



COLLEGE OF INTENSIVE CARE MEDICINE  
OF AUSTRALIA AND NEW ZEALAND

ANNUAL REPORT

2017

# 2 PRESIDENT'S REPORT

I am pleased to present the President's report for 2017.

Successful Colleges depend on the collective efforts and shared purpose of its Fellows. Recognising this, I would particularly acknowledge the work of Board members, Regional Committee representatives, Examiners, Supervisors of Training, members of special interest groups and all those who are co-opted to represent the College on numerous committees and working parties.

With regard to Board members the last years have been a time of significant change with several very senior and experienced Board members retiring, or not re-standing. I have appreciated their great wisdom and enthusiasm over my years on the Board, and the current strength of our college owes much to them.

Though it is difficult when respected colleagues move on, change inevitably brings new faces, new ideas and new enthusiasm. It is an exciting time and I extend a very warm welcome to all our newly elected Board members.

I should also like to take this opportunity to acknowledge the hard work of our College staff, under the outstanding leadership of Phil Hart.



Professionalism and a positive work environment remain important priorities for the College. We hope that things are getting better and we continue to strive to ensure this.

The importance of gender balance is also topical. In this regard I should particularly like to acknowledge the advocacy of the WIN group and recognize the positive and productive effects of these efforts.

Specialist training is arduous and it takes up many critical years in the lives of young doctors, it is therefore essential that we select those who will thrive and succeed. Admitting to training those who will predicably struggle and fail is unacceptable.

Our overall 'capacity to train' has been a topic of serious consideration over the last few years, and this continues. With ever-increasing training requirements it is no longer possible to train unlimited numbers. Getting this right is an essential task.

## Charlie Corke

# CHIEF EXECUTIVE OFFICER'S REPORT

It is at the Annual General Meeting in May each year that the term of office of the elected Board Members commences (and concludes). May 2017 saw something of a "changing of the guard" with three long serving Board Members coming to the end of their allowable time on the Board. Peter Morley, Bala Venkatesh and Ross Freebairn all completed 12 years on the Board and over that time each of them occupied a variety of portfolio and committee chair positions. Their contribution to the establishment of our young college has been enormous and their absence will be sorely missed. Ross and Bala, of course, also had the distinction of being the third and fourth Presidents of the College (after Vernon van Heerden and John Myburgh). I feel greatly privileged to have had the pleasure of working closely with them for over nine years.

We have also seen some changes to the staff of the College over the course of 2017. Natasha Wilson and Laura Fernandez-Low both took parental leave, with their positions currently being filled by Lucy Carter and Stephen Ireland. Other new appointments over the course of 2017 were Liv Sullivan, Stephanie Huxham, Olivia McLean and Paul Brand. We also appointed Charlotte Denniston as our first Education Advisor, in a part time position. Charlotte will play a key role in our upcoming review of the training program.

Perhaps the issue that has most commanded the attention of the Board recently is that of the College's capacity to provide an excellent training experience to all our trainees. With the increase in medical school graduates in recent years, and the difficulty in obtaining a vocational training position in some specialties, a program such as ours that does not put an upper limit on the number of trainees entering the training program, runs the risk of overloading our capacity. Defining exactly what the limiting factors to the training program are, and then translating that into numbers admitted into the program, is a very complicated and multi-factorial problem. It is likely that coming to a sound conclusion will require further specific data collection over the course of 2018.

Another significant step for the College has been taking over the administration of the intensive care positions under the Specialist Training Program (STP). The Commonwealth Government directly funds around 900 vocational training positions (in addition to the traditional public hospital training places) through the STP program. Since 2012 these posts have been administered through the individual colleges. Intensive Care is not a high priority area and there are only 16 positions funded through STP, mainly in private hospital ICU's. Up till now these have been administered by ANZCA along with the anaesthetic STP posts. From 2018 CICM is taking over direct management of the intensive care posts, which will lead to a smoother process and better communication between those sites and the College.

Writing the CEO's contribution to the Annual Report each year gives me the opportunity to publicly express my gratitude to all the people whose hard work and dedication makes the College what it is. All of the Fellows who serve as Board Members, Examiners, Supervisors, Committee Chairs and members, have my thanks and gratitude. And the members of staff, who so capably support the work of the Fellows, without you the College could not function. I would particularly like to mention the two who have recently reached ten years' service, Lisa Davidson and Daniel Angelico. Lisa and Daniel will be known to many of you as they are the two senior managers at the College, responsible for Training and Fellowship Affairs. They both started with the Joint Faculty in 2007 and have been an enormous support to me since I joined in 2008. And finally, to the CICM President, Dr Charlie Corke, who is now coming to the end of his time at the helm, my grateful thanks for your support and friendship over the last two years.



Phil Hart

# 4

## TREASURERS REPORT



This Treasurer's report covers the period from January to December 2017, as the College's finances run on the calendar year. 2017 was again a satisfactory one for the College, with most aspects of our finances being close to budget and similar overall to the previous year. The full audited financial figures are included with this Annual Report.

Our total operating income for the year was \$4,382,093, which is a 4% increase on the previous year. This increase was largely due to an increase in numbers sitting the First Part exam, with all other areas of income being similar to 2016.

The auditors have requested a change in the way we recognise income from training fees. Up till now we have booked all trainings fees on the date they are received, however the auditors have requested that when a training fee covers a period that extends into the next calendar year, then the relevant portion of the fee should be attributed to the next year. From year to year this will balance out and not greatly impact our accounts.

Our operating expenditure for the year was \$4,038,015, which was an increase of 9% over 2016 and was due partly to increased salary costs, partly to leasing costs (for the additional office space in Greville St), partly to increased exam costs and partly due to increased I.T. costs.

The net result for the year was a total operating surplus of \$344,078, which is in line with our overall goal of a 5 – 10% annual operating surplus. In addition, the College also generated income from bank term deposits (\$65k) and dividends (\$94k). Our investment portfolio with Credit Suisse also increased in book value by \$217k.

At the 31 December 2017 the College had net total assets of \$8,141,651. Almost half of this is in our investment account with Credit Suisse and about the same amount is in Term Deposits and other bank accounts.

A significant change to the College's finances will occur in 2018, with us taking on the administration of the intensive care STP positions. This will see an increase of income of around \$2.5M per year, most of which will go out in salary support to the STP sites. Some of the funds however will be used by the College for administration purposes and also for educational support projects.

Mary Pinder

# COLLEGE BOARD

Each year at the February meeting of the Board the office bearers (President, vice President and Treasurer) are elected for the coming year. The incumbents at February 2017 had each served one year and so were eligible for re-election for a further one-year term. Accordingly, each were elected unopposed. Charlie Corke was re-elected as President, Ray Raper as vice-President and Mary Pinder as Treasurer. Their term of office in these positions will expire at the Annual General Meeting in May 2018.

A total of four positions on the Board were up for election in May. Twelve Fellows nominated for the election, with Priya Nair, Penny Stewart, Peter Kruger and Andrew Hilton being successful.

In addition to the eleven elected Board Members, attendees at Board meetings in 2017 also include co-opted members Stephen Lam (SA) and Benoj Varghese (Tas), Paediatric Representative Stephen Jacobe, a trainee representative and the Presidents of ANZICS and ANZCA.

## CICM BOARD OFFICE BEARERS (at December 2017)

President	Charlie Corke
Vice President	Ray Raper
Treasurer	Mary Pinder

## PORTFOLIOS

Censor	Di Stephens
Deputy Censor	Andrew Hilton
HAC Chair and Formal Projects	Ray Raper
HAC Deputy Chair	Peter Kruger
Education Officer	Rob Bevan
Deputy Education Officer	Priya Nair
Chair of Assessments	Mary Pinder
ASM Officer and Journal	Rinaldo Bellomo
CPD and Rural	Penny Stewart
Chair, Trainee Committee	Sarah Yong (New Fellows Representative)

## College Board (and Co-opted members) | March 2018



**Back Row (L to R)** Robert Bevan, Penny Stewart, Peter Kruger, Phil Hart (CEO), Rinaldo Bellomo, Priya Nair, Stephen Jacobe.

**Front Row (L to R)** Andrew Hilton, Felicity Hawker, Mary Pinder, Ray Raper (vice-president), Mary Pinder and Stephen Lam. **Absent:** Charlie Corke (President), Di Stephens & Sarah Yong

# 6

## 2017 NEW FELLOWS

The following were admitted to Fellowship during 2017

Jacob Abraham	NSW	Nilesh Mahale	INDIA
Abhilasha Ahuja	QLD	Christopher Mason	VIC
William Ainslie	VIC	Mbakise Matebele	QLD
Christopher Andersen	UK	James McCullough	QLD
Michael Ashbolt	TAS	Michael McManus	QLD
Vinit Athavale	VIC	Lucy Modra	VIC
Antony Attokaran	QLD	Stephen Morgan	NSW
Kirsten Bakewell	VIC	Katie Moynihan	NSW
Roland Bartholdy	QLD	Andrew Murray	QLD
Kirsten Bond	NZ	Anas Naeem	NSW
Robin Butterfield	NSW	Yvette O'Brien	VIC
Rachel Choit	NSW	Harshel Parikh	ACT
David Clancy	NSW	Kamaljit Parmar	ACT
Andrew Clift	VIC	Mathew Phillips	NSW
Yolanda Coleman	NSW	Paul Power	VIC
Arne Diehl	VIC	Sarfraz Navaz Rahiman	QLD
Nicola Dobos	VIC	Sainath Raman	QLD
Alun Thomas Ellis	NSW	Mahesh Ramanan	QLD
Kim Grayson	VIC	Jay Ritzema-carter	NZ
Andrew Greer	NZ	Rebecca Roach	CANADA
Jennifer Hastings	IRELAND	Cintia Roehrig	NSW
Christopher Hebel	QLD	Alexandra Rowell	WA
Alice Henschke	NSW	Claire Seiffert	NSW
Ruth Herod	NSW	Shaun Shewdin	QLD
Matthew Hung	VIC	Nitesh Singhal	QLD
Hemanth Hurkadli Veerendra	VIC	Maithri Siriwardena	QLD
Patricia Hurune	VIC	Adam Suliman	QLD
Ryan Jang	NZ	Alexis Tabah	QLD
Rahul Joshi	QLD	Alec Tam	QLD
Niall Kennedy	NT	Boris Tseitkin	VIC
Amy Krepska	QLD	Ida-Fong Ukor	VIC
Philippe Le Fevre	VIC	Jie Wu	NSW
Paula Lister	QLD		

# FELLOWSHIP AFFAIRS

## CONTINUING PROFESSIONAL DEVELOPMENT

2017 was an exciting year for the CPD area as the College launched a new CPD platform. The new system received extremely positive feedback. Using feedback collected over a number of years and working with our developer, we established the items that Fellows wanted to see improved and these included:

**Mobile Friendly:** the portal and diary are now both responsive and will fit on a range of mobile devices.

**Recurring Activities – Cloning:** Many of the activities entered in the diary are recurring meetings, such as monthly M&M meetings. The “Cloning” function allows Fellows to copy or clone activities and simply change the date to create a new entry.

**Multiple Day Events:** For events that go over several days (such as conferences) or months/years (such as Masters or PhDs), Fellows can now add this as one activity with a start and end date.

There were also a number of changes made to incorporate requirements from the Medical Council of New Zealand, including compulsory audits and peer review activities. These changes were made for introduction in early 2018.

## 2017 ANNUAL SCIENTIFIC MEETING

The 2017 Annual Scientific Meeting was held in Sydney at the newly opened Convention Centre.

The theme of “the gut” attracted over 400 delegates and the feedback was all positive. International speakers were;

Professor Lars Lundell  
 Professor John Marshall  
 Professor Julia Wendon

On the Saturday evening 31 new Fellows graduated at the ceremony and the following awards were presented:

<b>CICM Medal (and Oration):</b>	Professor John Myburgh
<b>Don Harrison Medal:</b>	Dr Joshua Pillemer
<b>First Part Examination Medal:</b>	Dr Sara Arcioni
<b>Felicity Hawker Medal:</b>	Dr Christopher Andersen
<b>Free Paper Presentation:</b>	Dr Thomas Finn
<b>Short Paper Presentation:</b>	Dr Katherine Chatten

## NEW FELLOWS CONFERENCE

The College held the annual New Fellows Conference in 2017 in Byron Bay. The conference is funded by the College and is restricted to between 30 delegates who are all within three years of Fellowship.

The program explored a range of themes including; welfare, non-clinical time, what a Director looks for in a new consultant and communication skills.

The Conference was well received with a number of delegates joining the faculty for next year and also becoming involved in other College activities.

# 8

## **FELLOW EDUCATION WORKSHOPS**

The College continued to roll out Fellow Education Workshops through the regions in 2017. A number of topics were covered across the workshops including; trainee discussions, feedback, workplace-based assessments and a number of medico legal topics covered for the first time.

A number of these workshops were organised by the local regional committees. In 2018 the College plans to do a needs analysis assessment to ascertain what areas of education Fellows and senior trainees would benefit from.

## **CRITICAL CARE & RESUSCITATION**

CC&R continues to have a high impact factor and publish high quality research. The Journal now has a number of Associate Editors; Andrew Bersten, Warwick Butt and Paul Young, to assist Editor in Chief, Rinaldo Bellomo. Submissions have been at an all-time high with 310 in total for 2017 (107 from Australia/New Zealand and 203 from the rest of the world).

## **SPECIAL INTEREST GROUPS**

### **Welfare**

The Welfare Group held two face-to-face meetings and a number of teleconferences in 2017. The group worked on developing resources for the website and e-news. The group have had a core of engaged Fellows throughout the year and new members are joining regularly.

### **Retrieval Medicine**

The Retrieval Group held a number of teleconferences and the main discussion points have been around the proposed Pre-Hospital and Retrieval Medicine Faculty/Committee from ACEM. The group have held off starting any major projects until discussions around the new Faculty are finalised, with the hopes that the College will have suitable representation.

### **Perioperative Medicine**

The Perioperative Group met twice in 2017 and the main areas of discussion have been around engagement with ANZCA and their Perioperative Group.

### **Critical Care Echocardiography**

The Echo group spent 2017 working on a number of documents for the Board. A Statement of the Use of Echo in Intensive Care was presented to Board and published mid-way through the year. The document outlines the importance of the use of echo in intensive care medicine.

### **Neuro Intensive Care**

This group met four times throughout 2017 and have begun discussions around research and professional development for trainees and Fellows. It is hoped the group will run a number of events in 2018.

### **Burns**

This group was newly formed at the end of 2017 and will hold their first meeting in 2018.

# PROFESSIONAL AFFAIRS

The Professional Affairs area had another productive year working on several important initiatives and advocating on issues relating to the intensive care profession. Importantly, the College was again successful in satisfying the next tranche of its Australian Medical Council (AMC) requirements during the annual report cycle.

## STAKEHOLDER ENGAGEMENT

As part of the College's AMC requirements the completion of a stakeholder strategy was an important milestone for enhancing our communication with a wide variety of organisations and individuals. The strategy affirms that through ongoing consultation and partnership, the College can continue be confident that its education program aligns with its responsibilities to the community.

Stakeholder feedback ensures that projects, policies and programs address the healthcare needs of communities across Australia and New Zealand. Importantly, the College will seek to ensure that the views of Aboriginal, Torres Strait Islander and Māori peoples are incorporated into educational program design and cultural competency awareness and training into the future.

## POLICIES

The College reaffirmed its commitment to equity through the development of a Guideline for Achieving Gender Balance at CICM Events (IC-28). The College also worked closely with ACEM, ANZCA and RANZCP throughout 2017 to develop the Guidelines on the Safe Care of Patients Sedated for Acute Behavioural Disturbance.

## SUSTAINABILITY

The Choosing Wisely group continued to meet to discuss and evaluate recommendations put forward from a range of medical groups. Across several jurisdictions Fellows have been involved in a range of initiatives aimed at reducing the number of unnecessary tests and treatments in intensive care units. So far the progress reports for these projects has been very encouraging.

## INDIGENOUS HEALTH

Throughout 2017 the College's relationships with key Indigenous health organisations was strengthened, with representatives attending both the Australian Indigenous Doctors (AIDA) conference and the Te Ora (Māori Medical Practitioners Association) Hui-ā-Tau. The College's presence at both meetings was extremely well received and plans are in place to enhance this participation in 2018.

## 2018

The Professional Affairs area is looking forward to 2018 and continued opportunities to work closely with the Fellowship, Trainees and our many other stakeholders to enhance the practice of intensive care medicine across Australia and New Zealand.

# 10

## TRAINING

### CENSOR ACTIVITY

Throughout 2017, the Censors Committee continued to be an integral part of the College through their underpinning of College regulations and activities. Specific support has included trainee selection, retrospective accreditation of prior learning, approval of examination applications, approval of short-term and overseas training positions as well as support with Overseas Trained Specialists and ad-hoc requests. The Censors Committee have continued to ensure trainees' needs are attended to and that no applicant or trainee is disadvantaged.

The College continues to analyse and review the Trainee Selection Policy and has 216 applicants apply to be members of the College in 2017. Many thanks to Dianne Stephens, Felicity Hawker, Stephen Jacobe, Andrew Hilton, Charlie Corke and Rob Bevan for their efforts in 2017 and beyond – your unwavering support has allowed College staff to provide the best service possible to all trainees and applicants.

### TRAINEE COMMITTEE

The Trainee Committee had a productive 2017 with the major achievement being the delivery of the inaugural Trainee symposium. There were over 100 delegates at the Sydney meeting with overwhelmingly positive feedback from attendees. The College is keen to build on last year with a second symposium taking place in Hobart at the ASM in 2018. A big thank you to Sarah Yong and the members of the Trainee Committee for their enthusiasm and hard work throughout 2017.

### STATISTICS

Active trainees (current curriculum): 159  
Active trainees (pre-2014 curriculum): 238

### Distribution of training undertaken in 2017

There were 1436 In-Training Assessments completed during 2017. (This includes trainees undertaking deferred intensive care training.)

<u>Discipline</u>	<u>Percentage</u>
Intensive Care	65%
Paediatric Intensive Care	5%
Anaesthesia	17%
Medicine	8%
Elective	3%
Emergency	2%

### TRAINING STATISTICS

<u>Trainee Statistics</u>	<u>Number</u>
Active	397
Gender balance	63.5% <b>M</b> , 36.5% <b>F</b>
CICM trainee only	262
CICM & ACEM	71
CICM & RACP	39
CICM & ANZCA	22
CICM & RACS	6

Geographic distribution		
NSW	122	31%
QLD	72	18%
VIC	70	18%
SA	35	9%
New Zealand	29	7%
WA	26	7%
ACT	12	3%
Hong Kong	10	3%
NT	6	2%
TAS	8	2%
Singapore	4	1%
Other	3	1%
<b>Total</b>	<b>397</b>	

## EDUCATION

The College welcomed our new Education Advisor, Charlotte Denniston who worked closely with the Education and Assessments Committees on refining our current processes and look to improve how we deliver our curriculum. With guidance from Charlotte, the College is preparing for an extensive review of the existing training program.

In 2017, we began summarising the results of the trainee survey results which were sent to unit Directors for the first time. The individualised report went to 56 units (recipients required at least 5 respondents) and this initiative was met with positive feedback. We hope to build on this in 2018 and involve other key stakeholders.

## CURRENT FORMAL PROJECT REVIEWERS

Name	Region
Ray Raper (Chair)	NSW
Sumeet Rai	ACT
Ian Seppelt	NSW
Priya Nair	NSW
Lewis Campbell	NT
Paul Secombe	NT
David Knight	NZ
Sara Allen	NZ
Ywain Lawrey	NZ
Adam Holyoak	QLD
Hayden White	QLD
James Winearls	QLD
Kiran Shekar	QLD
Adam Deane	SA
Shailesh Bihari	SA
Andrew Udy	VIC
Ravindranath Tiruvoipati	VIC
Yasmine Ali Abdelhamid	VIC
Kartik Atre	WA

# 12

## **SUPERVISORS OF TRAINING**

Our Supervisors have been integral to the delivery of the training program. The Committee welcomed 17 new Supervisors in 2017, bringing to total to 193 in over 14 regions. The College acknowledges the dedication shown by our Supervisors of Training and the staff are very grateful to work with such great people daily.

The Supervisor of Training workshops were well attended and provided the College with valuable insight to the difficulties facing our supervisors. The session also focused largely on the identification and remediation of the poorly performing learner. Supervisors were also given the opportunity to discuss a range of strategies on how best to deliver the training program. Workshops were conducted in Brisbane and Auckland with the final one to be held in December in Melbourne.

Thank you to Bruce Lister and Bronwyn Avard for delivering the workshops.

## **ONLINE EDUCATION**

The College moved all online course content to a new delivery platform. During 2017, Moodle was introduced allowing greater flexibility for our users and will allow us to access a wide range of statistics on user performance and habits. The Education Committee will continue to work with the Assessments Committee to ensure the College is providing Fellows and trainees with up-to-date resources to ensure the correct delivery of the training program.

## **HAC**

The Hospital Accreditation Committee is always busy visiting units around Australia, New Zealand, Hong Kong, Singapore, India and the UK. This is not possible without the commitment of current and ex-Board members, Fellows and trainees who made themselves available to physically inspect each unit.

The most exciting development in 2017 was the online Hospital Accreditation System which was completed during 2017 (launched in March 2018). The aim of this project is to improve the accreditation process for all our key stakeholders and provide units with centralised information that we have not been able to do before. to centralized information. Work on Phase 2 and 3 has already commenced with the goal of making the process completely paperless more of a reality.

Finally, the College was also able to provide units with valuable feedback from the Quality of Training survey. With the introduction of new software, we were able to provide a detailed statistical analysis of the major aspects of training and feed this back to individual units prior to an inspection.

## **ASSESSMENTS**

In 2017, we launched an online examination question database designed to improve the transparency for our examiner panel and create a secure bank of questions. This software was used for the 2018 Multi-Choice Questions section of the First Part written examination. We endeavour to have every examiner submitting questions online by the second round of exams in 2018.

The College would like to thank Dave Austin and Ros Purcell for their additional efforts in helping with getting the software operational.

College examinations remain an integral part of the training program. The members of all three Panels of Examiners donate many hours of hard work to ensure each examination is of the highest standard. The College would like to acknowledge the following members who continue to dedicate their time to the College examination process:

- Dr David Austin (Chair, First Part)
- Dr Roslyn Purcell (Deputy Chair, First Part)
- A/Prof Jeremy Cohen (Chair, Second Part)
- Dr Priya Nair Cohen (Deputy Chair, Second Part)
- Dr Johnny Millar (Chair, Second Part Paediatric)
- Dr Fiona Miles (Deputy Chair, Second Part Paediatric)

The College would also like to acknowledge Prof Imogen Mitchell and Dr John Torrance, who have retired from the Panel of Examiners. The College would like to thank them for their time and effort over the twelve years for their significant contribution to the Second Part Committee and Examination.

Furthermore, after the May 2017 exam, Dr Mary Pinder stepped down as Chair of the Second Part Examination. On behalf of the Panel of Examiners, the College would like to thank Mary for her tremendous amount of work she has put into the examination process as Chair. Mary has directed the exam with great enthusiasm and due diligence, and her compassion for her peers, including Examiners, trainees, and College staff, have been truly noted. A/Prof Jeremy Cohen and Dr Priya Nair were appointed as the new Chair and Deputy Chair respectively and commenced their term from mid-2017.

The Committee groups of each examination have appointed new Examiners, and the College would like to give a warm welcome to the following members:

- Dr Michael Anderson (SA, Second Part)
- Dr Timothy Byrne (VIC, First Part)
- Dr Naomi Diel (NSW, First Part)
- Dr Gordon Flynn (NSW, Second Part)
- Dr Angajendra Ghosh (VIC, Second Part)
- Dr Louise Hitchings (New Zealand, Second Part)
- Dr Kylie Julian (New Zealand, Second Part)
- Dr Diane Kelly (VIC, First Part)
- Dr Ravi Krishnamurthy (WA, First Part)
- Dr Russell Laver (SA, First Part)
- Dr Forbes McGain (VIC, First Part)
- Dr Vinodh Nanjaya (VIC, Second Part)
- Dr Steven Philpot (VIC, Second Part)
- Dr Krishnaswamy Sundararajan (SA, Second Part)
- Dr Kevin Swil (NSW, Second Part Paediatric)
- Dr Catherine Tacon (QLD, Second Part)
- Dr Andrew van der Poll (New Zealand, First Part)

Examination	Total Candidates	Successful Candidates
First Part (Melbourne, April)	57	37
First Part (Melbourne, October)	64	46
Second Part (Perth, May)	49	21
Second Part (Melbourne, October)	57	37
Second Part Paediatric (Sydney, November)	12	7

# 14

## 2017 SUCCESSFUL CANDIDATES

The following were successful candidates from the exams held in 2017.

### First Part – April

Derick Adigbli  
Cameron Anderson  
Madhuri Anupindi  
Marija Apostoloska  
Emma Barnes  
Cheau Wern Chin  
Joanna Chow  
Edward de'Lisle-Tarr  
Nikhil Gautam  
Benjamin Gladwin  
Stephanie Judge  
Edward Kauss  
Aaron Kennedy  
Fiona Kilpatrick  
Nikhil Kumar  
Sandy Kyaw  
Mervyn Leong  
Natasha Mansell  
Ronan McKeague  
Richard Mooney  
Khairil Musa  
Andrea Odelli  
Prakkash Parangi Ananthan  
Robert Paul  
Yannick Planche  
Jack Purcell  
Moon Hae Pyo  
Anthony Ryan  
Benjamin Ryan  
Ken Sakurai  
Amy Sanguesa  
Vikram Shah  
Kalpana Sharma  
Tae Seon Shin  
Jack Simpson  
Oliver Walsh  
Victoria Ying

### First Part – October

Michael Adams  
Peter Allan  
Emma Bowcock  
Gregory Brogan  
Stephanie Bromage  
Vanessa Carnegie  
Lee Yen Ching  
Charlene Chua  
Daniel de Wit  
Priyanka Dhillon  
Marlene Dieker  
Shilpa Enjeti  
Emma Foster  
James Garrard  
Christopher Guy  
Graeme Heaney  
Irina Horvat  
Dat Huynh  
Yves Ineza  
Dimpel Jain  
Mathanhi Jegatheeswaran  
Namrata Jhummon-Mahadnac  
Hae Won Jo  
Craig Johnston  
Peta Jones  
Harsch Kothari  
Chi Ho Lau  
Hanmo Li  
Rachel Lister  
Ting Lyu  
Wan Wafira Fatma M Yusof  
Alice Magniac  
Saket Kumar Mandal  
Joyce Ng  
Trixy Ng  
Henrique Nicola  
Anshuman Raheja  
Brooke Riley  
Leon Rosebery  
Ravinesh Singh  
Jeremy Adam Smith  
Sarah-Jayne Stevenson  
Sharifah Ruqayyah Syed Mustafa  
Jessica Thomson  
Sione Inoke Faivakimoana Tukia  
Timothy Webber

**Second Part – May**

Jacob Abraham  
 Roland Bartholdy  
 Robin Butterfield  
 Katherine Chatten  
 Michael Davies  
 David Denman  
 Lachlan Donaldson  
 Irene Doo  
 Hemanth Hurkadli Veerendra  
 Jeram Hyde  
 Mbakise Pula Matebele  
 James McCullough  
 Stuart Millar  
 Michael Purvis-Smith  
 Alexandra Rowell  
 Mark Shea  
 Alexis Tabah  
 Bradley Treloar  
 Vidyesh Wakade  
 Jason Wright  
 George Zhi Zhou

**Second Part – October**

Vijeth Bhat  
 Edward Briggs  
 Thomas Burbidge-King  
 Jason Chapman  
 Adelaide Charlton  
 Rahul Costa-Pinto  
 Julia Coull  
 Mohamed Emad Eldin Fayed  
 Rajee Laksitha Fernando  
 Leanda Griffin  
 Andrew Haggerty  
 Sebastien Haiart  
 Simon Hellings  
 Loki Johnk  
 Angelo Justus  
 Lohith Karigowda  
 James Malycha  
 Gerard Moynihan  
 Renesh Nair  
 Aditee Parab  
 Ameet Parekh  
 Harshel Parikh  
 Reena Patel  
 Claire Pickering  
 Moncompu Ramachandran  
 Jessica Roberts  
 Gavin Salt  
 Behnoosh Samadi  
 Mark Savage  
 Bruce Seidel  
 David Silverman  
 Myles Smith  
 Kathleen Thomas  
 Michael Toolis  
 Joseph Peter Wilbers  
 Wai-Tat Wong  
 Nikki Yeo

**Second Part Paediatric – November**

Juerg Burren  
 Rahul Joshi  
 Shona Louise Mair  
 Ahmad Samir Marrey Sayed Nasser  
 Sainath Raman  
 Fiona Stanley  
 Tracey Irene Wraight

# NEW ZEALAND NATIONAL COMMITTEE ANNUAL REPORT FOR 2017

This report covers the activities of the New Zealand National Committee (NZNC) for the period January 1 to December 31, 2017. As well as being responsible for activities similar to those of the Australian regional (state) committees, the NZNC represents CICM at the national level in New Zealand, particularly in the College's dealings with the New Zealand Government, the Ministry of Health and the Medical Council of New Zealand (the regulatory body for doctors). The committee also advises the CICM Board on New Zealand issues and provides a forum for liaison between training hospitals and the College.

## NZNC REPRESENTATIVES

<b>Chair</b>	Dr Jonathan Casement
<b>Deputy Chair</b>	Dr Andrew Stapleton
<b>Other elected members</b>	Dr Rob Bevan Dr Geoff McCracken Dr Jonathan Albrett Dr Louise Hitchings Dr Nilakant Kaushik (Trainee representative)
<b>Co-opted Representatives</b>	Dr Debra Chalmers (New fellows rep) Shawn Sturland
<b>Co-opted Observers</b>	Dr Ben Barry (ANZICS) Dr Sally Ure, ANZCA
<b>Administrative Assistance</b>	Rose Chadwick

## NATIONAL COMMITTEE MEETINGS

The NZNC met three times in the Wellington office. Invited speakers were Dr Andrew Simpson, Acting Chief Medical Officer for the Ministry of Health; Mr Andrew Connolly, Chair of MCNZ, accompanied by Philip Pigou, CEO of MCNZ; and Professor Alan Barber, Chair of Thrombectomy Working Group of the National Stroke Network. The committee was pleased to welcome Phil Hart, CEO, to its April meeting, and Stephen Ireland, CICM Policy officer, to its December meeting.

Selected members of the NZNC CICM interviewed one Overseas Trained Specialists (OTS) during the year.

## NZ OFFICE

The CICM NZNC continues to be based in the ANZCA office, Level 7, EMC House, Wellington.

## NEW ZEALAND FELLOWS AND TRAINEES

The total number of Fellows in 2017 was 108, and the number of new Fellows was 4. There are currently 62 CICM trainees registered in New Zealand.

## SUBMISSIONS AND FEEDBACK

Submissions/feedback were provided to the Royal Australasian College of Surgeons about the NZ Trauma System Review, and to bpac for guideline contextualisation on the recognition, diagnosis and early management of sepsis.

The committee also provided nominations to various advisory committees.

## MEDICAL COUNCIL OF NEW ZEALAND

NZNC CICM was represented at the MCNZ/College Executive Meeting on May 7 and at the MCNZ/VEAB Meeting on October 27. MCNZ made presentations on the following topics: Cultural competence, partnership and health equity; Strengthening recertification for vocationally registered doctors; Evaluation of Regular Practice Review; Competence, conduct and health - the role of colleges; Providing care to yourself and those close to you, and Council updates on complementary and alternative medicine and professional boundaries in the doctor-patient relationship.

## COUNCIL OF MEDICAL COLLEGES IN NEW ZEALAND (CMC)

Representatives of NCNZ CICM attended the quarterly meetings of CMC, where there is an opportunity to discuss matters of interest with invited speakers from key organisations (e.g. MCNZ, Ministry of Health, NZMA, HDC, HQSC, HWNZ, Te Ora). A Pasifika Forum was organised for the November meeting. CMC continued to take the lead on promoting Choosing Wisely in New Zealand.

Jonathan Casement  
**Chairman, New Zealand National Committee**  
April 2018

# REGIONAL COMMITTEES

## TASMANIA

Chair	Benoj Varghese
Elected Member	Allan Beswick Hamish Jackson
Trainee Representative	David Ransley
Co-Opted Members	Michael Ashbolt Balaji Bikshandi Ashley Croswell Vikram Patil Ram Sistla

## VICTORIA

Chair	Andrew Udy
Deputy Chair	Sanjiv Vij
Elected Member	Mainak Majumdar Shyamala Sriram Li Tan Himangsu Gangopadhyay
Ex-Officio Board Members	Charlie Corke Rinaldo Bellomo Sarah Yong Andrew Hilton
Trainee Representative	Sandra Lussier
New Fellows Representative	John Dyett
Regional/Rural Representatives	Angus Richardson Jason Fletcher
Paediatric Representative	Caroline Killick Tal Gadish

## WESTERN AUSTRALIA

Chair	John Lewis
Elected Member	Christopher Allen Liz Croston Geoffrey Dobb David Hawkins Peter Pridmore
Ex-Officio Board Member	Mary Pinder
Trainee Representative	David Baguley
Co-Opted Members	Luke Torre Michelle Ross-King
Co-opted Armadale ICU Representative	David Blythe
Co-opted Rockingham ICU Representative	Francis Loutsky
Co-opted Bunbury ICU Representative	Anupam Chauham
Co-opted Bunbury ICU Representative	Ravi Krishnamurthy

## QUEENSLAND

Chair	Michaela Cartner
Deputy Chair	Vikram Masurkar
Elected Member	Melita Trout Shane Townsend Hayden White Neil Widdicombe
Ex-Officio Board Members	Bala Venkatesh
Trainee Representative	Isuru Seneviratne
Co-Opted Members	Chris Anstey Yogesh Apte Neeraj Bhadange Arjun Chavan Ben Cheung Edda Jensen Greg Kelly
	Jayshree Lavana Jeffery Lipman Lyndal Russell Umesh Shah Kiran Shekar Andrew Semark Cath Tacon

## NEW SOUTH WALES

Chair	Lewis Macken
Deputy Chair	Stuart Lane
Elected Member	Peter Clark Deepak Bhonagiri David Gattas Priya Nair
Ex-Officio Board Members	Stephen Jacobe Ray Raper
Trainee Representative NSW	Alun Ellis
Trainee Representative ACT	Lewis Mclean
Paediatric Representative	Nick Pigott
Rural Representative	Raman Azad Sonia Langlais
New Fellows Representative	Swapnil Pawar

## SOUTH AUSTRALIA

Chair	Steve Lam
Deputy Chair	Michael Farquharson
Elected Member	Vishwanath Biradar Milind Sanap
SOT Representatives	Andrew Holt Nick Edwards Russell Laver John Moran Ranjan Joshi
Trainee Representative	Kristin Hayres
Co-Opted Members	Peter Sharley

# 18

## FROM THE REGIONS

### TASMANIAN REGIONAL COMMITTEE

The current Tasmanian regional committee was elected two years ago. The committee has since then co-opted members from all ICUs across the state. The committee holds two teleconferences and one face to face meeting (at the State ASM) each year.

The CICM ASM for 2018 is in Hobart. The theme titled, "Into the Heart of ICU- Critical Care Cardiology", has been very popular with over 360 registrations so far. The ASM committee has done a fantastic job of finding excellent international and national experts from different areas of critical care cardiology and prepared a not to be missed scientific programme. The social events will have a uniquely Tasmanian flavour including a boat trip across the Derwent for the ASM Dinner.

Last September, the committee organised a conjoint Tasmanian Intensive Care Medicine ASM with the regional committees of ACCCN and ANZICS. "The Building blocks of ICU" was held on September 15th 2018 with a theme of metabolic and personalised medicine. Angela Berry, Gerard De Jong and Bala Venkatesh were the key note speakers with a number of local speakers as well. The programme was well received.

The committee provided assistance to run a Fellow Education workshop in September 2017 and a Communication Course for trainees in March 2018. The Chair attended the AHPRA consultation meeting on revalidation in 2017 and the implication were discussed by the committee.

In 2018, the State ICU ASM will be at Launceston on November 30th with the theme "Double Trouble - Obstetrics in ICU". This will again be a conjoint session with ACCCN and ANZICS for a multidisciplinary audience.

Benoj Varghese, **TAS Chair**

### WESTERN AUSTRALIA REGIONAL COMMITTEE

The WA Regional Committee has had 3 meetings over the last year. 7-10 regional committee members have attended each meeting. The term of the current committee will end this year, with elections due at the end of 2018.

The Regional Committee and the WA Intensive Care Network organised a trainee presentation evening on 27 July at the University of WA Club. The evening was sponsored by Western Biomedical and Bard. 2 trainees presented and ~45 people attended. Following from this successful event, a further Trainee Presentation Evening is being planned for 2018. This provides a good opportunity for trainees to present research projects (including their formal projects) in WA. In addition, the Regional Committee and the WA Intensive Care Network are planning a Fellow and Trainee Education Workshop on consent, the role of the coroner and medicolegal issues for 23 November 2018.

We have also aided the running of the Fellow Education Workshop held on 4 April. This was a valuable workshop with discussion focusing on trainees, the requirements of the transition year, workplace based assessments and regional education initiatives. The Regional Committee has also continued our involvement with the annual PMC WA/AMA Medical Careers Expo. The expo was held on the evening of 4th April.

The Regional Committee continues to monitor workforce issues and training capacity. On the accreditation front, we have assisted with the assembly of accreditation teams for hospital inspections. This year has seen Joondalup Health Campus granted accreditation for limited core training (C6) for the first time.

John Lewis, **WA Chair**

## SOUTH AUSTRALIA REGIONAL COMMITTEE

The SA Regional Committee held its first Fellow Education Evening (FEE) on 27 June 2017 with two guest speakers from Infectious Diseases and Cardiology. With demand exceeding its 40 attendee capacity, the evening was well attended and a resounding success; the only negative feedback being the amount of salad served by the venue (too much). After the success of the first FEE, the Committee secured ongoing sponsorship for more FEEs from Pfizer. The next FEE will be combined with Bruce Lister's next Fellow Education Workshop (FEW) on the 5 June 2018, with capacity for up to 50 attendees. Two speakers have been secured from MIGA to discuss the broader implications of the Bawa-Garba case and errors in medical practice.

9 May 2017 saw the first Bruce Lister FEW to take place in SA for quite some time. The workshop was well attended by delegates from almost all of the CICM accredited public hospitals. The Trainee discussion session was an excellent example of how SOTs across the State can conduct trainee focussed allocation of training resources, placements, and handover of trainee issues upon relocation. The next Trainee discussion session will take place at the next FEW/FEE 5 June 2018, again with Bruce Lister facilitating. Interest in the FEW was very strong, however it was difficult for many to commit to a full-day workshop. Better attendance, albeit with less session time, can be achieved through evening dinner sessions and as such the next FEW will be combined with the FEE.

The idea of a State-based trainee selection process and training program was extensively explored in 2016-2017. Feedback was sought from consultant groups from each of the major public hospitals through members of the Regional Committee, however without a clear picture of the potential product on offer, trainees were not more extensively surveyed. Whilst the underlying purpose of such a system was broadly accepted, several concerns were raised and unanimous agreement from SOTs and unit directors was not achieved. Furthermore, funding for administration and allocation of time was clearly going to fall (very) short. Essentially, a formalised, funded system would increase cost and administrative burden, reduce flexibility in the system, and mandate, inter alia, that SA create a selection process which would, in the near term, likely be replaced by one determined by the CICM. It was concluded that most, if not all, of the objectives of a State-based program could be achieved through SOT collaboration; regular SOT meetings and trainee discussion sessions. If a formal State-based program is considered to have some potential to add further value once these sessions have been adopted by the SOTs on a regular basis, this will then be revisited.

Education activity in SA for CICM trainees continues to grow, with the addition of a tracheostomy course, a forthcoming difficult airway management course, cardiac surgical advance life support (CALS) courses at RAH and FMC, and more BASIC courses in addition to the established ultrasound, echo, paed's echo, annual Tub's Course, and annual Tub's Travelling Scholarship trainee research presentation and awards night.

The Regional Committee continues to be represented at various State meetings such as the SA Chairs of Colleges Committee and Doctors' Health in SA. A number of meetings and consultations with the (now former) State Government Minister for Health were also attended in late 2017 regarding proposed Modbury Hospital services and Transforming Health. Some concerns which have been detailed in the Committee minutes were reported and discussed regarding hospital accreditation, however no formal action from the Committee has been requested or required thus far.

Stephen Lam, **SA Chair**

## VICTORIAN REGIONAL COMMITTEE

Over the last 12-months that Victorian Regional Committee (VRC) has been working on a number of initiatives to support CICM training in the region.

1. Trainee Research Presentation Evening – Wednesday 22nd November 2017. This was the third annual VRC Trainee Research meeting and was held over dinner with 35 trainees and Fellows in attendance. Three very high-quality presentations were delivered by local trainees, with the prize for the best project being awarded to Dr. Diarmuid O Briain, from The Alfred Hospital (Title: Early Hyperoxia in Patients with Traumatic Brain Injury admitted to Intensive Care in Australia and New Zealand: A Retrospective Multicenter Cohort Study). Professor Alistair Nichol also provided a highly insightful, and humorous presentation on undertaking laboratory and clinical based research. The VRC will continue to support and promote CICM trainee research and is hoping to co-badge the 2018 event with the Victorian Intensive Care Education Network (VICEN).
2. Trainee Education Evening – Tuesday 10th April 2018. This was new event organised for 2018. This will be hosted at the CICM premises in Prahran with 22 trainees in attendance. The evening was geared towards providing senior CICM trainees with knowledge and practical experience in preparing for Consultant job applications and interviews. Neil Orford, Chris Nickson, Yasmine Ali Abdelhamid, David Anderson, Li Tan, Jason Fletcher, and Elisa Rivadeneira all delivered fantastic presentations, ranging from 'What a Director Wants?', to 'My Experience with Interstate Job Applications'. The evening was then capped off with a number of 'mock' interviews. The session was very well attended and has highlighted this area as a key gap in current professional training.

The VRC is committed to providing ongoing highly tangible educational opportunities for CICM trainees, in addition to ensuring diversified, contemporaneous, and transparent representation to the CICM Board. In this respect, Dr. Jason Fletcher (Regional Representative), Dr. Tal Gadish and Dr. Caroline Killick (Paediatric Representatives) and Dr. John Dyett (New Fellows Representative) have been co-opted onto the committee.

The VRC has been actively engaging with the CICM Board about the potential to centralise CICM training in Victoria. The VRC would contend that trainees, participating hospitals, and the College would benefit from such a process, as has been established for many years in Queensland. Such an initiative will require substantial 'buy-in' from local Health Services, in addition to liaison with the CICM. Given issues around workforce, capacity to train, breadth of clinical exposure, and transition to Consultant practice, such an approach has a number of secondary gains. The VRC will continue to work closely with the College and local healthcare providers to implement a pilot program in the next 12-18 months.

Andrew Udy, **VIC Chair**

## NEW SOUTH WALES REGIONAL COMMITTEE

Sydney held the 2017 CICM ASM on the theme of 'ICU Gastroenterology'. Delegate numbers and participation surpassed previous records, and we introduced some initiatives:

- Trainee Symposium running concurrently with the Fellows' Update
- Increase in numbers of Trainee speakers
- Increase in proportion of female speakers
- Podcasts of all talks – at the time of this report the podcasts have been downloaded in more than 50 countries, with each podcast downloaded (on average) more than 3,500 times

Three Trainee Education Days (TEDs) were held around Sydney

- Mechanical Ventilation – Prince of Wales Hospital
- Organ and Tissue Donation for Transplantation – Royal Prince Alfred Hospital
- Paediatric Intensive Care - St George Hospital

3rd Annual Trainee Research Presentation Evening was held in December at St George Hospital. Six trainees presented their formal projects, followed by a guest lecture by an academic gastroenterologist on the subject of research methods.

Involvement in discussion with NSW Health re: Development of Model Scope of Clinical Practice for Intensive Care Specialists. This involved defining what are the core, specific, and extended skills of intensivists.

Fellow Education Workshop held in October on the theme of 'Death, Dying and the Law in Intensive Care Medicine', with speakers from Avant and MDA National. The FEW was attended by more than 20 Fellows, with positive feedback received on this very relevant topic.

The RC continues to send out a NSW specific newsletter to all NSW Fellows after each RC meeting to encourage engagement within the NSW ICU community.

Lewis Macken, **NSW Chair**

# 22

## QUEENSLAND REGIONAL COMMITTEE

The QRC continues to be an active participant in fellowship state affairs. As well as continuing active engagement with the CICM board on matters within the scope of the general Australasian fellowship we ran the following state specific activities:

There were three hospital accreditation inspections conducted for the following units;

Royal Brisbane and Women's Hospital  
Ipswich Hospital  
Sunshine Coast University Hospital

The QRC holds two Supervisor of training workshops a year. These workshops are designed to enable Fellows and SOTs to enhance their professional life.

The first is in conjunction with Registrar Mapping day. This is a unique centralised QLD approach to Registrar training. It allows the trainee exposure to the many aspects of ICU delivery and practice within the diversity of QLD due to the vast geographical and population differences. The midyear SOT workshop focused on feedback delivery and helping the struggling trainee.

This year the second workshop took a different approach. The invitation scope was widened to the general fellowship as well as SOTs. A full day workshop on Medicolegal issues of consent and end of life care was held. It was a privilege to hear from invited guests including the Public Guardian of Queensland. Representatives from the Coroners officer, Health consumer Advocacy group, The Queensland medicolegal society and Professor Ben White the Director of Australian Centre for Health Law Research were kind enough to collaborate. The day finished with a spirited panel discussion of a challenging case. Input was gratefully received from senior Intensivists, medical Ethicists and three members of the Queensland Civil and Administrative Tribunal.

The QRC holds two research focused events a year. The annual research training day to support trainees in completing the formal project was successful. This year was a break from tradition by introducing two workshops in the day; a statistical workshop and a hands on practical workshop for software research tools.

The second research event is the Trainee Presentation Evening held over dinner. Five very high quality presentations were delivered by local trainees. We thank the CICM for donating the research prize of a complimentary CICM ASM ticket to the successful trainee on the night. We also thank Dr Bala Venkatesh as it is held in conjunction with the Brisbane Intensive Care medicine course and with his kind support.

The QRC also ran a Consultant employment interview practical skills session in 2017 to aid our senior trainees in the next phase of their career. It was very successful and well received as an introduction to the requirements of the "part three" exam.

In 2017 we continued with 12 co-opted regional representatives as well as an elected committee. QLD is such a large geographical area with many regional geographically isolated ICUs. The QRC tries to involve as many of the fellowship as possible to make the committee truly representative. Teleconferencing is of major value to our meetings held six times a year and allows inclusion from Cairns to the Gold Coast. All input from our committee members whether elected or co-opted has been gratefully received and much valued. We look forward to another busy and successful 2018.

Michaela Cartner, **QLD Chair**

# ANNUAL FINANCIAL REPORT FOR 2017



College of Intensive Care Medicine  
of Australia and New Zealand  
ACN 134 292 103

## DIRECTORS' REPORT

The Directors present their report on the College of Intensive Care Medicine of Australia and New Zealand (referred to hereafter as the College) for the year ended 31 December 2017.

## DIRECTORS

The following persons were Directors of the College during the whole of the financial year and up to the date of this report:

- Charles Corke
- Raymond Raper
- Mary Pinder
- Balasubramanian Venkatesh (resigned 26 May 2017)
- Rob Bevan
- Ross Freebairn (resigned 26 May 2017)
- Gavin Joynt (resigned 26 May 2017)
- Peter Morley (resigned 26 May 2017)
- Dianne Stephens
- Rinaldo Bellomo
- Sarah Yong
- Priya Nair (appointed 26 May 2017)
- Penny Stewart (appointed 26 May 2017)
- Peter Kruger (appointed 26 May 2017)
- Andrew Hilton (appointed 26 May 2017)

## PRINCIPAL ACTIVITIES

The principal activities of the College during the year consisted of the education, training and assessment of medical practitioners in the specialty area of intensive care medicine, the promotion of high standards of practice and the encouragement of research in the field of intensive care medicine.

## REVIEW OF OPERATIONS

The surplus from operating activities of the College for the year ended 31 December 2017 amounted to \$720,581 (2016: \$576,427).



# 24

## **DIRECTORS' REPORT (CONT.)**

### **OBJECTIVES AND STRATEGIES**

The principal objectives of the College are to:

- Promote high principles of practice in relation to intensive care medicine;
- Promote and encourage the advancement of the science of intensive care medicine;
- Maintain professional standards for the practice of intensive care medicine in Australia and New Zealand; and
- Conduct training programs leading to the award of Fellowship of the College.

To achieve these objectives, the College:

- Continually reviews policies relating to the practice of intensive care medicine;
- Donates a significant proportion of Fellow's subscription fees to support research in the field (through the Intensive Care Foundation);
- Accredits training institution; conducts ongoing educational events, in particular an annual scientific meeting; and
- Holds regular examinations of trainees to ensure standards of learning are maintained.

### **DIVIDENDS**

The College is a company limited by guarantee and its Constitution precludes the payment of dividends.

### **Significant changes in the state of affairs**

There were no significant changes in the state of affairs of the College during the financial year.

### **Matters subsequent to the end of the financial year**

There has not been any matter or circumstance occurring since 31 December 2017 that has significantly affected, or may significantly affect:

- a) the operations of the College in future financial years;
- b) the results of those operations in future financial years; or
- c) the state of affairs of the College in future financial years.

### **Likely developments and expected results of operations**

The College anticipates that it will maintain in 2018, its positive financial position. The College is continually updating, reviewing and improving its management and governance practices to ensure that the objectives of the College and its directors are met.

### **Environmental regulation**

The College's operations are not regulated by any significant environmental regulation under a law of the Commonwealth, State or Territory.

**DIRECTORS' REPORT (CONT.)****MEETING OF DIRECTORS**

The number of meetings of the College's board of directors and of each committee held during the year ended 31 December 2017, and the number of meetings attended by each director were:

	Council meetings		Finance, Audit & Risk Management Committee / Executive	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Charles Corke	3	3	2	2
Raymond Raper	3	3	2	2
Mary Pinder	3	3	2	2
Balasubramanian Venkatesh	1	1		
Rob Bevan	3	3		
Ross Freebairn	1	1		
Gavin Joynt	1	1		
Peter Morley	1	1		
Dianne Stephens	3	3		
Rinaldo Bellomo	3	3		
Sarah Yong	3	3		
Andrew Hilton	2	2		
Peter Kruger	2	2		
Priya Nair	2	2		
Penny Stewart	2	2		

**Contributions on winding up**

In the event of the company being wound up, ordinary members are required to contribute a maximum of \$50 each. Honorary members are not required to contribute.

**Auditor's Independence Declaration**

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out immediately after this directors' report.

This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the directors



Charles Corke  
Director

3 May 2018  
Melbourne

## AUDITOR'S INDEPENDENCE DECLARATION



As lead auditor for the audit of the financial report of the College of Intensive Care Medicine of Australia and New Zealand for the year ended 31 December 2017, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the Australian professional accounting bodies; and
- (ii) any applicable code of professional conduct in relation to the audit.

A handwritten signature in blue ink that reads 'P A Ransom'.

**RSM AUSTRALIA PARTNERS**

A handwritten signature in blue ink that reads 'P A Ransom'.

**P A RANSOM**  
Partner

Dated: 4 May 2018  
Melbourne, Victoria

## DIRECTORS' DECLARATION



The directors declare that:

(a) the financial statements and notes are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, and

(i) give a true and fair view of the financial position as at 31 December 2017 and of the performance for the year ended on that date of the College; and

(ii) comply with Australian Accounting Standards.

(b) in the directors' opinion there are reasonable grounds to believe the College will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the directors.

Or A handwritten signature in blue ink that reads 'Charles Corke'.

Charles Corke  
Director

3 May 2018  
Melbourne

# STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED 31 DECEMBER 2017

	NOTES	2017	2016
		\$	\$
<b>Revenue</b>		3,848,636	3,635,097
Other income		910,457	557,001
Total revenue	2	4,759,093	4,192,098
<b>Expenses</b>			
Employee benefits expense		(1,502,812)	(1,377,466)
Administration and College expense		(935,141)	(804,745)
Travel and conference expenses		(864,783)	(822,609)
Information technology expenses		(143,514)	(111,378)
Professional services expenses		(72,610)	(70,571)
Occupancy expenses		(326,778)	(257,503)
Finance costs		(40,395)	(35,892)
Other expenses		(152,479)	(135,507)
<b>Surplus before tax</b>		720,581	576,427
Income tax expense		-	-
<b>Surplus after tax attributable to the College</b>		720,581	576,427
<b>Other comprehensive income for the year</b>		-	-
<b>Total comprehensive income for the year attributable to the College</b>		720,581	576,427

The above statement of profit and loss and other comprehensive income should be read in conjunction with the accompanying notes.

# 28

## STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER 2017

	NOTES	2017	2016
		\$	\$
<b>Current Assets</b>			
Cash and cash equivalents		1,386,255	1,230,041
Trade and other receivables	4	258,966	368,044
Financial assets	5	6,970,535	5,828,323
<b>Total Current Assets</b>		<b>8,615,756</b>	<b>7,426,408</b>
<b>Non-Current Assets</b>			
Plant and equipment	6	156,058	95,678
Intangible assets	7	611,837	503,458
<b>Total Non Current Assets</b>		<b>767,895</b>	<b>599,136</b>
<b>Total Assets</b>		<b>9,383,651</b>	<b>8,025,544</b>
<b>Current Liabilities</b>			
Trade and other payables	8	1,057,609	455,202
Provisions	9	146,508	112,004
<b>Total Current Liabilities</b>		<b>1,204,117</b>	<b>567,206</b>
<b>Non-Current Liabilities</b>			
Provisions	9	37,883	37,268
<b>Total Non-Current Liabilities</b>		<b>37,883</b>	<b>37,268</b>
<b>Total Liabilities</b>		<b>1,242,000</b>	<b>604,474</b>
<b>Net Assets</b>		<b>8,141,651</b>	<b>7,421,070</b>
<b>Equity</b>			
Retained earnings		8,141,651	7,421,070
<b>Total Equity</b>		<b>8,141,651</b>	<b>7,421,070</b>

The above statement of profit and loss and other comprehensive income should be read in conjunction with the accompanying notes.

# STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 31 DECEMBER 2017

	<b>Retained Earnings</b>	<b>Total Equity</b>
	<b>\$</b>	<b>\$</b>
<b>Balance at 1 January 2016</b>	6,844,643	6,844,643
Profit for the year	576,427	576,427
Other comprehensive income	-	-
Total comprehensive income for the year	576,427	576,427
<b>Balance at 31 December 2016</b>	7,421,070	7,421,070
Profit for the year	720,581	720,581
Other comprehensive income	-	-
Total comprehensive income for the year	720,581	720,581
Balance at 31 December 2017	8,141,651	8,141,651

*The above statement of profit and loss and other comprehensive income should be read in conjunction with the accompanying notes.*

# 30

## STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 DECEMBER 2017

	NOTES	2017	2016
		\$	\$
<b>Cash flows from operating activities</b>			
Receipts from members (inclusive of GST)		5,412,283	4,308,813
Payments to suppliers and employees (inclusive of GST)		(4,167,287)	(3,673,237)
Interest received		7,782	25,426
Net cash provided by operating activities		<u>1,252,778</u>	<u>661,002</u>
<b>Cash flows from investing activities</b>			
Payments for leasehold improvements and office equipment		(117,679)	(33,252)
Payments for intangible assets		(159,954)	-
Payments for curriculum development		(19,290)	(46,295)
Redemption of term deposits		-	2,033,657
Payments for financial assets		(924,981)	(4,127,257)
Income received from financial assets		125,341	145,332
Net cash provided (used in) investing activities		<u>(1,096,563)</u>	<u>(2,027,815)</u>
<b>Cash flows from financing activities</b>			
Net cash provided by/(used in) financing activities		<u>-</u>	<u>-</u>
<b>Net increased/decrease in cash held</b>		156,214	(1,366,813)
<b>Cash and cash equivalents at beginning of year</b>		1,230,041	2,596,854
<b>Cash and cash equivalents at end of year</b>		<u>1,386,255</u>	<u>1,230,041</u>

The above statement of profit and loss and other comprehensive income should be read in conjunction with the accompanying notes.

# NOTES TO THE FINANCIAL STATEMENTS

## 1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in the preparation of these financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

The financial statements were authorised for issue by the directors on page 9. The directors have the power to amend and reissue the financial statements.

### (a) BASIS OF PREPARATION

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and the Australian Charities and Not-for-profits Commission (ACNC Act). The College of Intensive Care Medicine of Australia and New Zealand (“the College”) is a not-for-profit entity for the purposes of preparing the financial statements. These financial statements comply with Australian Accounting Standards- Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board (AASB).

#### (i) *Historical cost convention*

These financial statements have been prepared under the historical cost convention unless otherwise stated in the notes.

#### (ii) *New and amended standards adopted by the College*

Certain new Accounting Standards, amendments to Accounting Standards and Interpretations have been published, and are available for adoption, but not mandatory for the financial year ended 31 December 2017 which have not been applied by the Company in preparing this financial report. Those that are most likely to impact the Company are as follows:

## NOTES TO THE FINANCIAL STATEMENTS

## 1. Statement of significant accounting policies (cont.)

## (ii) New and amended standards adopted by the College (cont.)

Standard	Summary	Application date (financial years beginning)	Expected Impact
AASB 15 Revenue from Contracts with Customers, (Including Income for NFP Entities) and relevant amending standards	<p>This standard establishes a new control-based revenue recognition model which changes the basis for deciding whether revenue is to be recognised over time or at a point in time.</p> <p>Accounting policy changes will arise in timing of revenue recognition, treatment of contracts costs and contracts which contain a financing element.</p> <p>AASB 15 also enhance the disclosures about revenue.</p>	1 January 2019	The changes in revenue recognition requirements in AASB15 is likely to have minimal impact on the timing and amount of revenues going forward
AASB 9 Financial Instruments, and relevant amending standards	<p>The standard replaces the requirements of AASB 139 for the classification and measurement of financial assets.</p> <p>It reduce the number of categories and simplifying the measurement choices, including the removal of impairment testing of assets measured at fair value. The amortised cost model is available for debt assets meeting both business model and cash flow characteristics tests. All investments in equity instruments using AASB 9 are to be measured at fair value.</p> <p>Amends measurement rules for financial liabilities that the entity elects to measure at fair value through profit and loss. Changes in fair value attributable to changes in the entity's own credit risk are presented in other comprehensive income.</p> <p>AASB 9 includes a new approach to hedge accounting that is intended to more closely align hedge accounting with risk management activities undertaken by entities when hedging financial and non-financial risks</p>	1 January 2018	At this stage no significant impact is expected.

## NOTES TO THE FINANCIAL STATEMENTS

### 1. Statement of significant accounting policies (cont.)

#### (iii) *New and amended standards adopted by the College (cont.)*

---

AASB 16 Leases	<p>AASB 16 will cause the majority of leases of an entity to be brought onto the statement of financial position. The calculation of the lease liability will take into account appropriate discount rates, assumptions about lease term and increases in lease payments. A corresponding right to use asset will be recognised which will be amortised over the term of the lease. Rent expense will no longer be shown, the profit and loss impact of the leases will be through amortisation and interest charges.</p>	1 January 2019	<p>Whilst the financial impact of AASB 16 has not yet been quantified, CICM has significant operating leases in place which it anticipates will be brought onto the Statement of Financial Position at the date of initial application. Interest and amortisation expense for the financial year will increase and rental expense will decrease.</p>
----------------	---	----------------	--

---

#### (iii) *Functional and presentation currency*

Items included in the financial statements of the College are measured using the currency of the primary economic environment in which the entity operates (the 'functional currency'). The financial statements are presented in Australian dollars, which is the College's functional and presentation currency.

#### (iv) *Critical accounting estimates*

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

##### (a) *Estimation of useful lives of assets*

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

##### (b) *Employee benefits provision*

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

# 34

## NOTES TO THE FINANCIAL STATEMENTS

### 1. Statement of significant accounting policies (cont.)

#### (b) REVENUE RECOGNITION

Revenue is measured at the fair value of the consideration received or receivable. The College recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the College and specific criteria have been met for each of the College's activities as described below.

Revenue is recognised on the following bases:

##### (i) *Membership subscriptions*

Initial admission fees are recognised as revenue when received. Annual membership fees are recorded as revenue in the year to which the membership fee relates.

##### (ii) *Interest income*

Interest income is recognised on a time proportion basis using the effective interest method.

##### (iii) *Other income*

Other income is recognised in the year to which it relates. Other income received in advance is recorded as unearned income in the statement of financial position as deferred income.

#### (c) INCOME TAX

The College is endorsed as an income tax exempt charitable entity under Subdivision 50-B of the Income Tax Assessment Act 1997.

#### (d) LEASES

Leases in which a significant portion of the risks and rewards of ownership are not transferred to the College as lessee are classified as operating leases. Payments made under operating leases (net of any incentives received from the lessor) are charged to profit or loss on a straight-line basis over the period of the lease.

#### (e) IMPAIRMENT OF ASSETS

Assets are tested for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable, and as a minimum, annually. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash inflows which are largely independent of the cash inflows from other assets or groups of assets (cash-generating units). Non-financial assets, other than goodwill, that suffered an impairment are reviewed for possible reversal of the impairment at the end of each reporting period.

**NOTES TO THE FINANCIAL STATEMENTS****1. Statement of significant accounting policies (cont.)****(f) CASH AND CASH EQUIVALENTS**

For the purposes of presentation in the statement of cash flows, cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value, and bank overdrafts. Bank overdrafts are shown within financial liabilities in current liabilities in the statement of financial position.

**(g) TRADE RECEIVABLES**

Trade receivables are recognised at invoiced amounts less provision for impairment. Trade receivables are generally due for settlement within 30 days. They are presented as current assets unless collection is not expected for more than 12 months after the reporting date.

Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off by reducing the carrying amount directly. An allowance account (provision for impairment of trade receivables) is used when there is objective evidence that the College will not be able to collect all amounts due according to the original terms of the receivables. The amount of the impairment allowance is the difference between the assets carrying amount and the present value of the estimated future cash flows.

The amount of the impairment provision is recognised in the profit or loss within other expenses. When a trade receivable for which an impairment allowance had been recognised becomes uncollectible in a subsequent period, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

**(h) FINANCIAL ASSETS**

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturities that the College's management has the positive intention and ability to hold to maturity. Held-to-maturity financial assets are included in non-current assets, except for those with maturities less than 12 months from the end of the reporting period.

Financial asset at fair value through the profit and loss are acquired for the principle purpose of selling or purchasing in the near term and recognised as such upon initial acquisition. As there is no obligation prevent the College's management from selling these assets they are classed as current.

The classification depends on the purpose for which the investments were acquired. Management determines the classification of its investments at initial recognition and, in the case of assets classified as held-to-maturity, re-evaluates this designation at the end of each reporting date.

***Recognition and de-recognition***

Investments and withdrawals of financial assets are recognised on trade date – the date on which the College commits to invest in the asset, or realise the asset. Financial assets are de-recognised when the rights to receive cash flows from the financial assets have expired or have been transferred and the College has transferred substantially all the risks and rewards of ownership.

# 36

## NOTES TO THE FINANCIAL STATEMENTS

### 1. Statement of significant accounting policies (cont.)

#### (h) FINANCIAL ASSETS (CONT.)

##### *Measurement*

Financial assets deemed to be held-to-maturity investments are subsequently carried at cost less provision for impairment. At initial recognition, the College measures these financial assets at cost.

Financial asset at fair value through the profit and loss are designated as fair value through the profit and loss on a fair value basis.

Term deposits have been classified as held-to-maturity investments and investment portfolio that are externally managed by investment managers have been classified as designated as fair value through the profit and loss.




##### *Impairment*

The College assesses at the end of each reporting period, whether there is objective evidence that a financial asset or group of financial assets is impaired. A financial asset or a group of financial assets is impaired and impairment losses are incurred only if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset (a 'loss event') and that loss event (or events) has an impact on the estimated future cash flows of the financial asset or group of financial assets that can be reliably estimated.

#### (i) PLANT AND EQUIPMENT

Plant and equipment are stated at historical cost less depreciation. Historical cost includes all expenditure that is directly attributable to the acquisition of items. Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the group and the cost of the item can be measured reliably. The carrying amount of any component accounted for as a separate asset is de-recognised when replaced. All other repairs and maintenance are charged to profit or loss during the reporting period in which they are incurred.

Depreciation is calculated using the straight-line method to allocate the cost of the assets over their useful economic lives, or in the case of leasehold improvements, the shorter lease term, as follows:

- Leasehold improvements  12.5%
- Fixtures and fittings  5% - 20%
- Office equipment  15% – 25%

The assets' residual values and useful economic lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

The assets' carrying amount is written down immediately to its recoverable amount if the assets' carrying amount is greater than its estimated recoverable amount (note 1e).

Gains and losses on disposals are determined by comparing proceeds with its carrying amount. These are included in profit or loss.

**NOTES TO THE FINANCIAL STATEMENTS****1. Statement of significant accounting policies (cont.)****(j) TRADE AND OTHER PAYABLES**

These amounts represent liabilities for goods and services provided to the entity prior to the end of the financial year and which are unpaid. The amounts are unsecured and are usually paid within 60 days of recognition. Trade and other payables are presented as current liabilities unless payment is not due within 12 months from the reporting date. They are recognised initially at their fair value and subsequently measured at amortised cost.

**(k) EMPLOYEE BENEFITS***(i) Short-term obligations*

Liabilities for wages and salaries, including non-monetary benefits and annual leave expected to be wholly settled within 12 months after the end of the period in which the employees render the related service are recognised in respect of employees' services up to the end of the reporting period and are measured at the amounts expected to be paid when the liabilities are settled. The liability for annual leave, along with other short-term employee benefit obligations, is recognised in trade and other payables.

*(ii) Other long-term employee benefit obligations*

The liability for long service leave and annual leave which is not expected to be wholly settled within 12 months after the end of the period in which the employees render the related service is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the end of the reporting period on corporate bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

The obligations are presented as current liabilities in the statement of financial position if the College does not have an unconditional right to defer settlement for at least twelve months after the reporting date, regardless of when the actual settlement is expected to occur.

## NOTES TO THE FINANCIAL STATEMENTS

### 1. Statement of significant accounting policies (cont.)

#### (l) FAIR VALUE MEASUREMENT

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on 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; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

#### (m) MEMBERS' GUARANTEE

The College of Intensive Care Medicine of Australia and New Zealand is a company limited by guarantee and domiciled in Australia. If the College is wound up, the Constitution states that each member is required to contribute a maximum of \$50 each towards meeting any outstanding obligations of the College.

#### (n) GOODS AND SERVICES TAX

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Tax Office (ATO). In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the statement of financial position.

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

#### (o) CAPITAL MANAGEMENT

The objective of the College of Intensive Care Medicine of Australia and New Zealand is to safeguard their ability to continue as a going concern, so that they can continue to provide benefits to their members.

## NOTES TO THE FINANCIAL STATEMENTS

	2017	2016
	\$	\$
<b>2. REVENUE AND OTHER INCOME</b>		
<b>Revenue</b>		
Admission and registration fees	2,072,539	1,882,867
Training and assessment fees	1,776,097	1,752,230
	<u>3,848,636</u>	<u>3,635,097</u>
<b>Other revenue</b>		
Sponsorship - ASM	216,568	143,118
Registration - ASM	271,882	201,814
Other income	45,503	96,524
Net fair value gain on financial assets	217,231	6,400
Investment income from financial assets	94,001	-
Interest income	65,272	107,765
Grant income	-	1,381
	<u>910,457</u>	<u>557,001</u>
Total revenue	<u>4,759,093</u>	<u>4,192,099</u>
<b>3. EXPENSES</b>		
Surplus before tax includes the following specific expenses:		
<i>Depreciation and amortisation</i>		
Depreciation expense	57,299	50,275
Amortisation expense	70,865	78,551
Depreciation and amortisation	<u>128,164</u>	<u>128,826</u>
Rental expense relating to operating leases	<u>236,007</u>	<u>181,071</u>
<b>4. TRADE AND OTHER RECIVABLES</b>		
Trade receivables	344	3,135
Prepayments	141,928	218,433
Deposits	57,976	60,135
Accrued interest	29,121	14,135
Other receivables	29,598	72,206
	<u>258,966</u>	<u>368,044</u>
<b>5. FINANCIAL ASSETS</b>		
<b>Current</b>		
Securities	4,326,438	4,026,380
Term deposits	2,644,097	1,801,943
	<u>6,970,535</u>	<u>5,828,323</u>

# 40

## NOTES TO THE FINANCIAL STATEMENTS

### 5. FINANCIAL ASSETS

(a) *Credit risk exposure*

CICM does not have any significant credit risk exposure. The carrying amount of financial assets recorded in the Statement of Financial Position, net of any provisions for doubtful debts, represents the company's maximum exposure to credit risk.

(b) *Interest rate risk*

CICM has a low exposure to interest rate risk, which is the risk that the value of financial instruments will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on classes of financial assets and financial liabilities.

(c) *Liquidity Risk*

CICM is not subject to any liquidity risk.

### 6. PLANT AND EQUIPMENT

	Leasehold improvements	Fixtures and fittings	Office equipment	Total
	\$	\$	\$	\$
Opening Book value	69,179	9,244	34,278	112,701
Additions	30,512	-	2,740	33,252
Loss on disposal	-	-	-	-
Depreciation charge	(24,871)	(4,260)	(21,144)	(50,275)
Net book amount	74,820	4,984	15,874	95,678
<b>At 31 December 2017</b>				
Opening Book value	74,820	4,984	15,874	95,678
Additions	15,625	30,521	71,533	117,679
Loss on disposal	-	-	-	-
Depreciation charge	(30,483)	(7,716)	(19,100)	(57,299)
Net book amount	59,962	27,789	68,307	156,058

## NOTES TO THE FINANCIAL STATEMENTS

## 7. INTANGIBLE ASSETS

	Curriculum Project Costs	Website Cost and HAC project	Total
	\$	\$	\$
<b>At 31 December 2016</b>			
Cost	616,071	66,810	682,881
Accumulated amortisation	(166,427)	(12,996)	(179,423)
Net book amount	<u>449,644</u>	<u>53,814</u>	<u>503,458</u>

**At 31 December 2017**

Cost	635,361	226,765	862,126
Accumulated amortisation	(229,098)	(21,191)	(250,289)
Net Book amount	<u>406,263</u>	<u>205,574</u>	<u>611,837</u>

## MOVEMENTS IN CARRYING AMOUNTS

Movements in the carrying amount between the beginning and the end of the current financial year are as follows:

	Curriculum Project Costs	Website Cost and HAC project	Total
	\$	\$	\$
Opening net book amount	449,644	53,814	503,458
Additions	19,290	159,954	179,244
Amortisation charge	(62,671)	(8,194)	(70,865)
Closing net book amount	<u>406,263</u>	<u>205,574</u>	<u>611,837</u>

# 42

## NOTES TO THE FINANCIAL STATEMENTS

### 8. TRADE AND OTHER PAYABLES

	2017	2018
	\$	\$
Trade payables	68,924	111,301
Employee benefits - annual leave	164,291	155,359
Deferred Income	671,528	81,548
Other creditors and accruals	152,866	106,994
	<u>1,057,609</u>	<u>455,202</u>

### 9. PROVISIONS

	2017	2018
	\$	\$
<b>Current</b>		
Employee benefits - long service leave	146,508	112,004
Total	<u>146,508</u>	<u>112,004</u>
<b>Non-current</b>		
Employee benefits - long service leave	<u>37,883</u>	<u>37,268</u>

### 10. KEY MANAGEMENT PERSONNEL

Key management personnel include those persons having authority and responsibility for planning, directing and controlling the activities of the College, directly or indirectly, including any director / councillor (whether executive or otherwise). Total compensation paid to key management personnel during the financial year was:

	2017	2018
	\$	\$
Key management personnel compensation	582,072	571,016

### 11. RELATED PARTY TRANSACTIONS

#### a) KEY MANAGEMENT PERSONNEL LOANS

There are no loans to key management personnel

#### b) TRANSACTIONS WITH KEY MANAGEMENT PERSONNEL

The key management personnel have transactions with the College that occur within a normal supplier-customer relationship on terms and conditions no more favourable than those with which it is reasonable to expect the College would have adopted if dealing with the key management personnel at arm's-length in similar circumstances. These transactions include the collection of membership dues and subscriptions and the provision of College services.

## NOTES TO THE FINANCIAL STATEMENTS

### 12. CONTINGENT LIABILITIES

The Directors of the College are not aware of any material contingent assets or liabilities as at 31 December 2017 (2016: \$nil).

### 13. COMMITMENTS

The College leases three offices. The leases are scheduled to expire in March 2020. There is an option to renew for a further term of five years. Commitments for all three offices are included below.

	2017	2018
	\$	\$
<i>Non-cancellable operating leases</i>		
Commitments for minimum lease payments in relation to non-cancellable operating leases are payable as follow:		
Within one year	240,664	231,226
Later than one year but not later than five years	313,989	554,653
	554,653	785,879
	554,653	785,879

### 14. EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 31 December 2017 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years

### 15. COMPANY DETAILS

The College's registered office and principal place of business is:  
 Suite 1.01  
 168 Greville Street  
 Prahran VIC 3181

# INDEPENDENT AUDITOR'S REPORT



**TO THE MEMBERS OF  
THE COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND.**

## **OPINION**

We have audited the financial report of the College of Intensive Care Medicine of Australia and New Zealand (“the Company”), which comprises the statement of financial position as at 31 December 2017, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors’ declaration.

In our opinion, the financial report of the College of Intensive Care Medicine of Australia and New Zealand has been prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 (“ACNC Act”), including:

- (a) giving a true and fair view of the Company’s financial position as at 31 December 2017 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

## **BASIS FOR OPINION**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Report section of our report. We are independent of the College of Intensive Care Medicine of Australia and New Zealand in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board’s APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## **OTHER INFORMATION**

The directors are responsible for the other information. The other information comprises the information included in the Company’s annual report for the year ended 31 December 2017, but does not include the financial report and the auditor’s report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

#### **RESPONSIBILITIES OF MANAGEMENT AND THOSE CHARGED WITH GOVERNANCE FOR THE FINANCIAL REPORT**

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the ACNC Act and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company'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 management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

#### **AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL REPORT**

Our objectives 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 our 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.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: [http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf)

This description forms part of our auditor's report.

**RSM AUSTRALIA PARTNERS**

**P A RANSOM**  
Partner

Dated: 4 May 2018  
Melbourne, Victoria