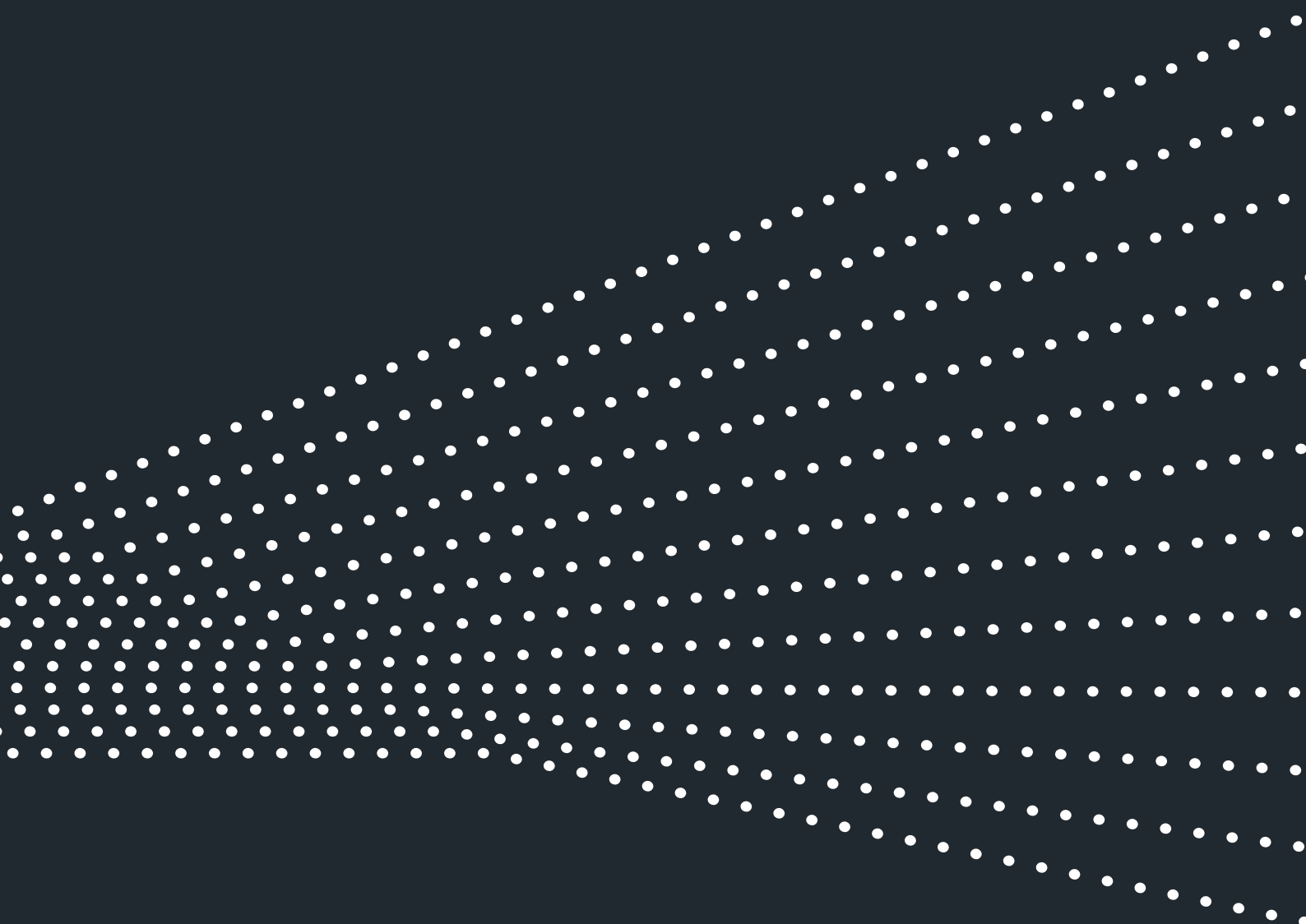




# ANNUAL REPORT

COLLEGE OF INTENSIVE CARE MEDICINE  
OF AUSTRALIA AND NEW ZEALAND

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2020

# President's Report

## I am honoured and humbled to present the President's report 2020, and my first as CICM President.

I would like to thank Ray Raper for his inspired leadership over the preceding two years, and for his continued wise counsel as the immediate past President. The last twelve months have been challenging for the College as an organisation as well as stressful for our staff and our members, adapting to new ways of working and worrying for the safety and wellbeing of family, friends and colleagues at home and overseas. I am so proud of our College for all we have achieved as a community during this difficult time, and for the advocacy and compassion shown for those severely affected by this devastating crisis.

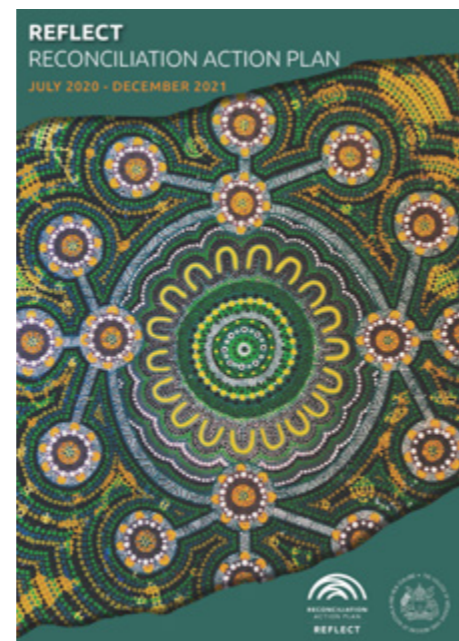
### COLLEGE STAFF & BOARD

Our new CEO, Julia Harper took over from Phil Hart at the start of June and, despite the combined challenges of the pandemic and taking on a new organisation, hit the ground running. At a time when we, as an organisation, could have been forgiven for cutting back and slowing down, Julia has steered us through new ways of doing core business and facilitated exciting new initiatives. Julia is playing a key role in steering the College over the speed bumps as we transition from a small organisation and grow both in size of membership and staff and our external impact on the communities we serve.

Our College staff often go unrecognised for their enormous contribution to the College and their hard work running the day-to-day business of the organisation and I would like to thank them all for this and showing such adaptability and resilience through the uncertainty of the past year. I would also like to welcome new staff members who have joined over the last 12 months: Jana Reed, Amelia Martin, John Parnaby, John Papatheohari and Victoria Martin, and send our good wishes to those staff who have left: John Greist, Alana Olagas, Clive Evans and Lisa Davidson. Lisa has stepped down from her role as General Manager, Fellowship Affairs.

She has worked with the College, including its earlier life-form as a Joint Faculty, for 12 years and has played a key role in shaping the culture of our organisation. Lisa has been a support to all of us in so many ways and will be missed and we wish her every success in her future career.

There have also been some changes on the Board in the last twelve months: Aniket Nadkarni replaced Derick-Kofi Adigbli as our Trainee Representative, Phil Sargent has replaced Stephen Jacobe as the representative from the Paediatric Committee and Matt Spotswood has replaced Vikram Patil at the representative for Tasmania. I thank all the members of the Board and the Board Executive for their hard work, support and advice, and for also coping magnificently with the challenges and restrictions imposed by Covid, and the absence of face-to-face meetings.



CICM RECONCILIATION ACTION PLAN  
LAUNCHED 2020

### ACHIEVEMENTS

Our achievements as an organisation during this period are tabled elsewhere in this report and I would like to make special mention of the following: delivery of the College exams despite the challenges of Covid-19; education and training initiatives including the Educator Network and on-line learning; the launch of Reflect, our Reconciliation Action Plan; the creation of our new strategic plan; increased emphasis on welfare issues; and enhanced external relationships. We have had increased collaboration with fellow organisations, in particular ANZICS and ANZCA, under their respective Presidents, Anthony Holley and Vanessa Beavis. Collaborative projects with ANZICS include formation of the Global Health Special Interest Group led by John Botha; the dissemination of joint advocacy statements; and progression of the build of our future joint home at 101 High Street, Prahran. We are collaborating with ANZCA on the development of a dual training pathway for our shared Trainees.

With both ANZICS and ANZCA we have continued our collaboration together with ACEM, ASA, NZSA and ACCCN as the Five Cs – the Covid-19 Critical Care Coordination Collaborative. We have also developed stronger links with the Faculty of Intensive Care Medicine in the UK.

I would also like to acknowledge our Fellows and Trainees during the Covid pandemic who have been caring for the critically ill in stressful and difficult conditions, especially those who, as individuals or as part of a coordinated response team, have provided humanitarian aid and support in many ways to countries severely affected by the crisis.

### ASM

Sadly, our ASM for 2020, due to be held in Wellington with a theme of critical care cancer and chronic disease was cancelled. This conference is re-scheduled for 2022. The 2021 ASM will take place as a virtual event with a respiratory critical care theme.

### FUTURE DIRECTIONS

Our priorities for the future include implementation of our strategic plan, successful re-accreditation with the AMC, development of a culture framework, and the embedding of cultural safety in all aspects of College business. Our new strategic plan represents the voice of our membership and it is gratifying to see that welfare and culture were given priority. We are not perfect as an organisation or as a specialty and we have an exciting roadmap for the future to work on our faults and work towards health equity for our indigenous communities, improve the welfare of all of us and the culture of our workplaces, and ultimately improve our patient outcomes.

This is an exciting time for us as an organisation. Growth and change bring their own challenges, and we will do our utmost to retain the culture and positive attributes we have had as a small organisation; and to balance the demands of the vision for our future, and the expectations of our community, with our available resources, both human and financial.

I look forward to the next twelve months.

## Mary Pinder

President



# Chief Executive Officer's Report

**This is my first CEO report to Fellows and trainees of the College since commencing in June 2020.** I would like to start off by thanking Phil Hart, the previous CEO, for his leadership of the College especially through the challenging first half of 2020 and his generous support and handover. I would also like to thank the Board, staff and all the Fellows and trainees I got to meet (all online) for your welcome.

2020 will certainly be remembered as a year of major change for us as a College. The impact of the pandemic for our members professionally and personally is important to acknowledge. The pandemic dominated almost all our College activities in 2020. The College established and transitioned to an entirely virtual College with the office being closed and all staff spending most of the year under Melbourne's long and tough lockdown conditions. I am enormously proud of the way that everyone continued to work together to support each other and to continue to deliver as much of our usual services as possible, whilst also transitioning to new services or ways of working.

It is important to reflect on and appreciate the innovations that the pandemic enabled. We were all enormously proud of the effort and commitment to make our virtual exams a success. Putting our trainees first enabled us as a College to take the bold decisions and put in considerable effort to enable the exams to proceed in 2020. The commitment from the examiners, trainees, Board and staff to making this a success was something to be proud of, and gives us encouragement for the level of innovation we can achieve into the future. Other key highlights must include the online education program and the transfer of many of our member courses, events and meetings into an online format. Not only were we able to show that many of our activities could continue uninterrupted, it also led to many improvements such as being more welcoming for participants in rural and regional areas and those with family or other personal responsibilities. Supporting the juggle of work and personal commitments will make our specialty and College stronger and I'm pleased that, while we look forward to more face to face connection in the future, the online approach has enabled greater access and equity for many of our members.

Our role in government relations and advocacy has never been more prominent as it was in 2020. We saw intensivists across Australia and Aotearoa New Zealand front and centre in the press, and we collaborated significantly with our partner organisations including ANZICS, ACCCN, ANZCA and ACEM in government advocacy and the needs of critical care.

2020 brought with it many challenges too as a College. For a College that thrives on the sense of community and the interactions between members, the loss of almost all face-to-face events was significant, impacting on peer contact and support as well as knowledge and professional development. The ASM was cancelled, as were the New Fellows and Directors conferences, and most face-to-face courses and regional events. The CPD program was not run in 2020.

As we have moved into 2021, the longer term effects of the pandemic continue, with travel and office restrictions continuing to affect the way we work. Its impact on the interpersonal elements of the College will take longer to get back to some sort of 'new normal' than originally anticipated.

As Phil Hart sagely outlined in his report last year, the future of the College will need to continue to evolve to meet the growth in expectations and requirements from specialist Colleges regarding core business. For us over the next year we will have our major ten-yearly AMC accreditation; implementation of ongoing improvements to educational processes; incorporating expectations for cultural safety, indigenous health and health equality; sustaining the improvements and innovations arising from online services; upgrading our supporting digital capability; and managing the build and transition to the new College premises.

We know the success of the College relies on the commitment from fellows, committee members, examiners, SoTs, unit directors, trainees, staff and Board. The time and effort, care and commitment from you all is immense and enormously appreciated. Thank you.



**Julia Harper**  
Chief Executive Officer

# Treasurer's Report

This Treasurer's report covers the period from January to December 2020, as the College's finances run on the calendar year. 2020 was a difficult year across the globe in so many ways. Many of the usual College activities were disrupted and this had numerous consequences. Restrictions on public gatherings, travel and additional work requirements for our Fellows and Trainees all meant it was not possible for the College to run our usual events in 2020. The College focused on mitigating any reduction in income by minimising expenditure on activities not directly aligned with our principal activities. The College was fortunate to receive government subsidies that assisted with minimising the financial impact of the pandemic. 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 (excluding STP funds) was \$5,700,000, an increase of 9% on the previous year. While we lost income from our ASM and other events in 2020, our staffing at the College was supported through the jobkeeper payments. Our operating expenditure for the year was \$4,595,000, a 6% decrease on 2019. While our usual travel and accommodation budget was largely unused, a significant proportion of it was redirected to venue hire and technology expenses to enable our online exams to occur. Other reduced costs were seen from course and conference subsidies not required when these events could not go ahead. The net result for the year was a total operating surplus of \$1,105,000 which, as a result of government subsidies, together with the reduced expenditure was above our usual goal of a 5 – 10% annual operating surplus.

Total STP funding to the College over the course of 2020 was \$2,684,000. The majority of the funds are distributed 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 2020 year was unspent at 31 December. However, this money will be distributed to the training sites in early 2021 and so does not count as a surplus for the College's operations.

Our investment portfolio with Credit Suisse was impacted by the fall in global financial markets during the first quarter of 2020 although recovered in the later part of the year to increase in value by \$119,000 on the previous year. The College generated interest income of \$75,000 and dividends of \$112,000. At 31 December 2020 the College had total net assets of \$11,187,000, an increase of \$1,412,000 for the year. Approximately 45% of this is in our investment account with Credit Suisse and the balance is in term deposits and other bank accounts.

The College Board in 2019 undertook to purchase our new home at 101 High St Prahran. The 10% deposit remains in the form of a bank guarantee. During the year, extensive work was undertaken on the property valuation and legal arrangements for co-location in this building with ANZICS. Initially, CICM will be purchasing all three levels of commercial space and leasing to ANZICS at settlement. The financial contribution towards the building was minimal in 2020 but will increase slightly in 2021 and significantly in 2022. Another key decision made in 2020 was the Board's endorsement of our digital strategy. This sets out our roadmap for technology renewal and modernisation of our membership platform. The College assets and surplus from this year will be important in supporting these investments in our future.

The changes during 2020 have highlighted the need for a review of our revenue and expenditure model to ensure that we are sustainable and appropriately resourced for delivering value and meeting the expectations of our members and regulators in the future.

During the year, we tendered for our external audit provider, a process that we plan to undertake every three years to ensure quality and value for money from our auditors. RSM were appointed for a further three-year term. I would like to sincerely thank the College staff responsible for looking after the College's finances, who with Andrea Moore, our accountant do an incredibly thorough and reliable job in managing the finances of our College.



**Peter Kruger**  
Treasurer

# College Board

## CICM Board Office Bearers (at December 2020)

**President** Mary Pinder

**Vice-President** Rob Bevan

**Treasurer** Peter Kruger

**Immediate Past President** Ray Raper

### Portfolios

**Censor** Andrew Hilton

**Deputy Censor and CPD** Nhi Nguyen

**Chair Assessments Committee and Research Officer** Jeremy Cohen

**Chair, Education Committee** Priya Nair

**Deputy Chair Education, ASM and Fellowship Affairs** Rob Bevan

**Chair, Hospital Accreditation Committee** Peter Kruger

**Deputy Chair, Hospital Accreditation Committee** Neil Orford

**Chair Rural and Indigenous Health Committee** Penny Stewart

**Chair, Trainee Committee** Nicky Dobos



First Virtual Board Meeting 2020

# 2020 New Fellows

The following were admitted to Fellowship during 2020

Denzil Gill	QLD	Mark Weeden	VIC
Cara Moore	VIC	Ritesh Firke	NSW
Kalai Kanagasingham	NSW	Krista Mos	NSW
Tracey Wraight	VIC	Sananta Dash	QLD
Katherine Triplett	WA	Juliette Mewton	QLD
Sing Tan	VIC	Fiona Perelini	NZ
Michaela Waak	QLD	Luis Schulz	NSW
Andrew Chow	NSW	Marie Scott	NSW
Lachlan Quick	QLD	Avinash Sharma	NSW
Judith Askew	NSW	Joseph Wilbers	NSW
Tobias Betteridge	NZ	Ashley Garnett	VIC
Sachin Desai	VIC	Rukhshad Mehta	ACT
Siddharth Goswami	QLD	Sandeep Sethi	SA
Erin Kelland	VIC	Alexander Hussey	NZ
Sandra Lussier	VIC	Sadie Callahan	QLD
Hannah Rotherham	VIC	Anamika Ganju	QLD
Michael Toolis	VIC	Kalpana Sharma	NSW
Stephen Whebell	UK	Stephen Burke	QLD
Kyle White	QLD	Ravi Mistry	NZ
Shona Mair	QLD	Helen Miles	QLD
Kevin Laupland	QLD	Daniel Owens	NZ
Alexander Bates	QLD	Vong Prasith Mao	NZ
Leigh Fitzpatrick	VIC	Arun Ilancheran	VIC
Rojan Thomas	QLD	Fiona Stanley	QLD
Lewis McLean	NSW	Jade Jones	QLD
Samarasimha Pandhem	NSW	Ka Yi Lam	HK
Jonathon Taylor	NZ	Bronwyn Bebee	VIC
Pieter Weemaes	QLD	Robert Olver	NSW
Ryan Salter	UK	Ryan Watts	QLD
Rajesh Pachchigar	QLD	Santiago Cegarra Garcia	VIC
Adelaide Charlton	NSW		
Sebastian Rimpau	QLD		

College of Intensive Care Medicine

# A YEAR IN REVIEW 2020



## NEW INITIATIVES

A series of short videos currently being developed to raise awareness of rural training.

### INTRODUCED MONTHLY WELLBEING WEBINARS



### LAUNCHED CCR DIGITAL AFTER 1.5 YEARS OF DEVELOPMENT



- Started the new ECLS Group
- Introduced Online Education Sessions
- Victorian virtual collaborative teaching sessions
- CICM Digital Strategy endorsed

Convened the FiveCs (Covid-19 Critical Care Coordination Collaborative)



Implemented the Trainee Exam Hub



## ACHIEVEMENTS

### COMPLETED REVIEW AND FINALISED PROFESSIONAL DOCUMENTS:

- IC-4 Guidelines on the Supervision of Vocational Trainees
- T-10 The Role of Supervisors of Training in intensive care medicine
- IC-33 Minimum criteria for hospitals seeking accreditation for foundation training in intensive care medicine
- T-13 Guidelines for Assisting Trainees with Difficulties
- T-14 Trainee Performance Review
- T-27 Assessment of Specialist International Medical Graduates Policy

### SUCCESSFUL PARTNERSHIP WITH ANZICS TO ENSURE THE MEDIA AND COMMUNITY HEARD ONE CONSISTENT MESSAGE ABOUT COVID.

- WCA and OCE revision completed
- Obtained STP funding for Indigenous health projects
- 17 external stakeholder organisations met with to pave the way for collaboration

### FORMAL ENDORSEMENT FROM RECONCILIATION AUSTRALIA FOR THE REFLECT RECONCILIATION ACTION PLAN



### FELLOW AWARDS:

- 1 AUSTRALIA DAY HONOUR AND
- 2 QUEENS BIRTHDAY HONOURS

## ADAPTED

### VIRTUAL FIRST PART AND SECOND PART EXAMS



### VIRTUAL MANAGEMENT SKILLS COURSE

### HYBRID HOSPITAL ACCREDITATION INSPECTIONS



### VIRTUAL AND HYBRID TRAINEE PRESENTATION EVENINGS




- Virtual Board Meetings
- Virtual SIMG interviews



## OFFICE NEWS


### 29 STAFF TRANSITIONED TO WORKING FROM HOME




- Rollout of MS Teams across the office
- No more paper invoices
- Construction of the new office building started

### Partnership with Parents at Work

### 2 CICM BABIES




### WEEKLY STAFF MEETINGS TO STAY CONNECTED DURING LOCKDOWN



### 6 NEW STAFF MEMBERS

(Jana, Clive, John, Alana, Amelia, Julia)



## THE NUMBERS

### ALL 17 STP FUNDED TRAINING POSTS WERE FILLED IN 2020

- Approximately 500 AVT's in the past 6 months
- Approval of Formal Projects for approximately 70 trainees in 2020
- Almost 200 trainee applications processed

## EXAMS 2020

### TOTALS FOR 2020

246 candidates sat the written in 2020

First Part: 143  
Second Part: 95

### ONLINE STATS

160 candidates sat the online vivas

First Part: 86 (4 days of vivas with a total of 8 cohorts)  
Second Part: 74 (3 days of vivas with a total of 7 cohorts)  
Second Part Paediatric: 4 (oral exam postponed to May 2021)


### EXAMINER TOTALS

72 examiners assessed the vivas / 62 examiners assessed/organised the hot cases and total of about 63 for written examiners

### EXAM LOCATIONS

First Part x 12 viva locations (Adelaide, Auckland, Brisbane, Canberra, Darwin, Hobart, Hong Kong, Melbourne, Perth, Singapore, Sydney, Wellington)

Second Part x 11 viva locations (Adelaide, Auckland, Brisbane, Canberra, Hobart, Hong Kong, Melbourne, Perth, Sydney, Wellington)



## EXAMS ACHIEVEMENTS

**50** HOURS OF VIVA PRACTICE SESSIONS ON ZOOM


**30** HOURS OF SMALL EXAMINERS WORKSHOPS ON ZOOM

**96** HOURS OF HOSTING ZOOM VIVAS

**840** BANNER ANNOUNCEMENTS

**2,560** VIVA MARKS ENTERED

**52,504** TIMES OF MANUALLY MOVING MEMBERS IN AND OUT OF BREAKOUT ROOMS



### MOST POPULAR CCR ARTICLE OF 2020 / VIEWED BY 8044 PEOPLE

Microvascular COVID-19 lung vessels obstructive thromboinflammatory syndrome (MicroCLOTS): an atypical acute respiratory distress syndrome working hypothesis

NEARLY 25,000 PEOPLE HAVE VISITED THE CCR WEBSITE SINCE MARCH 2020

THE MOST VISITORS TO THE CCR JOURNAL (MARCH 2020 COVID-19 EDITION) WITH OVER 2800 USERS ONLINE THAT DAY

# Fellowship Affairs

## CONTINUING PROFESSIONAL DEVELOPMENT

Due to the COVID-19 pandemic and the CPD requirement exemptions for 2020 provided by the Medical Board of Australia and the New Zealand Medical Council, as well as the lack of opportunities to complete certain activities such as conferences and small group learning, the CICM Board decided that the CICM CPD program would be postponed for 2020, to restart on 1 January 2021, for a two-year cycle to finish on 31 December 2022.

## 2020 EVENTS

Due to the pandemic, the College had to cancel all the major conferences in 2020, the ASM, Directors Conference and the New Fellows Conference. The ASM will be held virtually in 2021 and the theme will be Respiratory Medicine. The New Fellows and Directors Conference will be postponed till 2021.

## CRITICAL CARE AND RESUSCITATION

2020 was the year the Critical Care and Resuscitation Journal (CCR) went digital. The expansion of CCR to digital, the small editorial team and hardworking reviewers meant we were able to review, edit, design, produce and deliver the latest COVID-19 research articles within a 48-hour timeframe, a rare feat within the Medical Journal global community.

CCR digital launched in March 2020 with over 6000 active users and over the entire year, the CCR website has received over 80,000 views. Since the introduction of the digital version of CCR, the number of original articles has risen from 8 to 12-13 per issue and the number of submissions has grown to >500/year. We introduced a dedicated COVID-19 page has received over 24000 unique views since its launch in March.

## INDIGENOUS HEALTH

The College approved a new Australian Reconciliation Plan that was endorsed by Reconciliation Australia. We promoted and participated in a number of NAIDOC week activities. Indigenous Health Curriculum planning and development was completed, and the next stage will be a consultation review.

We have progressed reflective practice on cultural safety for CPD and published an Indigenous Health webpage for cultural safety resources.

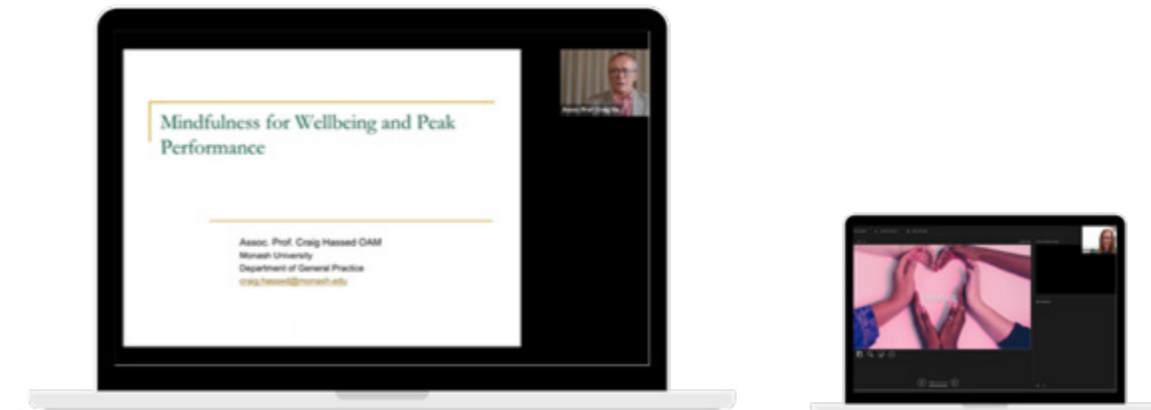
## COLLEGE DOCUMENTS

Throughout the year, the College reviewed a number of training and policy documents in line with our review cycle. The following were completed in 2020;

- Guidelines on the Supervision of Vocational Trainees
- The Role of Supervisors of Training in intensive care medicine
- Minimum Criteria For Hospitals Seeking Accreditation For Foundation Training In Intensive Care Medicine
- Guidelines for Assisting Trainees with Difficulties
- Trainee Performance Review
- Assessment of Specialist International Medical Graduates Policy

## FIVE C's

During the pandemic, the Presidents of ANZCA, ACEM, CICM, ANZICS, ACCCN, ASA and NZSA formed a collaborative named Covid-19 Critical Care Coordination Collaborative (Five C's). The purpose of this group was to afford high-level collaboration to deal with issues related to the management of critically ill Covid-19 patients. The group collaborated with the Australian Department of Health to host a number of webinars.



## WELFARE SIG



The Welfare SIG remained active during the peak of the pandemic with a range of resources being made available to all Fellows and trainees, through both the website and a Welfare specific e-newsletter. Several useful and practical resources were sourced from other Colleges, organisations and international bodies which allowed for a quick turn around and publication of resources.



# Information Communication Technology

We achieved a major milestone in our digital transformation with the digital strategy being approved by the Board. This details a three-year roadmap, ensuring we are in the best position to mitigate the current level of technology risk exposure whilst positioning the College as a more digitally mature organisation with a strong emphasis on member engagement. The plan sets out the priorities for investment, commencing with ensuring the foundations of the College's digital infrastructure are solid and can support growth and development. The Digital Strategy Steering Committee has been mobilised to govern implementation of the roadmap, including consideration of Business Case funding requests.

Like many sectors, health education is becoming increasingly interconnected and presents a range of opportunities for new digital technologies. At the same time, cybersecurity challenges continue to evolve and intensify. We place a high priority in maintaining our unblemished cyber posture and continue to emphasise the importance of supporting our staff and members to achieve this.

# Training

## ONLINE EDUCATION

In March 2020, a group of dedicated College Trainees and Fellows initiated the development of online education sessions. These open access, bi-national online sessions were designed to provide learning opportunities for trainees who were no longer able to access hospital based teaching due to the COVID-19 pandemic. The sessions delivered were based upon the needs of trainees, and included a variety of topics and formats, such as inquiry based learning, journal clubs and Q & A. The online education program was exceedingly successful, attracting over 1000 registrants, delivering over 100 education sessions within the first year and cultivating a faculty of more than 20 clinical educators from Australia and New Zealand. The program developed five learning streams: General Intensive Care, Basic Sciences, Paediatric Intensive Care, Basic Science VIVA Practice and Fellowship Viva Practice. The online learning sessions were able to facilitate connections and collaborations between all trainees and provided additional learning opportunities for trainees working in rural and remote locations. This program has proved to be of immense value to trainees and the College will support the ongoing sustainability of this program.

## SUPERVISORS OF TRAINING

With 19 additional Supervisors of Training joining the CICM SoT group in 2020, we'd like to take this opportunity to thank all 263 Supervisors for their continued efforts throughout the difficult year. Supervisors are key for the success of the College training program and an immense amount of work goes into supervising and assessing not only CICM trainees, but other trainees who rotate through the ICU. Unfortunately, our regular workshops could not go ahead in 2020 however we adapted to an online mode of SoT education that has continued into 2021 and this was well received by the Supervisor group. A big credit to Bruce Lister who facilitated these online SoT education sessions along with help from Sara Allen and Irma Bilgrami. We would also like to thank all those who facilitated breakout rooms and assisted with running these days. To facilitate flexible learning opportunities, and the development of a community of supervisors, SoT education was converted into an online format in 2020. Three optional education sessions on the topics of feedback, clinical reasoning, and the trainee in need of additional support were held in 2020, and a session on WBA's was held in February 2021. The first online mandatory SOT workshop was held in March 2021 and was attended by 50 SoT. The College will continue to provide both online and face to face options for SoT education and training in the coming years.

## WELCOME TO INTENSIVE CARE COURSE

Dr David Pearson and Dr Bruce Lister lead the development of an online 'Welcome to Intensive Care' course for trainees recently accepted into training at CICM. This one day course aims to equip trainees with information and skills to facilitate engagement with and progress through the training program. The course includes information on training programs and requirements, introduction to College staff, meeting with trainee representatives, mentoring and welfare, clinical reasoning, feedback literacy, first part exam preparation and personal resilience.

# Assessment

## WBA REVIEW

In 2020 a working party of College Fellows, Trainees and staff undertook a review of the Observed Clinical Encounter and Workplace Competency Assessments. Based upon feedback from Trainees and Fellows, current best practice in medical education and with consideration of implementation feasibility, these assessments were updated to enhance assessment for learning and ease of completion within the workplace.

## EXAMINATIONS

Due to the uncertainty around travel restrictions in 2020, the College delivered the oral component of the First and Second Part examinations online for the first time in its history. This strategy ensured examiners and candidates were not required to travel outside of their home region. Despite the challenges of the 2020, the members of all three Panels of Examiners continued to donate many hours of hard work to ensure each examination was of the highest standard. The College would like to acknowledge the following members who continue to dedicate their time to the College examination process:

- Dr Roslyn Purcell (Chair, First Part)
- Dr Andrew Semark (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 Drs Shane Townsend and Kim Vidhani who have both retired from the Panel of First Part Examiners. Both Drs Townsend and Vidhani have been examiners for the College from the beginning and have always provided their peers with great insight and good humour.

Drs Anthony Delaney, David Durham, John Gowardman, Daniel Mullany, Zarir Nanavati, Mary Pinder and Clive Woolfe 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, commitment and general demeanour made it a wonderful working environment.

Additionally, on behalf of the Panel of examiners, the College would like to thank A/Prof Jeremy Cohen and Dr Priya Nair, who have both stepped down as Chair and Deputy Chair respectively, of the Second Part Examination as well as retiring from the Panel end of 2020. Both A/Prof Cohen and Dr Nair have dedicated an immeasurable amount of their time to the College improving the exam process and standards and has led the exam with due diligence. A/Prof Stuart Lane and Dr Michaela Cartner were appointed as the new Chair and Deputy Chair respectively, commencing their term start of 2021.

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

- Dr Patricia Hurune (VIC, First Part)
- Dr Stephen Morgan (NSW, First Part)
- Dr Benoj Varghese (TAS, First Part)
- Dr Atul Wagh (NSW, First Part)
- Dr David Anderson (VIC, Second Part)
- Dr Ahmad Elgendy (NSW, Second Part)
- Dr Atul Gaur (NSW, Second Part)
- Dr Anand Krishnan (QLD, Second Part)
- Dr David Lowe (NSW, Second Part)
- Dr Dinesh Parmar (QLD, Second Part)
- Dr Corrine Balit (NSW, Second Part Paediatric)
- Dr Elena Cavazzoni (NSW, Second Part Paediatric)

# 2020 Successful Candidates

The following were successful candidates from the exams held in 2020.

## FIRST PART

Dr Mahmoud Abdallah  
Dr Mohammad Abu Yosef  
Dr Thomas Barr  
Dr James Basha  
Dr Cristina Beltran Orihuela  
Dr Marie Blaney  
Dr William Bonavia  
Dr Jason Bromage  
Dr Bronwyn Brown  
Dr Lindsay Campbell  
Dr Hugh Carter  
Dr Amy Chapman  
Dr Hannah Coleman

Dr Benjamin Jay Cunanan  
Dr Fabien Dade  
Dr Udeshika Daluwatta  
Dr Maryse Daniel  
Dr Netra Dawadi  
Dr Abhinesh Dhital  
Dr James Doherty  
Dr Stephanie D'Souza  
Dr Kelly Eitzen  
Dr Sherif Elbadrawy  
Dr Tess Evans  
Dr Xizhe Fang  
Dr Deepak Ghimiray

Dr Jane Guan  
Dr Jonathan Gunther  
Dr Monica Gunturu  
Dr Yuxiaoyan Zoe Guo  
Dr Jaimie Henry  
Dr Samantha Ho  
Dr Rachael Hocking  
Dr Haitham Jassim  
Dr Nathan Jeffery  
Dr Sunil John  
Dr Caroline Kuruvilla  
Dr Simon Landes  
Dr Huey Ying Lim

Dr Yu-hsuan Dave Liu  
Dr Rachel Martin  
Dr Yassir Matloob  
Dr Daniel Joseph McAuliffe  
Dr Goran Mitric  
Dr David Mogg  
Dr Fraser Moss  
Dr Mohammed Mostafa  
Dr Thomas Murchie  
Dr Janeni Nadarajah  
Dr Thomas Niccol  
Dr Susanne Nicholson  
Dr Robert Nicholson  
Dr Mairi Northcott  
Dr Jonathan O'Leary  
Dr Hyo Jung Ivy Park

Dr Alison Parsell  
Dr Adam Pasfield  
Dr Jessemine Pitt  
Dr Joseph Preston  
Dr Megan Price  
Dr Patrick Purcell  
Dr Joseph Rea  
Dr Laura Renger  
Dr Sophie Roome  
Dr Scott Santinon  
Dr Benjamin Seymour  
Dr Jeremy Sharman  
Dr Bhavneet Singh  
Dr Melinda Sirmais  
Dr Ryan Slack

Dr James Soares  
Dr Georgia Sparks  
Dr Marina Xi Yuan Tan  
Dr Piers Turner  
Dr Ruan Vlok  
Dr Alice Walsh  
Dr Scott Warming  
Dr Benjamin White  
Dr Christopher Wilder  
Dr Nicholas Wilson  
Dr Benedict Wong  
Dr Alexander Wood  
Dr Karolina Koko Wozniak  
Dr Alexandr Zubarev

## SECOND PART

Dr Derick Adigbli  
Dr Natalie Apelbaum  
Dr Marija Apostoloska  
Dr Sara Arcioni  
Dr Bronwyn Bebee  
Dr Michael Borrie  
Dr Alastair Brown  
Dr Jian Wen Chan  
Dr Daniel de Wit  
Dr Jonathon Fanning  
Dr Meyrelle Fernandes  
Dr Shahn Forrester  
Dr Krunal Gajjar  
Dr David Gale  
Dr Robert Grieve  
Dr Gul-E-Rana  
Dr Tamishta Hensman  
Dr Yves Ineza  
Dr Dominic Toby Jeffcote  
Dr Craig Johnston  
Dr Stephanie Judge  
Dr Mohamed Kamal  
Dr Hooi Hooi Koay  
Dr Mervyn Chee Wei Leong  
Dr Victor Yong Yan Liew  
Dr Prashant Maan

Dr Philippa McIlroy  
Dr Andrew Miller  
Dr Juan Carlos Mora  
Dr Aniket Nadkarni  
Dr Yuichiro Ono  
Dr Rohit Paliwal  
Dr Prakkash Parangi Ananthan  
Dr Priya Patel  
Dr Lisa-Marie Pereira  
Dr Yannick Planche  
Dr Jennifer Porteous  
Dr Prashant Pruthi  
Dr Ken Sakurai  
Dr Vikram Shah  
Dr Laurie Showler  
Dr Jack Simpson  
Dr Rahul Tambade  
Dr Erfana Thashneem  
Dr Andrew Tierney  
Dr Laura Tincknell  
Dr Sau Ki Tong  
Dr Ryan Watts  
Dr Charlotte Williams  
Dr Rhiannon Williams  
Dr Hamish Wright  
Dr Alice Young

## SECOND PART PAEDIATRIC

\*Not applicable – oral component for 2020 sitting postponed to May 2021

# Education

## NETWORK OF EDUCATORS

The College has initiated the development of a Network of Educators. This community of practice aims to facilitate connection and collaboration of Fellows and Trainees who have an interest in education. 53 College members from across Australia, New Zealand, the UK and Hong Kong have joined this group, and initial meeting was held on March 9th, and attended by 25 F arch 2020, the Board and Indigenous Health Committee members undertook a 3 hour cultural safety workshop, delivered by Abstarr Consulting. Abstarr Consulting are currently reviewing the College curriculum and will make recommendations for the Indigenous health and cultural safety elements within. The College has identified additional resources related to cultural safety, Indigenous health, and unconscious bias, and included links to these on the College website. College staff and Fellows continue to liaise with Reconciliation Australia, AIDA, TeORA and other professional organisations to ensure culturally appropriate operations and training.

## RESEARCH

The College continues to collaborate with Deakin University to investigate feedback cultures and practices within intensive care medicine. These investigations will assist the College to facilitate optimal feedback practices within intensive care training and professional development.

## SPECIALIST TRAINING PROGRAM (STP)

The College administered 17 training posts under the Commonwealth Department of Health's Specialist Training Program (STP). The program provides vocational training opportunities for specialist registrars in settings outside of traditional metropolitan teaching hospitals, including regional, rural and remote and private facilities. The College has successfully achieved STP training post and supervisory post targets stipulated by the Department in 2020, by filling all 17 training posts and supervisory position. STP educational support projects scheduled for 2020 had to be postponed due COVID-19, and we have reallocated some of the that funding towards a new educational support project which will be undertaken and finalised in 2021.

## HOSPITAL ACCREDITATION

Due to Covid-19, the College experienced a backlog of Units requiring accreditation. The College would like to thank A/Prof Peter Kruger and the Hospital Accreditation Committee, who were able to implement an alternative way inspecting units. A hybrid inspection model was introduced in 2020, blending face to face attendance of a state-based team, with virtual attendance of an interstate Lead Inspector. As the Covid-19 situation evolves it is envisaged that some inspections may revert to the original face to face model, while others will require a combination of virtual/ face to face attendance. To facilitate the amended inspection process, the structure of the accreditation team has been revised to include an additional senior local FCICM on all accreditation inspections. The inclusion of this role has assisted the hybrid inspection process by having an experienced team member to drive the inspection proceedings on the ground as the interstate Lead Inspector is not physically in attendance.

**Inspections completed in 2020 = 6**

**Withdrawn = 0**

**Number of foundation/ Limited  
& Gen units in 2020**

**General = 72**

**Limited = 39**

**Foundation = 43**

## CURRENT FORMAL PROJECT REVIEWERS

Ian Seppelt (**Chair**) **NSW**

Raymond Raper **NSW**

Lachlan Donaldson **NSW**

Vineet Nayyar **NSW**

Lewis Campbell **NT**

Paul Secombe **NT**

Ywain Lawrey **NZ**

David Knight **NZ**

Sara Allen **NZ**

Kiran Shekar **QLD**

James Winearls **QLD**

Adam Holyoak **QLD**

Hayden White **QLD**

Paula Lister **QLD**

Jayesh Dhanani **QLD**

James McCullough **QLD**

Sumeet Rai **ACT**

Ravindranath Tiruvoipati **VIC**

Andrew Udy **VIC**

Yasmine Ali Abdelhamid **VIC**

Shailesh Bihari **SA**

Kartik Atre **WA**

# New Zealand National Committee Annual Report For 2020

This report covers the activities of the New Zealand National Committee (NZNC) for the period January 1 to December 31, 2020. 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

**Elected members:** Dr Geoff McCracken  
Dr Jonathan Albrett  
Dr Louise Hitchings  
Dr Debra Chalmers  
Dr Craig Hourigan  
Dr Charlotte Brace (Trainee Representative)

**Co-opted Members:** Dr David Silverman (New Fellows representative)  
Dr Jonathan Casement  
Dr Alex Browne  
Dr Alex Psirides

**Ex-Officio Board Member:** Dr Rob Bevan

**Invited Observers:** Dr Craig Carr (ANZICS)  
Dr Sally Ure, ANZCA

**Administrative Assistance:** Rose Chadwick

## NEW ZEALAND FELLOWS AND TRAINEES

The total number of Fellows in 2020 was 99 of which 5 were new fellows. There were 54 active trainees.

## NATIONAL COMMITTEE MEETINGS

The NZNC met three times, two face to face meetings and one via ZOOM. Anthony Hill, Commissioner for Health and Disability and Astuti Balram Project Manager, Ministry of Health, attended as invited guest speakers. Ms Balram is involved in a project looking at critical care and capacity demand.

In addition, Dr Paul Young, intensive care specialist at Wellington Hospital, presented on his research into mortality outcome rates of Māori and NZ European and Dr Chris Poynter, Chair of the NZ Training Network, updated the committee on the establishment of the Training Network.

## ISSUES ADVANCED BY NZNC CICM

Members of NZNC CICM met with staff of the National Ambulance Sector Office (NASO) in February, to bring to their attention concerns relating to the changes being implemented in air ambulance service, including NASO's perceived lack of engagement with ICU clinicians

Dr Andrew Stapleton, Chair of NZNC and Dr Craig Carr, Chair of NZ ANZICS are working together with the Ministry of Health to develop a strategy for a coherent national intensive care model for New Zealand. Individual members of NZNC and ANZICS have also been actively involved as advisers to the Ministry for their response to COVID.

## SIMGS

Selected members of the NZNC CICM assessed three Specialist International Medical Graduates, one of whom was assessed as not comparable.

Members of NZNC CICM met in August with the MCNZ in to discuss MCNZ's recommendation that Vocational Practice Assessments (VPAs) are offered to some SIMGS as a requirement for their vocational registration. No final agreement has yet been reached on the structure of a VPA for intensive care specialists.

## EXTERNAL MEETINGS

NZNC CICM was represented at the MCNZ/College and Council of Medical Colleges meetings.

## NZ OFFICE

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



**Andrew Stapleton**

2020 Chairman, New Zealand National Committee

# Regional Committees

**MSW**

<b>Chair</b>	Stuart Iane
<b>Deputy Chair</b>	Sarah Wesley
<b>Elected Members</b>	Peter Clark Lachlan Donaldson Monique Leijten Swapnil Pawar
<b>Ex-Officio Board Members</b>	Nhi Nguyen Priya Nair Raymond Raper
<b>Trainee Representative NSW</b>	Derick Adigbli
<b>Trainee Representative ACT</b>	Rebecca Uzzell
<b>Paediatric Representative</b>	Nick Pigott
<b>Rural Representative</b>	David Clancy
<b>New Fellows Representative</b>	Alice Hensch
<b>ACT Representative</b>	Manoj Singh

**SA**

<b>Chair</b>	Steve Lam
<b>Deputy Chair</b>	Michael Farquharson
<b>Elected Members</b>	Vishwanath Biradar Milind Sanap Luke Collett
<b>New Fellows Representative</b>	Aniket Nadkarni
<b>SA Trainee Representative</b>	Ranjan Joshi
<b>SOT Representatives</b>	John Raj

**TAS**

<b>Chair</b>	Vikram Patil
<b>Elected Members</b>	Hamish Jackson Benoj Varghese
<b>Co-Opted Members</b>	Ashley Crosswell Alan Beswick

**QLD**

<b>Chair</b>	Vikram Masurkar
<b>Deputy Chair</b>	Jayshree Lavana
<b>Elected Members</b>	Neeraj Bhadange Shane Townsend Melita Trout Peter Vellozo
<b>Ex-Officio Board Members</b>	Jeremy Cohen Peter Kruger
<b>Paediatric Representative</b>	Paula Lister
<b>Rural/Regional Representative</b>	Cath Tacon
<b>Research Representative</b>	Kiran Shekar
<b>New Fellows Representative</b>	Isuru Seneviratne
<b>Trainee Representative</b>	Alex Nesbitt
<b>Immediate Past Chair</b>	Michaela Cartner
<b>State Intensive Care Clinical Network, Chair</b>	Neil Widdicombe
<b>Queensland Training Pathway</b>	David Pearson

**VIC**

<b>Chair</b>	Shyamala Sriram
<b>Deputy Chair</b>	Cameron Knott
<b>Elected Members</b>	Yvette O'Brien Wisam Albassam Sarah Yong
<b>Ex-Officio Board Members</b>	Andrew Hilton Neil Orford
<b>Trainee Representative</b>	Tamishta Hensman
<b>New Fellows Representative</b>	Nicky Dobos
<b>VICEN Representative</b>	Cara Moore Emily Harmen
<b>Immediate Past Chair</b>	Michael Purvis Smith Andrew Udy

**NT**

<b>Chair</b>	Lewis Campbell
<b>Elected Members</b>	Sid Agarwal Brad Treloar
<b>Ex-Officio Board Member</b>	Penny Stewart
<b>Co-opted Member</b>	Theresia Van Beek

**WVA**

<b>Chair</b>	Michael Ross-King
<b>Elected Members</b>	John Lewis Peter Pridmore Adam Howard Christopher Allen Geoffrey Dobb
<b>Ex-Officio Board Member</b>	Mary Pinder
<b>WA Trainee Representative</b>	Elizabeth Tran
<b>Education Representative</b>	Jude Bharath

# From The Regions

## NEW SOUTH WALES REGIONAL COMMITTEE

The NSW Regional Committee, like all committees around the country, had an unusual year in 2020 and many plans to continue to further engage with the state fellowship had to put on hold. We have continued to have a full committee with both a new-fellows representative, and co-opted members representing rural regions, The ACT and paediatrics. We were able to hold our regular committee meetings in a virtual forum although the agenda items were a little reduced with the reduction in face to face activities around the state. Nominations for the committee were sent out in October and it was very encouraging to see the number of fellows who put their hand up for the 2021-2022 committee, resulting in an election for the first time in a number of years.

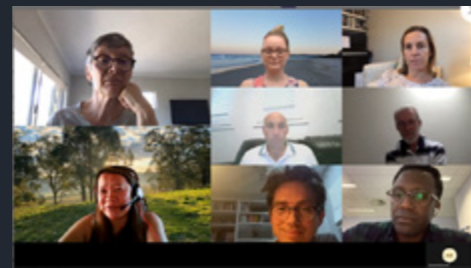
We were pleased that the 6th Annual Trainee Research Presentation Evening was able to be held in September as a hybrid event at the Education Centre at RPA. Attendance was excellent with over 50 members online and in person. Seven trainees presented their formal projects, followed by a guest speaker presentation from A/Prof Ian Seppelt. Due to the increased interest, the committee is aiming to run 2 Presentation evenings in 2021 with the aim that these evenings will become the main place for projects to be presented by Trainees.

Unfortunately the planned Trainee Education Days, Fellow's Education workshop and Datahon all had to be cancelled due to the pandemic. A variety of online education initiatives were able to be developed more centrally by the College which were accessed by trainees for both exam practice and broader education.

We would like to thank the Committee members who retired from the committee at the end of 2020 and acknowledge their contributions over many years. Finally, we would like to thank all of the NSW Fellows for their hard work during the extraordinary times that occurred in 2020 and look forward to re-commencing the many initiatives that have been put on hold over the course of 2021.

### Sarah Wesley

Chair



NSW Committee Meeting 2020

## NORTHERN TERRITORY REGIONAL COMMITTEE

The tyranny of distance and the dislocation of lockdowns, border closures and uncertainty meant that the NT Regional Committee have not taken advantage of the NT's Covid-free status. The Committee met virtually three times which did include the Annual Research Meeting which trainees presented some of their work. This included both results of completed research, and early stage research for advice on next steps. The projects included health service research and epidemiology. In recognition of the long and constant service of two luminaries of the College, the inaugural Stephens-Stewart Research Prize was awarded to Dr Carly Wright for her work continuing the research arc investigating harmful alcohol use and ICU admissions.

In reviewing previous business we are pleased to have made substantial progress on echo teaching in Darwin, with some light hearted learning support waypoints available at <https://lewisfromlewis.wordpress.com/2020/09/04/ideal-the-good-the-badges-and-the-ugly/>. These are intended to fit into various curricula and to allow a feeling of measurable progress in the time it takes to progress through the tricky middle stages of learning echo skills. Paired with frequent targeted echo teaching, we are in good shape to start up a structured programme involving an echocardiographer, later this year, and to invite Alice Springs trainees to our regular echo meetings which have a mainly teaching focus.

The patient groups, close association with Cardiology and high level of engagement with echocardiology means an Echo Fellow position is a realistic and attractive proposition for next year for the right candidate.

The two NT units now work closer than ever on clinical and non-clinical activities, supported by an increasing range of speciality services in Darwin. This also serves to throw more light on the especial challenges of running a high quality Intensive Care service in a smaller regional centre such as Alice Springs, which in addition intimately relies on cooperation from three jurisdictions in the NT, SA and WA. Rural and remote ICU education is as important as ever and we are proud to contribute our share, in the specialists residing in Alice Springs and in those who travel to remote areas to share expertise, build networks and learn from those who live and provide care far from large centres. After all, you're never alone.

This year was the first term of the newly elected committee, a big welcome to the new members. The Committee look forward to continuing their work on strengthening links across the Territory.

### Lewis Campbell

Chair

## QUEENSLAND REGIONAL COMMITTEE

Despite the obstacles that the pandemic posed, the Queensland Regional Committee (QRC) had a productive 2020. The QRC actively collaborated with the State-wide Intensive Care network to support Queensland's response to the COVID-19 pandemic.

In a year that was a challenging time for CICM trainees, the QRC led several initiatives to support their progress.

- The first virtual research project presentation day was organised in July 2020. The session was chaired by A/Prof Paula Lister and A/Prof Kiran Shekar. Six trainees presented their projects. The excellent presentations and audience interaction ensured that the event was a great success.
- In collaboration with the Queensland ICU Training pathway, the QRC launched the Queensland Intensive Care Junior Registrar Education Program (QuIC-JREP) in August 2020. This virtual program, which is presented every Wednesday morning, consists of a curriculum of core ICU topics aimed at training and non-training junior registrars. It is designed to ensure a baseline level of knowledge required to work in an ICU and is mapped to essential college prescribed learning outcomes. The program is delivered on Microsoft Teams which facilitates access in metropolitan and regional ICUs. The transitional year fellows play a crucial role in planning and presenting these sessions. All sessions are presented by consultants or transitional year fellows which ensures that the content is of high standard. After a highly successful 6-month pilot, the curriculum will be presented over 12 months in 2021.

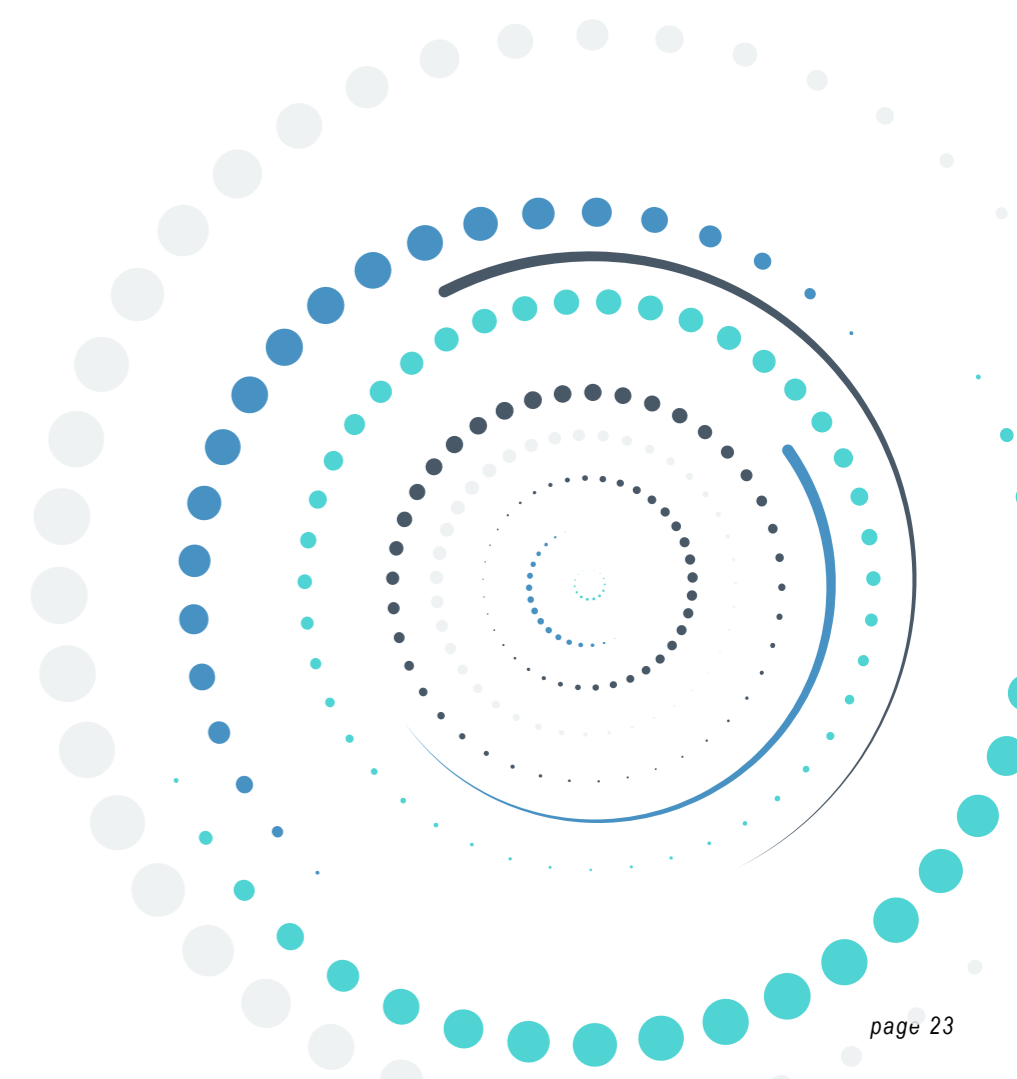
The QRC assisted the HAC with the following renewals of accreditation.

- Hervey Bay Hospital.

I would like to thank members of the QRC for their hard work and support during a difficult year.

### Vikram Masurkar

Chair



## WESTERN AUSTRALIA REGIONAL COMMITTEE

The WA Regional Committee (RC) met two times over the last year, as expected the committee was unable to reach a quorum for the initial meeting due to the Coronavirus Pandemic. Dr Michelle Ross-King began as the new chair of the Committee in March 2020.

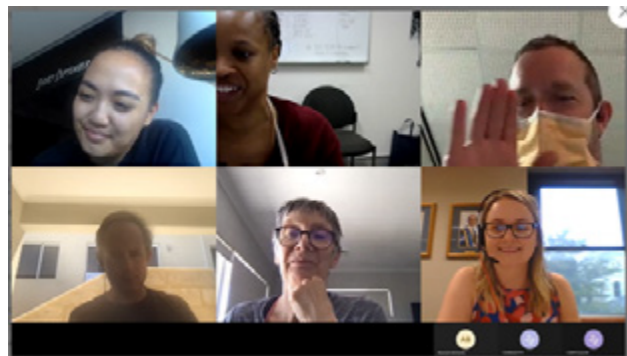
The Intensive Care Network organised a CICM Formal Project Presentation evening with CICM and ANZICS support. The evening was sponsored by Avant and Smith Medical. There were five trainees who presented and ~30 people attended representing a broad number of WA hospitals. This event is now an annual event in WA. It provides a good opportunity for trainees to present research projects (including their formal projects). Thanks to WA Intensive Care Network for organising this event.

The CICM ASM planned to be held in Perth for 2021 was cancelled and a virtual event is now planned. The previous organising committee has been formed chaired by Dr Ed Litton. The group is currently planning an event later in the year.

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 for 2020). The 2021 meeting is scheduled to be a virtual event, with the WARC Chair in attendance. A regional part 2 teaching program commenced coordinated by Dr Jude Bharath, SCGH, FSH, RPH and RGH were involved. Attendance has sometimes been limited and the teaching has paused with the COVID-19 pandemic. The group has been innovative in their support of trainee education at this complex time. The Committee has arranged for fellows to assist with the assembly of accreditation teams for hospital inspections.

### Michelle Ross-King

Chair



WA Regional Committee meeting December 2020



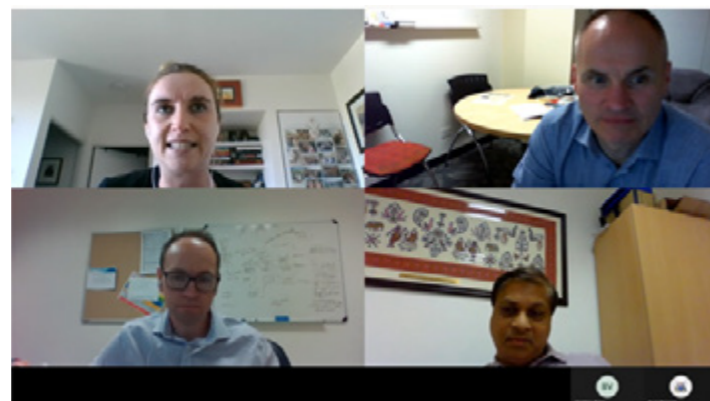
## TASMANIAN REGIONAL COMMITTEE

2020 was a disruptive year due to the Covid-19 pandemic, and the Easter shutdown of the North-West Regional Hospital to control a hospital-based outbreak. The Committee met two times in 2020, meetings were subsequently migrated to an online format, and the 2020 Tasmanian Critical Care meeting was postponed until 2021.

The Committee acknowledge the retirement of Dr Scott Parkes from intensive care practice and wish him good health and every success in the next phase of his career.

### Vikram Patil

Chair



This is the Tasmanian Regional Committee Meeting Strategic Plan consultation November 2020

## SOUTH AUSTRALIAN REGIONAL COMMITTEE

The SA Committee managed three face-to-face meetings in 2020 (February, July, November). In addition, the Committee also met with Julia via teleconference in November to discuss strategic direction.

Prior to COVID disruption, the Committee had enjoyed generous support from a number of pharmaceutical companies and recruitment agencies in addition to the CICM for 6-7 dinner events per year. These included Fellow education, ECMO centre collaboration, trainee network, and research presentation (Tub's Scholarship) events. The Committee took a cautious approach to reintroduction of networking and education events in 2020, after cancelling two events which had already reached an advanced stage of planning for March and April 2020. Considering the significant disruption to intensive care services in SA if contact tracing isolation involved such an event, and the difficulties with venue restrictions and contingencies for short notice cancellation, plans for a State-wide event were delayed until mid November 2020. Exactly 10 days after the Committee cautiously agreed to recommence event planning, SA entered a sudden lockdown. The Committee agreed to recommence planning and sponsorship for events in 2021.

Courses with external candidates were cancelled following the onset of COVID restrictions, however internal staff training courses including ECMO, BASIC, Cardiac Surgical ALS and Echo/ultrasound recommenced with appropriate safety measures in the latter half of 2020, given the prolonged absence of community transmission in SA and the need to deliver structured education. Australian Resuscitation Council courses also recommenced, however with SA Health staff only.

Staffing levels came under some pressure as a result of over-seas travel restrictions and the unfortunate loss of Australian Medical Council examinations. These impacted a large proportion of trainees who had been set to provide service at the Queen Elizabeth and Lyell McEwin Hospitals. The Committee considered the potential for the CICM and AHPRA to assist and monitored the progress at these hospitals to ensure that staffing shortfalls would not significantly impact patient care, staff wellbeing, and quality of training. Ultimately both hospitals reported in February 2021 that staffing in 2021 will be sufficient after an acceptably brief period of shortfall. One hospital was able to gain approval to become a Workplace Based Assessment provider for the purposes of AHPRA registration, overseas staff entry has become possible, the CICM has been extremely helpful in providing individuals with bespoke advice on pathway through AHPRA registration and entry to CICM training, and AHPRA has made allowances for COVID related delays to training and registration. Accredited units shared frustration over AHPRA delays in the overseas doctor registration process; the Committee plans to explore with other Colleges their experience with this as a concerted approach to AHPRA would be more influential.

Unfortunately the Committee of College Chairs (CCC) meetings were cancelled in 2020 and are yet to recommence. Until COVID, the SA Committee had been represented through the attendance of the SA Committee Chair. No progress on the matter of the SA Rural Workforce Strategy, which had involved the SA Committee and the CICM Rural Intensive Care representative until COVID, has been reported to the Committee since.

The Committee has been approaching differences in training between centres for some years, whilst acknowledging that smaller centres do not provide inferior training to larger centres in an overall sense. Sharing of training sessions across sites continues to be encouraged, however with the trainee committee being extremely active and productive in expanding online training, the reliance on individual centre part 1 exam teaching (in particular) has pleasingly declined. One hospital currently does not have a Part 1 or Part 2 examiner, although applications to the CICM have been made. Whilst the Committee do not opine this to be a major issue for the quality of training or recruitment/retention of trainee staff, it considers it desirable that the State's CICM examiners not be largely concentrated at the 2 largest teaching hospitals, albeit expected to some extent based on proportion and numbers.

The Committee has some concern that only the two largest teaching hospitals currently have CICM approved transition year posts. Based on the current fixed funding models, these two hospitals could only provide transition year training for up to around 4 trainees per year. The Committee members have been working with SOTs in their respective units over the last year or so towards establishing enough transition year positions for at least SA trainees, acknowledging that there may be some advantage in seeking interstate or overseas terms. Financial constraints have been encountered in the three smaller training units, and the Committee will become involved in helping those centres in discussion with heads of units and administration in a step-wise manner of escalation.

Finally, the Committee welcomed a new co-opted member in 2020, Dr Nikki Yeo, and another expression of interest to be co-opted has been received by the Committee from an outstanding new college Fellow who will hopefully join the Committee soon. It was also noted at the last Committee meeting that the current Chair had completed the maximum 3 year term outlined in the CICM terms of reference. A new Committee Chair will be appointed, anticipating a July 1 2021 commencement.

### Stephen Lam

Chair

# ANNUAL FINANCIAL REPORT FOR 2020

## 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 2020. VRC continued the excellent tradition of hosting the VRC Trainee Research meeting and additionally hosted another educational evening addressing trainee welfare.

### Victorian Educational evening 2019 titled The Pursuit of Wellbeing

The wellbeing evening was hosted on a Zoom platform by Victorian regional committee on the 22nd September 2020, supported by the CICM welfare Special Interest Group. Given the lockdown and social distancing rules of the COVID 19, Victorian Fellows and trainees were perceived to be undergoing a very stressful time. This evening was organised to support the trainees and fellows through these turbulent times. Prof Brett McDermott, Professor of Psychiatry at JCU spoke on Being Mindful and the wellbeing Audit. Following this we had A/Prof Jeremy Cohen (Then Chair, part 2 examination committee) spoke about the conduct of the Clinical Examination with the COVID restrictions. The feedback suggested that the fellows and trainees were reassured regarding the exam session and enjoyed the Wellbeing Audit session. The credit for the success of this event goes to the college staff, especially Kayla Hargood and Alannah Bennetts, for coordinating and seamless execution of the schedule.

### Trainee Research presentation evening 2020

Victorian Regional Committee, CICM in partnership with Victorian Care Educational Network organised the 6th Trainee Research Virtual Forum held on 27th November 2020 on the Zoom platform. There were 7 presentations and was a rated as a very successful night by the trainees. 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.

### Training and education - VicNET Project

The VRC is committed to provide 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 Committee have also coordinated a Victorian First Part Teaching program where trainees can virtually access units teachings, Monash Medical ICU, Northern Hospital and The Alfred Hospital are all currently involved in this.

The VRC has made some progress with respect to centralising CICM training in Victoria, with a pilot program hopefully commencing in 2023. The VRC members of 2020 have already laid a foundation for this process. A survey of the Victorian Intensive Care Medicine workforce and training was conducted by VRC. The pandemic slowed the process of stakeholder engagement. The survey data collation and reporting were finalised in January 2021. The Victorian Regional Committee is developing a working group for consultation on state-wide models of coordination of workforce and training. This is initially with the Victorian Department of Health and the Southern Hubs Regional Specialists Training Alliance, drawing on experience from pre-existing models in Victoria and other jurisdictions. Project Management resources are being sought from Victorian Department of Health to assist with the equitable Victorian jurisdictional approach to the mapping and distribution of ICU and non-ICU training rotations. VRC has submitted a 'VicCNET discussion paper' to CICM in March 2021. We hope to develop a deployable VicCNET model that can commence in 2023 medical year.

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



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 2020.

### Directors

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

- Mary Pinder
- Rob Bevan
- Peter Kruger
- Raymond Raper
- Priya Nair
- Penny Stewart
- Andrew Hilton
- Jeremy Cohen
- Nhi Nguyen
- Neil Orford
- Nicola Dobos

### 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 2020 amounted to \$1,411,969 (2019: \$1,117,270)

## 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.

## Impact of COVID-19

The travel restrictions and restrictions on large public non-essential gatherings put in place by the Australian Federal and State Governments impacted the ability of the College to run events for its members in 2020.

The College focused on mitigating this reduction in income by minimising spend on activities not directly aligned with principal activities. In addition, the College received Federal and State Government subsidies that assisted with minimising the financial impact of the pandemic.

## Matters subsequent to the end of the financial year

The impact of the Coronavirus (COVID-19) pandemic is ongoing, and it is not practicable to estimate the potential impact, positive or negative, after the reporting date. The situation continues to evolve and is dependent on measures imposed by the Australian Government and other countries, such as maintaining social distancing requirements, quarantine and travel restrictions.

No other matter or circumstance has arisen since 31 December 2020 that has significantly affected, or may significantly affect the College's operations, the results of those operations, or the College's state of affairs in future financial years.

## Likely developments and expected results of operations

The College anticipates that it will maintain in 2021, 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 Julia Harper, who was appointed to the position June, 2020.

## 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 2020, and the number of meetings attended by each director were:

	Board meetings		Executive		Finance, Audit & Risk Management Committee / Executive	
	Number eligible to attend	Number attended	Number eligible to attend	Number Attended	Number eligible to attend	Number attended
Mary Pinder	4	4	5	5	1	1
Rob Bevan	4	4	5	5	1	1
Peter Kruger	4	4	5	5	1	1
Raymond Raper	4	4	5	4	1	0
Andrew Hilton	4	4	-	-	-	-
Priya Nair	4	4	-	-	-	-
Penny Stewart	4	4	-	-	-	-
Jeremy Cohen	4	4	-	-	-	-
Nhi Nguyen	4	4	-	-	-	-
Neil Orford	4	4	-	-	-	-
Nicola Dobos	4	4	-	-	-	-

## 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



Mary Pinder  
Director

14 May 2021  
Perth, Western Australia

## 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.

**RSM AUSTRALIA PARTNERS**

**K J DUNDON**  
Partner

Dated: 14 May 2021  
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 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 2020 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

Mary Pinder  
Director

14 May 2021  
Perth, Western Australia

# Statement of Profit and Loss and Other Comprehensive Income

For the year ended 31 December 2020

	Notes	2020 \$	2019 \$
Revenue from ordinary activities	2	5,013,301	4,574,295
Interest income		75,340	110,047
Other income	2	<u>3,602,525</u>	<u>4,078,681</u>
<b>Total revenue</b>		<b><u>8,691,166</u></b>	<b><u>8,763,022</u></b>
<b>Expenses</b>			
Employee benefits expense		(2,146,556)	(1,740,810)
Administration and college expenses		(560,847)	(1,111,713)
Travel and conference expenses		(727,787)	(1,078,035)
Information technology expenses		(251,102)	(187,844)
Professional services expense		(224,401)	(151,702)
Occupancy expenses		(110,655)	(91,283)
Finance costs		(104,816)	(105,566)
Other expenses		(469,033)	(428,895)
Specialist Training Program expenses		<u>(2,684,000)</u>	<u>(2,749,905)</u>
<b>Surplus before tax</b>	3	<b><u>1,411,969</u></b>	<b><u>1,117,270</u></b>
Income tax expense		-	-
<b>Surplus after tax attributable to the College</b>		<b><u>1,411,969</u></b>	<b><u>1,117,270</u></b>
<b>Other comprehensive income for the year</b>		-	-
<b>Total comprehensive income for the year attributable to the College</b>		<b><u>1,411,969</u></b>	<b><u>1,117,270</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 2020

	Notes	2020 \$	2019 \$
<b>Current Assets</b>			
Cash and cash equivalents		2,701,183	455,549
Trade and other receivables	4	265,296	379,491
Financial assets	5	10,314,844	10,863,717
<b>Total Current Assets</b>		<b>13,281,323</b>	<b>11,698,757</b>
<b>Non-Current Assets</b>			
Plant and equipment	6	171,125	104,392
Right of use asset	7	593,290	844,939
Intangible assets	8	836,652	937,905
<b>Total Non-Current Assets</b>		<b>1,601,067</b>	<b>1,887,236</b>
<b>Total Assets</b>		<b>14,882,390</b>	<b>13,585,993</b>
<b>Current Liabilities</b>			
Trade and other payables	9	2,614,037	2,467,511
Provisions	10	357,004	369,136
Lease liability - current	11	254,142	272,650
<b>Total Current Liabilities</b>		<b>3,225,183</b>	<b>3,109,297</b>
<b>Non-Current Liabilities</b>			
Provisions	10	102,602	120,901
Lease liability – Non-current	11	367,171	580,331
<b>Total Non-Current Liabilities</b>		<b>469,773</b>	<b>701,232</b>
<b>Total Liabilities</b>		<b>3,694,956</b>	<b>3,810,539</b>
<b>Net Assets</b>		<b>11,187,434</b>	<b>9,775,465</b>
<b>Equity</b>			
Retained earnings		11,187,434	9,775,465
<b>Total Equity</b>		<b>11,187,434</b>	<b>9,775,465</b>

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 2020

	Retained Earnings \$	Total Equity \$
<b>Balance at 1 January 2019</b>	8,658,195	8,658,195
Surplus for the year	1,117,270	1,117,270
Other comprehensive income	-	-
<b>Total comprehensive income for the year</b>	<b>1,117,270</b>	<b>1,117,270</b>
<b>Balance at 31 December 2019</b>	<b>9,775,465</b>	<b>9,775,465</b>
Surplus for the year	1,411,969	1,411,969
Other comprehensive income	-	-
<b>Total comprehensive income for the year</b>	<b>1,411,969</b>	<b>1,411,969</b>
<b>Balance at 31 December 2020</b>	<b>11,187,434</b>	<b>11,187,434</b>

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 2020

	Notes	2020 \$	2019 \$
<b>Cash flows from operating activities</b>			
Receipts from members and government bodies (inclusive of GST)		8,342,790	7,953,591
Government stimulus receipt		636,500	-
Payments to suppliers and employees (inclusive of GST)		(7,177,417)	(7,715,867)
Interest received		2,338	5,512
Finance costs		(35,545)	(46,513)
<b>Net cash provided by operating activities</b>		<b>1,768,666</b>	<b>196,723</b>
<b>Cash flows from investing activities</b>			
Payments for building, leasehold improvements and office equipment		(104,287)	(16,369)
Payments for intangible assets		(83,591)	(374,301)
Payments for curriculum development		-	(70,928)
Redemption of term deposits		840,500	-
Payments for financial assets		(74,879)	(3,265,402)
Income received from financial assets		130,893	211,987
<b>Net cash provided by/(used in) investing activities</b>		<b>708,636</b>	<b>(3,515,013)</b>
<b>Cash flows from financing activities</b>			
Repayment of lease liabilities		(231,668)	(242,361)
<b>Net cash used in financing activities</b>		<b>(231,668)</b>	<b>(242,361)</b>
<b>Net increase / (decrease) in cash held</b>		<b>2,245,634</b>	<b>(3,560,651)</b>
<b>Cash and cash equivalents at beginning of year</b>		<b>455,549</b>	<b>4,016,200</b>
<b>Cash and cash equivalents at end of year</b>		<b>2,701,183</b>	<b>455,549</b>

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.

### (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.

### (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.

**(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.

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.

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.

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 30 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) Contract liabilities**

Contract liabilities represent the company's obligation to transfer goods or services to a customer and are recognised when a customer pays consideration, or when the company recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the company has transferred the goods or services to the customer.

#### **(m) 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. Short-term employee benefit obligations are 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.

#### **(n) 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.

#### **(m) 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.

#### **(n) 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.

#### **(o) 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.

#### **(p) 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.

#### **(q) 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 provisions*

As discussed in note 1(m), 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.

*(d) Coronavirus (COVID-19) pandemic*

Judgement has been exercised in considering the impacts that the Coronavirus (COVID-19) pandemic has had, or may have, on the company based on known information. This consideration extends to the nature of the products and services offered, customers, supply chain, staffing and geographic regions in which the company operates. Other than as addressed in specific notes, there does not currently appear to be either any significant impact upon the financial statements or any significant uncertainties with respect to events or conditions which may impact the company unfavourably as at the reporting date or subsequently as a result of the Coronavirus (COVID-19) pandemic.

	2020 \$	2019 \$
<b>2. Revenue and other income</b>		
<b>Revenue</b>		
Admission and registration fees	2,548,166	2,418,974
Training and assessment fees	<u>2,465,135</u>	<u>2,155,321</u>
	<u>5,013,301</u>	<u>4,574,295</u>
<b>Other revenue</b>		
Sponsorship - ASM	-	208,182
Registration - ASM	-	323,070
COVID-19 assistance	636,500	-
Other income	50,766	102,241
Net fair value gain on financial assets	118,813	538,937
Investment income from financial assets	112,446	135,629
Grant income	<u>2,684,000</u>	<u>2,770,622</u>
	<u>3,602,525</u>	<u>4,078,681</u>
<b>3. Expenses</b>		
Surplus before tax includes the following specific expenses:		
<b>Depreciation and amortisation</b>		
Depreciation expense	46,865	48,262
Right-of-use asset depreciation expense	251,650	257,418
Amortisation expense	<u>163,031</u>	<u>92,810</u>
	<u>461,546</u>	<u>398,490</u>
<b>4. Trade and other receivables</b>		
Trade receivables	2,950	5,552
Prepayments	143,722	166,056
Deposits	71,068	69,115
Accrued interest	15,470	45,097
Other receivables	<u>32,086</u>	<u>93,671</u>
	<u>265,296</u>	<u>379,491</u>

## 5. Financial assets

	2020	2019
	\$	\$
<b>Current</b>		
Investment in managed funds	5,214,744	4,997,996
Term deposits	5,100,100	5,865,721
	<u>10,314,844</u>	<u>10,863,717</u>

### (a) 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. Building, plant and equipment

	2020	2019
	\$	\$
Building and leasehold improvements - at cost	325,587	250,577
Less: Accumulated depreciation	(223,928)	(217,480)
	<u>101,659</u>	<u>33,097</u>
Fixtures and fittings - at cost	92,234	88,781
Less: Accumulated depreciation	(72,494)	(64,222)
	<u>19,740</u>	<u>24,559</u>
Office equipment - at cost	201,202	167,448
Less: Accumulated depreciation	(151,476)	(120,712)
	<u>49,726</u>	<u>46,736</u>
	<u>171,125</u>	<u>104,392</u>

## Reconciliations

Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

	Building and leasehold improvements	Fixtures and fittings	Office equipment	Total Building, plant and equipment
	\$	\$	\$	\$
<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>
<b>At 31 December 2020</b>				
Opening Book value	33,097	24,559	46,736	104,392
Additions/disposals (net)	75,010	3,452	35,136	113,598
Depreciation charge	(6,448)	(8,271)	(32,146)	(46,865)
Net book amount	<u>101,659</u>	<u>19,740</u>	<u>49,726</u>	<u>171,125</u>

## 7. Right-of-use assets

	2020	2019
	\$	\$
Land and buildings - right-of-use	1,102,357	1,102,357
Less: Accumulated depreciation	(509,068)	(257,418)
	<u>593,290</u>	<u>844,939</u>

The right-of-use asset above relates to leases in relation to the College's offices. The College renewed the leases for a further three years commencing 19 March 2020. There were no additional leases entered into during the year.

## 8. Intangible assets

	2020	2019
	\$	\$
Curriculum Project – at cost	752,533	752,533
Less: Accumulated amortisation	(470,916)	(377,220)
	<u>281,617</u>	<u>375,313</u>
Website, HAC, CCR Journal and SJT projects – at cost	704,300	642,522
Less: Accumulated amortisation	(149,265)	(79,930)
Net book amount	<u>555,035</u>	<u>562,592</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	Website, HAC CCR Journal and SJT projects	Total Intangible assets
	\$	\$	\$
<b>At 31 December 2019</b>			
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>
<b>At 31 December 2020</b>			
Opening net book amount	375,313	562,592	937,905
Additions	-	61,778	61,778
Amortisation charge	(93,696)	(69,335)	(163,031)
Closing net book amount	<u>281,617</u>	<u>555,035</u>	<u>836,652</u>

	\$	\$
<b>9. Trade and other payables</b>		
Trade payables	135,941	128,664
Deferred income	194,586	165,301
Other creditors and accruals	2,283,510	2,173,546
	<u>2,614,037</u>	<u>2,467,511</u>
<b>10. Provisions</b>		
<b>Current</b>		
Employee benefits – annual leave	224,177	199,932
Employee benefits – long service leave	132,827	169,204
	<u>357,004</u>	<u>369,136</u>
<b>Non-current</b>		
Make good provision	28,832	39,875
Employee benefits – long service leave	73,770	81,026
	<u>102,602</u>	<u>120,901</u>
<b>11. Lease liabilities</b>		
<b>Current</b>		
Lease liability	254,142	272,650
	<u>254,142</u>	<u>272,650</u>
<b>Non-current</b>		
Lease liability	367,171	580,331
	<u>367,171</u>	<u>580,331</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 (whether executive or otherwise). Total compensation paid to key management personnel during the financial year was:

	2020 \$	2019 \$
Key management personnel compensation	<u>818,494</u>	<u>699,062</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.

## 14. Events after the reporting period

The impact of the Coronavirus (COVID-19) pandemic is ongoing, and it is not practicable to estimate the potential impact, positive or negative, after the reporting date. The situation continues to evolve and is dependent on measures imposed by the Australian Government and other countries, such as maintaining social distancing requirements, quarantine and travel restrictions.

No other matter or circumstance has arisen since 31 December 2020 that has significantly affected, or may significantly affect the College's operations, the results of those operations, or the College's state of affairs in future financial years.

## 15. Company details

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



# Independent Auditor's Report

To the Members of the College of Intensive Care Medicine of Australia and New Zealand.



## Opinion

We have audited the financial report of the College of Intensive Care Medicine of Australia and New Zealand ("the Company"), which comprises the statement of financial position as at 31 December 2020, 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 2020 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

## Basis For Opinion

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

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

## Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 31 December 2020 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.

A handwritten signature in blue ink that reads "Rsm".

**RSM AUSTRALIA PARTNERS**

A handwritten signature in blue ink that reads "K J Dundon".

**K J DUNDON**  
Partner

Dated: 19 May 2021  
Melbourne, Victoria