

# ITA



## PURPOSES OF THIS REPORT

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

The reporting period for the fourth Annual Report is:

- 1 July 2000 to 30 June 2001 for the licences, approvals, exemptions and accounts;
- 1 January 2000 to 31 December 2000 for all other activities.



The Infertility Treatment Authority wishes to acknowledge the use of photographs produced by Monash IVF, and by Dr Leeanda Wilton and Dr David Edgar from Melbourne IVF.

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# CHAIRPERSON'S REPORT



I am pleased to present the fourth report of the Infertility Treatment Authority. This Report describes our activities in the third year since proclamation of the Act on 1 January 1998. The year 2000 has been an eventful year. There has been an increase in applications and issues that the Authority has had to address in the process of implementing the provisions of the *Infertility Treatment Act 1995*. The provision of services in this area, and the research initiatives that are undertaken here and internationally, continue to challenge our understanding of the ethical and the social issues arising from their application. The Authority, mindful of its obligations not only to fulfil its licensing functions but also to monitor activities in this area, has ensured that the public more generally is informed about our activities. The regular publication of our news-sheet, and the conduct of various meetings serve not only to inform the Authority's members but the Victorian community also.

There have been two milestones in the year 2000. The first is the decision of the Federal Court of Australia in *Mc Bain v State of Victoria & Ors*. The aftermath of this case saw unprecedented activity at the political and at the community level. The decision attracted intensive media comment, great public response, intervention by the Prime Minister and an action in the High Court of Australia, which is still proceeding. The Authority sought to ensure that those places which were licensed were aware of their legal responsibilities in respect of admission to treatment programmes. We obtained senior counsel's opinion and our subsequent advice to licensed places was

timely. The political and the legal future of the provisions declared to be inconsistent with the federal *Sex Discrimination Act 1984* remains uncertain, but licence holders are clear about their responsibilities under the Act at present. That this issue engendered such a response is not surprising. The availability and the application of reproductive technologies challenges many of our previous understandings of what constitutes that fundamental institution, the family, and about motherhood and fatherhood. These matters can only be satisfactorily addressed after extensive community consultation, and genuine reflection and principled debate.

The second is cloning in general, and the developing research involving human embryonic stem cells in particular. Again, discussion, debate and division have occurred both within Victoria and at the level of the Australian Parliament and Government. The international attention devoted to this issue has been vast, with some countries such as the United Kingdom finally providing a regulatory structure in which therapeutic cloning may be undertaken. The President of the USA has announced that federal funds will support research on existing stem cell lines. These are matters of great moment. Decisions about the status to be given to the human embryo and how this should be reflected in our law remain matters of great complexity and deep controversy. The Victorian statute contains definitions which mean that ES cell research may be undertaken in this state, although deriving ES cells through the destruction of any human embryos is prohibited. In my

evidence to the House of Representatives Standing Committee on Legal and Constitutional Affairs, conducting its enquiry under a reference on the social, legal and ethical issues associated with therapeutic cloning, I proposed a national framework as the more satisfactory outcome in Australia. This is not, however, easily achieved, especially in an area such as this.

All the work of the Authority is undertaken by a very small group of people. We are seven in number. The Deputy Chairperson, Dame Margaret Guilfoyle, has again taken over my responsibilities on several occasions in my absence. I thank her for that support, and for her wise counsel on many sensitive and difficult issues. Other members of the Authority have given much of their time in order to ensure that all the statutory functions of the Authority are completely fulfilled. My sincere thanks are extended to all of them.

At the end of March 2001, we welcomed two new members to the Authority. Dr Heather Wellington and Mr Michael Gorton bring to the Authority very significant experience in the law, health administration, public service and experience of life. With change, however, also comes some deep regret. We farewelled our departing members, Professor Tony Coady and Dr Christine Mc Donald. I wish specifically to acknowledge the significant contribution of both, who participated in the establishment and the development of the Authority. Both were inaugural members, who worked to facilitate the development of policies, procedures and of guidelines, and did this

in conjunction with the special constituencies and the more general community in achieving an understanding of all the work of the Authority. I extend my thanks and the thanks of the other members and staff for their work over the past five years.

I wish also to thank our CEO, Ms Helen Szoke and our Administrative Officer, Ms Jill Smithson for their exemplary work in the past twelve months. Both have ensured that all of the routine and the special responsibilities of the Authority have been discharged with dispatch and with a sure attention to detail. I have been able to fulfil better my responsibilities as Chairperson through the support and advice I have always been given by Ms Szoke. To her I express my particular gratitude.



Emeritus Professor Louis Waller AO  
Chairperson

# CEO'S REPORT



The 2000 year proved to be a year of changes on a number of fronts. Much of the resources and energy of the Authority has been directed to refining administrative and record keeping systems, and ensuring that guidelines and conditions for licensing were up to date and relevant. This was particularly timely given the outcome of the Federal court case, in which it was determined that the 'marriage requirement' contained in the *Infertility Treatment Act 1995* was in breach of the provisions of the *Sex Discrimination Act 1984*, and therefore no longer valid. Inevitably, a year which involved consideration of the legislation in the legal arena has meant that the requirement on the budget for legal fees was greater than anticipated. We thank the Department of Human Services for an additional grant to cover these expenses.

This year also saw the commencement of an additional component of the licensing process. We are privileged to have the services of Professor Henry Burger as a specialist consultant clinician to undertake audits of the licensed places. The need for clinical input into the licensing process is important, notwithstanding the link which is made between the Authority's licensing process and the Reproductive Technology Accreditation Committee. Professor Burger commenced this process late in 2000, with a view to providing advice to the Authority and also to seek feedback from clinicians about the impact of the application of the legislation and issues arising.

In September 2000, I was granted two weeks' study leave to visit the United Kingdom for the purposes of data

collection for my own post-graduate research. I thank the Authority for this time. The trip has proved useful to reinforce our contact with our UK colleagues, and also to facilitate planning for the international symposium to be held in November 2001.

Finally, on the staff front, I wish to thank Ross Adams for his contribution to the databases established with the clinics for the annual reporting processes. Ross and his family moved to Canberra late in 2000, although he is still involved to a lesser extent with our work. We have since welcomed Ron Kochskamper from Kochteck Pty Ltd, to facilitate this important work. Jill Smithson has continued to provide thorough and accurate administrative and financial support. Her eye for detail is invaluable.

The administrative arm of the work of the Authority is very small, and the time given by Authority members is critical in ensuring the responsiveness and efficacy of the work of the Authority. It is indeed an honour and a pleasure to work with this esteemed group of people.

Helen Szoke  
Chief Executive Officer.

## **In Memory – Mr Ian Johnston AM 16 February 1930 - 19 March 2001**

*Ian's death in March 2001 marked the end of a distinguished and prominent career in medicine in the special fields of obstetrics and gynaecology, and reproductive technology in particular. The Infertility Treatment Authority wishes to acknowledge his significant contribution to IVF in Victoria, marked especially by the birth of the first IVF baby in Australia, and to the development of a multidisciplinary regulatory process for IVF in Australia. It was the experience of members of the Authority that Ian approached all of these endeavours with energy and gusto, and often during the regulatory processes leading to legislation in Victoria, these were directed at the proponents of statutory regulation. Ian held strong views about the privacy and the primacy of the doctor/patient relationship. He had the foresight and ability to see that infertility treatment needed more than the doctor, and he strongly advocated that a multidisciplinary team should include counsellors as well as scientists and clinicians.*

*The Authority warmly remembers our colleague and his contribution to the development of IVF.*

# AIM AND FUNCTIONS

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

*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 the Parliament under the terms of the Act.

The work of the Authority is necessarily informed by the four guiding principles, which are enunciated in the Act, in descending order of importance and application.

*These principles are:*

- The welfare and interest of any person born or to be born as a result of a treatment procedure are paramount.
- Human life should be preserved and protected.
- The interests of the family should be considered.
- Infertile couples should be assisted in fulfilling their desire to have children.

These principles inform the application of the Act to the practices of infertility treatment in Victoria. This is why there are restrictions to accessing infertility treatments, incorporation of checks and balances for patients in the form of consent, information and counselling processes and specifications for how gametes or embryos may be deployed. The Act contains many protections and restrictions in order to meet these guiding principles.

*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 approval of the bringing into Victoria or the taking out of Victoria, sperm, eggs or embryos;
- the maintenance of three registers related to donor treatment procedures;
- 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; and
- providing advice to the Minister for Health.

The Authority produces Conditions and Guidelines for licensed places and people involved with assisted reproduction. These Conditions and Guidelines are reviewed and revised on a regular basis.

In addition to the Annual Report, the Authority produces information in the form of general brochures and pamphlets, maintains a website, provides media comment and briefing on issues as they arise, and maintains a reference library which is available for general use during business hours.



# MEMBERSHIP

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 states that in making nominations to the Governor-in-Council, the Minister must have regard to the need for diversity and expertise.

The following summarises the membership of the Authority during 2000. Membership changes were made in March 2001, and two new members have been included in this list.



**Emeritus Professor  
Louis Waller AO**

Chairperson  
Term of membership  
expires 10 September 2001.

Emeritus Professor Louis Waller AO, FASSA, retired in December 2000 from the Sir Leo Cussen Chair of Law at Monash University, a post to which he was appointed in 1965. He has held many posts including being 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 and the first Chairman of the Standing Review Advisory Committee on Infertility. He retired as 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.



**Mr Michael Gorton**

Term of membership  
expires 31 March 2003

Mr Michael Gorton is a partner with Russell Kennedy, Solicitors. He has recently been appointed by the Victorian Government as President of the Health Services Review Council. Michael is a former National President of Greening Australia; the Victorian President of the United Nations Association of Australia; and is currently the Co-Chair of the Victorian Reconciliation Council. He was, until 1999, Victoria's first permanent male Commissioner with the Victorian Equal Opportunity Commission.



**Professor C.A.J.  
(Tony) Coady**

Term of membership  
expired 31 March 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.



**Dr Christine  
McDonald**

Term of membership  
expired 31 March 2001.

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 for Breathing and Sleep, and a member of the Australian Medical Workforce Advisory Committee in Thoracic Medicine. Dr McDonald has an interest in ethics in medicine.





**Professor John (Jock) Findlay AM**

Term of membership expires 31 March 2003.

Professor Jock 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 recognised scientific journals.



**Very Rev Professor Anthony Fisher OP**

Term of membership expires 1 January 2002.

Father Fisher is the Episcopal Vicar for Healthcare, Catholic Archdiocese of Melbourne and Director of the John Paul II Institute for Marriage and Family. Before taking up his appointment as Director in July 2000, he was a lecturer at the Australian Catholic University where he taught healthcare ethics and law. He is a member of several hospital ethics committees.



**In Memory  
Rev Dr Francis Harman AO DD  
3 June 1917 –  
11 September 2000**

*It was with sadness that the Authority members and staff learned of the death of Frank Harman in September 2000. Reverend Dr Francis Harman AO DD contributed significantly to the development and then the implementation of the Victorian regulatory framework for IVF. Frank was an original member of the Waller Committee in 1982, and then continued as a member of the Standing Review and Advisory Committee on Infertility, which was established in 1984 and continued until 1996. He then went on to participate as an inaugural member of the Infertility Treatment Authority in 1996, until his retirement from that position in 1998. Professor Waller, who worked with Frank during this time, described the respect and affection felt by all his fellow committee members. Frank was seen as wise, fair and completely scrupulous in his dealings in the controversial area of legal and bioethical consideration. His contribution to the establishment work of this Authority will long be remembered, and many aspects of our solid foundation are a tribute to his profound understanding of the law, and of people.*

*Frank Harman will long be remembered for his contribution to bioethics, the informed regulation of reproductive technologies, as a canon lawyer and judge of the National Catholic Tribunal, and as a much loved and greatly respected parish priest.*



**Dr Heather Wellington**

Term of membership expires 31 March 2003

Dr Heather Wellington is a medical practitioner with a background in health care management and policy. She is currently working as a health law and policy consultant with the national law firm Corrs Chambers Westgarth. In addition, she is a member of the Australian Council for Safety and Quality in Health Care, a Director of Barwon Water, a regional private health insurer (GMHBA) and the Victorian Division of the National Heart Foundation. She is also Chair of the Peter MacCallum Cancer Institute, and a Councillor for Coryule Ward in the City of Greater Geelong.



**Dr Leeanda Wilton**

Term of membership expires 1 January 2002.

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.



The Authority is staffed by a Chief Executive

Officer, Ms Helen Szoke. Other staff include Ms Jill Smithson, Personal Assistant, Ms Sarah Davis, Register Data Entry and Audit Worker. The Authority utilises the consultancy services of Kochtech Pty Ltd, with principal consultant Mr Ron Kochskamper. Mr Ross Adams has maintained responsibility for the collection of data for the Annual Report.

# COMMITTEES



Section 135 of the Act provides that the Authority may set up one or more committees of members of the Authority. A full meeting of the Authority was held on twelve occasions.

The Authority has established the following committees which comprise Authority members.

## **Annual Report Committee**

This committee has responsibility for the production of the Annual Report to the Minister for Health and the Parliament of Victoria. The committee also reviews the policy and procedures in relation to data collection, and the commissioning of data from licensed places. This committee met four times during 2000.

## **Conflict of Interest Committee**

A Conflict of Interest statement has been produced and accepted by the Authority, and forms the basis of monitoring the activities of the Authority in an ongoing manner. The committee has not been required to meet in the reporting period. However, conflict of interest declarations are clearly made at all of the committee and full meetings of the Authority, and reflected in the minutes. Where necessary, members absent themselves from discussions and decisions.

## **Finance and Personnel Committee**

This committee comprises the Chairperson and Deputy Chairperson and has the responsibility of monitoring the budget. This committee met on two occasions in 2000.

## **Licensing and Approval Committee**

The members of this committee have responsibility for ensuring that the conditions for licence are met in relation to the licences and approvals which have been issued by the Authority. In addition, the committee has instituted audit processes of licensed places. During 2000, the committee met on six occasions and was also responsible for the completion of two site visits for the purposes of licensing.

## **Research Committee**

This committee met on seven occasions during 2000, and included in their role was the review of existing guidelines and the development of an assessment of the impact of the legislation on human embryo research in Victoria. The committee has responsibility for monitoring human embryo research activity and notifications of changes in clinical procedures and research initiatives.

## **Storage Committee**

This committee meets on a regular basis to assess applications for the extension of storage time for gametes and embryos, and for applications to import and export gametes and embryos into and out of Victoria. It continues to facilitate the location of people who have embryos in storage for in excess of five years, where the clinic has not been able to contact them. The committee met eleven times during 2000.

In addition, two working groups met during 2000. The Registers Working Group finalised the conditions for approval for donor-linking counsellors, and prepared for the launch of the Voluntary

Register. The Community Development Working Group facilitated the conduct of the public meeting to look at issues associated with the interests of persons born as a result of reproductive technology.

# 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; and
- 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, and also to ensure relevant advice is provided to the Authority.

The following people agreed to participate as contact people for the Authority during 2000, on matters related to their field of research:

Associate Professor Agnes BANKIER  
*Genetic Health Services Victoria*

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

Professor David De KRETZER AO  
*The Institute of Reproduction and Development, Monash University*

Dr David EDGAR  
*Reproductive Services, 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 AM  
*Melbourne IVF Pty Ltd*

Associate Professor 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  
*Murdoch Children's Research Institute*

# LICENSING AND APPROVAL



The Infertility Treatment Authority has responsibility for the administration of the licensing and approval system under the Act. In Victoria, a licence is required to undertake a range of activities, including:

- A treatment procedure, which includes in vitro fertilisation (IVF), gamete intrafallopian fertilisation transfer (GIFT) and donor insemination (DI);
- Storage of gametes and embryos.

An application for a licence may be made by a legal person at a public hospital which is a statutory corporation, a public, denominational or private hospital, or a day procedure centre, and will be in respect of those 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.

A list of places which have been licensed is outlined in Appendix 1.

The approval requirements under the Act apply to doctors, counsellors and clinical and research 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 clinical and research scientists, two referees are required. Counsellors are currently 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:

Counsellors	25
Clinical Scientists	51
Doctors	32
Research Scientists	4

Appendices 2 – 5 list approvals under the *Infertility Treatment Act 1995*.

Investigations were conducted into two approvals following issues associated with the importation of donor sperm. Both investigations resulted in satisfactory explanations on the part of the practitioner.

## Licensing Visits

The Authority members undertook only two licensing visits during the year. These related to reviewing the new premises for the Melbourne Assisted Conception Centre at the Mercy Hospital for Women and the Monash IVF Satellite clinic at Benalla Hospital. Both of these visits resulted in a satisfactory report to the Authority. Professor Burger also undertook an audit visit at Mildura Private Hospital.

## Provision of false or misleading information

The Melbourne Magistrates Court heard charges that two police officers had provided false or misleading information in order to access infertility treatment. These charges were laid under section 58 of the *Infertility Treatment Act 1995*. This provision states that a person must not knowingly or recklessly give false or misleading information. The male and

female officers presented for treatment, and were assumed to be in a heterosexual de facto relationship. The female officer was in fact in a lesbian relationship with another officer, and utilised the male officer's sperm for the procedure. The investigation and the institution of the prosecutions were undertaken by the Ethical Standards Unit of the Victoria Police. The charges were dismissed at the hearing.

## McBain v State of Victoria and Ors

The Federal Court of Australia heard this case in Melbourne on 28 July 2000. It arose because Ms Lisa Meldrum, a single woman, was refused treatment at the Melbourne IVF clinic, based at Freemasons Hospital. She was informed that the *Infertility Treatment Act 1995* provided that to be admitted to a treatment programme, a woman must be married or in a de facto relationship, and must meet the other requirements in section 8 of the Act. These include that the woman is unlikely to become pregnant except through the use of a treatment procedure. Justice Sundberg, in his Declaration, stated that the marriage/de facto marriage requirement of the Act is inconsistent with section 22 of the *Sex Discrimination Act 1984* (Cth) and so is inoperative by reason of s 109 of the Australian Constitution. The Declaration contains a schedule of those sections of the Act, which, to the extent that they are dependent upon the marriage requirement, are inconsistent with s 22 of the *Sex Discrimination Act 1984*. This means, in effect, that having a husband or a de facto spouse can no longer be a requirement in terms of those sections.

The Authority sought senior counsel advice, which confirmed that the *Infertility Treatment Act* 1995 was an Act which regulated infertility treatment, and the Act prescribed infertility as an eligibility criterion. Justice Sundberg in his judgement emphasised the fact that his decision did not transform the Act into one regulating alternative methods of conception. The effect of the judgement was that although the marriage/de facto marriage requirement was no longer enforceable, the requirement for a diagnosis of clinical infertility remained.

The decision of the Federal Court also attracted swift responses in other arenas and jurisdictions. The Prime Minister announced that he would propose an amendment to the *Sex Discrimination Act* 1984 to ensure that states which had legislation specifying who may receive treatment for infertility would be able to implement their own requirements. The Senate Legal and Constitutional Affairs Committee held a public consultative process involving hearings and receiving submissions, to seek responses to the proposed amendment which was passed by the House of Representatives in 2001. The Committee ultimately recommended by majority of members that the Commonwealth Act should not be amended. The matter is still before the Senate (September 2001).

The second response to the *McBain* decision came from the Australian Catholic Bishops Conference which made application by notice to the Full Court of the High Court of Australia, seeking to set aside Justice Sundberg's decision in the case of *McBain v State of Victoria & Ors*.

The Bishops Conference has since been granted an Attorney-General's fiat to ensure it has standing to make its argument, the Commonwealth Attorney-General will also be represented; and the Human Rights and Equal Opportunity Commission and the Women's Electoral Lobby have also been granted leave to appear. The case will be held in early September 2001.

#### **Auditing of Licensed Places**

The Authority was pleased to announce the appointment of Professor Henry Burger as a specialist consultant to the Authority, to undertake specific audits of patient pathways, and clinical matters associated with their infertility treatment. Professor Burger's initial task was to undertake an audit of licensed places, to determine the impact of the Federal Court decision, and the implications arising from the treatment of single women who met the eligibility criteria as outlined in the Act. By the end of the reporting period, Professor Burger had finalised a satisfactory audit of the Mildura Private Hospital. Further audits were scheduled for the 2001 calendar year.

#### **Revision of Guidelines**

The Authority was required to revise its guidelines, following the changed understanding of the application of the *Infertility Treatment Act* 1995, resulting from the Federal Court Case.

A number of matters are still under review by the Licensing Committee.

# STORAGE OF SPERM, EGGS AND EMBRYOS



The *Infertility Treatment Act 1995* requires that embryos must not remain in storage for longer than five years, and gametes longer than ten years, except with the approval of the Authority. The Storage Committee of the Authority considers the applications for extension of the storage period on a regular basis. The Authority acknowledges the significant assistance which the Health Insurance Commission has provided, in contacting people with embryos in storage.

The work of the Storage Committee in consideration of the extension of storage times falls into a number of categories:

- Some applications from people with embryos or gametes in storage are quite straight-forward, and involve considering an application for an extension in the storage time to allow time to have more children, to overcome an illness or to consider the option of donating the embryo. These sorts of applications have been approved.
- A number of embryos must be withdrawn from storage. In these cases, extensive efforts have been made by both the licensed place and the Authority to locate the people, to offer them options in terms of the future fate of the embryos and facilitate their decision-making. A similar process occurs in the case of gamete storage, particularly as it relates to storage of sperm for medical reasons.
- There are still many cases where embryos have been in storage in excess of five years, or gametes in excess of

ten years, and the licensed place either has difficulty locating the people who placed the embryos or gametes in storage, or the people are finding it difficult to make a decision. Often the manifestation of that difficulty is that the people concerned do not respond to letters from the licensed places or from the Authority. For those applications where the address is unknown assistance is sought from the Health Insurance Commission. In other cases, the Authority will notify the people that a decision must be made, as the licensed place is unable to store the embryos or gametes in excess of the statutory storage limits.

- In a small number of cases, the application for extension of the storage time for embryos is not approved. These cases relate to those circumstances where the people who have placed the embryos in storage have separated or divorced, and either are not able to reach a decision about the future of the embryo, or do not wish the embryo to be used by the other party.

The approved staff at Licensed Places, and the Authority officers, are mindful of the important status of the stored embryos and gametes, and every effort is made to ensure that decision-making is informed and considered.

In some cases, the extension of time for the storage of donor sperm has been subject to conditions. This occurs where sperm has been used to create children in more than ten families. In those cases, the sperm is restricted to future use only for

the creation of siblings in those families, or for research purposes.

In 2000 the Storage Committee considered the following applications with the subsequent outcomes:

## *Applications for Extensions in Storage: Embryos and Sperm*

1 January 2000 to 31 December 2000

<i>Storage Type</i>	<i>Number of Applications</i>	<i>Outcome</i>
<i>Own Sperm</i>	<i>20</i>	<i>Approved</i>
<i>Donor Sperm</i>	<i>15</i>	<i>7 Approved</i> <i>8 Approved with conditions</i>
<i>Embryo</i>	<i>67</i>	<i>Approved</i>

Clinics were also advised that the embryos of ten couples were to be removed from storage as they were no longer required for use in a treatment procedure, and the storage time exceeded five years.

# IMPORT AND EXPORT OF SPERM AND EMBRYOS

The Authority is also required to approve the transfer of embryos and gametes to and from Victoria. The Act proposes that the Authority may only approve an application if the proposed use of the gametes or embryos would be consistent with the requirements of the Act. This means, for example, that in those cases where donor gametes were used to form an embryo, the counselling and record keeping provisions in the legislation must be met.

The Authority was unable to approve a number of applications. The reasons for these included:

- Embryos were to be used for a commercial surrogacy arrangement overseas;
- Donor gametes were to be imported from interstate or overseas where the conditions for approval were not able to be met – that is, the donor be counselled about the obligations under the Victorian legislation that no payment be made for the gametes, or that identifying information about the donor must be lodged with the treating clinic to enable registration on the Central Register, should a live birth result.

The following applications were received:

## *Applications to Import Sperm and Embryos* 1 January 2000 to 31 December 2000

<i>Type of Application</i>	<i>Number of Applications</i>	<i>Outcome</i>
<i>Sperm</i>	<i>3</i>	<i>Approved</i>
<i>Donor Gamete</i>	<i>2</i>	<i>Not Approved</i>
<i>Embryo</i>	<i>13</i>	<i>Approved</i>
<i>Embryos formed from donor gametes</i>	<i>4</i>	<i>Approved with conditions</i>

## *Applications to Export Sperm and Embryos* 1 January 2000 to 31 December 2000

<i>Type of Application</i>	<i>Number of Applications</i>	<i>Outcome</i>
<i>Sperm</i>	<i>5</i>	<i>Approved</i>
<i>Donor Gamete</i>	<i>14</i>	<i>Approved with conditions</i>
<i>Embryo</i>	<i>20</i>	<i>19 Approved</i>
		<i>1 Advised treatment now available in Victoria</i>
		<i>Post Federal Court Case July 2000</i>
<i>Embryos formed from donor gametes</i>	<i>1</i>	<i>Approved with conditions</i>



# RESEARCH



The requirements of the *Infertility Treatment Act 1995*, as they relate to approved research are quite specific. Section 22 of the Act defines research as including:

- an experimental procedure;
- a clinical trial;
- 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 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;
- involves the use in research of a zygote originally formed for a treatment procedure; or
- uses a parthenogenetic oocyte.

No notification or approval is required for research on gametes, provided they are not used to form a zygote, and that consent is given as required in section 36 of the Act. No notification or approval is required for research undertaken on embryos after they have been allowed to succumb.

## Research Applications and Approval

The Authority has received one application requiring approval for human embryo research, as required by the provisions of section 22 of the *Infertility Treatment Act 1995*.

The application for biopsy of human blastocysts for determining implantation potential is still under consideration.

The Authority received the following notifications:

### February

Mixing animal and human gametes for training embryologists. *Gene Technology Act 2000* provisions took precedence.

### February

S.50 and incidental identification of gender of embryos – notification to clinics ITA News May 2000.

### March

Human DNA replication – human DNA into pig oocytes – no further action required.

### August

PGD for sex selection for intellectual disability – with autistic traits – application for case approved.

### September

Multi-centered trial for Laser Assisted Hatching – IVF – notification noted.

The Chairperson of the Authority, and the CEO, also presented in camera evidence to the House of Representatives Standing Committee on Legal and Constitutional Affairs, which was addressing the use of therapeutic cloning in Australia. A national prohibition on reproductive cloning was included in *The Gene Technology Act 2000* (Cth). Consideration of therapeutic cloning and the research utilising ES cells is on-going.

# REGISTERS

The Infertility Treatment Authority has responsibility for maintenance of three registers.

## 1984 Central Register

The Central Register, which was established under the *Infertility (Medical Procedures) Act 1984*, records information about offspring born as a result of donor procedures. 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. Information that identifies any person on this Register may only be released with the consent of the person about whom it relates.

The total number of registrations on this Register, as at 31 December 2000, is outlined below. The Authority has undertaken an audit of the 1984 Central Register, which revealed the inclusion of 30 donors, who had no corresponding live births associated with their donation. These donors are included in this report, but on completion of the audit process, may be excluded from the Register and from the reported number of donors in next year's annual report.

### Total Number of Registrations as at 31 December 2000

<i>No. of Donors Registered</i>	<i>No. of Births Registered</i>	<i>No. of Recipient Parents Registered</i>
544	2,040	1,559

During 2000, the Authority received its first enquiry about this Register. The enquiry related to up-to-date information about a donor, without necessarily identifying that person. This raised the issue of how to locate registrants on the Register, given that the information about current contact details may be some years old, and therefore out-of-date. Following much discussion, the Authority undertook to pilot a search process with Vanish Inc, a non-

government agency that facilitates a search process in the adoption sector. The mission of Vanish is to protect the primacy of the interests of the adopted person. This focus is consistent with the first guiding principle of the *Infertility Treatment Act 1995*, that the interests of the person born as a result of the use of treatment procedures should be of paramount importance. The search was successfully completed, and the Authority is currently in the process of seeking to update information in response to the request.

## 1995 Central Register

The 1995 Register 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 if requested. In order to qualify for this Register, the donor must have provided consent to the use of their gametes after 1 January 1998, the date on which the *Infertility Treatment Act 1995* came into effect. In practice this means that the Authority is accepting applications to both the 1984 Register and the 1995 Register. The entries to the 1995 Register are outlined below.

### Total Number of Registrations as at 31 December 2000

<i>No. of Donors Registered</i>	<i>No. of Births Registered</i>	<i>No. of Recipient Parents Registered</i>
48	62	54

## Donor Treatment Procedure Information Register

This Register, which is more commonly known as the Voluntary Register, is set up under the requirements of section 82 of the Act. The purpose of the Register is to allow anyone involved with a donor treatment procedure since July 1988 voluntarily to apply for inclusion on the Register. The


applicant may provide identifying information to be released to other parties specified, or may wish to lodge a photo, a message or any other information which may be of interest to other parties associated with the donor procedure. This is the only Register which currently facilitates communication between half siblings. The Register was delayed in its establishment, as the Authority sought to remove the time requirements, and make it available to anyone involved with a donor treatment procedure in Victoria. The Register was opened in March 2001, by the Minister for Health. A further report on the progress of the Register will be contained in the Annual Report for 2002.

In support of the requirement to extend the provisions of the donor register to include pre-1988 procedures, it is interesting to note that the Authority has received 38 unsolicited applications relating to pre-1988 donor procedures. These are predominantly from donors who donated sperm in the late 1970s and early 1980s, who have seen media stories about donor information, and wanted to ensure that should their offspring wish to contact them, that information could be lodged somewhere.

The establishment of the Voluntary Register will be finalised with the extension of the Register to these pre-1988 procedures. This initiative is unique, as few other countries afford donor offspring the legal protection contained in the *Infertility Treatment Act 1995*, nor the option to make contact, while protecting the confidentiality of past procedures.

The Authority is optimistic that these registers will continue to provide important birth origin information to those people seeking such information.

# COMMUNICATION AND PUBLIC RELATIONS



## **Welfare and Interests of Persons Born as a Result of Assisted Conception**

The Authority was pleased to convene its first public seminar, which specifically addressed the interests of persons born as a result of a treatment procedure. Of particular focus in the day's proceedings were issues related to donor procedures and different family structures, and their impact on the interests of the person born. The seminar was timely, given the implications of the Federal Court Case, *McBain v State of Victoria & Ors.* As Professor Coady remarked in the collection of works which marked the day's proceedings, "One conclusion that has come clearly from the whole thing is that there is a lot of work to be done on some of the issues of reproductive technology in 2000 and beyond, in spite of the good work that was done in the 1980s and 1990s in Victoria."

A copy of the proceedings is available from the Authority, and a bibliography of research undertaken on different family structures is also available.

## **Other Participation**

The CEO or members of the Authority also participated in a number of other events during the course of 2000. These involvements are summarised:

*March 2000*

House of Representatives Standing Committee on Legal and Constitutional Affairs. Public Hearings on Scientific and Ethical and Regulatory Considerations relevant to cloning – Canberra – CEO

*April 2000*

Serona Symposium on ES Cells – Canberra – Dr Leeanda Wilton  
Professor Jock Findlay AM  
Ms Helen Szoke

*April 2000*

FSA Conference – Members and CEO – Dr Leeanda Wilton

*May 2000*

Opening of the Reproductive Services Unit, The Royal Women's Hospital – Chairperson and CEO

*May 2000*

Visit to Reproductive Medicine Centre, Queen Elizabeth Hospital, Adelaide and the South Australian Council on Reproductive Technology – CEO

*June 2000*

Meeting of Department of Human Services Working Group on Gay and Lesbian Health – CEO

*July 2000*

Professor John Robertson from the University of Texas at Austin, visits to ITA – All members

*July 2000*

Australian Institute of Health Law and Ethics Conference – Sydney – CEO

*July 2000*

Special Meeting of the ITA – ES Cells – All members

*July 2000*

National Data Collection Mechanisms – NPSU – Sydney – CEO and Data Worker

*August 2000*

Presentation to Master of Family Therapy Students – La Trobe University – CEO

*August 2000*

Midsumma Gay and Lesbian Parenting Conference – Member – Dr Christine McDonald

*August 2000*

The Great IVF Debate – The Royal Children's Hospital – CEO

*August 2000*

Professor Erica Haines, Professor of Sociology, University of Newcastle and Deputy Director of Policy, Ethics and Life Sciences Research Institute – CEO and members

*August 2000*

Post Graduate Diploma in Legal Studies La Trobe University – presentation – CEO

*September 2000*

Education Program in Reproductive Biology – Presentation on Research and the Law – Monash Medical Centre – CEO

*September 2000*

UK Study Tour (Study leave funded from Faculty of Arts Travel Grant, University of Melbourne) – CEO

*October 2000*

Menzies Alumni Symposium – Ethical and Philosophical Aspects of Human Genome Research – Chairperson, Professor Tony Coady and CEO

*October 2000*

Lecture on Research and the Law –  
Monash University Master of Clinical  
Embryology – CEO

*October 2000*

In-Camera Presentation to House of  
Representatives Standing Committee on  
Legal and Constitutional Affairs. Reference  
on scientific, ethical and regulatory  
considerations relevant to cloning –  
Chairperson and CEO

*November 2000*

Presentation to IVF Friends, Monash IVF –  
CEO

*November 2000*

Regulators Teleconference – Chairperson,  
CEO and members

*December 2000*

Dr Jennifer Gunning, Associate Fellow,  
Cardiff University visits the ITA –  
Chairperson and CEO

In addition to the formal involvement of  
the Chairperson, CEO or members of the  
Authority in events, the Authority also  
deals with general enquiries on a day to  
day basis. These are summarised below:

**General Enquiries to the Infertility  
Treatment Authority**

1 January 2000 to 31 December 2000

<i>Nature of Enquiry</i>	<i>Number of Enquiries</i>
Application process <i>Clarification of the application process, as required under the Act</i>	6
Information <i>any general enquiry</i>	85
Legislation <i>relates to any enquiry where the caller is seeking clarification about the application of the Infertility Treatment Act</i>	41
Media <i>any enquiry from radio, print or TV media</i>	62

# OUTCOME OF TREATMENT PROCEDURES IN VICTORIA



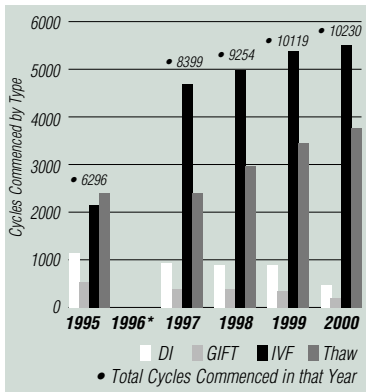
The Infertility Treatment Authority is now in its fourth year of data collection and reporting to the Parliament. This provides a unique opportunity to look at the aggregated data trends. The reporting of each program's activities in Victoria has raised some concern on the part of clinics and clinicians in the past. Section 137 of the *Infertility Treatment Act 1995* requires that the Authority report to the Minister for Health, 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.*

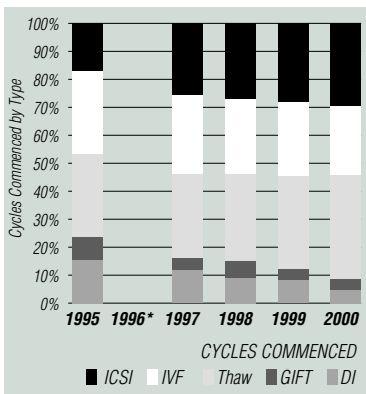
The data contained in this report shows a small increase in the overall number of treatment procedures. The breakdown of increases by type of procedure, since 1995 is outlined in the following table.

## Infertility Treatment Cycles Commenced in Victoria: 1995 to 2000



In addition there continues to be small changes in the proportion of treatments offered, with ICSI now forming approximately 50% or more of IVF procedures. There is a corresponding reduction in the number of DI procedures and GIFT procedures.

## Proportion of Treatment Cycles Commenced in Victoria: 1995 to 2000



The terminology used in this report is fully explained on the following page.

In the tables, it should be noted that double counting of couples might 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 1999. These final figures were not available at the time of the production of the 2000 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.

For the purposes of reporting PGD for the 2000 year, the data is reported in two separate tables — PGD for patients with known genetic risk and PGD for IVF and pregnancy failure.

The identification of the patients into each category is determined by the reason for admission to treatment. Patients with a known genetic risk include carriers of monogenic disorders, sex-linked disorders, chromosomal anomalies including translocations. Patients in the IVF and pregnancy failure category include those whose embryos are to be tested for aneuploidy after repeated failed IVF treatment or recurrent miscarriage (with no identified chromosomal anomaly).

These changes are proposed in order to accurately reflect the different treatments utilising PGD, and to reflect the different admission criteria outlined in section 8 of the Act. It is also in line with the recommendations of the ESHRE PGD Consortium which has recently resolved to separate the data.

It is proposed that more comprehensive data be collected for the 2002 Annual Report — and for this reason, the outcome of thaw cycles is not included in this year's data.

Finally, the Authority has sought oral advice in relation to foetal reductions performed arising from IVF procedures. This advice has indicated that the data is difficult to collect, but that less than six foetal reductions would have been performed, arising from IVF procedures.

# TERMINOLOGY USED IN REPORTING DATA

## *Age of Patient*

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

## *Babies Born*

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

## *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.

## *Donor Insemination*

Artificial insemination with donor sperm.

## *Embryo*

A 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 (egg) by sperm. Only oocyte/s with two pronuclei will be reported.

## *Gamete*

An oocyte (egg) or sperm

## *Gamete Intra-Fallopian Transfer (GIFT)*

A medical procedure of transferring an oocyte/s (egg/s) and sperm to the body 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. [It does not necessarily result in the formation of an embryo which is fit for transfer.] 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.

## *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.

## *Oocyte (Egg) Retrieval*

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

## *Preimplantation Genetic Diagnosis*

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

## *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.

## *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 or Minimal*

### *Stimulated Cycle*

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

## *Women in Treatment*

Women in treatment are either single women or women in a heterosexual de facto relationship, or married women. All women have to be eligible for treatment as outlined in section 8 of the Act.

# OUTCOME TREATMENT CYCLES

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

Licensed Place	Total No. Women	Cycles Commenced	Cycles Cont'd	Pregnancies	Confinements	No. of Babies	Unknown Outcome	Total No. Women	Cycles Commenced	Cycles Cont'd	Pregnancies	Confinements	No. of Babies	Unknown Outcome
	<b>DI</b>							<b>GIFT</b>						
Ballarat Health Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benalla & District Memorial Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bendigo Health Care Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Casterton Memorial Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Central Gippsland Health Service	0	0	0	0	0	0	0	4	3	2	1	1	1	0
Epworth Hospital	74	328	280	14	13	13	0	44	37	27	5	5	5	0
Freemasons Hospital	80	279	235	21	16	16	0	8	11	11	0	0	0	0
Geelong Private Hospital	0	0	0	0	0	0	0	6	8	7	1	1	2	0
Maryvale Private Hospital	0	0	0	0	0	0	0	1	1	1	0	0	0	0
Mercy Public Hospitals Inc.	0	0	0	0	0	0	0	156	211	190	47	32	40	0
Mildura Private Hospital	4	9	9	0	0	0	0	0	0	0	0	0	0	0
Monash Surgical Private Hospital Pty Ltd	59	239	212	18	18	19	0	40	31	30	4	2	3	0
Northern Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Women's & Children's Health	0	0	0	0	0	0	0	2	4	4	1	0	0	0
	<b>IVF</b>							<b>THAW CYCLE</b>						
Ballarat Health Services	33	39	35	3	3	5	0	5	5	5	0	0	0	0
Benalla & District Memorial Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bendigo Health Care Group	18	19	17	5	3	5	0	0	0	0	0	0	0	0
Casterton Memorial Hospital	45	60	46	9	8	11	0	12	12	11	1	0	0	0
Central Gippsland Health Service	58	76	65	16	12	14	0	10	12	10	2	0	0	0
Epworth Hospital	711	1,036	886	173	137	173	1	366	504	380	53	41	46	1
Freemasons Hospital	1,039	1,628	1,282	183	139	158	0	715	1,328	1,102	158	111	122	0
Geelong Private Hospital	80	110	82	27	22	26	0	2	2	2	0	0	0	0
Maryvale Private Hospital	15	15	12	1	1	1	0	6	6	5	0	0	0	0
Mercy Public Hospitals Inc.	0	0	0	0	0	0	0	1	1	1	0	0	0	0
Mildura Private Hospital	70	99	89	12	0	0	0	61	103	87	9	0	0	0
Monash Surgical Private Hospital Pty Ltd	826	1,199	1,032	187	154	203	0	329	434	335	50	39	40	0
Northern Health	38	53	37	6	2	2	0	2	2	2	0	0	0	0
Shepparton Private Hospital	11	11	8	3	3	4	0	2	2	1	0	0	0	0
Women's & Children's Health	801	1,125	950	118	95	111	0	577	1,074	880	113	82	85	0



# DATA TABLES

## Treatment Procedures – All Licensed Places

**TABLE 1**

For period 1 January 2000 to 31 December 2000, All Places

2000 Calendar Year	Total No. of Women treated	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	4,614	10,230	8,462	1,210	477	571	557
By Procedure							
DI	199	617	532	42	19	20	18
GIFT	187	264	214	17	7	9	5
IVF	3,594	5,602	4,688	704	287	354	316
THAW CYCLE	2,177	3,747	3,027	447	164	188	218

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 2000 to 31 December 2000, All Places

2000 Calendar Year	Total No. of Women treated	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
<b>DI PROCEDURES</b>							
20 to 24	10	25	22	1	1	1	0
25 to 29	37	119	100	6	4	4	2
30 to 34	70	241	209	21	9	9	10
35 to 39	61	173	152	12	5	6	5
40 to 44	20	59	50	2	0	0	1
45 to 49	1	1	0	0	0	0	0
<b>Aggregated Total</b>	<b>199</b>	<b>618</b>	<b>533</b>	<b>42</b>	<b>19</b>	<b>20</b>	<b>18</b>
<b>IVF/GIFT/THAW PROCEDURES</b>							
<= 24	67	141	117	15	6	10	8
25 to 29	612	1,256	1,064	204	79	96	101
30 to 34	1,510	3,261	2,794	473	207	250	213
35 to 39	1,495	3,201	2,640	350	136	158	163
40 to 44	728	1,570	1,192	113	27	33	49
45 to 49	83	171	110	12	3	4	4
>=50	8	13	12	1	0	0	1
<b>Aggregated Total</b>	<b>4,503</b>	<b>9,613</b>	<b>7,929</b>	<b>1,168</b>	<b>458</b>	<b>551</b>	<b>539</b>

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 2000 to 31 December 2000, All Places

2000 Calendar Year	Total No. of Women 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*	148	160	159	44	16	19	18
Donor Embryos	59	87	78	20	5	8	10
Donor Sperm	285	761	673	75	30	39	34

\*The ITA only collects information on treatment cycles for patients receiving treatment for infertility. This means that the egg pick-up from the donor is not always counted as the cycle of the patient receiving treatment. If for some reason the cycle does not result in continued treatment for the patient, then the egg pick-up cycle is not counted.

# DATA TABLES

## Outcomes Per Licensed Place, IVF – In Vitro Fertilisation\*

**TABLE 4.1**

For period 1 January 2000 to 31 December 2000, All Places

2000 Calendar Year Licensed Place	Total No. of Women	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	29	33	26	7	4	5	3
Benalla and District Memorial Hospital	3	3	2	1	1	1	0
Bendigo Health Care Group	27	30	27	3	0	0	3
Casterton Memorial Hospital	35	54	50	11	9	12	1
Central Gippsland Health Service	52	67	46	5	3	3	1
Epworth Hospital	704	1,032	872	118	58	69	48
Freemasons Hospital	1,109	1,718	1,397	175	43	51	106
Geelong Private Hospital	68	92	73	16	11	14	5
Maryvale Private Hospital	14	14	12	2	2	2	0
Mildura Private Hospital	59	86	80	6	5	5	0
Monash Surgical Private Hospital Pty Ltd	797	1,121	962	155	77	103	65
Northern Health	104	135	103	21	13	18	6
Women's & Children's Health	810	1,061	929	140	45	52	60
<b>Aggregated Total</b>	<b>3,811</b>	<b>5,446</b>	<b>4,579</b>	<b>660</b>	<b>271</b>	<b>335</b>	<b>298</b>

\*Excludes Treatment where Oocytes and Embryos donated.  
Double counting of Patient numbers occurs where they have had attended more than one clinic in the year.

## Egg Collection and Embryo Transfer Per Licensed Place, IVF – In Vitro Fertilisation\*

**TABLE 4.2**

For period 1 January 2000 to 31 December 2000, All Places

2000 Calendar Year 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. Embryos unsuitable for Transfer or Freezing
Ballarat Health Services	26	380	333	244	2	54	128	62
Benalla and District Memorial Hospital	2	20	13	12	0	5	4	3
Bendigo Health Care Group	27	358	325	200	0	55	97	48
Casterton Memorial Hospital	50	563	494	279	1	98	86	95
Central Gippsland Health Service	46	551	496	326	1	105	143	78
Epworth Hospital	872	9,471	8,286	5,296	48	1,666	1,710	1,920
Freemasons Hospital	1,396	12,627	11,133	6,980	174	2,069	3,456	1,455
Geelong Private Hospital	73	910	804	504	0	162	221	121
Maryvale Private Hospital	12	113	97	64	1	24	18	22
Mildura Private Hospital	80	738	666	416	7	106	250	60
Monash Surgical Private Hospital Pty Ltd	962	11,176	9,576	6,354	46	1,951	1,714	2,689
Northern Health	103	990	912	577	7	214	234	129
Women's & Children's Health	928	8,501	7,541	4,868	88	1,456	2,750	662
<b>Aggregated Total</b>	<b>4,577</b>	<b>46,398</b>	<b>40,676</b>	<b>26,120</b>	<b>375</b>	<b>7965</b>	<b>10,811</b>	<b>7,334</b>

\*Excludes Treatment where Oocytes and Embryos donated.  
Double counting of Patient numbers occurs where they have had attended more than one clinic in the year.

# DATA TABLES

## Outcomes Per Licensed Place, GIFT – Gamete Intra-Fallopian Transfer

**TABLE 4.3**

For period 1 January 2000 to 31 December 2000, All Places

2000 Calendar Year Licensed Place	Total No. of Women	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 Gippsland Health Service	2	3	3	0	0	0	0
Epworth Hospital	20	27	18	1	0	0	1
Freemasons Hospital	6	6	6	0	0	0	0
Geelong Private Hospital	1	1	1	0	0	0	0
Maryvale Private Hospital	3	3	2	0	0	0	0
Mercy Public Hospitals Inc.	130	191	159	11	6	8	0
Monash Surgical Private Hospital Pty Ltd	25	32	24	5	1	1	4
Women's & Children's Health	1	1	1	0	0	0	0
<b>Aggregated Total</b>	<b>188</b>	<b>264</b>	<b>214</b>	<b>17</b>	<b>7</b>	<b>9</b>	<b>5</b>

Double counting of Patient numbers occurs where they have had attended more than one clinic in the year.

## Oocyte Collection and Transfer Per Licensed Place, GIFT – Gamete Intra-Fallopian Transfer

**TABLE 4.4**

For period 1 January 2000 to 31 December 2000, All Places

2000 Calendar Year Licensed Place	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
	<b>GIFT</b>			<b>ADDITIONAL PROCEDURES FOLLOWING GIFT</b>			
Central Gippsland Health Service	3	25	11	0	8	5	2
Epworth Hospital	18	105	51	0	42	20	12
Freemasons Hospital	6	77	18	0	57	35	24
Geelong Private Hospital	1	11	3	0	8	2	1
Maryvale Private Hospital	2	19	5	0	9	5	1
Mercy Public Hospitals Inc.	159	1,263	463	370	0	0	0
Monash Surgical Private Hospital Pty Ltd	24	239	74	0	132	57	29
Women's & Children's Health	1	8	4	0	4	1	0
<b>Aggregated Total</b>	<b>214</b>	<b>1,747</b>	<b>629</b>	<b>370</b>	<b>260</b>	<b>125</b>	<b>69</b>

## Outcomes Per Licensed Place, Thaw Cycle – Frozen Embryo Transfer

**TABLE 4.5**

For period 1 January 2000 to 31 December 2000, All Places

2000 Calendar Year Licensed Place	Total No. of Patients	Total No. of Cycles Commenced	Total No. of Embryos Thawed	Total No. Cycles Continued	Total No. Embryos Transferred	Total No. of Clinical Pregnancies	Total No. of Confinements	Total No. of Babies Born	Total No. of Ongoing Pregnancies
Ballarat Health Services	3	3	8	2	5	0	0	0	0
Bendigo Health Care Group	4	4	11	3	6	0	0	0	0
Casterton Memorial Hospital	10	10	31	10	20	0	0	0	0
Central Gippsland Health Service	11	12	27	10	18	2	1	1	1
Epworth Hospital	460	639	1,573	464	862	62	31	37	25
Freemasons Hospital	808	1,506	2,757	1,258	2,128	193	53	61	113
Geelong Private Hospital	7	7	10	6	9	0	0	0	0
Maryvale Private Hospital	4	4	11	4	10	1	0	0	1
Mildura Private Hospital	50	84	237	84	126	5	4	4	0
Monash Surgical Private Hospital Pty Ltd	324	437	1,029	311	599	53	26	31	22
Northern Health	3	3	6	2	5	0	0	0	0
Women's & Children's Health	607	1,038	2,042	884	1,478	131	49	54	56
<b>Aggregated Total</b>	<b>2,291</b>	<b>3,747</b>	<b>7,742</b>	<b>3,038</b>	<b>5,266</b>	<b>447</b>	<b>164</b>	<b>188</b>	<b>218</b>

# DATA TABLES

## Outcomes Per Licensed Place, DI – Donor Insemination

**TABLE 4.6**

For period 1 January 2000 to 31 December 2000, All Places

2000 Calendar Year Licensed Place	Total No. of Women	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
<b>STIMULATED</b>							
Epworth Hospital	4	8	8	1	1	1	0
Monash Surgical Private Hospital Pty Ltd	2	3	3	1	0	0	1
Women's & Children's Health	15	33	30	2	2	2	0
<b>UNSTIMULATED</b>							
Epworth Hospital	65	214	182	12	6	6	4
Freemasons Hospital	1	1	1	0	0	0	0
Mildura Private Hospital	4	7	7	1	1	2	0
Monash Surgical Private Hospital Pty Ltd	46	160	133	7	1	1	4
Women's & Children's Health	74	192	169	18	8	8	9
<b>Aggregated Total</b>	<b>211</b>	<b>618</b>	<b>533</b>	<b>42</b>	<b>19</b>	<b>20</b>	<b>18</b>

Double counting of Patient numbers occurs where they have had attended more than one clinic 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 2000 to 31 December 2000, All Places

2000 Calendar Year Licensed Place	Total No. of Women	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
<b>STIMULATED</b>							
Ballarat Health Services	29	33	26	7	4	5	3
Benalla and District Memorial Hospital	3	3	2	1	1	1	0
Bendigo Health Care Group	27	30	27	3	0	0	3
Casterton Memorial Hospital	35	54	50	11	9	12	1
Central Gippsland Health Service	52	66	47	4	2	2	1
Epworth Hospital	678	954	805	112	51	60	49
Freemasons Hospital	1,018	1,378	1,180	164	40	48	99
Geelong Private Hospital	69	93	74	16	11	14	5
Maryvale Private Hospital	16	16	13	2	2	2	0
Mercy Public Hospitals Inc.	130	191	159	11	6	8	0
Mildura Private Hospital	56	80	74	6	5	5	0
Monash Surgical Private Hospital Pty Ltd	782	1070	924	157	77	103	67
Northern Health	103	133	103	21	13	18	6
Women's & Children's Health	736	918	820	135	43	50	60
<b>UNSTIMULATED</b>							
Bendigo Healthcare Group	2	2	2	1	0	0	1
Casterton Memorial Hospital	2	2	2	0	0	0	0
Central Gippsland Health Service	8	8	6	2	2	2	0
Epworth Hospital	134	173	153	25	17	20	5
Freemasons Hospital	201	382	223	25	6	7	16
Geelong Private Hospital	3	3	3	1	0	0	1
Maryvale Private Hospital	1	1	1	0	0	0	0
Mildura Private Hospital	5	6	6	0	0	0	0
Monash Surgical Private Hospital Pty Ltd	82	113	92	11	3	4	4
Northern Health	2	2	0	0	0	0	0
Women's & Children's Health	114	155	110	6	2	2	0
<b>Aggregated Total</b>	<b>4,288</b>	<b>5,866</b>	<b>4,902</b>	<b>721</b>	<b>294</b>	<b>363</b>	<b>321</b>

Double counting of Patient numbers occurs where they have had attended more than one clinic in the year.

# DATA TABLES

## Multiple Births Per Licensed Place

**TABLE 6**

For period 1 January 2000 to 31 December 2000, All Places

2000 Calendar Year Licensed Place	Total No. of Confinements	Total No. of Babies Born	Number of Singleton/s Born	Sets of Twin/s Born	Sets of Triplet/s Born	Sets of > Quad/s Born
Ballarat Health Services	4	5	3	1	0	0
Benalla and District Memorial Hospital	1	1	1	0	0	0
Bendigo Health Care Group	0	0	0	0	0	0
Casterton Memorial Hospital	9	12	6	3	0	0
Central Gippsland Health Service	5	5	5	0	0	0
Epworth Hospital	106	124	89	16	1	0
Freemasons Hospital	99	116	82	17	0	0
Geelong Private Hospital	11	14	8	3	0	0
Maryvale Private Hospital	2	2	2	0	0	0
Mercy Public Hospitals Inc.	6	8	4	2	0	0
Mildura Private Hospital	10	11	9	1	0	0
Monash Surgical Private Hospital Pty Ltd	107	139	77	28	2	0
Northern Health	13	18	8	5	0	0
Women's & Children's Health	104	116	92	12	0	0
<b>Aggregated Total</b>	<b>477</b>	<b>571</b>	<b>386</b>	<b>88</b>	<b>3</b>	<b>0</b>

## Causes of Infertility

**TABLE 7**

For period 1 January 2000 to 31 December 2000, All Places

2000 Calendar Year Licensed Place	Female Tubal Only	Other Female Factor	Male Infertility Only	Multiple Causes for the Couple	Unexplained for the Couple
Ballarat Health Services	4	4	9	5	9
Benalla and District Memorial Hospital	0	0	0	2	1
Bendigo Health Care Group	4	5	7	11	4
Casterton Memorial Hospital	11	3	4	3	17
Central Gippsland Health Service	9	12	13	10	20
Epworth Hospital	98	161	266	277	246
Freemasons Hospital	180	146	126	464	516
Geelong Private Hospital	9	7	13	27	19
Maryvale Private Hospital	2	4	3	5	7
Mercy Public Hospitals Inc.	7	39	40	15	29
Mildura Private Hospital	12	6	8	21	15
Monash Surgical Private Hospital Pty Ltd	106	112	267	311	194
Northern Health	19	9	12	33	32
Women's & Children's Health	128	89	93	359	457
<b>Aggregated Total</b>	<b>516</b>	<b>534</b>	<b>750</b>	<b>1,386</b>	<b>1,408</b>

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

## Storage of Donor Sperm Per Licensed Place

**TABLE 8**

For period 1 January 2000 to 31 December 2000, All Places

2000 Calendar Year Licensed Place	Total No. of Donors whose Sperm is Stored and Available for Donor Treatment (at start of period)	New Donors Recruited during Reporting Year (2000)
Epworth Hospital	129	32
Mildura Private Hospital	0	0
Women's and Children's Health	22	6
<b>Aggregated Total</b>	<b>151</b>	<b>38</b>

# DATA TABLES

## Storage of Oocytes / Embryos Per Licensed Place

**TABLE 9**

For period 1 January 2000 to 31 December 2000, All Places

2000 Calendar Year Licensed Place	Women with Oocytes/Ovarian Tissue Stored at Start of Period	Start of Reporting Period	Frozen from Cycles Commenced	Thawed for Cycles Commenced	Remaining in Storage
	OOCYTES STORED		NUMBER OF EMBRYOS STORED		
Ballarat Health Services	0	0	128	8	0
Benalla and District Memorial Hospital	0	0	4	0	0
Bendigo Health Care Group	0	0	102	11	0
Casterton Memorial Hospital	0	0	91	34	0
Central Gippsland Health Service	0	0	171	30	0
Epworth Hospital	61	2,926	1,934	1,576	4,158
Freemasons Hospital	8	5,000	3,643	2,759	5,624
Geelong Private Hospital	0	0	229	14	0
Maryvale Hospital	0	0	19	11	0
Mercy Public Hospitals Inc	41	N/A	N/A	N/A	N/A
Mildura Private Hospital	0	502	250	238	514
Monash Surgical Private Hospital Pty Ltd	0	1,911	1,770	1,028	2,653
Northern Health	0	0	234	6	0
Women's and Children's Health	173	4,955	2,814	2,036	5,273
<b>Aggregated Total</b>	<b>283</b>	<b>15,294</b>	<b>11,389</b>	<b>7,751</b>	<b>18,222</b>

## Preimplantation Genetic Diagnosis for Patients with a known Genetic Risk

**TABLE 10.1**

For period 1 January 2000 to 31 December 2000, All Places

2000 Calendar Year Licensed Place	No. of People Treated	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	0	0	0	0	0	0
Freemasons Hospital	3	5	5	0	0	0
Monash Surgical Private Hospital Pty Ltd	9	10	10	2	0	0
<b>Aggregated Total</b>	<b>12</b>	<b>15</b>	<b>15</b>	<b>2</b>	<b>0</b>	<b>0</b>

## Preimplantation Genetic Diagnosis for IVF and Pregnancy Failure

**TABLE 10.2**

For period 1 January 2000 to 31 December 2000, All Places

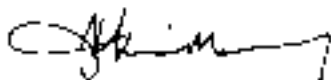
2000 Calendar Year Licensed Place	No. of People Treated	Total No. of Treatment Cycles Commenced	Total No. of Cycles Continued	Total No. of Clinical Pregnancies	Total No. of Confinements	Total No. of Babies Born
Epworth Hospital	9	9	9	1	0	0
Freemasons Hospital	70	111	82	4	3	4
Monash Surgical Private Hospital Pty Ltd	84	90	90	11	4	5
<b>Aggregated Total</b>	<b>163</b>	<b>210</b>	<b>181</b>	<b>16</b>	<b>7</b>	<b>9</b>

## Infertility Treatment Authority Certification of Annual Financial Statements

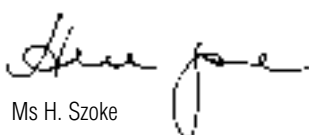
In our opinion the financial statements of the Infertility Treatment Authority, comprising Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows and Notes to the Accounts:

- 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 2001 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.



Professor John Kerr Findlay AM  
Chairman & Member of the Board



Ms H. Szoke  
Chief Executive Officer

25th September 2001, MELBOURNE

## Auditor-General's Report

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

### Audit Scope

The accompanying financial report of the Infertility Treatment Authority for the financial year ended 30 June 2001, comprising the statement of financial performance, statement of financial position, statement of cash flows and notes to the financial statements, has been audited. The Members of Board 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 Board as required by the *Audit Act 1994*.

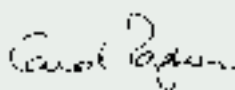
The audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement. The audit procedures included an examination, on a test basis, of evidence supporting the amounts and other disclosures in 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 2001 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  
26th September 2001



for J.W. CAMERON  
Auditor-General

**Victorian Auditor-General's Office**



# FINANCIAL STATEMENTS

The statement of financial position should be read in conjunction with the accompanying notes

## Statement of Financial Position as at 30 June 2001

	Notes	2000/01 \$	1999/00 \$
<b>Current Assets</b>			
Cash Assets	2	47,143	41,428
Receivables	4	183	252
Prepayments	5	-	10,292
<b>Total Current Assets</b>		<b>47,326</b>	<b>51,972</b>
<b>Non-Current Assets</b>			
Property Plant and Equipment	6	40,703	47,291
<b>Total Non-Current Assets</b>		<b>40,703</b>	<b>47,291</b>
<b>TOTAL ASSETS</b>		<b>88,029</b>	<b>99,263</b>
<b>Current Liabilities</b>			
Payables	7	26,696	23,130
Prepaid Income	8	26,179	18,511
Provisions	9	4,690	5,681
<b>Total Current Liabilities</b>		<b>57,565</b>	<b>47,322</b>
<b>Non-Current Liabilities</b>			
Provisions	9	19,264	7,731
<b>Total Non-Current Liabilities</b>		<b>19,264</b>	<b>7,731</b>
<b>TOTAL LIABILITIES</b>		<b>76,829</b>	<b>55,053</b>
<b>NET ASSETS</b>		<b>11,200</b>	<b>44,210</b>
<b>EQUITY</b>			
Accumulated Surplus	10	11,200	44,210
<b>TOTAL EQUITY</b>		<b>11,200</b>	<b>44,210</b>

The statement of financial performance should be read in conjunction with the accompanying notes

## Statement of Financial Performance for the year ended 30 June 2001

	Notes	2000/01 \$	1999/00 \$
<b>Revenue from ordinary activities</b>			
Approval Fees		6,008	5,190
Government Grant	11	355,000	325,000
Interest Received		921	1,185
Licensing Fees		36,255	36,239
Sales of Publications		10	80
Other Income		1,288	280
Proceeds from Sale of Non Current Assets		22,145	800
		421,627	368,774
<b>Expenses from ordinary activities</b>			
Employee Benefits	12	163,400	153,250
Depreciation	6	25,882	23,996
Supplies and services	12	244,249	195,986
Other expense from ordinary activities	12	21,106	1,135
		454,637	374,367
<b>Result (Deficit) for the year</b>	<b>10</b>	<b>(33,010)</b>	<b>(5,593)</b>
<b>Total changes in equity other than those resulting from transactions with Victorian State Government in its capacity as owner</b>		<b>(33,010)</b>	<b>(5,593)</b>

# FINANCIAL STATEMENTS

The statement of cash flows should be read in conjunction with the accompanying notes

## Statement of Cash Flows for the year ended 30 June 2001

	Notes	2000/01 \$ Inflows/(Outflows)	1999/00 \$ Inflows/(Outflows)
<b>Cash Flows from Operating Activities:</b>			
Operating Grant Receipts		390,500	325,000
Payments to Suppliers and Employees		(406,355)	(364,338)
GST Paid		(15,238)	-
Interest Received		1,075	1,309
Income from Fees		52,644	48,111
Other Income		1,298	280
<b>Net Cash Provided by Operating Activities</b>	<b>3</b>	<b>23,924</b>	<b>10,362</b>
<b>Cash Flows from Investing Activities:</b>			
Proceeds from sale of Property, Plant and Equipment		22,145	800
Payments for Property, Plant and Equipment		(40,354)	(4,534)
<b>Net Cash used in Investing Activities</b>		<b>(18,209)</b>	<b>(3,734)</b>
<b>Net Increase in Cash held</b>		<b>5,715</b>	<b>6,628</b>
<b>Cash held at beginning of the financial year</b>		<b>41,428</b>	<b>34,800</b>
<b>Cash held at end of the financial year</b>	<b>2</b>	<b>47,143</b>	<b>41,428</b>

## Notes to and forming part of the financial statements for the year ended 30 June 2001

### 1. STATEMENT OF ACCOUNTING POLICIES

This general-purpose financial report has been prepared in accordance with the Financial Management Act 1994, Australian Accounting Standards, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board, and Urgent Issues Group Consensus Views.

#### 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

Depreciation is 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 6. These rates are consistent with the prior year.

#### e) Payables

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

#### f) Receivables

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 are 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.

# FINANCIAL STATEMENTS

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 become 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 Licence Fees to professionals who operate infertility treatment practices. The Licence Fees are for the period 1 January 2001 to 31 December 2001. As a result six months of Licence Fees that have been paid in this year have been recognised as prepaid Licensing Fees.

## 2. CASH ASSETS

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 1.9% and 3.5% 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	2000/01 \$	1999/00 \$
Cash at Bank		47,063	41,171
Cash on Hand		80	257
		47,143	41,428

## 3. NOTES TO THE STATEMENT OF CASH FLOWS

### Reconciliation of Result from Ordinary Activities to Net Cash Flows from Operating Activities

Result (Deficit) from ordinary activities		(33,010)	(5,593)
(Profit)/Loss on Sale of Fixed Assets		(1,086)	335
Depreciation (non-cash)		25,882	23,996
Decrease/(Increase) in Prepayments		10,292	(10,292)
Decrease/(Increase) in Receivables		70	6,465
Increase in Provisions		10,542	313
Increase in Prepaid Income		7,668	261
Increase/(Decrease) in Payables		3,566	(5,123)
<b>Net Cash generated by Operating Activities</b>		<b>23,924</b>	<b>10,362</b>

## 4. RECEIVABLES

Interest Receivable		-	154
Debtors		183	98
		183	252

## 5. PREPAYMENTS

Insurance Prepaid		-	10,292
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## 6. a) Property Plant and Equipment

Item	At Cost \$	Depreciation 2000-01		Accumulated Depreciation at 30-6-01 \$	Written Down Value at 30-6-01 \$	Written Down Value at 30-6-00 \$
		Rate %	Amount \$			
Motor Vehicles	32,469	15%	4,944	1,254	31,215	24,443
Computer Equip.	17,796	40%	6,035	9,154	8,642	7,099
Office Equip.	85,946	20%	14,903	85,100	846	15,749
<b>TOTAL</b>	<b>136,211</b>		<b>25,882</b>	<b>95,508</b>	<b>40,703</b>	<b>47,291</b>

## 6. b) Reconciliation of Fixed Assets

	Notes	Motor Vehicles \$'000	Computer Equipment \$'000	Office Equipment \$'000	Total \$'000
<b>2001</b>					
Carrying amount at start of year		24,443	7,099	15,749	47,291
Additions		32,469	7,885	-	40,354
Disposals		(20,753)	(307)	-	(21,060)
Depreciation expense	1(d)	(4,944)	(6,035)	(14,903)	(25,882)
Carrying amount at end of year		31,215	8,642	846	40,703
<b>2000</b>					
Carrying amount at start of year		29,413	7,435	31,040	67,888
Additions		-	3,635	899	4,534
Disposals		-	-	(1,135)	(1,135)
Depreciation expense	1(d)	(4,970)	(3,971)	(15,055)	(23,996)
Carrying amount at end of year		24,443	7,099	15,749	47,291

	Notes	2000/01 \$	1999/00 \$
<b>7. PAYABLES</b>			
Audit and Accounting Fees Payable		7,920	8,000
Fringe Benefits Tax Liability		3,900	5,312
Group Tax Payable		3,917	3,185
GST refundable on fees		92	-
GST Payable		7,451	-
Lease Liability		436	436
Superannuation Payable		1,124	923
Trade Creditors & Other Payables		1,856	5,274
		26,696	23,130

# FINANCIAL STATEMENTS

	Notes	2000/01 \$	1999/00 \$
<b>8. PREPAID INCOME</b>			
Prepaid Licensing Fees	1(i)	18,280	18,511
Prepaid Registration for Symposium		7,898	-
		26,178	18,511
<b>9. PROVISIONS</b>			
<i>Employee entitlements:</i>			
Current: Annual Leave	1(g)	4,690	5,681
Non-Current Long Service Leave	1(g)	19,264	7,731
<b>Total Employee Entitlements</b>		<b>23,954</b>	<b>13,412</b>
<b>10. ACCUMULATED SURPLUS</b>			
Accumulated surplus at the beginning of the financial year		44,210	49,803
Net Result		(33,010)	(5,593)
<b>Accumulated surplus at the end of the financial year</b>		<b>11,200</b>	<b>44,210</b>
<b>11. SIGNIFICANT ITEMS</b>			
Government Grant		355,000	325,000
<i>Grant received from the Department of Human Services</i>			
<b>12. EXPENSES FROM ORDINARY ACTIVITIES</b>			
<i>Employee benefits:</i>			
Salaries & Wages		146,152	140,351
Staff Amenities		83	842
Staff training		3,700	445
Superannuation	13	13,465	11,612
		163,400	153,250
<i>Supplies and services:</i>			
Accounting Fees		12,315	9,970
Advertising		1,173	399
Audit Fees	14	3,900	3,600
Bank Charges and Taxes		479	532
Computer Maintenance		4,960	4,270
Consultants fees		27,991	9,385
Courier / Postage		3,094	2,377
Entertainment		1,612	1,656
Insurance		10,835	10,175
ITA Publications		6,877	7,120
Lease Payments		5,237	5,237
Legal Fees		32,587	3,897
Maintenance		542	471
Members Sitting Fees		60,000	59,334
Motor Vehicle Expenses		5,057	4,992
Office Outgoings		7,495	13,328
Printing & Stationery		3,141	4,072
Rent on land & buildings		41,546	34,391
Subscriptions		3,094	5,063
Telephone		7,318	7,129
Travel and Accommodation		4,996	8,588
		244,249	195,986
<i>Other expenses from ordinary activities:</i>			
WDV of Fixed Assets Disposed of during year		21,106	1,135
Depreciation	6	25,882	23,996
<b>Total Expenses</b>		<b>454,637</b>	<b>374,367</b>

## 13. SUPERANNUATION

Details in relation to superannuation funds are as follows:

- The Authority contributed on behalf of its employees during the year ended 30 June 2001 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 for the year amounted to \$13,465 (2000 - \$11,612) and the contributions outstanding at year-end amounted to \$1,124 (2000 - \$923).
- 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 8% of gross salaries. Employee contributions were nil.

## 14. AUDITOR REMUNERATION

Audit fees paid or payable to the Victorian Auditor-General's Office for audit of the Authority's financial report:

**2000/01:** \$3,900

**1999/00:** \$3,600

## 15. RESPONSIBLE PERSONS & RELATED PARTY TRANSACTIONS

### a) Responsible Minister

The Hon. John Thwaites MLA  
Minister for Health is the  
Responsible Minister.

# FINANCIAL STATEMENTS

## b) Authority Members

The names of Authority members at the date of this report are:

P.L. Waller (Chairman *retired 10/09/01*)

C.A.J. Coady (*retired 31/03/01*)

A.C.J. Fisher

J.K. Findlay

M.G.C. Guilfoyle

M. Gorton (*appointed 01/04/01*)

C.F. McDonald (*retired 31/03/01*)

H.L. Wellington (*appointed 01/04/01*)

L.J. Wilton

J.K. Findlay (Chairman *app 11/09/01*)

## c) Members Remuneration

	2000/01	1999/00
	\$	\$

(i) Total amount received or due and Receivable by members of the Board of the Authority

	60,000	59,334
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	2000/01	1999/00
	No.	No.

The number of Board Members whose Remuneration fell within the following Bands:

\$0 - \$10,000	8	6
\$10,000 - \$20,000	1	1

## d) Executive Officer

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

## 16. 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 2001	Floating Interest Rate	Fixed Interest Maturing in 1 year or less	Non-interest Bearing	Total
	\$	\$	\$	\$
<b>Financial Assets</b>				
Cash Assets	47,063		80	47,143
Receivables			182	182
<b>TOTAL</b>	<b>47,063</b>		<b>262</b>	<b>47,325</b>
<b>Weighted Average Interest Rate %</b>	<b>1.9%</b>			
<b>Financial Liabilities</b>				
Payables			26,696	26,696
<b>TOTAL</b>			<b>26,696</b>	<b>26,696</b>

30 June 2000	Floating Interest Rate	Fixed Interest Maturing in 1 year or less	Non-interest Bearing	Total
	\$	\$	\$	\$
<b>Financial Assets</b>				
Cash Assets	41,171	-	257	41,428
Receivables	-	-	252	252
<b>TOTAL</b>	<b>41,171</b>	<b>-</b>	<b>509</b>	<b>41,680</b>
<b>Weighted Average Interest Rate %</b>	<b>3.5%</b>	<b>-</b>		
<b>Financial Liabilities</b>				
Payables			23,130	23,130
<b>TOTAL</b>			<b>23,130</b>	<b>23,130</b>

### b) Credit Risk Exposure

The Authority is not materially exposed to any individual debtor.

### b) 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.

## 17. COMMITMENTS

### a) Capital Commitments

At 30 June 2001, the Authority had no outstanding capital commitments (nil 1999/00).

### b) Lease Commitments

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

	2000/01	1999/00
	\$	\$
Less than 1 year	40,957	42,074
Greater than 1 year but less than 5 years	137,264	190,411
Greater than 5 years	-	53,698
<b>Total Commitments</b>	<b>178,221</b>	<b>286,183</b>

### c) Other Commitments

At 30 June 2001, there were no other outstanding service commitments (nil 1999/00).

## 18. CONTINGENT LIABILITIES

There are no contingent liabilities at year end 30 June 2001 (nil 1999/00).

# 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 Gippsland Health Service	Central Gippsland Health Service, Sale	Monash IVF	30/6/01 to 30/6/04	IVF GIFT
Epworth Hospital	Epworth Hospital	Monash IVF	1/7/98 to 15/8/01	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 Public Hospitals Inc.	Mercy Hospital for Women	Melbourne Assisted Conception Centre	1/7/98 to 15/8/01	GIFT Storage of gametes
Mildura Private Hospital	Mildura Private Hospital	Mildura Reproductive Medicine Centre	1/7/98 to 15/8/01	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 15/8/01	IVF GIFT DI Storage of gametes and embryos
Northern Health	Broadmeadows Health Service	Monash IVF	21/7/99 – 21/7/02	IVF GIFT
Women's and Children's Health	The Royal Women's Hospital	Melbourne IVF	22/7/99 to 21/7/02	IVF GIFT DI Storage of gametes and embryos

# APPENDIX 2

## Counsellors Approved under the *Infertility Treatment Act 1995*

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	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	Melbourne IVF	3 years
BRUCE, Paula	Mildura Private Hospital	Mildura Reproductive Medicine Centre	3 years
CARMICHAEL, Michele	*See Note below	Monash IVF	3 years
CLARKE, Veronica	* See Note Below	Monash IVF	3 years
COOK, Roger	Mercy Hospital	Melbourne Assisted Conception Centre	3 years
COVENTRY, Traci	*See Note Below	Monash IVF	3 years
FILIA, Sacha	*See Note Below	Monash IVF	3 years
HAINES, Wendy	* See Note Below	Monash IVF	3 years
HUTCHINS, Pamela	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
KANE, Helen	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	3 years
MALANGRE, Kate	* See Note Below	Monash IVF	3 years
MILO-ASHLEY, Patricia	*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	Melbourne IVF	3 years
PITT, Penelope	Freemasons Hospital The Royal Women's Hospital	Melbourne IVF	1 year from 16/2/00
PORTAS, Cynthia	* See Note Below	Monash IVF	1 year from 15/11/00
PTACEK, Jana	Mercy Public Hospitals Inc.	Melbourne Assisted Conception Centre	3 years
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 17/2/01
SMALES, Andrea	* See Note Below	Monash IVF	3 years
STRATIGAKOS, Georgina	* See Note Below	Monash IVF	3 years
TINNEY, Leesa	* 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
- Central Gippsland Health Service
- Epworth Hospital
- Geelong Private Hospital
- Maryvale Private Hospital
- Monash Surgical Private Hospital Pty Ltd



# APPENDIX 3

## Clinical Scientists Approved under the *Infertility Treatment Act 1995*

Name CLINICAL SCIENTISTS	Place	Clinic	Period of Approval
ARCHER, Janell	Freemasons Hospital, The Royal Women's Hospital Mildura Private Hospital	Melbourne IVF	3 years
ATKINS, Jan	* See Note Opposite	Monash IVF	3 years
ATTARD, Marlene	Freemasons Hospital, The Royal Women's Hospital Mildura Private Hospital	Melbourne IVF	3 years
BAJUNAKI, Edna	* See Note Opposite	Monash IVF	3 years
BOURNE, Harold	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
CHARLTON, Lucinda	* See Note Opposite	Monash IVF	3 years
CLEARY, Michelle	* See Note Opposite	Monash IVF	3 years
COLEMAN, Peter	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
COSTA, Jessica	Freemasons Hospital, The Royal Women's Hospital Mildura Private Hospital	Melbourne IVF	3 years
DEAR, Melinda	* See Note Opposite	Monash IVF	3 years
DIAMANTE, Maria	* See Note Opposite	Monash IVF	3 years
DUNN, Mitchell	* See Note Opposite	Monash IVF	3 years
EBINGER, Emma	* See Note Opposite	Monash IVF	3 years
EDGAR, David	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
FLINN, Pauline	* See Note Opposite	Monash IVF	3 years
GALEA, Sandra	* See Note Opposite	Monash IVF	3 years
GRAS, Lynette R.	* See Note Opposite	Monash IVF	3 years
HALL, Susan	* See Note Opposite	Monash IVF	3 years
HARPER, Jennifer	* See Note Opposite	Monash IVF	3 years
HOLDEN, Sandra B.	* See Note Opposite	Monash IVF	3 years
JACKSON, Peter	Freemasons Hospital, The Royal Women's Hospital Mildura Private Hospital	Melbourne IVF	3 years
JERICO, Helena	Freemasons Hospital, The Royal Women's Hospital Mildura Private Hospital	Melbourne IVF	3 years
KATZ, Mandy	* See Note Opposite	Monash IVF	3 years
KRALEVSKI, Vicki	* See Note Opposite	Monash IVF	3 years
LAWLER, Celine	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
McDONALD, Michele	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
MANSFIELD, Jennifer	* See Note Opposite	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 Mildura Private Hospital	Melbourne IVF	3 years
MERRY, Nicole	Freemasons Hospital, The Royal Women's Hospital Mildura Private Hospital	Melbourne IVF	3 years
MITTEN, Janine	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
MUNSIÉ, 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 Mildura Private Hospital	Melbourne IVF	3 years
O'BRIEN Carmel	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
OSIANLIS, Grammatiki	* See Note Opposite	Monash IVF	3 years
POPE, Adrienne	* See Note Opposite	Monash IVF	3 years
REINKE, Susan	* See Note Opposite	Monash IVF	3 years
RENDALL, Susan	Freemasons Hospital, The Royal Women's Hospital Mildura Private Hospital	Melbourne IVF	3 years
RHO, Hwan-Cheol	* See Note Opposite	Monash IVF	3 years
RICHINGS, Nadine	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
SALEEM, Fareha	Freemasons Hospital, The Royal Women's Hospital Mildura Private Hospital	Melbourne IVF	3 years
SLUITER, Heather	Mildura Private Hospital	Mildura Reproductive Medicine Centre	3 years
STEEVES, Tracey	* See Note Opposite	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
WALE, Petra	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
WEBSTER, Debra	* See Note Opposite	Monash IVF	3 years
WICKS, Rachel	* See Note Opposite	Monash IVF	3 years
WILTON, Leeanda	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
WOOLHOUSE, Jenette	* See Note Opposite	Monash IVF	3 years

# APPENDIX 4

## Doctors Approved under the *Infertility Treatment Act 1995*

Name DOCTORS	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
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
FOX, Gregory	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	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
KNIGHT, Rachael	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
KOVACS, Gabor	*See Note Below	Monash IVF	3 years
KUHN, Raphael	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
LOLATGIS, Nicholas	*See Note Below	Monash IVF	3 years
LUTJEN, Peter	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
McBAIN, John	Freemasons Hospital, The Royal Women's Hospital Mildura Private Hospital	Melbourne IVF Mildura Reproductive Medicine Centre	3 years
McCULLY, Brian	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	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 Monash IVF	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	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
VOLLENHOVEN, Beverley	*See Note Below	Monash IVF	3 years
WEERASIRI, Anil Tilak	* See Note Below	Monash IVF	3 years
WHITEHEAD, Julie	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
WILKINSON, David	Freemasons Hospital, The Royal Women's Hospital	Melbourne IVF	3 years
WOOD, Edwin	*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
- Central Gippsland Health Service
- Epworth Hospital
- Geelong Private Hospital
- Maryvale Private Hospital
- Monash Surgical Private Hospital Pty Ltd

# APPENDIX 5

## Research Scientists Approved under the *Infertility Treatment Act 1995*

Name RESEARCH SCIENTISTS	Place to be Licensed	Place	Period of Approval
FIGUEIREDO, Fatima	Monash IVF	Monash IVF Pty Ltd	3 years
GRAS, Lynnette	Monash IVF	Monash IVF Pty Ltd	3 years
JONES, Gayle	Monash University	Monash Institute of Reproduction and Development	3 years
TROUNSON, Alan	Monash University	Monash Institute of Reproduction and Development	3 years

*NB: No place was licensed for research during the reporting period.*



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