

2021 ANNUAL REPORT



COLLEGE OF INTENSIVE CARE MEDICINE
OF AUSTRALIA AND NEW ZEALAND

CICM acknowledges and pays respect to the Traditional Custodians of the lands across Australia on which our members live and work, and to their Elders, past, present and future. We pay respect to the Wurundjeri Peoples as the Traditional Custodians of the land on which CICM's office stands. CICM acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

President's Report

Kaya, Tena koutou

I am humbled and honoured to present the President's Report for 2021.

The COVID-19 pandemic continued to dominate our lives at home and at work and I would like to take this opportunity to acknowledge all the hard work in difficult circumstances by all of you, our Fellows, Trainees, Committee members and College staff. Your adaptability, creativity, dedication and support for each other has enabled progress of projects aligned with the College Strategic Plan, implementation of educational initiatives, advocacy and advisory projects, and continuation of our assessment processes. This has been while still providing quality care for our patients despite an increase in workplace stress and multiple lockdowns. I would also like to acknowledge and thank those of our Fellows who have been the face of intensive care in the media, and for your advocacy for our patients, our colleagues and our communities during the pandemic.

College Staff and Board

I would like to start by thanking all our College staff, Board and Committee members for your hard work and contribution to college business throughout the year. Sadly, the pandemic was not done and dusted by the end of 2020 and this last year has seen a continuation of the same challenges and stresses at home and at work. It is a credit to you all that we have not just trod water and kept things ticking over but have continued to grow as an organisation and to progress our projects. I would also like to give my heartfelt thanks to you for the support and guidance you have shown me during the past year.

There have been some changes of personnel during this time. Julia Harper stepped down as CEO and Daniel Angelico took on the role as interim CEO. I'm sure Daniel will agree when I say that this has not been an easy time for the CEO role with the AMC accreditation process underway, decisions needed relating to the new build for premises at 101 High St, as well as the curve ball of COVID, and Daniel has risen to the challenge magnificently.

Other staff members have left to pursue new opportunities. We were also sad to say goodbye to Andrea Moore from our finance department, Stephanie Gershon, our Conference Organiser, Victoria Martin, Assessments and Ashley Leek, Policy Co-ordinator.

During the year we welcomed new staff to the team: Emma Stonham, General Manager, Member Services, Peter Batsakis, General Manager, Corporate Services, Arlene Calma, Admin Officer for Assessments, Sharron Clark, Communications Coordinator, Peta Coote, HR Generalist, Bianca Gemes, Admin Officer for SIMGs, Amelia Martin, Website Content Officer, Justin Voigt, Conference and Events Manager, Fiona Wallace-Smith, Accountant, and Sally Wheatland, Admin Officer for Training and Accreditation.

President's Report

The hard work of our College staff often goes unrecognised and I'd like to take this opportunity to thank you all for everything that you do for our trainees and Fellows and to acknowledge the resilience and adaptability you have demonstrated during the pandemic. You are the beating heart of our organisation, and we all hope that the future will allow us to have more face-to-face interaction.

There were also some changes to the Board. The new elected Board member joining in July was Martina Zib from New South Wales. Jess Morgan took over from Aniket Nadkarni as Trainee Representative and Michael Farquharson joined the Board as co-opted representative for South Australia, replacing Steve Lam.

My best wishes to those who are moving on to new ventures and a big welcome to those joining the organisation.

Achievements

Our activities and initiatives as a College are tabled elsewhere in this report and so I will briefly mention a few points.

Implementation of The Updated Strategic Plan

In the first half of 2021 the College launched the new Strategic Plan 2021-2023. The plan sets out goals to drive best practice in education, training and assessment; to strive for the highest professional standards including a particular focus on ICU culture and diversity; to advance equitable access to intensive care; and to mature our internal capability to enable us to achieve these goals. I take this opportunity to thank all our members and stakeholders who have given feedback and provided insights to help develop our strategic plan and helped the Board shape the future direction of the College

Education and Training

Our First Part, Second Part (General and Paediatric) exams were again held in line with Covid safe practice, with the vivas run on-line and the clinical section run in local units. I would like to thank everyone who made this possible – the College staff, the examiners, the Board members and relevant committees, supervisors, staff of the hosting units, and, not least, the exam candidates who coped with the additional stress and uncertainty.

One advantage of the pandemic has been the growth in on-line educational activities. My thanks to Jackie Tunnecliff, our Education Advisor, Bruce Lister, our DPA, Education, and to all the trainees, Fellows and College staff whose hard work, enthusiasm, passion for teaching and learning, and precious time have made these initiatives possible. Activities include the Network of Educators and the Welcome to Intensive Care (WIT) course designed and led by Dave Pearson.

President's Report

Dual Training pathway with ANZCA

At the start of the year, ANZCA Council and our College Board endorsed a recommendation to collaborate in the development of a dual Anaesthesia and Intensive Care Fellowship. ANZCA is leading the project development with input from key CICM staff, Fellows and trainees. A Dual Training Pathway Working Group has been formed with representation from both organisations and it is anticipated that this pathway will come into effect in 2024.

Indigenous Health Curriculum

Towards the end of 2021, the Board approved a proposal, in partnership with ABSTARR Consulting, for the development of an Indigenous Health Curriculum to provide on-line resources for cultural awareness and cultural safety learning for trainees and Fellows with respect to Aboriginal and Torres Strait Islander and Māori peoples. This program is important to advance Indigenous health and cultural safety in our communities and to meet mandatory requirements and standards for specialist medical college training curricula set by the AMC and MCNZ. The program will replace pre-existing on-line resources that are no longer accessible.

College members will be given the opportunity to review and provide feedback on this initiative as its development continues into 2022.

Culture and Wellbeing Model

This landmark project is progressing in partnership with the Nous Group and under the leadership of Neil Orford, and the first element is to define “What good looks like” with respect to the ICU workplace.

Parental Leave Policy

I am proud to say the College has implemented an updated Parental Leave Policy that supports trainees in balancing their medical career with family planning. The College worked closely with trainees and the Women in Intensive Care Network (WIN-ANZICS) to develop a parental leave policy that was transparent and robust, and allows equal parental leave for all trainees, irrespective of gender or gender identity.

AMC Re-accreditation Submission

Our AMC reaccreditation report was submitted in September. I would like to take this opportunity to thank those who worked on the submission throughout 2021 and the many more who provided input into this extensive document. A representative from AMC attended elements of the First- and Second-Part exams in September and October as part of the review of our assessment processes. The reaccreditation review continues into 2022 with a final report due in November 2022.

President's Report

2021 Virtual ASM

We were able to successfully pivot to a virtual format for our 2021 CICM Annual Scientific Meeting which was held on 1-3 June with a theme focusing on respiratory intensive care. The organising committee led by Dr Bronwyn Avard and Prof Andrew Udy compiled an inspiring and educational program with international speakers representing almost every corner of the globe, as well as Australia and Aotearoa New Zealand. We were treated to excellent presentations, given updates on COVID and ICU, respiratory intensive care, Indigenous health, sustainability, climate change and health, workplace culture and wellbeing.

My thanks go out to the organising committee, the College staff, the speakers and presenters, and all the delegates who embraced the virtual format and who made the 2021 ASM such a success.

Advocacy

During 2021, the College released media statements, were co-signatories on letters to leaders in Government, and endorsed documents that aligned with the views of our broad membership. These include co-signing an open letter to Prime Minister Scott Morrison in the lead up to the COP26 Climate Conference in Glasgow, calling for a significant lift in Australia's commitment to counter the adverse health effects of climate change and to cut greenhouse gas emissions.

Collaboration

The College has continued to work on joint projects and educational initiatives, both at home and overseas, with fellow organisations, in particular, Australian and New Zealand Intensive Care Society (ANZICS), The Australian and New Zealand College of Anaesthetists (ANZCA) and Faculty of Intensive Care Medicine (FICM-UK) and I would like to acknowledge the outstanding leadership of Anthony Holley, Vanessa Beavis and Alison Pittard, respectively. Their example, fellowship and commitment to collaboration are wonderful signs for the future of intensive care, our organisations and our communities.

I am proud of the way we have seen challenges as opportunities and for the compassion, advocacy and humanity shown by our members for each other and our patients and colleagues at home and overseas over the course of the pandemic. There are still many areas in which we can do better and that will lead to improved patient outcomes, notably in cultural safety and health equity for First Nations people, encouraging and in supporting First Nations trainees and by improving workplace culture and wellbeing.

The future for the College promises to be exciting as we grow and develop as an organisation and as a voice for intensive care in our communities.

Mary Pinder
President



CEO's Report

This is my first report to our members of the College after commencing in the role of Acting CEO in June 2021. This year will go down in the history of our College, and the world, like no other. I do recall entering 2021 with a renewed sense of enthusiasm that we would go back to “normal” and see the return of our face-to-face operations. I also thought I would not have to supervise my kids on another online home learning session again.

Despite my misguided optimism, the pandemic presented opportunities for our College to adapt, while continuing to support our members as they endured some really challenging times. Our specialty continued to be impacted, resulting in long hours in full PPE, changing restrictions and extended lockdowns, while for many still actively participating in College activities. Our College would not function without the special relationship we have with our trainees and Fellows, in particular those on the Board, committees, and working groups that have embraced the challenges of the pandemic, to allow us to continue our day-to-day operations online. The mutual respect we have between the clinical and non-clinical members in our College is unique to intensive care, and I believe this is the only way a college can properly function.

Every one of our previous annual reports mentions the output from our Supervisors of Training and this year is no exception. I think the breadth of responsibility for our Supervisors has expanded, and they are required to possess a unique skillset to be effective in the role. The College is forever grateful for the dedication displayed by our Supervisors, and we are committed to ensuring they receive the necessary support and education from us.

A great deal of 2021 was spent preparing for our 10-year reaccreditation by the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ). The work throughout this year culminated in a written submission detailing our governance, delivery of our training program, assessments, accreditation processes, education, support of Supervisors of Training, SIMG assessment process, and our continuing professional development program.

I have witnessed several written submissions in my time at the College and felt this one really showcased how we have enhanced our internal capabilities to develop as a professional body. The central theme of our report was a commitment to adapt and evolve in our learning journey. This is what we expect of our trainees and Fellows, and I believe it is an important theme to apply to our internal operations as a College. For a growing College, with limited human resources, the body of work we have produced since 2010 is quite amazing, and it is pleasing to see how far we have come. The key factor in our success has been the input from our two Directors of Professional Affairs, Dr Felicity Hawker, and Dr Bruce Lister, who have been innovators for our organisation over a long period of time.

CEO's Report

As a result of the collaboration with our members, we have progressed a number of key initiatives in 2021. Our members have embraced the Network of Educators, who have developed an educational community of practice. We are also very proud of the achievements of the organising committees and staff of the Annual Scientific Meeting, Welcome to Intensive Care Course, Management Skills Course, Supervisor of Training Workshops, Examination practice sessions, and the Communication Course who found ways to work around the pandemic and move to a virtual delivery method. Everyone involved in coordinating those events, embraced the challenge to still deliver a product that would mean our trainees and Fellows were not disadvantaged.

The ability to pivot to an alternate delivery method was also required for our hospital accreditation visits, as many of the face-to-face meetings has been postponed from 2020. Through the Hospital Accreditation Committee, we developed a hybrid model to continue with this very important aspect of our core business. This initiative relied on the participation of the host unit, local Fellows and trainees, and administrative staff to ensure adequate IT solutions were available.

As was the case in 2020, the College committed to delivering our examinations through a virtual platform. With the safety and wellbeing of our participants at the forefront of our decision making, we were able to proceed with assessment delivery, to avoid further disadvantaging our trainees as they progress towards Fellowship. This required buy in from all our examiners and candidates, however also extended to Supervisors, Directors, Fellows, and trainees of units. We continue to be enormously proud of the commitment from our members to make our virtual exams a success.

It is worth noting the advancement of three key strategic initiatives really gathered momentum in 2021 and will be delivered in 2022:

Member Digital Platform (MDP) – Our Digital and Technology Strategy was approved in 2020 and the focus was to enhance our member experience. This was the ideal starting point for a digital transformation because it places emphasis on creating an enhanced member experience and will solve a lot of inherent inefficiencies. Substantial work has been completed to enhance the accessibility/mobility of member information in one platform, provide tailored data views depending on the type of member, and increase the protection of member data, in line with cyber security best practices. We look forward to delivering an improved member experience in 2022.

ICU Culture Framework – 2021 saw the College establish a partnership with the Nous Group to develop a Culture and Wellbeing Model for Intensive Care Units across Australia and Aotearoa New Zealand. We feel this piece of work is our chance to shape a positive culture and develop practical tools and resources to help units self-assess, change culture, and maintain a positive one. It is a great opportunity to collaborate with our members and accredited units to develop a collective view on ICU culture and highlight what a positive ICU culture looks like.

CEO's Report

101 High Street – The College made significant progress on the capital program for the acquisition of our first property. A lot of hard work from our Senior Management team and executive has gone into this project and I'm pleased to report the close collaboration with ANZICS, who have committed to moving into the same building. Purchasing a newly built commercial facility is a complex process, the advice and guidance from both respective Boards has been invaluable and greatly appreciated.

As I think about the future, I realise this is the last CEO's message that will be written from 168 Greville Street, Prahran. As we draw to a close on our time at Greville Street, I have fond memories of our current home that has seen us grow from 7 to over 30 in the 12 years we have been here. Despite the growth in our organisation, I place great value on remaining accessible to our members, understanding that collaboration and engagement that we as staff enjoy with our members, should not be taken for granted.

I would like to close by thanking our Board, who despite not meeting in person, continued to function with the same collegiality, enthusiasm, and sense of humour they did before the pandemic. We welcome the recommendations from AMC and MCNZ in 2022, and I know this Board is capable of implementing change that is in the best interest of our membership.

Our staff continued to show grit through this year, working through lockdowns, restrictions, seeing the office close, seeing the office reopen, and then returning to a "near normal" environment. Many now choose to spend their time between home and office, with the College adopting flexible work arrangements for staff, in an effort to promote a healthy work/life balance. We are very lucky to have a dedicated group of professionals, who are passionate about supporting our membership.

A special thanks must go to our executive, Mary Pinder, Rob Bevan, and Peter Kruger who spent the majority of 2021 replying to my messages, phone calls, and emails with sage guidance and advice. Mary has been immensely positive through another year of her presidency being affected by travel restrictions, cancellation of events, and missed opportunities to engage with our staff and Board members in person. She has been a mentor, confidant, and friend for many of our staff and has generously guided me through my first CEO role. I am immensely grateful for the experience and thankful to the Board, staff, and members for the opportunity.

I'm very proud to be a small cog in our special machine.

Daniel Angelico
CEO



Treasurer's Report

This Treasurer's report covers the period from January to December 2021, as the College's finances run on the calendar year. 2021 continued to be a difficult year due to COVID. As was the case in 2020 the uncertainty brought about by COVID meant many of the usual College activities were disrupted. 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 all our usual events in 2021. We did however get back to some operational normality amongst the lock downs and uncertainty.

The College continued to focus on mitigating any reduction in income by minimising expenditure on activities not directly aligned with our principal activities. In both 2020 and 2021 The College received the Job Keeper government subsidies. The Board asked RSM to conduct an independent audit to ensure the appropriateness of these Job Keeper funds. I am pleased to report the conclusion from RSM was that the receipt of this money was both legal and ethical. The full audited financial figures for 2021 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 (registration, fees and ASM income) was \$ 6,108,474. The STP funding stream provided an income of approximately \$2.7m, remembering the College essentially serves as the administering body for this money with the majority of the funds distributed as salary support to the seventeen intensive care training positions funded through STP. Because the funding to the training sites is paid in arrears and on receipt of an invoice, there is still 2021 unspent funding as at December 31. The majority of this will be spent in early 2022, with any balance of unspent monies carried on to future STP funding rounds.

Our investment portfolio with Credit Suisse was very strong in 2021 with the Australian economy continuing its resilience over the year as Covid-19 related restrictions eased and concerns over the initial threat of the omicron variant faded. The net fair value gain on our financial assets was \$407,602. The College generated a further income of \$131,454 derived from our financial assets. At 31 December 2021, the College had total net assets of \$12,058,228, an increase of \$870,794 for the year. Approximately 45% of our net assets is in our investment account with Credit Suisse and the balance is in term deposits and other bank accounts.

Our operating expenditure (excluding STP) for the year was \$5,966,000 (this includes ASM expenses and accelerated depreciation), a 22% increase from 2020. A significant proportion of our 2021 travel and conference expenses was redirected to venue hire and technology expenses to enable our online exams to occur (2020 first half of the year there were no exams held hence the lower cost in travel and meeting for 2020) ASM expenses of \$84,000 also make up part of this variance (no ASM held in 2020).

Treasurer's Report

Employment expenses increased 18.6 % to a total of \$2,638,965 as the College created two new senior leadership positions (General Manager of Information and Communication Technology and Corporate Services) to help deliver planned services and continues to invest in our current staff. Keeping our quality staff is a priority for the college and the Board commissioned a remuneration review to ensure our salaries are appropriate in the broader marketplace. The outcome of this review resulted in \$120,000 of additional expenses. The College has been undertaking a body of work to better understand the relationship between fee and examination income and related expenses. In future, we hope to be able to report a more detailed breakdown relating to the true costs of these core activities of the College.

Impacting our 2021 result was also what we term accelerated depreciation. Our new Membership Digital Platform design is well underway. This will replace a number of our software platforms that are near (or past) end of life and will come into effect in 2023. To prepare for this, after appropriate financial advice, we have accelerated the depreciation of several of our current software programmes to zero value by early 2023.

While on paper the net result for the year was a total operating surplus of \$870,794 it is important to note that over \$500,000 of this is from the performance of our financial assets which is extremely volatile. That said, this surplus does provide a buffer for the College as we embark on our future endeavours.

In 2019, the College Board undertook to purchase our new home at 101 High St Prahran. CICM will be purchasing all three levels of commercial space and on selling level 1 to ANZICS. The financial contribution towards the building was minimal in 2021 however will fully be settled in 2022 including main works and fit out costs. This fit out work is an estimated cost of \$2.0m above the cost of the purchase. The other key project endorsed in 2021 was the Colleges digital strategy which includes the new membership data platform. Both these projects come with a solid financial commitment and we have a constant focus and strong financial rigour to ensure we have capacity to meet our financial obligations.

Peter Kruger
Treasurer



Office Bearers

President

Mary Pinder

Vice-President

Rob Bevan

Treasurer

Peter Kuger

Portfolios

Censor

Andrew Hilton

Deputy Censor

Nhi Nguyen

Chair, Assessments Committee
Research Officer

Jeremy Cohen

Chair, Education Committee

Priya Nair

Deputy Chair, Education Committee

Martina Zib

Fellowship Affairs Committee & ASM Officer

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

Training

Censors Committee

2021 was another challenging year overcoming COVID-related obstacles, and the Censors Committee worked with trainees to ensure minimal disruptions to training. The Committee received a high volume of queries regarding non-ICU term accreditation for trainees who were seconded back to ICU during COVID outbreaks and supported affected trainees in securing the desired period of training accreditation where possible. The Committee reviewed several requests for commencement of Transition Year and worked with trainees who experienced difficulty associated with exams, cancellation of courses and struggles throughout the year.

Many thanks to the Censors Committee for their continued work in 2021 and we look forward to more in 2022.

Specialist International Medical Graduate

In 2021, the College reviewed a total of 30 Specialist International Medical Graduate (SIMG) applications to the College across Australia and Aotearoa New Zealand. From this, 10 preliminary reviews were completed, and 25 interview assessments were completed – an increase of 6 from the previous year.

In 2021, the new MBA Standards for the assessment of specialist international medical graduates were successfully implemented for Australian-based SIMGs and the Committee commenced the Summary of Preliminary Review as part of the process of assessment. The SIMG Committee met throughout the year to consider interviews conducted in both Australia and Aotearoa New Zealand and discuss process improvement strategies in light of the new Standards. Feedback surveys for SIMGs were also developed with implementation due in 2022, helping improve the SIMG process for future SIMG's and creating a mechanism for meaningful feedback. In 2021, the SIMG interview schedule was increased from 3 times per year to at least 5, and we wish to acknowledge the members of the SIMG Committee for all their hard work and dedication in 2021.

Training

Trainee Selection

The College welcomed 212 new trainees to the training program in 2021. This year, the applicants were exposed to the Situational Judgment Tests (SJT) and piloted the suite of SJTs that have been developed by the College. This was a success with positive feedback from applicants received. The College aims to install SJTs as part of the selection process from 2022 onwards.

We would like to thank all members of the Trainee Selection Panel who generously volunteered their time to assist in reviewing all applications. This enabled the College to deliver the outcome to all trainees in late November, with plenty of time for them to begin their journey as a trainee prior to the new training year in February 2022.

Hospital Accreditation

In 2021, the Hospital Accreditation Committee was able to largely return to in person unit inspections after utilising a virtual hybrid method for most of 2020.

With COVID travel restrictions easing further as the year progressed, we were able to facilitate more visits in person.

Many thanks to all members of the Committee and to the Chair, A/Prof Peter Kruger, for the dedication shown to hospital accreditation.

Current number of accredited units (including Paediatric)	
General Accredited Units	72
Limited	42
Foundation	40
Inspections completed in 2021	19

Training

Supervisors of Training

Supervisors of Training play a vital role in the College training program by providing assessment and guidance to trainees on their journey to Fellowship. Without Supervisors, the College training program simply could not run and so we wish to take this opportunity to thank them for their tireless efforts in 2021, which was another challenging year in the pandemic.

Supervisor of Training Workshops remained online in 2021 with another session added. The workshops were well attended, and feedback was positive. Topics covered off included feedback, supporting trainees in need of support, WBAs and the College training program requirements. We had many Supervisors of Training volunteer their time to attend as facilitators, joining the College's Bruce Lister and Jackie Tunnecliff, and we wish to thank them all.

New Supervisors of Training	21
Total Supervisors of Training	268



Training

Trainee Committee

The Trainee Committee continued their work as a pivotal College committee in 2021 and had a successful and busy year. The new parental leave policy was a large focal point and was approved by Board in November 2021.

In addition, trainee welfare and examinations were given many considerations by the committee, especially as the uncertainties of the pandemic progressed. Plans for an in-person Trainee Symposium are in the works on the back of the College's planned 2022 ASM in Wellington.

The College would like to thank all Trainee Committee members, past and present, who work incredibly hard to ensure all trainees are represented fairly and provide valuable insight to the day-to-day life of a CICM trainee. Additionally, we wish to thank Chair Nicola Dobos for steering the Trainee Committee and providing valuable guidance.



Current Formal Project Reviewers

Ian Seppelt (Chair)	NSW	Kiran Shekar	QLD
Raymond Raper	NSW	James Winearls	QLD
Lachlan Donaldson	NSW	James Winearls	QLD
Vineet Nayyar	NSW	Adam Holyoak	QLD
Hergen Buscher	NSW	Hergen Buscher	QLD
Lewis Campbell	NT	Paula Lister	QLD
Paul Secombe	NT	Jayesh Dhanani	QLD
Ywain Lawrey	NZ	James McCullough	QLD
David Knight	NZ	Sumeet Rai	ACT
Sara Allen	NZ	Ravindranath Tiruvoipati	VIC
Shailesh Bihari	SA	Andrew Udy	VIC
Kartik Are	WA	Yasmine Ali Abdelhamid	VIC

Examinations

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

- Dr Roslyn Purcell (Chair, First Part)
- Dr Andrew Semark (Deputy Chair, First Part)
- A/Prof Stuart Lane (Chair, Second Part)
- Dr Michaela Cartner (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 Dr Jonathan Field who has retired from the Panel of First Part Examiners. Dr Field was a highly valued member of the Panel for almost 12 years and has always provided his peers with support.

A/Prof Scott Parkes and Dr Andrew McKee both from the Second Part Examiner Panel, and Drs Mark Hayden and Simon Erickson both from the Second Part Paediatric Examiner Panel, have decided to retire from examining. The College would like to thank each examiner for their time and effort over the twelve years for their significant involvement to their respective Committee and Examination. Their commitment as well as their good humour, have always been received highly by the Panel as well as the College staff.

Examinations

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 Sidharth Agarwal (NT, Second Part)	Dr David Anderson (VIC, Second Part)	Dr Danielle Austin (NSW, Second Part)	Dr Nandan Bhende (QLD, Second Part)	Dr Ahmad Elgendy (NSW, Second Part)
Dr Atul Gaur (NSW, Second Part)	Dr Anand Krishnan (QLD, Second Part)	Dr Ken Lee (SA, Second Part)	Dr Elisa Licari (VIC, Second Part)	Dr David Lowe (NSW, Second Part)
Dr Angelly Martinez (QLD, Second Part)	Dr Dinesh Parmar (QLD, Second Part)	Dr Swapnil Pawar (NSW, Second Part)	Dr Michael Putt (QLD, Second Part)	Dr Manoj Singh (ACT, Second Part)
Dr Yu-Yeung Yip (Hong Kong, Second Part)	Dr James McCullough (QLD, First Part)	Dr Scott Simpson (VIC, Second Part Paediatric)		

Examination	Total Candidates	Successful Candidates
First Part (1st Sitting)	92	58
First Part (2nd Sitting)	101	52
Second Part (1st Sitting)	79	32
Second Part (2nd Sitting)	96	42
Second Part Paediatric (postponed-2020 sitting)	9	5
Second Part Paediatric (2021)	11	8

Successful Candidates

First Part - 1st Sitting

The following were successful candidates from the exams held in 2021.

Dr Nithin Abraham Raju
Dr Thomas Anderson
Dr Scott Ashby
Dr Manon Audige
Dr Geoffrey Balean
Dr Brian Beaver
Dr Mominah Bhatti
Dr William Blackburne
Dr Emma Browne
Dr Luke Brunton
Dr Niamh Buckley
Dr Robert Carmichael
Dr Stewart Carmichael
Dr June Ee Chen
Dr Benjamin Cole
Dr Thomas Coleman
Dr Milan Edinger-Reeve
Dr Mohsin Ejaz
Dr Hannah Glenn
Dr Kirsty O'Keefe

Dr Anastasi Gougoulis
Dr Audrey Guo
Dr Karina Hall
Dr Adam Joghee
Dr Murtaza Khanbhai
Dr Alok Kumar
Dr Amanda Laurent
Dr Alex Lesser
Dr Rose Lewis
Dr Zhou Lu
Dr Thomas MacLavery
Dr Jayanand Mahendra Raj
Dr Shaney Maull
Dr Joshua McLarty
Dr Stephan Christian Mertes
Dr Sarah Myers
Dr Michael Nelson
Dr Sarah Neumann
Dr Chinh Dam Nguyen
Dr Daniel Owers

Dr Robert Pocklington
Dr Lachlan Poiner
Dr Claire Raper
Dr David Ross
Dr Jake Schmidt
Dr Shamsun Sultana
Dr Huiling Tan
Dr Levent Uygur
Dr Alfred van der Walt
Dr Amit Kumar Verma
Dr Rengan Vijayakumar
Dr Ruvini Vithanage
Dr Thomas Vos
Dr David West
Dr Benjamin Wilkinson
Dr Samuel Wood
Dr Emma Wray
Dr Wai Hung Yu

Successful Candidates

First Part - 2nd Sitting

Dr Tahiya Amin
Dr Madhumati Asundi
Dr Parisha Kaur Bisram
Dr Hugh Brigden
Dr Andrew Chesher
Dr James Chu
Dr Oscar Close
Dr Madeline Coxwell
Matthewman
Dr Justin Dalby
Dr Mark Elliman
Dr Philip Emerson
Dr Felicity Few
Dr Luke Fox
Dr Carl Gao
Dr Simon Gordon
Dr Hannah Hall
Dr Elizabeth Hallt

Dr Owen Hawksworth
Dr Matthew Holmes
Dr Frederick Hopkinson
Dr Hector Hughes
Dr Hasini Jayasinghe
Dr Sean Keem
Dr Tae Young Kim
Dr Yujin Ko
Dr Mai-Ing Koh
Dr Sean Lannon
Dr John Lee
Dr Amy McGowan
Dr Ellen McGuckin
Dr James Milosh
Dr Rhalumi Daniel Obute
Dr Georgia Peters
Dr Alix Pichon
Dr Ashleigh Punch

Dr Samuel Rudstein
Dr Matthew Self
Dr Abdelghafar Sharara
Dr Matthew Shen
Dr Isuru Sirisinghe
Dr Lachlan Stewart
Dr Li Theng Novia Tan
Dr Annie Tan
Dr Rebecca Tee
Dr Trang Tran
Dr Shilpa Veerappa
Dr Timothy Wareing
Dr Choon Lim Wong
Dr Jennifer Wright
Dr Naveen Yadav
Dr Wenyu Zhang

Second Part - 1st Sitting

Dr Hesham Abdelwahed
Dr Cameron Anderson
Dr Madhuri Anupindi
Dr Emma Barnes
Dr Stephanie Bromage
Dr Vanessa Carnegie
Dr Joanna Chow
Dr Bride Cruickshank
Dr Jonathan Dallimore
Dr Shilpa Reynal D'sa
Dr Thomas Finn

Dr Neil Glassford
Dr Christopher Guy
Dr Brigitte Hollander
Dr Kerrienne Huynh
Dr Patrick Joyce
Dr Rachel Lister
Dr Andrea Odelli
Dr Kevin Pathmanathan
Dr Brooke Riley
Dr Sadath Unnisa
Dr Rebecca Rowley

Dr Raghavendra
Subbarayappa
Dr Robert Tamblyn
Dr Simon Tan
Dr Sneha Varkey
Dr Simon Versteeg
Dr Oliver Walsh
Dr Timothy Weir
Dr Sarah Wongseelashote
Dr Victoria Ying
Dr John Zorbas

Successful Candidates

Second Part - 2nd Sitting

Dr Ahmed Abdelsalam
Dr Victoria Arthur
Dr Rachel Baran
Dr George Bax
Dr Jonathan Begley
Dr Damian Bruce-Hickman
Dr Cally Buchan
Dr Perrin Buchanan
Dr Andrew Carr
Dr Charlene Chua
Dr Lucy Chumas
Dr Andrew Dawson
Dr Kerina Denny
Dr Amr Elrakaiby

Dr Moira Johns
Dr Carys Jones
Dr Nikhil Kumar
Dr Daniel Lane
Dr Chi Ho Edwin Lau
Dr Eanna Lowney
Dr David Mackintosh
Dr Elissa Milford
Dr Lipi Mishra
Dr Henrique Nicola
Dr Shane O'Sullivan
Dr Tapan Parikh aka Parmar
Dr Shaun Parish
Dr Robert Paul

Dr Natasha Pianca
Dr Ivor Popovich
Dr Justin Rheese
Dr Timothy Sandstrom
Dr Emily See
Dr Sridevi Chikkaya Shetty
Dr Robert Short-Burchell
Dr Jitain Sivarajah
Dr Jessica Sommer
Dr Amelia Street
Dr George Townsend
Dr Dushyant Tripathi
Dr Lucas Webb
Dr Merle Weber

Second Part Paediatric (Postponed-2020 Sitting)

Dr Amisha Dhansukhlal Rana
Dr Sophie Fincher

Dr Anna Fisher
Dr Aidan Magee

Dr Mohamed Mubarak
Shaik Kidur Mohideen

Second Part Paediatric (2021 Sitting)

Dr Monica Brook
Dr Maria De Los Angeles Dri
Dr Gareth Forster

Dr Shane George
Dr Rania Haydar
Dr Rebecca Pearce

Dr Cedric Sottas
Dr Elaine Zaidman

Education

Reaccreditation

CICM's training and continuing professional development programs are undergoing the full reaccreditation process in 2021 and 2022 by the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ).

In 2021 CICM was assigned a reaccreditation panel, consisting of Dr Kim Hill (Chair), Professor Marc Gladman, Dr Ainsley Goodman, Dr Simon Martel, Associate Professor David Smallwood, Dr Cassandra Spanos (Trainee Representative), Dr Paul Saunders (Indigenous Health Sector Representative) and Ms Melissa Cadzow (Health Consumer Representative) to complete the assessment of CICM on behalf of the AMC and MCNZ.

CICM Fellows, trainees and staff worked collaboratively together to produce a reaccreditation submission, which was completed in September 2021. This was well received by the AMC and MCNZ, and the submission is available to view on the CICM website. A panel member also attended elements of the First and Second part exams in September and October 2021. The reaccreditation process will conclude in 2022.

Network of Educators

The CICM Network of Educators grew to over 80 members in 2021. The network selected priorities to address including mentoring, feedback practices, developing minimum standards for educators, and working towards educators without borders. Network members are leading the development of initiatives to enhance practice in these areas.



Education

Training Program Curriculum and Resources

In 2021 CICM commenced several initiatives to update and enhance the training program curriculum and resources.

A renewal of the training documents T30: competencies, learning opportunities, teaching and assessments for training in general intensive care medicine and T36: competencies, learning opportunities, teaching and assessments for training in paediatric intensive care medicine commenced. The communicator domain was the first component addressed, and a group of Fellows and trainees from Australia and Aotearoa New Zealand are working towards ensuring the curriculum for this domain is fit for purpose.

CICM also took steps towards development of the Indigenous Health and cultural safety elements of the curriculum. CICM partnered with Abstarr Consulting to develop an Aboriginal and Torres Strait Islander curriculum framework, and also sought input from a number of Indigenous professional groups. CICM also partnered with Abstarr consulting to develop online learning resources to support learning in Aboriginal and Torres Strait Islander Health and cultural safety. These learning resources will be available in 2022.

Research

CICM continued to collaborate with researchers at Deakin University to investigate feedback cultures in Intensive Care Medicine in 2021. Although COVID resulted in delays to the conclusion of the project, the researchers have been able to observe feedback practices within intensive care units, to gain a greater understanding of interactions between trainees and intensive care medicine specialists.



Education

Specialist Training Program

The College administered 17 FTE training posts and 0.33 FTE Supervisory post 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 with a minimum of 1 FTE vacancy in 2021.

The College has successfully completed 3 educational support projects supported through the STP in 2021. In addition, the College received a funding allocation to promote the role of the STP in 2021. We produced a series of videos in collaboration with Alice Springs Hospital, Ballarat Health Service, Mackay Health Service and Orange Health Service in 2021. You can watch the series of these videos in our website at STP web page.

The College has renewed STP Funding Arrangements with the Commonwealth Department of Health, and the new agreement was executed in December 2021.



Fellows

Indigenous Health Committee Update

To support the CICM strategic initiatives the Indigenous Health Committee has progressed:

- Abstarr Consulting were engaged and completed a review of the training program curriculum.
- Abstarr Consulting provided cultural safety training to Board members at the 2021 March meeting.
- Two presentations were given at the ASM, one on cultural safety and one on data in Indigenous Health research. These are available for all members through the member portal.
- Dr Karen Nicholls (AIDA specialist trainee support) provided an online education session regarding supporting Indigenous trainees.
- The College supported NAIDOC week and National Reconciliation Week through social media and encouraged members to share their activities and commitments.

Reflect Reconciliation Action Plan

Our CICM Reflect Reconciliation Action Plan (RAP), the first stage on our RAP journey, was due to be completed by the end of 2021. When we developed our Reflect RAP and mapped out timelines, a global pandemic was not a consideration, and therefore a number of deliverables included in our Reflect RAP have not been met.

The College sought advice from Reconciliation Australia and staff, with the support of the Indigenous Health Committee and will embark on a new Reflect RAP in 2022.

We will learn from our previous experiences and seek continued advice from Reconciliation Australia.



Fellows

Continuing Professional Development

Following the 2020 Continuing Professional Development (CPD) Program Exemption due to the COVID-19 Pandemic, the CICM CPD program restarted on 1 January 2021 for the 2021-2022 cycle.

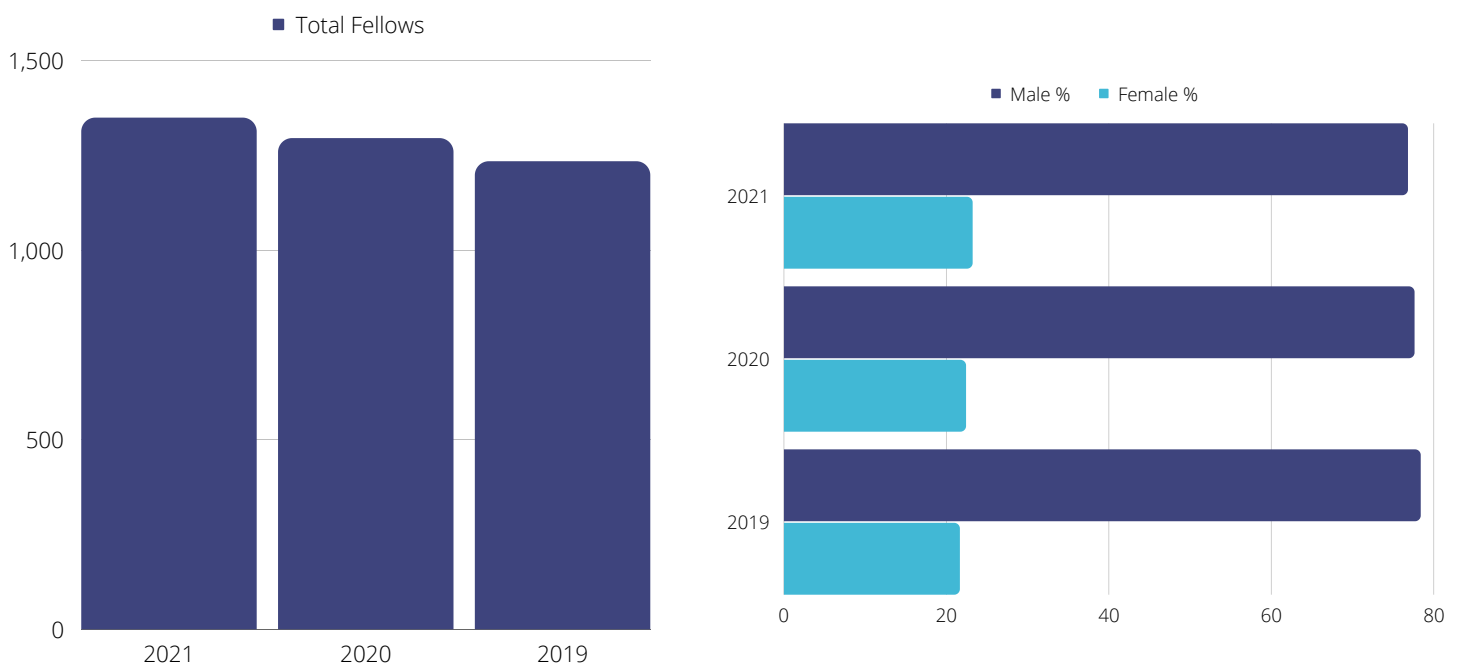
On the 30 July 2021, Medical Board of Australia released the revised 'Continuing Professional Development (CPD) Registration Standard', effective 1 January 2023.

The CICM CPD Committee and Fellowship Affairs Committee have been meeting regularly to plan and implement the changes to the CPD program, working closely with the MDP team to ensure that the new member database and CPD program changes are aligned and provide the best experience for CICM Fellows.

The College approved close to 40 educational activities for CPD registration in 2021.

Fellow Numbers

We have pleased to report that our total number of Fellows increased to 1348 and the percentage of female Fellows increased to 23%.



Fellows

Joint CICM & UK FICM Webinar

In 2021 the UK FICM and CICM hosted the first of their collaborations, a joint Webinar titled the 'Impact of the COVID Pandemic on Critical Care Staffing: Lessons Learnt from the UK'.

The webinar included presentations discussing Critical Staffing and Compassionate Leadership, followed by a robust panel discussion including members of the UK FICM and CICM.

The Webinar was extremely well attended and the post webinar feedback from attendees was extremely positive.

The collaborations of the Colleges will continue in 2022 and well into the future.



ASM WRAP UP

The 2021 CICM Annual Scientific Meeting (ASM) was held on 1-3 June in which we heard updates from around the world on Respiratory Critical Care. We had the pleasure of being joined by 16 international speakers representing almost every corner of the globe, and a further 43 from Australia and Aotearoa New Zealand, all made possible through the virtual platform.

The virtual ASM was our largest to date with 630 registrations. It was also our first event guest presentation by a sitting Prime Minister – Rt Hon Jacinda Ardern.

We were privileged to hear the consumer voice woven throughout, with feedback stories from survivors of critical illness and their families, a focus on the Indigenous perspective and the impact of ICU on the broader community.

Self-care and clinician wellbeing was emphasised in the program, with not only a whole session hosted by our College Wellbeing special interest group, but opportunities to practice these skills were also embedded across the three days.

Despite the restrictions of the virtual world, it was heartening to see our Fellowship take the opportunity to network both on the conference platform and in the real world in smaller hubs where the opportunity arose.

A special thanks to the organising committee and daily hosts

Co-Conveners

Dr Bronwyn Avard and Professor Andrew Udy

Committee

Dr Allan Beswick

Associate Professor Shailesh Bihari

Dr Lewis Campbell

Dr Subodh Ganu

Dr Jessica Hillwood - Trainee Rural Rep

Dr Angelly Martinez

Dr Priya Nair

Dr Kim Yaw

Dr Paul Young

ASM Daily Hosts

Dr Bronwyn Avard

Dr Rob Bevan

Dr Angelly Martinez

2021 New Fellows

The College welcomed 60 new Fellows in 2021. We congratulate the following people on achieving their FCICM

Adam Drenzla	Adam Simpson	Alexander Scott	Amisha Dhansukhlal Rana	Andrew Miller
Aniket Nadkarni	Anup Bansal	Arun Ilancheran	Bronwyn Bebee	Cheau Wern Chin
Christine Quigley	Claire Pickering	Daniel Owens	David Antognini	David Bertoni
David Ransley	Dominic Jeffcote	Douglas Wilkinson	Elliott Worku	Emily Harman
Emma Bowcock	Fiona Stanley	Hao Wong	Helen Miles	Hooi Hooi Koay
Idunn Morris	Jade Jones	Jian Wen Chan	John Stephen Zorbas	Jolly Chandran
Jonathon Fanning	Juan Mora	Ka Yi Lam	Lisa-Marie Pereira	Lynda Thurston
Mark Shea	Matthew Durie	Melissa Johnston	Meyrelle Fernandes	Mitul Purushottam Chavda
Moncompu Ramachandran	Nagaraj Pandharikar	Philippa McIlroy	Rajee Fernando	Ravi Bangia

2021 New Fellows

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Adam Drenzla

Adam Simpson

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Ilancheran

Bronwyn
Beebe

Cheau Wern
Chin

Christine
Quigley

Claire Pickering

Daniel Owens

David Antognini

David Bertoni

David Ransley

Dominic
Jeffcote

Douglas
Wilkinson

Elliott Worku

Emily Harman

Emma
Bowcock

Fiona Stanley

Hao Wong

Helen Miles

Hooi Hooi Koay

Idunn Morris

Jade Jones

Jian Wen Chan

John Stephen
Zorbas

Jolly Chandran

Jonathon
Fanning

Juan Mora

Ka Yi Lam

Lisa-Marie
Pereira

Lynda Thurston

Mark Shea

Matthew Durie

Melissa
Johnston

Meyrelle
Fernandes

Mitul
Purushottam
Chavda

Moncompu
Ramachandran

Nagaraj
Pandharikar

Philippa McIlroy

Rajee
Fernando

Ravi Bangia

2021 New Fellows

Ravi Mistry

Reyas
Aboobacker
Kaniyamparam
bil

Robert Olver

Ryan Watts

Sadath Unnisa

Santiago
Cegarra Garcia

Sara Bassin

Sebastien
Haiart

Shanaz Sajeed

Steven
Lindstrom

Tessa Garside

Thomas Finn

Travis Auty

Vong Prasith
Mao

Yuichiro Ono

Special Interest Groups

Welfare SIG

2021 saw the CICM Welfare SIG continue to grow the Welfare Webinars for Critical Care series, with 7 new webinars held throughout the year. The group also continued to publish Welfare eNewsletter articles, with a further 9 in 2021 on a wide variety of topics ranging from the importance of sunshine to Imposter Syndrome.

The Welfare SIG contributed greatly to the CICM 2021 ASM, hosting the 'Critical Caring - Clinician Health and Wellbeing in a pandemic and beyond' Session, lunch time Trainee Welfare and Welfare Advocate Sessions, as well as two breakfast presentations and Yoga and Tai Chi.

2021 also saw Dr Debra Chalmers stepping down at the Welfare SIG Chair. Debra had been with the SIG since its inception, and has had a tremendous impact on its growth and achievements, and we thank her for her dedication. The new Co-Chairs are Dr Nick Simpson and Dr Sara Allen.



Special Interest Groups

All of the SIG activity has been quiet as the demands of the Pandemic continued in 2021. Some activity has taken place in the following SIGs.

Perioperative Medicine

The focus from the Perioperative Medicine committee has been on the collaboration between CICM and ANZCA to provide feedback on the Diploma of Perioperative Medicine.

The Diploma is planned to be rolled out in 2023.

Critical Care Ultrasonography

Building teaching material, progressing Paeds ultrasound, and the implementation of minimal levels of training remain the goals of the CCU committee.

Neurocritical Care

NCC podcast series that are currently available to be linked to the CICM NCC SIG webpage

CICM promotion of Neuro-resus Course and Brain Symposium events that have previously had to be cancelled due to the Pandemic are planned to run in 2022.

Extracorporeal Life Support

The Extracorporeal Life Support committee was formed in September 2020. Since this time, the focus has been on establishing the steering committee and SIG priorities.

Members have indicated that Education Resources and ECMO guidelines for best practice to be of most importance.



Aotearoa New Zealand National Committee

Committee Update

Chair

Andrew Stapleton

Elected Members

Geoff McCracken

Jonathan Albrett

Louise Hitchings

Debra Chalmers

Chris Poynter

New Fellows Rep

David Silverman

Co-opted Intensive Care Rep

Jonathan Casement

Alex Browne

Alex Psirides

NZ Trainee Rep

Charlotte Brace

Ex-Officio Board Member

Rob Bevan

This report covers the activities of the New Zealand National Committee (NZNC) for the period January 1 to December 31, 2021. As well as being responsible for activities similar to those of the Australian state committees, the NZNC represents CICM at the national level in Aotearoa 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 Aotearoa New Zealand issues and provides a forum for liaison between training hospitals and the College.

New Zealand Fellows and Trainees

The total number of Fellows in 2021 was 96 of which 2 were new Fellows. There were 77 trainees.

National Committee Meetings

The NZNC met three times, two face-to-face meetings and one via ZOOM. The Committee thanked Debra Chalmers for her commitment as an elected member on the NZNC.

Robert Martynoga, Trustee Sepsis Trust NZ, was invited to present to the committee on Sepsis NZ, which was formed in Waikato in 2017, encouraging community awareness and education of sepsis.

Tony Smith, Clinical Director St Johns and Kris Gagliardi, Assistant Clinical Director, St Johns attended as invited guest speakers. The Committee and St Johns discussed leading a group to explore developing a national destination policy, predominantly for patients who have been resuscitated after out of hospital cardiac arrest.

Continuing the relationship with MCNZ, Curtis Walker, Chair Medical Council of New Zealand, was invited to discuss the SIMGS process and current concerns. Sally Ure, ANZCA NZ Committee Chair, updated the committee on ANZCA issues and ongoing updates about the Peri-operative Diploma.

Aotearoa New Zealand National Committee

Committee Update

Issues Advanced by Aotearoa New Zealand National Committee (NZNC)

The NZNC were consulted with the update to rural terms, and the committee provided advice in this respect.

Specialist International Medical Graduates (SIMG)

SIMG interviews continued online for 2021. Four SIMGs were assessed in New Zealand for CICM. Three of which were found to be substantially comparable in their assessment, and one partially comparable. Outside of this, one appeal was also launched against the MCNZs decision to deny him vocational registration previously.

External Meetings

NZNC CICM was represented at the MCNZ/College and Council of Medical Colleges meetings. The Committee continue to engage with a number of organisations to maintain good relationship to ensure the interests of NZ intensivists are being best met across a number of areas.

National Policy

Andrew Stapleton and Rob Bevan represented CICM at the Ministry of Health regarding the formulation of an ICU National Service Plan (2021-35). Andrew Stapleton represented CICM advising the Ministry of Health on additional central funding for ICUs in Aotearoa New Zealand: this resulted in a \$542M uplift in funding. Andrew Stapleton gave advice to the Ministry of Health as part of an urgent COVID-related ICU infrastructure upgrade group. This resulted in \$33M of additional ICU upgrade work in 2021/2.

COVID Advocacy

Rob Bevan and Andrew Stapleton are part of an ANZICS media group, which provided multiple interviews and commentary in print, radio, and television format over the year.

NZ Office

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

Andrew Stapleton

2021 Chairman, New Zealand National Committee

From the States and Territories

NSW State Committee

Chair

Sarah Wesley

Deputy Chair

Manoj Saxena

Elected Members

Lachlan Donaldson

Judith Askew

Kylie McArdle

Steve Morgan

New Fellows Rep

Alice Henschke

Trainee Paeds Rep

Tessa Kennedy

ANZICS Reps

Mark Nicholls

Danielle Austin

NSW Trainee Rep

Derick Adigbli

Ex-Officio Board Members

Nhi Nguyen

Priya Nair

Martina Zib

The NSW State Committee remained active during 2021 despite the varied and unprecedented array of challenges the ICU community faced. We are fortunate that the committee continues to include a diverse group of Fellows from across the state, with the 2020 elected and co-opted members continuing in their roles for a second year allowing us to represent the wider views of Fellows in NSW.

The committee began engaging with NSW health to improve annual trainee recruitment and consider how to develop training programs more broadly for NSW. We envisage that this will become one of the focuses of our work for 2022 as we look to develop and streamline training options for our trainees. We continue to provide assistance for Hospital accreditation and to host the forums for trainee project presentations and education activities across NSW.

Despite the ongoing pandemic restrictions, we were pleased that the 7th and 8th Annual Trainee Research Presentation Evenings went ahead as planned in June and November, as hybrid and on-line events respectively. The hybrid June event was hosted by the ACI and ICNSW at 1 Reserve Rd and was followed by a successful social evening. Both events had excellent attendance and in total fifteen trainees were able to present their formal projects in 2021. Our thanks go to the committee members who organise these presentation evenings, and to the Fellows who give up their time to be involved in judging the presentations.

The current sitting of the NSW State Committee will conclude on December 31 2022, and a Committee will be elected for the 2023-2024 term. We expect the enthusiasm and interest that has been shown in the State Committee for the last few years to continue and encourage any Fellows who would like to become more involved in the activities of the NSW CICM group to nominate themselves when EOIs are released later this year.

I would like to give my thanks to the current State Committee members who engage and participate for the benefit of NSW Fellows

Sarah Wesley

New South Wales State Committee, Chair

From the States and Territories

Victorian State Committee

Chair

Shyamala Sriram

Deputy Chair

Cameron Knott

Elected Members

Sarah Yong

Yvette O'Brien

Wisam Albassam

Trainee Rep

Tamishta Hensman

New Fellows Rep

Nicky Dobos

VICEN Reps

Cara Moore

Emily Harmen

Michael Purvis-Smith

Immediate Past

Chair

Andrew Udy

Ex-officio Board

Member

Neil Orford

Andrew Hilton

The Victorian State Committee continues to advocate for CICM trainees and Fellows working in Victoria. During 2021 the Committee continued to collaborate with VICEN and ANZICS with representatives co-opted to the committee. VRC represented CICM at meetings for ANZICS Directors' group, Victorian College Chairs and Southern State Training Hubs. Trainee education remained a priority as we continued collaboration with four Victorian hospitals to bring weekly First Part teaching via Zoom, where trainees benefit from a range of educators and resource sharing. Progress was made toward centralising CICM training in Victoria, with a pilot program hopefully commencing in 2023. Several stakeholder meetings and presentations took place in 2021 gaining traction for more support and the opportunity to put forward a grant submission for FATES. We look forward to seeing what we can achieve in 2022.

Three virtual events were organised by the Victorian State Committee in 2021:

- Surfing the COVID wave - how to keep yourself afloat. Our panel of COVID-experienced intensivists reflected on their COVID experiences, lessons learnt and how it has impacted wellbeing. Thank you to Dr Andrew Davies who chaired the session, and our incredible panel; Associate Professor Steve McGloughlin, Dr Cara Moore and Dr Jessica Dean.

- The Boundaries Of Patient Choice: Ethics And Medicolegal Matters In Critical Care. We discussed interesting and relevant clinical cases with our panel of experts with expertise and experience in medical ethics and law. This session was extremely well attended with more than 70+ members online. Thank you to Dr David Anderson who chaired, and our panel; Professor Justin Oakley (Ethicist), Mr Stephen Taffe (Lawyer), Dr Lucy Modra (Intensivist), Dr Steve Philpot (Intensivist)

- 7th Trainee Research presentation evening. There were 6 presentations all of great quality. The VRC will continue to support and promote CICM trainee research. Thank you to all our trainees for presenting and guest speaker Dr Ary Serpa Neto for your presentation on Randomised Clinical Trails.

Shyamala Sriram,
Victorian State Committee, Chair

From the States and Territories

QLD State Committee

Chair

Vikram Masurkar

Deputy Chair

Shane Townsend

Elected Members

Neeraj Bhadange

Melita Trout

Michael Putt

Paula Lister

New Fellows Rep

Kyle White

Old Trainee Reps

Alex Nesbitt

Alice Young

Antoinette Daylight

Co-opted Members

Mahesh Ramanan

Sananta Dash

Dave Pearson

Marc Ziegenfuss

Ex-Officio Board

Member

Jeremy Cohen

Peter Kruger

2021 was an eventful year in Queensland. The Queensland State Committee organised several events for trainees and Fellows.

The CICM QRC Research Day was held in-person in June 2021 and online in November 2021. These research workshops were led by Dr Mahesh Ramanan and Dr Kyle White in collaboration with the Queensland Critical Care Research Network. Both sessions included talks to help trainees plan and complete their projects. Several trainees also presented their completed projects. The workshops were highly successful and received excellent feedback from attendees.

The Queensland Intensive Care – Junior Registrar Education Program completed a second successful year. These weekly online teaching sessions were coordinated by transitional year fellows in Queensland Dr Liz Winson, Dr Alex Scott and Dr Cameron Anderson. The teaching program has continued to receive positive feedback and is now in its third year.

A Fellow education day was planned in Feb 2022. Unfortunately, this was cancelled due to the COVID-19 surge in Queensland at the end of 2021. The QRC launched a newsletter to connect better with Fellows and trainees. The inaugural newsletter published in Jan 2022 included an obituary in honour of Dr Valerie Muir, former Director of Intensive Care at the Royal Brisbane Hospital who passed away recently.

The QRC assisted the college with the following matters:

- Accreditation assessments of 3 hospitals and participation in 7 hospital inspections
- Clear characterisation of what constitutes 'paediatric exposure' for ICU trainees in Queensland
- A local proposal from ACEM to nationally transition from NEAT to HAT was taken to the CICM Board
- Represented CICM at the Queensland Health Medical Specialist Colleges Virtual Forum.

Thank you to those committee members who have continued to contribute during 2021, we look forward to what we can achieve to 2022.

Vikram Masurkar

Queensland Regional Committee, Chair

From the States and Territories

WA State Committee

Chair

Michelle Ross-King

Elected Members

Chris Allen

Vincent Chan

Dave Baguley

Anton Leonard

Adam Howard

New Fellows Rep

Julian Sunario

Paediatric Rep

Katherine Douglas

WA Trainee Rep

Ashleigh Drury

Transitional Year

Trainee Rep

Edward Heydon

Education Rep

Jude Bharath

Ex-Officio Board

Member

Mary Pinder

The WA State Committee met three times over the last year. The committee co-opted a transitional year trainee Edward Heydon to provide representation and a voice at committee level for those trainees going through the transition year. The Committee continue to have ongoing discussions about centralised training pathways in WA. With the support of Bruce Lister and the College, a grant submission was submitted for FATES federal funding to start a WA training pathway. Committee discussions also included the need for a centralised referral system in WA, a letter has been sent to the WA Health Minister's office – awaiting feedback.

In November 2021, Ashleigh Drury, WA trainee representative, organised a well-attended trainee networking event. The aim was to get a mix of trainees, SOTs and consultants who are involved in trainee welfare to network. This was well attended and will become an annual event on the WA committee calendar.

In December 2021, the annual CICM Formal Project Presentation Evening went ahead in-person. A collaboration with The Intensive Care Network and the WA Committee. The evening was sponsored by Draeger. There were six trainees who presented and 20 people attended representing a broad number of WA hospitals. It provides a good opportunity for trainees to present their formal projects and other research projects.

The Australian Medical Association (AMA) has invited the WA Committee to attend and present at the MEDCON conference in July 2022. Michelle-Ross Kings is currently involved with program design and securing CICM members to present, along with other medical colleges.

Michelle Ross-King

Western Australian State Committee, Chair

From the States and Territories

Northern Territory Committee

Chair

Brad Treloar

Elected Member

Lewis Campbell
Sid Agarwal

NT Trainee Rep

Alexandra Van Rijn

Co-opted Member

Resy Van Beek

Ex-Officio Board Member

Penny Stewart

Despite the challenges of distance, the committee met a number of times in the past year both remotely and in person. Amongst the topics discussed some of the most salient were:

- The furtherance of First Nations/Aboriginal perspectives in our practice and the support for trainees from these backgrounds
- The need for greater links between Intensive Care practice groups across state boundaries, especially in the context of smaller jurisdictions
- The adoption of a rural component to the trainee requirements and the opportunities and challenges this presented.

Once again, a meeting was held to allow presentation of Intensive Care Medicine research from within the Territory, this time held in Alice Springs. The Committee looks forward to continuing its role in furthering ICU medicine in the post pandemic space.

Brad Treloar

Northern Territory Committee, Chair

From the States and Territories

ACT State Committee

Chair

Bronwyn Avard

Deputy Chair

Manoj Singh

Elected Members

Malli Ponnu

ACT Trainee Rep

Oliver Walsh

The Australian Capital Territory Committee was formed in June 2021 following the request submitted to the College Board from all CICM Fellows in ACT. The committee will give ACT an independent platform to voice and contribute as a group to College activities.

During the year, the ACT Committee worked together with NSW State Committee for the Annual Trainee Project Presentation evening. ACT trainees were invited to present their formal projects at this forum and an ACT Fellow sat on the panel to judge the best presentation of the night. Thank you to Oliver Walsh for organising the social function where ACT members got together to live stream the presentations.

In December 2021, the Committee began running monthly online education sessions which are co-badged with ANZICS. These will continue monthly with a new topic with guest speakers invited from all over Australia.

The committee looks forward to what they can achieve in 2022.

**Bronwyn Avard,
Australian Capital Territory Committee, Chair**

From the States and Territories

SA State Committee

Chair

Steve Lam

Deputy Chair

Michael Farquharson

Elected Members

Vishwanath Biradar

Nikki Yeo

Ranjan Joshi

New Fellows Rep

Luke Collett

SA Trainee Rep

Aniket Nadkarni

Co-opted Members

John Raj

Milind Sanap

The SA State Committee has maintained face-to-face educational meetings over the past year while straddling various levels of COVID based restrictions. A testament to the tenacity of the Committee and the enthusiasm of the SA ICU community, we have been able to have both Fellow and trainee education sessions afterhours at various Adelaide restaurants.

These events allowed us to hear from local experts outside the ICU sphere such as South Australian of the year Prof Helen Marshall who spoke about vaccine development and equity in March 2022. We also had Mark Plummer and Peter Sharley discuss various career development topics of research and the importance of career balance in October 2021.

The SA ECMO community also were able to get together in person to discuss challenging cases, the development of the paediatric ECMO service and the sharing of resources while equipment was being loaned for the Victorian COVID response. This is the second time that this shared audit session has allowed us to learn from the other's experiences. These sponsored events have provided an excellent chance to network with SA colleagues.

During Steve Lam's time as Chair of the SA Committee we saw increased engagement and enthusiasm for these ICU events across Adelaide. We appreciate him staying on to continue his work with the SA Committee.

Aniket Nadkarni is to be commended for his work as Trainee Rep on the SA Committee and for the excellent CICM online education efforts more broadly during COVID. Despite now working in Melbourne, we are grateful to Aniket for staying on to provide his support to the CICM SA Committee.

We also welcome Amy Chapman as she takes his place as Trainee Rep. Amy has already got to work by organising trainee career development sessions. These casual interactive sessions provide an opportunity for those in SA with unique experience to discuss directly with SA ICU trainees on areas such as international fellowships.

From the States and Territories

SA State Committee (contd)

SA does not have a funded state training program. In order to coordinate the sharing of CICM specific external rotations such as paediatrics, anaesthetics and now an expanded rural training component, the SA Committee has sought greater interaction between the SOTs in Adelaide.

With no state ICU available in SA, we have worked with SAMET to find rural training options within SA and with NT ICUs further afield. This will hopefully ensure that no SA trainees will be disadvantaged by the smaller number of rotations available.

We still need to engage with each ICU centre in Adelaide to ensure that more transition year rotations are available in the coming years.

Michael Farquharson
South Australian State Committee, Chair

TAS State Committee

Chair
Matthew Spotswood

Elected Members
Michael Ashbolt
Benoj Varghese

TAS Trainee Rep
Samual Marshall

New Fellows Rep
Robert Olver

**Immediate Past
Chair**
Vikram Patil

The current Tasmanian State Committee will be in term for 2021 and 2022.

The committee met three times in 2021 and plan to increase meeting frequency in 2022. Whilst most events were still postponed due to COVID restrictions, we were able to co-host a networking and education dinner in Launceston late 2021. Engaging with the new group of intensivists in Burnie Hospital, which is now staffed and no longer dependent on locum services for day-to-day business. This was extremely well attended and will remain an annual event.

We look forward to increasing trainee involvement and education opportunities during 2022.

Matthew Spotswood,
Tasmanian State Committee, Chair

Valerie Muir

Dr Valerie Muir, former Director of the Royal Brisbane Intensive Care Unit passed away in late 2021, in Northern NSW.

Dr Muir trained in anaesthesia in the UK and emigrated to Australia relatively to take up a position as Staff Anaesthetist at the Royal Brisbane Hospital. In early 1975 in the wake of Cyclone Tracy, Val volunteered for secondment to Royal Darwin Hospital, where she found herself managing many severely injured patients. It was during this time that her already considerable interest in intensive care deepened.

In 1978 having taken over as ICU Director after the departure of Professor Barry Baker, Val managed the transition from the old "Wattlebrae" respiratory unit to 7G ICU. Under her leadership, equipment was upgraded, chains of command established, protocols put in place, staffing numbers and qualifications enhanced, accreditation achieved, and a process of continuous improvement set in train. Dr Muir remained as Director of Intensive Care until 1997.

Val practiced 'patient-centred care' well before this concept appeared in the quality and safety literature. She was a strong patient advocate and a superb clinician who would spend all night at the patient's bedside if she thought she could make a difference. From those early days when intensive care was still finding its feet Val progressively introduced the core principles that underpin today's modern specialty. Val's insistence that we evaluate new therapies and never cease to strive for betterment led to the improved patient outcomes we see today.

Val was instrumental in setting up an aeromedical retrieval service in Queensland and personally conducted retrievals of critically ill patients for decades before the establishment of a centralised retrieval service. She was an early adopter of technology, establishing a computerised clinical database and implementing Queensland's first ICU electronic medical record system. The design of the adult ICU at RBWH is a tribute to Val's vision and determination. Dr Muir was a trailblazer and a visionary leader whose goal was to build the ICU at RBH into a world class service contributing to global critical care medicine scholarship and research.

Val retired during the days of the Faculty of Intensive Care (ANZCA) prior to the formation of the Joint Faculty of Intensive Care Medicine. Despite Val never seeking adulation and recognition, her name was added to the ANZICS Honour Roll when she retired. There are generations of Intensivists and critical care nurses who were fortunate to have the privilege of working with and being mentored by Dr Val Muir. Her recognition of the value of critical care nurses and the primacy of their professionalism in caring for critically ill patients was a core belief. She recognised and always emphasised the major role of nurses in the care of critically ill patients and their contribution to high quality outcomes.

Acknowledgements

Collaborators

We would like to acknowledge the following organisations who we have enjoyed working with throughout the year

- Australian and New Zealand Intensive Care Society
- Australian College of Critical Care Nurses
- Australasian College of Emergency Medicine
- Australasian College of Sport and Exercise Physicians
- Australian College of Rural and Remote Medicine
- Australian Indigenous Doctors' Association
- Australian Medical Association
- Australian Medical Council
- Australian and New Zealand College of Anaesthetists
- Council of Presidents of Medical Colleges
- Intensive Care Foundation
- Medical Board of Australia
- Medical Council of New Zealand
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Ophthalmologists
- Royal College of General Practitioners
- The Royal Australian and New Zealand College of Psychiatrists

Our Donors

We would like to thank the following donors who kindly supported the College in 2021.

- Dr Bronwyn Brown
- Ms Jennifer Elder
- Anuj Krishna
- Assoc. Prof. Bruce Lister
- Ms Rachel Anne Lister
- Ms Shanna Morris
- Dr Gabriela Barros Modenesi
- Mudgeeraba Uniting Church Op Shop
- Dr Jessica Lee Ransom
- Dr Madeleine Scullin

**College of Intensive Care Medicine of Australia and
New Zealand**

ACN 134 292 103

Annual Financial Report

31 December 2021

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Directors' Report

The Directors present their report on the College of Intensive Care Medicine of Australia and New Zealand (referred to hereafter as the College) for the year ended 31 December 2021.

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 retired on the 22nd July 2021
- Priya Nair
- Penny Stewart
- Andrew Hilton (deceased in 2022)
- Jeremy Cohen
- Nhi Nguyen
- Neil Orford
- Nicola Dobos
- Martina Zib started in July Board - elected 22nd July 2021

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 2021 amounted to \$870,794 (2020: \$1,411,969)

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.

Directors' Report (Cont.)

Objectives and strategies (Cont.)

To achieve these objectives, the College:

- Continually reviews policies relating to the practice of intensive care medicine;
- Donates 2.5% of operating revenue 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 continually impacted the ability of the College to run events for its members in 2021.

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. All job keeper entitlements were subsequently reviewed and audited by RSM internal audit including the 2021 funding round that is applicable to these financial statements.

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 2021 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.

Directors' Report (Cont.)**Information on Directors**

Mary Pinder, *President*

Qualifications

- Fellow FICANZCA 1998;
- Foundation Fellow JFICM 2002;
- Foundation Fellow CICM 2010;
- MRCP(UK) 1989; and
- FCAnaes 1991.

Role within the College

- President;

Other current experience and expertise

- Staff Specialist – Sir Charles Gairdner Hospital; and
- Hollywood Private Hospital.

Rob Bevan, *Vice President*

Qualifications

- Fellow FRACP 2011;
- Fellow FCICM 2012;
- BMMS (Lond);
- B.Med Sci (Lond); and
- MRCP (UK).

Role within the College

- Vice President;
- Chair, Fellowship Affairs; and
- Deputy Chair, Education.

Other current experience and expertise

- Intensive Care Specialist at Middlemore Hospital.

Peter Kruger, *Treasurer*

Qualifications

- BSc (hons) 1984;
- MBBS 1990;
- FANZCA 1999;
- FCICM 2000; and
- PhD 2013.

Role within the College

- Treasurer; and
- Chair, Hospital Accreditation Committee.

Other current experience and expertise

- Member board of Directors Intensive Care Foundation – ANZICS;
- Supervisor of Training CICM – Princess Alexandra Hospital Brisbane;
- Intensive Care specialist, Intensive Care Unit, Princess Alexandra Hospital, Brisbane;
- Visiting Intensive Care specialist, Greenslopes Private Hospital, Brisbane; and
- Intermittent Consultation work – Smith Medical Pty Ltd.

Directors' Report (Cont.)**Information on Directors**

Raymond Raper, *Immediate Past President*

Qualifications

- MB BS Sydney University 1977;
- MD Sydney University 1996;
- FRACP 1983;
- Foundation Fellow JFICM 2002;
- Foundation Fellow CICM 2010; and
- BA Macquarie University 1994.

Role within the College

- Immediate Past President.

Other current experience and expertise

- Staff Specialist at Malcolm Fisher Department of Intensive Care Medicine, Royal North Shore Hospital;
- VMO, Intensive Care Unit, North Shore Private Hospital;
- Board Member of Northcare Foundation; and
- Editorial Board Intensive Care Monitor.

Andrew Hilton, *Member*

Qualifications

- FANZCA 1993;
- FCICM 2003;
- DDU (Critical Care) 2012; and
- MBioethics 2015.

Role within the College

- Censor.

Other current experience and expertise

- Intensive Care Fellow, Austin Hospital; and
- Member of Australian Society Ultrasound Medicine.

Priya Nair, *Member*

Qualifications

- MBBS 1992;
- MD 1995;
- FCICM 2001; and
- Grad Dip Periop Echo (Melbourne University) 2005.
- PHD 2019

Role within the College

- Chair, Education Committee

Other current experience and expertise

- Senior Specialist/Director, Intensive Care, St Vincents Hospital, Sydney;
- VMO Intensivist, St Vincents Private Hospital, Sydney;
- Senior Research Fellow, George Institute for Global Health; and
- Conjoint Associate Professor UNSW.
- Clinical Associate Professor University of Notre Dame

Directors' Report (Cont.)**Information on Directors**

Penny Stewart, *Member*

Qualifications

- MBBS (Syd) 1989;
- FANZCA 1999; and
- FCICM 2001.

Role within the College

- Chair, Rural Committee; and
- Chair, Indigenous Health Committee.

Other current experience and expertise

- Director, Intensive Care Unit, Alice Springs Hospital;
- ANZICS - End of life working group;
- Indigenous committee for ANZCA; and
- Representative on the Indigenous committee of Presidents of Medical Colleges.

Jeremy Cohen, *Member*

Qualifications

- PhD, 2012;
- FCICM, 2003;
- FRCA (UK), 1997; and
- MRCP (UK), 1993.

Role within the College

- Chair – Assessments

Other current experience and expertise

- Deputy Director, Wesley ICU;
- Senior Staff Specialist RBWH, Intensive Care Unit;
- Honorary Professorial Fellow: The George Institute; and
- Associate Professor University of Queensland.

Nhi Nguyen, *Member*

Qualifications

- B Med Science, 1992;
- Grad Dip Science, 1994;
- MBBS, 1999;
- FJFICM, 2008; and
- FCICM, 2010.

Role within the College

- CPD Officer.
- Deputy Censor

Other current experience and expertise

- Senior Staff Specialist Nepean Hospital;
- Provision of Intensive Care Services Nepean Private Hospital
- Clinical Director ICNSW Agency Clinical Innovation; and
- ANZICS NSW Regional Chair (Until 2021)
- Clinical Advisor to NSW Health COVID Pandemic Response

Directors' Report (Cont.)**Information on Directors**

Neil Orford, *Member*

Qualifications

- MBBS, 1992;
- FANZCA, 2001;
- PGDipEcho, 2004;
- FCICM, 2005; and
- PhD, 2018.

Role within the College

- Deputy Chair, Hospital Accreditation

Other current experience and expertise

- Director Intensive Care Barwon Health;
- Intensive Care Specialist St John of God Hospital Geelong;
- Director Critical Care St John of God Hospital Geelong;
- Volunteer Intensive Care Specialist Open Heart International;
- Deakin University Associate Professor in Intensive Care Medicine; and
- Monash University Adjunct Senior Research Fellow.

Nicola Dobos, *Member*

Qualifications

- MB BS, Monash University, 2005;
- Masters in Public Health (MPH) New York University, 2011; and
- FCICM, 2017.

Role within the College

- New Fellows Representative; and
- Chair, Trainee Committee.

Other current experience and expertise

- Intensive Care Specialist Austin Hospital VIC;
- Intensive Care Specialist Western Health VIC; and
- Women in Intensive Care Network (WIN) – committee member.

Directors' Report (Cont.)
Information on Directors

Martina Zib, *Member*

Qualifications

- Bachelor of Medical Science (Honours) University of Newcastle 1998
- Bachelor of Medicine (Honours) University of Newcastle, 2000
- Joint Faculty of Intensive Care Medicine Fellowship FJFICM, 2009
- College of Intensive Care Medicine Fellowship FCICM, 2010
- Diploma of Clinical Ultrasound University of Melbourne, 2011

Role within the College

- Educator's Network
- Deputy Chair Education Committee
- Second Part Examiner
- Second Part Examination Committee Member
- Ultrasound Special Interest Group founding member
- Welfare Special Interest Group member

Other current experience and expertise

- "Appointments" Supervisor of Training CICM trainees – John Hunter Hospital 2009-2014, resumed role in 2022
- Staff - Specialist in Intensive Care – John Hunter Hospital 2009-2022
- Staff - Newcastle Private Hospital - Intensive Care Specialist 2010-2022
- Supervisor of Training CICM trainees – John Hunter Hospital 2009-2014
- Staff Specialist in Intensive Care – John Hunter Hospital 2009-2021
- CICM approved Assessor Focused Cardiac Ultrasound in Intensive Care 2014-2022

College Secretary

The College secretary is Daniel Angelico, who was appointed to the position July 2021. Julia Harper was the College secretary from January to July 2021.

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 2021, and the number of meetings attended by each director were:

	Council meetings		Executive		Finance, Audit & Risk Management	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Mary Pinder	4	4	7	7	4	4
Rob Bevan	4	4	7	6	4	3
Peter Kruger	4	4	7	6	4	2
Raymond Raper	2	2	4	4	2	1
Andrew Hilton	4	3	-	-	-	-
Priya Nair	4	4	-	-	-	-
Penny Stewart	4	4	-	-	-	-
Jeremy Cohen	4	4	-	-	-	-
Nhi Nguyen	4	4	-	-	-	-
Neil Orford	4	4	-	-	-	-
Nicola Dobos	4	3	-	-	-	-
Martina Zib	2	2	-	-	-	-

Contributions on winding up

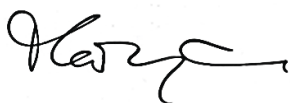
In the event of the company being wound up, ordinary members are required to contribute a maximum of \$50 each. Honorary members are not required to contribute.

Auditor's Independence Declaration

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

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

On behalf of the directors



.....
Mary Pinder
Director

Date: 6/06/2022
Melbourne



.....
Rob Bevan
Director
Date:
06/06/2022
Melbourne

RSM Australia Partners

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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 2021, 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

RSM AUSTRALIA PARTNERS

K J Dundon

K J DUNDON
Partner

Dated: 6 June 2022
Melbourne, Victoria

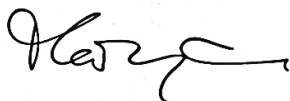
Directors' Declaration

In the directors' opinion:

- (a) the attached financial statements and notes comply with the *Corporations Act 2001*, the Australian Accounting Standards - Simplified Disclosures, 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 2021 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

Date: 06/06/2022
Melbourne



.....
Rob Bevan
Director

Date:
06/06/2022
Melbourne

Statement of Profit or Loss and Other Comprehensive Income

For the year ended 31 December 2021

	Notes	2021 \$	2020 \$
Revenue from ordinary activities	2	5,830,116	5,013,301
Interest income calculated using the effective interest method		18,106	75,340
Other income	2	3,761,090	3,602,525
Total revenue		<u>9,609,312</u>	<u>8,691,165</u>
Expenses			
Employee benefits expense		(2,638,965)	(2,146,556)
Administration and college expenses		(573,888)	(560,847)
Travel and conference expenses		(1,227,827)	(727,787)
Information technology expenses		(328,999)	(251,102)
Professional services expense		(330,869)	(224,401)
Occupancy expenses		(124,743)	(110,655)
Finance costs		(105,679)	(104,816)
Other expenses		(635,261)	(469,033)
STP expenses		(2,772,287)	(2,684,000)
Total expenses		<u>(8,738,518)</u>	<u>(7,279,197)</u>
Surplus before tax	3	870,794	1,411,969
Income tax expense		-	-
Surplus after tax attributable to the College		<u>870,794</u>	<u>1,411,969</u>
Other comprehensive income for the year		-	-
Total comprehensive income for the year attributable to the College		<u>870,794</u>	<u>1,411,969</u>

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

Statement of Financial Position

As at 31 December 2021

	Notes	2021 \$	2020 \$
Current Assets			
Cash and cash equivalents		3,179,135	2,701,183
Trade and other receivables	4	229,582	265,296
Financial assets	5	<u>10,817,345</u>	<u>10,314,844</u>
Total Current Assets		<u>14,226,062</u>	<u>13,281,323</u>
Non-Current Assets			
Plant and equipment	6	398,257	171,125
ROU asset	7	348,174	593,290
Intangible assets	8	<u>510,619</u>	<u>836,652</u>
Total Non Current Assets		<u>1,257,050</u>	<u>1,601,067</u>
Total Assets		<u>15,483,112</u>	<u>14,882,390</u>
Current Liabilities			
Trade and other payables	9	2,496,325	2,614,037
Provisions	10	473,119	357,004
Lease liability - current	11	<u>319,157</u>	<u>254,142</u>
Total Current Liabilities		<u>3,288,601</u>	<u>3,225,183</u>
Non-Current Liabilities			
Provisions	10	88,269	102,602
Lease liability – Non-current	11	<u>48,014</u>	<u>367,171</u>
Total Non-Current Liabilities		<u>136,283</u>	<u>469,773</u>
Total Liabilities		<u>3,424,884</u>	<u>3,694,956</u>
Net Assets		<u>12,058,228</u>	<u>11,187,434</u>
Equity			
Retained earnings		<u>12,058,228</u>	<u>11,187,434</u>
Total Equity		<u>12,058,228</u>	<u>11,187,434</u>

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

Statement of Changes in Equity

For the year ended 31 December 2021

	Retained Earnings	Total Equity
	\$	\$
Balance at 1 January 2020	<u>9,775,465</u>	<u>9,775,465</u>
Surplus for the year	1,411,969	1,411,969
Other comprehensive income	-	-
Total comprehensive income for the year	<u>1,411,969</u>	<u>1,411,969</u>
Balance at 31 December 2020	<u>11,187,434</u>	<u>11,187,434</u>
Surplus for the year	870,794	870,794
Other comprehensive income	-	-
Total comprehensive income for the year	<u>870,794</u>	<u>870,794</u>
Balance at 31 December 2021	<u>12,058,228</u>	<u>12,058,228</u>

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

Statement of Cash Flows

For the year ended 31 December 2021

	Notes	2021 \$	2020 \$
Cash flows from operating activities			
Receipts from members and government bodies (inclusive of GST)		8,590,141	8,342,790
Government stimulus receipt		142,600	636,500
Payments to suppliers and employees (inclusive of GST)		(7,650,839)	(7,177,417)
Interest received		10,351	2,338
Finance costs		(36,299)	(35,545)
Net cash provided by operating activities		<u>1,055,954</u>	<u>1,768,666</u>
Cash flows from investing activities			
Payments for leasehold improvements and office equipment		(344,827)	(104,287)
Payments for intangible assets		(21,960)	(83,591)
Income received from financial assets		36,601	130,893
Redemption of term deposits		-	840,500
Payments for financial assets		-	(74,879)
Net cash (used in) / provided by investing activities		<u>(330,186)</u>	<u>708,636</u>
Cash flows from financing activities			
Repayment of lease liabilities		(247,816)	(231,668)
Net cash used in financing activities		<u>(247,816)</u>	<u>(231,668)</u>
Net increase in cash held		477,952	2,245,634
Cash and cash equivalents at beginning of year		<u>2,701,183</u>	<u>455,549</u>
Cash and cash equivalents at end of year		<u><u>3,179,135</u></u>	<u><u>2,701,183</u></u>

The above statement of cash flows should be read in conjunction with the accompanying notes.

Notes to the Financial Statements

1. Statement of significant accounting policies

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

The financial statements were authorised for issue by the directors on page 10. 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 the Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB'), the *Australian Charities and Not-for-profits Commission Act 2012*. 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.

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

Notes to the Financial Statements

1. Statement of significant accounting policies (cont.)

(b) Revenue Recognition (cont.)

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.

Notes to the Financial Statements

1. Statement of significant accounting policies (cont.)

(e) Cash and cash equivalents

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

(f) Trade and other receivables

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

(g) Financial assets

Investments and other financial assets

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless, an accounting mismatch is being avoided. Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the College has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

Financial assets at fair value through profit or loss

Financial assets not measured at amortised cost or at fair value through other comprehensive income are classified as financial assets at fair value through profit or loss. Typically, such financial assets will be either: (i) held for trading, where they are acquired for the purpose of selling in the short-term with an intention of making a profit, or a derivative; or (ii) designated as such upon initial recognition where permitted. Fair value movements are recognised in profit or loss.

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.

Notes to the Financial Statements (cont.)**1. Statement of significant accounting policies (cont.)****(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

Notes to the Financial Statements (cont.)**1. Statement of significant accounting policies (cont.)****(j) Right-of-use assets (cont.)**

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) Intangible assets

Intangible assets acquired are initially recognised at cost. Finite life intangible assets are subsequently measured at cost less amortisation and any impairment. The gains or losses recognised in profit or loss arising from the derecognition of intangible assets are measured as the difference between net disposal proceeds and the carrying amount of the intangible asset. The method and useful lives of finite life intangible assets are reviewed annually. Changes in the expected pattern of consumption or useful life are accounted for prospectively by changing the amortisation method or period.

Curriculum Project

Significant costs associated with the Curriculum Project are deferred and amortised on a straight-line basis over the period of their expected benefit.

Website, HAC CCR Journal and SJT projects

Significant costs associated with the Website, HAC CCR Journal and SJT projects are deferred and amortised on a straight-line basis over the period of their expected benefit.

(l) 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.

(m) 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.

Notes to the Financial Statements (cont.)**1. Statement of significant accounting policies (cont.)****(n) Employee benefits***(i) Short-term obligations*

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

(ii) Other long-term employee benefit obligations

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

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

(o) 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.

Notes to the Financial Statements (cont.)**1. Statement of significant accounting policies (cont.)****(p) 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.

(q) 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.

(r) 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.

Notes to the Financial Statements (cont.)**1. Statement of significant accounting policies (cont.)****(s) 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(n), 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.

Notes to the Financial Statements (cont.)

	2021	2020
	\$	\$
2. Revenue and other income		
Revenue		
Admission and registration fees	2,625,536	2,548,166
Training and assessment fees	3,204,580	2,465,135
	<u>5,830,116</u>	<u>5,013,301</u>
Other revenue		
Registration - ASM	260,252	-
COVID-19 assistance	142,600	636,500
Other income	51,198	50,766
Net fair value gain/(loss) on financial assets	407,602	118,813
Investment income from financial assets	131,454	112,446
Grant income	2,767,984	2,684,000
	<u>3,761,090</u>	<u>3,602,525</u>
3. Expenses		
Surplus before tax includes the following specific expenses:		
Depreciation and amortisation		
Depreciation expense	39,650	46,865
Right-of-use asset depreciation expense	245,116	251,650
Amortisation expense	347,993	163,031
	<u>632,759</u>	<u>461,546</u>
4. Trade and other receivables		
Trade receivables	2,873	2,950
Prepayments	145,217	143,722
Deposits	60,163	71,068
Accrued interest	-	15,470
Other receivables	21,329	32,086
	<u>229,582</u>	<u>265,296</u>

Notes to the Financial Statements (cont.)**5. Financial assets**

	2021	2020
	\$	\$
Current		
Investment in managed funds	5,697,933	5,214,744
Term deposits	5,119,412	5,100,100
	<u>10,817,345</u>	<u>10,314,844</u>

(a) Credit risk exposure

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

(b) Interest rate risk

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

(c) Liquidity Risk

CICM is not subject to any liquidity risk.

6. Building, plant and equipment

	2021	2020
	\$	\$
Leasehold improvements - at cost	586,928	325,587
Less: Accumulated depreciation	(230,914)	(223,928)
	<u>356,014</u>	<u>101,659</u>
Fixtures and fittings - at cost	92,234	92,234
Less: Accumulated depreciation	(81,667)	(72,494)
	<u>10,567</u>	<u>19,740</u>
Office equipment - at cost	180,958	201,202
Less: Accumulated depreciation	(149,282)	(151,476)
	<u>31,676</u>	<u>49,726</u>
	<u>398,257</u>	<u>171,125</u>

Notes to the Financial Statements (cont.)**6. Plant and equipment (cont.)***Reconciliations*

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

	Leasehold improvements \$	Fixtures and fittings \$	Office equipment \$	Total \$
At 31 December 2020				
Opening Book value	33,097	24,559	46,736	104,392
Additions	75,010	3,452	35,055	113,517
Depreciation charge	(6,448)	(8,271)	(32,065)	(46,784)
Net book amount	<u>101,659</u>	<u>19,740</u>	<u>49,726</u>	<u>171,125</u>
At 31 December 2021				
Opening Book value	101,659	19,740	49,726	171,125
Additions	336,351	-	8,476	344,827
Disposals	(75,010)	-	(3,035)	(78,045)
Depreciation charge	(6,986)	(9,173)	(23,491)	(39,650)
Net book amount	<u>356,014</u>	<u>10,567</u>	<u>31,676</u>	<u>398,257</u>

7. Right-of-use assets

	2021 \$	2020 \$
Land and buildings - right-of-use	1,102,358	1,102,358
Less: Accumulated depreciation	<u>(754,184)</u>	<u>(509,068)</u>
	<u>348,174</u>	<u>593,290</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.

Notes to the Financial Statements (cont.)**8. Intangible assets**

	Curriculum Project	Website, HAC CCR Journal and SJT projects	Total Intangible assets
	\$	\$	\$
At 31 December 2020			
Cost	752,533	704,300	1,456,833
Accumulated amortisation	(470,916)	(149,265)	(620,181)
Net book amount	<u>281,617</u>	<u>555,035</u>	<u>836,652</u>
At 31 December 2021			
Cost	752,533	726,260	1,478,793
Accumulated amortisation	(564,612)	(403,562)	(968,174)
Net book amount	<u>187,921</u>	<u>322,698</u>	<u>510,619</u>

Movements in carrying amounts

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

	Curriculum Project Cost	Website Cost and HAC project	Total
	\$	\$	\$
Opening net book amount	281,617	555,035	836,652
Additions	-	21,960	21,960
Amortisation charge	(93,696)	(254,297)	(347,993)
Closing net book amount	<u>187,921</u>	<u>322,698</u>	<u>510,619</u>

	2021	2020
	\$	\$
9. Trade and other payables		
Trade payables	9,817	135,941
Deferred income	28,653	194,586
Other creditors and accruals	2,457,855	2,283,510
	<u>2,496,325</u>	<u>2,614,037</u>

Notes to the Financial Statements (cont.)**10. Provisions**

	2021	2020
	\$	\$
Current		
Employee benefits – annual leave	247,947	224,177
Employee benefits – long service leave	170,410	132,827
Doubtful Debts	54,762	-
	<u>473,119</u>	<u>357,004</u>
Non-current		
Make good provision	29,425	28,832
Employee benefits – long service leave	58,844	73,770
	<u>88,269</u>	<u>102,602</u>

11. Lease liabilities**Current**

Lease liability	319,157	254,142
	<u>319,157</u>	<u>254,142</u>

Non-current

Lease liability	48,014	367,171
	<u>48,014</u>	<u>367,171</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:

	2021	2020
	\$	\$
Key management personnel compensation	<u>1,238,342</u>	<u>818,494</u>

13. Related party transactions**a) Key Management Personnel loans**

There are no loans to key management personnel

Notes to the Financial Statements (cont.)**13. Related party transactions (cont.)****b) Transactions with Key Management Personnel (cont.)**

	2021	2020
	\$	\$
Key management personnel transactions	<u>40,461</u>	<u>20,689</u>

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. Contingent liabilities

The College has given bank guarantees as at 31 December 2021 of \$67,527 (2020: \$67,527) to various landlords.

15. 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 2021 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.

16. Company details

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

RSM Australia Partners

Level 21, 55 Collins Street Melbourne VIC 3000
PO Box 248 Collins Street West VIC 8007

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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 2021, 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 2021 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 2021 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
This description forms part of our auditor's report.

**RSM AUSTRALIA PARTNERS**

K J DUNDON
Partner

Dated: 6 June 2022
Melbourne, Victoria