
COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

President

Professor John Myburgh

ANNUAL REPORT TO FELLOWS

JUNE 2010

PRESIDENTS MESSAGE

On January 1 2010, the College of Intensive Care Medicine of Australia and New Zealand (CICM) began operations as the sole body responsible for the training, certification and accreditation of Intensive Care physicians.

This important day is the culmination of a 30-year journey that saw the evolution of Intensive Care Medicine as a craft group within the Faculty of Anaesthetists of the Royal Australasian College of Surgeons and the Royal Australasian College of Physicians, through to the establishment of the Joint Faculty of Intensive Care Medicine and finally as an independent College. Along the way, Australian and New Zealand Intensive Care physicians have led the world in all aspects of this increasingly important and dynamic specialty in terms of clinical excellence, education and training, quality improvement and research. The close association with the Australian and New Zealand Intensive Care Society along this journey has been integral to this success and this relationship is as important today as it has been in the past.

The formation of the new College has developed over a considered period and every effort has been made to ensure a seamless transition from the Joint Faculty of Intensive Care Medicine in terms of responsibilities to trainees and fellows, to ensure its financial viability and sustainability and to establish governance processes that accord with the 21st century. To achieve this, the College has been served by the dedication and service of a large number of people, not least Carol Cunningham-Browne and Phil Hart (Chief Executive Officers of JFICM and CICM respectively), but also by the faculty staff, deans, board members, members of regional committees and court of examiners. This vibrant community have maintained tremendous enthusiasm and energy, and participation in College affairs is regarded by all of these people as a pleasurable and rewarding experience. It is this human capital that is the College's greatest asset.

It is gratifying that the College is operating from a strong financial position. This was primarily due to the generosity of the Australian and New Zealand College of Anaesthetists who provided both substantial financial and professional support. Particular acknowledgement goes to Dr Leona Wilson and Associate Professor Kate Leslie who provided tremendous goodwill and support and the leadership of Professor Vernon van Heerden over the two transitional years. Further, we acknowledge the prompt response by the Fellowship in providing additional establishment funds that has secured the financial base of the College.

The College has formalised its commitment to support the Intensive Care Foundation, through financial contributions from subscriptions and this is another key partnership that will consolidate the specialty into the future.

We have moved in to our new home in Greville Street, Prahan and our excellent staff are well settled in this modern and exciting building.

We look forward with great anticipation to the inaugural CICM Annual Scientific Meeting in Sydney, which promises to be a memorable event from academic and collegiate perspectives. Few would have thought at the first stand-alone JFICM meeting in Sydney 2005 that we would be celebrating this important milestone of the new College 5 years later – the ASM has become a premier event in the Intensive Care Medicine calendar and I encourage all Fellows and Trainees to attend.

There is much to do over the next 12 months, in particular completing of a review by the Australian Medical Council and developing strategies that will represent the emerging challenges to the specialty, specifically workforce and educational issues. I am confident that with the dedication and support of our community that we will meet these challenges and look forward to a bright and exciting future in the new College.

EDUCATION AND TRAINING

This year the Education Committee considered and ratified the appointment of 14 Supervisors/Co-Supervisors of Training. It was noted that in larger ICUs where there are large numbers of trainees, that it is common for Co-Supervisors of Training to be appointed to assist with the workload. The Committee is supportive of this approach, which can also be taken if a junior Fellow of less than 3 years post-Fellowship is to be appointed as the Supervisor, to provide a handover period.

A workshop for all Supervisors of Training was held in conjunction with the Joint Faculty Annual Scientific Meeting in Brisbane.

Several courses were assessed by members of the Committee, for the purpose of receiving approval from the College. Whilst the Joint Faculty does not formally endorse external courses, they can be assessed on their content and relevance to intensive care training.

Plans are underway to provide educational materials to Supervisors of Training and to establish a formal program of education for Supervisors of Training.

There was extensive consultation and discussion around the proposal to increase the duration of core intensive care training time from 24 months to 36 months, with 12 months to be undertaken during Basic Training and 24 months during Advanced Training. This period may be reduced by 6 months at the discretion of the Censor for trainees affiliated with another College, under specified circumstances. The Board has approved the proposal. However, in order to allow for further consideration of the implications of the change the date of implementation has been set at 1 January 2011. The Regulation will only apply to new trainees registering after that date.

The Board approved a proposal to allow a three month rotation to a rural or regional ICU which has been approved for basic training, as part of the non-continuous year of advanced training in a C12 or C24 unit. The rotation must be prospectively approved by the Censor and will not count towards the Senior Registrar time.

Trainee Statistics at April 2010

Total Registered Trainees 748

Gender Distribution Male 68% Female 32%

Geographical Distribution	Australia	83%		
	New Zealand	11%		
	Hong Kong	3%		
	Other	3%		
Within Australia	NSW	34%	WA	7%
	QLD	23%	TAS	2%
	VIC	20%	ACT	2%
	SA	11%	NT	1%
Combined Training	Training only with CICM	58%		
	CICM and ANZCA Trainee	12%		
	CICM and ACEM Trainee	22%		
	CICM and RACP Trainee	7%		
	CICM and RACS Trainee	1%		

EXAMINATIONS

The number of candidates presenting for the Fellowship exam exceeded the record of 2008 with a total of 118 candidates for the year.

This increase has resulted in a number of new appointments to the Examinations Panel including Allan Beswick, Deepak Bhonagiri, Jeremy Cohen, Rajeev Hegde, Mark Lucey, Andrew McKee, Priya Nair, Manoj Saxena and Thomas Solano. Furthermore, Dr Mary Pinder was invited to join the General Fellowship Examinations Committee.

2009 also marked the retirement of five members of the Examinations Panel:

Professor Andrew Bersten
 Professor Jamie Cooper
 Dr Les Galler
 Dr John Morgan
 Professor John Myburgh

The August / October examination was held in conjunction with a celebration of the 30th anniversary of the General Fellowship Examination. This celebration paid tribute to all past and current examiners and administrative staff who have been involved in the examination since its beginnings in 1979.

Current Chairman of the Fellowship Examination Committee, Professor Bala Venkatesh provided a detailed and entertaining history of the examination. The occasion was all the more special with all four past Chairman of the Fellowship Examination Committee in attendance. Each provided the audience with a unique insight to their experiences coordinating the Fellowship Examination. Past Chairman included:

Dr Geoff Clarke
 Dr Alan Duncan
 Associate Professor Richard Lee
 Associate Professor Peter Morley

The Anniversary Dinner also paid tribute to Dr Bruce Lister who retired as Chairman of the Paediatric Fellowship Examination Committee.

Results of Examinations

General Fellowship Examination – March / May 2009

The written section of the examination was held in Adelaide, Auckland, Brisbane, Canberra, Hamilton, Melbourne, Newcastle, Sydney, and Wellington. The Hot Case section was held at the Royal Brisbane and Women's Hospital and the Princess Alexandra Hospitals with the Viva section taking place at the Mercure Hotel, Brisbane.

A total of 50 candidates presented, 18 were approved including one Overseas Trained Specialist (OTS).

Successful candidates (excluding OTS)

Sidharth Agarwal
Andrew Cheng
Roy Fischer
Gordon Flynn
Edda Jessen-Habermann
Sudharshan Karalapillai
Benjamin Margetts
Martina Ni Chonghaile
Alistair Nichol
Rakshit Panwar
Michael Putt
Donal Ryan
Guyon Scott
Fiona Shields
Krishnaswamy Sundararajan
Srikanth Tummala
Adam Visser

OTS Performance Assessment (Examination)

Five OTS candidates presented for General Performance Assessment in the March / May 2009 sitting.

For this assessment three candidates were required to sit the oral section only, and two candidates were required to complete the written component.

One candidate was successful at the oral section of the Performance Assessment:

Dr Konstantin Yastrebov

General Fellowship Examination – August / October 2009

The written section of the examination was held in Adelaide, Brisbane, Hobart, Hong Kong, Melbourne, Perth, Sydney and Townsville. The Hot Case section was held in Sydney at the Prince of Wales, Royal Prince Alfred, Royal North Shore and St George Hospitals. The Viva section was held at the Novotel at Brighton-Le-Sands.

A total of 68 candidates presented, 46 were approved including four Overseas Trained Specialist (OTS).

Successful candidates (Excluding OTS)

Mahesh Balakrishna Savithri	Madhav Pendyala
Vishwanath Biradar	Srinivasa Ponasanapalli
Richard Chalwin	Arun Radhakrishnan
Choi Chan	Sumeet Rai
Anupam Chauhan	Hariharan Ramaswamykanive
Sachin Chidrawar	Benjamin Reddi
David Closey	Gareth Richards
Mark De Neef	Brett Sampson
Oliver Flower	Ritesh Sanghavi
Atul Gaur	Vineet Sarode
Darshana Kandamby	Melanie Saw
Mark Kol	Kiran Shekar
Nevin Kollannoor	Maithri Siriwardena
Shashi Krishnamurthy	Sanjay Tarvade
Eng Lee	Ravindranath Tiruvoipati
Wai Lee	Benoj Varghese
Monique Leijten	Timothy Warhurst
Anton Leonard	Anne-Marie Welsh
Matthew MacPartlin	Gerald Wong
Franco Martinese	
Wing Yiu Ng	
Michael O'Dwyer	
Harn-Yih Ong	

OTS Performance Assessment (Examination)

Six candidates presented for OTS Performance Assessment in the August / October 2009 sitting. For this assessment five candidates were only required to sit the oral section and one candidate was required to complete the written component.

Successful OTS Candidates:

Brian Morrow
Adrian Regli
Margareta Roeck
Godfrey Wright

Paediatric General Fellowship Examination – August / October 2009

The written section of the Paediatric examination was held in Brisbane, Melbourne, Sydney and Townsville. The oral section was held at the Westmead Children's Hospital in Sydney. Six candidates presented, five were approved including one Overseas Trained Specialist (OTS).

Successful candidates (Excluding OTS)

Elena Cavazzoni
Subodh Ganu
Christian Adrian Mattke
Brent McSharry

OTS Performance Assessment (Examination)

Dr Kevin McCaffery was the only candidate to present for OTS Performance Assessment in the August / October 2009 sitting. Dr McCaffery was successful at the written and oral components of this assessment.

Primary Examination – March / May 2009

The written section of the examination was held in Adelaide, Brisbane, Perth and Sydney. The oral section was held at ANZCA House in Melbourne with ten candidates presenting and three being approved.

Successful candidates:

Dr Russel Laver
Dr Yi Ching Lee
Dr Soumya Ray

Primary Examination – September / November 2009

The written section of the examination was held in Adelaide, Brisbane, Melbourne and Sydney. The oral section was held at ANZCA House in Melbourne for the last time. Nine candidates presented and three were approved.

Successful candidates:

Mahadev Patil
Mohammed Ruknudeen
Amit Vaidya

The G.A. (Don) Harrison Medal for 2009

The Don Harrison Medal is awarded to the best performed candidate in each General Fellowship Examination. The winner for the May examination was Dr Michael Putt and the winner for the October examination was Dr Oliver Flower.

HOSPITAL ACCREDITATION

The Hospital Accreditation Committee continued to review intensive care units already accredited for training, as well as those seeking to be accredited. The number of accredited units has increased so that we now have a total of 106 accredited for basic or advanced training. Overall nine new applications for accreditation were received, five new hospitals were granted accreditation, and a total of thirteen site visits were undertaken.

Outside of Australia there are currently twelve Intensive Care Units accredited in New Zealand, seven in Hong Kong, three in Ireland, one in Canada, one in the UK, one in Singapore, and our most recently accredited Unit in Vellore, India.

PROFESSIONAL AFFAIRS

Over the past year, a major role of the Director of Professional Affairs has been dissemination of information about the new College of Intensive Care Medicine. Letters and appropriate information packages were drafted and circulated widely to all Australian Colleges, related overseas organisations and all relevant government agencies announcing that the new body would be formed on January 1st 2010.

A new system of classifying and numbering of policy documents has been introduced. A number of training documents were written and/or revised (including Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine, Trainee Performance Review and the Training Agreement) and a number of others are in the process of review.

The DPA has taken part in the National Health Workforce Collaboration – Intensive Care Medicine Working Party, a collaboration between government and Price Waterhouse Coopers to model the future intensive care medicine workforce requirements. Data have been provided on trainee numbers, age, region of practice etc and a survey has been drafted to gain appropriate data for Fellows, such as the pattern of clinical practice now and plans for retirement. It is planned that these data will be used to describe the Fellowship of the first College of Intensive Care Medicine in a publication.

A regular report was submitted to the AMC in 2009 and they were notified of the intention to form the College of Intensive Care Medicine. Work has commenced on the accreditation application to the AMC for the review of the new College that is likely to get under way sometime in 2011. This will require a major strategic review and a thorough rewrite of many of our existing documentation. It will be a big task. Carol Reardon (Cunningham-Browne) has been of great help in a number of these matters. Other activities have included preparing and submitting a JFICM/CICM response to enquiries from a number of external bodies.

In addition to the professional affairs portfolio, the DPA has had a continuing commitment as Assistant Censor, undertaking training assessments, overseas training visa applications, processing of examination and Overseas Trained Specialist applications and Area of Need assessments and reports

FINANCE

During 2009 the Joint Faculty continued operating within the structure of ANZCA, however the finance structure for the new college was established and in accordance with good corporate governance the CICM accounts for 2009 were subject to financial audit by RSM Bird Cameron. The detailed auditor's statement accompanies this report. In brief, the new college is starting its existence as an independent entity in a sound financial position.

During 2009, the college received income from two main sources, firstly, the gifted amount of \$1M from ANZCA and secondly, about \$600,000 in Foundation Fellowship fees. Expenditure over that period was quite small, with about \$32k being spent on insurance and other administration expenses, as well as some prepayments for leasing costs and deposits for the 2011 ASM. It is anticipated that the new college will be able to meet our operational expenses for 2010 from our income during the year, about half of which is derived from our Fellowship subscription and the rest mainly from training and examination fees.

ANNUAL SCIENTIFIC MEETING

2009 JFICM Annual Scientific Meeting

The fifth JFICM ASM 'Energy Crises Large and Small' was held at the Brisbane Convention Centre, from June 12 -14 this year. A total of 316 registrations, coupled with strong support from the Health Care Industry ensured a good financial outcome to the conference. The local organising committee, led by Convenor Professor Rob Boots, had put together an interesting program based around the themes of metabolism, microbiology and sepsis, which was very well received by the audience. International invited speakers were Professor Djillali Annane from France and Professor Marin Kollef from Washington

Graduation of New Fellows

Thirty-seven new graduates were presented at the 2009 Graduation Ceremony, which was held at the ASM Dinner at Hillstone St Lucia golf course in Brisbane. In addition to the new graduates Honorary Fellowship was bestowed upon Professor Napier ('Nip') Thomson for his contribution to the development of the Joint Faculty and in recognition of his overall service to medicine.

The Oration was delivered by Dr Carole Foot, who spoke with feeling about the place of new Fellows in the world of intensive care medicine and her vision of what the future will bring to the profession.

Prizes and Awards

Along with the Graduation Ceremony was the presentation of awards and prizes. This year the Felicity Hawker medal for best presentation by a trainee at the ASM went to Dr Balu Bhaskar, the Don Harrison medal for best performance in the Fellowship exam was awarded to Dr Ed Litton (May 2008 exam) and Dr Sara Jane Allen (October 2008 exam) and the JFICM medal, for outstanding contribution to the specialty of intensive care medicine was awarded to Dr Felicity Hawker.

New Fellows Conference

Just prior to the ASM, the second JFICM New Fellows conference was held at the Hyatt Coolum (June 10 & 11). Twelve New Fellows attended the conference, which covered many areas of interest (including topics such as leadership skills, negotiation and dealing with challenging work situations, intensive care in rural areas). Participants enjoyed the opportunity to discuss issues of common

interest and to share ideas with other New Fellows and also with their more experienced colleagues who contributed to the conference.

2011 ASM

The planning for the 2011 ASM is well underway. The meeting is to be held at the National Convention Centre in Canberra, from 3–5 June and will be titled ‘Pushing the Boundaries of Intensive Care Medicine’.

FELLOWSHIP AFFAIRS

Admission to Fellowship

The following Fellows were admitted to Fellowship of the Joint Faculty of Intensive Care Medicine by examination in the previous 12 months:

Andrew Udy	QLD	Kavi Haji	VIC
Jayshree Lavana	QLD	Edward Litton	NT
Simon Abel	NSW	Matthew Holland	UK
Michaela Cartner	QLD	Seamus Crowley	WA
David Hawkins	WA	Geoffrey McCracken	NZ
Robyn Moss	QLD	Gopal Taori	VIC
Alexander Psirides	NZ	Vikram Patil	NZ
Manoj Singh	NSW	John McCaffrey	UK
Martina Zib	NSW	Poongundran Namachivayam	VIC
Victoria Campbell	QLD	Gordon Flynn	NSW
Charudatt Shirwadkar	NSW	Andrew Cheng	NSW
George Pang	QLD	Nicola Willis	QLD
Balu Bhaskar	QLD	Rohit D’Costa	VIC
Oran Rigby	NSW	John Mackle	UK
Alan Rashid	NSW	Grant Cave	NZ
Raymond Asimus	NSW	Koon Lam	HK
George Lukas	VIC	Sayek Khan	NSW
Yeng Hok Teo	HK	Wai Man Kwan	HK
Claire Cattigan	VIC	Louise Hitchings	NSW
Felix Oberender	VIC	Donal Ryan	IRE
Wing Sze Ho	HK	Luke Torre	WA
Paul Ritchie	VIC	Martin Cullen	NSW
Sanjay Vij	VIC	Susan Winter	NT
Thomas Rechnitzer	VIC	Lewis Campbell	NSW
Vasanth Mariappa	QLD	Brett Sampson	SA
Tavey Dorofaeff	CANADA	Monique Leijten	NSW
Nilesh Shah	SA	Edda Jessen-Haberman	NSW
Steven Galluccio	SA	Krishnaswamy Sundararajan	SA
Shanti Ratnam	SA		

The following Fellows with admitted via the OTS pathway, under Regulation 4.5:

Peter Marko	NZ	Margareta Roeck	WA
Hamish Pollock	QLD	Adrian Regli	WA
Konstantin Yastrebov	VIC	Godfrey Wright	ACT

Fellowship Statistics

Active Fellows: 663

Non Active/Retired Fellows: 43

Female: 108

Male: 598

Geographical Distribution:

NSW: 180 (26%)

VIC: 126 (18%)

QLD: 115 (16%)

SA: 53 (8%)

WA: 48 (7%)

ACT: 15 (2%)

TAS: 12 (2%)

NT: 5 (0.5%)

New Zealand: 62 (9%)

Hong Kong: 23 (3%)

UK: 19 (3%)

Ireland: 19 (3%)

Other: 25 (4%)

INTERNAL AFFAIRS

Board Members

Following a call for nominations in early 2009, Dr Bruce Lister was re-elected to the Board for a further three year term and Dr Amod Karnik (Queensland) was elected to the Board and took office from the Board meeting in June.

At the CICM Board meeting in February 2010 Professor John Myburgh was elected to the position of President-elect, Dr Ross Freebairn was elected vice-President and Professor Bala Venkatesh was elected Treasurer. Following the retirement of Professor Vernon van Heerden from the Board, Professor Myburgh took over as President. The result of the 2010 elections for the vacant positions on the CICM Board will be announced at the AGM on 4 June.

CICM Staff

The new college is very fortunate to have retained the services of all the JFICM staff, On 1 January all transferred their employment from ANZCA to CICM. Existing entitlements for the staff (eg leave accruals) were preserved. A new staff member, Ms Jade Downes, began with us in late 2009, bringing us up to seven full time employees. Jade will be receptionist and hence the initial point of contact for calls and enquiries to the college.



J. A. Myburgh
President

June 2010

Enc. Board members at June 2010
 Financial Report 2009
 Annual Reports of Regions and New Zealand

**COLLEGE OF INTENSIVE CARE MEDICINE
OF AUSTRALIA AND NEW ZEALAND**

BOARD (MAY 2010)

PRESIDENT

John Alexander Myburgh, New South Wales

VICE-DEAN AND CENSOR

Ross Callum Freebairn, New Zealand

TREASURER AND CHAIRMAN OF EXAMINATIONS

Balasubramanian Venkatesh

EDUCATION OFFICER

Peter Thomas Morley, Victoria

CHAIRMAN, HOSPITAL ACCREDITATION GROUP

Amod Karnik, Queensland

NEW FELLOWS REPRESENTATIVE

Nicole Blackwell, Queensland

MEMBERS

Charles Frederick Corke, Victoria
Bruce Gregory Lister, Queensland
Gavin Matthew Joynt, Hong Kong
Richard Priestley Lee, New South Wales

APPOINTED MEMBER

Arthur Barry Baker, New South Wales (ANZCA)

CO-OPTED REPRESENTATIVES

Allan Beswick, Tasmania

Michael O’Fathartaigh, South Australia

COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

NEW ZEALAND NATIONAL COMMITTEE Annual Report 2009

OFFICE BEARERS AND MEMBERS

CHAIR: DR MICHAEL GILLHAM

Vice Chair: Dr Tony Williams
Honorary Secretary: Dr Claudia Schneider
Honorary Treasurer: Dr Claudia Schneider
Elected member: Dr Seton Henderson
Elected member: Dr Peter Dzendrowskyj

Ex-Officio Members

Dr Ross Freebairn: Board Member College of Intensive Care Medicine
Dr Peter Roberts: Royal Australasian College of Physicians
Dr Gerard McHugh: Australian and New Zealand College of Anaesthetists
Dr Janet Liang: Australian and New Zealand Intensive Care Society
Dr Shawn Sturland: New Fellows Representative
Dr Rob Bevan: Trainee Representative

Administrative Assistance: Juliette Adlam

Total Number of National Committee Meetings for year: 3

Attendances of Elected Members for the 2009 year

Dr M Gillham	3-3
Dr S Henderson	2-3
Dr A Williams	2-3
Dr C Schneider	2-3
Dr Peter Dzendrowskyj	2-3

College of Intensive Care Medicine

Congratulations to Ross Freebairn on his election to Vice President at the Board Meeting held on 18th February 2010.

The CICM NZNC will continue to be based in Level 7, Exchange Place, and is being generously supported by ANZCA. This is likely to continue until the end of 2011. The Board of CICM has resolved to support a physical office for the CICM in New Zealand. The CICM website will include a link to the NZ home page – which is under development. E-mail, a PO Box address and a separate fax/telephone line are all being obtained. Once this has occurred notification of all relevant persons/bodies will occur. Other office issues are currently being worked on to ensure that, should CICM have to leave the ANZCA office, this transition can take place with the minimum of disruption. Various alternatives have been considered, but no decision has been taken as to which will be instituted in the event that ANZCA ask us to leave at the end of 2011.

New Zealand Fellows and Trainees

Currently New Zealand has 73 financial trainees, of which 43 are currently actively engaged in Intensive Care Training and 30 who are our trainees, but are not currently in accredited training. We have 56 New Zealand Fellows.

New Fellows Conference

New Zealand did not have a representative at the 2009 New Fellows Conference. Nominations will soon be called for the 2010 New Fellows Conference.

ASM

The 2009 JFICM ASM was held at the Brisbane Convention and Exhibition Centre from the 12th to 14th June 2009. The theme of this meeting was "Energy Crises Large and Small" and included a comprehensive review of Metabolism, Microbiology & Sepsis.

The 2010 Inaugural CICM ASM will be held in Sydney 4-6 June 2010. The theme for the meeting is Intensive Care Nephrology and will provide Intensive Care Specialists and Trainees with a comprehensive review of the literature in this area including the recently completed CRRT trials. Dialysis therapies, dialysis fluids, anticoagulation for CRRT, the role of diuretics in managing renal failure in ICU, dose adjustment of drugs in renal failure and CRRT and special consideration to renal issues in obstetric and paediatric critical care will also be discussed.

Ministry of Health

The CICM is currently applying for Quality Assurance Activity registration with the Ministry of Health.

Council of Medical Colleges

Representatives of the JFICM NZNC attended four meetings during 2009 on behalf of the committee.

Of particular note here is the Counties Manukau DHB's proposed pilot on the use of Physicians Assistants for a year within their surgical service. The CMC hopes that assessment of this pilot will be both rigorous and open to peer review before any recommendations following it are followed.

Meetings attended by representative of the NZNC, JFICM

- NZMA Doctors in Training Council Meeting
- MCNZ BAB Meeting
- RACP Committee on Adult Medicine
- ANZCA NZNC
- Review and Development of AIA Air Ambulance Air Rescue Standards

Of note amongst these meetings was that the MCNZ now appears to have backed down, at least in part, from mandating periodic practice visits for all doctors. It now appears to be focussing on doctors with general registration and no vocational scope first. The MCNZ is seeking to encourage the Colleges to mandate this form of CME for their Fellows of their own volition and, thus far in addition to the Gynaecologists and the Dermatologists, the Orthopaedic Surgeons have introduced it. Most other Colleges, including RACS, appear to be against mandating this form of CME. Concerns over cost and efficacy continue.

The MCNZ has now signalled that it believes that New Zealand should accept vocational registration of a doctor in other first world jurisdictions as sufficient proof of fitness to practice within that scope in New Zealand possibly following a minimal period of supervision only. With the current differences in training standards in Intensive Care Medicine between the UK, Europe and Australia and New Zealand this apparent shift in policy may provoke disagreement over an individual's fitness to practice independently in Intensive Care Medicine between the CICM and MCNZ.

NZ ICU Registrars Annual Training Meeting

A very successful ICU Registrars meeting was held in Auckland 29-31 July 2009, run by Ywain Lawry. Eighteen registrars attended. Peter Morley, JFICM Education Officer, attended and discussed how to pass examinations with the trainees.

Wellington Hospital will be hosting the 2010 meeting (which will be cosponsored by CICM and ANZICS) on 8-10th September 2010. Trainees interested in attending should contact Shawn Sturland (shawn.sturland@ccdhb.org.nz). An ICU Crisis Management Training Course will precede this course on the 6-7 September 2010 in the Wellington Simulation Centre.

Supervisors of Training

Peter Morley discussed aspects of training with a group of NZ SoTs on 31st July at the Registrars Meeting. A SOT email forum was subsequently set up to provide better communication between SOTs.

Cultural Competence

The new CICM is required by the MCNZ to provide guidance in cultural competence to its fellows and trainees. A booklet is currently being worked on to fulfil this requirement.

Review of Policy Documents

The following policy documents were reviewed by the NZNC.

- INCREASE IN TRAINING TIME IN INTENSIVE CARE DURING ADVANCED AND/OR BASIC TRAINING
- IC-9 STATEMENT ON THE ETHICAL PRACTICE OF INTENSIVE CARE MEDICINE
- IC-10 MINIMUM STANDARDS FOR TRANSPORT OF THE CRITICALLY ILL
- IC-11 GUIDELINES FOR THE IN-TRAINING ASSESSMENT OF TRAINEES IN INTENSIVE CARE MEDICINE
- IC-14 STATEMENT ON WITHHOLDING AND WITHDRAWING TREATMENT
- IC-15 RECOMMENDATIONS OF PRACTICE RE-ENTRY FOR AN INTENSIVE CARE SPECIALIST

Submissions and consultation documents addressed by JFICM NZNC/CICM NZNC 2009 (Note: JFICM NZNC did not respond to all these documents)

- Medical Council of New Zealand:
 - New Framework for Supervision of International Medical Graduates
 - Proposed Use of Practice Visits (Periodic Assessment of Performance) as Part of CPD
 - Statement for Doctors on the Subject of Advertising
 - Draft Statements for Doctors on the Subject of Prescribing
 - Training and Regulation of Medical Assistants
 - Policy on Recognition and Reaccreditation of Vocational Scopes and/or Branch Advisory Bodies (BAB)
 - Draft Statement on Beliefs and Medical Practice
 - Draft resource on Best Health Outcomes for Pacific Peoples
 - Faculty of Pain Medicine Seeking Recognition as a Separate Vocational Branch
- Ministry of Health:
 - 2009/2010 Clinical Training Agency Purchasing Intentions
 - Future of the Medical Workforce - Integrated and Coordinated Medical Training and Curriculum Framework
 - Credentialling Framework for NZ Health and Disability Service Providers
- DHBNZ - Draft Intensive Care Specialist Forecast Report
- NQIP - Cather-related Bloodstream Infection Project
- New Zealand Ambulance Service Strategy
- Nursing Council of NZ – Registered Nurse Scope of Practice

Electronic copies of the above submissions are available to all Fellows by contacting Juliette Adlam on cicm@cicm.org.nz

Hospital Inspections

- ***Christchurch Hospital:*** Inspected on 17 September 2009. A decision on accreditation for training is still pending. A number of issues were identified and if significant progress is not made on these, it is likely that accreditation beyond December 2010 will be withdrawn.
- ***Auckland City Hospital:*** Following inspections in 2008, DCCM re-accredited for C24 and CVICU accredited for C12.
- ***North Shore Hospital:*** Inspected on 17 July 2009, accredited for C6.
- ***Waikato Hospital:*** Inspected on 16 July 2009. Some matters of serious concern were identified by the inspection team and a re-inspection early this year is scheduled. In the interim this intensive care unit continues to be accredited for C24.

Michael Gillham
Chairman, New Zealand National Committee, CICM
March 2010

COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

NEW SOUTH WALES REGIONAL COMMITTEE ANNUAL REPORT May 2009 – April 2010

Office Bearers & Members 2009 / 2010

Chair:	Ray Raper
Deputy Chair	Elizabeth Fugaccia
Honorary Secretary:	Priya Nair
Elected members:	Deepak Bhonagiri Mark Lucy Ian Seppelt
ACT Representative:	Mark Oliver
New Fellows and trainees	
Representative:	Nhi Nguyen
Ex-officio Board Members:	Richard Lee John Myburgh
Co-opted members:	Kalpesh Gandhi Stuart Lane Rahul Pandit

Total number of Regional Committee meetings held: 3

Dates of meetings:	11 August 2009
	24 November 2009
	23 March 2010

Attendance of elected members:

Deepak Bhonagiri	2
Elizabeth Fuggaccia	3
Mark Lucey	1
Priya Nair	3
Raymond Raper	3
Ian Seppelt	3

The Regional Committee continued to provide a forum for dissemination of information from The Board and discussion of issues pertinent to training and professional practice in intensive care in NSW. There remains a good deal of interest in and commitment to the Faculty and now The College within NSW and it is anticipated that this will again be reflected in nominations for the election to be held later this year. The Regional Committee members continued to be actively involved in hospital inspections for accreditation, in the recruitment of Intensive Care practitioners to accredited ICUs and to the broader range of professional issues pertinent to ICU practice including continuing education and professional development.

Hospital accreditation

The current status of hospitals accredited at C24 and C12 remained unchanged. Coffs Harbour Hospital achieved accreditation at the C6 level. Inspections were undertaken at Nepean and Orange Hospitals and are in the planning phase for Calvary-Mater and Wollongong Hospitals.

NSW Intensive Care Long & Short Courses

The Long and Short courses for CICM Fellowship examination preparation were re-instituted. This followed the one year hiatus precipitated by the death of Naresh Ramakrishnan who previously played a large role in these courses. Co-ordination was taken up by Drs Fuggaccia, Buscher and Nair with much assistance from Fellows in the teaching hospitals. The short course for 2009 was held at Westmead Hospital in late June and for 2010 will be held at St Vincent's Hospital, again in late June.

Educational meetings

The 2010 (inaugural CICM) ASM is fast approaching. The convener, Dr Deepak Bhonagiri has finalised all arrangements and we are looking forward to an excellent meeting, focusing on renal and related medicine. The dinner and ceremony for awarding Fellowship will be held at The University of Sydney. The Regional Committee is also continuing to support local educational meetings in conjunction with ANZICS, NSW. The next meeting is focusing on the lessons learned from last season's H1N1 pandemic.

AMA Career Exhibition Day

The RC was again represented at the AMA careers evenings held at AMA House in St Leonards. These focused evenings provide career information to young doctors and some students. These sessions replaced the larger annual function held at the AJC Centre at Randwick. All participants felt that this was a very worthwhile initiative and that continued attendance is essential if the future manpower needs of Intensive Care are to be met.

State Committee Representation

The Regional Committee Chair continued to represent the JFICM on the NSW Standing Committee for College Chairmen, through which issues of concern to the Regional Committee can be presented for discussion. Once again, this committee met very infrequently due to the limited availability of the Director General. Plans to rejuvenate this forum, sponsored by the College of Surgeons are in hand. Dr Nhi Nguyen has represented NSW on the Trainee Committee for the past two years. She has now stood down from this role and Dr Naomi Diel has agreed to undertake this function.

Secretariat

With the establishment of the College of Intensive Care Medicine, historical arrangements for the conduct of the Regional Committee have lapsed. As an interim measure, all activities are being coordinated through Melbourne and Ms Lisa Davidson. The first meeting of the CICM NSW Regional Committee was held at North Shore Private Hospital and it is planned to continue this in the short-term at least. The Committee formally expressed its sincere appreciation for the assistance provided by Ms Annette Strauss of the NSW office of ANZCA. The RC will face considerable challenges to maintain its function over the next period. The central role of the CICM in relation to the professional affairs of NSW Intensivists will need to be established in the wake of the move from the ANZCA / RACP umbrella. This move offers considerable potential but, without a local office presence, will need to be carefully managed.

Raymond Raper

CHAIRMAN NSW REGIONAL COMMITTEE

APRIL 30, 2010

COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

QUEENSLAND REGIONAL COMMITTEE

Annual Report 2009

OFFICE BEARERS

CHAIR: A/PROF ROB BOOTS

Vice Chair:	Dr Ranald Pasco
Honorary Secretary/Treasurer:	Dr Neil Widdicombe
Elected Members	Dr John Evans (Rural Representative) Dr Dan Mullany (Intensive Care Network Representative) Dr Chris Anstey
Coopted Members	Dr James Walsham (New Fellows Representative) Dr Jeremy Cohen (Advanced Skills Workshop) Dr Leo Nunnick (Training and Simulation Subcommittee Chairman and S.O.T. representative) Dr Marc Ziegenfuss (Chair Qld ANZICS and Chair QHealth Intensive Care Training Rotation) Dr Michael Corkoran (Paediatric representative) Dr. Andrew Udy (Training Representative)
Board Representatives	Prof Bala Venkatesh Dr Bruce Lister Dr Amod Karnik
Regional Manager	Karen Harvey
Regional Administrative Officer	Michelle Cordwell

Total Number of Qld Regional Committee Meetings for year: 6

Attendances of Elected Committee Members

	<i>Meetings Attended</i>
Dr Rob Boots	6
Dr Ranald Pascoe	4
Dr Neil Widdicombe	6
Dr Chris Anstey	2
Dr John Evans	6
Dr Dan Mullany	5

Chairman's Report:

This year we became the CICM. In reality, the QLD regional committee found the work continuing business as usual. The Board kindly allowed us a budget to continue in our relationship with the QLD ANZCA and ASA administration. This has ensured a continuity of corporate knowledge, a defined meeting place and an organisational structure to make the job of our elected and coopted volunteers as easy as possible for the time they have devoted to College activity. We thank the administrative staff of ANZCA for keeping us organised, being current with College policy and using volunteer Fellow time wisely and constructively.

This is my last year as Regional Chairman for the last 6 years and serving on the QRC for a total of now more than 12 years. This report will reflect on the activities, accomplishments and difficulties over this period. A new committee in Queensland will welcome many new faces with retirement of long serving member Chris Anstey. We thank him for his contributions over many years serving on the committee as it transformed from the Faculty of Intensive Care, JFICM and finally the CICM.

Inputs have been made to various credentialing committees around QLD. The QRC has limited its role in appointment committees to an objective comment as to whether a candidate is a fellow or suitably qualified in conjunction with the College Censor in cases of area of need. We have not taken a College position to differentiate between the qualities of individual candidates for a particular position.

In area of need appointments the QRC remains committed to assisting the Censor in the determination of support for such positions by providing knowledge of local circumstances and potential trainees about to join the “need a job” queue. The usual work of unit inspections for training accreditation continues to be an increasing task as units both public and private continues to build allowing upgrading of existing accreditations or new accreditations granted. The CICM is also represented on the State-wide intensive care network.

We have not had time to relax since the 2009 ASM with many fellows also lining up to assist in the ANZICS meeting in 2011. The QRC also thanks all the Queensland fellows for their enormous efforts during the Swine flu epidemic putting in long hours clinically and taking part on strategic state-wide pandemic clinical and intensive care specific committees in support of our patients. Let’s hope for a clinically quieter winter this year!

Within the last 12 months there has been established a Chairs of Regional College meeting, hosted by the RACP. In this forum, individual colleges can discuss issues of training and health care provision which are in common. On a regular basis access to the Health Minister and the Director General of Queensland Health is available in an informal manner. This has been a very useful meeting to voice issues of concern for QLD.

The QRC recommended Dr Michael Putt as our representative to the trainee committee. We regarded Michael as a most worthy candidate as our most recent D. A. Harrisoin Medal winner in the CICM exams. Our congratulations Michael.

The QRC is well advanced in plans to hold a research planning day for its local trainees to assist in the preparation of research projects and their presentation with the aim to streamline this aspect of training. It is especially hoped that the “hold-up” that the project often is for the presentation of fellowship may be able to be expedited as well as bringing the regional fellowship together in support of our trainees. Dr Andrew Udy and Dan Mullany are driving this exciting initiative.

An Established Formal Training Rotation for Intensive Care for Queensland

This year boasts the second year of a centralised appointment process for Intensive Care trainees resourced by Queensland Health. This has significantly streamlined appointment processes especially in a work environment where we remain very dependent upon overseas trainees to fill the positions needed. The advantages are a continuation of planning for appropriate terms to minimise training time, provision of a local dataset of trainees, as well as ensuring a consistent approach to medical board registration and immigration requirements. This project is now entrenched into the way Queensland Health does business and continues to be chaired by Dr Marc Ziegenfuss with Dr Neil Widdicombe representing the QRC. The role of the QRC in lobbying for the establishment of the rotation system and negotiating seed funding was instrumental.

Supervisors of Training Support Forum.

These have continued on an annual basis and continue to be sponsored by the CICM. They continue to be our most successful meeting highlighting training issues of concern to the Board. Some of these issues have included clarification on the role of SOTs for trainees taking the overseas training program route to fellowship, a long term view of training portfolios with approaches to ensuring training gaps are filled within a particular term. Topics of discussion for the SOT Support Forum will be an update of the centralised appointment process and discussions of how to ensure adequate training in busy units and the problematic trainee. The minutes of these meetings are presented to the Board for consideration and should provide Queensland SOTs with direct input into the policy and procedures of the Colleges training program.

Procedural Skills Workshop

This annual workshop this year was organised by Dr Jeremy Cohen and Dr Leo Nunnick and hosted by the Princess Alexandra Hospital. Skill stations included high frequency oscillation, difficult ventilation scenarios, balloon pumps, bronchoscopy and bronchoscopic intubation, percutaneous tracheostomies, cardiac pacing and dialysis. There is no registration fee. Drs' Jeremy Cohen, Leo Nunnick, Rob Boots, Andrew Udy and Wayne Kelly provided the faculty in 2010.

Vocational Expo. Royal Brisbane Hospital

Rob Boots, Andrew Udy, Neil Widdicombe, and Nicola Willis represented the CICM at the annual Queensland Vocational Expo. This year the Rotation Committee jointly manned the stand. There was a prize of "Oh's Intensive Care Manual" which assisted in attracting approximately 30 medical students and junior medical staff to seek information about intensive care training. There have also been EXPOS organised by the University of Queensland and Bond University to showcase specific specialties including Military Medicine.

Units Accredited for Intensive Care Training and College Examiners

Accredited Basic Training Units

Ipswich Hospital
Allamanda Private Hospital, Southport
Mackay Base Hospital
Redcliffe Hospital
Toowoomba Hospital

Accredited Advanced Training Units

Cairns Base Hospital
Gold Coast Hospital
Greenslopes Private Hospital
Logan Hospital
Mater Children's Public Hospital
Mater Adult Public & Mater Private Hospitals
Nambour General Hospital
Princess Alexandra Hospital
Royal Children's Hospital
Royal Brisbane Hospital
The Prince Charles Hospital
The Townsville Hospital

The Wesley Hospital

The Toowoomba hospital is currently working towards gaining accreditation.

Primary Intensive Care Examiners from Queensland

Dr Michael Cleary
Dr Jonathan Field
Dr Peter Kruger
Dr Roslyn Purcell
Dr Shane Townsend
Dr Kim Vidhani

General Fellowship Intensive Care Examiners from Queensland.

Dr Jeremy Cohen
Dr John Evans
A/Prof John Fraser
Dr John Gowardman
Dr Rajeev Hedge
Dr Chris Joyce
Dr Amod Karnik
Dr Dan Mullany
Prof Bala Venkatesh

Paediatric Intensive Care Examiners from Queensland

Dr Mark Hayden
Dr Bruce Lister
Dr Julie McEniery
Dr Phil Sargent
Dr Andreas Schibler

Programs Run by Queensland Fellows to Support Intensive Care training.

Wednesday Afternoon Training Program

The Wednesday afternoon Senior Registrar training program continues in its long tradition of now nearly 20 years. The supervisors of training and trainees are increasingly contributing to the running of this program shared across the metropolitan hospitals. Its format is now short presentations of several examination type topics which should be able to form the basis of a written answer. Hot and cold cases are also organised as the clinical exams loom. The QRC thanks Dr John Morgan for initially establishing this program and negotiating the protected time for training from the unit directors. It is now a Queensland institution which many of us have benefited from. The QRC also thanks the present chairman of the training afternoon based this year from the Princess Alexandra Hospital (Dr. Rosalyn Purcell, now Dr. Anand Krishnan), previous chairs and the continued unit director indulgence of releasing their Senior registrars for this weekly activity.

Academy of Critical Care Medicine – Second Part Pre-exam Course

Director Professor Bala Venkatesh

This program is well known across Australia and continues to be a successful forum for pre-exam preparation for the final examination. It was run in September across most of the major metropolitan Brisbane Hospitals

Basic Assessment and Skills in Intensive Care

This successful international program continues to be taught in the Skills Development Centre of Queensland Health in Brisbane. Again this year, 5 courses are being programmed with some 700 participants having completed the program by the end of 2010. Invited lecturers continue to be invited from around QLD and Australia to contribute to the program. A summary of the experience of the Brisbane and Hawkes Bay (New Zealand) programs is due to be soon published in Anaesthesia and Intensive Care. The program will be expanding this year with a Gold Coast BASIC run by Balu Bhaskar and Yogesh Apte. Increasingly the target participants are medical staff early in intensive care training, but senior nurses and specialists who need to intermittently care for the critically ill continue to give good feedback as to the usefulness of the course.

Gold Coast Advanced Airway Workshop

Drs Apte and Bhaskar this year provided a very popular advanced airway workshop which will continue to be available on an annual basis for trainees or those fellows desiring a workshop environment to upskill on new approaches to securing the airway.

Crisis Management in Intensive Care

This program of advanced simulation emphasising principles of crisis resource management continues to be well received by participants now championed by Dr Leo Nunnick at the Skills Development Centre. Leo ran a very successful course of how to provide simulation training as a satellite meeting to the 2009 ASM.

Wednesday State-wide Telemedicine Case Conference

This program now some 10 years old continues to provide case based teaching weekly for one hour across 14 intensive care units in Queensland and Northern NSW. Chaired by A/Prof Rob Boots. The presentations continue to be of a high standard often equivalent to international meetings with the occasional invited expert to give a dissertation.

Primary Long Course Mater Hospital Brisbane

The consultants in Anaesthesia and Intensive Care continue to run the long course in preparation for the primary JFICM exam on Tuesday afternoons. Contact can be made through Dr Peter Scott and the Mater Hospital in South Brisbane.

Crit-IQ.com.au Web site

Dr Todd Fraser and colleagues continue from Mackay to provide this web-based resource containing past questions and practice questions, case scenarios, investigation interpretation, literature reviews and journal clubs specifically aimed at assisting to pass the JFICM final examination.

Intensive Care Web-Orientation Project

The medical staff at the Royal Brisbane Hospital were successful in securing a significant grant from Queensland Health to provide an on-line unit orientation platform for the intensive care units across the state in addition to generic web-based training modules directly relevant intensive care practice with self-assessment quizzes and a summative assessment in the principles of intensive care. The monies have been used to have a graphic artist and a project assistant for a 12 month period with the resources provided through the Skills Development Centre of Queensland Health. Some of the modules are developing on the back of the Medical Emergency Response training program of the Royal Brisbane and Women's Hospital. Early editing will be provided by consultants from the Gold Coast, Cairns, Logan and the Royal Darwin Hospitals. It is hoped that the program will be available for junior staff to access from the beginning of 2011.

The Queensland Regional Committee continues to be an enthusiastic group of individuals working for the promotion of intensive care and training within the State. The present planning charter is now complete. Local operating policy changes are hoped to ensure that the new initiatives will be able to be continued by future committees. Firstly I thank the fellows of Queensland for the opportunity to contribute to intensive care training over such a long period now. I have learned a great deal and am pleased that the projects

initially established by the QRC some 6 years ago have all been accomplished in some form or another. I also thank to the fellows who have served with me on QRC over the last 6 years and indeed all of the previous 12 years. I continue to be impressed with the long lines of fellow who wish to make a contribution to training. I additionally thank the secretariat who has made the transition to the CICM easy for all. The challenge for the new committee will be the negotiations to maintain a “place” and secretarial infrastructure to support the work of the QRC, continue the conduits to the governing Board as well as keeping busy all those hands who are keen to advance the work of training and the promotion of the specialty.

Rob Boots
Qld Regional Chairman

COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

**WEST AUSTRALIA REGIONAL COMMITTEE
ANNUAL REPORT May 2009 – April 2010**

CHAIRMAN	David Moxon
DEPUTY	Mary Pinder
HON TREASURER	Simon Erickson
HON SECERETARY	David Simes

First of all congratulations to all our successful local exam candidates and welcome aboard those new fellows who have taken up positions as specialists.

The committee assisted with training accreditations for Royal Perth Hospital ICU and the Mount Hospital ICU, Royal Perth maintains its rating as a C24 training facility and the Mount Hospital now has C6 status.

2009 will be remembered around the region as one of our most challenging years due to the outbreak of the H1N1 influenza pandemic. Our local experience involved dealing with a surprising number of pregnant patients and also the unprecedented use of veno-venous ECMO on a large scale.

Members of the regional committee made numerous representations to meetings at the Department of Health to lobby the intensive care cause, which in the large part was successful in terms of obtaining new equipment and resources during the crisis period.

Next year sees the selection of a new committee for WA and the introduction of a web based notice board for each region on the CICM website.

Thank you to everyone involved in the local committee.

DAVID MOXON

Chairman, WA Regional committee April 2010

COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

SOUTH AUSTRALIA REGIONAL COMMITTEE

ANNUAL REPORT May 2009 – April 2010

Chairman	Peter Sharley
Vice Chair	Steve Lam
Ex-officio Board Member	Michael O’Fathartaigh
Coopted SOTs	Andrew Holt (FMC) Nick Edwards (RAH) John Moran (TQEH) Milind Sanap (LMHS) Peter Prager (WCH).

In the 2 sittings of the then JFICM final exam in 2009 there were 8 out of 10 successful local candidates. A credit to those candidates but also to their teachers.

The “26th Australian Short Course on Intensive Care Medicine” in Adelaide was primarily supported by Rob Young, Nick Edwards and Alex Wurm. A special mention also to Victoria Campbell, Owen Roodenburg and Carole Foot who travelled from interstate to teach and assist the 22 local faculty in this very large course. There were 48 participants from Australasia at the most recent 3 day course.

Mark Finnis continues to lead the “Primary Science Course” development and following the inaugural course in 2008, 2 courses were held in 2009, one in March and the other in August. There were 16 (10 ANZCA + 6 JFICM) and 9 (5 ANZCA + 4 JFICM) attendees at these respective courses, with the attendance limited to 16 due to venue constraints. The course is 1 week and involves a series of lectures, interactive tutorials and trial vivas. The ongoing plan is for 1 course to be held in August each year. We ran an additional course in March 2009, as there were 8 local candidates sitting their orals in April. The Faculty for 2009 (both primary courses) – with some doing multiple sessions included: Arthas Flabouris, Chris Huxtable, Adam Deane, Richard Strickland, Rob Laing, John Russell, Peter Doran, Justin Porter, Morgan Warner, Thien LeCong, Michael Farquharson and Ben Reddi.

CICM (SA) is not large enough to have administrative support locally but support from ANZCA (SA) is noted with thanks for some of the above educational courses.

Ken Lee having travelled internationally supporting the “Basic Assessment and Support in Intensive Care” (BASIC) course has brought the program to SA. The Queen Elizabeth Hospital Intensive Care Unit ran the first Adelaide instructor’s course for BASIC with the help of Drs. Ross Freebairn (NZ), Gavin Joynt (HK) and Mary Pinder (Aus) in early 2009. They aimed to create a group of local Adelaide instructors in order to run the provider course in Adelaide, although interstate instructors candidates were invited as well. Since then there has been provider courses twice a year at the Queen Elizabeth Hospital. The local faculty included Mary White, Michael O’Fathartaigh, Stewart Moodie, Tom Lee, Kenneth Lee, Alex Wurm, Alpesh Patel, Vishi Biradar, and Ken Ooi. The course caters for resident medical officers and registrars from a wide range of disciplines. Feedback has been consistently great from the candidates and there is great encouragement to continue running the course. Since then, the Queen Elizabeth Hospital ICU Nurses have also established “BASIC4NOW” which is a course for nurses on the ward (with the help of the team from Hawkes Bay Hospital ICU, NZ) with excellent results. FMC ICU, and in particular, Alpesh Patel have established a similar BASIC course to orient their new residents quarterly.

Other activities for CICM Regional include ongoing combined meetings with the SA ANZICS Regional Group and we welcome David Durham into the ANZICS Chair spot as we thank Mary White for her years of excellence with ANZICS as the outgoing Chair.

The SA Department of Health continue to have SA Heads of Colleges Committee meetings which provide some useful information sharing between colleges at the local level. The SA Government has established the new body SA Institute of Medical Education and Training (IMET) which reports directly to the Health Minister. This has been set up to accredit hospitals for training in prevocational and vocational training. In reality they will only be able to assess the resources and CICM will be observing this development.

Ongoing interactions with AMA (SA) provide an enormous source of background issues in medicine that will require the CICM to monitor over the years ahead.

Other professional contacts include the ANZCA (SA) committee meetings where the CICM Regional Chair attends as an invited member. Of note here is the planned redevelopment the SA ANZCA / DOH Mortality Review Panel where CICM will be have a nominee.

The Lyell McEwin Health Service ICU continues to grow in Adelaide's northern suburbs and we wish Dr Peter (Toby) Thomas as he has been appointed the new Director of ICU in this location after many years as Director of the RAH ICU.

Peter Sharley

Chairman, SA Regional committee April 2010

COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

TASMANIAN REGIONAL COMMITTEE

Annual Report May 2010

OFFICE BEARERS & MEMBERS

Chair: Dr Allan Beswick
Hon. Secretary: Dr David Cooper
Hon. Treasurer: Dr Alan Rouse
Committee Members: Dr Andrew Turner
Dr Michael Anderson
Dr Ram Sistla
Dr David Rigg

CICM Board representative: Dr Allan Beswick (Co-opted representative for Tasmania)
Tasmanian Trainee representative: Dr Shashi Krishnamurthy

EDUCATION & TRAINING

Hospital Based

Royal Hobart Hospital (RHH)

Supervisor of training: Dr David Cooper
Accreditation visit November 2009
Accredited for 24 months of core training: CICM Board Feb 2010
Junior staffing: 3 Senior registrars (advanced trainees), 4 registrars, 4 JMO's (year 2-3)
Weekly teaching program – Case presentation to supplement Disease or Problem based presentation
Fortnightly M&M and Journal club
Exam practice sessions – advanced trainees

Launceston General Hospital (LGH)

Supervisor of training: Dr Scott Parkes
Accreditation visit November 2009
Accredited for 12 months of core training: CICM Board Feb 2010
Junior staffing: 5 registrars (1 advanced trainee) 1 JMO's (year 2-3)
Weekly teaching program – all JMO's attend

State Wide

Annual Continuing Education Meeting to be held August 2010
Combined CICM/ANZICS State Wide Meetings
Teleconference and 'face to face'
Combined with presentations on research, clinical topics and cases
Attended by consultants and trainees

Trainee Success

All 3 candidates sitting the adult written and clinical exams passed:
Drs Anupam Chuahan, Shashi Krishnamurthy, Arun Radhakrishnan
Winner 2009 Matt Spence Medal (ANZICS ASM Perth, WA):
Dr Matt Brain

Examiners

Adult examination

Dr Allan Beswick

Dr Scott Parkes

College Business

Hospital Accreditation Visits 2009

Board representative: Prof Myburgh

Royal Hobart Hospital – accredited for 24 months of core training

Launceston General Hospital – accredited for 12 months of core training

ACKNOWLEDGEMENTS

The Tasmanian regional committee would like to acknowledge the support provided by Lisa Davidson (CICM Office)

COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

VICTORIAN REGIONAL COMMITTEE

Annual Report May 2010

The VRC has been fortunate to have a fresh influx of members over the last two years. The VRC has sometimes appeared to struggle for a sense of purpose, however with these new members there has been a renewed enthusiasm and expectation that the VRC contribute to trainee and fellow affairs in Victoria.

In support of a plan to increase VRC representation, it was felt important that suitable Intensive Care Medicine trainees from major training hospitals in Victoria should be recruited to the committee to provide input from the trainees' perspective. As a consequence a trainee representative was co-opted to the committee and we hope in the future that this be continued and indeed expanded upon.

The current term of office for the CICM-VRC will end this year. A revised electoral system is planned as described below. To the elected, coopted and ex-officio members I thank you for your time and interest in Committee activities and look forward to your continued support of the CICM-VRC.

The current committee consists of:

Committee:	Julian Hunt-Smith	Chair
	David Charlesworth	Deputy Chair
	David Green	Honorary Secretary
	Himangsu Gangopadhyay	Honorary Treasurer
	Ian Carney	Training & Education Officer
	John Botha	Meetings Officer
	Jonathan Barrett	Coopted Member
	Neil Orford	Coopted Member
	Andrew Casamento	Coopted Member
	Rohit D'Costa	Trainee Representative
	Charlie Corke	Ex-officio Board Member
	Peter Morley	Ex-officio Board Member

Education & Training

Education and training issues have been a particular emphasis of the committee. To assess training requirements of the various units, a survey was carried out of all supervisors of training to determine support for educational initiatives. This led to a push for the VRC to function as a coordinator of educational opportunities. The concept of a website dedicated to the VRC was therefore developed. The aims of this website are to coordinate learning opportunities for all intensive care medicine trainees and to publicise issues pertinent to Victorian fellows and trainees. We had planned to establish this web presence in these last twelve months and with the launch of the CICM website, it is hoped the VRC will be able to "go live" in early July 2010.

Another VRC initiative has been the establishment of the Victorian BASIC course. The concept of the BASIC course involving a truly collaborative statewide faculty was introduced by Dr Ian Carney and following invitations to all Victorian units, now involves a number of intensivists from across Victoria. The ultimate aim is to deliver the benefits of this course to all Victorian trainees and hospitals.

Corporate Governance

As the current VRC is approaching the end of its term of office, the committee has been discussing issues relating to corporate governance. As a part of these discussions, we have explored the processes involved in electing the committee as well as the actual make up of the committee. This review of processes is especially timely given the formation of the new CICM. The suggestions below, aim to improve the functioning of the VRC by better reflecting the roles of committee members and of the VRC.

We have noted problems with the election process. The committee has been elected under the guidelines of the JFICM Regulations June 2007 (now CICM Regulations 11/09). Under these rules the committee is elected in April which seemingly emphasises the financial year. Currently a large portion of the “year” is lost due to the slowdown that inevitably occurs through the December-January period. We believe that an alternate system may deliver improvements. As a consequence we propose a change to the electoral processes to allow the calendar year to be the focus:

- 1.1. Call for nominations for the VRC in October of the election year.
- 1.2. Election held in November.
- 1.3. Committee “handover” in December with CICM board notification.
- 1.4. New committee meets at the start of February able to report to the CICM board.

We have also noted a change in the functions and emphases of our committee. In order to reflect these changes we also propose that the members elected to the VRC should fill six portfolios. This is a subtle change to the current regulations:

- 1.1. Chair
- 1.2. Vice-chair
- 1.3. Treasurer-Secretary
- 1.4. Education
- 1.5. Website
- 1.6. Meetings

Traditional Duties

Over the past twelve months the Committee has continued to review College and Joint Faculty Professional Documents and participate in hospital credentialing.

Thanks

I would like to once again thank the Committee for their valuable contribution and participation and look forward to a successful and rewarding year ahead. I would also like to thank the co-opted members for their time and interest in Committee activities and look forward to your continued support.

With the formation of the CICM, a major change has occurred in the support systems available to the regional committees and hence the VRC. I would especially like to thank Daphne Erler and the administrative staff of ANZCA who have offered considerable help to the VRC over a long period of time. The VRC has very much appreciated the support, assistance and advice that has been given and we are sad to lose such valued colleagues.

Julian Hunt-Smith
Chairman

College of Intensive Care Medicine
of Australia and New Zealand

Financial Report 31 December 2009

Directors' Report

Your directors present their report on the entity for the period from the date of incorporation, being 21 November 2008, to 31 December 2009. This is the first financial report of the company and, accordingly, there are no prior year comparative figures.

Directors

The names of directors in office at any time during or since the end of the period are:

Balasubramanian Venkatesh
John Myburgh
Nicole Blackwell
Peter Morley
Peter Van Heerden
Charles Corke
Richard Lee
Gavin Joynt
Bruce Lister
Ross Freebairn
Amod Karnik (appointed 15 June 2009)

The company secretary is Philip Hart

Principal Activities

The entity's principal activities 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 and Results

The College of Intensive Care Medicine of Australia and New Zealand was incorporated on 21 November 2008. These financial statements represent the period from the date of incorporation to 31 December 2009.

2009
\$

Operating profit / (loss) after income tax 1,650,873

The company received \$1,000,000 during the period, transferred from the Australian and New Zealand College of Anaesthetists upon their agreed separation. Further details on the transfer of assets is detailed in note 10 to the accounts

Dividends

The company is incorporated as a company limited by guarantee and as such, does not have share capital and declares no dividends.

Matters Subsequent to the End of the Balance Date

There has not been any matter or circumstance occurring subsequent to the end of the period that has significantly affected, or may significantly affect, the operations of the company, the results of those operations, or the state of affairs of the company in future years.

Likely Developments

There were no likely developments not finalised at the date of this report which would impact on the entity's future operations.

Directors Interests

No director has any interest in business contracts or proposed financial dealings for personal benefit with the company declared during the period ended 31 December 2009.

Meeting of Directors

During the financial year, three meetings of directors were held. Attendances were as follows:

	Number eligible to attend	Number attended
John Myburgh	3	3
Ross Freebairn	3	3
Balasubramanian Venkatesh	3	3
Nicole Blackwell	3	3
Peter Morley	3	3
Peter Van Heerden	3	3
Charles Corke	3	3
Richard Lee	3	3
Gavin Joynt	3	3
Bruce Lister	3	2
Amod Karnik	2	2

There were no Audit Committee meetings conducted during the period ended 31 December 2009.

Insurance of Officers

During or since the end of the period the entity paid \$5,170 in premiums to insure officers of the entity against proceedings that may be brought against them in their capacity as officers of the entity.

Proceedings on Behalf of the Entity

No person has applied for leave of Court to bring proceedings on behalf of the entity, or to intervene in any proceedings to which the entity is a party, for the purpose of taking responsibility on behalf of the entity for all or part of those proceedings.

The entity was not a party to any such proceedings.

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



Professor John Myburgh
Director
19 May 2010

AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial statements of College of Intensive Care Medicine of Australia and New Zealand Limited for the period ended 31 December 2009, I declare that to the best of my knowledge and belief, there have been no contraventions of:

- i) the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- ii) any applicable code of professional conduct in relation to the audit.

RSM BIRD CAMERON PARTNERS



P RANSOM
Partner

19 May 2010
Melbourne

INDEPENDENT AUDIT REPORT

To the members of the College of Intensive Care Medicine of Australia and New Zealand Limited

We have audited the accompanying financial report, being a special purpose financial report, of College of Intensive Care Medicine of Australia and New Zealand Limited ("the company"), which comprises the balance sheet as at 31 December 2009, and the income statement, statement of changes in equity and cash flow statement for the year then ended, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the *Corporations Act 2001* and are appropriate to meet the needs of the members. The directors' responsibility also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards.

These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the directors' financial reporting requirements under the *Corporations Act 2001*. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

Auditor's Opinion

In our opinion the financial report of the College of Intensive Care Medicine of Australia and New Zealand Limited is in accordance with the *Corporations Act 2001*, including:

- (i) giving a true and fair view of the company's financial position as at 31 December 2009 and of its performance for the year ended on that date in accordance with the accounting policies described in note 1; and
- (ii) complying with Australian Accounting Standards to the extent described in note 1 and the Corporations Regulations 2001.

RSM BIRD CAMERON PARTNERS
Chartered Accountants



P RANSOM
Partner

19 May 2010
Melbourne

DIRECTORS' DECLARATION

The directors have determined that the company is not a reporting entity, and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

The directors of the company declare that:

1. the financial statements and notes, as set out on pages 9 to 16 are in accordance with the Corporations Act 2001 and:

(a) comply with Accounting Standards as detailed in Note 1 to the financial statements and the Corporations Regulations 2001; and

(b) give a true and fair view of the company's financial position as at 31 December 2009 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.

2. in the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the directors made pursuant to Section 295(5) of the Corporations Law.

On behalf of the directors



Professor John Myburgh
Director

19 May 2010

Statement of Comprehensive Income

For period from date of incorporation, being 21 November 2008, to 31 December 2009

	Notes	2009 \$
Revenue	2	<u>1,683,197</u>
Less: Lease Expenses		5,213
Insurance Expense		11,173
Administration Expenses		6,098
Bank Charges		7,308
Other Expenses		<u>2,532</u>
Total expenses		32,324
Profit before income tax expense		1,650,873
Income tax expense	3	<u>-</u>
Total Comprehensive Income		<u>1,650,873</u>

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

Statement of Financial Position

As at 31 December 2009

	Notes	2009 \$
Current Assets		
Cash Assets	4	1,560,170
Other Receivables	5	<u>72,069</u>
Total Current Assets		<u>1,632,239</u>
Non-Current Assets		
Fixed Assets	6	<u>34,000</u>
Total Non-Current Assets		<u>34,000</u>
Total Assets		<u>1,666,239</u>
Current Liabilities		
Trade Payables		5,103
Other Payables	7	<u>10,263</u>
Total Current Liabilities		<u>15,366</u>
Total Liabilities		<u>15,366</u>
Net Assets		<u>1,650,873</u>
Equity		
Retained earnings		<u>1,650,873</u>
Total Equity		<u>1,650,873</u>

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

Statement of Changes in Equity

For period from date of incorporation, being 21 November 2008, to 31 December 2009

	2009 \$
Total equity at the beginning of the period	-
Profit for the period	1,650,873
Total equity at the end of the period	<u>1,650,873</u>

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

Statement of Cash Flows

For period from date of incorporation, being 21 November 2008, to 31 December 2009

	Notes	2009 \$
Cash Flows from Operating Activities		
Receipts from customers		616,170
Payments to suppliers and employees		(35,606)
Interest received		13,606
Net cash flows from operating activities	9	<u>594,170</u>
Cash Flows from Investing Activities		
Payment for plant and equipment		<u>(34,000)</u>
Net cash flows from investing activities		(34,000)
Cash Flows from Financing Activities		
Contribution of funds		<u>1,000,000</u>
Net cash flows from financing activities		1,000,000
Net Increase in Cash Held		1,560,170
Cash at the Beginning of the Period		-
Cash at the End of the Period	4	<u><u>1,560,170</u></u>

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

Notes to the Financial Statements for the year ended 31 December 2009

Note 1. Statement of Significant Accounting Policies

(a) Basis of Preparation of Financial Report

The financial report is a special purpose financial report prepared to satisfy the financial report preparation requirements of the *Corporations Act 2001*. The directors have determined that the company is not a reporting entity.

The College of Intensive Care Medicine of Australia and New Zealand was incorporated on 21 November 2008. This financial report represents the period from the date of incorporation to 31 December 2009. The company is incorporated in Australia. This is the first financial report of the company and, accordingly, there are no prior year comparative figures.

The report has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the *Corporations Act 2001*, with the exception of the disclosure requirements of the following Australian Accounting Standards:

- AASB 7 - Financial Instruments: Disclosures
- AASB 8 - Operating Segments
- AASB 116 - Property, Plant & Equipment

The special purpose financial report has been prepared on the accruals basis of accounting including the historical cost convention.

The following is a summary of the material accounting policies adopted by the company in the preparation of the financial report.

(b) Income Tax

The company applies the principle of mutuality in determining its income tax liability. The level of member participation in the various revenue-making projects undertaken by the company substantially affects the company's liability to taxation.

(c) Revenue Recognition

Initial admission fees are recognised as revenue when received. Annual membership fees are recorded as revenue in the year to which the membership fee relates. Membership fees received in advance are recorded as unearned income in the Statement of Financial Position.

(d) Payables

These amounts represent liabilities for goods and services provided to the entity prior to the end of the year and which are unpaid. The amounts are unsecured and are usually paid within 60 days of recognition.

(e) Maintenance and Repairs

Maintenance, repair costs and minor renewals are charged as expenses as incurred.

Notes to the Financial Statements for the year ended 31 December 2009 (cont'd)

Note 1. Statement of Significant Accounting Policies (Cont.)

(f) Cash

For purposes of the statement of cash flows, cash includes deposits at call which are readily convertible to cash on hand and are subject to an insignificant risk of changes in value.

(g) Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Tax Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the balance sheet.

Cash flows are included on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from or payable to the ATO are classified as operating cash flow.

(h) Members' Guarantee

The College of Intensive Care Medicine of Australia and New Zealand is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of \$50 each towards meeting any outstanding obligations of the company. At 31 December 2009, the number of members was 11, being the current directors of the company.

(i) New Standards and Interpretations Issued but not yet Effective

At the date of this financial report AASB 127, AASB 2008-3, AASB 2009-5 and AASB 2009-7 which may impact the entity in the period of initial application, have been issued but are not yet effective. These new standards have not been applied in the preparation of this financial report. Other than changes to disclosure formats, it is not expected that the initial application of these new standards in the future will have any material impact on the financial report.

Notes to the Financial Statements for the year ended 31 December 2009 (cont'd)

Note 2. Revenue		2009
Note		\$
Revenue		
Admission Fees		590,614
Donations		77,624
Interest Income		14,959
Asset Transfer	10	<u>1,000,000</u>
		<u><u>1,683,197</u></u>

Note 3. Income Tax

The company applies the principle of mutuality in determining its income tax liability. The level of member participation in the various revenue-making projects undertaken by the company substantially affects the company's liability to taxation.

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Note 4. Current Assets – Cash Assets

Cash at bank and on hand	<u>1,560,170</u>	-
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Note 5. Current Assets – Other Receivables

Deposits	39,974
Prepayments	<u>32,095</u>
	<u><u>72,069</u></u>

Note 6. Non-Current Assets – Fixed Assets

Leasehold Improvements - at Cost	34,000
Less: Accumulated Depreciation	<u>-</u>
	<u><u>34,000</u></u>

Notes to the Financial Statements for the year ended 31 December 2009 (cont'd)

Note 7. Current Liabilities – Other Payables	2009
	\$
GST Payable	5,113
Customer Deposits	5,150
	<u>10,263</u>

Note 8. Remuneration of Auditors

Remuneration of the auditors of the entity for:

- Audit of the financial report	3,200
- Other Services	2,000
	<u>5,200</u>

Note 9. Reconciliation of Operating Profit after Income Tax to Net Cash Flow from Operating Activities

Operating profit	1,650,873
Contribution of funds	(1,000,000)
Change in operating assets and liabilities	
(Increase) / decrease in receivables	(72,069)
Increase / (decrease) in trade payables	5,103
Increase/(decrease) in other payables and accruals	10,263
Net cash flows from operating activities	<u>594,170</u>

Note 10. Asset Transfer

The College of Intensive Care Medicine of Australia and New Zealand became an independent College from its date of incorporation, being 21 November 2008. The College was previously under the control of the Australian and New Zealand College of Anaesthetists where it was known as the Joint Faculty of Intensive Care Medicine. As part of its separation from the Australian and New Zealand College of Anaesthetists, it received a cash payment of \$1,000,000 in full settlement of all rights and obligations in respect of all past contributions made.

Note 11. Contingent Liabilities

The entity is not aware of any contingent liabilities.

Note 11. Company Details

The registered office of the company is:

Suite 101, 168 Greville Street
Prahran, Victoria, Australia 3181

