



COLLEGE OF INTENSIVE CARE MEDICINE
OF AUSTRALIA AND NEW ZEALAND

2025

ANNUAL REPORT





COLLEGE OF INTENSIVE CARE MEDICINE
OF AUSTRALIA AND NEW ZEALAND

2025 Annual Report

The College of Intensive Care Medicine (CICM) acknowledges and pays respect to the Traditional Custodians of the lands across Australia on which our members live and work, and to their Elders, past 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.

CONTENTS

<u>PRESIDENT'S REPORT</u>	<u>4</u>
<u>CEO'S REPORT</u>	<u>6</u>
<u>TREASURER'S REPORT</u>	<u>8</u>
<u>CICM BOARD</u>	<u>11</u>
<u>TRIBUTE PROFESSOR RINALDO BELLOMO AO</u>	<u>12</u>
<u>REACCREDITATION UPDATE</u>	<u>13</u>
<u>COLLEGE COURSES, EVENTS AND THE ANNUAL SCIENTIFIC MEETING WRAP UP</u>	<u>14</u>
<u>ANDREW HILTON BURSARY</u>	<u>16</u>
<u>POLICY AND ADVOCACY</u>	<u>18</u>
<u>INDIGENOUS HEATH</u>	<u>19</u>
<u>RECONCILIATION ACTION PLAN</u>	<u>20</u>
<u>REGIONAL, RURAL AND REMOTE COMMITTEE</u>	<u>21</u>
<u>PROFESSIONAL AFFAIRS COMMITTEE</u>	<u>22</u>
<u>COMMUNITY ADVISORY COMMITTEE (CAC) UPDATE</u>	<u>23</u>
<u>RESEARCH</u>	<u>24</u>
<u>COMMONWEALTH FUNDED PROJECTS AND PROGRAMS</u>	<u>25</u>
<u>ICU CULTURE PROGRAM</u>	<u>27</u>
<u>FELLOWSHIP UPDATE</u>	<u>29</u>
<u>TRAINING UPDATE</u>	<u>31</u>
<u>ASSESSMENTS</u>	<u>34</u>
<u>AOTEAROA NEW ZEALAND NATIONAL COMMITTEE</u>	<u>38</u>
<u>STATE, TERRITORY AND REGIONAL COMMITTEES</u>	<u>39</u>
<u>COLLABORATORS</u>	<u>43</u>
<u>ANNUAL FINANCIAL REPORT</u>	<u>44</u>

2025

PRESIDENT'S REPORT



**A/PROF
PETER KRUGER**
President

This year, the College continued to deliver on its strategic priorities while navigating an increasingly complex healthcare, regulatory and workforce environment. Our focus has remained firmly on supporting high-quality specialist training, strengthening professional standards, and ensuring our profession remains sustainable and responsive to future healthcare needs.

In 2025, across Australia, Aotearoa New Zealand and our wider region, our Fellows, Trainees, Specialist International Medical Graduates (SIMGs), educators, examiners and staff have continued to demonstrate dedication to intensive care medicine and to the patients and communities we serve.

The College's annual accreditation monitoring submission to the Australian Medical Council confirmed that all nine accreditation standards were substantially met, with five accreditation conditions formally closed during the year. This reflects the enormous collective effort of Fellows, Trainees, committees and staff to strengthen governance, education, training and support systems.

The College also continues to improve and update our training program. Initiatives progressed throughout the year included curriculum renewal, examination standard setting, the expansion of Supervisor of Training resources, development of cultural safety frameworks, enhanced engagement with SIMGs, and further refinement of Trainee support pathways. The return to two annual Trainee selection intakes will hopefully

improve accessibility and flexibility within training.

The College continues to advocate strongly on behalf of intensive care medicine through submissions, stakeholder engagement and representation at national forums. At the same time, important work is progressing to develop a rural-based training model.

The College sought feedback on our draft statement – *Key Principles for Coordinated Training* from Fellows, Trainees and external stakeholders. This work is just one part as the College explores the connections between training and workforce to help ensure the provision of quality Intensive Care for the communities we serve. This continues to be a key priority area for the College into 2026.

The completion of the inaugural Leading ICUs for Transformation (LIFT) program represented a significant achievement for the College's Culture Program. Developed in collaboration with the Yale Global Health Leadership Initiative, LIFT brought together multidisciplinary ICU teams from across Australia and Aotearoa New Zealand to tackle complex organisational and cultural challenges. The enthusiasm

and commitment shown by participants reinforced the importance of leadership, collaboration and culture in delivering high-quality intensive care.

Education, professional development and connection across our membership remained central to the College's activities throughout 2025. The Annual Scientific Meeting in Hobart was a highlight, bringing Fellows, Trainees and international speakers together for a thoughtful and engaging program centred on the theme "Out of the Ordinary: Embracing the Unfamiliar." The meeting reflected the collegiality of our profession and provided an important opportunity to connect in person.

The College also continued to deliver a broad range of educational courses, Trainee events, workshops and networking opportunities throughout the year. These programs are only possible because of the generosity of our Fellows and educators who volunteer their time and expertise.

In 2025, we also celebrated the achievements of our newest Fellows and recognised the

outstanding contributions of leaders within our profession. It was a privilege to present the College Medal to Dr Elizabeth (Lisa) Bennett in recognition of her decades of dedication to improving intensive care education and services throughout the Pacific region. Her commitment exemplifies the values of service, leadership and generosity that underpin our specialty.

This year was also marked by profound sadness with the sudden passing of Professor Rinaldo Bellomo. Rinaldo was one of the most influential figures in intensive care medicine and an extraordinary mentor, researcher and clinician to so many. His contribution to our specialty cannot be overstated, and his loss has been deeply felt across both the intensive care community and more broadly. I acknowledge his immense legacy and extend our continued condolences to his family, friends and colleagues.

In 2025, the College worked hard to implement our updated digital system that includes a new CICM Portal, CPD Diary and single sign-on (SSO) to our training and online learning platforms. Implementing new digital systems is always a challenging process that requires significant resources. We acknowledge that we are asking our membership to invest their time in working with and learning a new platform. We understand that this can be particularly frustrating while you also navigate busy clinical roles. The College staff are committed to supporting all members throughout this transition and welcome and encourage your feedback.

As President, I would like to thank my fellow Board members, committee members, Fellows, Trainees, SIMGs and College staff for their commitment, professionalism and support throughout the year. The achievements of 2025 reflect the collective efforts of many people working together for our profession and our patients.

As the College enters 2026, we remain focused on supporting our members, strengthening training, education and standards, and ensuring intensive care medicine continues to evolve to meet the needs of our communities.

This will be my last President's Report as my term ends in mid-2026. It has been an honour and privilege to serve as College President and Chair of the Board. I thank all of you who have taken the time to speak with me, provide feedback and support the work of our College. I want to acknowledge the support and guidance of A/Prof Priya Nair as Vice President and am so pleased she will now lead our College as the incoming President. I know that she, with the College Board and staff and the continued support of so many Fellows and Trainees across our committees, will continue to progress the College forward in the years to come.

CEO'S REPORT



DANIEL ANGELICO
Chief Executive
Officer

2025 Year in Review

It was a year marked by significant organisational growth, strengthened governance, and – most importantly – a continued commitment to improving our support of our Fellows and Trainees.

Strengthening Governance and Board Leadership

The Board played a critical role in guiding the College through a period of change as we made substantial progress in governance maturity, including:

- » The approval and implementation of a Board Charter, updated Governance Statement, and revised Committees Policy
- » The introduction of a confidential complaints mechanism, addressing key AMC governance conditions
- » The successful closure of six AMC conditions critical to strengthening oversight and accountability
- » Endorsement of the Indigenous Health Workforce Strategy, reflecting our commitment to equity, inclusion, and longterm system impact

Importantly, the Board also approved a new Strategic Plan, which will guide the College's priorities, business planning, and budgeting from 2026 onwards. This plan runs from 2026 to 2031 and provides clarity of direction, enhances cross-organisational visibility, and supports collaboration across the entire College.

Digital Transformation and Systems Improvements

Investment in digital capability continued throughout the year. By year end, the College was nearing full launch of a new integrated member database and Trainee portal, a new CPD platform, and a Supervisor Dashboard – which was an important step in improving transparency. In parallel, the implementation of software to significantly strengthen financial governance and controls took place, allowing us to introduce a new finance system, further enhancing our financial maturity and reporting capability.

Alongside these visible initiatives, substantial work was completed to improve data integrity. Whilst less obvious to members, this work was essential to enable better decision-making and continuous improvement. We recognise that change brings challenges and can sometime be disruptive for members. While we didn't always fully deliver on some of our digital initiatives, Fellow and Trainee feedback is valued and actively sought, and we will not waver from engaging with the membership to improve our digital offerings.

Education, Training and Member Engagement

Despite a demanding operating environment, the College delivered strongly on its core educational and training initiatives in 2025, while continuing our engagement with Fellows and Trainees across our community.

The College delivered 10 examinations to more than 400 Trainees during the year, reflecting a record participation and a significant increase in operational complexity. The Annual Scientific Meeting, *Out of the Ordinary: Embracing the Unfamiliar*, was successfully delivered in Hobart, bringing members together for high-quality education, collaboration, and professional connection.

The Leading ICUs for Transformation (LIFT) Program, delivered in partnership with the Yale Global Health Leadership Initiative, launched successfully as part of the College's Culture Program. In parallel, 2025 marked the first year of AHPRA compliance reporting, with the College achieving an exceptional 99% compliance rate, demonstrating the strength of our systems and the dedication of our teams.

A highlight of the year was the opportunity to engage directly with our international community. My visit to Hong Kong, my first return since 2016, provided a valuable opportunity to meet in person with Trainees and Fellows. The visit strengthened relationships and will continue to inform how the College supports Fellows and Trainees across diverse environments.

I reflected on this trip, after listening to recently retired Fellows Charles Gommersall and Gavin Joynt speak about dedicating their professional lives to the intensive care specialty. Their objective was to leave something a little better than you found it. This is a simple, yet profound message.

Throughout the year, the College remained focused on improving the Trainee and Fellow experience during a period of significant change. We strengthened Monitoring and Evaluation, expanded examination resources, improved Supervisor of Training (SoT) support, and continued progress on the curriculum review. We also significantly enhanced the SIMG and Trainee Support experience, including the establishment of a new SIMG Advisory Body, ensuring structured advice and advocacy for this cohort.

Collectively, these initiatives reflect the College's ongoing commitment to delivering high-quality education, supporting Trainees and Fellows through change, and maintaining strong engagement with our community, both locally and internationally.

People, Culture, and Capability

None of this progress would have been possible without our people. In 2025, the College grew its workforce by 20%, enabling us to deliver an expanded and increasingly complex program of work.

We welcomed new colleagues, recognised 8 internal promotions (a new record!), and celebrated long-standing service milestones. Sarah Vella celebrated 15 years with the College, a wonderful achievement. Throughout a period of significant growth and change, our staff consistently demonstrated professionalism, adaptability, and a shared commitment to our College's purpose.

Looking Ahead

We achieved a great deal in 2025, but were there challenges and lessons learned? Absolutely. Is there more to do in 2026? Without question. This is the nature of a growing and maturing organisation.

I would like to extend my sincere thanks to the Board, our members, and every member of College staff for their dedication and contribution throughout the year. It is a privilege to work alongside such a committed group, and I look forward to building on this momentum together in the year ahead.

I would like to formally acknowledge A/Prof. Peter Kruger for his outstanding leadership as President, and for the guidance and support he has provided during 2025. Peter's considered approach, strategic insight, and commitment to effective governance have strengthening the Board's

performance and supported the organisation's priorities over the past year.

In a membership organisation, the Chief Executive has a special responsibility: to serve the Board and to steward the organisation's long-term interests. I am grateful to work with such dedicated Fellows, whose leadership and generous commitment of time enables this work.

TREASURER'S REPORT



A/PROF JEREMY COHEN
Treasurer

This Treasurer's Report covers the period from January to December 2025, as the College's finances operate on a calendar year basis.

As in prior years, there are three key aspects to the College's finances. The first is operating income and expenditure, the second is funds administered on behalf of the Commonwealth Department of Health under the Specialist Training Program (STP) and Flexible Approach to Training in Expanded Settings (FATES), and the third is the College's investment portfolio.

Throughout 2025, the College continued to balance financial sustainability with delivery against its strategic and operational priorities. This was achieved through disciplined budgeting, active monitoring of expenditure, and ensuring that resources were directed toward activities aligned with the College's principal objectives and member outcomes.

Operating income

Total revenue from ordinary activities in 2025, comprising admission, registration, training, assessment and examination fees, increased to \$14.23 million compared to \$12.47 million in 2024. This growth reflects increased training and assessment activity, continued membership growth, and improved revenue capture across a number of College programs.

Specialist Training Program (STP) revenue decreased slightly from \$2.95 million in 2024 to \$2.88 million in 2025, with a corresponding reduction in expenses. Variances between years primarily reflect the timing of payments to hospitals, which determines when related income and expenditure are recognised, rather than changes in the underlying scale of the program.

FATES income continues to be strictly quarantined to approved projects and hospital placements

and is not available to support general College operations. In previous years, these funds were administered in accordance with Commonwealth grant conditions.

Interest and investment income increased modestly during the year, reflecting improved market conditions and portfolio performance.

Operating expenditure

Total operating expenditure increased in 2025, largely reflecting deliberate investment in staff capability and systems required to support the College's expanding operations.

Employee benefits expense increased from \$4.07 million in 2024 to \$4.70 million in 2025, an increase of approximately 15%. During the year, the College approved several new positions to support growth across education, training, policy and systems delivery, resulting in an increase from 36.0 FTE to 43.0 FTE by year end. These

staffing investments were made following forecast modelling and were absorbed without adversely impacting the College's financial position.

Travel and meeting costs were largely unchanged between 2024 and 2025, demonstrating prudent cost control and disciplined fiscal management, particularly where activities were designed to be cost neutral and supported by revenue. These costs include the Annual Scientific Meeting (ASM) and a range of face-to-face activities such as examinations, hospital accreditation visits, Board and Committee meetings, Trainee education and professional development programs. The ASM continues to be funded on a near break-even basis, with some reliance on sponsorship income to keep delegate fees at an accessible level. The 2025 ASM recorded a modest deficit, primarily due to lower delegate attendance compared to the prior year.

In 2025, the College again delivered a broad program of face-to-face educational and governance activities, including Board meetings, examinations, hospital accreditation visits, SoT education days, state-based Trainee days, state-based meetings, and Communication and Management Skills courses. A number of these activities were revenue-generating, with Management and Communication Skills courses generating \$286,954, an increase of approximately 60% on the prior year.

The College also conducted several targeted workshops and focus groups to support ongoing improvements to the training program.

Examinations continue to represent a significant component of travel and meeting costs. In 2025, examination and assessment costs totalled \$1,432,408, a 10% increase on 2024, with corresponding revenue increasing to \$2,309,710, an 8% increase year-on-year. These outcomes remained within the benchmark established in 2024 and reflect continued strong cost management.

Examinations are managed as cost-neutral activities, with fees set to recover all direct and indirect costs, including an allocation of corporate overheads, without generating excessive margins. Consistent with prior years, the operating surplus as a percentage of examination and assessment income remained within the College's benchmark range of 5 – 10%.

Investment in information and financial systems continued to be a deliberate strategic focus during 2025. Expenditure of approximately \$290,000 supported ongoing implementation of iMIS and the transition from MYOB to Business

Central. These investments have materially strengthened data integrity, auditability, scalability and internal controls, positioning the College to support increasing operational complexity, while reducing long-term system and process risk. The relationship with the College's previous IT provider, Elumina, was fully ceased during the year.

Operating result, cash flow and financial position

The net surplus from operating activities for the year ended 31 December 2025 was \$890,259, compared to \$669,257 in 2024. Excluding fair value movements and investment income, the operating surplus amounted to \$614,092, reflecting continued improvement in underlying operating performance.

While the College recorded a strong operating surplus, net cash generated from operating activities was \$82,549 (2024: \$1.84 million). This outcome primarily reflects timing movements in contract liabilities and the recognition of prepaid income and grant funding, rather than any deterioration in underlying financial performance.

Contract liabilities decreased from \$3.94 million at 31 December 2024 to \$2.99 million at 31 December 2025, reflecting the timing of income receipts and delivery of services across training, assessment and grant-funded activities. These balances represent services yet to be delivered and do not present a liquidity or solvency risk to the College.

The College continued to make strong progress in reducing external

borrowings. Total borrowings decreased from \$573,979 at 31 December 2024 to \$190,826 at 31 December 2025, funded through operational surpluses and careful cash management. At the current trajectory, the College remains on track to become debt-free during 2026.

At year end, the College maintained a strong liquidity position, with cash and cash equivalents of \$5.4 million and no reliance on short-term financing facilities. The College is not subject to any material liquidity risk and continues to maintain sufficient reserves to fund ongoing operations, planned system investments and strategic initiatives.

Total net assets increased to \$13.23 million, up from \$12.34 million in the prior year, reflecting the operating surplus and continued balance sheet strengthening.

Governance and financial oversight

The Board continues to actively monitor the College's financial performance and risk profile through the Finance, Audit and Risk Committee, and a structured internal review program.

During 2025, the College enhanced its financial performance metrics, introduced additional working capital and liquidity ratios, and further strengthened its risk governance framework.

While certain balances necessarily rely on management judgement and estimation, these are applied consistently, reviewed regularly and remain within acceptable risk tolerances. No material misstatements were identified during the audit.

Outlook

The College enters 2026 in a strong financial position, supported by improving operating results, reduced debt, strengthened systems and adequate reserves. These factors provide the Board with flexibility to respond to future operational demands, system requirements and strategic opportunities, while maintaining financial stability in an increasingly complex training, regulatory and funding environment.

In early 2026, the College will further transition to a new finance system, Business Central. This system will further strengthen fiscal management, reporting capability, and internal controls, supporting improved review, transparency, and scalability as the organisation continues to grow.

CICM BOARD

The CICM Board and their portfolios

Elected Board Members, Directors

ASSOCIATE PROFESSOR PETER KRUGER FCICM (QLD)

President – President (July 2024 – July 2025, reappointed July 2025)

ASSOCIATE PROFESSOR PRIYA NAIR FCICM (NSW)

Vice President – Vice President (July 2024 – July 2025, reappointed July 2025); Chair, Professional Affairs; Chair, Specialist Training Program.

ASSOCIATE PROFESSOR JEREMY COHEN FCICM (QLD)

Treasurer – Treasurer (July 2024– July 2025, reappointed July 2025); Chair, Assessments Committee

DR ROBERT BEVAN FCICM (NZ) - (RETIRED JULY 2025)

Immediate Past President – CPD Officer; ASM Officer

ASSOCIATE PROFESSOR NEIL ORFORD FCICM (VIC)

Chair, Hospital Accreditation; Chair, Culture Program

PROFESSOR STEVEN MCGLOUGHLIN FCICM (VIC)

Deputy Chair, Hospital Accreditation; Research Officer

DR PENELOPE STEWART FCICM (NT)

Chair, Regional, Rural and Remote Committee; Chair, Indigenous Health Committee

DR MEREDITH ALLEN FCICM (VIC)

Chair, Paediatric Committee

DR NHI NGUYEN FCICM (NSW)

Censor

DR JONATHAN ALBRETT FCICM (NZ) – COMMENCED JULY 2025

Chair, Education Committee (appointed July 2025)

DR SARAH WESLEY FCICM (NSW) – COMMENCED JULY 2025

Director

DR MARTINA ZIB FCICM (NSW) – TERM CONCLUDED JULY 2025

Chair, Education

New Fellow Representative (Elected), Directors

DR CARA MOORE FCICM (VIC) – TERM CONCLUDED JULY 2025

New Fellow Representative, Chair, Trainee Committee

DR DERICK ADIGBLI FCICM (VIC) – COMMENCED JULY 2025

New Fellow Representative, Chair, Trainee Committee

Coopted Member

DR HARSHEL PARIKH FCICM (ACT)

DR MICHAEL FARQUHARSON FCICM (SA)

DR MATTHEW SPOTSWOOD FCICM (TAS)

DR MICHELLE ROSSKING FCICM (WA)

Trainee Representative

DR TESSA KENNEDY (NSW) – INVITED GUEST, POSITION CONCLUDED IN MARCH 2025

DR RACHEL MARTIN (QLD) – INVITED GUEST FROM MARCH 2025



TRIBUTE

PROFESSOR RINALDO BELLOMO AO



**PROFESSOR
RINALDO
BELLOMO AO**

It was with profound sadness that we learned the news of the untimely death of Professor Rinaldo Bellomo in May 2025. He was a giant in every sense, not only within our specialty, but the wider field of medicine, and we were fortunate to have him as one of our Fellows.

Any words to describe Rinaldo and his countless achievements seem inadequate. He was a visionary and prolific researcher and a dedicated clinician. Importantly, Rinaldo was an inspiration with his infectious enthusiasm, and a mentor to so many of us whose careers he has influenced.

He was unfailingly generous with his time and ideas. Rinaldo is missed by all who knew him.

The College is working on an appropriate way to honour Ronaldo's immense contribution to our speciality, and this will be introduced in 2026.

REACCREDITATION UPDATE

The College provided the Australian Medical Council (AMC) with the 2025 annual monitoring submission, reporting on progress towards meeting conditions on accreditation. In 2025, the CICM Trainee Committee also provided a submission to the AMC, commenting on the successes and challenges relating to the training program.

Overall, the College was found to have substantially met all nine standards, and five conditions were determined as completed and closed.

These related to:

- » College governance documents
- » Procedures for review of College structures, functions, and policies
- » Second Part Examination syllabi
- » Complaints pathways
- » Support pathways

In 2025, 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:

- » Development of partnerships with jurisdictions, health-related agencies, other specialist training colleges, and Indigenous organisations
- » Curriculum renewal, including aspects relating to Māori Health and cultural safety
- » Development of tools and resources to support learning and development in cultural safety

- » Examination standard setting
- » Development of a suite of online learning modules for Supervisors of Training
- » Further development of the monitoring and evaluation framework
- » Strategies to support the recruitment and participation of Aboriginal, Torres Strait Islander, Māori and Pacific Islander Trainees
- » Engagement with the Trainee Committee
- » Supervisor of Training feedback processes
- » Engagement with Specialist International Medical Graduates regarding their experiences of the pathway

The College thanks our Fellows, Trainees, SIMGs, and staff for their ongoing and 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).



COLLEGE COURSES, EVENTS AND THE ANNUAL SCIENTIFIC MEETING WRAP UP

The College delivered a broad program of courses, workshops, and education events across Australia and New Zealand, with strong engagement from Fellows and Trainees. Feedback remained consistently positive, particularly regarding course quality, relevance, and the value of face-to-face learning. The Annual Scientific Meeting (ASM) continued to serve as a central component of the College's academic calendar, complemented by leadership, communication, and Trainee-focused activities delivered throughout the year.

ASM Wrap up

The 2025 CICM ASM was held from 28–31 May at the Hotel Grand Chancellor, Nipaluna/Hobart, bringing together the intensive care community for a program centred on the theme “Out of the Ordinary: Embracing the Unfamiliar.” The meeting featured keynote presentations, workshops, and pre-meeting events including the ICU Update, Trainee Symposium, and USIG Symposium.

We would like to specifically thank Co-Conveners, Matt Spotswood and Idunn Morris, who worked tirelessly to develop a comprehensive, yet distinctive program for delegates. Supported by the ASM Organising Committee, they built a conference that received much positive feedback. International speakers Professor Suzanne Crowe, Dr Pratik Sinha and Dr Lenny Derde provided interesting and valuable presentations and were generous with their time and expertise.

The Graduation Ceremony and Dinner is always a highlight of the ASM conference. In 2025, we had the honour of presenting 47 Graduands, and award winners. The College Medal, our highest honour, was presented to Dr Elizabeth (Lisa) Bennett to acknowledge the immense contribution she has made to intensive care medicine.

With close to 400 delegate registrations, 20 exhibitors, the Graduation Dinner,

pre-conference workshops, breakfast/lunchtime sessions, AGM, and many social events, delivering the ASM simply isn't possible without the team's collective generosity with their time. Thank you to everyone who came to Hobart to help – your efforts are truly appreciated.

2025 ASM Organising Committee

Co-Conveners

IDUNN MORRIS

MATTHEW SPOTSWOOD

Committee members

DR KIRAN DEOL

DR ALLAN BESWICK

DR JONATHAN ALBRETT

CHRISTOPHER O'BRIEN

DR YOLANDA COLEMAN

DR TALI GADISH

DR ALYSSIA HALING

DR NATASHA PIANCA

Sponsors and Exhibitors

We had a very busy exhibition area, and would like to thank our sponsors and exhibitors who supported the 2025 CICM ASM. In particular:

CSL BEHRING – GOLD SPONSOR

J&J MEDTECH – SILVER SPONSOR

MASIMO – SILVER SPONSOR

CLAIM LOGIC – COFFEE PARTNER

MINDRAY – USIG DINNER SPONSOR





College Courses and Events

Event Snapshot

- » **Management Skills Courses** ran in Sydney, Melbourne, and virtually, with strong outcomes
- » **Communications Courses** were delivered across Perth, Sydney, Gold Coast, Melbourne, Adelaide, and Cairns, with consistently positive feedback on venue quality and course flow
- » **SoT Workshops** in Hunter Valley and the Gold Coast were well received, with the latter delivered seamlessly despite earlier weather-related rescheduling
- » **Trainee and New Fellow Events** in Newcastle, Noosa, and Queenstown attracted strong engagement, with high interest in Trainee presentation opportunities.
- » **Statebased networking and education events** across SA, NSW, VIC, QLD, WA, and TAS reported excellent attendance and positive participant feedback.

Looking Ahead

The 2025 program reinforced the value of high-quality venues, early communication, and flexible delivery models. In 2026, the College will continue refining venue selection and expanding capacity for high-demand Trainee events. The strong engagement seen throughout 2025 reflects the ongoing commitment of Fellows, Trainees, and educators to advancing intensive care medicine across the region.

COLLEGE MEDAL 2024

ELIZABETH (LISA) BENNETT



At the Graduation Ceremony and Dinner in Hobart, Elizabeth (Lisa) Bennett was presented with the 2024 College Medal by College President Peter

Kruger. The following background information kindly supplied by Dr Ross Freebairn highlights Lisa's commitment to intensive care medicine.

Lisa Bennett is an individual who, through her fortitude and perseverance, has developed a training program for intensive care medicine for the Pacific. For over two decades, Lisa has done this with little reward other than knowing it is a worthy cause. Lisa's ongoing drive, generous nature, and diligence are major factors behind the extensive improvement in Intensive Care practice in the Pacific region.

During her time in Fiji, Lisa has provided supervision and training for the postgraduate Anaesthesia program, allowing the specialist training of anaesthesia practitioners. This program provides the most accessible and complete program for medical practitioners in the South Pacific. The population served by the Fiji National University post-graduate training program is more than three million, which includes Polynesia, Southern Micronesia, Western Melanesia, and Timor-Leste.

In 2003, there was virtually no organised training or accreditation in intensive care, and the service provided was an

under-resourced addition to the already stretched Anaesthesia Service. Not surprisingly, the patient outcomes from Intensive Care were not optimal, and the expectation of death and morbidity was high.

In addition to providing a clinical intensive care service and supervising the anaesthesia postgraduate program, Lisa has advocated for, developed, and is now delivering a postgraduate program based around a Master in Intensive Care Medicine program at the Fiji National University. Lisa has spent countless hours preparing and delivering tutorials, ad-hoc teaching, structured teaching courses, assessments, and examinations.

The twenty years of advocating for the program has already resulted in anaesthesia Master graduates with considerable experience, excellent clinical training and knowledge, and most importantly, enthusiasm for Intensive care practice in all the major hospitals in the South Pacific, including consultants in Suva, Apia, Funafuti, Tarawa, Vanuatu, Tongatapu, Lautoka, Labassa, Rarotonga, Dili and Honiara.

The Intensive Care postgraduate Master's program will further consolidate and advance intensive care practice, which will continue to improve the outcomes of the Pacific peoples.



ANDREW HILTON BURSARY

Andrew Hilton made a lasting and valued contribution to the College in his roles as Supervisor of Training, Board Member, and College Censor. The College established the Andrew Hilton Education Bursary to honour his legacy in education and training. The bursary supports CICM Transition Year (TY) Trainees in their development as clinician educators. It aims to foster professional growth, strengthen educator identity, promote engagement with the wider education community, and support participation in College-led educational initiatives.

The College congratulates Jeremy and Alex on being awarded this bursary, and the College is proud support their continued development as clinician educators.

Andrew Hilton Bursary Reflection

Jeremy Sharman

Receiving the Andrew Hilton Bursary has had a transformative impact on my Transition Year, enabling me to pursue academic, professional, and personal opportunities that have significantly shaped my development and future direction.

A key part of this year has been building on my previously attained Postgraduate Certificate in Medical Education through further study at the University of Western Australia (UWA). With funding from the bursary, I completed four units at UWA, the equivalent of half a full-time student load. These units included Teaching and Learning, Biostatistics, Medical Portfolio, Principles of Assessment and Evaluation, and Introduction to Research in Health Professions Education. Through these modules, I deepened my understanding of how healthcare professionals learn, how education can be effectively assessed, and how research can be used to improve teaching practice. This study has allowed me to extend the strong foundation provided by my postgraduate certificate and continue progressing towards a higher

qualification. I now have one further unit to complete in order to attain my diploma, and I am currently on course for a high distinction.

Another major opportunity made possible by the bursary was attending the AMEE Conference in Barcelona in 2025, including two days focused on the AI symposium. This was especially meaningful because it directly aligned with one of the original aims outlined in my funding proposal: to develop my understanding of how AI large language models could be used as an educational resource, particularly in assessment and exam preparation. In my proposal, I described my intention to explore AI as a tool for generating novel examination questions and mark schemes, and to gain practical skills that could be applied to future educational projects. Attending the symposium allowed me to expand this interest by learning from international experts and engaging with current thinking on the use of artificial intelligence in health professions education. It reinforced the relevance of AI to my long-term goal of combining intensive care medicine with educational innovation.

My role as Transition Fellow at Fiona Stanley Hospital was also a particularly

important part of my development this year. It provided me with the opportunity not only to grow as an educator, but also to develop further as a clinician while integrating into a new department and health system. A major learning from this role was the importance of balancing clinical development with my non-clinical portfolio. One of my key achievements was developing a weekly teaching programme for resident doctors rotating through the ICU, which was subsequently integrated with the programme for the ALERT residents. This programme received very positive feedback and is continuing at Fiona Stanley Hospital. Alongside this, I have continued my involvement as a BASIC instructor.

I have recently started a consultant position at Royal Hobart Hospital. This marks an important step in my career and reflects the professional growth I have experienced during this period. Overall, the Andrew Hilton Bursary has been instrumental in supporting my Transition Year. It has enabled me to advance my studies, gain international exposure, and make meaningful educational contributions in the clinical workplace. I am extremely grateful for the bursary and for the opportunities it has given me.

Andrew Hilton Bursary Reflection

Dr Alex van Rijn

I've recently finished my specialty training in ICU and reflecting on that process has made me quite sentimental. I'm also a relatively new parent and have taken to comparing two different but at times relatable tasks: raising a child, and raising an intensivist. It takes a village. When I reflect on my journey through training, I'm overwhelmed by gratitude towards all those who came to form my 'village'. The process of going from a 'baby ICU doctor'; clumsy, naïve and more of a burden than an asset, to a 'lettered intensivist', is one of steep learning curves. It is a process that relies heavily on people willing to patiently guide a Trainee through a rapidly escalating period of growth. Watching my daughter's own rapid growth in the last two years I see reflections of my own journey. In her early stumbles, afraid to let go of my hands, I can see the junior reg nervous to put in their first CVC alone. Now she stubbornly insists with every task 'I do it', leading to inefficient (yet entertaining) mornings of independence. These mornings are comparable to the process endured by many ICUs while I learned to independently run ward rounds. I'm acutely aware of the kindness, patience and support I've received along the way. There was a lot of hand holding. From the nurses, allied health team, fellow Trainees, patients and countless specialist supervisors. All had a role in making me the doctor I am today. Not to mention the support outside of work given by family and friends.

A common theme emerges:

- » Any journey of growth relies on educators and mentors. Doing it alone is not an option. I never had the pleasure of meeting Andrew Hilton, but I have heard a lot about him. What is clear is that to countless people, Andrew Hilton was just that, an educator and a mentor. Through the Andrew Hilton bursary in 2025, I was able to access a bigger community of educators and expand my village. For that I am incredibly grateful.

My TY in 2025 gave me time to reflect on what kind of doctor I wanted to become over my training years. When I applied for this bursary, it was in the hope that I might be able to better prepare myself to be for others what countless people have been for me. I wanted to build skills to strive to emulate the kind of clinician, teacher and mentor Andrew Hilton was to many people in my own village. This bursary gave me the financial support that allowed me to attend simulation training in Boston through CMS (Centre for Medical Simulation). Whilst this course fine-tuned skills in simulation development and delivery as an education tool, I found the emphasis on debrief and feedback communication to be invaluable. These are skills and tools I reflect on almost every day, and I'm so appreciative to be able to attend such focused and high-quality teaching. The biggest tip I've taken from this course came from Jenny Rudolph who relentlessly encouraged us always to 'fine the frame'. Every person and every communication comes with context. This context frames both the communication we deliver

and the way we receive and integrate information. Applying this mantra of 'find the frame' to all my interactions has been transformative. Whether it's teaching a new skill to a junior or navigating complex dynamics between senior clinicians, I'm sure I am a better communicator and colleague with this training.

Prior to my transition year I'd taken time off for parental leave and had returned to work part-time. This came with significant financial implications. Without the assistance of the Andrew Hilton Bursary, I would not have had the opportunity to attend this training in Boston and I can't express how impactful this assistance has been. The opportunity to attend such a focused and comprehensive training environment during a dynamic part of my career was invaluable. I had the opportunity to learn from experts in the field but then come back to work and put these principles into practice, both on the floor and in my teaching and simulation portfolios. I'm humbled by this opportunity and look forward to seeing the ways this bursary will go on to help shape many more clinicians in the years ahead. I'm grateful for my village and the opportunity to expand it and I'm more motivated than ever to keep developing so I can be a trusted villager to my colleagues.

POLICY AND ADVOCACY

Internal Policy

CICM continues to enhance its range of resources and policies available to Members.

In 2025, CICM launched a range of new professional documents and corporate policies, including:

- » IC-11 Public Statements
- » CP-01 CICM Board Charter
- » CP-02 Governance Statement
- » CP-03 Committees Policy

CICM also reviewed and updated a range of other key professional documents, including:

- » IC-18 Policy for Compliance with Continuing Professional Development Program
- » IC-10 Guidelines to Transport Critically Ill Patients
- » IC-15 Guidelines on Practice Re-Entry, Re-Training and Remediation for Intensive Care Specialists

Submissions

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. In 2025, the College made a total of 17 submissions on a range of issues and reforms impacting the profession, including some confidential submissions.

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

- » Australian Commission for Safety and Quality in Health Care – Documenting oxygen prescribing for safety

- » Australian Commission for Safety and Quality in Health Care - National consensus statement: Essential elements for safe and high-quality paediatric end-of-life care
- » Australian Commission for Safety and Quality in Health Care - Revision of the Australian Open disclosure framework
- » Australian Medical Council - Review of the Standards for Specialist Medical Programs: Consultation on scope and direction for change
- » Australian Medical Council – Framework for managing concerns and complaints about accredited training sites
- » Australasian Health Facility Guidelines - Health Planning Unit (HPU) 360 ICU review
- » Justice Select Committee - Principles of the Treaty of Waitangi Bill
- » Medical Council of New Zealand - Development of a new collegial peer support and supervision framework for International Medical Graduates
- » National Health Practitioner Ombudsman – Measuring Supervision
- » National Health Practitioner Ombudsman – Preliminary findings and recommendations in Part 2 of the Processes for Progress Review
- » National Health Practitioner Ombudsman – Draft entity-specific findings and recommendations regarding specialist medical colleges processes for the assessment of SIMGs
- » National Health Practitioner Ombudsman – Funding model
- » New Zealand Royal Commission of Inquiry into COVID-19 Lessons Learned - (Phase 2)
- » New Zealand Parliament Health Committee - Healthy Futures Pae Ora Amendment Bill
- » New Zealand Ministry of Health: Putting Patients First: Modernising Health Workforce Regulation
- » Paramedicine Board of Australia - Proposal to regulate Advanced Practice Paramedics
- » Royal Australian College of Surgeons – Draft model resource criteria for trauma services

Representatives

The College continued to represent the intensive care profession at a range of conferences, forums and summits throughout the year. In 2025, the College supported 24 Fellows to represent CICM, ensuring the voice of the specialist intensivist is represented in discussions with governments and key stakeholders.

Complaints

Following the launch of the College's Complaints Policy and Process in 2024, the College published its first complaints summary which can be found [here](#). This summary is an analysis of complaints received throughout 2025 and provides a high-level overview of complaints received including examples of CICM responses and interventions. The College plans to publish an annual complaints summary at the end of every year.

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.

In 2025, the Indigenous Health Committee (IHC) continued to provide strategic leadership to strengthen the College's commitment to Aboriginal and Torres Strait Islander, Māori and Pacific health. The Committee's work focused on workforce growth, culturally safe training, meaningful partnerships, and meeting accreditation requirements across Australia and Aotearoa New Zealand.

A major priority during the year was progressing and finalising the *Plan to Grow the Indigenous Intensivist Workforce*, which was formally endorsed by the Committee and approved by the Board. The plan aims to improve recruitment, retention and support of Indigenous Trainees and Fellows, recognising workforce growth as a critical lever to improve health outcomes.

The IHC also monitored and supported positive trends in Trainee intake. By November 2025, the College had seen increases in Aboriginal, Torres Strait Islander, Māori and Pacific Trainees, including the first Torres Strait Islander doctor to commence training in intensive care.

Strengthening cultural safety and Trainee experience remained central to the Committee's work. Members provided advice on embedding cultural safety, critical self-reflection and evaluation into the curriculum, and supported the development of monitoring and evaluation frameworks to assess effectiveness.

The College maintained active partnerships with key organisations, including the Australian Indigenous Doctors' Association (AIDA) and Te ORA (Te Ohu Rata o Aotearoa), participating in both annual conferences.

Engagement in these forums supports shared learning, strengthens relationships, and contributes to national discussions on Indigenous health and workforce development.

The College is also a member of AIDA's Specialist Trainee Support Program (STSP) which works collaboratively with AIDA and other specialist medical colleges to share approaches, strengthen alignment, and progress collective action in Indigenous health and cultural safety.

Overall, the IHC's work in 2025 strengthened the College's foundations for culturally safe training and practice, supported accreditation requirements, and advanced longterm efforts to grow and sustain an Indigenous intensive care workforce.

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.

A large, stylized white number '2025' is positioned vertically on the right side of the page. The background behind the number is a light blue gradient that transitions into a dark blue geometric pattern at the bottom right corner of the page.

RECONCILIATION ACTION PLAN

The College finalised its Reflect Reconciliation Action Plan (RAP) which focused on building organisational capability, strengthening relationships, and embedding culturally respectful practices across its work. This included supporting staff engagement and awareness through national initiatives such as National Reconciliation Week, NAIDOC Week, and activities aligned with Closing the Gap priorities.



REGIONAL, RURAL AND REMOTE COMMITTEE

The College remains committed to supporting intensive care training and service delivery in regional, rural and remote communities, recognising the importance of context specific, culturally responsive models of care.

The Regional, Rural and Remote (RRR) Committee continued to advance the College's rural priorities in 2025, with a strong focus on equitable training pathways, robust accreditation decisions and strengthening the rural workforce.

Throughout the year, the Committee provided advice on Rural Term accreditation and related policy issues, ensuring decisions were transparent, evidence-based and aligned with CICM policy.

This included consideration of multiple accreditation requests across Australia and Aotearoa New Zealand, recognition of rural training undertaken in selected unaccredited ICUs, and ongoing work to clarify definitions of rural origin, experience and selection.

The Committee also discussed strategic initiatives to strengthen rural training pathways, including encouraging networked arrangements between metropolitan and rural ICUs, and supporting greater flexibility for Trainees to complete more of their training in rural settings.

In late 2025, the RRR Committee discussed the establishment of a dedicated rural research platform to help address barriers to Trainee research and enhance supervision capacity, while exploring grant funding opportunities and partnerships with key stakeholders.

Overall, the RRR Committee's work in 2025 strengthened rural training, research and policy foundations, supporting a sustainable rural intensive care workforce and improved outcomes for rural communities. The College thanks the Regional, Rural and Remote Committee, particularly Chair Dr Penny Stewart, for supporting the College's work in this important space.

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.

In 2025, the Committee updated its Terms of Reference to provide strategic oversight of the Annual Scientific Meeting, oversight of the College's Culture Program, and to provide advice and guidance as the College embarks on its workforce strategy. In addition, the Committee continues to oversee vital areas such as the College's CPD Program, the College Medal nomination process, Special Interest Groups, 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 this Committee.

2025

COMMUNITY ADVISORY COMMITTEE (CAC) UPDATE

The Community Advisory Committee (CAC) continued to strengthen the College's engagement with community perspectives in 2025, providing valuable insight to inform policy, strategy and decision-making across the College's work.

Throughout the year, the CAC provided a forum for meaningful dialogue between community representatives and College leadership. Members heard directly from the College President and Vice President on key issues facing intensive care medicine, including workforce sustainability, training pathways, strategic planning and the evolving healthcare environment. These discussions supported early and constructive community input into major initiatives, including the refreshed CICM Strategic Plan.

Strengthening the visibility and effectiveness of community representatives remained a priority. Work progressed on developing guidelines for engaging community members, improving role clarity, and implementing a communication plan to better integrate community expertise across College activities.

Overall, the Community Advisory Committee's work in 2025 enhanced the College's connection to community perspectives, strengthened governance and strategic planning, and reinforced the importance of meaningful community engagement in shaping the future of intensive care medicine.

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

RESEARCH

CRITICAL CARE AND RESUSCITATION JOURNAL (CCRJ)

Critical Care and Resuscitation Journal (CCRJ) is the journal of choice for ANZ researchers in intensive care and, increasingly, international researchers.

CCRJ 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.

CC&R has become a highly impactful journal. Many of our highest impact papers are those that outline the protocols and analysis plans for pivotal trials that originate in our region. 2025 was a difficult year for the journal, with the untimely death of Editor-in-Chief Professor Rinaldo Bellomo. After acting in the position, and a thorough recruitment process, the College was pleased to announce Professor Paul Young and Assoc Professor Ary Serpa Neto as the Co-Editors-in-Chief for CCRJ.

Paul and Ary have commenced a review of the governance processes for the journal and will look to implement an updated Terms of Reference for the Editorial Board in 2026. The College would like to thank Paul and Ary, the Editorial Board, and Associate Editors for their support and commitment to the journal through this difficult transition phase.

Intensive Care Foundation

In 2025, an Executive Support and Fundraising Officer position was introduced as a new and unique dual role working across both the College (Policy and Strategy Team) and the Intensive Care Foundation (ICF). This position strengthens the connection between our two organisations and ensures the Foundation has a dedicated presence within the College community. This role also reflects our commitment to fostering closer collaboration, enhancing communication, and supporting Foundation initiatives.

COMMONWEALTH FUNDED PROJECTS AND PROGRAMS

Specialist Training Program (STP)

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

The Department of Health, Disability and Ageing's (DoHDA) [Specialist Training Program \(STP\)](#) aims to strengthen the specialist workforce by supporting high-quality training positions across a range of settings. This approach broadens Trainee's experiences and encourages an increase in the number of specialists working in regional, rural and remote areas, as well as in private settings. The program provides partial funding for Trainee annual salaries, along with an additional Rural Support Loading (RSL) for training positions in regional, rural and remote locations, and a Private Infrastructure and Clinical Supervision (PICS) allowance for training positions in private settings.

The College has administered 18FTE training positions under the DoHDA's STP program. In addition, the College supported a further 4.75FTE STP Placements and Support positions in 2025, bringing the total to 22.75 training positions. These additional positions were funded using unspent funds available up to June 2024.

The breakdown of the College's performance targets for 2025 is as follows:

STP Placements and Salary Support	19.75 FTE
Rural Support Loading (RSL)	11.75 FTE
Private Infrastructure Clinical Supervision (PICS)	8 FTE
Integrated Rural Training Pipeline-STP (IRTP-STP)	3 FTE

The College was also engaged in the delivery of the following educational support projects in 2025:

1. ECHO training for STP funding training posts located in the regional, rural and remote training settings
2. BASIC Clinical Research Course (BCRC), held in Melbourne on August 28 and 29, 2025
3. Essentials in Paediatric Intensive Care Course (EPIC), held in Adelaide in September 18 and 19, 2025
4. Basic Paediatric Crit Care Echo and Lung Ultrasound Course (BPEC), held in Adelaide in October 24 and 25, 2025
5. Supervisor of Training (SOT) Online Resources Module – an online learning module developed to support onboarding of SOTs.

The total STP funding received during the 2025 calendar year was \$2,811,974.28 + GST, which includes the funding for project administration. The Tasmanian Project posts were vacant in 2025 and therefore, the funds allocated to these posts were not received in 2025.

The STP program was evaluated in 2024, with the evaluation report released to the Colleges in July 2025. The evaluation found that the program required redesign to improve its focus and responsiveness in line with National Medical Workforce Strategy (NMWS) priority areas, including better targeting of funding to regions and specialities experiencing workforce shortages.

The DoHDA advised that the program would undergo a period of redesign and reform and engaged KPMG to assist with this process. The DoHDA are expected to

announce the outcome of the redesign process in 2026. In the interim, the DoHDA extended the existing STP grant agreement for a further 12-month period to cover the 2026/27 clinical year.

The College would like to thank the STP Committee, in particular Committee Chair for their contribution to the administration of the program.

FLEXIBLE APPROACH TO TRAINING IN EXPANDED SETTINGS (FATES) GRANT FUNDING

The College continues to progress its work under the Commonwealth Department of Health, Disability and Ageing's (DoHDA) Flexible Approach to Training in Expanded Settings (FATES) program, supporting initiatives that improve equity in access to intensive care training and patient outcomes.

FATES Round 2 – Rural Trainee Mentoring Project (RTMP)

The 2025 calendar year marked the conclusion of the CICM Rural Trainee Mentoring Program (RTMP) pilot, delivered under FATES Round 2. Building on the strong progress achieved in 2024, the program moved into its evaluation phase, with a focus on assessing overall impact and future sustainability.

Mentoring partnerships remained well established throughout the pilot, supported by structured onboarding, regular engagement, and access to the Online Mentoring Hub and educational resources. Evaluation findings from mid-point and end-point surveys, alongside qualitative interviews, demonstrated consistently positive experiences across both mentors and mentees. Participants

highlighted the value of independent, external support, particularly in rural settings, with the cross-jurisdictional nature of the program continuing to be a key strength.

Educational workshops, delivered in both in-person and virtual formats, continued to receive strong feedback, with a clear preference for a hybrid model moving forward.

Formal evaluation of the pilot confirmed strong alignment with FATES objectives, particularly in supporting rural Trainees. While satisfaction levels were high, findings also identified opportunities to strengthen program structure, including clearer goal setting and support for ongoing engagement beyond the formal program period.

The pilot has also demonstrated strong feasibility for continuation beyond FATES funding. Core components of the program, including the mentoring framework, Online Mentoring Hub, and educational resources are now established within College operations, enabling ongoing delivery with minimal additional resource.

Looking ahead, the College will continue the mentoring program as part of its broader training and member support initiatives. The next phase will be to focus on refining key elements of the program and expanding eligibility to include Trainees undertaking rural placements in New Zealand.

Overall, the RTMP pilot has delivered positive outcomes and established a strong foundation for a sustainable and scalable mentoring program moving forward, positioning CICM to continue strengthening Trainee support and

workforce development in rural and remote settings.

The College thanks Dr Kiran Deol, RTMP Clinical Lead for her dedication and commitment to this successful project.

FATES Round 3 – Improving Health Outcomes for First Nations Peoples Through Intensive Care Training for Aboriginal and Torres Strait Islander Health Practitioners

In 2025, the College progressed planning and early implementation activities for FATES Round 3 project “*Improving Health Outcomes for First Nations Peoples Through Intensive Care Training for Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs)*”. This project represents a significant opportunity to strengthen culturally safe, team-based care within intensive care units.

The project is being delivered in partnership with the Thurru Indigenous Health Unit at the University of Newcastle, with Alice Springs Hospital as the pilot site. Initial work has focused on governance, stakeholder engagement and early curriculum design, ensuring the program is informed by First Nations leadership and local context.

This initiative aims to strengthen the integration of ATSIHPs within ICU teams, support culturally safe care for First Nations patients and families and provide inter-professional learning opportunities for intensive care trainees and Fellows. It also contributes to broader efforts addressing workforce maldistribution in regional, rural and remote areas.



ICU CULTURE PROGRAM

The College continued to prioritise the College's Culture Program in 2025. This was highlighted with the Board passing the Terms of Reference to establish a Culture Program committee, formally embedding this innovative program into our College's governance structure. The College looks forward to reporting on progress of the committee's work.



Leadings ICUs for Transformation (LIFT) update

The major achievement for the CICM Culture Program in 2025 was the completion of the Leading ICUs for Transformation (LIFT) program in July.

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.

Over 10-months we have worked together to deliver the program to:

- » 5 multidisciplinary teams from hospitals in Australia and Aotearoa
- » 25 delegates
- » 100 coalition members within the teams' units.

That included:

- » 2 residential 5-day programs
- » 12 virtual coaching team sessions
- » 2 webinars

- » Countless conversations and collaborations built
- » Adaptive challenges defined, analysed, stakeholders mapped and engaged, strategies identified, and implementation underway.

The need for LIFT

High value care in intensive care medicine requires positive organisational culture and effective coalition-based leadership. Substantial evidence demonstrates fostering effective hospital organisational culture improves workforce engagement, operational efficiency, and clinical outcomes.

This is especially important in intensive care (ICU) environments which are;

- » Physically separate
- » Multidisciplinary and team-based
- » Caring for vulnerable patients and relatives
- » Associated with high moral burden for staff.

The LIFT Intervention

Leading ICUs for Transformation (LIFT) is a team-based leadership development program to strengthen the capacity of ICU teams to solve complex clinic and operational challenges through changes in organisational culture.

LIFT is an evidence-based, practical intervention that integrates robust leadership training with project-based

learning to drive organisational change.

Delegates who complete this program are equipped with the skills and knowledge needed to become effective contributors to transformational change, build relationships across organisational boundaries as they learn to work and think from different perspectives, and demonstrate their leadership by addressing a complex challenge in their home ICUs for meaningful impact.

Specifically, delegate teams identify a clinical or operational challenge that is complex, has proven difficult to change, and is hypothesised to be influenced by aspects of organisational culture (an 'adaptive challenge'). They explore the root causes of the challenge (including aspects of culture), intervene on those root causes and systematically measure progress toward a defined goal.

Fully engaged delegates receive a certificate of completion from the Yale Global Health Leadership Initiative. The College congratulates the first cohort of LIFT participants for completing the program and looks forward to the delivering this program to the next cohort of teams.

The College would like to thank Culture Program Lead, Neil Orford, for his leadership, time and dedication to progressing this program, the Yale GLHI faculty Erika Linnander, Leslie Currie and Lynka Ineza, for their expertise in leading the teams through this program and creating a space for all delegates to learn

together. Most importantly, we thank the teams who have been courageous and curious in their approach to this program.

LIFT Program Sites



Plans for 2027

ICU Culture Model: Review, revise, finalise and submit for publication the CICM theoretical and operational culture model based on work completed between 2020-2025.

Build Evidence:

- » Complete the CICM HAC – ANZICS CORE-CCR database linkage project

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.

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



FELLOWSHIP UPDATE

2025 Fellow numbers at a glance

In 2025, the College supported 1,440 active Fellows including:

- » 1,344 General Intensive Care Fellows
- » 96 Paediatric Intensive Care Fellows
- » 1,040 male Fellows
- » 398 female Fellows
- » 2 Fellows where gender is not declared
- » 1,191 Fellows practicing in Australia
- » 126 Fellows practicing in Aotearoa
- » 123 Fellows practicing in other parts of the world

Active Fellows 2021 - 2025

Year	Total
2021	1,172
2022	1,236
2023	1,308
2024	1,372
2025	1,440

Comparison of Female and Male Fellows by Percentage from 2021 - 2025

Year	Female Fellows %	Male Fellows %	Not declared
2021	25.1	74.8	0.1
2022	26.0	73.9	0.1
2023	26.4	73.4	0.2
2024	26.7	73.0	0.3
2025	27.6	72.2	0.2

Continuing Professional Development update

In 2025, the College continued to strengthen its Continuing Professional Development (CPD) framework, with a focus on system enhancement, regulatory compliance, and ongoing support for our 1,082 CPD Participants.

A key initiative during the year was the engagement of a new CPD platform provider, undertaken as part of the College's broader IT systems improvement. Following comprehensive testing, successful data migration and a staged implementation, the platform will go live in early 2026. The College will support CPD participants as they transition to the new platform.

As part of the College's regulatory obligations, the 2024 CPD audit was conducted in 2025. In accordance with requirements, 5% of the CPD cohort from 2024 was randomly selected for audit. A total of 77 members participated, and all audited Fellows successfully met their CPD requirements by the conclusion of the process.

The College submitted its 2024 CPD compliance report to the Australian Health Practitioner Regulation Agency (AHPRA) in mid-2025. This marked the first formal compliance submission under the revised CPD registration standard. Compliance reporting to the Medical Council of New Zealand (MCNZ) continues on an as-needed basis. The College was pleased to report a Fellowship compliance rate of 98% for the 2024 CPD cycle.

Following the introduction of Airway Management as a Specialist High-Level Requirement (SHLR), the College

formally approved 24 activities aligned to this requirement. The inaugural triennium for this requirement commenced on 1 January 2025, and will conclude on 31 December 2027.

In mid-2025, the College completed its third monitoring submission as part of accreditation as a CPD Home (Australia) and Recertification Provider (Aotearoa New Zealand). This ongoing monitoring process supports continuous improvement and ensures that the College's CPD systems and processes remain aligned with Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ) requirements and are responsive to the needs of CPD participants. The College acknowledges the significant contribution of Rob Bevan and Meredith Allen, CPD Officers, and Chair of the CPD Committee, and thanks them for their commitment and support throughout 2025.

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 2025, the approved SIGs are:

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

2025 New Fellows

We congratulate the following people on achieving their FCICM in 2025

Alexander Dorian Thom

Alexander James Telfer Wood

Alice Sarah Magniac

Amelia Elizabeth Street

Anumeha Verma

Benjamin Alastair Cole

Benjamin Charles Ryan

Charlotte Brace

Christopher Hands

Christopher Smart

Cyveen Weeraratna

Damian Bruce-Hickman

David Patrick Ross

Eamonn Deverall

Emma Louise Barnes

Fiona Kilpatrick

Fritz-Patrick Jahns

Fumitaka Yanase

Girish Kumar

Goran Mitric

Haitham Mohammed Jassim

Hannah Smeele

Hoi Ki Katy Li

Humphrey Walker

Ivor Popovich

James Hoon Bui Then

James Peter Basha

Jarrold Rawson

Jessica Dean

Jessica Margaret Symons

Jessica Sommer

Jitain Kumar Sivarajah

John Arnold Brennan

Joseph Rea

Joyce Wing Yin Ng

Kari Pratusha Babu

Karthik Venkatesh

Kate Wagner

Kathleen Anne Strudwick Thomas

Kaushik Nilakant

Kelly Eitzen

Kiran Kumar Gudivada

Kirstin Coggins

Kogulan Sriranjani

Laura Jayne Chudleigh

Lee Yen Ching

Lewis Mullens

Logan Marriott

Luke Sze yun Lau

Mairi Helen Northcott

Melanie Rothenbuhler Hau

Michelle Kate Robinson

Mohamed Elsayed

Mohamed Mohideen Nathar Bava

Mohammad Abu Yosef

Muhammad Habibullah Rana

Natasha Mansell

Natasha Margaret Pianca

Nicholas Gerald Wilson

Nicholas Roy Anthony Young

Nihal Kumta

Nithin Abraham Raju

Paul Timothy Haywood

Pei Ling Ng

Phoebe Lepper

Rami Sabouneh

Rashmi Mohan

Rishi Kumar Sarangi

Robert David Nicholson

Ruth Sinclair Paterson

Sabine Pecher

Sarah Crosby

Sean Reilly Blackall

Shreepad Honnappa Asundi

Simon Chun Kit Wong

Simon Jackson

Simon Robert Baylis

Simon Tan

Stephanie Cherie Frances Bromage

Sunil John

Tal Taraboulos Klein

Tessa Katherine Kennedy

Trixy Ng

Umi Kalsum Qamruddin

Victor Yong Yan Liew

Wafira Yusof Wilson

William James Peter Body

Yaodong Tang

Yuxiaoyan Zoe Guo

TRAINING UPDATE

Censor Committee

The CICM Censor's Committee plays a central role in safeguarding the integrity and quality of the College's training program. Its responsibilities encompass Trainee selection, approval of training, recognition of prior learning, and oversight of Trainee support processes, ensuring that decisions are equitable, transparent, and consistent with College regulations. The Committee also oversees Specialist International Medical Graduate (SIMG) assessments, considering recommendations from the SIMG Committee and advising the Board on progression, outcomes, and eligibility for Fellowship.

In 2025, the introduction of two annual selection intakes marked a significant evolution in Trainee recruitment, alongside ongoing refinement of processes to support Trainees experiencing difficulty with progression. The Committee also successfully supported and transitioned all remaining Trainees from the pre-2014 training program into the current curriculum. The College extends its sincere thanks to Censor Dr Nhi Nguyen for her leadership and commitment, and to all members of the Censor's Committee for their substantial contributions to these important processes.

2025 Censor Committee Stats

125 requests for Censor or Censor Committee review
 18 requests for review of Transition Year roles
 (Aus) 25 SIMG applications assessed
 (NZ) RGR6 Paper-based assessments conducted: 1
 (NZ) RGR7 Interview-based assessments conducted: 8

Trainee selection 2025

Country/State	Successful Applicants 2025	Male	Female
Total	200	110	90
Australia	152	86	66
New Zealand	41	22	19
Hong Kong	5	1	4
Singapore	2	1	1
ACT	4	4	0
NSW	44	20	24
NT	6	6	0
QLD	27	17	10
SA	9	7	2
TAS	2	0	2
VIC	37	19	18
WA	23	13	10
General	195	107	88
Paediatrics	5	3	2
First Nations*	10	5	5

*First Nations applicants are included within the totals above

Hospital Accreditation

The Hospital Accreditation Committee (HAC) manages the accreditation processes for intensive care units, supporting their approval and ongoing recognition to deliver the College of Intensive Care Medicine training program.

A total of 31 accreditation visits were conducted across Australia and Aotearoa New Zealand in 2025. Additionally, four new anaesthetic sites were assessed for accreditation to deliver anaesthesia training to CICM Trainees.

Breakdown by jurisdiction (ICU):

ACT – 2 QLD – 7 WA – 3
 NSW – 8 VIC – 8 NZ – 3

Breakdown by jurisdiction (Anaes)

NSW – 1 VIC – 2 WA – 1

Overall, a total of 165 intensive care training sites were accredited across Australia, Aotearoa New Zealand, Hong Kong, Singapore, and other jurisdictions. An additional 13 sites are accredited for anaesthetic training.

The Committee continued to oversee implementation of the National Health Practitioner Ombudsman (NHPO) report, with the College progressing towards the Model Standards go-live in March 2027. As part of this work, the College published its inaugural Accreditation Handbook, outlining accreditation processes and procedures for sites accredited under the CICM Accreditation Standards.

The Committee welcomed Dr Sarah Wesley as the Co-Deputy Chair, and the Committee Terms of Reference

were updated in 2025. Expressions of interest were received for an expanded Committee, with the revised membership to convene in 2026.

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

Trainee Committee

The CICM Trainee Committee provides formal representation of Trainees within the College, ensuring Trainee perspectives inform governance, policy, training, and assessment decisions. The Committee advocates for high-quality, equitable training, contributing to the continuous improvement of CICM programs and assessments, and supports Trainee wellbeing, engagement, and professional development.

In 2025, the Committee marked several significant leadership transitions. Dr Cara Moore concluded her tenure as New Fellows Representative and Chair of the Trainee Committee, delivering her final Trainee Symposium as Chair before handing over to Dr Derick Adigbli, who commenced in the role in July 2025. The College extends its sincere thanks to Cara for her outstanding leadership and dedication to the Trainee community over the past three years.

The Committee also farewelled outgoing Trainee Board representative Dr Tessa Kennedy, who passed the role to Dr Rachel Martin. Tessa made a valuable contribution as a representative for Paediatric Trainees and provided important Trainee perspectives at the Board level. The College thanks her for her commitment and service.

Key achievements of the Trainee Committee in 2025 included the successful delivery of the Trainee Symposium ahead of the Annual Scientific Meeting in Hobart, completion of a Trainee submission to the Australian Medical Council as part of CICM's annual monitoring process, advocacy on workforce and selection matters, and the Committee's second annual inperson meeting.

The College thanks all Trainee Representatives for their time, enthusiasm, and commitment, which continue to make a meaningful contribution to the work of the College and the Trainee community.

Supervisors of Training (SoT) Update

The College thanks all Supervisors of Training who fulfil a vital role in intensive care education and training by guiding and supporting Trainees and Specialist International Medical Graduates (SIMG) in their journey towards Fellowship. We also extend sincere appreciation to Dr Manisa Ghani and Dr Deirdre Murphy for their ongoing leadership with regard to SoT professional development and training.

SoT online modules

Lead by Dr Manisa Ghani, and with contributions from CICM Fellows, Trainees, and staff, CICM produced a series of online learning modules for Supervisors of Training. These learning modules address the topics of:

- » Supervision Fundamentals
- » Training Program Fundamentals
- » CICM Assessments
- » Feedback
- » Enabling progress.

These modules provide a foundation for learning in the SoT Essentials workshops and are available to all SoTs via the College's online learning portal.

SoT Essentials workshops

In 2025, the essential SoT Essentials workshops were held in June in the Hunter Valley, and October on the Gold Coast. These workshops are an opportunity for SoTs to step out of their clinical practice for two days of learning, sharing experiences and advice, and networking. The workshops engage SoT's in the topics of:

- » Starting with the end goal in mind
- » CICM training
- » SoT capabilities
- » Setting learners up for success
- » Feedback
- » Psychological and cultural safety
- » Learners needing additional support.

Community of Practice for Supervisors of Training and Educators

The Community of Practice aims to provide opportunities for collaboration, sharing best practices, and continuing professional development. Two focused online sessions were held in 2025:

- » How to help Trainees prepare for any exam
- » Coaching for impact.

These sessions are open to anyone with an interest in education, and will continue to be run in future.

The standardised supervisor training systems and resource development

In 2025, the College continued engagement in a multi-College consortium to develop a standardised supervisor training framework. This initiative is a FATES-funded project, supported by the Australian Government. This consortium is producing resources for Colleges and supervisors, and includes a medical supervisor curriculum, supervisor appointment and feedback resources, and online learning modules.

SoT statistics 2025

New Supervisors of Training in 2025 : 35

Total Supervisors of Training in 2025 :371

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	The following members joined the Assessments Committee: A/PROF PAUL SECOMBE, FORMAL PROJECT ASSESSOR PANEL – DEPUTY CHAIR DR JONATHAN ALBRETT, EDUCATION COMMITTEE – CHAIR DR DERICK ADIGBLI, TRAINING COMMITTEE - CHAIR	Formal Project Assessment Panel	The following new panelists were appointed: DR GRANT CAVE DR ISURU SENEVIRATNE DR GIANLUIGI LI BASSI DR ALEXIS TABAH DR PRASHANTI MARELLA DR ANIKET NADKAMI DR GEORGE WALKER	Second Part (Generalist) Examination Subcommittee	No changes in 2025
Workplace-based Assessments Subcommittee	The following members joined the Workplace-Based Assessments Subcommittee: DR LESLEY MAHER DR AHMED ABDELSALAM DR THOMAS FINN DR MARIE SCOTT DR PATRICK (DAVID) ROSS DR JEFFREY KAM DR DANIEL CHAN DR MAIRI NORTHCOTT	First Part Examination Subcommittee	The following members concluded their tenures: PROF ROSS FREEBAIRN DR MICHAEL CILFFORD The following member joined the Subcommittee: PROF LEWIS CAMPBELL	Second Part (Paediatric) Examination Subcommittee	The following members concluded their tenures: STEPHEN JACOBE The following member joined the Subcommittee: SCOTT SIMPSON

Special thanks in particular must go to;

First Part Exam

DR NAOMI PALLAS, CHAIR OF THE FIRST PART EXAMINATION SUBCOMMITTEE

DR SAMUEL MARMENT, CO-DEPUTY CHAIR OF THE FIRST PART EXAMINATION SUBCOMMITTEE

A/PROF PATRICIA HURUNE, CO-DEPUTY CHAIR OF THE FIRST PART EXAMINATION SUBCOMMITTEE

Second Part Exam

DR MICHAELA CARTNER, CHAIR OF THE SECOND PART EXAMINATION SUBCOMMITTEE

A/PROF TIMOTHY CROZIER, DEPUTY CHAIR OF THE SECOND PART EXAMINATION COMMITTEE

DR SARA ALLEN, CO-DEPUTY CHAIR OF THE SECOND PART EXAMINATION SUBCOMMITTEE

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 SUBCOMMITTEE

And

A/PROF JEREMY COHEN, CHAIR OF THE ASSESSMENTS COMMITTEE AND THE WORKPLACE-BASED ASSESSMENTS SUBCOMMITTEE

DR DEIRDRE MURPHY, DEPUTY CHAIR OF THE ASSESSMENTS COMMITTEE

PROF IAN SEPELT, CHAIR OF THE PANEL OF FORMAL PROJECT ASSESSORS

A/PROF PAUL SECOMBE, DEPUTY 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 2025, 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 has been a legacy with far-reaching benefits for many years to come.

New Examiners

The below-listed changes to Examiner Panels occurred during 2025

Outgoing FP Examiners	In-coming FP Examiners	Outgoing SP Examiners	In-coming SP Examiners	Outgoing SPP Examiners	In-coming SPP Examiners
NONE	<p>DR JOANNA LONGLEY</p> <p>DR WAI-TSAN (DAVID) NG</p> <p>DR CHANDRASHEKAR TALEKAR</p> <p>DR KATHERINE TRIPLETT</p> <p>DR BRANDON BURKE</p> <p>DR DANIEL DE-WIT</p> <p>DR ASHISH DAVDA</p>	<p>DR ANNE-MARIE WELSH</p> <p>A/PROF DAVID ANDERSON</p> <p>PROF FRANK VAN HAREN</p>	A/PROF SAM ORDE	<p>DR NICK PIGOTT</p> <p>DR STEPHEN JACOB</p>	DR BRENT MCSHARRY

Congratulations to the following people who passed a College Examination in 2025.

First Part 2025.1

Abhishek Mohan
 Alexander Fagarasan
 Alexander Lu
 Alicia Szlawski
 Andrew Lam
 Angus McCormack
 Anja-Michaela Hentschke
 Ashton Yap
 Barbara Jedelsky
 Celest Dines Muntaner
 Charlotte Simpson
 Chloe Timms
 David Ehmann
 Edward Tepper
 Elisabeth O'Brien
 Emily Dehn
 George Lindley-Jones
 Hayley You
 Jack Gill
 Jake Reeve
 James Berry
 James Kearney
 Jeffery Wang
 Jonathan Wackett
 Joseph Potter
 Joshua McAdams
 Katharine Blomfield
 Laura Sofoulis
 Leslie Lam
 Lillian Charman
 Luke Reynolds
 Lydia Craig

Marjorie Burgess
 Mark Virgona
 Mayurathan Balachandran
 Michael Crockard
 Michael Hussey
 Namankit Gupta
 Nisat Zaman
 Philip Deverson
 Phoebe Macintosh-Evans
 Ramana Waran
 Rern Kent Wong
 Rockie Kang
 Samuel Smith
 Sean Liew
 Sebastian Winn
 Stephanie McMahon
 Vishal Bhargava
 Vivien Lee
 Xiang Yih Lay

First Part 2025.2

Aedan McMahon
 Ajia-Moon Flynn-Pittar
 Alexandrah King
 Ali Sarvi
 Arun Sivendran
 Barbara Ewart
 Bonnie Lau
 Carla Zoccoli
 Chieh-Yu Yang
 Ciaran Mooney
 Clare Rogers
 Conan Hall
 Daniel Waters

Danielle Malatzky
 David Gioia
 Duin McDiarmid
 Evelyn McArthur
 Geordie Lee
 Imogen Janus
 Jayan Seneviratne
 Jimmy Wang
 Joanna Richards
 Kathrin Orda
 Kevin Howe
 Kieran Walsh
 Liam Finlay
 Liam Pik
 Louise Connell
 Maeve Murphy
 Nathan Abraham
 Oscar Hatten
 Owen Xie
 Paris Halkes-Wellstead
 Rachel Manderson
 Rebekah Moran
 Rosemary Angliss
 Ryan Lange
 Sarah Klink
 Sean O'Brien
 Stephen Wilson
 Tarun Ponneri
 Terrance Lee Quan Lau
 Theveen Tellambura
 Thomas Yuk Bun Lau
 Wei jie Chan
 William Alexander Allen
 William Tomlinson

Second Part (General) 2025.1

Aaron Kennedy
Abbey Chrimes
Abhinesh Dhital
Adam Bowman
Adrian Clarke
Alfred van der Walt
Angus Banh
Benjamin Cullinger
Benjamin Stevenson
Daniel Chan
Daniel McAuliffe
Edmund Rose
Emma Cooper
Fritz-Patrick Jahns
Fumitaka Yanase
Georgia Henry
Hector Hughes
Henrique Gomes Mendes
Isabel Thiele
James Andrews
James Bergfield
John Lee
Joshua McLarty
Kiran Gudivada
Laura McDonald
Liam Bell
Manisha Rojha
Matthew Guest
Megan Price
Milan Edinger-Reeve
Nicole Foo
Nilesh Anand Devanand
Philip Marsh

Ruvini Vithanage
Scott Ashby
Shaun Woodbridge
Shawn Steckle
Stephanie D'Souza
Steven McElroy
Trang Tran
Xizhe Fang
Zachariah Dawes
Zhou Lu

Second Part (General) 2025.2

Andreu Roca Bajona
Ashley Doyle
Benjamin Gardiner
Chinmay Trivedi
Christopher Dugan
Christopher Gergely
Daniel Schlosberg
Felix Anderson
Frederick Hopkinson
Georgina Jenkins
Hanmo Li
Hannah Glenn
Jamie Lee
Jane Hutchinson
Kasun Jayasekera
Keegan Hunter
Martin de Bakker
Martin Thomas
Maryse Daniel
Matthew Self
Matthew Shen
Michael O'Loan

Michael Russell
Mohamed Abdelhamid
Mohamed Elsayed
Mohammed Mostafa
Nathalie Rasko
Nikhil Gautam
Paul Salamon
Peter Lioufas
Rachel Martin
Raqeeb Rasul
Robert Pocklington
Ruan Vlok
Ryan Slack
Ryo Ueno
Simon Landes
Syamnadh Ravindranath
Thomas Coleman
Thomas Melhuish
Udeshika Daluwatta
Viveka Nainani
William Spencer

Second Part Paediatrics

Bernadette Nolan
Pei Ling Ng
Pratheep Navabalasooriyar
Rebecca Sethumadavan
Shannon Price
Sophie Gaus

AOTEAROA NEW ZEALAND NATIONAL COMMITTEE

Committee	Role
Jonathan Albrett	<i>Chair</i>
Louise Hitchings	<i>Deputy Chair</i>
Daniel Owens	<i>Elected Member</i>
Chris Poynter	<i>Elected Member</i>
Annette Forrest	<i>Elected Member</i>
David Silverman	<i>Elected Member</i>
Adrian Craig	<i>NZ Trainee Representative</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>
George Bax	<i>Co-opted Wellington Representative</i>
Rob Bevan	<i>Ex-officio Board Member</i>

The Committee progressed key initiatives to strengthen workforce planning, training quality, and national collaboration across Aotearoa New Zealand.

Engagement with Medical Council of New Zealand and Te Whatu Ora supported ongoing work to improve workforce data sharing and alignment of Trainee information, recognising the importance of integrated data systems for effective planning.

The Committee continued to support the development of Specialist International Medical Graduate (SIMG) pathways, identifying opportunities to improve consistency and support both Trainees and Supervisors. This includes advocating for clear standards, defined accountability, and sustainable supervision practices.

The annual Supervisors of Training and Trainee Days, held in Queenstown in September 2025, remained a key initiative supporting training, strengthening networks, and enhancing engagement across training sites.

Ongoing work with Te Whatu Ora has focused on developing sustainable and equitable ICU training pathways, with particular attention to improving regional access and aligning training capacity with future workforce needs.

Cultural safety continues to be a priority, with efforts to strengthen Māori and Pasifika representation in training and workforce planning, supported through collaboration with Te ORA and the development of targeted education initiatives.



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 2025, the CICM State and Territory Committees have demonstrated strong leadership and collaboration in Trainee engagement, enhancing education, and addressing workforce challenges.

Key 2025 highlights included:

ACT

- » The ACT Committee continues to engage and collaborate with the NSW Committee regarding training pathway planning.

NSW

- » The annual NSW Trainee Education Day was successfully held in mid-February, providing Trainees with valuable learning opportunities, professional development sessions, and networking with peers
- » The Committee hosted multiple education sessions including formal project presentation opportunities throughout the year
- » Ongoing discussions continued in 2025 with HETI (Health Education and Training Institute) to create an ICU Training Pathway across NSW.

NT

- » Fellows and Committee members remain closely involved in Northern Territory matters and continue to support several College priorities, including the Curriculum Renewal Project, development of the Online Education Platform, and ongoing Trainee support programs
- » The Committee welcomed new Trainee Representative Jarrod Basto to the Committee.

QLD

- » In June, the Committee formally welcomed two new members to the Committee, David Mackintosh (New Fellows Representative) and David Mogg (Transitional Year Representative)
- » The Committee organised and hosted the QLD Education and Networking Day in November at Victoria Park. This event welcomed Trainees and Fellows from across the state for a full day of professional development, interactive sessions, and networking opportunities.

SA

- » The Committee hosted an online meeting with Unit Directors and SoTs to discuss a state-based training program in March
- » The Committee continued advocating for the creation of additional Transitional Year positions to ensure accessible training opportunities for all Trainees within the state
- » An Education and Networking Evening was held in September. The event included updates from PICU, New Fellow talks on building a successful career, digital health and interventional cardiology. Sponsorship for the event has been generously provided by Pfizer and SAICA.

TAS

- » The ASM was successfully held in May 2025 in Hobart, bringing together Fellows, Trainees, and healthcare professionals
- » In November, Laura McDonald (Trainee Representative) and Matt Spotswood (Chair) hosted an Education and Networking evening for Fellows and Trainees.

VIC

- » The Committee will align its election cycle to the rest of the State and National Committees, implementing an interim year for 2026 and then having an election cycle at the end of 2026 with the rest of the Committees. Most elected members opted to continue the Committee, and we thank the members who no longer remain on the Committee for their contribution they brought to the Committee
- » The Committee will also revive the ANZICS Victoria “Ramesh Nagappan course”.

WA

- » The WA Training Pathway now has approximately 30 Trainees on the pathway, with approximately 25 of them pre-primary exams
- » The Committee are looking at implementing education initiatives similar to other states to help support Trainees through exams and general support
- » The WA Intensive Care Combined Education Day (WICCED) continued successfully with multiple sessions running throughout 2025.

HONG KONG

College President Peter Kruger and CEO Daniel Angelico attended the CICM Trainee evening in Hong Kong that ran just prior to the Hong Kong Society of Critical Care Medicine meeting in December 2025. Peter spoke at both these events to a selection of CICM Trainees, Fellows and the broader Hong Kong critical care community. The training evening was a vibrant event with several engaging presentations and the opportunity for current and interested potential Trainee’s mixing with CICM Fellows. The following day there was a session on their joint curriculum development. Peter provided some reflections on our own journey through this process to the College we are today. Reflection is always very powerful, and it certainly helped highlight to some strengths and opportunities for us as College going forward.

Membership of State, Territory Regional Committees 2025

Queensland Committee	Role
Neeraj Bhadange	Chair
Antony Attokaran	Deputy Chair
Andrew Miller	Elected Member
Seema Saddi	Elected Member
Michael Putt	Queensland ICU Pathway Representative
Hamish Pollock	Statewide ICU Network Representative
Sebastian Rimpau	Paediatric Representative
Rachel Martin	QLD Trainee Representative
Jeremy Cohen	Ex-Officio Board Member
Peter Kruger	Ex-Officio Board Member
David Mogg	Transitional Year Representative
David Mackintosh	New Fellows Representative

Tasmanian Committee	Role
Matthew Spotswood	Chair
Laura McDonald	TAS Trainee Representative

New South Wales Committee	Role
Kylie McArdle	Chair
Judith Askew	Elected Member
Alice Henschke	Elected Member
Behnoosh (Behny) Samadi	Elected Member
Anup Bansal	Elected Member
Tessa Garside	Elected Member
Charlotte Williams	Elected Member
Taylor Beatty	NSW Trainee Representative
Nhi Nguyen	Ex-Officio Board Member
Priya Nair	Ex-Officio Board Member
Sarah Wesley	Ex-Officio Board Member
Winston Cheung	ANZICS Representative
Yolanda Coleman	Paediatric Representative
Hemang Doshi	Co-opted Member
Ahmed Abdelsalam	Co-opted Member
Kevin Pathmanathan	Co-opted Member
Hae Won Jo	Co-opted Member
Abhishek Bose	Co-opted Member

Australian Capital Territory Committee	Role
Harshel Parikh	Chair
Bronwyn Avard	Elected Member
Thea Morris	Elected Member
Tamin Rezwani	ACT Trainee Representative
Oliver Walsh	New Fellows Representative

Victoria Committee	Role
Cameron Knott	Chair
Sarah Jones	Deputy Chair
George Zhou	Elected Member
Neil Glassford	Elected Member
Jennifer Porteous	New Fellows Representative
Jeff Kam	Victoria Trainee Representative
Laura Chudleigh	VICEN Chair Representative
Hooi Hooi Koay	Co-opted Member
John Botha	ANZICS Representative
Neil Orford	Ex-officio Board Member
Steven McGloughlin	Ex-officio Board Member
Cara Moore	Ex-officio Board Member
Meredith Allen	Ex-officio Board Member

Northern Territory Committee	Role
Lewis Campbell	Elected Member
Ashok Elangovan	Elected Member
Olivia Gedye	NT Trainee Representative
Penny Stewart	Ex-Officio Board Members

South Australian Committee	Role
Michael Farquharson	Chair
Vishwanath Biradar	Elected Member
Kristin Hayres	Elected Member
Christopher Smith	New Fellows Representative
Josephine Gard	SA Trainee Representative
Lisa-Marie Pereira	Co-opted Member
Milind Sanap	Co-opted Representative, Lyell McEwen Hospital
Jacob Abraham	Co-opted Representative, Queen Elizabeth Hospital
Krista Mos	Co-opted Paediatric Representative

WA Committee	Role
Michelle Ross-King	Chair
Chris Allen	Elected Member
Caroline Murphy	Elected Member
Alexandra Rowell	Elected Member
Renesh Nair	Elected Member
Julian Sunario	New Fellows Representative
Ellen McGuckin	WA Trainee Representative
Kate Douglas	Paediatric Representative

Aotearoa New Zealand Committee	Role
Jonathan Albrett	<i>(Chair)</i>
Louise Hitchings	<i>(Deputy Chair)</i>
Daniel Owens	<i>Elected Member</i>
Chris Poynter	<i>Elected Member</i>
Annette Forrest	<i>Elected Member</i>
David Silverman	<i>Elected Member</i>
Adrian Craig	<i>(NZ Trainee Representative)</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>
George Bax	<i>Co-opted Wellington Representative</i>
Rob Bevan	<i>Ex-officio Board Member</i>

Hong Kong Committee	Role
Gordon Choi	<i>Chair</i>
Sunny Yu-Yeung Yip	<i>Secretary & PWH CICM Training Officer</i>
Prof Wai-Tat Wong	<i>Elected Member</i>
David WT Ng	<i>Co-opted, Primary Exam Teaching Coordinator</i>
Christina HY So	<i>New Fellows Representative</i>
Christopher PT Lee	<i>Trainee Representative</i>
Kai-Cheuk Sin	<i>QEH CICM SOT</i>
Darshana Hewa Kandamby	<i>PMH CICM SOT</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.

College of Intensive Care Medicine of Australia and New Zealand

ACN 134 292 103

Financial Annual Report - 31 December 2025

**College of Intensive Care Medicine of Australia and New Zealand
Directors' report
31 December 2025**

The directors present their report, together with the financial statements, on the College of Intensive Care Medicine of Australia and New Zealand (the College) for the year ended 31 December 2025.

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 (ceased July 2025)¹
Steve McGloughlin
Cara Moore (ceased July 2025)²
Nhi Nguyen
Neil Orford
Penelope Stewart
Martina Zib (ceased July 2025)³
Meredith Allen
Jonathan Albrett (appointed July 2025)
Sarah Wesley (appointed July 2025)
Derick Adigbli (appointed July 2025)

¹Robert Bevan concluded their service on the Board upon reaching the maximum consecutive terms. Reached maximum term (12 years).

²Cara Moore completed their three-year term as New Fellow Representative. End of term.

³Martina Zib completed their appointment filling a casual vacancy. End of casual vacancy appointment.

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 2025 amounted to a surplus of \$890,259 (2024: \$669,257). Excluding net fair value gains and investment income from financial assets, the surplus for the College amounted to \$614,092 (2024: \$440,967).

The College's total borrowings reduced from \$573,979 in 2024 to \$190,826 in 2025 (note 12).

There was a decrease in Specialist Training Programme (STP) revenue and expenses, from \$2,954,359 in 2024 to \$2,881,452 in 2025. 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 \$4,071,580 in 2024 to \$4,704,816 in 2025, an increase of 15%.

Our FTE went up from 36.0 in 2024 to 43.0 at the end of 2025. The College approved several new positions which resulted in the increase of 7.0 FTE. Our robust financial processes have ensured 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 2025 staff turnover, being within industry standard. Analysis showed the majority of departures were due to reasons beyond our control. The increase of staff is as a result of an expansion of services.

**College of Intensive Care Medicine of Australia and New Zealand
Directors' report
31 December 2025**

Travel and meeting costs increased from \$2,562,271 in 2024 to \$2,571,030 in 2025.

This figure includes the Annual Scientific Meeting (ASM) which is a major event that includes the ICU Update, Trainee Symposium, Echocardiography workshop, and graduation ceremony. The theme for 2025 was Out of the Ordinary: Embracing the Unfamiliar, focusing on areas of intensive care medicine not routinely encountered in daily practice. 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 2025 were \$633,434 (\$675,009 in 2024) with corresponding revenue of \$517,495 (\$622,215 in 2024). The major reason for the 2025 deficit for ASM was a lower number of delegates.

The College, as in prior years, ran a number of face-to-face educational events in 2025 including Board meetings, examinations, hospital accreditation visits, culture program, Supervisor of Training education days, state-based trainee days, state-based meetings and communication and management skills courses. Where we can, we make many of these activities a revenue-generating activity and report accordingly. In 2025 our management and communication skills courses generated over \$286,494 (2024: \$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 2025, the College continued with our iMIS implementation plan as well as making a significant investment in new finance software moving from MYOB to Business Central (BC). Moving to BC now places our statutory reporting, auditability and financial architecture on a platform that can grow with the organisation. This is a strategic investment in long term financial robustness rather than a short-term system fix. The iMIS program delivered a new platform to centrally manage member data, supported by single sign-on via Auth0. Integrations with our prior platforms were implemented to provide trainees and supervisors with streamlined access to the training portal. A new CPD module was deployed, featuring an improved user interface and enhanced reporting to support staff oversight and Fellow engagement. Total costs for the upgrade of these systems in 2025 were \$290,000. These costs were expensed under Information Technology costs. Our relationship with Elumina ceased in 2025.

Significant transactions and changes in the state of affairs

Other than as set out above in the review of operations, there were no significant transactions or changes in the state of affairs of the College during the financial year.

Performance measures

The College measures its financial performance by monitoring operational results (i.e., surplus or deficit), collection of trade receivables, and the trends in the statement of financial position (i.e., working capital and cash ratios). This monitoring is supported by the use of cash flow analytics. These measures are designed to ensure the College remains a financially sustainable entity.

In 2026, the College plans to progress towards a more mature activity-based model, underpinned by the transition to Business Central as the College's core financial platform. This enhanced system capability will enable more granular cost attribution across the College's core activities and services. In particular, activity-based costing will allow the College to better understand the full financial and commercial profile of its major operating units, including examinations, training programs, hospital accreditation, events and courses, policy development, and member services. This approach will support clearer assessment of the financial viability, cost drivers and pricing sustainability of each activity, strengthen transparency in resource allocation decisions, and enable more informed trade-offs between financial sustainability and strategic member value across the College's operating model.

Objectives and strategies

In 2025, the Board developed a new Strategic Plan to guide the organisation from 2026 to 2031, providing clear strategic direction, aligning priorities with future needs of the membership and specialty. The organisation is well positioned to respond to regulatory, operational and sector-wide change.

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.

**College of Intensive Care Medicine of Australia and New Zealand
Directors' report
31 December 2025**

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. This is through our continued support and partnership with the Intensive Care Foundation (ICF);
- 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 2025 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 2026, 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.

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, July 2025; 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, July 2025;
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.

**College of Intensive Care Medicine of Australia and New Zealand
Directors' report
31 December 2025**

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, July 2025; 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 Joint Associate Professor UNSW.
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, retired (end of term) July 2025; CPD Officer, appointed July 2024, retired (end of term) July 2025; and ASM Officer, appointed July 2024, retired (end of term) July 2025.
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, end of term July 2025; and Chair, Trainee Committee, appointed July 2022, end of term July 2025.
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.

**College of Intensive Care Medicine of Australia and New Zealand
Directors' report
31 December 2025**

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.

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.

**College of Intensive Care Medicine of Australia and New Zealand
Directors' report
31 December 2025**

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, retired July 2025.
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.

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;
CPD Officer, appointed July 2025;
Member, Professional Affairs Committee; and
Member, VIC State Committee.
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: Jonathan Albrett
Title: Member
Qualifications: MBChb 2002 (Auckland);
PGDipPaed 2004 (Auckland);
FANZCA 2010;
FCICM 2013;
PGDipClinEd (Dist) 2017 (Auckland); and
GChPOM 2024.
Role within the College: Chair, Education Committee, appointed July 2025.
Other current experience and expertise: Specialist Intensivist Taranaki Base Hospital, New Zealand, 2014 to present;
Medical Director of Intensive Care 2019 to present;
Director of Clinical Training, Taranaki base hospital, 2019 to present;
Member, Council of Medical Colleges of Aotearoa, 2023 to November 2025;
Faculty, Wellington Intensive Care Medicine Course, 2020 to present; and
Chair, Midlands Critical Care Network, 2024 to present.

College of Intensive Care Medicine of Australia and New Zealand

Directors' report

31 December 2025

Name: Sarah Wesley
 Title: Member
 Qualifications: MBChB University of Leicester MedSch, 1996;
 MRCP (UK), 2004;
 FRACP, 2005; and
 FCICM, 2005.
 Role within the College: Board Member appointed July 2025;
 CICM Second Part Examiner 2019 to present; and
 CICM Second Part Committee Member 2023 to present.
 Other current experience and expertise: Senior Staff Specialist in Intensive Care Medicine, Royal North Shore Hospital 2006 to present;
 VMO Intensivist, North Shore Private Hospital, 2007 to present; and
 Supervisor of Training Intensive Care, Royal North Shore Hospital, 2011 to present.

Name: Derick Adigbli
 Title: Member
 Qualifications: BSc (Hons), 2005;
 MBBS, 2008;
 PhD, 2015;
 FCICM, 2023
 Role within the College: New Fellow Representative, appointed July 2025; and
 Chair, Trainee Committee, appointed July 2025.
 Other current experience and expertise: Intensivist, Austin Health, Melbourne, 2023 to present;
 Intensivist, Bendigo Health, Bendigo, 2023 to present;
 Intensivist, Eastern Health, Melbourne, 2024 to present; and
 Intensivist, Northern Health, Melbourne, 2024 to present.

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 2025, 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
Peter Kruger	4	4	5	5	4	4
Priya Nair	4	4	5	4	4	4
Jeremy Cohen	4	4	5	5	4	4
Robert Bevan	2	2	2	1	2	1
Steve McGloughlin	4	4	-	-	-	-
Cara Moore	2	2	-	-	-	-
Nhi Nguyen	4	4	-	-	-	-
Neil Orford	4	4	-	-	-	-
Penny Stewart	4	4	-	-	-	-
Martina Zib	2	2	-	-	-	-
Meredith Allen	4	4	-	-	-	-
Sarah Wesley	2	1	-	-	-	-
Jonathan Albrett	2	2	-	-	-	-
Derick Adigbli	2	2	-	-	-	-

**College of Intensive Care Medicine of Australia and New Zealand
Directors' report
31 December 2025**

Robert Bevan concluded their service on the Board upon reaching the maximum consecutive terms. Reached maximum term (12 years).

Cara Moore completed their three-year term as New Fellow Representative. End of term.

Martina Zib completed their appointment filling a casual vacancy. End of casual vacancy appointment.

Jonathan Albrett, commenced July 2025

Sarah Wesley, commenced July 2025

Derick Adigbli, commenced July 2025

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 is set out immediately after this directors' report.

This report is made in accordance with a resolution of directors.

On behalf of the directors



Peter Kruger
President



Jeremy Cohen
Treasurer

20th May 2026
Melbourne, Victoria

RSM Australia Partners

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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of the College of Intensive Care Medicine of Australia and New Zealand for the year ended 31 December 2025, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

Rsm

RSM AUSTRALIA PARTNERS

K J Dundon

K J DUNDON
Partner

Dated: 20 May 2026
Melbourne, Victoria

College of Intensive Care Medicine of Australia and New Zealand

Contents

31 December 2025

Statement of profit or loss and other comprehensive income	11
Statement of financial position	12
Statement of changes in equity	13
Statement of cash flows	14
Notes to the financial statements	15
Directors' declaration	26
Independent auditor's report to the members of College of Intensive Care Medicine of Australia and New Zealand	27

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.

The College of Intensive Care Medicine of Australia and New Zealand is a not-for-profit unlisted public company limited by guarantee, incorporated under the *Corporations Act 2001*. The College is a registered charity under the *Australian Charities and Not-for-profits Commission Act 2012* and, as such, is not required to comply with certain financial reporting provisions of the *Corporations Act 2001*. The College 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 13th May 2026. 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 2025

	Note	2025 \$	2024 \$
Revenue	3	14,234,443	12,473,015
Other income	4	583,503	418,560
Interest revenue calculated using the effective interest method		29,009	38,832
Total revenue		<u>14,846,955</u>	<u>12,930,407</u>
Expenses			
Employee benefits expense	5	(4,704,816)	(4,071,580)
STP expenses		(2,881,452)	(2,954,359)
Travel and conference expenses		(2,571,030)	(2,562,271)
Information technology expenses		(1,002,646)	(698,212)
Administration and college expenses		(814,728)	(682,357)
Professional services expenses		(488,228)	(337,537)
Specific purpose grant expenses (FATES)		(956,458)	(311,195)
Depreciation and amortisation expense	5	(277,620)	(278,263)
Finance costs	5	(161,117)	(197,771)
Occupancy expenses		(98,601)	(167,605)
Total expenses		<u>(13,956,696)</u>	<u>(12,261,150)</u>
Surplus for the year		890,259	669,257
Other comprehensive income for the year		-	-
Total comprehensive income for the year		<u><u>890,259</u></u>	<u><u>669,257</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 2025

	Note	2025 \$	2024 \$
Assets			
Current assets			
Cash and cash equivalents	6	5,401,283	5,439,319
Trade and other receivables	7	279,384	193,274
Financial assets	8	3,039,944	3,027,446
Prepayments		550,908	404,362
Total current assets		<u>9,271,519</u>	<u>9,064,401</u>
Non-current assets			
Property, plant and equipment	9	8,418,082	8,700,009
Total non-current assets		<u>8,418,082</u>	<u>8,700,009</u>
Total assets		<u>17,689,601</u>	<u>17,764,410</u>
Liabilities			
Current liabilities			
Trade and other payables	10	608,881	311,790
Contract liabilities	11	2,985,883	3,940,124
Borrowings	12	190,826	358,497
Provisions	13	565,720	539,738
Total current liabilities		<u>4,351,310</u>	<u>5,150,149</u>
Non-current liabilities			
Borrowings	12	-	215,482
Provisions	13	108,752	59,499
Total non-current liabilities		<u>108,752</u>	<u>274,981</u>
Total liabilities		<u>4,460,062</u>	<u>5,425,130</u>
Net assets		<u>13,229,539</u>	<u>12,339,280</u>
Equity			
Retained surpluses		<u>13,229,539</u>	<u>12,339,280</u>
Total equity		<u>13,229,539</u>	<u>12,339,280</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 2025

	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>
	Retained surpluses \$	Total equity \$
Balance at 1 January 2025	12,339,280	12,339,280
Surplus for the year	890,259	890,259
Other comprehensive income for the year	-	-
Total comprehensive income for the year	<u>890,259</u>	<u>890,259</u>
Balance at 31 December 2025	<u><u>13,229,539</u></u>	<u><u>13,229,539</u></u>

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

College of Intensive Care Medicine of Australia and New Zealand
Statement of cash flows
For the year ended 31 December 2025

	Note	2025 \$	2024 \$
Cash flows from operating activities			
Receipts from members and government bodies (inclusive of GST)		14,882,098	15,103,988
Payments to suppliers and employees (inclusive of GST)		(14,804,674)	(13,249,992)
Interest received		30,110	39,933
Interest and other finance costs paid		<u>(24,985)</u>	<u>(51,759)</u>
Net cash from operating activities	20	<u>82,549</u>	<u>1,842,170</u>
Cash flows from investing activities			
Redemption of investments		<u>262,568</u>	<u>-</u>
Net cash from investing activities		<u>262,568</u>	<u>-</u>
Cash flows from financing activities			
Repayment of borrowings		<u>(383,153)</u>	<u>(356,269)</u>
Net cash used in financing activities		<u>(383,153)</u>	<u>(356,269)</u>
Net (decrease)/increase in cash and cash equivalents		(38,036)	1,485,901
Cash and cash equivalents at the beginning of the financial year		<u>5,439,319</u>	<u>3,953,418</u>
Cash and cash equivalents at the end of the financial year	6	<u><u>5,401,283</u></u>	<u><u>5,439,319</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)

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.

Note 2. Critical accounting judgements, estimates and assumptions (continued)

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

	2025	2024
	\$	\$
Training and assessment fees	5,803,704	5,229,296
Admission and registration fees	4,079,710	3,356,334
STP revenue	2,881,454	2,954,358
ASM income	517,495	622,215
FATES income	952,080	310,812
	<hr/>	<hr/>
Revenue	<u>14,234,443</u>	<u>12,473,015</u>

College of Intensive Care Medicine of Australia and New Zealand
Notes to the financial statements
31 December 2025

Note 3. Revenue (continued)

Disaggregation of revenue

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

	2025	2024
	\$	\$
<i>Geographical regions</i>		
Australia	12,811,657	11,473,676
New Zealand	951,962	881,842
Rest of the World	470,824	117,497
	<u>14,234,443</u>	<u>12,473,015</u>
<i>Timing of revenue recognition</i>		
Services transferred at a point in time	6,516,968	5,836,487
Services transferred over time	7,717,475	6,636,528
	<u>14,234,443</u>	<u>12,473,015</u>

Note 4. Other income

	2025	2024
	\$	\$
Investment income	276,167	228,290
Other income	307,336	190,270
	<u>583,503</u>	<u>418,560</u>

Note 5. Expenses

	2025	2024
	\$	\$
Surplus includes the following specific expenses:		
<i>Employee benefits expense</i>		
Salaries and wages	4,061,795	3,504,004
Defined contribution superannuation expense	495,962	421,873
Other employee benefits expense	147,059	145,703
	<u>4,704,816</u>	<u>4,071,580</u>
<i>Depreciation and amortisation expense</i>		
Property, plant and equipment	277,620	278,263
<i>Finance costs</i>		
Interest and finance charges paid/payable on borrowings	24,985	51,759
Other finance charges	136,132	146,012
	<u>161,117</u>	<u>197,771</u>

College of Intensive Care Medicine of Australia and New Zealand
Notes to the financial statements
31 December 2025

Note 6. Cash and cash equivalents

	2025 \$	2024 \$
<i>Current assets</i>		
Cash at bank	2,875,105	4,439,319
Cash on deposit	2,526,178	1,000,000
	<u>5,401,283</u>	<u>5,439,319</u>

The College holds \$1,345,883 (2024: \$3,487,765) 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

	2025 \$	2024 \$
<i>Current assets</i>		
Trade receivables	104,607	161,754
Other receivables	276,262	59,499
Less: Allowance for expected credit losses	(264,507)	(106,208)
	<u>116,362</u>	<u>115,045</u>
GST receivable	<u>163,022</u>	<u>78,229</u>
	<u>279,384</u>	<u>193,274</u>

Note 8. Financial assets

	2025 \$	2024 \$
<i>Current assets</i>		
Investment in managed funds, at fair value through profit or loss	3,039,944	2,913,777
Term deposits at amortised cost	-	113,669
	<u>3,039,944</u>	<u>3,027,446</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 5.94% (2024: 6.69%) and the closing balance was \$190,826 (2024: \$573,979).

College of Intensive Care Medicine of Australia and New Zealand
Notes to the financial statements
31 December 2025

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

	2025 \$	2024 \$
<i>Non-current assets</i>		
Land and buildings - at cost	8,023,786	8,023,786
Less: Accumulated depreciation	<u>(516,350)</u>	<u>(344,558)</u>
	7,507,436	7,679,228
Plant and articles - at cost	1,228,129	1,228,129
Less: Accumulated depreciation	<u>(317,483)</u>	<u>(211,655)</u>
	910,646	1,016,474
Capital work-in-progress - at cost	-	4,307
	<u>8,418,082</u>	<u>8,700,009</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 2025	7,679,228	1,016,474	4,307	8,700,009
Write off of assets	-	-	(4,307)	(4,307)
Depreciation expense	<u>(171,792)</u>	<u>(105,828)</u>	-	<u>(277,620)</u>
Balance at 31 December 2025	<u>7,507,436</u>	<u>910,646</u>	<u>-</u>	<u>8,418,082</u>

Note 10. Trade and other payables

	2025 \$	2024 \$
<i>Current liabilities</i>		
Trade payables	398,179	201,971
Other creditors and accruals	<u>210,702</u>	<u>109,819</u>
	<u>608,881</u>	<u>311,790</u>

College of Intensive Care Medicine of Australia and New Zealand
Notes to the financial statements
31 December 2025

Note 11. Contract liabilities

	2025	2024
	\$	\$
<i>Current liabilities</i>		
Prepaid STP income	2,424,022	2,427,307
Prepaid FATES income	199,139	1,151,210
Course fees paid in advance	317,722	229,809
Other prepaid income	45,000	131,798
	<u>2,985,883</u>	<u>3,940,124</u>

Note 12. Borrowings

	2025	2024
	\$	\$
<i>Current liabilities</i>		
Short-term loan	<u>190,826</u>	<u>358,497</u>
<i>Non-current liabilities</i>		
Long-term loan	<u>-</u>	<u>215,482</u>

Note 13. Provisions

	2025	2024
	\$	\$
<i>Current liabilities</i>		
Annual leave	318,089	286,534
Long service leave	247,631	253,204
	<u>565,720</u>	<u>539,738</u>
<i>Non-current liabilities</i>		
Long service leave	<u>108,752</u>	<u>59,499</u>

Note 14. Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 15.

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 \$31,800 (2024: \$24,600) 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.

College of Intensive Care Medicine of Australia and New Zealand
Notes to the financial statements
31 December 2025

Note 15. 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:

	2025	2024
	\$	\$
Aggregate compensation	<u>1,708,645</u>	<u>1,333,436</u>

Directors of the College serve in pro-bono positions and do not receive remuneration for their role. Accordingly, no payments to directors are included in the aggregate key management personnel compensation disclosed.

Note 16. Remuneration of auditors

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

	2025	2024
	\$	\$
<i>Audit services - RSM Australia</i>		
Audit of the financial statements	<u>30,417</u>	<u>27,625</u>
<i>Other services - RSM Australia</i>		
Financial statements preparation	5,633	5,100
Grant acquittal	<u>3,500</u>	<u>3,250</u>
	<u>9,133</u>	<u>8,350</u>
	<u><u>39,550</u></u>	<u><u>35,975</u></u>

Note 17. Contingent liabilities

The College had no contingent liabilities as at 31 December 2025 and 31 December 2024.

Note 18. Commitments

The College had no commitments for capital expenditure as at 31 December 2025 and 31 December 2024.

Note 19. Events after the reporting period

No matter or circumstance has arisen since 31 December 2025 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.

College of Intensive Care Medicine of Australia and New Zealand
Notes to the financial statements
31 December 2025

Note 20. Reconciliation of surplus to net cash from operating activities

	2025	2024
	\$	\$
Surplus for the year	890,259	669,257
Adjustments for:		
Depreciation and amortisation	277,620	278,263
Write off of property, plant and equipment	4,307	1,969
Net income from financial assets	(276,167)	(228,290)
Non-cash interest	1,100	1,101
Change in operating assets and liabilities:		
Increase in trade and other receivables	(86,112)	(23,613)
(Increase)/decrease in prepayments	(146,545)	17,616
Increase in trade and other payables	297,093	120,100
(Decrease)/increase in contract liabilities	(954,241)	1,167,000
Increase in employee benefits	75,235	73,767
Decrease in other provisions	-	(235,000)
	<u>82,549</u>	<u>1,842,170</u>
Net cash from operating activities	<u>82,549</u>	<u>1,842,170</u>

**College of Intensive Care Medicine of Australia and New Zealand
Directors' declaration
31 December 2025**

In the directors' opinion:

- the attached financial statements and notes comply with the Australian Accounting Standards - Simplified Disclosures, the *Australian Charities and Not-for-profits Commission Act 2012* and associated regulations, 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 2025 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.

On behalf of the directors



Peter Kruger
President



Jeremy Cohen
Treasurer

20th May 2026
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 2025, 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 2025 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 2025 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 (Cont.)

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.

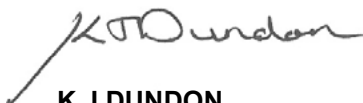
Auditor's Responsibilities for the Audit of the Financial Report

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.

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

RSM AUSTRALIA PARTNERS

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

K J DUNDON

Partner

Dated: 21 May 2026

Melbourne, Victoria