

ANNUAL 2023 REPORT 2023

Acknowledgement of Country

ANZICS acknowledges the Traditional Owners of Country throughout Australia and their continuing connection to lands and waterways upon which we depend. We pay our respects to their Elders, past and present.

ANZICS acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.



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In this report ANZICS reflects on the work of our members and the sector to achieve the best possible outcome for patients and their families by advancing intensive care practice.

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PRESIDENTS REPORT

As President of ANZICS, I am delighted to share the remarkable highlights and achievements we've realised over the past year. This period has marked significant progress and evolution for the Society, and I am genuinely proud of the collaborative efforts and strides we have made together.

At the outset, I extend my heartfelt gratitude to our executive team, including David Pilcher, our Vice-President; Yasmine Ali Abdelhamid, our Honorary Treasurer; and Craig Carr, our Honorary Secretary. Their dedication and leadership have been instrumental in steering us through a year of growth and change.

I also sincerely thank the entire ANZICS Board for their unwavering support and exceptional contributions throughout the year. Their collective wisdom and guidance have been pivotal in navigating our challenges and opportunities.

Furthermore, I would like to acknowledge the tireless work and commitment of all our Committees, their Chairs, and members. Their contributions have been vital in advancing our mission and shaping our Society's future. I wish to express my gratitude for the exceptional work and dedication of the ANZICS Operational team.

This year has not only been about achieving our current goals but also about laying a robust foundation for the future of our Society. We've embarked on critical initiatives to enhance our governance structures, ensuring that we remain adaptable, efficient, and fully aligned with our mission of connecting and promoting excellence in intensive care. These efforts are not just about meeting today's needs but are a testament to our commitment to the long-term success and sustainability of ANZICS. I am excited about what the future holds for us and am confident that with our continued collaboration, we will achieve even greater heights in the years to come.

Governance and operational review

Since 2018, ANZICS has been engaged in a review of our governance structures. While temporarily stalled in 2020, this initiative has resumed with renewed vigour and purpose. We aim to ensure that our governance framework and operational team align with future strategic goals and the evolving standards and legislations in Australia and New Zealand.

In our last two board meetings, we have taken significant strides in this direction:

- Revisiting the Governance Framework: We revisited the core aspects of governance, including identifying appropriate standards, assignment of accountability, monitoring and auditing processes, and transparent reporting. This step is crucial in ensuring that our governance practices comply with the Corporations Act 2001, ACNC Act 2012, and other relevant legislations and reflect our ethos as a membercentric organisation. The Board consensus is that as a member-based organisation, "of the members, by the members, for the members," The expertise and the networking rest with the Board and the Committee members. Until we have the size and resources, we will remain an Operational Board.
- Understanding the Challenges: We have identified and discussed the challenges faced by ANZICS in meeting its objective. These challenges are multifaceted, ranging from legislative compliance to operational effectiveness.
- Advancing the Review Process: The Board has made concerted efforts to move the governance review and modernisation forward. We have focused on developing a governance structure that is adaptable, efficient, and conducive to our mission of promoting excellence in intensive care. A key focus of the Board has been updating the current Articles of Association. The next step involves a thorough review process: the revised Articles will first be sent to the ANZICS Past President for insights and feedback, followed by a review by all ANZICS Committee members. After incorporating their input, the document will return to the Board in

early February. Subsequently, the updated Articles of Association will be shared with all full members of ANZICS. The final updated Articles of Association will then be subject to a vote by full members at a hybrid ANZICS Annual General Meeting scheduled to take place during the ANZICS ASM in April 2024. This structured approach ensures broad participation and alignment with our community's values and expectations.

If members support the changes in the Articles, a future board could look at the more straightforward matter of merging the Articles and Memorandum into a Constitution.

We are committed to keeping you informed and involved as we continue this critical review process. Your input and support are vital to the success of these efforts. We believe these changes will strengthen ANZICS's governance, ensuring we remain a dynamic and responsive organisation well-equipped to meet future challenges. I particularly thank Craig Carr for his considerable efforts in modernising our governance structures.

ANZICS Conferences.

The ANZICS/ACCCN Annual Scientific Meeting was held at the Adelaide Convention Centre from 29 – 31 March 2023. The theme of the meeting was "ICU on the Edge". It was a highly successful meeting, and I thank Mark Plummer (Adult Medical Convenor), Krista Mos (Paediatric Medical Convenor), and the whole organising Committee. We congratulate all our members who received an ANZICS Award for their contributions towards Intensive. We thank all the sponsors and exhibitors who attended and contributed towards making the ASM so successful.

The highly successful and well-attended CTG Noosa meeting was held on March 7-9, 2023. The Joint ANZICS Safety & Quality/iSRRS Darwin Conference was held on July 20 - 22, 2023. It was also a very well-attended, exceptional meeting, and I thank Daryl Jones and Deepak Bhonagiri. David Ku's report will highlight our partnership meeting with our Singaporean colleagues at the Asia Pacific

Intensive Care Symposium (APICS), which was held in Singapore on 18-20 August 2023, and the 16th World Intensive and Critical Care Congress (WICC) was held in Istanbul on August 26-30, 2023.

The next ANZICS/ACCCN Annual Scientific Meeting will be held in Brisbane on 10-12 April 2024. The theme of the meeting is "Evolution and Revolution", and I thank Mahesh Ramanan (Adult Medical Convenor) and Michaela Waak (Paediatric Medical Convenor). The following ANZICS/ACCCN ASM will be held in Christchurch on 9-11 April 2025.

Membership, Advocacy, and Member Engagement

Our membership numbers have continued to grow steadily over the past year, with membership increasing across all categories and regions. We now have 1335 members, with 568 full members, 231 trainee members, and 220 nurse members. We have also seen an increase in membership from New Zealand, with 143 members now part of our organisation. We are proud to have such a diverse and dedicated membership base, and we look forward to continuing to grow and support our members in the years to come. The Honorary Secretary chairs the Membership and Advocacy Committee, which links the regions directly to the operational team at ANZICS. Its focus is delivering for members.

The ability of ANZICS to be nimble and form working parties assists in responding and advocating for our members examples include the Joint Intensive Care Response to the Australian Government, Department of Health and Aged Care Consultation Paper: Role and Functions of an Australian Centre, the respond to the Independent Health and Aged Care Pricing Authority consultation Paper on the Pricing Framework for Australian Public Hospital Services 2024–25. and the recent response to the Commonwealth COVID-19 Inquiry Response. It also assists in aligning the resources required, as an example in the NSW Staff Specialist award.

Financial Report.

In this annual report, the ANZICS Honorary Treasurer Yasmine Ali Abdelhamid presents the financial report for the year ending June 2023. The report highlighted the impact of macroeconomic factors and the significant expenditure on new premises. There was a surplus of \$358,638. There was an increase in total equity of \$7,444,692 from \$7,086,054 in 2022. A significant decision during the year was how to finance the property purchase. After discussion with investment fund managers and independent investment advice, the Finance, Risk and Audit Committee recommended partial financing via a bank loan paid down over ten years.

ANZICS Regional Reports

In the regional reports from the various regions of Australia and New Zealand, the intensive care sector has been actively responding to challenges and seizing opportunities for growth and improvement. The year 2023 has seen a mix of infrastructure, technology, and education advancements, as well as ongoing challenges in staffing and adapting to post-pandemic realities. Overall, the Australian and New Zealand intensive care sector is marked by a blend of progressive initiatives and persistent challenges. Infrastructure development, technological advancements, educational efforts, and research contributions stand out as key achievements. Concurrently, workforce challenges, legislative hurdles, and the ongoing impacts of the COVID-19 pandemic require continued attention and innovative solutions. Though varied in focus, the collective efforts across these regions underscore a national commitment to advancing intensive care for better patient outcomes and healthcare services.

ANZICS CORE

This year marks the 30th year of the ANZICS registry. ANZICS CORE's ongoing efforts to improve intensive care through data-driven initiatives and patientfocused research support us in delivering care to our patients, documenting the resources we use, and supporting us as clinicians. Patient Reported Outcomes and Experiences Project initiated by ANZICS stands as a remarkable testament to the ANZICS CORE's commitment to enhancing intensive care. This ground-breaking project, conceived in 2020, represents a significant stride in understanding and improving the experiences of critically ill patients, both adults and children. By September 2023, the project had successfully enlisted 22 sites for the pilot, illustrating its wide-reaching impact and the high level of engagement it has garnered. As a professional body, we are fortunate to have CORE at the forefront of such innovative endeavours.

ANZICS Women in Intensive Care (WIN)

The ANZICS Women in Intensive Care (WIN) group plays a crucial role within ANZICS, exemplifying the Society's commitment to diversity, inclusion, and gender equity in intensive care medicine. This group stands as a beacon of empowerment and advocacy, focusing on addressing and elevating the concerns and contributions of women in a traditionally maledominated field. As you will see in the WIN's report, the impact is multifaceted. The Committee's events, including webinars and networking gatherings, are pivotal in promoting mentorship, collaboration, and professional development. These events offer unique opportunities for members of all genders to engage in crucial conversations about equity and diversity in medicine and address prevalent issues. WIN's advocacy efforts are instrumental in driving systemic changes. Their efforts contribute significantly to shaping a more equitable and diverse medical community, ultimately leading to better healthcare outcomes for all.

ANZICS Safety and Quality

The ANZICS Safety and Quality Committee is actively involved in several key projects, including the Bed Block Research Proposal, CORE CCR Survey and S&Q variables, Environmental Sustainability in ICU, Quality Improvement Methodology webinar planning, and Central Venous Access training and education. The ANZICS Safety and Quality Committee is collaborating with the UK Intensive Care Society to develop a second version of "Beginners Guide to Sustainability in the ICU" to integrate environmental sustainability into ICU workflows. As previously mentioned, in partnership with the International Society for Rapid Response Systems, the Committee successfully hosted a 3-day international conference in Darwin, focusing on topics like staffing for Rapid Response Teams (RRT), medication safety in electronic medical records, and environmental sustainability.

ANZICS Clinical Trials Group (CTG)

I want to express my gratitude to Sandy Peake, our previous CTG Chair, whose leadership and dedication have significantly contributed to our ANZICS CTG's growth and success. Sandy's vision and commitment have been instrumental in steering the ANZICS CTG through challenges and milestones and leaves a lasting impact. We see the implementation of CTG's strategic plans shaping the ANZICS CTG's future, emphasising high-quality trials and international collaborations that are pivotal in enhancing intensive care clinical practices and patient outcomes. The publications and endorsements of numerous highimpact trials this year have been a testament to the rigorous and impactful research conducted. As we move forward, I am thrilled to welcome Manoj Saxena as our new Chair. Manoj brings a wealth of experience and a fresh perspective to lead ANZICS CTG. (Write on the

ANZICS Education Committee

The ANZICS Education Committee underwent significant changes; Swapnil Pawar stepped down as Chair, and Bronwyn Avard became the incoming Chair. I thank Swapnil for his excellent work with this Committee. The Committee is gearing up to introduce innovative educational initiatives in 2024. Building on Swapnil's groundwork, the successful inaugural ANZICS Clinical Leadership course in Melbourne, led by a multidisciplinary faculty, brought together emerging ICU leaders. The Education Committee, appreciative of all member contributions, is actively developing new ideas for 2024 and invites further participation from the ANZICS community.

ANZICS Global Intensive Care Initiative (GICI)

The ANZICS Global Intensive Care Initiative (GICI) has made significant strides in 2023, focusing on regions including Papua New Guinea (PNG), Asia, the Pacific, and East Africa, and this year marked the end of John Botha's three-year tenure as the inaugural Chair of GICI. John's leadership has been invaluable, and his contributions as Chair have significantly advanced the initiative's goals and impact. We are immensely grateful for his dedication and effort during his tenure. Although stepping down as Chair, John will continue to serve on the GICI executive, contributing his expertise and experience to the ongoing success of the initiative.

We also warmly welcome Lewis McLean as the new incoming Chair of GICI. His appointment heralds a continuation of the strong leadership and commitment to advancing intensive care globally. We look forward to the insights and direction Lewis will bring to the role and the ANZICS Global Intensive Care Initiative (GICI). With new leadership and a strong executive team, including Dr. George Zhou, Melissa Njoku, and Alana Karathanasis, GICI is poised for substantial growth and collaboration in 2024, building relationships with critical care communities and organisations like Médecins Sans Frontières (MSF).

International Relations

David Ku's International Relations Report will highlight the transformation of the intensive care landscape in the post-pandemic world and ANZICS's active role in fostering global connections and sharing expertise. As previously mentioned, the Asia Pacific Intensive Care Symposium (APICS) by SICM and ANZICS is a flagship conference for the Asia Pacific region. It included the inaugural Asia Pacific Critical Care Summit, where the Presidents of fifteen intensive societies representing 43% of the world population underscored ANZICS's deep collaboration and commitment to the region, especially to Resource Limited Intensive Care in Low and Middle-Income Countries (LMIC). ANZICS also played a significant role in the World Intensive and Critical Care Congress (WICC) in Istanbul, focusing on global engagement and honouring colleagues lost to COVID and natural disasters. David Ku was elected to represent the Asia Pacific region in the World Federation of Intensive and Critical Care (WFICC), and Mary White was acknowledged for her executive contributions.

Looking Ahead

As we look ahead to the upcoming year, full of potential and promise, I extend a heartfelt invitation to each of you to actively participate in shaping the future of intensive care. Our Society thrives on the diverse contributions of its members, and your involvement is crucial to our continued success and growth. Ways to participate include:

Attend Our Upcoming Events: Mark your calendars for the ANZICS/ACCCN Annual Scientific Meeting in Brisbane, the ANZICS CTG meeting in Noosa and Queenstown. or the Safety and Quality Meeting in Melbourne. These gatherings are not just events but vibrant platforms for learning, networking, and collaborating on the latest trends and innovations in intensive care.

Engage in Our Committees and Initiatives: We encourage you to explore the various committees and initiatives within ANZICS. Whether it's contributing to the dynamic discussions in the CTG, participating in

the vital work of the Safety and Quality Committee, or supporting the endeavours of the WIN group, your expertise and perspective are invaluable.

Share Your Ideas and Feedback: Your thoughts and suggestions are vital to us. We welcome your feedback on how we can further enhance our services and activities. Please share your ideas, and let's collaboratively work towards making them a reality.

Advocate for Excellence in Intensive Care:

As members of ANZICS, you are ambassadors of excellence in intensive care. We urge you to continue advocating for high standards of patient care, research, and education in your respective environments. If you have barriers in the delivery of care, draw those to the attention of the ANZICS Chairs.

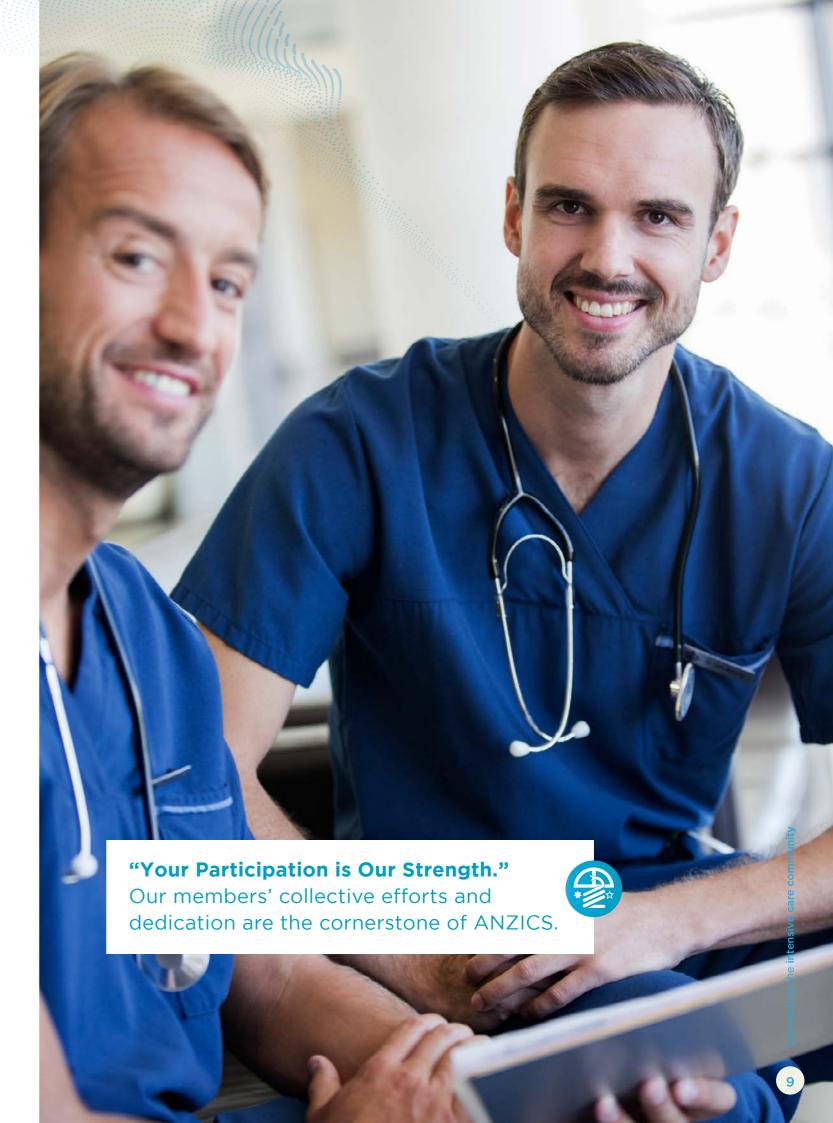
Stay Informed and Connected: Keep up-to-date with ANZICS's activities and developments. Follow us on our social media channels, engage with our newsletters, and stay connected with the ANZICS community.

Volunteer and Lead: If you want to be more active, consider volunteering for a committee position or leading a project. Your leadership can drive significant changes and make a lasting impact.

"Your Participation is Our Strength." Our members' collective efforts and dedication are the cornerstone of ANZICS. Your participation, in any form, is our strength and the driving force behind our accomplishments. Together, let's continue to drive innovation, foster excellence, and shape a brighter future for intensive care. We count on your continued support, involvement, and enthusiasm.

In closing, I thank all our members for their dedication and commitment. Through your hard work and support, we can achieve our goals and make a difference in the lives of our patients and those who work in Intensive Care. We look forward to a stronger, more effective organisation that continues to advocate and lead in the field of intensive care.

A/Prof Mark Nicholls
ANZICS President



TREASURER'S

This is my first Honorary Treasurer's report and it is a great privilege for me to hold this position. I would like to thank the members and the Board for allowing me to serve the Society and provide a report on the current financial position and performance of the Society for the past financial year.

In the financial year ending June 30 2023, ANZICS recorded a substantial surplus of \$358,638. Subscription income was steady at \$565,909. The ANZICS/ACCCN ASM in Adelaide provided a surplus to ANZICS of \$146,253. There was an unrealised gain on investments held of \$149,680 and we received \$198,623 in investment dividends and distributions. The average return on the investment balance over the past 9 years is 7.2%. This is well within the risk and return objectives outlined in the ANZICS Investment Policy Statement, which has been reviewed and updated by the Finance Risk and Audit Committee (FRAC) in consultation with our investment advisors. We continue to see moderate growth over time and are confident that the investment portfolio continues to perform well. The Society's total liabilities of \$3,975,812 are set against total assets of \$11,420,504, resulting in total net equity of \$7,444,692.



Our largest expense remains employee benefits of \$1,862,549 and ANZICS has expanded its staffing, particularly in ANZICS CORE. Grants received totalled \$2,323,065 which is an excellent result. We congratulate ANZICS CORE on this excellent achievement.

In accordance with independent financial advice obtained by ANZICS, we continue to pay monthly principal and interest repayments on our building loan. This pragmatic approach provides flexibility, adequate liquidity of assets to cover cashflow requirements for the Society, and a roadmap to pay down the loan over time so that ANZICS will eventually own the property outright. The Board will continue to review this strategy as appropriate.

Overall, ANZICS is in a strong position, remaining financially viable and able to provide important services to our members, patients and the intensive care community. Our independent auditors were satisfied with our financial position and commented favourably on the substantial surplus, performance of our investment portfolio and our robust governance processes.

I would like to acknowledge the members for their ongoing support of ANZICS. I would like thank the members of FRAC and all the ANZICS staff for their tireless work. I would especially like to thank Don Stewart, our ANZICS accountant, for his meticulous attention to detail and wise advice and also Phyllis Toparlanis for her invaluable help over this past year.

Dr Yasmine Ali Abdelhamid

Honorary Treasurer

ANZICS Board of Directors

President Mark Nicholls

Vice President David Pilcher

Honorary Treasurer Yasmine Ali Abdelhamid

Honorary Secretary

Craig Carr **Pediatrics**

Johnny Millar

Centre for Outcome and Resource Evaluation (CORE)

David Pilcher

Clinical Trials Group (CTG)

Sandra Peake Manoj Saxena Joined July 2023

Professional Activities and

Welfare (PAW)

Mark Nicholls

New Zealand Regional Chair

Craig Carr

Tasmanian Regional Chair

Michael Ashbolt

Victorian Regional Chair

John Botha

New South Wales Regional Chair

Winston Cheung

Queensland Regional Chair

Siva Senthuran

Western Australian Regional

Chair

Bronwyn Bebee

South Australian Regional Chair

Michael Farguharson

Australian Capital Territory

Regional Chair Bronwyn Avard

Northern Territory Regional Chair

Sidharth Agarwal Resigned 31 July 2023

CICM President - Invited Guest

Rob Bevan

MEMBERSHIP

It was pleasing to see growth across all member categories with the largest increase in associates/overseas, nurse and trainee memberships. While there has been consistent growth across most regions, NSW and VIC saw the largest increase in absolute member numbers.

Highlights and Achievements:

The ANZICS Intensivist has become the 'go to' publication to share news and events across the intensive care sector. The quarterly newsletter aims to connect, inform, and inspire; with stories largely driven by ANZICS' members in 2023. From the historical development of the 'Otago Rescue Helicopter Service' by Dr Mike Hunter; to Dr Melanie Jensen's award-winning poem 'Some days the air is soft' reflecting on grief in the ICU, the ANZICS Intensivist has certainly made its mark in 2023.



We wish to thank all contributors – consumers, ANZICS members, committees, partners, and staff for your collective efforts in embracing this important sector publication. Stay tuned for the new digital version coming in 2024. We welcome you to submit a story for 2024 and invite you to email the ANZICS office at anzics@anzics.com.au

The 2023 ANZICS ACCCN Annual Scientific Meeting (ASM) was an enormous success with over 860 delegates in attendance, including a large international cohort. Held at the Adelaide Convention and Exhibition Centre and with the theme 'ICU on the Edge' the ASM is seen as a cornerstone event on the ANZICS' calendar each year. We congratulate the conference convenors: Mark Plummer, Mandy Kocher, Krista Mos and Susan Schultz for their tireless efforts. We also congratulate Dr Mary Pinder - recipient of the ANZICS Honour Roll, Dr Alex Psirides - recipient of the ANZICS President's Medal, Dr Swapnil Pawar - recipient of the Ramesh Nagappan Award, and the many ASM Award Presentation winners. Thanks, must also be extended to the many sponsors and exhibitors for their valuable contribution.

The ANZICS Safety and Quality Committee partnered with the International Society of Rapid Response Systems to deliver the inaugural Rapid Response Systems, Patient Safety and Quality Conference in the beautiful harbour city of Darwin. Over 175 delegates attended, and presentations included topics on wellbeing, maternal deterioration, mobile simulation, and ICU sepsis outcomes. We congratulate Deepak Bhonagiri, Daryl Jones, and Lesley Durham for their tireless efforts as conference convenors, as well as all the sponsors and exhibitors for their generous support.

Craig CarrHonorary Secretary

MEMBERSHIP DATA 2022-2023

MEMBERSHIP NUMBERS

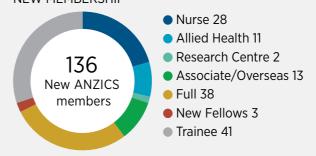
MEMBERSHIP TYPE	OCT 2022	FEB 2023	MAY 2023	OCT 2023
Nurse	195	198	212	220
Allied Health	99	104	110	117
RC	19	19	22	22
Associate/Overseas	101	72	79	113
Retired	18	18	20	22
Full	560	546	546	568
New Fellows	52	48	49	31
Honorary	12	12	12	11
Trainee	216	226	232	231
Total	1272	1243	1282	1335

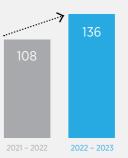
MEMBERSHIP BY LOCATION

COUNTRY	OCT 2022	FEB 2023	MAY 2023	OCT 2023
Australia	1075	1079	1105	1124
New Zealand	132	131	139	143
Other	42	42	66	68

STATE/TERRITORY	OCT 2022	FEB 2023	MAY 2023	OCT 2023
ACT	21	20	21	22
NSW	235	236	240	251
NT	21	21	21	22
QLD	195	195	200	202
SA	102	104	103	103
TAS	26 26	26	28	28
VIC	382	386	401	408
WA	77	77	79	76
NZ	127	136	139	143

NEW MEMBERSHIP





26% in new ANZICS members

CENTRE FOR OUTCOME AND RESOURCE EVALUATION (CORE)

COVID-19 dominated the work of the ANZICS Registry

A big thank you to Australian and New Zealand units for all their efforts over the pandemic. Data collectors, clinicians and ICU managers in many ICUs not only maintained the routine registry activities but often provided data weekly. This ensured a vital flow of information at times when ICUs were under huge strain. It is because of their tireless work that at the end of 2022, ANZICS was able to release the summary report describing the course of the whole COVID-19 Pandemic in Australia.

Summary highlights of the ANZICS COVID Report January 2020 to September 2022 are:

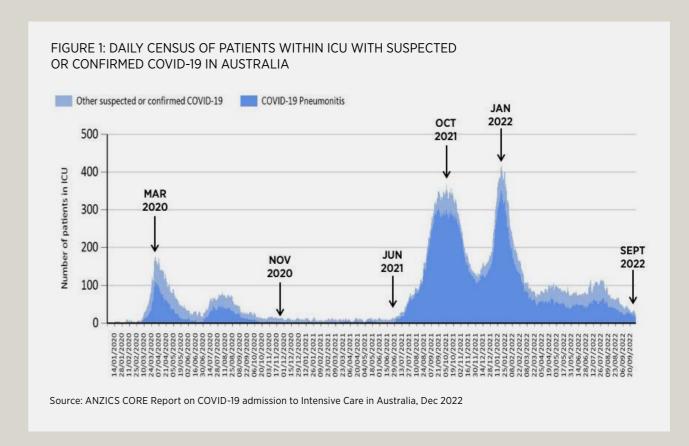
- Between 01/01/2020 and 30/09/2022 there were 9,928 patients who had 10,340 admissions to 140 out of 173 ICUs in Australia with suspected or confirmed COVID-19.
- Patients admitted to ICU with suspected or confirmed pandemic mostly followed community transmission waves (Figure 1).
- These patients accounted for 72,141 ICU bed days.
 This is equivalent to almost 200 ICU beds filled with COVID-19 patients for a whole year!
- Amongst those admitted with confirmed COVID-19 pneumonitis, in-hospital mortality was 20.0% and 30.2% in those who needed invasive mechanical ventilation. These are some of the best survival statistics in the world.
- Duration of stay in ICU was Mean 9.1 days, Median
 4.8 days (IQR 2.1 10.5), and Mean 17.8 days, Median
 12.1 days (IQR 6.9 21.6) in those who needed invasive mechanical ventilation.

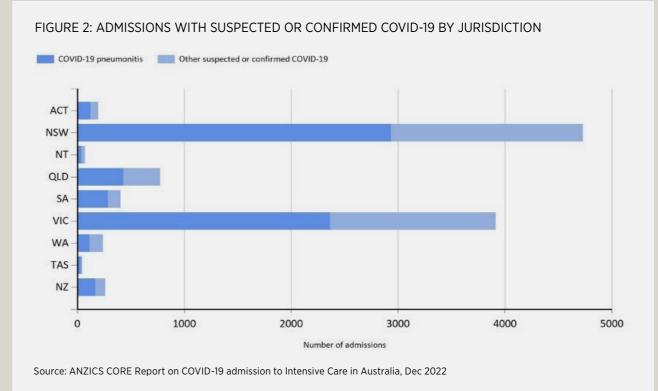


Over the COVID-19 pandemic, ANZICS collaborated closely with Jurisdictional and Commonwealth Health Departments and other data agencies to provide insight into the activity and outcomes not only of patients with COVID-19 (surveillance, levels of vaccination, ICU demand) but also the overall impact on all critically ill patients, and on the health care system more broadly.

Australia and New Zealand saw improvements in the mortality outcomes of all patients admitted to ICU over the first year of the pandemic in 2020. This was similar in many high-income countries. Work lead by ANZICS and performed in collaboration with the Linking of Global Intensive Care (LOGIC) consortium of Intensive Care registries showed that the major burden of excess deaths was born by low and middle-income countries¹.

However, 2021 saw a reversal of the mortality trend in Australia². This was most marked in New South Wales and Victoria, the two regions most heavily affected by the pandemic³ (Figure 2). At the time of writing, mortality rates for non-COVID ICU admissions in these two regions continue to rise.





The ANZICS Registry 30th Anniversary

The ANZICS Registry has grown progressively since the first meeting of the ANZICS Computer Interest Group in 1993 (Figure 3)⁴. Thirty years of ANZICS CORE: A clinical quality success story⁵ was published in Critical Care and Resuscitation Journal.

The success of ANZICS CORE today was built on the work of dedicated enthusiasts in the late 1990s and is now continued by the whole ICU sector, supported by Jurisdictional funders throughout Australia and New Zealand. On a daily basis, it is the ICU Directors, Nurse Unit Managers and the data collectors who make all this possible.

At the 2023 ANZICS-ACCCN Conference in Adelaide, there was much to celebrate. The CORE session was run in two parts, with the audience asked to pose questions to the now known 'Data Ninjas'. Two teams battled it out on the big screen while presentations were provided by Lucy Modra⁶, Wendy Pollock and Trisha Gilholme⁷. There was no one winner for the Data Ninjas. The audience voted equally. The importance and value of the ANZICS Registry won outright!

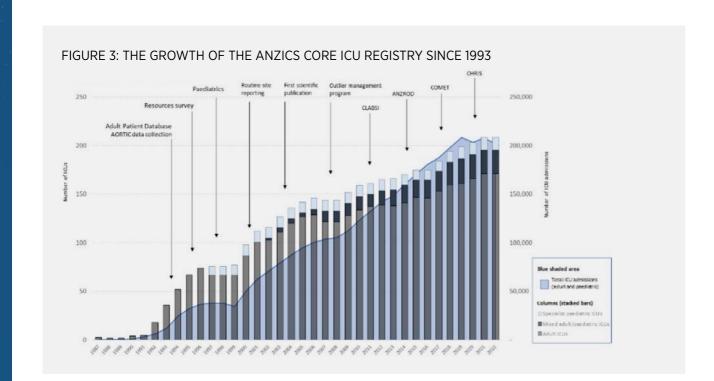
The Peter Hicks Travelling Fellowship was awarded to Wendy Pollock for the collaborative work using data from the Critical Health Resource Information System on Victorian ICU nursing workforce⁸ during COVID -19.

What's new for the Registry? Patient Reported Outcomes and Experiences

Planning for the ANZICS Patient Related Outcomes and Experiences project began in 2020. Working groups comprising clinicians, research experts and members of the public with lived experience of the Intensive Care met during 2021 (at the peak of the COVID-19 pandemic!). They identified appropriate and validated tools to measure outcomes and experiences in both adult and paediatric critically ill patients. Much of 2022 has been spent designing the pilot project, building the IT infrastructure. There are now 22 sites recruited for the pilot project in September 2023.

Professor David Pilcher

Chair, Centre for Outcome and Resource Evaluation

















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- 3 Figure 1: Graphs showing reversal of mortality during COVID
- 4 Figure 2: Growth in annual submissions and contributing ICUs over time. CLABSI = Central Line Associated Blood Stream Infection; ANZROD = Australian and New Zealand Risk Of Death model; COMET = CORE Outcomes and Monitoring Evaluation Tool; CHRIS = Critical Health Resources Information
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CLINICAL TRIALS GROUP (CTG)

It is with great pleasure that I introduce the annual report of the ANZICS Clinical Trials Group. This is my fourth and final report as Chair, and I would like to begin by acknowledging the incredible honour and privilege it has been to serve our amazing intensive care research community.

The ANZICS CTG goes from strength to strength with our vision for the next 5 years encapsulated in a new Strategic Plan (2023-2026) that focuses on ensuring that we continue to conduct high quality trials that inform international clinical practice and improve the outcomes of critically ill patients. The Committee structure will continue to reflect our community with representation from multidisciplinary craft groups (medical, nursing, allied health, novice/early career, paediatrics) and pathways that ensure sustainability, including a formal consumer engagement plan, new terms of reference, a review of the endorsement process and opportunities to educate up and coming researchers.

In March this year, we held our first fully in-person "Noosa" meeting since the beginning of the COVID-19 pandemic. The 25th Annual Scientific Meeting, incorporating the Intensive Care Research Co-ordinator Interest Group (IRCIG) and the Paediatric Study Group (PSG) was highly successful with a record number of attendees, including the Section Editor of the New England Journal of Medicine (Darren Taichman) and the Journal of the American Medical Association (Kirsten Bibbins-Domingo). Multiple new study proposals were presented, several of which involved collaboration with international partners, reflecting the global recognition of the ANZICS CTG community. We were also privileged to hear the first results presentations of ANZICS CTG-endorsed Phase 3 trials, including TAME (mild hypercapnia in out of hospital cardiac arrest, Glenn Eastwood) and PATCH (pre-hospital tranexamic acid in trauma, Russell Gruen), both of which have been published in the New England Journal of Medicine. Congratulations to all the investigators and participating sites!

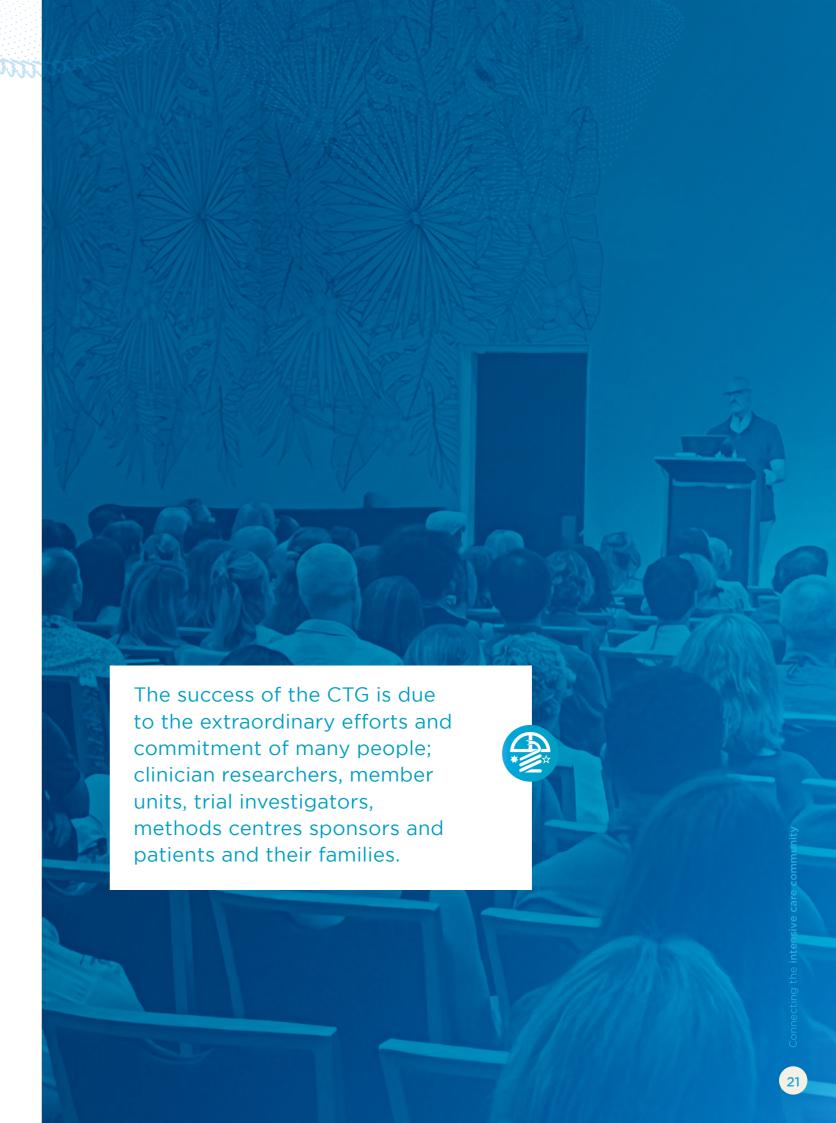
Other activities throughout the past year have included 2 travelling roadshows in Queenstown and Adelaide, publication of over 30 ANZICS CTG-endorsed papers, including SuDDICU results (JAMA) and TEAM results (NEJM), endorsement of multiple new randomised trials including CALIPSO (antimicrobial prophylaxis after cardiac surgery), PREVENTS-AKI (SGLT-2 inhibitors in acute kidney injury), SODa-BIC (sodium bicarbonate for metabolic acidosis) and participation in the Point Prevalence Programme (PPP) as well as support of DRIVE (DRIVing PrEssure Limited Ventilation in Hypoxemic Respiratory Failure-Randomised Control Trial). The PPP is a collaboration between ANZICS and The George Institute for Global Health Prevalence and is instrumental in the development, design and funding of new ANZICS CTG studies.

The success of the ANZICS CTG is due to the extraordinary efforts and commitment of many people; clinician researchers, member units, trial investigators, methods centres (TGI, ANZICS RC, MRINZ), sponsors and patients and their families.

Above all, the success of the ANZICS CTG would not be possible without the hard work and dedication of our Executive Officer Donna Goldsmith and Marisa Comitini, Administrative Assistant. Finally, as the out-going chair I would like to express my heartfelt thanks to the ANZICS CTG office bearers, Manoj Saxena, Andrew Udy and Adam Deane, and the members of the ANZICS CTG committee for their support over the past few years.

Prof Sandra Peake

Chair, ANZICS Clinical Trials Group



The ANZICS Education Committee has seen a change in membership in 2023. It is with a heavy heart that we have farewelled the enthusiastic and committed Swapnil Pawar as Chair of the Committee. We have welcomed a number of new faces this year with representatives from most jurisdictions across Australia though the New Zealand seat remains vacant at the current time. The new committee will have fresh ideas in the education space to support members as we move into 2024.

We have continued to build on the foundation Swapnil forged with the successful inaugural ANZICS Clinical Leadership committee conducted in September 2023 in Melbourne. It is with great thanks to our committed multidisciplinary faculty, Jennifer Hogan, Amy Freeman-Sanderson, Annie Egan, Lawrence Caruana and Nerina Harley that our first course was so successful, bringing together a broad representation of emerging ICU leaders. We look forward to our next course in April 2024, adjacent to the ANZICS ASM in Brisbane. Parallel research will continue to explore both leadership in our ICUs and the embedding of learnings from this teaching program.

Our online Echo education team have continued to work hard behind the scenes to develop the material that we will aim to launch in 2024 for ANZICS members. The Echo Case of the Month program should be coming to our subscribers soon.

The ANZICS/ACCCN Annual Scientific Meeting took us to South Australia in 2023 and we are grateful for the hard work put in by the Convenors and the whole organising committee bringing us "ICU on the Edge". In 2024 we are off to the Brisbane Convention Centre in April, where the ASM will incorporate the annual Paediatric and Neonatal Intensive Care Conference as well. The program should be published very shortly. Don't forget to catch some of the pre-conference workshops on offer.

As we hurtle forward to 2024 our Education committee have a number of ideas that ANZICS will be developing. We value and appreciate the contribution of time and energy from all our committee members. If you would like to contribute in any way, please contact your State or Territory lead.

Bronwyn Avard

Chair, ANZICS Education Committee

ANNUAL SCIENTIFIC MEETING South Australia April 2023











If you would like to get involved with the ANZICS Education
Committee, please contact your
State or Territory lead.





SAFETY AND QUALITY

Over the last twelve months, the Committee has remained active despite the challenges faced with COVID-19 and has continued to work towards the strategic objectives of the organisation, with the following projects listed below:

- Bed Block Research Proposal
- CORE CCR Survey and S&Q variables
- Environmental Sustainability in ICU
- Quality Improvement Methodology webinar planning
- Central Venous Access training and education

Following on from the official launch at the 2022 ANZICS ACCCN ASM 'of the "Beginners Guide to Sustainability in the ICU" available to be downloaded via anzics.com.au/safety-quality-resources we are partnering with the UK Intensive Care Society to write the second version of this toolkit to set out practical methods to incorporate environmental sustainability into ICU workflow.

ANZICS Safety and Quality in collaboration with the International Society for Rapid Response Systems conducted a 3-day international RRT and Safety and quality conference in Darwin. This well attended conference had multiple highlights including plenary talk related to the staffing and future of the RRT, medication safety related to electronic medical records and environmental sustainability form world leader in their topics. Following on from the success of this, the Committee is organising the 2024 ANZICS Safety and Quality conference in Melbourne on the 12,13 &14th of September.

We have continued to focus on the core business of the committee and contributed to ongoing review of the ACHS Clinical Indicator Reviews, Central Line Insertion and Maintenance Guideline (CLABSI). The scoping of an RRT National Registry and common agreement of the minimum dataset remains ongoing. It is a pleasure to express my gratitude and appreciation to the committee members for their dedication and contributions in the past year. I also extend a warm welcome to the new members who have joined our committee.

Current Members: Deepak Bhonagiri (Chair), Rachel Baran (NT), Hamish Lala (NZ Co Rep), Louise Trent (NZ Co Rep), Andrea Christoff (Paediatrics), Stephen Luke (Qld), Benoj Varghese (Tas), Nicky Dobos (Vic Co Rep), Timothy Chimunda (Vic Co Rep), Simon Towler (WA), Richard Ferreria (NZCCCN), Francis Lin (ACCCN Rep), Mary Pinder (CICM Rep), Krishnaswamy Sundararajan (SA), Xia Jin (SA Co Rep), Sarah Wongseelashote (New Fellow Rep)

Past Members: Patrick O'Sullivan (Vic), Alex Hussey (NZ), Malcolm Elliot (ACCCN Rep), Paul Goldrick (NT), Tania Mitchell (NZCCN Rep)

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. Members can contact: anzics@anzics.com.au.

Prof. Deepak Bhonagiri Chair, Safety and Quality

ANZICS DEATH AND ORGAN DONATION COMMITTEE (DODC)

The Committee undertook the following activities:

- Submitted to the NHMRC draft guidelines Ethical guidelines for cell, tissue and organ donation and transplantation in Australia.
- Provided a written submission to the 2023 Victorian Parliamentary Inquiry into Organ Donation.
- DODC representatives, Bill Silvester, and Rohit D'Costa, appeared before the Parliamentary Inquiry with a further oral submission.
- ANZICS participation in further submission to the Victorian Parliamentary Inquiry into Organ Donation regarding concerns of Victorian Coronial overrule in individual cases of family-consented organ donation.
- DODC representation on the National Strategy for Organ Donation, Retrieval and Transplantation.
- Committee meetings regarding the above activities and preparation of a discussion paper on organ donation in relation to voluntary assisted dying

Following the extensive review of the Statement in 2021 (Edition 4.1), the committee will be commencing a further staged review of relevant sections of the statement over the next few years. DODC is also closely aware of the first case in Australia of organ donation after Voluntary Assisted Dying and of recent cases of elective ICU admission and intubation of first-person consented organ donors. The ethical and logistical issues pertaining to such cases will be included in the discussion paper on organ donation and voluntary assisted dying.

ANZIO Victorian Parliamentary an Donation

ANZICS DODC submission to the Victorian Parliamentary Inquiry

THE COMMITTEE MEMBERSHIP INCLUDING REPRESENTATION

A/Prof William Silvester

Chair

Dr Stewart Moodie

Deputy Chair and South Australia

Dr Rob Bevan

College of Intensive Care Medicine

Dr Jorge Brieva

New South Wales

A/Prof David Cook

Queensland

Dr Rohit D'Costa

Victoria

Dr David Blythe

Western Australia

Dr Ben Gelbart

Paediatrics

Dr Helen Opdam

Australian Organ and Tissue Authority

The committee wishes to thank the following retiring members of the committee:

Dr James Judson, Dr Stephen Streat, Dr Geoff Dobb, Dr Sarah Jones, Dr Lucy Modra, Dr Chris Poynter. Particularly Geoff, James and Stephen have made a huge contribution over many years for which the DODC, ANZICS and the intensive care communities of Australia and New Zealand are indebted. The DODC is in the process of identifying replacement representation.

WOMEN IN INTENSIVE CARE MEDICINE (WIN-ANZICS)

Committee Membership

This year the committee welcomed several new members including Drs Ranjana Warrier as our new paediatric representative, and Hannah Coleman, our New South Wales representative.

Dr. Kerrianne Huynh stepped down from her role as the ANZICS-WIN Blog Editor. The committee is deeply grateful for Dr Huynh's work for the organisation over the past several years.

Events

Events continue to form an important part of ANZICS-WIN and provide trainees and Fellows of any gender with ample opportunities for networking, collaboration, discussion, and mentoring.

The WIN webinar programme recommenced in September of 2023 with a webinar focused on equity and diversity in intensive care medicine as well as burnout. The webinar was organized by the committee's own Drs. Tahiya Amin, Ranjana Warrier, and Hannah Coleman. We hope to continue our webinar programme going forward both as a platform to highlight the work of female Intensivists and to discuss important issues of gender equity, diversity, and inclusivity in medicine.

Our first face to face networking event of the year took place in Perth, WA during the CICM ASM. It was a hugely popular dinner with sold-out tickets and gave the wider WIN community the opportunity to reconnect as well as celebrate our achievements over the last several years.

INTERNATIONAL WOMEN'S DAY



Ongoing projects

The WIN website and blog continues to expand and attract readers, with regularly uploaded content including regular interviews with inspiring female intensivists.

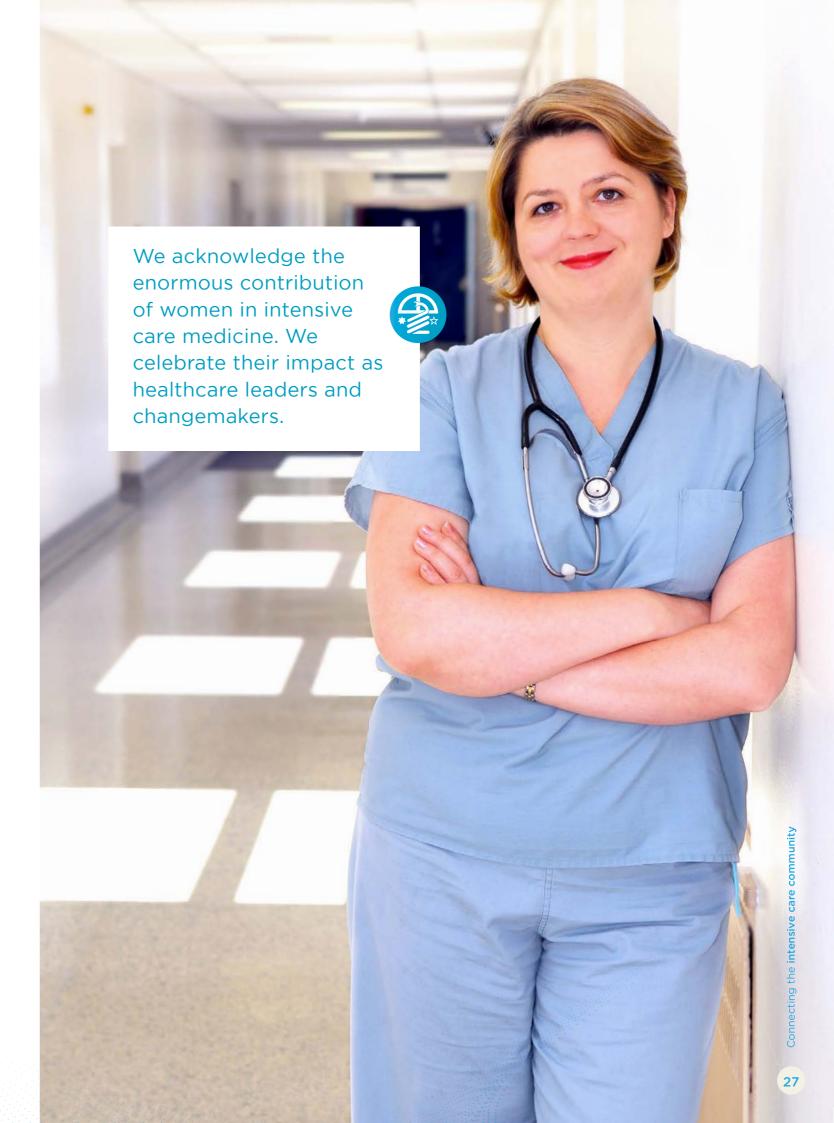
Collaboration and Advocacy

We continue our collaboration with organisations such as ANZICS and CICM to advocate for gender equity in intensive care medicine.

We continue to work on a joint statement by ANZICS and CICM to support a flexible training pathway in intensive care medicine.

With the guidance of the committee's own Drs. Penny Stewart and Di Stephens, WIN wrote a statement in support of the "Yes" vote in the upcoming Voice referendum, aligning with our advocacy for improved health care outcomes for First Nations people.

Sandra Lussier Chair, ANZICS-WIN



INTERNATIONAL RELATIONS REPORT

The post pandemic world has seen yet another transformation of our critical care landscape and attitudes. After facing a prolonged and daunting threat, the global critical care community took initially tentative but progressive steps to connect in person, with an open mind to find common goals and synergistic solutions. Through a flourish of events and endeavours in the last year, ANZICS members have demonstrated unparallel kindness and the willingness to share world leading expertise. As ANZICS embarks on modernising our values and strategic directions, international endeavours will reflect parallel efforts to add value for our membership.

APICS by SICM x ANZICS (Asia Pacific Intensive Care Symposium) has been a flagship conference for the Asia Pacific Region for almost 2 decades now, and latest edition took place on 18-20th August as face-to-face meeting in Singapore, notably:

- 868 Registrants from 28 countries, 88 Faculty,
 5 Plenary Lectures and 29 Sessions
- Inaugural Asia Pacific Critical Care Summit, attended by 15 critical care societies' presidents or their delegate, to discuss challenges and priorities of the region post pandemic, with an opportunity to inform the conference delegates about their society in main conference session.
- Associated Asia Pacific Sepsis Alliance and Neuro Critical Care Society chapter meetings
- 24 LMIC delegates and speakers were supported by ANZICS as a primary APICS principle value and commitment to the region
- Profit share for ANZICS \$35,106, and with unanimous support of the, this will be reinvested into the conference once again to support LMIC representation in 2024.

I would like to thank our Singaporean colleagues for their respectful efficiency, and Christian Karcher, Emily See and Ben Gelbart as ANZICS Convenors for their contribute. Under challenging circumstances of the "new normal" of conferencing, delivering such an amazing result is simply outstanding.

World Intensive and Critical Care Congress (WICC)

took place in Istanbul on 23-26th August 2023. Many will recall that Melbourne hosted the last edition in 2019, and we assisted our Turkish colleagues in the development of latest edition leading up to the event. The congress was an ideal platform to engage the global community with ANZICS's future strategic direction in mind. Tributes were made to colleagues lost during COVID as well as natural disasters, and our kind hosts produced a memorable event, both scientifically and socially, reminding us of the importance of human contact and interactions, and not forgetting we are not alone. Associated with the congress, new council members of the World Federation of Intensive and Critical Care (WFICC) were elected, with David Ku elected to represent the Asia Pacific region. We also thank Mary White for her time on the council as an executive, seeing the transformation of the federation over a very difficult period. The next WICC will be in Vancouver 2025.

Smart Emergency and Critical Care (SECC) Taipei will be held on 14-15th Oct, as a joint conference with Korean and Japanese critical care societies. With a dedicated theme of integrating data into clinical bedside, this innovative event will pay tribute to the tremendous progress of ANZICS CORE has made to the region, and showcasing what is possible even across jurisdictions and language barriers during some difficult times. Thank you to the ANZICS CORE staff for continuing to lead the way in critical care data management.

World Day of the Critical Lung 2022 (WDCL) was held on the 30th of November, an event based out of London and Madrid as a free, bilingual, time zone rolling, multi-societal streaming collaboration. ANZICS was represented by Vanessa Carnegie, Paul Young, Emily See and Dharshi Karalapillai, highlighting the high-level research we conduct with the leaderships from CTG, CORE and WIN. Thank you all for taking the time and showcasing what ANZICS are renown for. The establishment and maturity of the Global Intensive Care Initiative (GICI) with the College of Intensive Care Medicine (CICM) has been tremendously rewarding to support and be a part of. This group's focus is with resource challenged areas, and joint discussions have progressed to possibilities of in person visits in 2023. Details of this will be covered in the GICI section. ANZICS international relations continues to work with GICI in areas of common interests and look forward to establishing a committee representing ANZICS as ambassadors globally, promoting ANZICS values, principles, priorities, expertise, and connections. Lastly, the World Congress of Paediatric Critical Care (WFPICCS) in 2026 will be held in Melbourne -Initial work will begin soon, and we look forward to hosting the world once again. Connecting with the global community enriches our expertise and experiences, with many ideas, innovations, solutions, and meaningful collaborations evolving through the good will of ANZICS members. With the world continuing to face unprecedented challenges, we welcome input, insight, and inspiration as we progress with our global colleagues into an evolving new normal and inclusive future. **David Ku** Chair. International Relations

ANZICS GLOBAL INTENSIVE CARE INITIATIVE (GICI)

There have been significant contributions by GICI in 2023 primarily focused on PNG, Asia, the Pacific and East Africa.

Throughout the year there have been four BASIC courses delivered in PNG and ongoing telehealth support for colleagues in Port Moresby.

The GICI has also been instrumental in the commissioning of the intensive care unit at the Angau Memorial hospital in Lae, PNG. This support is ongoing with a clinical support program underway. A GICI appointed project manager, and a member of ACCCN has delivered much of the work in this regard.

GICI members have also provided support to the post graduate ICU training programs in PNG.

GICI members have been deployed through Australian Volunteers International to provide three monthly in country sabbaticals in Fiji to contribute to post graduate intensive care training for local doctors. It is envisaged that this program may be extended to other nations in the Pacific. Recruitment of a FICM intensivist funded by the Tongan government is underway to supervise a Tongan trainee in country.

At the APICSS Singapore meeting (Asia Pacific Intensive Care Symposium) GICI members continued their networking with intensivists from Asia that resulted in ongoing collaboration. Two GICI members were invited as external examiners for the College of Physicians and Surgeons of Pakistan Critical Care Examination in Islamabad. This initiative has resulted in a further invitation to deliver the Beyond Basic Mechanical Ventilation course in Karachi in Feb 2024 and present at a plenary session at their Anaesthesia Annual Scientific Meeting. The President of ANZICS, Mark Nicholls was invited to Indonesia to represent ANZICS and a group of intensivists from Indonesia will visit ANZICS in December 2023.

The relationship with the critical care community in East Africa has been strengthened and in the second semester of the year telehealth education has been provided to a critical care group in Arusha, Tanzania.

This ongoing relationship has led to an invitation for members to attend and present at a Critical Care and Emergency Medicine Meeting in Arusha in January and to deliver a BASIC instructor and provider course in Dar Es Salaam. It is envisaged that these face-to- face meetings will lead to an ongoing relationship to foster education and research in the East African critical care community.

There are also early discussions with the Critical Care Community in Nigeria to discuss ways to collaborate, particularly in post graduate education.

Work is also underway to establish a Terms of Reference for GICI related research.

The GICI executive would like to acknowledge the project work done by Ms Naomi Mc Clean. GICI is pleased to welcome the new Chair, Dr Lewis Mc Clean and Deputy Chair, Dr George Zhou. A further addition to the GICI exec is an ACCCN representative and GICI welcomes Melissa Njoku to the executive. GICI is also pleased to announce the appointment of Alana Karathanasis as the GICI project manager and thanks Andrew Macey for his continued work as clinical coordinator.

GICI is envisaging substantial growth and collaboration in 2024 as relationships have been established with Critical Care Communities in many countries and organisations such as MSF.

The GICI executive would like to thank the President, Board and administrative staff of ANZICS for support and are indebted to the work of the GICI membership for the ongoing commitment to Global Health.

Prof John Botha

Global Intensive Care Initiative Chair

BASIC ASSESSMENT AND SUPPORT IN INTENSIVE CARE (BASIC) Delivered in Papua New Guinea















ANZICSREGIONAL REPORTS

AUSTRALIAN CAPITAL TERRITORY

The Australian Capital Territory, in the traditional lands of the Ngunnawal and Ngambri people, includes two public and three private Intensive Care Units. Recent months have seen the forced Government acquisition of the Calvary managed public hospital, now referred to "North Canberra Hospital" which includes the level II ICU in the Territory. All ICUs in the Territory continue to provide the best care they can to the community from within a healthcare system under strain with some unique challenges that arise from the monopoly health provider for most specialty services that is also in a phase of expansion.

ANZICS membership in the ACT has expanded in 2023 and more ACT members have taken the opportunity to involve themselves in Society activities. ACT members have contributed to the development of the ANZICS led Workforce Standards, the Education committee's Leadership and Echo programs and CORE activities including CHRIS and PROEMS as well as CTG, WIN and Safety & Quality programs.

Workforce continues to be a major issue in the Territory at all of nursing, junior medical and allied health levels, both in funding the number of positions required and in recruiting to these positions. With an inability to access a suitably qualified casual pool due to the challenges of a small jurisdiction, the current workforce crisis is experienced acutely in this region.

Local members continue to struggle with the day-to-day stressors of staffing units with experienced multidisciplinary team members in a setting of constant executive and management flux across both public hospitals, making workforce planning even more challenging. The adoption and implementation of the ANZICS Workforce Standards for the entire multidisciplinary team will be a welcome addition for ACT members who have been advocating for appropriate staff ratios, training, and support.

It was heartening to see the CTG committee embrace this smaller jurisdiction and facilitate ACT representation in the group this year. ACT members have contributed broadly to ANZICS activities and to the ICU community at large.

Dr Bronwyn Avard Chair, ACT



NEW SOUTH WALES

Following the COVID-19 pandemic, ICUs in NSW during 2023 have continued their high level of activity. ICUs remain stretched with ongoing problems filling staff vacancies, especially in nursing. Burnout, fatigue and overall staff health and wellbeing remain significant issues.

The COVID-19 pandemic has been blamed for exacerbating staff burnout, but it is recognised that the reasons for staff leaving our specialty are more complex than that. A significant problem has been hospital staffing practices and conditions have not been conducive to staff retention.

There still has been no formal inquiry in NSW into how the COVID-19 pandemic was handled by NSW Health. The problems of the pandemic need to be identified and addressed so that we can be better prepared the next time. We look forward to the recently announced Commonwealth Government Inquiry into the COVID-19 Response.

NSW Health is introducing a new formal performance measure recording ICU exit block. This remains a significant problem in NSW ICUs. Whether this new measure becomes a formal Key Performance Indicator remains to be seen.

A Special Commission of Inquiry was established in August 2023 to examine the governance and accountability structure of NSW Health and the way NSW Health funds health services. This Inquiry will report back in August 2024.

The well-publicised issues with the NSW specialist award remain unaddressed. Certain specialist doctors remain in short supply because pay and conditions are better in other states. ASMOF has started proceedings to reform the NSW specialist award and work has started on the drafts. The current draft of the proposed award improves remuneration for after-hours and on-call work and specifies maximum on-call commitments. ANZICS will be part of this process.

Interest in in-person meetings to discuss ICU matters in NSW remains low, outside of the main conferences. There are many reasons for this, with the use of videoconferencing improving convenience and accessibility, and meeting fatigue.

Dr Winston CheungChair, New South Wales



Plans for the redevelopment of the Women's and Children's hospital in parklands adjacent to the Royal Adelaide hospital was unveiled in May this year. Despite being built on the current Police Horse barracks site, this location on Port Road to the west of the RAH will link to the medical and technology precinct to the East and the parklands to the North and West for the benefits patients and staff. It plans on being able to service the South Australian community well into the future and will incorporate cultural, environmental, and sustainable practices during its construction and operational phases. There have been proposals for a maternal ICU within the new building but without any direct connection over the trainline between the current RAH and the new WCH, the management of this will need to be refined by the ICU community and SA Health. There should be enough time in the new build process to finalise the details over the coming decade.

All metropolitan hospitals are now operational on the electronic medical record Allscripts platform, Sunrise. While the implementation has presented many challenges, we hope that it might be able to refine and improve the quality of the data going into the CORE platform in a much more efficient manner so that it can continue the important work of the CORE team.

Educational activity has continued in our urban ICU community throughout the past year. We are fortunate to have Mary White continue to be the driving force behind the Tub Worthley Scholarship dinner which changed venues this year to Orso restaurant in July. This is still the only local meeting which provides a statewide avenue for local projects to be presented by trainees. Pfizer have supported this event throughout its 15-year history and was joined this year by SAICA to provide an even bigger prize for the best presentation in a Matt Spence style format. We congratulate this year's winner Abby McArthur on her excellent presentation of original research titled "Low phosphate concentrations, Feeding and clinical OutcomeS Study (LowFOSS): A post hoc analysis of data from TARGET". These events would be impossible without the volunteer work of many. Our thanks to Ben Reddi in undertaking abstract review and Marianne Chapman and Shailesh Bihari for their adjudication on the night.

Adelaide hosted the 2023 ASM in March. This conference which examined "ICU on the Edge" had an amazing international and national line up of speakers. The ANZICS ASM team was brilliantly led by the local medical champions of Mark Plummer and Krista Mos who both worked hard to curate a memorable scientific and social program which was well attended and very well received.

The first trainee education day was held this year at Mount Lofty house. A joint event with the SA CICM committee, led by Amy Chapman as the CICM trainee representative, was focused on communication. Our thanks again extend to Pfizer for supporting this wonderful day-long event in the Adelaide Hills as well as Donate Life SA, CICM and SAICA. Communication with patients and families at end of life was covered as was communication for interviews, technology, and research. We look forward to this being a regular event in the SA ICU education schedule.

The final combined CICM/ANZICS event for 2023 was held at Trak restaurant in November. Focused on sustainability in both the ICU and broader SA health context, we were provided with much food for thought as to how to locally enact some of the excellent suggestions that have been documented in the ANZICS beginners guide to sustainability toolkit. 50 trainees and fellows were able to attend to hear Ubbo Weirsema, Dustin De Jong and Sarah Ripley provide their observations and perspective from the ICU, anaesthesia, and nursing world respectively.

Dr Michael Farquharson Chair, South Australia

TASMANIA

Tasmania's three intensive care units continue to provide quality and contemporary services to the community in persistently challenging times. There have been several notable events this year including the opening of a new 16m dollar redevelopment of the RHH Department of Critical Care Medicine, and several initiatives in the north of the state including the appointment of a dedicated research nurse to the LGH ICU, and helipads to facilitate the retrieval of critically ill patients. All units have experienced staffing constraints and bed pressure with recruitment of nursing staff and exit block continuing to be the major issues. Solutions to this are challenging but there is much good will and work in this space currently.

This year has seen the final stages of the negotiation for a new industrial award for medical staff. Successful lobbying from many clinicians and groups including ANZICS, together with exemplary leadership from our local lead negotiators and the AMA industrial team, has led to a competitive package which is near completion and signoff. This should go some way to attracting and maintaining a stable workforce of junior and senior medical staff, and hopefully a reduction in the reliance of locum services to provide staffing.

In the research space Rick McAllister (RHH-DCCM Research Nurse) should be commended for his work lobbying and preparing the required amendments to the Tasmanian Guardianship and Administration Act. This will allow consent for research studies to be obtained from relatives when patients are unable to personally consent. These amendments are currently before parliament and once approved should allow us to recruit into many new trials that were previously unable to be conducted in Tasmania.

Membership has been steady, however there remains a need to ensure that members and non-members are aware of the importance of ANZICS activities to their profession, and for ANZICS to be more visible in its actions locally.

The newly formed Membership and Advocacy Sub-Committee of the Board is hoping to refocus on our advocacy roles in each state and ensure that members are provided with the support they require when called for. I would be grateful to hear from any members who are encountering issues where they feel ANZICS could advocate.

The close ties between ANZCIS and the College of Intensive Care Medicine have further been strengthened with the purchase of Level 1, 101 Highstreet from CICM. For a state such as ours, where we frequently combine activities and funding from both organisations, having close geographical ties and clarity around the activities of both organisations is particularly important. This is particularly apparent in smaller regions where any duplication in the work of the two organisations is particularly inefficient.

Tasmania continues to be represented on most ANZICS Committees, and I would like to thank our representative members for their contributions, and the ANZCIS Executive and Board for its advocacy role for intensive care nationally. All Tasmanian intensive care staff should be proud of their contributions toward the important CTG research trials and the ANZICS Core dataset, and we look forward to healthy 2024 for members and the Society.

Dr Michael Ashbolt

Chair. Tasmania



Victorian ANZICS members have through research and publications have contributed significantly to the science of intensive care. Victorian ANZICS members have also contributed to CORE and the Global Intensive Care Initiative.

There have also been significant new capital works in Victoria and the Victorian Heart Hospital is Australia's first dedicated heart hospital, opening on the Monash University Clayton Campus in Feb 2023. This has become the physical home of the Monash Victorian Heart institute enabling the co-location of research, education, and patient care.

The ANZICS membership in Victoria continues to grow and it is encouraging to note the contribution of allied health and nursing colleagues.

Despite the many positives, the aftermath of COVID 19 has resulted in workforce challenges with staffing shortages in many areas.

Some members of the critical care workforce have retired from healthcare, and some have reverted to part time employment.

ANZICS Victoria remains steadfast in its commitment to advancing critical care services and improving patient outcomes for the critically ill in 2024.

I would like to thank the Victorian ANZICS membership for their role in improving and advocating for intensive care in Victoria.

Prof John Botha Chair, Victoria

WESTERN AUSTRALIAN

EVENTS

Western Australia has been busy this year. We hosted the 2023 CICM Annual Scientific meeting in Perth and held an ANZICS Women in Intensive Care networking and education dinner in October for trainees. This provided an excellent opportunity for trainees to get involved with the ANZICS-WIN Committee.

GUARDIANSHIP ACT UPDATES

The Statutory Review of the Guardianship Act was passed by the legislative council in March and has stalled going through the legislative assembly.

This bill deletes the sunset clause that otherwise would come into effect April 2024, and it expands the definition of the lead researcher. Unfortunately, despite advocacy through ANZICS and others working on this, there is no change to the IMP requirement, which is problematic.

More advocacy by ANZICS and others may be required in the next review (a requirement of the legislation), which is likely to take place next year. One of the fundamental problems is that the members of the review body do not have a single frontline researcher.

ICU BED ACCESS

Bed state black continues in metropolitan WA. There has been the first meeting of stakeholders to review potential for a statewide ICU bed coordination system to improve access to ICU beds. This is an issue that has come up every two years or so but has not come to much due to a lack of funding. APTCC (Acute Patient Transfer Coordination Centre) through WACHS is up and running 24/7 and coordinating transfers within, to and from all WACHS hospitals throughout the state. The coordinators are mostly FACEMS and FCICMS. As RFDS, SJ Ambulance and the DFAT Helicopter are all quite separate entities, showing this can be coordinated through one process is the first step in developing a statewide system. There may be a role for ANZICS advocacy within this space.

STATEWIDE EMR ROLLOUT

The state budget included \$99.4 million for the first stage rollout of a statewide EMR, including a Metavision rollout to two more ICU (SCGH and PCH). There is a collaboration working on standardisation of EMR across the state but still likely years away.

Bronwyn Bebee

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.

1981	Dr S Streat	Auckland	2002	Dr D Collins	Perth
1982	Dr S Gatt	Sydney	2003	Dr N Blackwell	Cairns
1983	Dr R Raper	Sydney	2004	Dr V Campbell	Adelaide
1984	Dr N Gibbs	Perth	2005	Dr P John Victor	Adelaide
1985	Dr W Griggs	Adelaide	2006	Dr M Zib	NSW
1986	Dr A Bersten	Adelaide	2007	Dr A Nichol	VIC
1987	Dr M Oliver	Auckland	2008	Dr B Tang	NSW
1988	Dr P McQuillan	Perth	2009	Dr M Brain	TAS
1989	Dr T Buckley	Hong Kong	2010	Dr R Fischer	SA
1990	Dr C McAllister	Sydney	2011	Dr J Raj	SA
1991	Dr R Bellomo	Melbourne	2012	Dr S Kelly	SA
1992	Dr S Parkes	Adelaide	2013	Dr Y Abdelhamid	SA
1993	Dr R Totaro	Sydney	2014	Dr M Plummer	SA
1994	No award presented		2015	Dr P Kar	SA
1995	Dr A Davies	Melbourne	2016	Dr T Beckingham	SA
1996	Dr B Venkatesh	Brisbane	2017	Dr N Glassford	SA
1997	Dr D Blythe	Perth	2018	Dr G Wigmore	SA
1998	Dr N Edwards	Adelaide	2019	Dr M Chakraborty	NSW
1999	Dr V Pellegrino	Melbourne	2020	No ASM held	
2000	Dr I Seppelt	Canberra	2021	No ASM held	
2001	Dr R Fregley	Waikato	2022	Dr Emily See	VIC
2001	Dr B Mullan (special)	Sydney	2023	Dr Mairi Northcott	VIC

Past ANZICS Presidents

1975-77	M Spence	NZ	1996-98	GJ Dobb	WA
1977-79	GM Clarke	WA	1998-00	A Bell	TAS
1979-80	RC Wright	NSW	2000-02	A McLean	NSW
1980-81	RC Wright	NSW	2002-03	J Santamaria	VIC
1981-82	RV Trubuhovich	NZ	2003-05	D Fraenkel	QLD
1982-84	LIG Worthley	SA	2005-07	I Jenkins	WA
1984-86	M Fisher	NSW	2007-09	P Hicks	NZ
1986-88	J Cade	VIC	2009-11	M O'Leary	NSW
1988-89	TE Oh	WA	2011-13	M White	SA
1989-91	JA Judson	NZ	2013-15	A Turner	TAS
1991-93	PL Blyth	NSW	2015-17	M Ziegenfuss	QLD
1993-95	GA Skowronski	SA	2017-19	S Warrillow	VIC
1995-96	DV Tuxen	VIC	2019-21	Anthony Holley	QLD

Annual Scientific Meeting 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	2013	Hobart	Felicity Hawker	VIC
2003	Cairns	Lindsay Worthley	SA	2014	Melbourne	Simon Finfer	NSW
2004	Melbourne	Jack Cade	VIC	2015	Auckland	George Skowronski	NSW
2005	Adelaide	Bob Wright	NSW	2016	Perth	Geoff Dobb	WA
2006	Hobart	Stephen Streat	NZ	2017	Gold Coast	John Santamaria	VIC
2007	Rotorua	Geoffrey Parkin	VIC	2018	Adelaide	Mary White	SA
2008	Sydney	Frank Shann	VIC	2019	Melbourne	None due to World C	ongress
2009	Perth	David Tuxen	VIC	2020	Sydney	No ASM held due to 0	COVID-19
2010	Melbourne	Anthony Bell	TAS	2021	Sydney	No ASM held due to 0	COVID-19
2011	Brisbane	Brad Power	WA	2022	Sydney	Penny Stewart	NT
2012	Adelaide	Neil Matthews	SA	2023	Adelaide	No Oration	

Ramesh Nagappan Education Award

2014	Melbourne	Gerard Fennessy	VIC	2019	Melbourne	Bala Venkatesh	VIC
2015	Auckland	Cameron Knott	VIC	2020		Not awarded due t	o COVID-19
2016	Perth	Adam Deane	VIC	2021		Not awarded due t	o COVID-19
2017	Gold Coast	Chris Nickson	VIC	2022		Not awarded due t	o COVID-19
2018	Adelaide	Mary Pinder	WA	2023	Adelaide	Swapnil Pawar	NSW

ANZICS Honour Roll

Andrew Hilton	Malcolm Fisher	Michael G Loughhead	George Skowronski
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	Mary Pinder

AUSTRALIAN AND NEW ZEALAND INTENSIVE CARE SOCIETY 81 057 619 986

FINANCIAL REPORTS

Year ended 30 June 2023

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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 2023 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:

Prof David Pilcher Vice-President Assoc Prof Mark Nicholls President Dr Yasmine Ali Abdelhamid Hon. Treasurer Dr Alastair Carr Hon. Secretary Dr Bronwyn Avard Dr Michael Ashbolt Prof John Botha Dr Bronwyn Bebee Dr Winston Cheung Dr Michael Farquharson Dr Kenneth John Millar Dr David Ku Dr Siva Senthuran Dr Manoj Saxena (appointed 15/9/2023) Assoc Prof Anthony Holley (resigned 21/11/2022) Dr Danielle Austin (resigned 21/11/2022)

Dr Sandra Peake (resigned 1/7/2023)

Dr Sidharth Agarwal (resigned 31/7/2023)

Sandra Peake (resigned 1///2023)

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.

Special Responsibilities: President

Prof. D Pilcher

Qualifications: MBBS/MRCP/FRACP/FCICM Experience: Director since Feb 2020

Special Responsibilities: Vice-President

Dr A Carr

Qualifications: MB/ChB/MSc/DA/FRCA DICM/FFICM/MBA Experience: Director since May 2020

Special Responsibilities: Hon. Secretary

Dr Y Ali Abdelhamid

Qualifications: MBBS/FRACP/FCICM Experience: Director since Dec 2015

Special Responsibilities: Hon. Treasurer

Dr M Ashbolt

Qualifications:BMed Sci/MBBS/FCICM/FACEMExperience:Director since Feb 2017Special Responsibilities:Chair – TAS Region

Dr B Avard

Qualifications: BMed/FCICM/MLMEd

PGCertClinUS

Experience: Director since Jan 2021 Special Responsibilities: ACT Representation

Dr B Bebee

Qualifications: FACEM/FCICM/MBBS/BA Experience: Director since Mar 2022 Special Responsibilities: Chair – WA Region Prof J Botha

Qualifications: MB/ChBM/Med., FCP(SA)
FRACP, FCICM, DTM&H
Experience: Director since Feb 2021

Chair - VIC Region

Dr W Cheung

Special Responsibilities:

Qualifications: MBChB/FCICM/FRACP
Experience: Director since Jan 2022
Special Responsibilities: Chair – NSW 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 2020
Special Responsibilities: International Relations

Dr K Millar

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

Dr Manoj Saxena

Qualifications: MBBChir/PHD/FRACP/MRCP/

FCIC

Experience: Director since Sep 2022 Special Responsibilities: Chair – CTG

Dr Siva Senthuran

Qualifications: MBBS/BSc/FRCA/FANZCA

/FCICM/MClinEpid/PGDipCritC

Echo

Experience: Director since Feb 2021
Special Responsibilities: Chair – QLD Region

Directors' meetings

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

	Number engible	Numb
<u>Directors</u>	to attend	attend
Dr Y Ali Abdelhamid	3	3
Dr M Ashbolt	3	2
Dr S Agarwal	3	1
Dr D Austin	1	1
Dr B Avard	3	2
Dr Bronwyn Bebee	3	3
Prof J Botha	3	3
Dr A Carr	3	3
Dr Winston Cheung	3	3
Dr M Farquharson	3	3
Assoc Prof A Holley	1	1
Dr D Ku	3	3
Dr KJ Millar	3	2
Assoc. Prof. M Nicholls	3	3
Dr S Peake	3	1
Prof D Pilcher	3	2
Dr S Senthuran	3	3

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 \$24,080 (2022: \$25,260) being 1,204 (2022: 1,263) 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 2023 has been received and can be found on page 4 and forms part of the directors' report.

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

Assoc. Prof. Mark Nicholls

President

Dr Yasmine Ali Abdelhamid

Hon. Treasurer

Dated this 15th day of December 2023.

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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 2023, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Australian Charities and Notfor-profits Commission Act 2012 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

C.W. Stirling & Co.

Chartered Accountants

for A Pholy

John A Phillips Partner

Dated this 15th day of December 2023. Melbourne

Statement of Profit or Loss and other Comprehensive Income

	Note	2023 \$	2022 \$
Revenue	2	3,695,737	3,373,841
Other income	2	149,680	-
Employee benefits expenses		(1,862,549)	(1,697,322)
CHRIS Project consultancy expense		(513,300)	(588,600)
IT expenses		(251,368)	(103,674)
Administration expenses		(225,771)	(158,856)
Conference and meeting expenses		(145,926)	(38,416)
Finance expenses	3	(118,091)	(4,774)
Depreciation and amortisation expense	3	(112,664)	(155,988)
General consultancy, legal and audit expense		(87,011)	(84,868)
Travel and committee expenses		(56,415)	(41,534)
Awards, sponsorships and scholarships		(38,512)	(18,870)
Investment management fees		(35,590)	(37,123)
Other expenses		(39,582)	(19,687)
Unrealised loss on revaluation of financial assets	3	-	(385,220)
Surplus for the year before income tax		358,638	38,909
Income tax expense	1(b)	_	_
Surplus for the year before income tax		358,638	38,909
Other comprehensive income			
Total other comprehensive income for the year		-	-
Total comprehensive income attributable to member	s of the Society	<u>358,638</u>	<u>38,909</u>

Statement of Financial Position

Statement of Cash Flows

	Note	2023 \$	2022 \$
Current Assets			
Cash and cash equivalents	4	1,865,722	3,457,526
Trade and other receivables	5	229,675	283,453
Other current assets	6	97,809	76,933
Total current assets		2,193,206	3,817,912
Non-Current Assets			
Financial assets	7	4,821,837	4,660,526
Property plant and equipment	8	4,142,588	17,915
Intangible assets	9	262,873	118,306
Right of use assets	10	_	40,913
Total non-current assets		9,227,298	4,837,660
Total Assets		11,420,504	8,655,572
Current Liabilities	4.4	770 400	4 000 000
Trade and other payables	11	778,468	1,063,866
Provisions	12	435,862	376,941
Borrowings	13	74,916	-
Lease liabilities	14	4 000 040	42,966
Total current liabilities		1,289,246	1,483,773
Non-Current Liabilities			
Trade and other payables	11	37,420	71,012
Provisions	12	27,237	14,733
Borrowings	13	2,621,909	=
Total non-current liabilities		2,686,566	85,745
Total Liabilities		3,975,812	1,569,518
NET ASSETS		7,444,692	7,086,054
Equity			
Retained surplus		7,444,692	7,086,054
TOTAL EQUITY		7,444,692	7,086,054

	Note	2023 \$	2022 \$
Cash flows from operating activities			
Receipt of grants		2,279,378	2,803,797
Cash receipts from members and customers		1,436,973	1,141,785
Income from financial assets		198,623	308,786
Interest received		36,190	10,752
Payments to suppliers and employees		(3,870,747)	(3,357,224)
Net cash inflows from operating activities	15	80,417	907,896
Cash flows from investing activities			
Payment for available-for-sale financial assets		(511,448)	(1,054,390)
Proceeds from disposal of available-for-sale financial assets		491,628	1,053,585
Payment for property, plant and equipment		(4,145,494)	(7,640)
Payment for intangible assets		(160,227)	(98,872)
Net cash used in investing activities		(4,325,541)	(107,317)
Cash flows from financing activities			
Proceeds from borrowings		2,741,221	_
Repayment of borrowings		(44,396)	_
Repayment of lease liabilities		(43,505)	(100,728)
Net cash from/(used in) financing activities		2,653,320	(100,728)
The same was a same as a same a		<u></u>	(100;120)
Net increase/(decrease) in cash and cash equivalents		(1,591,804)	699,851
Cash and cash equivalents at beginning of financial year		3,457,526	2,757,675
Cash and cash equivalents at end of financial year	4	1,865,722	3,457,526

Statement of Changes in Equity

	Retained surplus \$
Balance at 1 July 2021	7,047,145
Surplus attributable to the Society Balance at 30 June 2022	38,909 7,086,054
Surplus attributable to the Society Balance at 30 June 2023	358,638 7,444,692

Notes to the Financial Statements

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 2023, the number of members was 1,204 (2022: 1,263).

Registered Office and Principal Place of Business

The registered office and principal place of business of the Society is Level 1, 101 High Street, Prahran, Victoria, 3181.

1. Summary of significant accounting policies Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures 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 15 December 2023 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.

1. Statement of significant accounting policies (continued)

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.

Freehold property

Freehold buildings are shown at their cost.or fair value based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings.

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

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

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

1. Statement of significant accounting policies (continued)

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.

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;

50 51

1. Statement of significant accounting policies (continued)

- 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;

1. Statement of significant accounting policies (continued)

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

(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. Short-term 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.

1. Statement of significant accounting policies (continued)

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 10.0% 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.

1. Statement of significant accounting policies (continued)

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.

<u>Website</u>

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.

(I) Comparative figures

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

1. Statement of significant accounting policies (continued)

(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.

(ii) 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.

1. Statement of significant accounting policies (continued)

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.

	2023 \$	2022 \$
2. Revenue and other income		
Revenue		
Grants - recurrent	1,605,596	1,501,159
Grants - project	136,117	103,937
Grants – CHRIS Project	581,352	664,704
Subscriptions	565,909	543,767
Surplus from ASM	146,253	147,979
Conferences and meetings	246,716	73,419
Sponsorship	98,232	63,000
	3,380,175	3,097,965
Other revenue:		
Government COVID19 business support		-
Interest received – cash and cash equivalents	36,190	6,637
Investment dividends and distributions	198,623	227,584
Sundry income	80,749	41,655
	315,562	275,876
Total revenue	3,695,737	3,373,841
Other income:		
Unrealised gain on investments held	149,680	<u>-</u>
Total other income	149,680	<u>-</u>
Total revenue and other income	3,845,417	3,373,841
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		
Revenue from government grants and other grants	78,203	329,106
Revenue from government grants and other grants	78,203	329,106

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		2023 \$	2022 \$
3. Surplus for the year			
a Expenses			
Employee benefits expense			
- contribution to defined contribution superannuation funds		168,470	142,751
Depreciation and amortisation expense:			
- property, plant and equipment		56,091	10,182
- intangible assets		15,660	47,616
- right of use assets		40,913	98,190
Total depreciation and amortisation expense		112,664	<u>155,988</u>
Financial costs:			
- interest expense on lease liabilities		539	4,774
- interest expense on borrowings		112,052	-
- borrowing costs		5,500	
- Total financial costs		<u>118,091</u>	<u>4,774</u>
Loss on disposal of investments		8,189	12,452
Unrealised loss on revaluation of financial assets			385,220
4. Cash and cash equivalents			
Cash at bank		1,799,375	1,391,179
Cash on short term deposit		66,347	2,066,347
		1,865,722	3,457,526
5. Trade and other receivables			
Trade receivables		35,385	48,717
Other receivables		194,290	234,736
		229,675	<u>283,453</u>
6. Other current assets			
Prepayments		97,809	76,933
7. Financial assets			
Financial assets mandatorily measured at fair value through	_, ,		
profit or loss	7(a)	4,821,837	4,660,526
(a) Financial assets mandatorily measured at fair value through			
profit or loss:			
Investments in listed Australian securities	18	1,954,408	1,957,949
Investments in managed funds	18	2,867,429	2,702,577
		4,821,837	4,660,526
8. Property, plant and equipment			
<u>Property</u>			
Building - at cost		4,097,057	-
Less accumulated depreciation		(42,093)	
Total building		4,054,964	

		2023	2022
		\$	\$
8. Property, plant and equipment (continued)			
Plant and equipment		474 400	00.700
Plant and equipment - at cost		174,436	90,729
Less accumulated depreciation		(86,812)	<u>(72,814)</u>
Total plant and equipment		87,624	<u>17,915</u>
Total property plant and equipment		4,142,588	17,915
Movements in carrying amounts			
	Land &	Plant &	
	buildings	equipment	Total
2022	\$	\$	\$
2023 Polonge et 1, July 2022		17.015	17.015
Balance at 1 July 2022 Additions	4,097,057	17,915 83,707	17,915 4,180,764
Depreciation for the year	(42,093)	(13,998)	(56,091)
Balance at 30 June 2023	4,054,964	87,624	4,142,588
Dalatice at 50 Julie 2025	4,034,304	07,024	4,142,300
2022			
Balance at 1 July 2021	_	20,457	20,457
Additions	_	7,640	7,640
Depreciation for the year	_	(10,182)	(10,182)
Balance at 30 June 2022		17,915	17,915
		2023	2022
Q Intensible accets		\$	\$
9. Intangible assets Software - at cost		760,654	600 427
Less accumulated amortisation		(501,108)	600,427 (492,048)
Total software			
Total Software		<u>259,546</u>	108,379
Website - at cost		33,000	33,000
Less accumulated amortisation		(29,673)	(23,073)
Total website		3,327	9,927
Total intangible assets		262,873	118,306
Movements in carrying amounts			
	Software \$	Website \$	Total \$
2023	•	*	¥
Balance at 1 July 2022	108,379	9,927	118,306
Additions	160,227	-	160,227
Amortisation for the year	(9,060)	(6,600)	(15,660)
Balance at 30 June 2023	259,546	3,327	262,873

	Software	Website	Total
9. Intangible assets (continued)	\$	\$	\$
2022			
Balance at 1 July 2021	50,523	16,527	67,050
Additions	98,872	10,521	98,872
Amortisation for the year	(41,016)	(6,600)	(47,616)
Balance at 30 June 2022	,	,	
balance at 30 June 2022	<u>108,379</u>	9,927	118,306
10. Right of use assets			
The Society's lease related to a building which expired during t	the year and was not	renewed.	
		2023	2022
		\$	\$
(i) AASB 16 related amounts recognised in the statement of fin	ancial position		
Leased building		-	147,286
Less accumulated depreciation		=	(106,373)
Total right of use assets		-	40,913
Movements in carrying amounts			
Leased buildings:			
		\$	
2023			
Balance at 1 July 2022		40,913	
Depreciation for the year		(40,913)	
Balance at 30 June 2023		<u>-</u>	
2022			
Balance at 1 July 2021		139,103	
Depreciation for the year		(98,190)	
Balance at 30 June 2022		40,913	
		2022	2022
		2023 \$	2022 \$
(ii) AASB 16 related amounts recognised in the statement of pr	rofit or loss	·	·
Depreciation charge related to right of use assets		40,913	98,190
Interest expense on lease liabilities		539	4,774
Low value asset leases expense		2,685	7,025
11. Trade and other payables			
Current			
Trade creditors		183,779	184,868
Sundry creditors and accruals		171,877	120,612
GST payable		24,150	57,193
Grants received in advance		78,203	329,106
Subscriptions received in advance		245,501	272,077
Sponsorship & registrations received in advance		74,958	100,010
	11(a)	<u>778,468</u>	1,063,866

11. Trade and other payables (continued) (a) Financial liabilities at amortised cost classified as trade and other payables		2023 \$	2022 \$
Trade and other payables – current		778,468	1,063,866
Less deferred income		(398,662)	(701,193)
Financial liabilities as trade and other payables	18	379,806	362,673
Non-current Subscriptions received in advance		37,420	71,012
Subscriptions received in advance		37,420	<u> </u>
12. Provisions Current			
Provision for employee benefits: annual leave		226,157	195,112
Provision for employee benefits: long service leave		209,705	181,829
		435,862	376,941
Non-current			
Provision for employee benefits: long service leave		27,237	14,733
Analysis of total provisions		\$	
Analysis of total provisions		204 674	
Opening balance at 1 July 2022		391,674	
Additional provisions raised during the year		71,425	
Amounts used		400,000	
Balance at 30 June 2023		<u>463,099</u>	

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).

13. Borrowings	2023 \$	2022 \$
Current Bank loan	74,916	
Non-current Bank loan	2,621,909	

	2023 \$	2022 \$
14. Lease liabilities	•	·
<u>Current</u>		
Lease liability – right of use assets		42,966
45. Nation to the Otatomoral of Ocal Flour		
15. Notes to the Statement of Cash Flows		
Reconciliation of cash flow from operations with surplus after		
income tax		
Surplus for the year	358,638	38,909
Add/(less) non-cash items:		
Depreciation and amortisation	112,664	155,988
(Gain) loss on disposal of investments	8,189	12,452
Interest expense on right-of-use asset reclassified	539	4,774
Unrealised (gain) loss on investments held	(149,680)	385,220
Change in assets and liabilities		
(Increase)/decrease in trade and other receivables	53,778	(181,408)
(Increase)/decrease in other current assets	(56,146)	(46,930)
Increase/(decrease) in trade and other payables	(318,990)	554,553
Increase/(decrease) in provisions	71,425	(15,662)
Net cash provided by / (used in) operating activities	80,417	907,896

16. 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, Dr Bronwyn Bebee, Prof John Botha, Dr Alastair Carr, Dr Winston Cheung, Dr Michael Farquharson, Assoc Prof Anthony Holley, Dr David Ku, Dr Kenneth John Millar, Assoc. Prof. Mark Nicholls, Dr Sandra Peake, Prof David Pilcher, Dr Manoj Saxena and Siva Senthuran,

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

Dr Mark Nicholls received \$3,160 and Mr David Pilcher received \$3,632 in respect of services provided in Papua New Guinea as part of the Global Health Initiative Program

Intensive Care Foundation

During the financial year, the Society provided administrative support services including provision of office space, information technology support, communications and internet services to the Foundation at no cost.

During the financial year, the Society received grant funding under normal commercial terms of \$9,091 (2022: \$10,000) to undertake research projects for the benefit of the Intensive Care Community.

17. 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:

	2022 \$	2021 \$
Short-term employee benefits	473,922	479,112
Post-employment benefits	49,466	47,811
Other long-term benefits		
Key management personnel compensation	523,388	526,923

18. 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, borrowings 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:

Financial assets

	Note	2023 \$	2022 \$
Financial assets at fair value through profit or loss:		•	•
- investments in listed Australian securities	7	1,954,408	1,957,949
- investments in managed funds	7	2,867,429	2,702,577
Financial assets at amortised cost:			
- cash and cash equivalents	4	1,865,722	3,457,526
- trade and other receivables	5	229,675	283,453
Total financial assets		6,920,234	8,401,505
Financial liabilities			
Financial liabilities at amortised cost:			
- trade and other payables	11	379,806	362,673
- borrowings	13	2,696,825	-
- lease liabilities	14	_	42,966
Total financial liabilities		3,076,631	405,639

Refer to Note 19 for detailed disclosures regarding the fair value measurement of the Society's financial assets.

19. 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.

ANZICS Annual Repor 2022 to 2023

Notes to the Financial Statements (continued)

19. Financial instruments (continued)

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

		2020	
Financial assets	Note	\$	\$
Financial assets at fair value through profit or loss:			
- investments in listed Australian securities (i)	7	1,954,408	1,957,949
- investments in managed funds (i)	7	2,867,429	2,702,577
Total financial assets		4,821,837	4,660,526

⁽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.

20. Events subsequent to reporting date

The directors are not aware of any significant events since the end of the reporting period.

21. Contingent liabilities

There are no contingent liabilities as at 30 June 2023 (2022: \$Nil).

22. Auditor's remuneration

	2023 \$	2022 \$
Remuneration of the auditor:	*	·
- auditing the financial statements	14,500	14,000

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 5 to 25, satisfy the requirements of the *Australian Charities* and *Not-for-profits Commission Act 2012* and:
 - (a) comply with Australian Accounting Standards Simplified Disclosure Requirements applicable to the Society;
 - (b) give a true and fair view of the financial position of the Society as at 30 June 2023 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 2022.

Assoc. Prof. Mark Nicholls

President

Dated this 15th day of December 2023.

Hon. Treasurer

Dr Yasmine Ali Abdelhamid

intensive care community

Independent Auditors' Report

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 2023, 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 2023 and of its financial performance for the year then ended; and
- II. complying with Australian Accounting Standards AASB 1060: General Purpose Financial Statements Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2022.

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

for A Pholy

John Phillips Director

Dated this 15th day of December 2023. Melbourne

ANNUAL GENERAL MEETING MINUTES

MONDAY 21 NOVEMBER 2022, 14:00-15:00, ZOOM WEBINAR

1. Welcome, Present and Apologies

The President welcomed members to the 2022 AGM at 2.05pm and delivered the Acknowledgement of Country.

A guorum was declared being 46 people in attendance and 19 motions accepted outside of the meeting. It was noted apologies had been received.

2. Minutes of the 2021 AGM on **30 November 2021**

RESOLUTION. That members accept the minutes from the 2021 ANZICS Annual General Meeting as a true and accurate record. Proposed, Danielle Austin. Seconded, David Ku. Carried.

3. President's Report

A/Prof Mark Nicholls delivered the President's report and acknowledged incoming and outgoing directors. The meeting was informed settlement on 101 High Street occurred on 12 October 2022 and the move into the new premises will occur early 2023. The President thanked CICM and acknowledged the long-term goal of being in the same building and benefits for patients and colleagues across Australia and New Zealand.

The President outlined the successful events held during the year including the ANZICS ASM, the Asia Pacific Intensive Care meeting and the New Zealand regional meeting. Achievements were highlighted including the work of the CORE team, the Global Intensive Care Initiative, the establishment of the Membership and Advocacy Committee, development of the minimum workforce standards, commencement of the COVID lessons learnt working group and partnership with CICM for a national CVC submission.

The President thanked the immediate Past President A/Prof Anthony Holley and Treasurer Dr Danielle Austin, and welcomed Dr Craig Carr to the Executive and Dr Yasmine Ali Abdelhamid to the Treasurer's role. The President also acknowledged the ANZICS CEO and staff, and the passing of Joy Najm. The President concluded by commenting on the focus on improving patient outcomes, advocating for staff welfare and seizing opportunities to promote the speciality.

4. Update on Property Purchase

Refer to items 3 and 5.

5. Treasurer's Report

The Treasurer acknowledged the webinar format of the meeting made it difficult for members to speak and encouraged members to type questions into the Q&A function or to raise their hand to speak.

Dr Danielle Austin presented the financial report for the year ended June 2022 and highlighted:

- The impact of macroeconomic factors and preparing to undertake major expenditure on new premises.
- Small surplus of \$38,909 which was on budget and attributable to increased revenue following post COVID resumption of meetings and events.
- The result was offset by the significant write down of investments.
- · Revenue generated included subscriptions, Commonwealth funding for the CHRIS project, ASM income and conferences and sponsor income.
- Investment revaluation was negative for the financial year in the context of a write up in the prior year and \$230,000 received in dividends and distributions.
- The average return on investment was negative 3.9% and the average over 8 years was positive
- Net assets were \$7,086,054 with \$2.2 million in cash deposits and receivables.
- A major decision during the year was how to finance the property purchase. After discussion with investment fund managers and independent investment advice, the Finance, Risk and Audit Committee recommended partially financing via a bank loan paid down over 10 years.
- The 2022-23 budget is for a surplus of \$70,000
- The financial statements distributed by email have been fully audited and accepted by the Board.

There were no questions from members.

RESOLUTION. That the ANZICS Honorary Treasurer's Report and ANZICS 2022 Financial Report be accepted by the membership. Moved: D Austin. Seconded: M Nicholls. Carried.

6. Election of Office Bearers

The CEO assumed the role of Chair and announced the office bearers. Members were informed an email on office bearer roles had been distributed several weeks prior and nominations received and vetted. As each role was uncontested, elections were not required. Office bearers were confirmed as:

- President A/Prof Mark Nicholls
- Vice President Prof David Pilcher
- Honorary Treasurer Dr Yasmine Ali Abdelhamid
- Honorary Secretary Dr Craig Carr.

There were no questions or comments.

The President returned to the Chair.

7. Membership Report

Dr Yasmine Ali Abdelhamid delivered the membership report highlighting the focus on improving the ANZICS value proposition and establishment of a new Membership and Advocacy Committee. There is discounted registration offered for the ANZICS conference, funding for regional events and opportunity to participate in initiatives. The Board agreed at last meeting to focus on the number of women on committees and to publish these statistics.

There has been a steady increase in membership following removal of outstanding members. There were 108 new members in the last financial year, many from the nursing and trainee category. There are 560 full members. While most members are in Victoria and New South Wales, there has been growth in membership from most states.

The report concluded with an overview of ANZICS achievements during the year including digital conferences and webinars, podcast series, DODC mobile app, WIN authoring the CICM parental leave policy and the Global Intensive Care Initiative.

There were no questions.

8. Professional Practice

Members received presentations from areas of professional practice.

8.1. ANZICS CLINICAL TRIALS GROUP

Professor Sandra Peake commenced by acknowledging the office bearers and staff. The number of member units is stable at around 80 units with one international ICU. Studies endorsed since July 2021 span a range of designs and areas of investigation. There was funding of nearly \$14 million. Scientific meetings are an important focus. While the hybrid meeting was highly successful, there is less collaboration and interaction with online meetings to support scientific discussion and debate. As a result, the 2023 Noosa meeting will be an inperson only event.

The focus for 2022/23 will include continued recruitment into 35 active studies, a winter meeting in Queenstown, two additional online webinars focused on education, finalising the strategic plan for the coming three years, reviewing the terms of reference and updating the website.

There were no questions.

8.2. WOMEN IN INTENSIVE CARE

Dr Vanessa Carnegie presented the WIN annual report and acknowledged the support of committee members. It was noted the committee structure changed with two vice chairs elected. There are vacancies for regional representatives which are being filled. A face-to-face networking event was held in September 2022 in Wellington.

Collaboration continued with ANZICS and CICM to advocate for gender equity. A parental leave policy was published. The current advocacy project relates to flexible training in intensive care medicine with the potential for a joint position statement with CICM. Future plans include continued advocacy for flexible training, further webinars, expansion of the website, a face-to-face meeting and panel discussion at CICM ASM.

There were no questions.

8.3. ANZICS CENTRE FOR OUTCOME AND **RESOURCE EVALUATION (CORE)**

Prof David Pilcher presented the CORE report highlighting the support from the CORE management team and colleagues. Negotiations have commenced for the next triennial funding submission. CHRIS funding was received for another two years. The department is keen to monitor general and COVID activity.

General activity included 220,000 ICU admissions. It was noted 98% of ICUs contribute to CORE and two thirds of ICUs in New Zealand. There are 137 ICUs using COMET and a change to the system is proposed so it is a universal portal for entering data. Linkage to the national death index is also proposed. The Patient Reported Outcomes and Experience Measures pilot study is scheduled to commence. There were 20 scientific publications.

There were no questions.

8.4. EDUCATION COMMITTEE

The report was received and taken as read.

8.5. SAFETY & QUALITY

A/Prof Deepak Bhonagiri presented the report noting there are representatives from each state and New Zealand on the committee. There are co representatives from New Zealand and Victoria and it is a model the committee wishes to adopt.

Achievements include The Beginners Guide to Sustainability in the ICU, webinar with iSRRS, safety and quality session at ASM, CLASBi, MET/ RRT database discussion, CCRS safety and quality questions being reviewed and engagement with CORE on outlier management. Future plans include an international safety and quality conference in Darwin in July 2023, environmental sustainability research, ICU bed block impact study, quality improvement training and neurocritical care project.

There were no questions.

8.6. ANZICS/CICM JOINT GLOBAL HEALTH SPECIAL INTEREST GROUP

Prof John Botha delivered a presentation on the Global Health Special Interest Group and commenced by thanking members of the Executive for their outstanding work, and ANZICS and CICM for support of the initiative.

It was noted there are multi-professional connections including with MSF, AVI, DFAT, RACS, ACEM and ACCCN. While COVID-19 made travel difficult, virtual assistance was provided to PNG and assistance with higher education training in PNG and Fiji. Achievements include the commissioning of an ICU in PNG, ongoing telehealth education and post grad diplomas in ICU training program. There was engagement in India, Iran, Mongolia, and Tanzania. There were two MSF facilitated two webinars. Future plans are focussed on work in PNG and meeting with colleagues in Mongolia and Pakistan. An invitation has been extended to work with colleagues in Tanzania.

There were no questions.

9. Other Business

Prof Pilcher noted while the CORE presentation focused on adult CORE, there was significant work undertaken by the paediatric team who are world leaders. These achievements are outlined in the ANZICS annual report and were summarised for the meeting.

10. **Next AGM**

The President thanked members, committee members and executives. There being no further business the meeting closed at approximately 3.00pm.

CONFIRMED AS A TRUE RECORD OF PROCEEDINGS THERE AT BY RESOLUTION

A/Prof Mark Nicholls **ANZICS President**



PANZICS

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