



COLLEGE OF INTENSIVE CARE MEDICINE
OF AUSTRALIA AND NEW ZEALAND

2024

ANNUAL
REPORT



COLLEGE OF INTENSIVE CARE MEDICINE
OF AUSTRALIA AND NEW ZEALAND

CICM (College of Intensive Care Medicine) 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 and present. 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

2024

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President's Report



**A/PROF
PETER KRUGER**
President

I am honoured to present the President's Report for the College of Intensive Care Medicine (CICM) that covers the period of January – December 2024. This year has been one of growth, strategic development, thoughtful reflection and not without its challenges. It has also been a time of change - within our profession, within the College, and across the broader healthcare landscape in Australia and Aotearoa New Zealand.

I would like to acknowledge the exceptional contribution of my predecessor, Dr Rob Bevan. Rob's legacy is one of unwavering commitment to the College and the specialty, and I thank him sincerely for his 13 years of Board service, including his role as President. We also welcomed Dr Pryia Nair as Vice-President and Dr Jeremy Cohen as Treasurer. I extend my thanks to the Board, College staff, and the many volunteers whose collective efforts have enabled the College to continue advancing its core objectives.

We were saddened by the passing of our colleagues; including Drs Bruce Taylor, Phil Byth, Stephen Streat, Ian Pearson, Robert (Bob) Wright, Millar Forbes, John (Fred) Gilligan and Marta Kot in 2024.

The 2024 ASM on the Gold Coast was a wonderful opportunity for Fellowship with colleagues, had an insightful academic program, and the Graduation Ceremony and Dinner was a highlight for many. It was an honour to see Professor Bala Venkatesh be presented with the College Medal, and to hear his inspirational and moving oration.

The launch of the inaugural Leading ICUs for Transformation (LIFT) program, in partnership with Yale's Global Health Leadership Initiative, was a standout moment in 2024. The initiative reinforces our dedication to fostering leadership and positive organisational culture in intensive care medicine.

The recruitment of new Directors of Professional Affairs and enhancements to our governance structures ensure that the College remains well-positioned to meet both the current needs of our members, and the future challenges of our specialty.

The College provided two submissions to the Australian Medical Council (AMC) - outlining its progress toward meeting accreditation requirements, and resulted in the closure of three conditions. The College also advanced a range of initiatives to strengthen its training programs

and Specialist International Medical Graduate (SIMG) pathway. We also submitted our second monitoring submission as an accredited CPD Home.

During 2024, the College amended its Constitution to formally acknowledge Aboriginal, Torres Strait Islander, Māori, and Pasifika health as a core objective of the College. This development followed extensive consultation and collaboration with Indigenous community representatives, the Indigenous Health Committee, and the wider College membership. It reinforces the College's commitment, and establishes a strong foundation for future advocacy aimed at enhancing intensive care services for these communities.

Looking ahead, we will continue to work collaboratively to meet the evolving expectations placed upon our profession. The external environment remains complex and fast-changing, and our role as advocates for intensive care medicine - both at a systemic level and on behalf of our members - has never been more vital. Whether it's through submissions to regulators, active engagement with government, or direct support of our Fellows and Trainees, our advocacy remains grounded in improving outcomes for patients, communities and health care providers.

To all of our Fellows and Trainees, thank you for your trust, participation, and dedication throughout the past year. The strength of our College lies in our people and your commitment. It is an honour to serve this extraordinary community of professionals. Together, we will continue to uphold the highest standards of care, support one another, and lead the progress of intensive care medicine across our region.

A/Prof Peter Kruger
President

CEO's Report



DANIEL ANGELICO
Chief Executive
Officer

It is with great appreciation that I present the CEO's Report for 2024 and express my thanks to the College members and the Board for the opportunity to serve in this capacity. This year was marked by significant achievements and some challenges, each offering valuable opportunities to reflect, adapt, and strengthen the services we provide to our Trainees and Fellows.

FINANCIAL PERFORMANCE AND ORGANISATIONAL GROWTH

The College maintained a consistent financial position in 2024. Prudent use of membership fees remains a priority for both myself and our staff. Transparent financial management continues to be a cornerstone of my leadership and a critical obligation in serving a member-based organisation. I'm proud of the open and constructive relationship we've built with the Board, grounded in trust and mutual accountability.

In 2024, we approved several new positions, resulting in an additional 5.0 FTE, including a new senior leadership role overseeing policy and organisational strategy. Notably, this expansion had no negative impact on our financial health. We continue our strong commitment to fostering a supportive and flexible workplace for CICM staff, offering competitive, sector-aligned salaries, as well as providing opportunities for professional development. I am incredibly proud of our staff who continue to demonstrate strong commitment and professionalism in the face of our growing demands. Their efforts and teamwork have been central to the progress the College has made across 2024, and I have enjoyed working with each and every staff member.

We farewellled Bruce Lister as he retired from his role as Director of Professional Affairs (Education), marking the end of a distinguished and impactful career. Bruce has been involved in the College for more than two decades and played a pivotal role in our growth and development. His leadership and dedication directly contributed to the successful entry of hundreds of doctors into our training program, and their progression to becoming Fellows of the College.

Upon Bruce's retirement, we created an opportunity to increase our clinical expertise with the addition of appointing two new Directors of Professional Affairs: Deirdre Murphy and Mary Pinder, joining our existing DPAs; Felicity Hawker and Manisa Ghani. Their combined expertise will play a crucial role in enhancing our professional and educational services going forward.

GOVERNANCE AND ACCREDITATION

In our journey of organisational maturity, 2024 was a year of further improvement. The implementation of several policies to improve our internal governance were introduced and will ensure we maintain corporate knowledge. Simultaneously, we continued the important work of reviewing and updating our Committee Terms of Reference to ensure alignment with best governance practices. A key priority for our management team has been maintaining accreditation of our training and education program with the Australian Medical Council (AMC). With the majority of accreditation conditions due between 2023 and 2025, we identified 2024 as our critical year for "heavy lifting" - a period requiring significant progress across multiple domains.

At the same time, we are operating within an external environment that is constantly evolving, bringing with it expanding expectations and responsibilities. These external pressures affect our budget, staffing, and the revenue needed to ensure financial sustainability. In the face of ongoing reforms, recommendations, and initiatives, we must remain agile and responsive.

Despite this, we feel it's important to remain steadfast in advocating for standards and the wellbeing of our Trainees and Fellows - particularly as they also face increasing pressures in training and clinical environments.

EDUCATION AND MEMBER ENGAGEMENT

This year we continued our commitment to delivering a number of educational events - predominantly face-to-face - and incorporated social opportunities for meaningful connection. A particular highlight of the year was seeing **Professor Bala Venkatesh** awarded the College Medal at the ASM on the Gold Coast. Bala's dedication to the College and the intensive care community is truly exceptional, and richly deserving of recognition.

DIGITAL TRANSFORMATION

Previously, we have been transparent about our digital transformation journey and acknowledge that while meaningful progress has been made - particularly in securing IT infrastructure and data processes - there is more work to do. As we did not achieve the goals we wanted in 2023, the College engaged a new external IT vendor to implement software solutions that make our members' lives easier, not more difficult. Initial improvements, including updates to the ITER platform, Trainee Dashboard, and the launch of a new College website, have now been implemented. Development of a new database and CPD platform is well underway and is scheduled for delivery in 2025.

LEADERSHIP AND COMMUNITY

This year marked a leadership transition as we welcomed A/Prof. Peter Kruger as our new CICM President. I extend heartfelt thanks to Dr. Rob Bevan for his outstanding leadership and commitment, including 13 years of dedicated service to the Board that will come to an end in July of 2025. On that note, the support we, as staff receive from our Board is not something we should take for granted. The College's strength lies in its people. I am continually grateful for the dedication of our Board, staff, and the many volunteers - Supervisors of Training, Examiners, Accreditation team members, Committee members - who generously contribute their time and expertise to our programs.

To all our members, thank you for your continued support throughout 2024.

Daniel Angelico
Chief Executive Officer



Treasurer's Report



**A/PROF JEREMY
COHEN**

Treasurer

This Treasurer's report covers the period from January to December 2024, as the College's finances run on the calendar year.

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), a government program supporting training positions in regional, rural and remote areas and the third is our investments.

The College in 2024 as always focused on mitigating any reduction in income by minimising expenditure on activities not directly aligned with our principal activities. We set an annual budgeting process and align this with our strategic priorities. All expenditure is assessed against the requirements of the organisation, putting the interests of our members first.

With respect to operating income:

Our revenue from ordinary activities for the year (admission, registration, and training and assessment fees) was \$8,775,898 compared to \$7,889,116 in 2023. This is an increase of 10.1% on the previous year, the increase in revenue due to our annual standard increase in fees, but also a significant increase in exam revenue. Other revenue, comprising income/capital movement as well as grants income was \$4,154,506 compared to \$3,781,325 in 2023. Interest and Investment income in 2024 was \$267,122 compared to \$356,742 in 2023. There was also a slight increase in Specialist Training Programme (STP) revenue as well as corresponding expenses, revenue increasing from \$2,685,261 in 2023 to \$2,954,357 in 2024.

The College receives income from the Department of Health in the form of STP and Flexible Approach to Training Expanded Settings (FATES) grants. This income is a result of applications submitted to the Federal Government and can only be used on specific projects and placing of Intensive Care specialists in hospital positions. FATES income increased from \$149,416 in 2023 to \$310,812 in 2024.

This income is not generated from Fellow or Trainee subscriptions and the funds are not able to be used on general College operations or staffing. The variance year-on-year relates to the point in time payments are made to hospitals – this is when the expense and corresponding income are recognised.

Our operating expenditure (excluding STP and FATES) for the year was \$8,995,597 compared to \$8,242,213 in 2023. This is an 8.3% increase or \$753,384 from 2023.

Employee benefits expense increased from \$3,290,662 in 2023 to \$4,071,580 in 2024. In 2024, the College continued to recruit new staff while developing the existing workforce by creating an environment with opportunities. The College approved several new positions in 2024. This resulted in an additional 5.0 FTE in 2024 (15% increase on 2023) and also created an additional position in our senior leadership team to oversee our policy, projects and organisational strategy. We have managed to do this without any adverse impact to our financial performance. The College continues to create a desirable working environment with flexible conditions and competitive salaries in line with the sector median. This was reflected in our 2024 staff turnover being at less than 10% compared to 25% in the preceding year. The increase of staff is a result of an expansion of services, and we have been able to accommodate the cost of this through increased efficiencies in other areas as well as additional revenue.

Travel and meeting costs increased from \$2,122,938 in 2023 to \$2,562,271 in 2024. This figure includes the Annual Scientific Meeting. The funding model we use for this event is to be as close to breakeven as possible. We rely on sponsorship income as well as delegate fees. The 2024 event was slightly over budget, the major reason for this being the higher than anticipated AV costs. The College ran a number of face-to-face educational events in 2024, an

increase in number from 2023. This included Board meetings, examinations, hospital accreditation visits, culture program, SoT education days, state-based trainee days, state-based meetings and communication and management skills courses. Many of these activities were also revenue-generating, with management and communication skills courses generating over \$178,337 in revenue. The College also ran several workshops and focus groups to develop important pieces of work that go back into the improvement of the training program. Our exam sitting also attracts significant travel and meeting costs. In 2024, we were able to keep total costs for exams and assessment to \$1,307,494 compared to \$1,313,106 in 2023. This was an excellent achievement on behalf of our exam team, especially considering revenue increased in the vicinity of just under \$500,000.

Our exams are run as a cost neutral activity. The fee for each exam is set a price that ensures all our costs including corporate overheads are recovered without running excessive profit margins. Our operating surplus as a % of income for exams and assessments does not exceed our organisational benchmark of between 5-10%.

The net result from operating activities of the College for the year ended 31 December 2024, amounted to a surplus of \$669,257 (2023: \$587,095). Excluding net fair value gains and investment income from financial assets, the surplus for the College amounted to \$440,967 (2023: \$248,455).

In 2024, the College decided to cease our relationship with Elumina, our previous IT provider, and progress to iMIS. There was still \$229,240 spent with Elumina in 2024, the major costs being annual support and maintenance and we spent a further \$143,726 with iMIS as part of the iMIS implementation roadmap. The first key deliverable was the successful launch of the new College website in September 2024. Following this, the College worked closely with iMIS throughout the last quarter of 2024 to implement payment functionality for Fellow subscriptions. Our relationship with Elumina and costs associated to this project are expected to cease in 2025.

CICM will continue to make significant commitment to its ICT infrastructure, as well as staff. Both these commitments have come with a solid financial commitment, and we plan to continue to invest in these very important areas. We have strong financial rigour around our future commitments, and with a reduction in our debts, we plan to keep on building our reserves.

During the year, the College made further inroads in relation to our external borrowings. In 2023, we sold a portion of our investment portfolio to reduce the principal of loan debt as well as the interest component. In 2024, we continued to reduce this debt using operational surpluses with the College's total borrowings reduced from \$930,249 in 2023 to \$573,979 in 2024. We anticipate being debt free by August 2026.

We, as a Board, continually monitor our internal operations through the process of internal audit/review and the CICM finance and risk management committee. We set an agenda planner and aim to have a number of strategic imperatives related to the financial and corporate governance of the organisation undertaken during the year. In 2024, we internally reviewed the performance of our auditors RSM and made the decision to continue their tenure. We undertook an assessment of our finance system with a decision made to move to Business Central in 2026. During the year, we also had an audit from the ATO (Australian Taxation Office) on our HPC (Health Promotional Charity) status and established a strong risk governance culture through education of staff and introduction of a risk system (SharePoint). We also settled all NZ GST obligations and undertook an external review on our cyber security.

Our investment portfolio with Credit Suisse performed reasonably well in 2024. The increase in the value of our investment portfolio from 2024 to 2023 was \$183,763. The College generated a further \$44,527 dividend income from the portfolio.

At 31 December 2024, the College had total net assets of **\$12,339,280** an increase of **\$669,257** for the year.

A/Prof Jeremy Cohen

Treasurer

CICM Board

The CICM Board and their portfolios Jan 2024 – June 2024

NAME	POSITION	REGION
Dr Rob Bevan, FCICM	Elected Board Member, President	NZ
A/Prof Peter Kruger, FCICM	Elected Board Member, Vice President	QLD
A/Prof Priya Nair, FCICM	Elected Board Member, Treasurer	NSW
Dr Mary Pinder, FCICM	Elected Board Member, Immediate Past President	WA
Dr Nhi Nguyen, FCICM	Elected Board Member, Censor	NSW
A/Prof Jeremy Cohen, FCICM	Elected Board Member, Assessments Chair	QLD
Dr Martina Zib, FCICM	Elected Board Member, Education Officer	NSW
A/Prof Neil Orford, FCICM	Elected Board Member, Hospital Accreditation Chair	VIC
Dr Penny Stewart, FCICM	Elected Board Member, Rural Chair and Indigenous Health Chair	NT
Prof Steve McGloughlin, FCICM	Elected Board Member, Hospital Accreditation Deputy Chair and Research Officer	VIC
Dr Cara Moore, FCICM	Elected New Fellows Representative	VIC

The CICM Board and assigned portfolios July – December 2024

NAME	POSITION	REGION
A/Prof Peter Kruger, FCICM	Elected Board Member, President	QLD
A/Prof Priya Nair, FCICM	Elected Board Member, Vice President	NSW
A/Prof Jeremy Cohen, FCICM	Elected Board Member, Treasurer, Assessments Chair	QLD
Dr Rob Bevan, FCICM	Elected Board Member, Immediate Past President	NZ
Dr Nhi Nguyen, FCICM	Elected Board Member, Censor	NSW
Dr Meredith Allen, FCICM	Elected Board Member, Paediatric Chair	VIC
A/Prof Neil Orford, FCICM	Elected Board Member, Hospital Accreditation Chair	VIC
Dr Penny Stewart, FCICM	Elected Board Member, Rural Chair and Indigenous Health Chair	NT
Prof Steve McGloughlin, FCICM	Elected Board Member, Hospital Accreditation Deputy Chair and Research Officer	VIC
Dr Cara Moore, FCICM	Elected, New Fellows Representative	VIC
Dr Martina Zib, FCICM	Appointed Board Member, Education Officer	NSW

Board Contributors – 2024

NAME	POSITION	REGION
Dr Bronwyn Avard, FCICM	Co-opted Board Member	ACT
Dr Michael Farquharson, FCICM	Co-opted Board Member	SA
Dr Matt Spotswood, FCICM	Co-opted Board Member	TAS
Dr Michelle Ross-King, FCICM	Co-opted Board Member	WA
Dr Tessa Kennedy	Invited Guest, Trainee Representative	NZ
Dr Felicity Hawker, FCICM	Invited Guest, Director of Professional Affairs	VIC
Dr Gordon Choi, FCICM	Invited Guest, Hong Kong National Committee	HK
Dr Jonathan Albrett, FCICM	Invited Guest, Aotearoa NZ National Committee	NZ

Reaccreditation Update



In 2024, the College provided two submissions to the Australian Medical Council (AMC), reporting on progress towards meeting conditions on accreditation. Overall, The AMC was satisfied with the College's progress, and three conditions were determined as completed and closed.

In 2024, the College also progressed multiple initiatives to support the continual enhancement of the training programs and Specialist International Medical Graduate (SIMG) pathway, and to assist in meeting conditions on accreditation. These included:

- » Updating College governance documentation
 - » Developing partnerships with healthcare and educational organisations in Australia and Aotearoa New Zealand
 - » Developing connections with Aboriginal, Torres Strait Islander, and Māori organisations
 - » Significantly progressing the training program curriculum renewal project
 - » Developing a syllabus for the second part paediatric examination
 - » Progressing the CICM and ANZCA dual training pathway
 - » Refining examination processes
 - » Progressing monitoring and evaluation of the training programs and SIMG pathway
 - » Reviewing and enhancing support for Aboriginal, Torres Strait Islander, Māori, and Pasifika trainees
- » Reviewing the structure of the Trainee Committee, and processes for communication
 - » Finalising the new complaints policy and procedures
 - » Engagement in a cross-college consortium to develop a standardised supervisor training system
 - » Liaising with the AMC regarding changes to standards for site accreditation
 - » Reviewing opportunities for SIMG to provide feedback regarding their pathway experiences.

The College thanks our Fellows, Trainees, SIMG, and staff for their ongoing vital contributions to meeting standards for specialist medical training, set by the Australian Medical Council (AMC) and Te Kaunihera Rata O Aotearoa Medical Council of New Zealand (MCNZ).



2024

ICU Culture Program

Leading ICUs for Transformation (LIFT) update

A key achievement for the CICM Culture Program was the delivery of the first residential module as part of the Leading ICUs for Transformation (LIFT) program in October 2024.

LIFT is a collaboration between the College and Yale's Global Health Leadership Initiative (GHLI) that aims to foster a sweeping positive shift in intensive care unit (ICU) organisational culture in Australia and New Zealand.

"Organisational culture shapes quality of care and patient outcomes in the ICU setting and can be improved through coalition-based leadership development approaches. We look forward to seeing the system-wide changes that this inaugural cohort of delegates will create."

Erika Linnander, Director, GHLI



LIFT is a comprehensive nine-month program running from October 2024 to July 2025, anchored by two intensive five-day residential modules. Diverse teams from ICUs identified a significant challenge – a clinical or operational performance measure believed to be influenced by the unit's organisational culture - within their units to address in their transformation project. Delegates will delve into the root causes of their respective challenges and develop strategic interventions to affect meaningful structural change.

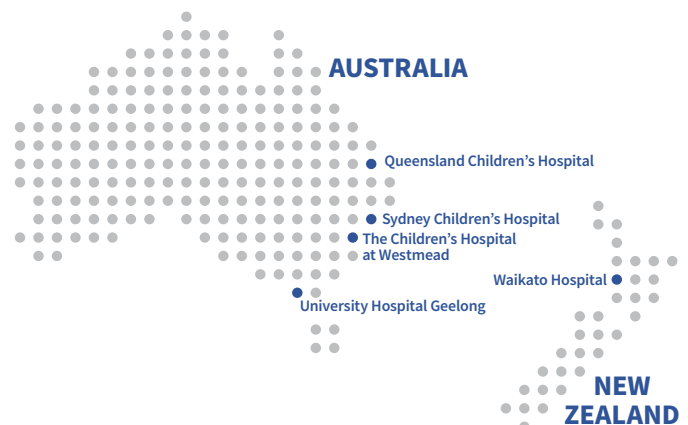
"Providing effective leadership in our modern healthcare environment, has emerged as priority for the ICU community in Australia and Aotearoa New Zealand. Our capacity to recognise and understand the complex problems we face, and to address them through positively influencing organisational culture, requires training and practice. The College is delighted to take the next step in our commitment to this work by partnering with Yale to pilot this evidence based, multi-centre team-based leadership intervention."

Neil Orford, Chair, CICM ICU Culture Program

The program leverages experiential teaching methods, interactive lectures, facilitated discussions, simulations, and team exercises. In addition to the anchoring residentials, delegates receive remote support from Yale faculty in the form of webinars and coaching calls, fostering an environment of continuous learning and accountability. The inaugural cohort of the program is composed of five interdisciplinary teams from across Australia and Aotearoa New Zealand. This initiative aligns with the vision and priorities of the College, empowering delegates with the tools necessary to create meaningful and lasting organisational change.

By the conclusion of the program, delegates will gain expertise and experience in convening and leading a guiding coalition, applying strategic problem-solving methods, and fostering an effective organizational culture. In recognition of their achievements, delegates will earn a certificate from the Yale School of Public Health. Additionally, their transformation project stories will be shared as practical examples to inspire change in ICUs across Australia and New Zealand.

LIFT Program Sites



Plans for 2025-2026

ICU Culture Model: Review, revise, finalise and submit for publication the CICM theoretical and operational culture model based on work completed between 2020-2024.

Build Evidence:

- » Complete the CICM HAC – ANZICS CORE-CCR database linkage project
- » Design and conduct a survey of the medical workforce pipeline and current leadership training in Australia and Aotearoa New Zealand Intensive Care (individual vs team, internal vs external, single discipline vs interprofessional, project-based vs theoretical).

LIFT: In collaboration with the Yale GHLI, we aim to progress LIFT by analysing the outcomes from the 2024-2025 pilot and to determine the feasibility of submitting a NHMRC grant for future multicenter interventions.

Governance Model: Embed the Culture Program in the College's governance structure to recognise the increase in activity and projects.

The College recognises and thanks Neil Orford, the lead of our Culture Program, for his time, commitment and leadership of this innovative program.



Annual Scientific Meeting (ASM) Wrap Up



The 2024 CICM ASM was held from Thursday, 30 May to Saturday, 1 June, with the pre-conference workshops/symposiums on Wednesday, 29 May. The host venue was the Gold Coast Convention and Exhibition Centre, Queensland. Our 2024 ASM theme was *Back to the Future*.

We had an amazing group of ASM Committee members with a diverse range of knowledge, and from different parts of Australia and Aotearoa. The 2024 ASM Committee was led by two inspiring Co-Convenors, who put together an unforgettable ASM experience. From the Welcome to Country, to the opening video, this certainly set the scene for an inspiring three days.

2024 ASM Organising Committee

Co-Convenors

- » Angelly Martinez
- » David Pearson

Committee members

- » Steve Philpot
- » Kylie Julian
- » Lewis Campbell
- » David Pilcher
- » Melanie Jansen

The ASM Painting

Artist: Dr Gene Slockee

Our 2024 ASM artwork tells the story of the traditional Bunya Festival, where clans would meet, trade goods and share stories to continue songlines and culture.

Using the bunya nut as a symbol for sharing, and at the centre - a meeting place to represent the CICM ASM. The smaller, surrounding bunya nuts follow the 12 journey lines to represent that shared knowledge is taken back to

Country, ensuring our communities flourish and heal.

Communities are represented by 12 different ancestral beings/totems/animals. Concentric circles of dots represent the waves and waters of the Gold Coast/ Nganduwul/ Komumberrri Country.

Graduation Ceremony and Dinner

The Graduation Ceremony and Dinner is always a highlight of the ASM conference. In 2024, we had the honour of presenting 62 Graduands, and award winners. The College Medal, our highest honour, was presented to Professor Bala Venkatesh to acknowledge the immense contribution he has made to intensive care medicine and the College.

Sponsors and Exhibitors

We had a very busy exhibition area, and would like to thank our sponsors and exhibitors who supported the 2024 CICM ASM, in particular:

- » Platinum Sponsor: GE Healthcare
- » Gold Sponsor: Abiomed
- » Silver Sponsors: Pfizer and Mindray
- » Bronze Sponsors: B-Braun, Best Practice Medical, Stryker and Penumbra
- » App Sponsor: Getinge

Rural Conference

Together Outback: Hearing the Outback Voices in Healthcare

Convenor:

Penny Stewart

Committee Members:

Resy van Beek, Susy Broughton and Paul Secombe

VIP Speaker:

Stan Grant – who presented a thought-provoking session and then lead our panel discussion at the end of the conference.

The rural conference took place at the Alice Springs Convention Centre from Thursday, 20 June to Friday, 21 June 2024. With a full program dedicated to addressing the unique challenges of critical care faced by indigenous communities in regional and remote areas, delegate feedback was overwhelmingly positive.

We sincerely thank Convenor Dr Penny Stewart, our CICM organising committee, all speakers (including session chairs), and workshop facilitators who led thought-provoking discussions that will support innovative approaches to bridging the healthcare gaps.

A message from Convenor, Penny Stewart:

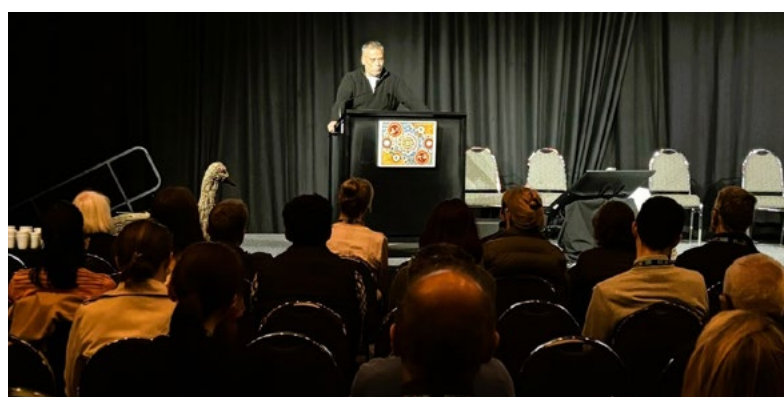
“Thanks to everyone who attended the ‘Together Outback’ critical care meeting in Alice Springs and to a fabulous and passionate group of conference speakers. The presentations were full of hope, challenging the status quo and inspirational insights of what can be achieved by working together. The audience was a wonderful group of open people, ready to understand health care in different contexts and provided interesting and searching questions. It certainly felt like we were in fact ‘together outback’ hearing each other’s voices.”

This was a STP supported conference, with free registration for attendees. Overall, the conference attracted over 113 attendees, 27 speakers, College staff and committee members.

Conference Dinner

The Rural Conference dinner was held at Earth Sanctuary, where we enjoyed a gourmet two-course BBQ in the great outdoors, learnt about the stars and then viewed the moon through their massive telescope.

Thanks to all those that spoke and attended this extraordinary event.



Policy and Advocacy



CICM continues to play a significant role in representing and advocating for the intensive care profession to governments and key stakeholders across Australia and Aotearoa New Zealand. The College made a total of 10 submissions in 2024 on a range of reforms impacting the profession, including some confidential submissions.

In 2024, CICM launched a new Complaints Policy – IC-9. It also reviewed and updated a range of other key professional documents, including:

- » *IC-20 Prevention of Bullying, Discrimination and Harassment in the Workplace*
- » *IC-10 Guidelines to Transport Critically Ill Patients*
- » *IC-27 Guidelines for CICM Fellows on College and External Committees*
- » *IC-24 - Statement on the Role of Ultrasonography in Intensive Care Medicine*

Lastly, the College continued to represent the intensive care profession at a range of conferences, forums and summits throughout 2024, ensuring the voice of the specialist intensivist is represented in discussions with governments and key stakeholders.

A summary of the CICM's public submissions is detailed below:

- » Submission to the Medical Board of Australia: Health checks for late-career doctors
- » Submission to the Independent Health and Aged Care Pricing Authority – 2025-26 Pricing framework for Australian public hospitals

- » Submission to Medical Council of New Zealand – Expedited pathway for registration in the provisional vocational scope of practice
- » Submission to the Medical Council of New Zealand - Review of the Code of Health and Disability Service Consumers' Rights and the Health and Disability Commissioner Act
- » Submission to Medical Board of Australia - Draft Registration Standard: Specialist Registration (Expedited Pathways)
- » Submission to the Medical Council of New Zealand - Extension of the provisional vocational assessment period from 18 to 24 months.





Indigenous Health

The College remains committed to improving health outcomes for Aboriginal, Torres Strait Islander, Māori, and Pasifika communities, and is assisted and guided by the work of the Indigenous Health Committee.

A pivotal moment in 2024 saw the College Constitution amended to recognise Aboriginal, Torres Strait Islander, Māori, and Pasifika health as an objective of the College. This was the result of extensive consultation and collaboration with Indigenous community representatives, the Indigenous Health Committee, and the broader membership of the College. This change solidifies the College's commitment to Indigenous health and provides a platform for future health advocacy efforts to improve intensive care services for these communities.

Further efforts are underway to foster a more inclusive workforce. A comprehensive draft plan has been developed to enhance the experience of Indigenous Trainees at all stages of the CICM training program, with implementation expected in 2025. This initiative aims to support the growth and retention of the Aboriginal, Torres Strait Islander, Māori, and Pasifika intensive care workforce across Australia and Aotearoa New Zealand.

The Indigenous Health Committee also closely examined recent government policies in Aotearoa New Zealand that threaten Māori health, including the disestablishment of Te Aka Whai Ora (Māori Health Authority), the removal of the Smokefree legislation, and the Treaty Principles Bill. In response, the College formally articulated its concerns about the Treaty Principles Bill, reaffirming its advocacy for equitable health policies.

The College thanks the Indigenous Health Committee, in particular, Chair Dr Penny Stewart, and everyone involved in supporting the College's progress in these important initiatives.

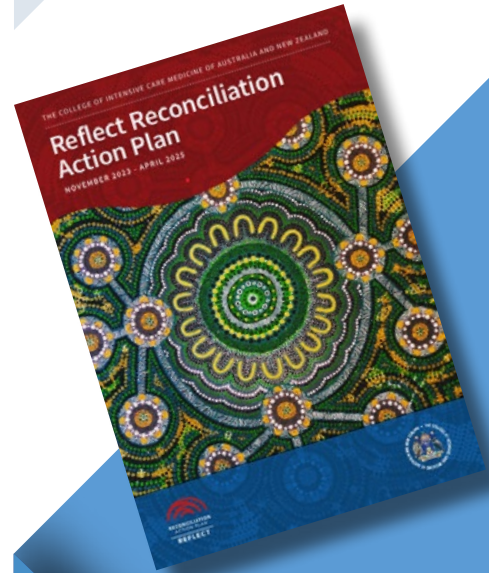
2024

Reconciliation Action Plan

In April 2024, the College proudly launched its first Reconciliation Action Plan (RAP), marking a significant step towards fostering inclusivity and reconciliation. The launch event was honoured by the presence of Wurundjeri Elder, Colin Hunter and Aboriginal Community Representative, Christopher O'Brien, both of whom shared invaluable insights. Staff found the event highly engaging and informative, reinforcing the College's commitment to reconciliation.

Throughout the year, the College actively supported NAIDOC Week and National Reconciliation Week through social media initiatives and staff events. These activities encouraged awareness, inclusivity, and meaningful dialogue, with members invited to share their personal commitments to reconciliation.

By the end of 2024, 80% of the RAP deliverables had been successfully completed, with the remaining initiatives well underway. The College anticipates finalising the plan in 2025 and looks forward to exploring how it can best continue its reconciliation journey.



Critical Care and Resuscitation (CC&R) Journal



Critical Care and Resuscitation Journal (CCRJ) is now bigger and better. It's the journal of choice for ANZ researchers in intensive care and, increasingly, international researchers.

CC&R is an open access journal that receives around one submission per day, and we accept around one paper each week. While most submissions come from Australia and New Zealand, the journal receives submissions from all around the world, and around 30% of our submissions come from outside Australia and New Zealand.

Under the leadership of our Editor-in-Chief, Prof Rinaldo Bellomo, CC&R has become a highly impactful journal. It is ranked 16 out of 110 journals in the Critical Care and Intensive Care Medicine category. Many of our highest impact papers are those that outline the protocols and analysis plans for pivotal trials that originate in our region.

2024



Commonwealth Grants

Specialist Training Program (STP)

Australian Government, Department of Health and Aged Care (DOHAC)

The Specialist Training Program (STP) aims to improve the specialist workforce by providing quality training positions in various settings to broaden Trainee's experiences and increase the number of specialists working in regional, rural and remote areas, and in private settings. The program funds a portion of the annual salaries for Trainees, an additional Rural Support Loading (RSL) for training positions in regional, rural and remote areas, and a Private Infrastructure and Clinical Supervision (PICS) allowance for training positions in private settings.

The College has administered 18 FTE training positions under the Commonwealth Department of Health and Aged Care's (DOHAC) Specialist Training Program (STP). The breakdown of the College's performance targets for 2024 is as follows:

STP Placements and Salary Support	15 FTE
Rural Support Loading (RSL)	7 FTE
Private Infrastructure Clinical Supervision (PICS)	8 FTE
Integrated Rural Training Pipeline-STP (IRTP-STP)	3 FTE

The College has also been engaged in the delivery of the following educational support projects in 2024:

1. ECHO training for STP funded training posts located in the regional, rural and remote training settings
2. Regional and Rural Critical Care Conference, held in Alice Springs on June 20 and 21, 2024
3. BASIC Clinical Research Course, held in Melbourne on August 29 and 30, 2024.

The total STP funding received during the 2024 calendar year was \$3,113,227.78 + GST. This includes funding received for project administration and Tasmanian Project funding, although the Tasmanian Project posts were vacant in the 2024/25 clinical year.

The DOHAC contracted an external consulting agency to conduct an independent evaluation to assess the appropriateness, effectiveness and impact of the program. The evaluation took place from April to November 2024. At the time of publication, the Final Evaluation Report has yet to be released. Any decisions regarding the future direction

of the program will be implemented at the discretion of the Government, and the College has been informed to expect this information by mid-2025.

Flexible Approach to Training in Expanded Settings (FATES) Grant Funding

FATES ROUND 2 – RURAL TRAINEE MENTORING PROJECT (RTMP)

2024 saw a period of consistent progress for the CICM Mentoring Program, delivered as part of the second round of the FATES initiative.

By December 2024, the program had successfully recruited and onboarded 72 mentors and 19 mentees, establishing nineteen active and well-supported mentoring partnerships. Regular check-ins conducted by the Project Officer have indicated strong early engagement, with 84% of pairings meeting at least monthly, highlighting a promising level of commitment and relationship building within the program.

A major digital milestone was achieved with the launch of the Online Mentoring Hub in April 2024. This centralised, user-friendly platform was developed to provide both mentors and mentees with accessible, high-quality resources to support their development journey. The Online Mentoring Hub features reflective journals, goal-setting templates, and self-assessment tools - each designed to encourage self-directed learning, and sustained growth throughout the mentoring program. Importantly, the platform has allowed participants to remain actively engaged with program content and updates.

The program's first in-person workshop was delivered by Clinician Lead, Dr Kiran Deol on 19 June 2024 in Alice Springs. Attended by twenty participants, the session was positively received, with 94% of attendees confirming it met their educational expectations. All workshop content was co-designed in consultation with mentoring and education specialists, with an additional workshop delivered in November 2024.

An essential focus throughout 2024 has been the development and implementation of evaluation mechanisms to measure the pilot's effectiveness. Work on mid-point and end-point surveys began in June, with a view to capture both quantitative and qualitative data. These tools are integral to the broader evaluation strategy and will help inform the formal review of pilot outcomes scheduled for June 2025. The midpoint survey,

distributed in September, received encouraging feedback - suggesting that participant experiences were closely aligned with the program's goals and FATES' overarching objectives. The high frequency of ongoing meetings between mentors and mentees has served as further evidence of meaningful engagement and positive impact.

In December, the Project Officer and Clinician Lead commenced preparations for the next phase of recruitment, which will expand eligibility to include Trainees undertaking their rural term in both Australia and New Zealand - marking a significant step towards the program's growth.

Additionally, our team continues to focus on learning from our pilot, in order to propose a sustainable mentoring program for Intensive Care Trainees into the future. For more information on the CICM RTMP, please visit [CICM - CICM Mentoring Program](#).

FATES 3 – IMPROVING HEALTH OUTCOMES FOR FIRST NATIONS PEOPLES THROUGH INTENSIVE CARE TRAINING FOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTITIONERS

The College was successful in obtaining FATES grant funding for the project *“Improving Health Outcomes for First Nations Peoples Through Intensive Care Training for Aboriginal and Torres Strait Islander Health Practitioners.”* This project will develop and deliver training in intensive care for Aboriginal and Torres Strait Islander Health Practitioners (ATSIHP) to improve health outcomes for First Nations' people and support Trainee intensive care specialists in the areas of First Nations health and cultural safety.

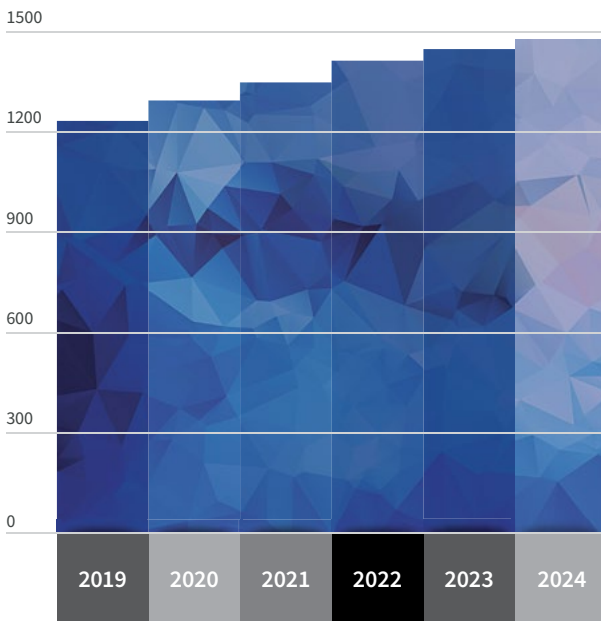
Given the specialised expertise required, the College decided to sub-contract the project to the Thurru Indigenous Health Unit (Thurru) based at the University of Newcastle. This project will operate in Alice Springs and will be implemented collaboratively with Thurru and the Alice Springs Hospital (ASH) and oversee project consultation, curriculum development, course delivery and recruitment requirements.

It is envisaged that this project will assist in reducing the maldistribution of CICM Trainees and specialists in rural areas, and attract and support First Nations Trainees, resulting in the expansion of the First Nations intensive care specialist workforce.

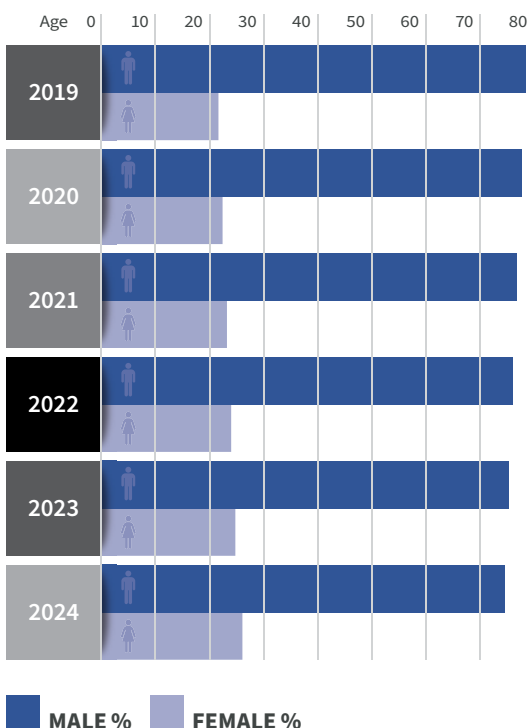
Development of the curriculum and consultation with key stakeholders in Alice Springs will commence in 2025.

Fellowship Update

Fellowship statistics



Comparison of Female and Male Fellows by Percentage from 2019 - 2024



Continuing Professional Development update

In 2023, the College transitioned to a new CPD program, aligning with the requirements of the Australian Health Practitioners Regulation Agency (AHPRA) and the Medical Council of New Zealand (MCNZ). This also involved a new CPD Diary via our Member Digital Platform (MDP). In 2024, we continued with this transition, supporting Fellows to understand their requirements and navigating the challenges experienced with the IT system.

Another key component of the 2024 CPD year was the completion of the 2023 CPD audit. We are required to audit a randomly selected 5% of our CPD participants at the conclusion of every cycle. For this audit cycle, 74 members were selected for audit, with five Fellows informing the College of their retirement, and another 69 members validating their CPD requirements at the conclusion of audit.

In 2024, Airway Management was approved by AHPRA to be a Specialist High Level Requirement (SHLR) for all CICM Fellows, to be completed once every three years.

The first three-year cycle within which the requirement must be completed is 2025 – 2027, with the College’s CPD team working on the implementation and support process for this implementation.

As part of becoming an approved CPD home with the Australian Medical Council (AMC), we made our second monitoring submission to the AMC. This process provided valuable feedback to help evolve our program and systems to support CPD participants to meet their requirements. The College acknowledges Steve McGloughlin and Rob Bevan, our CPD Officers and the College’s CPD Committee for their time, support, and advice throughout 2024.

Special Interest Groups (SIGs)

The College would like to acknowledge the ongoing engagement and activity of the College’s Special Interest Groups and the Fellows who lead these groups. In 2024, the approved SIGs are:

- » Perioperative Medicine
- » Retrieval Medicine
- » Critical Care Ultrasonography
- » Welfare
- » Burns
- » Neurocritical Care
- » Extracorporeal Life Support (ECLS)
- » Environmental Sustainability

2024 New Fellows

We congratulate the following people on achieving their FCICM in 2024

Dr Pravin Babhalgaonkar	Dr Muhammad Manzoor	Dr Lucas Webb
Dr Rachel Baran	Dr Abby McArthur	Dr Timothy Webber
Dr Michael Bastick	Dr Claire Michel	Dr Merle Weber
Dr Michael Borrie	Dr Richard Mooney	Dr Timothy Weir
Dr Monica Brook	Dr Khairil Musa	Dr Benjamin White
Dr Eduard Bruckmann	Dr Alexander Nesbitt	Dr Teresa Wong
Dr Cally Buchan	Dr Megan Nettleton	Dr Hamish Wright
Dr Vanessa Carnegie	Dr Samuel Orton	Dr Elaine Zaidman
Dr Joanna Chow	Dr David Palmer	
Dr Wei Han Choy	Dr Robert Paul	
Dr Lucy Chumas	Dr Jose Pereira	
Dr Jonathan Clarke	Dr Michael Pittard	
Dr Mark Collins	Dr Eamon Raith	
Dr Andrew Dawson	Dr Vivekanand Rajendran	
Dr Kerina Denny	Dr Natarajan Rajkumar	
Dr Shilpa Dsa	Dr Rajiv Rooplalsingh	
Dr Ashok Elangovan	Dr Timothy Sandstrom	
Dr Shahn Forrester	Dr Robert Short-Burchell	
Dr Shane George	Dr Ravinesh Singh	
Dr Christopher Guy	Dr Jeremy Smith	
Dr Mathanhi Jegatheeswaran	Dr Christopher Smith	
Dr Hae Won Jo	Dr Christina So	
Dr Moira Johns	Dr Carlos Stephenson	
Dr Peta Jones	Dr Raghavendra Subbarayappa	
Dr Gianluigi Li Bassi	Dr Sharifah Syed Mustaffa	
Dr Yvette Low	Dr Michael Tatton	
Dr Eanna Lowney	Dr Joshua Thia	
Dr Kenneth MacGruer	Dr Simon Versteeg	

Training Update

Censor Committee (requests, trainee support, trainee selection)

The Censor portfolio contains many areas including Trainee Selection, SIMG assessment and training program regulations including assessments’ policies. The Censors Committee, chaired by the Censor, Dr Nhi Nguyen, continued its work in this area throughout 2024 and noted, for discussion at March 2025 Board, a pattern of increased and complex cases post-COVID; a pattern which appears to warrant attention and a future potential review of regulations and policies to reflect a changing landscape.

In 2024, the Censor Committee welcomed Dr Michael Farquharson and Dr Matthew Spotswood as Deputy Censors. Dr Farquharson’s focus will be on assisting with Censor requests, while Dr Spotswood will concentrate on SIMG assessments and interviews.

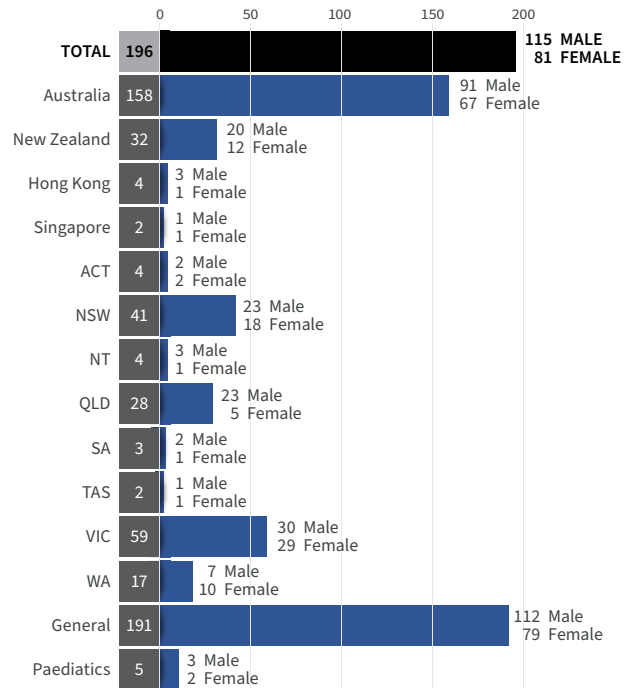
At the November 2024 Board meeting, the Board approved a proposal to increase the number of training program intakes per year from one to two. This will be operationalised in 2025, with the first intake opening in March 2025.

The SIMG Committee welcomed Dr Daniel Owens, Dr Yetunde Odutolu and Dr Mohamed Elkatan while also updating the Committee Terms of Reference in 2024. Expressions of Interest were received for an SIMG Advisory Group, which will meet for the first time in 2025.

CENSOR COMMITTEE STATS FOR 2024

- 80 Censor requests were received and actioned
- 28 Transition Year roles reviewed
- 31 interviews held for Trainees who were unsuccessful on 3rd, 4th or 5th attempt at College Exams
- (AUS) SIMG Applications Assessed: 19
- (NZ) RGR6 Paper-based assessments conducted: 1
- (NZ) RGR7 Interview based assessments conducted: 8

NEW TRAINEE NUMBERS 2024



Hospital Accreditation

The Hospital Accreditation Committee (HAC) is responsible for undertaking processes for intensive care units seeking and maintaining accreditation to deliver the training program for the College of Intensive Care Medicine.

The Hospital Accreditation Committee conducted a total of 39 accreditation visits in 2024, a 66.7% increase compared to 2023. The Committee conducted visits across Australia, Aotearoa New Zealand, Hong Kong and the United Kingdom, including:

» QLD	4
» NSW	12
» SA	2
» TAS	2
» VIC	5
» WA	4
» NZ	5
» HK	2
» UK	3

The College extends its gratitude to the Hospital Accreditation Committee Chair, Neil Orford for his time and leadership in this important work, and to the Committee and inspectors for their time and commitment.

Trainee Committee

2024 saw the return of the Trainee Committee Face-to-Face meeting which took place in April in the Melbourne office. This provided the Committee an opportunity to come together

and discuss topics and issues that affect Trainees, while also contributing and providing feedback to ongoing projects within the College - including Monitoring and Evaluation, Curriculum Renewal and meeting AMC requirements.

The Committee attended a halfday workshop titled ‘Accidental Counsellor’ which explored techniques and processes that would be of benefit to them in their role as Trainee Representatives, and help support Trainees who may need advice, comfort or a confidential conversation.

Following a request from the Board, the Committee have agreed to commence work on developing an orientation session for new Trainees which will focus on celebrating the achievement of joining the College, introducing them to their new community, and highlighting some of the important information that is pivotal to having a positive and successful start to training. The first of these sessions will hopefully coincide with the second intake of 2025.

Trainee welfare continued to be a key priority in 2024, with Trainee Pathway discussions being a key theme in most of the Committee meetings.

The Committee spent time this year reviewing the composition of the Trainee Committee and updating the Terms of Reference to better reflect the Committees objective and goals, while also ensuring there was balanced and equitable representation from all of our Trainee cohorts.

A successful delivery of the 2024 Trainee Symposium in the Gold Coast was a key achievement of the Committee.

The College would like to thank all of the Trainee Representatives for their time, enthusiasm and commitment that have shown in their roles. A special thank you must be given to Dr Cara Moore for leading the Trainee Committee in her role as New Fellows Representative, and to Dr Tessa Kennedy for continuing in the role of Trainee Representative on the Board.

Supervisors of Training (SoT)

The College remains dedicated to excellence in education, training, and assessment. Our SoTs continue to play an essential role in guiding and supporting Trainees and Specialist International Medical Graduates (SIMG), ensuring that the highest standards in intensive care medicine education are upheld.

We deeply value the commitment and passion our SoTs bring to shaping future intensive care specialists, and we recognise the critical part they play in our training program. Approximately 20% of our Fellows serve as supervisors, and are distributed across various units and geographical locations, each presenting unique opportunities and challenges.

We also extend our sincere appreciation to Dr Manisa Ghani and Dr Deirdre Murphy for their ongoing leadership in reviewing and enhancing the professional development and training opportunities available to our SoTs. In 2024, the essential SoT Workshop was extended from one to two days, allowing for

increased time for supervisors to learn, to share experiences and advice, and to network. We also would like to thank the SoTs who contribute their valuable time and expertise in facilitating essential SoT workshops and community of practice forums.

CICM SUPERVISOR OF TRAINING COMMUNITY OF PRACTICE INITIATIVE

A Supervisor of Training Community of Practice was established in 2024 with the aim of fostering collaboration, sharing best practices, and supporting continuous professional development among training supervisors. This highly engaged group meet regularly and work together to advocate for Supervisors of Training.

STANDARDISED SUPERVISOR TRAINING SYSTEM AND RESOURCE DEVELOPMENT

In 2024, the College commenced engagement in a multi-College consortium to develop a standardised supervisor training framework, which incorporates structured feedback mechanisms. This initiative is a FATES-funded project, supported by the Australian Government. As a result of this collaborative effort, new SoT training resources are currently in development.

SUPERVISOR OF TRAINING ACTIVITIES FOR 2024

SoT activities 2024	
<p>SoT Essentials Workshops 1- day workshop</p> <p>Aligning CICM graduate outcomes, the curriculum and SoT skills and capabilities</p> <p>Building an SoT community of practice where issues and repertoire are shared; and SoTs are connected and supported</p> <p>In-person & online workshops: Byron Bay, Online, Melbourne (74 SoTs participated*) *including SoTs facilitators</p>	<p>Virtual 75-minute forums Combined SoT and Network of Educator (NoE)</p> <p>Bringing CICM supervisors and educators in the same 'room' to connect with each other, learn, and strive to be better together 4x virtual forums: Motivated learners - self-determination theory (SDT); To get 'better' performance - self-regulated learning (SRL); Remediating underperformance 2x 138 participants</p>
<p>SoT Networking Informal 'spaces' for community building</p> <p>Dedicated SoT breakfast session and an SoT dinner at CICM ASM Gold Coast</p> <p>SoT dinner at in-person SoT workshops Byron Bay Melbourne</p>	<p>SoT-Trainee Networking New Zealand Training Network</p> <p>Bringing local SoTs and Trainees in the same room, to connect, develop shared understanding, and build relationship Queenstown</p> <p>SoT 1-day workshop followed by SoT-Trainee session on feedback 14 & 48 participants *including SoTs facilitators</p>

2024 SoT Statistics

New SoTs in 2024: 32

Total SoTs in 2024: 334

Assessments

College Examinations would not be possible without the work of the Assessments Committee, its constituents, and the Examinations Committee. We would like to thank all Committee members and examiners.

Committee composition updates

Assessments Committee	Dr Rebecca Smith joined as Deputy Chair of the Second Part Paediatric Examination Committee
Work-place based Assessments Committee	As an outcome of the review of Terms of Reference, a number of vacancies were identified for appointed in 2025
Formal Project Review Panel	The following new panellists were appointed: <ul style="list-style-type: none"> » James Winearls » Eamon Raith » Mathew Piercy
First Part Examination Committee	Dr Patricia Hurune was appointed co-Deputy Chair (alongside Dr Sam Marment)
Second Part (Generalist) Examination Committee	The following members concluded their tenures: <ul style="list-style-type: none"> » Kylie Julian » Ben Barry » Martina Zi The following members joined the Committee: <ul style="list-style-type: none"> » Vinodh Nanjayya » Kim Yaw » Danielle Austin
Second Part (Paediatric) Examination Committee	<ul style="list-style-type: none"> » Dr Robert Chiletto concluded his tenure as co-Chair » Dr Corrine Balit changed from being co-Chair to being Chair » Dr Rebecca Smith joined the Committee and was appointed Deputy Chair

Special thanks in particular must go to;

First Part Exam

Dr Naomi Pallas, *Chair of the First Part Examination Committee*
 Dr Samuel Marment, *Co-Deputy Chair of the First Part Examination Committee*
 A/Prof Patricia Hurune, *Co-Deputy Chair of the First Part Examination Committee*

Second Part Exam

Dr Michaela Cartner, *Chair of the Second Part Examination Committee*
 A/Prof Timothy Crozier, *Deputy Chair of the Second Part Examination Committee*
 Dr Sara Allen, *Co-Deputy Chair of the Second Part Examination Committee*

Second Part Paediatric Exam

Dr Corrine Balit, *Chair of the Second Part Paediatric Examination Committee*

Dr Rebecca Smith, *Deputy Chair of the Second Part Paediatric Examination Committee*

Dr Roberto Chiletto, *2024 Co-Chair of the Second Part Paediatric Examination Committee*

And

Dr Jeremy Cohen, *Chair of the Assessments Committee and the Workplace-based Assessments Committee*

Prof Ian Seppelt, *Chair of the Panel of Formal Project Assessors*

ACER representatives, CICM DPAs and CICM staff engaged in, and committed to supporting, the success of CICM training and assessments.

The College extends a heartfelt thank you and congratulations to each valued Fellow who, during 2024, wrapped up their official duties contributing to the speciality's training and assessments following many years of leadership and support.

The work and effort each Fellow has contributed to the success of CICM and, ultimately, the medical speciality - and the impacts on patient care and the wider community is greatly appreciated. The result, a legacy which will be of far-reaching benefit for many years to come.

New Examiners

The below-listed changes to Examiner Panels occurred during 2024

Out-going FP Examiners	In-coming FP Examiners	Out-going SP Examiners	In-coming SP Examiners	Out-going SPP Examiners	In-coming SPP Examiners
Dr Richard Strickland Prof Ros Freebairn Dr David Collins Dr Peter Scott Dr Michael Clifford	Dr David Antognini Dr Mitchell Cameron Dr Matthew Durie Dr Belinda Gowen Dr Emily Harman Dr Craig McDonald Dr Christopher Poynter Dr Amit Satish Vaidya The late Dr Shekhar Dhanvijay	Dr Michael Corkeron Dr Anthony Holley Dr Arvind Rajamani	Dr Jie Wu	None	Dr Subodh Ganu

Congratulations to the following people who passed a College Examination in 2024.

First Part 2024.1

Dr Martin Perry	Dr Alice Poker	Dr Diana Patrick
Dr Jemima Bell	Dr Thomas Bailey	Dr Katherine Alford
Dr Xin Onn Lai	Dr Alexandra Durman	Dr Georgios Theodoropoulos
Dr Hui Yee Chan	Dr Jarrod Basto	Dr Lucy Kennedy
Dr Cliodhna Minogue	Dr Anna-Louise Bayfield	Dr Sam Carbone
Dr Nicolas Sieben	Dr Broden Morgan	Dr Jason Wylde
Dr Kamran Sabzbalouch-Bam	Dr Richard Arnot	Dr Alison Duffy
Dr Christopher Brock	Dr Trang (Ania) Nguyen	Dr Emad Ahmed
Dr Claudia Cockburn	Dr Ines Pedro Vaz	Dr Diem Pham
Dr Tyson March	Dr Elisa de Bont	Dr Huiyi Jin
Dr Cassandra Joyce	Dr Alexander Goodliff	Dr Jeremy Hatfield
Dr Reece Mearns	Dr Shannon Price	Dr Taylor Beatty
Dr Sidarth Garimall	Dr Jason Musci	Dr Elizabeth Foo
Dr Samuel Hart	Dr Brett Xu	Dr David Trench
Dr Gordon Goh	Dr Simon Yi	Dr Mostafa Elkomy
Dr Wen-Hsin Shen	Dr Brodie Farrow	Dr Rola Rizk

Dr Nicholas Webb
Dr Jack Chen
Dr Kian Lotter
Dr Jacob Keegan-Collins

First Part 2024.2

Dr Daniel Jaensch
Dr William Lever
Dr Abraham Philips
Dr Kimberley Wattchow
Dr Emma Carter
Dr Jessica Mead
Dr Thomas Cox
Dr Isabelle Dubois
Dr Jessica Hing
Dr Alex Honhold
Dr Tess Kelly
Dr Lauren Lax
Dr Eddie Shen
Dr Haesel Tan
Dr Lee Sun You
Dr Toan Pham
Dr Ashly Vu
Dr Tricia Wong
Dr Yan Chak Chan
Dr Joseph Conway
Dr Sophie Sanderson
Dr Ranga Sanathana Katapodi Kankanamge
Dr Jennifer Hanning
Dr Warren Huang
Dr Hannah Lee
Dr Jasmine Liu
Dr Abdelmenam Mansour
Dr Rebecca Matchett

Dr Grace Miller
Dr Nazma Navilehal Rajasab
Dr Kieu-Nhi Nguyen
Dr Diluptha Perera
Dr Sarah Scholz
Dr Susan Su Fa Yee
Dr Lewis Hong
Dr Sinead Sivertsen
Dr Andrew Tompkins
Dr Yuwei Wang
Dr Ahmed Abulnasr
Dr Richard Chatoor
Dr Sarawood Dejanipont
Dr Seojung Kwak
Dr Jesse Petrascu
Dr Reece Rowbottom
Dr Tazeen Sarguroh
Dr Daneish Selvakumar
Dr David Wingert
Dr Aoife Scannell
Dr Olivia Thompson

Second Part 2024.1

Dr Matthew Hauser
Dr Fraser Moss
Dr Jonathan Gunther
Dr Dilip Jayasimhan
Dr Amin Golmohamad
Dr David Mogg
Dr Kris Salaveria
Dr Matthew Laraghy
Dr Robert Nicholson
Dr James Doherty
Dr Lindsay Campbell
Dr Christopher Wilder

Dr Irina Horvat
Dr Thomas Clendon
Dr Samuel Marshall
Dr Ming Kit Benjamin Siu
Dr Cyveen Weeraratna
Dr Chandrasekaran Gunasekaran
Dr Amar Winayak
Dr Brigitte Mol
Dr Nithin Abraham Raju
Dr Benjamin Cunanan
Dr Bronwyn Brown
Dr Audrey Guo
Dr Jeremy Sharman
Dr Shilpa Enjeti
Dr Ilma Khan
Dr Jacinta Cox
Dr Anshuman Raheja
Dr Kate Wagner
Dr Cara Whitley
Dr James Pearlman
Dr David McNeill
Dr Sukey Pan
Dr Jaimie Henry
Dr Jane Guan
Dr Tae Young Kim
Dr Girish Kumar
Dr Eamon Raith
Dr Michelle Robinson
Dr Emma McDonnell
Dr Zhiwei Stephanie Zhu
Dr Alexander Thom
Dr Marwan Elmenyaw
Dr Bruce Lavarack
Dr Gianluigi Li Bassi
Dr Samantha Ho

Dr Geoffrey Harley

Dr Natarajan Rajkumar

Dr David West

Second Part 2024.2

Dr Dominic Merriott

Dr Fiona Kilpatrick

Dr Jarrad Martland

Dr Philip Emerson

Dr Paul Drury

Dr Simon Gordon

Dr Cristina Beltran Orihuela

Dr Grace Pearson

Dr Nathan Jeffery

Dr Wafira Yusof Wilson

Dr Thomas Murchie

Dr Christopher Lee

Dr Ka Lee Chan

Dr Alison Parsell

Dr Chinh Nguyen

Dr Emma Wray

Dr Fabien Dade

Dr Li Theng Novia Tan

Dr Mohsin Ejaz

Dr Samuel Reade

Dr Timothy Brack

Dr Vishnu Kurup

Dr William Bonavia

Dr Ashleigh Punch

Dr Ellen McGuckin

Dr Stuart McLay

Dr Amy McGowan

Dr Aurelie Copin

Dr Daniel Chung

Dr Hannah Coleman

Dr Hannah Hall

Dr James Soares

Dr Karina Hall

Dr Leon Rosebery

Dr Rebecca Tee

Dr Yujin Ko

Dr Kaushik Nilakant

Dr Thomas MacLavery

Dr William Blackburne

Dr Jasdeep Singh

Dr Bianca Jodeikin

Dr Marina Tan

Dr Michael Tatton

Dr Patrick Purcell

Dr Sherif Elbadrawy

Dr Yee-shay Lee

Second Part Paediatrics

Dr Sarah Edmunds

Dr Fearghal Divilly

Dr Mohamed Mohideen Nathar Bava

Dr Rose Lewis

Dr Oliver Venettacci

Dr Pratusha Babu

Dr Sasha Symonds

Dr Simon Jackson

Professional Affairs Committee

In 2023, the Board expanded the Fellowship Affairs Committee's role to include Trainee issues, prompting its renaming to the Professional Affairs Committee for better alignment with its day-to-day work. The Committee now has a broader oversight role, facilitating coordination across various committees and working groups.

This year, the Committee introduced a more inclusive process for awarding the College Medal. Moving forward, all members will be able to nominate a Fellow for the medal, making it a more open and transparent process. Moreover, the Committee continues to oversee vital areas such as the College's CPD Program, Special Interest Groups, Professional Documents, externally funded grants and projects, and member engagement activities.

The College expresses its appreciation to the Professional Affairs Committee, especially Chair Priya Nair, for their invaluable guidance and leadership of the Committee.

2024

Rural Committee



The Rural Committee convened regularly throughout the year to discuss pressing matters concerning rural ICUs. Discussions centred on pivotal issues, such as exploring key rural data points and workforce deficiencies.

In collaboration with the Online Education Program, rural health topics have now been incorporated into the Second Part Stream. This addition enhances educational resources for both rural and metropolitan Trainees, improving rural ICU education within the College.

The Rural Conference, held from 19 to 21 June 2024, was highly regarded by attendees. A central theme of the conference was the amplification of Aboriginal and Torres Strait Islander perspectives in rural healthcare. Following a successful event, the feasibility of future rural conferences is currently being explored.

The Committee also assisted in updating the T-34 Guidelines for the Rural Term, improving the clarity of the document, and ensuring it reflects the evolving needs of rural Trainees and alignment with best practices in intensive care training.

Recognising the increasing workforce challenges in rural healthcare, the Rural Committee has reassessed its terms of reference. This evaluation aims to expand the Committee's capacity to better support the College in addressing rural workforce concerns.

The College thanks the Rural Committee, particularly Chair Dr Penny Stewart, for supporting the College's work in this important space.



Community Advisory Committee




The Community Advisory Committee continues to provide a valuable consumer voice for the College, ensuring all programs and projects are fundamentally in service of the community.

The involvement of Community Representatives extends across various committees within the College, where they offer their unique insights and perspectives. Committees benefiting from their contributions include the SIMG Committee, Assessments Committee, and others.

Furthermore, Community Representatives have continued to engage with experts from diverse areas within the College, spanning from ICU Culture, ICU in Fiji, and Communication. These presentations have facilitated invaluable mutual learning opportunities for both community representatives and Fellows alike.

The Committee also contributed to the College's response to recent reforms in both Australia and Aotearoa New Zealand, introducing an expedited pathway for Specialist International Medical Graduates (SIMGs), highlighting key patient safety and cultural safety concerns.

The College expresses its gratitude to the Community Advisory Committee, particularly Chair Helen Maxwell-Wright AM, for their support, guidance, and invaluable contributions.



Aotearoa New Zealand National Committee

Jonathan Albrett	<i>Chair</i>
Louise Hitchings	<i>Deputy Chair</i>
Chris Poynter	<i>Elected Member</i>
Daniel Owens	<i>Elected Member</i>
Annette Forrest	<i>Elected Member</i>
Adrian Craig	<i>NZ Trainee Representative</i>
Rob Bevan	<i>Ex-Officio Board Member</i>
Jonathan Casement	<i>Co-opted Member, SIMG</i>
David Silverman	<i>Elected Member</i>
Lynda Thurston	<i>New Fellows Representative</i>
Alex Browne	<i>Co-opted Member, Indigenous Affairs</i>
Anusha Ganeshalingham	<i>Co-opted Paediatric Representative</i>
Craig Carr	<i>ANZICS Representative</i>
Louise Trent	<i>Co-opted Sustainability & Climate Change Representative</i>

The Aotearoa New Zealand National Committee continues its active work supporting training, workforce planning, and cultural safety in intensive care. A key goal for 2024 is to expand the visibility of intensive care as a speciality, particularly among medical students and junior doctors. This includes participation at the Aotearoa Medical Students Association meeting held at Parliament grounds in Wellington in June,

where Dr Jonathan Albrett represented the College, supported by the National Critical Care Network and Wellington ICU, with a stand to promote intensive care training.

Dr Chris Poynter continued his contributions through the NZ Critical Care Sector Advisory Group of Te Whatu Ora, focusing on data accuracy, recruitment strategies, training pipeline planning, and standardisation of SoT FTEs. Chris also Chairs the New Zealand Training Network (NZTN) that held four meetings in 2024, and continues to support improvements to longitudinal training and Trainee support. A new training handbook for Aotearoa New Zealand Trainees was developed.

The development of the CICM Māori Health and Cultural Safety Curriculum remains a priority, with the first dedicated Hui held in July 2024. Work on this important initiative has progressed, with input from the Committee and CICM members across Aotearoa. Sustainability also remains a priority, with Dr Louise Trent who was recently co-opted to the Committee, leading new initiatives such as rational glove use within ICUs.

The third annual National Training Day was held from 31 October to 1 November 2024 in Queenstown, with SoTs and Trainees in attendance.

The Committee also welcomed guest speaker Dr Jeff Brown (Te Whatu Ora) to the August 2024 Committee meeting, engaging in in-depth discussions around Trainee welfare, specialist retention, the workforce pipeline, and international comparisons in intensive care training standards. Dr Chris Poynter and Dr Alex Browne also represented CICM at the Te ORA HUI-Ā-TAU & Scientific Conference in Rotorua.



State, Territory and Regional Committees

The College would like to acknowledge the contribution and engagement of the State and Territory and Regional Committees. From running events to meet the needs of Fellows and Trainees, providing invaluable input to College policies and discussions, progressing advocacy on State and Territory based issues, and promotion of Intensive Care Medicine, the Committees are essential in connecting local members to the College.

Throughout 2024, the CICM State and Territory Committees have demonstrated strong leadership and collaboration in Trainee engagement, enhancing education, and addressing workforce challenges. The completion of the 2025–2026 nomination processes across most states further reflects the ongoing engagement and dedication of Fellows and Trainees in shaping the College’s direction.

Key highlights from 2024 included:

ACT

- » ACT Fellows continue to be invited to Committee meetings to enhance engagement and local representation
- » Ongoing collaboration with the NSW Committee
- » Plans to offer more online education sessions in 2025.

NSW

- » Hosted the NSW ICU Trainee Education Day with the John Hunter Hospital with over 65 attendees focusing on non-clinical aspects of ICU practice
- » NSW ICU Network Training meeting was held with SOTs, Directors, and government stakeholders
- » First NSW Trainee Forum successfully held by Trainee Representative.

NT

- » NT Fellows are regularly participating in Committee meetings, increasing Territory-specific discussions
- » Continuing discussions about ICU workforce and service sustainability in Alice Springs.

QLD

- » QCCRN Annual Meeting held in June 2024 with strong Trainee engagement
- » QLD Committee Update Day held on 1 November 2024, featuring educational sessions and workshops.

SA

- » The second annual SA Education Day was held in June at Mount Lofty House, with over 60 attendees and a focus on “Performance Under Pressure”
- » An online meeting took place with Unit Directors and SoTs to explore a state-based training program
- » New co-opted members, Jacob Abraham (Queen Elizabeth Hospital Representative) and Krista Mos (Paediatric Representative) joined the Committee.

TAS

- » ASM planning for 2025 has commenced, led by Co-Convenor Matthew Spotswood
- » An education and networking dinner was held with Matt Piercy sharing insights from his work in Tonga.

VIC

- » Successfully ran two welfare webinars, targeting Trainees and international medical graduates
- » Trainee Representative, Jeff Kam hosted first Trainee Project Presentation in December 2024
- » Committee farewelled Robert Short-Burchell and Nicky Dobos, welcoming newly elected members, George Zhou and Jennifer Porteous.

WA

- » WA Training Pathway’s first 2024 cohort is midway through; 16 Trainees currently progressing, and 31 recruited for the 2025 intake
- » WICCED (WA Intensive Care Combined Education Day) successfully run three times in 2024
- » Welcomed new Trainee Representative Ellen McGuckin, taking over from Ashleigh Drury.

Membership of State, Territory Regional Committees 2024

Queensland Committee	
Neeraj Bhadange	<i>Chair</i>
Melita Trout	<i>Deputy Chair</i>
Peter Kruger	<i>Ex-Officio Board Member</i>
Jeremy Cohen	<i>Ex-Officio Board Member</i>
Vikram Masurkar	<i>Elected Member</i>
Abhilasha Ahuja	<i>Elected Member</i>
Adam Simpson	<i>Elected Member</i>
Dinesh Parmar	<i>Elected Member</i>
Andrew Miller	<i>New Fellows Representative</i>
Alexander Nesbitt	<i>Transitional Year Representative</i>
Antony Attokaran	<i>Research Representative</i>
Michael Putt	<i>Queensland ICU Pathway Representative</i>
Rachel Martin	<i>QLD Trainee Representative</i>
Hamish Pollock	<i>Co-opted Statewide ICU Network Representative</i>
Sebastian Rimpau	<i>Co-opted Paediatric Representative</i>

Tasmania Committee	
Matthew Spotswood	<i>Chair</i>
Mathew Piercy	<i>Elected Member</i>
Samual Marshall	<i>TAS Trainee Representative</i>

Northern Territory Committee	
Lewis Campbell	<i>Elected Member</i>
Brad Treloar	
Olivia Gedye	<i>NT Trainee Representative</i>
Penny Stewart	<i>Ex-Officio Board Member</i>

New South Wales Committee	
Sarah Wesley	<i>Chair</i>
Kylie McArdle	<i>Deputy Chair</i>
Judith Askew	<i>Elected Member</i>
Alice Henschke	<i>Elected Member</i>
Steve Morgan	<i>Elected Member</i>
Alex Yartsev	<i>Elected Member</i>
Winston Cheung	<i>ANZICS Representative</i>
Marck Nicholls	<i>ANZICS Representative</i>
Jaimie Henry	<i>NSW Trainee Representative</i>
Nhi Nguyen	<i>Ex-Officio Board Member</i>
Priya Nair	<i>Ex-Officio Board Member</i>
Martina Zib	<i>Ex-Officio Board Member</i>

Western Australia Committee	
Michelle Ross-King	<i>Chair</i>
Christopher Allen	<i>Elected Member</i>
Adam Howard	<i>Elected Member</i>
Alexandra Rowell	<i>Elected Member</i>
Tom Doyle	<i>Elected Member</i>
Abhijit Laha	<i>Elected Member</i>
Julian Sunario	<i>New Fellow Representative</i>
Ellen Mcgurkin	<i>WA Trainee Representative</i>
Kate Douglas	<i>Paediatric Representative</i>
Jude Bharath	<i>Education Representative</i>

Victoria Committee	
Cameron Knott	<i>Chair</i>
Sarah Jones	<i>Deputy Chair</i>
David Antognini	<i>VICEN Chair Representative</i>
Neil Glassford	<i>Elected Member</i>
George Zhou	<i>Elected Member</i>
Jennifer Porteous	<i>New Fellows Representative</i>
Sheena Gune	<i>Co-opted Paediatric Representative</i>
Hooi Hooi Koay	<i>Co-opted SOT & HAC Representative</i>
John Botha	<i>ANZICS Representative</i>
Jeff Kam	<i>VIC Trainee Representative</i>
Neil Orford	<i>Ex-officio Board Member</i>
Steven McGloughlin	<i>Ex-officio Board Member</i>
Cara Moore	<i>Ex-officio Board Member</i>

South Australia Committee	
Michael Farquharson	<i>Chair</i>
Vishwanath Biradar	<i>Elected Member</i>
Kristin Hayres	<i>Elected Member</i>
Nikki Yeo	<i>Elected Member</i>
Clayton Sibbin	<i>Elected Member</i>
Aniket Nadkarni	<i>Co-opted Member</i>
Luke Collett	<i>New Fellows Representative</i>
Josephine Gard	<i>SA Trainee Representative</i>
Lisa-Marie Pereira	<i>Co-opted Member</i>
Milind Sanap	<i>Co-opted Representative, Lyell McEwen Hospital</i>
Jacob Abraham	<i>Co-opted Representative, Queen Elizabeth Hospital</i>
Krista Mos	<i>Co-opted Paediatric Representative</i>

Australian Capital Territory Committee	
Bronwyn Avard	<i>Chair</i>
Harshel Parikh	<i>Elected Member</i>
Malli Ponnu	<i>Elected Member</i>
Liam Byrne	<i>New Fellows Representative</i>
Lisa McDaid	<i>ACT Trainee Representative</i>

Hong Kong Regional Committee	
Gordon Choi	<i>Chair</i>
Eunise Ho	<i>Secretary & SoT, New Territory East Cluster</i>
KM Chan	<i>Deputy Chair</i>
Gavin Joynt	<i>Immediate Past Chair</i>
David Wai San Ng	<i>New Fellows Representative</i>
Christopher Lee	<i>Trainee Representative</i>
Darshana Hewa Kandamby	<i>SoT, Kowloon West Cluster</i>
George Ng	<i>SoT, Kowloon Central Cluster</i>
Phillip Lam	<i>Co-opted Hong Kong College of Physicians</i>
Wong Wai Tat	<i>Co-opted Education Officer</i>

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
- » 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 Australian and New Zealand College of Psychiatrists.

2024



College of Intensive Care Medicine of Australia and New Zealand

ACN 134 292 103

Financial Annual Report - 31 December 2024



**College of Intensive Care Medicine of Australia and New Zealand
Directors' report
31 December 2024**

The directors present their report, together with the financial statements, on the College for the year ended 31 December 2024.

Directors

The following persons were directors of the College during the whole of the financial year and up to the date of this report, unless otherwise stated:

Peter Kruger
Priya Nair
Jeremy Cohen
Robert Bevan
Steve McGloughlin
Cara Moore
Nhi Nguyen
Neil Orford
Penelope Stewart
Martina Zib
Mary Pinder (resigned on 1 July 2024)
Meredith Allen (appointed on 30 May 2024)

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 net result from operating activities of the College for the year ended 31 December 2024 amounted to a surplus of \$669,257 (2023: \$587,095). Excluding net fair value gains and investment income from financial assets, the surplus for the College amounted to \$440,967 (2023: \$248,455).

The College's total borrowings reduced from \$930,249 in 2023 to \$573,979 in 2024 (note 12).

There was an increase in Specialist Training Programme (STP) revenue and expenses, from \$2,685,607 in 2023 to \$2,954,359 in 2024. The College receives income from the Department of Health in the form of STP and Flexible Approach to Training Expanded Settings (FATES) grants. This income is a result of applications submitted to the Federal Government and can only be used on specific projects and placing of Intensive Care specialists in hospital positions. This income is not generated from Fellow or Trainee subscriptions and the funds are not able to be used on general college operations or staffing. The variance year-on-year relates to the point in time payments are made to hospitals – this is when the expense and corresponding income are recognised.

Employee benefits expense increased from \$3,290,662 in 2023 to \$4,071,580 in 2024. In 2024, the College continued to recruit new staff while developing the existing workforce by creating an environment with opportunities.

The College approved several new positions in 2024 and this resulted in an additional 5.0 FTE in 2024 (15% increase on 2023) and also created an additional position in our senior leadership team to oversee our policy, projects and organisational strategy. We have managed to do this without any adverse impact to our financial performance. The College continues to create a desirable working environment with flexible conditions and competitive salaries in line with the sector median. This was reflected in our 2024 staff turnover being at less than 10%. The increase of staff is a result of an expansion of services.

Travel and meeting costs increased from \$2,122,938 in 2023 to \$2,562,271 in 2024.

This figure includes the Annual Scientific Meeting which is a major event that includes the ICU Update, Trainee Symposium, Echocardiography workshop, and graduation ceremony. The funding model used is designed to be as close to break-even as possible, with some reliance on sponsorship income to ensure the College can keep delegate fees at a reasonable price point. Total costs for ASM in 2024 were \$675,009 (\$510,154 in 2023) with corresponding revenue of \$622,215 (\$595,016 in 2023). The major reason for the deficit was the escalated costs related to AV equipment.

**College of Intensive Care Medicine of Australia and New Zealand
Directors' report
31 December 2024**

The College ran a number of face-to-face educational events in 2024 an increase in number from 2023, including Board meetings, examinations, hospital accreditation visits, culture program, SOT education days, state-based trainee days, state-based meetings and communication and management skills courses. Many of these activities were also revenue-generating, with management and communication skills courses generating over \$178,337 in revenue. The College also ran several workshops and focus groups to develop important pieces of work that go back into the improvement of the training program.

In 2024 the College decided to cease our relationship with Elumina and progress to iMIS. There was still \$229,240 spent with Elumina in 2024 the major costs being annual support and maintenance and we spent a further \$143,726 with iMIS as part of the iMIS implementation roadmap, the first key deliverable was the successful launch of the new College website in September 2024. Following this, the College worked closely with iMIS throughout the last quarter of 2024 to implement payment functionality for Fellow subscriptions via iMIS. These costs were expensed under Information Technology costs. Our relationship with Elumina is expected to cease by October 2025.

Significant transactions and changes in the state of affairs

In 2023, provision was made to the amount of \$235,000 for the estimated liability associated with historical GST charged on income streams within New Zealand. In 2024, the liability was confirmed to the amount of \$282,000 and was settled during the year.

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

Performance measures

The College measures its performance in its operational results including ongoing review of its statement of financial position, trade receivables collection and ongoing review of cash flow analytics to ensure the College remains a financially sustainable entity. In 2024 the College implemented a number of performance ratios to ensure high level metrics are also maintained. These included working capital and cash ratio. In 2025 we plan to move towards an activity-based costing model to really understand our cost structures further, with an emphasis on prior year and industry comparisons being front and centre.

Objectives and strategies

In 2025 we plan to establish our new strategic plan. The 2021-2023 CICM Strategic Plan is still currently in operation until our new plan is actioned and identifies pillars that guide the College's operational focus:

- Pillar 1: Best Practice in Education, Training and Assessment.
- Pillar 2: Highest Professional Standards.
- Pillar 3: Advancing Equitable Access to Intensive Care.
- Pillar 4: Maturing our Internal College Capabilities.

The plan is underpinned by the overall objectives of the College that are to:

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

To further these objectives, the College:

- Continually reviews policies relating to the practice of intensive care medicine;
- Donates \$140,000 of operating revenue to support research in the field (through the Intensive Care Institutions);
- Accredits training institutions; 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.

Matters subsequent to the end of the financial year

No matter or circumstance has arisen since 31 December 2024 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 2025, 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 are met.

College of Intensive Care Medicine of Australia and New Zealand

Directors' report

31 December 2024

Environmental regulation

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

Information on directors

Name: Peter Kruger
Title: President
Qualifications: BSc (Hons), 1984;
MBBS, 1990;
FANZCA, 1999;
FCICM, 2000; and
PhD, 2013.
Role within the College: President, appointed July 2024; and
Deputy Chair, Hospital Accreditation, retired Feb 2024.
Other current experience and expertise: Intensive Care Specialist, ICU, Princess Alexandra Hospital, Brisbane; and
Visiting Intensive Care specialist, Greenslopes Private Hospital, Brisbane.

Name: Priya Nair
Title: Vice President
Qualifications: MBBS, 1992;
MD, 1995;
FCICM, 2001;
Grad Dip Periop Echo (Melbourne University), 2005; and
PhD, 2019.
Role within the College: Vice President, appointed July 2024;
Chair, Professional Affairs Committee, appointed July 2024;
Chair, Specialist Training Program Committee, appointed July 2022; and
Treasurer, appointed July 2022 - retired June 2024.
Other current experience and expertise: Senior Specialist, Intensive Care, St Vincent's Hospital, Sydney;
VMO Intensivist, St Vincent's Private Hospital, Sydney;
Honorary Professorial Fellow, George Institute for Global Health;
Conjoint Associate Professor UNSW; and
Clinical Associate Professor University of Notre Dame.

Name: Jeremy Cohen
Title: Treasurer
Qualifications: BSc, 1988;
MBBS (UK), 1990;
MRCP (UK), 1993;
FRCA (UK), 1997;
FCICM, 2003; and
PhD, 2012.
Role within the College: Treasurer, appointed July 2024; and
Chair, Assessments.
Other current experience and expertise: Director, Wesley ICU;
Senior Staff Specialist RBWH, Intensive Care Unit;
Honorary Professorial Fellow, The George Institute;
Associate Professor University of Queensland; and
Conjoint Associate Professor UNSW.

**College of Intensive Care Medicine of Australia and New Zealand
Directors' report
31 December 2024**

Name: Robert Bevan
Title: Immediate Past President
Qualifications: BMedSci (Lond), 2000;
MBBS (Lond), 2001;
MRCP (UK), 2004;
FRACP, 2011; and
FCICM, 2012.
Role within the College: Immediate Past President;
CPD Officer, appointed July 2024; and
ASM Officer, appointed July 2024.
Other current experience and expertise: Director, DCCM, Te Whatu Ora (Te Toka Tumai), Auckland City Hospital

Name: Steven McGloughlin
Title: Member
Qualifications: BSc (Psychology), 1996;
BMed, 2001;
Master of Public Health and Tropical Medicine, 2008;
FCICM, 2011;
FRACP (Infectious Diseases), 2013; and
International Master of Health Leadership, 2017.
Role within the College: Deputy Chair, Hospital Accreditation, appointed March 2024; and
Research Officer, appointed July 2022.
Other current experience and expertise: Intensive Care and Infectious Diseases Specialist, The Alfred Hospital, 2011 to current;
Director Intensive Care, The Alfred Hospital, 2017 to current;
Clinical Director Australian Living Evidence Collaboration, 2018 to current;
Technical Officer World Health Organisation, 2023 to 2024; and
Interim Director Renal Unit, Alfred Hospital, 2024.

Name: Cara Moore
Title: Member
Qualifications: MBBS (Monash), 2004; and
FCICM, 2020.
Role within the College: New Fellows Representative, appointed July 2022; and
Chair, Trainee Committee, appointed July 2022.
Other current experience and expertise: Intensive Care Specialist, Royal Melbourne Hospital, 2020 to present;
Intensive Care Specialist, Western Health 2024 to present;
VMO Intensive Care Specialist, Austin Health 2022 to present;
Victorian Intensive Care Education Network, Immediate Past Chair; and
WIN-ANZICS Committee, Vic Representative 2021 to present.

Name: Nhi Nguyen
Title: Member
Qualifications: BMedSci, 1992;
GDip Sci, 1994;
MBBS, 1999;
FJFICM, 2008; and
FCICM, 2010.
Role within the College: Censor, appointed July 2022.
Other current experience and expertise: Senior Staff Specialist Nepean Hospital;
Clinical Director of ICNSW at Agency for Clinical Innovation;
Co-Chair Health System Advisory Council – Ministry of Health, NSW;
Member, Clinical Advisory Committee, Independent Hospital and Aged Care Pricing Authority (IHACPA) Commenced 2024; and
Deputy Chair of Nepean Blue Mountains Local Health District Board 2019 to current.

**College of Intensive Care Medicine of Australia and New Zealand
Directors' report
31 December 2024**

Name:	Neil Orford
Title:	Member
Qualifications:	MBBS, 1992; FANZCA, 2001; PGDip Echo, 2004; FCICM, 2005; and PhD, 2018.
Role within the College	Chair, Hospital Accreditation, appointed March 2023; and Chair, Culture Program.
Other current experience and expertise:	Senior Specialist Intensive Care Barwon Health, 2020 to present; Clinical Director Redesign Programs, Barwon Health, January 2023 to present; Volunteer Intensive Care Specialist, Open Heart International; Associate Professor in Intensive Care, Deakin University; and Associate Professor in Intensive Care ANZIC RC, Monash University.
Name:	Penelope Stewart
Title:	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:	Medical Advisor Safety and Quality Alice Springs Hospital; Intensive care specialist Alice Springs Hospital; Clinical Director Rural Training HUB (Flinders NT); NT representative rural doctors committee AMA; NT representative Federal council AMA; and Board member National Rural Health Alliance.
Name:	Martina Zib
Title:	Member
Qualifications:	BMedSci (Hons) (Newcastle), 1998; BMed (Hons) (Newcastle), 2000; FJFICM, 2009; FCICM, 2010; and Dip Clin Ultrasound (Melbourne), 2011.
Role within the College:	Chair, Education, appointed July 2022
Other current experience and expertise:	Senior Staff Specialist John Hunter Hospital 2009 to present; VMO Intensivist Newcastle Private Hospital 2010 to present; Supervisor of Training John Hunter Hospital; CICM approved Assessor - Focused Cardiac Ultrasound in Intensive Care 2014 to present; CICM Second Part Examination Committee member, 2014 to present; CICM Second Part Examiner 2018 to present; CICM WBA Committee member 2022 to present; and CICM Assessments Committee member, 2022 to present.

**College of Intensive Care Medicine of Australia and New Zealand
Directors' report
31 December 2024**

Name: Meredith Allen
Title: Member
Qualifications: MBBS, 1991;
FRACP, 1999;
PhD, 2004;
ICTPICM, 2005;
FRCPCH, 2010;
FCICM, 2014;
MSafSc, 2021; and
GAICD, 2022.

Role within the College: Chair, Paediatric Committee, appointed July 2024
Other current experience and expertise: Intensivist, Monash Health PICU 2018 to present;
CICM Second Part Paediatric Examination Committee, 2022 to present;
CICM Second Part Paediatric Examiner 2018 to present; and
CICM Curriculum Renewal - Communication Domain Working Group, 2022 to present.

Name: Mary Pinder
Title: Member
Qualifications: MRCP (UK), 1989;
FCAnaes, 1991;
FICANZCA, 1998;
JFICM, 2002;
FCICM, 2010; and
MHPE, 2024.

Role within the College: Deputy Chair, Education, appointed July 2022-July 2024; and
ASM Officer, appointed July 2023-July 2024.
Other current experience and expertise: Staff Specialist – Sir Charles Gairdner Hospital;
Hollywood Private Hospital; and
Clinician Educator WA Intensive Care Training Pathway, appointed November 2022.

College secretary

The College secretary is Daniel Angelico. Daniel is also the Chief Executive Officer and has the following qualifications:

- Bachelor of Management; and
- MAICD.

Meetings of directors

The number of meetings of the College's Board of Directors ('the Board') and of each Board committee held during the year ended 31 December 2024, and the number of meetings attended by each director were:

	Board meetings		Executive		Finance, Audit and Risk Committee	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Mary Pinder (resigned on 1 July 2024)	2	2	3	2	2	1
Robert Bevan	4	3	6	5	4	4
Peter Kruger	4	4	6	6	4	3
Priya Nair	4	4	6	6	4	3
Penny Stewart	4	4	-	-	-	-
Jeremy Cohen	4	4	3	2	2	2
Nhi Nguyen	4	4	-	-	-	-
Neil Orford	4	4	-	-	-	-
Martina Zib*	4	4	-	-	-	-
Steve McGloughlin	4	4	-	-	-	-
Cara Moore	4	4	-	-	-	-
Meredith Allen (appointed on 30 May 2024)	2	2	-	-	-	-

**College of Intensive Care Medicine of Australia and New Zealand
Directors' report
31 December 2024**

*Martina Zib holding casual vacancy from July 2024 due to early retirement of Mary Pinder.

Held: represents the number of meetings eligible to attend during the time the director held office or was a member of the relevant committee.

Contributions on winding up

In the event of the College 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



Peter Kruger
President



Jeremy Cohen
Treasurer

16 May 2025
Melbourne, Victoria

RSM Australia Partners

Level 27, 120 Collins Street Melbourne VIC 3000
PO Box 248 Collins Street West VIC 8007

T +61 (0) 3 9286 8000

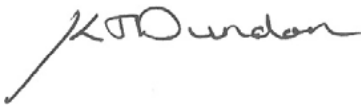
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AUDITOR'S INDEPENDENCE DECLARATION

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 2024, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

**RSM AUSTRALIA PARTNERS**

K J DUNDON
Partner

Dated: 16 May 2025
Melbourne, Victoria

College of Intensive Care Medicine of Australia and New Zealand

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31 December 2024

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General information

The financial statements cover the College of Intensive Care Medicine of Australia and New Zealand as an individual entity. The financial statements are presented in Australian dollars, which is the College of Intensive Care Medicine of Australia and New Zealand's functional and presentation currency.

College of Intensive Care Medicine of Australia and New Zealand is a not-for-profit unlisted public company limited by guarantee, incorporated and domiciled in Australia. Its registered office and principal place of business is:

Unit 201, 2 Porter Street
Prahran VIC 3181
Australia

A description of the nature of the College's operations and its principal activities are included in the directors' report, which is not part of the financial statements.

The financial statements were authorised for issue, in accordance with a resolution of directors, on 16 May 2025. The directors have the power to amend and reissue the financial statements.

**College of Intensive Care Medicine of Australia and New Zealand
Statement of profit or loss and other comprehensive income
For the year ended 31 December 2024**

	Note	2024 \$	2023 \$
Revenue	3	12,473,015	11,318,809
Other income	4	418,560	351,632
Interest revenue calculated using the effective interest method		38,832	18,102
Total revenue		<u>12,930,407</u>	<u>11,688,543</u>
Expenses			
Employee benefits expense	5	(4,071,580)	(3,290,662)
STP expenses		(2,954,359)	(2,685,607)
Travel and conference expenses		(2,562,271)	(2,122,938)
Information technology expenses		(698,212)	(889,692)
Administration and college expenses		(682,357)	(535,039)
Professional services expenses		(337,537)	(557,458)
Specific purpose grant expenses (FATES)		(311,195)	(173,629)
Depreciation and amortisation expense	5	(278,263)	(413,828)
Finance costs	5	(197,771)	(264,637)
Occupancy expenses		(167,605)	(167,958)
Total expenses		<u>(12,261,150)</u>	<u>(11,101,448)</u>
Surplus for the year attributable to the members of College of Intensive Care Medicine of Australia and New Zealand	14	669,257	587,095
Other comprehensive income for the year		-	-
Total comprehensive income for the year attributable to the members of College of Intensive Care Medicine of Australia and New Zealand		<u><u>669,257</u></u>	<u><u>587,095</u></u>

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

College of Intensive Care Medicine of Australia and New Zealand
Statement of financial position
As at 31 December 2024

	Note	2024 \$	2023 \$
Assets			
Current assets			
Cash and cash equivalents	6	5,439,319	3,953,418
Trade and other receivables	7	239,175	234,968
Financial assets	8	3,027,446	2,800,257
Prepayments		358,461	356,672
Total current assets		<u>9,064,401</u>	<u>7,345,315</u>
Non-current assets			
Property, plant and equipment	9	8,700,009	8,980,227
Total non-current assets		<u>8,700,009</u>	<u>8,980,227</u>
Total assets		<u>17,764,410</u>	<u>16,325,542</u>
Liabilities			
Current liabilities			
Trade and other payables	10	311,790	191,676
Contract liabilities	11	3,940,124	2,773,124
Borrowings	12	358,497	309,804
Provisions	13	539,738	709,222
Total current liabilities		<u>5,150,149</u>	<u>3,983,826</u>
Non-current liabilities			
Borrowings	12	215,482	620,445
Provisions	13	59,499	51,248
Total non-current liabilities		<u>274,981</u>	<u>671,693</u>
Total liabilities		<u>5,425,130</u>	<u>4,655,519</u>
Net assets		<u>12,339,280</u>	<u>11,670,023</u>
Equity			
Retained surpluses	14	12,339,280	11,670,023
Total equity		<u>12,339,280</u>	<u>11,670,023</u>

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

College of Intensive Care Medicine of Australia and New Zealand
Statement of changes in equity
For the year ended 31 December 2024

	Retained surpluses \$	Total equity \$
Balance at 1 January 2023	11,082,928	11,082,928
Surplus for the year	587,095	587,095
Other comprehensive income for the year	-	-
Total comprehensive income for the year	<u>587,095</u>	<u>587,095</u>
Balance at 31 December 2023	<u><u>11,670,023</u></u>	<u><u>11,670,023</u></u>
	Retained surpluses \$	Total equity \$
Balance at 1 January 2024	11,670,023	11,670,023
Surplus for the year	669,257	669,257
Other comprehensive income for the year	-	-
Total comprehensive income for the year	<u>669,257</u>	<u>669,257</u>
Balance at 31 December 2024	<u><u>12,339,280</u></u>	<u><u>12,339,280</u></u>

College of Intensive Care Medicine of Australia and New Zealand
Statement of cash flows
For the year ended 31 December 2024

	Note	2024 \$	2023 \$
Cash flows from operating activities			
Receipts from members and government bodies (inclusive of GST)		15,103,988	13,302,145
Payments to suppliers and employees (inclusive of GST)		<u>(13,249,992)</u>	<u>(12,548,720)</u>
Interest received		1,853,996	753,425
Interest and other finance costs paid		39,933	2,401
		<u>(51,759)</u>	<u>(176,507)</u>
Net cash from operating activities		<u>1,842,170</u>	<u>579,319</u>
Cash flows from investing activities			
Payments for property, plant and equipment	9	-	(191,533)
Redemption of investments		-	2,780,000
Net income received from financial assets		-	2,326
Net cash from investing activities		<u>-</u>	<u>2,590,793</u>
Cash flows from financing activities			
Repayment of borrowings		(356,269)	(3,015,936)
Repayment of lease liabilities		-	(89,948)
Net cash used in financing activities		<u>(356,269)</u>	<u>(3,105,884)</u>
Net increase in cash and cash equivalents		1,485,901	64,228
Cash and cash equivalents at the beginning of the financial year		<u>3,953,418</u>	<u>3,889,190</u>
Cash and cash equivalents at the end of the financial year	6	<u><u>5,439,319</u></u>	<u><u>3,953,418</u></u>

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

Note 1. Material accounting policy information

The accounting policies that are material to the College are set out below. The accounting policies adopted are consistent with those of the previous financial year, unless otherwise stated.

New or amended Accounting Standards and Interpretations adopted

The College 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. The adoption of these new or amended Accounting Standards and Interpretations has not had a material impact on these financial statements.

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

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 and associated regulations and the Corporations Act 2001, as appropriate for not-for profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention, except for, where applicable, the revaluation of financial assets and liabilities at fair value through profit or loss, financial assets at fair value through other comprehensive income.

Critical accounting estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the College's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2.

Revenue recognition

The College recognises revenue as follows:

Revenue from contracts with customers

Revenue from contracts with customers includes membership admissions and subscriptions, registration and training fees, and assessment and examination fees. Initial registration and admission fees are recognised as revenue when received. Membership subscriptions, training, and assessment and examination fees are recognised as revenue in the year to which the fees relate.

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

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

Specific purpose grants

Grant revenue is recognised in profit or loss when the College satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before the College 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.

Note 1. Material accounting policy information (continued)

Interest

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.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Income tax

As the College is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

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 College'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 College'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 right at the end of the reporting period to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Cash and cash equivalents

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.

Trade and other receivables

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any allowance for expected credit losses. Trade receivables are generally due for settlement within 30 days.

The College has applied the simplified approach to measuring expected credit losses, which uses a lifetime expected loss allowance. To measure the expected credit losses, trade receivables have been grouped based on days overdue.

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

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 amortised cost

A financial asset is measured at amortised cost only if both of the following conditions are met: (i) it is held within a business model whose objective is to hold assets in order to collect contractual cash flows; and (ii) the contractual terms of the financial asset represent contractual cash flows that are solely payments of principal and interest.

Note 1. Material accounting policy information (continued)

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.

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.

Property, plant and equipment

Property, plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land and capital work-in-progress) over their expected useful lives as follows:

Buildings	2.5%
Plant and articles	3.33% to 20%

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the College. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable, and at each reporting date. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Trade and other payables

These amounts represent liabilities for goods and services provided to the College prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Contract liabilities

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

Borrowings

Loans and borrowings are initially recognised at the fair value of the consideration received, net of transaction costs. They are subsequently measured at amortised cost using the effective interest method.

Finance costs

Finance costs attributable to qualifying assets are capitalised as part of the asset. All other finance costs are expensed in the period in which they are incurred.

Note 1. Material accounting policy information (continued)

Provisions

Provisions are recognised when the College has a present (legal or constructive) obligation as a result of a past event, it is probable the College will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the reporting date, taking into account the risks and uncertainties surrounding the obligation. If the time value of money is material, provisions are discounted using a current pre-tax rate specific to the liability. The increase in the provision resulting from the passage of time is recognised as a finance cost.

Employee benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date 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 reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

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.

Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

Comparatives

Where necessary, comparative information has been reclassified and repositioned for consistency with current year disclosures and presentation.

Note 2. Critical accounting judgements, estimates and assumptions

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.

Allowance for expected credit losses

The allowance for expected credit losses assessment requires a degree of estimation and judgement. It is based on the lifetime expected credit loss, grouped based on days overdue, and makes assumptions to allocate an overall expected credit loss rate for each group. These assumptions include recent experience and historical collection rates.

Estimation of useful lives of assets

The College determines the estimated useful lives and related depreciation charges for its property, plant and equipment. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation 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. For every year by which the useful life of property, plant and equipment is reduced on average, the annual depreciation charge would increase by approximately \$10,000, and vice versa for every year by which the useful life is increased.

Impairment of non-financial assets

The College assesses impairment of non-financial assets at each reporting date by evaluating conditions specific to the College 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. No indicators of impairment have been identified for the year-ended 31 December 2024 and as such, no impairment assessment has been performed.

Employee benefits provision

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account. The discount rates used are sourced from the Group of 100.

Note 3. Revenue

	2024	2023
	\$	\$
Training and assessment fees	5,229,296	4,755,681
Admission and administration fees	3,356,334	3,133,435
STP revenue	2,954,358	2,685,261
ASM income	622,215	595,016
FATES income	310,812	149,416
	<u>12,473,015</u>	<u>11,318,809</u>
Revenue		

College of Intensive Care Medicine of Australia and New Zealand
Notes to the financial statements
31 December 2024

Note 3. Revenue (continued)

Disaggregation of revenue

The disaggregation of revenue from contracts with customers is as follows:

	2024	2023
	\$	\$
<i>Geographical regions</i>		
Australia	11,473,676	10,516,069
New Zealand	881,842	506,870
Rest of the World	117,497	295,870
	<u>12,473,015</u>	<u>11,318,809</u>
<i>Timing of revenue recognition</i>		
Services transferred at a point in time	5,836,487	5,941,917
Services transferred over time	6,636,528	5,376,892
	<u>12,473,015</u>	<u>11,318,809</u>

Note 4. Other income

	2024	2023
	\$	\$
Investment income	228,290	338,640
Other income	190,270	12,992
	<u>418,560</u>	<u>351,632</u>

Note 5. Expenses

	2024	2023
	\$	\$
Surplus includes the following specific expenses:		
<i>Employee benefits expense</i>		
Salaries and wages	3,504,004	2,876,351
Defined contribution superannuation expense	421,873	329,683
Other employee benefits expense	145,703	84,628
	<u>4,071,580</u>	<u>3,290,662</u>
<i>Depreciation and amortisation expense</i>		
Property, plant and equipment	278,263	290,010
Right-of-use asset	-	39,863
Intangibles	-	83,955
	<u>278,263</u>	<u>413,828</u>
<i>Finance costs</i>		
Interest and finance charges paid/payable on borrowings	51,759	176,188
Interest and finance charges paid/payable on lease liabilities	-	319
Other finance charges	146,012	88,130
	<u>197,771</u>	<u>264,637</u>

College of Intensive Care Medicine of Australia and New Zealand
Notes to the financial statements
31 December 2024

Note 6. Cash and cash equivalents

	2024	2023
	\$	\$
<i>Current assets</i>		
Cash at bank	4,439,319	3,953,418
Cash on deposit	1,000,000	-
	<u>5,439,319</u>	<u>3,953,418</u>

The College holds \$3,487,765 (2023: \$3,306,456) in cash at bank which pertains to STP and FATES funding. These accounts are specifically for expenditure and income related to those grants only and are not available for the College's operational requirements.

Note 7. Trade and other receivables

	2024	2023
	\$	\$
<i>Current assets</i>		
Trade receivables	161,754	78,542
Other receivables	59,499	150,085
Less: Allowance for expected credit losses	<u>(106,208)</u>	<u>(189,716)</u>
	115,045	38,911
GST receivable	78,229	130,750
Deposits	<u>45,901</u>	<u>65,307</u>
	<u>239,175</u>	<u>234,968</u>

Note 8. Financial assets

	2024	2023
	\$	\$
<i>Current assets</i>		
Investment in managed funds, at fair value through profit or loss	2,913,777	2,685,487
Term deposits at amortised cost	<u>113,669</u>	<u>114,770</u>
	<u>3,027,446</u>	<u>2,800,257</u>

Credit risk exposure

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in financial loss to the College. The College does not have any significant credit risk exposure. The carrying amount of financial assets recorded in the statement of financial position, net of any allowance for expected credit losses, represents the College's maximum exposure to credit risk.

Interest rate risk

The College 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. The College has a loan arrangement with ANZ relating to the purchase of 101 High Street (note 12). The loan was for the sum of \$4,000,000 with a variable interest rate. The interest rate being charged on the loan at year end was 6.69% (2023: 6.69%) and the closing balance was \$573,979 (2023: \$930,249).

College of Intensive Care Medicine of Australia and New Zealand
Notes to the financial statements
31 December 2024

Note 8. Financial assets (continued)

Liquidity risk

Vigilant liquidity risk management requires the College to maintain sufficient liquid assets (mainly cash and cash equivalents) and available borrowing facilities to be able to pay debts as and when they become due and payable. The College is not subject to any significant liquidity risk. The College manages liquidity risk by maintaining adequate cash reserves and available borrowing facilities by continuously monitoring actual and forecast cash flows and matching the maturity profiles of financial assets and liabilities.

Note 9. Property, plant and equipment

	2024 \$	2023 \$
<i>Non-current assets</i>		
Land and buildings - at cost	8,023,786	7,924,405
Less: Accumulated depreciation	<u>(344,558)</u>	<u>(172,137)</u>
	7,679,228	7,752,268
Plant and articles - at cost	1,228,129	1,228,129
Less: Accumulated depreciation	<u>(211,655)</u>	<u>(105,827)</u>
	1,016,474	1,122,302
Capital work-in-progress - at cost	<u>4,307</u>	<u>105,657</u>
	<u><u>8,700,009</u></u>	<u><u>8,980,227</u></u>

Reconciliations

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

	Land and buildings \$	Plant and articles \$	Capital work- in-progress \$	Total \$
Balance at 1 January 2024	7,752,268	1,122,302	105,657	8,980,227
Write off of assets	-	-	(1,955)	(1,955)
Transfers in/(out)	99,395	-	(99,395)	-
Depreciation expense	<u>(172,435)</u>	<u>(105,828)</u>	<u>-</u>	<u>(278,263)</u>
Balance at 31 December 2024	<u><u>7,679,228</u></u>	<u><u>1,016,474</u></u>	<u><u>4,307</u></u>	<u><u>8,700,009</u></u>

Note 10. Trade and other payables

	2024 \$	2023 \$
<i>Current liabilities</i>		
Trade payables	201,971	98,381
Other creditors and accruals	<u>109,819</u>	<u>93,295</u>
	<u><u>311,790</u></u>	<u><u>191,676</u></u>

College of Intensive Care Medicine of Australia and New Zealand
Notes to the financial statements
31 December 2024

Note 11. Contract liabilities

	2024	2023
	\$	\$
<i>Current liabilities</i>		
Prepaid STP income	2,427,307	2,255,912
Prepaid FATES income	1,151,210	359,655
Course fees paid in advance	229,809	156,266
Other prepaid income	131,798	1,291
	<u>3,940,124</u>	<u>2,773,124</u>

Note 12. Borrowings

	2024	2023
	\$	\$
<i>Current liabilities</i>		
Short-term loan	<u>358,497</u>	<u>309,804</u>
<i>Non-current liabilities</i>		
Long-term loan	<u>215,482</u>	<u>620,445</u>

Note 13. Provisions

	2024	2023
	\$	\$
<i>Current liabilities</i>		
Annual leave	286,534	235,388
Long service leave	253,204	238,834
Provision for New Zealand GST liability ¹	-	235,000
	<u>539,738</u>	<u>709,222</u>
<i>Non-current liabilities</i>		
Long service leave	<u>59,499</u>	<u>51,248</u>

¹In 2023, provision was made to the amount of \$235,000 for the estimated liability associated with historical GST charged on income streams within New Zealand. In 2024, the liability was confirmed to the amount of \$282,000 and was settled during the year.

Note 14. Retained surpluses

	2024	2023
	\$	\$
Retained surpluses at the beginning of the financial year	11,670,023	11,082,928
Surplus for the year	<u>669,257</u>	<u>587,095</u>
Retained surpluses at the end of the financial year	<u>12,339,280</u>	<u>11,670,023</u>

Note 15. Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 16.

College of Intensive Care Medicine of Australia and New Zealand
Notes to the financial statements
31 December 2024

Note 15. Related party transactions (continued)

Transactions with related parties

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.

A total of \$24,600 (2023: \$18,080) was received from key management personnel for fellowship subscriptions during the year.

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

Note 16. Key management personnel disclosures

Compensation

The aggregate compensation made to directors and other members of key management personnel of the College is set out below:

	2024 \$	2023 \$
Aggregate compensation	<u>1,333,436</u>	<u>1,206,416</u>

Note 17. Remuneration of auditors

During the financial year the following fees were paid or payable for services provided by RSM Australia Partners, the auditor of the College:

	2024 \$	2023 \$
<i>Audit services - RSM Australia Partners</i>		
Audit of the financial statements	<u>27,625</u>	<u>19,000</u>
<i>Other services - RSM Australia Partners</i>		
Financial statements preparation	5,100	3,500
Grant acquittal	<u>3,250</u>	<u>3,000</u>
	<u>8,350</u>	<u>6,500</u>
	<u>35,975</u>	<u>25,500</u>

Note 18. Contingent liabilities

The College had no contingent liabilities as at 31 December 2024 and 31 December 2023.

Note 19. Commitments

The College had no commitments for expenditure as at 31 December 2024 and 31 December 2023.

Note 20. Events after the reporting period

No matter or circumstance has arisen since 31 December 2024 that requires adjustment to or separate disclosure in these financial statements.

**College of Intensive Care Medicine of Australia and New Zealand
Directors' declaration
31 December 2024**

In the directors' opinion:

- 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 Commission Act 2012 and associated regulations, the Corporations Regulations 2001 and other mandatory professional reporting requirements;
- the attached financial statements and notes give a true and fair view of the College's financial position as at 31 December 2024 and of its performance for the financial year ended on that date; and
- 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 directors made pursuant to section 295(5)(a) of the Corporations Act 2001.

On behalf of the directors



Peter Kruger
President



Jeremy Cohen
Treasurer

16 May 2025
Melbourne, Victoria

RSM Australia Partners

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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 College"), which comprises the statement of financial position as at 31 December 2024, 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 material accounting policy information, and the directors' declaration.

In our opinion, the financial report of the College has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the College's financial position as at 31 December 2024 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards – *Simplified Disclosures* under AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2022*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the College 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 College's annual report for the year ended 31 December 2024 but does not include the financial report and the auditor's report thereon.

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

Other Information (continued)

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

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

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

The directors of the College are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – *Simplified Disclosures* under AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and the *Australian Charities and Not-for-profits Commission Act 2012*, 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.

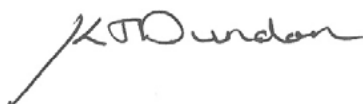
In preparing the financial report, the directors are responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or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

The directors are responsible for overseeing the College's financial reporting process.

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/Home.aspx>. This description forms part of our auditor's report.

**RSM AUSTRALIA PARTNERS****K J DUNDON**

Partner

Dated: 16 May 2025

Melbourne, Victoria

