superannuation is in accordance with the statutory requirements, which specifies that contributions of the Authority are based on a percentage of the employees' salary. During the period these contributions were at the rate of 7% of gross salaries. Employee contributions were nil.

9. Financial Instruments

a) Interest Rate Risk

The Authority's exposure to interest rate risk and the effective weighted average interest rates on those financial assets and financial liabilities are as follows:

30 June 2000	Floating Interest Rate \$	Fixed Interest Maturing in 1 year or less \$	Non-interest Bearing \$	Total \$
Financial Assets				
Cash	41,171	-	257	41,428
Sundry Debtors	-	-	252	252
TOTAL	41,171	-	509	41,680
Weighted Average Interest Rate %	3.5%	-		
Financial Liabilities				
Trade Creditors and other Payables			23,130	23,130
TOTAL			23,130	23,130

30 June 1999	Floating Interest Rate \$	Fixed Interest Maturing in 1 year or less \$	Non-interest Bearing \$	Total \$
Financial Assets				
Cash	1,890	32,653	257	34,800
Sundry Debtors	-	-	6,717	6,717
TOTAL	1,890	32,653	6,974	41,517
Weighted Average Interest Rate %	0%	3%		
Financial Liabilities				
Trade Creditors and other Payables			28,253	28,253
TOTAL			28,253	28,253

b) Credit Risk Exposure

The Authority is not materially exposed to any individual debtor.

c) Net Fair Value of Financial Assets and Liabilities

The net fair value of all on-balance sheet monetary financial assets and financial liabilities approximates their carrying value. There is no off-balance sheet financial assets or financial liabilities at balance date.

	Notes	1999/00 \$	1998/99 \$
12. Operating Expenses			
Accounting Fees		9,970	9,950
Advertising		399	1,186
Audit Fees		3,600	3,600
Bank Charges and Taxes		532	423
Computer Maintenance		4,270	6,454
Consultants fees		9,385	2,760
Courier / Postage		2,377	2,974
Entertainment		1,656	1,640
Insurance		10,175	6,770
ITA Publications		7,120	12,486
Lease Payments		5,237	5,237
Legal Fees		3,897	5,250
Maintenance		471	1,511
Members Sitting Fees		59,334	51,044
Motor Vehicle Expenses		4,992	3,165
Office Outgoings		13,328	8,997
Printing & Stationery		4,072	5,751
Rent on land & buildings		34,391	25,370
Salaries & Wages		140,351	155,375
Staff Amenities		842	605
Staff training		445	2,209
Subscriptions		5,063	3,459
Superannuation	11	11,612	11,291
Telephone		7,129	8,243
Travel and Accommodation		8,588	12,547
WDV of Fixed Assets Disposed of during year		1,135	30,615
TOTAL EXPENSES		350,371	378,912

appendix 1

Places Licensed to Provide Treatment

Legal Entity	Place	Name of Clinic	Period of Approval	Approved Treatments to be Undertaken
Ballarat Health Services	Ballarat Base Hospital	Monash IVF	1/7/98 to 30/6/01	IVF GIFT
Benalla and District Memorial Hospital	Benalla and District Memorial Hospital	Monash IVF	15/3/00 to 15/3/03	IVF GIFT
Bendigo Healthcare Group	Bendigo Hospital	Monash IVF	1/7/98 to 30/6/01	IVF GIFT
Casterton Memorial Hospital	Casterton Memorial Hospital	Monash IVF	18/2/99 to 17/2/02	IVF GIFT
Central Wellington Healthcare Service	Gippsland Base Hospital - Sale	Monash IVF	1/7/98 to 30/6/01	IVF GIFT
Epworth Hospital	Epworth Hospital	Monash IVF	1/7/98 to 30/6/01	IVF GIFT DI Storage of gametes and embryos
Freemasons Hospital	Freemasons Hospital	Melbourne IVF	22/7/99 to 21/7/02	IVF GIFT DI Storage of gametes and embryos
Geelong Private Hospital	Geelong Private Hospital	Monash IVF	17/12/98 to 16/12/01	IVF GIFT
Maryvale Private Hospital	Maryvale Private Hospital	Monash IVF	19/5/99 to 18/5/02	IVF GIFT
Mercy Hospital for Women	Mercy Hospital for Women	Melbourne Assisted Conception Centre	1/7/98 to 30/6/01	GIFT
Mildura Private Hospital	Mildura Private Hospital	Mildura Reproductive Medicine Centre	1/7/98 to 30/6/01	IVF GIFT DI Storage of gametes and embryos
Monash Surgical Private Hospital Pty Ltd	Monash Surgical Private Hospital Pty Ltd	Monash IVF	1/7/98 to 30/6/01	IVF GIFT DI Storage of gametes and embryos
North Western Health Network	Broadmeadows Health Service	Monash IVF	21/7/99 – 21/7/2002	IVF GIFT
Shepparton Private Hospital	Shepparton Private Hospital	Monash IVF	17/12/98 to 16/12/01	IVF GIFT
Wangaratta Private Hospital	Wangaratta Private Hospital	Monash IVF	16/9/98 to 15/9/01	IVF GIFT
Women's and Children's Health Care Network	The Royal Women's Hospital	Melbourne IVF	22/7/99 to 21/7/02	IVF GIFT DI Storage of gametes and embryos

appendix 2 & 3

Places Licensed for Approved Research

appendix 2

Legal Entity	Clinic or Other Associations	Period of Approval
Monash University	Institute of Reproduction and Development Monash IVF, Monash Surgical Private Hospital Pty Ltd Monash IVF, Epworth Hospital	17/12/98 to 16/12/99

Counsellors Approved under the *Infertility Treatment Act 1995*

appendix 3

Doctors in places licensed to provide treatment are required to provide all patients with a list of approved counsellors, prior to treatment commencing.

Name COUNSELLORS	Licensed Place	Clinic	Period of Approval
ALESI, Rita	* See Note Below	Monash IVF	3 years
BLOOD, Jennifer	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
BOURNE, Kate	Freemasons Hospital The Royal Women's Hospital Mildura Private Hospital	Melbourne IVF	3 years
BRUCE, Paula	Mildura Private Hospital	Mildura Reproductive Medicine Centre	3 years
CLARKE, Veronica	* See Note Below	Monash IVF	3 years
COOK, Roger	Mercy Hospital	Melbourne Assisted Conception Centre	3 years
HAINES, Wendy	* See Note Below	Monash IVF	3 years
HUTCHINS, Pamela	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
JENKINS, Megan	* See Note Below	Monash IVF	3 years
KANE, Helen	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
LEWIS, Bronwyn	* See Note Below	Monash IVF	3 years
MALANGRE, Kate	* See Note Below	Monash IVF	3 years
NAVE, Catherine	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
O'BYRNE, Louise	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
OKE, Elizabeth	Freemasons Hospital The Royal Women's Hospital Mildura Private Hospital	Melbourne IVF	3 years
PITT, Penelope	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	1 year from 16/2/00
PTACEK, Jana	Mercy Hospital	Melbourne Assisted Conception Centre	3 years
PORTAS, Cynthia	* See Note Below	Monash IVF	1 year from 15/9/99
PURVIS, Kate	* See Note Below Freemasons Hospital The Royal Women's Hospital	Monash IVF Melbourne IVF	3 years
RATHBORNE, Margaret	* See Note Below	Monash IVF	1 year from 16/2/00
SMALES, Andrea	* See Note Below	Monash IVF	3 years
STRATIGAKOS, Georgina	* See Note Below	Monash IVF	3 years

*NOTE (Licensed Places):

- Ballarat Base Hospital
- Benalla and District Memorial Hospital
- Bendigo Health Care Group
- Broadmeadows Health Service
- Casterton Memorial Hospital
- Epworth Hospital
- Geelong Private Hospital
- Gippsland Base Hospital
- Maryvale Private Hospital
- Monash Surgical Private Hospital Pty Ltd
- Shepparton Private Hospital
- Wangaratta Private Hospital

appendix 4

Clinical Scientists Approved under the *Infertility Treatment Act 1995*

appendix 4

Name	Licensed Place	Clinic	Period of Approval
CLINICAL SCIENTISTS			
ARCHER, Janell	The Royal Women's Hospital Freemasons Hospital	Melbourne IVF	3 years
ATKINS, Jan	* See Note Page 37	Monash IVF	3 years
ATTARD, Marlene	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
BOURNE, Harold	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
BURDEN, Jennifer	* See Note Page 37	Monash IVF	3 years
COSTA, Jessica Beatrice	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
CURNOW, Eliza	Monash Surgical Private Hospital Pty Ltd	Monash IVF	3 years
DEAR, Melinda	* See Note Page 37	Monash IVF	3 years
DIAMANTE, Maria	* See Note Page 37	Monash IVF	3 years
EDGAR, David	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
FLINN, Pauline	* See Note Page 37	Monash IVF	3 years
GALEA, Sandra	* See Note Page 37	Monash IVF	3 years
GOUGOULIDIS, Grammatiki	* See Note Page 37	Monash IVF	3 years
GRAS, Lynette R.	* See Note Page 37	Monash IVF	3 years
HALL, Susan	* See Note Page 37	Monash IVF	3 years
HARPER, Jennifer	* See Note Page 37	Monash IVF	3 years
HOLDEN, Sandra B.	* See Note Page 37	Monash IVF	3 years
JACKSON, Peter	* See Note Page 37 (to 3/10/99) Freemasons Hospital The Royal Women's Hospital	Monash IVF (to 3/10/99) Melbourne IVF (from 4/10/99)	3 years
JERICHO, Helena	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
LAWLER, Celine	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
LJUNGDELL, Emma	* See Note Page 37	Monash IVF	3 years
McDONALD, Michele	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
MANSFIELD, Jennifer	* See Note Page 37	Monash IVF	3 years
MANTELOS, Kathy	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
MATTHEWS, Pam	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
MERRY, Nicole Emma	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
MITTEN, Janine	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
MUNSIE, Megan	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
NIETO, Felix	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
NINNIS, Anna	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
O'BRIEN Carmel	Freemasons Hospital	Melbourne IVF	3 years
POPE, Adrianne	* See Note Page 37	Monash IVF (from 16/2/00)	1 year
REINKE, Susan	* See Note Page 37	Monash IVF	3 years
RENDALL, Susan	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
RHO, Hwan-Cheol	* See Note Page 37	Monash IVF	3 years
SALEEM, Fareha	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
SLUITER, Heather	Mildura Private Hospital	Mildura Reproductive Medicine Centre	3 years
STEEVES, Tracey	* See Note Page 37	Monash IVF	3 years
VALIOTIS, Mary	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
VASSILIADIS, Anne	The Royal Women's Hospital Freemasons Hospital	Melbourne IVF	3 years
VLAJKOV, Suzana	* See Note Page 37	Monash IVF	3 years
WEBSTER, Debra	* See Note Page 37	Monash IVF	3 years
WICKS, Rachel	* See Note Page 37	Monash IVF	3 years
WILTON, Leecandra	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
WOOLHOUSE, Jenette Constance	* See Note Page 37	Monash IVF	3 years

appendix 5

Doctors Approved under the *Infertility Treatment Act 1995*

appendix 5

Name DOCTORS	Licensed Place or Location for D.I.	Clinic	Period of Approval
BAILEY, Catherine	Mildura Private Hospital	Mildura Reproductive Medicine Centre	3 years
BOWDITCH, John	Mildura Private Hospital	Mildura Reproductive Medicine Centre	3 years
CLARKE, Geoffrey	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
DOBSON, Peter	Mercy Hospital for Women	Melbourne Assisted Conception Centre	3 years
DOWNING, Bruce	* See Note Below	Monash IVF	3 years
FOSTER, Penelope	Freemasons Hospital The Royal Women's Hospital Mildura Private Hospital	Melbourne IVF Mildura Reproductive Medicine Centre	3 years
GRONOW, Michael	Freemasons Hospital The Royal Women's Hospital Western Hospital, Sunshine	Melbourne IVF	3 years
HALE, Lyndon	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
HAVERFIELD, Maxwell	* See Note Below	Monash IVF	3 years
HEALY, David	* See Note Below	Monash IVF	3 years
HILL, David	Mercy Hospital for Women	Melbourne Assisted Conception Centre	3 years
JOHNSTON, Walter Ian Harewood	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
KOVACS, Gabor	* See Note Below	Monash IVF	3 years
KUHN, Raphael John Paul	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
LAWRENCE, Anthony	* See Note Below	Monash IVF	3 years
LAWRENCE, Mark	* See Note Below	Monash IVF	3 years
LEETON, John	* See Note Below	Monash IVF	3 years
LOLATGIS, Nicholas	* See Note Below	Monash IVF	3 years
McBAIN, John	Freemasons Hospital Mildura Private Hospital The Royal Women's Hospital	Melbourne IVF Mildura Reproductive Medicine Centre	3 years
O'CALLAGHAN, David	Mercy Hospital for Women	Melbourne Assisted Conception Centre	3 years
SPEIRS, Andrew	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
STEINBERG, Lionel	Mercy Hospital for Women	Melbourne Assisted Conception Centre	3 years
STERN, Catharyn	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
STURROCK, Timothy	* See Note Below	Monash IVF	3 years
TALBOT, James MacKenzie	Mercy Hospital for Women * See Note Below	Melbourne Assisted Conception Centre	3 years
THOMAS, Adrian	Mercy Hospital for Women	Melbourne Assisted Conception Centre	3 years
TRIVEDI, Amarendra	Mildura Private Hospital	Mildura Reproductive Medicine Centre	3 years
TSALTAS, Jim	* See Note Below Freemasons Hospital The Royal Women's Hospital	Monash IVF (to August 1999) Melbourne IVF (from August 1999)	3 years
VOLLENHOVEN, Beverley	* See Note Below	Monash IVF	3 years
WOOD, Edwin Carlyle	* See Note Below	Monash IVF	3 years
WEERASIRI, Anil Tilak	* See Note Below	Monash IVF	3 years

***NOTE (Licensed Places):**

- Ballarat Base Hospital
- Benalla and District Memorial Hospital
- Bendigo Health Care Group
- Broadmeadows Health Service
- Casterton Memorial Hospital
- Epworth Hospital
- Geelong Private Hospital
- Gippsland Base Hospital
- Maryvale Private Hospital
- Monash Surgical Private Hospital Pty Ltd
- Shepparton Private Hospital
- Wangaratta Private Hospital

appendix 6

Research Scientists Approved under the *Infertility Treatment Act 1995*

appendix 6

Name	Place to be Licensed	Place	Period of Approval
FIGUEIREDO, Fatima	Monash IVF	Monash IVF Pty Ltd	3 years
GRAS, Lyn	Monash IVF	Monash IVF Pty Ltd	3 years
JACKSON, Peter	Monash IVF (to 3/10/99)	Monash IVF Pty Ltd (to 3/10/99)	3 years
JONES, Gayle Maree	Monash University	Monash Institute of Reproduction and Development, Monash University	3 years
TROUNSON, Alan	Monash University	Monash Institute of Reproduction and Development, Monash University	3 years

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