PRESIDENT’S REPORT

The College of Intensive Care Medicine entered its second year on January 1, 2011 after a momentous first one that saw the consolidation of the processes established in 2009 during the separation from ANZCA and the RACP. Importantly, the College’s relationship with these two bodies has remained strong and collegiate and future collaboration and co-operation is assured. Equally, the relationship with ANZICS remains strong with both organisations committed to the best interests of intensive care physicians, trainees and all clinicians working in the specialty.

A major priority over the last 12 months has been preparing for the Australian Medical Council accreditation in June 2011. Whilst this has been a substantial task, it has been a useful process to examine and improve the governance processes of the College that were established on the solid foundations inherited from ANZCA and RACP. Some of the refinements have already been implemented such as trainee representation on the Board and Regional Committees, establishment of a Fellowship Affairs Committee and increased interaction with national and representative bodies, such as the Committee of Presidents of Medical Colleges and associated bodies. The Board is confident that the accreditation will improve the functionality of the College and lay the basis to address the challenges that face the specialty into the next decade.

To this aim, the College is committed to provide the best educational and training opportunities for Fellows, Trainees and non-fellows by revising and upgrading the training curriculum and in developing and consolidating comprehensive educational platforms, including the journal, Critical Care and Resuscitation, on-line library facilities, e-learning platforms, educational courses and the Annual Scientific Meeting. The primary and fellowship examinations continue to be refined and developed to ensure objectivity, transparency and relevance to current medical practice. In addition, the College supports a number of meetings at regional level as well as a research development day hosted by the ANZICS Clinical Trials Group. These initiatives have become a priority for the College in 2011 with the establishment of the Medical Board of Australia and the mandatory requirement for Continuous Professional Development for medical registration in Australia. Much work has been done to develop the College CPD program that will go live in 2012.

The College is also committed to support the Intensive Care Foundation through contributions raised from Fellows’ subscriptions to support Intensive Care research in Australia and New Zealand.

On an operational level, the College is now well established in our premises in Greville Street, Melbourne. The building is modern and efficient, but the most important asset is the dedicated and enthusiastic staff that have worked extremely hard during the transition period and into the first year. All of our staff are highly valued and exceptional people and have been ably led by the CEO, Phil Hart.

The College is also tremendously supported by a large number of Fellows through their participation on the Board, Regional Committees, Courts of Examiners and Supervisors of Training, without whom the functions of the College could not happen and their contributions are gratefully acknowledged.

The College is in a strong position to face the challenges into the future from all perspectives, both operational and financial. However, our greatest resource is the fellowship and intensive care community and there will be many opportunities for Fellows and Trainees to contribute to the further development of our new College.

I look forward to seeing many of you at the Annual Scientific Meeting in Canberra, which will focus on many of the challenges outlined above.

Professor John Myburgh
President
The first year of operation of the new College has seen us face some challenges. Ensuring that adequate governance and administrative structures were in place to support the ongoing work of the Board and other College committees, and making sure that Trainees went from being a ‘Joint Faculty Trainee’ to a ‘College Trainee’ with no interruption or confusion was of primary concern. The unity of purpose and hard work of the Board and the dedication of the President, John Myburgh (and early in 2010, Vernon van Heerden) ensured that the College’s first year was productive and successful.

The move to our new offices in Greville St Prahran in March 2010 was a highlight of the year and we hope that will be our home for many years to come. The readiness of all the former JFICM members of staff to transfer employment to the new College was of critical importance in making a smooth transition. Without their knowledge and readiness to contribute, I feel sure that we would have encountered many more problems along the way.

Before the start of the year, it was to some degree unclear how readily the new College would be able to operate as a financially independent entity. The funding provided by ANZCA gave us some initial reserves and the generosity of Fellows in contributing for Foundation Fellowship ensured our financial security in case of an initial operating shortfall. The Board’s prudence in managing a fairly cautious budget in 2010 has established that we are able to meet our financial obligations from our operating income and should be capable of gradually expanding the services and support we offer to Fellows and Trainees.

As the newest and one of the smallest of the medical colleges in Australasia, it is clearly impossible for us to replicate all the activities and facilities of the larger colleges. Nevertheless, there are some obvious areas where we need to work diligently to improve. Continuing development of the curriculum, provision of learning materials (including on-line education), better communication and engagement with Trainees and Fellows, increased support for Supervisors and an improved CPD program for Fellows are all matters currently under consideration and which should demonstrate progress throughout 2011 and 2012.

To some degree we will be guided in our strategic direction by the scrutiny of the Australian Medical Council, who will be conducting a full accreditation of the College’s training program in 2011. The AMC’s final report, due towards the end of the year, will no doubt make a number of recommendations and suggestions for improvement.

I would like to offer my thanks to all the staff of the College for their support, dedication and hard work throughout the year. Without them the College could not function. I would also like to thank the Board for the confidence and trust they have placed in all the members of staff. We all greatly appreciate the opportunity to contribute to such an exciting phase of the College’s development.

Phil Hart
Chief Executive Officer
TREASURER’S REPORT

It is pleasing to report that the over the College’s first full year of activity we were able to record a satisfactory operating surplus. The Financial Statements for the year and the Auditor’s Report appear at the end of the Annual Report.

In brief, total income to the College in 2010 was $2,891,586. This income is made up primarily from Fellows Subscription fees (30%), Trainee Registration and Annual Training Fees (35%), Examination Fees (20%) and a variety of other sources, including income from the Annual Scientific Meeting. In 2010, our income was augmented by a donation from the winding up of the Australasian Academy of Critical Care Medicine (AACCM) and the transfer of funds from the trust account of the Norva Dahlia Foundation (NDF), which together increased our income by $176,000. The College will continue to use the funds from the NDF for their original purpose, ie to foster research in intensive care medicine.

Expenditure for the year ended up being below the amount originally budgeted by the Board. In part this was due to us not incurring the costs of occupying Greville St for the full year (with the rent-free period in the lease, we did not start paying rent until September) and also to some savings in the areas of employment and travel costs. This resulted in us recording an overall surplus for the year of $1,200,052.

Although that is a very satisfactory outcome, it is unlikely that we will be able to anticipate similar results over the next few years. The income from the AACCM and the NDF was a once-off and our expenditure will increase, now that we are paying full rental costs and gradually expanding the services and support we provide to our Fellows and Trainees, particularly in the area of education. Also, in 2011 we will bear the cost of the Accreditation Survey from the AMC, which is a considerable amount. However, we are now in the fortunate position of knowing that we can meet our annual operating expenses from our income, which means that we should be able to keep any future increases in Subscription, Training or other fees to no more than annual CPI changes.

With the operating surplus from 2010, plus the retained assets from 2009 (principally, the amount transferred from ANZCA and the income from Foundation Fellowship) the College now has total net assets of $2,850,925, most of which is held as term deposits with the ANZ bank.

Bala Venkatesh
Treasurer
The year 2010 saw significant changes to the composition of the College Board. Long serving Board members Richard Lee (JFICM Dean 2006-2008) and Vernon van Heerden (JFICM Dean 2008 -2009 and CICM President 2009 – 2010) both completed their time as Board members and Nikki Blackwell completed her three year term as New Fellows Representative. The Board also said farewell to co-opted representatives Michael O’Fathartaigh (South Australia), Allan Beswick (Tasmania) and Barry Baker (ANZCA Representative).

The first Board meeting of 2010 saw John Myburgh elected as the new College President, Ross Freebairn Vice-President and Bala Venkatesh Treasurer.

At the elections held in May, from a very strong list of candidates Rob Boots from Queensland and Mike Anderson from Tasmania were elected to the Board and Liz Steel from New South Wales was elected New Fellow’s Representative.

New co-opted representatives to the Board were Peter Sharley (South Australia) and Mary Pinder (Western Australia). Also joining the Board as official observers were Kate Leslie (ANZCA President), John Kolbe (RACP President) and Michael O’Leary (ANZICS President). We are extremely fortunate to have such a wealth of knowledge and experience from our collegiate bodies contributing to debate and informing our decisions.

Following a decision by the Board in November 2010 to increase Trainee involvement in the governance of the College, Myles Beeney was elected from the Trainee Committee as Trainee representative on the Board, beginning in 2011.

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**CICM Board Office Bearers**

(From June 2010)

- **President**
  - John Myburgh

- **Vice President**
  - Ross Freebairn

- **Treasurer**
  - Bala Venkatesh

**Portfolios**

- **Censor**
  - Ross Freebairn

- **Assistant Censor & Research Officer**
  - Rob Boots

- **HAC Chair**
  - Amod Karnik

- **HAC Deputy Chair**
  - Peter Morley

- **Education Officer**
  - Charlie Corke

- **Assistant Education Officer**
  - Mike Anderson

- **Chairman of Examinations**
  - Bala Venkatesh

- **ASM Officer & Trainee Committee**
  - Liz Steel

- **Communications & Journal**
  - Bruce Lister

- **CPD Officer**
  - Gavin Joynt

- **Assistant CPD Officer**
  - Peter Sharley

- **Quality and Safety**
  - Mary Pinder

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**CICM Board of Directors**

(Taken at February 2011 meeting)

Back row L – R, Bruce Lister, Liz Steel, Myles Beeney (Trainee representative), Peter Sharley, Gavin Joynt, Phil Hart (C.E.O.) Peter Morley

Front row L – R, Amod Karnik, Charlie Corke, Bala Venkatesh (Treasurer), John Myburgh (President), Ross Freebairn (Vice President), Rob Boots, Mike Anderson, Michael O’Leary (ANZICS President)
TRAINING AND EXAMS

Training

The Board of the College ratified the following important change to the CICM training program: for all new Trainees registering after 1st January 2011, the duration for the core intensive care component of training will be increased from 24 months to 36 months.

12 months may be undertaken in Basic Training in units approved for training. 24 months of core intensive care training must be undertaken in Advanced Training in an intensive care unit approved for core training. At the discretion of the Censor, trainees who are undertaking concurrent training with another College (ANZCA, ACEM and RACP) may have this period reduced to 30 months by completing all components of Basic Training of the second specialty as well as the first year of Advanced Training and satisfactory completion of an introductory intensive care course, such as the BASIC course.

Due to these changes, there was a considerable increase in the number of new registrations during the months of November and December 2010.

In 2010 the College launched an on-line Member Portal giving Trainees the option to view and update personal contact details, view previously accredited training, access receipts of past payments, access current news and resources and submit Applications for Approval of Vocational Training Forms (AVT) on-line. Further developments and improvements to this service will be implemented throughout 2011.

Trainee Statistics for 2010

At the end of 2010 the College had just over 400 active Trainees. The gender balance was 70% male 30% female, with 9% training in paediatric intensive care. Almost half our Trainees are also registered as Trainees with another College (ACEM 20%, ANZCA 15%, RACP 8% and RACS 2%) so at any particular time, many of our Trainees will not be currently engaged in intensive care training.

Examinations

The newest appointments to the General Fellowship Examinations Panel included

Dr John Botha
Assoc Prof Ramesh Nagappan
Assoc Prof Scott Parkes

Furthermore, Drs Anthony Delaney (NSW) and Jeremy Cohen (QLD) were invited to join the General Fellowship Examinations Committee.

The newest appointments to the Primary Examination Panel included

Dr David Austin
Dr John Green
Dr Richard Strickland
Dr Stephen Warrillow

General Fellowship Exam – March/May 2010

Candidates sat the written section of the examination in Adelaide, Auckland, Brisbane, Christchurch, Hobart, Hong Kong, Melbourne, Perth, Sydney and Townsville. The Hot Case section was held in Melbourne at the Alfred Hospital and the Austin Hospital with the Viva section taking place at the Parkview hotel, Melbourne.

A total of 52 presented with 27 successfully completing the exam.

The successful candidates were:

Jonathan Albrett
Julio Alonso-Babarro
Balaji Bikshandi
Nitin Chavan
Cartan Costello
David Crosbie
Andrew Donald
Oonagh Duff
Christopher Flynn
Annette Forrest
Kieron Gorman
Lisen Hockings
Romil Jain
Kylie Julian
Amit Kansal
Christian Karcher
Judith Ochola
Robert O’Connor
Sam Orde
Steven Philipot
Jason Pincus
Kollengode Ramanathan
Nicholas Randall
Mate Rudas
Jonathan Shelton
Hemal Vachharajani
Aziz Yassiri
General Fellowship Examination – August / October 2010

The written section of the examination was held in: Adelaide, Auckland, Brisbane, Cairns, Christchurch, Launceston, Melbourne, Sydney and Wellington.

The Hot Case section was held in Adelaide at the Royal Adelaide, Queen Elizabeth Hospital and the Flinders Medical Centre. The Viva section was held at the Sebel Playford hotel, Adelaide.

A total of 58 candidates presented and 35 were approved including two Overseas Trained Specialist (OTS). The successful candidates were:

James Anstey
Miles Beeny
Neeraj Bhadange
Shailesh Bihari
Matthew Brain
David Brewster
Ali Coowar
Rosalba Cross
Michael Farquharson
Angajendra Ghosh
Dani Goh
Rajendra Goud
Carsten Hermes (OTS)
Kieran Hogan
Umesh Kadam
Matthew Keys
David Ku
Raj Kumar
Ramanathan Lakshmanan
Alexander Li
Richard Lin
Karishma Maharaj
Lesley Maher
Daniel Nistor
Michael Park
Dinesh Parmar
David Pearson
Ingrid Petrasovicova (OTS)
John Raj
Soumya Ray
Moushumi Salvi
Markus Skrifvars
Venkoba Vijayalakshmi Bai
Robyn Wilkinson
Simon Wyer

Paediatric General Fellowship Examination – August / November 2010

The written section of the examination was held in Auckland, Melbourne and Sydney. For the first time the oral section was held in New Zealand at the Starship Children’s Hospital, Auckland.

Thirteen candidates presented and seven were approved. The successful candidates were:

Corrine Balit
Anil Gautam
Sheena Gune
Janet Kelly
Kevin Swil
Lee Teo
Gregory Wiseman

Primary Examination – March / April 2010

The written section of the examination was held in Adelaide, Brisbane, Perth and Sydney. The oral section was held at the Sebel Albert Park hotel in Melbourne.

A total of ten candidates presenting and six were approved. The successful candidates were:

Corynn Goh
Alex Rosenberg
Ravikiran Sonawane
Sudeep Thekkayil
Prithiviraj Thyagarajan

Primary Examination – September / November 2010

The written section of the examination was held in Adelaide, Brisbane, Canberra, Perth and Sydney, with the oral section again held at the Sebel Albert Park hotel in Melbourne. A total of 15 candidates presented and seven were approved. The successful candidates were:

Timothy Beckingham
James Doyle
Nancy Jiang
Gururaj Nagaraj
Shivesh Prakash
Mohamed Robaa
Brij Verma

The G.A. (Don) Harrison Medal for 2010

The Don Harrison Medal is awarded to the best performed candidate in each General Fellowship Examination. The winner for the May examination was Dr Lisen Hockings and the winner for the October examination was Dr Moushumi Salvi.

Bala Venkatesh
Chairman of Examinations
NEW FELLOWS 2010

The following were admitted to Fellowship during 2010.

Nandan Bhende
Kevin McCaffery
Brian Morrow
Alistair Nichol
Alexandra Douglas
Chittaranjan Joshi
Marta Kot
Matthew MacPartlin
Vikram Masurkar
Christian Mattke
Kiran Shekar
Sanjay Tarvade
Benoj Varghese
Choi Chan
Benjamin Margetts
Matthew Bailey
Sean Chan
David Closey
Sudharshan Karalapillai
Sunil Karanth
Maziar Razavian
Oliver Flower
Vinodh Nanjayya
Laura Bainbridge
Andrew Hooper
Franco Martinese
Richard Chalwin
Sumeet Rai
James Renton
Srikanth Tummala
Gerald Wong
Vishwanath Biradar
Guyon Scott

Lisen Hockings
Paul Young
Christopher Chung
Anton Leonard
Steven Philpot
De Wet Potgieter
David Sturgess
Christian Karcher
Martina Ni Chonghaile
Ravindranath Tiruvoipati
Anne-Marie Welsh
Matthew Anstey
Elena Cavazzoni
Roy Fischer
Srinivasa Ponasanapalli
Jyotsna Dwivedi
Subodh Ganu
Hariharan Ramaswamykanive
Con Giannellis
Ywain Lawrey
Judith Ochola
Sidharth Agarwal
Kieron Gorman
Carsten Hermes
Ingrid Petrasovicova
Jonathan Shelton
Danielle Howe

Ross Freebairn
Censor (till November 2010)

Rob Boots
Censor (from November 2010)
HOSPITAL ACCREDITATION

The Hospital Accreditation Committee was kept busy due to the large number of accreditation inspections conducted which totalled 20 and included hospitals located within Australia (16), New Zealand (3) and overseas (1). Of those 20 Intensive Care Units inspected, 6 were visited for the first time following their application for accreditation, while the remaining 14 were routine inspections for reaccreditation purposes. Of the new applicants 2 were granted accreditation with the remaining 4 pending at the time of publication, and all routinely inspected Units were reaccredited.

No applications for accreditation were refused, however one request for an increase in accreditation was refused as the Unit did not meet the minimum criteria for an increase.

The total number of Intensive Care Units now accredited for either basic or advanced training is 107 with a breakdown as follows:

- Units accredited for Basic Training = 13
- Units accredited for C6 = 25
- Units accredited for C12 = 34
- Units accredited for C24 = 35

When Intensive Care Units apply for accreditation or an increase in accreditation, the most common issue encountered is the number of Fellows of the College employed in the Unit as this must meet the criteria stipulated in Policy Document IC-3. An inadequate case-mix or caseload that does not provide a sufficiently broad clinical exposure to trainees can prevent accreditation.

The Hospital Accreditation Committee is currently working towards developing an online application system for accreditation to facilitate and expedite the process, and would simplify the process for the Accreditation Team. The College is very grateful to all Board members and Fellows who assist with the inspection process and acknowledges the substantial contribution they make. If any Fellow is interested in assisting with this process which attracts 30 MOPS points, please contact the College directly.

Amod Karnik
Chairman, Hospital Accreditation Committee
EDUCATION

The Education Committee has continued to consider and ratify nominations for Supervisors/Co-Supervisors of Training in Intensive Care Units accredited for training. The Committee notes the standing of those put forward to be supervisors and commends this.

The Paediatric Objectives of Training were reviewed by a specially formed taskforce in conjunction with the Education Committee, and approved by the Board in June 2010. The Terms of Reference for the Education Committee, Trainee Committee and Formal Project Assessment Panel were also updated.

A formal College course for Supervisors of Training has been devised and a successful pilot was run in April. Useful feedback was provided by those who attended the course and changes will be made in the light of these comments. This course will be provided on a regular basis in major cities.

In addition a formal one day Communication Course for Trainees has been created by the College. A pilot of this course was run in April and was also very well received. Once again those who attended provided very useful feedback and changes will be made to the course to accommodate these suggestions. It is also planned that this course will be provided on a regular basis in major cities so that Trainees are able to access them.

A number of Intensive Care Units have reported difficulty in providing on-call experience for Senior Registrars. There is an increasing need for on-site senior presence in the ICU for 24 hours a day to ensure safe operation. This practical reality runs contrary to the on-call requirement. This matter is under active review and regional committees have been asked for input. All Fellows and Trainees are welcome to contribute to the discussion.

This year the Education Committee has given much thought to the appropriate role of the College in the provision of e-learning resources to Trainees and Fellows. Over the next year educational content will be gradually added to the College website. The first initiative will be a regular journal review that will incorporate an opportunity for Trainees and Fellows to indicate that they have read the article and have appreciated the major points of the article. Further initiatives are anticipated.

Charlie Corke
Education Officer
PROFESSIONAL AFFAIRS

The work load of the Director of Professional Affairs has increased markedly over the past year and two new part time DPAs, Richard Lee and Megan Robertson have been appointed to the College. Richard has made a major contribution to the preparation of the submission for the accreditation visit by the AMC in June 2011 and will continue to work on the review of the training program and the extensive update of IC-3 (Guidelines for Intensive Care Units seeking Accreditation for Training in Intensive Care Medicine) that this will require. Megan has been appointed as DPA Censor and provides expert advice (and many hours) with training questions and signing off on training requirements.

The major focus for the year was the preparation of the AMC and preparation for the AMC visit in June. Carol Cunningham Browne has been the project manager and has expertly compiled contributions from the DPAs and CEO into the submission AMC document. Work has continued on major reviews of the policy documents IC-1, IC-2 and IC-3 and updates of other College Documents when necessary and particularly in response to AMC questions and standards. The DPA oversaw a workforce survey that was conducted using survey monkey. Results are being compiled and will be reported at the ASM in Canberra in June.

Felicity Hawker
Director of Professional Affairs

TRAINEE COMMITTEE

The Trainee Committee is now fully functional with a Trainee member from each region including New Zealand. We have been having regular Teleconferences with lively discussions about the pertinent issues facing trainees and the wider Intensive Care community as a whole. The major project for 2010 was the development and distribution of the Trainee Survey, which was completed in early 2011. The response rate was very impressive and our trainees as expected have lots to say about many areas. The full survey results will be offered for publication in Critical Care and Resuscitation in 2011, and will be used to develop realistic solutions to some of the problems facing the Trainee community. We have also managed to establish Trainee representation on the College Board, the Education Committee and Hospital Accreditation teams. The program for the Inaugural Registrars Conference at Kingscliff this year, which is free for all Trainees was developed by the Committee and hopes to become a permanent yearly event. The Committee also is looking at innovative ways to improve communication with the Trainees and allow better networking and support. This year has clearly seen a new era of Trainee involvement and engagement with our College which can only be described as exciting and useful for the specialty as a whole.

Liz Steel
New Fellows Representative and ASM Officer
2010 ANNUAL SCIENTIFIC MEETING

The first ASM to be held under the CICM banner was a great success. The theme of the meeting was ‘Intensive Care Nephrology – Protection, Replacement and Interactions’. Around 320 registrants and good support from the Health Care Industry ensured that the event had a sound financial outcome. The organising committee (Convener Deepak Bhonagiri, Liz Fuggacia, Ian Seppelt, Stuart Lane and Priya Nair) had assembled an impressive line up of local and international speakers, headed by Professor Paul Palevsky (USA) Dr John Kellum (USA) and Professor Sean Bagshaw (Canada).

The graduation ceremony, held at the magnificent Mac Laurin Hall at Sydney University saw 32 new Fellows present. An honorary Fellowship was bestowed upon Dr Sheila Willats from the UK and the College Medal was awarded to Professor Teik Oh, who also delivered an outstanding Oration. The Don Harrison Medals for best performance in the Fellowship Examination were presented to Michael Putt (May exam) and Oliver Flower (October exam). The Felicity Hawker prize for best presentation at the formal project session was awarded to Ravi Tiruvoipati, for his presentation ‘High flow nasal oxygen vs high flow face mask: a randomised crossover trial in extubated patients’.

Following the 2011 ASM in Canberra our Annual Scientific Meeting will return to Melbourne for 2012, and will focus on Respiratory Medicine in the ICU.

New Fellows Conference

The third New Fellows Conference was held just prior to the ASM on June 1-3, at the Shangri-La Hotel, Sydney. Two new Fellows from each Region attended and enjoyed a stimulating and productive couple of days. The primary objective of the New Fellows Conference is to facilitate the flow of ideas among new Fellows on important issues relevant to training and the practice of intensive care medicine. The Conference also included some sessions on medical ethics and change management principles. The annual New Fellows Conference has become an important part of the College calendar and will continue to strive to develop as a forum for innovation and discussion, to look at solutions for training and other important issues.

Liz Steel

New Fellows Representative and ASM Officer
NEW ZEALAND NATIONAL COMMITTEE REPORT

New Zealand National Committee
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 Shawn Sturland

Elected Member
Dr Peter Dzendrowskyj (on leave of absence)

Co-opted Member
Dr David Galler

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 David Knight:
New Fellows Representative

Dr Rob Bevan:
Trainee Representative

Administrative Assistance:
Juliette Adlam

Total Number of National Committee Meetings for year: 3

Ross Freebairn continues to work tirelessly as the Vice President and sole New Zealand member of the Board.

The CICM NZNC continues to be based in Level 7, EMC2, and is being generously supported by ANZCA. We are just beginning to explore options for the end of this year. The preferred option is to re-negotiate a further term in the ANZCA office, perhaps two or three years. The Board of CICM continues to be supportive of a physical office for the CICM in New Zealand.

New Zealand Fellows and Trainees

Currently New Zealand has 68 trainees, and 64 Fellows. This year we welcomed the following NZ trainees to fellowship:

Dr Matthew Bailey
Dr Laura Bainbridge
Dr Carsten Hermes
Dr Ywain Lowry
Dr Kevin O’Connor
Dr Paul Young

Council of Medical Colleges of New Zealand (CMC)

Representatives of the CICM NZNC attended four CMC meetings this year on behalf of the committee.

Under the current government the incumbent chair of this committee has noticed an increased engagement of agencies such as the Ministry of Health and Health Workforce New Zealand. Unfortunately, the CMC does not have a permanent secretariat and this, in conjunction with the Deed of Trust, has made the CMC largely ineffective in many ways. This is currently under review, with options for a permanent secretariat being explored as well as a possible change to the Deed of Trust.

Health Workforce New Zealand (HWNZ)

Ross Freebairn and I have met with Professor Des Gorman (Executive Chair) and Brenda Wraight (Executive Director). HWNZ state that they now fund two training positions in intensive care medicine. We are now trying to establish where they are, and attempting to get this number increased, in particular to fund non-anaesthesia conjoint trainees undertaking their mandatory 12 months in anaesthesia.

HWNZ has floated the idea of a New Zealand College of Doctors. HWNZ believes that there are very real disadvantages to the New Zealand Health System in having specialists who are part of a Bi-National College, where the other country (Australia) has about 85% of the membership. The NZNC of the CICM, along with all of the other bi-national Colleges that sit on the CMC Board, believe that the advantages outweigh the disadvantages. However, there are some specific New Zealand centric issues that span several or all vocational scopes and these issues might in the future be best represented by the CMC.

Perioperative Mortality Review Committee

After some lobbying, Tony Williams was appointed to this newly formed committee, chaired by Prof Iain Martin.

The Perioperative Mortality Review Committee is a ministerial advisory committee established under the New Zealand Public Health and Disability Act 2000 (NZPHD Act). The aim of this
Committee is to review and report on national perioperative mortality to the Minister of Health with a view to reducing these deaths and continuously improving the quality of the health system and, therefore, outcomes for patients. The Committee will also develop strategic plans and methodologies to reduce mortality and morbidity.

Broadly, the Committee will review deaths following any invasive procedure and deaths that occurred following anaesthesia (local, regional, or general).

Specifically, perioperative mortality deaths include:

a) a death that occurred after an operative procedure
   i. within 30 days
   ii. after 30 days but before discharge from hospital to home or a rehabilitation facility.

b) a death that occurred whilst under the care of a surgeon in hospital even though an operation was NOT undertaken.

Gastroscopies, colonoscopies, and cardiac or vascular angiographic procedures (diagnostic or therapeutic) are included in this definition.

Health Quality and Safety Commission

Dr David Galler (intensive care specialist at Middlemore Hospital and previous Principal Medical Advisor to the Minister of Health) was appointed to this newly formed Committee, chaired by Professor Alan Merry. The Commission is responsible for assisting providers across the whole health and disability sector – private and public – to improve service safety and quality and therefore outcomes for all who use these services in New Zealand. It has taken over many of the functions of the former Quality Improvement Committee.

The Commission is charged with:

• providing advice to the Minister of Health to drive improvement in quality and safety in health and disability services
• leading and coordinating improvements in safety and quality in health care
• identifying data sets and key indicators to inform and monitor improvements in safety and quality
• reporting publicly on the state of safety and quality, including performance against national indicators
• disseminating knowledge on and advocating for safety and quality.

Work underway includes the development of a medicines reconciliation process; the introduction of a nationally standardised medication chart; a focus on reducing hospital-acquired infections; and the introduction of a programme to improve consumer participation.

Medical Council of New Zealand (MCNZ)

The MCNZ continues to apply pressure on the Colleges to introduce voluntary periodic practice visits now rebranded as regular practice reviews (RPR) for all Fellows. It continues to advocate for this process to be funded out of individuals’ CPD budgets. Concerns over the cost and efficacy of this process continue.

The MCNZ would also like for all International Medical Graduates (IMGs) applying for vocational registration to be assessed only by a period of supervision with or without a vocational practice assessment (which will be similar in nature to a RPR). Whilst the CICM has not yet carried this path it is worrying that ANZCA has recently performed a VPA and failed a candidate. The candidate, employer and the MCNZ apparently expressed some dissatisfaction with this result. MCNZ has recently begun drafting a memorandum of understanding to cover the assessment of IMGs by the Colleges. The first draft which excludes the use of any Fellowship Examination has been rejected by many of the Colleges.

NZ ICU Registrars Annual Training Meeting:

A successful ICU Registrars meeting was held in Wellington 8-10 September 2010, run by Shawn Sturland. Immediately prior to this course Rob Frengly ran his STrICT course in the Wellington simulation centre for six trainees and a similar number of ICU nurses. Both of these courses appear to have been well received and valued by the trainees.

Waikato Hospital will be hosting the 2011 meeting (which will be co sponsored by CICM and ANZICS) on 18-19 August 2011 at the Chateau on Mt Ruapehu. Trainees interested in attending should contact Robert Frengley – Robert.frengley@waikatodhb.health.nz. Robert Frengley is also hoping to run his STrICT course in November this year.

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.

Submissions and consultation documents addressed by CICM NZNC/CICM NZNC 2010 (Note: CICM NZNC did not respond to all these documents):

Hospital Inspections

• Christchurch Hospital: The hospital was reaccredited as a C24 unit in May 2010
• Dunedin Hospital: Due for inspection 14 April 2011.
• Waikato Hospital: Due for re-inspection on 15 April 2011.

Michael Gillham
Chairman, New Zealand National Committee,
CICM March 2011
REGIONAL COMMITTEES

New South Wales
Chair
Dr Elizabeth Fugaccia
Deputy Chair
Dr Priya Nair
Secretary
Dr Nhi Nguyen
Elected Member
Dr Deepak Bhonagiri
Elected Member
Dr Stuart Lane
Elected Member
Dr Ray Raper
Elected Member
Dr Ian Seppelt
Trainee representative
Dr Naomi Diel
Co-opted Member
(Paediatrics representative)
Dr Nick Pigott
Co-opted Member
(Rural ICU representative)
Dr Rodney Juste
ACT Representative
Dr Mark Oliver
Co-opted Member
Dr Kalpesh Gandhi
Ex-Officio
Dr Liz Steel
Ex-Officio
Prof John Myburgh

South Australia
Chair
Dr Peter Sharley
Deputy Chair
Dr Steven Lam
Secretary
Dr Nick Edwards
SOT Representative
Dr Andrew Holt
SOT Representative
Dr John Moran
SOT Representative
Dr Peter Prager
SOT Representative
Dr Milind Sanap
Trainee Representative
Dr Yasmine Ali Abdel Hamid
ANZICS Representative
Dr David Durham

Western Australia
Chair
Dr David Moxon
Deputy Chair
Dr Cyrus Edibam
Honorary Secretary
Dr Mary Pinder
Honorary Treasurer
Dr David Simes
Co-opted Member
Dr Stuart Baker
Co-opted Member
Dr John Lewis
Co-opted Member
Dr Bruce Power
Trainee Representative
Dr Jillian Lee

Tasmania
Chair
Dr Mike Anderson
Elected Member
Dr Alan Rouse
Elected Member
Dr Allan Beswick
Elected Member
Dr Scott Parkes
Elected Member
Dr David Cooper
Elected Member
Dr David Rigg
Elected Member
Dr Ram Sistla
Trainee Representative
Dr Shashi Krishnamurthy

Victoria
Chair
Dr David Charlesworth
Deputy Chair
Dr Con Gianellis
Honorary Secretary
Dr John Botha
Honorary Treasurer
Dr Ian Carney
Meetings Officer
Dr Julian Hunt-Smith
Elected Member
Dr Himangsu Gangopadhyay
Elected Member
Dr Sanjiv Vij
Ex-Officio
Professor Peter Morley
Ex-Officio
Dr Charlie Conkie
Trainee Representative
Dr Miles Beeny

Queensland
Chair
Dr Neil Widdicombe
Deputy Chair
Dr Dan Mullany
Honorary Secretary, Treasurer
Dr John Evans
Elected Member
Dr Michaela Cartner
Elected Member
Dr Ranald Pascoe
Elected Member
Dr Rajeev Hegde
Elected Member
Dr Marc Ziegenfuss
Co-opted New Fellows Rep
Dr Andrew Udy
Co-opted Rural Rep
Dr Todd Fraser
Co-opted Rural Rep
Dr David Austin
Co-opted Paediatric Rep
Dr Michael Corkeron

Hong Kong
Chair
Prof Gavin Joynt
Deputy Chair
Dr Anne Leung
Member
Dr Thomas Buckley
New Fellow Representative
Dr Judith Shen
Member: Regional Training Program
Dr Gordon Choi
Member: IT and Education Resources
Dr Charles Gommersall

Co-opted Trainee Rep
Dr Michael Putt
Co-opted ANZIC Rep
Dr Marc Ziegenfuss
Ex-Officio Board Member
Prof Rob Boots
Ex-Officio Board Member
Prof Bala Venkatesh
Ex-Officio Board Member
Dr Bruce Lister
Ex-Officio Board Member
Dr Amod Karnik

Co-opted Trainee Rep
Dr Michael Putt
Co-opted ANZIC Rep
Dr Marc Ziegenfuss
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Prof Rob Boots
Ex-Officio Board Member
Prof Bala Venkatesh
Ex-Officio Board Member
Dr Bruce Lister
Ex-Officio Board Member
Dr Amod Karnik
FROM THE REGIONS

Queensland

Whilst there were changes in the nomination to the committee and chairmanship in 2010, the committee continues as an active forum promoting intensive care development and training in Queensland.

The committee meetings are well supported, with members actively contributing through debate to provide feedback to CICM Board on a variety of issues including Area of Need, CICM AMC submission, and revision of ICM-1

Initiatives in 2010 included enhanced CICM representation and support of the Queensland Medical Education and Training (QMET) ICU Training Pathway by QRC committee members, through the stewardship of Dr Bruce Lister (Chairman of the QMET ICU program) and Dr Michaela Cartner as Supervisor of Training QRC representative.

The QMET ICU Training Pathway has evolved as a centralised, recruitment and appointment process, offering CICM trainees individualised co-ordination of training posts in medicine, anaesthesia and intensive care.

Future joint initiatives with QMET include Supervisor of Training Workshops, administrative support of multi-campus clinical training programs, and ongoing support of recruitment programs.

QRC sponsored/supported events

- Advanced Skills Workshop (April 2010 and 2011)
- Vocational Expos
  - University Queensland/Royal Brisbane Hospital Careers Expo (May 2010 & 2011)
  - Griffiths University Medical Careers Expo (October 2010)
- Registrars Scientific Meeting (Nov 2010)

The QRC would like to thank previous committee members for their support: Dr Chris Anstey, Dr Jeremy Cohen, Dr James Walsham, Dr Roslyn Purcell, Dr Paul Lane, and Dr Leo Nunnick.

Finally, Professor Robert Boots, who retired as QRC Chairman, was formally recognised for his dedicated stewardship and contribution to QRC over the past decade, in August 2010. Highlights of his chairmanship included the CICM ASM Brisbane in 2009, and promotion of the ICU Training Pathway concept.

South Australia

March 9th AGM combined with SA ANZICS, the minutes are on the CICM web site.

May 16th Formal Project Registrar Presentation at the Annual Tub Worthley Scholarship evening.

Ben Reddi the first trainee appointed to SA Regional Committee.

Mary White appointed to SA Perioperative Mortality Committee.

Above national average pass rate in final CICM Examinations in SA.

The Queen Elizabeth Hospital ICU, Calvary Wakefield ICU and the Women’s and Children’s PICU accredited for training.

Adam Deane joins Marianne Chapman as Formal Project Assessors for SA

Submissions to the CICM Board re;
  - Proposed changes to IC 1 policy document

Submissions to SA Govt re;
  - Proposed internship training changes
  - Policy relating to high cost medicines in Intensive Care

Tasmania

Dr Mike Anderson elected to CICM Board June 2010 (CICM Deputy Education Officer, SOT and Rural &Regional Liaison Officer)

Tasmanian representative to CICM Trainee committee:
Dr Shashi Krishnamurthy

State Combined CICM/ANZICS Fellows meeting scheduled May 2011

State Combined CICM/ANZICS/ACCN one-day ASM scheduled 13th August NWRH, Burnie. Theme: “Recipe for Success”

Royal Hobart Hospital

Supervisor of training: Dr David Cooper

Accredited for 24 months of core training: CICM Board Feb 2010

Junior staffing: Three Senior registrars (advanced trainees), four registrars, four JMO’s (year 2-3)

Weekly teaching program – Case presentation to supplement Disease or Problem based presentation

Fornightly M&M and Journal club

Exam practice sessions – advanced trainees

Launceston General Hospital

Supervisor of training: Dr Scott Parkes

Accredited for 12 months of core training: CICM Board Feb 2010

Junior staffing: 5 registrars (3 advanced trainees) 2 JMO’s (year 2-3)

Weekly scheduled teaching program

Examiners

Adult General Fellowship Examination: Dr Allan Beswick and A/Prof Scott Parkes

Trainee Success

Two Tasmanian candidates passed the October 2010

General Fellowship Examination: Dr Umesh Kadam (RHH) and Dr Matt Brain (LGH)

Western Australia

WA committee held an open meeting to all local intensivists to raise points for referral to the central Board meeting which was largely successful and well attended.

Local committee also provided representatives for health department meetings and WA trauma service.
Mary Pinder was co-opted on the CICM Board as the West Australian representative and also represents the College on the ANZICS Quality and Safety Committee.

The Committee has been working on fostering relationships between metropolitan hospitals and regional units, for example Fremantle and Rockingham Hospitals, and Royal Perth and Armadale.

**Victoria**

David Charlesworth assumed the role of Chairman of the VRC in December 2010.

The Committee has taken on the task of organising the 2012 Annual Scientific Meeting and has decided on a theme of Respiratory Medicine in the ICU.

The VRC are creating a central database of Basic Intensive Care Courses being run in Victoria.

The Committee are exploring avenues to securing increased government funding for medicine and anaesthesia positions.

Julian Hunt-Smith completed his term as Chairman of the VRC and the Committee would like to express their gratitude for his dedication to the task over that period.

**New South Wales**

Richard Lee, Mark Lucey and Rahul Pandit all retired from the Regional Committee in 2010. At the first meeting of the new Committee in July, Richard Lee’s valuable contribution over many years to Intensive Care at Regional Committee and Board level, and his role as Dean of JFICM in the evolution to CICM were acknowledged by all members. Two Fellows agreed to join the Regional Committee as co-opted members: Dr Rodney Juste (rural) and Dr Nick Pigott (paediatric ICU), both of whom joined the Committee for the first time for the meeting held on 30 March 2011.

**Careers Fairs and Forums**

The Committee was invited to provide representation at various careers forums. In 2010 these included:

A Careers night arranged by the NSW Branch of the Australian Medical Association, targeted at junior doctors and part of a series of careers information evenings. The critical care evening was well attended.

A Careers and Research Forum coordinated by the Sydney Medical School and held at the University of Sydney. This event was primarily aimed at medical students, as well as interested other students considering careers in medicine.

A “Real World Expo” held as part of the events celebrating the inaugural graduation of University of Wollongong medical graduates.

**Hospital Inspections**

Members of the NSW Regional Committee joined representatives of the CICM Board at inspections at the following hospitals in 2010: Calvary Mater, Newcastle, Wollongong, Orange Base, Nepean and Sydney Adventist.

**Training**

There are multiple education and training opportunities in NSW for Fellows and Trainees.

- The Sydney ICU Long Course: this course is held weekly in major Sydney ICUs. Two sites each week host trainees and provide “fine tuning” of examination and presentation skills for trainees approaching the Fellowship examination.
- Sydney Short Course: this is held once per year at one of the major hospitals in Sydney. The 2.5 day course provides participants with the opportunity to practice their examination technique in communications and procedures stations, vivas and “hot” cases.

A number of other courses are also run by individual units in NSW.

**Joint Evening Education Sessions with ANZICS NSW Branch**

During 2010, Regional Committee representatives met with representatives from ANZICS NSW Branch Regional Committee to discuss and plan for meetings for the remainder of 2010 and those for 2011. It was recognised that most Fellows are unable to commit much time to additional meetings after hours, and a joint approach was therefore considered to be desirable.

The advantage of conducting such joint meetings was illustrated early in 2011 when a joint forum was held where proposed revisions to IC-1 and IC-2 were discussed. It allows both organisations to take advantage of the opportunity to invite visiting speakers to present when visiting NSW (such as Prof Daren Heyland at the November 2010 meeting).

Evening sessions in 2010 included:

- H1N1: Lessons learned and what to expect in 2010
- A combined Staff Specialist and VMO model for Intensivists, & 2020 vision: Intensivists on site 24/7
- Nutrition therapy in the critically ill

Sessions held to date in 2011 have been:

- Reappraising the CICM Minimum Standards for Intensive Care Units
- Futility and social justice in end of life care decision making
- Dilemmas of the heart - an interactive case discussion
Hong Kong

A HK Regional Committee was established at the end of 2009, with the Chair and members co-opted by Board.

The goals of the committee are to:
- Raise the profile of the College in HK
- Emphasise, advertise and encourage participation in College activities and use of available resources
- Emphasis on educational activities for local trainees and fellows.
- Development of local training program

Recent Activities:
- Database of HK trainees and fellows established
- Weekly training program established (Two hours of formal training in the form of workshops and bedside teaching every Wednesday evening). Program now integrated with HK College of Anesthesiology (Intensive Care) and HK College of Physicians (Critical Care) to form Combined Colleges training Program.
- An exam workshop was held for supervisors of training. Video recordings of bedside examinations by candidates with senior examiners were analyzed. Although the videos were moderate quality only, the exercise was well received.
- ADAPT course and ADAPT train the trainer course held in HK in October 2010, associated with a CPD mini-symposium entitled “Brain Death and Organ Donation” was organized on the evening of 19 Oct 2010. A follow up locally run ADAPT course is scheduled for September 2011.
FINANCIAL REPORT

College of Intensive Care Medicine of Australia and New Zealand Limited

Financial Report for the Year Ended 31 December 2010

Directors’ Report
Your directors present their report on the entity for the period ended 31 December 2010.

Directors
The names of directors in office at any time during or since the end of the period are:
Balasubramanian Venkatesh       Bruce Lister
John Myburgh                     Nicole Blackwell (resigned 4 June 2010)
Peter Morley                     Peter Vernon Van Heerden (resigned 4 June 2010)
Charles Corke                    Richard Lee (resigned 4 June 2010)
Gavin Joynt                      Michael Anderson (appointed 4 June 2010)
Ross Freebairn                   Rob Boots (appointed 4 June 2010)
Amod Karnik                      Elizabeth Steel (appointed 4 June 2010)

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

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating profit after income tax</td>
<td>1,200,052</td>
<td>650,873</td>
</tr>
</tbody>
</table>

Dividends
No dividends were paid or declared during the period.

Significant Changes in State of Affairs
No significant changes in the entity’s state of affairs occurred during the financial year.

Matters Subsequent to the End of the Balance Date
No matter or circumstance has arisen since the end of the period which has significantly affected, or may significantly affect the operations of the entity, the results of those operations, or the state of affairs of the entity in future financial 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.

Environmental Regulation
The entity’s operations are not regulated any significant environmental regulation in respect of its activities.
Meeting of Directors

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Number eligible to attend</th>
<th>Number attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balasubramanian Venkatesh</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>John Myburgh</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Peter Morley</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Charles Corke</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Gavin Joynt</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Ross Freebairn</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Amod Karnik</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Bruce Lister</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Nicole Blackwell</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Peter Vernon Van Heerden</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Richard Lee</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Michael Anderson</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Rob Boots</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Elizabeth Steel</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Indemnifying Officers or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor 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 during the year.

Prof John Myburgh

Director

May 2011
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 statement of financial position as at 31 December 2010, and the statement of comprehensive income, statement of changes in equity and statement of cash flows 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 2010 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 A RANSOM
Partner

May 2011
Melbourne
## Statement of Comprehensive Income

For the year ended 31 December 2010

<table>
<thead>
<tr>
<th>Note</th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>2</td>
<td>2,891,586</td>
</tr>
</tbody>
</table>

### Expenses

- Employee Benefits Expense: (653,508) -
- Administration and College Expenses: (390,670) (6,098)
- Travel and Conference Expenses: (371,021) -
- Information Technology Expenses: (64,791) (5,213)
- Professional Services Expense: (75,214) (11,173)
- Occupancy Expenses: (50,305) -
- Bank Charges: (19,802) (7,308)
- Other Expenses: (36,223) (2,532)

**Total Expenses** | (1,891,534) (32,324)

### Profit before income tax

- **Profit for the year**: 1,200,052 1,650,873

### Income tax expense

- **Income tax expense**: - -

### Other comprehensive income for the year

- **Other comprehensive income for the year**: - -

### Total comprehensive income for the year

- **Total comprehensive income for the year**: 1,200,052 1,650,873

Total comprehensive income attributable to members of the entity:

- **1,200,052 | 1,650,873**

*The above statement of comprehensive income should be read in conjunction with the accompanying notes.*
## Statement of Financial Position

As at 31 December 2010

<table>
<thead>
<tr>
<th>Note</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### Current Assets
- Cash and Cash Equivalents 5 1,023,580 1,560,170
- Trade and Other Receivables 6 168,005 52,069
- Financial Assets 7 1,713,498 20,000

Total Current Assets 2,905,083 1,632,239

### Non-Current Assets
- Plant and Equipment 8 150,864 34,000

Total Non-Current Assets 150,864 34,000

### Total Assets
3,055,947 1,666,239

### Current Liabilities
- Trade and Other Payables 9 205,022 15,386

Total Current Liabilities 205,022 15,386

### Total Liabilities
205,022 15,386

### Net Assets
2,850,925 1,650,873

### Equity
- Retained Earnings 2,850,925 1,650,873

Total Equity 2,850,925 1,650,873

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

For the year ended 31 December 2010

<table>
<thead>
<tr>
<th>Description</th>
<th>Retained Earnings $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 21 November 2008 (Incorporation)</td>
<td></td>
</tr>
<tr>
<td>Profit attributable to the entity</td>
<td>1,650,873</td>
</tr>
<tr>
<td><strong>Balance at 31 December 2009</strong></td>
<td><strong>1,650,873</strong></td>
</tr>
<tr>
<td>Profit attributable to the entity</td>
<td>1,200,052</td>
</tr>
<tr>
<td><strong>Balance at 31 December 2010</strong></td>
<td><strong>2,850,925</strong></td>
</tr>
</tbody>
</table>

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

### Statement of Cash Flows

For the year ended 31 December 2010

<table>
<thead>
<tr>
<th>Note</th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from customers (inclusive of GST)</td>
<td>2,657,953</td>
<td>616,170</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(1,630,281)</td>
<td>(35,606)</td>
</tr>
<tr>
<td>Interest received</td>
<td>88,793</td>
<td>13,606</td>
</tr>
<tr>
<td><strong>Net cash inflow from operating activities</strong></td>
<td>1,116,465</td>
<td>594,170</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Movement of funds in investments</td>
<td>(1,693,498)</td>
<td>-</td>
</tr>
<tr>
<td>Purchase of plant and equipment</td>
<td>(136,491)</td>
<td>(34,000)</td>
</tr>
<tr>
<td><strong>Net cash outflow in investing activities</strong></td>
<td>(1,829,989)</td>
<td>(34,000)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cash flows from financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution of funds</td>
<td>176,934</td>
<td>1,000,000</td>
</tr>
<tr>
<td><strong>Net cash inflow from financing activities</strong></td>
<td>176,934</td>
<td>1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash and cash equivalents held</strong></td>
<td>(536,590)</td>
<td>1,560,170</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the financial year</td>
<td>1,560,170</td>
<td>-</td>
</tr>
<tr>
<td>Cash and cash equivalents at the end of the financial year</td>
<td>1,023,580</td>
<td>1,560,170</td>
</tr>
</tbody>
</table>

The above statement of cash flows should be read in conjunction with the accompanying notes.
Notes to the Financial Reports for the year ended 31 December 2010

Note 1: Statement of Significant Accounting Policies

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 comparative period in the financial report represents the period from the date of incorporation to 31 December 2009. The company is incorporated in Australia.

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the Corporations Act 2001 and the significant accounting policies disclosed below, which the directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with the previous period unless otherwise stated.

This special purpose financial report has been prepared on the accruals basis and is based on historical cost unless otherwise stated in the notes. The following is a summary of the material accounting policies adopted by the company in the preparation of the financial report.

(a) 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.

(b) Revenue Recognition

A sale is recorded when a customer registers as a member. Unearned income is taken up for the portion of registration income that has not been earned as at balance date.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax (GST).

(c) Plant and Equipment

Each class of plant and equipment is carried at cost or fair values are indicated, less, where applicable, accumulated depreciation and impairment losses.

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.
Note 1: Statement of Significant Accounting Policies (Cont.)

(c) Plant and Equipment (Cont.)

Depreciation

The depreciable amount of all fixed assets including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight-line basis over the asset’s useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

<table>
<thead>
<tr>
<th>Class of Fixed Asset</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leasehold improvements</td>
<td>5% – 12.5%</td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>20% - 25%</td>
</tr>
</tbody>
</table>

The assets’ residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset’s carrying amount is written down immediately to its recoverable amount if the asset’s carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

(e) 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.

(f) Cash and Cash Equivalents

Cash and cash equivalents include, cash on hand, deposits held at-call with banks, other highly liquid short term investments with original maturities of three months or less.

(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 2010, the number of members was 12.
(i) Employee Benefits

The company has recognised and brought to account employee benefits as follows:

(i) Wages and salaries, annual leave and sick leave

Liabilities for wages and salaries, including non-monetary benefits, annual leave and accumulating sick leave expected to be settled within 12 months of the reporting date are recognised in trade and other payables in respect of employees’ services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled. Liabilities for non-accumulating sick leave are recognised when the leave is taken and measured at the rates paid or payable.

(ii) Long service leave

The liability for long service leave is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method.

Consideration is given to expected future wage and salary levels, experience of employee departures and years of service. Expected future payments are discounted using market yields at the reporting date on notional government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.
Note 2: Revenue

Revenue
  Admission and Registration Fees $1,297,692 $590,614
  Training and Assessment Fees $1,186,716

Other revenue
  Donations and Other Income $96,545 $77,624
  Interest Income $133,699 $14,959
  Asset Transfer $176,934 $1,000,000

Total Revenue $2,891,588 $1,583,197

Note 3: Expenses

Profit from continuing operations before income tax includes the following specific expenses:

  Depreciation of plant and equipment $19,627
  Employee benefits $653,508
  Remuneration of the auditor:
    - Audit of the financial report $3,200 $3,200
    - Other services $2,000 $2,000
  Office rent $39,559

Note 4: Income Tax Expense

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.

Note 5: Cash and Cash Equivalents

Cash at bank and on hand 1,023,580 1,560,170
Notes to the Financial Statements for the year ended 31 December 2010 (Cont.)

<table>
<thead>
<tr>
<th>Note 6: Trade and Other Receivables</th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepayments</td>
<td>56,483</td>
<td>32,095</td>
</tr>
<tr>
<td>Deposits</td>
<td>33,780</td>
<td>19,974</td>
</tr>
<tr>
<td>Accrued interest</td>
<td>44,906</td>
<td>-</td>
</tr>
<tr>
<td>Other receivables</td>
<td>32,836</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>168,005</strong></td>
<td><strong>52,069</strong></td>
</tr>
</tbody>
</table>

Note 7: Financial Assets

| Term deposits                      | 1,713,498 | 20,000 |

Note 8: Plant & Equipment

| Leasehold Improvements - at cost   | 127,655   | 34,000 |
| Less: Accumulated depreciation    | (12,127)  | -      |
| **Total plant and equipment**     | **115,528** | **34,000** |

| Plant and equipment - at cost      | 42,836    | -      |
| Less: Accumulated depreciation    | (7,500)   | -      |
| **Total plant and equipment**     | **35,336** | -      |

Note 9: Trade and Other Payables

| Trade creditors                    | 43,792    | 5,103  |
| Employee benefits                  | 47,115    | -      |
| Customer deposits                  | 63,895    | 5,150  |
| Other creditors and accruals       | 50,420    | 5,113  |
| **Total**                          | **205,022** | **15,366** |
Notes to the Financial Statements for the year ended 31 December 2010 (Cont.)

Note 10: Reconciliation of profit after income tax to net cash inflow from operating activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profit/(loss) after income tax</td>
<td>1,200,052</td>
<td>1,650,873</td>
</tr>
<tr>
<td>Contribution of funds</td>
<td>(176,934)</td>
<td>(1,000,000)</td>
</tr>
<tr>
<td>Non-cash flows in profit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>19,627</td>
<td>-</td>
</tr>
<tr>
<td>Change in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(increase)/ decrease in trade receivables</td>
<td>(115,936)</td>
<td>(72,069)</td>
</tr>
<tr>
<td>Increase/(decrease) in trade payables</td>
<td>38,689</td>
<td>5,103</td>
</tr>
<tr>
<td>Increase/(decrease) in other payables and accruals</td>
<td>150,987</td>
<td>10,263</td>
</tr>
<tr>
<td>Net cash inflow from operating activities</td>
<td><strong>1,116,485</strong></td>
<td><strong>594,170</strong></td>
</tr>
</tbody>
</table>

Note 11: 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 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 2009, as full settlement of all rights and obligations in respect of all past contributions made.

Note 12: Contingent Liabilities

The entity is not aware of any contingent liabilities.

Note 13: Company Details

The registered office of the company is:

Suite 1.01, 168 Greville Street
Prahran, Victoria, 3181