The College of Intensive Care Medicine is now its fourth year and continues to consolidate the processes following the establishment of the College in 2010. The Board undertook a strategy exercise in February, and has identified a number of priorities for the next 18 months: Completion of the current Curriculum Project, ensuring we satisfy the ongoing of the AMC accreditation, increasing involvement of Fellows in College activities, enhancing the College and its Fellows engagement in debate and decision making in the broader healthcare environment (including workforce issues), and ensuring the College training program maintains its pre-eminent position in the intensive care community.

A major priority is the completion of the current Curriculum Review Project (CRP), and the implementation of the new curriculum on January 1st 2014. The CRP is the first comprehensive review of the core curriculum, since the inception of training some thirty years ago. After an extensive literature review and consultation with educational experts, Fellows, trainees and external stakeholders, a working draft of the curriculum structure was developed and subsequently the Board approved all the major components that will be required in the new curriculum. Recent workshops held in all the states and New Zealand presented the curriculum to the wider Fellowship. Further feedback will continue to shape the final product, and the completion of the various detailed components of the new curriculum, including the IT platform, are essential tasks in the next six months. The project has been supported by not only Board members, but importantly by the exceptional efforts of Richard Strickland, Richard Lee and Megan Dalton. The Project remains on its tight timeline for implementation in January 2014.

Ongoing work to address the recommendations of the previous AMC/MCNZ accreditation continues, with the aim of completing all the requirements prior to the 2015 reinspection. Led by Felicity Hawker, the College has continued to meet the AMC/MCNZ imposed timeline for resolving issues raised in the last review. A significant milestone this year is the development of the trainee selection policy. From January 2014, before being able to join the College as a trainee, applicants will have to undergo a formal trainee selection process. This will involve six months supervised work in a training unit with an assessment made by two Fellows, provided as structured references.
Increasing the involvement of Fellows, trainees and other stakeholders in College affairs is another priority identified by the AMC/MCNZ accreditation. The Trainee Committee, under the committed leadership and skilful guidance of Liz Hickson, our New Fellows representative, has evolved to be a very effective voice. The trainees participation in College affairs, previously a domain reserved for Fellows, has been very enlightening for the Board and the staff. Liz’s input into this and her work with the ASM will be missed, as her time as New Fellow’s rep comes to an end. We welcome the increased interest in involvement in College affairs, with fourteen candidates vying for five vacancies on the Board in this year’s elections. We continue to need participation in the National and Regional Committees, representation on the wide range of consultative working parties and standing committees of other organisation, and your assistance and guidance with developing policy.

Our focus on education has resulted in some significant success. The second annual Rural and Regional conference at Byron Bay, the continuing support for the Annual Scientific Meeting and the College journal Critical Care and Resuscitation receiving its first impact factor of 1.67 are some examples. Professor Rinaldo Bellomo and his team deserve high praise for the outstanding success of the Journal. The planned CICM Education Conference on September 5 & 6 in the Gold Coast, will provide a stimulating forum for all parties interested in intensive care medicine education.

Our relationship with ANZICS is excellent with a number of conjoint initiatives being developed and consolidated. The agreement to provide information from the ANZICS Core database for the purposes of hospital accreditation will reduce the data collection burden on intensive care departments, while increasing the reliability of our accreditation information. CICM and ANZICS are collaborating in a joint project to survey our members on the intensive care medicine workforce, a topic which is relevant to both CICM and to ANZICS.

Workforce issues are increasingly the focus of many Fellows and trainees attention. Despite some of our Fellows calling for us to curtail production of graduates, for reasons explained in the CICM e-news in February, the College does not have the legal mandate to unilaterally impose a limit on training numbers. Any restriction to entry into or within the CICM program will continue to be criterion based. While not able to simply restrict numbers, the apparent ample supply allows CICM the opportunity to enhance the standards of training and assessment relatively unfettered by the previous pragmatic demands to produce specialists to fill vacancies. The policy on trainee selection, and development of the training and assessment requirements of the curriculum, and our current consideration of the examination policy are all aimed at increasing the quality of the Fellows produced by our training system.

A further priority identified by the Board is a review of our examination assessment process. Following his retirement from the examination committee last year, after ten years of service as an examiner including six years as Chairman of Examinations, Professor Bala Venkatesh has also agreed to lead the second phase of the review of our curriculum where our examination processes, and their counterparts in other jurisdictions will be appraised. I am grateful, not only for his previous service to the examination process, but also to his commitment to ensuring the ongoing excellence of our training scheme. Bala Venkatesh and Arthas Flabouris are currently undertaking a review of the primary examination and the other examinations that are currently accepted as equivalent. Many Fellows have already responded to questionnaires, and we invite your submissions on this topic. A definitive decision will need to be made by the end of the year, to coincide with the introduction of the new curriculum.

Our premises in Greville Street, Melbourne, continue to meet the Colleges administrative requirements. The offices are appropriately configured to meet the College’s functions in the short and intermediate term. Led by CEO Phil Hart, our staff continues to provide the Board and all the Fellows with an exceptional service. We are extremely fortunate to have this group of highly valued and exceptional people and I am grateful for their enthusiasm and diligence in their support of the Board. I also wish to thank the members of the Board, past Deans and Presidents, Fellows and Trainees for their ongoing support and interaction with the Board.

The College is in a strong position to face the future challenges, whether they be political, operational and financial. While our material assets are healthy, our greatest asset remains the Fellowship and intensive care community who continue to support the College through the numerous activities. Without the Fellows and trainees support the functions of the College could not happen.

Ross Freebairn
President
There is no doubt that the biggest task undertaken by the College over the course of 2012 was to convert the general findings of the curriculum review committee (CRC) into specific proposals, which were presented to the Board for confirmation at the June 2012 Board meeting. The Board prudently decided to allow for a measured implementation phase for the proposals, resolving to commence the new curriculum for all new trainees from 1st January 2014.

This has allowed the various sub-committees of the CRC to work independently on fulfilling the requirements, perhaps the most complex being the design and build of an electronic portfolio system, which will allow for online submission and storage of the main trainee assessment material, in particular the new In-Training Evaluation Report (ITER), which will replace the current paper based ITA’s. Over the course of 2013, particularly in the second half of the year, there will be a big project to communicate the salient points of the new curriculum to those involved with trainees, especially the Supervisors of Training, and training sessions in the use of the new portfolio system.

The ongoing conditions and recommendations arising from the 2011 accreditation review by the Australian Medical Council continue to drive many activities within the College, some of which are bound up with the curriculum review while some others necessitate specific attention, for example our Trainee Selection Policy. The AMC require detailed annual reports on progress with their recommendations, which is a very time consuming activity.

We are extremely fortunate that most of the senior staff at the College have now been with us for a lengthy period and have built up great corporate knowledge. Laura Fernandez-Low, Daniel Angelico, Lisa Davidson and Sumithra Abeygunasekera have all been employed here for over five years. The gradual increase in the number of employees we have has led to us needing a more formal staffing structure and a change in roles for some of our long standing staff members. From September 2012 Daniel took on the role of Manager, Training and Assessments; Lisa became Manager, Fellowship Affairs and Laura took on the role of Policy Officer. My grateful thanks go to all the dedicated College staff, for their hard work and unfailing support throughout 2012.

My thanks also to John Myburgh, President of the College for the first half of 2012, and his successor Ross Freebairn, for their dedication to the arduous requirements of the position and to the unstinting support they give to myself and all the staff at the College.

Phil Hart
TREASURER’S REPORT

The College’s audited financial statement for the 2012 year (January to December) is available at the end of this Annual Report. In summary, from a financial point of view, 2012 was a satisfactory year for the College.

Our income for the year was $3,541,772. This is approximately an 11% increase on 2012. The bulk of our income continues to be derived from Fellowship subscriptions (33%), trainee registrations and training fees (30%), examination fees (15%) and income from the ASM (11%). The remaining 11% comes from a variety of other sources, including bank interest and grant money from the Rural Health Continuing Education Program.

Overall expenditure for the year increased by 5%, this was essentially due to the employment of two new staff members during the year. The overall result for the year was an operating surplus of $744,558, with an additional $140,458 interest received from our bank accounts and term deposits. This now leaves the College with a solid net financial asset base of $4.3M, mainly kept as secure bank term deposits, which provides us with a buffer against any unforeseen eventualities.

The expenditure on the curriculum review process, in accordance with advice from our auditors, is being accumulated as an asset on our balance sheet and will be depreciated at a rate of 10% per year from 2014 onwards. By the end of 2012 only $118,427 had been accrued here, however over the course of 2013 this will increase markedly, with significant travel expenses, wages and I.T. development costs.

Our next financial year (Jan – Dec 2013) should see fairly similar results to 2012, with some continuing small increases in both income and expense in some areas. The implementation of the new curriculum may well have an impact on some areas of income in future years, with the possibility that we may see a reduction in registration, training and exam fees, however any effect this may have will be felt from the 2014 year onwards.

Charlie Corke
Treasurer
At the February 2012 meeting of the CICM Board, Ross Freebairn was voted as President-elect, to take over as President from John Myburgh, whose term of office concluded at the 2012 AGM. At the same meeting, Bala Venkatesh was elected vice-President and Charlie Corke was elected Treasurer.

There were two positions on the Board up for election in May and following a vote count on May 17 the successful candidates were Bruce Lister (returned) and Di Stephens. Following the AGM John Myburgh stood down from the Board and this then became a casual vacancy.

In addition to the elected Board Members and the elected New Fellows Representative (Liz Hickson), co-opted members include Mary Pinder and Amod Karnik and Trainee Representative Rob Bevan. The President of ANZICS, Mary White, attends Board meetings as a guest, as also do the Presidents of ANZCA and RACP.

CICM Board Office Bearers
(at December 2012)

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<td>President</td>
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<td>Bala Venkatesh</td>
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<tr>
<td>Treasurer</td>
<td>Charlie Corke</td>
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**Portfolios**

- Censor & Research Officer: Rob Boots
- HAC Chair: Mike Anderson
- HAC Deputy Chair: Amod Karnik
- Education Officer: Charlie Corke
- Fellowship Affairs: Bala Venkatesh
- Assistant Education Officer: Di Stephens
- Chair of Assessments: Peter Morley
- ASM Officer & Trainee Committee Chair: Liz Hickson
- Communications & Journal: Bruce Lister
- CPD Officer: Gavin Joynt
- Quality and Safety Officer: Mary Pinder
- Trainee Representative: Rob Bevan

CICM Board onstage at the graduation ceremony, 2012 Annual Scientific Meeting.
2012 NEW FELLOWS

The following were admitted to Fellowship during 2012

In General Intensive Care Medicine:

Robert O’Connor NSW
Cornelia Mueller QLD
Cameron Knott VIC
Cartan Costello NSW
Umesh Kadam TAS
Dimity McCracken NSW
Miles Beeny VIC
Michael O’Dwyer NSW
Catherine Tacon NSW
Kevin Swil VIC
Christopher Lewis VIC
David Brewster VIC
John Prakesh Raj SA
Atul Gaur NSW
Nicholas Randall NZ
Eng Lee SING
David Crosbie VIC
Matthew Brain VIC
Mark De Neef UK

Jonathan Fraser SA
Rob Bevan NZ
Wade Stedman NSW
Sam Orde NSW
Ravikiran Sonawane QLD
John Moore QLD
David Pearson QLD
Janet Kelly NZ
Shweta Gupta QLD
Madhav Pendyala NSW
Veerendra Jagarlamudi NSW
Syed Huq NSW
Shashi Krishnamurthy NT
James Anstey VIC
Asako Ito NSW
Michael Park NZ
Rosalba Cross NSW
Luke McKean QLD
Maté Rudas NSW

Markus Skrifvars NSW
James Winears QLD
Nevin Kollannoor NSW
Ramanathan Lakshmanan NSW
Anupam Chauhan TAS
Christopher Poynter NZ
Paul Nixon VIC
Trent Hartshorne VIC
Moushumi Salvi NSW
Irma Bilgrami VIC
Benjamin Gelbart VIC
Neeraj Bhadange QLD
Richard Lin VIC
Angus Carter VIC
Aziz Yassiri VIC
David Stewart QLD
Alexander Browne NZ
Kai Ming Wai HK

In Paediatric Intensive Care Medicine:

Vijay Palaniswamy VIC
Nathan Smalley QLD
Roberto Chiletli VIC
Anil Gautam NSW

Luregn Jan Tribolet QLD
Lee Teo NSW
Paul Holmes QLD

New Fellows graduating at the 2012 ASM at the Plaza Ballroom, Melbourne
NEW CURRICULUM FOR TRAINING IN INTENSIVE CARE MEDICINE

The CICM Curriculum Review Committee (CRC) was established in 2011 to consider what changes needed to be made, partly as a result of a general impression that the current curriculum was becoming out of date and needed to respond to changes in the contemporary practice of intensive care medicine, and partly in response to recommendations arising out of the 2011 review by the Australian Medical Council. The CRC is chaired by the CICM President, Dr Ross Freebairn.

The initial meetings of the CRC focused on gaining input from Fellows and trainees as to perceived areas for change, clarifying the outcomes expected of the training program and re-writing the Objectives of Training (a work undertaken by ex-Dean of JFICM, Associate Professor Richard Lee). This culminated in a set of recommendations being presented to the CICM Board in June 2012. After approval of these recommendations, work began on the necessary preparations to enable the new curriculum to be in place by 1 January 2014. Following CICM’s usual practice when changes are made to any aspect of the training program, it was decided that these changes would not be retrospective; that is, they would only apply to trainees who register with the College after 1 January.

The following is a summary of the key components of the new curriculum:

Overall Training Time
Total training time will remain at 6 years, consisting of a minimum of 42 months spent in accredited intensive care medicine training, 12 months of Anaesthetics, 12 months of Medicine (including 6 months of Emergency or Acute Medicine) and 6 months in an elective placement. At least 3 months of training must be undertaken in a rural hospital (not necessarily in intensive care).

Intensive Care Medicine Training
The required 42 months of specific intensive care medicine training is divided into three stages:

Foundation Training (6 months)

Core Training (24 months). Entry into Core Training requires completion of a recognised First Part (Primary) Examination and other specified learning and assessment tasks.

Transition Year (12 months). Entry into the Transition Year requires successful completion of the CICM Second Part Examination in either General or Paediatric Intensive Care Medicine, satisfactory In-Training Evaluation Reports (ITER’s) during Core I.C. Training, Anaesthetics and Medicine, and other specified learning and assessment tasks.

During their intensive care medicine training time, trainees will be required to complete terms in accredited units that provide the necessary clinical experience in the areas of Cardiothoracic, Neurological and Trauma Intensive Care Medicine.

Assessments
Examinations. Trainees will be required to successfully complete a recognised First Part (Primary) Exam and the CICM Second Part Exam.

In-Training Assessments. Regular reports from Supervisors will monitor trainees progress via an on-line In-Training Evaluation Report (ITER)

Other Workplace Based Assessments. Trainees will be required to complete a number of specific Competency Assessments and Supervised Clinical Encounters at various stages.

Formal Project. All trainees must satisfactorily complete the requirements of the formal project.

Specific Learning Activities (Courses)
Trainees will be required to undertake a number of specific learning activities at each stage of training, either through attendance at specified courses or by completing on-line learning packages.

More details of the requirements of the new program for training in intensive care medicine are available in the curriculum section of the CICM website and will be published in the ‘CICM Handbook for Training in Intensive Care Medicine’ in due course.

Next Steps
An important element of the implementation plan for the new curriculum is the construction of an electronic training portfolio, which will be a database for storing and submitting assessment information. By 1 January, it is intended that this will be available for the ITER component of assessment, with enhancements including a trainee feedback function, to follow when practicable.

While the new curriculum will only apply to new Trainees (after 1 January 2014) it is intended that electronic submission of the ITER will also replace the current paper-based ITA process for existing trainees as well, so that Supervisors are not required to use two different methods for in-training assessment.

An initial round of information sessions for Supervisors of Training and other interested Fellows was held in April and May, with a more extensive series of training sessions scheduled for later in the year.
FELLOWSHIP AFFAIRS

The Fellowship Affairs committee was introduced towards the end of 2010 and is responsible for activities relating to Fellow’s welfare and education. The committee is chaired by the CICM Vice-President, Bala Venkatesh. This year the committee has finalised the Ageing Intensivist statement, authored by member George Skowronski and made amendments to policy document IC-15: Recommendations on Practice Re-Entry for An Intensive Care Specialist. The committee continues to be engaged with the Board and the plan for 2013 onwards is increased engagement with the Fellowship.

Continuing Professional Development:

The new CPD program was launched successfully in January 2012. The program cycle is two years, the first beginning in January 2012 and ending in December 2013, and requires participants to log activities in the online diary. Activities and events are categorized and then placed in one of five Activity Groups.

Participation was made compulsory for all CICM Fellows however dual Fellows with ANZCA, ACEM or RACP may currently participate in CPD programs administered by these Colleges as an alternative. CPD Compliance is a requirement of Registration with the Medical Board of Australia.

Participation rates have been high and over three quarters of the Fellowship are currently actively participating in CPD. A new compliance document was also written and approved by the Board. The Online Diary has been running successfully for a year and will be revised in the second half of 2013 and any necessary improvements will be made.

The CPD team also introduced a new online application for CPD assessments, the new system allows course co-ordinators to submit applications for CPD point registration for activities and events. Over 30 courses were assessed and registered in 2012.

Annual Scientific Meeting

The 2012 ASM was held in Melbourne, and was the first time the ASM was completely full with Registrations needing to be closed. The total number of delegates attending was just over 400. This is a testament to the popularity and status our College Meeting now holds for the Intensive Care Community in Australia and New Zealand.

The title of the ASM was Breathe Easy: Oxygenation in the New Millennium and the Victorian committee did a great job in designing a program which was educational, thought provoking and ignited some great discussions. The Trade Area had a revamp with the introduction of the Zone, an interactive area where delegates could engage in real life scenarios and test new equipment, including the very popular EZ IO (Courtesy of Mayo healthcare) egg drilling competition.

The highlight of the meeting was as always the ASM dinner, held in the Plaza Ballroom. Graduands were received into the Fellowship, and the CICM Medal was awarded to Ray Raper prior to him giving a stirring and inspirational oration.

New Fellows Conference

The New Fellows Conference was once again successfully run over the two days prior to the ASM in Melbourne at the Blackman Hotel. The Conference Committee organised an engaging program of free discussion, debate and presentations from Senior Fellows.

The main purpose of the Conference has been to allow networking and an arena for debate for our new Fellows. However, as the number of new Fellows has increased there has been some concern about the small numbers able to attend and also about provision of some further learning as well as discussion for theses new specialists. Given this 2013, will see the first stand alone New Fellows Conference in August with a lively program of wisdom from Senior Fellows and debate around controversial topics, not to mention a great opportunity to network and spend some time with family and friends in Byron Bay.

Clinical Update Day

This was the third of these ‘refresher’ days prior to the ASM with a large practical ‘workshop’ component; it was again fully subscribed with 90 participants and was extremely well received. The participants ranged from Trainees to Senior Intensivists, and the feedback was that this sort of Clinical Update with small group workshops was an excellent initiative and that the Fellowship were keen to attend and keep up their skills.

Bush Track to Boulevard – Byron Bay Rural Update

The College held the second rural update conference, funded by the Rural Health Continuing Education program, on February 28 – March 1. Over 70 delegates attended this event in Byron Bay.

Following the success of the 2012 paediatric simulations, the program increased the sessions this year. Echo sessions were introduced into the program and these were hands on instruction in basic qualitative trans-thoracic echocardiography emphasising a basic level of haemodynamic assessment relevant to the critically ill. Feedback from the attendees was very positive and the College will be hoping to continue to run this event annually as a self-funded meeting, now that funding from the Rural Health Continuing Education Program has expired.
PROFESSIONAL AFFAIRS

The major focus of the College in this area has continued to be the maintenance of our accreditation with the Australian Medical Council. Although accreditation was granted to the College in 2011, a progress report on all the recommendations made by the Council was submitted in June 2012. Further reports will be required in 2013 and 2014. The challenge is not in writing the reports, but in initiating and demonstrating the improved processes that the AMC require. To this end, the College has developed IC-15: Recommendations on Practice Re-Entry, Re-Training and Remediation for Intensive Care Specialists and work continues on a policy for the ‘Selection of Trainees’ to ensure the most suitable candidates enter the training program. This policy will include clear selection criteria designed to identify candidates who possess the necessary traits to successfully complete the training program in intensive care medicine. Selection of trainees into the training program will commence in 2014 in parallel with the introduction of the new curriculum. Other outstanding standards are addressed regularly by the DPA and Policy Officer.

Other initiatives and achievements during 2012 include:

- The appointment of Ms Laura Fernandez-Low as Policy Officer
- Working with Health Workforce Australia to model the workforce in intensive care medicine
- Contributing workforce data and collaborating with Dr George Skowronski in his publication on the ageing intensivist in the Medical Journal of Australia
- Collaboration with ACHS in the review and assessment of the ICU Clinical Indicator data
- Attendance at meetings on professionalism, performance review, recertification, quality initiatives and similar topics relevant to the College

A/Prof Richard Lee has continued to be integrally involved in the development and rollout of the new curriculum and Dr Megan Robertson provides essential support to the Censor in reviewing trainee files as the DPA Censor.

TRAINEE COMMITTEE

The Trainee Committee has continued to flourish as a valued part of the College structure. We have continued to have trainee representatives from all states and have regular teleconferences as well as our first Trainee Committee workshop at the College in February 2013. This day provided both opportunities for the committee members to have a better understanding of the College but also to discuss face to face a wide range of issues from the formal project to trainee selection. The day was also used to develop the strategic direction and succession planning for the committee for 2013.

The group also has representatives that sit on the Board, Education and Hospital Accreditation Committees. This has ensured that CICM trainees have a voice in all key areas of the College and have an opportunity to provide both feedback and influence on major decisions and policy development. The committee has contributed in many areas this year including the development of the transition year of training and developments related to trainee communication and the SOT role. The RACP decisions in July 2012 also saw our Trainee Committee acting together to represent the CICM trainees in difficult times.
Another busy year of training in 2012, with again a high number of trainees progressing through the training program. Also during 2012, eight overseas trained specialists (OTS) enrolled in the Overseas Specialist Pathway to Fellowship. Our thanks to the Supervisors of Training who continue their important work to guide the trainees through the program and provide clinical training environments which provide structure to the training program. The SOT newsletter is working well to inform supervisors of changes to regulations and training related issues.

Work is well advanced on the new curriculum which through the electronic learning platform promises to help streamline the processes of in-training evaluation, identification of trainees having difficulty progressing through the training program and an increased assistance to trainees and their supervisors in formulating, supervising and providing continuity for remediation plans. The Regulations have been reviewed with the assistance of Richard Lee to ensure that they align with the philosophies of the new curriculum and are due to be submitted to the Board in the coming months.

The Project Committee has reviewed the requirements of the Formal Project in the CICM curriculum. There is a re-statement to the need for a project to ensure that our trainees have the skill to gather and appropriately analyse data, as clinical audit is an ongoing requirement for the duration of a clinical career. The requirements of the project have been clarified to ensure that this training requirement is not perceived as onerous with clear advice for support resources for both the trainee and supervisor.

This year the College Training Department has concentrated on streamlining processes to ensure that trainees potentially having difficulty are identified as early as possible. Guidance is being given in the development of remediation plans so that the College has a clear understanding of the problems the trainees are experiencing so that practical and achievable plans can be developed. The policy document for the management of trainees having difficulties is in its final preparation following Regional Committee input. A stepwise escalating process of assisting trainees having difficulties has been trialed in several states over the last 12 months to establish remediation plans formulated at the unit, regional or national level as deemed to be needed by the trainee and in response to the nature of the problem. There has been a range of training issues identified and managed, most commonly professional communication or trainee not understanding the requirement to progressively move towards independent practice by the end of training. Performance often stalls after initial satisfactory beginnings and occasionally, resources beyond that of the local unit are required. There have been 18 requests by the College for the development of a remediation plan for trainees in 2012. Discussions with the College Training Department are encouraged to collaboratively work to assist the trainee and their supervisors. The new curriculum and electronic training portfolio will assist supervisors in developing remediation plans that require timeframes greater than the usual hospital attachment.

There have been several changes to the Regulations of training within the last 12 months. In line with College philosophy, these changes only relate to new trainees who register after the date of ratification of a Regulation change.

Deferred and interrupted training have been defined in line with trainees needing to remain in supervised training until they have completed all components of the training program unless there is a formal application for the deferment of training.

A small number of trainees have received approval of non-core training time to be accredited outside of Australia, New Zealand and Hong Kong. Such an educational plan needs to be approved prospectively.

Anaesthesia terms remain difficult for trainees to find. In general, anaesthetic terms are accredited by ANZCA. There is now an arrangement with ANZCA for the Hospital Accreditation Committee to assess anaesthesia terms not presently accredited for training in conjunction with ANZCA. Such accreditation needs to be completed prior to a trainee commencing in the position.

The coming year promised to be busy with the bedding down of the educational and assessment requirements of the new curriculum, the electronic learning platform and continuing to work through and implement the recommendations of our recent AMC review.

**Trainee Statistics for 2012**

At the end of 2012, the College had 350 active trainees with the gender balance at 66% male and 34% female. 10% were training in paediatric intensive care. Almost half our trainees are also registered as trainees with another College (ACEM 20%, ANZCA 14%, RACP 10% and RACS 2%) so at any particular time, many of our trainees will not be currently engaged in intensive care training.

**Current General Fellowship Examiners**

<p>| Nicholas Barnes | NZ |
| Allan Beswick | TAS |
| Deepak Bhonagiri | NSW |
| John Botha | VIC |
| Jeremy Cohen | QLD |
| Charles Corke | VIC |
| Michael Corkeron | QLD |
| Anthony Delaney | NSW |
| David Durham | SA |
| Nicholas Edwards | SA |
| John Evans | QLD |
| Arthas Flabouris | SA |
| John Fraser | QLD |
| Dhaval Ghelani | NSW |
| Charles Gomersall | HONG KONG |
| John Gowdman | QLD |
| Rajeev Hegde | QLD |
| Anthony Holley | QLD |
| Julian Hunt-Smith | VIC |
| Christopher Joyce | QLD |
| Amod Karnik | QLD |
| Stuart Lane | NSW |
| Mark Lucey | NSW |
| Andrew McKee | NZ |
| Imogen Mitchell | ACT |</p>
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<tr>
<td>Daniel</td>
<td>Mullany</td>
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A total of 52 candidates presented for the exam, with 20 (38%) successfully completing.

The successful candidates were:

- Raman Azad
- Justine Barnett
- Irma Bilgrani
- Thomas Doyle
- KJ Farley
- Jonathan Fraser
- Shweta Gupta
- Adam Holyoak
- Joshua Ihle
- Simon Illes
- Melissa Kaufman
- Joseph McCaffrey
- Timothy Paterson
- Nayyera Nudrat Rashid
- Simon Robertson
- Thomas Rozen
- Sean Scott
- Melita Trout
- Andrew Van Der Poll
- Peter Velloza

Retirements

2012 saw the retirement of two integral members of the Examiner Panel. John Reeves (VIC) and Bala Venkatesh (QLD). Bala was the Chairman of the General Fellowship Examination for six years, from 2007 to 2013. His contribution over that time was massive and his experience and wisdom will be missed.

Dr Mary Pinder (WA) assumed the role of Chair of the General Fellowship Examination Committee with Dr Jeremy Cohen, QLD as her deputy.

General Fellowship Examination – March/May 2012

The written section was conducted in several regions throughout Australia, New Zealand and Hong Kong. The Hot Case section was held in Brisbane at the Royal Brisbane, Princess Alexandra and Prince Charles Hospitals.

General Fellowship Examination – August/October 2012

The written section was conducted in several regions throughout Australia, New Zealand and Hong Kong. The Hot Case section was held in Melbourne at the Monash Medical Centre, Royal Melbourne and St. Vincent’s Hospitals.

A total of 56 candidates presented for the exam, with 31 (55%) successfully completing.

The successful candidates were:

- Muhammad Akram
- Ravi Bangia
- Colin Barnes
- Vincent Chan
- Andrew Chapman
- Ravisubramanian Chockalingam Pillai
- Jai Darvall
- Shekhar Dhanvijay
- Gerard Fennessey
- Corynn Goh
- Sutrisno Gunawan
- Pierre Janin
- Sarah Jones
- Marianne Kirrane
- Kathryn Law
- Keng Hsin Lo
- Francis Loutsky
- Francisco Martinez-Orellana
- Judit Orosz
- Mahadev Patil
- Katherine Perry
- Lloyd Roberts
- Alex Rosenberg
- Michelle Ross-King
- Sacha Schweikert
- Umesh Shah
- Rajiv Singhal
- Benjamin Tang
- David Tripp
- Bradley Wibrow
- Yu Yip

The G.A. (Don) Harrison Medal for 2012

The Don Harrison Medal is awarded to the best performed candidate in each General Fellowship Examination. The winner of the Don Harrison Medal was Dr Bradley Wibrow for his performance at the October examination. The Examination Committee chose to not award the medal for the May examination, as no candidate was judged to be of sufficient merit to warrant the award.
Current Paediatric Fellowship Examiners

David Buckley NZ
Michael Clifford VIC
Jonathan Egan NSW
Simon Erickson WA
Jonathan Gillis NSW
Mark Hayden QLD
Julie McEniery QLD
Fiona Miles NZ
Kenneth Millar VIC
Andrew Numa NSW
Philip Sargent QLD
Peter Skippen CANADA
Michael Yung SA

Paediatric General Fellowship Examination
– August / November 2012

The written section was conducted at several regions throughout Australia and New Zealand with the Hot Cases being held in Melbourne at the Royal Children’s Hospital.

Thirteen candidates presented for the exam, with 11 (85%) successfully completing.

The successful candidates were:

Peta-Maree Alexander
Marc Anders
Jarrod Cross
Anusha Ganeshalingham
Paul Holmes
Christopher James
Gregory Kelly
Bennett Sheridan
Puneet Singh
Rebecca Smith
Luregn Tribolet

Current Primary Examiners

David Austin QLD
Gillian Bishop NSW
Michael Cleary QLD
Michael Clifford VIC
David Collins NSW
Kush Deshpande NSW
Jonathan Field QLD
Arthas Flabouris SA
Ross Freebairn NZ
Michael Gillham NZ
Paul Goldrick NT
Manivannan Gopalakrishnan NSW
Geoffrey Gordon QLD
John Green VIC
Myrene Kilminster NSW
Peter Kruger QLD
Stuart Lane NSW
John Mackle QLD
Roslyn Purcell QLD
Brett Sampson SA
Peter Scott QLD
Yahya Shehabi NSW
Dianne Stephens NT
Penelope Stewart NT
Richard Strickland SA
Krishnaswamy Sundararajan SA
Shane Townsend QLD
Kim Vidhani QLD
Stephen Warrillow VIC

Primary Examination – September / November 2012

The written section was conducted at several regions throughout Australia and New Zealand and the oral section was held in Melbourne.

Twenty-two candidates presented for the exam, 13 (59%) were successful.

The successful candidates were:

Jacob Abraham
Shreepad Asundi
Anthony Baird
Ramsy Thomas D’Souza
Ahmad Elgendy
Tal Gadish
Matthew Alex Morgan
Ronan McKenna
Swapnil Pawar
Joshua Pillemer
Mahesh Ramanan
Claire Elisabeth Seiffert
Jason David Wright

Primary Examination – March / May 2012

The written section was conducted at several regions throughout Australia and New Zealand, the oral section was held in Adelaide.

Ten candidates presented for the exam, 6 (60%) were successful.

The successful candidates were:

Christopher Ross Anderson
Binila Chacko
Siddharth Goswami

Alice Claire Henschke
Anil Ramnani
April Win

Shreepad Asundi
Ahmad Elgendy
Tal Gadish
Matthew Alex Morgan
Ronan McKenna
Swapnil Pawar
Joshua Pillemer
Mahesh Ramanan
Claire Elisabeth Seiffert
Jason David Wright
HOSPITAL ACCREDITATION

The Hospital Accreditation Committee has been quietly productive over the last year: from contributions to the AMC accreditation process, working towards streamlining the process for hospitals to apply for accreditation of the CICM Anaesthetic component of training to continuing the accreditation of units in Australia, New Zealand, Hong Kong and overseas. The Hospital Accreditation Committee has had a busy year.

A total of 16 accreditation inspections were conducted and at the time of publication 12 Units have been accredited for training. A total of 6 Units applied for accreditation for the first time and to date 4 of those have been accredited.

The total number of Intensive Care Units now accredited for either basic or advanced training is 120 with a breakdown as follows:

- Units accredited for Basic Training: 20
- Units accredited for C6: 28
- Units accredited for C12: 37
- Units accredited for C24: 35

The College was accredited by the AMC in 2011 as a separate medical college. At this time several recommendations were made by the AMC, one of these included reducing the re-accreditation cycle of Units. At the November 2012 Board meeting it was agreed to shorten this period to five years at the discretion of the Committee. Another recommendation that the Committee have been working towards is the annual collection of data from Units. At the February 2013 Board meeting an agreement was finalised with ANZICS Core to explore the collection of annual data from each Unit to the College.

Dr Michael Anderson accepted the position of Chair for the Hospital Accreditation Committee in June 2012. Since then a number of projects have been finalised such as the formal agreement with ANZCA to assist with inspections of anaesthetic departments that may not fulfil the criteria for ANZCA accreditation, yet satisfy the requirements for CICM trainees. We envision this process will increase the number of units available for the anaesthesia component of ICU training.

In response to the AMC recommendations and in anticipation of the approaching curriculum review we have suggested a few changes to the HAC process. Some of these changes will make the process easier for the units applying for accreditation. One of these is a trainee feedback survey which was distributed as a trial in December 2012. In the future this survey would assist HAC to identify issues affecting trainees and Fellows in units more rapidly while also allowing the Committee to respond to such issues proactively.

In December 2012, Daniel Angelico assumed responsibility of HAC from a management perspective. Since then the College staff have identified that HAC could benefit from a few improvements on how to deliver support. The HAC procedures have been going through an internal overhaul to improve efficiency in several areas with a major focus on modernising processes to make it easier for staff, committee members, inspectors and the hospitals.

We hope these changes will continue to receive approval from the Board and be implemented in the near future.

Thanks to all the members of the Committee as well as the Board members and Fellows involved in accreditation visits for all their work and support, and a warm welcome to Natasha Wilson, the newest staff member of the team.
NEW ZEALAND NATIONAL COMMITTEE REPORT

This report covers the activities of the New Zealand National Committee (NZNC) for the period January 1 to December 31, 2012. As well as being responsible for activities similar to those of the Australian regional (state) committees, the NZNC represents CICM at the national level in New Zealand, particularly in the College’s dealings with the New Zealand Government, the Ministry of Health and the Medical Council of New Zealand (the regulatory body for doctors). The committee also advises the CICM Board on New Zealand issues and provides a forum for liaison between training hospitals and the College.

New Zealand National Committee

Elections for NZNC membership were held in 2012, with several new members joining the committee in the latter half of the year.

Chair: Dr Tony Williams
Vice Chair: Dr Shawn Sturland
Honorary Secretary/Treasurer: Dr Claudia Schneider (until July 2012)

Other elected members:
Dr David Galler (until July 2012)
Dr Robert Frengley (from July 2012)
Dr Jonathan Casement (from July 2012)
Dr David Knight (from July 2012)
Dr Daniel Nistor (from July 2012)

Co-opted Representatives: Dr David Knight, New Fellow (1/2 of 2012)

Ex-Officio:
Dr Rob Bevan, NZ Trainee (1/2 of 2012)

Co-opted Observers:
Dr David Knight, Chair ANZICS
Dr Gerard McHugh, ANZCA (until July 2012)

Administrative Assistance: Juliette Adlam (until Aug 2012)
Rose Chadwick (from Aug 2012)

Total Number of National Committee Meetings for year: 3
New Zealand Office
The CICM NZNC continues to be based in the ANZCA office, Level 7, EMC House, and there are no plans to change this arrangement which is working well.

New Zealand Fellows and Trainees
Currently New Zealand has 102 trainees, 70 active Fellows of CICM and 6 retired Fellows of CICM.

Trainees Meeting 2012
A meeting was held in Wellington from 15 to 17 March, with excellent feedback received from the trainees who attended.

SOT Workshop
Laura Fernandez-Low organised a very successful SOT workshop in Wellington on 26 July.

Council of Medical Colleges in New Zealand (CMC)
The Council of Medical Colleges meets in Wellington four times a year, bringing together representatives of all New Zealand’s medical colleges to discuss issues of mutual interest. The meetings provide the opportunity for other organisations to provide updates, and in 2012 these included representatives from MCNZ, NZMA, Ministry of Health, HWNZ, National Health Committee, Health Quality and Safety Commission (HQSC) and the Perioperative Review Committee.

Issues discussed included:
• The role health professionals can play in the government’s aim to move people from welfare benefits into work;
• What information was appropriate to share in terms of identifying and assisting vulnerable children;
• The integration of prevocational training with vocational training programmes;
• Improving communication between senior medical officers and junior staff;
• The Health Practitioners Competence Assurance Act review;
• The proposed Trans Pacific Partnership agreement and how this could affect health services;
• MCNZ regular practice reviews;
• Developments around physician assistants and extended roles

CMC has implemented plans for a more effective organisation, with an enlarged secretariat and a new website. (http://www.cmc.org.nz/)

Medical Council of New Zealand

Branch Advisory Bodies
Dr Tony Williams and Dr Ross Freebairn attended the annual meeting for branch advisory bodies (BABs), held on September 7.

Topics discussed included:
• PGY2 training and the need for trainees to be active and develop a learning plan
• Criteria for BAB reaccreditation
• Proposed amalgamation of the administrative functions of New Zealand’s responsible authorities, including the Medical, Nursing and Midwifery Councils and other similar smaller bodies
• Review of the MCNZ publication Good Medical Practice

Regular Practice Review Meeting
Dr David Knight attended this meeting on 26 November. MCNZ is committed to regular practice reviews and the College needs to plan its approach to how it will implement these.

Audit of Medical Practice
NZNC CICM replied to a letter from MCNZ about “audit of medical practice” and the criteria for conducting an audit of medical practice. MCNZ requires that all doctors participate in one audit each year as part of their recertification. NZNC CICM advised MCNZ that the information had been brought to the attention of the President of CICM who would take action to ensure the requirements of MCNZ will be met in the College CPD programme.

PHARMAC
During 2012, the NZNC received a number of formal requests for comment on discussion documents, reports and papers from PHARMAC.

Notable submissions were made conjointly with ANZICS on:
• Hospital Pharmaceutical Review—Parenteral Nutrition and Fluids
• Proposal Involving Voluven and Volulyte

Health, Quality and Safety Commission
Dr Janice Wilson, CEO of the Health Quality and Safety Commission attended the December meeting of NZNC on 5 December. Dr Wilson talked about key Commission initiatives for 2013 – medication safety, healthcare infection prevention and control, perioperative harm, and falls. NZNC invited the Commission to contact it in the early stages of potential new projects as it is happy to provide input.

Tony Williams
Chairman, New Zealand National Committee
REGIONAL COMMITTEES

New South Wales
Chair
Dr Elizabeth Fugaccia
Deputy Chair
Dr Priya Nair
Secretary
Dr Nhi Nguyen
Elected Members
Deepak Bhonagiri
Dr Stuart Lane
Dr Ray Raper
Dr Dani Goh
Dr Lewis Macken
Dr Vineet Nayyar
Trainee Representative
Dr Naomi Diel
Co-Opted Paediatrics Representative
Dr Nick Pigott
ACT Representative
Dr Sean Chan
Co-Opted Rural Representatives
Dr Amit Kansal
Dr Michael Sutherland
Ex-Officio
Dr Liz Steel

South Australia
Chair
Dr Peter Sharley
Deputy Chair
Dr Steven Lam
SOT Representatives
Dr Nick Edwards
Dr Andrew Holt
Dr John Moran
Dr Milind Sanap
Dr Peter Prager
Trainee Representative
Dr Yasmine Abdelhamid
Co-opted ANZICS Rep
Dr Stewart Moodie
Ex-Officio
Dr Michael Anderson

Tasmania
Chair
Dr Ram Sistla
Elected Members
Dr Alan Rouse
Dr Allan Beswick
Dr Scott Parke
Dr David Cooper
Trainee Representative
Dr Matthew Spotwood

Western Australia
Chair
Dr John Lewis
Deputy Chair
Dr Mary Pinder
Elected Member
Dr Luke Torre
Dr Francis Loutski
Dr David Hawkins
Dr Peter Pride
Dr Liz Croston
Trainee Representative
Dr Timothy Bowles

Victoria
Chair
Dr David Charlesworth
Deputy Chair
Dr Con Giannellis
Honorary Secretary
Dr John Botha
Honorary Treasurer
Dr Ian Carney
Elected Member
Dr Himangsu Gangopadhyay
Dr Sanjiv Vij
Ex-Officio
Assoc Professor Peter Morley
Dr Charlie Corke
Trainee Representative
Dr Maurice Le Guen

Queensland
Chair
Dr Neil Widdicombe
Vice Chair
Dr Michaela Carpenter
Honorary Secretary/Treasurer
Dr John Evans
Elected Members
Dr Rajeev Hedge
Dr Marc Ziegenfuss
Dr Leo Nunnink
Dr Kim Vidhani
Co-opted New Fellows Rep
Dr Andrew Udy
Co-opted Trainee Rep
Dr Marianne Kirane
Co-opted ANZICS Rep
Dr Marc Ziegenfuss
Co-Opted Paediatric Rep
Dr Michael Corkeron
Ex-Officio
Prof Bala Venkatesh
Dr Bruce Lister
Dr Amod Karnik
Prof Rob Boots

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
QUEENSLAND

2012/2013 was a year of major change in healthcare organisation in Queensland. These changes have resulted in reduction in centralised support and management assistance of medical education and training services, with devolution of some of these responsibilities now residing within 17 newly established hospital health services (HHS).

Collaboration between Queensland Medical Education and Training (QMET) unit and the QRC had resulted in the development of the Queensland ICU Training Pathway as a centralised, recruitment and appointment process, facilitating the co-ordination of CICM trainees through anaesthesia, medicine and intensive care posts, as well as jointly developing educational and support initiatives (forums and workshops) for trainees and supervisors. These advances are now potentially threatened by significant reduction in resources and funding of QMET with its incorporation into the Office of the Principle Medical Officer. The QRC and the Queensland Committee of Medical Specialist Colleges lobbied the Qld Minister of Health Lawrence Springborg that funding for support of Queensland ICU Training Pathway is secured.

Retrenchment in staffed intensive care capacity, loss of research officer and nurse educator positions has affected some intensive care units. The QRC has supported such adversely affected units with lobbying executive with regard to training and accreditation implications of such service changes.

Within the QRC there have also been significant changes, with nominations leading to a change in committee members in July. The QRC would like to thank previous committee members, Dr Michael Putt and Dr Daniel Mullany for their past support and contribution.

There was also a change in secretarial support and venue, for QRC. After many years of assistance by ANZCA, the QRC meetings are now hosted by the Queensland branch of the Australian Medical Association (AMA), with College secretarial support by Heather Dick Pere.

QRC sponsored events 2012.

QRC Queensland Annual Trainee Research Meeting, 9 November. This meeting was the 3rd annual research meeting, and it has become an established part of the QRC calendar, facilitated by Dr Andrew Udy. This year the format was changed to also include an evening dinner meeting for trainees to present projects for critic and review. The Prize for the best Trainee Project was awarded to Ravi Pillai. The meeting was sponsored by ANZICS, CSL, Biotherapies, Edwards Lifesciences and GlaxoSmithKline.

QRC Supervisors of Training Workshop and Forum, 7 December. This meeting was facilitated by Professor Jill Thistlewaite, Professor of Medical Education, University of Queensland and Dr Megan Dalton, adviser to the CICM Curriculum Review Committee. The meeting focused on workplace based assessments, including theory and evidence, as well as review of the future assessment models and tools to be adopted by the CICM.

QRC Supervisors of Training Workshop and Forum – 12/13th March. This two day meeting included a CICM communication workshop facilitated by Charlie Corke, followed by a forum on management of specific types of trainee underperformance and medico-legal aspects of supervision.

Other events/activities

Royal Brisbane Careers Expo, May 2012. Supported by Dr Bruce Lister (QRC & QMET) and Dr Jayshee Lavana.

Queensland Committee of Medical Specialist Colleges

CICM Accreditation Assessments. Royal Brisbane and Womens Hospital, Robina Hospital, Wesley Hospital, Redcliffe Hospital, Nambour Hospital and Ipswich Hospital.

2014 ASM Committee. Organisation committee for 2014 CICM ASM to be held in Brisbane on 13 to 15 June 2014.

The full implications of the state and national reform program on service delivery are yet to be fully appreciated. With the potential impact of proposed changes in service modelling, awards and working conditions, the QRC can expect in the future to have increased responsibility in regard to advocacy for trainees and specialists, in reference to the effect that such changes may have on the training, education and professional standing of intensive care in Queensland.

WESTERN AUSTRALIA

The WA regional committee has had a significant change of personnel and structure this year. The committee would like to acknowledge the work done by the past chair, Dr David Moxon, and other past committee members. We are particularly appreciative of the administrative support from Heather and were delighted she could attend our meeting in January. The committee also would like to congratulate Dr Alan Duncan on receiving the honour of Member (AM) in the General Division of the Order of Australia.

The committee has considered and supported an application from Bunbury Hospital for an area of need intensivist position. Whilst there appears to be a surplus of new Fellows, clearly there is some maldistribution of the workforce. The committee supported Bunbury’s application as the positions were appropriately advertised over a long period, the job was sustainable, and is was the committee’s view that now and particularly in the future there was a need for an ICU at Bunbury Hospital. As well as the AON applicant, Bunbury has also recruited an FCICM. The regional committee continues to offer support for Bunbury ICU and has had input into the supervision plan for the AON applicant.

The committee has also considered the Health Workforce Australia report. The committee has discussed concerns about the large number of trainees and the possible consequences (difficulty with adequate supervision, increased cost to the community, a change in scope of practice for intensivists, and the expense...
and difficulty with peer review of small ICUs. The committee’s main concern was with maintaining the high standards of new Fellows and we have briefly discussed a regional based trainee selection process based on each region’s capacity to adequately train and supervise trainees.

The committee has had discussions with the College regarding accreditation of Fiona Stanley Hospital. The likely outcome here is that FSH may receive provisional prospective accreditation following review of its application by the accreditation committee and then there will be a site visit scheduled for three months after opening.

The committee maintains an interest in support and teaching for trainees across all hospital sites. There is a continuing challenge accessing anaesthetic training posts, and we support an initiative to seek Specialist Training Program (STP) funding for ICU trainees at Joondalup Health Campus. We have also provided written feedback to the College on the RACS draft policy document on responsibility of patients admitted to ICU, ANZCA policy document PS 09, and the trainees with difficulty document.

SOUTH AUSTRALIA

At our well attended annual meeting on 8 April 2013 (in conjunction with ANZICS as is tradition in SA) we discussed trainee selection, changes to the curriculum and a proposal for a statewide training program. Concerns were expressed regarding the balance of workforce supply and demand in intensive care in Australia. A unanimous vote was recorded at this meeting that a South Australian Rotational Training Program for intensive care trainees be explored further. We thanked Lisa Davidson and Heather Dick Pere for travelling from Melbourne for the meeting.

This year saw the running of the 29th Annual Australian Short Course in Intensive Care Medicine (Tub’s Course), and it remains very popular among ICU registrars planning to sit the CICM Fellowship Exam, with numbers limited to 36 this year. Its ongoing success is thanks to the large number of faculty involved, which included seven intensivists from interstate, and we thank them again for their support.

The ANZICS Registrar Presentation evening organized by ANZICS will again be run in May and I am sure it will be successful.

The SA CICM Primary Course is oversubscribed; the trainees receive high quality training opportunities and the excellent pass rates reflect that.

CICM is represented at SA Health and AMA SA Heads of Colleges meetings on a regular basis.

With the AMA support we have seen improvements in SA Law such that futile medicine cannot be demanded by families. This is one the greatest medico-legal advancement in many years for intensive care medicine. The AMA has also been most supportive of the protection of the Special Purpose Funds that generate millions of dollars for medical research in this state.

TASMANIA

Education & Training
Royal Hobart Hospital
Supervisor of training: Dr David Cooper
Junior staffing: 2 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
Royal Hobart Hospital Intensive Care unit is being restructured with a proposal to increase the bed capacity of the unit. The restructuring is almost completed.

Taking into consideration the Tasmanian State budgetary situation the Royal Hobart administration is taking a close look at the finances of the hospital. Raising revenue and cutting expenditure are two measures seriously pursued by the administration. These measures continue to negatively impact every aspect of the day to day running or the unit.

Royal Hobart Intensive Care unit is accredited for 24 months of Core training. One trainee is due to appear for the final examination in 2013. The teaching program in the unit has been very structured over the last few years and has received positive feed back from the trainees. The Q&A activities include amongst other things a regular M&M meeting, regular quality assurance committee meetings. Royal Hobart ICU continues to actively participant in the CTG research programs and has contributed immensely over the years.

Launceston General Hospital
Supervisor of training: Dr Scott Parkes
Accredited for 12 months of core training.
Junior staffing: 5 registrars (1 advanced trainee) 1 JMO’s (year 2-3)
Weekly teaching program – all JMO’s attend

Statewide
Annual Continuing Education Meeting to be held August 2013
Combined CICM/ANZICS State Wide Meetings:
These meetings continue to facilitate discussion about interesting clinical cases and business pertinent to both ANZICS and CICM activities.

- Teleconference and ‘face to face’
- Combined with presentations on research, clinical topics and cases
- Attended by consultants and trainees

Brian Packard, Chair SA CICM

The ANZICS/ACCCN Intensive Care Annual Scientific Meeting is being held in Tasmania this year on 17-19 October. Dr. David Rigg, the regional chairman for ANZICS is busy making preparations to host the meeting in Hobart.

NEW SOUTH WALES

As in previous years, the NSW Regional Committee has continued to be active during 2012-2013 in multiple areas.

The Committee meets in the doctors’ lounge of the North Shore Private Hospital (NSP) at St Leonards, and NSP hospital administration has indicated willingness to continue to support these meetings.
Five members of the Regional Committee retired from the committee at the elections held in 2012. These members were:

- Professor John Myburgh
- Dr Ian Seppelt
- Dr Rodney Juste (rural representative)
- Dr Mark Oliver (ACT representative)
- Dr Kalpesh Gandhi

Contributions made by the outgoing members to the Committee, especially that of Prof John Myburgh as the former CICM President were acknowledged by the new Committee.

Regional Committee meetings in 2012-2013

The NSW Regional Committee met three times during 2012-2013, following the Board meeting of the College. The meetings were held as follows:

- Wednesday 1 August 2012
- Wednesday 5 December 2012
- Wednesday 10 April 2013

Ms Heather Dick Pere and Ms Lisa Davidson attended the 10 April 2013 meeting.

Careers fairs and forums

The Committee was invited to provide representation at careers forums. In 2012-2013 these included:

- 2012 Medicine and Health Careers and Research Fair coordinated by the Sydney Medical School and held at the University of Sydney on 23 May 2012. This event was primarily aimed at medical students, as well as interested other students considering careers in medicine. It was well attended and the CICM stand had many enquiries about career and research opportunities.
- A careers evening hosted by the University of Western Sydney at the university campus in Campbelltown on 30 July 2012.

Hospital inspections

Three hospitals in the region underwent accreditation inspections by representatives of the CICM Board and the NSW Regional Committee. The following hospitals were visited during 2012-2013:

- Sutherland Hospital
- Liverpool Hospital
- Orange Base Hospital

Nine further hospitals within the region are due for inspection during 2013.

Training

- The Sydney Intensive Care Long Course
  This course continued in 2012-2013, being held weekly in major Sydney ICUs. Trainees preparing for the Fellowship Examination register for this course and are allocated to one of two sites weekly. Two courses are held each year in the lead up to each of the Fellowship examinations.
  A range of educational activities are provided by individual units for trainees, including vivas, “hot” cases and simulation based sessions. During 2012 there were approximately 15 registrants for each course (following each written examination the number of registrants increased).

- The Sydney Short Course in Intensive Care Medicine:
  This 2 ½ day annual course held in Sydney is designed for trainees in the immediate lead up to the Fellowship examination (or up to six months prior) as a refresher course. Participants at the course practice their examination technique through communications and procedures stations, vivas and “hot” cases. There are additional sessions in radiology, paediatrics, and a variety of other topics.
  The Short Course is held in conjunction with one of the two Sydney Written Courses each year.
  In 2013 the Sydney Short Course will be held at Westmead Hospital (23-25 July 2013), with the 10th Sydney Written Course following this on Friday 26 July 2013 at the same location (the 9th Sydney Written Course was held in February 2013).

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

Joint evening education sessions with ANZICS NSW Branch

Two evening educational events in NSW were held in association with the ANZICS NSW Branch Regional Committee during 2012-2013, in recognition of the time pressures affecting Fellows, including that involved in travelling across Sydney for meetings.

A review of the new format for meetings occurred early in 2013 and a decision was reached that these meetings would continue with the current format and that not all meetings would be shared CICM and ANZICS meetings, two meeting each year would remain solely ANZICS meetings.

Evening sessions in 2012-2013 held jointly with ANZICS NSW included:

- Synthetic Colloids in ICU – Scandinavian Starch in Sepsis Study; CHEST Study (September 2013)
- Electrical Impedance Tomography; Ventilator Associated Pneumonia: Is it Preventable? (March 2013)

NSW Regional Committee web page development

A subgroup of Regional Committee members has been formed to develop the NSW regional web page (on the CICM website) to provide Fellows and Trainees within the region with information about local events and news from within the
region. This will include information about forthcoming events, and recently-held events. The page will also contain edited reports from NSW Regional Committee meetings, providing Fellows and Trainees with insight into the Committee’s activities and functions.

The subgroup is now starting to source material from within the region to provide initial content for the web page. It is planned that this web page will be available and functioning during the second half of 2013.

**Education coordination group**

Complementary to the development of the NSW Regional web page, another subgroup of Regional Committee members has been convened to provide support for CICM educational activities with the region, and improved local coordination of existing and future activities.

It is envisaged that this group will be able to liaise locally with course and workshop organizers in the region to ensure that Fellows and Trainees are able to maximize their utilization of educational opportunities available to them. It is further envisaged that this activity will support the provision of education for groups with individual needs (e.g. Supervisors of Training) through awareness of relevant regional issues and liaison with CICM.

**VICTORIA**

2012 was the year for the CICM Annual Scientific Meeting in Melbourne. This was a fantastic opportunity to bring together world leaders in intensive care practice for a stimulating debate on major and emerging issues in intensive care. The organisation of such meetings cannot be overestimated and it was with the assistance of Stephanie Gershon, the College Events Manager that this meeting became an organisational and scientific success. Our advice to future organisers is to commit plenty of time and start early!

Within the Victorian intensive care community the development of the BASIC courses along with a large and collaborative training program across multiple networks ensured the foundations for formalising these networks into 2013. Education remains a strong focus for the College in Victoria with the geographic challenges of a wide metropolitan area with quite different health services. All trainees have core needs and we aim to deliver to those needs in Victoria through collaboration and strengthening of inter hospital relationships. This is a principle role for the state CICM committee and a key focus moving forward.

Support of hospital accreditation inspections has provided focus as to the high standard of training being provided and the opportunity to learn and improve when an Intensive Care service is being assessed as part of accreditation.

In 2013 a new chair has been appointed and the committee will refocus on key areas of training, mortality and morbidly review and accreditation along with advocating for the training of intensive care medicine within the Victorian context.
FINANCIAL REPORT

College of Intensive Care Medicine of Australia and New Zealand Limited

ABN 16 134292103


Directors report
The directors present their report on the College of Intensive Care Medicine of Australia and New Zealand (referred to hereafter as the College) for the year ended 31 December 2012.

Directors
The following persons were directors of the College during the whole of the financial year and up to the date of this report:

John Myburgh – resigned 22 June 2012
Balasubramanian Venkatesh
Amod Karnik – until 22 June 2012
Charles Corke
Bruce Lister
Elizabeth Hickson

Ross Freebairn
Rob Boots
Peter Morley
Michael Anderson
Gavin Joynt
Dianne Stephens – appointed 22 June 2012

Principal activities
The principal activities of the College during the year consisted of the education, training and assessment of medical practitioners in the specialty area of intensive care medicine, the promotion of high standards of practice and the encouragement of research in the field of intensive care medicine.

Review of operations
The surplus from operating activities of the College for the year ended 31 December 2012 amounted to $885,016 (2011: $585,591).

Objectives and strategies
The principal objectives of the College are to:

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

To achieve these objectives, the College:

• Continually reviews policies relating to the practice of intensive care medicine;
• Donates a significant proportion of Fellow’s subscription fees to support research in the field (through the Intensive Care Foundation);
• Accredits training institution; conducts ongoing educational events, in particular an annual scientific meeting; and
• Holds regular examinations of trainees to ensure standards of learning are maintained.

Dividends
The College is a company limited by guarantee and its Constitution precludes the payment of dividends.

Significant changes in the state of affairs
There were no significant changes in the state of affairs of the College during the financial year.

Matters subsequent to the end of the financial year
There has not been any matter or circumstance occurring since 31 December 2012 that has significantly affected, or may significantly affect:

a. the operations of the College in future financial years;
b. the results of those operations in future financial years; or
c. the state of affairs of the College in future financial years.
Likely developments and expected results of operations
The College anticipates that it will maintain in 2013, its positive financial position. The College is continually updating, reviewing and improving its management and governance practices to ensure that the objectives of the College and its directors are met.

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

College Secretary
The College secretary is Phil Hart, who was appointed to the position in 2008.

Meeting of Directors
The number of meetings of the College’s board of directors and of each committee held during the year ended 31 December 2012, and the number of meetings attended by each director were:

<table>
<thead>
<tr>
<th></th>
<th>Board meetings</th>
<th>Finance, Audit &amp; Risk Management Committee / Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number eligible to attend</td>
<td>Number attended</td>
</tr>
<tr>
<td>Professor John Myburgh</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Ross Freebairn</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Balasubramanian Venkatesh</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Rob Boots</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Amod Karnik</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Peter Morley</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Charles Corke</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Michael Anderson</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Bruce Lister</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Gavin Joynt</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Elizabeth Steel</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Associate Professor Dianne Stephens</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Insurance of officers and auditors
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 an auditor of the College.

Proceedings on behalf of the College
No person has applied for leave of Court under section 237 of the Corporations Act 2001 for leave to bring proceedings on behalf of the College, or to intervene in any proceedings to which the College is a party, for the purpose of taking responsibility on behalf of the College for all or part of those proceedings.

No proceedings have been brought or intervened in on behalf of the College with leave of the Court under section 237 of the Corporations Act 2001.

Auditor’s Independence Declaration
A copy of the auditor’s independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 9.

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

Ross Freebairn
President
15 April 2013
AUDITOR’S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of the College of Intensive Care Medicine of Australia and New Zealand for the year ended 31 December 2012, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

(i) the auditor independence requirements of 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 A Ransom
Partner

Melbourne, Victoria
Dated: 15 April 2013
Statement of Comprehensive Income

For the year ended 31 December

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012 $</th>
<th>2011 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>2,850,844</td>
<td>2,598,326</td>
</tr>
<tr>
<td>Other income</td>
<td>690,928</td>
<td>524,997</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td><strong>2</strong></td>
<td><strong>3,541,772</strong></td>
</tr>
</tbody>
</table>

**Expenses**

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee benefits and on-costs</td>
<td>941,266</td>
<td>801,719</td>
</tr>
<tr>
<td>Administration and College expenses</td>
<td>797,396</td>
<td>792,217</td>
</tr>
<tr>
<td>Travel and conference</td>
<td>530,409</td>
<td>482,978</td>
</tr>
<tr>
<td>Information technology</td>
<td>84,014</td>
<td>131,494</td>
</tr>
<tr>
<td>Professional services</td>
<td>61,939</td>
<td>89,101</td>
</tr>
<tr>
<td>Occupancy</td>
<td>168,578</td>
<td>186,100</td>
</tr>
<tr>
<td>Finance costs</td>
<td>28,653</td>
<td>23,220</td>
</tr>
<tr>
<td>Other expenses</td>
<td>44,501</td>
<td>30,903</td>
</tr>
<tr>
<td><strong>Surplus before tax</strong></td>
<td><strong>3</strong></td>
<td><strong>885,016</strong></td>
</tr>
</tbody>
</table>

| Income tax expense | - | - |
| **Surplus after tax attributable to the College** | **885,016** | **585,591** |

| Other comprehensive income | - | - |
| **Total comprehensive income for the year attributable to the College** | **885,016** | **585,591** |

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

As at 31 December

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>2012 $</th>
<th>2011 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td></td>
<td>728,974</td>
<td>1,485,071</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>4</td>
<td>244,851</td>
<td>189,030</td>
</tr>
<tr>
<td>Financial assets</td>
<td>5</td>
<td>3,352,710</td>
<td>1,784,246</td>
</tr>
<tr>
<td>Total current assets</td>
<td></td>
<td>4,326,535</td>
<td>3,458,347</td>
</tr>
<tr>
<td>Non-current assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other receivables</td>
<td>4</td>
<td>5,880</td>
<td>5,880</td>
</tr>
<tr>
<td>Financial assets</td>
<td>5</td>
<td>19,404</td>
<td>19,404</td>
</tr>
<tr>
<td>Leasehold improvements and office equipment</td>
<td>6</td>
<td>215,977</td>
<td>217,441</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>7</td>
<td>118,427</td>
<td>18,082</td>
</tr>
<tr>
<td>Total non-current assets</td>
<td></td>
<td>359,688</td>
<td>260,807</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td></td>
<td>4,686,223</td>
<td>3,719,154</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>8</td>
<td>328,726</td>
<td>282,638</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td></td>
<td>328,726</td>
<td>282,638</td>
</tr>
<tr>
<td>Non-current liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>9</td>
<td>35,965</td>
<td>-</td>
</tr>
<tr>
<td>Total liabilities</td>
<td></td>
<td>364,691</td>
<td>282,638</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td>4,321,532</td>
<td>3,436,516</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained earnings</td>
<td></td>
<td>4,321,532</td>
<td>3,436,516</td>
</tr>
<tr>
<td>Total equity</td>
<td></td>
<td>4,321,532</td>
<td>3,436,516</td>
</tr>
</tbody>
</table>

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

For the year ended 31 December 2012

<table>
<thead>
<tr>
<th></th>
<th>Retained earnings $</th>
<th>Total equity $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 January 2011</strong></td>
<td>2,850,925</td>
<td>2,850,925</td>
</tr>
<tr>
<td><strong>Profit for the year</strong></td>
<td>585,591</td>
<td>585,591</td>
</tr>
<tr>
<td><strong>Other comprehensive income</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td>585,591</td>
<td>585,591</td>
</tr>
<tr>
<td><strong>Balance at 31 December 2011</strong></td>
<td>3,436,516</td>
<td>3,436,516</td>
</tr>
<tr>
<td><strong>Profit for the year</strong></td>
<td>885,016</td>
<td>885,016</td>
</tr>
<tr>
<td><strong>Other comprehensive income</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td>885,016</td>
<td>885,016</td>
</tr>
<tr>
<td><strong>Balance at 31 December 2012</strong></td>
<td>4,321,532</td>
<td>4,321,532</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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from customers</td>
<td>3,228,048</td>
<td>2,929,853</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(2,384,295)</td>
<td>(2,416,326)</td>
</tr>
<tr>
<td>Interest received</td>
<td>64,871</td>
<td>72,404</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(28,653)</td>
<td>(23,221)</td>
</tr>
<tr>
<td><strong>Net cash inflows from operating activities</strong></td>
<td>879,971</td>
<td>562,710</td>
</tr>
</tbody>
</table>

| **Cash flows from investing activities** |       |        |
| Payments for leasehold improvements and office equipment | (42,846) | (95,952) |
| Payments for curriculum development expenditure | (100,345) | (18,082) |
| Payments for financial assets | (1,568,464) | (90,152) |
| Interest received from financial assets | 75,587  | 102,967 |
| **Net cash (outflows) from investing activities** | (1,636,068) | (101,219) |

| **Cash flows from financing activities** | - | - |

| **Net cash inflows / (outflows) from financing activities** | - | - |

| **Net (decrease) / increase in cash and cash equivalents** | (756,097) | 461,491 |
| Cash and cash equivalents at the beginning of the financial year | 1,485,071 | 1,023,580 |
| Cash and cash equivalents at the end of the year | 728,974 | 1,485,071 |

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

1. Statement of significant accounting policies

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

The financial statements were authorised for issue by the directors on 15 April 2013. The directors have the power to amend and reissue the financial statements.

(a) Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and the Corporations Act 2001. The College of Intensive Care Medicine of Australia and New Zealand ("the College") is a for-profit entity for the purposes of preparing the financial statements.

(i) Compliance with Australian Accounting Standards – Reduced Disclosure Requirements

The financial statements of the College comply with Australian Accounting Standards – Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board (AASB).

(ii) Historical cost convention

These financial statements have been prepared under the historical cost convention unless otherwise stated in the notes.

(iii) New and amended standards adopted by the College

None of the new standards or amendments to standards that are mandatory for the first time for the financial year beginning 1 January 2012 affected any of the amounts recognised in the current period or any prior period and is not likely to affect future periods. However, amendments made to AASB 101 Presentation of Financial Statements which are effective from 1 July 2012 now require the statement of comprehensive income to show the items of comprehensive income grouped into those that are not permitted to be reclassified to profit or loss in a future period and those that may have to be reclassified if certain conditions are met. This has not had an impact on the disclosures within the College.

(iv) Early adoption of standards

The College has elected to early adopt the Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053 Application of Tiers of Australian Accounting Standards and AASB 2012-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements. As a consequence, the College has also adopted AASB 2011-2 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements. This is because the reduced disclosure requirements relate to Australian Accounting Standards that mandatorily apply to annual reporting periods beginning on or after 1 July 2013.

(v) Functional and presentation currency

Items included in the financial statements of the College are measured using the currency of the primary economic environment in which the entity operates (the ‘functional currency’). The financial statements are presented in Australian dollars, which is the College’s functional and presentation currency.
Notes to the Financial Statements (cont.)

1. Statement of significant accounting policies (cont.)

(vi) Critical accounting estimates

The preparation of financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgment in the process of applying the College’s accounting policies. In the process of applying the College’s accounting policies, which are described in the summary of significant accounting policies note, the directors have made no individual judgements that have a significant impact upon the financial statements, apart from those involving estimations, which are dealt within the notes to the financial statements.

(b) Revenue Recognition

Revenue is measured at the fair value of the consideration received or receivable. The College recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the College and specific criteria have been met for each of the College’s activities as described below.

Revenue is recognised on the following bases:

(i) Membership subscriptions

Initial admission fees are recognised as revenue when received. Annual membership fees are recorded as revenue in the year to which the membership fee relates.

(ii) Interest income

Interest income is recognised on a time proportion basis using the effective interest method.

(iii) Other income

Other income is recognised in the year to which it relates. Other income received in advance is recorded as unearned income in the statement of financial position as deferred income.

(c) Income Tax

The College is endorsed as an income tax exempt charitable entity under Subdivision 50-B of the Income Tax Assessment Act 1997.

(d) Leases

Leases in which a significant portion of the risks and rewards of ownership are not transferred to the College as lessee are classified as operating leases. Payments made under operating leases (net of any incentives received from the lessor) are charged to profit or loss on a straight-line basis over the period of the lease.
1. Statement of significant accounting policies (cont.)

(e) Impairment of assets

Assets are tested for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable, and as a minimum, annually. An impairment loss is recognised for the amount by which the asset’s carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset’s fair value less costs to sell and value in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash inflows which are largely independent of the cash inflows from other assets or groups of assets (cash-generating units). Non-financial assets, other than goodwill, that suffered an impairment are reviewed for possible reversal of the impairment at the end of each reporting period.

(f) Cash and cash equivalents

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

(g) Trade receivables

Trade receivables are recognised at invoiced amounts less provision for impairment. Trade receivables are generally due for settlement within 30 days (2011: 30 days). They are presented as current assets unless collection is not expected for more than 12 months after the reporting date.

Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off by reducing the carrying amount directly. An allowance account (provision for impairment of trade receivables) is used when there is objective evidence that the College will not be able to collect all amounts due according to the original terms of the receivables. The amount of the impairment allowance is the difference between the assets carrying amount and the present value of the estimated future cash flows.

The amount of the impairment provision is recognised in the profit or loss within other expenses. When a trade receivable for which an impairment allowance had been recognised becomes uncollectible in a subsequent period, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

(h) Financial assets

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturities that the College’s management has the positive intention and ability to hold to maturity. Held-to-maturity financial assets are included in non-current assets, except for those with maturities less than 12 months from the end of the reporting period, which are classified as current assets.

The classification depends on the purpose for which the investments were acquired. Management determines the classification of its investments at initial recognition and, in the case of assets classified as held-to-maturity, re-evaluates this designation at the end of each reporting date.
Notes to the Financial Statements (cont.)

1. Statement of significant accounting policies (cont.)

(h) Financial assets (cont.)

Recognition and de-recognition

Investments and withdrawals of financial assets are recognised on trade date – the date on which the College commits to invest in the asset, or realise the asset. Financial assets are de-recognised when the rights to receive cash flows from the financial assets have expired or have been transferred and the College has transferred substantially all the risks and rewards of ownership.

Measurement

At initial recognition, the College measures a financial asset at cost. Held-to-maturity investments are subsequently carried at cost less provision for impairment.

Impairment

The College assesses at the end of each reporting period, whether there is objective evidence that a financial asset or group of financial assets is impaired. A financial asset or a group of financial assets is impaired and impairment losses are incurred only if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset (a ‘loss event’) and that loss event (or events) has an impact on the estimated future cash flows of the financial asset or group of financial assets that can be reliably estimated.

(i) Leasehold improvements and office equipment

Leasehold improvements and office equipment are stated at historical cost less depreciation. Historical cost includes all expenditure that is directly attributable to the acquisition of items. Subsequent costs are included in the asset’s carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the group and the cost of the item can be measured reliably. The carrying amount of any component accounted for as a separate asset is derecognised when replaced. All other repairs and maintenance are charged to profit or loss during the reporting period in which they are incurred.

is calculated using the straight line method to allocate the cost of the assets over their useful economic lives, or in the case of leasehold improvements, the shorter lease term, as follows:

- Leasehold improvements: 12.5%
- Fixtures and fittings: 5% - 20%
- Office equipment: 20% - 25%

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

The assets’ carrying amount is written down immediately to its recoverable amount if the assets’ carrying amount is greater than its estimated recoverable amount (note 1e).

Gains and losses on disposals are determined by comparing proceeds with its carrying amount. These are included in profit or loss.
Notes to the Financial Statements (cont.)

1. Statement of significant accounting policies (cont.)

(j) Intangible assets

Capitalised development costs

Costs incurred in developing educational curriculum material are recognised as an intangible asset when it is probable that the costs incurred to develop the curriculum will generate future economic benefits and can be measured reliably. The expenditure capitalised comprises all directly attributable costs, largely consisting of labour and direct costs of materials. Other development expenditure that does not meet these criteria are recognised as an expense as incurred. The capitalised costs will be amortised when the asset becomes available for use.

(k) Trade and other payables

These amounts represent liabilities for goods and services provided to the entity prior to the end of the financial year and which are unpaid. The amounts are unsecured and are usually paid within 60 days of recognition (2011: 60 days). Trade and other payables are presented as current liabilities unless payment is not due within 12 months from the reporting date. They are recognised initially at their fair value and subsequently measured at amortised cost.

(l) Employee benefits

(i) Short-term obligations

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

(ii) Other long-term employee benefit obligations

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

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

1. Statement of significant accounting policies (cont.)

(m) Members’ Guarantee

The College of Intensive Care Medicine of Australia and New Zealand is a company limited by guarantee and domiciled in Australia. If the College is wound up, the Constitution states that each member is required to contribute a maximum of $50 each towards meeting any outstanding obligations of the College. At 31 December 2012, the number of members was 12 (2011: 12), these being the current directors of the College.

(n) Goods and Services Tax

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

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

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

2. Revenue and other income

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admission and registration fees</td>
<td>1,610,226</td>
<td>1,359,855</td>
</tr>
<tr>
<td>Training and assessment fees</td>
<td>1,240,618</td>
<td>1,238,471</td>
</tr>
<tr>
<td></td>
<td>2,850,844</td>
<td>2,598,326</td>
</tr>
<tr>
<td>Other revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and other income</td>
<td>426,653</td>
<td>317,256</td>
</tr>
<tr>
<td>Interest</td>
<td>171,818</td>
<td>165,042</td>
</tr>
<tr>
<td>Grant income</td>
<td>92,457</td>
<td>42,699</td>
</tr>
<tr>
<td></td>
<td>690,928</td>
<td>524,997</td>
</tr>
<tr>
<td>Total revenue</td>
<td>3,541,772</td>
<td>3,123,323</td>
</tr>
</tbody>
</table>

3. Expenses

Surplus before tax includes the following specific expenses:

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office equipment</td>
<td>12,791</td>
<td>6,416</td>
</tr>
<tr>
<td>Fixtures and fittings</td>
<td>7,095</td>
<td>4,324</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>24,424</td>
<td>18,635</td>
</tr>
<tr>
<td>Total depreciation</td>
<td>44,310</td>
<td>29,375</td>
</tr>
<tr>
<td>Rental expense relating to operating leases</td>
<td>117,931</td>
<td>162,815</td>
</tr>
</tbody>
</table>
## 4. Trade and other receivables

<table>
<thead>
<tr>
<th></th>
<th>2012 $</th>
<th>2011 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade receivables</td>
<td>40,186</td>
<td>31,550</td>
</tr>
<tr>
<td>Prepayments</td>
<td>61,988</td>
<td>19,090</td>
</tr>
<tr>
<td>Deposits</td>
<td>46,880</td>
<td>45,273</td>
</tr>
<tr>
<td>Accrued interest</td>
<td>65,937</td>
<td>34,577</td>
</tr>
<tr>
<td>Other receivables</td>
<td>29,860</td>
<td>58,540</td>
</tr>
<tr>
<td></td>
<td>244,851</td>
<td>189,030</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other receivables</td>
<td>5,880</td>
<td>5,880</td>
</tr>
</tbody>
</table>

## 5. Financial assets

### Current assets

<table>
<thead>
<tr>
<th>Term deposits with original maturities greater than three months</th>
<th>2012 $</th>
<th>2011 $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,352,710</td>
<td>1,784,246</td>
</tr>
</tbody>
</table>

### Non-current assets

<table>
<thead>
<tr>
<th>Term deposits with original maturities greater than three months</th>
<th>2012 $</th>
<th>2011 $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19,404</td>
<td>19,404</td>
</tr>
</tbody>
</table>

## 6. Non-current assets – Leasehold improvements and office equipment

<table>
<thead>
<tr>
<th></th>
<th>Leasehold improvements $</th>
<th>Fixtures and fittings $</th>
<th>Office equipment $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At 31 December 2011</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>198,989</td>
<td>36,075</td>
<td>31,379</td>
<td>266,443</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(30,762)</td>
<td>(7,532)</td>
<td>(10,708)</td>
<td>(49,002)</td>
</tr>
<tr>
<td>Net book amount</td>
<td>168,227</td>
<td>28,543</td>
<td>20,671</td>
<td>217,441</td>
</tr>
</tbody>
</table>

| **At 31 December 2012** |                           |                          |                    |         |
| Cost                 | 198,989                   | 40,097                   | 70,203             | 309,289 |
| Accumulated depreciation | (55,186)                | (14,627)                 | (23,499)           | (93,312) |
| Net book amount      | 143,803                   | 25,470                   | 46,704             | 215,977 |
6. Non-current assets – Leasehold improvements and office equipment (cont.)

Movements in carrying amounts

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

<table>
<thead>
<tr>
<th></th>
<th>Leasehold improvements $</th>
<th>Fixtures and fittings $</th>
<th>Office equipment $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening net book amount</td>
<td>168,227</td>
<td>28,543</td>
<td>20,671</td>
<td>217,441</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>4,022</td>
<td>38,824</td>
<td>42,846</td>
</tr>
<tr>
<td>Depreciation charge</td>
<td>(24,424)</td>
<td>(7,095)</td>
<td>(12,791)</td>
<td>(44,310)</td>
</tr>
<tr>
<td>Closing net book amount</td>
<td>143,803</td>
<td>25,470</td>
<td>46,704</td>
<td>215,977</td>
</tr>
</tbody>
</table>

7. Non-current assets – Intangible assets

Capitalised curriculum development

<table>
<thead>
<tr>
<th>At 31 December 2011</th>
<th>Capitalised curriculum development $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>18,082</td>
</tr>
<tr>
<td>Accumulated amortisation</td>
<td>-</td>
</tr>
<tr>
<td>Net book amount</td>
<td>18,082</td>
</tr>
<tr>
<td>At 31 December 2012</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>118,427</td>
</tr>
<tr>
<td>Accumulated amortisation</td>
<td>-</td>
</tr>
<tr>
<td>Net book amount</td>
<td>118,427</td>
</tr>
</tbody>
</table>

Movements in carrying amounts

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

<table>
<thead>
<tr>
<th>Capitalised curriculum development $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening net book amount</td>
</tr>
<tr>
<td>Additions</td>
</tr>
<tr>
<td>Amortisation charge</td>
</tr>
<tr>
<td>Closing net book amount</td>
</tr>
</tbody>
</table>
Notes to the Financial Statements (cont.)

8. Current liabilities – Trade and other payables

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade payables</td>
<td>51,073</td>
<td>44,575</td>
</tr>
<tr>
<td>Employee benefits – annual leave</td>
<td>80,099</td>
<td>69,922</td>
</tr>
<tr>
<td>Deferred income</td>
<td>111,045</td>
<td>72,500</td>
</tr>
<tr>
<td>Other creditors and accruals</td>
<td>86,509</td>
<td>95,641</td>
</tr>
<tr>
<td></td>
<td>328,726</td>
<td>282,638</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee benefits – long service leave</td>
<td>35,965</td>
<td>-</td>
</tr>
</tbody>
</table>

10. Key management personnel

Key management personnel include those persons having authority and responsibility for planning, directing and controlling the activities of the College, directly or indirectly, including any director / councillor (whether executive or otherwise). Total compensation paid to key management personnel during the financial year was:

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key management personnel compensation</td>
<td>349,095</td>
<td>335,983</td>
</tr>
</tbody>
</table>

11. College details

The College’s registered office and principal place of business is:
Suite 1.01
168 Greville Street
Prahran VIC 3181
INDEPENDENT AUDITOR’S REPORT

TO THE MEMBERS OF THE COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

We have audited the accompanying financial report of the College of Intensive Care Medicine of Australia and New Zealand, which comprises the statement of financial position as at 31 December 2012, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors’ declaration.

Directors’ responsibility for the financial report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor’s responsibility

Our responsibility is to express an opinion on the financial report based on our audit. 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 about 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 judgment, 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.

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. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of the College of Intensive Care Medicine of Australia and New Zealand, would be in the same terms if given to the directors as at the time of this auditor’s report.

Opinion

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

a) giving a true and fair view of the company’s financial position as at 31 December 2012 and of its performance for the year ended on that date; and

b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.

RSM BIRD CAMERON PARTNERS

P A RANSOM

Partner

Melbourne, Victoria

Dated: [xxx] 2013