



COLLEGE OF INTENSIVE CARE MEDICINE
OF AUSTRALIA AND NEW ZEALAND

Annual Report

2018



College of Intensive Care Medicine Head Office

Presidents Report

It is my honour to present the President's report for 2018. It is a measure of the diversity of our College that although I am the sixth President, I believe that I am the first who is Australian-born. The Board has undergone some renewal over the past year following the retirement of several long-serving members. And we are again facing some change with the retirement of our recent President, Charlie Corke, and of senior Board member Di Stephens. It has been very gratifying to me to see the newly elected Board members willingly and enthusiastically taking up the several portfolios that are so essential to the effective functioning of the College. Over the past year, the College has faced some challenges but has slowly made progress with a number of achievements.



AMC accreditation

Following a comprehensive review in 2018, The College was granted continuing accreditation until the end of the cycle in 2022. Annual reports will be required in 2019 and 2020 and a major assessment will be undertaken in 2021. Preparations for this are already underway.

College premises

We were under-bidder in a recent auction process for purchase of the current College premises. While this was somewhat disappointing, the eventual price was considered by the Board to be beyond our current financial capabilities. Further exploration of potential purchase of a permanent site for the College is being undertaken and the possibility of co-location with ANZICS will be pursued.

Liaisons

Effective relations with other organisations continue. A new MOU with ANZICS has been finalised and signed. This specifies the oversight of several issues of shared and individual interest between the two professional organisations. Close relationships with ANZCA continue with plans for initiatives in the areas of perioperative medicine and facilitated joint training. Progress on a joint diploma of pre-hospital and retrieval medicine with ACEM and ANZCA has been slow but more recently productive. Participation in the Council of Presidents of Medical Colleges has enabled us to keep abreast of issues of broader relevance including workforce and workforce distribution that pose significant challenges for all colleges in the immediate future.

Capacity to Train

This issue remains a major concern for the Board. The recent publications in Critical Care and Resuscitation are strongly commended to the Fellowship. While the way forward on this is not yet entirely clear, the Board is continuing to develop trainee selection processes and other initiatives that might enable better alignment between training posts and training (and assessment) capacity. This is proving a major challenge for which fellowship engagement will become increasingly important.

Intensive Care Foundation

The ICF has faced some significant challenges in the past year. However, in the light of a recent restructuring and recruitment of new members and a new CEO, we are hopeful that it will re-stabilise and once again raise and distribute funds for vital research in Intensive Care in Australia and New Zealand.

Unit culture

It would seem that unit culture continues to pose a significant challenge for the College. Accreditation for training is considered a very blunt instrument to deal with problematic culture and the College is considering its options in regard to identifying and addressing this vitally important component of workplace function.

Policy matters

Several College policy documents have been reviewed and revised over the past year. Gender equity has been a major concern and the Board was pleased to endorse a revision of IC-28 undertaken in conjunction with WIN to significantly broaden the College approach to this major social issue. In conjunction with the Welfare SIG, IC-5 addressing the health and wellbeing of Fellows and trainees was quite significantly revised as was IC-15 'Recommendations on Practice Re-Entry, Retraining and Remediation'. New initiatives include the development of an Indigenous policy and a review in conjunction with ANZICS of IC-14, 'Statement on Withholding and Withdrawing Treatment'. A potential major challenge lies in our engagement with Voluntary Assisted Dying legislation.

New Initiatives

This year the College is holding its first Directors Conference. This is an exciting initiative given the important link between leadership and culture. The trainee logbook is being rolled out and its use encouraged. Web-based hospital accreditation applications have been successfully introduced and electronic visitor reports and a Directors dashboard are under development. On-line training resources continue to be developed and a review of the new curriculum training program has been initiated. A decision has been taken to discontinue the print version of our highly successful journal 'Critical Care and Resuscitation'. Electronic distribution will commence in 2020.

With some sadness, we noted the untimely deaths of several of our New Zealand Fellows. If nothing else, these emphasise the importance of fellowship health and wellbeing initiatives.

The important work of the College is carried out by a relatively small staff and a host of volunteer Fellows and trainees. Over my time on the Board and especially on the executive, I have come to value incredibly highly the role played by our CEO Phil Hart and his wonderful team led so capably by Lisa Davidson and Daniel Angelico. With some sadness we acknowledge the departure of senior staff in Laura Fernandez Low and our Education Advisor Charlotte Denniston. We wish them every success in their future adventures. I would like to acknowledge the invaluable contribution of all the staff and to offer them the boundless gratitude of the College.

I would also like to acknowledge and formally express appreciation to the large number of Fellows and trainees who selflessly carry out the work of the College. 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. And I would like to specifically express my gratitude for the enormous contributions of retiring Board members, Charlie Corke, Di Stephens and New Fellows Representative, Sarah Yong. Finally, I would like to take this opportunity to invite all Fellows and trainees to consider joining the large group of their peers that make such a huge and mostly rewarding contribution to the many essential functions of the College.

Raymond Raper

President

Chief Executive Officers Report



At the Annual General Meeting in July 2018 there was something of a 'changing of the guard' among the office bearers of the College Board. Then President Charlie Corke completed his two-year term in office and handed over to Raymond Raper, elected to that position at the February meeting of the Board. Mary Pinder became vice President and Rob Bevan, Treasurer. I would like to acknowledge Charlie's immense contribution to the work of the College, not just during his term as President, but over the last 12 years he has been a member of the CICM Board and devoted an incredible amount of time and energy to College affairs. Another long serving member of the Board, Dianne Stephens, has also finished up. Di did an enormous amount of work as College Censor over a number of years and will also be sorely missed.

In 2018 our College was required, as part of the ten-year cycle of accreditation by the Australian Medical Council, to undergo a 'Comprehensive Review' of our program. The outcome of the Review was very positive, the overall summary noting that 'The AMC highly commends the quality of the reporting and the professionalism with which the College has approached the accreditation process. The AMC considers that the College has made significant progress since its first accreditation by the AMC'. This extends our period of accreditation until 2022, which is the maximum period allowed i.e. ten years since our initial accreditation. Over the next two years we will need to devote considerable resources to preparing for the next full accreditation review, which will take place in 2021.

At the start of 2018 we took 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. There are 16 intensive care posts funded through STP and prior to this year these were managed through ANZCA. Bringing them 'inhouse' has enabled better communication with the training sites and has also given us direct access to educational support project funding. We are using this funding to support two projects, one is an advanced communication skills course (to be run on multiple occasions though 2018 – 2020) and a rural critical care conference, to be held in Darwin in July 2019 and then in Alice Springs in 2020.

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 make 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. To the CICM President, Dr Ray Raper, whose devotion to College work over many years has now culminated in the wisdom and experience he brings to the pre-eminent position in the College, my heartfelt appreciation. And to all the members of staff, who so capably support the work of the Fellows, without you the College could not function.

Phil Hart

Chief Executive Officer

Treasurers Report

This Treasurer's report covers the period from January to December 2018, as the College's finances run on the calendar year. 2018 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.

The College's accounts in 2018 have been affected by taking over the administration of intensive care training positions funded through the Commonwealth Department of Health Specialist Training Program (STP). This has brought substantial additional income, most of which is transferred to the training sites as salary support funding.

Our total operating income for the year (not counting STP funds) was \$4,871,000, which is a 10% increase on the previous year. This was largely due to an increase in numbers presenting for exams, and also higher than expected delegates attending the ASM in Hobart. All other areas of income were similar to 2017.

Our operating expenditure for the year was \$4,469,000, which was also an increase of around 10% over 2017 and was due to a combination of increased salary costs, leasing costs (for the office space in Greville St), exam costs and also to increased costs of the ASM (due to the larger than expected size of the event). The net result for the year was a total operating surplus of \$402,000, which is in line with our overall goal of a 5 – 10% annual operating surplus and again similar to last year.

In addition to our operating surplus, the College also generated income from bank term deposits (\$75k) and dividends (\$132k). Our investment portfolio with Credit Suisse generated \$132k in share dividend income but declined in book value particularly towards the end of the year, meaning that the overall change in value of our investment portfolio was only \$115k, compared with \$375k last year.

Total STP funding to the College over the course of 2018 was \$2,898,000. Because the funding to the training sites is paid in arrears and on receipt of an invoice, much of the funding for the 2018 year was unspent at 31 December. However, this unspent amount does not count as a surplus for the College's operations, as it will be distributed to the training sites in early 2019.

At the 31 December 2018 the College had net total assets of \$8,658,195, an increase of \$516,544 for the year. About half of this is in our investment account with Credit Suisse and about the same amount is in Term Deposits and other bank accounts.

I would like to take this opportunity to thank the College staff responsible for looking after the College's finances. Firstly, Kayla Hargood who, in addition to supporting the Regional Committees also looks after our invoicing and payments, and particularly our accountant Andrea Moore, who in her two days a week at the College very capably manages the College's financial affairs – including guiding us through the audit process with the external auditors, Bird Cameron.



Rob Bevan

Treasurer

College Board

President Ray Raper
 Vice President Mary Pinder
 Treasurer Rob Bevan

CICM Board Office Bearers (at December 2018)

Portfolios

Censor Andrew Hilton
 HAC Chair Peter Kruger
 HAC Deputy Chair Priya Nair
 Education Officer Rob Bevan
 Deputy Education Officer Priya Nair
 Chair of Assessments Mary Pinder
 ASM Officer and Journal Jeremy Cohen
 CPD and Rural Penny Stewart
 Chair, Trainee Committee Sarah Yong
 (New Fellows Representative)

Each year at the February meeting of the Board the office bearers (President, vice President and Treasurer) are elected for the coming year, from among the current sitting Board Members. The incumbents at February 2018 had each served two (one year) terms and so were ineligible for re-election. Accordingly, then President Charlie Corke completed his term of office in June and handed over to newly elected President Ray Raper. Mary Pinder was elected vice President and Rob Bevan, Treasurer.

There were two positions on the Board up for election in May. Five Fellows nominated for the election, with Dianne Stephens being re-elected and Jeremy Cohen the other successful candidate.

In addition to the eleven elected Board Members, attendees at Board meetings in 2018 also include co-opted members Stephen Lam (SA) and Benoj Varghese (Tas), Paediatric Representative Stephen Jacobe, Trainee Representative David Baguley and the Presidents of ANZICS and ANZCA. At the November 2018 meeting, Dianne Stephens resigned her position on the Board, leaving one position vacant until the 2019 elections.



CICM Board of Directors
 (taken at February 2019 Board Meeting)

Standing (L – R): Derick Adigbli (trainee representative), Jeremy Cohen, Peter Kruger, Penny Stewart, Andrew Hilton, Priya Nair, Stephen Jacobe, Stephen Lam, Phil Hart (CEO), Vikram Patil

Seated (L – R): Sarah Yong, Rob Bevan, Ray Raper (President), Mary Pinder, Charlie Corke.

2018 New Fellows

The following were admitted to Fellowship during 2018

Zeyad Aljeboori	VIC	Renesh Nair	NEW ZEALAND
Himanshu Aneja	NSW	Ahmad Nasser	NSW
Shek Au	HONG KONG	Wai Tsan Ng	HONG KONG
David Baguley	WA	Diarmuid O Briain	VIC
Alasdair Robin Burns	WA	Patrick O'sullivan	VIC
Juerg Burren	QLD	Ameet Parekh	NSW
Dougal Carlisle	QLD	Reena Patel	WA
Luke Collett	NSW	Joshua Pillemer	NSW
Rosalind Crombie	NEW ZEALAND	Mallikarjuna Reddy Ponnappa Reddy	VIC
Chathuri Dissanayake	WA	Shweta Priyadarshini	NSW
Lachlan Donaldson	NSW	Gavin Salt	NSW
Irene Doo	QLD	Behnoosh Samadi	NSW
Ebrahim Ebid	WA	Mark Savage	VIC
Hatem Elkady	NSW	Bruce Seidel	NSW
Christopher Grealy	NSW	Ashima Sharma	NSW
Leanda Griffin	TAS	Vidya Shirumalla	SA
Vishal Gupta	NSW	David Silverman	NEW ZEALAND
Andrew Haggerty	UNITED KINGDOM	Joanna Simpson	VIC
Simon Hellings	WA	Sile Smith	VIC
Jeram Hyde	NSW	Myles Smith	NEW ZEALAND
Sebastian Knudsen	WA	Joshua Smith	NSW
Pritish Korula	INDIA	Torgeir Westerlund	NSW
Yi-Ching Lee	NSW	April Win	QLD
Yee Lee	NEW ZEALAND	Nikki Yeo	UNITED KINGDOM
Stephen Luke	QLD	Matthew Zoeller	NSW
Harrison Lutshaba	QLD		
Alison Main	NT		
James Malycha	SA		
Sunit Matha	VIC		
Ronan McKenna	QLD		
Robert McNamara	WA		
Anna Mulvaney	NEW ZEALAND		

Fellowship Affairs

CONTINUING PROFESSIONAL DEVELOPMENT

The end of 2018 was the half way point in the current CPD cycle. Following the improvements and developments in 2017, feedback from Fellows has been positive and participation rates have been good. The 2016/2017 cycle audit was conducted early in 2018 with 66 Fellows randomly chosen for the audit. The College remains actively engaged with the Medical Board of Australia and Medical Council of New Zealand while discussions around the Performance Practice Framework and revalidation continue.

2018 ANNUAL SCIENTIFIC MEETING

The 2018 Annual Scientific Meeting in Hobart was the highest attended ASM to date with over 500 registrations. An in-depth critical care cardiology program explored both adult and paediatrics. The pre-conference events on the Thursday also attracted good registration numbers with the Trainee Symposium selling out at nearly 150 attendees.

International Speakers:

Professor Michael Pinsky
Professor Jean- Louis Teboul
Dr Peta Alexander
Dr Susanna Price

On the Saturday evening 54 new Fellows graduated at the ceremony and the following awards were presented:

CICM Medal and Orator:	Dr Dermot Phelan
Don Harrison Medal:	Dr Alexandra Rowell
First Part Examination Medal:	Dr Natasha Mansell
Felicity Hawker Medal:	Dr Mark Plummer
Free Paper Presentation:	Associate Professor Theresa Jacques
Short Paper Presentation:	Ms Lauren Turner

NEW FELLOWS CONFERENCE

The New Fellows Conference was held in August in Byron Bay and again received extremely positive feedback. There were over 30 attendees and the program covered a wide variety of topics. Discussions included; communication techniques, welfare, what a Director looks for when hiring and overseas aid work.

COMMUNICATIONS

The College communicates with its members a variety of ways; e-newsletters, website and social media. In 2018, the website underwent some backend improvements that has assisted the College to streamline content management. Readership on all newsletters has improved markedly over the last 12 months, our click through rate on articles is high and time spent on web pages is also increasing. With one staff member responsible for all aspects of communication, we have had to be strategic regarding social media – as resources do not allow for constant updates, we have opted for “quality over quantity” – only posting updates of substance and this has led to higher engagement with our followers. Twitter: over 580 new followers for the year so far and an average of 14,000 impressions a month. Facebook: increase of followers on our page of 270 from last year which brings our following to 2728.

SPECIAL INTEREST GROUPS

At the end of 2018 the College had six Special Interest Groups; Perioperative Medicine, Retrieval Medicine, Critical Care Ultrasonography, Neurocritical Care, Welfare, Burns. The groups are now open to both Fellows and trainees and membership has risen across all the groups. Burns was the newest SIG and held two meetings, one face to face and one teleconference in 2018. The group plans to focus its efforts on research. The Echo SIG hold one of their annual meetings in conjunction with the well-established Leura Conference in September every year. The meeting was well attended and plans for the future include new research projects. The Perioperative group actively engaged with ANZCA's SIG and are planning education initiatives for 2019 onwards. The Welfare group continued to meet regularly and publish articles in the e-news. A new Member Health & Wellbeing page was published on the CICM website. The Neuro Special Interest Group held a one-day symposium in conjunction with the internationally recognised Emergency Neuro Life Support Course. The symposium attracted over 100 delegates and included presentations from Jose Suarez, from the US. The Retrieval Group activities were put on hold in 2018 as discussions with ACEM continue regarding the development of a Pre Hospital and Retrieval Medicine diploma.



2018 CICM ASM in Hobart Tasmania / waiting for a session

Training

HOSPITAL ACCREDITATION COMMITTEE

Inspections completed in 2018 = **24**

1 withdrawn
1 awaiting HAC approval

Number of foundation / Limited & Gen units in 2018

General = 72
Limited = 38
Foundation = 37

The College successfully launched the online Hospital Accreditation System in March 2018 and it has been working as intended. The feedback has been positive, so we are very happy with the progress and uptake from key stakeholders. In addition to this, the College sent out our first “e-pack” that is going to improve efficiency and save paper. The e-pack contains all the relevant information required to conduct an inspection and is sent electronically to the inspector. Considering the paper-based packs we used to send in the mail were more than 200 pages per inspector, this is a step in the right direction.

ASSESSMENTS

Formal Project

The Formal Project Panel welcomed a new Chair recently as Dr Ian Seppelt took over this responsibility from Dr Raymond Raper. The College would like to thank Dr Raper for his wonderful contribution over the past 10 years as Chair and we look forward to working with Dr Seppelt in the future.

Current Formal Project Reviewers



EXAMINATIONS

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. In particular, 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 Dr Ian Seppelt, who has completed 12 years on the Panel of Examiners. Ian was an enthusiastic member of the panel and had showed his caring nature to the candidates and staff.

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 Meredith Allen (VIC, Second Part Paediatric)
- Dr Sara Allen (New Zealand, Second Part)
- Dr Elizabeth Bennett (Fiji, First Part)
- Dr Umakant Bhutada (QLD, First Part)
- Dr Shailesh Bihari (SA, Second Part)
- Dr Irma Bilgrami (VIC, Second Part)
- Dr Kai Man Chan (Hong Kong, First Part)
- Dr Roberto Chiletto (VIC, Second Part Paediatric)
- Dr Anusha Ganeshalingham (New Zealand, Second Part Paediatric)
- Dr Vikram Masurkar (QLD, Second Part)
- Dr David Moxon (WA, Second Part)
- Dr Sumeet Rai (ACT, Second Part)
- Dr Nicholas Randall (New Zealand, First Part)
- Dr Sarah Wesley (NSW, Second Part)
- Dr Clive Woolfe (NSW, First Part)

SUPERVISORS OF TRAINING

In 2018, Supervisors of Training continued to perform their essential role, without which the delivery of the ICU training program would not be possible. This year, the Education Committee approved and welcomed 28 new Supervisors, bringing the total number of CICM ICU Supervisors of Training to 224.

The mandatory training component of the role, the Supervisor of Training Workshop, underwent a revamp and we introduced a new program focusing on College curriculum, supporting the trainee in difficulty and feedback theory and practice. Bruce Lister and our Education Advisor Charlotte Denniston have developed the new workshop content, and we will continue to refine it as we hold workshops in 2019.

The new workshop has been met with positive feedback and two were conducted in 2018 - in October in Sydney and December in Melbourne. Thanks to Bruce and Charlotte for their efforts in the development of this new workshop and to the Supervisors of Training for attending and continuing to work diligently in their vital roles.

CENSOR ACTIVITY

In 2018, the Censor's Committee continued to support a number of College activities including trainee selection and admission, Recognition of Prior Learning assessments, Overseas Trained Specialist reviews, short-term training applications, review and approval of examiner applications and ad-hoc requests. 2018 saw 166 applicants accepted as Trainees onto the training program and we wish to thank Felicity Hawker, Dianne Stephens and Rob Bevan for their continued work on the Trainee Selection Panel. At the end of 2018, we said goodbye to Dianne Stephens who performed the Censor role for the past two years and welcomed Andrew Hilton, who previously held the Deputy Censor portfolio, as Censor. Di continually made herself available to rule on trainee requests and provide excellent support to the College staff.

In addition, we would like to thank Stephen Jacobe who is the Paediatric representative on this Censors Committee for his contribution to the above activities. We look forward to continuing to provide the best service and support to all College Members through the work of the Censor's Committee in 2019.

TRAINEE COMMITTEE

Following on from 2017, the Trainee Committee had another eventful year. The second Trainee Symposium was a remarkable occasion which again catered for trainees, with nearly 140 attending this engaging and educational event. The city of Hobart did not disappoint, providing excellent hospitality, amazing cuisine and gorgeous backdrops.

The College would like to thank the Trainee Committee who worked very hard to put together a great day, with special thanks going to Sarah Yong who organised a fantastic program that was engaging and informative.

First Part Exam Results

Exam	Total Candidates	Successful Candidates
First Part First Sitting	56	28
First Part Second Sitting	68	40
TOTAL	124	68

Second Part Exam Results

Exam	Total Candidates	Successful Candidates
Second Part (Sydney, May)	60	30
Second Part (Adelaide, October)	74	39
TOTAL	134	69
Second Part Paediatric (Auckland, November)	12	10

2018 Successful Candidates

FIRST PART APRIL 2018 (SITTING 1)



Lillian Armellin
William Body
Cally Buchan
Chee Yun Eunice Chan
Kerina Denny
Clinton Ellis
Amr Elrakaiby
Brigitte Hollander
Matthew James
Patrick Joyce
Sophie Kerr
Qizhan Sherman Lee
Victor Liew
Yvette Low
Eanna Lowney
Lipi Mishra
Jose Pereira
Michael Pittard
Justin Rheese
Robert Short-Burchell
Jessica Sommer
Amelia Street
Raghavendra Subbarayappa
Simon Tan
Joshua Thia
Kate Wagner
Cara Whitley
Avadhut Zagade

FIRST PART OCTOBER 2018 (SITTING 2)



Victoria Arthur
Praveen Bajaj
Timothy Brack
John Brennan
Monica Brook
Adrian Clarke
Kirstin Coggins
Damien Coyle
Jonathan Dallimore
Ashleigh Drury
Cassie Foote
Shahn Forrester
Joshua Ho
Maira Johns
Briony Jude
Mohamed Kamal
Benjamin Lim
Abby McArthur
Emma McDonnell
Claire Michel
Alexander Nesbitt
Samuel Orton
Tapan Parikh aka Parmar
Priya Patel
Ruth Paterson
Natasha Pianca
Umi Qamruddin
Charles Qiu
Vivekanand Rajendran
Timothy Sandstrom
Rishi Sarangi
Sridevi Chikkaya Shetty
Kogulan Sriranjana
Carlos Stephenson
Alexander Thom
David Thomson
Ka Wai Karen Tsang
Ruoxi Wang
Amanda White
Rhiannon Williams

2018 Successful Candidates cont.

SECOND PART MAY 2018

David Baguley
Sara Bassin
Alexander Bates
Udupi Gururaj Abhijith Bhatt
John D'Arcy
Khaled El-Khawas
Hatem Elkady
Leigh Fitzpatrick
Jennifer Gaffney
Ashley Garnett
Vishal Gupta
Emily Harman
Barry Johnston
Montaha Khan
Aashish Kumar
Jessica Lane
Yi-Ching Lee
Stephen Luke
Sandra Lussier
Helen Miles
Robert Morrow
Ruth Aoibheann O'Leary
Samarasimha Pandhem
Hannah Reynolds
Hayley Robinson
Jannien Senekal
Isuru Seneviratne
Joanna Simpson
Rojan Thomas
Anton Zadoya

SECOND PART OCTOBER 2018

Judith Askew
David Bertoni
Sebastiaan PaulBlank
Stephen Burke
Liam Byrne
Dougal Carlisle
Santiago Cegarra Garcia
Mitul Purushottam Chavda
Jonathan Chen
Sananta Dash
Stuart Duffin
Matthew Durie
Ebrahim Ebid
Anamika Ganju
Christopher Grealy
Kristin Hayres
Kenneth Hoffman
Jade Jones
Hamish Lala
Ka Yi Lam
Lowell Ling
Joanna Longley
James McKay
Owen Milne
Cara Moore
Thea Morris
Steven Musca
Robert Olver
Lachlan Quick
David Ransley
Ryan Salter
Marie Scott
Adam Simpson
Matthew Spotswood
Julian Sunario
Jonathon Taylor
Mark Weeden
Stephen Whebell
Elliott Theodrose Worku

SECOND PART PAEDIATRIC NOVEMBER 2018

Shreerupa Basu
Jolly Chandran
Sachin Desai
Belinda Gowen
Melanie Jansen
Erin Kelland
Sunit Matha
Clark Maul
Sebastian Rimpau
Michaela Waak

New Zealand National Committee Annual Report For 2018

This report covers the activities of the New Zealand National Committee (NZNC) for the period January 1 to December 31, 2018. 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

Chair

Dr Jonathan Casement

Deputy Chair

Dr Andrew Stapleton

Other Elected Members

Dr Rob Bevan

Dr Geoff McCracken

Dr Jonathan Albrett

Dr Louise Hitchings

Dr Nilakant Kaushik (Trainee Representative)

Co-opted Representatives

Dr Debra Chalmers (New Fellows Rep)

Shawn Sturland

Co-opted Observers

Dr Ben Barry (ANZICS)

Dr Sally Ure (ANZCA)

Administrative Assistance

Rose Chadwick

New Zealand Fellows and Trainees

The total number of Fellows in 2018 was 107, of which 6 were new fellows. There were 41 active trainees.

National Committee Meetings

The NZNC met three times. Dr Peter Murray, Deputy Medical Officer Pharmac, was an invited speaker at the August meeting.

OTS

Selected members of the NZNC CICM assessed two Overseas Trained Specialists (OTS) during the year, one from the UK and one from Switzerland, both of whom were assessed as substantially comparable.

Meeting of Clinical Directors from Secondary Units

CICM NZ organised and facilitated a meeting of clinical directors of ICUs of smaller hospitals in August.

Issues impacting on units were discussed, members of CICM NZ presented information to participants, and some possible actions to improve the situation for small ICUs were identified.

Medical Council of New Zealand

NZNC CICM was represented at the MCNZ/College Executive Meeting on May 24 and at the MCNZ/VEAB Meeting on September 11. The major work of the Council centres on Strengthening recertification requirements for vocationally registered doctors in New Zealand.

Council of Medical Colleges in New Zealand (CMC)

Representatives of NCNZ CICM attended the quarterly meetings of CMC, where invited speakers from various health focussed organisations updated participants on key developments in the health sector. The Minister of Health attended one of the meetings.

NZ Office

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

Jonathan Casement, Chair

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

Chair Andrew Udy
 Deputy Chair Sanjiv Vij
 Elected Member Mainak Majumdar
 Shyamala Sriram
 Li Tan
 Ex-Officio Board Memebers Himangsu Gangopadhyay
 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

VICTORIA

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
 Ravi Sonawane
 Co-opted Bunbury ICU Representative Anupam Chauham
 Ravi Krishnamurthy

WESTERN AUSTRALIA

NEW SOUTH WALES

QUEENSLAND

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

Chair Michaela Cartner
 Deputy Chair Vikram Masurkar
 Elected Member Melita Trout
 Shane Townsend
 Hayden White
 Neil Widdicombe
 Ex-Officio Board Memebers Jeremy Cohen
 Peter Kruger
 Trainee Representative Isuru Seneviratne
 Co-Opted Members Chris Anstey
 Yogesh Apte
 Neeraj Bhadange
 Arjun Chavan
 Ben Cheung
 Matt Grigg
 Jayshree Lavana
 Jeffery Lipman
 Paul Lister
 Lyndal Russell
 Kiran Shekar
 Andrew Semark
 Cath Tacon
 Hayden White

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
 John Raj
 Trainee Representative Kristin Hayres

Chair Lewis Campbell
 Deputy Chair Paul Secombe
 Elected Member Sid Agarwal
 Ex-Officio Board Member Dianne Stephens
 Penny Stewart
 Trainee Representative Anthony Ryan
 Co-opted Member Theresia Van Beek

NORTHERN TERRITORY

From The Regions

NEW SOUTH WALES REGIONAL COMMITTEE

The NSW Committee had another busy year, making further efforts to engage with the state fellowship, develop policy around future ICM practice, provide assistance to Hospital accreditation, and ensure training and education for NSW trainees.

Two Trainee Education Days (TEDs) were held around Sydney

- Severe Cardiorespiratory failure – June, St Vincents Hospital
- Organ and Tissue Donation for Transplantation – August, Royal Prince Alfred Hospital

The 4th Annual Trainee Research Presentation Evening, held November 2018 at RPA. Six trainees presented their formal projects, followed by guest lecture by David Gattas.

There was further discussion with NSW Health regarding the Development of Model Scopes of Clinical Practice for Intensive Care Specialists. This involved defining what are the core, specific, and extended skills of the specialty of intensive care medicine. Specific areas of discussion in 2018 were around echocardiography, ECMO, and paediatrics, and the RC reached some consensus statements on their positions around these three areas.

The Committee looked at CPD activities for Fellows and it was felt that this needed to be something very different to the SOT workshop. The 'Death, Dying and the Law in Intensive Care Medicine' day was well received, it was felt that any future CPD should have more relevance to college activities.

The newsletter commenced in 2017 was well received and was continued throughout 2018. The newsletter was sent to all NSW Fellows after each RC meeting to encourage engagement within the NSW ICU community, and will continue in 2019.

Stuart Lane, Chair

VICTORIAN REGIONAL COMMITTEE

The VRC continues to advocate for CICM Trainees and Fellows working in Victoria. Over the last 12 months two key activities have been organised. A highlight in the calendar is the Trainee Research Presentation Evening – Tuesday 20th November 2018. This was the fourth annual VRC Trainee Research meeting and was held over dinner with 20 trainees and Fellows in attendance. Three very high-quality presentations were delivered by local trainees. A/Professor Chris Nickson also provided a highly insightful, and humorous presentation on 'Sex, Drugs, and Scientific Discovery'. The VRC will continue to support and promote CICM trainee research with a co-badged (with the Victorian Intensive Care Education Network - VICEN) event later in 2019.

'Preparing for the third part' an education event for trainees held 10th April 2018. This was new event, hosted at the CICM premises in Prahran with 35 CICM Trainees. The evening was aimed at preparing Victorian ICU trainees for the Consultant Application / Appointment process. Specific topics included CV writing, portfolio development, and interview tips by senior consultants. The session was very well attended and feedback from trainees determined they wished for more sessions like this. Overall, the event was very successful, in large part due to the organisation and the VRC will plan another education evening in 2019.

The VRC is committed to providing ongoing highly tangible educational opportunities for CICM Trainees and Fellows, in addition to ensuring diversified, contemporaneous, and transparent representation to the CICM Board. In particular, the VRC is seeking to champion diversity, and respect in all aspects of ICU practice.

The VRC continues to work towards centralizing CICM training in Victoria, with a pilot program hopefully commencing in 2020. 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. This represents an exciting opportunity to consider embedding new initiatives in the CICM curriculum, such as professional behaviour workshops, medico-legal seminars, and research training. The VRC will continue to work with the CICM board on these issues.

Andrew Udy, Chair

NORTHERN TERRITORY REGIONAL COMMITTEE

In 2018 we initiated regular Territory-wide teleconference evenings for Trainees and Fellows to present research and discuss common issues for the two ICUs in the Territory, Darwin and Alice Springs. These two units sit on very different country, but we face, and cause, the same challenges due to distance, staff turnover and population size. After unanimous support from the NT Fellows, and a frankly gerrymandered election the NT regional committee started its existence with a face to face meeting in Darwin. This was an intellectually and professionally nourishing day of trainee presentations and discussions about all those joint challenges and how we can face them together across the NT. The trainees got a good roasting, and at least publicly will tell you they enjoyed the event and the Fellows certainly learned from the projects and ensuing discussions. Yarning is a good way to identify issues without charging at them head-on. It can be challenging for those who are embedded in the Agenda-led style of discussion, and it needs a little discipline from all participants not to swamp or evade. Even with a hybrid approach we tapped into a rich vein of lived experience. It's clear that we continue to attract people with skills, a vision and a mission to measure themselves against the sometimes challenging environments of the Territory.

These opened veins of experience will fuel the CICM Regional and Rural conference on the 18th and 19th of July in Darwin in 2019. This is a cross-discipline and representation-correcting conference which will underline what we know who work outside of the major centres: that if you can be an ally to patients and a node in your professional network, then no matter how lonely a remote crisis feels you are Never Alone.

One of the clear messages from trainees and Fellows was that stronger links across the Territory would improve the proposition of moving or staying here. Future directions for this regional committee are to explore how we can come together to allow people to plan and live their lives to take advantage of the Territory and its opportunities, including part time or cross-health service working and training between the two ICUs, and supporting trainees in preparing for exams.

Finally, it will take culturally safe service provision to improve the health statistics of the NT, and while the key in other settings is community control of services, we have not heard of any models that allow community engagement with ICU service planning and provision. We have continued to speak out for inclusion and engagement with all those who depend on our service, in support of cultural liaison, language and health interpretation, and culturally safe audits on patient experience.

Lewis Campbell, Chair

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 meetings each year.

The CICM ASM for 2018 was in Hobart. The theme titled, "Into the Heart of ICU- Critical Care Cardiology", was very successful with over 360 registrations. The ASM committee did a fantastic job of developing the scientific programme. The social events had a uniquely Tasmanian flavour including a boat trip across the Derwent for the ASM Dinner.

Last November, the committee organised a conjoint Tasmanian Intensive Care Medicine ASM with the regional committees of ACCCN and ANZICS. "Double Trouble - Obstetrics in ICU" was held on November 30th 2018 in Launceston.

Benoj Varghese, Chair

WESTERN AUSTRALIA REGIONAL COMMITTEE

The WA Regional Committee (RC) has had 3 meetings over the last year. 8-11 RC members have attended each meeting. The 2 year term of the RC ended in November 2018 and a new RC has been formed. I wish to acknowledge the hard work of retiring RC members and welcome new members. The RC and the WA Intensive Care Network organised a trainee presentation evening on 10 July at the University of WA Club. The evening was sponsored by Western Biomedical. There were 6 trainees who presented and ~30 people attended. Due to the ongoing success of this initiative we plan to make it an annual event. It provides a good opportunity for trainees to present research projects (including their formal projects) in WA. In addition, the RC and the WA Intensive Care Network organised a Fellow and Trainee Education Workshop on consent, the role of the coroner and medicolegal issues on 23 November. It was held at the Bluewater room in Applecross and again ~30 attended.

The RC remains concerned about Human Research Ethics Committees in WA being less prepared to support research trials where next of kin (NOK) consent is required. The Guardianship Act in WA is silent on NOK consent for research and this has resulted recently in Ethics Committees being unwilling to support trials (particularly where there is a placebo arm). A letter has been sent to the State Attorney General signed by the College President and Regional Committee Chair. We are hopeful an amendment to the Guardianship Act will be forthcoming, however, it is not expected to be dealt with in amendments due this year. We have also continued our involvement with the annual PMC WA/AMA Medical Careers Expo. This year the expo was held on 13 March at the University of WA Club, and we gave a presentation on Intensive Care Training in addition to manning a booth. 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.

John Lewis, Chair

QUEENSLAND REGIONAL COMMITTEE

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

1. There were two hospital accreditation inspections conducted for the following units;

- The Queensland Children's Hospital (formerly Lady Cilento)
- Logan Hospital

2. Two SOT/Fellowship training workshops.

- The midyear workshop focussed on the exam process and preparation for the First Part and Second Part examinations. SOTs of the state and QLD representatives of both examination boards had the opportunity to liaise. It is hoped that this will be of aid to the SOTs as they prepare the trainees for their examinations.

- The end of year general Fellowship workshop focused on Quality and Safety in the ICU. Invited guests included a board member of the Australian Commission of National Quality and Safety, Clinical Governance officers, An Associate Professor of workplace health and Safety from Griffith University, Council to the State Coroner and ICU colleagues from Cairns to the Gold Coast giving their perspectives on this important topic. The day was well received and attended.

3. Two research focused events

- The formal project research workshop was held at the Sunshine Coast Hospital in conjunction with the Annual Queensland critical care research forum. The workshop walks the trainee through the skills required to complete the formal project.

- Trainee Presentation Evening held. Four 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.

In 2018 we continued with co-opted regional representatives as well as an elected committee. 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 2019. QRC 2019 will be led by the new Chair Dr Vikram Masurkar.

Michaela Cartner, Chair

SOUTH AUSTRALIAN REGIONAL COMMITTEE

Training, education and course initiatives continue to be a major focus at Committee meetings. Pleasingly, the last 12 months has seen the previous year's trend of increasing collaboration between the accredited training units continue in South Australia. Education activity for trainees has strengthened, and fellow education sessions have continued with great success.

The SA Committee's second and third industry sponsored Fellow Education Evenings took place on June 5 and October 23 2018, both fully subscribed with 40 attendees at each event. Industry sponsorship has been secured for a further 2 FEEs in 2019 and are currently being organised by the SA Committee. In addition to this, further sponsorship for a session on mentoring to be delivered by Dr Bruce Lister is being sought for 2019.

Collaboration between large and smaller units to improve trainee access (both CICM and non-CICM) to BASIC courses has begun following Committee discussions. 2018 saw the inaugural tracheostomy and advanced airway management courses in September and October respectively, both fully subscribed and highly successful. Cardiac surgical advanced life support (CALs) courses have also ramped up significantly at the Royal Adelaide Hospital and Flinders Medical Centre.

With several centres reporting poor attendance to (mainly exam preparation) tutorials, mainly due to low trainee numbers and rostering (days/nights/days-off), a concerted effort led by the Committee's trainee representative and SOTs has shored up a more State-based invitation system, and video conferencing is being considered to improve attendance and session value.

Transition year terms are being prepared with some already approved in the larger units. The Committee has begun taking measures to encourage and help smaller units do the same.

The first South Australian ECMO centre collaboration session took place on the 4th of December 2018 with industry sponsorship secured in much the same manner as the Fellow Education Evenings. The Committee plans to facilitate one, maybe two such sessions each year.

The Committee continues to be represented on the Department of Health Committee of College Chairs. Whilst the Committee has heard various updates regarding issues with the new Royal Adelaide Hospital and EPAS electronic patient administration system, it has not identified any issues that may impact fellows or trainees of the CICM.

Unfortunately, two of the Committee's female members have left due to interstate migration (ANZICS representative) and completion of service position (trainee representative). The Committee is committed to maintaining the advantages of gender balance, and diversity and inclusion in the broader sense. This will be a major factor in the coming discussions on co-opting new members.

Overall the Committee continues to enjoy an enthusiastic and friendly membership, face-to-face Committee meetings, and a steady improvement in morale and collegiality in the South Australian critical care community.

Stephen Lam, Chair

ANNUAL FINANCIAL REPORT FOR 2018



College of Intensive Care Medicine
of Australia and New Zealand

ACN 134 292 103

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 2018.

DIRECTORS

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

- Raymond Raper
- Mary Pinder
- Rob Bevan
- Charles Corke
- Dianne Stephens (resigned 22 November 2018)
- Rinaldo Bellomo (resigned 25 May 2018)
- Sarah Yong
- Priya Nair
- Penny Stewart
- Peter Kruger
- Andrew Hilton
- Jeremy Cohen (appointed 25 May 2018)

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 2018 amounted to \$516,544 (2017: \$720,581)

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

The College began providing the Specialist Training Program (STP) which is an Australian government initiative designed to provide vocational training for medical graduates into settings outside traditional metropolitan teaching hospitals, including regional, rural and remote and private facilities. Other than the matters noted above, there were no other 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 2018 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 2019, 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.

College Secretary

The College secretary is Phil Hart, who was appointed to the position in 2008.

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 2018, 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
Raymond Raper	3	3	2	2
Mary Pinder	3	3	2	2
Rob Bevan	3	3	1	1
Charles Corke	3	2	1	1
Dianne Stephens	3	3	-	-
Rinaldo Bellomo	1	1	-	-
Sarah Yong	3	2	-	-
Andrew Hilton	3	3	-	-
Peter Kruger	3	3	-	-
Priya Nair	3	3	-	-
Penny Stewart	3	3	-	-
Jeremy Cohen	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



Raymond Raper
Director

17 May, 2019
Sydney

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 2018, 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: 17 May 2019
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 2019, and
 - (i) give a true and fair view of the financial position as at 31 December 2018 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.

On behalf of the directors

A handwritten signature in black ink that reads 'Raymond Raper'.

Raymond Raper
Director

17 May 2019
Sydney, New South Wales

Statement of Profit and Loss and Other Comprehensive Income

For the year ended 31 December 2018

	Notes	2018	2017
		\$	\$
Revenue from ordinary activities	2	4,233,126	3,848,636
Interest income calculated using the effective interest method		75,401	65,282
Other income	2	3,001,679	845,175
Total revenue		<u>7,310,206</u>	<u>4,759,093</u>
Expenses			
Employee benefits expense		(1,673,705)	(1,502,812)
Administration and college expenses		(1,082,799)	(935,141)
Travel and conference expenses		(954,313)	(864,783)
Information technology expenses		(160,360)	(143,514)
Professional services expense		(94,009)	(72,610)
Occupancy expenses		(336,705)	(326,778)
Finance costs		(43,469)	(40,395)
Other expenses		(167,668)	(152,479)
STP expenses		(2,280,634)	-
Surplus before tax		<u>516,544</u>	<u>720,581</u>
Income tax expense		-	-
Surplus after tax attributable to the College		<u><u>516,544</u></u>	<u><u>720,581</u></u>
Other comprehensive income for the year		-	-
Total comprehensive income for the year attributable to the College		<u><u>516,544</u></u>	<u><u>720,581</u></u>

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

Statement of Financial Position

As at 31 December 2018

	Notes	2018	2017
		\$	\$
Current Assets			
Cash and cash equivalents		4,016,200	1,386,255
Trade and other receivables	4	355,708	258,966
Financial assets	5	7,059,377	6,970,535
Total Current Assets		<u>11,431,285</u>	<u>8,615,756</u>
Non-Current Assets			
Plant and equipment	6	136,285	156,058
Intangible assets	7	596,630	611,837
Total Non Current Assets		<u>732,915</u>	<u>767,895</u>
Total Assets		<u>12,164,200</u>	<u>9,383,651</u>
Current Liabilities			
Trade and other payables	8	3,297,454	1,057,609
Provisions	9	149,468	146,508
Total Current Liabilities		<u>3,446,922</u>	<u>1,204,117</u>
Non-Current Liabilities			
Provisions	9	59,083	37,883
Total Non-Current Liabilities		<u>59,083</u>	<u>37,883</u>
Total Liabilities		<u>3,506,005</u>	<u>1,242,000</u>
Net Assets		<u>8,658,195</u>	<u>8,141,651</u>
Equity			
Retained earnings		8,658,195	8,141,651
Total Equity		<u>8,658,195</u>	<u>8,141,651</u>

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

Statement of Changes in Equity

For the year ended 31 December 2018

	Retained Earnings \$	Total Equity \$
Balance at 1 January 2017	<u>7,421,070</u>	<u>7,421,070</u>
Profit for the year	720,581	720,581
Other comprehensive income	-	-
Total comprehensive income for the year	<u>720,581</u>	<u>720,581</u>
Balance at 31 December 2017	<u>8,141,651</u>	<u>8,141,651</u>
Profit for the year	516,544	516,544
Other comprehensive income	-	-
Total comprehensive income for the year	<u>516,544</u>	<u>516,544</u>
Balance at 31 December 2018	<u>8,658,195</u>	<u>8,658,195</u>

The above statement of changes in equity should be read in conjunction with the accompanying notes

Statement of Cash Flows

For the year ended 31 December 2018

	Notes	2018 \$	2017 \$
Cash flows from operating activities			
Receipts from members and government bodies (inclusive of GST)		8,750,854	5,412,283
Payments to suppliers and employees (inclusive of GST)		(6,043,124)	(4,167,287)
Interest received		11,640	7,782
Net cash provided by operating activities		<u>2,719,370</u>	<u>1,252,778</u>
Cash flows from investing activities			
Payments for leasehold improvements and office equipment		(35,060)	(117,679)
Payments for intangible assets		(22,444)	(159,954)
Payments for curriculum development		(43,445)	(19,290)
Payments for financial assets		(180,462)	(924,981)
Income received from financial assets		191,986	125,341
Net cash (used in) investing activities		<u>(89,425)</u>	<u>(1,096,563)</u>
Cash flows from financing activities			
Net cash provided by/(used in) financing activities		<u>-</u>	<u>-</u>
Net increase in cash held		2,629,945	156,214
Cash and cash equivalents at beginning of year		<u>1,386,255</u>	<u>1,230,041</u>
Cash and cash equivalents at end of year		<u><u>4,016,200</u></u>	<u><u>1,386,255</u></u>

The above statement of cash flows 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

The College has adopted AASB 9 of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (‘AASB’) that are mandatory for the current reporting period.

AASB 9 Financial Instruments

The College has adopted AASB 9 from 1 January 2018. The standard introduced new classification and measurement models for financial assets. A financial asset shall be measured at amortised cost if it is held within a business model whose objective is to hold assets in order to collect contractual cash flows which arise on specified dates and that are solely principal and interest. A debt investment shall be measured at fair value through other comprehensive income if it is held within a business model whose objective is to both hold assets in order to collect contractual cash flows which arise on specified dates that are solely principal and interest as well as selling the asset on the basis of its fair value. All other financial assets are classified and measured at fair value through profit or loss unless the entity makes an irrevocable election on initial recognition to present gains and losses on equity instruments (that are not held-for-trading or contingent consideration recognised in a business combination) in other comprehensive income (‘OCI’). Despite these requirements, a financial asset may be irrevocably designated as measured at fair value through profit or loss to reduce the effect of, or eliminate, an accounting mismatch. For financial liabilities designated at fair value through profit or loss, the standard requires the portion of the change in fair value that relates to the entity’s own credit risk to be presented in OCI (unless it would create an accounting mismatch). New simpler hedge accounting requirements are intended to more closely align the accounting treatment with the risk management activities of the entity. New impairment requirements use an ‘expected credit loss’ (‘ECL’) model to recognise an allowance. Impairment is measured using a 12-month ECL method unless the credit risk on a financial instrument has increased significantly since initial recognition in which case the lifetime ECL method is adopted. For receivables, a simplified approach to measuring expected credit losses using a lifetime expected loss allowance is available.

Impact of adoption

AASB 9 was adopted in the financial year. This has been assessed and there is no material impact on the financial statements.

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 2018 which have not been applied by the College in preparing this financial report. Those that are most likely to impact the College are as follows:

Standard	Summary	Application date	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. AASB 15 also enhance the disclosures about revenue.</p>	1 January 2019	<p>The changes in revenue recognition requirements in AASB15 is likely to have minimal impact on the timing and amount of revenues going forward. The impact on membership fees appears minimal, as they are currently in line with the year of service.</p>
AASB 16 Leases	<p>AASB 16 will cause the majority of leases of an entity to be brought onto the statement of financial position.</p> <p>The calculation of the lease liability will take into account appropriate discount rates, assumptions about lease term and increases in lease payments.</p> <p>A corresponding right to use asset will be recognised which will be amortised over the term of the lease.</p> <p>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. As the lease is expected to be renewed in the year of application, the overall impact appears minimal.</p>
AASB 1058 Income of Not-for-Profit Entities	<p>AASB 1058 supersedes all the income recognition requirements relating to private sector NFP entities, and majority of income recognition requirements relating to public sector NFP entities, previously in AASB 1004 Contribution. The timing of income recognition depends on whether such a transaction gives rise to a liability or other performance obligation (a promise to transfer a good or service), or a contribution by owners, related to an asset (such as cash or another asset) received by an entity. AASB 1058 applies when a NFP entity receives volunteer services or enters into other transactions where the consideration to acquire an asset is significantly less than the fair value of the asset principally to enable the entity to further its objectives.</p>	1 January 2019	<p>Management has undertaken an assessment that the adaptation of this new standard would not have a significant impact.</p>

Notes to the Financial Statements

(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 College 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.

(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) Specific Purpose Grants

Grants received on the condition that the specified services are delivered, or conditions are fulfilled, are considered reciprocal. Grant monies received for specific purposes are recorded as revenue in the period in which the amounts are expended i.e. when services have been performed or conditions have been fulfilled. Grant monies received but not yet expended i.e. when services have not yet been performed, or conditions have not been fulfilled, are shown in the Statement of Financial Position as current liabilities.

(iii) Interest income

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

(iv) *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.

(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 any allowance for expected credit losses. 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

Investments and other financial assets

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification.

Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless, an accounting mismatch is being avoided. Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the College has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

Financial assets at fair value through profit or loss

Financial assets not measured at amortised cost or at fair value through other comprehensive income are classified as financial assets at fair value through profit or loss. Typically, such financial assets will be either:

(i) held for trading, where they are acquired for the purpose of selling in the short-term with an intention of making a profit, or a derivative; or (ii) designated as such upon initial recognition where permitted. Fair value movements are recognised in profit or loss.

A portfolio of financial assets that is managed and whose performance is evaluated on a fair value basis is neither held to collect contractual cash flows nor held both to collect contractual cash flows and to sell financial assets. The entity is primarily focused on fair value information and uses that information to assess the assets' performance and to make decisions.

In addition, a portfolio of financial assets that meets the definition of held for trading is not held to collect contractual cash flows or held both to collect contractual cash flows and to sell financial assets. For such portfolios, the collection of contractual cash flows is only incidental to achieving the business model's objective. Consequently, such portfolios of financial assets must be measured at fair value through profit or loss.

(h) Financial assets (cont.)

Financial assets at fair value through other comprehensive income

Financial assets at fair value through other comprehensive income include equity investments which the College intends to hold for the foreseeable future and has irrevocably elected to classify them as such upon initial recognition.

Impairment of financial assets

The College recognises a loss allowance for expected credit losses on financial assets which are either measured at amortised cost or fair value through other comprehensive income. The measurement of the loss allowance depends upon the College's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain.

(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.

(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.

(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.

	2018 \$	2017 \$
2. Revenue and other income		
Revenue		
Admission and registration fees	2,157,231	2,072,539
Training and assessment fees	2,075,895	1,776,097
	<u>4,233,126</u>	<u>3,848,636</u>
Other revenue		
Sponsorship - ASM	201,977	216,568
Registration - ASM	424,400	271,882
Other income	53,164	45,503
Net fair value gain/(loss) on financial assets	(91,620)	217,231
Investment income from financial assets	133,125	93,991
Grant income	2,280,633	-
	<u>3,001,679</u>	<u>845,175</u>
3. Expenses		
Surplus before tax includes the following specific expenses:		
<i>Depreciation and amortisation</i>		
Depreciation expense	54,833	57,299
Amortisation expense	92,810	70,865
	<u>147,643</u>	<u>128,164</u>
Rental expense relating to operating leases	<u>245,447</u>	<u>236,007</u>
4. Trade and other receivables		
Trade receivables	11,972	344
Prepayments	176,896	141,928
Deposits	119,122	57,976
Accrued interest	28,934	29,121
Other receivables	18,784	29,598
	<u>355,708</u>	<u>258,966</u>
5. Financial assets		
Current		
Investment in managed funds	4,351,693	4,326,438
Term deposits	2,707,684	2,644,097
	<u>7,059,377</u>	<u>6,970,535</u>

(a) Credit risk exposure

C/CM 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 College'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
	\$	\$	\$	\$
At 31 December 2017				
Opening Book value	74,820	4,984	15,874	95,678
Additions	15,625	30,521	71,533	117,679
Depreciation charge	(30,483)	(7,716)	(19,100)	(57,299)
Net book amount	<u>59,962</u>	<u>27,789</u>	<u>68,307</u>	<u>156,058</u>
At 31 December 2018				
Opening Book value	59,962	27,789	68,307	156,058
Additions	5,451	5,635	23,975	35,061
Depreciation charge	(19,180)	(8,199)	(27,455)	(54,833)
Net book amount	<u>46,233</u>	<u>25,225</u>	<u>64,827</u>	<u>136,285</u>

7. Intangible assets

	Curriculum Project Cost	Website Cost and HAC project	Total
	\$	\$	\$
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>
At 31 December 2018			
Cost	681,606	258,123	939,729
Accumulated amortisation	(297,386)	(45,713)	(343,099)
Net book amount	<u>384,220</u>	<u>212,410</u>	<u>596,630</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 Cost	Website Cost and HAC project	Total
	\$	\$	\$
Opening net book amount	406,263	205,574	611,837
Additions	46,245	31,358	77,603
Amortisation charge	(68,288)	(24,522)	(92,810)
Closing net book amount	<u>384,220</u>	<u>212,410</u>	<u>596,630</u>

	2018	2017
	\$	\$
8. Trade and other payables		
Trade payables	100,793	68,924
Employee benefits – annual leave	187,655	164,291
Deferred income	870,903	671,528
Other creditors and accruals	2,138,103	152,866
	<u>3,297,454</u>	<u>1,057,609</u>
9. Provisions		
Current		
Employee benefits – long service leave	<u>149,468</u>	<u>146,508</u>
Non-current		
Employee benefits – long service leave	<u>59,083</u>	<u>37,883</u>
	<u>208,551</u>	<u>184,391</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:

	2018	2017
	\$	\$
Key management personnel compensation	<u>640,810</u>	<u>582,072</u>

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. Total key management personnel transactions during the financial year was:

	2018	2017
	\$	\$
Key management personnel transactions	<u>27,935</u>	<u>24,472</u>

12. Contingent liabilities

The College has given bank guarantees as at 31 December 2018 of \$61,357 (2017: \$61,357) to various landlords.

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:

	2018	2017
	\$	\$
<i>Non-cancellable operating leases</i>	250,479	240,664
Commitments for minimum lease payments in relation to non-cancellable operating leases are payable as follows:	<u>63,510</u>	<u>313,989</u>
	<u>313,989</u>	<u>554,653</u>

14. Events after the reporting period

No matter or circumstance has arisen since 31 December 2018 that has significantly affected, or may significantly affect the College's operations, the results of those operations, or the College'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 2018, 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 Company 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 2018 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 Company 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 2018, 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.

Other Information (Continued.)

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
This description forms part of our auditor's report.



RSM AUSTRALIA PARTNERS



P A RANSOM

Partner

Dated: 20 May 2019
Melbourne, Victoria