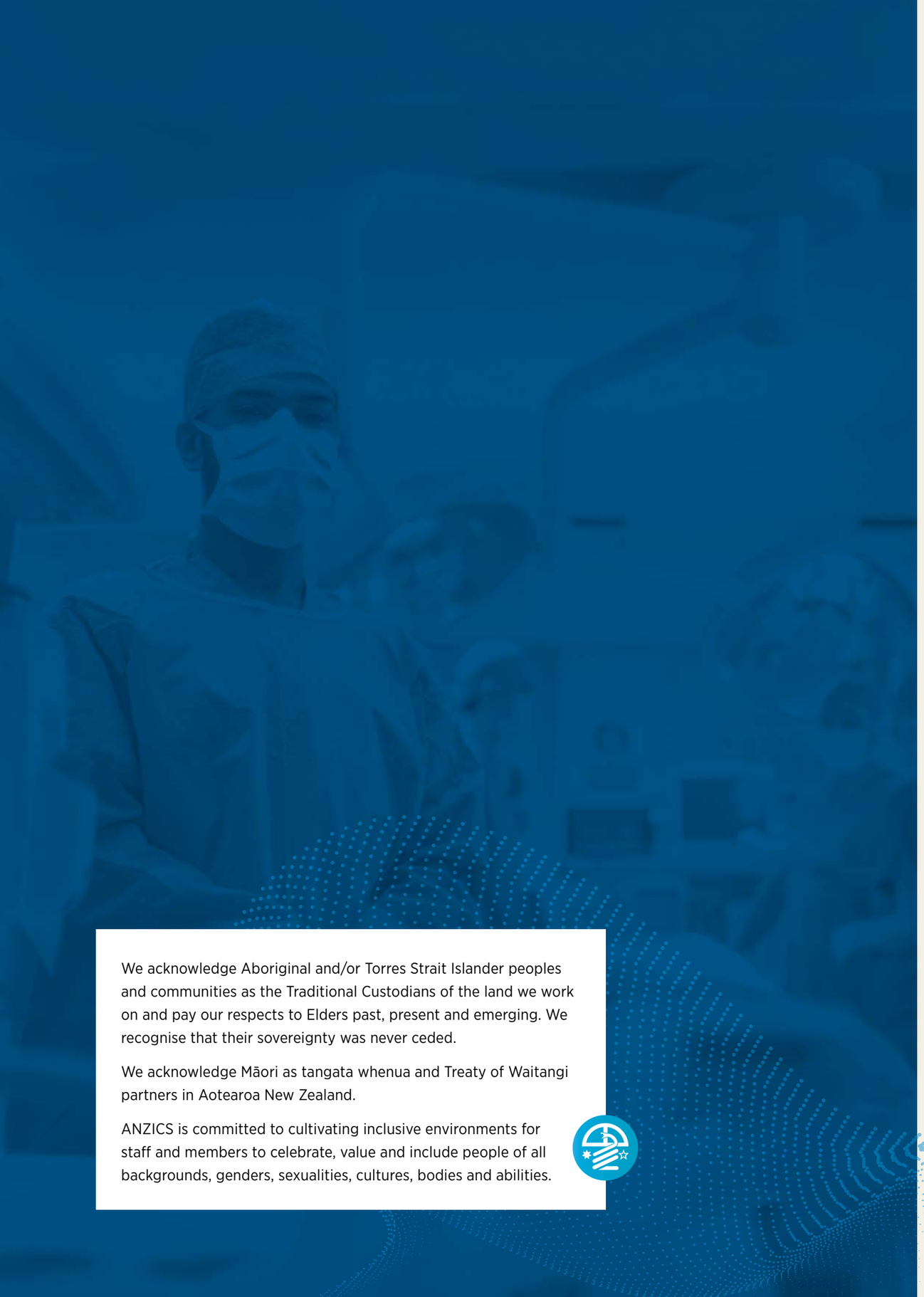
ANZICS

ANNUAL REPORT 2022



We acknowledge Aboriginal and/or Torres Strait Islander peoples and communities as the Traditional Custodians of the land we work on and pay our respects to Elders past, present and emerging. We recognise that their sovereignty was never ceded.

We acknowledge Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

ANZICS is committed to cultivating inclusive environments for staff and members to celebrate, value and include people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

CONTENTS

In this report ANZICS reflects on another great year working together with our members and the sector to achieve the best possible outcome for patients and their families by advancing intensive care practice.

PRESIDENTS REPORT

It is with great honour that I present this report as President of the Society. I welcome our newest board members NSW Regional Chair Winston Cheung and WA Regional Chair Bronwyn Bebee. I thank Nhi Nguyen and Brad Wibrow, who stepped off the Board for their extraordinary contributions to ANZICS and the broader Intensive Care Community.

We all recall the evolving situation in Wuhan, China, and the global pandemic threat. The first confirmed case in Australia was in Melbourne on 25 January. By 11 March 2020, World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic. ANZICS had commence work on developing COVID-19 guidelines and included specific pandemic codes for benchmarking.

Early intensive care and, for that matter, ANZICS evolved out of the polio epidemic that occurred in the early 1950's which demonstrated improved outcomes through positive pressure hand ventilation and tracheostomy. ANZICS was established 47 years ago and is the second oldest intensive care society globally. The Society members have worked tirelessly to improve patient outcomes through advocacy, education, research, and benchmarking. In responding to the COVID-19 pandemic, ANZICS demonstrated it had the advocacy, data, and research infrastructure to be agile and collaborate effectively. Governments and the community are now more aware of intensive care and what it does.

Under the decisive, collaborative, strategic leadership of our friend and colleague Anthony Holley, the Society has been driven, measured, and focused. Anthony's "zero compete, 100% collaborate" has been key to many successes. ANZICS demonstrated leadership that positively impacted Australia and New Zealand's successes. Opportunities for collaboration arise when we are trusted partners. ANZICS recent achievements include:

1. ANZICS Surge Capacity publications under the leadership of Ed Litton. The Critical Care Resources database and established networks provides information to the Government of the potential surge capacity in response to the pandemic. Results were published MJA publication on physical capacity in the event of being overwhelmed. The second MJA publication with a deeper understanding of the workforce limitation to surge capacity.
2. ANZICS Guiding principles for complex decision-making during the COVID-19 pandemic under Stephen Warrilow's leadership.
3. ANZICS was an early member of the National COVID-19 Clinical Evidence Taskforce and nominated early members, including Steve McGloughlin.
4. CHRIS (Critical Health Resource Information System) platform is a COVID-19 operational tool and a partnership between the Federal Health Department, Ambulance Victoria and ANZICS. The NZ Health Department mandated all ICUs to use CHRIS. Funding was approved for a further 2 years. I thank David Pilcher, Sue Huckson, and Anthony Holley for their vision and to establish this project.
5. Global Intensive Care Initiative (GICI) has grown with over 60 members. There has been extraordinary progress in assisting resource-limited intensive care under the leadership of John Botha, Irma Bilgrami and Cath Tacon with some activities mentioned below:
   - In Papua New Guinea, we assisted with the WHO JID intensive care education series, the ANGAU Intensive Care development, and remote assistance to the Port Moresby intensive care unit.
   - In collaboration with the University of Papua New Guinea, we assisted in training in intensive care medicine. I thank Bruce Lister for his leadership and the whole team for organising and teaching the program.
   - International Relations Director, David Ku assisting GICI in fostering and development of these partnerships. I thank David for all his outstanding work in this area. Collaborations with international colleagues leads to opportunities to network, present at international meetings and partner in research. Collaborations are evolving with other intensive groups in Pakistan and Nepal.
6. The ANZICS media group sought assistance from WE Worldwide that included support with training, feedback, and media monitoring. WE Worldwide assisted ANZICS with shaping responses to meet the issues arising through the pandemic. ANZICS provided over 100 media interviews during the pandemic.
7. ANZICS Critical Care Advisory Group was established as a collaboration between the Federal Health Department, ACCCN, and the College of Intensive Care Medicine with clinical representation from each of the health jurisdictions. This group met to discuss issues including cross-jurisdictional support, staff welfare, retrieval and the impact of staff furloughing from COVID-19.
8. ANZICS involvement with Standards Australia on goggle and eye protection. Sing Tan was the ANZICS representative.
9. ANZICS CTG, under Sandra Peake's leadership continued to deliver high-quality studies despite the pandemic.
10. The major activity for ANZICS CORE is the development of the Patient Related Outcomes and Experience Measures activity (PROEMS). This project will bring considerable opportunities to improve benchmarking patient outcomes and research opportunities. The quality of the outcome, not just an outcome, will be the goal. PROEMs have the complete support of ANZICS. I thank David Pilcher, Ed Litton, the CORE team and working group for their leadership and collaboration.
11. Ongoing COVID related activities include:
    - In collaboration with medical, nursing and health professionals, this group, led by Winston Cheung, is in the process of developing Minimum Workforce Standards for ICUs in Australia and New Zealand.
    - ANZICS has partnered with CICM, ACCCN and NZCCN to develop the COVID-19 lesson-learned document that builds on the initial ANZICS COVID-19 Guidelines to provide guidance to support for a resilient intensive care sector into the future.

Our flagship Annual Scientific Meeting, the ANZICS/ACCCN ASM, was held on the 27-29 April 2022 at the ICC Sydney, the first face-to-face ASM in over two years. It was an outstanding success with over 950 attendees. I thank the organising committee for their endurance and leadership, particularly Swapnil Pawar, Naomi Hammond, and Danielle Austin. The scientific program was truly exceptional. The ASM awards included:

> Nhi Nguyen, David Pilcher and Steve McGloughlin were recipients of the Presidents Medal for their outstanding leadership during the pandemic.

> Andrew Hilton was also awarded the President's Medal for his outstanding contribution to Intensive care. Andrew's family were invited to accept the award following his passing earlier in the year.

> Mary White, Sandra Peake, and Andrew Hilton were added to the ANZICS Honours Roll.

> Penny Stewart was the recipient of the Oration Award.

Other highlights at the ASM included the launch of the ANZICS Safety and Quality Committee's *A beginners guide to Sustainability in the ICU* – a first of its kind in Intensive Care.

ANZICS finalised the settlement Level One, 101 High Street in October 2022. There will be many opportunities to collaborate and strengthen intensive care in Australia and New Zealand. I thank CICM, particularly Mary Pinder, Rob Bevan, and CEO, Daniel Angelico. I thank the ANZICS Executive, Board, and Finance Committee and those involved in assisting in due diligence. I am incredibly grateful to Gian Sberna, our CEO, for his efforts in this project.

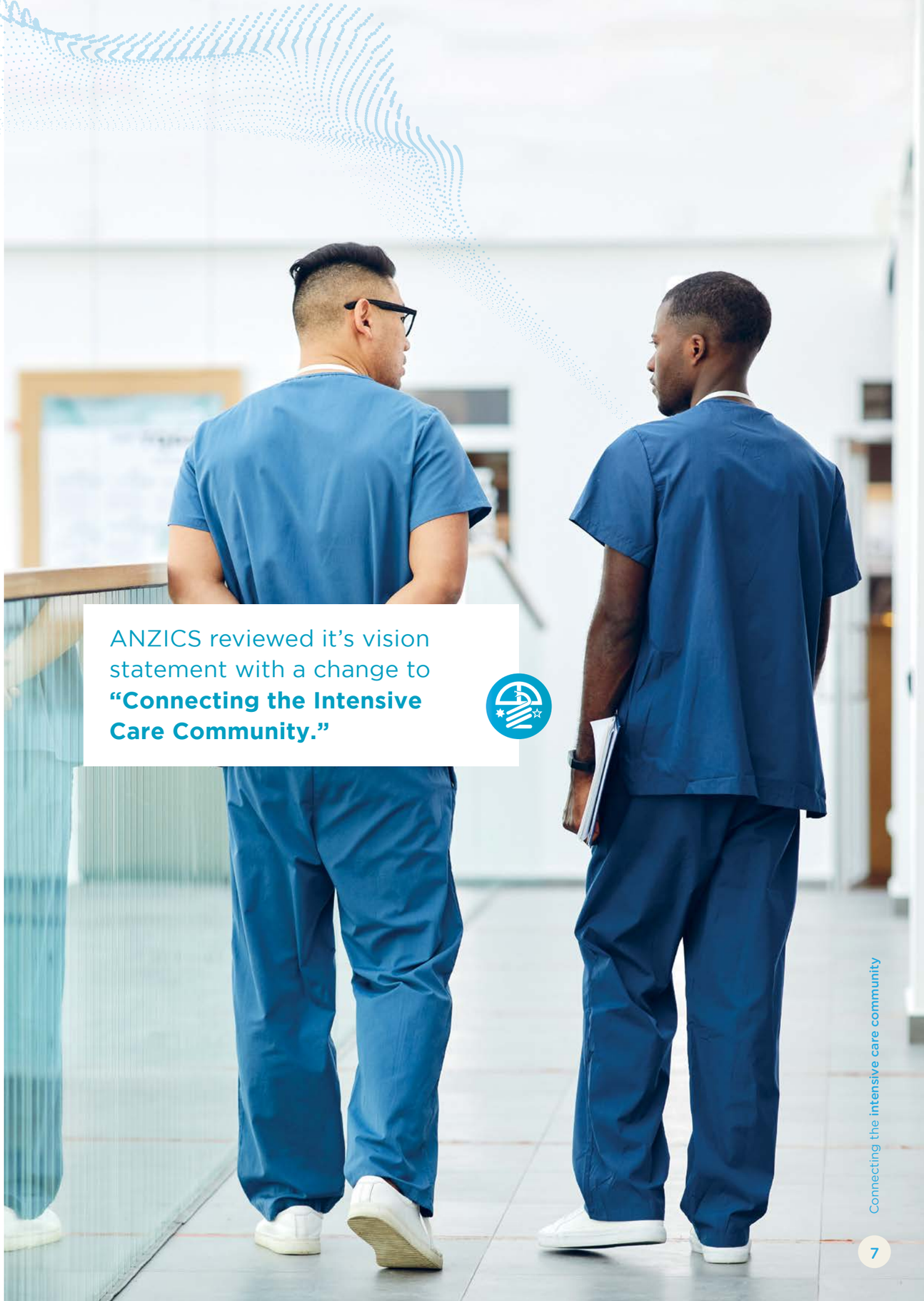
The ANZICS Board have reviewed its vision and mission statement from 2018-19 with a change to "Connecting the Intensive Care Community" from the previous vision was "Advocate for Intensive Care." ANZICS's pre-pandemic mission statement is "To achieve the best possible outcome for patients and their families by advancing intensive care practice".The pandemic reminds us that the welfare of colleagues is critical in delivering care to patients and their families and that this becomes a focus for ANZICS, The Board will be undertaking a review of the current Strategic Plan that can be visited on the website.

Although our Articles of Association predate 1998, our structure and governance are compliant. Over the last two years, this proved to be incredibly agile and fit for purpose. ANZICS is a professional membership society, a Membership and Advocacy group has been formed to focus on membership issues and engagement.

We should be incredibly proud our collaborative approach. We worked together during the last two years. Intensive care resilience was tested with significant staff furloughing impacting ICU capacity. Before the pandemic, ANZICS was not well recognised as a peak body that supported the provision of Intensive Care, we had minimal traction with Federal and State governments. As we move into the post pandemic phase, we need as a Society to seize opportunities to promote the speciality, increase the resilience of intensive care services and advocate for staff welfare.

I thank all ANZICS members, the Executive, the Board and all the operational staff at ANZICS for their exceptional and support through a very challenging.

A/Prof Mark Nicholls
ANZICS President



TREASURER'S REPORT

This is my fourth Honorary Treasurer's report, and I would like to thank the members and the Board for allowing me to serve the Society from this position during that time.

In the financial year ending June 30 2022, ANZICS recorded a modest surplus of $38,909. Subscription income was steady at $543,767. The much-delayed ANZICS/ACCCN ASM in Sydney provided a surplus to ANZICS of $147,979. An unrealised loss on revaluation of financial assets of $385,220 resulted in a negative return on investments of -3.9%, tempered by $227,584 received in dividends and distributions. The average return over the past 8 years is 6.6%. This is well within the risk and return objectives outlined in the ANZICS Investment Policy Statement, which is being reviewed and updated by the Finance Risk and Audit Committee (FRAC) in consultation with our investment advisors. The Society's total liabilities of $1,569,518 are set against total assets of $8,655,572, resulting in total net equity of $7,086,054

ANZICS PROFIT AND LOSS

$38,909 surplus

By far the most important financial endeavour the Society has undertaken has been the decision to purchase, from the College of Intensive Care Medicine (CICM), Units 101 and 102 of 2 Porter Street, Prahran. ANZICS's new premises, co-located with our College, promise a new era of collaboration and growth as well as fulfilling the undertaking made on the sale of the levers Terrace property, to provide the Society with a permanent home through a future property acquisition.

The sale price of the property was $3,440,000. Fit out costs are estimated at $522,629 with a generous contingency allowance. After several meetings of the FRAC and receipt of independent financial advice, the Board came to a unanimous decision to partly finance the purchase with a bank loan of $2,752,000, with a 10-year term, variable interest rate, and monthly principal and interest repayments. This pragmatic approach allows the Society to continue to realise income from our investment portfolio while minimising interest liabilities by use of an unlimited re-draw facility. It provides flexibility, adequate liquidity of assets to cover cashflow requirements, and a roadmap to pay down the loan over time so that ANZICS will eventually own the property outright.

As we enter increasingly uncertain times, I am confident that with continued diligence, careful management and expert consultation, the Society can remain financially viable and continue to provide important services to our members, patients, and the intensive care community.

I must pay tribute to Joy Najm, who passed away earlier this year, who was on the ANZICS staff for over 18 years most recently in the role of Chief Operations Officer. Joy was a vital and integral member of the ANZICS finance team and is hugely missed by us all. I thank the whole team including the CEO Gian Sberna, members of the FRAC, and all the ANZICS staff, for their hard work and dedication this year and every year.

Dr Danielle Austin
Honorary Treasurer

ANZICS Board of Directors

President
Mark Nicholls

Immediate Past President
Anthony Holley

Vice President
Vacant

Honorary Treasurer
Danielle Austin

Honorary Secretary
Yasmine Ali Abdelhamid

Paediatrics
Johnny Millar

Centre for Outcome and Resource Evaluation (CORE)
David Pilcher

Clinical Trials Group (CTG)
Sandra Peake

Professional Activities and Welfare (PAW)
Mark Nicholls

New Zealand Regional Chair
Craig Carr

Tasmania Regional Chair
Michael Ashbolt

Victoria Regional Chair
John Botha

New South Wales Regional Chair
*Nhi Nguyen
Winston Cheung (joined Feb 2022)

Queensland Regional Chair
Siva Senthuran

Western Australia Regional Chair
**Bradley Wibrow
Bronwyn Bebee (joined Jun 2022)

South Australia Regional Chair
Michael Farquharson

Australian Capital Territory Regional Chair
Bronwyn Avard

Northern Territory Regional Chair
Sidharth Agarwal

CICM President – Invited Guest
Mary Pinder

**Resigned October 2021*
***Resigned February 2022*

CHIEF EXECUTIVE OFFICER REPORT

In 2021–22, the pandemic turned from being a sprint to a marathon. While ANZICS and its members quickly adapted to the emergence of the pandemic in early 2020, fatigue has become the hallmark of the healthcare sector over the last 18 months, not least of which, amongst the ANZICS/intensive care community. Despite this, ANZICS members have continued to deliver outstanding outcomes for patients and their families.

Some of this activity is captured in this report and I urge you to familiarise yourself with the reports provided herein. This encapsulates the broad range of activities undertaken by our society over the past year. Some of these activities are captured in the ANZICS Highlights graphic.

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

A special thanks to my colleague, Sue Huckson, who undertook the Acting Chief Executive Officer role whilst I took extended leave during the past year. Sue undertook this role with vision and passion. I am eternally grateful for her achievements during a tumultuous time for ANZICS.

I wish to thank and acknowledge Immediate Past President of ANZICS, Associate Professor Anthony Holley, who is stepping away from his office bearer roles with us. ANZICS is a richer environment for your leadership of the society during very turbulent times for intensive care across our region.

In March 2022, the ANZICS team and members of the society were informed of the passing of our long-term colleague, Mrs Joy Najm. After 18 years of dedicated service to ANZICS, Joy's passing was acutely felt by many of her colleagues and those that she worked with/served over her time with ANZICS. She is greatly missed by all, and we extend our deepest sympathies to her family and close friends.

Lastly, I would like to take this opportunity to thank our members, stakeholders and sponsors for their continued support and confidence in ANZICS and to thank the Board of Directors for their support and guidance as we evolve the society and drive execution of our strategy.

I am excited about our future, and I look forward to updating you on further progress in the year ahead.

Gian Sberna
Chief Executive Officer

ANZICS HIGHLIGHTS 2021-2022

$38,909 surplus
end of financial year result

New Headquaters
Completed purchase of our new headquarters, L1, 101 High Street, Prahran – relocating end 2022.

Paediatrics
The Paediatric Study Group (PSG) published the largest ever randomised controlled trial in children undergoing congenital heart disease surgery.

Education Development of several professional development programs, including a Clinical Leadership Program.

Centre for Outcome and Resource Evaluation (CORE)
ANZICS ICU Registries continued to provide quality benchmarking services including monitoring COVID-19 outcomes and supporting government agencies in their response to the pandemic.

Death and Organ Donation Committee (DODC)
Further refinement of the DODC Statement and mobile APP

Clinical Trials Group (CTG)
Successfully delivered 'roadshow events' in Noosa, Sydney, Queenstown, and Glenelg to facilitate increased engagement during periods of travel restrictions.

Safety and Quality Completion of point prevalence study on environmental sustainability and launch of the sustainability toolkit at ANZICS ASM 2022. Joint ISRRS and ANZICS webinar sustaining the rapid response systems in Australia and New Zealand.

Global Intensive Care Initiative (GICI)
Established a range of health initiatives in resource limited locations, in particular the Pacific region.

1,266 active members

MEMBERSHIP

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

Highlights and Achievements:

We established a newly formed ANZICS Membership and Advocacy Committee. The committee has focused on areas relating to membership including a reviewing/streamlining of policies and regulations relating to our membership. This Committee will concentrate on the development and implementation of further engagement strategies including a dedicated point of contact for all membership and committees. We look forward to increased collaboration and partnership with other ANZICS Committees to develop programs for our members.

HIGHLIGHTS FROM ANZICS COMMITTEES

Despite the challenges our committees faced over the past year, the ANZICS Safety and Quality Committee successfully launched the *A beginners guide to Sustainability in the ICU*. This toolkit is a first of its kind in Intensive Care. This can be accessed on our website via anzics.com.au/safety-quality-resources. The ANZICS Safety and Quality Committee held a joint webinar with the International Society for Rapid Response Systems in Australia, New Zealand and overseas. The webinar was well attended with over 140 number of ANZICS and iSRRS members attending.

The ANZICS Education committee have continued to 'Meet the Experts Intensive Podcast series and are currently developing education programs which will be launched in 2023. The Joint ANZICS/CICM ACT Regional Education Meetings supported by the ANZICS operational team had strong attendance and support from the membership.

The ANZICS Global Intensive Care Initiative (GICI) continues to grow in membership. Several training programs were delivered by Committee members to overseas organisations in Intensive Care, particularly Papua New Guinea and Fiji.

ANZICS Committees and its members continuously sought opportunities to collaborate and partner with international organisations during 2021-22. We hope this continues to grow and develop well into the future.

I would thank the ANZICS Committees and our members for their ongoing support and engagement towards ANZICS. I would also like to thank Sue Huckson who was Acting as CEO for most part of 2021-22 for the support she provided to the Board, Committees, the membership in general and the many hats she wore during this time.

Dr Yasmine Ali Abdelhamid
Honorary Secretary

MEMBERSHIP DATA 2021-2022

MEMBERSHIP NUMBERS

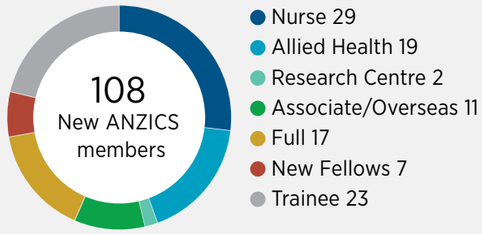
MEMBERSHIP TYPE	OCT 2021	FEB 2022	MAY 2022	OCT 22
Nurse	150	153	169	195
Allied Health	79	83	97	99
RC	16	16	18	19
Associate/Overseas	90	77	44	101
Retired	16	16	16	18
Full	539	471	550	560
New Fellows	44	44	47	52
Honorary	10	10	10	12
Trainee	193	194	198	216
Total	**1137**	**1064**	**1149**	**1272**

MEMBERSHIP BY LOCATION

COUNTRY	OCT 2021	FEB 2022	MAY 2022	OCT 22
Australia	964	966	1016	1075
New Zealand	121	111	117	132
Other	52	56	66	42

STATE/TERRITORY	OCT 2021	FEB 2022	MAY 2022	OCT 2022
ACT	17	17	19	21
NSW	208	203	222	235
NT	22	22	22	21
QLD	178	180	185	195
SA	93	94	97	102
TAS	27	27	27	26
VIC	345	341	360	382
WA	74	72	74	77
NZ	118	118	117	127

NEW MEMBERSHIP



CENTRE FOR OUTCOME AND RESOURCE EVALUATION (CORE)

The COVID-19 pandemic and ANZICS CORE

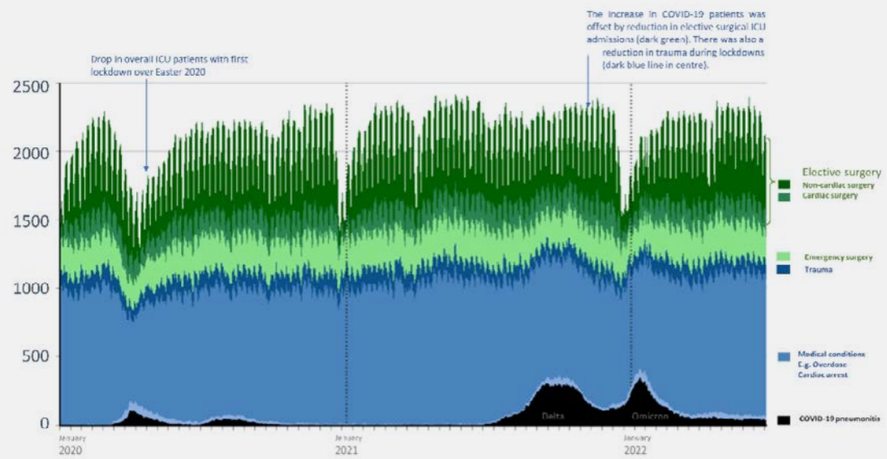
The past two years have been like no other in the history of intensive care practice. Australia and New Zealand were relatively spared from the COVID-19 pandemic in 2020. However, when the virus finally broke through public health measures in late 2021 and early 2022, ICUs in the ACT, New South Wales and Victoria faced demand similar to many other parts of the world. Information provided by ANZICS CORE was central to our response.

The *Critical Health Resources Information System (CHRIS)* provided visibility on activity, demand and resources throughout Australia and New Zealand. At the peak there were almost 500 patients in ICU with COVID-19, filling half of all public ICU beds in Victoria and over one third of those in New South Wales. CHRIS allowed clinicians to see which ICUs were under most strain and which had capacity. This real-time system visibility contributed to the excellent outcomes of patients despite significant strain in these regions.

Even with extra demands placed on ICUs, data was consistently submitted to ANZICS CORE. A huge thank you goes to all ICU staff throughout Australia and New Zealand who made this possible.

As we begin negotiations about a new *three-year funding* cycle for the routine activities of ANZICS CORE, we are also very pleased to report that the Commonwealth Health Department of Australia will continue to fund CHRIS until the end of 2024.

NUMBER OF PATIENTS IN ICU PER DAY All Australia Jan 2020 to Mar 2022



The public and ANZICS CORE

Consumer engagement has been central to ANZICS CORE's activities this year. We owe a huge debt of thanks to all the consumers who made this possible.

ICU patients and their carers helped develop information to display within waiting rooms and ICUs, such as the *ANZICS CORE information poster*.

Consumers were integral in identifying tools for the ANZICS patient-reported outcomes and experiences pilot study. This will collect information directly from carers about the ICU experience immediately after discharge, and from the patients themselves three months later about functional outcomes. The pilot study will start in 15 hospitals in Australia and New Zealand next year.

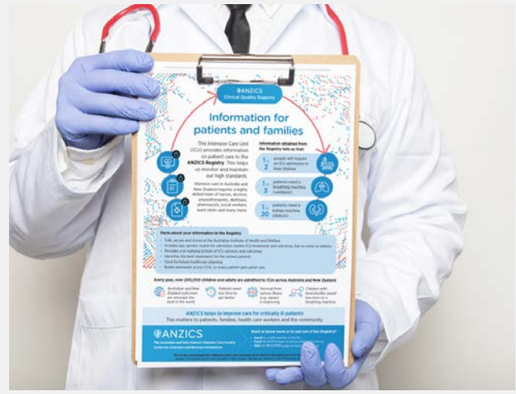
ANZICS CORE's collaboration with the Indigenous Data Network continues to grow.

The ANZICS App went live this year and can be downloaded now! You can access public ANZICS CORE reports which show the ICU activity and resources in every region of Australia and New Zealand.

Hellos and goodbyes

This year, we welcomed Rocklyn Xavier and Wilson Low to the CORE team, and welcome back Tatjana Kriveca from maternity leave. Alastair McGeorge also stepped down as the New Zealand representative. We thank Alastair for his contribution over the recent years, his phenomenal knowledge about databases and cardiothoracic ICU and his uncanny ability to come up with practical fixes for seemingly unfixable problems. In his place, we welcome Craig Carr (Director of Dunedin ICU) who has now taken on the role of the New Zealand representative on the ANZICS CORE Management Committee.

Professor David Pilcher
Chair, Centre for Outcome and Resource Evaluation



ANZICS CORE PUBLICATION HIGHLIGHTS

Tomaszewski W, Ablaza C, Straney L, Taylor C, Millar J, Schlapbach LJ. Educational Outcomes of Childhood Survivors of Critical Illness-A Population-Based Linkage Study. Crit Care Med. 2022 Jun 1;50(6):901-912

Corrigan C, Duke G, Millar J, et al. Admissions of Children and Adolescents with Deliberate Self-harm to Intensive Care During the SARS-CoV-2 Outbreak in Australia. JAMA Netw Open. May 2022;5(5):e2211692

Jones D, Moran J, Udy A, Pilcher D, Delaney A, Peake SL; ARISE-TRIPS study investigators. Temporal changes in the epidemiology of sepsis-related intensive care admissions from the emergency department in Australia and New Zealand. Emerg Med Australas. 2022 Jul 3.

Raffa JD, Johnson AEW, O'Brien Z, Pollard TJ, Mark RG, Celi LA, Pilcher D, Badawi O. The Global Open Source Severity of Illness Score (GOSSIS). Crit Care Med. 2022 Jul 1;50(7):1040-1050. doi: 10.1097/CCM.0000000000005518. Epub 2022 Mar 25. PMID: 35354159; PMCID: PMC9233021.

Doherty Z, Kippen R, Bevan D, Duke G, Williams S, Wilson A, Pilcher D. Long-term outcomes of hospital survivors following an ICU stay: A multi-centre retrospective cohort study. PLoS One. 2022 Mar 28;17(3):e0266038. doi: 10.1371/journal.pone.0266038. PMID: 35344543; PMCID: PMC8959167.

Sahle BW, Pilcher D, Peter K, McFadyen JD, Bucknall T. Trends and risk factors for omission of early thromboprophylaxis in Australian and New Zealand ICUs between 2009 and 2020. Intensive Care Med. 2022 May;48(5):590-598.

CLINICAL TRIALS GROUP (CTG)

The ICU community and the ANZICS CTG experienced another eventful, busy year. The COVID-19 pandemic continued to impact both our personal and working lives, constraining our capacity to conduct non-COVID-19 related research. It also presented the CTG with opportunities to internationally showcase the important work we do.

The results of the pandemic REMAP-CAP (awarded the 2022 Australian Clinical Trials Alliance Trial of the year) domains, including the role for therapeutic anticoagulation and convalescent plasma; and monthly SPRINT-SARI surveillance reports contributed to global COVID-19 epidemiology and assisted with federal and local modelling.

A number of non-pandemic, multicentre, randomised trials were completed and presented to international audiences including PLUS (Plasma-Lyte 148 vs 0.9% sodium chloride for resuscitation, Simon Finfer), SuDDICU (Selective decontamination of the digestive tract, John Myburgh & Ian Seppelt) and NITRIC (Nitric oxide in children undergoing cardiopulmonary bypass, Luregn Schlapbach).

Amid the upheaval of both the pandemic and devastating floods in south-east Queensland, the 24th Annual Scientific Meeting in Noosa, including the IRCIG and PSG meetings was successfully held in person in March 2022. A further 300+ virtual attendees enjoyed both new studies and study update presentations. To ensure the maximum engagement, a second one-day hybrid CTG meeting was held alongside the ANZICS ASM in Sydney in April.

A long-awaited CTG strategic planning day, superbly facilitated by Professor Michael Reade, was held after the Noosa scientific meeting, with the output presented at the Sydney roadshow. Many new and exciting ideas for the future of the CTG were considered, including the canvassed thoughts of the ICU research community to ensure that the CTG remains a world-class clinical trials group able to adapt to the future challenges of conducting and supporting high quality, practice-changing, multi-disciplinary ICU research across our two countries; as well as fostering the development of future researchers and novel trial methodologies.

The many CTG successes over the past year would not have been possible without the hard work and dedication of our clinician researchers, member units, trial methodology centres (ANZIC RC, MRINZ and TGI) and sponsors.

I would also like to express my heartfelt thanks and appreciation to our Executive Officer, Donna Goldsmith, the chairs of IRCIG (Samantha Bates) and PSG (Warwick Butt) and the CTG office bearers Manoj Saxena, Andrew Udy and Adam Deane.

Prof Sandra Peake
Chair, ANZICS Clinical Trials Group

EDUCATION

The Education Committee's overarching objective is to provide relevant and accessible education and training opportunities for the Intensive Care community. Over the last 12 months, the Committee invested significant energy into the development of three long-term projects.

Much planning has gone into **Echo Case of the Month Program**, which is due for launch in the coming months and will be accessed via the new ANZICS website. Designed to foster development in echocardiography skills in a collegial environment, the program provides an online interactive forum to discuss clinical vignettes, with expert commentary from our echo reference group and links to well-established resources.

'Mentorship education' continues to be a priority focus area, with key findings from our needs analysis survey validating the need for mentorship education and training across the Intensive Care sector. As we continue to engage with stakeholders across critical care community, our strong desire is to develop a Mentorship Special Interest Group to drive the development of a formal **Mentorship Program**. We hope to bring you more on this topic in the coming months.

In 2023, the Committee will launch the **ICU Clinical Leadership Program**. Designed for the next generation of clinician leaders, the program aims to harness contemporary leadership methodologies into a bespoke Intensive Care program. The format will be a two-day face-to-face workshop, with pre and post self-paced online learning activities. We hope to develop an Alumni for graduates of the program and provide support to build faculty teaching staff for continued sustainability. As a parallel piece of work, the Committee is developing a research study to examine contemporary ICU leadership characteristics and competencies identified as important by clinical leaders within ICUs across Australia and New Zealand.

The 'ANZICS Intensive Talk - Meet the Expert' podcast series continues to be among the most accessed education resources on the Society's website. Generously sponsored in 2022 by Pfizer, the series has showcased an amazing array of clinicians, researchers and academics who have generously shared their expertise and contributions to advance Intensive Care practice and improve outcomes for patients and staff alike. It is so important that we continue to share their stories.

ANNUAL SCIENTIFIC MEETING
New South Wales April 2022

Of course, after many months of delay, it was wonderful to be a part of the 2022 ANZICS/ACCCN Annual Scientific Meeting (ASM) in Sydney. As we emerge from the COVID-19 pandemic, *Harbouring Excellence in Intensive Care* seemed a befitting theme, as a plethora of presentations demonstrated the resilience and innovation experienced across the Intensive Care sector in recent times.

"Thank you to the members of the Education Committee for their outstanding contributions over what has been a very challenging year."

I'd like to take this opportunity to thank the members of the Education Committee for their outstanding contributions over what has been a very challenging year. Special mention must be extended to Dr Bronwyn Avard (Vice-Chair) and Professor Margaret Hay (Co-opted Member) for their oversight in developing the curriculum for the Clinical Leadership Program, and to Dr Amy Freeman-Sanderson (ANZICS Member) and Dr Kiran Shekar (Qld Representative) for leading the research arm of the project. Dr Chris Poynter (NZ Representative) has also been instrumental in representing the interests of ANZICS to advance the Mentorship Program, and Dr Madeline Coxwell Matthewman (Vic Trainee Representative) for the Echo Case of the Month Program.

My sincerest thanks to the Committee's retired members - Dr Owen Milne (NT) and Dr Matthew Spotswood (Tas) and a warm welcome to Dr Alex Scott, our new NT Representative.

To all members and stakeholders who have contributed their time and energy be a part of the Committee's working parties and special interest groups, I thank you for your continued support. There has never been a more important time to invest in relevant, high-quality education offerings as we face the ongoing challenges across the healthcare sector. On behalf of the Committee, I welcome you to join the Society and be a part of our mission to collaborate, engage and advance Intensive Care practice.

A/Prof Swapnil Pawar
Chair, ANZICS Education Committee

PAEDIATRIC

The year in paediatric intensive care has again been dominated by the pandemic: unexpected changes in case mix and patterns of disease, ongoing restrictions, and a difficult winter with large numbers of admissions at a time of critical staff shortages have all provided considerable challenges.

The PICU community in Australia and New Zealand has continued to rise collectively and cohesively to meet these, continuing to deliver high quality and family-centred care.

Our members have continued to contribute to society COVID-related activities, with ongoing contributions to iterations of the COVID Guidelines and the current Lessons Learnt project.

As our domestic and international borders have opened, paediatric ANZICS members are starting to take advantage of opportunities to reconnect. We enjoyed the chance to get together in Sydney at the ANZICS ASM in April, where there was a strong paediatric programme throughout the meeting.

Paediatric Studies Group

The PSG has had an active and successful year, and great credit is due to Warwick Butt and Kristen Gibbons for expanding and recharging the regular online meetings. These have assumed a wider and well-subscribed educational aspect, encouraging involvement and contribution from a broader range of critical care practitioners in our region. There are new working groups within the PSG covering neurocritical care and data science, both of which are forging important and productive alliances.

This year the PSG published the Nitric Oxide in Cardiopulmonary Bypass trial – the largest ever randomised controlled trial of children undergoing surgery for congenital heart disease. This was an extraordinary achievement, widely lauded by the PICU research community internationally, which will be a great source of data for multiple other studies, including important long-term follow-up work.

Paediatric Intensive Care Registry

This has been the first year of data collection using the new system for collection of complications and associated diagnoses, and a lot of effort has gone into ensuring that this is functioning smoothly. We look forward to the capacity to collect much-needed follow-up data on our patients with the PROEMS project, and the paediatric working group led by Deb Long and Tony Slater have worked hard on informing the PICU arm of this.

Liz Croston stepped down as Chair of the Registry Clinical Advisory Committee, and we thank her for the energy and time that she put in, and the practical results that she achieved during her tenure. We welcome Chong Tien Goh to the role of new Chair and look forward to his input and expertise as the Registry navigates an exciting period.

Other activities

ANZICS was well represented during PICU World Awareness Week in May this year; our region kicked off the week, with presentations from members in both Australia and New Zealand. Plans are afoot for the next World Congress in Mexico in 2024, and, of course, we are very excited to be planning the Melbourne World Congress two years later, which will be a chance to showcase the strength and quality of paediatric intensive care in our region.

Dr Johnny Millar
Chair, Paediatrics

SAFETY AND QUALITY

Over the last twelve months, the Safety and Quality Committee has remained active despite the challenges faced with COVID-19 and has continued to work towards the strategic objectives of the organisation.

Projects include:

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

Following on from the 2020, ANZICS Sustainability Conference with the theme 'How Green is My ICU?' our environmental sustainability experts led by Louise Trent wrote the *Beginners Guide to Sustainability in the ICU* which was officially launched at the 2022 ANZICS ACCCN Annual Scientific Meeting in Sydney and is available to be downloaded via anzics.com.au/safety-quality-resources. It is the first such document for ICUs across the world and I encourage all ANZ ICUs to adopt the 8 Rs in the toolkit to help reduce our carbon footprint.

The committee in collaboration with the International Society for Rapid Response Systems conducted a joint webinar. A big thanks to Prof. Daryl Jones who helped coordinate and co-chair this webinar.

ANZICS Safety and Quality is planning a 3-day conference in Darwin in 2023. This will be a safety and quality and rapid response system conference with guest speakers. Darwin in July is the perfect escape from the cold winter, and we expect to welcome a significant number of attendees.

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).

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

I would like to acknowledge and thank the members of the Committee for all their hard work over the last twelve months: Benoj Varghese (TAS); Paul Goldrick (NT); Alex Hussey (NZ); Patrick O'Sullivan (VIC); Deepak Bhonagiri (NSW); Simon Towler (WA); Stephen Luke (QLD); Andrea Christoff (Paediatrics); Mary Pinder (CICM); Malcolm Elliott (ACCCN), and Tania Mitchell (NZCCCN).

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

WOMEN IN INTENSIVE CARE MEDICINE (WIN-ANZICS)

This year saw a few changes in the structure of our subcommittee including the nomination of co-Vice Chairs Drs. Vanessa Carnegie and Susanne Nicholson. Dr. Sarah Yong has stepped down from her role as Vice Chair. Dr. Yong was a founding member of WIN and we are immensely grateful for her work and leadership since the organization's inception.

We have a number of vacancies for several regional representatives; the quality of applicants has been high, and we look forward to welcoming some new committee members in the coming months.

Ongoing projects

The WIN website and blog continues to expand and attract readers, with regularly uploaded content including several beautifully written essays and other articles including the heartbreaking, "The Fight" by Dr. Su Winter, attracting over 4000 views.

Events

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

Our inaugural webinar was followed by a second in the latter half of 2021 and was again very popular. We hope to recommence our webinar programme going forward both as a platform to highlight the work of female Intensivists and also to discuss important issues of gender equity, diversity and inclusivity in medicine.

We look forward to having our first face-to-face networking event since the beginning of the pandemic took place in Wellington, New Zealand in September 2022. We are expecting this to be a popular event and will provide the WIN community the opportunity to reconnect as well as celebrate our achievements over the last several years.

Collaboration and Advocacy

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

We are incredibly proud of WIN's advocacy for and input into the publication of the CICM Parental Leave Policy in November of last year.

WIN_ANZICS SUBCOMMITTEE

Chair: Dr. Sandra Lussier

Immediate past chair: Dr. Lucy Modra

Vice-chairs: Drs. Susanne Nicholson and Vanessa Carnegie

Immediate vice Chair: Dr. Sarah Yong

IT/Social Media: Drs. Ruvi Vithanage and Georgina Jenkins

Blog Editor: Dr. Kerrianne Huynh

CICM board representative: Dr Penny Stewart

QLD: Dr. Angelly Martinez
NSW: Dr. Celia BradfordTas: Dr. David Rigg
ACT: Dr. Imogen Mitchell
VIC: Dr Cara Moore
SA: Dr Susanne Nicholson
WA: Dr Vanessa Carnegie
NZ: Dr Kate Tietjens
NT: Prof. Di Stephens

Trainee Representative: Dr. Tahiya Amin

Paediatric representative: Dr. Tali Gadish

"We had vacancies for several regional representatives and **look forward to welcoming new committee members** in the coming year."

INTERNATIONAL RELATIONS REPORT

The resumption of international travel after almost two years of border closure saw our various craft groups take progressive steps back onto global platforms. The success of hybrid courses and conferences welcomingly humanised our way of learning and connection, and demonstrated in abundance the ANZICS members' international standing, unparallel kindness, and willingness to engage.

SG-ANZICS served as one of the flagship conferences for the Asia Pacific region for almost 2 decades, and in 2022 the event evolved to become APICS by SICM x ANZICS (Asia Pacific Intensive Care Symposium). APICS took place on 20-22nd August as hybrid meeting in Singapore, notably:

> 675 Registrants (20% virtual), 142 Faculty, 13 Plenary Lectures and 33 Sessions
> LMIC delegate and speaker support as principal value and commitment to the region
> Profit share for ANZICS $38,543, which will be reinvested into the conference to support LMIC representation.

I would like to thank our Singaporean colleagues for their respectful efficiency, and Christian Karcher, Mark Plummer and Melanie Jensen as ANZICS Convenors under challenging circumstances and still deliver such an amazing result.

Our ongoing relations with UAE continues to grow, with an ANZICS delegation presenting at the Emirates Critical Care Conference (ECCC) in May 2022 in Dubai which included the latest updates from ANZICS, we visited local units, discussed data registry and research possibilities with representation from Pakistan and Iran. Communication and steps towards broader engagement in the region continues, as we look forward to 2023 involvement.

World Day of the Critical Lung 2021 (WDCL) took place on 1st December, an event based out of London and Madrid as a free, bilingual, time zone rolling, multi-societal streaming collaboration. I would like to thank members of ANZICS for participating with WIN's assistance, demonstrating our expertise in respiratory research and data trends.

World Intensive and Critical Care Congress (WICC) will take place in Istanbul 23-26th August 2023. Melbourne hosted the last edition in 2019, we have reached out to our Turkish colleagues to share our experiences, with ongoing efforts in cross promotion and faculty formation. This is an ideal platform to engage the global community with ANZICS's future strategic direction in mind.

The establishment and maturity of the Global Intensive Care Initiative with the College of Intensive Care Medicine has been tremendously rewarding to support which focusses on resource challenged areas. Joint discussions have progressed to possibilities of in-person visits in 2023, specifically:

> Assisting speakers from Mongolia and Pakistan to APICS for face-to-face conversations regarding quality improvement, data registries and educational efforts
> The possibility of visiting ICUs in Georgia around the time of the World Congress 2023 after providing virtual assistance.

The exchange 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 facing similar restraints and obstacles, we welcome input, insight, and inspiration as we step into a new normal and inclusive future.

David Ku
Director of International Relations

ANZICS/CICM GLOBAL INTENSIVE CARE INITIATIVE (GICI)

The Global Health Special Interest Group (SIG) has been rebranded as the Global Intensive Care Initiative (GICI) which accurately reflects the work undertaken by the group.

The mission statement remains:

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

The SIG membership continues to grow with ongoing interest to join the group Despite the challenges, GICI has made substantive contributions in PNG, Pacific, Asia, and Africa regions. PNG and the Pacific is headed by Cath Tacon and Gerard Moynihan and Lewis Mclean are the group leads.

A/Prof Bruce Lister continues to deliver the Higher-Level Post Graduate Diploma of Intensive Care Medicine for the University of Papua New Guinea.

Andy Macy, Naomi McLean with oversight by Cath Tacon delivered the commissioning of an ICU at ANGAU Memorial Provincial Hospital redevelopment in PNG. This initiative was supported by DFAT.

A/Prof Steve McGloughlin and Dr Cath Tacon developed and progressed the telehealth education program which is an invaluable resource for the critical care community in PNG.

The Fiji National University continues to develop post graduate education in Critical Care. Both a Diploma and a Master of Medicine in Intensive Care are supported by GICI members.

The Asia Working Group is headed by Irma Bilgrami, Co-Vice Chair of the GICI with Dr David Ku and Eamon Raith, as group leads. Relationships with intensivists in Mongolia and Pakistan have been strengthened.

This Africa working group is headed by Prof John Botha with A/Prof Mark Nicholls as a clinical lead. The Clinical Tutor Support was successfully completed and was supported by AVI. Distance education was provided to colleagues delivering acute care in Arusha, Tanzania.

GICI's relationship with MSF continues and it is hoped that with COVID 19 showing signs of abatement, members will be able to volunteer. Two MSF support webinars were delivered by MSF in 2021-22.

GICI's relationship with ACCCN continues, resulting in significant collaborative work particularly in PNG.

The GICI exec would like to thank all its members for their ongoing commitment and support. I would like to particularly thank my Deputy Chairs, Dr Cath Tacon, and Dr Irma Bilgrami for their commitment and contribution over the past two years.

We thank ANZICS President Mark Nicholls for his ongoing active involvement in GICI.

The support of the GICI by the College continues and the newly appointed CEO Daniel Angelico and President Rob Bevan have demonstrated their belief in the GICI.

The groundwork for many planned initiatives has been laid and the membership can look forward to an exciting future in the Global Health arena.

Prof John Botha
Global Intensive Care Initiative Chair

ANZICS
REGIONAL
REPORTS

NEW ZEALAND

"Tena koutou, tena koutou, tena koutou katoa."

The Intensive Care community in New Zealand faced a changing, interesting, and often very challenging period in 2021-2022. Our workforce remained resilient and agile, whilst navigating through difficult times but find themselves under extraordinary pressure to increase their pace still further whilst simultaneously navigating staff shortages, backlogged elective work and a redesign of the entire health service. We successfully collaborated with the New Zealand College of Critical Care Nurses (NZCCCN) and College of Intensive Care Medicine (CICM) to establish a media group giving our professional perspectives on the work to keep the population safe during the pandemic. In addition, as a collective, we worked with the Ministry of Health to secure 85 new ICU beds – an approximately 40% increase. There is on-going involvement in how this is going to be used regionally to seek better equity of provision over the nation. The region is also working with the Ministry on a 15-year strategic plan for critical care in New Zealand.

This year's RSM will be held in November 2022 in Dunedin. This year's them will focus on equality, equity, and wellbeing. The RSM will focus on gathering viewpoints from membership on how ANZICS can better support them. The RSM affords an opportunity to bring everyone into the same room from NZH, HQSC, MoH, MHO, anaesthetists and intensivists - to seek common understanding of current state of play and hopefully agree an improved future state.

The commitment of major investment into New Zealand Intensive Care with approximately $0.54 billion NZD to open 85 additional beds over the next 3-5 years represents around 2.2% increase in total health funding. Major investment is ongoing into nursing and shortly will include medical and AHP workforces too. ANZICS is well represented in the Ministry's Critical Care Advisory Group with all medical participants being ANZICS members.

"Post-Covid" (if we are indeed post-Covid) ICU faces challenges due to an increase of Senior Medical Officers and nurses wanting to reduce hours, move or travel overseas, and take long service and sabbatical leave. Combining this with the need to open more beds and therefore to employ more nurses SMOs, RMOs and AHPs, we are seeing supply remain relatively flat or even reduce in some places even as demand rises. We look forward to meeting these challenges and developing more equitable critical care resources across the nation through the months and years ahead.

Dr Craig Carr
Chair, New Zealand

AUSTRALIAN CAPITAL TERRITORY

The Nation's Capital, situated on the lands of the Ngunnawal people, includes two public and three private Intensive Care Units. All ICUs in the Territory have continued to experience the pressure of 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 continued to grow through 2022 and it has been excellent to see more ACT members becoming involved in the activities of the Society. 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 challenges have always been significant in the small jurisdiction of the ACT, and this has become more acute over 2022. 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.

ANZICS and CICM have joined forces in this smaller jurisdiction to host regular education evenings through 2022, promoting the concept of a "100% collaboration, zero compete" philosophy. This has been a popular activity and has been valuable in promoting both local and more remote scholars in our ICU community. Thanks to the administrative staff of both ANZICS and CICM who have supported these events, contributing to the success of the program. This will continue through 2023 and we look forward to a diverse program of topics over the coming year.

The political nature of healthcare is palpable in the ACT with the divide between management and frontline healthcare professionals growing ever wider. The society has continued to mature in approaching these political minefields and these activities are welcomed by the ACT membership. These include developing relationships with federal and state/territory politicians and bureaucrats through the ANZICS Jurisdictional Advisory committee and the newly established Membership and Advocacy committee. These efforts will provide further support for members that are facing these challenges in their professional career both individually and as units or regions.

Dr Bronwyn Avard
Chair, ACT

NEW SOUTH WALES

We have just navigated the biggest disaster in our lifetime. The COVID-19 pandemic is not over yet and there is a long road of uncertainty ahead. We must however reflect on how the disaster was managed, identify the problems, implement the solutions and planning for the future.

The sacrifice and dedication of our magnificent ICU workforce must not be forgotten. The COVID-19 pandemic exacerbated existing problems and identified new ones. These problems must be addressed.

In NSW, our ICUs have remained busy. There are significant staff shortages across nursing, medical, allied health, and ICU support specialities. The COVID pandemic has been blamed for exacerbating staff burnout, but it is recognised that the reasons for staff leaving our specialty are complex and multifactorial. Many of the factors that have led to staff resigning from the ICU were present before the pandemic and many of these problems have not been adequately addressed. A significant problem has been the hospital staffing practices that have not been conducive to staff retention.

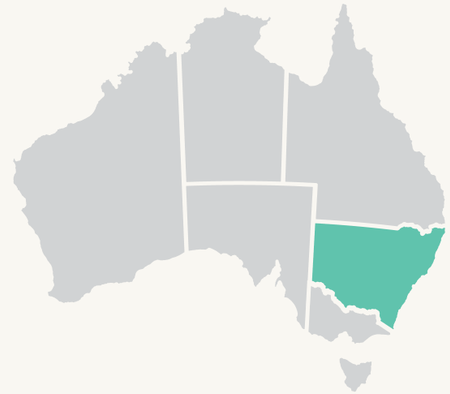
Patients with COVID-19 currently take up approximately 4% of ICU beds, however, there has been relief that the irrepressible surge of non-COVID viral infections requiring ICU beds during the winter period didn't eventuate.

In NSW, a recent Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional, and remote NSW highlighted the poorer health outcomes, the greater incident of chronic disease and the greater premature deaths in country NSW. It also highlighted the inferior access to health and hospital services in country NSW, leading to substandard levels of care. The government is due to respond to the inquiry. We hope they will significantly improve intensive care services as well as other healthcare services in rural, regional, and remote NSW.

We will be holding a NSW regional meeting on 30 November. The theme will be Advocacy, Politics, and the Law.

ICUs in NSW look forward to being provided with the resources to return to pre-pandemic normality.

Dr Winston Cheung
Chair, New South Wales



NORTHERN TERRITORY

I acknowledge the traditional custodians of the Larrakia land on which I work and live and pay my respect to the elders, past present and emerging.

Earlier during the year, there were overwhelming COVID activity in NT that tested the organizational capacity and capability at every level. This period required people to work together, and the resulting interdepartmental collegiality was seen never before. With strong leadership and very capable workforce, NT re-emerged from its one of the biggest challenges by whole system management strategy.

As we recover and reflect, long-term strategic solutions are required for specialized services such as renal dialysis capacity that can get very rapidly overwhelmed with any strain. Intensive care acts as a support service and will contribute by its expertise in disease management, planning and research. Future ICU research activity incorporating public health linkage will further enhance ICU reputation.

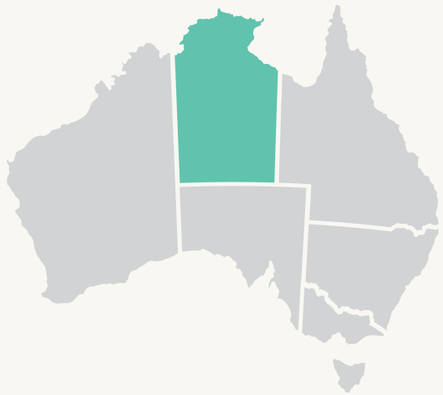
Amongst other challenges, pandemic highlighted staff burnout and moral distress affecting workforce morale that is compounded by understaffing and resource limitations. Regional Australia is particularly prone to these challenges and need to be recognized in any future policy developments.

Later half of the year was marked by the return to business as usual. Intensive care in NT continues to engage in strong research activity, active contribution in CHRIS data and involvement in various ANZICS committees. NT has contributed by its advocacy in incorporating indigenous health curriculum into existing ICU curriculum and examinations. NT actively participates in indigenous heath committee, established by CICM.

We have been fortunate to access the STP funding to support registrar workforce along with ultrasound education for rural placements. Interstate collaborations to further enhance educational support for critical care trainees have been successful.

The ANZICS membership has remained strong and continues to represent the NT at various ANZICS committees and I commend the membership for their efforts.

Sid Agarwal
Chair, Northern Territory



QUEENSLAND

Queensland was spared the worst of COVID19 morbidity and mortality that was faced by NSW and Victoria. Gold Coast ICU and Princess Alexandra Hospital ICU both invoked their pandemic plans and expanded outside their established ICU footprint. The Royal Brisbane, Prince Charles, Mater and Townsville ICU managed to function without having to do so. The drawing up of plans forced clinicians to look more carefully into the design of their ICU's and in particular to the air-conditioning systems as well as whether their isolation rooms were negative pressure rooms or isolation rooms. Queensland Health and the State-wide Clinical network will hopefully hold a Pandemic debrief to ensure lessons learned are acted on prior to any future pandemic.

ANZICS was also involved in an external review of a regional ICU that lasted 6 months during the pandemic. Apart from the under-resourcing and clinical governance issues common to many such reviews, this review also highlighted how poorly we prepare Intensivists for managerial roles, especially to better work with hospital managers to support high quality clinical outcomes. Efforts are underway to develop courses and forums to help Intensivists develop their managerial and leadership skills. Whilst the ANZICS datathons have engaged clinicians in the research potential of the ANZICS APD data, the review highlighted how little hospital managers understand about what ANZICS collects and how it can help identify an ICU under strain and help with resourcing decisions they need to fund.

Lastly, a WhatsApp group has been set up specifically for Clinical Directors or their nominees in Queensland and if any Director or Deputy Director of an ICU or their nominee wishes to join, please contact me. Discussions on it have been varied and interesting but centre around "what happens with [area of practice] in your ICU?" type queries which identify practice variations and help share various lessons learnt.

ANZICS Membership in QLD has shown steady growth between Oct 2020 to Sept 2022, and I am keen to engage with colleagues on how ANZICS can advocate for them and their ICU's better.

Siva Senthuran
Regional Chair, Queensland

SOUTH AUSTRALIA

The ICU Community in South Australia has experienced an unexpected, non-covid growth in workload across the system over the past 12 months with most units working well above their funded bed numbers and battling the hospital curse of exit block. Coordination between directors to share the workload has been another demonstration of the camaraderie and teamwork of our small number of ICUs across the city of Adelaide.

The plans to co-locate of the new Women's and Children's hospital with the current Royal Adelaide Hospital continue to evolve. The proximity to the current RAH site provides many benefits in the sharing of back-of-house services such as catering and sterilisation but importantly they will share the helipad, surgical expertise and provide ICU support for the maternity side of the hospital.

The 14th annual Tub Worthley scholarship dinner was in July. This remains the only annual opportunity for ICU registrars to present their original research in Adelaide to win the scholarship prize donated by Pfizer. We are very grateful for the work that A/Prof Mary White has done in making this and all the previous 13 events run smoothly. Prof Sandy Peake and Dr Steve Keely paired as adjudicators to provide feedback on the presentations. First prize was awarded to Dr Rajkumar Satyavolu for his work on "Dosage and clinical outcomes of medical emergency team and conventional referral mediated unplanned intensive care admissions."

We were fortunate to have the 2022 South Australian of the Year, Professor Helen Marshall present to a full house of fellows and trainees for our education evening in May. With the support of Pfizer and SAICA, we had the opportunity to hear some very wise words about the endgame for Covid vaccination and precision public health. These joint ANZICS and state CICM events provide the perfect environment for broadening of minds and strengthening connections between the SA ICU community. We look forward to the next function in October on regional anaesthesia.

Preparations for the Adelaide ASM in 2023 are in full swing. A/Prof Mark Plummer and Krista Mos are working to find the best adult and paediatric speakers from across the world which will explore the theme of ICU on the Edge. The social program will take in all the joys of Autumn in Adelaide, embracing the great weather and the harvests of previous vintages. We look forward to welcoming you all.

Dr Michael Farquharson
Chair, South Australia

TASMANIA

Over 2022 Tasmania has enjoy a somewhat stabilising period in its intensive care units. Although still alert for severe COVID-19 cases, we are now better prepared and are dealing with the all the challenges that 'living with COVID' entails. There will be many lessons learned from this pandemic and the membership looks forward to ANZICS's continued advocacy role in future reviews.

Staffing our intensive care units around the state has remained challenging. Our geographical isolation during COVID-19, although beneficial in reducing the burden on our hospital system, certainly highlighted the vulnerability associated with having a small pool of staff and a reliance on locums. We continue to hope that this can be addressed with future recruitment, particularly in the north of the state.

There are some exciting new infrastructure builds underway for some our units which will add additional isolation capacity, as well as contemporary spaces in which to care for our patients. Outside the intensive care units, I am pleased to announce that we now have ANIZCS members in wider related roles including Director of Medical Education, the newly formed RHH Trauma Service, and Ambulance Tasmania.

Attraction and retention of staff is a major issue for Tasmania. We are just entering a period of negotiation for medical and nursing staff EBAs with the State Government, and I am please to see a number of our membership active in this space, including our Regional ANZICS PAW Representative David Rigg. Like many areas around Australia attraction of junior trainees is a particular issue and I would like to extend the invitation to anyone looking for an interesting and varied clinical year with world class outdoor recreational opportunities to consider Tasmania as an option!

Membership has continued to slowly increase, and it is pleasing to see this includes both trainee and nursing/allied health members. Tasmania continues to punch above its weight in representation on most ANZICS Committees, and the membership should be thanked for their contributions to research trials and the ANZICS Core dataset.

After a significant hiatus in educational events due to the risks of COVID-19 we are planning some educational/networking events in 2022-23. In conjunction with CICM we hope to run both trainee and fellow networking dinners, as well re-incarnate our yearly educational ASM later in 2023.

I would once again like to thank our local membership for their support, regional ANZICS committee members for their contribution, and the ANZCIS Executive and Board for its advocacy role for intensive care. I look forward to a successful upcoming year for the Society.

Dr Michael Ashbolt
Chair, Tasmania

VICTORIA

The Victorian Critical Care Community has adapted to the reality of living with COVID-19, and the deaths attributed to COVID 19 are no longer daily headlines.

The lessons learnt during the pandemic were significant and the contributions of the Victorian Intensive Care Community were profound and sustained.

It is hoped that the impact of COVID 19 has created an increased awareness of the need to always maintain critical care competency and capacity. Victorian ANZICS members continue to engage and contribute to Safer Care Victoria and advocate for the critically ill.

COVID 19 has also created a realization that the design of an intensive care unit is vital, particularly when facing a pandemic. It is pleasing to note that units are undergoing redevelopment and bed numbers are increasing.

The challenges that encountered at the height of the pandemic have decreased and it has been pleasing to note that educational activities are no longer the domain of the virtual world. Victorian office bearers of ANZICS continue to work with the Victorian Regional Committee of the CICM, as they strive towards a state-wide pathway for Critical Care Training.

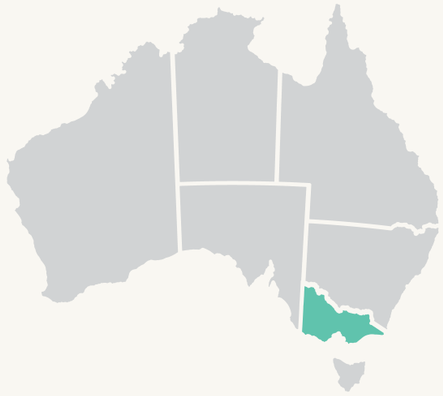
This relationship will also continue to advocate for critical care in the state.

Membership of ANZICS in Victoria continues to grow and it is encouraging to note the support for ANZICS, despite the challenges over the past 18 months. Members have also been encouraged to contribute to ANZICS related activities such as education, research, and Global Health.

Victorian ANZICS members were well represented at the Sydney ANZICS/ACCCN ASM and there was formal recognition of the contributions made by our members.

I would like to thank the membership for their ongoing commitment to the delivery of critical care as we look forward to a future that resembles our sense of normality. The support of the ANZICS staff, the CEO, and the President of ANZICS is greatly appreciated as we embrace a future with newfound resilience and energy.

Prof John Botha
Chair, Victoria



WESTERN AUSTRALIAN

Western Australia was, overall, largely spared from the COVID numbers that were seen along the east coast. However, we have not been spared the staffing problems, along with increased total patient numbers. The management of these issues remains a daily headache, diminishing clinical and teaching time. All units run at capacity and statewide management relies on collaboration and cooperation between units.

ANZICS WA did push for state level coordination of intensive care beds and retrievals, but the health department still didn't feel this was needed. The visibility and coordination that would likely see patient benefits seems a way off.

Royal Perth opened their new 20 bed unit which has been exciting with the capacity to utilize the old unit if needed. Sir Charles Gairdner has only recently got approval for a pandemic pod. While clearly a little late this will allow improvements to be done to the ageing infrastructure of the rest of the unit.

The sunset clause for the amendment to the guardianship act which allowed research using NOK consent to occur is approaching. Hence there is a level of uncertainty but Adrian Regli the WA ANZICS CTG representative coordinated feedback to the committee reviewing this, so we are hopeful for positive change and minimal disruption to ongoing research.

The expansion in registrar numbers with COVID will hopefully be maintained as this has led to greater safety in staffing levels. We continue to rotate our trainees around our states hospitals to achieve across the board experience.

The college ASM is in Perth next year so a few of us (all ANZICS members) have been working away at that, with Ed Litton the convener.

Thank you to all sub-committees in WA for all your hard work.

Brad Wibrow
Immediate Past 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.

1981	Dr S Streat	Auckland
1982	Dr S Gatt	Sydney
1983	Dr R Raper	Sydney
1984	Dr N Gibbs	Perth
1985	Dr W Griggs	Adelaide
1986	Dr A Bersten	Adelaide
1987	Dr M Oliver	Auckland
1988	Dr P McQuillan	Perth
1989	Dr T Buckley	Hong Kong
1990	Dr C McAllister	Sydney
1991	Dr R Bellomo	Melbourne
1992	Dr S Parkes	Adelaide
1993	Dr R Totaro	Sydney
1994	*No award presented*	
1995	Dr A Davies	Melbourne
1996	Dr B Venkatesh	Brisbane
1997	Dr D Blythe	Perth
1998	Dr N Edwards	Adelaide
1999	Dr V Pellegrino	Melbourne
2000	Dr I Seppelt	Canberra
2001	Dr R Fregley	Waikato
2001	Dr B Mullan (special)	Sydney

2002	Dr D Collins	Perth
2003	Dr N Blackwell	Cairns
2004	Dr V Campbell	Adelaide
2005	Dr P John Victor	Adelaide
2006	Dr M Zib	Newcastle
2007	Dr A Nichol	Melbourne
2008	Dr B Tang	Penrith
2009	Dr M Brain	Launceston
2010	Dr R Fischer	Adelaide
2011	Dr J Raj	Adelaide
2012	Dr S Kelly	Gosford
2013	Dr Y Abdelhamid	Adelaide
2014	Dr M Plummer	Adelaide
2015	Dr P Kar	Adelaide
2016	Dr T Beckingham	Adelaide
2017	Dr N Glassford	Melbourne
2018	Dr G Wigmore	Melbourne
2019	Dr M Chakraborty	Wellington
2020	*No ASM held*	
2021	*No ASM held*	
2022	Dr Emily See	

Past ANZICS Presidents

1975-77	M Spence	NZ
1977-79	GM Clarke	WA
1979-80	RC Wright	NSW
1980-81	RC Wright	NSW
1981-82	RV Trubuhovich	NZ
1982-84	LIG Worthley	SA
1984-86	M Fisher	NSW
1986-88	J Cade	VIC
1988-89	TE Oh	WA
1989-91	JA Judson	NZ
1991-93	PL Blyth	NSW
1993-95	GA Skowronski	SA
1995-96	DV Tuxen	VIC

1996-98	GJ Dobb	WA
1998-00	A Bell	TAS
2000-02	A McLean	NSW
2002-03	J Santamaria	VIC
2003-05	D Fraenkel	QLD
2005-07	I Jenkins	WA
2007-09	P Hicks	NZ
2009-11	M O'Leary	NSW
2011-13	M White	SA
2013-15	A Turner	TAS
2015-17	M Ziegenfuss	QLD
2017-19	S Warrillow	VIC
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
2003	Cairns	Lindsay Worthley	SA
2004	Melbourne	Jack Cade	VIC
2005	Adelaide	Bob Wright	NSW
2006	Hobart	Stephen Streat	NZ
2007	Rotorua	Geoffrey Parkin	VIC
2008	Sydney	Frank Shann	VIC
2009	Perth	David Tuxen	VIC
2010	Melbourne	Anthony Bell	TAS
2011	Brisbane	Brad Power	WA
2012	Adelaide	Neil Matthews	SA

2013	Hobart	Felicity Hawker	VIC
2014	Melbourne	Simon Finfer	NSW
2015	Auckland	George Skowronski	NSW
2016	Perth	Geoff Dobb	WA
2017	Gold Coast	John Santamaria	VIC
2018	Adelaide	Mary White	SA
2019	Melbourne	*None due to World Congress*	
2020	Sydney	*No ASM held due to COVID-19*	
2021	Sydney	Penny Stewart	SA
2011	Brisbane	Brad Power	WA
2012	Adelaide	Neil Matthews	SA

Ramesh Nagappan Education Award

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

2019	Melbourne	Bala Venkatesh	VIC
2020		*Not awarded due to COVID-19*	
2021			
2022			

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	

AUSTRALIAN AND NEW ZEALAND
INTENSIVE CARE SOCIETY
81 057 619 986

FINANCIAL REPORTS

Year ended 30 June 2022

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:

Assoc Prof Mark Nicholls *President*
Dr Yasmine Ali Abdelhamid *Hon. Treasurer*
Dr Michael Ashbolt
Dr Bronwyn Bebee
Dr Winston Cheung
Dr David Ku
Dr Manoj Saxena *(appointed 15/9/2023)*
Dr Danielle Austin *(resigned 21/11/2022)*
Dr Sandra Peake *(resigned 1/7/2023)*
Prof David Pilcher *Vice-President*
Dr Alastair Carr *Hon. Secretary*
Dr Bronwyn Avard
Prof John Botha
Dr Michael Farquharson
Dr Kenneth John Millar
Dr Siva Senthuran
Assoc Prof Anthony Holley (*resigned 21/11/2022*)
Dr Sidharth Agarwal *(resigned 31/7/2023)*

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.

Qualifications, experience and special responsibilities of the directors

Assoc. Prof. M Nicholls
Qualifications: MBBS/FRACP/FCICM
Experience: Director since Oct 2014
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/FACEM
Experience: Director since Feb 2017
Special Responsibilities: Chair – TAS Region

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

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
Special Responsibilities: Chair – VIC Region

Dr W Cheung
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/FCICM*
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:

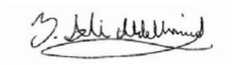
Directors	Number eligible to attend	Number attended
Dr Y Ali Abdelhamid	3	3
Dr M Ashbolt	3	2
Dr S Agarwal	3	1
Dr D Austin	1	1
Dr B Avard	3	2
Dr Bronwyn Bebee	3	3
Prof J Botha	3	3
Dr A Carr	3	3
Dr Winston Cheung	3	3
Dr M Farquharson	3	3
Assoc Prof A Holley	1	1
Dr D Ku	3	3
Dr KJ Millar	3	2
Assoc. Prof. 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

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 Not-for-profits Commission Act 2012 in relation to the audit; and

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

C.W. Stirling & Co.
Chartered Accountants

John A Phillips
Partner

Dated this 15th day of December 2023.
Melbourne

Statement of Profit or Loss and other Comprehensive Income

	Note	2023 $	2022 $
evenue	2	3,695,737	3,373,841
ther income	2	149,680	-
mployee benefits expenses		(1,862,549)	(1,697,322)
HRIS Project consultancy expense		(513,300)	(588,600)
expenses		(251,368)	(103,674)
dministration expenses		(225,771)	(158,856)
onference and meeting expenses		(145,926)	(38,416)
inance expenses	3	(118,091)	(4,774)
epreciation and amortisation expense	3	(112,664)	(155,988)
eneral consultancy, legal and audit expense		(87,011)	(84,868)
ravel and committee expenses		(56,415)	(41,534)
wards, sponsorships and scholarships		(38,512)	(18,870)
ivestment management fees		(35,590)	(37,123)
ther expenses		(39,582)	(19,687)
nrealised loss on revaluation of financial assets	3	-	(385,220)
urplus for the year before income tax		358,638	38,909
ncome tax expense	1(b)	-	-
urplus for the year before income tax		358,638	38,909
ther comprehensive income			
otal other comprehensive income for the year		-	-
otal comprehensive income attributable to members of the Society		**358,638**	**38,909**

The accompanying notes form part of these financial statements.

Statement of Financial Position

	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			
Trade and other payables	11	778,468	1,063,866
Provisions	12	435,862	376,941
Borrowings	13	74,916	-
Lease liabilities	14	-	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

The accompanying notes form part of these financial statements.

Statement of Cash Flows

FOR THE YEAR ENDED 30 JUNE 2023

	Note	2023 $	2022 $
ash flows from operating activities			
eceipt of grants		2,279,378	2,803,797
ash receipts from members and customers		1,436,973	1,141,785
ncome from financial assets		198,623	308,786
nterest received		36,190	10,752
ayments to suppliers and employees		(3,870,747)	(3,357,224)
let cash inflows from operating activities	15	80,417	907,896
ash flows from investing activities			
ayment for available-for-sale financial assets		(511,448)	(1,054,390)
roceeds from disposal of available-for-sale financial assets		491,628	1,053,585
ayment for property, plant and equipment		(4,145,494)	(7,640)
ayment for intangible assets		(160,227)	(98,872)
let cash used in investing activities		(4,325,541)	(107,317)
ash flows from financing activities			
roceeds from borrowings		2,741,221	-
epayment of borrowings		(44,396)	-
epayment of lease liabilities		(43,505)	(100,728)
let cash from/(used in) financing activities		2,653,320	(100,728)
let increase/(decrease) in cash and cash equivalents		(1,591,804)	699,851
ash and cash equivalents at beginning of financial year		3,457,526	2,757,675
ash and cash equivalents at end of financial year	4	1,865,722	3,457,526

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

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

The accompanying notes form part of these financial statements.

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;

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.

Notes to the Financial Statements (continued)

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.

Website

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

(k) Leases

The Society as a Lessee

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

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

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

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

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

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

(l) Comparative figures

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

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	-
Total other income	149,680	-
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

		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	155,988
Financial costs:			
- interest expense on lease liabilities		539	4,774
- interest expense on borrowings		112,052	-
- borrowing costs		5,500	-
- Total financial costs		118,091	4,774
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	283,453
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			
Property			
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		
Plant and equipment - at cost	174,436	90,729
Less accumulated depreciation	(86,812)	(72,814)
Total plant and equipment	87,624	17,915
Total property plant and equipment	4,142,588	17,915

Movements in carrying amounts

	Land & buildings $	Plant & equipment $	Total $
2023			
Balance at 1 July 2022	-	17,915	17,915
Additions	4,097,057	83,707	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
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 $
9. Intangible assets		
Software - at cost	760,654	600,427
Less accumulated amortisation	(501,108)	(492,048)
Total software	259,546	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	-	98,872
Amortisation for the year	(41,016)	(6,600)	(47,616)
Balance at 30 June 2022	108,379	9,927	118,306

10. Right of use assets

The Society's lease related to a building which expired during the year and was not renewed.

		2023 $	2022 $
(i) AASB 16 related amounts recognised in the statement of financial 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	-
2022	
Balance at 1 July 2021	139,103
Depreciation for the year	(98,190)
Balance at 30 June 2022	40,913

		2023 $	2022 $
(ii) AASB 16 related amounts recognised in the statement of profit 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)	778,468	1,063,866

		2023 $	2022 $
11. Trade and other payables (continued)			
(a) Financial liabilities at amortised cost classified as trade and other payables			
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

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	
Opening balance at 1 July 2022	391,674
Additional provisions raised during the year	71,425
Amounts used	-
Balance at 30 June 2023	463,099

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).

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

Bank loan is secured by a mortgage over the property at Level 1, 101 High Street Prahran, Victoria.

	2023 $	2022 $
14. Lease liabilities		
Current		
Lease liability – right of use assets	-	42,966
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:

	Note	2023 $	2022 $
Financial assets			
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.

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

	Note	2023 $	2022 $
Financial assets			
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; and
   (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

Dr Yasmine Ali Abdelhamid
Hon. Treasurer

Dated this 15th day of December 2023

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

John Phillips
Director

Dated this 15th day of December 2023.
Melbourne

ANNUAL GENERAL MEETING MINUTES

30 NOVEMBER 2021, 14:00-15:00, VIA ZOOM

ATTENDANCE

FULL MEMBER ATTENDANCE			
Adam Deane	Deepak Bhonagiri	Mark Plummer	Priya Nair
Amod Karnik	Ed Litton	Mary White	Rohit D'Costa
Anthony Holley	Ian Jenkins	Michael Asbolt	Sandra Peake
Brad Wibrow	John Botha	Michael Farquharson	Sarah Yong
Christopher MacIsaac	John Myburgh	Michael O'Leary	Stephen Warrillow
Claire Cattigan	Kushaharan Sathianathan	Michael Reade	Swapnil Pawar
Danielle Austin	Mahesh Ramanan	Neeraj Bhadange	Thomas Rechnitzer
David Ernest	Mallikarjuna Reddy	Nhi Nguyen	Winston Cheung
David Ku	Mark Nicholls	Paul Secombe	Yasmine Ali Abdelhamid

OTHER MEMBERS ATTENDANCE (TRAINEES, NURSES, ALLIED HEALTH ETC)			
Cara Moore	Carmel Delzoppo	Casey Fowler	Marissa Daniels

NON-MEMBERS ATTENDANCE (ALL ANZICS)			
Breanna Pellegrini	Jostein Saethern	Rocklyn Xavier	Tamara Bucci
Eva Maleken	Joy Najm	Shaila Chavan	
Jennifer Hogan	Marisa Comitini	Sue Huckson	

1. Welcome, Present and Apologies

The President welcomed members to the 2021 AGM at 2.15pm.

If quorum is not met, the decision of the President is to generate an email to the Membership for responses to resolutions that require acceptance/ endorsement to align with governance standards.

It was noted a quorum is 53 members and as a result the meeting was inquorate.

APOLOGIES – FULL MEMBERS

Louise Cole - Nepean Hospital
Sidharth Argawal - Royal Darwin Hospital
David Rigg - Royal Hobart Hospital
Resy van Beek - Royal Darwin Hospital

2. Minutes of the 202 AGM on 17 November 2020

Members ***RESOLVED*** the minutes from the 2020 ANZICS Annual General Meeting be accepted as a true and accurate record of what transpired. *Proposed*: AH. *Seconded*: MN. ***All unanimous in support.***

3. President's Report

The President spoke of the privilege to lead ANZICS during challenging times, acknowledged the engagement of members and highlighted key achievements over the past 12 months including:

- CHRIS Platform which has achieved positive update and is the preferred platform for national visibility.
- COVID guidelines and their translation into many languages.
- Ongoing efforts of CTG and CORE, and the collegiality which has characterised all working groups.
- The agreement to purchase the ground floor at 101 High Street.
- The minimum standards guideline which is close to being finalised.
- Progress on the governing structure which followed feedback at the last face-to-face meeting with the new structure to be presented to the Executive and Board.
- Continuation of the Critical Care Advisory Group.

4. Update on Property Purchase

Dr Danielle Austin provided an update on the property purchase highlighting ANZICS is in negotiation with the College of Intensive Care Medicine (CICM) and the negotiations are progressing satisfactorily. The proposal is to purchase level 1 at 101 High Street, Prahran as a direct purchase from the College. The legal agreement and budgeting will be presented to the membership. Colocation with CICM will be mutually beneficial.

The President emphasised the positive relationship with CICM. Members questioned whether there were any issues and noted the purchase is pending development of a legal contract and ANZICS is on target to relocate. There was discussion on the decision to purchase the ground floor as opposed to an upper level.

5. Treasurer's Report

Dr Danielle Austin spoke to the Treasurer's Report noting the financial results for the year ended June 2021 and highlighted:

- Overall surplus of $885,995 largely due to an increase in income generated and significantly higher than budget due to the unrealised gain on investments of $483,000, conference returns were budgeted at nil given COVID but returned $88,000 and $303,000 in government COVID grants and programs.
- Conference results with the CTG Winter, CTG Noosa and S&Q Sustainability.
- Subscription income and grant funding remained steady, $565,810 was received for the CHRIS Project.
- Cancellation of the ASM resulted in a loss of usual revenue.
- The overall position with $7,047,145 in net assets including $5m in investment assets and $1.7m in cash net of liabilities.
- The Auditors have provided an unqualified report in support of the accounts presented in the annual report.
- The budget for FY2021/22 is conservative with a small surplus based on the assumption of conference income being impacted by travel restrictions and no further government support.

Members questioned payment for 101 High Street and were advised there is an amount earmarked for the purchase. The final price is reasonable and in line with the initial discussions.

As the meeting was inquorate, it was agreed the Treasurer's report will be emailed to members outside of the AGM to seek support for the resolution. Those in attendance on 30 November 2021 supported the resolution.

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

6. Election of Office Bearers

6.1 President A/Prof Mark Nicholls

Members ***RESOLVED*** to accept and ratify the nomination from A/Prof Mark Nicholls as President of ANZICS. *Proposed:* A Holley, *Seconded*: D Austin. ***All unanimous in support.***

6.2 Honorary Secretary Dr Yasmine Ali Abdelhamid

Members ***RESOLVED*** to accept and ratify the nomination from Dr Yasmine Ali Abdelhamid as Honorary Secretary of ANZICS. *Proposed*: A Holley, *Seconded*: M Nicholls. ***All unanimous in support.***

6.3 Honorary Treasurer Dr Danielle Austin

Members ***RESOLVED*** to accept and ratify the nomination from Dr Danielle Austin as Honorary Treasurer of ANZICS. *Proposed*: A Holley, *Seconded*: Y Ali Abdelhamid. ***All unanimous in support.***

7. Co-Opted Board Members

The President highlighted the value and contribution of the co-opted Board Members.

- ACT Regional Chair Dr Bronwyn Avard
- NT Regional Chair Dr Sidharth Agarwal
- International Relations Dr David Ku.

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

M Nicholls assumed the position of Chair. He thanked the outgoing President for his outstanding contribution to the Society.

8. Membership Report

Dr Yasmine Ali Abdelhamid spoke to the Membership Report highlighting efforts to improve the value proposition of ANZICS including advocacy for the intensive care community, networking opportunities, discounted conference registration and membership to other international societies.

It was noted membership has increased by 117, however, the database has been updated to remove members who have not renewed their membership. The majority of members are full members. Key achievements were outlined including digital conferences and webinars. Activities over the coming year include the ongoing development of the ANZICS membership app and membership portal forums.

9. Professional Practice

ANZICS CLINICAL TRIALS GROUP

Professor Sandra Peake highlighted key activities noting there are 81 member units and membership is steady with 6 paediatric ICUs and one overseas unit. The breadth of studies endorsed was outlined.

The success with grant funding was noted with $14m in funding obtained for randomised trials members are conducting. There were two successful virtual meetings which were well attended and achieved good engagement. Sponsorship was maintained a similar levels to face-to-face meetings.

Priorities for 2022 include 35 active studies being conducted in a range of areas. COVID-19 related research will continue. A face-to-face Noosa meeting is planned in early March. A strategic plan and review of the terms of reference will also occur. The website will be upgraded.

PROFESSIONAL AFFAIRS AND WELFARE COMMITTEE

A/Prof Mark Nicholls spoke to the report noting he will step down from the Committee and the role of the Committee, which is now core business for ANZICS, will be considered as part of the governance and advocacy review. A key focus for the Committee was the MBS Review Taskforce recommendations on rapid response/code blue item numbers.

WOMEN IN INTENSIVE CARE

Dr Sarah Yong presented the WIN report for 2021 noting two new Committee members were welcomed. The terms of appointments for committee members will be reviewed. Key achievements included two webinars, and more are planned for 2022. The website and social media attracted a high amount of traffic. The most significant advocacy project was the Paid Parental Leave Policy which was supported by CICM. It is the most progressive parental leave policy of all the College. A similar policy is being lodged through the College of Physicians. There were four publications in the last 12 months.

ANZICS CENTRE FOR OUTCOME AND RESOURCE EVALUATION (CORE)

Dr Ed Litton presented the report highlighting the renewal of three-year funding from all jurisdictions and New Zealand. Activity included 200,000 ICU admissions per year with 215 adult/mixed ICUs. There are 137 ICUs contributing to COMET.

Data requests have increased with half of requests coming from sites or jurisdictions. CHRIS is funded until the end of December 2022 by the Commonwealth. New partnerships include with the Indigenous Data Network to work on joint projects and with the New Zealand Ministry of Health for CORE linked data sets. COVID reporting was a significant achievement. Surge surveys were conducted in 2020 and 2021 and Dr Litton expressed gratitude to all participating ICUs. Future activities include public reporting, launch of the new website and PROEMS with a pilot set for 2022 across 17 ICUs.

EDUCATION COMMITTEE

A/Prof Swapnil Pawar spoke to the Education Committee report noting development of the Clinical Leadership Program in collaboration with Monash and a Mentor-Mentee Program is scheduled for 2022. Other initiatives included Critical Care Pearls Webinars series, Meet the Experts Podcast Series, and scoping for 'Echo-Case of the Month'.

SAFETY & QUALITY

A/Prof Deepak Bhonagiri presented the report and noted a vacancy exists from South Australia. Projects during the year were outlined including the Bed Block Research Proposal and Environmental Sustainability in ICU. Conferences completed included the Sustainability Conference with a key outcome the publication, 'A beginners guide to sustainability in the ICU' which will require Board endorsement. The RRT Conference was well attended and focused on the need and potential shape of a MET registry for Australia and New Zealand.

ANZICS/CICM JOINT GLOBAL HEALTH SPECIAL INTEREST GROUP

Prof John Botha presented the report highlighting the joint initiative between ANZICS and the CICM. There was a name change and rebranding as the Global Health Special Interest Group. The group focussed on the Indo pacific and PNG, Asia, and Africa. Initiatives included contributing to the ANGAU hospital in PNG, volunteering through AUSMAT to PNG and East Timor and a regular contribution to critical care education. Members also volunteered through AVI in Fiji and there is a commitment to contribute to the Diploma of Critical Care delivered through the National University of Fiji and the PNG university.

Support during the COVID-19 pandemic involved letters of support to the Indian Critical Care Community and remote support to units in Georgia and Kurdistan, a relationship with AVI to deliver remote education in Tanzania with a similar program planned for the Kilimanjaro Christian Medical College. Meetings occurred with MSF, WHO, global health teams of ASA and ACEM.

10. Other Business

A/Prof Mark Nicholls reflected on support during the COVID and advocacy for intensive care, thanked the outgoing President for his outstanding leadership and acknowledged the Society's significant achievements during the pandemic and the individuals involved. He acknowledged the ANZICS staff and Executive. The governance and advocacy review, colocation with CICM and ongoing engagement with government will remain priority areas in 2022.

11. Next AGM

There being no further business the meeting closed at approximately 3.10pm.

CONFIRMED AS A TRUE RECORD OF PROCEEDINGS THERE AT BY RESOLUTION

ANZICS

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