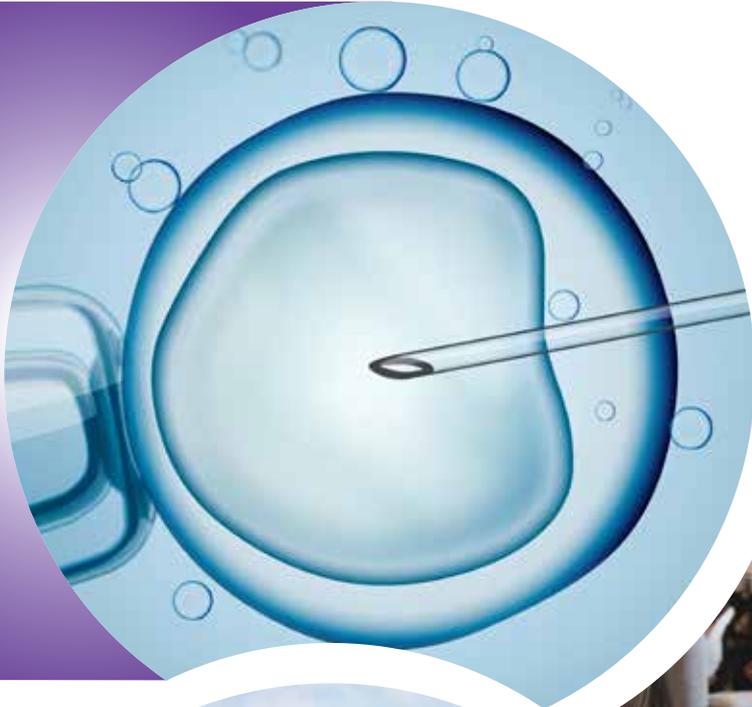




VARTA



2023 ANNUAL REPORT

About this report

The annual report is submitted in compliance with section 114 of the *Assisted Reproductive Treatment Act 2008* (the Act). The reporting period is 1 July 2022 to 30 June 2023.

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

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

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About VARTA

The Victorian Assisted Reproductive Treatment Authority (VARTA) is a statutory authority established to undertake a range of functions set out in the *Assisted Reproductive Treatment Act 2008* (the Act) and the *Assisted Reproductive Treatment Regulations 2019* (Regulations).

VARTA regulates assisted reproductive treatment (ART) providers to ensure they deliver safe care and prioritise the best interests of people having ART, and their future children. We support people involved in donor conception to get the information they need and achieve their connection preferences, and we help people understand what they can do to improve their chance of having a baby.

VARTA's functions:

Regulation

- Regulate the provision of ART in Victoria
- Administer the registration of ART providers in Victoria
- Monitor and report on treatment outcomes
- Review and approve the import/export of donor gametes (eggs or sperm) and embryos containing donor gametes into and out of Victoria
- Monitor adverse incidents and advise the Minister for Health of any contraventions of the ART legislation
- Work alongside co-regulators and stakeholders to achieve a cohesive, collaborative approach to the regulation of ART.

Education

- Translate research findings about fertility, infertility, ART and preconception health into information materials and education programs, campaigns and projects
- Educate the community and relevant professionals
- Educate ART clinics to ensure compliance with the Act (2008), information sharing for risk mitigation and the delivery of person-centred care.

Donor Conception Registry Services

- Manage the Central and Voluntary Registers and process applications from people who want to seek or store information on the registers
- Provide information, counselling and support for donor-conceived people, parents, donors and family members
- Make connections between donors, donor-conceived people and parents who received donor treatment.

VARTA is:

Independent

We operate as a statutory authority guided by the Act and the Minister for Health's Statement of Expectations.

Evidence-informed

We gather and analyse current evidence and translate findings to inform our work and operations.

Collaborative

We work in partnership with those working in ART, health, education, research and legal sectors, and we consult with people with lived experience.

Inclusive

We are committed to the *Charter of Human Rights and Responsibilities Act 2006*, and to the protection of the welfare of all people treated through and born from ART.

Sustainable

We operate as an innovative, responsive and capable organisation.



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Disclaimer

Throughout the report, all mentions of 'the Act' will refer to the *Assisted Reproductive Treatment Act (2008)*.

Message from the Chair, Julia Griffith PSM and CEO, James Florent

Together, we are pleased to report on VARTA's activity for another year that prioritised people using assisted reproductive treatment (ART) and their future children.



I was appointed as member and Chairperson of the Victorian Assisted Reproductive Treatment Authority (VARTA) in April 2023, following the departure of Associate Professor Peter Lutjen in March 2023. On behalf of the Board, I would like to thank Associate Professor Lutjen for his service to VARTA over the duration of his tenure.

I bring to the Board more than 30 years' of experience in the Victorian Public Service, spanning senior and executive leadership roles across a range of justice and employment portfolios. I retired from the role of Deputy Commissioner of the Victorian Public Sector Commission in January 2022.

James Florent was appointed as CEO of VARTA in August 2023, following the departure of CEO Anna MacLeod in June. James is an experienced executive leader with significant regulatory experience. He has worked in senior roles across the Victorian Public Service and most recently headed various Department of Health COVID19 response strategies, including vaccination and testing. James has specialist expertise in policy and strategy development, service delivery, organisational reform, and stakeholder engagement. The Board acknowledges the service of Anna MacLeod for the duration of her tenure.

Together, we are pleased to report on VARTA's activity for another year that prioritised people using assisted reproductive treatment (ART) and their future children.

VARTA regulated 21 clinics, where 16,952 patients underwent over 30,000 treatment cycles. Notable trends include a marked increase in the number of women who have eggs in storage. By 30 June 2023, 8,144 women had eggs in storage – a 26 per cent increase from the previous year. There was also an increase in embryo donation recipients of 10 per cent. VARTA has worked to educate clinics and individuals about the risks associated with overseas egg donor agencies, including the potential denial of import or export approval for such donor eggs if they do not comply with Australian or Victorian regulations.

ART is an evolving sector where demand is influenced by new technologies, changing social attitudes and enhanced public services. The industry continued to evolve with clinics offering new services and the introduction of public fertility care, a program that is aimed at people with restricted access to private services, such as low-income earners, rural residents, and those seeking donor or surrogacy services including members of the LGBTIQ community.

And this year, VARTA acknowledges two important milestones: 35 years ago, with the commencement of the *Infertility (Medical Procedures) Act*, Victoria became the first jurisdiction in the world to comprehensively regulate ART. This year also marks 25 years since Victoria's historic legislation that removed anonymity in donor conception for people conceived from 1998. In 1998, legislated changes mandated donors to permit their identity being released to their donor offspring once they are over 18.

Providing Victorians with access to independent, evidence-based information about fertility treatments remained a priority throughout the year. VARTA contributed to research into elective egg freezing, anti-Mullerian hormone (AMH) testing and add-ons, as well as important initiatives like an app that guides women through the IVF journey to reduce its psychosocial impacts. VARTA's *Your Fertility* program promoted evidence-based information about preconception health – its range of resources help people of all genders make informed and timely decisions about their reproductive health. The VARTA website continued to provide members of the Victorian community with information and resources, receiving more than 86,000 visits during the year.

VARTA was honoured that the *Your Fertility* program received The Best Fertility Service award 2023, presented by the European Fertility Society. This award recognises exceptional patient care and outstanding contributions to reproductive health. Dr Karin Hammarberg, VARTA's Senior Research Officer, accepted the prestigious award on behalf of the Fertility Coalition, which includes Healthy Male, Jean Hailes for Women's Health, Global and Women's Health at Monash University and the Robinson Research Institute at the University of Adelaide.

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

Finally, we'd like to thank our staff and board members for their contribution to helping VARTA achieve its goals. We look forward to continuing to work alongside our stakeholders to strengthen VARTA's people-centric, vitally important functions delivering services to the Victorian community.

Julia Griffith PSM
Chair

James Florent
CEO

The year in review



Regulation at a glance

- Regulated 21 ART clinics
- Clinics reported 93 adverse incidents – down 13%
- 55 valid individual applications to import/export gametes and embryos
- 19 valid class applications to import donor gametes.



Regulated 21 ART clinics



Clinics reported 93 adverse incidents – down 13%



Treatment at a glance

- 16,952 patients treated – down 2%
- 30,152 treatment cycles – down 5%
- 1,836 women had PGT-A – down 6%
- 8,144 women with frozen eggs in storage – up 26%
- 73% of cycles used ICSI – down 2%
- 5,111 live births in 2021-22*
- 157 embryo donation recipients – up 10%



8,144 women with frozen eggs in storage – up 26%



5,111 live births similar to the previous year*



Donor Conception Registry Services at a glance

- 35 years ago, Victoria became the first jurisdiction in the world to comprehensively legislate Assisted Reproductive Treatment
- 2023 is also the 25th anniversary of historic 1998 legislation that removed anonymity in donor conception



Victoria the first in world for legislation change



25th anniversary of historic 1998 legislation



Public education at a glance

- 3.6 million visits to the *Your Fertility* website
- 86,680 visits to the VARTA website
- *Your Fertility* education program named 'Best Fertility Service' by the European Fertility Society.
- 229,000 downloads of *Your Fertility* resources



3.6 million visits to the *Your Fertility* website

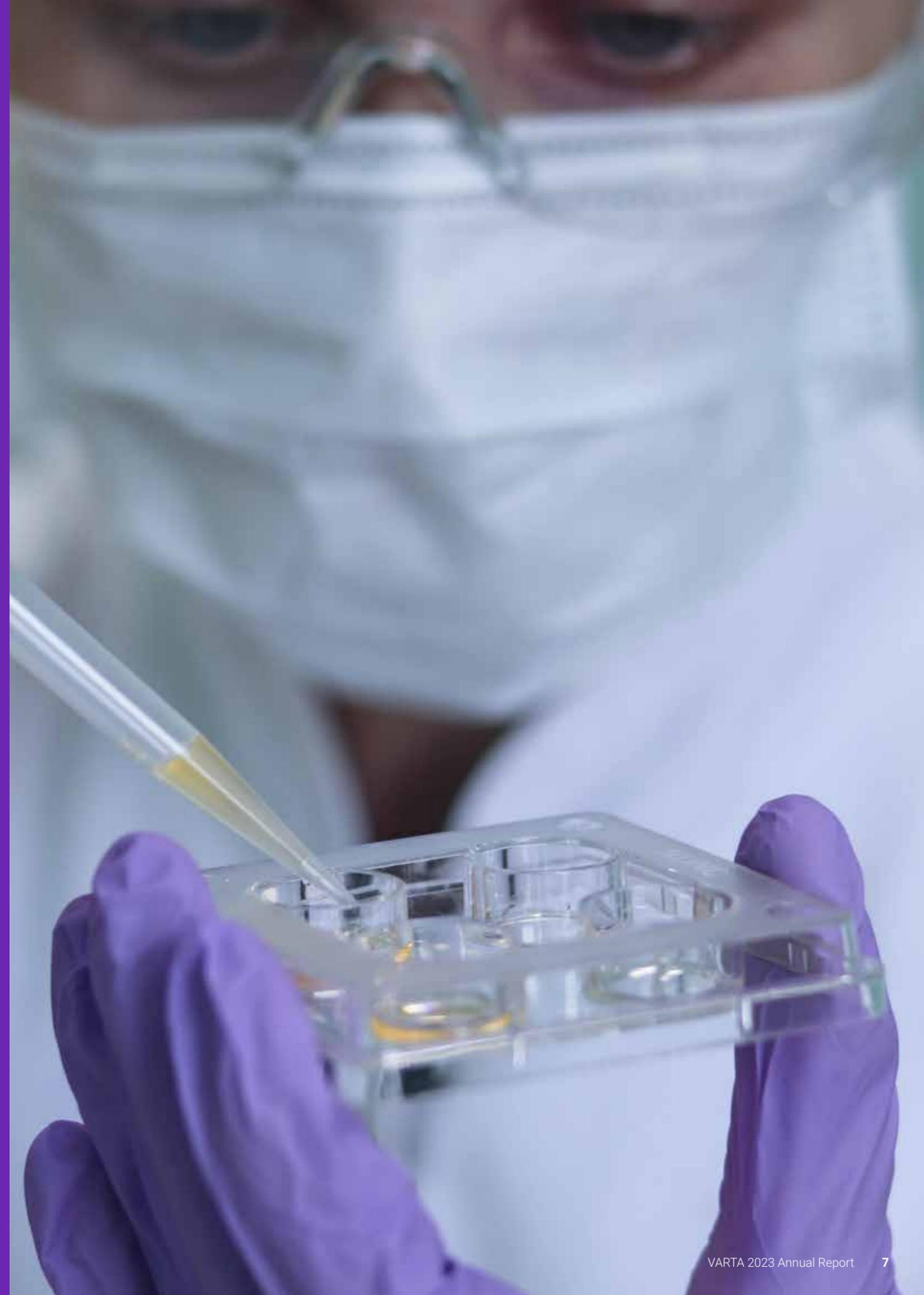


Your Fertility program named 'Best Fertility Service'

* This data comes from 2021-22 because it takes time to follow up on births that occur after treatment in one financial year.

Regulation

VARTA's Strategic Plan sets out its regulatory role and priorities for fulfilling key functions in a targeted and risk-based way to protect the interests and wellbeing of both people having fertility treatment and the children born.



Regulation

Registration of assisted reproductive treatment (ART) providers

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

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

During 2022-23, VARTA performed the following key regulatory activities:

- *Supported compliance.* VARTA provided information and guidance to registered ART providers on compliance with the Act, Regulations and *Conditions for Registration*.
- *Monitored compliance and demonstrated responsive intervention and enforcement.* VARTA reviewed adverse incidents, including clinical and scientific incidents, as well as actual or potential breaches of the Act, Regulations and/or *Conditions for Registration*. VARTA also monitored progress on the implementation of agreed corrective actions.
- *Reviewed broader programs and activities carried out under the Act.* VARTA monitored ART providers' activities, including treatment procedures and add-ons offered to patients, through consultation and correspondence with clinic representatives, industry experts, co-regulators and other stakeholders.
- *Advised the Minister.* VARTA advised the Victorian Minister for Health on breaches of the Act, Regulations and/or *Conditions for Registration*, and developments in research and treatment relating to infertility.
- *Processed import and export applications.* VARTA considered and made determinations regarding applications to import or export donor gametes and embryos formed from donor gametes into or out of Victoria.

ART providers accredited by the Fertility Society of Australia's Reproductive Technology Accreditation Committee (RTAC) can apply to VARTA for registration in Victoria. Once registered, these providers must adhere to VARTA's *Conditions for Registration*, and are obligated to submit annual attestations as confirmation of compliance. These *Conditions for Registration* address a range of matters including:

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

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

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

The *Conditions for Registration* are reviewed by VARTA on an ongoing basis and updated accordingly.

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

Registered ART entities and sites 1 July 2022 – 30 June 2023

Adora Fertility	Adora Fertility, Greensborough
Ballarat IVF	Ballarat IVF, Wendouree
City Babies	City Babies, Richmond
City Fertility Centre	City Fertility, Bundoora
	City Fertility, Melbourne
	City Fertility, Notting Hill
Create Fertility	Create Fertility, Mount Waverley
Genea	Genea, Heidelberg
Life Fertility Clinic Melbourne	Life Fertility Clinic Melbourne, Fitzroy
Melbourne IVF	Melbourne IVF, East Melbourne
Monash IVF	Monash IVF, Bendigo
	Monash IVF, Clayton (Monash IVF Monash Surgical Private Hospital)
	Monash IVF, Geelong
	Monash IVF, Mildura
	Monash IVF, Richmond (Monash IVF Epworth Hospital)
	Monash IVF, Sale (Central Wellington Health Services)
	Monash IVF, Sunshine (Western Day Surgery)
Monash IVF, Hawthorn	
Newlife IVF	Newlife IVF, Box Hill
Number 1 Fertility	Number 1 Fertility, East Melbourne
Reproductive Services*	Royal Women's Hospital, Parkville

* Operated by Melbourne IVF.

VARTA's Safety and Quality Committee

Under section 113 of the Act, with the approval of the Minister for Health, VARTA established a Safety and Quality Committee (the Committee). The Committee consists of three members of VARTA's Board.

The Committee assists VARTA in fulfilling its duties and responsibilities including:

- reviewing adverse incidents reported by Victorian ART providers in alignment with VARTA's *Conditions for Registration*
- analysing data and research pertaining to treatment procedure safety and quality
- actively promoting person-centred care, safety, quality compliance, and the prevention of adverse incidents like ovarian hyperstimulation syndrome
- approving applications for importing or exporting donor material under section 36 of the Act
- assisting the Board in effectively operating Parts 6 and 7 of the Act, and the Guidelines issued under section 100A by the Department of Health's Secretary.

In the past 12 months the Committee has:

- approved 74 applications for the import and export of gametes
- examined adverse incidents reported to VARTA, highlighted emergent trends and recommended further action when necessary.

The Committee holds delegation of certain functions, which was approved by the Minister for Health. These arrangements and operations are reviewed every 12 months.

Adverse incidents

Per the *Conditions for Registration*, VARTA requires that all registered ART providers submit reports on adverse incidents. In the 2022-23 period, clinics reported a total of 93 adverse incidents to VARTA, a decrease from 107 the previous year (2021-22).

Under VARTA's conditions, incidents must be reported by clinics as soon as practicable or, at the latest, within six weeks. This reporting timeframe is shorter for sentinel events, or actual or potential legislative breaches.

In the 2022-23 financial year, 71 per cent of all incidents were reported within this six-week period, demonstrating an increase in reporting within the incident reporting framework compared to the previous financial year.

VARTA works closely with ART providers to ensure adherence to reporting obligations under the *Conditions for Registration*. In 2022-23, VARTA engaged with appointed personnel from all clinics to discuss regulatory and compliance affairs, which encompassed adverse incidents and treatment patterns. All adverse incidents are reviewed by VARTA for further action or referral to relevant co-regulators, as appropriate.

The adverse incidents reported occurred in the context of 16,952 women receiving 30,152 cycles of ART in Victoria.

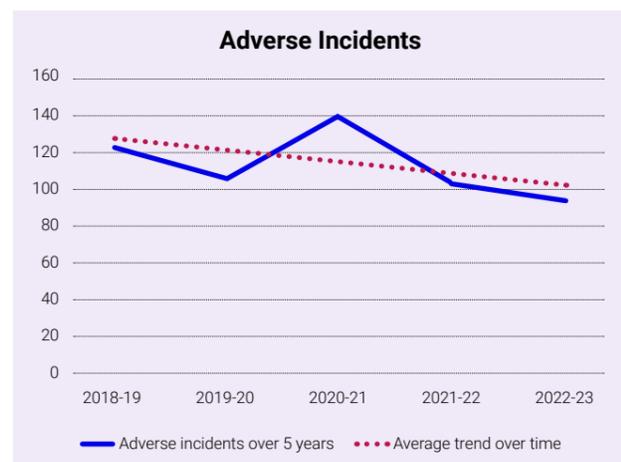
Adverse incidents

Clinical	Scientific		
Ovarian hyperstimulation syndrome (OHSS) (cases requiring overnight hospitalisation) ¹	53	Embryo loss	1
Bleed	1	Gamete loss (sperm or eggs)	4
Infection	2	Transfer error	2
Ovarian torsion	2		
Legislative compliance	1		
Other	28		
Total	87	Total	7

1. Cases of OHSS which resulted in overnight hospital admission are considered reportable adverse incidents under VARTA's *Conditions for Registration*. This revised definition of reportable OHSS cases was implemented in June 2021.

This graph depicts adverse incidents which includes all clinical, scientific, administrative events and legislative breaches. The trends over the past five years have been impacted by external factors including:

- Impacts of the pandemic, particularly the lasting impacts of staffing and workplace changes in health, and access to ART throughout the pandemic.
- A change in what defines a reportable adverse incident, meaning cases of OHSS resulting in an overnight hospital admission are now required to be reported to VARTA. This follows an audit which examined reporting of OHSS during a 3-year audit period (1 July 2018 to 30 June 2021) and identified cases not previously reported to VARTA. This graph has used the total number of adverse incidents as identified through the OHSS audit process, which may differ from previous reports published prior to audit completion.



Clinical Adverse Incidents are reflective of the reported events following the OHSS audit, which may differ from reports published prior to audit completion.

The graph depicts a spike in adverse incidents in the 2020-21 period, which coincides with impacts of the pandemic on healthcare staff availability as well as the OHSS audit completion. Even with the adjusted number of reports, as informed by the OHSS audit, there is an overall downward trend in reported adverse incidents over the five-year period.

Scientific events

VARTA received six scientific adverse event reports in 2022-23. These events involved the loss of embryos and/or gametes due to factors including handling and equipment errors during intracytoplasmic sperm injection (ICSI) and standard insemination procedures, sample assessments, and freezing and thawing procedures. Additional details for the scientific adverse incidents follow.

Handling errors

Several incidents involved embryos and gamete loss resulting from handling errors including:

- One incident involved damage to the embryo during transport from the lab to theatre.
- Two incidents involved human error during label check procedures, resulting in the loss of 5 eggs from different families undergoing fertility preservation and one viable embryo. The embryo was inadvertently discarded.
- One incident involved two eggs being lost due to a manual handling error at the time of freezing.
- One incident involved a rare case of bacterial contamination of cultures resulting in 10 lost eggs.

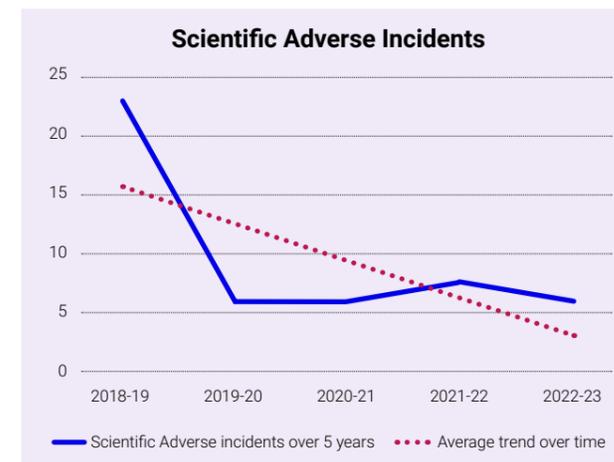
Equipment errors

Two scientific adverse incidents were associated with equipment errors:

- One straw of sperm was lost due to a damaged straw seal. It is a generally accepted risk that freezing items in plastic straws long term may result in seals breaking.
- One incident resulted in the loss of five vials of sperm due to a delay in replacing equipment, which caused the vials to thaw.

Regulatory Compliance

Due to an administrative error by a clinic, one couple progressed in the ART process without appropriate documentation on file. The error was later discovered by the clinic and corrective measures were taken to rectify the situation, including a review of the clinic's patient registration and counselling processes.



IVF add-ons

VARTA remains concerned about the use of IVF add-ons. Despite their widespread use, most IVF add-ons are not supported by robust evidence that they increase conception or live birth, or are safe to use.

IVF add-ons or adjuvant therapies are optional extras that include tests, procedures, drugs, alternative therapies, and the use of new equipment on top of standard IVF protocols. Examples include endometrial scratching, intracytoplasmic magnification selected sperm injection (IMSI), immunotherapies and preimplantation genetic testing for aneuploidy (PGT-A).

Many add-ons are experimental, have not been thoroughly tested, or have been studied with limitations, such as small sample sizes, risk of bias and insufficient data. These limitations mean it is not known if add-ons make a difference to the chance of having a baby, or if their use has potential risks. Add-ons generally come at additional cost to patients and can be very expensive.

It's important for patients to consider whether the cost of an add-on is justified in their specific circumstances, or if having an extra IVF treatment cycle to potentially produce more embryos is a better option.

Certain interventions that individuals require are not categorised as add-ons. These interventions include intracytoplasmic sperm injection (ICSI) for male-factor infertility and preimplantation genetic diagnosis (PGD), which addresses monogenic/single gene disorders (PGT-M) or structural rearrangements (PGT-SR) to prevent the transmission of inherited disorders or chromosomal abnormalities involving extra or missing genetic material. These interventions are supported by robust evidence.

Given the lack of efficacy and high costs of many add-ons, VARTA mandates that clinics confirm they've provided patients with clear information about add-on risks and benefits, as stipulated in the *Conditions for Registration*. All clinics attested to this in the last financial year.

In addition to these regulatory efforts, during 2022-23, VARTA focused on enhancing patients' awareness of add-ons' potential risks and benefits for informed decision-making.

Work with co-regulators

During 2022-23, VARTA maintained collaborative partnerships with co-regulators and stakeholders to ensure a unified approach to regulating the ART sector. VARTA's consultations included the RTAC Chairperson, the Australian Health Practitioner Regulation Agency (AHPRA), the Therapeutic Goods Administration and Medicare.

VARTA's collaboration extends to ongoing engagement with the Health Complaints Commissioner (HCC) and AHPRA, aiming to identify collaborative opportunities.

Import and export applications

In 2022-23, there was a total of 55 individual import and export applications submitted and reviewed by the Safety and Quality Committee.

In 2022-23, there was a total of 19 class applications to import donated gametes submitted and reviewed by the Safety and Quality Committee. In most instances, once the complete paperwork was received, the class applications were reviewed and approved within four weeks of submission.

VARTA cannot approve an import or export application unless it aligns with Victorian legislative prerequisites, except for specific limited exemptions. Instances where VARTA does not have authority to grant exemptions, regardless of unique circumstances, include situations involving an anonymous donor, instances in which a donor has received payments beyond reasonable expenses, or where there's potential for more than 10 families to have genetically related children through donor material usage.

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

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

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

VARTA continued to carry out this function throughout the 2022-23 period, with process changes made by the Safety and Quality Committee improving efficiency and reducing application process times.

Impact of the Safety and Quality Committee on import and export applications

VARTA's Safety and Quality Committee continues to consider a significant number of import and export applications each month, minimising the need for out-of-session Board meetings, and expediting decisions for applicants.

Risks involving arrangements with overseas donor agencies

VARTA is obligated to prevent the recruitment of donors where there may be a risk of financial or other types of reproductive exploitation. Applications to import or export donor gametes obtained through overseas agencies, or embryos created from such donor gametes, cannot be approved by VARTA if the applicant cannot demonstrate that all Victorian requirements have been met.

VARTA remains concerned about overseas agencies offering costly international egg donor programs that connect intending parents with donors. Some agencies bring donors to the parents' country or recruit locally, often not adhering to Australian or Victorian regulations. In the last 18 months, VARTA has educated clinics and individuals on the associated risks, including the potential denial of import or export approval for such donor eggs.

Ukraine imports suspension

Effective 10 March 2022, VARTA suspended all imports from Ukraine. This was due to the destructive armed conflict in the region, which could lead to the exploitation of donors and prevent donor-conceived children from accessing information about their genetic heritage.

One clinic did not abide by the Authority's March 2022 directive and, upon further review of its arrangements with overseas clinics, VARTA was not satisfied there was compliance with Victorian law more generally (which includes the Guiding Principles, set out in section 5 of the Act).

In December 2022, the Authority determined it was necessary and in the public interest to withdraw all of that clinic's in-principal approvals for class arrangements with overseas gamete providers for a period of two years.

Whilst the Authority did take into consideration anyone who might be affected by this decision, VARTA had to balance this against the Guiding Principles, and in particular the paramount interest of persons born or to be born as a result of treatment, per VARTA's obligations under the Act.

The decision provides safety and quality assurance for patients. It also prevents the potential exploitation of gamete donors in war-affected regions, and removes the risk of statutory rights violations posed to children born as a result of treatment using gametes from war-affected regions.

The decision regarding this clinic had no bearing on any other clinic in Victoria. Every application received by VARTA is considered against the obligations under the Act and class applications are regularly approved by VARTA.

VARTA continues to monitor the class arrangements of ART providers to ensure strict compliance with the Act and Regulations.

Public IVF

During 2022-23, Victoria initiated the launch of public fertility care services, a program designed to make the dream of parenthood more attainable for Victorians. This endeavour is particularly aimed at individuals with restricted access to private services, such as low-income earners, rural residents, and those seeking donor or surrogacy services, including members of the LGBTIQ+ community and single individuals.

Lead health institutions the Royal Women's Hospital and Monash Health commenced operations in October 2022. Partner institutions including Northern Health's Epping Hospital and Mildura Base Public Hospital also

began offering some fertility services. By the end of 2023, these services are anticipated to expand across multiple locations in Victoria. As the workforce and infrastructure develops, service capacity is expected to grow steadily.

A significant milestone was the proposed establishment of Australia's first public egg and sperm bank at the Royal Women's Hospital in July 2023. This facility will extend the reach of Victoria's public fertility care services, enhancing the accessibility and affordability of IVF and other fertility services.

Upon full operation, these public fertility care services are poised to benefit around 5,000 Victorians annually. Encompassing less invasive fertility treatments, donor services via the public egg and sperm bank, surrogacy options, fertility preservation for medical treatments like cancer therapy or gender reassignment, and genetic testing for known serious medical conditions, this initiative is a substantial stride toward enhanced fertility care accessibility in Victoria.

PIEZO-ICSI

Piezo-intracytoplasmic sperm injection (Piezo-ICSI) is a technique used in IVF. It's a modified form of the conventional intracytoplasmic sperm injection (ICSI), and is designed to minimise damage to the egg during the injection process.

In Piezo-ICSI, an electronically-controlled device that can make very precise, small, rapid movements is used to drive the injection pipette. The pipette's movements are swift and delicate, and the egg's outer layer is therefore penetrated with minimal force. This reduces the risk of damage to the egg.

In 2022-23, a clinic introduced the use of Piezo-ICSI. VARTA consulted with the clinic to ensure adherence to the *Conditions for Registration*, and that all information provided to patients regarding this treatment was verifiable, accurate and not misleading. VARTA raised concerns about the need to provide patients with appropriate and accurate information regarding the risks and limitations of Piezo-ICSI.

The clinic has shown a commitment to addressing these concerns in collaboration with VARTA to ensure that patients have access to the most accurate and comprehensive information about this innovative treatment option.

As TGA registration for this treatment is still pending, the technology will continue to be offered with Special Accesses Scheme (SAS) approval until it is formally registered by the supplier (Vitrolife).

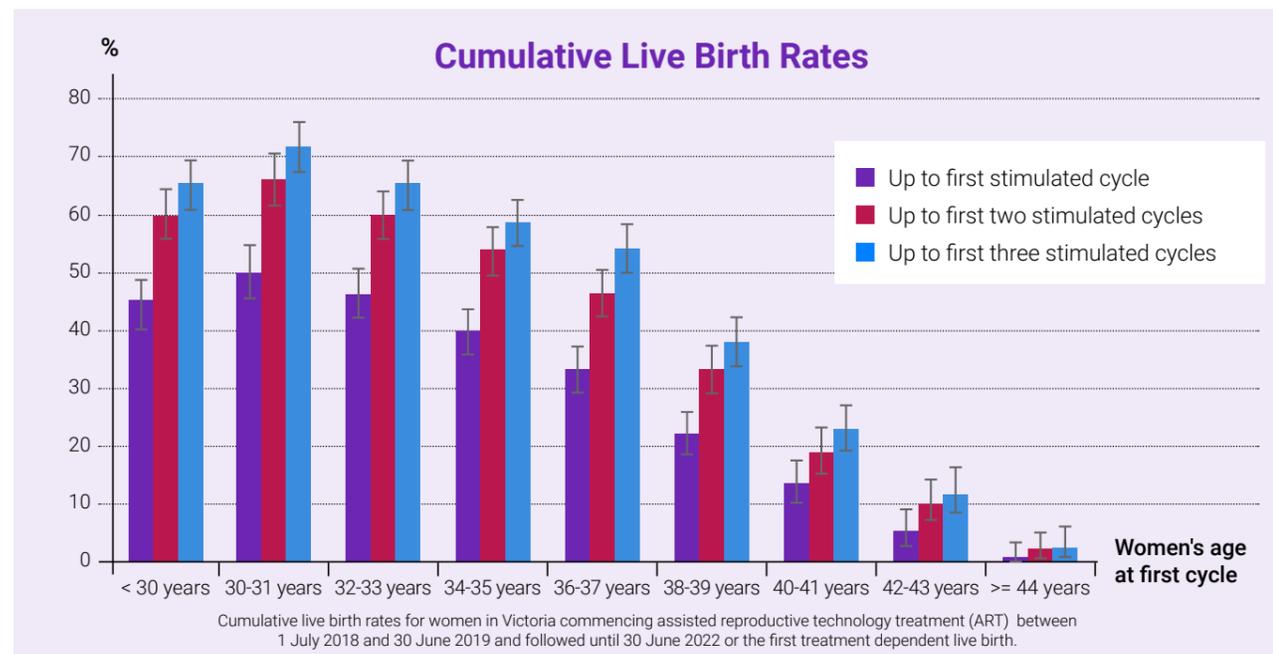
Fertility treatment trends for consumers

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

IVF success rates according to age

The following graph shows birth rates for people who had up to three stimulated IVF cycles in Victoria by age group. It is called the cumulative live birth rate because it shows the proportion of people who had a baby after one, two or three stimulated IVF cycles, including all fresh and frozen embryo transfer attempts associated with these complete cycles. This data includes people tracked for three to four years until 30 June 2022.

As you can see in the graph below, for women aged up to 30 years the chance of a baby was 45.1 per cent after one stimulated cycle and 65.5 per cent after three stimulated cycles. For women aged 42-43, the chance of a baby was 5.7 per cent after one and 12.1 per cent after three stimulated cycles. While age is a key factor, other factors contribute to the chance of success. The cumulative live birth rate for individual women depends on their circumstances and may be higher or lower than the average figures provided here.



Important note about dates:

This report includes outcomes from treatment that occurred in 2021-22. These are being reported in 2023 because of the time it takes to follow up treatment, including clinical pregnancy arising from treatment that occurred the year before.

Pregnancy outcomes 2021-22

Overall birth rate

Of all the people who had fertility treatment in Victoria during 2021-22, 30 per cent had a live birth.

Artificial insemination

Of all the people who used artificial insemination (IUI) in Victoria, 9 per cent had a live birth. While the chance of a baby is lower with IUI than with IVF, it is less costly and less invasive. For some people with unexplained infertility, having up to six cycles of IUI offers a good chance of pregnancy.

Treatment using thawed embryos

7,255 women using their own eggs in 2021-22, had at least one transfer of frozen embryos. Of the 9,802 transfers of frozen embryos, 3,208 resulted in a live birth (33 per cent live birth rate).

Treatment trends for 2022-23

Average number of eggs collected

During 2022-23 the average number of eggs collected during an egg collection procedure varied according to a woman's age:

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

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

ICSI (intracytoplasmic sperm injection)

Clinics used ICSI for 73 per cent of cycles. There was wide variation across treatment sites, with ICSI rates ranging from 44 per cent to 91 per cent. ICSI is more expensive for patients and research shows it does not improve live birth rates for people without a diagnosis of male factor infertility. About a third of infertile couples have a diagnosis of male infertility.

Single embryo transfer

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

Single embryo transfer reduces risks of multiple pregnancies and medical complications for mothers and babies.

Average number of eggs collected

During 2022-23 the average number of eggs collected during an egg collection procedure varied according to a woman's age.



Egg freezing

There were 3,194 cycles where women froze their eggs, a slight increase from the year before when there were 3,040 egg freezing cycles. There were 8,144 women with eggs in storage on June 30, 2023 – up 26 per cent from the year before. While egg freezing offers a chance of having a baby later in life, there is no guarantee. For a reasonable chance of success, multiple cycles may be needed. It is estimated that a woman aged 37 years needs to freeze about 25 eggs for an 80 per cent chance of a baby later. This goes up to 35 eggs for a woman aged 39 years.

Genetic testing of embryos

The number of women who used preimplantation genetic testing for aneuploidy (PGT-A) to detect abnormal chromosomal numbers in their embryos decreased from 1,972 in 2021-22 to 1,836 in 2022-23. PGT-A is expensive, and while some studies have demonstrated a higher implantation rate for embryos that were selected after a PGT-A, there is no reliable evidence that it improves the chance of having a baby.

Donor treatment

- 157 people received embryo donations – up 10% from last year
- 288 people received egg donations – down 27% from last year
- 364 people received embryos containing a donor egg – up 7% from last year
- 1,661 people received sperm donations – up from 1,658 last year.

Where donors came from

- Egg donors: 78% recipient recruited, 6% recruited through a clinic, 16% overseas egg bank recruited
- Sperm donors: 62% recruited through a clinic, 32% recipient recruited, 6% overseas sperm bank recruited
- Embryo donors: 65% recipient recruited, 35% recruited through a clinic.

Sperm donation

Single women continue to be the largest group using donor sperm (53%), followed by women in same-sex relationships (36%) and people in heterosexual relationships (11%).

Surrogacy

During 2022-23, 41 women agreed to be surrogates – down from 45 the year before.

Fertility Treatment Data

Important notes about this data

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

VARTA collects data from all registered ART providers in Victoria to report on fertility treatment outcomes and trends over time. The National Perinatal Epidemiology Statistics Unit (NPESU) at the University of New South Wales assists with this data collection.

Section one includes the outcomes from treatment that occurred in 2021-22. This is being reported in 2023 because of the time it takes to follow up treatment, including clinical pregnancy and live birth rates arising from treatment that occurred the year before.

Sections two to seven include data from treatment that occurred in 2022-23. An update on the outcomes from this treatment, including live births, will be available in 2024.

For sections two to seven, registered clinics were able to provide data to NPESU up until the submission deadline of 14 July 2023. Clinics are all given the opportunity to provide any updates to clinical pregnancy outcomes by 28 July 2023. Therefore, clinical pregnancy rates should be interpreted with caution as ultrasound scans confirming clinical pregnancies may have not been completed before data was submitted.

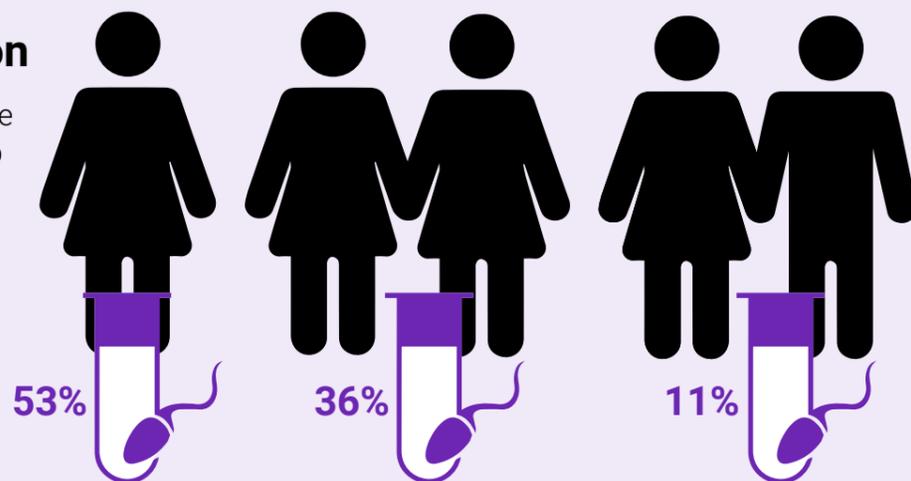
This report includes all forms of ART using either partner sperm or donor sperm. It does not include:

- egg or embryo movement from or to a clinic
- embryo disposal procedures
- cycles cancelled prior to hormone stimulation
- ovulation induction
- cycles cancelled before thawing an egg or embryo.

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

Sperm donation

Single women continue to be the largest group using donor sperm (53%), followed by women in same-sex relationships (36%) and people in heterosexual relationships (11%).



Summary of section 1

Understanding the ART process

The IVF and ICSI process		
	Hormone stimulation	In a stimulated cycle, fertility drugs are given to develop multiple eggs. In a natural cycle, no superovulatory drugs are used.
	Egg retrieval	Eggs are collected under light sedation using ultrasound guidance.
	Embryo development	In IVF, sperm is added to the eggs, and in ICSI a single sperm is physically injected into each egg for embryos to develop.
	Embryo transfer	The procedure of placing an embryo into the uterus. When there are several embryos available for transfer, most commonly one embryo is transferred and the remainder frozen for later use.*
	Clinical pregnancy	A pregnancy is verified by ultrasound at approximately six to seven weeks into the pregnancy. A clinical pregnancy does not guarantee the birth of a baby, as some pregnancies can result in a miscarriage.
	Live birth	The birth of a living baby or babies (multiple births are classed as a single live birth). Collection of this data can be slow because the clinic has to wait until a baby is born to count the child as part of the clinic's success rate.

The intrauterine insemination (IUI) process		
	Egg development	One or two eggs are developed with or without the use of fertility drugs.
	Monitoring	Ultrasound scans and blood tests are used to determine the right time to have the insemination.
	Insemination	Partner or donor sperm is placed in the uterus at the time of, or just before, ovulation.
	Clinical pregnancy	A pregnancy is verified by ultrasound at approximately six to seven weeks into the pregnancy. A clinical pregnancy does not guarantee the birth of a baby, as some pregnancies can result in a miscarriage.
	Live birth	The birth of a living baby or babies (multiple births are classed as a single live birth). Collection of this data can be slow because the clinic has to wait until a baby is born to count the child as part of the clinic's success rate.

* Single embryo transfer (transferring one embryo at a time) is considered the gold standard of practice in IVF to minimise the risk of multiple pregnancy, which is associated with higher risk to both mother and babies.

Outcomes from treatment

This section provides data on the outcomes of treatment that occurred in 2021-22. Because pregnancies and births can occur the year after treatment, this data was not available for the 2021-22 annual report.

Single embryo transfer

The strong preference for single embryo transfer continues.

Single embryo transfer (transferring one embryo at a time) is considered the gold standard of practice in IVF to minimise the risk of multiple pregnancy, which is associated with higher risk to both mother and babies.

Clinical pregnancy loss

A clinical pregnancy is one that is verified by ultrasound at 6-7 weeks. During the past financial year, one in five clinical pregnancies were lost due to ectopic pregnancy, miscarriage or neonatal death.

Outcomes from genetic testing of embryos

Table 1.6 details the outcomes for women who used genetic testing on their embryos during 2021-22. This data becomes available a year later due to the time it takes to track outcomes.

Of the 1,972 women who had PGT-A testing in 2021-22, 838 had a live birth.

Section 1: Outcomes from 2021-22 financial year

This section includes a final outcome of treatment procedures undertaken in 2021-22. These final figures were not available at the time of the production of the 2022 Annual Report. Similarly, this year, a full report on treatment outcomes will not be possible until the 2024 Annual Report. As pregnancies are ongoing, some outcomes are not known at the time of this report going to print.

Overview

Table 1.1 Number of women treated, Victoria, 2021-22 financial year

Treatment site	No. of women treated				No. of cycles included	No. of women with fresh embryos transferred	No. of women with thawed embryos transferred	No. of women with AI using partner sperm	No. of women with AI using donor sperm
	< 35	35-39	≥ 40	ALL					
Adora Fertility, Greensborough	453	448	227	1,128	2,096	580	448	85	0
Ballarat IVF, Wendouree	246	156	78	480	1,040	57	286	31	15
City Babies, Richmond	64	33	22	119	232	0	0	119	0
City Fertility Centre, Bundoora	110	77	49	236	473	43	118	14	22
City Fertility Centre, Melbourne	261	273	155	689	1,300	179	290	13	96
City Fertility Centre, Notting Hill	184	156	77	417	728	116	163	35	30
Genea, Heidelberg	93	78	57	228	435	80	94	12	6
Melbourne IVF, East Melbourne	1,509	1,801	955	4,265	7,935	1,300	1,837	217	126
Melbourne IVF, Mt Waverley	163	148	95	406	619	104	154	16	10
Monash IVF, Bendigo	72	45	17	134	168	35	51	3	4
Monash IVF, Clayton	832	831	636	2,299	3,920	510	1,073	114	37
Monash IVF, Geelong	177	175	107	459	865	84	234	45	17
Monash IVF, Hawthorn	357	406	335	1,098	1,646	223	426	66	26
Monash IVF, Mildura	30	23	12	65	94	26	21	7	1
Monash IVF, Sale	38	21	11	70	78	36	9	0	0
Monash IVF, Sunshine	117	107	61	285	417	94	75	1	0
Newlife IVF, Box Hill	413	441	231	1,085	2,245	306	477	33	37
Number 1 Fertility	828	1,087	644	2,559	5,165	597	946	252	3
Reproductive Services	494	444	290	1,228	2,153	579	553	10	3
Aggregated total	6,441	6,750	4,059	17,250	31,609	4,949	7,255	1,073	433

AI: artificial insemination.

Table 1.2 Pregnancy and birth outcomes, Victoria, 2021-22 financial year

Treatment site	No. of births				No. of live births	No. of babies born	No. of liveborn babies	Pregnancy outcome unknown
	No. of singletons	No. of sets of twins	No. of sets of higher order multiples	All				
Adora Fertility, Greensborough	325	12	0	337	337	349	349	2
Ballarat IVF, Wendouree	173	4	0	177	175	181	179	0
City Babies, Richmond	26	3	0	29	29	32	32	0
City Fertility Centre, Bundoora	73	1	0	74	72	75	73	1
City Fertility Centre, Melbourne	194	7	0	201	200	208	207	0
City Fertility Centre, Notting Hill	108	8	1	117	116	127	126	0
Genea, Heidelberg	52	3	0	55	54	58	57	1
Melbourne IVF, East Melbourne	1,415	38	1	1,454	1,446	1,494	1,486	0
Melbourne IVF, Mt Waverley	94	4	0	98	96	102	100	0
Monash IVF, Bendigo	41	3	0	44	44	47	47	0
Monash IVF, Clayton	635	22	0	657	655	679	677	1
Monash IVF, Geelong	176	4	0	180	178	184	182	0
Monash IVF, Hawthorn	266	10	0	276	273	286	283	2
Monash IVF, Mildura	11	1	0	12	11	13	12	0
Monash IVF, Sale	13	1	0	14	14	15	15	0
Monash IVF, Sunshine	52	3	0	55	55	58	58	0
Newlife IVF, Box Hill	382	13	0	395	392	408	405	1
Number 1 Fertility	625	17	0	642	635	659	652	0
Reproductive Services	322	8	0	330	329	338	337	0
Aggregated total	4,983	162	2	5,147	5,111	5,313	5,277	8

Legend

For full glossary, refer to page 50

Age at first treatment	The age of a person when they begin treatment – either the first date when a stimulation drug is administered or the date of the last menstrual period (LMP) for unstimulated cycles (including natural fresh cycles and thaw cycles).
Clinical pregnancy	A pregnancy verified by ultrasound at six/seven weeks' gestation. A clinical pregnancy does not guarantee the birth of a baby as miscarriages can occur. Women can have more than one clinical pregnancy in a financial year.
Babies born	Includes liveborn and stillborn.
Birth	A birth event – the delivery of a baby or babies.
Live birth	Birth of a living baby or babies (multiple births are classified as a single live birth).
Liveborn baby	A baby that is born alive.
Thawed	Cryopreserved (frozen) eggs, sperm or embryos must be thawed prior to use.

Table 1.3a Fresh embryo transfer cycles and pregnancy outcomes, Victoria, 2021-22 financial year

Treatment site	Women using embryos derived from their own, their partner's or donated eggs				
	No. of cycles with fresh embryo transferred	% single embryo transfer	No. of clinical pregnancies	No. of live births	% of live births per fresh embryo transfer
All ages by treatment site					
Adora Fertility, Greensborough	726	88	208	155	21
Ballarat IVF, Wendouree	58	98	24	17	29
City Fertility Centre, Bundoora	45	91	9	7	16
City Fertility Centre, Melbourne	211	94	64	45	21
City Fertility Centre, Notting Hill	128	95	40	32	25
Genea, Heidelberg	109	92	22	18	17
Melbourne IVF, East Melbourne	1,564	95	615	475	30
Melbourne IVF, Mt Waverley	113	97	41	26	23
Monash IVF, Bendigo	37	100	24	21	57
Monash IVF, Clayton	576	91	177	136	24
Monash IVF, Geelong	97	93	36	30	31
Monash IVF, Hawthorn	239	95	87	64	27
Monash IVF, Mildura	29	97	8	5	17
Monash IVF, Sale	39	87	17	11	28
Monash IVF, Sunshine	104	92	42	33	32
Newlife IVF, Box Hill	381	95	135	114	30
Number 1 Fertility	709	100	240	189	27
Reproductive Services	704	100	198	151	21
Aggregated total	5,869	95	1,987	1,529	26
All treatment sites by age group					
Age group					
<35	1,975	98	886	741	38
35-39	2,185	96	742	558	26
>=40	1,709	90	359	230	13
Aggregated total	5,869	95	1,987	1,529	26

Percentage of live births per fresh embryo transfer

During 2021-22, the percentage of live births from women using embryos derived from their own, their partner's or donated eggs per age group



Table 1.3b Thawed embryo transfer cycles and pregnancy outcomes, Victoria, 2021-22 financial year

Treatment site	Women using own eggs				
	No. of cycles with thawed embryos transferred	% of single embryo transfer	No. of clinical pregnancies	No. of live births	% of live births per thawed embryo transfer
All ages by treatment site					
Adora Fertility, Greensborough	656	96	232	174	27
Ballarat IVF, Wendouree	425	99	180	139	33
City Fertility Centre, Bundoora	178	98	67	57	32
City Fertility Centre, Melbourne	419	95	170	143	34
City Fertility Centre, Notting Hill	216	87	87	71	33
Genea, Heidelberg	134	100	41	31	23
Melbourne IVF, East Melbourne	2,552	96	1,079	868	34
Melbourne IVF, Mt Waverley	200	91	77	67	34
Monash IVF, Bendigo	55	98	21	20	36
Monash IVF, Clayton	1,310	93	558	447	34
Monash IVF, Geelong	321	97	150	125	39
Monash IVF, Hawthorn	460	94	208	178	39
Monash IVF, Mildura	22	91	5	4	18
Monash IVF, Sale	9	100	3	3	33
Monash IVF, Sunshine	91	92	33	21	23
Newlife IVF, Box Hill	648	97	316	263	41
Number 1 Fertility	1,296	100	519	420	32
Reproductive Services	810	100	239	177	22
Aggregated total	9,802	96	3,985	3,208	33
All treatment sites by age group					
Age group					
<35	3,765	97	1,743	1,446	38
35-39	3,968	97	1,621	1,307	33
>=40	2,069	94	621	455	22
Aggregated total	9,802	96	3,985	3,208	33

Percentage of live births per thawed embryo transfer

During 2021-22, the percentage of live births from women using their own eggs per age group



Table 1.3c Artificial insemination (AI) cycles using partner sperm and pregnancy outcomes, Victoria, 2021-22 financial year

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	% of live births per AI cycle using partner sperm
All ages by treatment site				
Adora Fertility, Greensborough	137	13	8	6
Ballarat IVF, Wendouree	47	5	5	11
City Babies, Richmond	232	34	29	13
City Fertility Centre, Bundoora	17	5	5	29
City Fertility Centre, Melbourne	18	1	1	6
City Fertility Centre, Notting Hill	46	6	6	13
Genea, Heidelberg	14	3	3	21
Melbourne IVF, East Melbourne	314	34	29	9
Melbourne IVF, Mt Waverley	20	2	2	10
Monash IVF, Bendigo	4	2	1	25
Monash IVF, Clayton	176	28	25	14
Monash IVF, Geelong	70	10	8	11
Monash IVF, Hawthorn	101	7	6	6
Monash IVF, Mildura	7	2	2	29
Monash IVF, Sunshine	2	0	0	0
Newlife IVF, Box Hill	54	0	0	0
Number 1 Fertility	342	22	14	4
Reproductive Services	12	1	1	8
Aggregated total	1,613	175	145	9
Age group All treatment sites by age group				
<35	750	99	90	12
35-39	584	67	49	8
>=40	279	9	6	2
Aggregated total	1,613	175	145	9

Percentage of live births per AI cycle using partner sperm

During 2021-22, the percentage of live births from AI cycles using partner's sperm per age group

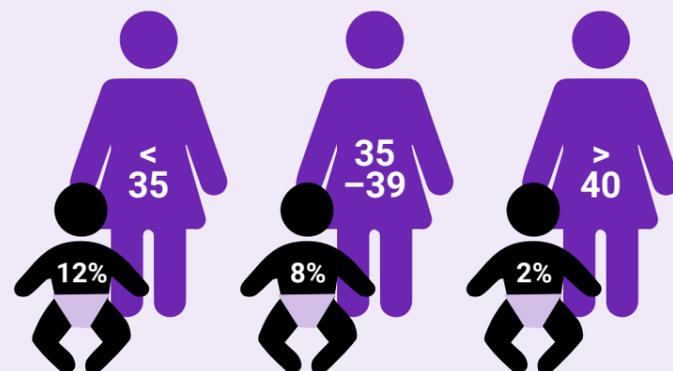


Table 1.3d Artificial insemination (AI) cycles using donor sperm and pregnancy outcomes, Victoria, 2021-22 financial year

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	No. of live births	% of live births per AI cycle using donor sperm
All ages by treatment site				
Ballarat IVF, Wendouree	22	4	3	14
City Fertility Centre, Bundoora	38	4	3	8
City Fertility Centre, Melbourne	151	12	10	7
City Fertility Centre, Notting Hill	46	7	7	15
Genea, Heidelberg	10	0	0	0
Melbourne IVF, East Melbourne	212	27	23	11
Melbourne IVF, Mt Waverley	16	1	0	0
Monash IVF, Bendigo	6	2	2	33
Monash IVF, Clayton	53	12	10	19
Monash IVF, Geelong	33	8	6	18
Monash IVF, Hawthorn	39	7	6	15
Monash IVF, Mildura	1	0	0	0
Newlife IVF, Box Hill	61	2	2	3
Number 1 Fertility	4	0	0	0
Reproductive Services	5	0	0	0
Aggregated total	697	86	72	10
Age group All treatment sites by age group				
<35	345	51	44	13
35-39	304	35	28	9
>=40	48	0	0	0
Aggregated total	697	86	72	10

Percentage of live births per AI cycle using donor sperm

During 2021-22, the percentage of live births from AI cycles using donor sperm per age group



Table 1.4 Treatment using thawed eggs and pregnancy outcomes, Victoria, 2021-22 financial year

Treatment site	No. of cycles with eggs thawed	No. of cycles with embryos transferred	No. of clinical pregnancies	No. of live births	% of live births per embryo transfer from a woman's own thawed eggs	No. of cycles with eggs thawed	No. of cycles with embryos transferred	No. of clinical pregnancies	No. of live births	% of live births per embryo transfer from a donor or partner thawed eggs
	Women using own eggs					Women using donor/partner eggs*				
Adora Fertility, Greensborough	1	1	1	1	100	0	0	0	0	0
Ballarat IVF, Wendouree	1	0	0	0	0	0	0	0	0	0
City Fertility Centre, Bundoora	5	2	0	0	0	0	0	0	0	0
City Fertility Centre, Melbourne	12	4	1	1	25	0	0	0	0	0
City Fertility Centre, Notting Hill	2	0	0	0	0	0	0	0	0	0
Genea, Heidelberg	5	2	0	0	0	0	0	0	0	0
Melbourne IVF, East Melbourne	138	109	54	41	38	25	20	7	6	30
Melbourne IVF, Mt Waverley	5	4	0	0	0	0	0	0	0	0
Monash IVF, Clayton	52	24	9	8	33	14	14	6	5	36
Monash IVF, Geelong	13	7	2	2	29	5	5	2	2	40
Monash IVF, Hawthorn	28	12	6	5	42	97	80	31	27	34
Monash IVF, Mildura	2	0	0	0	0	0	0	0	0	0
Monash IVF, Sale	2	2	0	0	0	1	0	0	0	0
Monash IVF, Sunshine	6	1	0	0	0	1	0	0	0	0
Newlife IVF, Box Hill	30	17	5	4	24	1	0	0	0	0
Number 1 Fertility	68	32	14	10	31	74	73	27	23	32
Reproductive Services	12	6	0	0	0	3	2	1	1	50
Aggregated total	382	223	92	72	32	221	194	74	64	33

* Donor eggs include those imported from interstate or overseas

Table 1.5 Surrogacy cycles and pregnancy outcomes, Victoria, 2021-22 financial year

This table includes cycles where an embryo was transferred to a surrogate woman.

Treatment site	No. of surrogate women	No. of cycles with embryos transferred	No. of clinical pregnancies	No. of live births	% of live births per embryo transfer in a surrogacy cycle
City Fertility Centre, Melbourne	3	6	2	1	17
Melbourne IVF, East Melbourne	16	22	11	9	41
Monash IVF, Bendigo	1	1	0	0	1
Monash IVF, Clayton	9	12	5	3	25
Monash IVF, Hawthorn	2	3	1	1	33
Newlife IVF, Box Hill	3	3	2	2	67
Number 1 Fertility	11	16	8	7	44
Aggregated total	45	63	29	23	37

There was one gamete/zygote intrafallopian transfer (GIFT/ZIFT) in 2021-22.

Table 1.6 Outcome for preimplantation genetic testing for aneuploidy (PGT-A), 2021-22 financial year

PGT-A is used for the detection of numerical chromosome abnormalities. PGT, IVF/ICSI and thaw cycles may be initiated with the aim of freezing all embryos (no embryos transferred).

Registered ART provider (all sites)	No. of women who had embryos tested	No. of embryos tested	No. of women who had an embryo transfer following PGT-A*	No. of embryos transferred	No. of clinical pregnancies	No. of live births	% of live births per embryo transfer following PGT
Preimplantation testing for aneuploidy (incorrect chromosomal numbers, PGT-A)							
Ballarat IVF	NA	NA	2	2	1	1	50
City Fertility Centre	62	68	48	51	33	26	51
Genea	41	218	22	28	11	9	32
Melbourne IVF, including Reproductive Services	476	1,801	572	594	264	218	37
Monash IVF	501	1,492	432	558	250	234	42
Newlife IVF	324	1,409	207	278	145	124	45
Number 1 Fertility	568	2,204	431	550	257	226	41
Aggregated total	1,972	7,192	1,714	2,061	961	838	41

* Women may have treatment using embryos tested and stored in a prior year.

Summary of sections 2-7

Fertility treatment trends: 2022-23 financial year

For the first time in five years there was a decrease in the number of women receiving treatment and the number of cycles they had. The number of women receiving treatment decreased by 2 per cent from the previous year and the number of cycles decreased by five per cent (Figure 1).

Because ART units are required to submit their 2022-23 financial year treatment data within two weeks of the end of the financial year, and treatment procedures and outcomes may not be known within that time, the 2022-23 data should be considered preliminary and may differ when these data are updated for the 2023-24 report.

Figure 1 Number of patients and treatment cycles from 2008-09 to 2022-23

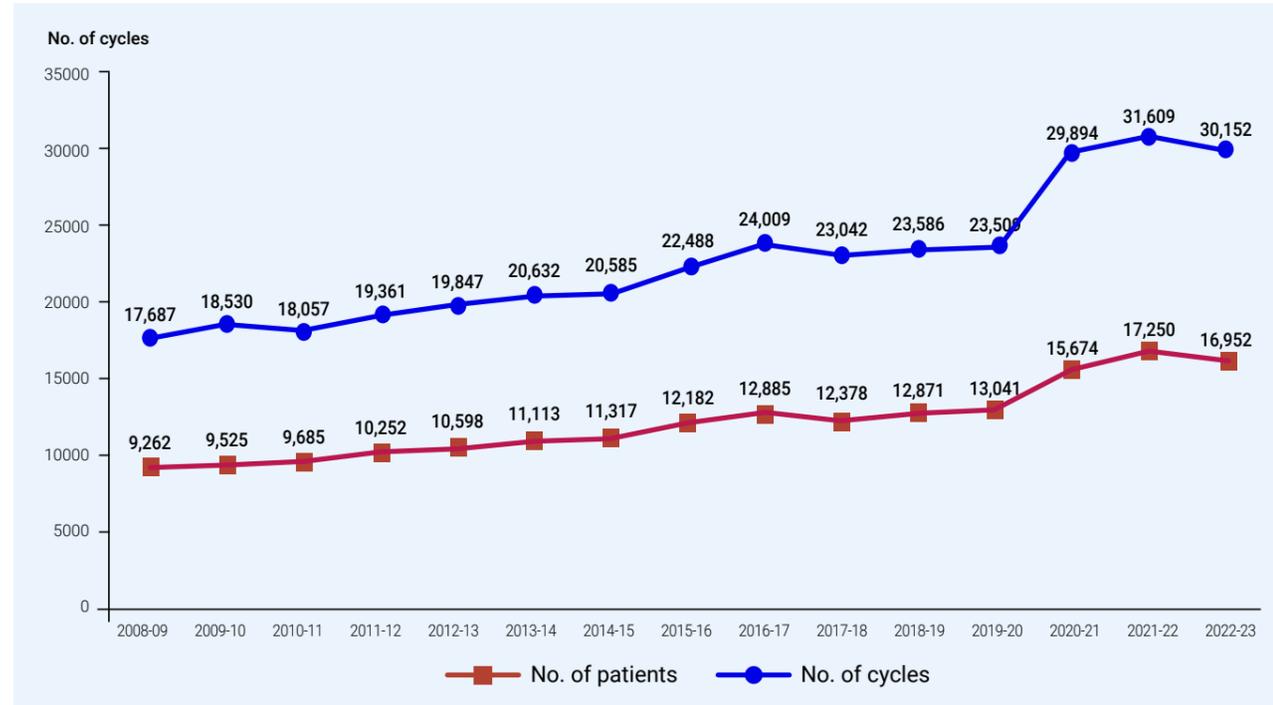
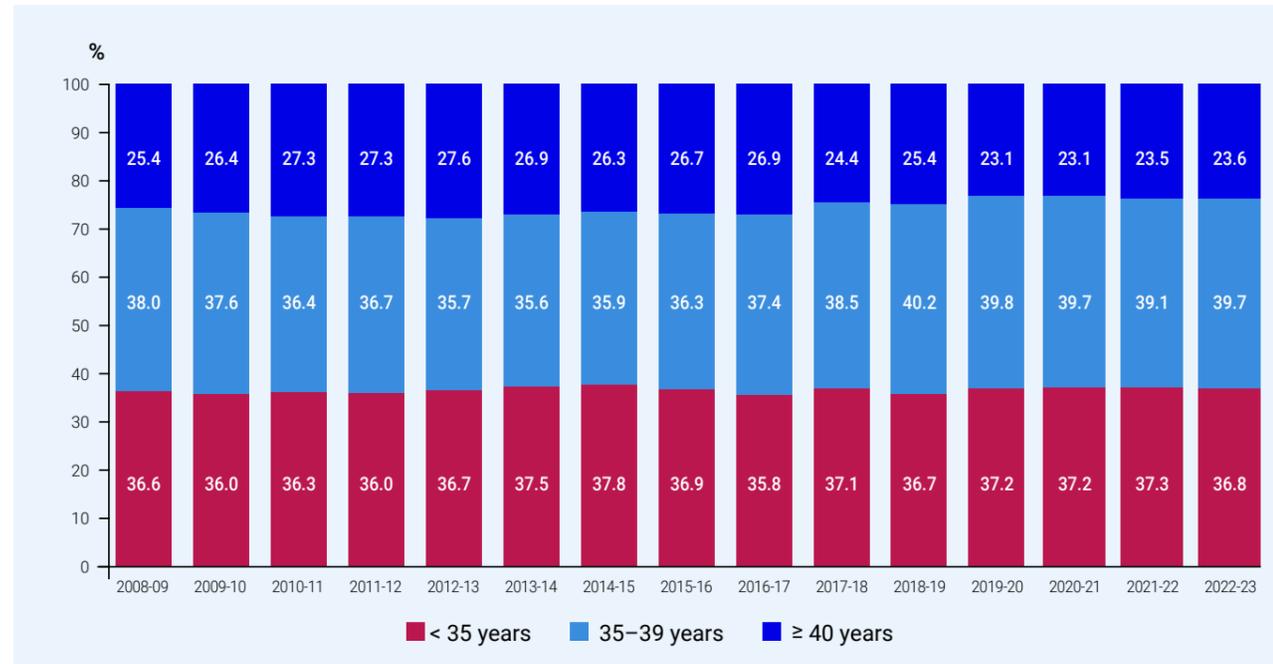


Figure 2 Age of women treated from 2008-09 to 2022-23



Use of ICSI (intracytoplasmic sperm injection)

The overall use of ICSI was 73 per cent, slightly lower than the last financial year. However, clinics varied considerably with the lowest reported rate being 44 per cent and the highest 91 per cent.

Egg freezing

Over the past five years there has been a rapid increase in the number of cycles with eggs being frozen. Over the past 12 months however, the rate of increase has slowed (Figure 3). The small increase in numbers during

this period can largely be attributed to women aged <35 undertaking egg freezing. The number of patients with eggs in storage has increased again over the past 12 months (Figure 4).

Donor treatment

The number of egg, sperm and embryo donors used in treatment was similar to the previous year (Table 4.1).

Genetic testing in embryos

There was an eight per cent decrease in the number of women having PGT-A (Figure 5).

Figure 3 Total Number of egg freezing cycles, by age from 2015-16 to 2022-23

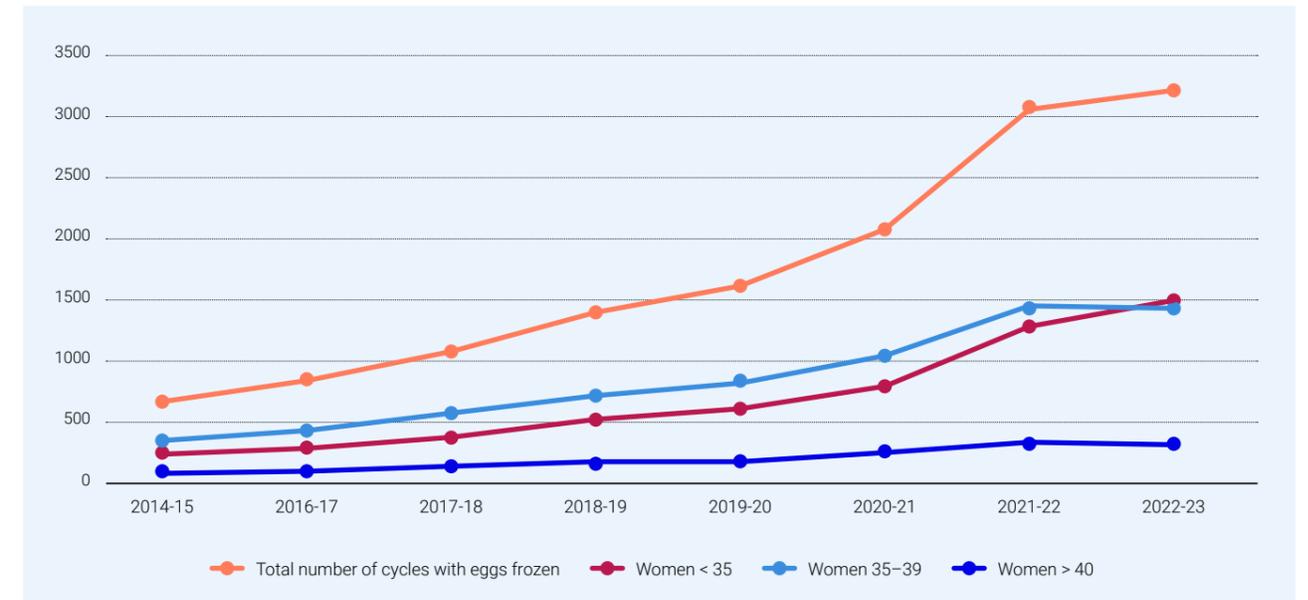


Figure 4 Number of patients with eggs in storage from 2015-16 to 2022-23.

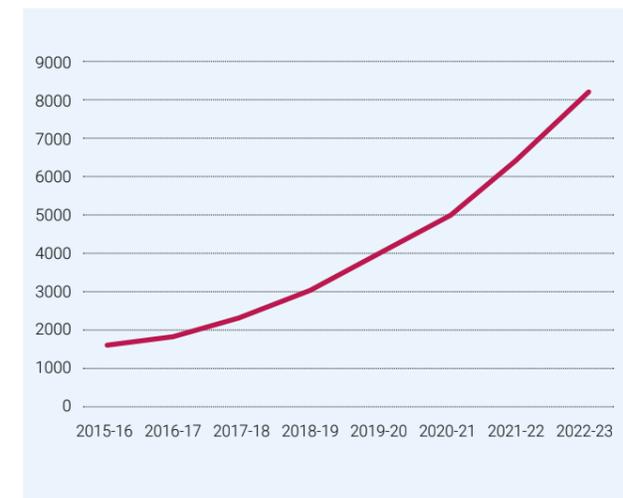
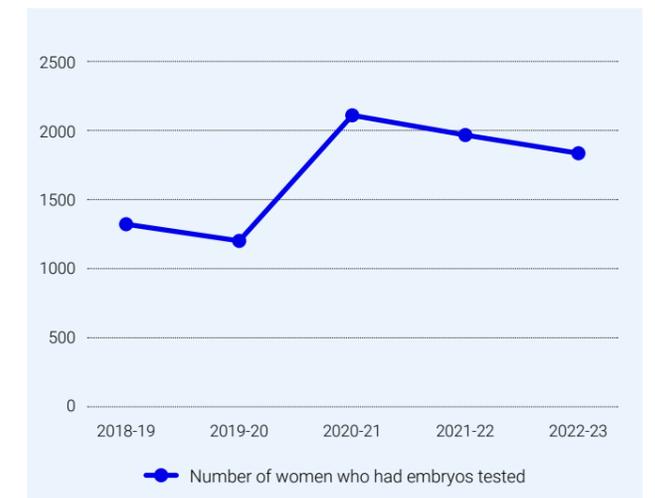


Figure 5 Preimplantation testing for aneuploidy (PGT-A) from 2018-19 to 2022-23



Section 2: ART procedures, 2022–23 financial year

This section provides details of ART procedures and clinical pregnancies for the 2022-23 financial year. As pregnancies are ongoing, some outcomes are not known at the time of this report being finalised.

Overview

Table 2.1 Number of women treated, Victoria, 2022-23 financial year

Treatment site	No. of women treated			
	< 35	35–39	≥ 40	ALL
Adora Fertility, Greensborough	414	433	247	1,094
Ballarat IVF, Wendouree	226	154	84	464
City Babies, Richmond	58	35	26	119
City Fertility Centre, Bundoora	109	105	49	263
City Fertility Centre, Melbourne	189	241	133	563
City Fertility Centre, Notting Hill	199	185	92	476
Create Fertility, Mt Waverley	33	23	15	71
Genea, Heidelberg	104	118	64	286
Life Fertility Clinic, Melbourne	131	155	58	344
Melbourne IVF, East Melbourne	1,469	1,799	1,009	4,277
Melbourne IVF, Mt Waverley	24	31	20	75
Monash IVF, Bendigo	72	45	12	129
Monash IVF, Clayton	762	770	562	2,094
Monash IVF, Geelong	191	155	80	426
Monash IVF, Hawthorn	397	391	284	1,072
Monash IVF, Mildura	39	17	10	66
Monash IVF, Sale	57	24	14	95
Monash IVF, Sunshine	102	125	62	289
Newlife IVF, Box Hill	440	486	250	1,176
Number 1 Fertility	714	964	579	2,257
Reproductive Services	502	471	343	1,316
Aggregated total	6,232	6,727	3,993	16,952

A small number of cycles (<1%) were not received by the submission deadline.

Table 2.1 Number of women treated, Victoria, 2022-23 financial year

Treatment site	No. of cycles included	No. of women with FSH stimulation	No. of women with egg retrievals	No. of women with fresh/thawed eggs and attempted IVF/ICSI fertilisation	No. of women with embryos thawed	No. of women with fresh/thawed embryos transferred	No. of women with AI using partner sperm	No. of women with AI using donor sperm
Adora Fertility, Greensborough	2,073	838	797	745	482	887	58	0
Ballarat IVF, Wendouree	972	298	286	245	289	305	32	10
City Babies, Richmond	224	112	0	0	0	0	119	0
City Fertility Centre, Bundoora	501	189	151	135	142	148	16	24
City Fertility Centre, Melbourne	1,096	384	368	321	287	352	13	62
City Fertility Centre, Notting Hill	786	374	326	284	200	281	23	21
Create Fertility, Mt Waverley	89	58	56	44	16	41	4	0
Genea, Heidelberg	561	240	235	180	104	173	10	1
Life Fertility Clinic, Melbourne	564	288	285	181	118	149	0	0
Melbourne IVF, East Melbourne	7,813	3,036	2,964	2,281	1,904	2,643	204	132
Melbourne IVF, Mt Waverley	81	57	51	46	13	20	1	3
Monash IVF, Bendigo	175	107	75	68	39	72	7	5
Monash IVF, Clayton	3,418	1,473	1,337	1,063	947	1,249	100	54
Monash IVF, Geelong	766	313	261	212	207	251	51	20
Monash IVF, Hawthorn	1,647	734	592	446	440	574	64	36
Monash IVF, Mildura	89	57	41	36	19	38	6	2
Monash IVF, Sale	135	81	77	69	20	66	1	0
Monash IVF, Sunshine	424	230	214	180	91	159	0	0
Newlife IVF, Box Hill	2,214	966	920	695	499	683	29	16
Number 1 Fertility	4,310	1,785	1,606	1,093	930	1,221	115	1
Reproductive Services	2,214	1,051	994	860	516	903	11	4
Aggregated total	30,152	12,671	11,636	9,184	7,263	10,215	864	391

FSH: Follicle stimulating hormone. IVF: in vitro fertilisation. ICSI: intracytoplasmic sperm injection. AI: artificial insemination.

Egg retrieval cycles

Table 2.2 Number of egg retrieval cycles, Victoria, 2022-23 financial year

Treatment site	No. of egg retrieval cycles	No. of egg retrievals with eggs collected	No. of eggs collected	Average no. of eggs collected per egg retrieval cycle	No. of cycles with eggs frozen	No. of eggs frozen	Average no. of eggs frozen per cycle with eggs frozen
ALL							
Adora Fertility, Greensborough	1,169	1,128	9,928	8	51	345	7
Ballarat IVF, Wendouree	410	406	4,409	11	63	557	9
City Fertility Centre, Bundoora	187	185	1,912	10	11	141	13
City Fertility Centre, Melbourne	483	465	4,854	10	47	370	8
City Fertility Centre, Notting Hill	387	377	4,154	11	22	264	12
Create Fertility, Mt Waverley	63	59	691	11	12	141	12
Genea, Heidelberg	348	344	3,328	10	68	525	8
Life Fertility Clinic, Melbourne	389	380	4,613	12	129	1,310	10
Melbourne IVF, East Melbourne	4,114	4,031	42,814	10	935	9,042	10
Melbourne IVF, Mt Waverley	53	51	450	8	3	21	7
Monash IVF, Bendigo	92	92	988	11	16	116	7
Monash IVF, Clayton	1,689	1,671	17,173	10	333	2,744	8
Monash IVF, Geelong	318	317	3,355	11	49	475	10
Monash IVF, Hawthorn	736	731	7,598	10	222	1,972	9
Monash IVF, Mildura	46	44	448	10	6	63	11
Monash IVF, Sale	98	96	977	10	13	96	7
Monash IVF, Sunshine	261	256	2,479	9	44	363	8
Newlife IVF, Box Hill	1,318	1,302	15,438	12	289	2,731	9
Number 1 Fertility	2,351	2,327	25,941	11	721	6,382	9
Reproductive Services	1,298	1,265	10,816	8	160	1,360	9
Aggregated total	15,810	15,527	162,366	10	3,194	29,018	9
< 35							
Adora Fertility, Greensborough	379	375	4,285	11	22	150	7
Ballarat IVF, Wendouree	184	182	2,279	12	38	347	9
City Fertility Centre, Bundoora	66	66	941	14	7	104	15
City Fertility Centre, Melbourne	140	138	1,721	12	19	176	9
City Fertility Centre, Notting Hill	145	143	1,836	13	12	179	15
Create Fertility, Mt Waverley	28	28	314	11	6	70	12
Genea, Heidelberg	113	112	1,361	12	32	272	9
Life Fertility Clinic, Melbourne	129	128	1,910	15	63	729	12
Melbourne IVF, East Melbourne	1,293	1,282	17,035	13	416	4,568	11
Melbourne IVF, Mt Waverley	14	14	194	14	2	18	9
Monash IVF, Bendigo	56	56	622	11	12	82	7
Monash IVF, Clayton	572	571	7,402	13	142	1,431	10
Monash IVF, Geelong	138	138	1,852	13	23	259	11
Monash IVF, Hawthorn	255	255	3,398	13	105	1,150	11
Monash IVF, Mildura	23	23	264	11	2	23	12
Monash IVF, Sale	54	54	662	12	11	86	8
Monash IVF, Sunshine	82	82	982	12	20	169	8
Newlife IVF, Box Hill	444	441	6,449	15	138	1,410	10
Number 1 Fertility	704	695	9,684	14	296	3,106	10
Reproductive Services	462	457	5,217	11	102	1,021	10
Aggregated total	5,281	5,240	68,408	13	1,468	15,350	10

Egg retrieval cycles

Table 2.2 Number of egg retrieval cycles, Victoria, 2022-23 financial year

Treatment site	No. of egg retrieval cycles	No. of egg retrievals with eggs collected	No. of eggs collected	Average no. of eggs collected per egg retrieval cycle	No. of cycles with eggs frozen	No. of eggs frozen	Average no. of eggs frozen per cycle with eggs frozen
35-39							
Adora Fertility, Greensborough	458	441	3,654	8	25	158	6
Ballarat IVF, Wendouree	151	150	1,448	10	21	181	9
City Fertility Centre, Bundoora	77	77	702	9	4	37	9
City Fertility Centre, Melbourne	214	206	2,218	10	25	187	7
City Fertility Centre, Notting Hill	146	144	1,630	11	7	46	7
Create Fertility, Mt Waverley	21	19	294	14	5	67	13
Genea, Heidelberg	138	137	1,228	9	28	210	8
Life Fertility Clinic, Melbourne	176	174	2,012	11	57	533	9
Melbourne IVF, East Melbourne	1,728	1,703	18,218	11	426	3,959	9
Melbourne IVF, Mt Waverley	24	23	215	9	0	0	0
Monash IVF, Bendigo	30	30	305	10	4	34	9
Monash IVF, Clayton	642	638	6,299	10	150	1,055	7
Monash IVF, Geelong	113	112	1,135	10	24	213	9
Monash IVF, Hawthorn	285	283	2,719	10	86	621	7
Monash IVF, Mildura	15	15	144	10	3	32	11
Monash IVF, Sale	31	29	246	8	2	10	5
Monash IVF, Sunshine	115	112	1,063	9	21	181	9
Newlife IVF, Box Hill	560	554	6,340	11	124	1,192	10
Number 1 Fertility	1,031	1,028	11,127	11	354	2,924	8
Reproductive Services	450	444	3,628	8	40	232	6
Aggregated total	6,405	6,319	64,625	10	1,406	11,872	8
≥ 40							
Adora Fertility, Greensborough	332	312	1,989	6	4	37	9
Ballarat IVF, Wendouree	75	74	682	9	4	29	7
City Fertility Centre, Bundoora	44	42	269	6	0	0	0
City Fertility Centre, Melbourne	129	121	915	7	3	7	2
City Fertility Centre, Notting Hill	96	90	688	7	3	39	13
Create Fertility, Mt Waverley	14	12	83	6	1	4	4
Genea, Heidelberg	97	95	739	8	8	43	5
Life Fertility Clinic, Melbourne	84	78	691	8	9	48	5
Melbourne IVF, East Melbourne	1,093	1,046	7,561	7	93	515	6
Melbourne IVF, Mt Waverley	15	14	41	3	1	3	3
Monash IVF, Bendigo	6	6	61	10	0	0	0
Monash IVF, Clayton	475	462	3,472	7	41	258	6
Monash IVF, Geelong	67	67	368	5	2	3	2
Monash IVF, Hawthorn	196	193	1,481	8	31	201	6
Monash IVF, Mildura	8	6	40	5	1	8	8
Monash IVF, Sale	13	13	69	5	0	0	0
Monash IVF, Sunshine	64	62	434	7	3	13	4
Newlife IVF, Box Hill	314	307	2,649	8	27	129	5
Number 1 Fertility	616	604	5,130	8	71	352	5
Reproductive Services	386	364	1,971	5	18	107	6
Aggregated total	4,124	3,968	29,333	7	320	1,796	6

Use of eggs

Table 2.3 Number of ART cycles using fresh eggs, Victoria, 2022-23 financial year

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

Table 2.3a Attempted fertilisation, Victoria, 2022-23 financial year

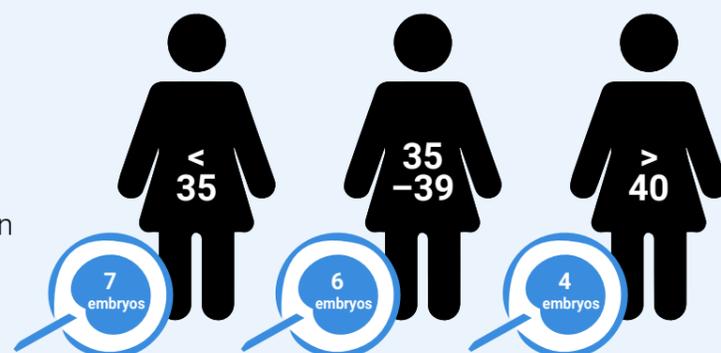
Treatment site	No. of cycles with attempted fertilisation	% of cycles involving eggs treated with ICSI	No. of cycles with embryos formed*	No. of embryos formed	Average no. of embryos formed per cycle
All ages by treatment site					
Adora Fertility, Greensborough	1,047	56	1,018	5,657	6
Ballarat IVF, Wendouree	340	54	325	2,297	7
City Fertility Centre, Bundoora	164	44	156	1,031	7
City Fertility Centre, Melbourne	416	86	403	2,601	6
City Fertility Centre, Notting Hill	326	55	311	2,091	7
Create Fertility, Mt Waverley	47	47	44	284	6
Genea, Heidelberg	261	51	248	1,447	6
Life Fertility Clinic, Melbourne	245	69	227	1,652	7
Melbourne IVF, East Melbourne	2,972	74	2,749	15,753	6
Melbourne IVF, Mt Waverley	47	53	37	201	5
Monash IVF, Bendigo	76	64	73	488	7
Monash IVF, Clayton	1,302	74	1,225	7,034	6
Monash IVF, Geelong	254	90	240	1,571	7
Monash IVF, Hawthorn	489	82	452	2,726	6
Monash IVF, Mildura	39	77	37	225	6
Monash IVF, Sale	83	72	78	440	6
Monash IVF, Sunshine	208	90	188	1,132	6
Newlife IVF, Box Hill	960	81	913	5,981	7
Number 1 Fertility	1,539	91	1,383	7,267	5
Reproductive Services	1,088	57	1,019	5,323	5
Aggregated total	11,903	73	11,126	65,201	6
All treatment sites by age group					
Age group					
<35	3,643	72	3,503	26,163	7
35-39	4,732	73	4,460	25,449	6
>=40	3,528	74	3,163	13,589	4
Aggregated total	11,903	73	11,126	65,201	6

* Fertilised eggs with two pronuclei.

ICSI: intracytoplasmic sperm injection.

Average number of embryos formed

During the 2022-23 financial year the average number of embryos formed from attempted fertilisation of fresh eggs varied according to a women's age.



Use of embryos

Table 2.3b Number of cycles using fresh embryos after IVF/ICSI, Victoria, 2022-23 financial year

Treatment site	No. of cycles with embryos formed	No. of cycles with fresh embryos transferred	No. of embryos transferred	No. of cycles with embryos frozen*	No. of cycles with ALL embryos frozen*	% of cycles with ALL embryos frozen
All ages by treatment site						
Adora Fertility, Greensborough	1,018	738	814	458	142	14
Ballarat IVF, Wendouree	325	33	33	263	235	72
City Fertility Centre, Bundoora	156	8	8	111	109	70
City Fertility Centre, Melbourne	403	133	135	268	191	47
City Fertility Centre, Notting Hill	311	130	137	180	102	33
Create Fertility, Mt Waverley	44	26	26	29	14	32
Genea, Heidelberg	248	129	132	146	81	33
Life Fertility Clinic, Melbourne	227	47	53	157	139	61
Melbourne IVF, East Melbourne	2,749	1,414	1,468	1,908	1,053	38
Melbourne IVF, Mt Waverley	37	7	8	12	9	24
Monash IVF, Bendigo	73	42	42	56	26	36
Monash IVF, Clayton	1,225	472	507	829	594	48
Monash IVF, Geelong	240	72	72	181	133	55
Monash IVF, Hawthorn	452	193	203	361	246	54
Monash IVF, Mildura	37	29	30	25	4	11
Monash IVF, Sale	78	60	66	46	15	19
Monash IVF, Sunshine	188	96	105	132	64	34
Newlife IVF, Box Hill	913	324	353	640	464	51
Number 1 Fertility	1,383	513	513	1,043	748	54
Reproductive Services	1,019	651	654	477	215	21
Aggregated total	11,126	5,117	5,359	7,322	4,584	41
All treatment sites by age group						
Age group						
<35	3,503	1,584	1,625	2,733	1,642	47
35-39	4,460	1,987	2,074	2,995	1,891	42
>=40	3,163	1,546	1,660	1,594	1,051	33
Aggregated total	11,126	5,117	5,359	7,322	4,584	41

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

Use of thawed eggs

Table 2.4 Number of cycles using thawed eggs, Victoria, 2022-23 financial year

Table 2.4 reports cycles using thawed eggs during the 2022-23 financial year. Tables 2.4a and 2.4b show data for attempted fertilisation with thawed eggs and the use of embryos created from thawed eggs respectively.

Table 2.4a Attempted fertilisation, Victoria, 2022-23 financial year[^]

Treatment site	Women using own eggs				
	No. of cycles with attempted fertilisation	No. of cycles with embryos formed*	No. of embryos formed	Average no. of embryos formed per cycle	% of cycles with embryos formed from attempted fertilisation
All ages by treatment site					
Adora Fertility, Greensborough	4	4	36	9	100
City Fertility Centre, Melbourne	8	8	35	4	100
Create Fertility, Mt Waverley	1	1	4	4	100
Genea, Heidelberg	2	2	9	5	100
Life Fertility Clinic, Melbourne	1	1	4	4	100
Melbourne IVF, East Melbourne	112	109	735	7	97
Melbourne IVF, Mt Waverley	1	1	7	7	100
Monash IVF, Bendigo	3	3	20	7	100
Monash IVF, Clayton	36	33	184	6	92
Monash IVF, Geelong	2	2	3	2	100
Monash IVF, Hawthorn	24	24	169	7	100
Monash IVF, Sale	2	2	24	12	100
Monash IVF, Sunshine	3	3	27	9	100
Newlife IVF, Box Hill	15	15	116	8	100
Number 1 Fertility	29	29	186	6	100
Reproductive Services	9	8	55	7	89
Aggregated total	252	245	1,614	7	97
All treatment sites by age group					
Age group					
<35	56	54	407	8	13
35-39	71	69	523	8	11
>=40	125	122	684	6	4
Aggregated total	252	245	1,614	7	3
Treatment site	Women using donor/partner eggs**				
All ages by treatment site					
Ballarat IVF, Wendouree	2	2	8	4	100
City Fertility Centre, Melbourne	2	2	9	5	100
Melbourne IVF, East Melbourne	27	27	149	6	100
Monash IVF, Clayton	7	6	47	8	86
Monash IVF, Geelong	2	2	20	10	100
Monash IVF, Hawthorn	34	34	166	5	100
Monash IVF, Sunshine	1	1	11	11	100
Number 1 Fertility	17	17	98	6	100
Aggregated total	92	91	508	6	99
All treatment sites by age group					
Age group					
<35	10	10	73	7	100
35-39	11	11	63	6	100
>=40	71	70	372	5	99
Aggregated total	92	91	508	6	99

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

Use of thawed eggs

Table 2.4b Number of cycles using thawed eggs, Victoria, 2022-23 financial year

Treatment site	Women using own eggs			
	No. of cycles with embryos transferred	No. of cycles with embryos frozen*	No. of cycles with ALL embryos frozen**	No. of embryos frozen*
All ages by treatment site				
Adora Fertility, Greensborough	3	3	1	7
Ballarat IVF, Wendouree	0	2	2	9
City Fertility Centre, Bundoora	0	1	1	1
City Fertility Centre, Melbourne	3	2	0	4
Create Fertility, Mt Waverley	0	0	0	0
Genea, Heidelberg	2	0	0	0
Life Fertility Clinic, Melbourne	1	1	0	1
Melbourne IVF, East Melbourne	88	74	12	246
Melbourne IVF, Mt Waverley	1	1	0	2
Monash IVF, Bendigo	1	1	0	5
Monash IVF, Clayton	21	19	8	48
Monash IVF, Geelong	1	0	0	0
Monash IVF, Hawthorn	14	27	17	84
Monash IVF, Sale	2	1	0	3
Monash IVF, Sunshine	2	3	1	4
Newlife IVF, Box Hill	12	19	12	67
Number 1 Fertility	23	28	12	90
Reproductive Services	7	3	1	5
Aggregated total	181	185	67	576
All treatment sites by age group				
Age group				
<35	39	45	15	146
35-39	52	58	20	208
>=40	90	82	32	222
Aggregated total	181	185	67	576
Treatment site	Women using donor/partner eggs***			
All ages by treatment site				
Ballarat IVF, Wendouree	0	1	1	2
City Fertility Centre, Melbourne	2	0	0	0
Melbourne IVF, East Melbourne	21	17	4	35
Monash IVF, Clayton	6	3	0	15
Monash IVF, Geelong	2	2	0	5
Monash IVF, Hawthorn	28	26	4	57
Monash IVF, Sunshine	1	1	0	3
Number 1 Fertility	17	14	2	34
Aggregated total	77	64	11	151
All treatment sites by age group				
Age group				
<35	9	7	1	29
35-39	9	10	2	21
>=40	59	47	8	101
Aggregated total	77	64	11	151

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

Use of embryos

Table 2.5 Number of fresh embryo transfer cycles and clinical pregnancies, Victoria, 2022-23 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before 28 July 2023.

Treatment site	No. of cycles with embryos transferred	No. of clinical pregnancies*	% clinical pregnancies per embryo transfer cycle
All ages by treatment site			
Adora Fertility, Greensborough	738	205	28
Ballarat IVF, Wendouree	33	19	58
City Fertility Centre, Bundoora	8	2	25
City Fertility Centre, Melbourne	133	34	26
City Fertility Centre, Notting Hill	130	44	34
Create Fertility, Mt Waverley	26	2	8
Genea, Heidelberg	129	35	27
Life Fertility Clinic, Melbourne	47	7	15
Melbourne IVF, East Melbourne	1,414	495	35
Melbourne IVF, Mt Waverley	7	2	29
Monash IVF, Bendigo	42	18	43
Monash IVF, Clayton	472	113	24
Monash IVF, Geelong	72	25	35
Monash IVF, Hawthorn	193	73	38
Monash IVF, Mildura	29	13	45
Monash IVF, Sale	60	21	35
Monash IVF, Sunshine	96	39	41
Newlife IVF, Box Hill	328	107	33
Number 1 Fertility	513	161	31
Reproductive Services	651	179	27
Aggregated total	5,121	1,594	31
All treatment sites by age group			
Age group			
<35	1,585	665	42
35-39	1,990	629	32
>=40	1,546	300	19
Aggregated total	5,121	1,594	31

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

Disclaimer

Please note, the data in tables 2.5, 2.6, 2.7, 3.1, 3.2, 4.1 and 5 cannot be used to compare success rates between treatment sites as clinics provided their pregnancy data at set times during July 2023. Some data may be incomplete as treatment has been included up until 30 June 2023 and ultrasound scans confirming clinical pregnancies may not have been completed before data was submitted. Clinics were given additional time (28 July 2023) to update treatment outcomes (clinical pregnancy) from cycles performed during the 2022-23 financial year. However, only five out of twenty-one ART units provided updates to treatment outcomes. Birth outcomes following treatment in the 2022-23 financial year will be included in next year's Annual Report due to the time it takes to track pregnancies and birth outcomes.

Use of embryos

Table 2.6 Number of ART cycles with fresh embryo formed from thawed eggs, Victoria, 2022-23 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before 28 July 2023.

Treatment site	No. of cycles with embryos transferred	No. of clinical pregnancies*	% clinical pregnancies per embryo transfer cycle
All ages by treatment site			
Adora Fertility, Greensborough	7	1	14
City Fertility Centre, Melbourne	5	1	20
City Fertility Centre, Notting Hill	2	1	50
Genea, Heidelberg	6	1	17
Life Fertility Clinic, Melbourne	1	0	0
Melbourne IVF, East Melbourne	127	63	50
Melbourne IVF, Mt Waverley	1	0	0
Monash IVF, Bendigo	1	1	100
Monash IVF, Clayton	28	6	21
Monash IVF, Geelong	4	1	25
Monash IVF, Hawthorn	46	18	39
Monash IVF, Sale	2	2	100
Monash IVF, Sunshine	6	2	33
Newlife IVF, Box Hill	21	8	38
Number 1 Fertility	53	16	30
Reproductive Services	8	2	25
Aggregated total	318	123	39

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

Use of embryos

Table 2.7 Number of ART cycles with embryos thawed, Victoria, 2022-23 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before 28 July 2023.

Treatment site	No. of cycles with embryos thawed	No. of cycles with embryos transferred	No. of clinical pregnancies	% clinical pregnancies per embryo transfer cycle
All ages by treatment site				
Adora Fertility, Greensborough	711	703	221	31
Ballarat IVF, Wendouree	439	435	190	44
City Fertility Centre, Bundoora	212	212	61	29
City Fertility Centre, Melbourne	422	420	142	34
City Fertility Centre, Notting Hill	256	248	76	31
Create Fertility, Mt Waverley	18	18	1	6
Genea, Heidelberg	158	155	41	26
Life Fertility Clinic, Melbourne	161	158	52	33
Melbourne IVF, East Melbourne	2,795	2,717	1,014	37
Melbourne IVF, Mt Waverley	13	13	4	31
Monash IVF, Bendigo	42	41	17	41
Monash IVF, Clayton	1,225	1,212	458	38
Monash IVF, Geelong	287	287	119	41
Monash IVF, Hawthorn	549	539	208	39
Monash IVF, Mildura	20	20	6	30
Monash IVF, Sale	25	25	8	32
Monash IVF, Sunshine	110	107	37	35
Newlife IVF, Box Hill	675	671	331	49
Number 1 Fertility	1,338	1,334	524	39
Reproductive Services	699	693	258	37
Aggregated total	10,155	10,008	3,768	38
All treatment sites by age group				
Age group				
<35	3,640	3,606	1,551	43
35–39	4,176	4,112	1,568	38
>=40	2,339	2,290	649	28
Aggregated total	10,155	10,008	3,768	38

There was 0 GIFT/ZIFT cycle in the 2022-23 financial year.

Section 3: Artificial insemination (AI), 2022-23 financial year

This section provides detail of AI treatment and clinical pregnancies for the 2022-23 financial year. This data only includes AI insemination at registered ART providers and does not include AI at private doctor's facilities.

These tables contain preliminary data. Not all pregnancy outcomes are known at the time of this report being finalised. Figures do not include all clinical pregnancies, only those with ultrasound scan available before 28 July 2023.

Table 3.1 AI with partner sperm for stimulated/unstimulated cycles, Victoria, 2022-23 financial year

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	% clinical pregnancies per AI cycle
All ages			
Adora Fertility, Greensborough	80	8	10
Ballarat IVF, Wendouree	48	4	8
City Babies, Richmond	224	24	11
City Fertility Centre, Bundoora	20	1	5
City Fertility Centre, Melbourne	23	0	0
City Fertility Centre, Notting Hill	33	2	6
Create Fertility, Mt Waverley	6	0	0
Genea, Heidelberg	12	2	17
Melbourne IVF, East Melbourne	289	34	12
Melbourne IVF, Mt Waverley	1	0	0
Monash IVF, Bendigo	7	0	0
Monash IVF, Clayton	141	19	13
Monash IVF, Geelong	81	10	12
Monash IVF, Hawthorn	87	5	6
Monash IVF, Mildura	8	0	0
Monash IVF, Sale	1	0	0
Newlife IVF, Box Hill	41	4	10
Number 1 Fertility, East Melbourne	145	9	6
Reproductive Services	17	1	6
Aggregated total	1,264	123	10

Table 3.2 AI with donor sperm for stimulated/unstimulated cycles, Victoria, 2022-23 financial year

Treatment site	No. of cycles with AI performed	No. of clinical pregnancies	% clinical pregnancies per AI cycle
All ages			
Ballarat IVF, Wendouree	24	5	21
City Fertility Centre, Bundoora	35	4	11
City Fertility Centre, Melbourne	100	14	14
City Fertility Centre, Notting Hill	33	8	24
Genea, Heidelberg	2	0	0
Melbourne IVF, East Melbourne	220	28	13
Melbourne IVF, Mt Waverley	3	0	0
Monash IVF, Bendigo	7	1	14
Monash IVF, Clayton	82	13	16
Monash IVF, Geelong	29	5	17
Monash IVF, Hawthorn	53	7	13
Monash IVF, Mildura	2	1	50
Newlife IVF, Box Hill	17	2	12
Number 1 Fertility, East Melbourne	2	0	0
Reproductive Services	5	0	0
Aggregated total	614	88	14

AI: artificial insemination.

Section 4: Donor ART procedures, 2022-23 financial year

For use of AI, refer to section 3. For storage of donor sperm, refer to section 7

Table 4.1 Number of recipients and clinical pregnancies by donation type, Victoria, 2022-23 financial year

This table includes cycles where embryo(s) was/were transferred.

Figures do not include all clinical pregnancies, only those with ultrasound scan available before 28 July 2023.

Donation type (all treatment sites)	No. of recipients treated	No. of cycles with embryos transferred	No. of clinical pregnancies*	% clinical pregnancies per embryo transfer cycle
Donor embryo	157	211	91	43
Donor/partner eggs				
--- Fresh egg	173	72	37	51
--- Thawed egg	115	77	29	38
--- Embryos from donated eggs	364	484	182	38
Donor sperm**	1,661	1,945	709	36
Aggregated total***	2,470	2,789	1,048	38

* Number of clinical pregnancies only includes those reported by 28 July 2023.

** Includes cycles where a woman's own eggs or donated eggs were used.

*** Excludes AI using donor sperm (refer to table 3.2). Some recipients had both donated eggs and sperm.

Table 4.2 Number of egg, sperm and embryo donors used in treatment by method of recruitment, 2022-23 financial year*

* May include intended parents or individuals entering into surrogacy arrangements using donor gametes

Registered ART provider (all sites)	No. egg donors			No. sperm donors			No. embryo donors	
	Recipient recruited	Overseas egg bank recruited	Clinic recruited	Recipient recruited	Overseas sperm bank recruited	Clinic recruited	Recipient recruited	Clinic recruited
Ballarat IVF	11	0	3	13	0	21	6	3
City Fertility Centre	6	0	3	26	0	85	3	0
Genea	10	0	0	2	6	2	0	0
Melbourne IVF, including Reproductive Services	74	0	10	75	4	92	41	31
Monash IVF	125	27	4	52	23	177	20	5
Newlife IVF	18	0	1	16	3	31	2	0
Number 1 Fertility	31	28	0	26	0	1	1	0
Aggregated total	275	55	21	210	36	409	73	39

Table 4.3 Number of recipients and treatment cycles with donor/partner eggs, 2022-23 financial year*

Registered ART provider (all sites)	No. of recipients who had treatment with donor/partner eggs			No. of cycles using donor/partner eggs		
	Recipient recruited	Overseas egg bank recruited	Clinic recruited	Recipient recruited	Overseas egg bank recruited	Clinic recruited
Fresh Eggs						
Ballarat IVF	10	0	4	21	0	7
City Fertility Centre	42	0	1	45	0	1
Genea	10	0	0	21	0	0
Melbourne IVF, including Reproductive Services	91	0	7	105	0	8
Monash IVF	68	0	1	79	0	1
Newlife IVF	32	0	1	56	0	3
Number 1 Fertility	23	0	0	26	0	0
Aggregated total	276	0	14	353	0	20
Thawed Eggs						
Ballarat IVF	1	0	1	1	0	1
City Fertility Centre	1	0	4	2	0	6
Melbourne IVF, including Reproductive Services	6	0	8	10	0	10
Monash IVF	12	33	0	14	33	0
Newlife IVF	1	0	0	1	0	0
Number 1 Fertility	21	33	0	62	52	0
Aggregated total	42	66	13	90	85	17

* May include intended parents or individuals entering into surrogacy arrangements using donor gametes.

Table 4.4 Relationship status of recipients of donor sperm treatment, 2022-23 financial year

Registered ART provider (all sites)	Relationship status of women receiving donor sperm treatment			
	Single	Same-sex	Heterosexual	Other*
Ballarat IVF	35	16	6	0
City Fertility Centre	132	159	21	2
Genea	8	3	0	0
Melbourne IVF, including Reproductive Services	312	179	68	0
Monash IVF	283	171	67	0
Newlife IVF	55	35	12	0
Number 1 Fertility	32	9	3	0
Aggregated total	857	572	177	2

* Someone who doesn't define their relationship status as any of the above.

Section 5: Surrogacy, 2022-23 financial year

Table 4.5 Relationship status of recipients of donor egg treatment, 2022-23 financial year

Registered ART provider (all sites)	Relationship status of woman receiving donor egg treatment			
	Single	Same-sex	Heterosexual	Other*
Ballarat IVF	5	2	8	0
City Fertility Centre	3	32	8	0
Genea	0	0	10	0
Melbourne IVF, including Reproductive Services	15	18	71	3
Monash IVF	13	36	64	1
Newlife IVF	2	14	16	0
Number 1 Fertility	2	4	58	0
Aggregated total	40	106	235	4

* Someone who doesn't define their relationship status as any of the above.

Table 5 Surrogacy cycles and clinical pregnancies, Victoria, 2022-23 financial year

This table includes cycles where an embryo was transferred to a surrogate woman during the financial year*. Figures do not include all clinical pregnancies, only those with ultrasound scan available by 28 July 2023.

Treatment site	No. of surrogate women	No. of cycles with embryos transferred	No. of clinical pregnancies	% clinical pregnancies per embryo transfer cycle
Genea, Heidelberg	1	1	0	0
Melbourne IVF, East Melbourne	21	30	9	30
Monash IVF, Clayton	6	7	4	57
Monash IVF, Geelong	1	2	0	0
Monash IVF, Hawthorn	2	4	1	25
Newlife IVF, Box Hill	3	4	3	75
Number 1 Fertility	7	11	4	36
Aggregated total	41	59	21	36

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

Section 6: Storage of gametes, 2022-23 financial year

Table 6.1 Storage of sperm, ovarian tissue, eggs and embryos, 2022-23 financial year

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

Registered ART provider (all sites)	No. of patients with their own sperm in storage as of 30 June 2023	No. of patients with their own ovarian tissue in storage as of 30 June 2023	No. of patients with their own eggs in storage as of 30 June 2023	No. of eggs in storage as of 30 June 2023	No. of patients with their own embryos in storage as of 30 June 2023	No. of embryos in storage as of 30 June 2023
Ballarat IVF	219	0	117	1,548	576	2,167
City Fertility Centre	946	0	302	3,335	2,075	8,115
Genea	92	0	109	1,191	207	697
Life Fertility Clinic, Melbourne	24	0	106	1,487	199	735
Melbourne IVF, including Reproductive Services	1,871	498	3,424	48,688	7,038	25,864
Monash IVF	2,013	63	1,927	24,168	5,262	18,502
Newlife IVF	231	0	391	5,934	1,151	4,883
Number 1 Fertility	282	1	1,704	24,396	2,086	7,784
Aggregated total	5,835	562	8,144	111,375	19,761	72,237

Table 6.2 Storage of donor sperm, 2022-23 financial year

Registered ART provider (all sites)	No. of donors whose sperm was stored and available as of 1 July 2022			No. of sperm donors whose sperm was used in treatment during 2022-23		
	Recipient recruited	Overseas sperm bank recruited	Clinic recruited	Recipient recruited	Overseas sperm bank recruited	Clinic recruited
Ballarat IVF	11	0	42	13	0	21
City Fertility Centre	55	0	141	0	0	0
Genea	1	11	4	0	0	0
Melbourne IVF, including Reproductive Services	125	4	245	151	0	456
Monash IVF	172	19	266	0	0	0
Newlife IVF	40	5	46	0	0	0
Number 1 Fertility	45	0	1	0	0	0
Aggregated total	449	39	745	164	0	477

Registered ART provider (all sites)	No. of donors whose sperm is stored and available as of 30 June 2023			New sperm donors recruited during 2022-23		
	Recipient recruited	Overseas sperm bank recruited	Clinic recruited	Recipient recruited	Overseas sperm bank recruited	Clinic recruited
Ballarat IVF	16	0	41	6	0	1
City Fertility Centre	63	0	156	13	0	13
Genea	1	8	3	1	1	1
Melbourne IVF, including Reproductive Services	172	4	362	37	4	62
Monash IVF	182	24	365	28	0	45
Newlife IVF	52	5	64	20	0	24
Number 1 Fertility	51	0	2	14	0	1
Aggregated total	537	41	993	119	5	147

Table 6.3 Storage of donor eggs, 2022-23 financial year

Registered ART provider (all sites)	No. of donors whose eggs were stored and available as of 1 July 2022			No. of egg donors whose eggs were used in treatment during 2022-23		
	Recipient recruited	Overseas egg bank recruited	Clinic recruited	Recipient recruited	Overseas egg bank recruited	Clinic recruited
Ballarat IVF	0	0	0	11	0	4
City Fertility Centre	0	0	3	0	0	0
Melbourne IVF, including Reproductive Services	10	0	7	72	0	11
Monash IVF	0	11	1	0	0	0
Number 1 Fertility	1	25	0	0	0	0
Aggregated total	11	36	11	83	0	15

Registered ART provider (all sites)	No. of donors whose eggs are stored and available as of 30 June 2023			New egg donors recruited during 2022-23		
	Recipient recruited	Overseas egg bank recruited	Clinic recruited	Recipient recruited	Overseas egg bank recruited	Clinic recruited
Ballarat IVF	0	0	0	4	0	3
City Fertility Centre	0	0	4	10	0	2
Melbourne IVF, including Reproductive Services	19	0	13	9	0	7
Monash IVF	10	18	5	36	16	2
Number 1 Fertility	3	0	0	27	0	1
Aggregated total	32	18	22	86	16	15

Section 7: Preimplantation genetic testing, 2022-23 financial year

Table 6.4 Storage of donor embryos, 2022-23 financial year

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

Registered ART provider (all sites)	No. of embryo donors whose embryos were stored and available as of 1 July 2022		No. of embryo donors whose embryos were used in treatment during 2022-23	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Ballarat IVF	0	9	3	6
City Fertility Centre	4	1	2	1
Melbourne IVF, including Reproductive Services	13	27	11	25
Monash IVF	13	26	20	5
Newlife IVF	1	0	0	0
Number 1 Fertility	0	0	1	0
Aggregated total	31	63	37	37

Registered ART provider (all sites)	No. of embryo donors whose embryos were stored and available as of 30 June 2023		New donors recruited during 2022-23	
	Recipient recruited	Clinic recruited	Recipient recruited	Clinic recruited
Ballarat IVF	1	9	1	5
City Fertility Centre	3	4	10	3
Melbourne IVF, including Reproductive Services	16	33	3	5
Monash IVF	28	27	5	0
Newlife IVF	1	0	0	0
Number 1 Fertility	2	3	2	3
Aggregated total	51	76	21	16

Table 6.5 Storage of embryos that contain donor gametes, 2022-23 financial year

This table does include embryos that contain donor gametes.

Registered ART provider (all sites)	No. of embryos that contain donor gametes that are stored and available as of 1 July 2022		No. of embryos that contain donor gametes used in treatment during 2022-23		No. of embryos that contain donor gametes that are stored and available as of 30 June 2023	
	Donor sperm	Donor eggs	Donor sperm	Donor eggs	Donor sperm	Donor eggs
Ballarat IVF	185	78	74	16	247	85
City Fertility Centre	1,022	148	324	53	1,514	131
Genea	19	23	9	11	28	36
Melbourne IVF, including Reproductive Services	18	11	767	242	24	16
Monash IVF	2,617	893	3	3	56	10
Newlife IVF	595	157	124	38	836	167
Number 1 Fertility	166	324	60	75	178	329
Aggregated total	4,622	1,634	1,361	438	2,883	774

Table 7 Preimplantation testing for aneuploidy (PGT-A), 2022-23 financial year

Registered ART provider (all sites)	No. of women who had embryos tested	No. of cycles with embryos tested	No. of women who had an embryo transfer following PGT-A	No. of cycles with embryos transferred following PGT-A
Preimplantation testing for aneuploidy (incorrect chromosomal numbers, PGT-A)				
Ballarat IVF	0	0	2	2
City Fertility Centre	62	63	49	49
Genea	41	59	35	37
Life Fertility Clinic, Melbourne	23	30	12	13
Melbourne IVF, including Reproductive Services	393	503	504	689
Monash IVF	498	1,392	416	537
Newlife IVF	317	422	240	305
Number 1 Fertility	502	650	453	594
Aggregated total	1,836	3,119	1,711	2,226

Women may have treatment using embryos tested and stored in a prior year.

Some clinics that do not undertake PGT, may receive embryos transported from another clinic with PGT information.

PGT-M, PGT-SR and sex selection are used for patients with a known genetic risk. PGT-A is used for the detection of an abnormal number of chromosomes.

Glossary

The terminology used in this report is fully explained below:

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

NIPGT (non-invasive pre-implantation genetic testing)	A non-invasive technique that attempts to identify embryo(s) with the correct amount of genetic material.
Non-FSH stimulated/unstimulated cycle	A treatment cycle where no super-ovulatory drugs are used or where only clomiphene citrate or letrozole is used.
Number of foetal heartbeats	Number of foetal hearts seen by ultrasonography.
Overseas recruited donor	Refers to a donor voluntarily donating their gametes (eggs or sperm) through a clinic that has an overseas arrangement approved by VARTA, for recipients that they don't know, to use during ART procedures. This type of donor is also known as a de-identified donor.
PGT-A (pre-implantation genetic testing for aneuploidy)	A technique that attempts to identify embryos with the correct amount of chromosomal (genetic) material. PGT-A is used to avoid transferring embryos that have too few or too many chromosomes. This is also known as PGS (pre-implantation genetic screening). This is considered an adjuvant or add-on procedure.
PGT-M (pre-implantation genetic testing for monogenic disorders)	Used for individuals that have an increased risk of passing on a known genetic condition. Some people carry a faulty gene that may not affect them but can cause severe genetic conditions in their offspring. PGT-M helps identify embryos that are not affected by this specific genetic disorder. This is also known as PGD (pre-implantation genetic testing).
PGT-SR (pre-implantation genetic testing for structural rearrangement)	Used for people who have chromosomal rearrangements that do not affect their health but can affect their chance of having a healthy baby. PGT-SR helps identify embryos with the correct amount of genetic material and the correct arrangement of chromosomal (genetic) material.
Registered ART provider	A place in respect of which registration under Part 8 of the Act is in force.
Recipient	A person who receives donor gametes (eggs or sperm) or donor embryos to use in their treatment.
Recipient recruited donor	Refers to a donor voluntarily donating their gametes (eggs or sperm) or embryos through a clinic to recipients who they know. This type of donor is also referred to as a known donor.
Sex selection	Sex selection refers to the selection and transfer of an embryo on the basis of its genetic sex. At ART clinics, this is done through preimplantation genetic testing. Section 28 of the Act prohibits sex selection in Victoria, except in two situations: <ul style="list-style-type: none"> a. where it is necessary for the child to be of a particular sex so as to avoid the risk of transmission of a genetic abnormality or a genetic disease to the child; or b. the Patient Review Panel has otherwise approved the use of the gametes or embryo for the purpose or a purpose of producing or attempting to produce a child of a particular sex.
Single embryo transfer (SET)	The process of transferring one embryo into a person's uterus, rather than two or more embryos.
Singleton	The technical term for a pregnancy and birth involving one baby, rather than multiple babies.
Surrogacy	An arrangement where a person with a uterus, known as the 'gestational carrier' agrees to carry a child for another person or couple, known as the 'intended parent(s)', with the intention that the child will be raised by the intended parent(s). The eggs and/or sperm used to create the embryo(s) in the surrogacy cycle can be either from the intended parents or from a donor(s). In Victoria, the surrogate cannot be the egg provider/egg donor for a surrogacy arrangement.
Thaw cycle	An ART cycle in which cryopreserved (frozen) embryo(s) are thawed to perform an embryo transfer. Also known as a frozen embryo transfer (FET) cycle.
Thawed eggs	Eggs that have been previously cryopreserved (frozen) to use in ART. Eggs could have previously been frozen after an IVF or egg freezing cycle, intra-partner IVF cycle, or after receiving fresh donated eggs.
Thawed embryo	A previously cryopreserved (frozen) embryo that has been thawed to be used in a thaw cycle.
Treatment	For this report, treatment involves all possible ART or AI procedures.
Women in treatment	From 1 January 2010, women in treatment can include women in heterosexual or same-sex relationships or single women. All women must be eligible for treatment as outlined in Section 10 of the Act. Before 2010, women were required to be eligible for treatment under Section 8 of the <i>Infertility Treatment Act 1995</i> .

Donor Conception Registry Services

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

Thirty-five years ago, Victoria became the first jurisdiction in the world to comprehensively legislate Assisted Reproductive Treatment. 2023 is also the 25th anniversary of the historic legislation that removed anonymity in donor conception for people conceived from 1998.



Donor Conception Registry Services

Every year, hundreds of children are born in Victoria following altruistic egg, sperm and embryo donation. Under Victorian law, these children, their descendants, parents and the donors have a right to apply for certain information about each other. To uphold and facilitate these rights, VARTA manages a Central Register storing the details of more than 34,000 people involved in donor conception. VARTA also manages a Voluntary Register – a free matching service for people linked through donor conception that took place within a registered Victorian ART clinic who want to communicate and share information.



A landmark year for Donor Conception Registry Services

This year marks 35 years since Victoria became a global leader in legislating ART. In 1988, the *Infertility (Medical Procedures) Act* commenced and mandatory record keeping practices were introduced. This made Victoria the first jurisdiction in the world to comprehensively legislate ART. In 1998, further legislation changes mandated donors to permit their identity being released to their donor offspring once they are over 18 – a change that removed anonymity.

The impacts of this legislative change are still being realised 25 years later.

In 2017, the Act was amended to give more people access to information about others they are connected to through donor conception.

These changes, known as the 'Right to Know' amendments, gave all people conceived in Victoria from donor treatment the right to apply for, and receive, their donor's identifying information. This means donor-conceived people born from sperm, eggs or embryos donated in Victoria before 1998 have the same right to their donor's identifying information as those born from donations made since 1998.

This legal change in Victoria was another world-first, with other countries and Australian states following to make changes to laws around accessing donor information.



The Central Register

Established in 1988, the Central Register contains information about people involved in donor treatment procedures in Victoria, including donor-conceived people, parents of donor-conceived people, and donors. Registered clinics are required to notify VARTA of births from donor treatment for the Central Register throughout the year.

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

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

Since the Central Register was established, the right to access specific information has evolved in line with legislative changes. Key changes include:

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

Applications to the Central or Voluntary Registers by donor-conceived people, their parents and donors are often referred to in two groups: the pre-1998 group and the post-1998 group.

Due to the historical changes in legislation pertaining to donor anonymity, VARTA continues to update the Central Register as new information comes to hand. This may include the addition of information extracted from paper-based medical records prior to 1998. For example, when records are located at the Public Record Office Victoria and shared with VARTA; or when individuals request to update their personal information, such as changes to their name, contact details, or gender identity. Occasionally, a person may be recorded in the Register more than once. For example, if a donor-conceived person becomes a donor, they will be recorded in the register as a donor-conceived person and also as a donor. When these cases are identified, the duplicate is rectified and the person is recorded once with two roles on the register.

How information rights have changed over time



1988

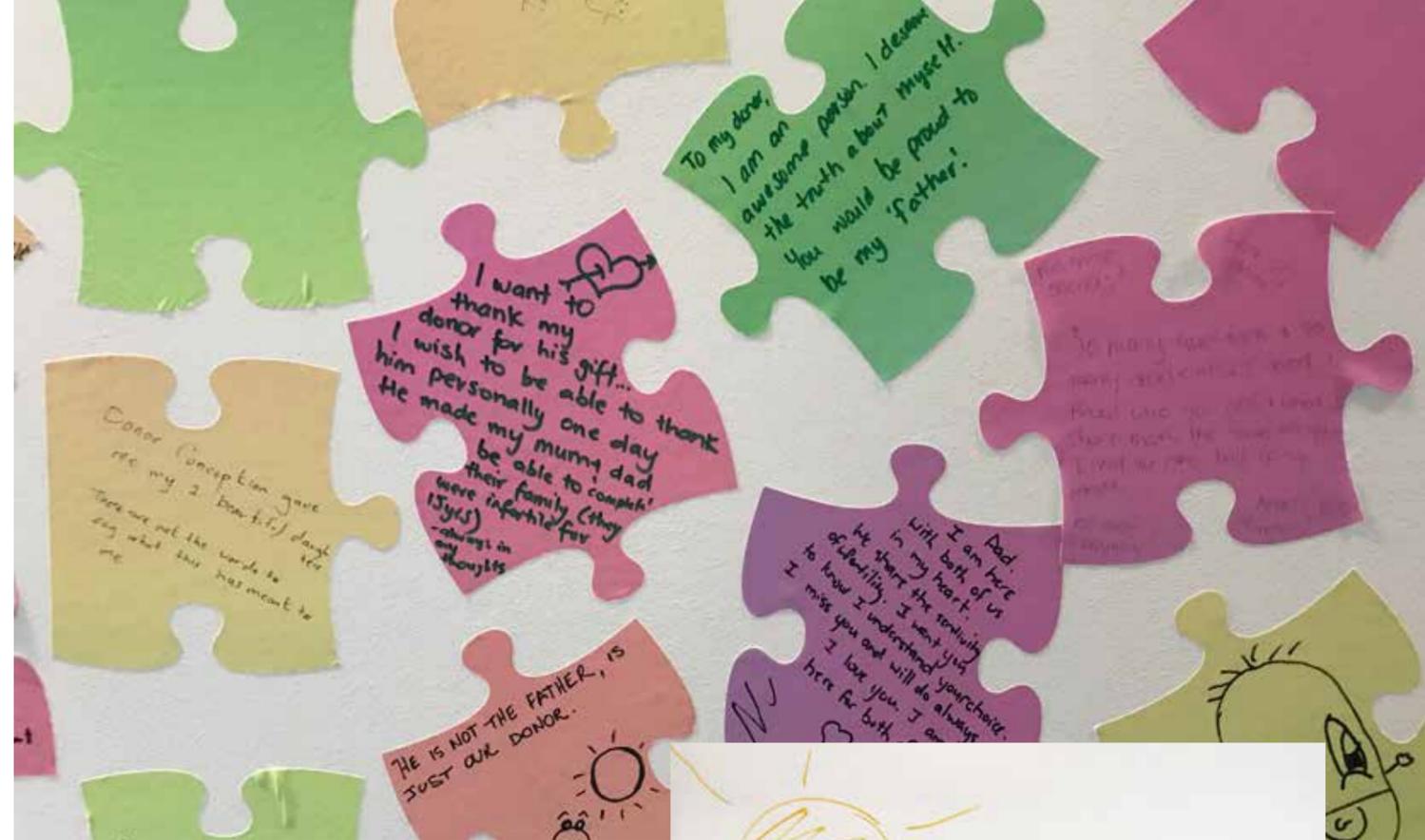
In 1988, it became compulsory for clinics to record all information about people involved in donor conception. This meant donor-conceived people and their parents could apply for information about their donor, but they could only receive this information if their donor consented. Donors could also apply for and receive information about their donor-conceived offspring if they consented.

1998

From 1998, all donors had to consent to their identity being available to their donor-conceived offspring in the future. This meant once a donor-conceived person turned 18 they could find out identifying information about their donor. With their parent's support, donor-conceived people under 18 were also permitted to apply for identifying information about their donor and the donor could consent to this early release of their identifying information. However, people conceived before 1998 didn't have the same right to access identifying information about their donor.

2017

In 2017, new donor conception laws came into effect. This world-first legislation gave all people conceived in Victoria from sperm, egg and embryo donation the right to know their donor's identity, including those conceived before 1998. Other countries and some Australian states are now considering similar retrospective laws.



The puzzle pieces and illustration on this page are part of the 'Donor conception-towards openness' exhibition, which explored the human story of donor conception and was dedicated to the memory of Narelle Grech, a donor-conceived woman who fought for the right to learn the truth of her genetic heritage. The original exhibition was exhibited in the Melbourne City Library, June 2015.

VARTA counselling

As part of the VARTA-facilitated donor-linking process, VARTA provides mandatory counselling to donors, donor-conceived people, their descendants and the parents of donor-conceived people.

In 2023, VARTA's counselling services were paused. After service changes in recent years, the Board has recently approved a new psychosocial counselling model that is now operating to better support donor-conceived people, parents of a donor-conceived person, donors and descendants of donor-conceived people.

Outcomes

When a person makes an application to the Central Register they are referred to as an applicant. The person(s) the applicant is seeking to contact is referred to as the subject. When an applicant applies to the Central Register for non-identifying information about a subject(s), this information is disclosed once VARTA has verified that the parties are related through donor treatment. This is done by matching all parties through their unique donor code.

When an applicant applies to the Central Register for identifying information about a subject(s), VARTA must notify the subject(s) of the application and, where required, obtain their consent before disclosing any identifying information to the applicant.

Outreaches

VARTA refers to the process of contacting the subject of a Central Register application as an 'outreach'.

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

If a donor-conceived person or descendant of a donor-conceived person applies for identifying information about a pre-1998 donor, VARTA notifies the donor of the application and seeks their consent to release their identifying information. Under the legislation, the donor's details are released to the applicant after a four-month waiting period regardless of the donor's wishes, however the donor can lodge a Contact Preference, placing limitations around contact.

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

Contact preferences and donor linking

Contact preferences

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

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

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

Donor Linking

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

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

- exchange of contact details
- intermediary exchange of correspondence (for six months, with up to five exchanges provided)
- facilitated meeting by a VARTA counsellor.



The Voluntary Register

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

This register allows connections to be made that are not legally possible through the Central Register. For example, some donor-conceived people want to connect with donor siblings born from the same donor and some parents of young donor-conceived children want to connect with other parents who have used the same donor. VARTA cannot use the Central Register to connect these groups of people.

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

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

2022-23 Donor Conception Registry Services Data Reporting

During 2022, VARTA undertook IT system changes and a data migration project. This migration project is ongoing, and a comprehensive report of statistics, insights and trends related to Donor Conception Registry activity for 2022-23 will be published when it becomes available.

Education

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



VARTA

In 2023-23, thousands of Victorians received fertility treatment. Operating under the Act, VARTA:

- Regulates fertility clinics and prioritises the best interests of people receiving treatment and their future children.
- Promotes research into the causes and prevention of infertility.
- Educates the public about fertility treatment options.

VARTA's education activities prioritise the best interests of people seeking treatment, undergoing treatment, and the children born following treatment.

VARTA's website

During 2022-23, 86,680 users visited the VARTA website. This resulted in 191,600 page views and thousands of resource downloads. One of our top downloads was VARTA's 'Understanding IVF Success Rates' factsheet, which was downloaded 10,054 times. In this period, VARTA also updated its regulation, donor conception and fertility treatment information sheets and published a blog about the impact of vaping on fertility.

Media coverage

VARTA appeared in a range of national and international media in 2022-23, and provided expert commentary in the media about fertility, fertility treatment, surrogacy, and donor conception. VARTA's work was featured in high-profile media outlets including the *ABC*, *The Age*, and *Network 10*.

Media highlights:

The Sydney Morning Herald: *Male infertility behind one in three IVF cycles*.

Triple J: *Why sperm counts are dropping globally*.

The Medical Republic: *GP-led preconception care works*.

Partyline: *Healthy You, Healthy Baby: online tool to check preconception health*.

Herald Sun: *Online sperm donors carries huge risk, fertility experts warn*.

The Age: *The sperm donor shortage in Victoria*.

ABC News: *More women are choosing to have children alone, and using private sperm donors to do it*.

ABC News: *Women warned about emotional, physical and financial toll of egg freezing*.

The Conversation

VARTA's Senior Research Officer Dr Karin Hammarberg authored five articles for *The Conversation* about making informed decisions about egg freezing, male infertility, why people don't donate their eggs or sperm, the 'fertility cliff-myth', and the reliability of 'egg-timer' tests.

Hammarberg K, *Thinking about freezing your eggs to have a baby later? Here are 3 numbers to help you decide*, August 10, 2022.

Hammarberg K, Chambers G, McLachlan R, *Problems conceiving are not just about women. Male infertility is behind 1 in 3 IVF cycles*, October 14 202.

Hammarberg K, Torgler B, Chan HF, Whyte S, *We asked people why they don't donate their eggs or sperm. Their responses could help us attract more donors*, November 21, 2022.

Hammarberg K, *Women are often told their fertility 'falls off a cliff' at 35, but is that right?* November 30, 2022

Copp T, Doust J, Hammarberg K, *Don't believe the hype. 'Egg timer' tests can't reliably predict your chance of conceiving or menopause timing*, June 13 2023,



Your Fertility

Many Australians wanting to be parents may not fully understand the factors that can affect their fertility. The *Your Fertility* public health promotion program provides evidence-based information about these factors for people of all genders so they can make informed decisions about their health and maximise their chances of having a healthy baby if they want to become a parent.

Your Fertility

In 2022-23, 2.5 million users visited the *Your Fertility* website. This resulted in more than 3,600,000 page views and 229,000 resources downloaded. Funded by the Australian Government Department of Health until June 2023, *Your Fertility* is led by VARTA and a Fertility Coalition that includes Healthy Male, Jean Hailes for Women's Health, Global and Women's Health at Monash University and The Robinson Research Institute at the University of Adelaide. Effective June 30 2023, federal funding for the *Your Fertility* program was discontinued. VARTA is exploring new research and education partnerships while it continues to support *Your Fertility's* website and resources.

Fertility Care Awards 2023

On 26 June 2023, VARTA received the Best Fertility Service award for the *Your Fertility* Program at the Fertility Care Awards 2023. The award was presented by the European Fertility Society, recognising individuals and organisations who have been delivering outstanding patient services in reproductive health.

Fertility Week

Fertility Week is an annual national campaign led by *Your Fertility* and delivered in collaboration with the Fertility Coalition. The campaign educates people about fertility and provides information and resources to improve their chances of becoming pregnant and having a healthy baby. In 2022, the campaign focused on men's preconception health, including ways to protect and improve male fertility. The campaign highlights the fact that male health is a major contributing factor in conceiving and having a healthy baby. The campaign also highlighted that about half of all cases of infertility are due to problems with the male reproductive system.

Titled 'Healthy sperm, healthy baby,' the campaign included:

- A social media campaign made up of five videos featuring comedian Michael Shafar, as well as images highlighting health information. It generated 602,962 views, 1,038,299 impressions, 99,407 engaged and reached 840,517 people.
- An article in *The Conversation*, written by Dr Karin Hammarberg, Professor Georgina Chambers

(Director of the National Perinatal Epidemiology and Statistics Unit, UNSW Sydney) and Dr Rob McLachlan (Professor and clinician in fertility medicine, Hudson Institute) about male infertility and new data on this included in the ANZARD report that revealed about one-third of all IVF cycles performed in 2020 included a diagnosis of male infertility.

- Mainstream media coverage, which reached an estimated audience of more than 116 million people globally according to Isentia media monitoring. There was coverage in leading Australian outlets including *The Sydney Morning Herald*, *The Age*, *The Conversation* and *The Project*.

Interactive tools

Your Fertility's Healthy Conception Tool is an online interactive tool for people who want to assess their health and behaviours to discuss with their GP during a preconception health check. In 2022-23 *Your Fertility* relaunched the tool under the new name 'Healthy you, healthy baby'. *Your Fertility* worked with the University of Sydney, Robinson Research Institute and Sentius Digital to implement changes suggested by users in research conducted by Dr Edwina Dorney, a PhD candidate at the University of Sydney, a Medical Advisor at the Centre for Population Health and a member of the NHMRC Centre for Research Excellence in Sexual and Reproductive Health for Women in Primary Care (SPHERE). The updated tool went live in June 2023. It was promoted in *Partyline* magazine and in three issues of the *Australian Journal of General Practice*. A social media campaign reached more than one million people.

Your Fertility's Unexplained Infertility tool gives heterosexual couples who have been struggling to conceive for over a year without an obvious cause of infertility an estimate of their chance of conceiving in the next 12 months (either with or without treatment). In 2022-23, *Your Fertility* worked with the University of Sydney and Monash University to evaluate this tool. This online tool is one of *Your Fertility's* most utilised resources. Results of the evaluation showed that the tool adequately supports people struggling to conceive and affirmed its accessibility.

Women's Health Week

As a community partner for Women's Health Week 2022, *Your Fertility* hosted a Facebook Live interview 'Preconception health checks with the Healthy Conception Tool' with Dr Edwina Dorney. The Facebook Live event was uploaded onto YouTube and has been watched more than 440 times across Facebook and YouTube. The social media campaign for Women's Health Week reached more than 398,000 people.

Men's Health Week

In June 2023 a social media campaign was carried out for Men's Health Week. This year, the Healthy Male organisation's campaign highlighted loneliness in men. *Your Fertility* promoted messages about understanding loneliness and how to get support, as well as preconception health for men and sperm health. This included directing people to Healthy Male's website and resources. As part of this campaign, *Your Fertility* worked with PhD candidate, Tristan Carter, on a blog about refocusing preconception healthcare to include men. The campaign reached more than 418,000 people across Facebook and Instagram.

Publications

VARTA staff generate evidence through research about fertility and ART and share that knowledge with the community. In 2022-23, VARTA staff contributed to the following publications and presentations:

Sandhu S, Hickey M, Braat S, Hammarberg K, Lew R, Fisher J, Ledger W & Peate M. *Information and decision support needs: A survey of women interested in receiving planned oocyte cryopreservation information*. *J Assist Reprod Genet*, 2023.

H Mertes, J Harper, J Boivin, M Ekstrand Ragnar, B Grace, M Moura-Ramos, S Rautakallio-Hokkanen, M Simopoulou, K Hammarberg, on behalf of the International Reproductive Health Education Collaboration (IRHEC), *Stimulating fertility awareness: the importance of getting the language right*, *Human Reproduction Open*, 2023.

Sandhu, S., Hickey, M., Lew, R., Hammarberg, K., Braat, S., Agresta, F., Parle, A., Allingham, C., the Eggsurance Collaborative Group, & Peate, M. *The development and phase 1 evaluation of a Decision Aid for elective egg freezing*. *BMC Med Inform Decis Mak*, 2023.

Stranger Hunter M, Hammarberg K, Sher J, *Ask women what they want: Integrating pregnancy desire screening into routine primary care*, *International Journal of Birth and Parent Education*, 2022.

Copp T, Thompson R, Doust J, Hammarberg K, Peate M, Lensen S, Cvejic E, Lieberman D, Mol BW, McCaffery K.J. *Community awareness and use of anti-Mullerian hormone (AMH) testing in Australia: A population survey of women*. *Human Reproduction*, 2023.

Whyte S, Chan HF, Ferguson N, Godwin M, Hammarberg K, Torgler B. *Understanding the Reasons Why Men and Women Do Not Donate Gametes*. *Reproductive Sciences*, 2022.

Conference presentations

Copp T, Nickel B, Lensen S, Hammarberg K, Lieberman D, Doust J, Mol B, McCaffery K, *Anti-Mullerian hormone (AMH) test information on Australian and New Zealand fertility clinic websites: A content analysis*, FSA, Sydney, July 2022.

Copp T, Thompson R, Hammarberg K, Doust J, Lensen S, Peate M, Lieberman D, Mol B, McCaffery K, *Community awareness and use of anti-Mullerian hormone (AMH) testing in Australia, 20th International Conference on Communication in Healthcare*, Glasgow, 6-9 September 2022.

Dorney E, Hammarberg K, DeSilva R, Rodgers R, Black K, *Online self-assessment tools to improve the delivery of preconception care in rural and remote populations*, 5th European Conference on Preconception Health and Care, London, 22-23 September 2022.

Hammarberg K, *Is your clinic patient-centred? Ways to measure patient-centredness*, European Fertility Society, 7 December 2022.

Sandhu S, Braatb S, Hickey M, Lew R, Hart R, Norman R, Hammarberg K, Anderson R, Peate M, *Eggsurance? A Randomised Control Trial of a Decision-Aid for Women Considering Elective Egg-Freezing*, Australian Society for Psychosocial Obstetrics and Gynaecology, Adelaide, 24-26 February 2023.

Copp T, Thomson R, Doust J, Hammarberg K, Peate M, Lensen S, Cvejic E, Lieberman D, Mol B, McCaffery K, *Community Awareness and Use of Anti-Mullerian Hormone (AMH) Testing in Australia: A Population Survey of Women*, Australian Society for Psychosocial Obstetrics and Gynaecology, Adelaide, 24-26 February 2023.



Your Fertility's Healthy Conception Tool is an online interactive tool for people who want to assess their health and behaviours to discuss with their GP during a preconception health check. In 2022-23 Your Fertility relaunched the tool under the new name 'Healthy you, Healthy baby'.

Kneebone E, Hammarberg K, Beilby K, *Australian Intended Parents' Decision-Making and Characteristics and Outcomes of Surrogacy Arrangements Completed in Australia and Overseas*, Australian Society for Psychosocial Obstetrics and Gynaecology, Adelaide, 24-26 February 2023.

Dorney E, Hammarberg K, Anagnostou J, Rodgers R, Eley S, Black K, *Enabling preconception care in priority groups: optimisation of an online self-assessment tool*, Public Health Association Australia Preventative Health Conference 2023, Adelaide, 2-4 May 2023.

Hammarberg K, Volks C, Whittaker A, *Experiences of Australian women travelling to South Africa for oocyte donation*, Fertility Society of Australia and New Zealand annual scientific conference, Gold Coast, 4-6 June 2023.

Biggs S, Hammarberg K, Halliday J, *Psychological Impact of Male Factor Infertility: A Systematic Review*, Fertility Society of Australia and New Zealand Annual scientific conference, Gold Coast, 4-6 June 2023.

Other media

Hammarberg K, 2022, *Discussing donor conception registries and the proposed changes to donor registries in South Australia*. Interviewed by Rebecca Chave, ABC Radio South East South Australia, 28 November 2022.

Hammarberg K, 2023, *Discussing why the number of egg freezing is on the rise*. Interviewed by Claudia Strachan, The Drum, ABC, 28 April 2022.

Webinars

Is your clinic patient-centred? Ways to measure patient-centredness, European Fertility Society webinar, 7 December 2022.

Preconception care in general practice, Jean Hailes, 26 May 2023.

Power, pain and 'problem' patients, Monash Arts Events webinar, 30 May 2023.

Research grant applications

Dr Karin Hammarberg is a co-investigator on *The Information needs of Consumers of Elective Egg Freezing – The ICE study* grant application which was awarded by the Women's Health Research, Translation and Impact Network (WHRTN).

She is also a co-investigator on the multidisciplinary project *The mitoHOPE Program Healthy Outcomes Pilot and Evaluation*, which was awarded \$15 million by the Medical Research Futures Fund.

Moss K, Mishra G, Homer H, Boivin J and Hammarberg K were awarded an NHMRC investigator grant, *A novel approach to reducing the psychosocial burden of infertility treatment*.

Research engagement

VARTA often partners with researchers for ART research projects. VARTA staff also co-supervise university students working on projects relevant to VARTA's research interests.

Research translation partnerships

Anti-Mullerian hormone (AMH) testing and add-ons

- VARTA contributes to the work of researchers at the University of New South Wales who have conducted several studies on the growing use of AMH testing. While AMH testing is often marketed as a test that can help women work out how much time they have left to have children, this is not a proven use. VARTA has translated this evidence in consumer-friendly formats to help people make informed decisions about whether to have the test.
- VARTA continues to work with Dr Sarah Lensen from Melbourne University on practices relating to add-ons. Dr Karin Hammarberg is VARTA's representative on Dr Lensen's advisory group on how to provide transparent, evidence-based information about add-ons to the public, and an investigator on an NHMRC Partnership grant that Dr Lensen has applied for titled 'Evidence-based IVF: a new website for Australian IVF patients' on which VARTA is a named partner.

Gamete donation

Dr Karin Hammarberg is one of the investigators on a project titled 'Emerging assisted reproduction markets in Southern Africa', which is funded by the Australian Research Council (ARC). It includes a component about 'reprotravel' from Australia to South Africa, where donors are anonymous and receive financial rewards for their donations. The findings will improve understanding of the barriers for domestic gamete donation and the reasons why people who need donor gametes increasingly travel to South Africa.

Egg freezing

VARTA is a partner on an NHMRC-funded project led by Associate Professor Michelle Peate at Melbourne University about women's information needs when deciding about egg freezing. As part of this work the researchers developed an online decision aid and conducted a randomised controlled trial of its effects on decision-making about egg freezing. It showed that the online decision aid helps women make informed decisions about whether to freeze their eggs. VARTA will be hosting this decision aid tool on its website once the research has been published in a peer-reviewed journal.

Patient-centred care

Dr Karin Hammarberg is a co-investigator on an NHMRC-funded project led by Dr Katrina Moss at The University of Queensland. The project aims to reduce the psychosocial burden of IVF through an app that guides women through the stages of ART and provides stage-specific psychological support.

Mitochondrial donation

VARTA is a partner organisation for the mitoHOPE program. Led by Monash University, the mitoHOPE (Healthy Outcomes Pilot and Evaluation) program has formed an Australian-wide consortium to conduct a mitochondrial donation and reproductive options pilot program. The mitoHOPE program is funded by the Medical Research Future Fund (MRFF).

Reproductive health

- VARTA is the partner on the Centre for Research Excellence in Women's Health in Reproductive Life (CRE WHiRL) which has published guidelines on polycystic ovarian syndrome (PCOS) management and unexplained infertility.
- Dr Karin Hammarberg is an inaugural member and Deputy Chair of the International Reproductive Health Education Collaboration (IRHEC), which was formed in 2021. The IRHEC is a global network to improve fertility awareness.

Student supervision

- PhD student Ezra Kneebone's project is on Australians' use of surrogacy and the factors that contribute to decisions to pursue surrogacy in Australia or elsewhere. Surveying more than 300 people, her research identified several barriers for domestic surrogacy. These findings will inform debate about how domestic surrogacy can be facilitated to avoid the risks associated with international surrogacy.
- A medical student undertaking a research year explored women's understanding of their chance of ART success and how clinic information can be improved. VARTA's public education team will translate the findings once the research has been published in a peer-reviewed journal.

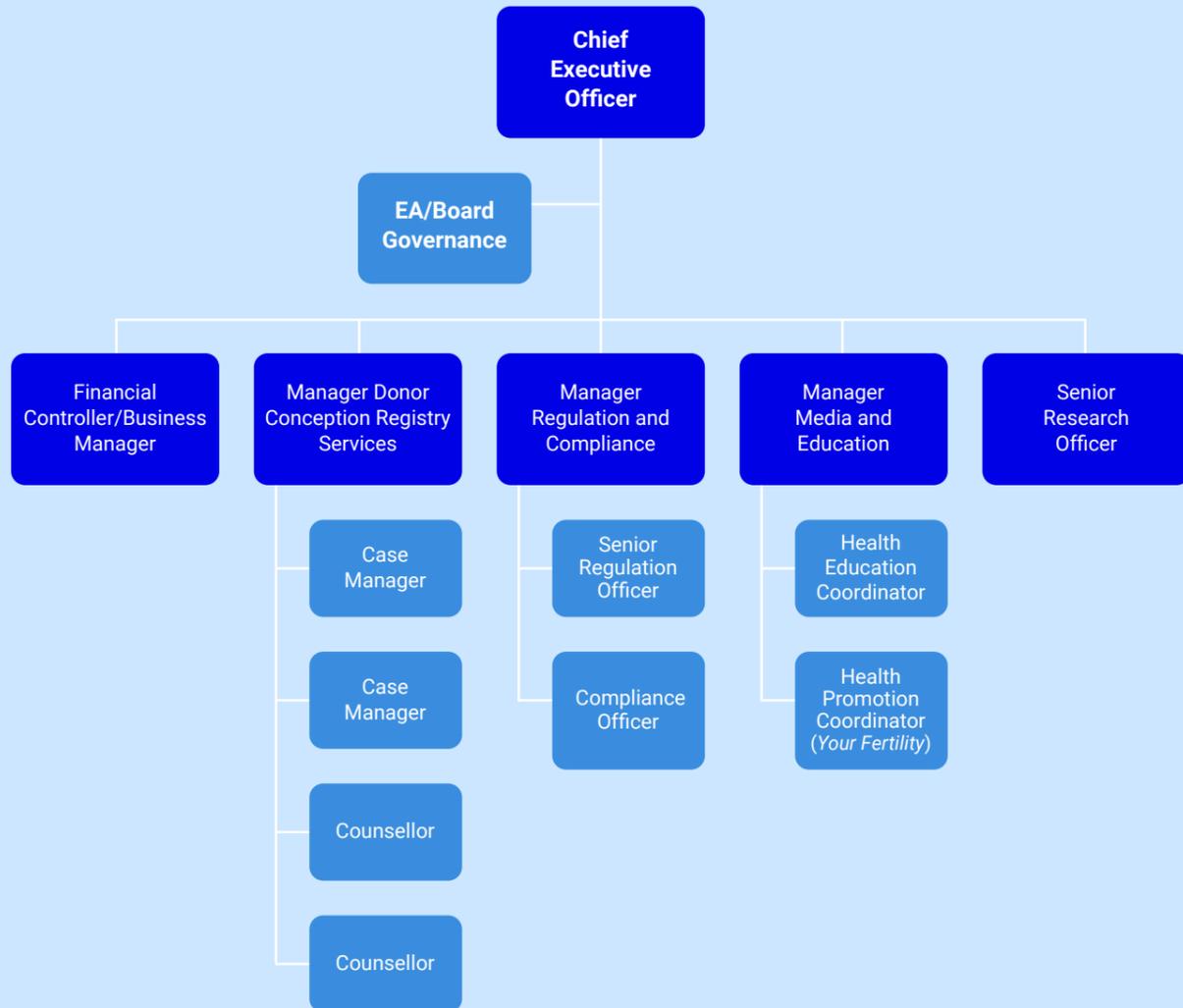
Organisation, Corporate Governance and Information

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



Organisational Structure

Organisational structure as at 30 June 2023



Corporate Governance

Board members

The Minister for Health nominates the members of the Authority, and the appointments are made by the Governor-in-Council. Section 101 of the Act states that in making nominations to the Governor-in-Council, the Minister must have regard to the need for diversity and expertise.

Associate Professor Peter Lutjen

Chair – until March 2023

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

Associate Professor Peter Lutjen has over 35 years' experience in the ART industry. He has extensive experience in medical administration, staff management and clinical governance with previous senior administrative roles in Victorian public hospitals and both private and listed ART companies. He has now retired from clinical practice but maintains an active interest in publicly focused health services planning, clinical governance and pharmacovigilance.



Julia Griffith, PSM

Chair – commenced April 2023

BArts(YthAff)

Ms Julia Griffith has held senior executive roles in a range of justice portfolios within the Victorian public sector, including corrections, justice health, youth-justice, police and crime prevention. Most recently, Ms Griffith was Deputy Commissioner of the Victorian Public Sector Commission – she retired in January 2022. In 2018, Ms Griffith received a Public Service Medal for outstanding public service to youth justice and correctional services.



Board Members



Professor Fiona Kelly

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

Professor Fiona Kelly is the Dean of the La Trobe University Law School. Professor Kelly's primary research interests are family and health law, with a particular focus on the legal regulation of assisted reproduction. She has published extensively on the legal regulation of parentage in the context of assisted reproduction, the ethics of sperm donor anonymity, and the judicial and legislative response to lesbian and single mother by choice families. Professor Kelly was the Chief Investigator on an Australian Research Council Discovery Project grant exploring donor linking and is the editor of the recently published *Donor Linked Families in the Digital Age: Relatedness and Regulation* (Cambridge University Press).



Dr Gael Jennings AM

BSC(Hons), Dip Ed, PhD

Dr Gael Jennings has contributed to science communication and medical research and analysis in Australian media for nearly 30 years as a broadcaster, TV presenter, journalist, interviewer, editor, developer and creator at ABC TV. Her media career has included national roles at ABC TV News, 7.30, Quantum and Catalyst, as well as host of programs on 774 ABC Radio Melbourne and Victoria, and anchor of SBS TV's Insight. Director on more than a dozen boards, Dr Jennings holds a PhD in Immunology and has written two books. Dr Jennings is an Honorary Fellow of the Centre for Advancing Journalism at the University of Melbourne and in 2020 was awarded an Order of Australia award (AM) for significant service to science and broadcast media.



Rosemary Hehir OAM

BA

Ms Rosemary Hehir's career has combined expertise in governance, ethics, and thoughtful public and community sector leadership in complex organisations. She is a former long-standing CEO of YWCA Victoria who has since served on the boards of major community service providers Social Housing Victoria, LifeWorks Counselling and Education (now Relationship Matters), and Parks Victoria. She is an ethics reviewer for the Melbourne Health Human Research Ethics Committee and experienced as a finance, risk and audit committee chair and company secretary. In 2020 Ms Hehir was awarded a Medal of the Order of Australia (OAM) for services to the community through social services.



Michael Regos

BA/LLB

Mr Michael Regos is a lawyer and since 2019 has been principal of the legal practice of Michael Regos. Prior to that he spent 25 years as a partner in the international law firm of DLA Piper, where he was head of the Australian Health Litigation Group. Mr Regos has advised health services, insurers, medical practitioners and health professionals and organisations in health law including regulatory issues, governance and risk management through to full scale litigation and coronial inquiries. Through his representation of health services in litigation he developed a keen interest in safety, quality and risk management in the health sector. Between 2016 and 2019 Mr Regos was an arbitrator to the Australian Football League.



Lucy Franzmann

BA, MComm, FCPA, GAICD

Ms Lucy Franzmann is the Chief Finance Officer at Victoria University. She is an experienced finance leader committed to the delivery of exceptional public services and the best use of resources, particularly in health, education and the arts. From 2016-21, Ms Franzmann was the Chief Financial Officer at the Peter MacCallum Cancer Centre. Her previous roles include Deputy CFO at Barwon Health, Director of Innovation and Improvement at Austin Health, Deputy Managing Director of Victorian Opera and the Project Accountant at the Royal College of Music, London. Ms Franzmann is a Graduate of the Australian Institute of Company Directors, a Fellow of CPA and she has two children who are donor-conceived.



Siobhan Boyd-Squires

BAppSc (Physio), LLM, MPH, GD Health Educ, MRI, GAICD

Ms Siobhan Boyd-Squires has extensive experience in health and human service regulation, risk management and governance. She's a board member of ESTA (Emergency Services Telecommunications Authority), a member of ESTA's Audit and Risk Management and Compliance Committee, and she serves as a sessional member on the Victorian Civil and Administrative Tribunal (VCAT). From 2018-2022 Ms Boyd-Squires was a member and deputy chairperson on Victoria's Patient Review Panel where she gained valuable insight into the ART industry and its governing legislation. She's held senior leadership roles in the Department of Health, WorkSafe Victoria and the Commission for Children and Young People, and has served as a statutory Conciliation Officer mediating workers compensation disputes. Ms Boyd-Squires is a graduate of the Australian Institute of Company Directors and a nationally accredited mediator.

Board Committees

Section 113 of the Act provides that the Authority may set up one or more committees, comprised of members of the Authority.

Safety and Quality (S&Q) Committee

Membership	
1. Dr Gael Jennings	
2. Professor Fiona Kelly	
3. Mr Michael Regos	
4. Associate Professor Peter Lutjen	
Number of meetings:	5

The S&Q Committee assists the Authority to fulfil its duties and responsibilities relating to:

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

Finance, Audit and Risk Management (FARM) Committee

Membership	
1. Ms Siobhan Boyd-Squires	
2. Ms Rosemary Hehir	
3. Ms Lucy Franzmann	
Number of meetings:	7

The FARM Committee assists the Authority to fulfil its duties and responsibilities relating to:

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

Performance, Remuneration and Nomination Committee

Membership	
1. Professor Fiona Kelly	
2. Associate Professor Peter Lutjen	
Number of meetings:	0

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

Nineteen board meetings of the Authority were held between 1 July 2022 and 30 June 2023

Membership	Total
Julia Griffith PSM	8
Ms Lucy Franzmann	12
Mr Michael Regos	18
Ms Rosemary Hehir	18
Professor Fiona Kelly	17
Ms Siobhan Boyd-Squires	18
Dr Gael Jennings	17
Associate Professor Peter Lutjen	7
Number of meetings:	19

Corporate Information

Additional information

In compliance with the Assistant Treasurer's requirements, further details of activities described in this annual report are available to relevant ministers, members of parliament and the public on request, subject to the provisions of the *Freedom of Information Act 1982* (Vic) (the FOI Act). A disclosure index is provided on page 78 to facilitate identification of the Authority's compliance with statutory disclosure requirements.

Complex searches

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

Environmental performance

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

Occupational health and safety

VARTA continues to look for ways to improve occupational health and safety. All staff are offered a sit/stand desk whilst working in the office, and hybrid working arrangements enhance staff flexibility and work-life balance.

Freedom of Information (FOI) – Part II statements

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

Freedom of Information requests

The FOI Act provides everyone with the right to request access to documents held by VARTA. The object of the FOI Act is to extend as far as possible the right of the community to access information in the possession of the government and other bodies constituted under the law of Victoria. An FOI request must be made in writing, clearly describe the information or document sought, and be accompanied by the prescribed application fee. A request for access can be made to VARTA by email to regulation@varta.org.au.

VARTA received one request to access documents under the FOI Act this financial year.

Operational and budgetary objectives and performance

Consultancies

Details of consultancies (under \$10,000)

During 2022-23, there were 4 consultants engaged, where total fees payable to the individual consultant were less than \$10,000. The total expenditure incurred was \$14,695 (exclusive of GST).

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

There was 1 consultant where the total fees payable to the consultant were \$10,000 or greater. The total expenditure incurred during the 2022-23 financial year was \$39,200 (exclusive of GST). Details of the consultants are presented in the table below.

Information and communication technology (ICT) expenditure

The total ICT expenditure incurred during 2022-23 is \$50,005 (excluding GST) with the details shown below.

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

Victorian Assisted Reproductive Treatment Authority Financial Management Compliance Attestation Statement

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



Julia Griffith Board Chair
25 October, 2023

Public Interest Disclosures Act 2012

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

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

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

Consultancies 2022-23

Consultant	Purpose of consultancy	Total project fees approved*	Total fees incurred in financial year*	Future commitments
KPMG	Risk assessment of DCRS IT project	\$39,200	\$39,200	0
Total		\$39,200	\$39,200	0

ICT expenditure 2022-23

All operational ICT expenditure	ICT expenditure related to projects to create or enhance ICT capabilities			
	Business as usual (BAU) ICT expenditure total*	Non Business as usual (BAU) ICT expenditure total*	Operational Expenditure*	Capital Expenditure*
\$50,005	\$0	\$0	\$0	\$0

* Exclusive of GST

Operational performance against budget

In 2023, VARTA reviewed its operating model in consultation with the Department of Health.

The Authority provides independent information and support for individuals, couples and health professionals on fertility and issues related to assisted reproductive treatment (ART). This includes IVF, surrogacy and donor-conception. The Authority is responsible for:

- managing the donor conception registers and providing information and support to applicants and people affected by applications
- the registration of ART clinics and approval of import and export of donated eggs, sperm and embryos formed from donor gametes in and out of Victoria
- monitoring developments, trends and activities relating to the causes and prevention of infertility and the ART industry in Victoria, Australia and internationally.

To enable the Authority to fulfil its responsibilities, it receives accrual-based grant funding from the State of Victoria. The Authority has also received funding from the Commonwealth Government to undertake the *Your Fertility* program on its behalf.

The total expenses this financial year 2022-23 increased by 21 per cent from the previous financial year 2021-22 and that caused a deficit for this year. The largest increase was in supplies and services expenses which went up by 54 per cent (\$376,807). This increase was predominately driven by professional service fees which went up by 73 per cent (\$241,697). Other increases included operating expenses (Insurance) that went up by 98 per cent (\$98,965).

Your Fertility

During the reporting period, VARTA received \$318,000 from the Commonwealth Government for the *Your Fertility* program. This was added to the \$7,512 which was carried over from the previous financial year. Expenditure of \$339,975 relating to *Your Fertility* was incurred and recognised in the reporting period.

Commonwealth funding for the *Your Fertility* program ceased on 30 June 2023.

Five-year financial summary

	2022-23	2021-22	2020-21	2019-20	2018-19
	\$	\$	\$	\$	\$
Total income	2,245,818	2,217,943	2,134,092	2,114,294	1,689,759
Total expenses	2,325,362	1,828,634	2,322,610	1,925,304	2,082,030
Net result for the year	-79,544	389,309	-188,518	188,990	-392,271
Total assets	1,054,515	934,894	565,748	786,755	593,174
Total liabilities	510,559	311,394	331,557	364,046	359,455
Net assets	543,956	623,500	234,191	422,709	233,719
Total equity	543,956	623,500	234,191	422,709	233,719

Disclosure index

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

Legislation	Requirement	PAGE
Standing Directions and Financial Reporting Directions		
Report of operations		
Charter and purpose		
FRD 22H	Manner of establishment and the relevant Ministers	i
FRD 22H	Purpose, functions, powers and duties	1
FRD 22H	Key initiatives and projects	4–5
FRD 22H	Nature and range of services provided	6–67
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FRD 10A	Disclosure index	78
FRD 22H	Employment and conduct principles	75
FRD 22H	Occupational health and safety policy	75
FRD 22H	Summary of the financial results for the year	77
FRD 22H	Significant changes in financial position during the year	77
FRD 22H	Major changes or factors affecting performance	77
FRD 22H	Subsequent events	109
FRD 22H	Application and operation of <i>Freedom of Information Act 1982</i>	75
FRD 22H	Application and operation of the <i>Public Interest Disclosures Act 2012</i>	76
FRD 22H	Details of consultancies over \$10,000	76
FRD 22H	Details of consultancies under \$10,000	76
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Compliance attestation and declaration		
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Financial statements		
Declaration		
SD 5.2.2	Declaration in financial statements	83
Other requirements under Standing Directions 5.2		
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	88–89
SD 5.2.1(a)	Compliance with Standing Directions	76
SD 5.2.1(b)	Compliance with Model Financial Report	N/A
Other disclosures as required by FRDs in notes to the financial statements ^(a)		
FRD 21C	Disclosures of Responsible Persons, Executive Officers and other Personnel (Contractors with Significant Management Responsibilities) in the Financial Report	106–107
FRD 103H	Non Financial Physical Assets	98–99
FRD 110A	Cash Flow Statements	87
Note: (a) References to FRDs have been removed from the Disclosure Index if the specific FRDs do not contain requirements that are of the nature of disclosure.		
Legislation		
	<i>Freedom of Information Act 1982</i>	75
	<i>Public Interest Disclosures Act 2012</i>	76
	<i>Financial Management Act 1994</i>	83



Financial statements

How this report is structured

The Victorian Assisted Reproductive Treatment Authority (Authority) has presented its audited general purpose financial statements for the financial year ended 30 June 2023 in the following structure to provide users with the information about the Authority's stewardship of resources entrusted to it.



How this report is structured

The Victorian Assisted Reproductive Treatment Authority (Authority) presents its audited general purpose financial statements for the financial year ended 30 June 2023 in the following structure to provide users with the information about the Authority's stewardship of resources entrusted to it.

Financial statements

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

The attached financial statements for the Victorian Assisted Reproductive Treatment Authority have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards, including interpretations, and other mandatory professional reporting requirements.

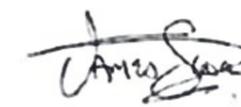
We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2022 and financial position of the Victorian Assisted Reproductive Treatment Authority as at 30 June 2023.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on 25 October 2023.



Ms Julia Griffith, PSM
Chairperson
Melbourne, 25/10/2023



Mr James Florent
Chief Executive Officer
Melbourne, 25/10/2023



Mrs Dana Samaan
Business Manager
Melbourne, 25/10/2023



Independent Auditor's Report

To the Members of the Victorian Assisted Reproductive Treatment Authority

Opinion	<p>I have audited the financial report of the Victorian Assisted Reproductive Treatment Authority (the Authority) which comprises the:</p> <ul style="list-style-type: none"> • Balance sheet as at 30 June 2023 • Comprehensive operating statement for the year then ended • Statement of changes in equity for the year then ended • Cash flow statement for the year then ended • notes to the financial statements, including significant accounting policies • Board member's accountable officers, and financial controllers declaration. <p>In my opinion the financial report presents fairly the financial position of the authority as at 30 June 2023 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the authority in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Member's responsibilities for the financial report	<p>The Members of the authority are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Members determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Members are responsible for assessing the authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

Auditor's responsibilities for the audit of the financial report

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

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

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

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

Comprehensive operating statement for the year ended 30 June 2023

	Notes	2023 \$	2022 \$
Income from operating activities	2	2,214,862	2,216,512
Income from non-operating activities	2	30,956	1,431
Employee expenses	3.1	(1,253,487)	(1,164,088)
Supplies and services	3.1	(698,040)	(321,233)
Depreciation expense	4.2	(33,860)	(27,408)
Commonwealth funded project expenses	3.1	(339,975)	(315,905)
Net result for the year		(79,544)	389,309
Other comprehensive income		-	-
Comprehensive result for the year		(79,544)	389,309

Balance sheet as at 30 June 2023

	Notes	2023 \$	2022 \$
Current assets			
Cash and cash equivalents	6.1	938,111	820,256
Trade and other receivables	5.1	23,739	7,452
Other current assets	5.2	10,400	12,997
Total current assets		972,250	840,705
Non-current assets			
Plant and equipment	4.1	30,875	26,074
Intangibles	4.3	51,390	68,115
Total non-current assets		82,265	94,189
Total assets		1,054,515	934,894
Current liabilities			
Trade and other payables	5.3	479,206	238,820
Provisions	3.2	29,446	66,809
Total current liabilities		508,652	305,629
Non-current liabilities			
Provisions	3.2	1,907	5,765
Total non-current liabilities		1,907	5,765
Total liabilities		510,559	311,394
Net assets		543,956	623,500
Equity			
Contributed capital		11,200	11,200
Retained earnings		532,756	612,300
Total equity		543,956	623,500

Statement of changes in equity for the year ended 30 June 2023

	Contributed capital \$	Retained earnings \$	Total \$
Balance at 1 July 2021	11,200	222,991	234,191
Surplus for the year	-	389,309	389,309
Balance at 30 June 2022	11,200	612,300	623,500
Deficit for the year	-	(79,544)	(79,544)
Balance at 30 June 2023	11,200	532,756	543,956

Cash flow statement for the year ended 30 June 2023

	Notes	2023 \$	2022 \$
Cash flow from operating activities			
Operating grants from State Government		1,879,788	1,866,418
Operating grants from Commonwealth Government		318,000	318,000
Receipts from customers and others		17,074	32,094
GST Received		(48,087)	(22,491)
GST Paid		31,800	32,008
Payments to suppliers and employees		(2,089,740)	(1,816,574)
Interest received		30,956	1,431
Net cash provided by/(used in) operating activities		139,792	410,886
Cash flow from investing activities			
Payment for plant and equipment		(21,936)	(1,797)
Payment for Intangibles		-	(40,000)
Net cash used in investing activities		(21,936)	(41,797)
Net increase/(decrease) in cash held		117,856	369,089
Cash at beginning of financial year		820,256	451,167
Cash at end of financial year	6.1	938,111	820,256

Notes to the financial statements for the year ended 30 June 2023

1. About this report

The Victorian Assisted Reproductive Treatment Authority (Authority), is an individual statutory authority, funded by the State of Victoria. Its principal address is:

Victorian Assisted Reproductive Treatment Authority
Level 30, 570 Bourke Street
Melbourne, VIC 3000

A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

Basis of preparation

These financial statements are general purpose financial statements which have been prepared in accordance with the *Financial Management Act 1994* and applicable Australian Accounting Standards, which include interpretations issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of AASB 101 Presentation of Financial Statements.

The financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the DTF, and relevant Standing Directions (SDs) authorised by the Assistant Treasurer.

The Authority is a not-for-profit entity and therefore where appropriate, those paragraphs applicable to not-for-profit entities have been applied.

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

These financial statements are in Australian dollars and the historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

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

The accrual basis of accounting has been applied in preparing these financial statements, whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

The accounts have been prepared on a going concern basis after consideration by the VARTA Board in consultation with the Department of Health (refer to Note 8.8). The annual financial statements were authorised for issue by the Board of the Authority on 24 October 2023.

Key accounting estimates and judgements

Management make estimates and judgements when preparing the financial statements.

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

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

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

Impact of COVID-19

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

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

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

Compliance information

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies have been applied in preparing the financial statements for the year ended 30 June 2023, and the comparative information presented in these financial statements for the year ended 30 June 2022.

Goods and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the Australian Taxation Office (ATO). In this case the GST payable is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the Balance Sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the ATO, are presented as operating cash flow.

Commitments and contingent assets and liabilities are presented on a gross basis.

Notes to the financial statements for the year ended 30 June 2023

2. Funding delivery of our services

The Authority provides independent information and support for individuals, couples and health professionals on fertility and issues related to assisted reproductive treatment (ART). This includes IVF, surrogacy and donor-conception. The Authority is responsible for:

- managing the donor conception registers and providing information and support to applicants and people affected by applications
- the registration of ART clinics and approval of import and export of donated eggs, sperm and embryos formed from donor gametes in and out of Victoria
- monitoring developments, trends and activities relating to the causes and prevention of infertility and the ART industry in Victoria, Australia and internationally.

To enable the Authority to fulfil its responsibilities, it receives accrual-based grant funding from the State of Victoria. The Authority has also received funding from the Commonwealth Government to undertake the *Your Fertility* Program on its behalf.

Structure

2.1 Analysis of revenue by source

	2023 \$	2022 \$
Operating revenue		
Government grants – Department of Health	1,879,788	1,866,418
Government grants – Commonwealth Government	318,000	318,000
Other revenue	17,074	32,094
	2,214,862	2,216,512
Non-operating income		
Interest received	30,956	1,431

Impact of COVID-19 on income

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

2.1 Analysis of revenue by source (continued)

Revenue recognition policies

Government grants

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

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

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

Interest income

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

Key judgements and estimates

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

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

Notes to the financial statements for the year ended 30 June 2023

3. The cost of delivering our services

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

Structure

3.1 Analysis of expenses by source

3.2 Employee benefits in the balance sheet

3.3 Superannuation

3.1 Analysis of expenses by source

	2023 \$	2022 \$
Employee expenses	1,253,487	1,164,088
Other operating expenses		
Non-salary employee expense	98,799	77,236
Public education expenses	56,760	68,064
Legislation change expenses	291	3,197
Professional service fees	329,727	88,030
Member fees	47,296	34,920
Office expenses	64,099	47,682
Other operating expenses	101,068	2,103
	698,040	321,233
Commonwealth funded project expenses	339,975	315,905
Other expenses		
Depreciation and amortisation	33,860	27,408
Total expenses	2,325,362	1,828,634

Impact of COVID-19 on expenses

Expenses incurred to deliver our services during the financial year were not materially impacted by the COVID-19 Coronavirus pandemic.

Expense recognition

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

Employee expenses include:

- Salaries and wages
- Fringe benefits tax
- Leave entitlements
- Termination payments
- Workcover premiums
- Payroll tax
- Superannuation expenses

Non-salary employee expenses

Non-salary employee expenses consist of staff amenities, recruitment, temporary staff and professional development.

Other operating expenses

Other operating expenses generally represent other day-to-day running costs incurred in normal operations and include travel and accommodation, bank fees, insurance and parking costs.

Other expenses

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

3.1 Analysis of expenses by source (continued)

Key Judgement and estimates

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

The Authority applies significant judgment when measuring its employee benefit liabilities. The Authority applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if the Authority does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.

	2023 \$	2022 \$
Current provisions		
Annual leave		
Unconditional and expected to be settled within 12 months ⁱ	19,533	50,347
Unconditional and expected to be settled after 12 months	-	-
Long service leave		
Unconditional and expected to be settled within 12 months ⁱ	-	-
Unconditional and expected to be settled after 12 months ⁱⁱ	6,086	7,765
	25,619	58,112
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months ⁱ	3,125	7,804
Unconditional and expected to be settled after 12 months ⁱⁱ	702	893
	3,827	8,697
Total current provisions	29,446	66,809
Non-current provisions		
Long service leave	1,702	5,147
Provisions related to employee benefit on-costs	204	618
Total non-current provisions	1,907	5,765
Total provisions	31,353	72,574
Employee benefits and related on-costs		
<i>Current employee benefits and related on-costs</i>		
Annual leave entitlements	22,658	58,151
Long service leave entitlement	8,695	14,423
Total employee benefits and related on-costs	31,353	72,574
Movements in long service leave		
Balance at start of year	9,315	19,797
Additional provisions recognised	5,720	4,680
Amounts Incurred	(11,003)	(15,162)
Balance at end of year	4,032	9,315

i The amounts disclosed are nominal amounts

ii The amounts disclosed are discounted to present values

Notes to the financial statements for the year ended 30 June 2023

3.2 Employee benefits in the balance sheet

Employee benefit recognition

Employee benefits are accrued for employees in respect of wages and salaries, annual leave and long service leave for services rendered to the reporting date as an expense during the period the services are delivered.

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

Annual leave

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

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

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

Long service leave

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

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

The components of this current LSL liability are measured at:

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

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

Termination benefits

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

On-costs related to employee expense

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

3.3 Superannuation

	Paid contribution for the year		Contribution outstanding at year end	
	2023 \$	2022 \$	2023 \$	2022 \$
Defined contribution plans				
Hesta Super Fund	7,592	3,804	586	277
AWARE (First State Super)	9,649	12,166	5,578	-
VicSuper	9,394	16,171	-	882
REST Industry Super	-	5,154	-	-
Australian Super	33,108	44,842	1,490	5,302
Other	74,133	73,669	5,873	2,619
Total	133,877	155,806	13,527	9,081

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

Defined contribution superannuation plans

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

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

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

Notes to the financial statements for the year ended 30 June 2023

4. Key assets to support service delivery

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

Structure

- 4.1 Plant and equipment
- 4.2 Depreciation and amortisation
- 4.3 Intangible assets

Impact of COVID-19

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

Key judgements and estimates

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

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

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

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

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

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

4.1 Plant and equipment

	2023 \$	2022 \$
Office equipment		
At fair value	72,137	72,137
Less accumulated depreciation	(59,158)	(52,838)
	12,979	19,299
Computer equipment		
At fair value	117,175	95,239
Less accumulated depreciation	(99,279)	(88,463)
	17,896	6,775
Total property, plant and equipment	30,875	26,075

4.1 Plant and equipment (continued)

Movements in carrying amounts

2023	Computer equipment \$	Office equipment \$	Total \$
Balance at the beginning of the year	6,775	19,299	26,075
Additions	21,936	-	21,936
Depreciation	(10,815)	(6,320)	(17,135)
Balance at end of year	17,896	12,979	30,875

How we recognise property, plant and equipment

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

Initial recognition: Items of plant and equipment are measured initially at cost. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition. Assets transferred as part of a machinery of government change are transferred at their carrying amount.

Subsequent measurement: Plant and equipment are subsequently measured at fair value less accumulated depreciation and impairment losses where applicable. Fair value is determined with regard to the asset's highest and best use (considering legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset).

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

4.2 Depreciation and amortisation

	2023 \$	2022 \$
Depreciation		
Computer equipment	10,815	9,289
Office equipment	6,320	7,370
Total depreciation	17,135	16,659
Amortisation		
Software	8,703	2,727
Website	8,022	8,022
Total amortisation	16,725	10,749
Total depreciation and amortisation	33,860	27,408

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

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

How we recognise amortisation

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

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

Notes to the financial statements for the year ended 30 June 2023

4.3 Intangible assets

	2023 \$	2022 \$
Software		
At cost	67,813	67,813
Less accumulated amortisation	(37,146)	(28,443)
	30,667	39,370
Website		
At cost	40,110	40,110
Less accumulated amortisation	(19,387)	(11,365)
	20,724	28,746
Total intangibles	51,390	68,115

Movements in carrying amounts

2023	Software \$	Website \$	Total \$
Balance at the beginning of the year	39,370	28,746	68,115
Additions	-	-	(0)
Depreciation	(8,703)	(8,022)	(16,725)
Balance at end of year	30,667	20,724	51,390

Intangible assets represent identifiable non-monetary assets without physical substance such as computer software and development costs.

Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. Amortisation begins when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management.

5. Other assets and liabilities

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

Structure

5.1 Receivables

5.2 Prepayments and other non-financial assets

5.3 Payables

Impact of COVID-19

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

5.1 Receivables

	2023 \$	2022 \$
CURRENT		
Statutory		
GST receivable	23,739	7,452
Total receivables	23,739	7,452

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

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

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

5.2 Prepayments and other non-financial assets

	2023 \$	2022 \$
CURRENT		
Prepayments	10,400	12,997

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

Notes to the financial statements for the year ended 30 June 2023

5.3 Payables

	2023 \$	2022 \$
CURRENT		
Contractual		
Trade creditors	39,597	1,585
Credit card	7,616	2,097
Accruals	348,844	93,008
Superannuation payable	13,527	5,952
Salary package liability	0	3,128
Deferred Grant Income	0	100,000
	409,585	205,771
Statutory		
PAYG withheld	69,621	33,050
	69,621	33,050
Total payables	479,206	238,820

Payables consist of:

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

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

6. How we financed our operations

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

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

Structure

6.1 Cash flow information and balances

Impact of COVID-19

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

6.1 Cash flow information and balances

	2023 \$	2022 \$
Cash at bank and on hand	938,111	820,256
Reconciliation of cash		
Cash at the end of the financial year as shown in the cash flow statement is reconciled to the related items in the balance sheet as follows:		
Cash at bank	938,111	820,256
Deposits at call	0	0
	938,111	820,256

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

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

	2023 \$	2022 \$
Net result for the year	(79,544)	389,309
Non cash movements:		
Depreciation and amortisation	33,860	27,408
Movements in assets and liabilities:		
(Increase)/decrease in receivables	(16,287)	9,539
Increase in other assets	2,597	4,815
Increase in payables	240,386	59,016
Increase/(decrease) in provisions	(41,221)	(79,201)
Net cash inflow/(outflow) from operations	139,792	410,886

Notes to the financial statements for the year ended 30 June 2023

7. Risks, contingencies and valuation uncertainties

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

Structure

- 7.1 Financial instruments
- 7.2 Financial risk management objectives and policies
- 7.3 Fair values
- 7.4 Contingent assets and contingent liabilities

7.1 Financial instruments

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

7.1.1 Financial instruments: categorisation

2023	Note	Financial assets at amortised cost \$	Financial liabilities at amortised cost \$	Total \$
Contractual financial assets				
Cash and cash equivalents	6.1	938,111	-	938,111
Total contractual financial assets		938,111	-	938,111
Contractual financial liabilities				
Payables	5.3	-	409,585	409,585
Total contractual financial liabilities		-	409,585	409,585
2022				
2022	Note	Contractual financial assets - Loans and receivables and cash \$	Contractual financial liabilities at amortised cost \$	Total \$
Contractual financial assets				
Cash and cash equivalents	6.1	820,256	-	820,256
Total contractual financial assets		820,256	-	820,256
Contractual financial liabilities				
Payables	5.3	-	205,771	205,771
Total contractual financial liabilities		-	205,771	205,771

Categories of financial instruments

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

7.1.1 Financial instruments: categorisation (continued)

Financial assets at amortised cost

Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by the Authority to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

The Authority recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables)

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

Financial liabilities at amortised cost

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

The Authority recognises the following liabilities in this category:

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

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

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

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

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

7.2 Financial risk management objectives and policies

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

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

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

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

Notes to the financial statements for the year ended 30 June 2023

7.2 Financial risk management objectives and policies (continued)

Credit risk

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

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

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

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

Liquidity risk

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

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

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

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

Maturity analysis of financial liabilities as at 30 June

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

2023	Note	Carrying amount \$	Nominal amount \$	Maturity dates			
				Less than 1 month \$	1-3 months \$	3 months to 1 year \$	1 to 5 years \$
Financial liabilities							
Payables	5.3	409,585	409,585	204,885	204,700	-	-
Total financial liabilities		409,585	409,585	204,885	204,700	-	-
2022							
Financial liabilities							
Payables	5.3	205,771	205,771	205,771	-	-	-
Total financial liabilities		205,771	205,771	205,771	-	-	-

Interest rate risk

The Authority is not exposed to any material interest rate risk as it has no interest-bearing debt and only derives interest from cash balances in its operating bank account that are at floating rate. The Authority has performed an interest rate sensitivity analysis relating to its exposure to interest rate risk at balance date. This sensitivity analysis demonstrated the effect on the current year results and equity which could result from a change in this risk is not material.

7.3 Fair values

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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

Valuation hierarchy

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

- Level 1 – quoted (unadjusted) market prices in active markets for identical assets or liabilities
- Level 2 – valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable and
- Level 3 – valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

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

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

Furniture, fittings, plant and equipment

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

Financial assets and liabilities at fair value

For assets and other liabilities, the net fair value approximates their carrying value. No financial assets and financial liabilities are readily traded on organised markets in standardised form.

The aggregate net fair values of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to the financial statements.

There were no changes in valuation techniques throughout the period to 30 June 2023.

7.4 Contingent assets and contingent liabilities

There are nil contingent assets or contingent liabilities at 30 June 2023 (2022: Nil).

Notes to the financial statements for the year ended 30 June 2023

8. Other disclosures

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

8.1 Responsible persons

In accordance with the Ministerial Directions issued by the Assistant Treasurer under the *Financial Management Act 1994*, the following disclosures are made regarding Responsible Persons for the reporting period:

Minister for Health	From	To
The Hon. Mary-Anne Thomas	1/07/2022	30/06/2023
Authority members		
Dr. P. Lutjen (Chairperson)	1/07/2022	3/03/2023
Ms. J. Griffith (Chairperson)	4/04/2023	30/06/2023
Mr. M. Regos (Acting Chairperson)	3/03/2023	4/04/2023
Ms. R. Hehir	1/07/2022	30/06/2023
Dr. G. Jennings	1/07/2022	30/06/2023
Dr. F. Kelly	1/07/2022	30/06/2023
Ms. S. Boyd-Squires	1/07/2022	30/06/2023
Ms. L. Franzmann	1/07/2022	30/06/2023
Mr. M. Regos	1/07/2022	30/06/2023
Accountable Officer		
Ms. A. MacLeod (Chief Executive Officer)	1/07/2022	20/06/2023
Mr. J. Florent (Acting Chief Executive Officer)	8/05/2023	30/06/2023

Remuneration of Responsible Persons

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

Income band	2023	2021
\$0 – \$9,999	8	7
\$90,000 – \$100,000	1	-
\$210,000 – \$219,999		
\$280,000 – \$299,999	1	1
Total numbers	10	8
Total remuneration received or due and receivable by responsible persons from the Authority amounted to:	488,559	328,451

8.2 Executive officer disclosures

In accordance with FRD 21C, other than the Accountable Officer, there were no other executive officers during the reporting period.

8.3 Related parties

The Authority is established under the *Assisted Reproductive Treatment Act (2008)* (Vic) and reports to the Minister for Health.

Related parties of the Authority include:

- all key management personnel (KMP) and their close family members and personal business interests
- all cabinet ministers and their close family members
- all Authority's and public-sector entities that are controlled and consolidated into the whole of state consolidated financial statements.

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

Key management personnel

Key Management Personnel of the Authority includes the Minister for Health, the Authority's Board and the Accountable Officer as listed in Note 8.1: *Responsible Persons*.

Significant transactions with government-related entities

During the financial year, the following aggregate transactions were undertaken and balances held. These transactions were undertaken in the ordinary course of operations.

Department of Health	2023 \$	2022 \$
Income (government grants)	1,879,788	1,866,418
Receivables	-	-

Remuneration

The compensation detailed below excludes the salaries and benefits the Minister of Health receives. The Minister of Health's remuneration and allowances is set by the *Parliamentary Salaries and Superannuation Act 1968* and is reported within the Department of Parliamentary Services' Financial Report.

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided by the entity, or on behalf of the Authority, in exchange for services rendered, and is disclosed in the following categories.

Short-term employee benefits include amounts such as wages, salaries, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment benefits include pensions and other retirement benefits paid or payable on a discrete basis when employment has ceased.

Other long-term benefits include long service leave, other long service benefits or deferred compensation.

	2023 \$	2022 \$
Short-term benefits	457,057	297,776
Post-employment benefits	31,502	26,778
Other long-term benefits	0	3,897
Total remuneration	488,559	328,451

Notes to the financial statements for the year ended 30 June 2023

8.3 Related parties (continued)

Transactions and balances with key management personnel and other related parties

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the Victorian Government Procurement Board requirements.

There were no related party transactions that involved key management personnel, their close family members and their personal business interests.

8.4 Auditor's remuneration

	2023 \$	2022 \$
Victorian Auditor-General's Office:		
Audit of the financial statements	12,800	12,500

8.5 AASBs issued that are not yet effective

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

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

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

This Standard amends:

- AASB 7, to clarify that information about measurement bases for financial instruments is expected to be material to an entity's financial statements;
- AASB 101, to require entities to disclose their material accounting policy information rather than their significant accounting policies;
- AASB 108, to clarify how entities should distinguish changes in accounting policies and changes in accounting estimates;
- AASB 134, to identify material accounting policy information as a component of a complete set of financial statements; and
- AASB Practice Statement 2, to provide guidance on how to apply the concept of materiality to accounting policy disclosures.

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

8.5 AASBs issued that are not yet effective (continued)

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

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

Specifically, AASB 2021-6 amends:

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

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

8.6 Change in Accounting policies

No changes in accounting policies have been made in the Financial year ending 30 June 2023.

8.7 Events after balance sheet date

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

8.8 Economic dependency

The Authority is dependent upon State of Victoria, via the Department of Health, for the funding of a significant proportion of its operations. Recurrent funding has been granted until the end of the 2025-26 financial year.

The Department of Health has committed to supporting VARTA to ensure that obligations under relevant legislation continue to be met.

8.9 Authority details

The registered office and principal place of business of the Authority is:

Victorian Assisted Reproductive Treatment Authority
Level 30, 570 Bourke Street
Melbourne VIC 3000

8.10 Assisted Reproductive Treatment Act (2008)

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

