

# 2019 ANNUAL REPORT



COLLEGE OF INTENSIVE CARE MEDICINE  
OF AUSTRALIA AND NEW ZEALAND



# Presidents Report

What a tumultuous year it has been in our two countries since the last President's annual report. In New Zealand, there were two dramatic mass casualty events that tested the resourcefulness of Intensive Care – the Christchurch mass shooting and the Whakaari volcanic eruption. In Australia, a wide-spread drought ushered in the worst bush fire season in living memory and then both countries were forced to deal with the Covid-19 pandemic. This has resulted in the postponement of examinations, teaching initiatives and conferences and has severely disrupted almost all aspects of College life. At the time of writing this report, the full extent of the effect of the viral pandemic may not have been realised but certainly, in the early stages, public health measures have enabled avoidance of the medical chaos seen in comparable countries around the world. For this we should be grateful to the governments, their expert advisors and the citizens of our two countries who have accepted the need for lock-downs, isolation and physical distancing. At the ASM in Cairns, we were privileged to hear of the extraordinarily successful management of the victims in Christchurch. This and the management of the Whakaari burn victims in both countries bear testament to the quality of Intensive Care in New Zealand and Australia. This should provide great confidence in our ability to cope with Covid-19 although I sincerely hope that we never face the overwhelming challenges seen in Europe and the USA.

## Tenth Anniversary

In conjunction with the March meeting, the Board held a celebratory dinner for the tenth anniversary of the establishment of the College. The dinner was attended by past presidents and deans who entertained with stories of the founding and early years of the College. All emphasised the importance of the role played in our success story by the first College CEO, Phil Hart. Phil announced his intention to retire from this role and the Board unanimously elected him to the first Honorary Fellowship of the College.

## Finances

While Covid-19 has dominated all of our thinking for some time now, we have been able to achieve a great deal over the past year. In spite of the dramatic economic impact of the pandemic, College finances continue in at least reasonable shape. Our investment portfolio has been very conservative and this moderated the impact of the dramatic decline in stock prices. It is pleasing to see some recovery to date from a low bottom. Revenue has certainly been impacted but expenses related to exams and conferences have also declined so the impact to date has been modest. We are expecting to be able to access some governmental assistance but still anticipate that we will not be able to maintain the budget surplus of previous years.

## College premises

After failing to purchase our current premises last year, the Board have contracted to buy space in a building under construction in High St Prahran. This is an exciting prospect for the College, especially given that ANZICS has agreed to collocate in the new building. This can only enhance the close relationship between our two organisations that has flourished through the Covid-19 crisis.

## College staff and Board

As I write this report, we are preparing to induct our new CEO, Julia Harper. Recruitment was significantly complicated by travel bans and lock-downs but I am absolutely delighted with the outcome. The Board also welcomed new elected members in Nhi Nguyen, Neil Orford and New Fellow Representative Nicky Dobos. Derek Adigbli became the new trainee representative. Jackie Tunnecliff joined us as our Education Advisor and Angela Dalit, Alannah Bennetts and Ashley Leek were also welcomed to the College team. The Executive travelled to New Zealand during the year and met with the NZ ICU Directors. This was a highly successful initiative that significantly enhanced understanding across the Tasman divide. Hopefully, this can become a regular engagement.

## Culture

ICU culture remains an issue for the College. The Board approved a guideline document on the function of the workplace welfare advocate (IC-31) and the culture problem was advanced with a Board-sponsored workshop. Plans for further development at the ASM in Wellington have had to be deferred but we will continue to develop this theme over the next year with a view to assisting individual ICUs both understand and enhance their culture.

## Workforce and Capacity to Train

Events appear to have overtaken this initiative. The postponement of exams will potentially exacerbate problems with our capacity to examine but the requirement for Intensive Care Specialists to manage the Covid-19 demand surge has rather sidelined overall workforce concerns, at least temporarily. Also, our workforce survey did not provide evidence for significant oversupply of Intensive Care Specialists even without the demand imposed by Covid-19. Nevertheless, the Australian governmental drive to match training positions to workforce need has not been abandoned and this issue will likely resurface in the coming months and years. Progress has continued on our trainee selection process so that if we ever do have to restrict entry to our training program, we will have a sound basis on which to do so.

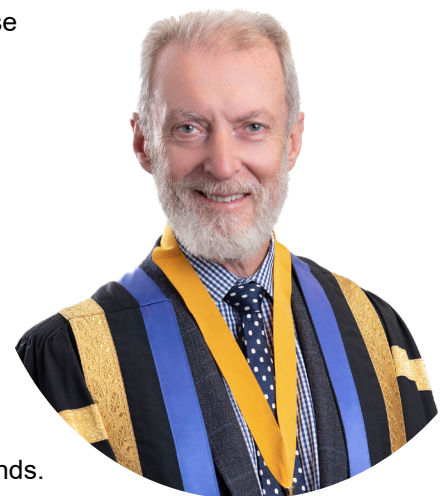
## External relations

Excellent relations with ANZICS and ANZCA have been enhanced over the past year, especially in response to the pandemic. Also, I have become Chair of a collaborative of the Presidents of ACEM, ANZCA, ASA, NZSA, ACORN and ACCCN that is designed to coordinate discussion of issues related to the management of critically ill Covid-19 patients. CPMC has remained active through the pandemic and has enabled Colleges to be kept well informed and to advocate collectively on matters of clinical importance. Plans for conjoint training with ANZCA have progressed with some very positive meetings between the two Colleges. The Covid-19 epidemic may slow this process but will not be allowed to cause significant delay. Active engagement with AIDA has continued and our draft reconciliation plan is undergoing review by Reconciliation Australia. The Indigenous Health Committee is hoping to develop equivalent strategies with New Zealand Maori. The five colleges, joint PHARM diploma initiative has progressed slowly during the year with some identified difficulties especially in New Zealand. It is expected that this will progress once the Covid-19 pandemic recedes and it is hoped that this can be successfully concluded in 2021. Finally, governance issues appear to have dominated much of the activity of the Intensive Care Foundation but we remain hopeful that the organisation will thrive and progress during the coming year. College financial support for the Foundation continues.

## New Initiatives

The inaugural Directors Conference was held in 2019. This was considered a great success and a second conference was planned for 2020. Of course, this has now been deferred till 2021. The College took over responsibility for the management of the intensive care component of the Specialist Training Program (STP) scheme. As part of this process, we were able to fund the first rural conference that was held in Darwin. Unfortunately, the second conference scheduled for Alice Springs has also had to be postponed because of Covid-19 but enthusiasm remains high. Several College documents were reviewed over the year. New initiatives included our Statement on Sustainability (IC-30) and the corporate 'Speak Up Policy'. Finally, the College journal Critical Care and Resuscitation has moved during the year to an exclusively online platform. This transition has been a tremendous success to the great credit of the editorial staff including Rinaldo Bellomo but also the College staff, Liv Sullivan, Paul Brand and Lisa Davidson.

As this report will be one of my last functions as President of the College. I would like to take this opportunity to express my profound gratitude to all the Board members for their wonderful support. It never ceases to impress me that so many, out of a sense of commitment and dedication and without any expectation of specific reward, put their hands up to undertake the essential work of the College. Of course, this not only applies to Board members but to all those Fellows and trainees who engage in assessment processes, committees, and working parties. And it also applies to the dedicated teachers and supervisors who train and mentor the next generation of Intensive Care Specialists. Finally, I would like to also express my gratitude to the staff of the College. It has been a pleasure to get to know you and to work with you over the years. You are the interface for Fellows and trainees to engage with the College and your warmth and enthusiasm set the tone for that College engagement. But the wonderful success of this team derives from the extraordinary dedication and leadership of Lisa Davidson, Daniel Angelico and, especially, our retiring CEO Phil Hart. I am confident that, notwithstanding the setbacks and difficulties imposed by the pandemic, I leave the presidency with the College in good shape and in sound hands.



# Raymond Raper

President

# Chief Executive Officers Report

This will be my 11th and final CEOs report to the Fellows and trainees of the College and it gives me the opportunity to express my gratitude to the people I have been associated with over that time. Since I joined the Joint Faculty in 2008 (as an employee of ANZCA) I have had the enormous privilege of working with a remarkable group of people, to together gradually develop the resources and capabilities of our new College into an independent professional and educational body that we can all be truly proud to be associated with.



There have been many highlights to reflect on over that time, from the repeated success of our Annual Scientific Meeting each year, the many projects and improvement activities we have conducted (such as the introduction of a new curriculum in 2014) and perhaps most significantly, our strong relationship with the regulatory authorities such as the Medical Board of Australia, the Australian Medical Council and the Medical Council of New Zealand.

All the successes of the College have been due to a team effort. The contribution that College Fellows make to trainee supervision, College Committees, Hospital Accreditation, Exam preparation and delivery, and particularly the members of the College Board, is truly amazing. The College simply could not have achieved what it has without the countless hours that its Fellows have devoted to it.

The College faces some challenges over the next few years. We will have to undergo full accreditation again from the AMC, there are many improvements that can still be made to our educational processes and there seem to be ever increasing demands on the medical colleges to extend the scope of the training and CPD programs we provide, and to become involved in activities outside our 'core business'. This can be difficult for a small, resource constrained organisation.

One of the most exciting developments over the next couple of years will be the construction of 101 High St Prahran, where we have agreed, in cooperation with ANZICS, to purchase the three levels of office space. This will give the College and the Society a permanent home together, which can only be of great benefit to the intensive care medicine community as a whole.

There are two groups of people that I owe particular thanks to. We have been extremely fortunate to have had seven remarkable people serve as President (and Dean of JFICM) during my time with the College. Each of them, in their own particular way, has been a strong leader and provided valuable guidance and advice to me. Most recently, Dr Raper has been a wonderful leader and spokesperson for the College, and an unfailing source of wise counsel. And the staff of the College have provided me with tremendous support, led by Lisa, Daniel and Felicity, who have each been at the College longer than I have (a lot longer, in Felicity's case!) and whose contribution to the College really cannot be overstated.

My grateful thanks to everyone.

## Phil Hart

Chief Executive Officer

# Treasurers Report

This Treasurer's report covers the period from January to December 2019, as the College's finances run on the calendar year. 2019 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.

There are three aspects to the College's finances. The first is our operating income and expenditure, the second is the funds administered on behalf of the Commonwealth Department of Health for the Specialist Training Program (STP) and the third is our investments.

Our total operating income for the year (not counting STP funds) was \$5,156,000, which is a 6% increase on the previous year. This was largely due to incremental growth in income from subscriptions, training and exam fees. Our operating expenditure for the year was \$4,796,000, an increase of around 7% over 2018 and again was due to gradual incremental costs of employee salaries, leasing costs (for the office space in Greville St) and costs of running the exams.

The net result for the year was a total operating surplus of \$360,000, which is in line with our overall goal of a 5 – 10% annual operating surplus and again similar to the previous year.

Total STP funding to the College over the course of 2019 was \$2,770,000. Most of this money goes as salary support to the 17 intensive care training positions funded through STP. Because the funding to the training sites is paid in arrears and on receipt of an invoice, much of the funding for the 2019 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 2020.

In addition to our operating surplus, the College also generated income from bank term deposits (\$107k) and dividends (\$135k). Our investment portfolio with Credit Suisse, apart from the income from share dividends, increased in book value over the year by \$539k, meaning that the total change in value of all our financial investments for 2019 was \$781,000.

At the 31 December 2019 the College had net total assets of \$9,775,465, an increase of \$1,117,270 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.

The most significant financial decision taken by the College Board in 2019 was the commitment to purchase property at 101 High St Prahran. We will be buying two levels of office space there, at a cost of \$7.5 million, with ANZICS purchasing a third level. At this stage we have set aside a 10% deposit, in the form of a bank guarantee, with no further financial contribution required until completion and settlement, expected to be mid-2022.

At the time of writing this report the impact of the Covid epidemic on the finances of the College for 2020 are not fully understood. The cancellation of the ASM will mean a drop in revenue, but to some extent this will be offset by lower expenditure. Our projections are that if operations, including the exams, return to near normal in the second half of the year, then the College may be able to run close to break-even for 2020. The initial impact on our investment portfolio was significant, but this has now recovered to some extent. Our portfolio is fairly conservative with around 50% in equities and the Board has resolved to maintain our current position on this, given that we will not need to draw on the funds for the next couple of years.

I would like to sincerely 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

## CICM Board Office Bearers

(at December 2019)

President Ray Raper  
Vice President Mary Pinder  
Treasurer Rob Bevan

### Portfolios

Censor Andrew Hilton  
HAC Chair Peter Kruger  
HAC Deputy Chair, Deputy Censor Priya Nair  
Chair, Education Officer Rob Bevan  
Deputy Chair, Education Officer Neil Orford  
Chair of Assessments Mary Pinder  
ASM Officer and Journal Jeremy Cohen  
CPD Officer Nhi Nguyen  
Chair, Rural and Indigenous Committees Penny Stewart  
Chair, Trainee Committee Nicky Dobos  
(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 2019 had each served a one-year term and so were eligible for re-election. Accordingly, President Ray Raper, vice President Mary Pinder and Treasurer Rob Bevan were each re-elected unopposed for a second year.

There were five positions on the Board up for election in May, as well as the New Fellows Representative. Eight Fellows nominated for the General Fellowship election, with Ray Raper, Mary Pinder and Rob Bevan all being re-elected for a further three-year term, and Neil Orford and Nhi Nguyen the other successful candidates. Five candidates nominated for the New Fellow position, with Nicky Dobos successful.

In addition to the eleven elected Board Members, attendees at Board meetings in 2019 also included co-opted members Stephen Lam (SA) and Vikram Patil (Tas), Paediatric Representative Stephen Jacobe, Trainee Representative Derick Adigbli and the Presidents of ANZICS and ANZCA.



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

**Standing (L – R):** Andrew Hilton, Penny Stewart, Stephen Jacobe, Nhi Nguyen, Peter Kruger, Priya Nair, Phil Hart (CEO), Stephen Lam, Anthony Holley (ANZICS President), Derick Adigbli (trainee representative).

**Seated (L – R):** Felicity Hawker, Jeremy Cohen, Ray Raper (President), Mary Pinder, Rob Bevan, Nicky Dobos.

# 2019 New Fellows

The following were admitted to Fellowship during 2019

Jessica Roberts	<b>NEW ZEALAND</b>	Jason David Wright	<b>NEW ZEALAND</b>
Thomas Flett	<b>WA</b>	Barry Johnston	<b>NSW</b>
Corynn Goh	<b>WA</b>	Jason Tsun Lung Chapman	<b>SA</b>
Hussam Abdelkarim	<b>VIC</b>	Thea Morris	<b>NSW</b>
Rajshree Trivedi	<b>NSW</b>	Edward Briggs	<b>WA</b>
Wai Tat Wong	<b>HONG KONG</b>	Kristin Hayres	<b>SA</b>
Michael Purvis-Smith	<b>VIC</b>	Lowell Ling	<b>HONG KONG</b>
Khaled El-Khawas	<b>VIC</b>	Jessica Lane	<b>NSW</b>
Jillian Lee	<b>NSW</b>	John D'arcy	<b>VIC</b>
Kai Sin	<b>HONG KONG</b>	Vidyesh Wakade	<b>NSW</b>
Bradley Treloar	<b>NT</b>	Mitchell Cameron	<b>QLD</b>
Matthew Spotswood	<b>TAS</b>	Liam Quinn	<b>NSW</b>
Jannien Senekal	<b>NETHERLANDS</b>	Kenneth Hoffman	<b>VIC</b>
Hamish Lala	<b>NEW ZEALAND</b>	Matthew Ostwald	<b>QLD</b>
James McKay	<b>NEW ZEALAND</b>	Julian Sunario	<b>WA</b>
Julia Coull	<b>VIC</b>	Aditee Parab	<b>NSW</b>
David Bowen	<b>NSW</b>	Liam Byrne	<b>ACT</b>
Gerard Moynihan	<b>NSW</b>	Aashish Kumar	<b>QLD</b>
Mark Plummer	<b>VIC</b>	Owen Milne	<b>WA</b>
Jatinder Grewal	<b>QLD</b>	Michael Davies	<b>SA</b>
Alyssia Haling	<b>VIC</b>	Melanie Jansen	<b>QLD</b>
Anton Zadoya	<b>VIC</b>	Joanna Longley	<b>QLD</b>
Atul Wagh	<b>NSW</b>	Benjamin Silbert	<b>WA</b>
Hayley Robinson	<b>WA</b>	Montaha Khan	<b>NSW</b>
Hannah Reynolds	<b>QLD</b>	Rahul Costa-Pinto	<b>VIC</b>
Lohith Karigowda	<b>NSW</b>	George Zhou	<b>WA</b>
Prashanti Marella	<b>QLD</b>	Steven Musca	<b>WA</b>
Stephen Thornhill	<b>VIC</b>	Michelle Gilchrist	<b>NSW</b>
Robert Morrow	<b>SA</b>	Clark Maul	<b>WA</b>
Thomas Burbidge-King	<b>WA</b>	Kate Douglas	<b>UNITED KINGDOM</b>
Mohamed Fayed	<b>UNITED STATES</b>	Fraser Magee	<b>VIC</b>
Isuru Seneviratne	<b>QLD</b>	Guido Janssen	<b>SA</b>
Angelo Justus	<b>QLD</b>	Vijeth Bhat	<b>NSW</b>
Loki Johnk	<b>QLD</b>	Katherine Chatten	<b>NSW</b>
Sebastiaan Paul Blank	<b>NSW</b>	Stuart Duffin	<b>NSW</b>
		Tobias Merz	<b>NEW ZEALAND</b>

# Fellowship Affairs

## CONTINUING PROFESSIONAL DEVELOPMENT

The end of 2019 saw the completion of the latest cycle of CPD and participation rates were high. The College has remained engaged with both the Medical Board of Australia and the Medical Council of New Zealand regarding registration standards. The Medical Board of Australia expects to have the new Professional Practice Framework confirmed towards the middle of 2020. The College approved close to 50 educational activities for CPD registration in 2019.

## 2019 ANNUAL SCIENTIFIC MEETING

The 2019 Annual Scientific Meeting in Cairns explored the theme of Trauma and had over 400 delegates.

### International Speakers:

Professor Chad Ball  
Dr Nicola Curry  
Associate Professor Samuel Galvagno

On the Saturday evening 42 new Fellows graduated at the ceremony and the following awards were presented:

<b>CICM Medal and Orator:</b>	Professor Vernon Van Heerden
<b>Don Harrison Medal:</b>	Not awarded
<b>First Part Examination Medal:</b>	Dr Alexander Nesbitt
<b>Felicity Hawker Medal:</b>	Dr Elissa Milford
<b>Free Paper Presentation:</b>	Dr Sandeep Rakhra
<b>Short Paper Presentation:</b>	Dr David Mackintosh

## INDIGENOUS HEALTH

Following the success in 2018, the College participating in the Australian Indigenous Doctors Association (AIDA) Conference, with a group of Fellows attending the Growing our Fellows seminar and running a workshop in collaboration with ACEM Fellows titled 'Failed Airway Rescue.' The College also sponsors medical students to attend the conference. The College has also drafted a Reconciliation Action Plan that will be sent to Reconciliation Australia for endorsement. Work on a Maori Health Plan will begin in 2020.

## SPECIAL INTEREST GROUPS

In 2019 the College had six Special Interest Groups

- Perioperative Medicine
- Retrieval Medicine
- Critical Care Ultrasonography
- Neurocritical Care
- Welfare
- Burns

The groups are working on a number of projects across their areas of expertise, including research, educational events and communications.

## **NEW FELLOWS RETREAT**

The New Fellows Conference held in August in Byron Bay was at capacity with over 30 delegates. The group discussed a range of topics including; calling out bad behaviour, what nurses want from a new consultant, education and non-clinical portfolios. The event was a great networking opportunity for the new Fellows and the feedback will assist with the development of a strong program in 2020.

## **DIRECTORS CONFERENCE**

The College ran the first Directors Conference in 2019, it was a successful event and well attended. With over 60 delegates, the registration numbers exceeded expectations. The program was non-clinical with speakers exploring leadership in and out of medicine, technology, disruption and culture. The program, two social functions and venue allowed for good discussion time and networking. The College intends to continue running the conference as an annual event in the future.



Bryon at Bryon Resort - location for the New Fellows Retreat and the Directors Conference

# Training

## → SUPERVISORS OF TRAINING

Supervisors of Training are an essential element to the delivery of the ICU training program and in 2019, the Education Committee approved 46 new Supervisors of Training, bringing the CICM total to 240. The College continued to offer Supervisor of Training Workshops in 2019 and ran three throughout the year in Auckland, Brisbane, and Melbourne. The feedback from these sessions was overwhelmingly positive and we hope to see even more attendees in the years to come. In the 2019 workshops, we were fortunate to be able to utilise the educational expertise of Sara Allen from Auckland and Irma Bilgrami from Melbourne, who shared their knowledge and experience with feedback theory and unconscious bias. A big thanks to both Sara and Irma as well as to Bruce Lister for his ongoing efforts with the Supervisors of Training and the workshops.

## → CENSOR ACTIVITY

In 2019, the College welcomed Andrew Hilton to the Censor portfolio and Priya Nair as Deputy Censor. The Censors Committee continued their work supporting College activities including trainee selection and admission to Fellowship, Recognition of Prior Learning assessments, ad-hoc requests, and short-term training applications. Throughout the year, the Committee reviewed an increased number of requests from trainees who are looking to complete their Transition Year in an overseas unit, as well as continued requests from units who would like to have pre-approval for the purposes of Transition Year Training. Many thanks to the Censors Committee for their continued work in 2019 and we look forward to more in 2020.

## → TRAINEE COMMITTEE

The Trainee Committee had a very successful 2019 with the Cairns Trainee Symposium attracting 125 attendees. A special thanks to Sarah Yong for leading coordination of the day's activities with a very engaging program. The symposium was Sarah's last act as Chair of the Committee, and we are very grateful for her hard work and diligence throughout her tenure. The College is pleased to welcome Nicky Dobos from Victoria as Chair and we all look forward to continuing the exciting work with her.

## → TRAINEE SELECTION

Over the two intakes in 2019, the College welcomed 217 new trainees to the training program. Of this, 63 new trainees were accepted in the April intake while 154 have been accepted from the October intake. In 2019, the Trainee Selection Panel finalised dates and details for 2020 which will now see the College have one intake of new trainee registrations per year & implement some additional tools for selection, such as Situational Judgment Tests (SJT). The College worked with the Monash Institute of Health and Clinical Education throughout 2019 to create, refine and workshop a bank of SJTs which will be implemented for selection in 2020. While a big thank you must be given to Felicity Hawker for her continued efforts with this, we would also like to thank all members of the Trainee Selection Panel as well as all Fellows and trainees who were involved in the SJT creation and review processes.

## → OVERSEAS TRAINED SPECIALIST

The Overseas Trained Specialist (OTS) Committee had a productive 2019 with 12 interview assessments completed, 16 applications received and reviewed, and 27 preliminary reviews conducted. The Committee met throughout 2019 to discuss interviews conducted in both Australia and New Zealand as well as proposed updates from both the Australian Medical Council and Medical Council of New Zealand in relation to the assessment of Overseas Trained Specialists. We would like to thank the members of the OTS Committee for their dedication in 2019 and we look forward to continuing this in 2020.

## HOSPITAL ACCREDITATION COMMITTEE

Inspections completed in 2019 = **24**

Current number of accredited units (including Paediatric)

General = **71**

Limited = **40**

Foundation = **33**

The College successfully implemented the final stages of the online Hospital Accreditation System in December 2019. The Director Dashboard has modernised communication and increased engagement with Unit Directors, particularly, during the hospital accreditation process. Additionally, the Inspector Dashboard has further improved efficiency of the accreditation process, by creating a repository for relevant inspection documents and facilitating the online submission of the accreditation report. The dashboards have been positively received by the key stakeholders and significantly impacted the College's paperless initiative.

## ASSESSMENTS

The College welcomed two new members to the Formal Project Review panel, with Lachlan Donaldson and Vinnet Nayyar coming on board.

### Formal Project Reviewers

Ian Seppelt (Chair)	<b>NSW</b>	Kiran Shekar	<b>QLD</b>
Raymond Raper	<b>NSW</b>	James Winearls	<b>QLD</b>
Lachlan Donaldson	<b>NSW</b>	Adam Holyoak	<b>QLD</b>
Vineet Nayyar	<b>NSW</b>	Hayden White	<b>QLD</b>
Paul Secombe	<b>NT</b>	Sumeet Rai	<b>ACT</b>
Lewis Campbell	<b>NT</b>	Ravindranath Tiruvoipati	<b>VIC</b>
Sara Allen	<b>NZ</b>	Andrew Udy	<b>VIC</b>
Ywain Lawrey	<b>NZ</b>	Yasmine Ali Abdelhamid	<b>VIC</b>
David Knight	<b>NZ</b>	Shailesh Bihari	<b>SA</b>
		Kartik Atre	<b>WA</b>

## 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 continued to dedicate their time to the College examination process throughout 2019:

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

The College would like to acknowledge A/Prof Gill Bishop, A/Prof Arthas Flabouris and A/Prof Peter Kruger, who have concluded their terms and retired from the Panel of First Part Examiners. All three members have been essential assets to the College, as all have been past Chairs for the First Part Exam. The College would like to thank Gill, Arthas and Peter for their enormous contribution to the exam process and support over the years. Dr Michael Cleary and A/Prof Geoffrey Gordon have also retired from the Panel of First Part Examiners. Both Michael and Geoffrey have been examiners for the College for the full term and have always contributed greatly with their wisdom and good humour.

Additionally, on behalf of the Panel of Examiners, the College would like to thank A/Prof David Austin, who has stepped down as Chair of the First Part Examination at the end of 2019, for the substantial amount of effort he has put into the examination process as Chair. David has dedicated an immeasurable amount of his time to the College and has led the exam with great diligence. Drs Roslyn Purcell and Andrew Semark were appointed as the new Chair and Deputy Chair respectively, commencing their term at the start of 2020.

Drs Charles Gomersall, Amod Karnik, Mark Lucey, Manoj Saxena and David Williams have retired from the Second Part Examiners Panel. The College would like to thank each examiner for their time and effort over the twelve years for their significant involvement to the Second Part Committee and Examination. Their enthusiasm and good sense has always been highly regarded by the Panel as well as the College staff.

The College's Second Part Paediatric Examiners Panel have also had two members retire, Drs David Buckley and Phil Sargent. Both have contributed tremendously to the exam.

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

- Dr Gordon Choi (Hong Kong, Second Part)
- Dr Abhijit Laha (WA, First Part)
- Dr Swapnil Pawar (NSW, First Part)
- Dr Shivesh Prakash (SA, First Part)
- Dr Sunil Sane (QLD, Second Part)
- Dr Rebecca Smith (New Zealand, Second Part Paediatric)
- Dr Theresia Van Beek (NT, Second Part)
- Dr Peter Velloza (QLD, Second Part)
- Dr Lai Kin Yaw (WA, Second Part)

<b>EXAMINATION</b>	<b>TOTAL CANDIDATES</b>	<b>SUCCESSFUL</b>
First Part (Melbourne, May)	64	40
First Part (Melbourne, October)	84	48
Second Part (Brisbane, May)	57	26
Second Part (Sydney, October)	64	30
Second Part Paediatric (Brisbane, November)	11	4

# 2019 Successful Candidates

The following were successful candidates from the exams held in 2019.

## FIRST PART

### MAY

Hesham Abdelwahed  
Rachel Baran  
Sean Blackall  
Damian Bruce-Hickman  
Laura Chudleigh  
Mark Collins  
Jessica Dean  
Eamonn Deverall  
Neil Glassford  
Linda Guo  
James Haslam  
Matthew Hauser  
Jessica Hillwood  
Bianca Jodeikin  
Eun-Hye Grace Kang  
Albert Kim  
Rahul Kumar  
Daniel Lane  
Samual Marshall  
Edwin Mcbride  
Lisa Mcdaid  
Steve Mcelroy  
Jonathan Messing  
Rashmi Mohan  
Julia Moore  
Laura Noble  
James Pearlman  
Grace Pearson  
Thomas Prichard  
Edmund Rose  
Nicholas Ryan  
Jean Sandig  
Jasdeep Singh  
Jitain Sivarajah  
Hannah Smeele  
Dilip Sunder Raj  
Karthik Venkatesh  
Shaun Williams  
Shaun Woodbridge  
Krisoula Zahariou

## FIRST PART

### OCTOBER

Ahmed Abdelsalam  
Ali Alobaidy  
Renju Cherian  
Alexandre David  
Martin de Bakker  
Nilesh Anand Devanand  
Shilpa Reynal Dsa  
Zachary Durkin  
Marwan Elmenyawi  
Malcolm Foxcroft  
Benjamin Gardiner  
Demi Gray  
Matthew Guest  
Samuel Hewitson  
Karthic Jayanthi Chinnaiya  
Xiao Jiang  
Jeffrey Kam  
Suhaila Kamrani  
Vishnu Kurup  
Matthew Laraghy  
Luke Lau  
Bruce Lavarack  
Christopher Lee  
Phoebe Lepper  
Hoi Ki Katy Li  
Latifa Mah  
Jarrad Martland  
David McNeill  
Thomas Melhuish  
Brigitte Mol  
Lewis Mullens  
Sukey Pan  
Ivor Popovich  
Christopher Pryke  
Jarrod Rawson  
Mark Rowland  
Michael Russell  
Kris Salaveria  
Christina Hiu Yi So  
Kate Speakman  
Yaodong Tang  
Martin Thomas  
George Townsend  
Alexandra van Rijn  
Anumeha Verma  
Humphrey Walker  
Jeremy Weiss  
Alexander Zehnwirth

# SECOND PART

## MAY

Michael Adams  
Abhishek Bose  
Mitchell Cameron  
Andrew Chow  
Adam Drenzla  
Ritesh Firke  
Tessa Garside  
Jatinder Grewal  
Guido Janssen  
Melissa Johnston  
Ji Seon Lee  
Prashanti Marella  
Matthew Ostwald  
Mark Plummer  
Gayathri Premkumar  
Christine Quigley  
Alexander Reed  
Rajiv Rooplalsingh  
Shanaz Sajeed  
Sandeep Sethi  
Benjamin Silbert  
Sing Chee Tan  
Atul Wagh  
Pieter Weemaes  
Kyle White  
Elizabeth Winson

# SECOND PART PAEDIATRIC

## NOVEMBER

Alexander Hussey  
Krista Mos  
Nagaraj Pandharikar  
Victoria Ward

# SECOND PART

## OCTOBER

Reyas Aboobacker Kaniyamparambil  
David Antognini  
Travis Auty  
Anup Bansal  
Tobias Betteridge  
Emma Bowcock  
Gregory Brogan  
Sadie Callahan  
Cheau Wern Chin  
Wei Han Choy  
Claire Corrigan  
Denzil Gill  
Edward Heydon  
Thomas Hughes  
Arun Ilancheran  
Ailbhe McAlister  
Ronan McKeague  
Rukhshad Mehta  
Ravi Mistry  
Idunn Morris  
Amy Sanguesa  
Luis Schulz  
Alexander Scott  
Avinash Sharma  
Kalpana Sharma  
Christof Slawomirski  
Elizabeth Tran  
Katherine Triplett  
Yi-lun Yilan Tsai  
Deshani Walisundara

# Education

## Graduate Outcomes and Milestones

The Graduate Outcomes have undergone several revisions and will require broader stakeholder consultation prior to finalisation. A proposal to develop milestones as part of the training program curriculum has been approved by the Education Committee. Milestones are educational statements that describe the progression of trainees' abilities or competence. Milestones can set clear targets for learning and assessment and assist with curriculum development. Following a review of literature and consultation with other Colleges, a robust approach to the development of these milestones has been suggested.

## WBA Review

A review of the workplace-based assessments is planned for this year, with a view to moving all of these to an electronic format in 2021. A working group has been formed to work on this task. Collection of initial feedback and data to guide the review will commence in March. It is expected that any necessary changes to WBA's will be completed by the end of 2020.

## Curriculum Mapping

The curriculum maps and assessment blueprints for the training programs are currently under review by Fellows. Following feedback, final copies of these documents will be incorporated into the curriculum framework document.

## **Indigenous health in the training program curriculum**

The Indigenous Health Committee has met and discussed initial ideas regarding the outcomes, teaching and learning activities, content and assessments for the Indigenous Health component of the training program curriculum. An initial draft framework has been created based on these discussions. Following further consultation with trainees and other stakeholders, this will be further refined. It is anticipated that the framework and the associated content, learning activities and assessments will be completed by the end of 2020.

## **Quality Assurance of Training Courses**

Guidelines for the approval and quality assurance of courses (face to face and online) have been developed. A checklist for the quality assurance of face to face (external courses) has also been developed. These two documents will complement the checklist for quality assurance of online courses which was developed in 2019. The Education Committee is currently working to identify the minimum educational requirements for each face to face course to ensure that training needs are met. It is anticipated that these documents will be finalised by the July Board meeting. Following Board approval, a review of currently endorsed courses will be conducted.

## **AMC Accreditation**

The working parties for Standards 3 and 5 met for a second time prior to Christmas, and the Standard 4 working party will meet again in March. The planned projects for 2020 will assist the College in meeting accreditation requirements in 2021.

# New Zealand National Committee Annual Report For 2019

This report covers the activities of the New Zealand National Committee (NZNC) for the period January 1 to December 31, 2019. 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 Andrew Stapleton

### Other Elected Members

Dr Geoff McCracken

Dr Jonathan Albrett

Dr Louise Hitchings

Dr Debra Chalmers

Dr Craig Hourigan

Dr Charlotte Brace (**trainee representative**)

### Co-opted Representatives

Dr David Silverman (**new fellows rep**)

Dr Jonathan Casement

Dr Alex Browne

Dr Alex Psirides

### Board Representative

Dr Rob Bevan

### Co-opted Observers

Dr Craig Carr (ANZICS)

Dr Sally Ure (ANZCA)

### Administrative Assistance

Rose Chadwick

## New Zealand Fellows and Trainees

The total number of Fellows in 2019 was 109 of which 4 were new fellows. There were 37 active trainees.

## National Committee Meetings

The NZNC met three times. Anna Clark, Deputy Director-General for Health Workforce NZ; Dr Ashley Bloomfield, Director General of Health and Dr Andy Simpson, Chief Medical Officer; and Tony Smith, Medical Director of St John Ambulance, attended as invited guest speakers and engaged with committee members on issues of relevance to the delivery of intensive care in New Zealand.

## Issues advanced by NZNC

NZNC has been active in raising the issue of suicide prevention for intensive care specialists, an at risk craft group. The committee provided feedback into a Coronial inquest into the suicide of an intensivist, wrote a letter on the issue of suicide prevention to the ASMS (Association of Salaried Medical Specialists) and to the Ministry of Health. The Chair attended meetings with several Ministry of Health officials to discuss the matters raised in the correspondence. The welfare officer was also involved.

Following the distribution of a statement about the storage of propofol, developed by ANZCA with the support of HQSC and the Ministry of Health, but without input from intensive care specialists, NZNC CICM developed a supplementary statement aimed at bringing greater clarity and consistency, taking into account conditions in ICU departments. The draft document was provided to the Chief Pharmacist at the Ministry of Health and to the Chair of the Hospital Pharmacy Managers for review, and following receipt of feedback from the latter, will be finalised in 2020.

A good working relationship has been established between the Chair of NZNC CICM and the NZ Chair of ANZICS, to ensure the two organisations have ongoing conversations so that the interests of NZ intensivists are being best met, recognizing the different areas of responsibility and expertise of each organization.

## **OTS**

Selected members of the NZNC CICM assessed two Overseas Trained Specialists (OTS), one from the UK and one from Germany. The decision of the Medical Council of New Zealand (MCNZ) in relation to the first doctor, to set a Vocational Practice Assessment (VPA) as a requirement for vocational registration, instead of the CICM exam which was recommended by the NZNC CICM interview panel, and to reduce the recommended CPA time, has resulted in extensive discussion by members of CICM Board, NZNC CICM and the CICM OTS Committee.

An initial CICM suggestion that the clinical component of the final fellowship exam would fulfil the purpose of the VPA and provides the optimal process and standards for assessing the competency of a specialist in intensive care medicine has been communicated to MCNZ, and a meeting between representatives of CICM and MCNZ will be scheduled in 2020 for further discussion.

## **Health Equity, Cultural Competence and Cultural Safety**

Committee members have a strong commitment to progress actions to achieve equity for Maori, and welcomed Alex Brown to the committee this year to assist with this. NZNC CICM was represented at the MCNZ Cultural Competence, Partnership and Health Equity Symposium on 25 June 2019 and at the November LIME (Leaders in Indigenous Medical Education) Conference.

## **Meeting of Clinical Directors**

CICM NZ organised and facilitated a meeting of clinical directors of accredited ICUs on November 5. Clinical Directors from all departments and Dr Ray Raper, Dr Mary Pinder and Dr Rob Bevan from the Board attended. Topics covered at the meeting included inter-hospital transport; accreditation and training issues; sustainable workforce planning; admission of patients to ICU; and adaptive leadership.

## **Medical Council of New Zealand**

NZNC CICM was represented at the MCNZ/College Executive Meeting on June 6, and the MCNZ/VEAB Meeting on October 1, with the CICM CEO also attending.

## **Council of Medical Colleges in New Zealand (CMC)**

Representatives of NZNC 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.

**Andrew Stapleton,**  
**2019 Chairman, New Zealand National Committee**

# Regional Committees

## TAS

<b>Chair</b>	Vikram Patil
<b>Elected Member</b>	Hamish Jackson Benoj Varghese Allan Beswick
<b>Trainee Representative TAS</b>	David Ransley
<b>Co-Opted Members</b>	Ashley Crosswell Michael Ashbolt

<b>Chair</b>	Andrew Udy
<b>Elected Member</b>	Shyamala Sriram Li Tan Himangsu Gangopadhyay Mainak Majumdar
<b>Ex-Officio Board Memebers</b>	Andrew Hilton Neil Orford Sarah Yong
<b>Trainee Representative VIC</b>	Sandra Lussier
<b>Co-Opted Members</b>	Caroline Killick John Dyett Jason Fletcher Tal Gadish Dharshi Karalapillai Angus Richardson



## WA

<b>Chair</b>	John Lewis
<b>Elected Member</b>	Christopher Allen Geoffrey Dobb Peter Pridmore Michelle Ross-King Adam Howard
<b>Ex-Officio Board Member</b>	Mary Pinder
<b>Trainee Representative WA</b>	Elizabeth Tran
<b>Co-Opted Members</b>	Chris Allen Jude Bharath Anupam Chauham Ravi Krishnamurthy Ravi Sonawane



**Chair** Vikram Masurkar  
**Elected Member** Neeraj Bhadange  
 Jayshree Lavana  
 Shane Townsend  
 Melita Trout  
 Peter Velloza  
**Ex-Officio Board Memebers** Jeremy Cohen  
 Peter Kruger  
**Paediatric Representative** Paula Lister  
**Rural/Regional Representative** Cath Tacon  
**New Fellows Representative** Isuru Seneviratne  
**Trainee Representative QLD** Alex Nesbitt  
**Queensland Training Pathway** David Pearson  
**Co-Opted Members** Michaela Cartner  
 Neil Widdicombe



**Chair** Stuart Lane  
**Deputy Chair** Sarah Wesley  
**Elected Member** Peter Clark  
 Lachlan Donaldson  
 Monique Leijten  
 Swapnil Pawar  
**Ex-Officio Board Memebers** Nhi Nguyen  
 Priya Nair  
 Raymond Raper  
**Trainee Representative NSW** Derick Adigbli  
**Trainee Representative ACT** Rebecca Uzzell  
**Paediatric Representative** Nick Pigott  
**Rural Representative** David Clancy  
**New Fellows Representative** Robin Butterfield

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



**Chair** Steve Lam  
**Deputy Chair** Michael Farquharson  
**Elected Member** Vishwanath Biradar  
 Milind Sanap  
**New Fellows Representative** Luke Collett  
**Trainee Representative SA** Aniket Nadkarni



# From The Regions

## NEW SOUTH WALES REGIONAL COMMITTEE

The NSW Regional Committee has once again increased the ways in which it engages with the state fellowship, allowing us to further develop policy around future ICM practice in NSW, provide assistance to hospital accreditation, and ensure training and education for NSW trainees.

We had a full committee for 2019, with co-opted members from rural, ACT, paediatrics, and a new-fellow representative. Even more encouragingly, our recent election for the new-fellow representative had six nominations, showing the future of the RC is strong. We certainly hope this trend continues.

Two Trainee Education Days (TEDs) were held around Sydney

- August - Royal North Shore Hospital: Management of burns
- November – Westmead Hospital: Getting to the Heart of Cardiothoracic Intensive Care

The Committee looked at CPD activities for Fellows and it was felt that this year we needed to address the concerns being raised by many colleagues about the culture within our ICUs. The Fellow Education Workshop was held in August, titled 'Collaboration, culture and changing the workplace'. The first two hours was a self-awareness workshop run by Rosa Howard from the University of Sydney, followed by a communication workshop delivered by Professor Stewart Dunn and Dr Renee Lim, also from the University of Sydney. The workshop was aimed at addressing difficult behaviours amongst colleagues. The afternoon sessions were a workshop on Coaching and finally a look at organisational behaviour from Kylie Voss. The event was well attended and well received, and this was followed by a social function and the first ever 'Open' committee meeting.

The 5th Annual Trainee Research Presentation Evening was held in September at RPA. Nine trainees presented their formal projects, followed by a guest lecture from Professor John Myburgh. This session was once again generously sponsored by Pfizer.

Following on from the Regional Committee making a significant input into developing the NSW Health Model Scopes of Clinical Practice for Intensive Care Specialists, several members of the Regional Committee along with CICM Board members have been allocated to NSW Ministry of Health roundtable working groups for 2020. The working groups will investigate issues in the following areas of concern in workforce and the workplace: Communication and escalation of accreditation issues, Integrated management of unacceptable behaviour complaints, Supervisor training and evaluation, Promoting diversity and flexibility in the workplace.

The current sitting of the NSW Regional Committee will conclude on December 31st, 2020, where a new Committee will be elected for the 2021-2022 term. We expect the enthusiasm and interest that has been shown in the RC for the last few years to continue and encourage any Fellows who would like to become more involved in NSW CICM business to nominate themselves when EOIs are released later in 2020.

Finally, whilst this is a report for 2019, it would be amiss of me to not mention the current situation which we are all living and working through. I would like to give my thanks to all the current RC members who continue to work for the benefit of NSW Fellows at this difficult time, and our thoughts go out to all the Fellows and Trainees who working hard to keep our community safe and well. Please look after yourselves and your family during the coming months.

**Stuart Lane**, Chair

## TASMANIAN REGIONAL COMMITTEE

The current Tasmanian Regional Committee will be in term for 2019 and 2020. The Committee has since then co-opted members from all ICUs across the state. The Committee holds two meetings each year. In 2019 the committee, in collaboration with ACCCN and ANZICS ran the 3rd Tasmanian Critical Care meeting in Hobart. The one-day event was titled "A breath of fresh air – An update in Respiratory Critical Care". The program was well received and included several lectures and workshops. There was attendance from all over the state. The Committee is looking forward to being part of the 2020 event scheduled for December 4th – a big thank you to Benoj Varghese for all his work on this annual event.

**Vikram Patil**, Chair

## **VICTORIAN REGIONAL COMMITTEE**

The VRC continues to advocate for CICM trainees and Fellows working in Victoria. VRC endeavours to enhance the training experience of Victorian trainees by addressing their specific but diverse training and educational needs. VRC organised two major educational events in 2019. VRC continued the excellent tradition of hosting the VRC Trainee Research meeting and additionally hosted another educational evening addressing legalities in critical care.

### **Victorian Educational evening 2019 titled “Truths and Myths” of Legalities in Critical Care.**

This educational evening was held on the 1st April 2019 and hosted at the CICM premises in Prahran. It was thought to be a need both by the Fellows and the Committee members to better understand the legal issues in critical care practice. It was well attended both by trainees and Fellows of the College. A personal story by Dr Gerard Fennessy, Fellow of the College, on how he navigated the complexities of the disciplinary process was the icebreaker of the evening. This was followed by a didactic lecture on Mental Health Laws by Professor Ian Freckelton (Professorial Fellow in Law and Psychiatry, University of Melbourne) and Prof Jack Cade, an advisor for many coronial inquests, shared his experiences. Case based discussions augmented the experience of the evening. The feedback suggested that the Fellows and trainees would want to have discussions on topics that are part of the hidden curriculum. The credit for the success of this event goes to the college staff, especially Kayla Hargood, for coordinating and seamless execution of the schedule.

### **Trainee Research Forum 2019**

The VRC, in partnership with Victorian Care Educational Network organised the fifth Trainee Research Forum held on 12th November 2019 at the CICM premises in Prahran. All the presentation were of high quality and included some personal experiences from trainees describing the barriers to research and project completion. Dr Yasmine Abdelhamid presented “On pursuing a higher research degree” and A/Prof Adam Deane presented on how to publish research. Both were very perceptive and entertaining presentations. Overall, the evening was very well received. 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 2020.

The VRC is committed to providing ongoing highly tangible educational opportunities for CICM trainees and Fellows. It will ensure a transparent representation of the matters affecting local/regional training to the CICM Board. VRC will strive to advocate for mutual respect, kindness and embracing diversity, in all aspects of ICU practice.

The VRC continues to work towards centralizing CICM training in Victoria, with a pilot program hopefully commencing in 2020-21. The VRC members of 2019 and the immediate past Chair A/Prof Andrew Udy has liaised with CICM and has already laid a foundation for this process. This initiative will require substantial ‘buy-in’ from local Health Services. As we are currently faced with issues around workforce, capacity to train, breadth of clinical exposure, and transition to consultant practice, centralised CICM training will have a definite advantage. The centralised training will enable us to entrench workshops and training aiming to cover the hidden curriculum such as professional behaviour, speaking up and trainee wellbeing. In addition, focused training can be provided in specialised areas that are fundamental for Critical Care Practice such as medico-legal matters and research training. The VRC will continue to work with the CICM Board to accomplish a centralised, comprehensive and equitable training program

**Shyamala Sriram, chair**

## **QUEENSLAND REGIONAL COMMITTEE**

The QRC continues to be an active participant in Fellowship state affairs following on from the excellent work done by the QRC chaired by Dr Michaela Cartner in 2018. 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. The following hospital accreditation inspections were conducted; Cairns Base Hospital, Gold Coast University Hospital, Greenslopes Private Hospital, St Andrew's War Memorial Hospital, The Wesley Hospital.
2. Two Supervisor of Training/Fellowship training workshops.
  - The midyear workshop was conducted in collaboration with the QLD ICU training pathway and it focussed on mentorship. Paul Bailey, a psychotherapist with an interest in mentorship conducted the workshop. The workshop was well received by Fellows and Supervisors of Training.
  - The end of year general Fellowship workshop was titled "Safe, not Soft" and focused on briefing and psychological safety for clinical teams for simulation learning. The workshop was conducted by Prof Victoria Brazil, Director of Simulation at Gold Coast Health Service. The participants explored simple principles for briefing teams – in simulation groups and in clinical teams – and then moved on to a deep dive of application of these principles in practice including structure, conversational tools, active listening and clarity of expectations. The day was well received.
3. Two research focused events
  - The formal project research workshop was held at the Gold Coast University Hospital in conjunction with the Annual Queensland critical care research forum. The workshop provided trainees an introduction to the skills required to complete a formal project. Trainees who had completed their projects had an opportunity to present their projects.
  - Trainee Presentation Evening was conducted at Victoria Park, Brisbane in October. The evening was chaired by Prof Kiran Shekar. Four high-quality presentations were delivered by local trainees.

In 2019 we continued with co-opted regional, paediatric, new Fellows, research and QLD ICU training pathway representatives as well as an elected Committee. We plan to organise many more events in 2020, including an event focussed on paediatric Intensive Care and an event for CICM trainees.

**Vikram Masurkar, Chair**

## **NORTHERN TERRITORY REGIONAL COMMITTEE**

The 2019 NT committee continued the work from 2018. The Committee met three times within the year. 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.

The CICM Rural/Regional conference was held on the 18th and 19th of July in Darwin in 2019. 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. The conference was a great success and the committee look forward to assisting in planning the next Rural/Regional conference in Alice Springs. At the end of 2019 elections were held for the new committee to stand in 2020-2021. A big thank you to those members who were elected or co-opted and thank you to Paul Secombe for his time on the committee 2018-2019.

**Lewis Campbell, Chair**

## **WESTERN AUSTRALIA REGIONAL COMMITTEE**

The WA Regional Committee has had three meetings over the last year. Approximately eight members have attended each meeting. Dr John Lewis stepped down as chair at the beginning of 2020 and Dr Michelle Ross-King is the new chair.

The RC organised a trainee presentation evening on 12 September at Steve`s in Nedlands. The evening was sponsored by Avant and Smith. Six trainees presented and ~30 people attended. This event is now an annual event in WA. It provides a good opportunity for trainees to present research projects (including their formal projects). Thanks to Dr Jude Bharath in particular for organising this event. The Regional Committee was also delighted to assist in facilitating a fellow education day on 22 October on Trainee Mapping and Mentoring coordinated by Bruce Lister.

The CICM ASM will be held in Perth in 2021. An organising committee has been formed chaired by Dr Ed Litton. Other committee members include Alexandra Rowell, Bradley Wibrow, Andrew Chapman, Oonagh Duff, Mathew Anstey and Michelle Ross-King. The theme of the ASM will be Respiratory Illness/Support.

We have also continued our support of the annual PMC WA/AMA Medical Careers Expo (although this was cancelled due to the COVID-19 pandemic this year). A regional part 2 teaching program commenced (again thanks for Dr Jude Bharath for coordinating this). SCGH, FSH, RPH and RGH were involved. Attendance has sometimes been limited and the teaching has paused with the COVID-19 pandemic. The Regional Committee continues to monitor workforce issues and training capacity. There have been 32 New Fellows in the last five years with mailing addresses in WA. A number do not have Consultant positions, and some may apply for Transition Year positions potentially creating a block for trainees. On the accreditation front, we have assisted with the assembly of accreditation teams for hospital inspections.

**Michelle Ross-King, Chair**

## **SOUTH AUSTRALIAN REGIONAL COMMITTEE**

Up until COVID disruption, the SA Committee had been making good progress on several issues whilst not faced with any major concerns.

Engagement between the Committee and members of the intensive care community has been nicely facilitated by the educational and sociable fellow education evenings occurring at around two per year, as well as the ECMO Collaboration evening (annual), Tub's Course dinner (annual), and Tub's Scholarship research project evening (annual).

The Committee has a new Trainee Representative who has formed a Trainee Network in SA with representatives at each of the CICM accredited training sites. There have been two Trainee Network evenings so far with strong sponsorship and attendance. The first focussed on networking, career and training advice, and wellbeing. The second featured guest speaker Prof Michael Reade. It is anticipated that around three of these evenings would take place per year.

Teaching opportunities are weighted heavily in favour of the larger teaching units. Sharing of trainee teaching opportunities across sites has therefore been a focus of the Committee for some time, and the Trainee Representative has made ground with a pilot trial using Team App at his local hospital (RAH). The Trainee Network will work on expanding this across the state as the app provides a much more accessible platform for coordination of sessions and attendance. Some other obstacles to levelling teaching session access across sites will require other solutions, however. These issues such as relative lack of staffing to cover during teaching sessions in smaller units have led to discussions about the use of video conferencing/broadcasting of tutorials/lectures, for example. The Trainee Representative will also approach the QLD counterpart to explore the possibility of SA accessing the QLD teleconference sessions.

Supervisor of Training collaboration has been concluded again this year by the Committee to be the best solution for SA rather than a more formal, rigid and resource heavy State-wide training program. Given that such a system exists in QLD and is being trialled on a multiple hospital site (rather than State-wide) basis in VIC, the Committee considered it prudent to periodically survey the Supervisors and trainees. The Supervisor of Training position on this remains the same as above, however, it is planned that the SA Committee would aim for a Committee and State-wide Supervisor of Training meeting with trainees at the next Trainee Network Evening to discuss the most desired way forward.

Some relatively minor hospital accreditation issues have largely been resolved, although a question remains over WCH's response to the last HAC's letter of recommendations. The SA Committee Chair has been asked by the consultant staff to initiate some enquires on their behalf. This process was initiated with the Chair of the CICM HAC in March 2020.

The Chair has attended several meetings and teleconferences on behalf of the Committee with the Department of Health (Committee of College Chairs, Rural Workforce Strategy consultation and planning project), SA Doctor's Health (Annual General Meeting), and the AMA (Culture and bullying in SA Hospital Health-check survey), keeping the Committee abreast of current issues being discussed at a political level. The issue of culture and wellbeing has been one of particular focus and the Committee has agreed should be an agenda item for discussion and appropriate action at foreseeable Committee meetings.

The need for active and conscientious measures to promote diversity and inclusion also remains a standing agenda item on the Committee. The simultaneous departure of the Committee's only two female members and their replacement with male members was reviewed by the Committee and concluded as unavoidable since there were no female candidates nominated. The Committee is satisfied, however, that the female membership in the SA intensive care community is strong, and that this will only be a temporary issue in the Committee.

Finally, only the most essential meetings able to be conducted via teleconference or internet will be taking place until further notice. Plans for many of the collaboration and networking meetings above have been put on hold. The Committee has not had any specific tasks in relation to COVID as Supervisors of Training locally in each hospital have received sufficient guidance from CICM President and CEO communications, and intensive care representation at State Government level has been strong in the form of Deputy State Controller of COVID Response, close involvement of the unit Heads of Department, and the various directors of critical care services in the private hospitals.

**Stephen Lam**, Chair

# ANNUAL FINANCIAL REPORT FOR 2019



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 2019.

## 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 (resigned 25 July 2019)
- Sarah Yong (resigned 25 July 2019)
- Priya Nair
- Penny Stewart
- Peter Kruger
- Andrew Hilton
- Jeremy Cohen
- Nhi Nguyen (appointed 25 July 2019)
- Neil Orford (appointed 25 July 2019)
- Nicola Dobos (appointed 25 July 2019)

## 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 2019 amounted to \$1,117,270 (2018: \$516,544)

## 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 2019 that has significantly affected, or may significantly affect, the operations, the results of those operations or the state of affairs of the College in future financial years except for the following non-adjusting events:

**Impact of COVID-19** - The travel restrictions and restriction on large public non-essential gathering put in place by the Australian Government immediately after the declaration of an outbreak impacted the ability of the College to run events already organised for its Members and the planning of future events.

Financial markets are currently experiencing dramatic negative movements. Financial assets held by the College may suffer a material negative impact depending on the duration of current market conditions.

Internally the College is focused on mitigating the potential reduction in income by minimising spend on activities not directly aligned with our principal activities. Due to the uncertainty surrounding how long travel restrictions will remain in place, the on-going impact on financial markets and the effectiveness of mitigation plans as at the date of this report an accurate estimate of the impact on the 2020 financial results cannot be made.

## Likely developments and expected results of operations

The College anticipates that it will maintain in 2020, 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 2019, 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	3	3
Mary Pinder	3	3	3	3
Rob Bevan	3	3	3	3
Charles Corke	1	1	-	-
Sarah Yong	1	1	-	-
Andrew Hilton	3	3	-	-
Peter Kruger	3	3	-	-
Priya Nair	3	3	-	-
Penny Stewart	3	3	-	-
Jeremy Cohen	3	3	-	-
Nhi Nguyen	2	2	-	-
Neil Orford	2	2	-	-
Nicola Dobos	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

28 May, 2020  
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 2019, 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 black ink that reads 'K J Dundon'.

**RSM AUSTRALIA PARTNERS**

A handwritten signature in black ink that reads 'K J Dundon'.

**K J DUNDON**  
Partner

Dated: 28 May 2020  
Melbourne, Victoria

## DIRECTORS' DECLARATION



In the directors' opinion:

- a. the attached financial statements and notes comply with the Corporations Act 2001, the Australian Accounting Standards – Reduced Disclosure Requirements, the Australian Charities and Not-for-profits Commissions Act 2012 and Victorian legislation the Fundraising Act 1998 and associated regulations, the Corporations Regulations 2001 and other mandatory professional reporting requirements;
- b. the attached financial statements and notes give a true and fair view of the college's financial position as at 31 December 2019 and of the performance for the year ended on that date; and
- c. there are reasonable grounds to believe that 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 made pursuant to section 295 (5)(a) of the Corporations Act 2001.

On behalf of the Directors

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

**Raymond Raper**  
Director

28 May 2020  
Sydney

# Statement of Profit and Loss and Other Comprehensive Income

For the year ended 31 December 2019

	Notes	2019 \$	2018 \$
Revenue from ordinary activities	2	4,574,295	4,233,126
Interest income calculated using the effective interest method		110,047	75,401
Other income	2	<u>4,078,681</u>	<u>3,001,679</u>
Total revenue		8,763,023	7,310,205
<b>Expenses</b>			
Employee benefits expense		(1,740,810)	(1,673,705)
Administration and college expenses		(1,111,713)	(1,082,799)
Travel and conference expenses		(1,078,035)	(954,313)
Information technology expenses		(187,844)	(160,360)
Professional services expense		(151,702)	(94,009)
Occupancy expenses		(91,283)	(336,705)
Finance costs		(105,566)	(43,469)
Other expenses		(428,895)	(167,668)
STP expenses		<u>(2,749,905)</u>	<u>(2,280,634)</u>
<b>Surplus before tax</b>	3	<b>1,117,270</b>	<b>516,544</b>
Income tax expense		<u>-</u>	<u>-</u>
<b>Surplus after tax attributable to the College</b>		<b><u>1,117,270</u></b>	<b><u>516,544</u></b>
<b>Other comprehensive income for the year</b>		-	-
<b>Total comprehensive income for the year attributable to the College</b>		<b><u>1,117,270</u></b>	<b><u>516,544</u></b>

*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 2019

	Notes	2019 \$	2018 \$
<b>Current Assets</b>			
Cash and cash equivalents		455,549	4,016,200
Trade and other receivables	4	379,491	355,708
Financial assets	5	10,863,717	7,059,377
<b>Total Current Assets</b>		<u>11,698,757</u>	<u>11,431,285</u>
<b>Non-Current Assets</b>			
Plant and equipment	6	104,392	136,285
Right-of-use asset	7	844,939	-
Intangible assets	8	937,905	596,630
<b>Total Non Current Assets</b>		<u>1,887,236</u>	<u>732,915</u>
<b>Total Assets</b>		<u><b>13,585,993</b></u>	<u><b>12,164,200</b></u>
<b>Current Liabilities</b>			
Trade and other payables	9	2,667,442	3,297,453
Provisions	10	169,204	149,468
Lease liability	11	272,650	-
<b>Total Current Liabilities</b>		<u>3,109,296</u>	<u>3,446,921</u>
<b>Non-Current Liabilities</b>			
Provisions	10	120,901	59,084
Lease liability	11	580,331	-
<b>Total Non-Current Liabilities</b>		<u>701,232</u>	<u>59,084</u>
<b>Total Liabilities</b>		<u><b>3,810,528</b></u>	<u><b>3,506,005</b></u>
<b>Net Assets</b>		<u><b>9,775,465</b></u>	<u><b>8,658,195</b></u>
<b>Equity</b>			
Retained earnings		9,775,465	8,658,195
<b>Total Equity</b>		<u><b>9,775,465</b></u>	<u><b>8,658,195</b></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 2019

	Retained Earnings \$	Total Equity \$
<b>Balance at 1 January 2018</b>	8,141,651	8,141,651
Surplus for the year	516,544	516,544
Other comprehensive income	-	-
Total comprehensive income for the year	516,544	516,544
<b>Balance at 31 December 2018</b>	8,658,195	8,658,195
Surplus for the year	1,117,270	1,117,270
Other comprehensive income	-	-
Total comprehensive income for the year	1,117,270	1,117,270
<b>Balance at 31 December 2019</b>	9,775,465	9,775,465

*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 2019

	Notes	2019 \$	2018 \$
<b>Cash flows from operating activities</b>			
Receipts from members and government bodies (inclusive of GST)		7,953,591	8,750,854
Payments to suppliers and employees (inclusive of GST)		(7,715,867)	(6,043,124)
Interest received		5,512	11,640
Finance costs		<u>(46,513)</u>	<u>-</u>
Net cash provided by operating activities		<u>196,723</u>	<u>2,719,370</u>
<b>Cash flows from investing activities</b>			
Payments for leasehold improvements and office equipment		(16,369)	(35,060)
Payments for intangible assets		(374,301)	(22,444)
Payments for curriculum development		(70,928)	(43,445)
Payments for financial assets		(3,265,402)	(180,462)
Income received from financial assets		<u>211,987</u>	<u>191,986</u>
Net cash (used in) investing activities		<u>(3,515,013)</u>	<u>(89,425)</u>
<b>Cash flows from financing activities</b>			
Repayment of lease liabilities		<u>(242,361)</u>	<u>-</u>
Net cash provided by/(used in) financing activities		<u>(242,361)</u>	<u>-</u>
<b>Net increase in cash held</b>		(3,560,651)	2,629,945
<b>Cash and cash equivalents at beginning of year</b>		<u>4,016,200</u>	<u>1,386,255</u>
<b>Cash and cash equivalents at end of year</b>		<u><u>455,549</u></u>	<u><u>4,016,200</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.

### New or amended Accounting Standards and Interpretations adopted

The company has adopted all 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.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

The following Accounting Standards and Interpretations are most relevant to the company:

#### *AASB 15 Revenue from Contracts with Customers*

The company has adopted AASB 15 from 1 January 2019. The standard provides a single comprehensive model for revenue recognition. The core principle of the standard is that an entity shall recognise revenue to depict the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard introduced a new contract-based revenue recognition model with a measurement approach that is based on an allocation of the transaction price. This is described further in the accounting policies below. Credit risk is presented separately as an expense rather than adjusted against revenue. Contracts with customers are presented in an entity's statement of financial position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity's performance and the customer's payment. Customer acquisition costs and costs to fulfil a contract can, subject to certain criteria, be capitalised as an asset and amortised over the contract period.

#### *AASB 16 Leases*

The company has adopted AASB 16 from 1 January 2019. The standard replaces AASB 117 'Leases' and for lessees eliminates the classifications of operating leases and finance leases. Except for short-term leases and leases of low-value assets, right-of-use assets and corresponding lease liabilities are recognised in the statement of financial position. Straightline operating lease expense recognition is replaced with a depreciation charge for the right-of-use assets (included in operating costs) and an interest expense on the recognised lease liabilities (included in finance costs). In the earlier periods of the lease, the expenses associated with the lease under AASB 16 will be higher when compared to lease expenses under AASB 117. However, EBITDA (Earnings Before Interest, Tax, Depreciation and Amortisation) results improve as the operating expense is now replaced by interest expense and depreciation in profit or loss. For classification within the statement of cash flows, the interest portion is disclosed in operating activities and the principal portion of the lease payments are separately disclosed in financing activities. For lessor accounting, the standard does not substantially change how a lessor accounts for leases.

### *AASB 1058 Income of Not-for-Profit Entities*

The company has adopted AASB 1058 from 1 January 2019. The standard replaces AASB 1004 'Contributions' in respect to income recognition requirements for not-for-profit entities. The timing of income recognition under AASB 1058 is dependent upon whether the transaction gives rise to a liability or other performance obligation at the time of receipt. Income under the standard is recognised where: an asset is received in a transaction, such as by way of grant, bequest or donation; there has either been no consideration transferred, or the consideration paid is significantly less than the asset's fair value; and where the intention is to principally enable the entity to further its objectives. For transfers of financial assets to the entity which enable it to acquire or construct a recognisable non-financial asset, the entity must recognise a liability amounting to the excess of the fair value of the transfer received over any related amounts recognised. Related amounts recognised may relate to contributions by owners, AASB 15 revenue or contract liability recognised, lease liabilities in accordance with AASB 16, financial instruments in accordance with AASB 9, or provisions in accordance with AASB 137. The liability is brought to account as income over the period in which the entity satisfies its performance obligation. If the transaction does not enable the entity to acquire or construct a recognisable non-financial asset to be controlled by the entity, then any excess of the initial carrying amount of the recognised asset over the related amounts is recognised as income immediately. Where the fair value of volunteer services received can be measured, a private sector not-for-profit entity can elect to recognise the value of those services as an asset where asset recognition criteria are met or otherwise recognise the value as an expense.

### *Impact of adoption*

AASB 15, AASB 16 and AASB 1058 were adopted using the modified retrospective approach and as such comparatives have not been restated. There is no material impact on the financial statements as a result of the adoption of AASB 15 and AASB 1058. The impact of adoption of AASB 16 on opening retained profits as at 1 January 2019 was as follows:

	<b>1 January 2019 \$'000</b>
Operating lease commitments as at 1 January 2019 (AASB 117)	313,989
Operating lease commitments discount based on the weighted average incremental borrowing rate of 5% (AASB 16)	(9,121)
Extension to lease – option to renew (AASB 16)	732,681
Right-of-use assets (AASB 16)	<u>1,037,549</u>
Lease liabilities - current (AASB 16)	(184,568)
Lease liabilities - non-current (AASB 16)	<u>(852,981)</u>
Reduction in opening retained profits as at 1 January 2019	<u><u>-</u></u>

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

### **(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).

#### *Historical cost convention*

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

#### *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.

### *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.
- (c) **Impairment of non-financial assets other than goodwill and other indefinite life intangible assets**  
As The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

### **(b) Revenue Recognition**

Revenue is recognised at an amount that reflects the consideration to which the company is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the company: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the constraining principle are recognised as a refund liability.

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**  
Grant revenue is recognised in profit or loss when the company satisfies the performance obligations stated within the funding agreements.  
  
If conditions are attached to the grant which must be satisfied before the company is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.
- (iii) **Interest income**  
Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.
- (iv) **Other income**  
Other income is recognised when it is received or when the right to receive payment is established.

### **(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) Current and non-current classification**

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Deferred tax assets and liabilities are always classified as non-current.

### **(e) 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.

### **(f) Trade and other receivables**

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

### **(g) 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.

## **(g) Financial assets (cont.)**

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.

### **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.

## **(h) 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.

## **(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.

## **i) Plant and equipment (cont.)**

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 1a(c)).

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

## **(j) Right-of-use assets**

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the entity expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of-use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

The entity has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

## **(k) 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.

## **(l) 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.

### **(m) Lease liabilities**

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the entity's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of-use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

### **(n) 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.

### **(o) 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.

### **(p) 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.

### **(q) 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.

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
<b>2. Revenue and other income</b>		
<b>Revenue</b>		
Admission and registration fees	2,418,974	2,157,231
Training and assessment fees	<u>2,155,321</u>	<u>2,075,895</u>
	<u>4,574,295</u>	<u>4,233,126</u>
<b>Other revenue</b>		
Sponsorship - ASM	208,182	201,977
Registration - ASM	323,070	424,400
Other income	102,241	53,164
Net fair value gain/(loss) on financial assets	538,937	(91,620)
Investment income from financial assets	135,629	133,125
Grant income	<u>2,770,622</u>	<u>2,280,633</u>
	<u>4,078,681</u>	<u>3,001,679</u>
<b>3. Expenses</b>		
Surplus before tax includes the following specific expenses:		
Depreciation and amortisation		
Depreciation expense	48,262	54,833
Amortisation expense	<u>114,051</u>	<u>92,810</u>
	<u>162,313</u>	<u>147,643</u>
<b>4. Trade and other receivables</b>		
Trade receivables	5,552	11,972
Prepayments	166,056	176,896
Deposits	69,115	119,122
Accrued interest	45,097	28,934
Other receivables	<u>93,671</u>	<u>18,784</u>
	<u>379,491</u>	<u>355,708</u>

## 5. Financial assets

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
<b>Current</b>		
Investment in managed funds	4,997,996	4,351,693
Term deposits	5,865,721	2,707,684
	<u>10,863,717</u>	<u>7,059,377</u>

### (a) Credit risk exposure

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

	<b>Leasehold improvements</b>	<b>Fixtures and fittings</b>	<b>Office equipment</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>At 31 December 2018</b>				
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>
<b>At 31 December 2019</b>				
Opening Book value	46,233	25,225	64,827	136,285
Additions	-	6,799	9,570	16,369
Depreciation charge	(13,136)	(7,465)	(27,661)	(48,262)
Net book amount	<u>33,097</u>	<u>24,559</u>	<u>46,736</u>	<u>104,392</u>

## 7. Right-of-use assets

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
Land and buildings - right-of-use	1,102,357	-
Less: Accumulated depreciation	(257,418)	-
	<u>844,939</u>	<u>-</u>

The right-of-use asset above relates to leases in relation to the College's offices. The College has exercised its option to renew the leases for a further three years commencing 19 March 2020.

## 8. Intangible assets

	Curriculum Project Cost	Website Cost, HAC CCR Journal and SJT projects	Total
	\$	\$	\$
<b>At 31 December 2018</b>			
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>

## At 31 December 2019

Cost	752,533	642,522	1,395,055
Accumulated amortisation	(377,220)	(79,930)	(457,150)
Net book amount	<u>375,313</u>	<u>562,592</u>	<u>937,905</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, HAC CCR Journal and SJT projects	Total
	\$	\$	\$
Opening net book amount	384,220	212,410	596,630
Additions	70,927	384,399	455,326
Amortisation charge	(79,834)	(34,217)	(114,051)
Closing net book amount	<u>375,313</u>	<u>562,592</u>	<u>937,905</u>

## 9. Trade and other payables

Trade payables	128,663	100,792
Employee benefits – annual leave	199,932	187,655
Deferred income	165,301	870,903
Other creditors and accruals	2,173,546	2,138,103
	<u>2,667,442</u>	<u>3,297,453</u>

## 10. Provisions

### Current

Employee benefits – long service leave	<u>169,204</u>	<u>149,468</u>
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### Non-current

Make Good Provision	39,875	
Employee benefits – long service leave	81,026	59,084
	<u>290,105</u>	<u>208,552</u>

## 11. Lease liabilities

### Current

Lease liability	<u>272,650</u>	<u>-</u>
	<u>272,650</u>	<u>-</u>

### Non-current

Lease liability	<u>580,331</u>	<u>-</u>
	<u>580,331</u>	<u>-</u>

## 12. 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:

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
Key management personnel compensation	<u>699,062</u>	<u>640,810</u>

## 13. 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:

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
Key management personnel transactions	<u>31,001</u>	<u>27,935</u>

## 14. Contingent liabilities

The College has given bank guarantees as at 31 December 2019 of \$67,527 (2018: \$61,357) to various landlords.

## 15. Commitments

The College leases three offices. The leases are scheduled to expire in March 2020. The College has exercised its option to renew the leases for a further three years commencing 19 March, 2020.

	2019	2018
	\$	\$
<i>Non-cancellable operating leases</i>		
Commitments for minimum lease payments in relation to non-cancellable operating leases are payable as follows:		
Within one year	-	250,479
Later than one year but not later than five years	-	63,510
	<u>-</u>	<u>313,989</u>

## 16. Events after the reporting period

On 20 January 2020, the Chinese Government announced an outbreak of novel coronavirus (COVID-19) in the city of Wuhan in Hubei Province. The outbreak was declared a pandemic by the World Health Authority on 11 March 2020 and the Victorian Government declared a state of emergency on 16 March 2020. This is set to end on 31 May 2020.

The travel restrictions and restriction on large public non-essential gathering put in place by the Australian Government immediately after the declaration of an outbreak impacted the ability of the College to run events already organised for its Members and the planning of future events.

Financial markets are currently experiencing dramatic negative movements. Financial assets held by the College may suffer a material negative impact depending on the duration of current market conditions.

Internally the College is focused on mitigating the potential reduction in income by minimising spend on activities not directly aligned with our principal activities. Due to the uncertainty surrounding how long travel restrictions will remain in place, the on-going impact on financial markets and the effectiveness of mitigation plans as at the date of this report an accurate estimate of the impact on the 2020 financial results cannot be made.

## 17. 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 2019, 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 2019 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-forprofits 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.

## Emphasis of Matter

We draw attention to Note 16 of the financial report, which describes the effect on the operations of the company of the COVID-19 virus and the actions taken by governments and others to contain its spread. Our opinion is not modified in respect of this matter.

## 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 2019, but does not include the financial report and the auditor’s report thereon.

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

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

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

## **Responsibilities of Management and Those Charged with Governance for the Financial Report**

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

In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

## **Auditor's Responsibilities for the Audit of the Financial Report**

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

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



**RSM AUSTRALIA PARTNERS**



**K J DUNDON**  
Partner

Dated: 28 May 2020  
Melbourne, Victoria