Connecting the Intensive Care Community

ANZICS

2019 Annual Report

Contents

President's Report

The ANZICS Annual Report is an important opportunity to reflect on the nature and achievements of the Society, and its role in the intensive care community. The evolving nature of clinical practice and societal expectations require us to carefully consider what ANZICS does for members in their professional lives and the support it provides to all who are involved in the provision of intensive care. As you will discover through reading this report, ANZICS and its members can be proud of another year of achievement. All key groups within ANZICS continue to benefit from the commitment and hard work of dedicated intensivists who contribute enormously of their time and energy. Of particular note are the outputs of the CTG, CORE, Safety and Quality, DODC, WIN, Education Committee and Professional Activities and Welfare Committee, all of whom have detailed accounts of their success included in this year's report.

Members will be aware that nearly two years ago ANZICS successfully sold our Carlton property and re-located to Camberwell. This has been a highly satisfactory arrangement that has worked well for the organisation and provides an affordable base from which to manage the Society's affairs. The ANZICS Board is keen to fulfil its previous undertaking to explore a suitable property purchase in the near future and has commenced exploring a potential co-location with the College of Intensive Care. Such an arrangement has the potential to provide a range of benefits to both organisations and enhance the scope for better collaboration. Through our recently renewed Memorandum of Understanding, both the College and the Society have clarified areas of mutual interest as well as recognising those domains where one organisation should assume a leading role. If co-location of the College and Society eventuates, members can be assured that the independence, strategic goals, interests and values of both will be respected and maintained.

For well over four decades, ANZICS has excelled as the leading advocate for intensive care in our region and established itself as a globally recognised and respected authority on matters that include research, clinical standards, benchmarking, and quality & safety.

For ANZICS to maintain relevance and effectiveness in such areas, as well as anticipating future roles, the Society require the support of all members and a structure that can effectively deliver the necessary outcomes.

To this end ANZICS has undertaken considerable work to review its structures, processes and governance to ensure it is well-equipped to deliver its key services, represent intensive care clinicians and effectively advocate for the highest standards in the intensive care for our region.

Through a comprehensive process of engagement with members, external consultation and comparisons with other relevant organisations, ANZICS is continuing to work towards a new structure that will comply with current regulation, meet contemporary governance standards, improve representation, better reflect diversity, streamline administration, enhance accountability and provide improved clarity and consistency of roles for all who contribute to the Society. As part of the proposed structure, there will be the opportunity for key committees and regions to access resources targeting projects, events and engagement in meaningful ways at a regional or similar level.

The Board is committed to engaging with members about how to best organise key aspects of the new structure and feedback from surveys and via committees has been enormously helpful in informing this work. Members can be assured that the priorities of service to intensive care practice and advocacy for intensivists remain central to the Society; all proposed changes will be developed in such a way that the raison d'être of ANZICS is not altered. Whilst contemporary challenges and governance requirements clearly necessitate change, preservation and enhancement of the core elements and goals of the Society must be part of the process.

The ANZICS Board invites all members to carefully consider information as it is communicated in coming months and to share their insights and perspectives. While the need for and desirability of change is clear, there is both challenge and opportunity in the chance to consider how things might be improved. The best outcome will be achieved through active participation of members, so please take the opportunity to consider the details of proposals as they are promulgated and to share your thoughts with the board as it undertakes this essential work.

In concluding my final Presidential report for ANZICS, I would like to thank all those who have extended their support over the last two years. Thank you to my friends and colleagues who serve on the ANZICS Executive team; your good humour, wise insights and carefully considered advice has been invaluable. I am grateful to the Board of Directors (past and present members) which is constituted by remarkable individuals who volunteer their valuable time to represent all of us.

Thanks to all committee chairs and members, who do the majority of all work within the Society and actually deliver our most important outcomes. I am also especially appreciative of individual members who take the time to provide direct feedback (both positive endorsement of our work and constructive criticism of how we can do better!). It has been a privilege to represent and serve you, the intensive community, as part of the ANZICS leadership team. Finally, I would like to express my sincere thanks to the ANZICS staff as so ably led by Gian Sberna. Your hard work, patience, dedication and commitment to ANZICS is a key determinant of our success. As we build on the efforts of those who have preceded us, I am confident that ANZICS can look forward to ongoing success in all future endeavours.

Stephen Warrillow
President

Treasurer's Report

It is my privilege in the role of Honorary Treasurer to report on the financial position and performance of ANZICS over the last financial year. In a period of significant change and challenges both within the Society and in the broader landscape, I am pleased to report that ANZICS continues on a secure financial footing.

In the 2019 financial year ANZICS generated an overall surplus of $453,916. Subscription income remained steady at a total of $513,578 ($318,805 in individual membership payments plus $194,773 in CTG subscriptions). ANZICS' most substantial source of income, Grant funding (which largely supports the activities of the CORE Registry), also remained steady at $1,368,444. The ANZICS/ACCCN ASM, held in Adelaide in October 2018, was well supported by the intensive care community and the event returned a surplus to ANZICS of $107,618.

Proceeds from the sale of our former property, ANZICS House in Carlton, were invested during the year and it is pleasing to report that our investment returns were excellent with a net return of 13% for the year, including investment distributions of $142,301, interest income of $79,720 and unrealised gains at balance date of $199,184. Our investment strategies are the subject of ongoing review with the advice of our investment managers, in keeping with our goal to secure ANZICS' financial future and safeguard profits for future projects in support of our strategic objectives. The portfolio continues to perform at or above expectations.

Employee expenses are our largest expense category and this year totalled $1,457,837, which is slightly less than the previous year, and while due care is taken to control these expenses we are mindful of ensuring appropriate remuneration to the ANZICS staff whose excellent contributions to the Society are so highly valued. Administrative expenses were $288,892, which is greater than the previous year by $85,059 due to the fact we are now renting premises. Much-needed information technology (IT) development projects have been ongoing, resulting in a total IT and consultancy expenditure of $208,314 (an increase of $50,476 over the previous year). Depreciation charges, which largely relate to accountancy standards around the COMET software, decreased by $15,236 to $110,666.

Regarding our overall financial position, ANZICS maintains cash and deposits of $2,698,340 and investments of $3,469,677 – attributable in large part to the sale of ANZICS House in the previous financial year. Our total liabilities at balance date are $798,221. With a net total equity of $5,918,939, I am pleased to report that overall ANZICS is in a financially sound position.

To deliver the best possible services to our members, the critical care community, and to maintain and improve the position of ANZICS and Intensive Care within the broader community, we continue to manage the budget carefully to ensure a strong position going forward. The Board of Directors, Executive and Committees have worked hard to deliver this year's excellent result. In particular, I would like to acknowledge the contribution to the Society made by our staff under the leadership of our Chief Executive Officer, Gian Sberna, and I thank Gian and the finance staff at ANZICS for their support and assistance this year in my role as Honorary Treasurer, and in compiling this report for you the members.

Dr Danielle Austin
Honorary Treasurer

ANZICS Board of Directors

Stephen Warrillow	President
Anthony Holley	Vice President
Danielle Austin	Honorary Treasurer
David Ku	Honorary Secretary
Johnny Millar	Paediatrics
David Pilcher	Centre for Outcome and Resource Evaluation (CORE)
Craig French	Clinical Trials Group (CTG)
Mark Nicholls	Professional Activities and Welfare (PAW)
Craig Carr	New Zealand Regional Chair
Michael Ashbolt	Tasmania Regional Chair
Yasmine Ali Abdelhamid	Victoria Regional Chair
Nhi Nguyen	New South Wales Regional Chair
Rajeev Hegde	Queensland Regional Chair
Bradley Wibrow	Western Australia Regional Chair
Michael Farquharson	South Australia Regional Chair

Chief Executive Officer's Report

The mission of the Australian and New Zealand Intensive Care Society (ANZICS) is to "Connect the Intensive Care Community." This phrase is simple, however the scope of this challenge is large to successfully deliver. Every year in Australia and New Zealand, more than 185,000 people are admitted to hospital intensive care units (ICUs). The cost of their care exceeds many billions of dollars annually and there are ever growing demands on all those who are involved in the critical care of patients. The very purpose of ANZICS is to 'achieve the best possible outcome for patients and their families by advancing intensive care practice' – this is at the very heart of everything that the society does or supports.

Just over 12 months ago, the Society relocated its operations to a leased site in Camberwell (inner suburb of Melbourne). This move has allowed us to focus on the operations of the Society, and more importantly, improving the value proposition of ANZICS membership to existing and potential new members. There is still much for us to progress, but already, many new initiatives have been implemented in this time. I encourage all current and potential new members, to contact me/us at any time to raise new opportunities for the society to undertake – we are very keen to hear from our members with your feedback.

A major initiative for ANZICS over the past 12 months has been to fully review the governance structures and documentation that underpins the organisation. This has involved a number of internal and external experts reviewing every aspect and extensively briefing our Board of Directors on all governance matters. Most importantly, in the past year, ANZICS members have been polled for their feedback on the proposed governance changes. As outlined below, there was overwhelming support for the initiatives proposed for members to consider at our upcoming Annual General Meeting in October 2019.

Proposed Change	% of ANZICS members in support*
Institute a new constitution	95%
Diversify representation on the ANZICS board	80%
Promote collaboration of ANZICS committees/working groups	86%
Increase the term for office bearer roles	89%
Simplify new member verification process	91%
Obtain appropriate tax status to receipt philanthropic donations and grants	96%

*approximately 10% of all ANZICS members responded to our survey

The ANZICS Board and staff have been working assiduously to undertake this review in the best interests of the society and all its members (current and future). Equally, we have been mindful that any new structures implemented as a result of this review, will need to support those who deliver critical care medicine and those who are recipients of this care in every part of Australia and New Zealand. On behalf of the ANZICS staff, I would like to take this opportunity to congratulate our Directors for their courage and dedication to undertake this challenging task. Together with all ANZICS staff, I look forward to the outcomes of this review and the new opportunities that will arise as a result.

Over the past year, ANZICS has hosted several conferences with over 2,600 delegates across Australia, New Zealand and Singapore. The next 12 months will see ANZICS host at least 8 significant educational events and over 4,500 delegates. This will be a major undertaking and sees some of the largest events on the intensive care calendar coming to our region – most notably the World Congress on Intensive and Critical Care Medicine in October 2019.

I implore the readers to familiarise themselves with the activities of the ANZICS throughout this Annual Report. The list of achievements is broad and significant across the organisation – in particular, the activities of our benchmarking registries (CORE), Clinical Trials Group (CTG), Death and Organ Donation (DODC), Professional Activities and Welfare (PAW), Women in Intensive Care Network (WIN), Education and Safety and Quality committee. The next year will see the launch of a joint initiative with the College of Intensive Care Medicine on matters related to national and international health – with a focus in low-middle income countries and low socioeconomic communities. This initiative will be seeking to develop and promote opportunities for clinical support projects, education, research, and collaboration with other critical care groups/ related disciplines who have an interest in critical care opportunities in LMIC locations.

As outlined in the Honorary Treasurer's Report, the strong financial performance in the past year has now enabled us to commence planning to invest in our members through several initiatives to be implemented in the next year.

I would like to formally acknowledge the ANZICS team for their unwavering efforts to serve the needs of our members. The professional and dedicated manner in which they have continued to support our members and our key stakeholders during a period of significant change has been outstanding. I look forward to the continued evolution of ANZICS to further improve the value proposition of membership to our society.

Finally, as his time as President of ANZICS draws to a close in October 2019, I would like to congratulate and personally thank Stephen Warrillow, ANZICS President, for his leadership, astute stewardship, good humour and dedication to every part of the Society over the last 9 years. Thank you Dr Warrillow!

Gian Sberna
Chief Executive Officer

Membership

ANZICS reached over 1000 members for the first time, and it's a landmark worth celebrating and reflecting. With the aim of improving membership value and representation, the necessary modernisation that took place over the last couple of years has been both challenging and rewarding. I would like to take the opportunity to thank the ANZICS Board and office for their continued efforts to make ANZICS relevant for intensive care practice and our members.

The areas of growth show that we are diversifying as a Society. Trainees and New Fellows now form over 20% of ANZICS, and colleagues from Allied Health, Research and Nursing members also continues to grow, forming about 15% of the members. We are also attracting interest from overseas and local associates consistently leading up to the World Congress.

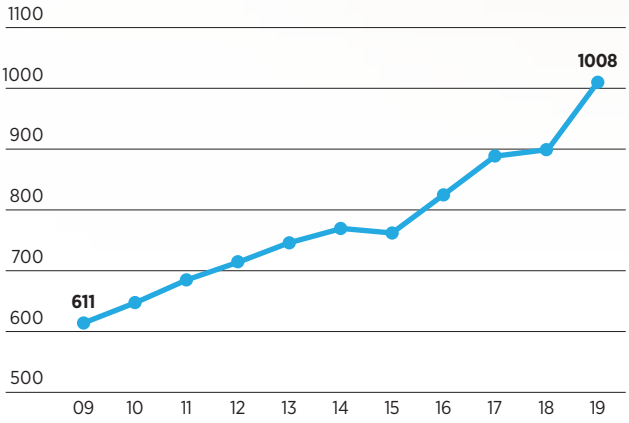
Apart from inclusiveness, we also continue to work toward increasing our membership value. The Members Benefit Scheme has been taken up by around 100 members already, with a wide range of day to day products being offered. A modern, easier payment system will be up and running by the end of the year to make being a member a lot more convenient.

We also continue to offer many Members Only opportunities for representation and awards at international levels, and created the new Peter Hicks Travelling Scholarship in memory of an outstanding Ex-President, Chair and Member lost in his prime. Peter's continuing legacy of supporting young, data-minded colleagues will certainly live on in the most vibrant way possible.

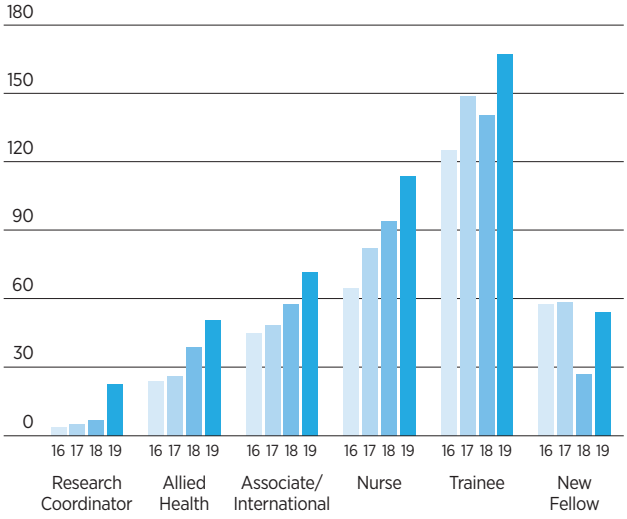
Finally, I look forward to welcoming delegates from 60+ countries to the World Congress in October and seeing as many members there as possible.

David Ku
Honorary Secretary

ANZICS Membership - Total



ANZICS Membership - By Category



Centre for Outcome and Resource Evaluation (CORE)

This year's report is one I write with a mixture of pride and sadness. There have been many changes and developments over the past 12 months.

Goodbyes and Hellos

Peter Hicks who had led the Critical Care Resources registry for over a decade and took over as Chair of ANZICS CORE in 2017, died unexpectedly while on walking trip in New Zealand in November 2018. This has been a great loss to us all at ANZICS CORE and to the wider ANZ Intensive Care community.

In June, we welcomed Paul Secombe as the Associate Registries' Lead to ANZICS CORE. Paul is an Intensive Care Specialist in Alice Springs and brings an interest in rural critical care and Indigenous patients.

All the IT stuff!

A variety of new reports were introduced by ANZICS CORE over the past 12 months which included the 'ICU Efficiency Plot', the 'Data Quality Report', new validation rules and new filters added so hospitals can choose a variety of peer groups comparisons. COMET, the ANZICS CORE data collection system now has over 150 sites on board. All ANZICS databases and IT infrastructure have now been migrated to the Australian Institute of Health and Welfare servers, providing the highest levels of security and infrastructure.

ECMO

At the request of the Health Departments of Australia and New Zealand, CORE released the ANZICS ECMO dataset for all adult and paediatric patients who receive ECMO (or in whom there has been an attempt to initiate ECMO) in mid-2019. Reporting of risk adjusted outcomes to sites and jurisdictions will commence in 2020.

Datathons

The ANZICS 2019 Datathon was held in Brisbane in June. ANZICS collaborated with the Australian Rehabilitation Outcomes Centre (AROC) Registry, Clinical Excellence Queensland, Queensland University of Technology, Massachusetts Institute of Technology, Servian and Google Cloud. Check out photos and videos here: Day 1, Day 2, Videos

In addition, ANZICS CORE partnered in the Bendigo Critical Care Datathon in September 2018 which also involved The Australian Rehabilitation Outcomes Centre (AROC) Registry, The Victorian Department of Health and Human Services, Safer Care Victoria.

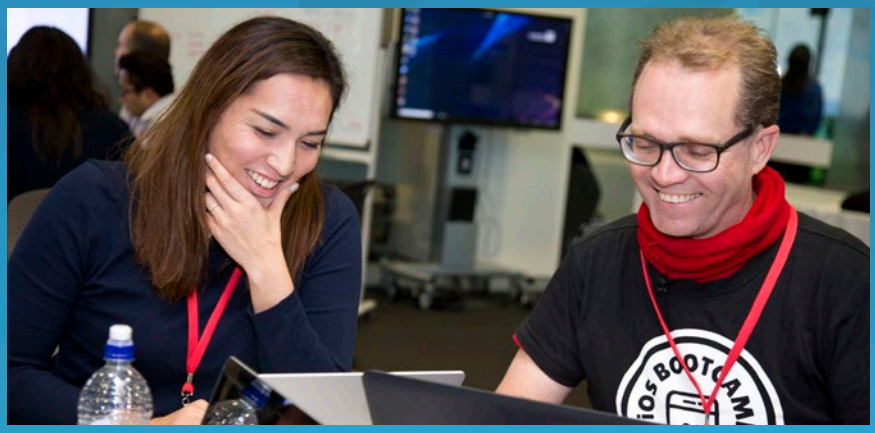
Publications

Five annual reports describing different aspects of ICU activity and outcomes throughout Australia and New Zealand have been produced this year. There have also been 17 publications in peer reviewed journals. Thank you to all who have contributed their time and efforts to promoting the use of ICU data in this way.

Finally...

Thank you to the data collectors and the staff at ANZICS. It is great to see that over 60% of the 132 sites surveyed, now have dedicated data collectors. Without your efforts, there would be no ANZICS CORE and no monitoring of ICU practice and outcomes throughout the region.

David Pilcher
Chair, Centre for Outcome and Resource Evaluation



Clinical Trials Group (CTG)

The ANZICS community can justifiably be proud of the Clinical Trials Groups track record. In last twelve months the CTG has continued to publish world leading research: TARGET (augmented vs. standard dose enteral nutrition)and SPICE (early goal directed sedation with dexmedetomidine) in NEJM, POLAR (prophylactic hypothermia in TBI) in JAMA and PHARLAP (open lung strategy in ARDS) in AJRCCM.

It is welcome news that a number of CTG endorsed studies have been successful to the MRRR Rare Disease and Unmet Needs Program: these include BLENDER (Oxygen in ECMO), BONANZA (Brain oxygen monitoring) and EPO TRAUMA. CLIP II (frozen platelets) was also highly ranked and funded by the NHMRC. The research funding environment is changing and more competitive. As a clinical trials group we need to engage with the broader community to not only highlight the need for and benefits of critical care research, but also to provide them the opportunity to be actively involved in the design and conduct of our research. The support that follows such engagement will facilitate the development of MRFF funding opportunities targeted to our areas of expertise and interest-without it the grant programs may not align with our specialty. The Committee continues to engage with other bodies including the Australian Clinical Trials Alliance to prosecute our agenda.

Our meetings continue to highlight some of the most innovative and significant clinical research and facilitate engaging and stimulating discussion in a collegial and inclusive environment. The Noosa meeting has an outstanding international reputation: the NEJM Editor in Chief Professor Jeffrey Drazen attended this year together with invited speakers from South America (Prof Flavia Machado), the United States (Prof Jon Sevransky) and Africa (Prof Kathyrn Maitland). This year the Winter meeting returns to Queenstown: the CTG is committed to this meeting and our hope is that over time it will grow to be similar to Noosa.

We also committed to listening to, learning from, and encouraging the next generation of clinician researchers. An innovation this year was the establishment of the Novice Investigators Group. The group is represented on the committee: such representation is significant benefit and we look forward to its long-term contribution

There are many ongoing studies and on behalf of the CTG, I thank all ANZICS members for their support of our activities. Your contribution is vital to the studies success and the consequent generation of knowledge. Current studies include:

PEPTIC

A multi-centre, cluster cross over, randomised registry trial comparing the safety and efficacy of proton pump inhibitors with histamine-2 receptor blockers for ulcer prophylaxis in intensive care patients

PLUS

The Plasma-Lyte 148® vs saline study.

BLING III

A phase III randomised controlled trial of continuous beta-lactam infusion compared with intermittent beta-lactam dosing in critically ill patients

ICU-ROX
(results to be released at the World Congress)

A phase 2b, multi-centre, randomised, single blinded clinical trial parallel groups comparing liberal vs. conservative oxygen therapy in mechanically ventilated adults in the Intensive Care Unit (ICU).

My term as Chair concluded in June 2019. I wish to thank ANZICS CTG staff (Donna Goldsmith and Simone Rickerby) and the CTG Committee for their support over the last four years. I also thank all our sponsors and finally everyone in the CTG community for their fantastic effort: you are incredible. It is an enormous honor to have been the Chair of such a fantastic and productive community. I welcome the new office-bearers of the ANZICS CTG Committee:

Chair: Sandra Peake (Queen Elizabeth)
Vice Chair: Manoj Saxena (Bankstown)
Secretary: Andrew Udy (Alfred)
Treasurer: David Cooper (Royal Hobart)

Craig French

Immediate Past Chair,
Clinical Trials Group

Death and Organ Donation (DODC)

2019 has proved to be a busy year for DODC with the completion of the fourth edition of the Australian and New Zealand Intensive Care Society (ANZICS) *Statement on Death and Organ Donation*. The role of this document is to provide a basis for professional practice.

The Statement is intended to provide a relevant and accessible resource for intensive care specialists (Intensivists) and other health professionals involved in the determination of death and in the care of potential organ and tissue donors and their families. It encourages consistency of approach in addressing clinical issues, caring for families, and engaging with other expert opinion in Australia and New Zealand. The list of recommendations given in the statement have been developed by the ANZICS Death and Organ Donation Committee based on review of the law, medical literature and Committee consensus.

DODC has been involved in the development of the ANZICS App with a section of the app created as a smart phone-based bedside aid for the clinician regarding neurological/circulatory determination of death and matters pertaining to physiological support following brain death and to organ donation.

DODC and EOLCWG propose to prepare a discussion paper on Organ donation after Voluntary Assisted Dying (VAD) that impacted on Victoria from 19 June 2019 when the VAD Act 2017 took effect. This paper will be sent for review by the ANZICS Board then distributed to ANZICS membership for comment and feedback. DODC will finalise this paper as an ANZICS position statement.

End-of-Life Care Working Group (EOLCWG)

The ANZICS EOLCWG plans to review the ANZICS *Statement on Care and Decision Making at the End-of-Life for the Critically Ill* which was published in 2014. The EOLCWG will be consulting the ANZICS membership regarding the utility of the Statement. ANZICS receives requests to reference the Statement for the development of related educational resources. This Committee has not met during the 2018/2019 period.

I wish to thank all committee members, Stewart Moodie (SA, Deputy Chair), Rob Bevan (CICM), Jorge Brieva (NSW), David Cook (QLD), Rohit D'Costa (Vic), Geoffrey Dobb (WA), Ben Gelbart (Paediatric), Sarah Jones (NT), James Judson (NZ), Lucy Modra (Trainee), Helen Opdam (OTA), Chris Poynter (NZ), Stephen Streat (ODNZ),

And finally, I would like to thank the ANZICS staff for the time, effort and expertise in supporting the committee's work.

William Silvester

Chair, Death and Organ Donation

Chair, End of Life Care Working Group

Education

The activities of the ANZICS Education Committee over the past year have continued to focus on our goal to improve intensive care education by supporting an active community of interprofessional clinician educators and by enhancing access to educational resources.

The ANZICS Education Committee has been heavily involved in the ongoing development of an interdisciplinary Australia and New Zealand Clinician Educators Network (ICU). This was launched by a hugely successful Unconference prior to the last ANZICS/ACCCN Annual Scientific Meeting (see infographic). A number of activities have followed on from this first Unconference, including events held in conjunction with the SMACC conference in Sydney – namely, another participant-driven Unconference and a Dragon's Den for Clinician Educators. Most importantly, having grown out of the faculty development stream of the first Unconference, a 3 month pilot of a Clinician Educator programme has just been completed and is entering an evaluation phase. A big thank you is owed to all the faculty and participants who have donated their time, effort, and expertise to making this pilot possible! The goal of the programme is to allow interprofessional Clinician Educators to develop the skills and connections they need to create the future of intensive care education. The full 12 month Incubator is anticipated to launch in March/April 2020 and will consist of a virtual workspace (using Slack) combined with face-to-face and online meetings. Similarly, a working group that initially formed at the first Unconference is developing a consensus statement for interprofessional intensive care education. Updates on these projects will be provided at the Intensive Care World Congress in Melbourne in an education session on 17 October 2019, which will also feature dynamic presentations on workplace learning and competency by our invited speakers, Professors Elizabeth Molloy and Margaret Hay. We are also actively planning to get down to work at a World Congress-affiliated Unconference, this time on 13 October 2019, which includes working sessions for the Clinician Incubator and Interprofessional Consensus Statement projects as well a 'Dragon's Den', where Clinician Educators can bring along their own project ideas for peer review and discussion.

We are also supporting the wider educational content and strategies of ANZICS, including social media and future courses and conferences. ANZICS Education Committee activities include early steps to creation of a speakers database for ANZICS events with improved functionality, and development of a new process for the nomination and selection of the ANZICS Ramesh Nagappan Education Award recipients. We encourage ANZICS members to nominate their colleagues who are making a difference in ICU education for this award when submissions open. Meanwhile, keen podcast listeners will be familiar with the voice of our very own Dr Swapnil Pawar, who has been putting his interview skills to use for the ANZICS Presents the Experts Podcast series (www.anzics.com.au/podcasts/).

The Committee also acknowledges the work and effort of Dr Belinda Gowen (Trainee Representative) and Dr Paul Secombe (NT representative), who have come to the end of their time with us – they will be sorely missed! We encourage ANZICS members to put themselves forward for Committee positions when advertised. Finally, if you have ideas for how ANZICS can further support intensive care education please let the Committee know, and if you want to help shape the future of intensive care education please join the ANZCE Network (http://litfl.org/ANZCENResources).

Chris Nickson
Chair, Education

Paediatric

This has been a busy year in paediatric intensive care. Thank you to all of the ANZICS members who have helped in the many activities listed below. The ANZ PICU community is small, but manages to be internationally visible and productive, thanks to the cohesive and collaborative nature of its members.

Paediatric Studies Group (PSG)

Luregn Schlapbach (Queensland Children's Hospital) has taken over as the chair of the Paediatric Studies group this year. The outgoing chair, Rino Festa (Westmead Children's Hospital), made an enormous contribution to the group over the last 3 years, while overseeing a period of rapid growth and maturation. I would like to take this opportunity to thank Rino for his energy and efforts in the role, and we look forward to his ongoing active involvement in the group.

The increasing activity and prominence of the PSG has been highlighted in several publications in high-profile journals in the last year, including Intensive Care Medicine and the Journal of the American Heart Association. Work continues on multiple studies, including two large NHMRC-funded randomised controlled trials - NITRIC and THRIVE - both of which promise to produce major works in the field of paediatric intensive care. The coalescence and productivity of the group has driven a need to set an organised and coordinated research agenda in PICU; the first part of this is already underway in the form of a research prioritization study, to be published later this year.

Predominantly in response to this increasing activity, there is a revision of PSG terms of reference in the pipeline, which should allow a more efficient and continual approach to the many management issues arising in a busy group.

The Australian and New Zealand Paediatric Intensive Care Registry (ANZPICR)

The ANZPIC Registry is now in its 22nd year, records the details of approximately 12,000 paediatric admissions to ICU each year in Australia and New Zealand. In the last year, several general ICUs that admit some children have commenced data submission, further enhancing the coverage of this almost population-wide Registry. here are ongoing refinements to data collection, with detail now being collected on chronic conditions, and a more detailed ECMO dataset added recently. The registry is a rich source of data for research, and, as well as several publications in the last 12 months, there are multiple ongoing projects, including two state-based linkage projects with wider health and education datasets. A project to develop the latest iteration of PIM, in collaboration with one or more overseas PICU registries, is in its early stages.

The ANZPIC Registry provided a dataset for the ANZICS Datathon for the first time this year. At the event, held in Brisbane in June, the data were used by several groups on a variety of projects, at least two of which seem set to continue beyond the Datathon.

Liz Croston (Perth Children's Hospital) has taken over as the chair of the ANZPIC Registry Clinical Advisory Committee, After David Schell (Westmead Children's Hospital) stood down this year. David had chaired this committee from its inception and is due enormous credit for the way in which he developed and coordinated the advisory, oversight and review aspects of the committee. Liz has taken up the role with enthusiasm and has already embarked on a review of Registry complication and comorbidity coding.

Other Activities

There was major paediatric input and profile at SG-ANZICS this year, with the largest paediatric component to the meeting yet. Kirsten Bakyew (Monash Children's Hospital) coordinated this very successful part of the scientific programme, further cementing the close ties between PICUs in ANZ and Singapore.

The World Congress of Intensive Care Medicine in Melbourne this year will have a paediatric stream running throughout the entire meeting. Despite this not being a PICU World Congress, half of the paediatric speakers will be from overseas, and it is hoped that many international delegates will be attracted by the this component of the programme.

Planning is well underway for the World Federation of Paediatric Intensive and Critical Care Societies Congress in Mexico next year. Stephen Jacobe (Westmead Children's Hospital) is the current president of the Federation, and the Congress will be the culmination of several years' hard work by Stephen and the organising committee.

ANZICS recently endorsed the Surviving Sepsis Campaign's first International Paediatric Guideline, with Luregn Schlapbach (Queensland Children's Hospital) having represented the Society in the development of this important and comprehensive document.

Johnny Millar
Chair, Paediatrics

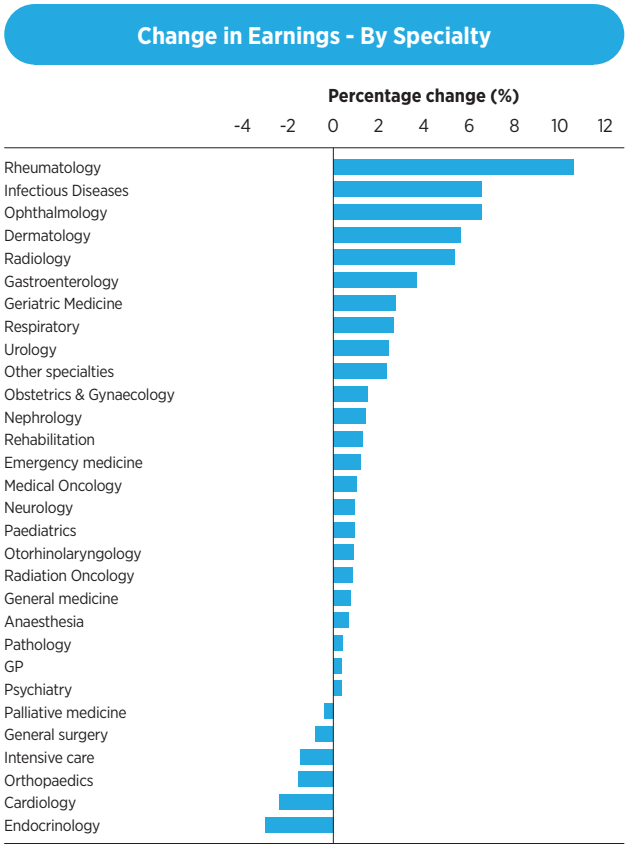
Professional Activities and Welfare (PAW)

ANZICS, via PAW (previously PricE) are committed to a sustainable, adequately remunerated, healthy workforce that continues to deliver high quality intensive care. The committee has been focusing on the factors that impact on the quality of life of intensive care specialists and the Department of Health MBS Review.

Welfare

The Burnout Survey has been completed and will be published next year. The survey has provided a deeper understanding of the work factors that sustain and negatively affect intensive care specialists. We thank Shona Mair for her efforts. Michael Ashbolt has also completed the workforce survey of new Fellows. These surveys will guide the committee's strategic focus.

We have also focused on identifying risks to a generally agreed, future direction of intensive care. Risks include poor community recognition of intensive care, new practice changes that could impact on workforce, quality of intensive care unit leadership, methods of remuneration, and other craft group interactions.



Annual percentage change in median hourly earnings adjusted for CPI, by specialty (2013 to 2017)

Important factors for delivery of high-quality clinical care and research is adequate remuneration and protected nonclinical time. We noted the report from the Melbourne Institute of Applied Economic & Social Research by Professor Anthony Scott. It showed generally doctors' earnings are growing at 1.8 per cent per year above inflation. However, between 2013 and 2017 the hourly earnings fell in real terms for General and Orthopaedic Surgery, Endocrinology, Cardiology and Intensive Care. This is clearly concerning.

Department of Health, Canberra

The ED/ICU MBS Review commenced in April 2016 and the report completed by November 2017. We have now moving to next phase on the agreed ED/ICU committee's item numbers. The proposed new MBS items are; an ICU Specialist lead family conference, ECMO insertion and management and Rapid Response. The family conference MBS item is for discussion and documentation of goals of care by an Intensive Care Specialist. This service is for patients potentially nearing end of life who are not admitted to intensive care. The ECMO and rapid response MBS items will be considered for expedited MSAC assessment. We will update members as allowed during this process.

The Specialist and Consultant Physicians MBS Review has just finished the Public Consultation Phase. The report recommends a move to a time-based structure. It also recommends a move away from initial and subsequent consultations, to have the same rebates for specialists and consultant physicians and additional payments for complex planning. The committee from an intensive care perspective was supportive of these changes.

If you have any questions or concerns, please contact either myself, your regional PAW representative or our two new representatives, Shona Mair as the Paediatric Representative and Lucy Modra as the WIN Representative.

Mark Nicholls

Chair, Professional Activities and Welfare

Safety & Quality

In 2018/2019 the Safety and Quality Committee has been striving to advance intensive care practice to achieve possible outcomes for patients and their families. The Committee meets regularly throughout the year, through both face to face and teleconference, reporting back to ANZICS members via the Intensivist Newsletter. Every Australian and New Zealand region was represented this year along with a paediatric representative, a trainee representative, and a nurse from the Australian College of Critical Care Nurses and the New Zealand College of Critical Care Nurses.

Ongoing projects include:

Bed Block Research Proposal
RRT National Registry
CORE CCR Survey and S&Q variables
Environmental Sustainability in ICU
CLABSI Implementation Guides
Mapping CORE data to national standards – matching the CORE registry variables with the ACSQHC & ACHS indicators.

The committee is due for re-election this year and I encourage anyone with a passion for Safety and Quality to get involved. The committee will realign itself with the proposed new ANZICS structure and will remain a core body.

I would like to acknowledge the tireless work of A/Prof Daryl Jones and other members of the 2018 Safety and Quality Deteriorating Patient conference organising committee including: Alex Psirides, Arthas Flabouris, Deepak Bhonagiri, Jonathan Barrett, Judy Currey, Ken Hillman, Liz Fugaccia and Manoj Singh. The event took place at the Sofitel on Collins, Melbourne 30 – 31 July 2018. There were 340 registered delegates. The Organising Committee prepared an educational program spread across 3 streams, 2 days and addressed general ICU safety and quality, including burnout, end of life care, sepsis, outcome measures and rapid response systems and the management of the deteriorating patient. Key note speakers included: Rinaldo Bellomo, Nerina Harley, John Gowardman, Karin Thursky, Simon Finfer, Andrew Udy, Malcolm Green, and Tony Burrell. The organising committee received 79 abstract submissions, of which 17 were accepted for oral presentation during the conference. Many of the presentations were again recorded and uploaded over time onto the ANZICS YouTube Channel. We were grateful for the generous support from Industry through sponsorship and exhibition, in particular Masimo Australia (Gold Sponsor), CSL Behring, Medtronic Australasia, Philips Healthcare, Zoll Medical and Lululemon Athletica. Under the direction of Daryl Jones the 2019 conference is promising to be an excellent satellite event to the World Congress and I encourage you all to attend.

I would like to acknowledge and thank all members of the current Safety and Quality Committee for all their hard work including: Michael Ashbolt (TAS); Lewis Campbell (NT); Arthas Flabouris (SA); Craig Carr (NZ); Judit Orosz (VIC); Deepak Bhonagiri (NSW); Simon Towler (WA); Tali Gadish (Paediatrics); Mary Pinder (CICM); Gladness Nethathe (Trainee Representative); Malcolm Elliott (ACCCN) and Leah Hackney (NZCCCN).

Sadly, Jennifer Holmes resigned from the position of Executive Officer for the committee earlier this year. I would personally like to thank Jenny for her hard work and dedication to the committee during her tenure. Following Jenny's departure, we are fortunate to have Amanda Hill, from ANZICS supporting the committee.

I would also like to recognise the contribution of all ANZICS members in providing feedback to the Safety and Quality Committee. The Committee is open to any comments or suggestions you may have and we invite you to be in touch by contacting: anzics@anzics.com.au.

John Gowardman

Chair, Safety and Quality

Women In Intensive Care Medicine (WIN-ANZICS)

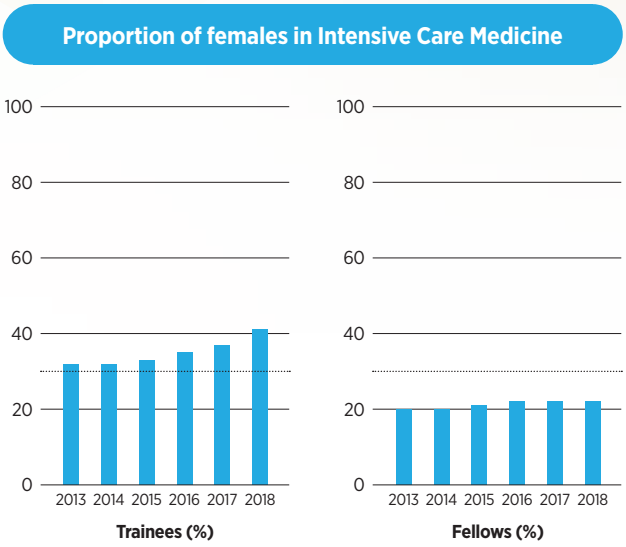
After settling in to our transition to ANZICS as a Standing Committee, the Women in Intensive Care Medicine Network has gone bi-national, had a changing of the guard and are planning some stellar events for later in the year. The proportion of female trainees is on the rise, however this has not translated into a greater proportion of fellows (22%). WIN-ANZICS is working to remove the organisational, structural, cultural and individual barriers that women in intensive care medicine may face in their careers.

Leadership and Committee Change

After four years as Chair, Dr. Lucy Modra has passed on leadership responsibilities. Lucy has contributed immensely to the network and our cause, and it truly was a privilege to work alongside her as WIN was being established. It is now time for her to move on to greater things, and she will still be playing a vital role in our organisation as immediate past chair. Dr. Sarah Yong will remain as Deputy Chair. I also wish to thank Dr. Danielle Austin, who recently stepped down as NSW Representative to concentrate on her role as ANZICS Honorary Treasurer. Danielle was instrumental in getting WIN-ANZICS on the map and she will continue to advocate for the committee in her role on the Board of Directors.

Website and Metrics

Navigating the delicate politics and nuances of gender equity advocacy can be difficult at times. Our metrics and data pages have been immensely helpful in putting into perspective our goals and purpose. I must thank Dr. Tamishta Hensman and Dr. Ruvi Vithanage for their wizardry in making our metrics page look simultaneously informative and impressive. Our website continued to receive a high amount of traffic and served as a hub of resources, think pieces, metrics and event promotion. WIN-ANZICS will continue to publish yearly metrics, thanks to ANZICS CORE and CICM, who allow us to mine their data yearly.



A snapshot of our metrics page at womenintensive.org

The percentage of female trainees have increased over the years but the percentage of fellows have remained static.

Events

Events continue to form an important part of WIN-ANZICS and provide trainees and fellows of both genders with ample opportunities for networking, collaboration, discussion and mentoring, as well as education. WIN Victoria continue to host twice yearly dinners, which have become hugely popular. Our last sold out event was held in late June and included some fascinating talks from A/Prof. Chris Nickson and Carmen Reyneke. A/Prof Di Stephens, NT Representative, hosted a joint networking event in Darwin with her surgical colleagues. Both WA Representative Dr. Vanessa Carnegie and Immediate Past Chair Dr. Lucy Modra presented at grand rounds on gender issues in medicine including gender equality, metrics, unconscious bias and targets. Future events are planned for QLD, NZ and Victoria.

WIN at the World Congress

At the upcoming World Congress of Intensive Care, WIN will host the Gender Equity Think Tank, organised by long-time supporter Dr. Cara Moore and Victorian Representative Dr. Li Tan. Some big names in critical care will be on the panel – including A/Prof Flavia Machado, Dr. Janice Zimmermann and Dr Alison Fox-Robichaud. It promises to be a thought-provoking afternoon and aims to generate robust discussion which will hopefully translate into real solutions we can all apply to advancing gender equity within our specialty. You can register at: www.eventbrite.com.au/e/wcim-gender-equity-think-tank-tickets-63222759977

Working with CICM

Earlier this year, the College of Intensive Care Medicine published the WIN authored Statement on Gender Balance Within the College of Intensive Care Medicine. The College have joined ANZICS in setting targets for female representation across multiple domains, including at conferences, committees and other positions of leadership. The Statement also addresses the need to promote a culture of respect and inclusivity within ICM, and explore ways of increasing flexibility in the training program.

In other CICM related news, we are pleased to announce that Dr. Nicky Dobos (Events Co-ordinator) has been elected New Fellows Representative. She takes over from Deputy Chair, Dr. Sarah Yong and will continue to advocate for gender equity in intensive care at a systems level for both trainees and fellows.

Finally I would like to thank the hard work of our committee:

Lucy Modra	Immediate Past Chair
Dr. Sarah Yong	Deputy Chair
Tamishta Hensman	IT Co-ordinator
Nicky Dobos	Events Co-ordinator
Imogen Mitchell	ACT Representative
Kate Tietjens	New Zealand Representative
Dianne Stephens	NT Representative
Celia Bradford	NSW Representative
Tali Gadish	Paediatric Representative
Angelly Martinez	Queensland Representative
David Rigg	Tasmania Representative
Li Tan	Victorian Representative
Vanessa Carnegie	WA Representative

Dr. Sandra Lussier
Chair, WIN-ANZICS

Victoria

It has been a busy and productive year for Victorian ANZICS. Regional membership continues to increase and many Victorian members have contributed widely to a variety of ANZICS education, advocacy and research initiatives. The tireless efforts of these members are greatly appreciated and the Society's accomplishments would not be possible without them.

The 2019 WFSICCM World Congress of Critical Care is to be held in Melbourne from 14-18 October at the Melbourne Convention and Exhibition Centre. We anticipate a very exciting meeting with a strong scientific program comprising invited speakers from more than 31 countries. There will be plenty of opportunities to network with a diverse range of colleagues from across the specialty (and the world!), including at the fantastic social event to be held at the South Wharf precinct. Thank you to Dr Stephen Warrillow, A/Prof Adam Deane, Dr Johnny Millar and Dr David Ku for all of their hard work in organising this world-class event.

The 2019 6th Singapore ANZICS Asia Pacific Intensive Care Forum was successfully held in April. A large number of Victorian members attended and supported this meeting, which represents a very successful joint venture with the Singapore Society of Intensive Care Medicine. Once again, many speakers funded their own attendance in order to allow the conference to subsidise the attendance of delegates from Low and Middle Income Countries. Thank you to Dr David Ku, Dr Christian Karcher, Dr Sarah Yong and Dr Lucy Modra for their efforts in helping to organise this meeting and to the self-funded speakers for their generosity.

The 2019 ANZICS Safety and Quality Conference will also be held in Melbourne on 14th October. The focus is 'The Deteriorating Patient' and the conference will have a strong multidisciplinary focus. This will also be the first time that an ANZICS conference program has featured equal numbers of male and female speakers. Thank you to A/Prof Daryl Jones for his hard work in convening this important conference.

The focus on regional activities in Victoria also continues and ANZICS is proud to be an event partner of the Bendigo Health 5th Regional Critical Care Conference. This conference will be held on 29-30 August with the theme being 'Critical Illness – Any Where, Any Time'. Thank you to all of the ANZICS members who are invited speakers.

Victorian ANZICS has also continued to work closely this year with the Women in Intensive Care Network (WIN). In 2019, the ANZICS Board formalised its ongoing commitment to gender balance within its conference programs. The WIN Committee hosted a successful networking event in Melbourne on 27th June, which focused on the future of education in critical care. Thank you to Ms Carmen Reyneke and Dr Chris Nickson for speaking at the event and to Dr Li Tan and Dr Lucy Modra for their organisation of the event. We are also looking forward to the Gender Equity Think Tank organised by WIN which will be held on 14th October in conjunction with the World Congress and includes a panel of outstanding female specialists from around the world.

Over the past year, ANZICS has also continued to work with the Department of Health and Human Services. A number of ANZICS members are working on specific projects to improve patient care in conjunction with Safer Care Victoria and ANZICS also recently endorsed a Safer Care Victoria guideline to clarify the implications of the Medical Treatment Planning and Decisions Act for patients admitted to Victorian ICUs.

Membership of ANZICS in Victoria continues to grow and we currently have 288 members across a range of disciplines. It is of paramount importance for ANZICS to continue to represent the interests of its members. During the past two years, there have been significant discussions at ANZICS Board and Committee levels about the vision and mission of ANZICS. Wide discussions have also been held about the best governance structures for our Society for the future. If you have any suggestions or feedback, please feel free to contact me (yasmine.aliabdelhamid@mh.org.au). The views of the membership are crucial as ANZICS moves forwards.

Finally, I would like to thank the ANZICS staff for all of their support and help behind the scenes over the past year. I would also like to thank Dr Kimberley Haines and Dr Max Moser who serve as office-bearers on the Victorian ANZICS Regional Committee. Given the high level of engagement among the ANZICS community in Victoria, it is possible that I have forgotten to specifically thank some members in my report. Thank you to all of the Victorian ANZICS members who have contributed to local ANZICS activities and continued to represent Victoria on the various ANZICS Committees.

Yasmine Ali Abdelhamid
Chair, Victorian

Tasmania

Another 12 months has passed with both success, and some persistent challenges for intensive care in Tasmania.

The Royal Hobart Hospital's redevelopment is nearing completion, and cardiothoracic surgery is well underway at Calvary Hospital. Trainees have been well supported with 3 trainees recently passing fellowship examinations. Launceston General Hospital's Intensive Care Unit has continued its good work as a training site, and its essential role in supporting patients needing critical care in the north of the state. Despite efforts the North West Regional Hospital staff have had persistent challenges in both attracting and maintaining specialist intensive care staff. This is not a new challenge but one which has proven very difficult to solve!

More generally there are many other stresses in the Tasmanian Healthcare System including the tightening of budgets, access block, emergency department overcrowding, ambulance ramping, and reductions in elective surgery. Although we acknowledge these problems are not isolated to Tasmania, their severity over the last 12 months has escalated substantially. There is now widespread community recognition of these problems and demands for change. The issues are also having substantial direct and indirect effects on intensive care and retrieval services.

Within ANZICS our local membership continues to actively contribute to ANZICS-CTG initiated trials, along with ongoing contributions to the CORE dataset. We have broad and active representation across most ANZICS subcommittees.

All units maintain an ongoing strong educational focus and continue to attract trainees from Australia and overseas. Tasmania can provide all elements of the CICM training program including Senior Registrar posts consistent with the colleges expectations of "on call" experience, and "transitional" roles for the appropriate candidate.

Regional society membership has moderately increased over the last 12 months with a pleasing increase in some of the subgroups including trainees and nursing members. The output of our representatives on ANZICS committees remains greatly valued, especially considering the small number of Intensivists in the state. I would like to formally recognise everyone's efforts and thank them for their contributions. I am sure that Tasmania will continue to be a valuable contributor to ANZICS and its subcommittees well into the future!

Michael Ashbolt
Chair, Tasmania

New Zealand

Annual Scientific Meeting

The 2019 New Zealand ASM was held in Auckland hosted by North Shore Hospital. The theme of the conference was "Past Forward", reflecting on the importance of tradition whilst looking forward to the future of ICU developments. Our conference Co-Convenor's, Dr Jonathon Casement, Janet Liang, worked with Joanne Shirtcliffe and Chrissie Wilson to bring together an excellent team of outside speakers including Prof Hine Elder, Prof Michelle Glass, Prof Johanna Westbrook speaking to us on topics as diverse are electronic medical records to cannabinoid use.

Local speakers from Waikato, Dunedin, Palmerston North, Christchurch, Counties Manakau, Wellington and Auckland shared their insights, experience and wisdom around ICU provision and expansion and the challenges of achieving collaborative working with management as well as the ICU team developments in technology, workforce diversity, therapeutics, education, psychological well-being and even retirement!

Next year's ASM from March 4th to 6th will be hosted by the team from Hawkes Bay Hospital at Napier Conference Centre. The Regional ASM affords an excellent opportunity for the Kiwi ICU community to support one another, learn and network both socially and professionally. We hope to see an excellent gathering there of all craft-groups within the ICU team as we explore the issues of the impact of Intensive Care on the environment.

Research Symposium

We are thrilled to report that three members of the ANZICS CTG Community have been successful in their grant applications to the Health Research Council of New Zealand in the 2019 funding round. The following were funded:

Dr Shay McGuinness	BLING III - Phase III RCT of continuous ß-lactam infusion in the critically ill (BLING III) $1,195,807
Associate Professor Rachael Parke	Targeted therapeutic mild hypercapnia after resuscitated cardiac arrest (TAME) $1,199,994
Dr Paul Young	Hospital operating theatre randomised oxygen trial (HOT-ROX) $249,469 and Targeted Early Activity and Mobilisation in the ICU (the TEAM study) $1,011,247

If you are interested in participating in any of these studies, please contact any of the above investigators.

Last November saw our national ICU research meeting, held in Wellington. This was well attended by ICU medical and nursing staff, allied health investigators and project managers from around New Zealand. Standout presentations from attendees and also from invited guests from the Ministry of Health Ethics Committees. Thanks to CVICU for organising this biennial event. We have just completed our ANZICS CTG Winter Research forum which was attended by 70 investigators and research coordinators from around New Zealand and Australia. This annual event will be held again in August 2020 in Queenstown. Book your leave now! We hope for strong NZ representation at the annual Noosa CTG meeting being held on 2-4th March 2020.

Membership

It was great to see New Zealand membership grow from 111 to 118 over the last year. This still represents a small portion of the total Kiwi ICU community and Craig Carr (ANZICS Regional Chair) and Andrew Stapleton (NZ CICM Chair) are planning to visit all 29 ICUs in New Zealand over the next 6-12 months to better understand the challenges faced and what they might do to assist the NZ ICU community in their respective roles. They are keen to hear from as many people as possible from all crafts and disciplines within the ICU team to understand the challenges faced and visions shared. They will also be seeking to encourage ICU team members to join ANZICS and build a stronger voice for their patients and professional community within New Zealand.

Looking back and looking forward

As well as the successes in research, meetings, education, audit and some new facilities opening, the last 12 months have sadly been marred by tragedy and significant losses to the NZ ICU community. The deaths of Peter Hicks (Wellington), Andy Greer (Christchurch) and John Foy (Nelson Marlborough) were all premature and the ICU community feels the loss of these colleagues keenly. Peter in particular has been a huge force for change within the NZ ICU community over many years through his work with ANZICS, CORE, the Government and locally bringing together the Clinical Directors and CNMs in an effort to improve strategic planning across NZ critical services. It bore testimony to Peter's hard work and popularity that an entire hanger at Wellington Airport was filled by those who came from near and far to say their farewells and pay their respects to a pioneer within our community. Our thoughts are with the families, friends and colleagues of Peter, Andy and John.

The year ahead brings us new challenges and opportunities. In cities such as Christchurch and Dunedin, new ICU facilities are opening and in Christchurch, bed numbers are increasing. However, as a whole, the ICU system struggles to maintain adequate staffing within all the professional groups that together comprise the team, and creaks and groans at the current limits of physical bed capacity; we are witnessing regular periods when we are unable to find resourced beds for our patients within their local catchment. In 2019-2020, we are seeking to improve our understanding of critical care provision, current demand and predicted future growth in demand within New Zealand. Once that understanding is secure, we hope to actively engage with the wider profession, politicians, health boards and the public to secure a better future for the patients we care for.

We are also seeking to build shared access resources that will reduce the burden upon individual units and the individuals working within them as they seek to develop guidelines, protocols, teaching materials, business cases and operational policies – the bones of which will be common to most locations regardless of any local flavouring that may need added.

Finally, on behalf of the NZ membership, I'd like to thank Ben Barry and acknowledge all the work he has done over six years as the NZ Regional Chair for ANZICS. Ben and his colleagues have grown and sustained the NZ membership, facilitated the annual successful Regional ASMs, and maintained and developed the Kiwi contribution to CTG, CORE and the wider work of ANZICS. The NZ Committee will endeavour to do their best to build on all Ben has achieved, continuing to work towards a stronger, increasingly networked, ICU community within New Zealand.

Craig Carr
Chair, New Zealand

New South Wales

Capital investment in health infrastructure dominates the landscape of intensive care in NSW which provides great opportunities as well as challenges. Demands on intensive care services and occupancy continues to be high in all hospitals across the state.

In many hospitals, intensive care staff are maintaining high standards of care as well as dedicating time to planning the opening of new intensive care units. The Northern Beaches Hospital and Gosford moved into new intensive care units in 2018 and Blacktown and Westmead later this year. Nepean, Prince of Wales, Campbelltown, Tweed Hospitals are all in the thick of planning.

eRIC, the electronic medical record solution for intensive care units in NSW has now rolled out in 19 hospitals, the most recent being Gosford and Royal North Shore. The ability to reconcile medications from ward-based systems into and out of eRIC remains a challenge. E-Health in NSW are about to commence a project to develop the solution with a pilot site to be chosen.

A partnership between Intensive Care NSW (Agency for Clinical Innovation) and the Whole of Health program in the Ministry has seen the ICU Exit block Project supported in 10 sites across NSW. This follows on from the pilot project which has been done in Gosford, Nepean, Wyong and Liverpool Hospitals. At the time of writing this report, there is a plan for a further 8 hospitals to be involved in the project later in the year. The aims of the project being to reduce intensive care exit block which is higher than 45% in many hospitals. This project provides a good example of intensive care clinicians in NSW leading the way in reviewing whole of hospital patient flow and improving processes to ensure patients are receiving the appropriate care in the right location. I take the opportunity to thank staff at ICNSW and clinicians at the hospital sites for all their efforts.

Also at ICNSW, a pilot project about appropriate routine pathology ordering and arterial blood gases (APT-IC) is almost complete in 4 sites (Gosford, Royal North Shore, Nepean and Wagga Wagga). We look forward to reporting the results at upcoming ANZICS meetings.

Congratulations to Associate Professor Richard Lee for the Order of Australia awarded at the recent Queen's Birthday Honours. Congratulations also to Professor John Myburgh on his Doctor of Science from the UNSW.

Swapnil Pawar, Vice Chair and NSW Representative of the Education Committee, continues to deliver a fantastic series of podcasts with intensive care clinicians across the world, including Professors Michael Pinsky, Derek Angus and Jean-Louis Vincent.

I would especially like to thank Mark Nicholls and Danielle Austin for their support and shared vision of the vital role ANZICS of advocacy, connecting intensive care clinicians and fostering environments which allow for the delivery of world class intensive care for the community.

Our membership continues to increase in NSW. I encourage you all to speak to trainees and colleagues about joining ANZICS and strengthening the society. The coordination of education and networking opportunities in NSW has proven a challenge over the last few years. We are looking for new and innovative ways for nsw clinicians to connect. Please make contact if you have any ideas.

Look out for a meeting in early December to discuss welfare in the intensive care – a NSW perspective. I look forward to seeing some of you at the World Congress in Melbourne in October and excitingly, the ASM will be in Sydney in 2020!!

Nhi Nguyen
Chair, New South Wales

Western Australia

The past twelve months in WA has been more of the same and some new issues. All units are busy and often operating at or close to full capacity. Bed block continues to be a major issue restricting flow through the hospital, contributing to stress at all levels.

With the patient's interests in mind, we have sought to improve referral processes from rural areas and collaboration between units. Country Doctors are busy when they have sick patients and shouldn't have to make multiple phone calls. Hence, the shifted focus to the linked referral hospital to co-ordinate an appropriate bed.

The improvement in the states bottom line has seen some funding. Royal Perth has received $22 million to increase the size of the unit, modernize and allow more natural light, add some simulation areas. Geraldton Regional Hospital will undergo a $73 million redevelopment, which includes building an Intensive Care Unit to serve the local Midwest region.

Unfortunately, research has suffered due to major legislative issues in Western Australia. A new interpretation of the Guardianship Act has led to the State Solicitor prohibiting any research involving next of kin consent. Consequently, WA units and WA patients have suffered from restriction on entering any randomized trials.

Several local planned trials have been put on ice and enthusiasm and passion has suffered significantly. Recently the Minister of Health has recognized the issue and we have hope that new legislation will be tabled next year, in the hope that research will again be possible. ANZICS has been supportive in writing to the Minister to highlight these issues. At the same time essential Research Co-ordinator support has been withdrawn from Royal Perth. It would, as always, be nice if hospitals recognized the importance and widespread benefits of supporting research.

Congratulations, particularly in this environment, has to go to Dr KM Ho who managed to produce a great paper on IVC filters in Trauma Critical Care patients, published in the July 25th edition of the New England Journal.

We have expanded our statewide tertiary job placement system to involve all trainees (senior and junior). This has allowed us, we believe, to provide our trainees with a greater depth of experience, covering all intensive care sub-specialties between the units as well as fostering greater inter-unit collaboration in other areas.

One such area is ECMO, where we plan to have joint training and data collection to create better learning experiences, greater accountability and importantly a better experience for the patient.

In the area of learning and education, unfortunately previous sponsored events have not been possible with the lack of funding. Local units continue to provide education as well as efforts to create online learning platforms and resources.

Thank you to all sub-committees in WA for all your hard work. On a special note, Brigit Roberts, our longest serving Research Co-ordinator and organizer of local CTG meetings retired this year and we wish her all the best.

Bradley Wibrow

Chair, Western Australia

South Australia

Since the last South Australian report, the intensive care community in Adelaide has undergone some significant changes.

The proposed downsizing of the Queen Elizabeth Hospital in the Transforming Health program undertaken by the previous Labour Government has been abandoned. A return to 24-hour interventional cardiology service and ongoing redevelopments will ensure that the QEH will remain a busy 14 bed ICU unit well into the future. The Royal Adelaide Hospital is settling into its new home as the anchor point for the government's plan to create a health care precinct in the North West corner of the CBD. Open to patients in September 2017, the construction was plagued by delays. Some elements of the build, particularly the layout of the emergency department and its small resuscitation rooms continue to be problematic as do issues with patient flow. The Lyell McEwin ICU has finally started to fill up into its 6-year-old expansion to 24 beds and Flinders Medical Centre continues to do the bulk of the ICU work in the Southern corridor of Adelaide.

The electronic patient record system Sunrise (formerly EPAS) is planned to be rolled out at the RAH in a stepwise fashion this year with aspirations to be at full functionality in the new year. While it has been operational at the QEH for a couple of years, there have been many delays in its broader release due to a change in government and an extensive review to determine if it is fit for purpose. There are ongoing concerns about the difficulty in making changes to the program in a timely fashion when requested by clinicians.

ANZICS SA has combined with the local CICM State Committee to support fellow focused education evenings over the past two years. With some trade support we have been fortunate to hear from local and visiting topic experts. These biannual events have been very well subscribed and are planned to continue.

Clinical collaboration has been occurring between ECMO centres in SA with joint audit meetings and shared educational session occurring throughout the year. Planning of joint projects with SA Ambulance service is also underway.

Over the past 12 years, SA trainees have been very fortunate to have previous ANZICS President Mary White, organise the only annual forum to present their research in Adelaide. *The Tub Worthley Travelling Scholarship* is awarded to the best registrar presentation of original research. Sam Westaway's audit of medical handover of patients discharged from ICU at the RAH won this year's prize over a broad mix of dynamic and interesting research. Special thanks to Sandy Peake and Steve Keely for their adjudication efforts and again to Mary for the energy devoted not only to making this evening run well but to ANZICS more broadly.

After many years of hard work for ANZICS and the SA ICU community directly as the director of the QEH, Michael O'Fathartaigh retired last year. Along with Peter "Toby" Thomas's retirement, SA has lost a great deal of ICU experience over the last few years. We wish them both well and will continue to support all our retired fellows to stay connected via invitations to our educational dinners.

Michael Farquharson
Chair, South Australia

ANZICS Awards

Matt Spence Medal

The Matt Spence Award is a highly sought-after prize by Researchers interested in intensive care. The Matt Spence prize is named after the Society's first President (1975) and co-founder of the organisation, Dr Matthew Spence. The winners of previous awards follow:

1981	**Dr S Streat**	Auckland
1982	**Dr S Gatt**	Sydney
1983	**Dr R Raper**	Sydney
1984	**Dr N Gibbs**	Perth
1985	**Dr W Griggs**	Adelaide
1986	**Dr A Bersten**	Adelaide
1987	**Dr M Oliver**	Auckland
1988	**Dr P McQuillan**	Perth
1989	**Dr T Buckley**	Hong Kong
1990	**Dr C McAllister**	Sydney
1991	**Dr R Bellomo**	Melbourne
1992	**Dr S Parkes**	Adelaide
1993	**Dr R Totaro**	Sydney
1994	**No award presented**	
1995	**Dr A Davies**	Melbourne
1996	**Dr B Venkatesh**	Brisbane
1997	**Dr D Blythe**	Perth
1998	**Dr N Edwards**	Adelaide
1999	**Dr V Pellegrino**	Melbourne
2000	**Dr I Seppelt**	Canberra
2001	**Dr R Fregley**	Waikato
2001	**Dr B Mullan (special)**	Sydney
2002	**Dr D Collins**	Perth
2003	**Dr N Blackwell**	Cairns
2004	**Dr V Campbell**	Adelaide
2005	**Dr P John Victor**	Adelaide
2006	**Dr M Zib**	Newcastle
2007	**Dr A Nichol**	Melbourne
2008	**Dr B Tang**	Penrith
2009	**Dr M Brain**	Launceston
2010	**Dr R Fischer**	Adelaide
2011	**Dr J Raj**	Adelaide
2012	**Dr S Kelly**	Gosford
2013	**Dr Y Abdelhamid**	Adelaide
2014	**Dr M Plummer**	Adelaide
2015	**Dr P Kar**	Adelaide
2016	**Dr T Beckingham**	Adelaide
2017	**Dr N Glassford**	Melbourne
2018	**Dr G Wigmore**	Melbourne

Past ANZICS Presidents

1975-77	**M Spence**	NZ
1977-79	**GM Clarke**	WA
1979-80	**RC Wright**	NSW
1980-81	**RC Wright**	NSW
1981-82	**RV Trubuhovich**	NZ
1982-84	**LIG Worthley**	SA
1984-86	**M Fisher**	NSW
1986-88	**J Cade**	VIC
1988-89	**TE Oh**	WA
1989-91	**JA Judson**	NZ
1991-93	**PL Blyth**	NSW
1993-95	**GA Skowronski**	SA
1995-96	**DV Tuxen**	VIC
1996-98	**GJ Dobb**	WA
1998-00	**A Bell**	TAS
2000-02	**A McLean**	NSW
2002-03	**J Santamaria**	VIC
2003-05	**D Fraenkel**	QLD
2005-07	**I Jenkins**	WA
2007-09	**P Hicks**	NZ
2009-11	**M O'Leary**	NSW
2011-13	**M White**	SA
2013-15	**A Turner**	TAS
2015-17	**M Ziegenfuss**	QLD

ASM Oration

In 2002, the ANZICS Board agreed to award an 'Oration Medal'. The Oration is presented on the final day of the Annual Scientific Meeting. Previous presenters include the following medical specialists.

2002	Perth	**Malcolm Fisher**	NSW
2003	Cairns	**Lindsay Worthley**	SA
2004	Melbourne	**Jack Cade**	VIC
2005	Adelaide	**Bob Wright**	NSW
2006	Hobart	**Stephen Streat**	NZ
2007	Rotorua	**Geoffrey Parkin**	VIC
2008	Sydney	**Frank Shann**	VIC
2009	Perth	**David Tuxen**	VIC
2010	Melbourne	**Anthony Bell**	TAS
2011	Brisbane	**Brad Power**	WA
2012	Adelaide	**Neil Matthews**	SA
2013	Hobart	**Felicity Hawker**	VIC
2014	Melbourne	**Simon Finfer**	NSW
2015	Auckland	**George Skowronski**	NSW
2016	Perth	**Geoff Dobb**	WA
2017	Gold Coast	**John Santamaria**	VIC
2018	Adelaide	**Mary White**	SA

Ramesh Nagappan Education Award

2014	Melbourne	**Gerard Fennessy**	VIC
2015	Auckland	**Cameron Knott**	VIC
2016	Perth	**Adam Deane**	VIC
2017	Gold Coast	**Chris Nickson**	VIC
2018	Adelaide	**Mary Pinder**	WA

ANZICS Honour Roll

Cameron Barrett	**William R Fuller**	**David McWilliam**	**Matthew Spence**
Anthony Bell	**John E Gilligan**	**Valerie M Muir**	**Thomas A Torda**
Rinaldo Bellomo	**Gordon A Harrison**	**John Myburgh**	**Ron V Trubuhovich**
Jack F Cade	**Graeme Hart**	**Ramesh Nagappan**	**David Tuxen**
Bernard G Clarke	**Robert Herkes**	**John O'Donovan**	**Lindsay I Worthley**
Geoffrey M Clarke	**Peter Hicks**	**Paul O Older**	**Robert Wright**
Nick J Coroneos	**Ken Hillman**	**John H Overton**	**Malcolm Wright**
Geoff J Dobb	**Mike Hunter**	**W Geoff Parkin**	**Jack Havill**
George Downward	**James Judson**	**Garry D Phillips**	**Helen Opdam**
Graeme Duke	**Richard Lee**	**Brad Power**	**John Santamaria**
Simon Finfer	**Jeff Lipman**	**Ray Raper**	
Malcolm Fisher	**Michael G Loughhead**	**George Skowronski**	

2019 Financial Report

Contents

Directors' Report

The Directors present their report together with the financial report of the Australian and New Zealand Intensive Care Society (the "Society" or "ANZICS") for the financial year ended 30 June 2019 and the auditor's report thereon.

Directors

The names of each person who has been a director of the Society during the year and to the date of this report are:

Dr Stephen Warrillow, President
Dr Anthony Holley, Vice President
Dr David Ku, Hon. Secretary
Dr Danielle Austin, Hon. Treasurer
Dr Yasmine Ali Abdelhamid
Dr Michael Ashbolt
Dr Alastair Carr (appointed 25/5/2019)
Dr Michael Farquharson (appointed 27/7/2018)
Dr Rajeev Hegde
Dr Kenneth John Millar
Dr Mark Nicholls
Dr Nhi Nguyen (appointed 5/12/2018)
Dr Sandra Peake (appointed 18/6/2019)
Dr David Pilcher (appointed 5/2/2019)
Dr Bradley Wibrow
Dr Ben Barry (resigned 25/5/2019)
Dr Craig French (resigned 18/6/2019)
Dr Peter Hicks (deceased 18/11/2018)
Dr Marc Ziegenfuss (resigned 14/10/2018)

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

The short and long term objectives of the Society

Short term objectives

- Increased provision and facilitation of professional education, leadership in medical settings, clinical research and analysis of critical care resources.
- Increased membership across the Society including both individual clinicians and units.

Long term objectives

- Develop and expand the Society's existing repositories of intensive care clinical and resource data.
- Encourage and support intensive care research through the Clinical Trials Group and patient databases.
- Maintain a high level of membership and increased activity.

Strategy for achieving objectives

To achieve these objectives the Society has adopted the following strategies:

- The Society is focused on increasing its membership through engagement of medical and other professionals.
- The Society has committed to the expansion and improvement of its current functions through the scoping of developmental projects and initiatives.
- The Society recognises the important role and functions of its staff and members and strives to ensure the retention of both important groups through a commitment to development, engagement and communication.

Principal activities

The principal activity of the entity during the year was to provide services including advocacy, research and education to its members and stakeholders.

How the principal activities achieve our objectives

The principal activities have assisted the Society in the development and achievement of the agreed objectives through the facilitation and provision of opportunities for increasing the Society's profile, engagement with members and stakeholders and increased activity through a range of methods. The performance of the Society is measured against:

(a) Membership levels: individual and unit (through the Clinical Trials Group); (b) Number of educational meetings and events conducted; (c) Involvement in industry related issues and matters; and (d) Number of publications assisted or published.

Qualifications, experience and special responsibilities of the directors

Dr S Warrillow
Qualifications: MBBS/FCICM/FRACP
Experience: Director since Mar 2010
Special Responsibilities: President

Dr A Holley
Qualifications: MBBCh/BSc/FACEM/FCICM
Experience: Director since Dec 2010
Special Responsibilities: Vice President

Dr D Ku
Qualifications: MBBS/FCICM
Experience: Director since Nov 2016
Special Responsibilities: Hon. Secretary

Dr D Austin
Qualifications: MBBS (Hons)/FRACP/FCICM
Experience: Director since Nov 2017
Special Responsibilities: Hon. Treasurer

Dr Y Ali Abdelhamid
Qualifications: MBBS/FRACP/FCICM
Experience: Director since Dec 2015
Special Responsibilities: Chair – VIC Region

Dr M Ashbolt
Qualifications: BMed Sci/MBBS/FCICM/FACEM
Experience: Director since Feb 2017
Special Responsibilities: Chair – TAS Region

Dr A Carr
Qualifications: MB/ChB/MSc/DA/FRCA/DICM/FFICM/MBA
Experience: Director since May 2019
Special Responsibilities: Chair – NZ Region

Dr Michael Farquharson
Qualifications: MBBS/BSc (Hons)/FCICM
Experience: Director since July 2018
Special Responsibilities: Chair – SA Region

Dr R Hegde
Qualifications: MBBS/MD/EDICM/FCICM
Experience: Director since Oct 2014
Special Responsibilities: Chair – QLD Region

Dr K Millar
Qualifications: MBChB/PhD/FRACP/FCICM
Experience: Director since Feb 2012
Special Responsibilities: Paediatric Representative

Dr N Nguyen
Qualifications: MBBS/FCICM
Experience: Director since Dec 2018
Special Responsibilities: Chair – NSW Region

Dr M Nicholls
Qualifications: MBBS/FRACP/FCICM
Experience: Director since Oct 2014
Special Responsibilities: Chair – PAW

Dr S Peake
Qualifications: BM/BS/BSc(Hons)/FCICM/PhD
Experience: Director since June 2019
Special Responsibilities: Chair – Clinical Trials Group

Dr D Pilcher
Qualifications: MBBS/MRCP/FRACP/FCICM
Experience: Director since Feb 2019
Special Responsibilities: Chair – CORE Management

Dr B Wibrow
Qualifications: MBBS/FACEM/FCICM
Experience: Director since Feb 2016
Special Responsibilities: Chair – WA Region

Directors' meetings

During the financial year, 3 meetings of directors were held. Attendances by each director were as follows:

Directors	Number eligible to attend	Number attended
Dr Y Ali Abdelhamid	3	3
Dr M Ashbolt	3	3
Dr D Austin	3	3
Dr B Barry	2	1
Dr Alastair Carr	2	1
Dr M Farquharson	3	3
Dr C French	3	2
Dr R Hegde	3	1
Dr P Hicks	1	1
Dr A Holley	3	2
Dr D Ku	3	3
Dr KJ Millar	3	1
Dr Nhi Nguyen	2	1
Dr M Nicholls	3	3
Dr S Peake	1	1
Dr D Pilcher	2	2
Dr S Warrillow	3	3
Dr B Wibrow	3	2
Dr M Ziegenfuss	1	1

Amount which each class of member is liable to contribute if the Society is wound up

The Society is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. Every member of the Society undertakes to contribute to the property of the Society in the event of the same being wound up while he/she is a member, or within one year after he/she ceases to be a member, for payment of the debts and liabilities of the Society (contracted before he/she ceases to be a member) and of the charges and expenses of winding up and for the adjustment of the rights of the contributories among themselves, such amount as may be required, not exceeding $20. The liability of members at balance sheet date was limited to $14,540 (2018: $13,340) being 727 (2018: 667) members with a liability limited to $20 each under the Constitution.

Auditor's independence declaration

The lead auditor's independence declaration for the year ended 30 June 2019 has been received and can be found on page 33 and forms part of the directors' report.

This Directors' Report is signed in accordance with a resolution of the Board of Directors.

Dr Stephen Warrillow
President

Dr Danielle Austin
Hon. Treasurer

Dated this 5th day of September 2019

Auditor's Independence Declaration

UNDER SUBDIVISION 60-C SECTION 60-40 OF AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012
TO THE DIRECTORS OF AUSTRALIAN AND NEW ZEALAND INTENSIVE CARE SOCIETY

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019 there have been:

(i) no contraventions of the auditor independence requirements as set out in the Australian Charities and Notfor-profits Commission Act 2012 in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

C.W. Stirling & Co.
Chartered Accountants

John A Phillips
Partner

Dated this 5th day of September 2019
Melbourne.

Liability limited by a scheme approved under Professional Standards Legislation

Statement of Profit or Loss and other Comprehensive Income

FOR THE YEAR ENDED 30 JUNE 2019

	Notes	2019 $	2018 $
Revenue from ordinary activities	2	2,815,364	2,649,764
Other income	2	201,288	150,402
Employee expenses		(1,457,837)	(1,470,536)
Conference and meeting expenses		(385,692)	(405,898)
Administration expenses		(288,891)	(203,832)
IT and consultant expenses		(208,314)	(157,838)
Depreciation and amortisation expense		(110,666)	(125,904)
Travel and committee expenses		(65,901)	(114,200)
Awards, sponsorships and scholarships		(26,667)	(38,727)
Other expenses from ordinary activities		(18,768)	(34,237)
Profit for the year	1(b)	453,916	248,994
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss:		-	-
Total other comprehensive income for the year, net of income tax		-	-
Total comprehensive income for the year		**453,916**	**248,994**

The accompanying notes form part of these financial statements.

Statement of Financial Position

AS AT 30 JUNE 2019

	Notes	2019 $	2018 $
Current Assets			
Cash and cash equivalents	4	2,698,340	4,817,450
Trade and other receivables	5	162,676	57,593
Other current assets	6	78,551 1	65,574
Total current assets		2,939,567	5,040,617
Non-Current Assets			
Financial assets	7	3,469,677	1,191,316
Plant and equipment	8	26,853	22,909
Intangible assets	9	281,063	363,515
Total non-current assets		3,777,593	1,577,740
Total Assets		6,717,160	6,618,357
Current Liabilities			
Trade and other payables	10	429,918	805,634
Employee benefits	11	366,706	346,482
Total current liabilities		796,624	1,152,116
Non-Current Liabilities			
Employee benefits	11	1,597	1,218
Total non-current liabilities		1,597	1,218
Total Liabilities		798,221	1,153,334
NET ASSETS		**5,918,939**	**5,465,023**
Equity			
Retained earnings		5,918,939	5,465,023
TOTAL EQUITY		**5,918,939**	**5,465,023**

The accompanying notes form part of these financial statements.

Statement of Cash Flows

FOR THE YEAR ENDED 30 JUNE 2019

	Notes	2019 $	2018 $
Cash flows from operating activities			
Receipt of grants		1,505,703	1,433,246
Cash receipts from members and customers		1,135,954	1,226,184
Interest received		73,719	38,203
Payments to suppliers and employees		(2,812,110)	(2,591,616)
Net cash inflows / (outflows) from operating activities	13	(96,734)	106,117
Cash flows from investing activities			
Proceeds from sale of property plant and equipment		450	3,622,906
Payment for property, plant and equipment		(13,187)	(18,272)
Payment for intangible assets		(18,901)	(32,999)
Income from financial assets		86,855	36,445
Payment for available-for-sale financial assets		(2,739,398)	(638,899)
Proceeds from disposal of available-for-sale financial assets		661,805	60,087
Net cash provided by / (used in) investing activities		(2,022,376)	3,029,268
Net increase in cash and cash equivalents		(2,119,110)	3,135,385
Cash and cash equivalents at beginning of financial year		4,817,450	1,682,065
Cash and cash equivalents at end of financial year	4	2,698,340	4,817,450

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

FOR THE YEAR ENDED 30 JUNE 2019

	Retained earnings $	Asset revaluation reserve $	Total $
Balance at 1 July 2017	3,678,552	1,537,477	5,216,029
Profit attributable to the Society	248,994	-	248,994
Transfer of reserve to retained earnings upon sale of asset	1,537,477	(1,537,477)	-
Balance at 30 June 2018	5,465,023	-	5,465,023
Profit attributable to the Society	453,916	-	453,916
Balance at 30 June 2019	**5,918,939**	**-**	**5,918,939**

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2019

The financial statements are for Australian and New Zealand Intensive Care Society (the "Society") as an individual entity, incorporated and domiciled in Australia. The Society is a not-for-profit company limited by guarantee. The registered office and principal place of business of the Society is Suite 1.01, Level 1, 277 Camberwell Road, Camberwell, Victoria, 3053.

1. Summary of significant accounting policies

Basis of accounting

Australian and New Zealand Intensive Care Society applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: *Application of Tiers of Australian Accounting Standards.*

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Commission Act 2012.* The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on 5 September 2019 by the directors of the company.

Accounting policies

(a) Revenue

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer. Subscriptions, sponsorships, fees from conferences and meetings, grants and donations relating to the reporting period are recognised as income. Subscriptions, sponsorships, fees from conferences and meetings, and grants received for periods not within the reporting period are recorded as income in advance.

Non-reciprocal grant revenue is recognised in the profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

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

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

(b) Taxation

No provision for income tax has been raised as the Society is endorsed as an income tax exempt charity under Division 50 of the Income Tax Assessment Act 1997.

1. Summary of significant accounting policies (continued)

(c) Property, plant and equipment

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

Property

Freehold land and buildings are shown at their fair value based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings. In periods when the freehold land and buildings are

not subject to an independent valuation, the directors conduct directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation reserve in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

Depreciation

The depreciable amount of all fixed assets including buildings, but excluding freehold land, is depreciated on either a straight line or diminishing value basis over the asset's useful life to the entity commencing from the time the asset is held ready for use.

The estimated useful lives in the current and comparative periods are as follows:

Class of asset	Useful life
Buildings	40 years
Plant and equipment	3 – 25 years

The asset's residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting date.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

(d) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is the equivalent to the date that the Society commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are recognised immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are used.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15: *Revenue from Contracts with Customers.*

Classification and subsequent measurement

Financial Liabilities

Financial liabilities are subsequently measured at amortised cost using the effective interest rate method. The effective interest rate method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense over in profit or loss over the relevant period. The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

Financial Assets

Financial instruments are subsequently measured at:

- amortised cost;
- fair value through other comprehensive income; or
- fair value through profit or loss.

Measurement is on the basis of two primary criteria:

- the contracted cash flow characteristics of the financial asset; and
- the business model for managing the financial assets.

A financial asset that meets the following conditions is subsequently measured at amortised cost:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income:

- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal and interest on the principal amount outstanding on specified dates; and
- the business model for managing the financial asset comprises both contractual cash flows, collection and selling of the financial asset.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The Society initially designates a financial instrument as measured at fair value through profit or loss if:

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an 'accounting mismatch') that would otherwise arise from measuring assets or liabilities or recognising the gains and losses on them on different bases;
- it is in accordance with the documented risk management or investment strategy and information about the groupings is documented appropriately, so the performance of the financial liability that is part of a group of financial liabilities or financial assets can be managed and evaluated consistently on a fair value basis; and
- it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Derecognition

Derecognition refers to the removal of a previously recognized financial asset or financial liability from the statement of financial positon.

Derecognition of Financial Liabilities

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new liability.

The difference between the carrying amount of the financial liability derecognized and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of Financial Assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All the following criteria need to be satisfied for the derecognition of a financial asset;

- the right to receive cash flows from the asset has expired or been transferred;
- all risks and rewards of ownership of the asset have been substantially transferred; and
- the entity no longer controls the asset (ie has no practical ability to make a unilateral decision to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

(e) Impairment of Assets

At the end of each reporting period, the Society reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value. Where it is not possible to estimate the recoverable amount of an individual asset, the entity estimates the recoverable amount of the cash-generating unit to which it belongs. Where an impairment loss on a

revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

1. Summary of significant accounting policies (continued)

(f) Employee benefits

Short-term employee benefits

Provision is made for the entity's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and annual leave.

Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled. The entity's obligations for short-term employee benefits such as wages and salaries are recognised as part of current trade and other payables in the statement of financial position.

Other long-term employee benefits

The entity classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the entity's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees.

Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements for changes in assumptions of obligations for other long-term employee benefits are recognised in profit or loss in the periods in which the changes occur.

The entity's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the entity does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

(g) Cash and cash equivalents

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

(h) Trade and other payables

Trade and other payables represent the liabilities for goods and services received by the company during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(i) Goods and services tax (GST)

Revenues, expenses, and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

(j) Intangible assets

COMET software development

Costs that are directly attributable to the development of COMET software are recognised as an intangible asset and are amortised to the Income Statement over a period of five years.

Website development

Costs that are directly attributable to the development of the website are recognised as an intangible asset and upon commissioning of the new website will be amortised to the Income Statement over a period of five years.

(k) Comparative figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

(l) New and amended Accounting Standards

Amendments to Accounting Standards that are mandatorily effective for the current reporting period

The Society has adopted all new and revised Standards and Interpretations issued by the Australian Accounting Standards Board (the AASB) that are relevant to its operations and effective for an accounting period that begins on or after 1 July 2018.

New and revised Standards and amendments thereof and interpretations effective for the current year that are relevant to the Society include:

- AASB 9 *Financial Instruments and related amending Standards*
- AASB 15 *Revenue from Contracts with Customers and related amending Standards*

AASB 9 Financial Instruments and related amending Standards

In the current year, the Society has applied AASB 9 Financial Instruments (as amended) and the related consequential amendments to other Accounting Standards that are effective for an annual period that begins on or after 1 July 2018.

The transition provisions of AASB 9 allow an entity not to restate comparatives. The Society has elected not to restate comparatives in respect of the classification and measurement of financial instruments.

Additionally, the Society adopted consequential amendments to AASB 7 Financial Instruments: Disclosures that were applied to the disclosures about the financial year ended 30 June 2019.

AASB 9 introduced new requirements for:

- The classification and measurement financial assets and financial liabilities,
- Impairment of financial assets, and
- General hedge accounting.

Details of these new requirements as well as their impact of the Society's financial statements are described below.

Classification and measurement of financial assets

The date and initial application (i.e. the date on which the Society has assessed its existing financial assets and financial liabilities in terms of the requirements of AASB 9) is 1 July 2018. Accordingly, the Society has applied the requirements of AASB 9 to instruments that continue to be recognised as at 1 July 2018 and has not applied the requirements to instruments that have already been derecognised as at 1 July 2018. Comparative amounts in relation to instruments that have not been derecognised as at 1 July 2018 have been restated where appropriate.

The directors of the Society reviewed and assessed the Society's existing financial assets as at 1 July 2018 based on the facts and circumstances that existed at that date and concluded that the initial application of AASB 9 has had the following impact on the Society's financial assets as regards their classification and measurement:

- Financial assets classified as held-to-maturity and loans and receivables under AASB 139 that were measured at amortised cost continue to be measured at amortised cost under AASB 9 as they are held within a business model to collect contractual cash flows and these cash flows consist solely of payments of principal and interest on the principal amount outstanding.

None of the reclassifications of financial assets had any impact on the Society's financial position, profit or loss, other comprehensive income or total comprehensive income in either year.

Impairment of financial assets

In relation to the impairment of financial assets, AASB 9 requires an expected credit loss model as opposed to an incurred credit loss model under AASB 139. The expected credit loss model requires the Society to account for expected credit losses and changes in those expected credit losses at each reporting date to reflect changes in credit risk since initial recognition of the financial assets. In other words, it is no longer necessary for a credit event to have occurred before credit losses are recognised.

Specifically, AASB 9 requires the Society to recognise a loss allowance for expected credit losses on:

- Debt investments measured subsequently at amortised cost or at FVTOCI,
- Lease receivables,
- Trade receivables and contract assets, and
- Financial guarantee contracts to which the impairment requirements of AASB 9 apply.

In particular, AASB 9 requires the Society to measure the loss allowance for a financial instrument at an amount equal to the lifetime expected credit losses (ECL) if the credit risk on that financial instrument has increased significantly since initial recognition, or if the financial instrument is a purchased or originated credit-impaired financial instrument.

However, if the credit risk on a financial instrument has not increased significantly since the initial recognition (except for a purchased or originated credit-impaired financial asset), the Society is required to measure the loss allowance for that financial instrument at an amount equal to 12-months ECL. AASB 9 also requires a simplified approach for

measuring the loss allowance at an amount equal to lifetime ECL for trade receivables, contract assets and lease receivables in certain circumstances.

None of the requirements in respect of impairment of financial assets had any impact on the Society's financial position, profit or loss, other comprehensive income or total comprehensive income in either year.

AASB 2015 Revenue from Contracts with Customers and related amending Standards

In the current year, the Society has applied AASB 15 Revenue from Contracts with Customers (as amended) which is effective for an annual reporting period that begins on or after 1 July 2018. AASB 15 introduced a 5-step approach to revenue recognition. Far more prescriptive guidance has been added in AASB 15 to deal with specific scenarios.

Accounting policies have been amended to ensure that the five-step method is applied consistently to revenue recognition processes across the Society. To assess the impact of AASB 15 on the Society, each contract type was analysed, with the five-step method applied to assess the impact on revenue recognition. The five-step method for recognising revenue from contracts with customers involves consideration of the following:

1. Identifying the contract with the customer;
2. Identifying performance obligations;
3. Determining the transaction price;
4. Allocating the transaction price to distinct performance obligations; and
5. Recognising revenue.

The introduction of the new revenue standard has not had a material impact on the Society's financial position, profit or loss, other comprehensive income or total comprehensive income in the financial year.

1. Summary of significant accounting policies (continued)

New and revised Australian Accounting Standards and interpretations on issue but not yet effective

At the date of authorisation of the financial statements, the Society has not applied the following relevant new and revised Australian Accounting Standards, Interpretations and amendments that have been issued but are not yet effective.

Reference	Standard/ Amendment	Effective for annual reporting periods beginning on or after
AASB 16	Leases	1 January 2019
AASB 2018-7	Amendments to Australian Accounting Standards - Definition of Material	1 January 2020

AASB 16 *Leases*

General impact of application

AASB 16 provides a comprehensive model for the identification of ease arrangements and their treatment in the financial statements for both lessors and lessees. AASB 16 will supersede the current lease guidance including AASB 117 Leases and the related interpretations when it becomes effective for accounting periods beginning on or after 1 January 2019. The date of initial application of AASB 16 for the Society will be 1 July 2019.

Impact of the new definition of a lease

The Society will make use of the practical expedient available on transition to AASB 16 not to reassess whether a contract is or contain a lease. Accordingly, the definition of a lease in accordance with AASB 117 and Interpretation 4 will continue to apply to those leases entered or modified before 1 July 2019.

The change in definition of a lease mainly relates to the concept of control. AASB 16 distinguishes between leases and service contracts on the basis of whether the use of an identified asset is controlled by the customer. Control is considered to exist if the customer has:

- The right to obtain substantially all of the economic benefits from the use of an identified asset, and
- The right to direct the use of that asset.

The Society will apply the definition of a lease and related guidance set out in AASB 16 to all lease contracts entered into or modified on or after 1 July 2019 (whether it is a lessor or a lessee in the lease contract) in preparation for the first-time application of AASB 16, the Society has carried out an implementation project. The project has shown that the new definition in AASB 16 will not change significantly the scope of contracts that meet the definition of a lease for the Society.

Impact on lease accounting

AASB 16 will change how the Society accounts for leases previously classified as operating leases under AASB 117, which were off balance sheet.

On initial application of AASB 16, for all leases (except as noted below), the Society will:

- Recognise right-of-use assets and lease liabilities in the statement of financial position, initially measured at the present value of future lease payments;
- Recognise depreciation of right-to-use assets and interest on lease liabilities in the statement of profit or loss;
- Separate the total amount of cash paid into a principal portion (presented within financing activities) and interest (presented within operating activities) in the cash flow statement.

Under AASB 16, right-of-use will be tested for impairment in accordance with AASB 136 Impairment of Assets. This will replace the previous requirement to recognise a provision for onerous lease contracts.

For short-term leases (lease term of 12 months or less) and leases of low-value assets (such as personal computers and office furniture), the Society will opt to recognise a lease expense on a straight-line basis as permitted by AASB 16.

As at 30 June 2019, the Society has non-cancellable operating lease commitments of $188,883.
A preliminary assessment indicates that these arrangements relate to leases other than short-term leases and leases of low-value assets, and hence the Society will recognise a right-of-use asset of $188,883 and a corresponding lease liability of $188,883 in respect of all these leases. The impact on profit or loss is to decrease other expenses by $96,885, to increase depreciation by $89,135 and to increase interest expense by $7,750.

AASB 2018-7 *Amendments to Australian Accounting Standards – Definition of Material*

Makes amendments intended to address concerns that the wording in the definition of 'material' was different in the *Conceptual Framework for Financial Reporting,* AASB 101 *Presentation of Financial Statements* and AASB 108 *Accounting Policies, Changes in Accounting Estimates and Errors.*

This Standard applies to annual reporting periods beginning on or after 1 January 2020. The directors of the Society do not anticipate that the application of this Standard will have a material impact on the Society's financial statements.

	2019 $	2018 $
2. Revenue and other income		
Revenue		
Grants	1,368,444	1,320,671
Subscriptions	513,578	506,930
Surplus from ASM	107,618	147,027
Conferences and meetings	402,568	370,840
Sponsorship	124,314	168,122
	2,516,522	2,513,590
Other revenue:		
Interest received – cash and cash equivalents	79,720	29,218
Investment dividends and distributions	142,301	60,820
Sundry income	76,821	46,136
	298,842	136,174
Total revenue	2,815,364	2,649,764
Other income		
Gain on sale of property plant and equipment	520	107,780
Gain on disposal of investments held	1,284	8,450
Unrealised gain on investments held	199,484	34,172
Total other income	201,288	150,402
Total revenue and other income	3,016,652	2,800,166
3. Profit for the year		
(a) Expenses		
Employee benefits expense		
– contribution to defined contribution superannuation funds	119,220	117,096
Depreciation and amortisation	110,666	125,904
(b) Significant revenue and expenses		
Gain on sale of property plant and equipment	520	107,780
4. Cash and cash equivalents		
Cash on hand	300	300
Cash at bank	745,193	1,134,038
Cash on short term deposit	1,952,847	3,683,112
	2,698,340	4,817,450
5. Trade and other receivables		
Trade receivables	75,163	22,773
Other receivables	87,513	34,820
	162,676	57,593
6. Other current assets		
Prepayments	78,551	165,574

	Note	2019 $	2018 $
7. Financial assets			
Financial assets mandatorily measured at fair value through profit or loss	7(a)	3,469,677	1,191,316
(a) Financial assets mandatorily measured at fair value through profit or loss:			
Investments in listed Australian securities	16	1,631,435	558,749
Investments in managed funds	16	1,838,242	632,567
		3,469,677	1,191,316

8. Property, plant and equipment

Plant and equipment

Plant and equipment - at cost	68,924	99,464
Less accumulated depreciation	(42,071)	(76,555)
Total plant and equipment	26,853	22,909

	Freehold land and buildings $	Plant and equipment $	Total $
Movements in carrying amounts			
2019			
Balance at 1 July 2018	-	22,909	22,909
Additions	-	13,187	13,187
Disposals	-	(13)	(13)
Depreciation for the year	-	(9,230)	(9,230)
Balance at 30 June 2019	-	26,853	26,853
2018			
Balance at 1 July 2017	3,191,147	23,443	3,214,590
Additions	-	18,272	18,272
Disposals	(3,173,887)	(5,733)	(3,179,620)
Depreciation for the year	(17,260)	(13,073)	(30,333)
Balance at 30 June 2018	-	22,909	22,909

	2019 $	2018 $
9. Intangible assets		
Software - at cost	496,755	477,855
Less accumulated amortisation	(245,419)	(147,339)
Total software	251,336	330,516
Website - at cost	33,000	32,999
Less accumulated amortisation	(3,273)	-
Total website	29,727	32,999
Total intangible assets	281,063	363,515

	Software $	Website $	Total $
9. Intangible assets (continued)			
Movements in carrying amounts			
2019			
Balance at 1 July 2018	330,516	32,999	363,515
Additions	18,900	1	18,901
Amortisation for the year	(98,080)	(3,273)	(101,353)
Balance at 30 June 2019	251,336	29,727	281,063
2018			
Balance at 1 July 2017	426,087	-	426,087
Additions	-	32,999	32,999
Amortisation for the year	(95,571)	-	(95,571)
Balance at 30 June 2018	330,516	32,999	363,515

	Note	2019 $	2018 $
10. Trade and other payables			
Trade creditors		14,579	20,580
Sundry creditors and accruals		121,316	117,231
GST Payable		34,360	353,661
Grants received in advance		25,498	25,121
Subscriptions received in advance		194,073	243,116
Sponsorship & registrations received in advance		40,092	45,925
	10(a)	429,918	805,634
(a) Financial liabilities at amortised cost classified as trade and other payables			
Trade and other payables – current		429,918	805,634
Less deferred income		(259,663)	(314,162)
Financial liabilities as trade and other payables	16	170,255	491,472
11. Employee benefits			
Current			
Provision for annual leave		122,675	123,856
Provision for long service leave		244,031	222,626
		366,706	346,482
Non-current			
Provision for long service leave		1,597	1,218

Provision for employee benefits includes amounts accrued for annual leave and long service leave. The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave that have vested due to employees having completed the required period of service. Based upon past experience, the company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next twelve months. However, these amounts must be classified as current liabilities since the Society does not have an unconditional right to defer settlement of these amounts in the event employees wish to use their entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been disclosed in Note 1(f).

	2019 $	2018 $

12. Reserves

Asset revaluation reserve	-	-
Balance at the beginning of the year	-	1,537,477
Less: Transferred to retained profits upon sale of land and buildings	-	(1,537,477)
Balance at the end of the year	-	-

The asset revaluation reserve records the revaluations of non-current assets.

13. Notes to the Statement of Cash Flows

Reconciliation of cash flow from operations with profit after income tax

Profit from ordinary activities	453,916	248,994
Add/(less) non-cash items:		
Depreciation and amortisation	110,666	125,904
Investment income reclassified	(142,300)	(60,820)
(Gain) loss on disposal of land and buildings	-	(107,780)
(Gain) loss on write down of plant and equipment	(520)	1,494
(Gain) loss on disposal of investments	(1,284)	(8,450)
Unrealised (gain) loss on investments held	(199,484)	(34,172)
Change in assets and liabilities		
(Increase)/decrease in trade and other receivables	(58,391)	19,903
(Increase)/decrease in other current assets	95,776	(39,928)
Increase/(decrease) in trade and other payables	(375,716)	(109,796)
Increase/(decrease) in provisions	20,603	70,768
Net cash provided by / (used in) operating activities	(96,734)	106,117

14. Related Parties

Directors

The following persons held the position of Director of the Society during the financial year:

Dr Yasmine Ali Abdelhamid, Dr Michael Ashbolt, Dr Danielle Austin, Dr Ben Barry (resigned 25/5/2019), Dr Alastair Carr (appointed 25/5/2019) , Dr Michael Farquharson, Dr Craig French (resigned 18/6/2019), Dr Rajeev Hegde, Dr Peter Hicks (deceased 18/11/2018), Dr Anthony Holley, Dr David Ku, Dr Kenneth John Millar, Dr Nhi Nguyen (appointed 5/12/2018), Dr Mark Nicholls, Dr Sandra Peake (appointed 18/6/2019), Dr David Pilcher (appointed 5/2/2019), Dr Stephen Warrillow, Dr Bradley Wibrow, Dr Marc Ziegenfuss (resigned 14/10/2018).

Directors provided their services to the Society at no cost. There were no transactions with Directors during the financial year.

15. Key management personnel compensation

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the Society, directly or indirectly, including any director (whether executive or otherwise) of that company is considered key management personnel. The totals of remuneration paid to key management personnel of the company during the year are as follows:

	2019 $	2018 $
Short-term employee benefits	413,767	392,296
Post-employment benefits	38,781	36,788
Other long-term benefits	-	-
Key management personnel compensation	452,548	429,084

16. Financial risk management

The Society's financial instruments consist mainly of deposits with banks, local money market instruments, short-term and long-term investments, accounts receivable and payable.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 9: *Financial Instruments* as detailed in the accounting policies to these financial statements, re as follows:

	Note	2019 $	2018 $
Financial assets			
Financial assets at fair value through profit or loss:			
- investments in listed Australian securities	7	1,631,435	558,749
- investments in managed funds	7	1,838,242	632,567
Financial assets at amortised cost:			
- cash and cash equivalents	4	2,698,340	4,817,450
- trade and other receivables	5	162,676	57,593
Total financial assets		6,330,693	6,066,359
Financial liabilities			
Financial liabilities at amortised cost:			
- trade and other payables	10	170,255	491,472
Total financial liabilities		170,255	491,472

Refer to Note 17 for detailed disclosures regarding the fair value measurement of the entity's financial assets.

17. Financial instruments

The Society measures and recognises the following assets at fair value on a recurring basis after initial recognition:

- financial assets at fair value through profit or loss.

The Society does no subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.

Valuation Techniques

The Society selects a valuation technique that is appropriate in the circumstances and for which sufficient data is available to measure fair value. The availability of sufficient and relevant data primarily depends on the specific characteristics of the asset or liability being measured. The valuation techniques selected by the Society are consistent with one or more of the following valuation approaches:

- the market approach, which uses prices and other relevant information generated by market transactions for identical or similar assets or liabilities;
- the income approach, which converts estimated future cash flows or income and expenses into a single discounted present value; and
- the cost approach, which reflects the current replacement cost of an asset at its current service capacity.

Each valuation technique requires inputs that reflect the assumptions about risks. When selecting a valuation technique, the Society gives priority to those techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Inputs that are developed using market data (such as publicity available information on actual transactions) and reflect the assumptions that buyers and sellers would generally use when pricing the asset or liability are considered observable, whereas inputs for which market date is not available and therefore are developed using the best information available about such assumptions are considered unobservable.

	Note	2019 $	2018 $

17. Financial instruments (continued)

Recurring fair value measurements

Financial assets

Financial assets at fair value through profit or loss:			
- investments in listed Australian securities [(i)]	7	1,631,435	558,749
- investments in managed funds [(i)]	7	1,838,242	632,567
Total financial assets		3,469,677	1,191,316

(i) For investments in listed shares and managed funds, the fair values have been determined based upon closing quoted bid prices at the end of the financial reporting period.

18. Events subsequent to reporting date

Since the end of the financial year, there are no events or transactions which could render any particulars included in the financial statements to be misleading or inaccurate.

19. Contingent liabilities

There are no contingent liabilities as at 30 June 2019 (2018: $Nil).

	2019 $	2018 $

20. Capital and leasing commitments

Operating lease commitments

Non-cancellable operating leases contracted for but not recognised in the financial statements.		
Payable – minimum lease payments:		
- not later than one year	96,855	93,199
- later than one year and not later than five years	92,028	189,025
- later than five years	-	-
	188,883	282,224

The property lease commitments are a non-cancellable operating lease contracted for but not capitalised in the financial statements with a three-year lease term with an option to lease for a further three years. Increases in lease commitments are 4.0% per annum.

Directors' Declaration

The Directors of the Australian and New Zealand Intensive Care Society (the "Society") declare that, in the directors' opinion:

1. The financial statements and notes, as set out on pages 34 to 49, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
   (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements; and
   (b) give a true and fair view of the financial position of the Society as at 30 June 2019 and of its performance for the year ended on that date; and
2. There are reasonable grounds to believe that the Society will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013.*

Dr Stephen Warrillow
President

Dr Danielle Austin
Hon. Treasurer

Dated this 5th day of September 2019.

Independent Audit Report

TO THE MEMBERS OF AUSTRALIAN AND NEW ZEALAND INTENSIVE CARE SOCIETY

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Australian and New Zealand Intensive Care Society, which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Australian and New Zealand Intensive Care Society has been prepared in accordance with Div 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

I. giving a true and fair view of the registered entity's financial position as at 30 June 2019 and of its financial performance for the year then ended; and

II. complying with Australian Accounting Standards – Reduced Disclosure Requirements and Div 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of company in accordance with the ACNC Act, the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of the Directors 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 *Australian Charities and Not-for-profits Commission Act 2012*, and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

C. W. Stirling & Co
Chartered Accountants

John Phillips
Director

Dated this 5th day of September 2019.
Melbourne.

Annual General Meeting

4.45pm Friday 12th October 2018
Hall E, Adelaide Convention & Exhibition Centre
Adelaide, South Australia

DRAFT MINUTES

1. Welcome, present & apologies

President

SW welcomed all to the meeting and noted the apologies received for the AGM.

2. Minutes of previous meeting

President

Marc Ziegenfuss (MZ) proposed the minutes of the previous AGM, held Friday 13th October 2017 be accepted as a true and accurate record of the meeting.

Motion:	The minutes are accepted as a true and accurate record of the meeting.
Proposed:	Marc Ziegenfuss
Seconded:	Anthony Holley

Motion Carried

3. President's report

SW highlighted the recent 12 months within ANZICS.

This included the selling of levers Terrace and leasing new office space in Camberwell. Additional efforts have been sought to gather feedback from the membership via recent surveys. The quality of communication from ANZICS has been a focal point for the Society. The initial steps have been completed via the recent launch of a new website, refreshed branding and consolidated social media.

The Board have reviewed the objectives of the Society and created a new strategic plan, along with a revised mission statement and tagline. The Strategic Plan is in the process of being operationalised.

A commitment has been made to undergo a complete governance and structure review of ANZICS, including the composition, Terms of Reference and Articles of Association.

Scoping is underway on ways to create additional value and accessible benefits for the membership.

SW advised of several successful ANZICS scientific meetings from around the Asia Pacific region.

SW advised of endorsement to improve gender equality in all ANZICS activities, with a goal of 50% by 2026.

The Society has been extremely successful for over 40 years since the inception of the organisation. The need to listen, reflect, plan and adapt is required to ensure that ANZICS remains successful and continues to evolve.

SW advised that the support of the ANZICS Membership was the imperative to the continued success of the organisation.

SW thanked the time committed and input from the Executive Committee, Standing Committees, ANZICS Staff and the ANZICS Board of Directors.

Immediate Past President, Dr Marc Ziegenfuss thank was thanked for the significant contribution to the Society via his expertise, leadership, voluntary contribution and collegiate nature over his 10-year tenure on the Board, Executive and Presidency.

4. Treasurer's report

AH presented the Treasurer's Report to the membership.

AH advised of the $862,330 surplus from the 2017/18 Financial Year, noting that $720,000 of this income was based on the increased valuation of levers Terrace in late 2017. Revenue was received by the Society via the following avenues;

Subs – members	$ 309,168	(13%)
Subs – CTG	$ 182,100	(8%)
CORE jurisdictional funding	$ 1,264,017	(55%)
Conferences	$ 358,177	(15%)
Investments	$ 121,825	(5%)
Other income	$ 69,497	(3%)

AH highlighted an increase in ASM income from 2016 due to the successful Gold Coast Meeting in 2017.

The Society currently has approximately $6.5 million in total assets (including approximately $3.3million of funds secured from the sale of the property at 10 levers Terrace, Carlton).

Motion:	The 2018/19 Financial Report was accepted as a true and accurate record by the ANZICS Membership.
Proposed:	Anthony Holley
Seconded:	David Ku

5. Election of Office bearers

SW updated on the nominations received for the ANZICS Office-bearer positions, advising that the following positions received interest as follows:

President: Stephen Warrillow
Vice President: Anthony Holley
Honorary Treasurer: Danielle Austin
Honorary Secretary: David Ku

SW called for the membership to ratify the ANZICS Office-Bearer positions.

Motion:	The nomination received for ANZICS President from Stephen Warrillow be accepted and ratified by the ANZICS Membership.
Proposed:	Anthony Holley
Seconded:	Yasmine Ali Abdelhamid

Unanimous vote in support.

Motion:	Anthony Holley's nomination for ANZICS Vice President be accepted and ratified by the ANZICS Membership.
Proposed:	Marc Ziegenfuss
Seconded:	Rajeev Hegde

Unanimous vote in support.

Motion:	David Ku's nomination for the role of Honorary Secretary be accepted and ratified by the ANZICS Membership.
Proposed:	Stephen Warrillow
Seconded:	Michael Ashbolt

Unanimous vote in support.

6. Membership report

DK presented the Membership Report.

Noting the increase in numbers across all ANZICS categories, with the exception of new Fellows.

The breakdown by regions are;

ACT	15	no increase
NSW	192	increase of 9
NT	14	increase of 2
QLD	130	increase of 14
SA	79	increase of 7
TAS	20	decrease of 2
VIC	275	increase of 18
WA	58	no increase

The Society will continue to look at opportunities to increase the value of ANZICS Membership. Recently, an arrangement with Reho Travel was signed by ANZICS to enable opportunities for members.

7. General Manager's report

Gian Sberna presented the General Manager's report to the membership.

Recent activities completed at ANZICS, sale of levers Terrace noting that the ageing facility and large redevelopments around the property. The sale of building returned $3.37 million to the Society, with settlement occurring in June.

The $3.3 million has been invested into a low risk investment account for the future purchase of another property. Co-location with the College is currently being scoped, with a view to purchase property again in future.

The ANZICS Office relocated to the inner south of Melbourne to an office building in the main precinct of Camberwell. The lease agreement was very favourable to the Society, with $360 000 in fit out provided free of charge, with furniture also included.

The Society has now created and launched a Strategic Plan for the coming 3 years. Our mission statement has been updated to; 'to achieve the best possible outcomes for patients and their families'.

As an organisation, we have created an improved set of values by which we operate;

- Integrity
- Respect
- Inclusive
- Collaborative
- Excellence
- Innovative

Our new Strategic Objectives are;

- Improve the value of ANZICS Membership
- Build a Sustainable organisation,
- Raise societal awareness of the value of ANZICS and intensive care practice
- Commercialising where appropriate the expertise and capabilities
- Support the intensive care outcomes for disadvantaged and diverse communities.

GS updated on the successful application to a Victorian Government program in which two consultants with extensive business analysis backgrounds reviewed our culture, strategy, purpose, values and mission, as well as our marketing/branding and suggested strategic opportunities to ensure sustainability. The Design 2 Thrive program is valued at $45,000 and has been provided without charge to ANZICS.

GS advised of the recent updating of our logo colour and font, together with our new website, a mobile application is under development. It is intended that a community forum function will be provided within this mobile application. The value of this application will be very apparent in in mass casualty events when colleagues will be able to liaise with one another.

Our social media channels will be consolidated into single accounts to increase the strength of communication outputs.

Following guidance provided by Buchan Communications, new media contacts have now been obtained from Newscorp Australia, ABC News and Fairfax Media to assist with publishing articles in the popular media.

8. Future meetings

2019 World Congress of Intensive Care Medicine, Melbourne Convention and Exhibition Centre, Melbourne, Victoria 14th – 18th October 2019.

Suite 1.01, Level 1,
277 Camberwell Road
Camberwell VIC 3124

+61 3 9340 3400
anzics@anzics.com.au
www.anzics.com.au

ISBN: 978-1-876980-71-9

ABN: 81 057 619 986