2021

Connecting the Intensive Care Community

ANNUAL REPORT

ANZICS

Contents

President's Report

It is with some degree of sadness that I deliver my last report as the ANZICS President. The last two years have been fast and furious, but unbelievably rewarding. It has been one of the biggest privileges of my life to serve our society alongside such dedicated, innovative, and caring professionals. To witness the selfless commitment of our membership and ANZICS Board, is without doubt a career highlight.

The COVID-19 Pandemic has changed our world forever and we will always be grateful for the determined efforts of critical care health professionals, who have delivered outstanding care under very challenging conditions. We express our sympathy for those of our critical care family at home and abroad, who have lost loved ones and indeed colleagues.

The Society has continued to deliver for our membership over the last twelve months in a meaningful and pragmatic fashion. We have established the Critical Care Advisory Group with the Office of the Commonwealth Chief Medical Officer. This has provided a platform to generate situational updates from the "frontline", to express concerns in a constructive and collaborative fashion, ensuring the highest standard of critical care is available to Australia and New Zealand.

Early in the pandemic we were able to develop the Critical Hospital Resource Information System (CHRIS) platform in conjunction with Ambulance Victoria and Telstra Purple. Initially the funding for this vital project remained uncertain, but we were convinced of its value and committed unconditionally. It was with enormous relief, that the Commonwealth acknowledged and recognised the incredible value of the data collated on this platform, and I am delighted to report to the membership that we have secured funding until at least to the end of 2022. Almost certainly this platform will be a mainstay for critical care long after we are living in balance with COVID. Our world class critical care registries have been crucial in informing capacity, bench marking care and delivering a wealth of data that can ultimately be interrogated to enhance the provision of critical care in Australia and New Zealand.

One of the enduring achievements of the Society has been the development of the COVID-19 Guidelines and in August we were able to publish Version 4, acknowledging the dynamic nature of the situation and the importance of maintaining a contemporary resource. The dedication by so many health professionals to produce this document within very tight time constraints, saw virtual meetings taking place late into the evening, after many of the dedicated authors had undertaken a busy day of clinical duty. The Guidelines provide a useful and practical resource in a free and open access format, in keeping with the Society's ethos of delivering accessible expertise to the critical care community. I extend my sincerest gratitude to all those involved for a task exceptionally well done.

The National COVID-19 Clinical Evidence Taskforce has been well served by ANZICS with six members contributing to the working group and three members serving on the National Steering Committee. It is testament to our Society's relevance, that we have been invited to contribute in such a significant way.

ANZICS has been very well placed to understand the ability to enhance ICU capacity as we encounter an unprecedented demand for critical care services. In September 2021 we published our most recent "surge/enhanced ICU capacity" manuscript. This was a tremendous feat and the 100% response rate from the 194 ICUs surveyed is testament to the enthusiasm to fully appreciate our ability to respond to the potential service demands. There is currently discussion underway to replicate this work in the New Zealand setting.

The ability of ANZICS to access critical data and expertise, has seen substantial media engagement on behalf of our membership through the pandemic, always striving to deliver measured, honest, responsible and collaborative narrative.

The ANZICS/ACCCN ASM has long been a landmark meeting on the annual academic calendar and its cancellation in October 2020 was a real disappointment, but entirely prudent. The wonderful collaboration that exists between the ACCCN and ANZICS has resulted in the confirmation of the ANZICS/ACCCN ASM proceeding in Sydney on the 27 April 2022. The original organising committee have displayed unwavering perseverance and continue to put a world class conference together. We anticipate a record turnout, as the members of all intensive care disciplines, finally can come together again to share leading edge ideas and science. The social program will be memorable, of that I am certain!

The collaboration with our colleagues in Singapore saw a highly successful virtual Asia Pacific Intensive Care Symposium held in July 2021. The standard of presentations was outstanding and unsurprisingly attracted excellent attendance. The organising committee are to be congratulated on a wonderful meeting and this important collaboration is only set to become stronger.

The Clinical Trials Group (CTG) have continued to be exceedingly productive with a wide range of ongoing studies and the delivery of two well attended virtual meetings. The academic excellence within the society and generated by the committee continues to be a flagship for our Society. Despite the many distractions and difficulties each and every one of our committees has faced, they continue to add significant value for the membership during this extraordinary year.

Our unique Global Health Special Interest Group, in conjunction with the College of Intensive Care Medicine of Australia and New Zealand, has immediately made an impression with a series of innovative and vitally important activities. The assistance to Papua New Guinea via telehealth tutorials was well received, interventions in response to Fiji were of value and the dialogue with a range of other nations has set the stage for future collaboration. This initiative will be central and enduring, even long after COVID is no longer the principal focus.

While enormous amount of energy and focus of our Society has been COVID directed, there has still been an imperative to maintain the regular ANZICS activities. Since April 2021, our CEO, Dr Gian Sberna, has taken some extended personal leave, however he has continued to contribute to the ongoing running of ANZICS in his temporary, part-time role of Senior Consultant and we look forward to welcoming him back to his CEO position in early 2022. During his absence, Ms Sue Huckson made a seamless transition into the A/CEO position and through her tireless commitment has maintained the ANZICS office on an even keel. Her dedication and commitment have been nothing short of remarkable and we are deeply indebted for her positive contribution.

It is in this setting, that despite enormous challenges, ANZICS has performed exceptionally well in a globally tough financial environment. The Honorary Treasurer has reported pleasing results that have been assisted by prudent investment returns and better than predicted revenue from a variety of sources. We will need to remain financially astute and vigilant as we move into 2023.

Our governance review has continued, and we are very close to taking a new structure to the ANZICS Board for consideration and then the intent will be to convene the Past Presidents Panel, with a view to using their extensive corporate knowledge to refine and review the structure prior to going to the membership for approval/comment prior to intended ratification at the 2023 Annual General Meeting.

The colocation of ANZICS with the College of Intensive Care Medicine is an exciting project that has progressed well over the last year, only frustrated somewhat, by the legalities of purchasing a building under construction in the middle of a pandemic. Notwithstanding the inevitable hurdles that require negotiating, ANZICS is absolutely committed to this colocation and we look forward to occupying the first floor of 101 High Street, Prahran in 2022. We are confident this will be a wise investment, a force multiplier and an excellent opportunity for Australasian critical care. The collaboration with the College has provided a platform to continue to strengthen the relationship between the two institutions. I remain deeply indebted to the President and A/CEO of CICM for their ongoing support and collegiality.

Finally, I would like to thank the Executive, Board, CEO, A/CEO and the entire ANZICS office for a stupendous effort. It has been a privilege and honour to work as part of the ANZICS Board on behalf of our members. We can be justifiably proud of the achievements of our society and look forward to continuing to serve the critically unwell and Critical Care Health Professionals of New Zealand and Australia. Thank you.

A/Prof Anthony Holley
ANZICS President

Treasurer's Report

This is my third report to the ANZICS membership in the role of Honorary Treasurer and it has been my great privilege to serve the Society from this position.

The Covid-19 pandemic continues to present challenges during 2021. I am pleased to report that with diligence, careful management and forward planning on the part of the Finance, Risk and Audit Committee (FRAC) and the ANZICS finance staff, the Society has not only maintained a stable financial position but has achieved significant growth in a testing environment.

In the 2021 financial year ANZICS generated an overall surplus of $885,995. Subscription income was $545,294 including $334,044 in individual membership subscriptions and $211,250 in CTG subscriptions, an increase of $33,783 on the previous year. ANZICS received grant funding totalling $2,066,522. This included $1,445,482 in funding for CORE activities, $27,957 for International ICU consulting services and a $27,273 Intensive Care Foundation grant. The Society received $565,810 in Commonwealth funding for the Australia and New Zealand Critical Health Information System (CHRIS), resulting in a net surplus of $32,355, once the funding was paid out as planned to our partners in the project. Due to a decrease in revenue coinciding with the Covid-19 pandemic, ANZICS qualified for government business support totalling $302,700.

The disappointing but necessary cancellation of the 2020 ANZICS/ACCCN Annual Scientific meeting meant a significant loss of expected revenue. The ANZICS Executive extends its sincere gratitude to all those who continue their work on conference organising committees, many of whom have served a longer-than-expected tenure, as we hold out hopes for a delayed ASM in Sydney in April 2022. Pleasingly, the ANZICS Clinical Trials Group was able to hold two successful virtual events, with the Winter Forum and Noosa meeting generating total revenue of $78,668. In addition, the S&Q Sustainability conference returned $8,778. Just as the hard work and dedication of those serving on committees is much appreciated, so is the support and engagement of members, which ensures the ongoing success of the Society.

After a relatively flat year on investment returns in FY 2020, the ANZICS investment portfolio performed extremely well in FY 2021, with a net return on investments of $645,155 or 12.5%. This represents an average return over 7 years of 8.1%. The composition and performance of ANZICS' investment portfolio continues to be the subject of close scrutiny and consultation with our advisers, in order to safeguard the Society's financial security, and achieve our strategic objectives including the future planned purchase of new office premises.

The ANZICS staff, whose exemplary contributions are vital to the smooth running of the society, showed incredible resilience and dedication in the past year despite many challenges. This year employee expenses totalled $1,659,399, greater than the previous year by $66,003 but still within budget. Administrative expenses remained stable at $154,687.

Depreciation charges were $209,993. IT expenses were $166,459, an increase of $25,036 and consultancy, legal and audit expenses increased by $27,130 to $138,484.

Regarding the society's overall financial position, ANZICS holds assets of $8,173,726, including cash and deposits of $2,757,675 and investments of $5,057,393. Our total liabilities at balance date are $1,126,581 resulting in net total equity of $7,047,145.

In summary despite difficult conditions, with careful management on the part of the ANZICS finance team, and with the support of our members and committees, the Society has been able to maintain a stable position from which to serve the intensive care community, our patients and their families. I am grateful for the excellent hard work and dedication provided by the CEO Gian Sberna, Acting CEO Sue Huckson, the ANZICS finance team, the Board of Directors and the whole of the ANZICS staff, and I thank the membership for their continued engagement with the Society now and into the future.

Dr Danielle Austin
Honorary Treasurer

ANZICS Board of Directors

A/Prof Anthony Holley	President
A/Prof Mark Nicholls	Vice President
Dr Danielle Austin	Honorary Treasurer
Dr Yasmine Ali Abdelhamid	Honorary Secretary
Dr Johnny Millar	Paediatrics
Prof David Pilcher	Centre for Outcome and Resource Evaluation (CORE)
Prof Sandra Peake	Clinical Trials Group (CTG)
A/Prof Mark Nicholls	Professional Activities and Welfare (PAW)
Dr Craig Carr	New Zealand Regional Chair
Dr Michael Ashbolt	Tasmania Regional Chair
Dr Yasmine Ali Abdelhamid	Victoria Regional Chair
Dr Nhi Nguyen	New South Wales Regional Chair
Dr Siva Senthuran	Queensland Regional Chair
Dr Bradley Wibrow	Western Australia Regional Chair
Dr Michael Farquharson	South Australia Regional Chair
Dr Bronwyn Avard	Australian Capital Territory Regional Chair
Dr Sidharth Agarwal	Northern Territory Regional Chair
Dr Mary Pinder	CICM President – Invited Guest

Chief Executive Officer's Report

Over the past year, our professional and personal lives have been greatly impacted by the global COVID-19 pandemic and ANZICS, like many other medical societies, was not immune to the impact of the pandemic. These circumstances forced us to think differently about how intensive care services are delivered to patients and how we needed to support each other across the Australian and New Zealand healthcare landscape.

We also continued to witness the ongoing impact of natural disasters in our region (for example, bushfires and floods), which had inevitable impacts on the provision of healthcare services, including intensive care.

ANZICS not only successfully navigated through these challenges, but we also found new ways of working remotely, particularly during mandated lockdown periods. More importantly, the Society truly operationalised our organisational Vision (Connecting the Intensive Care Community) and Mission (To achieve the best possible outcome for patients and their families by advancing intensive care practice). ANZICS members galvanised their expertise and generosity to support each other and the community, like no other time in the Society's history. This was an inspirational and ultimately, a very reassuring outcome for all. The intensive care workforce across Australia and New Zealand should feel rightfully very proud of their efforts during this time and I congratulate and sincerely thank everyone who has been involved in the Society's efforts to address the challenges posed by the COVID-19 pandemic.

Pleasingly, the profile of intensive care practices across Australia and New Zealand, has new-found prominence at all levels in our community. Political leaders, healthcare officials, media organisations/ journalists and the general community have developed a deep and appreciative understanding of the work undertaken by intensive care teams – many for the first time. ANZICS fielded over 110 media enquiries resulting in over 80 media mentions across television, radio and print media in both of our countries over the past 12 months. This interest is unprecedented in ANZICS's history, and I wish to thank so many of our members who represented us so impressively, despite tight timelines and hugely busy workloads imposed by the pandemic. Your dedication to delivering such a comforting, unbiased and professional message to the general population was greatly appreciated and has enormously lifted the profile of ANZICS as the peak body to provide commentary on all matters related to the practice of intensive care in our region (and beyond).

Our enhanced profile has greatly assisted ANZICS to hold new-found prominence with healthcare leaders at every level. This has led to the development of very strong relationships that resulted in the support of projects such as the Critical Health Resource Information System (CHRIS) – the first truly nationwide system to monitor ICU demand and capacity. The data from this system is now considered the 'single point of truth' for ICU capacity/demand information – a truly remarkable outcome in such a short period of time. The system was developed in partnership with Ambulance Victoria, Telstra Purple and the Australian Commonwealth Department of Health – expertly led by Prof David Pilcher on behalf of ANZICS. The aim of this project is best encapsulated by a single sentence: "Why would we let a patient die in Western Australia if we can see a spare ventilator in Sydney?". Many ANZICS members have strongly supported for this system to be implemented in daily practice – a remarkable effort in the midst of a pandemic. There was no better example of the utility of this system than during the 'Victorian second COVID-19 wave' in 2020. I extend my sincere gratitude to all those who have been involved in the development of this outstanding platform – your efforts and dedication have left an indelible mark on the provision of intensive care services. Significantly, we are working with our key partners to make this system an enduring platform that can be operationalised in a future pandemic or mass casualty event such as a natural disaster.

While our key priorities for much of the past 12 months focused on the rapidly changing situation associated with the COVID-19 pandemic, we never lost sight of our mission to support our members. I implore the reader to edify themselves with the activities of the Society through this Annual Report, in particular the work of our committee groups (eg. CORE, CTG, Safety & Quality, Education, WIN, DODC, Global Health, Paediatrics) and our regional committees across Australia and New Zealand.

In the past year, in conjunction with our colleagues from the College of Intensive Care Medicine, we launched a joint initiative with on all matters related to international health – the Global Health Special Interest Group. The focus of this group has been to develop and promote opportunities for clinical support projects, education, research, and collaboration with other groups/related disciplines who have an interest in critical care opportunities in resource limited locations. In a short time, this group has made a significant impact already, with many more opportunities being explored.

As outlined in the Honorary Treasurer's Report, the Society is in a very strong financial position despite the macroeconomic impact of the COVID-19 pandemic. We are one of the few not-for-profit organisations in Australia to report a surplus financial result without having to reduce staff costs or slashing our expenditure. I greatly appreciate the diligent work of our staff to assist in delivering this result for our Society and its members.

We remain on track to co-locate with the College of Intensive Care Medicine in the forthcoming year. Whilst there are some challenges ahead of us, we are greatly looking forward to the opportunities that will be afforded to the Society and the college through our co-location.

The past 12 months saw ANZICS host several events as virtual/digital events. This was a major undertaking for ANZICS, however, when the circumstances allow, we are greatly looking forward to hosting face-to-face events again. 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.

I would like to formally acknowledge my colleagues within the ANZICS team for their outstanding efforts to serve the needs of our members in very trying circumstances over the past 12 months. The professional and dedicated manner in which they have supported our members and key stakeholders has been truly outstanding. Thank you, team, – your efforts went above and beyond.

As we cast an eye to the future, I look forward to the continued evolution of ANZICS and the opportunities this will provide to our members, the profession of intensive care and our staff. It is an exciting time to be a part of ANZICS and I encourage every current member to persuade any non-members, to join with us to add value to the practice of intensive care and associated research opportunities.

Dr Gian Sberna
Chief Executive Officer

Membership

The COVID-19 pandemic has created ongoing challenges across the intensive care workforce. Over the past year, ANZICS has continued to advocate for the entire intensive care community through a number of our specialised committees.

We have worked closely with the Federal Government to inform and plan using ANZICS CORE data, released version 4 of the ANZICS COVID-19 Guidelines, supported our international colleagues via the ANZICS/CICM Global Health Special Interest Group, liaised with over 70 media outlets and advocated on a number of jurisdictional issues binationally.

We are pleased to have maintained the educational offerings to our members over the past 12 months, via the Sustainability Conference, MET Conference, two CTG Meetings and regular webinars (Critical Care Pearls, ANZICS CORE Data Series, WIN-ANZICS, individual state events and Global Health) and the Meet the Experts podcast series. The Victorian membership has remained resilient through the numerous COVID-19 waves over the last 18 months and has now held the longest running ANZICS Critical Care Forum (ANZICS Victorian ICU Directors Forum) to date. The Forum has now expanded to over 90 invited members, including representation from Nurse Unit Managers to create a wider voice for the jurisdiction. With regular attendance by invited representatives from the Victorian Health Departments, the Forum has resulted in a successful cohesive response to the COVID-19 pandemic for the state's intensive care units.

Notwithstanding the challenges posed by COVID-19, the Society has continued to focus on member satisfaction. We have recently released a membership video outlining the many benefits of membership. We have now introduced the ability to pay for multiple years of membership, there is ongoing development of the ANZICS Membership app and plans to further enhance the usability of the Membership Platform. We will continue to offer discounted registration at ANZICS conferences and regional funding is available for state-based membership events.

Despite a recent update of the membership database to include only financial members, ANZICS continues to have a steady increase in membership with a total of 1137 members across Australia and New Zealand. The Society continues to increase diversity amongst the membership, with stable numbers across our nursing, allied health and research coordinator members.

As a voluntary organisation, there is no doubt that the success of ANZICS is determined by the efforts of our membership. I would like to thank all of our members who have engaged with ANZICS and the various ANZICS Committees for their hard work over the past 12 months. I am in awe of the many ways in which our intensive care community has come together through the Society to face the great challenges of the past year. If you would like to become involved with your Society on any level, to query any opportunities that are available, or to suggest any ideas to improve the value of membership, please contact the ANZICS Office for further information. I would ask all of you to continue to promote the work of the Society to your colleagues and potential new members. ANZICS' strength will always be its members as we continue to advocate for our patients, their families and the intensive care community.

ANZICS Membership	October 2020	February 2021	June 2021	October 2021
Australia	1013	958	940	964
New Zealand	117	117	113	121
Other	44	47	52	52
Total	**1174**	**1122**	**1105**	**1137**

ANZICS Membership by Category	October 2020	February 2021	June 2021	October 2021
Nurse	180	153	143	150
Allied Health	77	80	77	79
RC	13	15	16	16
Associate/Overseas	81	82	86	90
Retired	16	16	16	16
Full	564	535	532	539
New Fellows	56	59	40	44
Honorary	10	10	10	10
Trainee	177	172	185	193
Total	**1174**	**1122**	**1105**	**1137**

New Members July	July 2020 - June 2021
Nurse	28
Allied Health	7
RC	3
Associate/Overseas	14
Full	7
New Fellows	7
Trainee	51
Total	**117**

ANZICS Membership by State/Territory	June 2020	October 2020	February 2021	October 2021
ACT	16	16	16	17
NSW	219	229	205	208
NT	18	21	21	22
QLD	178	191	184	178
SA	90	90	85	93
TAS	28	30	25	27
VIC	355	364	350	345
WA	69	72	72	74

Dr Yasmine Ali Abdelhamid
Honorary Secretary

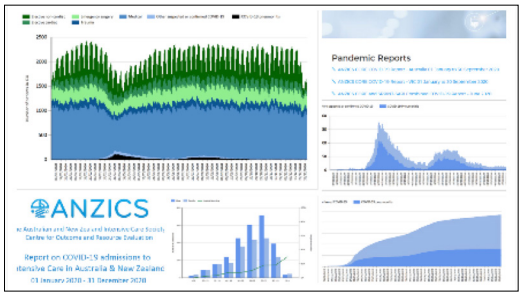
Centre for Outcome and Resource Evaluation (CORE)

Despite the impact of COVID following the first wave of the pandemic in 2020, the work of the ANZICS Registries continued with no interruption to the routine benchmarking activities.

ANZICS CORE COVID-19 work

- CHRIS (Critical Health Resources Information System) funded by the Commonwealth was developed in partnership with ANZICS, Ambulance Victoria and Telstra Purple in early 2020 to monitor resources to manage a national response to COVID, this has been adopted binationally across Australia and New Zealand with most Jurisdictions using the daily data to inform ICU workload. Further funding has been secured for CHRIS up to December 2022.
- A follow up to the initial surge capacity survey undertaken in June 2020 was requested by the Commonwealth Government with results published in October 2021 with the *'Increasing ICU capacity to accommodate higher demand during the COVID- 19 pandemic'* https://onlinelibrary.wiley.com/doi/epdf/10.5694/mja2.51318

  The New Zealand surge capacity survey results published in November 2021 https://journal.nzma.org.nz/journal-articles/new-zealands-staffed-icu-bed-capacity-and-covid-19-surge-capacity
- Provision of regular COVID reports based on the registry data continued over the pandemic period https://www.anzics.com.au/wp-content/uploads/2021/08/CovidReport_AUS_Jan2020_June2021.pdf



We said farewell to Jan Alexander

We want to start this report by recognising the amazing work of Jan Alexander who retired in late 2020 from her position as the Manager for the Australia and New Zealand Paediatric Intensive Care Registry (ANZPICR) after more than 15 years. Jan was well known to all data collectors and Unit Directors from the PICU's and General ICU's that contributed to ANZPICR. On her retirement almost every paediatric admission was captured in the ANZPIC Registry. Jan also supported the ANZPICR clinical advisory committee providing detailed analysis and benchmarking reports to all the PICU directors. In addition to the work related to the benchmarking of PICU outcomes, Jan worked closely with the researchers from the ANZICS Paediatric Study Group, providing data that contributed to highly regarded publications related to Paediatric Intensive Care. We wish Jan well in her retirement.

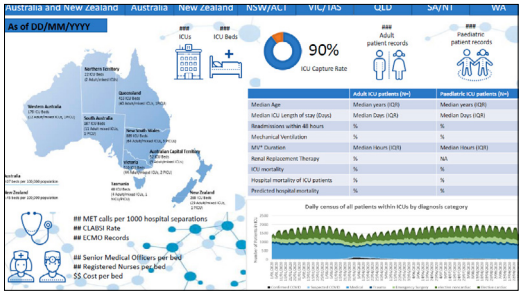
Successful funding round for 2021-23

CORE was successful in receiving ongoing funding from all Australian Jurisdictional Health Departments and the New Zealand Safety and Quality Commission for the ANZICS CORE Registries for the 2021-23 triennium. The partnership with our funders goes beyond the Benchmarking activity but also working together in collaboration on data linkage projects to inform and guide policy. Additional funding achieved for ANZICS ECMO dataset has helped ANZICS CORE to release the first report on all ECMO cases recorded within the registry.

CORE Strategic Focus 2021-23

In line with the triennium funding ANZICS CORE developed the following areas of focus for 2021 that included:

- Strengthening our focus on patient centred care through the development of the ANZICS Patient Reported Experiences and Outcomes Measures Project. This is a very exciting period as CORE continues to evolve.
- A continued emphasis on data quality and benchmark reporting through a review of the ANZICS IT Registry platform that included the development of new unit-based reporting for users of COMET, the ANZICS Registry data collection tool.
- Developing public-facing reports for the community on the state of Intensive Care binationally



The proposed public reporting place card to be introduced on the ANZICS website

Example of unit Based reporting

New Partnerships

National Indigenous Data Network

Through the work of Paul Secombe, ICU consultant at Alice Springs Hospital and Registry Clinical Lead, ANZICS has established an MOU with the National Indigenous Data Network (IDN) based at Melbourne University. Engagement through collaboration and partnerships are a key feature of how the CORE works. This partnership provides an important opportunity to work with the IDN researchers to improve the ANZICS data collection and work on joint projects related to First Nations people.

National Death Index

In 2019, an enduring data linkage agreement was established between ANZICS CORE and the Australian Institute of Health and Welfare (AIHW). Two rounds of linkage of ICU admissions to the Australian National Death Index are complete for reporting of long-term survival and development of routine Kaplan Meier plots (Funded from ICF Grant).

New Zealand Ministry of Health proposed the Linkage of ICU admissions to the New Zealand National health dataset in 2020. In exchange, the Death Index data was shared with ANZICS CORE for long term survival reporting.

Registry Data Informing Policy and Practice

Requesting Registry data for research is encouraged and considered important by CORE to further the body of knowledge that contributes to improved patient outcomes for critically ill patients through policy or practice change. There has been increased engagement with Jurisdictions to link Registry data to monitor beyond its purpose for Benchmarking to broader health service planning.

There has been a doubling of data requests (44 in 2020 and 90 in 2021) over this reporting period; some factors that may have influenced this include CORE's reporting of COVID related data and the growing interest in data linkage with other available data sets. Of the number of data requests 70% were from individual units to support a local unit-based research or activity.

Examples of publication include:

- A national system for monitoring intensive care unit demand and capacity: the Critical Health Resources Information System (CHRIS). Pilcher D, Coatsworth N, Rosenow M and McClure. **Med J Aust** 2021; 214 (7): 297-298.e1.
- Linkage of Australian national registry data using a statistical linkage key. Coulson TG, Bailey M, Reid C, Shardey G, Williams-Spence J, Huckson S, Chavan S, Pilcher D. Linkage of Australian national registry data using a statistical linkage key. **BMC Med Inform Decis Mak**. 2021 Feb 2;21(1):37.
- Frailty and mortality in patients with COVID-19. Darvall JN, Bellomo R, Young PJ, Rockwood K, Pilcher D. Frailty and mortality in patients with COVID-19. **Lancet Public Health**. 2020 Nov; 5(11):e580. PMID: 33120041; PMCID: PMC7588213.
- Sepsis in the new millennium - Are we improving? Duke GJ, Moran JL, Santamaria JD, Pilcher DV. **J Crit Care**. 2020 Jan 14; 56:273-280. PMID:32001425

The full list of publications can be found on the ANZICS website: https://www.anzics.com.au/publications/

Professor David Pilcher

Chair, Centre for Outcome and Resource Evaluation

Clinical Trials Group (CTG)

The ANZICS Clinical Trials Group (CTG) has had another very busy year, made all the busier by the impact of the COVID-19 pandemic, both clinically and from a research perspective.

Over the past year, a number of large, multicentre, trials have successfully completed recruitment and we eagerly await the ensuing publications. The results of these Phase III trials will undoubtedly inform clinical practice both locally and internationally in areas such as fluid resuscitation (PLUS), selective gut decontamination in mechanically ventilated patients (SUDICCU), inhaled nitric oxide in children undergoing cardio-pulmonary bypass (NITRIC), therapeutic strategies for the management of critically ill patients with COVID-19 (REMAP-CAP domains) and out-of-hospital cardiac arrest (TAME).

As these trials reach their successful conclusion, many exciting new NHMRC and MRFF funded multicentre and multinational trials have recently commenced recruitment or will commence soon. These trials seek to answer questions that reflect the diversity of our day to day practice: CLIP II (CI Michael Reade) compares cryopreciptate versus liquid platelets in cardiac surgical patients with a high risk of bleeding; SPIVE IV (CI Yahya Shehabi) evaluates dexmedetomidine in older ventilated patients, ARISE FLUIDS (CI Sandra Peake) compares resuscitation with early fluids versus vasopressors in Emergency Department sepsis; MEGA-ROX (CI Paul Young) and LOGICAL (CI Paul Young and Carol Hodgson) compare conservative versus liberal oxygen targets in mechanically ventilated patients, including hypoxic encephalopathy after cardiac arrest, BONANZA (CI Andrew Udy) evaluates continuous brain tissue oxygenation monitoring to optimise cerebral perfusion after traumatic brain and BONE-ZONE (CI Neil Orford) compares the effect of denusomab versus zoledronic acid on bone turnover in critically ill women.

The ongoing international recruitment of patients into BLING III and the recent publication of the CTG-sponsored trial of hypothermia versus normothermia after out of hospital cardiac arrest (TTM2) (NEJM, June 2021) are also a testament to the successful collaboration between the CTG and our overseas colleagues to conduct and complete high quality investigator-initiated research that addresses clinically important questions.

Despite being unable to meet face to face person, the CTG has held two highly successful and well-attended scientific meetings over the past year. The Winter Research Form, our first foray into running an on-line meeting, took place in August last year. Both new study proposals and study updates were presented with our usual interactive and insightful discussions that inform and refine study design. Following the success of this digital Meeting, we held the 23rd Annual Meeting on Clinical Trials in Intensive Care ("Noosa") in March 2021. The Noosa meeting followed our traditional format and included a one-day research coordinator interest group (IRCIG) workshop, a novice investigator interest group session (NOVIG), a Pre-clinical Research meeting and a Paediatric study group meeting. Congratulations must go to the CTG office, the presenters and the attendees for enthusiastically adapting to this new format; albeit we look forward to being able to meet in person next year.

The recognition of the ANZICS CTG as a world-leading clinical trials group would not be possible without the dedication and commitment of our community of clinician researchers, member units and sponsors. Our great work could also not occur without the three affiliated methods centres; the ANZIC RC, The George Institute and the MRINZ. Finally, the activities of the CTG community would not be possible without the incredible contributions of our Executive Officer, Donna Goldsmith and the CTG Office. As CTG Chair I would also like to thank the CTG Office bearers (Manoj Saxena, Andrew Udy, David Cooper) and the wider committee for their support, advice and leadership.

Prof Sandra Peake

Chair, Clinical Trials Group

ARISE FLUIDS, Australasian Resuscitation In Sepsis Evaluation: FLUids or vasopressors In emergency Department Sepsis

BLING III, Beta-lactam Infusion Group III

BONANZA, Brain Oxygen Neuromonitoring in Australia and New Zealand Assessment

BONE-ZONE, BONE loss prevention with ZoledroNic acid or dEnusomab in critically ill women

LOGICAL, Low Oxygen Intervention for Cardiac Arrest Injury Limitation

MEGA-ROX, MEGA randomised Registry OXygen

CLIP II, Cryoprecipitate vs LIquid Platelets

NITRIC, NITric oxide during cardiopulmonary bypass to improve Recovery in Infants with Congenital heart defects

PLUS, Plasma-Lyte 148® versUs Saline

REMAP-CAP, Randomised, Embedded, multifactorial, Platform trial for Community Acquired Pneumonia

SPICE IV, Sedation Practice in Intensive Care Evaluation IV

SuDDICU, Selective Decontamination of the Digestive tract in Intensive Care Unit patients

TAME, Targeted Therapeutic Mild Hypercapnia after cardiac arrest

TTM2, Targeted Temperature Management 2

Education

The ANZICS Education Committee was reformed in 2020 following the end of the previous members term of appointment. Over the last twelve months the committee have remained active and continued to deliver educational initiatives to our membership.

The ANZICS Webinar Series has remained successful and aims to educate and share knowledge on key research, the latest in intensive care developments. The webinars recently held have focused on; Cardiopulmonary Aspects of COVID-19, COVID-19 – What do Big Data Registries Tell Us?, COVID-19 Pathophysiology and the Critical Care Response, 2020 – Year in Review, From Bedside to Executive Suite - Journeys to Leadership in Medical Education and Beyond. We have been incredibly fortunate to have a number of international and national speakers contribute to these events. All of the past webinars can be accessed here.

We have now released 23 episodes of the ANZICS Meet the Experts Podcast Series featuring insights from experts in their fields. I'd encourage you to head to the website for all of the episodes in the series via this link. Scoping is underway to move these to a more mobile friendly platform for users in the coming year.

The Committee are currently developing a Clinical Leadership Teaching Program in collaboration with the Monash Institute for Health and Clinical Innovation, with the aim to develop a content-specific program on leadership for all clinicians working in intensive care (Medical, Nursing, Allied Health). This year the Committee conducted a survey of the ANZICS membership to better understand the perceptions and the need for s mentorship programme. The Committee is currently preparing the manuscript for publication and planning to develop a mentor- mentee programme for the membership in 2022. The plan is to engage different stakeholders in this process in order to develop a robust mentorship programme.

Unfortunately, the difficult decision was made to cancel the 2020 ASM in Sydney, due to the ongoing impact of COVID-19. While this was disappointing, we are very excited about the 2022 ASM scheduled to be held in Sydney from the 27th – 29th April 2022. The ASM will be one of the first major critical care conferences to return to a face-to-face format and the Organising Committee are preparing to release a dynamic scientific program before the end of the year. Further information on the ASM can be found at www.intensivecareasm.com.au

Finally, I would like to thank all the ANZICS Education Committee for their hard work and enthusiasm over the past 12 months: Dr Bronwyn Avard (Vice-Chair, ACT), Dr Timothy Chimunda (VIC), A/Prof Kiran Shekar (QLD), Dr Abhijit Laha (WA), Dr Matthew Spotswood (TAS), Dr Owen Milne (NT), Dr Nikki Yeo (SA), Dr Chris Poynter (NZ), Prof Margaret Hay (Co-Opted Member) along with the ANZICS staff for their continued support of the Committee.

A/Prof Swapnil Pawar
Chair, ANZICS Education Committee

Paediatric

The last year has been a challenging one in clinical paediatric intensive care. As practitioners, we have had to come to terms with changes in our practice and processes imposed by the pandemic and its attendant restrictions.

The families of our young patients have had to cope with limitations to visiting and contact at a most difficult time in their lives. Collectively, we have striven to provide compassionate, high-quality, family-centred care throughout the year within the constraints of local restrictions.

The direct impact of COVID-19 has not been felt as acutely in PICU as it has in many adult ICUs in our region. However, we have experienced the different manifestations and consequences of the pandemic in children, and the Australasian PICU community has shared insights locally and internationally as online discussion and education forums have rapidly emerged and blossomed. Within the Society, a Paediatric Working Group has contributed to recent updates to the ANZICS COVID-19 Guidelines.

Paediatric Studies Group (PSG)

The PSG has had a leadership transition this year, with Luregn Schlapbach stepping down as Chair and relocating to Switzerland. Luregn's leadership has been exceptional and the growth and success of the PSG during his tenure can be attributed directly to his efforts. We thank him for his tireless contribution, and are pleased that he will continue to have a role on the PSG Executive Committee as Past Chair. Congratulations to Warwick Butt and Kristen Gibbons, who were elected as Chair and Vice Chair respectively. Along with their considerable and diverse experience, they have already brought fresh ideas to the group.

The PSG research Prioritisation study was published this year, and is already informing plans being made by the Long-Term Outcomes, Early Investigator and Consumer Engagement Working Groups. Recruitment in the NHMRC-funded Nitric Oxide CPB trial finished in early 2021, a major achievement by the group. Led by Andreas Schibler, this is the largest randomised controlled trial ever to be performed in paediatric cardiac surgery. Work is ongoing with multiple other studies and lines of investigation, including significant international collaborations and overseas unit involvement in PSG studies.

Australian and New Zealand Paediatric Intensive Care Registry (ANZPICR)

The ANZPIC Registry has undergone a major overhaul in how it collects and classifies complications and new diagnoses during an admission. This has meant a large amount of work behind the scenes at CORE, developing and testing the new data fields. Liz Croston, the current chair of ARCAC has overseen and driven the process at a clinician level, identifying and responding to an important gap in the Registry data.

We welcomed Breanna Pellegrini as the new ANZPICR Data Manager at CORE, following the retirement of Jan Alexander. As well as getting to grips with the running of the Registry, Breanna has been acquainting herself with the intensivists and data collectors in PICU around Australia and New Zealand, and has initiated online events and channels to help with this, given our current restrictions.

Other activities

The shift to online scientific and educational meetings has gone very well, most notably with the World Congress of Paediatric Intensive and Critical Care Societies meeting in December 2020. Congratulations are due to Stephen Jacobe for overseeing such a successful large event. This marked the end of Stephen's tenure as the Chair of WFPICCS, and we thank him for representing ANZICS in this role.
The first ever World PICU Awareness Day was held in May this year, with a multidisciplinary group of PICU practitioners from Queensland representing Australia on one of the five days of online discussions.

Congratulations to Warwick Butt and the team who led a successful bid to host the 2026 World Congress in Melbourne, with ANZICS and ACCCN as host societies. We look forward to the opportunity to showcase Australian and New Zealand paediatric intensive care at an exciting, inclusive and, most importantly, in-person event five years from now.

Dr Johnny Millar
Chair, Paediatrics

Professional Activities and Welfare (PAW)

The unfolding of the COVID-19 pandemic has seen intensive care services in many countries struggle to deliver high-level care and, in some cases, be overwhelmed. While our thoughts have been with the patients who have died, their families and loved ones, we have been particularly touched by the loss of any colleague.

ANZICS primary focus has been to advocate for the best outcome for our patients and their families and the care and safety of all who practice intensive care. In the last 20 months, ANZICS has been involved in several initiatives with that focus in mind, such as the ANZICS COVID-19 National, the National COVID-19 evidence-based guidelines, the CHRIS platform, focused media engagement, the Global Health Initiative and the ANZICS Critical Care Advisory Group.

Much of what the ANZICS Professional Activities and Welfare Committee used to do is now core ANZICS business. The PAW Committee focus is to advocate for a sustainable, adequately remunerated, healthy workforce to deliver high-quality intensive care.

In June 2015, the Australian Government established the Medicare Benefits Schedule (MBS) Review Taskforce. The predominant body of work undertaken by the PAW Committee has been this MBS review. The new ICU MBS item arrangements come into effect from 1 March 2020. There is no additional information on the outcome from the Specialist and Consultant Physician Consultation Clinical Committee (SCPCCC) Report. The PAW Committee has been focusing on the factors that impact the quality of life of intensive care specialists and the Department of Health MBS Review. One item outstanding that has been deferred due to the pandemic is the consideration of an expedited MSAC assessment for listing an MBS item for rapid response system/code blue attendances. It will not be claimable in conjunction with ED attendance or ICU daily management items by the same provider. We will be working in partnership with our emergency medicine colleagues.

The Professional Activities and Welfare (PAW) Committee will be part of planned broader governance and strategic review as we move out of the COVID-19 pandemic. It would look at how we organise ANZICS to engage the Federal and State governments and health departments more effectively. Of particular concern are the funding models of intensive care and state-based remuneration of staff specialists and VMO's.

If you have any questions or concerns, please contact either your regional PAW representative or myself.

A/Prof Mark Nicholls

Chair, Professional Activities and Welfare

Women In Intensive Care Medicine (WIN-ANZICS)

While COVID-19 has put many of our plans on hold, we were still able to accomplish enough to keep us satisfied. The quest for gender equity is a long game anyway, so we're taking it in our stride.

Committee

We welcomed two new committee members to WIN-ANZICS this year. Dr Tahiya Amin has joined us as trainee representative and Dr. Georgie Jenkins will assist our IT coordinator Dr. Ruvi Vithanage in maintaining our blog and website. Dr Tamishta Hensman has stepped down as IT coordinator and I wanted to take the opportunity to thank her for her incredible work over the past six years.

Ongoing projects

Website and metrics

The website (womenintensive.org) continues to be a popular hub, enabling us to connect with our networks in Australia and beyond, attracting thousands of visitors each year. Our blog continues to be active (after a brief COVID hiatus), with Dr. Kerrianne Huynh's blog piece on "starting again" attracting an impressive 3,621 views. The metrics and data pages have been immensely popular and have been cited in several conference presentations and are due to be updated very soon with 2021 data. We have recruited a blog team to continue the conversation regarding all things gender equity, which should begin to roll out content shortly.

Events: Events continue to form an important part of WIN-ANZICS and provide trainees and fellows of any gender with ample opportunities for networking, collaboration, discussion and mentoring. We have now moved into an online webinar format, in order to improve our binational reach. Our inaugural webinar was a huge success and attracted the most attendees for any ANZICS webinar. Feedback was excellent and it was an impressive and very thought provoking session. Keep your eyes peeled for the next one!

Publications

Two gender-equity related publications produced by members of the WIN-ANZICS committee were published this year. Dr. Sarah Yong (deputy chair), Dr. Cara Moore (VIC) and myself in CCR regarding practical strategies for improving female representation within ICUs (can access here: https://ccr.cicm.org.au/journal-editions/2021/june/toc-june-2021/special-comms/sc1) and Dr. Lucy Modra (immediate past chair) and Dr. Ruvi Vithanage (IT) on sex differences in illness severity and mortality in ICUs (can access here: https://pubmed.ncbi.nlm.nih.gov/34118502/)

Collaboration

We continue our collaborative relationship with CICM, ANZICS, the RACP and other organisations in the form of policy development, education and assistance with advocacy.

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

Immediate Past Chair – Dr. Lucy Modra
Deputy Chair – Dr. Sarah Yong
IT Coordinator – Dr. Ruvi Vithanage
IT Coordinator – Dr. Georgie Jenkins
WIN/CICM liaison – Dr. Nicky Dobos
ACT Representative – Prof. Imogen Mitchell
New Zealand Representative – Dr. Kate Tietjens
NT Representative – A/Prof Dianne Stephens
NSW Representative – Dr. Celia Bradford
Paediatric Representative – Dr. Tali Gadish
Queensland Representative – Dr. Angelly Martinez
Tasmania Representative – Dr. David Rigg
Victorian Representative – Dr. Cara Moore
WA Representative – Dr. Vanessa Carnegie
SA Representative – Dr. Susanne Nicholson
Trainee Representative – Dr. Tahiya Amin

Dr Sandra Lussier
Chair, WIN-ANZICS

Safety & Quality

Over the last twelve months, the Committee has remained active despite the challenges faced with COVID-19. The Committee have continued to work towards the strategic objectives of the organisation, with the recent/ongoing projects listed below:

- **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.**

A subcommittee was formed to organise the ANZICS Sustainability Conference with the theme 'How Green is My ICU?' held on 15th September 2020. The program explored topics on how to improve the sustainability of the impact of intensive care units, with presentations from Forbes McGain, Simon Quilty, Eugenie Kayak, Sanata Dash, Debbie Wilson, Roslyn Morgan and Kate Charlesworth. The Conference was success with over 200 delegates attending and topics including: opportunities to conceptualise climate change and indigenous health, climate change and healthcare, ICU/PPE impact on climate change in the time of COVID, going green is good for your bottom-line and a facilitated panel discussion of those who presented. I'd like to acknowledge work of the organising committee for the event, Dr Mary Pinder, Dr Simon Towler, Dr Alex Hussey, Ms Tania Mitchell and myself as Convenor.

The Committee have also continued the work of this conference and is preparing for release of a Sustainability Toolkit for ICU to assist units to improve the impact on climate change. We are anticipating the release of this document before the end of 2021. We have continued to focus on the core business of the committee and contributed to ongoing review of the ACHS Clinical Indicator Reviews, The Sepsis Clinical Care Standard developed by the Australian Commission on Safety and Quality in Health Care and The Central Line Insertion and Maintenance Guideline (CLABSI).

Scoping of an RRT National Registry and common agreement of the minimum dataset remains ongoing, although this is progressing closer to an outcome. Members of the Committee have been working with CORE and contributed to CCR questions related to Safety and Quality as well as the RRT and Sustainability.

I would like to acknowledge and thank the members of the Committee for all their hard work over the last twelve months: Benoj Varghese (TAS); Paul Goldrick (NT); Alex Hussey (NZ); Patrick O'Sullivan (VIC); Deepak Bhonagiri (NSW); Simon Towler (WA); Stephen Luke (QLD); Andrea Christoff (Paediatrics); Mary Pinder (CICM); Malcolm Elliott (ACCCN), Mary Pinder (CICM) and Tania Mitchell (NZCCCN). The South Australia Representative role remains vacant, I would encourage any members that may be interested, to contact the ANZICS office.

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.

A/Prof Deepak Bhonagiri
Chair, Safety and Quality

International Relations

The global critical care community has re-emerged from the halt created by the pandemic, with virtual evolutions and hybrid events adapting to the necessary new normal. As domestic concerns settled, ANZICS once again represented our craft group on numerous fronts of internationally.

A huge amount of work went into transforming the well-known SG-ANZICS event, partnered with our colleagues from **Singapore**, into Asia-Pacific Intensive Care Symposium: APICS (SICM x ANZICS), making is more accessible to our colleagues in the Asia Pacific. The 2020 event attracted more than 2900 participants from 70+ countries, and we look forward to the exciting, continued evolution in 2021. Thank you SICM, Angelly Martinez and the organising committee for your tireless work.

World Day of the Critical Lung (WDCL), an event based out of **London** and **Madrid**, was also extremely well received. This free, bilingual, time zone rolling, multi-societal streaming collaboration was kicked off by ANZICS WIN, with thousands of participants over 16 hours of continuous broadcast, shared on multiple accessible social media platforms. I would like to thank Sandra Lussier and the ANZICS speakers for assisting and representing.

We continue to promote **Taiwan** and its two main critical care societies in their annual event, with ANZICS speakers featuring as keynotes, and ongoing data registry and research exchanges.

Our long-term friends in **Dubai** have also adapted the prestigious Emirates Critical Care Conference (ECCC) into a hybrid event, as we continue to support their growth and evolution. We look forward to feature in-person once again when travel allows.

Unfortunately, despite a huge amount of work and attempt to navigate the pandemic challenges, the 2021 World Congress of Critical Care in **Vancouver** was cancelled. Our condolences to our colleagues from the Canadian Critical Care Society and remain hopeful for a face to face meeting in 2023 for the 16th World Congress in **Istanbul**.

The establishment and maturity of the Global Health Joint Special Interest Group (GH-JSIG) with the College of Intensive Care Medicine (CICM) has been very rewarding to support and be a part of. This group's main focus is with resource challenged areas, and with our borders likely to be closed for another year, ongoing provision of assistance from GH-JSIG will be undoubtedly needed. Joint efforts have already yielded much result, with remote clinical support of colleagues in Tbilisi, **Georgia**, further dialogue with **Mongolia** facilitated by ANZCA, and the establishment of the "Indian Crisis Think Tank" during the height of the COVID disaster in **India**, which many have very personal links. I would like to thank our countless diverse, multi-cultural and kind-hearted ANZICS colleagues who saw duty in need and provided multi-faceted relief wherever distress was experienced. An editorial highlighting these efforts has been submitted for publication.

New opportunities and connections are now possible with increasing accessible virtual traffic, and we look forward to the day when we could be together once more with our global community. We will continue to work closely with GH-JSIG, while fostering, connecting and advocating ANZICS interests.

David Ku
Director of
International Relations

ANZICS/CICM Joint Global Health Special Interest Group (SIG)

The ANZICS/CICM Joint Global Health Special Interest Group, first came together in late 2020 with the aim of bringing together ICU clinicians with interests and experience working in resource limited areas.

The SIG is guided in its activities by the following mission statement:

"To improve critical care in resource limited settings by understanding local values and healthcare expectations and fostering collaboration in education and research."

The SIG membership is more than 50 members strong, with work experience across the globe. There are three main working groups in the SIG, based on the major geographical regions of the world who collaborate and share ideas.

Pacific and PNG Working Group

The Working Group is headed by Cath Tacon, Co-Vice Chair of the GHSIG with Intensivists, Gerard Moynihan and Lewis McLean, as group leads. The GHSIG has placed a major focus on the Pacific and PNG, and has been involved in a number of projects to support the region, especially during the COVID-19 pandemic.

Current Projects:

1) University of Papua New Guinea – Higher Level Post Graduate Diploma of Intensive Care Medicine.

   A/Prof Bruce Lister has been leading a project to develop a course that will allow PNG medical doctors to obtain Post Graduate qualifications in Intensive Care.

2) ICU Commissioning at Lae, Papua New Guinea – ANGAU Memorial Provincial Hospital

   The ANZICS/CICM GHSIG has delivered a return brief to conduct scoping for the commissioning of the intensive care unit, part of the ANGAU Hospital redevelopment, partially funded by DFAT.

3) Telehealth Education in PNG

   A/Prof Steve McGloughlin and Dr Cath Tacon have developed and led the telehealth education program. This involves weekly meetings and bidirectional learning with critical care clinicians in PNG.

4) Projects in development:

   Fiji National University – Masters of Medicine in Intensive Care / Post Graduate Diploma of Intensive Care. Lisa Bennett (Intensivist Colonial War Memorial Hospital Suva), the CICM Overseas Aid committee, and the ANZICS/CICM GHSIG have all identified this as an opportunity to contribute significantly to a regional partner. The M.Med Intensive Care Medicine will allow Anaesthetists in the Pacific to specialise in Intensive Care Medicine, with a view to developing the Critical Care capacity in the Pacific.
   The course is in the advanced planning stage and is anticipated to commence in mid- 2021.

Asia Working Group

The Working Group is headed by Irma Bilgrami, Co-Vice Chair of the GHSIG with Dr David Ku and Eamon Raith, as group leads. The COVID pandemic in India has caused devastation on an unimaginable scale and touched the lives of many Australians, including our colleagues. At the height of the pandemic, Dr David Ku, the SIG's Asia Group Lead, brought together a group of Intensivists with strong ties to India. Through the efforts of this group, we identified the best way to assist at the time through donations, identified channels for tele-health support and approached the Indian critical care societies with our support.

Relationships have also been established with the critical care community in Sri Lanka and with the support of Dr Ross Freebairn plans are underway to deliver an on line BASIC course to the critical care community in Sri Lanka.

Africa Working Group

This working group is headed by myself, as of the SIG and supported by Dr Mark Nicholls and Dr Simon Erickson.

1) Arusha

   The ANZICS/CICM GHSIG has had ongoing discussions with Australian Volunteers International and a remote volunteering position is being established with the Arusha Lutheran Medical Centre. The Implementation of this will be formalised in the second semester of 2021.

2) Moshi

   The ANZICS/CICM GHSIG has had discussion with the Kilimanjaro Christian Medical Centre and they have expressed interest in ongoing support from the SIG.

MSF

The SIG has strengthened our relationship with MSF and a webinar was held outlining the opportunities of employment for Australasian Fellows. It is now possible for Fellows to have a 6 week in country deployment as a volunteer.

Oxford Mahidol Tropical Research Unit

After an introduction by Dr Eamon Raith, the SIG has met with colleagues from the Tropical Research Unit and have discussed ways of collaborating with this group in Global Health

ACCCN

The SIG leadership has actively engaged with the senior leadership of ACCCN and we have ongoing support from the ACCCN to collaborate in Global Health.

Collaboration with other Critical Care Groups (ASA, RACP, ACEM)

Meetings have been held with the other speciality groups that have programs in Global Health. These have been productive and supportive.

I would like to thank all members of the Global Health Special Interest Group for their support and commitment. The COVID 19 pandemic has challenged us, as we have tried to support Global Health in under resourced areas.

I would like to particularly thank my Deputy Chairs, Dr Cath Tacon and Dr Irma Bilgrami. Their energy and initiative has been exceptional.

The SIG leadership is grateful for the ongoing administrative support we have received from ANZICS and the College, Brent Kingston (ANZICS) deserves a special mention.

Much of what has been achieved would not have been possible without the foresight of the President of ANZICS, A/Prof Anthony Holley and the College of Intensive Care Medicine President, Dr Mary Pinder.

The Australasian Critical Care Community has established itself as a world leader in high quality care and research. It is our vision to make a significant contribution to Global Health and with commitment, perseverance and time there is much that can be achieved.

Prof John Botha

Chair, ANZICS/CICM Global Health Special Interest Group

New South Wales

Here we are, more than 18 months from the time where virtual meetings, updates of COVID numbers, lockdowns and disrupted travel plans became part of our daily lives. At the time of writing this report, NSW is in the middle of a new surge, at a level which we have not seen since the beginning of the pandemic.

The ICU clinicians have built on the intense planning of 2020 when we braced for the worst. Our carefully developed plans have put us in good stead. The community of practice meetings which pulled together clinicians across the state to share ideas have proven to be a key mechanism to support the critical care community. It is through this forum that we continue to share experiences and learnings.

Through uncertain times, we continued our planning for the Critical Care Datathon. The collaboration between ANZICS, National University of Singapore, University of Sydney and ICNSW/Agency of Clinical Innovation built on the links from our last datathon held in Sydney in 2017. Unfortunately, the event had to be postponed due to COVID restrictions. We look forward to holding the event later in the year. In the meantime, we are working on having local NSW data (eRIC and NSW Pathology) available for the event.

Intensive Care departments continue to be busy, with many involved in the planning of new units as part of the NSW Health Infrastructure program. New hospitals are planned for Goulburn, Campbelltown, Prince of Wales, Nepean, John Hunter, Tweed, Bankstown and Westmead Children's Hospital to name a few.

We continue to forge strong links with the College of Intensive Care Medicine. The inclusion of ANZICS Executive at the Regional Committee meetings provides opportunities for collaboration on behalf of the membership and fellows.

NSW ANZICS members have continued to put themselves forward to be involved in ANZICS initiatives such as updating of the COVID Guidelines and the development of the position statement on workforce requirements for intensive care units.

As a community we have much to be proud of. I continue to be humbled by the tenacity of my colleagues and their ability to respond to all the challenges. Through difficult times for us as a nation, critical care clinicians continue to come together to support each other and serve the community.

We look forward to a fully vaccinated nation where we can enjoy the simple pleasures of catching up for a meeting which is in person. We hope that the planning for our ASM in April 2022 comes to fruition. I thank, each and every one of you, for your contribution to ANZICS and the broader critical care community.

Dr Nhi Nguyen
Chair, New South Wales

New Zealand

2021 as been a has been dominated by the preparations for the potential of significant COVID-19 penetration into the NZ population. Fortunately, to date, public health measures have held this at bay and afforded time for better preparation of the ICU community for the eventuality of an outbreak later in the year.

Capacity has improved but remains limited compared with many other OECD countries and work to make the system more resilient and surge capacity more flexible is on-going. In addition to training non-core ICU staff, purchase of additional ventilators, monitors and NIV machines, upgrades to hospital reticulated oxygen supplies and adaptations to HVAC systems have been necessitated in some areas.

ANZICS members (medical and nursing) together with Fellows of the College of Intensive Care Medicine have participated and collaborated in national preparations including equipment distribution, surge capacity preparation plans, development of triage assistance tools, educational events and regular meetings with the Ministry of Health. Sharing of documents, policies and guidelines between different critical care provider units within the ANZICS community has been appreciated as have the higher-level principle documents produced by ANZICS.

Concerns remain around recommended levels of PPE nationally compared with those of other countries and calls for greater transparency around supplies and stores continue. This is an on-going focus at the present time. By July, 11% of all Covid-19 cases in New Zealand had been in healthcare workers and we seek to improve this and protect our ICU teams.

Several units now contribute to the ANZICS CHRIS Database, but uptake has been patchy following advice that we were to expect an automated MoH NZ specific database in the near future. Work is on-going both to encourage use of the CHRIS Database and also to ascertain if the NZ database, when it is operational, might drop data into CHRIS to offer a complete picture of capacity on both sides of the Tasman.

Provisionally plans are set to hold a late Regional Scientific Meeting in June 2021 and we are currently exploring how this might be facilitated as a mixed modality event if public health measures were to prevent colleagues gathering together. The proposed major theme is “Equity and critical care services” with a second related theme of “Ensuring well-being in the ICU team”. Equity is not only around critical patient issues such as deprivation, ethnicity, access and outcomes but also about staff issues such as improving the voices and educational opportunities of the whole critical care team at the table – the voice of Nurses, Social Workers, Physios, Pharmacists, Allied Health Practitioners and Managers are key to this. An exploration of both equality and equity strategies and how these might best be leveraged to improve the well-being of all promises to be thought-provoking and challenging.

The NZ ANZICS Research Symposium is to be held in Christchurch on November 4th to 5th (pandemic ALERT restrictions allowing) and we hope as many ICU clinicians and researchers as possible will attend. This will provide an excellent opportunity to network and be the first face-to-face ANZICS event in NZ since the RSM. If restrictions prevent meeting, a virtual format may be adopted but we hope that a more convivial, in-person, mixed educational, social and networking event may prove possible.

As was the case in 2019-2020, the year ahead faces us with new challenges and opportunities. As the ICU system creaks and groans at the limits of capacity and suffers regular periods when we struggle to find beds for patients within their local catchment, it is encouraging to see strong governmental signals of a desire to improve things and to work with the profession to achieve advancements for our patients, whanau and staff teams. ANZICS, the College, NZCCCN and the NZ CD and CNM ICU network are all participating; members are encouraged to feed into these groups to influence the future of our national service.

Dr Craig Carr
Chair, New Zealand

Northern Territory

I acknowledge the Traditional Custodians of the land on which we work and live and pay my respects to their Elders past and present.

It has been very bust last few months with routine activities. Delta strain continues to impact the routine business in Australia. Northern Territory witnessed its first International COVID-19 positive critically ill patient repatriation of an Australian citizen to the RDH intensive care. There was an extensive coordination between various agencies along with intensive care in making this a successful exercise.

Vaccination remains the most powerful tool to control the infection. The rate is gathering pace but it is dependent upon the vaccination quota received by NT. Staff wellbeing remains the most important agenda and more than 90% of hospital staff are now fully vaccinated.

The COVID-19 situation in India impacted multiple staff members in NT. This was acknowledged and staff support was provided by the TEHS and NT-AMA. ANZICS also provided statement of solidarity to its Indian colleagues in Australia that was very well received.

Ongoing challenges of travel have massively restricted our ability to hold face-to-face meetings in recent times. Two intensive care units held their Annual Research Meeting where trainees presented their projects and discussed their proposed research ideas. The Stephens- Stewart Research Award was presented to Dr Carly Wright for her work on impact of alcoholism on ICU admissions. This also highlights the ongoing need for ICU led trials that link critical care and public health. NT remains a committed member of the ANZICS CTG and is involved in multicentre trials.

We have been able to maintain a strong ANZICS membership in last financial year. This is a reflection of the strong commitment shown by the members. The Northern Territory represents ANZICS and CICM at various levels and I congratulate the membership for their ongoing commitment.

Dr Sidharth Agarwal
Chair, Northern Territory

South Australia

The Adelaide ICU community has weathered another interesting year. Despite the relatively small direct clinical Covid workload, the work done with Covid preparation and balancing the dynamic challenges of this bureaucratic environment has impacted on the ICU workforce in SA.

This has made the regular debate around ICU bed numbers, bed blocked patients and maintenance of the ICU medical and nursing workforce even more challenging. It is pleasing to see the resilience of my colleagues and the strength of the speciality in rising to meet this challenge and continuing to provide world class care for all in South Australia.

The master plan for the relocation and development of a new Women's and Children's Hospital has been released this year. Co-location with the Royal Adelaide hospital at the western edge of the city will allow for sharing of the helipad and ease of access to the RAH's adult ICU and its quaternary services. This $1.95 billion project is currently in the consultation phase and work on the green fields site will commence at the end of 2021.

Education

South Australian ANZICS educational activities have been somewhat hamstrung by the intermittent lockdowns experienced in SA over the past twelve months. The fellow and trainee education series has been limited to only one face to face ANZICS/CICM meeting. In June, a full house of the ICU medical community was provided with an excellent overview of COVID-19, vaccine development and efficacy by Prof David Gordon from the Flinders Medical Centre.

We were very fortunate to have been able to hold the 13th Annual Tub Worthley Travelling Scholarship Registrar Presentation Dinner this year in May. This event was the brainchild of ANZICS Past President, A/Prof Mary White and she continues to keep the show running. We are very appreciative of all the hard work that has been done to keep this event a success. This remains the only avenue for SA registrars to present original research to the local ICU community. Sandy Peake and Steve Keely were our esteemed adjudicators for the evening. The registrars all appreciated their time and insights into their projects. Due to popular demand, we included a poster presentation category for the first time and were oversubscribed for both the poster and oral presentation category which was pleasing as a barometer for health of registrar projects in SA. I would like to congratulate Ben Young for winning the oral presentation and for Amanthi Mendis for best poster. They both received travelling scholarships to present these works more broadly once we can travel again. We are appreciative of Pfizer for their ongoing support for the travelling scholarship. They have supported this event since its inception and are strong supporters of ICU fellow and trainee education evenings in SA.

There has been excellent take up of Covid vaccination within the ICU community of SA. We are hopeful that as we broaden our vaccination rate within the community, we will be able to return to our more interactive roster of in-person education evenings that have been great at bringing the ICU community together. We are going to work harder to include our recently retired fellows in these events so they can bring their unique perspective to ICU in SA.

Dr Michael Farquharson

Chair, South Australia

Tasmania

In this time of COVID-19 Tasmania's ICUs have been very fortunate to experience a period of relative stability and reasonably normal operations over 2021. This has largely been due to geography, and the strong public health measures undertaken by the State Government.

COVID-19

As an intensive care group we have been closely collaborating with the Department of Health and CMO to ensure that our capacity is clearly outlined, and that the risk to patients and staff of running overcapacity, is realised and factored into public health decisions. Access to adequate and sustainable levels of staff, particularly nursing staff, is continuing to provide significant challenges to all units. This will feature as an even more major issue should COVID-19 provide an additional case load.

There has been a commendable amount of work in all 3 intensive care units to ensure readiness for managing critically unwell COVID-19 patients. I am sure that these preparations are again at the forefront of all staff's minds at this time of re-opening discussions, with outbreaks in our neighbouring states.

As an organisation the regional ANZICS team is please to promote vaccination as essential among intensive care staff, the note the state government's recent decision to mandate vaccination for HCW.

All units have access to the ANZICS CHRIS database. The capacity for both the health service, and the aeromedical retrieval service to utilise this may prove to be invaluable into the latter parts of 2021 and 2022. The ANZICS documents on COVID-19 and complex decision making have been distributed and well received by the membership.

Membership

Regional society membership has again modestly increased over the last 12 months. Our local clinicians continue to actively recruit to ANZICS-CTG initiated trials, along with ongoing contributions to the CORE dataset from our units. We have broad and active representation across most ANZICS subcommittees where the output of our representatives 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.

Education

After a very successful ANZICS/CICM/ACCCN Regional Scientific Meeting in 2019, the 2020 meeting was unfortunately postponed due to COVID. There are provisional plans to host this in late November 2021 to provide an avenue for further staff integration between the intensive care units, as well as educational opportunities and interaction with other specialist groups within the THS. This year's theme will focus on Neuro- intensive care.

Tasmania's ANZICS members and intensive care staff should be commended on their preparation for COVID-19 thus far. However, 2022 will no doubt provide many challenges! The focus now should now be on the maximisation of vaccination rates ensuring that all Tasmanians who want to be vaccinated are and following this careful re-opening and relaxation of public health restrictions. Thankfully, the State government seems to be taking this approach. The Regional Committee will continue to carefully monitor progress in this space and advise the State Health Minister, and Public Health on behalf of its membership accordingly.

Dr Michael Ashbolt
Chair, Tasmania

Victoria

The Victorian Intensive Care Community has again stood firm during the challenges of the persistent COVID 19-pandemic.

The extensive work done by Victorian members in 2020 has benefited the entire critical care community and the ANZICS COVID-19 Guidelines , ANZICS 'Guiding principles for complex decision-making and the Australia and New Zealand Critical Health Resource Information System (CHRIS),have proven invaluable during the pandemic. The ANZICS Victorian ICU Directors' Forum has continued to meet and this platform has provided a forum for frank discussion and the opportunity to exchange information and share ideas.

Victorian ANZICS members continue to engage and contribute to Safer Care Victoria and advocate for the critically ill.

The difficulty of arranging conferences and educational events remains and the experience of delivering education on line has grown exponentially.

Victorian office bearers of ANZICS have been contacted by the Victorian Committee of CICM with the hope of aligning the workforce to community need/ICU capability, aligning trainees to credentialed training jobs and aligning CICM supervision and training opportunities to trainee workforce need.

A suggestion from the Victorian Directors Forum was that Victorian ANZICS form a Working Group to obtain data from INSIGHT, ANZICS CORE APD and ANZICS CCR to look at the current situation with comparisons of workload and beds with other jurisdictions, consider what current needs might be and develop recommendations,

The contribution of Victorian ANZICS members to the ANZICS/CICM Global Health Initiative is to be commended and the contribution of Assoc/Prof Steve McGloughlin in establishing a telehealth program with PNG, Dr Irma Bilgrami on the Executive and Dr David Ku as a lead for Asia has been exceptional.

Membership of ANZICS in Victoria continues to grow and this reflects the value the Victorian Critical Care Community has placed on membership and support of the Society.

I would like to thank the membership for their ongoing commitment to care of the critically ill, education and scholarship in the delivery of care.

As a state, Victoria has endured over 6 months of lockdown and the critical care community has delivered care with steadfast resilience.

I am sure that when COVID comes to pass, we will emerge as a stronger critical care community and that the fortitude displayed and skills learned will have lasting consequences for us all.

Prof John Botha

Chair, Victorian

Western Australia

Western Australia has certainly been well protected by the hard border and we watch on with a touch of guilt as our eastern state counterparts struggle with multiple cases of COVID. Despite the lack of COVID we have never been this busy with ICUs regularly full, forcing us to ring around the state looking for beds on a daily basis.

The state has had to put restrictions on elective surgery, just to deal with the unprecedented levels of demand across the system. This has only emphasised that we have to be prepared for the inevitable cases that will come and look after our most valuable asset – our highly trained and skilled intensive care nursing workforce.

There are certainly significant infrastructure deficits throughout our ICUs and somewhat disappointing that requests to address these in some hospitals have not been dealt with in the past 12 months. The state however, is in a good place financially with the mining boom and $1.8 billion funding for a new Women's Hospital has been announced (which has been needed for some time) as well as extra funding for additional beds and staff. Where those staff will come from with similar issues existing throughout Australia is certainly less than clear.

Research has finally been possible with some ability to utilise NOK consent. The process remains laborious but at least possible. After 3 or so years of being heavily restricted in WA, it will take some time to rebuild the research base and structures we previously had in place.

We continue to coordinate ICU registrar jobs across the three largest ICUs with a view to ensure good exposure and training. Facilitating a number of transitional year positions has been challenging but achievable through good collaboration.

Education remains at least possible here. With the lack of ability to travel we look to provide more opportunities and educational courses within Western Australia.

Membership steadily grows and if COVID has shown us anything it is the power of unity and being part of the ANZ wider ICU team.

I thank all of the ANZICS staff who work tirelessly to support us and ensure that we can deliver the best care to our patients. It will no doubt be a challenging next 12 months, but we will face it together.

Dr Bradley Wibrow

Chair, Western 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
2019	**Dr M Chakraborty**	Wellington
2020	**No ASM held**	

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
2017-19	**S Warrillow**	VIC

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
2019	Melbourne	**None due to World Congress**	
2020		**No ASM held due to COVID-19**	

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
2019	Melbourne	**Bala Venkatesh**	VIC
2020		**Not awarded due to COVID-19**	

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**	

2021 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 2021 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:

A/Prof Anthony Holley *President*
A/Prof Mark Nicholls *Vice President*
Dr Yasmine Ali Abdelhamid *Hon. Secretary*
Dr Danielle Austin *Hon. Treasurer*
Dr Sidharth Agarwal
Dr Michael Ashbolt
Dr Bronwyn Avard
Prof John Botha *(appointed 23/2/2021)*
Dr Alastair Carr
Dr Michael Farquharson
Dr Rajeev Hegde *(resigned 8/1/2021)*
Dr David Ku
Dr Kenneth John Millar
Dr Nhi Nguyen
Prof Sandra Peake
Prof David Pilcher
Dr Siva Senthuran *(appointed 8/1/2021)*
Dr Stephen Warrillow *(resigned 17/10/2020)*
Dr Bradley Wibrow

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 Society 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

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

A/Prof M Nicholls
Qualifications: MBBS/FRACP/FCICM
Experience: Director since Oct 2014
Special Responsibilities: Vice President

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: Hon. Secretary

Dr S Agarwal
Qualifications: MBBS/MD/FCICM
Experience: Director since Jan 2020
Special Responsibilities: NT Representative

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

Dr B Avard
Qualifications: BMed/FCICM/MLMEd PGCertClinUS
Experience: Director since Jan 2021
Special Responsibilities: ACT Representation

Prof J Botha
Qualifications: MB/ChBM/Med FCP(SA)/FRACP/FCICM/DTM&H
Experience: Director since Feb 2021
Special Responsibilities: Chair – VIC Region

Dr A Carr
Qualifications: MB/ChB/MSc/DA/FRCA DICM/FFICM/MBA
Experience: Director since May 2020
Special Responsibilities: Chair – NZ Region

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

Dr D Ku
Qualifications: MBBS/FCICM
Experience: Director since Jan 2021
Special Responsibilities: International Relations

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

Prof S Peake
Qualifications: BM/BS/BSc(Hons)/FCICM/PhD
Experience: Director since June 2020
Special Responsibilities: Chair – Clinical Trials Group

Prof D Pilcher
Qualifications: MBBS/MRCP/FRACP/FCICM
Experience: Director since Feb 2020
Special Responsibilities: Chair – CORE Management

Dr Siva Senthuran
Qualifications: MBBS/BSc/FRCA/FANZCA /FCICM/MClinEpid/PGDipCritC Echo
Experience: Director since Feb 2021
Special Responsibilities: Chair – QLD Region

Dr B Wibrow
Qualifications: MBBS/FACEM/FCICM
Experience: Director since Dec 2015
Special Responsibilities: Chair – WA Region

Directors' meetings

During the financial year, 5 meetings of directors were held. Attendances by each director were as follows:

Directors	Number eligible to attend	Number attended
Dr Y Ali Abdelhamid	5	5
Dr M Ashbolt	5	4
Dr S Agarwal	5	4
Dr D Austin	5	5
Dr B Avard	5	4
Prof J Botha	2	2
Dr A Carr	5	3
Dr M Farquharson	5	5
Dr R Hegde	3	3
A/Prof A Holley	5	5
Dr D Ku	5	5
Dr KJ Millar	5	3
Dr N Nguyen	5	4
A/Prof M Nicholls	5	5
Prof Peake	5	2
Prof D Pilcher	5	3
Dr M Saxena (proxy for Dr S Peake)	1	1
Dr S Senthuran	2	2
Dr S Warrillow	3	3
Dr B Wibrow	5	4

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 $22,360 (2020: $18,380) being 1,118 (2020: 919) 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 2021 has been received and can be found on page 35 and forms part of the directors' report.

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

Assoc Prof Anthony Holley
President

Dr Danielle Austin
Hon.Treasurer

Dated this 25th day of October 2021

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 2021, there have been:

(i) no contraventions of the auditor independence requirements as set out in the Australian Charities and Not-for-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 25th day of October 2021
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 2021

	Notes	2021 $	2020 $
Revenue	2	3,256,534	3,358,688
Other income	2	501,255	6,595
Employee benefits expenses		(1,659,399)	(1,593,396)
CHRIS Project consultancy expense		(510,320)	(403,850)
Depreciation and amortisation expense	3	(209,993)	(209,623)
IT expenses		(166,459)	(141,423)
Administration expenses		(154,687)	(152,231)
General consultancy, legal and audit expense		(138,484)	(111,354)
Travel and committee expenses		(8,688)	(51,298)
Conference and meeting expenses		(8,131)	(256,131)
Finance expenses	3	(2,260)	(6,949)
Other expenses from ordinary activities		(13,373)	(13,128)
Awards, sponsorships and scholarships		-	(38,000)
Unrealised loss on revaluation of financial assets		-	(138,075)
Surplus for the year before income tax		885,995	249,825
Income tax expense	1(b)	-	-
Surplus for the year before income tax		885,995	249,825
Other comprehensive income			
Total other comprehensive income for the year		-	-
Total comprehensive income attributable to members of the Society		**885,995**	**249,825**

The accompanying notes form part of these financial statements.

Statement of Financial Position

AS AT 30 JUNE 2021

	Notes	2021 $	2020 $
Current Assets			
Cash and cash equivalents	4	2,757,675	2,684,166
Trade and other receivables	5	102,045	323,981
Other current assets	6	30,003	44,018
Total current assets		2,889,723	3,052,165
Non-Current Assets			
Financial assets	7	5,057,393	4,319,235
Plant and equipment	8	20,457	20,021
Intangible assets	9	67,050	176,469
Right of use assets	10	139,103	82,289
Total non-current assets		5,284,003	4,598,014
Total Assets		8,173,726	7,650,179
Current Liabilities			
Trade and other payables	11	543,852	971,798
Lease liabilities	12	95,954	89,769
Provisions	13	399,236	419,277
Total current liabilities		1,039,042	1,480,844
Non-Current Liabilities			
Trade and other payables	11	36,473	4,336
Lease liabilities	12	42,966	-
Employee benefits	13	8,100	3,849
Total non-current liabilities		87,539	8,185
Total Liabilities		1,126,581	1,489,029
NET ASSETS		**7,047,145**	**6,161,150**
Equity			
Retained earnings		7,047,145	6,161,150
TOTAL EQUITY		**7,047,145**	**6,161,150**

The accompanying notes form part of these financial statements.

Statement of Cash Flows

FOR THE YEAR ENDED 30 JUNE 2021

	Notes	2021 $	2020 $
Cash flows from operating activities			
Receipt of grants		2,613,844	2,182,341
Cash receipts from members and customers		969,491	1,230,738
Income from financial assets		231,922	139,734
Interest received		14,545	38,415
Payments to suppliers and employees		(3,410,717)	(2,526,033)
Net cash inflows from operating activities	14	419,085	1,065,195
Cash flows from investing activities			
Payment for available-for-sale financial assets		(969,483)	(1,003,610)
Proceeds from disposal of available-for-sale financial assets		732,580	22,572
Payment for property, plant and equipment		(10,539)	(3,626)
Payment for intangible assets		-	(4,800)
Net cash used in investing activities		(247,442)	(989,464)
Cash flows from financing activities			
Repayment of lease liabilities		(98,134)	(89,905)
Net cash used in financing activities		(98,134)	(89,905)
Net increase/(decrease) in cash and cash equivalents		73,509	(14,174)
Cash and cash equivalents at beginning of financial year		2,684,166	2,698,340
Cash and cash equivalents at end of financial year	4	2,757,675	2,684,166

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

FOR THE YEAR ENDED 30 JUNE 2021

	Retained surplus $
Balance at 1 July 2019	5,911,325
Surplus attributable to the Society	249,825
Balance at 30 June 2020	6,161,150
Surplus attributable to the Society	885,995
Balance at 30 June 2021	**7,047,145**

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2021

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 incorporated under the *Corporations Act 2001* and is a company limited by guarantee.

Members' Guarantee

If the Society is wound up, the constitution states that each member is required to contribute a maximum of $20 each towards meeting any outstanding obligations of the Society. At 30 June 2021, the number of members was 1,118 (2020: 919).

Registered Office and Principal Place of Business

The registered office and principal place of business of the Society is Suite 1.01, Level 1, 277 Camberwell Road, Camberwell, Victoria, 3124.

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 25th October 2021 by the directors of the company.

Accounting policies

(a) Revenue

Revenue recognition

Contributed Assets

The Society receives assets from the government and other parties for nil or nominal consideration in order to further its objectives. These assets are recognised in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138.) On initial recognition of an asset, the Society recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer). The Society recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

Operating Grants, Donations and Bequests

When the Society received operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, the Society:

- identifies each performance obligation relating to the grant
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Society:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (e.g. AASB 9. AASB 16, AASB 116 and AASB 138);
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the Society recognises income in profit or loss when or as it satisfies its obligations under the contract.

Interest Income

Interest rate revenue is recognised using the effective interest rate method.

Dividend Income

The Society recognises dividends in profit or loss only when the Society's right to receive payment of the dividend is established.

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 exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997.*

(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.

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 is depreciated on a straight line basis over the asset's useful life to the Society 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
Plant and equipment	3 – 10 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 Society 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; or
- fair value through profit or loss.

A financial liability is measured at fair value through profit or loss if the financial liability is:

- held for trading: or
- initially designated as at fair value through profit or loss.

All other 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.

1. Summary of significant accounting policies (continued)

A financial liability is held for trading if it is incurred for the purpose of repurchasing or repaying in the near term. Any gains or losses arising on changes in fair value are recognised in profit or loss to the extent that they are not part of a designated hedging relationship. The change in fair value of the financial liability attributable to changes in the issuer's credit risk is taken to other comprehensive income and is not subsequently reclassified to profit or loss. Instead, it is transferred to retained earnings upon derecognition of the financial liability. If taking the change in credit risk to other comprehensive income enlarges or creates an accounting mismatch, these gains or losses should be taken to profit or loss rather than other comprehensive income.

A financial liability cannot be reclassified.

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 contractual 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 recognised financial asset or financial liability from the statement of financial position.

Derecognition of Financial Liabilities

A liability is derecognised when it is extinguished (i.e. 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 financial liability.

The difference between the carrying amount of the financial liability derecognised 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 Society 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.

The Society recognises a loss allowance for expected credit losses on financial instruments that are measured at amortised cost or fair value through other comprehensive income. Loss allowance is not recognised for financial assets financial assets measured at fair value through profit or loss.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

The Society uses the following approaches to impairment, as applicable under AASB 9: Financial Instruments:

- the general approach; and
- the simplified approach;

General approach

Under the general approach, at each reporting period, the Society assesses whether the financial instruments are credit-impaired, and:

- if the credit risk of the financial instrument has increased significantly since initial recognition, the Society measures the loss allowance of the financial instruments at an amount equal to the lifetime expected credit losses; and
- if there has been no significant increase in credit risk since initial recognition, the Society measures the loss allowance for that financial instrument at an amount equal to 12-month expected credit losses.

Simplified approach

The simplified approach does not require tracking of changes in credit risk at every reporting period, but instead requires the recognition of lifetime expected credit loss at all times. This approach is applicable to trade receivables. In measuring the expected credit loss, a provision matrix for trade receivables is used, taking into consideration various data to get to an expected credit loss (ie diversity of its customer base, appropriate groupings of its historical loss experience, etc).

Recognition of expected credit losses in financial statements

At each reporting date, the Society recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income. The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

(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 Society 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 provisions

Short-term employee benefits

Provision is made for the Society'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. Shortterm employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled. The Society 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 Society 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 Society'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 Society's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the Society 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.

Retirement benefit obligations

Defined contribution superannuation benefits

All employees of the Society receive defined contribution superannuation entitlements. For which the Society pays the fixed superannuation guarantee contribution (currently 9.5% of the employee's average ordinary salary) to the employee's superannuation fund of choice. All contributions in respect of employee's defined contribution entitlements are recognised as an expense when they become due and payable. The Society's obligation with respect to employee's defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the Society's statement of financial position.

(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 debtors

Accounts receivable and other debtors include amounts due from donors and any outstanding grant receipts.

Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(d) for further discussion on the determination of impairment losses.

(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

Software

Software is recorded at cost. Where software is acquired at no cost, or for a nominal cost, the cost is its fair value as at the date of acquisition. It has a finite life and is carried at cost less accumulated amortisation and any impairment losses. Software has an estimated useful life of between one to five years. It is assessed annually for impairment.

Website

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) Leases

The Society as a Lessee

At inception of a contract, the Society assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the Society where the Society is a lessee. However all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Society uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options if lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Society anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

(l) Comparative figures

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

(m) Critical Accounting Estimates and Judgements

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Society.

Key estimates

Useful lives of property, plant and equipment

As described in Note 1(c), the Society reviews the estimated useful lives of property, plant and equipment at the end of each annual reporting period.

Key judgements

(i) Performance obligations under AASB 15

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/type, cost/value, quantity and the period of transfer related to the goods or services promised.

1. Summary of significant accounting policies (continued)

(ii) Lease term and Option to Extend under AASB 16

The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key management judgement that the Society will make. The Society determines the likeliness to exercise the options on a lease-by-lease basis looking at various factors such as which assets are strategic and which are key to future strategy of the Society.

(iii) Employee benefits

For the purpose of measurement, AASB 119: Employee Benefits defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the Society expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows (despite an informal internal policy that requires annual leave to be used within 18 months), the directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.

(n) Fair Value of Asset and Liabilities

The Society measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard. "Fair value" is the price the Society would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie unforced) transaction between independent, knowledgeable and willing market participants at the measurement date. As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques.

These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (ie the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the Society at the end of the reporting period (ie the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the Society's own equity instruments (if any) may be valued, where there is no observable market price in relation to the transfer of such financial instruments, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

	2021 $	2020 $
2. Revenue and other income		
Revenue		
Grants - recurrent	1,472,754	1,396,444
Grants - project	27,958	-
Grants – CHRIS Project	565,810	403,000
Subscriptions	545,294	511,511
Surplus from ASM	-	235,950
Conferences and meetings	49,966	310,026
Sponsorship	45,500	81,227
	2,707,282	2,938,158
Other revenue:		
Government COVID19 business support	302,700	167,000
Interest received – cash and cash equivalents	15,091	33,231
Investment dividends and distributions	178,046	187,299
Sundry income	53,415	33,000
	549,252	420,530
Total revenue	3,256,534	3,358,688
Other income		
Gain on disposal of investments held	18,111	6,595
Unrealised gain on investments held	483,144	-
Total other income	501,255	6,595
Total revenue and other income	3,757,789	3,365,283

Transaction price allocated to the remaining performance obligation

The table below shows the grant revenue expected to be recognised in the future related to the performance obligations that are unsatisfied (partially unsatisfied) at the reporting date

	2021 $	Total $
Revenue from government grants and other grants	50,000	43,000

	Notes	2021 $	2020 $
3. Surplus for the year			
(a) Expenses			
Employee benefits expense			
- contribution to defined contribution superannuation funds		136,973	131,030
Depreciation and amortisation expense:			
- plant and equipment		10,103	10,458
- intangible assets		109,419	109,394
- right of use assets		90,471	89,771
Total depreciation and amortisation expense		209,993	209,623
Financial costs:			
- interest expense on financial liabilities not at fair value through profit or loss		2,260	6,949
Low value lease asset expense		-	2,928
Unrealised loss on revaluation of financial assets		-	138,075
4. Cash and cash equivalents			
Cash on hand		146	175
Cash at bank		891,182	1,617,644
Cash on short term deposit		1,866,347	1,066,347
		2,757,675	2,684,166
5. Trade and other receivables			
Trade receivables		2,750	185,334
Other receivables		99,295	138,647
		102,045	323,981
6. Other current assets			
Prepayments		30,003	44,018
7. Financial assets			
Financial assets mandatorily measured at fair value through profit or loss	7(a)	5,057,393	4,319,235
(a) Financial assets mandatorily measured at fair value through profit or loss:			
Investments in listed Australian securities	17	2,520,788	1,715,652
Investments in managed funds	17	2,536,605	2,603,583
		5,057,393	4,319,235

	2021 $	2020 $

8. Property, plant and equipment

Plant and equipment

Plant and equipment - at cost	83,089	72,550
Less accumulated depreciation	(62,632)	(52,529)
Total plant and equipment	20,457	20,021

Movements in carrying amounts

	Plant and equipment $
2021	
Balance at 1 July 2020	20,021
Additions	10,539
Depreciation for the year	(10,103)
Balance at 30 June 2021	20,457
2020	
Balance at 1 July 2019	26,853
Additions	3,626
Depreciation for the year	(10,458)
Balance at 30 June 2020	20,021

	2021 $	2020 $

9. Intangible assets

Software - at cost	501,555	501,555
Less accumulated amortisation	(451,032)	(348,213)
Total software	50,523	153,342
Website - at cost	33,000	33,000
Less accumulated amortisation	(16,473)	(9,873)
Total website	16,527	23,127
Total intangible assets	67,050	176,469

9. Intangible assets (continued)

Movements in carrying amounts

	Software $	Website $	Total $
2021			
Balance at 1 July 2020	153,342	23,127	176,469
Additions	-	-	-
Amortisation for the year	(102,819)	(6,600)	(109,419)
Balance at 30 June 2021	50,523	16,527	67,050
2020			
Balance at 1 July 2019	251,336	29,727	281,063
Additions	4,800	-	4,800
Amortisation for the year	(102,794)	(6,600)	(109,394)
Balance at 30 June 2020	153,342	23,127	176,469

10. Right of use assets

The Society's lease relates to a building. The lease has an 18 month lease term. An option to extend or terminate is contained in the property leases of the Society. These clauses provide the Society opportunities to manage leases in order to align with its strategies. The extension or termination option is only exercisable by the Society. The extension options or termination option has not been included in the calculation of the Right of use asset.

	2021 $	2020 $
(i) AASB 16 related amounts recognised in the statement of financial position		
Leased building	147,286	269,312
Less accumulated depreciation	(8,183)	(187,023)
Total right of use assets	139,103	82,289

Movements in carrying amounts

Leased buildings:

	$
2021	
Balance at 1 July 2020	82,289
Additions	147,285
Depreciation for the year	(90,471)
Balance at 30 June 2021	139,103
2020	
Balance at 1 July 2019	-
Recognised on Initial application of AASB 16 (previously classified as operating leases under AASB 117	172,060
Depreciation for the year	(89,771)
Balance at 30 June 2021	82,289

		2021 $	2020 $
(ii) AASB 16 related amounts recognised in the statement of profit or loss			
Depreciation charge related to right of use assets		90,471	89,771
Interest expense on lease liabilities		2,260	6,949
Low value asset leases expense		2,880	2,928

11. Trade and other payables

Current			
Trade creditors		16,477	477,588
Sundry creditors and accruals		176,032	179,834
GST Payable		21,278	38,838
Grants received in advance		50,000	43,000
Subscriptions received in advance		223,700	205,238
Sponsorship & registrations received in advance		56,365	27,300
	11(a)	543,852	971,798
(a) Financial liabilities at amortised cost classified as trade and other payables			
Trade and other payables – current		543,852	971,798
Less deferred income		(330,065)	(275,538)
Financial liabilities as trade and other payables	17	213,787	696,260
Non-current			
Subscriptions received in advance		36,473	4,336

12. Lease liabilities

Current			
Lease liability – right of use assets		95,954	89,769
Non-current			
Lease liability – right of use assets		42,966	-

13. Provisions

Current			
Provision for employee benefits: annual leave		167,949	149,607
Provision for employee benefits: long service leave		231,287	269,670
		399,236	419,277
Non-current			
Provision for employee benefits: long service leave		8,100	3,849

	$
Analysis of total provisions	
Opening balance at 1 July 2020	423,126
Additional provisions raised during the year	179,576
Amounts used	(195,366)
Balance at 30 June 2021	407,336

13. Provisions (continued)

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).

	2021 $	2020 $
14. Notes to the Statement of Cash Flows		
Reconciliation of cash flow from operations with surplus after income tax		
Surplus for the year	885,995	249,825
Add/(less) non-cash items:		
Depreciation and amortisation	209,993	209,623
(Gain) loss on disposal of investments	(18,111)	(6,595)
Unrealised (gain) loss on investments held	(483,144)	138,075
Change in assets and liabilities		
(Increase)/decrease in trade and other receivables	221,936	(152,552)
(Increase)/decrease in other current assets	14,015	25,780
Increase/(decrease) in trade and other payables	(395,809)	546,216
Increase/(decrease) in provisions	(15,790)	54,823
Net cash provided by / (used in) operating activities	419,085	1,065,195

15. Related Parties

Directors

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

Dr Yasmine Ali Abdelhamid, Dr Sidharth Agarwal, Dr Michael Ashbolt, Dr Danielle Austin, Dr Bronwyn Award, Prof John Botha, Dr Alastair Carr, Dr Michael Farquharson, Dr Rajeev Hegde, Assoc Prof Anthony Holley, Dr David Ku, Dr Kenneth John Millar, Dr Nhi Nguyen, Dr Mark Nicholls, Dr Sandra Peake, Prof David Pilcher, Dr Siva Senthuran, Dr Stephen Warrillow, Dr Bradley Wibrow.

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

16. 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:

	2021 $	2020 $
Short-term employee benefits	466,841	414,077
Post-employment benefits	44,255	53,043
Other long-term benefits	-	-
Key management personnel compensation	511,096	467,120

17. 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, accounts payable and leases.

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:

	Notes	2021 $	2020 $
Financial assets			
Financial assets at fair value through profit or loss:			
- investments in listed Australian securities	7	2,520,788	1,715,652
- investments in managed funds	7	2,536,605	2,603,583
Financial assets at amortised cost:			
- cash and cash equivalents	4	2,757,675	2,684,166
- trade and other receivables	5	102,045	323,981
Total financial assets		7,917,113	7,327,382
Financial liabilities			
Financial liabilities at amortised cost:			
- trade and other payables	11	213,787	696,260
- lease liabilities	12	138,920	89,769
Total financial liabilities		352,707	786,029

Refer to Note 18 for detailed disclosures regarding the fair value measurement of the Society's financial assets.

18. 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 not 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.

Recurring fair value measurements

	Note	2021 $	2020 $
Financial assets			
Financial assets at fair value through profit or loss:			
- investments in listed Australian securities [(i)]	7	2,520,788	1,715,652
- investments in managed funds [(i)]	7	2,536,605	2,603,583
Total financial assets		5,057,393	4,319,235

(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.

19. Events subsequent to reporting date

Since the end of the financial year, the Directors note that COVID-19 continues to cause disruption to the economy. The duration and extent of the impact of the COVID-19 outbreak on the Society including the value of its investments, as well as the effectiveness of government and central bank responses, remains unclear at this time.

There are no other events or transactions which could render any particulars included in the financial statements to be misleading or inaccurate.

20. Contingent liabilities

There are no contingent liabilities as at 30 June 2021 (2020: $Nil).

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 32 to 54, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
   (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements applicable to the Society; and
   (b) give a true and fair view of the financial position of the Society as at 30 June 2021 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.*

Assoc Prof Anthony Holley
President

Dr Danielle Austin
Hon. Treasurer

Dated this 25th day of October 2021.

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 2021, 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 2021 and of its financial performance for the year then ended; and

II. complying with Australian Accounting Standards 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 the entity 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 registered entity 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.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the entity to express an opinion on the financial report. We are responsible for the direction, supervision and performance of the entity audit. We remain solely responsible for our audit opinion.

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 25th day of October 2021
Melbourne

Annual General Meeting

17 November 2020, 14:00 - 15:30, Via Zoom

Attendance

Simon Abel	Michael Farquharson	Mark Nicholls
Sid Agarwal	Graeme Hart	Swapnil Pawar
Yasmine Ali Abdelhamid	Jennifer Hogan	Sandra Peake
Michael Ashbolt	Anthony Holley	Mary Pinder
Danielle Austin	Ian Jenkins	Mallikarjuna Ponnapareddy
Bronwyn Avard	David Ku	Sumeet Rai
Deepak Bhonagiri	Maurice Le Guen	Raymond Raper
John Botha	Sandra Lussier	Manoj Saxena
Celia Bradford	Matthew Maiden	Bill Silvester
Jack Cade	Rebecca McEldrew	Cath Tacon
Claire Cattigan	Johnny Millar	Ida Ukor
Marissa Daniels	Gerard Moynihan	Stephen Warrillow
Adam Deane	Tej Murthy	Mary White
Carmel Delzoppo	John Myburgh	Bradley Wibrow
Graeme Duke	Nhi Nguyen	Marc Ziegenfuss

In Attendance

Gian Sberna (ANZICS CEO), Brent Kingston (ANZICS), Sue Huckson (ANZICS), Amanda Hill (ANZICS), Donna Goldsmith (ANZICS), Joy Najm (ANZICS), Tamara Bucci (ANZICS).

1. Welcome, present & apologies

The President welcomed members to the 2020 AGM at 2.00pm and declared a quorum.

2. Minutes of previous meeting

Members ***RESOLVED*** to endorse the minutes of the ANZICS Annual General Meeting held on 15 October 2019 as a true and accurate record of what transpired. ***All unanimous in support.***

3. President's report

The President acknowledged the contribution of members and reported on key highlights over the past 12 months including:

- COVID-19 Clinical Guidelines version 3 acknowledging the role of the editorial group, the surge capacity document and complex decision-making guidelines.
- COVID-19 Critical Care Collaborative acknowledging the value of the collaborative.
- ANZICS Pharmaceutical shortage survey and subsequent publication.
- Critical Hospital Resource Information System (CHRIS) a centre piece of the year's achievements to provide oversight on ICU capacity, capability and surge potential with funding until 2022.
- ANZICS Clinical Trials Group which rapidly mobilised to generate study protocols and grant submissions.
- Maintenance of relationships with federal and state governments and a leadership role on the evidence-based COVID-19 Task Group, as well as providing advice on a wide range of critical care issues.
- Support provided to the Victorian Directors virtual meetings, which have been widely praised for their value.
- Continuation of core business and innovation and the establishment of the Global Health Initiative, a joint venture with the College of Critical Care Medicine (CICM) noting the value of closer relations with the College.
- Establishment of the ANZICS multidisciplinary critical care workforce guide.

- The growing role of Women in Intensive Care and correspondence to the European Society regarding gender equality at the ASM.
- Establishment of the Past Presidents' Panel to engage this valuable group and advise the Society.
- Creation of the Meritorious Service Medal.
- Quality and safety meeting proceeded, with its success a testament to what can be achieved in difficult circumstances.
- Collaboration with post ICU survivors, with a website underway.

The President acknowledged issues and challenges including the ASM 2021. Colocation with CICM is progressing with minor changes occurring as required and engagement with Lawyers and Accountants on the details of the arrangement. The governance review has been put on hold due to COVID, however, the priority is to deliver an effective governance framework.

The President concluded by acknowledging Dr Stephen Warrillow for his generous service and the efforts of the Executive, Board, CEO and ANZICS staff.

4. Treasurer's Report

Dr Danielle Austin spoke to the Treasurer's Report noting the financial results for the year ended June 2020 and highlighting:

- A challenging year due to macro-economic conditions with a reported a surplus of $249,825.
- The result is a significant positive variance to the original budget due to factors including an unrealised loss of $138,000 and cancellation of the Sydney ASM.
- Receipt of government COVID grants and programs of $167,000, and conference results.
- Revenue including subscription income and funding was steady, with new funding from the Commonwealth for the CHRIS project.
- Overall financial position including cash and deposits of $1.6M and investments of $4.3M.
- Net asset position of $6,161,650.
- Return on investments for FY2020 was 0.6% noting the average return on investments of 7.4% over six years and the ongoing scrutiny of investments in conjunction with the Society's financial advisors.

The Budget for 2020-2021 was outlined and the forecast of a small surplus of $87,000 noting the impact of the cancellation of the annual ASM and conservative investment income estimates. Mitigations were outlined including a focus on cost control.

Members ***RESOLVED*** to accept the Treasurer's report as a true and accurate representation of the financial position of ANZICS. ***All unanimous in support.***

5. Election of Office Bearers

5.1 President: Dr Anthony Holey

Members ***RESOLVED*** to accept and ratify the nomination from Dr Anthony Holley as President of ANZICS. ***All unanimous in support.***

5.2 Vice President: Dr Mark Nicholls

Members ***RESOLVED*** to accept and ratify the nomination from Dr Mark Nicholls as Vice President of ANZICS. ***All unanimous in support.***

5.3 Honorary Treasurer: Dr Danielle Austin

Members ***RESOLVED*** to accept and ratify the nomination from Dr Danielle Austin as Honorary Treasurer of ANZICS. ***All unanimous in support.***

5.4 Honorary Secretary Dr Yasmine Ali Abdelhamid

Members ***RESOLVED*** to accept and ratify the nomination from Dr Yasmine Ali Abdelhamid as Honorary Secretary of ANZICS. ***All unanimous in support.***

6. Co-Opted Board Members

6.1 ACT Regional Chair: Dr Bronwyn Avard

6.2 NT Regional Chair: Dr Sidharth Agarwal

6.3 International Relations: Dr David Ku

Members ***RESOLVED*** to support the co-option of the Directors (Dr B Avard, Dr S Agarwal and Dr D Ku) for a period of 12 months as per the ANZICS Articles of Association. ***All unanimous in support.***

7. Chief Executive Officer's Report

The CEO informed members of the focus on three major activities being supporting members to respond to the COVID-19 pandemic, the continued review of governance practices and structures, and due diligence relating to the purchase of a property for ANZICS and progressing of a legal agreement with CICM. Members received a detailed presentation on each activity.

The CEO acknowledged the significant contributions of members and staff.

8. Membership Report

Dr Mark Nicholls spoke to the Membership Report highlighting efforts to improve the value proposition of ANZICS including the members benefit scheme, upgrade of the membership database and regional funding availability for state-based activities.

It was noted membership had been steady with 1,174 members and diversity was improving. Membership increases by category and by State/ Territory were noted.

9. Professional Practice

9.1. Professional Affairs and Welfare Committee

Dr Mark Nicholls spoke to the report noting most activity was pre-COVID and included the report from the Intensive Care and Emergency Medicine Clinical Committee (2017). Key outcomes from the report were outlined in detail, including amended and new item numbers. The key recommendations from the Specialist and Consultant Physician Consultation Clinical Committee (2018) were noted.

9.2. ANZICS Clinical Trials Group

Professor Sandra Peake highlighted key activities noting the CTG had endorsed a large number of studies and publications, some of which received significant financial support from the NHMRC. Manuscript highlights and achievements of the Working Groups were outlined. Community engagement had been undertaken and two scientific meetings were held. Activities planned for 2021 were outlined.

9.3. Death and Organ Donation Committee

The report was taken as read.

9.4. Education Committee

Dr Swapnil Pawar spoke to the Education Committee report noting activity in relation to webinars, mentoring and ICU leadership programs.

9.5. Safety & Quality

The report was taken as read.

9.6. Women in Intensive Care

Dr Sandra Lussier presented the WIN report for 2020 noting most events and meetings were suspended from March to October due to the impact of COVID-19 as most committee members are based in Melbourne. Important projects continued and included the World Congress 'Gender Equity Think Tank' and speaking engagements for committee members. The focus for 2021 will include webinars. The success of the website and social media was outlined. The emphasis on policy and advocacy was discussed including development of a dedicated parental leave policy for CICIM and formation of a new international women in critical care organisation. It was noted a WIN authored piece had been submitted for publication to CCR.

9.7. Paediatrics

The report was taken as read.

9.8. International Relations

Dr David Ku spoke to the report noting the impact of the pandemic on international collaborations. There has been a shift of international events to virtual and the planned conferences were outlined.

9.9. ANZICS/CICM Joint Global Health Special Interest Group

Dr John Botha outlined the potential to increase involvement in global health development. The mission statement and updated terms of reference were noted. Collaboration with other critical care groups and liaison with government agencies relating to global health initiatives was outlined. The initial focus will be on major projects underway in PNG and Fiji. A SIG structure has been established with working groups focussed on geographical areas.

9.10. ANZICS Centre for Outcome and Resource Evaluation (CORE)

Dr Johnny Millar highlighted key matters from the report including agreement for the triennial funding submission. Activity included 200,000 ICU admissions per year and use of the ANZICS data entry software (COMET) by most ICUs. There is ongoing scientific activity out of CORE for all registries. CORE has worked closely with the Department of Health in relation to COVID-19, including producing the surge capacity document. Other activity included progressing grant applications, consumer information across all ICUs, and the ECOM and national death index linkage.

10. Other Business

Nil to report.

11. Next AGM and Future ANZICS Meetings

There being no further business the meeting closed at approximately 3.30pm.

CONFIRMED AS A TRUE RECORD OF PROCEEDINGS THERE AT BY RESOLUTION

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