



ANNUAL REPORT 2024

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

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Acknowledgement of Country

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

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



PRESIDENTS REPORT

As I conclude my term as President, I reflect on a year of collaboration, growth, and progress for ANZICS with immense pride. Over the past year, we have achieved significant governance, advocacy, education, and international engagement milestones. Our work has strengthened ANZICS's foundation, aligning our mission with the evolving needs of intensive care in Australia and New Zealand.

Governance Excellence

Governance has been a cornerstone of our achievements this year. The second draft of our new constitution represents a comprehensive framework designed to support ANZICS's mission. This updated document includes critical enhancements to membership structures, director roles, and committee operations while aligning with the Australian Charities and Not-for-Profits Commission (ACNC) standards. These changes reinforce transparency, accountability, and financial integrity within the Society. Looking ahead, we will review the final draft in December 2024, followed by Q&A sessions with members and an extraordinary AGM during the ANZICS/ACCCN ASM in Christchurch to secure membership approval. This new governance structure positions ANZICS for long-term success.

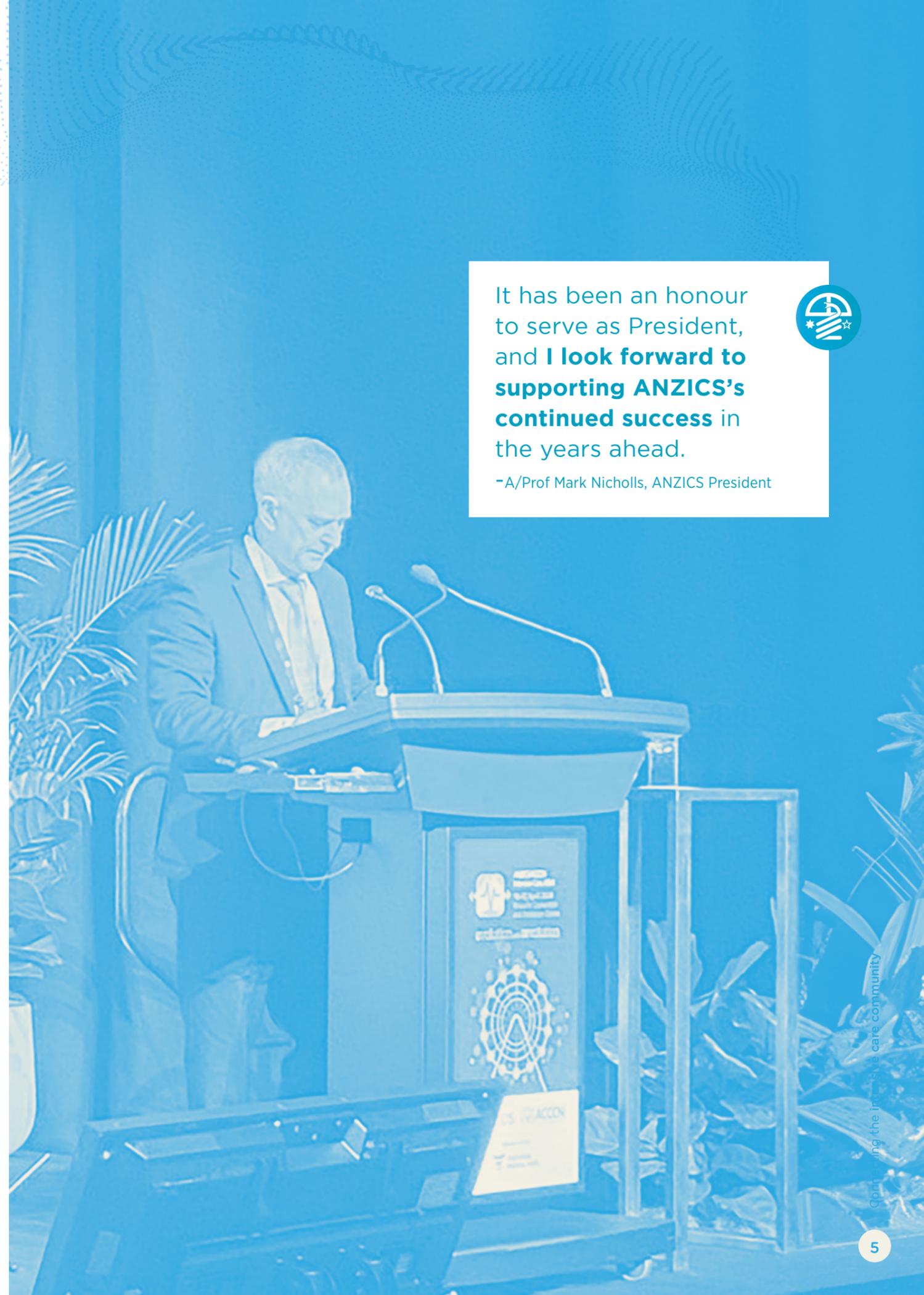
Advocacy Highlights

Advocacy remains at the heart of ANZICS's activities. Key efforts this year included background involvement in the **NSW Staff Specialist Award**, which has profoundly impacted specialist recruitment and retention, presenting significant challenges that demand urgent attention. In parallel, ANZICS has submitted a report to the **Independent Health and Aged Care Pricing Authority (IHACPA)**, advocating for vital enhancements to the ICU adjustment criteria. The proposed changes aim to include additional measures such as non-invasive ventilation, renal replacement therapy, vasoactive medications, and extracorporeal membrane oxygenation (ECMO). These recommendations are designed to capture the complexity of ICU care better and ensure a more equitable and effective allocation of resources across intensive care units.

Meanwhile, work on the **ICU Roadmap 2025–2030** continues, with significant revisions underway. These updates reflect valuable feedback from the College of Intensive Care Medicine (CICM) and the Australian College of Critical Care Nurses (ACCCN). By integrating these insights, the roadmap is being refined to ensure it aligns with the current challenges and opportunities in the intensive care landscape, laying a strong foundation for the future of ICU services in Australia and New Zealand.

It has been an honour to serve as President, and **I look forward to supporting ANZICS's continued success** in the years ahead.

—A/Prof Mark Nicholls, ANZICS President



Education and Conferences

Our educational and networking events have continued to thrive:

- **ANZICS/ACCCN ASM Christchurch 2025:** This event will occur from 9 to 11 April 2025 at the Convention Centre in Christchurch. We aim to create a vibrant and forward-thinking program under the theme “Compassionate Care in the Digital Age: Merging Hearts and Minds.” Craig Carr, as medical convenor, is shaping a forward-thinking program that promises professional development and collaboration. It has been nearly a decade since New Zealand last hosted the joint ANZICS/ACCCN Annual Scientific Meeting (ASM), and we are pleased to return in 2025.
- **Melbourne ASM 2026:** This event, held in partnership with the **World Federation of Paediatric Intensive and Critical Care Societies**, will bring together global leaders to advance standards of care. The Congress of the World Federation of Paediatric Intensive and Critical Care Societies, in collaboration with the ANZICS and the ACCCN, will host the Intensive Care Annual Scientific Meeting at the Melbourne Convention and Exhibition Centre from 19 to 23 September 2026. The organising committee is actively forming and progressing with developing the theme and program.
- **Asia Pacific Intensive Care Symposium (APICS):** The Asia Pacific Intensive Care Symposium (APICS) 2024 was held from 17 August to 19 at the Suntec Singapore Convention and Exhibition Centre. This event, organised by the Society of Intensive Care Medicine (SICM) and ANZICS, celebrated regional collaboration and cultural diversity among regional critical care societies while celebrating cultural diversity. APICS 2025 will be held from 15 to 17 August 2025 at Singapore EXPO.

Honouring ANZICS Legacies

This year, we mourned the loss of colleagues who have been leaders in intensive care and ANZICS.

Dr Robert Charles (Bob) Wright is a pioneer of intensive care medicine and one of ANZICS’s founding members. As our third President and founding Treasurer, Bob was instrumental in shaping the specialty and uniting the early ICU community. Bob completed his training in both medicine and anaesthesia. In October 1971, he was appointed St Vincent’s Hospital Director of Resuscitation and head of the ICU. He went on to serve as the Director for 43 years. From the 1960s onwards, Bob played a pivotal role in uniting the early members of the emerging ICU speciality. His efforts helped form interest groups focused on developing training and advancing ICU care, ultimately leading to the creation of ANZICS. His legacy continues to inspire ANZICS’s work.

We also mourn the loss of **Philip Byth**. Philip was the 10th President of ANZICS. Phil took up a Staff Specialist position in Intensive Care at the Royal Newcastle Hospital in the early 1980s. He was intimately involved in the transfer of Intensive Care and Anaesthetic services to the Mater Hospital and the new John Hunter Hospital. In 1991, Phil was appointed the inaugural Director of Intensive Care at the John Hunter Hospital for the Hunter New England Health Service.

Next year, ANZICS is proud to celebrate its 50th anniversary, a milestone that reflects five decades of dedication to advancing intensive care. As part of this celebration, we are excited to announce the creation of an online history library. This digital archive will preserve and showcase the history of ANZICS, highlighting the pivotal moments, achievements, and individuals that have shaped our Society and the field of intensive care over the years.

Looking to the Future

As we approach **ANZICS’s 50th anniversary in 2025**, we stand on the brink of a new era for our Society. This milestone is an opportunity to reflect on our past and build a bold vision for the future. Through ongoing governance reforms, advocacy, education, and international collaboration, ANZICS is poised to continue its leadership in advancing intensive care.

I am deeply grateful to the ANZICS executive team—Vice-President **David Pilcher**, Honorary Treasurer **Yasmine Ali Abdelhamid**, and Honorary Secretary **Craig Carr**—for their unwavering dedication and leadership. I also thank our Board members, committee chairs, and committee members for their incredible contributions.

At the **Annual General Meeting on 11 December**, I will proudly hand over the presidency to **Craig Carr**, whose leadership will guide ANZICS into its next chapter. It has been an honour to serve as your President, and I look forward to supporting ANZICS’s continued success in the years ahead.

A/Prof Mark Nicholls
ANZICS President

TREASURER'S REPORT

I would like to thank the membership and the Board for allowing me to serve the Society as Honorary Treasurer and provide a report on the current financial position and performance of the Society for the 2023-24 financial year.

In the financial year ending 30 June 2024, ANZICS recorded a substantial surplus of **\$300,892**. Subscription income was steady at **\$552,323**. The ANZICS/ACCCN ASM in Brisbane provided a surplus to ANZICS of **\$175,373**. There was an unrealised gain on investments held of **\$217,532** and we received **\$264,452** in investment dividends and distributions. **The return on the investment balance for the year was 8.1% and over the past 10 years our average return is 6.8%**. This is well within the risk and return objectives outlined in the ANZICS Investment Policy Statement, which has been regularly reviewed by the Finance Risk and Audit Committee (FRAC) in consultation with our investment advisors. We continue to see moderate growth over time and are confident that the investment portfolio continues to perform well. The Society's total liabilities of **\$3,842,671** are set against total assets of **\$11,694,566** resulting in total net equity of **\$7,851,895**.



Our largest expense remains employee benefits of **\$2,109,722** and ANZICS has expanded its staffing, particularly in ANZICS CORE. Grants received totalled **\$2,917,429** which is an excellent result. We congratulate ANZICS CORE on this excellent achievement.

In accordance with independent financial advice obtained by ANZICS, we continue to pay monthly principal and interest repayments on our building loan. This pragmatic approach provides flexibility, adequate liquidity of assets to cover cashflow requirements for the Society, and a roadmap to pay down the loan over time so that ANZICS will eventually own the property outright. At the end of FY2024, the building loan balance owing was \$1,809,484, with \$1,023,858 available for redraw. The Board will continue to review this strategy as appropriate.

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

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

Dr Yasmine Ali Abdelhamid
Honorary Treasurer

ANZICS Board of Directors

President

Mark Nicholls

Vice President

David Pilcher

Honorary Treasurer

Yasmine Ali Abdelhamid

Honorary Secretary

Craig Carr

Pediatrics

Johnny Millar

Centre for Outcome and Resource Evaluation (CORE)

David Pilcher

Clinical Trials Group (CTG)

Manoj Saxena

Professional Activities and Welfare (PAW)

Mark Nicholls

New Zealand Regional Chair

Craig Carr

Tasmanian Regional Chair

Michael Ashbolt

Victorian Regional Chair

John Botha

New South Wales Regional Chair

Winston Cheung

Queensland Regional Chair

Siva Senthuran

Western Australian Regional Chair

Bronwyn Bebee

South Australian Regional Chair

Michael Farquharson

Australian Capital Territory Regional Chair

Bronwyn Avard

Northern Territory Regional Chair

Paul Goldrick



MEMBERSHIP

This year has been a challenging year which is reflected in a decrease in our overall membership numbers for this financial year. We are reviewing opportunities to increase engagement including opportunities for our membership to contribute towards the Society.

It is the volunteer work of members who are responsible for much of the amazing work of ANZICS and membership fees are integral to supporting this. Given this, The Society has been undertaking major review of operation and processes to become more streamlined and accessible. A survey was undertaken to identify the priorities of the membership.

Recommendations Arising from the Membership Survey

- Increase professional development and education programs
- Facilitate further networking opportunities
- Undertake ways to increase inclusivity and diversity of membership



To enable the Society to address the membership survey recommendations, a review of internal organisational processes is underway with planned implementation of the findings in 2025.

We value and respect our membership and as such, we are increasing our dialogue with our membership. Our intention is to promote an intensive care community where everyone feels valued that is respectful, collaborative and inclusive.

Craig Carr
Honorary Secretary

MEMBERSHIP DATA 2023-2024

MEMBERSHIP NUMBERS

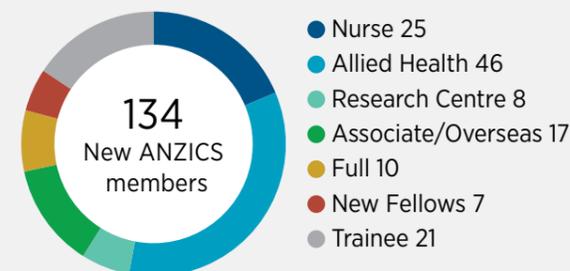
MEMBERSHIP TYPE	OCT 2023	FEB 2024	MAY 2024	OCT 2024
Nurse	220	159	168	170
Allied Health	117	119	139	140
Research Coordinator	22	24	26	27
Associate/Overseas	113	85	93	95
Retired	22	21	21	25
Full	568	565	572	587
New Fellows	31	31	33	21
Honorary	11	11	11	12
Trainee	231	208	214	214
Total	1335	1223	1277	1291

MEMBERSHIP BY LOCATION

COUNTRY	OCT 2023	FEB 2024	MAY 2024	OCT 2024
Australia	1124	1030	1081	1097
New Zealand	143	132	136	142
Other	68	41	49	52

STATE/TERRITORY	OCT 2023	FEB 2024	MAY 2024	OCT 2024
ACT	22	21	21	23
NSW	251	244	250	254
NT	22	19	20	21
QLD	202	190	202	204
SA	103	94	92	96
TAS	28	22	22	22
VIC	408	366	387	389
WA	76	77	80	80
NZ	143	132	136	142

NEW MEMBERSHIP 1 JULY 2023 TO 30 JUNE 2024



CENTRE FOR OUTCOME AND RESOURCE EVALUATION (CORE)

Collaborations, Partnerships and Innovation

Another successful funding application for Triennial funding in 2023. The funding is received from the jurisdictional and Commonwealth health departments of Australia, Australian States and Territories and New Zealand. This funding enables ANZICS to continue to deliver high level Clinical Quality Registry benchmarking and monitoring services to over 95% of all ICUs across Australia and 65% across New Zealand. None of this work is possible without the support the ICU community along with our funders from each Australian State and Territory and New Zealand.

CHRIS DASHBOARD



Source: chris.health.gov.au

Post COVID CHRIS Dashboard

In line with the theme of *Collaboration, Partnerships and Innovation*, the *Critical Care Health Resource Information System (CHRIS)* continues to tick those boxes as ANZICS continues the partnership with Ambulance Victoria and the Commonwealth who provided funding for CHRIS. The new look dashboard provides immediate information of the ICU resources and activity while still reporting COVID admissions, while low the admissions continue to impact on workload and staff availability. 90% of ICUs across Australia continue to routinely submit data to CHRIS.

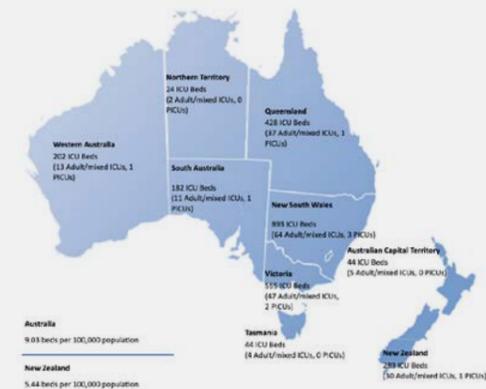
Development of the National Critical Care Research Platform

CORE is partnering with Monash University to develop the MRFF-funded National Critical Care Research Platform. The platform will integrate CORE Registry data and clinical trials. The platform will support a full range of study types from complex randomised control trials to point prevalence studies and simple audits.

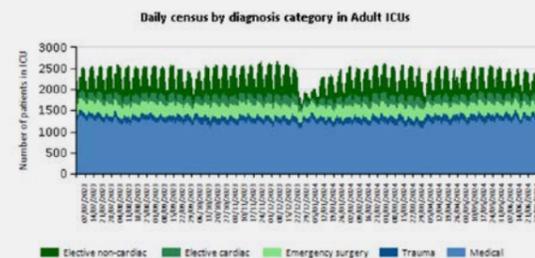


ANZICS CORE PUBLIC REPORT NOVEMBER 2024

Australia and New Zealand	Australia	New Zealand	NSW/ACT	VIC/TAS	QLD	SA/NT	WA
CCR data for the 2022/23 financial year, APD and ANZPICR data for 01/07/2023-30/06/2024. Data as of 14/10/2024.							
			226	2,655		199,418	12,090
			ICUs	ICU Beds	91%	Adult registry records	Paediatric registry records
					Coverage		



Indicators	Adult ICUs	Paediatric ICUs
Age - Median years (IQR)	65.0 (51.0 - 75.0)	3.1 (0.6 - 10.0)
ICU length of stay - Median days (IQR)	1.8 (0.9 - 3.6)	1.4 (0.8 - 3.0)
ICU readmission rate	4.1 %	6.8 %
Invasive ventilation rate	30.8 %	31.9 %
Invasive ventilation - Median hours (IQR)	19.0 (8.0 - 64.0)	28.1 (11.1 - 91.7)
Renal replacement therapy	4.3 %	NA
Observed ICU mortality	5.3 %	2.0 %
Observed hospital mortality of ICU patients	8.2 %	2.5 %
Predicted mortality	8.6 % (Hospital)	2.3 % (ICU)



MET - Medical Emergency Team; **CLASSI** - Central Line Associated Blood Stream Infection; **ECMO** - Extra Corporal Membrane Oxygenation; **Predicted mortality** - Calculated based on the recalibrated ANZROD (Australia and New Zealand Risk of Death) for adult patients and the latest PIM (Paediatric Index of Mortality) for paediatric patients; **IQR** - Interquartile Range; **APD** - Adult Patient Database; **ANZPICR** - Australian and New Zealand Paediatric Intensive Care Registry; **CCR** - Critical Care Resources (survey).
 Disclaimer: The information presented in this report is intended for general commentary only and should not be regarded as medical or professional advice. While ANZICS has endeavoured to ensure that the information in this document is accurate and current at the time of publication, ANZICS and its officers, employees and agents do not accept responsibility for any person who acts or relies in any way on the information without first obtaining independent advice specific to their circumstances.

Source: publicreports.anzics.org



Datathon event held as a pre-conference for the Annual Scientific Meeting (ASM) held in Brisbane.

2024 Datathon snakes and jelly fish

Another successful Datathon event held as a pre-conference for the Annual Scientific Meeting (ASM) held in Brisbane. ANZICS CORE partnered with the Queensland University of Technology for this event sponsored by Playtime who are the long-standing software development vendor to develop the CORE IT Infrastructure. The winning teams ('MegaBites' and 'No Vacancy') presented at the ASM. MegaBites went on to win the Peter Hicks Fellowship prize for "Epidemiology, Interventions and Outcomes of Envenomated Critically Ill Patients in Australia and New Zealand". This collaboration with QUT continues to develop as the ANZICS Registry looks to Data science to better report and inform benchmarking of Intensive Care outcomes.

ANZICS CORE welcomes....

We welcomed Dr Jason McClure on to the CORE Management Committee as Clinical Lead for CHRIS, formally integrating the governance of CHRIS within the CORE Management Committee. New members to the CORE operational team are Champ Mendis, Data Scientist funded in part by the Monash NCCR platform project. Tatjana Kerig who had a Data Analyst role for seven years was the successful candidate for the ANZPIC Program Manager following Breanna's resignation after almost four years in that role.

Update on Patient Reported Outcomes and Family Satisfaction Surveys Pilot

12 active sites, with 5 sites pending site initiation by June 2024. 14,734 surveys were sent with overall response rate of 24.6%. Data analysed for 17.6% participants shows higher response and high satisfaction rate from families of ICU patients that died in ICU. Mean health level of ICU patients 90 days after ICU admission was 0.80 (SD 0.26) compared to 0.86 for general Australian Population. 20.6% patients that completed the outcome survey reported perfect Quality of Life. 95% of those who provided feedback on the survey reported that it was easy to complete and is important to improve the care in ICU.

Publications and Data Requests

Use of ANZICS Registries data is on rise with 90 data requests for variety of projects such as COVID-19, ECMO, TBI and Sepsis to investigate the characteristics and outcomes across various population levels. The data was used by the ICU Clinicians to benchmark against peer units, to build a business case for more resources and to investigate the high-risk populations. The requesting organisations were predominantly individual hospital ICUs requesting data for research and improvement projects as well as Research Institutes and Government Health Departments using the data to link to variety of data sources to better understand the patient journey, resourcing impact and health implications.

A/Prof Dave Pilcher
Chair

CLINICAL TRIALS GROUP (CTG)

It is a privilege to summarise the activities of the ANZICS Clinical Trials Group in my first year as Chair and I would like to begin by stating that it is an honour to serve our fabulous intensive care research community.

The ANZICS CTG continues to grow as exemplified by our **partnership with over 80-member intensive care units** and our close links with several university affiliated institutions, which include the George Institute for Global Health, the ANZIC RC and the Medical Research Institute of New Zealand. Together our focus remains the conduct of high-quality clinical trials that inform clinical practice and that improve the outcomes of the critically ill patients that we serve. This is a crucial focus as clinical trials remain the best way to improve patient outcomes, and the best way to fund core project related activities and the research coordinators at member sites.

In March this year we held the **ANZICS CTG's 26th Annual Meeting on Clinical Trials in Intensive Care**. The week included, as always, the Intensive Care Research Coordinator Interest Group Workshop and the Paediatric Study Group Meeting – both of which continue to grow and strengthen.

Within the Main Scientific Program, we had an outstanding contribution from our **invited speaker, Professor Marion Campbell** (Health Services Research, University of Aberdeen) that included insights into “Trials of the Future” and “Maintaining a Clinical Trials Workforce”. In the opening session we continued to explore our longstanding interest in Bayesian approaches, as well as adaptive platforms. In this session, Marion spoke about lessons learnt from the UK trial of resuscitative endovascular balloon occlusion of the aorta for traumatic haemorrhage trial and this was augmented by lessons learnt from REMAP-CAP (Steve Webb and Colin MaCarthur).

Two new proposals, one for a sepsis platform (Simon Finfer) and **the other on the growth of the binational ECMO registry** (Carol Hodgson) with platform capacities were also discussed. This linked to the Virtual education day that explored Bayesian approaches and clinical trials designs in July 2023 that was coordinated by our emerging investigator group and chaired by Jeff Presneill. The Noosa meeting also included a Consumer Engagement and Consent session, and EMERGE (the emerging investigators group, formally known as NOVIG) designed a session focusing on funding strategies for early- and mid-career researchers. For a more complete summary of the meeting please see the Noosa report or the program can be viewed online here.

The BLING III study deserves a special mention: the results were presented by Joel Dulhunty and Jeff Lipman – this was the culmination of over a decade's worth of collaborative work by our community driven by Jeff, Joel and their team; other study results included a dosing study for fludrocortisone in septic shock (FluDRess: James Walsham), an immunological description of community acquired pneumonia (IMMUNE CAP: Chris Andersen), a descriptive study of severe acute respiratory distress syndrome in Australia and New Zealand (SAGE-ANZ: Rachael Parke), a clinical trial of oxygen strategy for ECMO (BLENDER: Aidan Burrell), and a description of psychological distress in intensive care survivors (PRICE: Sumeet Rai).

New endorsed studies this year included a study evaluating fluid for diabetic ketoacidosis (BEST DKA: Mahesh Ramanan), a study evaluating peer support for ICU survivors (ICU RESOLVE; Kimberley Haines) as well as CTG supported status for a factorial trial evaluating sedation, temperature and blood pressure strategy for suspected hypoxic brain injury after community cardiac arrest (STEP-CARE: Manoj Saxena) and a threshold for platelet transfusion study (T4P: Elissa Milford).

I want to mention a few **key focus areas of the CTG Office Bearers and committee** which were emphasized in the annual membership letter to our sites. These matters include our endorsement process, the governance of platforms, funding and job security for research coordinators, and our membership structure. With endorsement, we are striving to encourage early-stage ideas, as well as modernise endorsement for mature large-scale trials, and accommodate the governance of platforms, including the interactions between ANZICS and Universities. The funding and job security of research coordinators is a core responsibility that needs some creative thinking, and we are actively working on strategies.

The **success of the ANZICS CTG is due to the extraordinary efforts and commitment of many people**; clinician researchers, research coordinators, member units, trial investigators, university-affiliated organisations, sponsors and patients and their families. Above all, the success of the ANZICS CTG would not be possible without the hard work and dedication of our Executive Officer Donna Goldsmith and Administrative Assistant, Marisa Comitini. I would like to thank Andrew Udy, Adam Deane and Samantha Bates (CTG Office Bearers), our immediate Past Chair Sandy Peake, and the members of the ANZICS CTG committee for their support over the past year.

I conclude this report by celebrating again the member units and university-affiliated institutions that contribute to our wonderful collaborative research community.

Dr Manoj Saxena
Chair, ANZICS Clinical Trials Group

EDUCATION COMMITTEE

2024 has been a year of consolidation for the ANZICS Education Committee where we have worked on internal governance and reporting including an update of Terms of Reference, Rules and Responsibilities of committee members and strengthening ties across other arms of ANZICS.

After the success of our first **ANZICS Leadership Program**, we have now conducted the program on a number of occasions. We have also combined this into the suite of Education offerings for our members.

Such achievements are not possible without the dedication of ANZICS staff, such as Jennifer Hogan and senior members of our ANZICS community who have volunteered their time - Amy Freeman-Sanderson, Annie Egan, Lawrence Caruana and Nerina Harley.

We will continue providing Leadership Programs through 2025 with the next scheduled adjacent to the Annual Scientific Meeting in Christchurch. The team are developing the second module in this suite of programs.

Under the leadership of Amy Freeman-Sanderson valuable information is being gathered in research and learnings from this teaching program are being embedded. The first stage of this was presented as a Poster at the 2024 ANZICS ASM.

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

ANZICS/ACCCN ANNUAL SCIENTIFIC MEETING

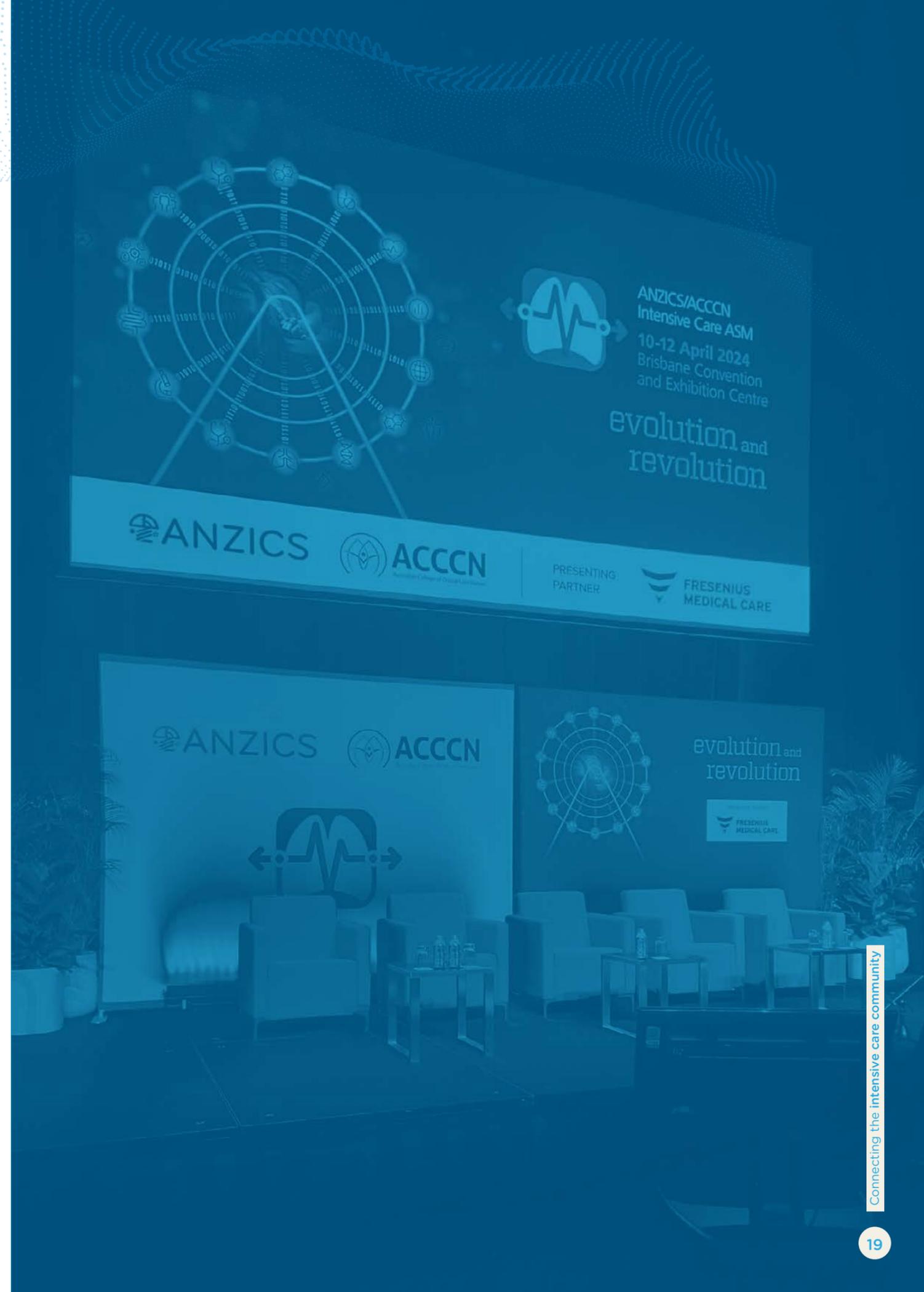


The **ANZICS/ACCCN Annual Scientific Meeting (ASM)** incorporating the Paediatric and Neonatal Intensive Care Conference was held in Brisbane in 2024 and we are grateful for the hard work put in by the Convenors and the whole organising committee bringing us “*Evolution and Revolution*”.

In 2025 we will be welcomed to Christchurch in Aotearoa New Zealand where the ASM will explore the topic of “*Compassionate Care in the Digital Age*”. Don’t forget to catch some of the pre-conference workshops on offer.

The Education Committee are interested in working with any members who would like to build continuing professional development opportunities for our membership. We value and appreciate the contribution of time and energy from all our committee members. If you would like to contribute, please contact your State or Territory lead.

Dr Bronwyn Avard
Chair, ANZICS Education Committee



SAFETY AND QUALITY

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

Key Safety and Quality projects were:

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

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

We completed and launched the **Beginners Guide to Green Teams in the ICU** (also available to be downloaded via anzics.com.au/safety-quality-resources) and are currently working on a guide to resource stewardship.

The **2024 ANZICS Safety and Quality conference** in Melbourne on the 12,13 & 14th of September and was well attended. There were Patient Safety, Sepsis, Informatics, Equity, Sustainability, Culture, End of Life Care and Leadership streams with MET/RRT, Safety, Data and free papers sessions in each stream. Feedback from the conference was positive with a proposal to conduct the 2025 conference in Sydney.

We have continued to focus on the core business of the committee and contributed to ongoing review of the ACHS Clinical Indicator Reviews, Central Line Insertion and Maintenance Guideline (CLABSI). The scoping of an RRT National Registry and common agreement of the minimum dataset remains ongoing.

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

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

It is a pleasure to express my **gratitude and appreciation to the committee members** for their dedication and contributions in the past year. I also extend a warm welcome to the new members who have joined our committee.

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)

ANZICS recognises the importance of diversity to achieve success in gender balance initiatives within the intensive care specialty. Diversity includes, but is not limited to, differences in gender, age, sexual identity or orientation, nationality, cultural background, ethnicity, religious beliefs, disability, rural or metropolitan professional experience, social identity, and whether or not one has family responsibilities. Women in Intensive Care Medicine ANZICS (WIN-ANZICS) is committed to providing inclusive environments to ensure all contributions are welcomed.

Committee Membership

This year the committee welcomed several new members including Drs Laura Macdonald as our new Tasmanian representative, Emma McDonnell, our Western Australia representative, and Rachel Martin as our Queensland representative.

Ongoing projects

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

Events

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

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

Collaboration and Advocacy

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

We continue to work on a joint statement by ANZICS and CICM to support a flexible training pathway in intensive care medicine and continue to collaborate with the CICM Welfare SIG on an upcoming event featuring talks about burnout and welfare in intensive care medicine.

We also continue to work alongside CICM and the ASM organizing committee to organise a session at next year's CICM ASM in Hobart on the topic of gender equity in intensive care medicine and diversity and equity in our workplace more broadly.

Vanessa Carnegie
Chair, WIN-ANZICS

Addressing the gender balance in intensive care medicine through advocacy, research and networking opportunities for female intensive care doctors.



INTERNATIONAL RELATIONS REPORT

The post pandemic world continues to evolve and transform much of what we do, and globally, this has seen new challenges, priorities and solutions adapting to the new normal. ANZICS members continue to flourish in international events and endeavours, demonstrating unparallel kindness and the willingness to share world leading expertise. As ANZICS embarks on modernising our values and strategic directions, international relations will reflect parallel efforts to add value for our membership.

APICS by SICM x ANZICS (Asia Pacific Intensive Care Symposium) has been a flagship conference for the Asia Pacific Region for almost 2 decades now, and latest edition took place on 17-19th August as face-to-face meeting in Singapore. The key numbers are in the infographic, notably:

- 922 Registrants from 30 countries, 11 Plenary Lectures and 131 abstracts.
- Second **Asia Pacific Critical Care Summit**, attended by 16 critical care societies' presidents or their delegate, representing over 50% of the world's population. The presidents of SCCM, ESICM and WFICC were also present, to discuss safety and quality challenges and priorities of the region with the global view in mind. This coincided with the publication of the report from the first summit in Chest Critical Care.
- 22 LMIC delegates and speakers were supported by ANZICS as a primary APICS value and commitment to the region, with Regional Rising Star Award of \$5000, partnered with WFICC.
- Profit share for ANZICS \$28,818, and with continued aim of supporting LMIC representation in APICS 2025.



I would like to thank our Singaporean colleagues for their always respectful efficiency, and Emily See, Andrew Cheng and Ben Gelbart as ANZICS Convenors for their contribution. Under challenging circumstances of the “new normal” of conferencing, delivering such an amazing result is simply outstanding.

ANZICS has a long history as a member of the **World Federation of Intensive and Critical Care (WFICC)**. With increasing connection to our region, the WFICC has partnered with APICS to create the APAC Rising Star Award for the next 3 years to encourage growth and engagement of emerging colleagues from developing nations.

At the first **World Critical Care Summit in Dubai**, WFICC council members, along with council member of World Federation of Critical Care Nurse (WFCCN), met with leaders of the WHO critical care, leading to the signing of an MOU recognising WFICC and WFCCN as leading entities to advise on intensive care matters, as well as presenting at the World Health Assembly in 2025. This is a major step forward in officially recognising our craft group at a global level, as it isn't the case in many countries. The next World Congress of Intensive Care will be **September 16-19th in Vancouver 2025**, expecting 70 countries to attend, with official planning well on the way.

The establishment and maturity of the **Global Intensive Care Initiative (GICI)** has been tremendously rewarding to support and be a part of. This group mainly focused on resource challenged areas, with much overlap and synergy with International Relations. A recent endeavour to **Mongolia and Japan**, importantly with presence of nurses and trainee, saw how both groups offered unique insights into priorities and solutions in various forms. ANZICS international relations continues to work with GICI in areas of common interests and look forward to establishing a committee representing ANZICS as ambassadors globally, promoting ANZICS values, principles, priorities, expertise and connections.

Lastly, the **World Congress of Paediatric Critical Care (WFPICCS)** in 2026 will be held in **Melbourne** – Initial work has begun as a joint meeting to the usual ANZICS ASM, and we look forward to once again hosting the world.

Through connecting with the global community, there is no question the exchanges enrich our expertise and experiences, with many ideas, innovations, solutions and meaningful collaborations evolving through the good will of ANZICS members. With the world continuing to evolve, platforms, skillsets and connections also need to adapt. Working closely with GICI has improved our global recognition, and we welcome input, insight and inspiration as we continue to engage our global colleagues towards an inclusive future.

David Ku
Director of International Relations
Co-opt Board Member

GLOBAL INTENSIVE CARE INITIATIVE (GICI)

The ANZICS Global Intensive Care Initiative (GICI) has made substantial strides in 2024, continuing to focus on strengthening critical care in Papua New Guinea, the Pacific, Asia, and Africa. This year, GICI worked alongside our global partners to deliver multiple training programmes, expand networks, and support clinical workforce capacity building through education, research, and practical collaboration.

In the area of training, GICI, in partnership with local healthcare teams, facilitated several key programmes. The BASIC for Nurses programme fostered the exchange of knowledge with frontline healthcare workers in Lae, Papua New Guinea, contributing to ongoing efforts to strengthen the nursing workforce in delivering high-quality critical care. Another highlight was the PEARLS Handheld Ultrasound Training in Port Moresby, which provided clinicians with enhanced skills in bedside ultrasound, contributing to improved diagnostic capabilities and patient outcomes.

A major collaborative achievement this year was the successful tender for the Regional Emergency and Critical Care Strengthening Initiative (RECSI). This initiative, driven by partnerships with Alfred Health, Australasian College of Emergency Medicine, Menzies School of Health Research, St John of God Ambulance PNG, and the South Pacific Community, is expected to support emergency and critical care across the region, with activities commencing in 2025. GICI also partnered with local teams in Tonga to place two intensivists over a one-year period. These intensivists provided mentorship and support to a candidate from the Fiji National University's MMEDICU programme, furthering knowledge exchange and local capacity building.

GICI worked closely with its counterparts at ANGAU Memorial Hospital in Lae to co-produce and deliver Critical Care Clinical Practice Guidelines (CPGs) and Education Packages. These efforts included in-country visits to provide implementation support, alongside a series of training initiatives tailored to the local context. These included bespoke hospital-wide resuscitation training, ultrasound training, and a focus on supporting ICU staff in transitioning to specialist practice. This collaboration was instrumental in strengthening the ICU services at ANGAU Memorial Hospital and enhancing the skills of the clinical workforce.

In addition to these projects, GICI members contributed to capacity-building efforts in other regions by co-delivering a BASIC Instructor Course in Tanzania and leading the Beyond BASIC Mechanical Ventilation course in Karachi, Pakistan. Further training programmes took place in Vanuatu with the delivery of both BASIC Adult and BASIC for Nurses courses, and in Surabaya, Indonesia, where GICI led a bespoke Clinical Research Workshop. Each of these initiatives was undertaken in close collaboration with local healthcare teams, fostering a shared approach to enhancing critical care services.

GICI members were also actively engaged in key international activities, working with partners around the world. GICI members served as examiners for the College IC exams in Lahore, Pakistan, and contributed to the Emergency Medicine Conference, presenting on the history of mechanical ventilation. GICI's role in shaping global critical care discourse was further highlighted by members' presentations at the Global Health Security Conference in Sydney. The development of the GICI Research Group is also underway, with an emphasis on advancing critical care research through collaborative efforts in the regions we serve.

PEARLS HANDHELD ULTRASOUND TRAINING
Delivered in Papua New Guinea



In terms of leadership and networking, GICI Chair Lewis McLean engaged in key regional events, including networking activities in Vanuatu aimed at fostering collaboration across the Pacific. These efforts underscore GICI's ongoing commitment to working together with partners to build strong, productive relationships.

Finally, GICI has taken steps to align with global standards of best practice by applying for membership with the Australian Council for International Development (ACFID). This reflects GICI's commitment to working alongside other organisations to maintain high standards in development work and to foster meaningful partnerships.

GICI's achievements in 2024 reflect a year of collaboration, growth, and increased engagement with the global critical care community. We remain dedicated to working together with our partners in low-resource settings to build capacity through shared education, training, and mentorship. Looking ahead, we anticipate further expansion through new partnerships and research collaborations, ensuring that our contributions continue to support the development of critical care worldwide.

Lewis McLean
Chair, ANZICS Global Intensive Care Initiative

ANZICS REGIONAL REPORTS

NEW SOUTH WALES

Activity in NSW ICUs during 2024 has remained high.

In NSW, there are currently ten hospitals providing Level 6 adult ICU services, three hospitals providing paediatric ICU services, eight hospitals providing neonatal ICU services, and three Extracorporeal Membrane Oxygenation (ECMO) networks.

In NSW, the health department funds a total of 325 Level 6 adult ICU beds, 49 paediatric ICU beds, and 153 neonatal ICU beds.

The seasonal wave of viral infections created significant strain on ICU resources, however, ICUs navigated this well. All ICUs have ongoing problems filling staff vacancies, especially in nursing. There remain ongoing problems with staff health and wellbeing, and burnout.

In the last 12 months, the health department introduced a new performance measure recording ICU exit block, but this has not yet become a key performance indicator (KPI) for measuring hospital performance.

A **Special Commission of Inquiry** has been running in NSW since August 2023, primarily examining the way health services are funded. The CICM provided testimony to the Inquiry in July 2024. This Inquiry will report back in March 2025.

The **well-publicised issues with the NSW specialist award** remain unaddressed. Certain specialist doctor groups remain in short supply because pay and conditions are better in other states. Pay for Intensivists in NSW remains lower than in other states. The issues with the awards have been examined in the Special Commission of Inquiry into Healthcare Funding.

The Australian Salaried Medical Officers' Federation (ASMOF) has proposed a new award that will improve remuneration for after-hours and on-call work for Intensivists and specifies maximum on-call commitments. ANZICS NSW has been part of the award development process.

Interest in in-person meetings to discuss ICU matters in NSW remains low, outside of the main conferences. However, networking meetings are still planned.

Dr Winston Cheung
Chair, New South Wales



SOUTH AUSTRALIA

The ICU Community in South Australia has again experienced a continual growth in workload over the past 12 months with most units working well above their funded bed numbers and battling the hospital curse of exit block. The investment in Adelaide health infrastructure continues. Works are in place for the expansion of the FMC to include another 16 beds and hopefully some natural light for their ICU and while LMH remains busy within its 24-bed footprint, a private hospital is under development right next door which is likely to have an ICU to support the work done there. The flagship of the development is the new Women's and Children's hospital, with work currently underway in the parklands near the RAH. The two institutions will be separated by the trainline and so without a direct link between them there are still questions as to how any maternal ICU services will be provided at the new WCH site.

The 16th annual Tub Worthley scholarship dinner was again held at Orso. This remains the only annual opportunity for ICU registrars to present their original research in an Adelaide meeting in front of their peers from across the state. Participants also get to compete for prizes from both Pfizer and SAICA to allow for presentation of this work at a national or international meeting. We are very grateful for the work that A/Prof Mary White has done in making this and all the previous 15 events run smoothly. Dr Yasmine Ali Abdelhamid was a special imported judge from the Royal Melbourne Hospital, having come over for the evening with the support of SAICA evening with thanks from SAICA. She was joined on the adjudication panel by Prof Sandy Peake. They provided some frank and fearless feedback on the presented research, and we congratulate Dr Jospina Petric and Dr Ben Young for being first and second for the scholarship prize.

We held the first SA Women in ICU function in July 2024. Congratulations must go to Màiri Northcott, currently doing her transition fellow year at the RAH, for the excellent work in coordinating and curating this event. The participation with this event was excellent with a crowd of mostly SR/consultants from across Adelaide coming together to together to hear from some of Adelaide's finest ICU contributors; A/Prof Mary White and Prof Marianne Chapman discuss the highlights of their respective careers. They were then joined by Dr Kris Hayres in a panel discussion fielding questions from the 20 strong female-identifying Intensivists and trainees. The excellent feedback is testament to the work done by Mairi and the support of the ANZICS team in making this event happen.

Dr Michael Farquharson
Chair, South Australia



WESTERN AUSTRALIAN

ADVOCACY - GUARDIANSHIP ACT UPDATES

The *Guardianship and Administration (Medical Research) Act 2023* was passed 5/2024. The sunset clause (set to kick in April 2024) was repealed and the definition of lead researcher has been broadened as well. Although a big step forward and has meant research in WA ICU has been able to carry on, but the Act still requires redundant processes that can be prohibitive for smaller units, regional centres and prehospital research.

Since then, a further review of the *Guardianship and Administration Act 1990 (WA)* has been referred to the Law Reform Commission of WA – Project 114. ANZICS will continue to advocate for removal of the 'Independent Medical Practitioner' requirement from the act as part of this review.

WESTERN AUSTRALIAN ANZICS REPRESENTATIVES

Dr David Blythe appointed as WA representative for the ANZICS Death and Organ Donation Committee

Dr Alexander Wood appointed as ANZICS CTG WA representative

Dr Emma McDonnell appointed as WA WIN representative

STATEWIDE EMR ROLLOUT

Establishment of the Statewide Intensive Care Unit Pharmacy Advisory Group (SIPAG) will lead system-wide review and management of ICU medication administration. The SIPAG will review existing ICU medication administration guidelines at WA Health sites to standardise these protocols across the state. This group is not advising on medication choice or treatment pathways but will advise on medication administration information e.g., for parenterally administered medicines - preferred diluent, dilution volume and rate of administration, which contribute to the prescription parameters within the ICU EMR.

Bronwyn Bebee
Chair, Western Australia



ANZICS AWARDS

Matt Spence Medal

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

1981	Dr S Streat	Auckland	2002	Dr D Collins	Perth
1982	Dr S Gatt	Sydney	2003	Dr N Blackwell	Cairns
1983	Dr R Raper	Sydney	2004	Dr V Campbell	Adelaide
1984	Dr N Gibbs	Perth	2005	Dr P John Victor	Adelaide
1985	Dr W Griggs	Adelaide	2006	Dr M Zib	NSW
1986	Dr A Bersten	Adelaide	2007	Dr A Nichol	VIC
1987	Dr M Oliver	Auckland	2008	Dr B Tang	NSW
1988	Dr P McQuillan	Perth	2009	Dr M Brain	TAS
1989	Dr T Buckley	Hong Kong	2010	Dr R Fischer	SA
1990	Dr C McAllister	Sydney	2011	Dr J Raj	SA
1991	Dr R Bellomo	Melbourne	2012	Dr S Kelly	SA
1992	Dr S Parkes	Adelaide	2013	Dr Y Abdelhamid	SA
1993	Dr R Totaro	Sydney	2014	Dr M Plummer	SA
1994	<i>No award presented</i>		2015	Dr P Kar	SA
1995	Dr A Davies	Melbourne	2016	Dr T Beckingham	SA
1996	Dr B Venkatesh	Brisbane	2017	Dr N Glassford	SA
1997	Dr D Blythe	Perth	2018	Dr G Wigmore	SA
1998	Dr N Edwards	Adelaide	2019	Dr M Chakraborty	NSW
1999	Dr V Pellegrino	Melbourne	2020/21	<i>No ASM held</i>	
2000	Dr I Seppelt	Canberra	2022	Dr Emily See	VIC
2001	Dr R Fregley	Waikato	2023	Dr Mairi Northcott	VIC
2001	Dr B Mullan (special)	Sydney	2024	Dr Ryo Ueno	VIC

Past ANZICS Presidents

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

Annual Scientific Meeting Oration

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

2002	Perth	Malcolm Fisher	NSW	2013	Hobart	Felicity Hawker	VIC
2003	Cairns	Lindsay Worthley	SA	2014	Melbourne	Simon Finfer	NSW
2004	Melbourne	Jack Cade	VIC	2015	Auckland	George Skowronski	NSW
2005	Adelaide	Bob Wright	NSW	2016	Perth	Geoff Dobb	WA
2006	Hobart	Stephen Streat	NZ	2017	Gold Coast	John Santamaria	VIC
2007	Rotorua	Geoffrey Parkin	VIC	2018	Adelaide	Mary White	SA
2008	Sydney	Frank Shann	VIC	2019	Melbourne	<i>None due to World Congress</i>	
2009	Perth	David Tuxen	VIC	2020/21	Sydney	<i>No ASM held due to COVID-19</i>	
2010	Melbourne	Anthony Bell	TAS	2022	Sydney	Penny Stewart	NT
2011	Brisbane	Brad Power	WA	2022	Adelaide	<i>No Oration</i>	
2012	Adelaide	Neil Matthews	SA	2024	Brisbane	Bala Venkatesh	

Ramesh Nagappan Education Award

2014	Melbourne	Gerard Fennessy	VIC	2019	Melbourne	Bala Venkatesh	VIC
2015	Auckland	Cameron Knott	VIC	2020/22		<i>Not awarded due to COVID-19</i>	
2016	Perth	Adam Deane	VIC	2023	Adelaide	Swapnil Pawar	NSW
2017	Gold Coast	Chris Nickson	VIC	2024	Brisbane	Catherine Tacon	QLD
2018	Adelaide	Mary Pinder	WA				

ANZICS Honour Roll

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

FINANCIAL REPORTS

Year ended 30 June 2024

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Directors' Report

The Directors present their report together with the financial report of the Australian and New Zealand Intensive Care Society (the "Society" or "ANZICS") for the financial year ended 30 June 2024 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 <i>President</i>	Prof David Pilcher <i>Vice-President</i>
Dr Yasmine Ali Abdelhamid <i>Hon. Treasurer</i>	Dr Alastair Carr <i>Hon. Secretary</i>
Dr Michael Ashbolt	Dr Bronwyn Avard
Dr Bronwyn Bebee	Prof John Botha
Dr Winston Cheung	Dr Michael Farquharson
Dr Paul Goldrick (<i>appointed 30/10/2023</i>)	Dr David Ku
Dr Kenneth John Millar	Dr Manoj Saxena (<i>appointed 15/9/2023</i>)
Dr Siva Senthuran	
Dr Sidharth Agarwal (<i>resigned 31/7/2023</i>)	Dr Sandra Peake (<i>resigned 1/7/2023</i>)

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.

Directors' Report (continued)

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 Paul Goldrick

Qualifications: FCICM FANZCA FFARCSI
Experience: Director since June 2024
Special Responsibilities: Chair – NT 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: MBChB/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	3
Dr S Agarwal	-	-
Dr B Avard	3	3
Dr B Bebee	3	3
Prof J Botha	3	2
Dr A Carr	3	3
Dr W Cheung	3	3
Dr M Farquharson	3	3
Dr P Goldrick	2	1
Dr D Ku	3	3
Dr KJ Millar	3	1
Assoc. Prof. M Nicholls	3	3
Dr S Peake	-	-
Prof D Pilcher	3	3
Dr M Saxena	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 \$25,380 (2023: \$24,080) being 1,269 (2023: 1,204) members with a liability limited to \$20 each under the Constitution.

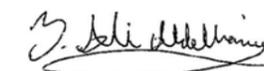
Auditor's independence declaration

The lead auditor's independence declaration for the year ended 30 June 2024 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 29th day of November 2024.

Auditor's Independence Declaration

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2024, 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

C.W. Stirling & Co.
Chartered Accountants

John A Phillips

John A Phillips
Partner

Dated this 29th day of November 2024.
Melbourne

Statement of Profit or Loss and other Comprehensive Income

	Note	2024 \$	2023 \$
Revenue	2	4,501,543	3,695,737
Other income	2	245,642	149,680
Employee benefits expenses		(2,109,722)	(1,862,549)
IT expenses		(489,559)	(251,368)
CHRIS Project consultancy expense		(438,000)	(513,300)
Conference and meeting expenses		(344,989)	(145,926)
General consultancy, legal and audit expense		(294,496)	(87,011)
Administration expenses		(271,898)	(225,771)
Finance expenses	3	(167,762)	(118,091)
Depreciation and amortisation expense	3	(146,946)	(112,664)
Travel and committee expenses		(64,253)	(56,415)
GICI equipment and supplies		(41,056)	-
Investment management fees		(35,791)	(35,590)
Awards, sponsorships and scholarships		(25,109)	(38,512)
Other expenses		(16,712)	(39,582)
Surplus for the year before income tax		<u>300,892</u>	<u>358,638</u>
Income tax expense	1(b)	-	-
Surplus for the year before income tax		<u><u>300,892</u></u>	<u><u>358,638</u></u>
Other comprehensive income			
Total other comprehensive income for the year		-	-
Total comprehensive income attributable to members of the Society		<u><u>300,892</u></u>	<u><u>358,638</u></u>

The accompanying notes form part of these financial statements.

Statement of Financial Position

	Note	2024 \$	2023 \$
Current Assets			
Cash and cash equivalents	4	1,234,790	1,865,722
Trade and other receivables	5	641,766	229,675
Other current assets	6	<u>113,586</u>	<u>97,809</u>
Total current assets		<u>1,990,142</u>	<u>2,193,206</u>
Non-Current Assets			
Financial assets	7	5,413,679	4,821,837
Property plant and equipment	8	4,052,069	4,142,588
Intangible assets	9	<u>238,676</u>	<u>262,873</u>
Total non-current assets		<u>9,704,424</u>	<u>9,227,298</u>
Total Assets		<u>11,694,566</u>	<u>11,420,504</u>
Current Liabilities			
Trade and other payables	10	1,602,285	778,468
Provisions	11	410,678	435,862
Borrowings	12	<u>97,620</u>	<u>74,916</u>
Total current liabilities		<u>2,110,583</u>	<u>1,289,246</u>
Non-Current Liabilities			
Trade and other payables	10	7,694	37,420
Provisions	11	12,530	27,237
Borrowings	12	<u>1,711,864</u>	<u>2,621,909</u>
Total non-current liabilities		<u>1,732,088</u>	<u>2,686,566</u>
Total Liabilities		<u>3,842,671</u>	<u>3,975,812</u>
NET ASSETS		<u>7,851,895</u>	<u>7,444,692</u>
Equity			
Retained surplus		<u>7,851,895</u>	<u>7,444,692</u>
TOTAL EQUITY		<u>7,851,895</u>	<u>7,444,692</u>

The accompanying notes form part of these financial statements.

Statement of Cash Flows

	Note	2024 \$	2023 \$
Cash flows from operating activities			
Receipt of grants		3,513,046	2,279,378
Cash receipts from members and customers		1,007,732	1,436,973
Income from financial assets		264,452	198,623
Interest received		31,799	36,190
Payments to suppliers and employees		<u>(4,290,067)</u>	<u>(3,870,747)</u>
Net cash inflows from operating activities	13	<u>526,962</u>	<u>80,417</u>
Cash flows from investing activities			
Payment for available-for-sale financial assets		(2,490,872)	(511,448)
Proceeds from disposal of available-for-sale financial assets		2,144,672	491,628
Payment for property, plant and equipment		(32,230)	(4,145,494)
Payment for intangible assets		<u>-</u>	<u>(160,227)</u>
Net cash used in investing activities		<u>(378,430)</u>	<u>(4,325,541)</u>
Cash flows from financing activities			
Proceeds from borrowings		-	2,741,221
Repayment of borrowings		(887,341)	(44,396)
Repayment of lease liabilities		<u>-</u>	<u>(43,505)</u>
Net cash from/(used in) financing activities		<u>(887,341)</u>	<u>2,653,320</u>
Net increase/(decrease) in cash and cash equivalents		(738,809)	(1,591,804)
Cash and cash equivalents at beginning of financial year		1,865,722	3,457,526
Initial recognition of New Zealand cash and cash equivalents		<u>107,877</u>	<u>-</u>
Cash and cash equivalents at end of financial year	4	<u>1,234,790</u>	<u>1,865,722</u>

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

	Retained surplus \$
Balance at 1 July 2022	7,086,054
Surplus attributable to the Society	<u>358,638</u>
Balance at 30 June 2023	<u>7,444,692</u>
Surplus attributable to the Society	300,892
Initial recognition of New Zealand region assets	<u>106,311</u>
Balance at 30 June 2024	<u>7,851,895</u>

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 2024, the number of members was 1,269 (2023: 1,204).

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 29 November 2024 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.

Notes to the Financial Statements (continued)

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)

Plant and equipment

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

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight line basis over the asset's useful life to the Society commencing from the time the asset is held ready for use. The estimated useful lives in the current and comparative periods are as follows:

Class of asset	Useful life
• Buildings	40 years
• Plant and equipment	3 – 10 years

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

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

(d) Financial instruments

Initial recognition and measurement

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

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

Classification and subsequent measurement

Financial Liabilities

Financial liabilities are subsequently measured at:

- amortised cost; or
- fair value through profit or loss.

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

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

Notes to the Financial Statements (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 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)

Notes to the Financial Statements (continued)

General approach

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

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

Simplified approach

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

Recognition of expected credit losses in financial statements

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

(e) Impairment of Assets

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

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value. Where it is not possible to estimate the recoverable amount of an individual asset, the Society estimates the recoverable amount of the cash-generating unit to which it belongs. Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

(f) Employee provisions

Short-term employee benefits

Provision is made for the Society's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and annual leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled. The Society obligations for short-term employee benefits such as wages and salaries are recognised as part of current trade and other payables in the statement of financial position.

1. Statement of significant accounting policies (continued)

Other long-term employee benefits

The Society classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the Society's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements for changes in assumptions of obligations for other long-term employee benefits are recognised in profit or loss in the periods in which the changes occur.

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

Retirement benefit obligations

Defined contribution superannuation benefits

All employees of the Society receive defined contribution superannuation entitlements. For which the Society pays the fixed superannuation guarantee contribution (currently 10.0% of the employee's average ordinary salary) to the employee's superannuation fund of choice. All contributions in respect of employee's defined contribution entitlements are recognised as an expense when they become due and payable. The Society's obligation with respect to employee's defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the Society's statement of financial position.

(g) Cash and cash equivalents

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

(h) Trade and other debtors

Accounts receivable and other debtors include amounts due from donors and any outstanding grant receipts. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

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

(i) Goods and services tax (GST)

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

1. Statement of significant accounting policies (continued)

Notes to the Financial Statements (continued)

(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)

Notes to the Financial Statements (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.

	2024 \$	2023 \$
2. Revenue and other income		
<u>Revenue</u>		
Grants - recurrent	1,928,086	1,605,596
Grants - project	491,343	136,117
Grants – CHRIS Project	498,000	581,352
Subscriptions	552,323	565,909
Surplus from ASM	175,373	146,253
Conferences and meetings	407,187	246,716
Sponsorship	<u>98,200</u>	<u>98,232</u>
	<u>4,150,512</u>	<u>3,380,175</u>
Other revenue:		
Interest received – cash and cash equivalents	31,799	36,190
Investment dividends and distributions	264,452	198,623
Sundry income	<u>54,780</u>	<u>80,749</u>
	<u>351,031</u>	<u>315,562</u>
Total revenue	<u>4,501,543</u>	<u>3,695,737</u>
Other income:		
Gain on disposal of investments held	28,110	-
Unrealised gain on investments held	<u>217,532</u>	<u>149,680</u>
Total other income	<u>245,642</u>	<u>149,680</u>
Total revenue and other income	<u>4,747,185</u>	<u>3,845,417</u>
<u>Transaction price allocated to the remaining performance obligation</u>		
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	<u>379,297</u>	<u>78,203</u>

3. Surplus for the year

a Expenses

	2024 \$	2023 \$
Employee benefits expense		
– contribution to defined contribution superannuation funds	183,079	168,470
Depreciation and amortisation expense:		
– property, plant and equipment	122,749	56,091
– intangible assets	24,197	15,660
– right of use assets	<u>-</u>	<u>40,913</u>
Total depreciation and amortisation expense	<u>146,946</u>	<u>112,664</u>
Financial costs:		
– interest expense on borrowings	167,762	112,052
– interest expense on lease liabilities	-	539
– borrowing costs	<u>-</u>	<u>5,500</u>
– Total financial costs	<u>167,762</u>	<u>118,091</u>
Loss on disposal of investments	<u>-</u>	<u>8,189</u>
AASB 16 related amounts recognised in the statement of profit or loss:		
Depreciation charge related to right of use assets	-	40,913
Interest expense on lease liabilities	-	539
Low value asset leases expense	<u>-</u>	<u>2,685</u>
<i>The Society's lease related to a building which expired during the previous financial year and was not renewed.</i>		
4. Cash and cash equivalents		
Cash at bank	1,168,443	1,799,375
Cash on short term deposit	<u>66,347</u>	<u>66,347</u>
	<u>1,234,790</u>	<u>1,865,722</u>
5. Trade and other receivables		
Trade receivables	338,368	35,385
Other receivables	<u>303,398</u>	<u>194,290</u>
	<u>641,766</u>	<u>229,675</u>
6. Other current assets		
Prepayments	<u>113,586</u>	<u>97,809</u>
7. Financial assets		
Financial assets mandatorily measured at fair value through profit or loss	7(a)	<u>5,413,679</u>
(a) Financial assets mandatorily measured at fair value through profit or loss:		
Investments in listed Australian securities	16	2,899,813
Investments in managed funds	16	<u>2,513,866</u>
		<u>4,821,837</u>

Notes to the Financial Statements (continued)

	2024 \$	2023 \$	
8. Property, plant and equipment			
<u>Property</u>			
Building - at cost	4,098,956	4,097,057	
Less accumulated depreciation	<u>(144,563)</u>	<u>(42,093)</u>	
Total building	<u>3,954,393</u>	<u>4,054,964</u>	
<u>Plant and equipment</u>			
Plant and equipment - at cost	202,860	174,436	
Less accumulated depreciation	<u>(105,184)</u>	<u>(86,812)</u>	
Total plant and equipment	<u>97,676</u>	<u>87,624</u>	
Total property plant and equipment	<u>4,052,069</u>	<u>4,142,588</u>	
<u>Movements in carrying amounts</u>			
	Land & buildings \$	Plant & equipment \$	Total \$
2024			
Balance at 1 July 2023	4,054,964	87,624	4,142,588
Additions	1,899	30,331	32,230
Depreciation for the year	<u>(102,470)</u>	<u>(20,279)</u>	<u>(122,749)</u>
Balance at 30 June 2024	<u>3,954,393</u>	<u>97,676</u>	<u>4,052,069</u>
2023			
Balance at 1 July 2022	-	17,915	17,915
Additions	4,097,057	83,707	4,180,764
Depreciation for the year	<u>(42,093)</u>	<u>(13,998)</u>	<u>(56,091)</u>
Balance at 30 June 2023	<u>4,054,964</u>	<u>87,624</u>	<u>4,142,588</u>
	2024 \$	2023 \$	
9. Intangible assets			
Software - at cost	760,654	760,654	
Less accumulated amortisation	<u>(521,978)</u>	<u>(501,108)</u>	
Total software	<u>238,676</u>	<u>259,546</u>	
Website - at cost	33,000	33,000	
Less accumulated amortisation	<u>(33,000)</u>	<u>(29,673)</u>	
Total website	<u>-</u>	<u>3,327</u>	
Total intangible assets	<u>238,676</u>	<u>262,873</u>	

	Software \$	Website \$	Total \$
9. Intangible assets (continued)			
<u>Movements in carrying amounts</u>			
2024			
Balance at 1 July 2023	259,546	3,327	262,873
Amortisation for the year	<u>(20,870)</u>	<u>(3,327)</u>	<u>(24,197)</u>
Balance at 30 June 2024	<u>238,676</u>	<u>-</u>	<u>238,676</u>
2023			
Balance at 1 July 2022	108,379	9,927	118,306
Additions	160,227	-	160,227
Amortisation for the year	<u>(9,060)</u>	<u>(6,600)</u>	<u>(15,660)</u>
Balance at 30 June 2023	<u>259,546</u>	<u>3,327</u>	<u>262,873</u>
		2024 \$	2023 \$
10. Trade and other payables			
<u>Current</u>			
Trade creditors		266,872	183,779
Sundry creditors and accruals		527,969	171,877
GST payable		22,161	24,150
Grants received in advance		379,297	78,203
Subscriptions received in advance		360,019	245,501
Sponsorship & registrations received in advance		<u>45,967</u>	<u>74,958</u>
	11(a)	<u>1,602,285</u>	<u>778,468</u>
(a) Financial liabilities at amortised cost classified as trade and other payables			
Trade and other payables – current		1,602,285	778,468
Less deferred income		<u>(785,283)</u>	<u>(398,662)</u>
Financial liabilities as trade and other payables	16	<u>817,002</u>	<u>379,806</u>
<u>Non-current</u>			
Subscriptions received in advance		<u>7,694</u>	<u>37,420</u>
11. Provisions			
<u>Current</u>			
Provision for employee benefits: annual leave		183,360	226,157
Provision for employee benefits: long service leave		<u>227,317</u>	<u>209,705</u>
		<u>410,677</u>	<u>435,862</u>
<u>Non-current</u>			
Provision for employee benefits: long service leave		<u>12,530</u>	<u>27,237</u>

Notes to the Financial Statements (continued)

11. Provisions (continued)

Analysis of total provisions

	\$
Opening balance at 1 July 2023	463,099
Additional provisions raised/(used) during the year	(15,205)
Amounts used	<u>(24,687)</u>
Balance at 30 June 2024	<u>423,207</u>

Provision for employee benefits includes amounts accrued for annual leave and long service leave. The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave that have vested due to employees having completed the required period of service. Based upon past experience, the company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next twelve months. However, these amounts must be classified as current liabilities since the Society does not have an unconditional right to defer settlement of these amounts in the event employees wish to use their entitlement. The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been disclosed in Note 1(f).

12. Borrowings

Current

	2024 \$	2023 \$
Bank loan	<u>97,620</u>	<u>74,916</u>

Non-current

Bank loan	<u>1,711,864</u>	<u>2,621,909</u>
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Bank loan is secured by a mortgage over the property at Level 1, 101 High Street Prahran, Victoria.

13. Notes to the Statement of Cash Flows

Reconciliation of cash flow from operations with surplus after income tax

	2024 \$	2023 \$
Surplus for the year	<u>300,892</u>	<u>358,638</u>
Add/(less) non-cash items:		
Depreciation and amortisation	146,946	112,664
(Gain) loss on disposal of investments	(28,110)	8,189
Interest expense on right-of-use asset reclassified		539
Unrealised (gain)/loss on investments held	(217,532)	(149,680)
Change in assets and liabilities		
(Increase)/decrease in trade and other receivables	(412,091)	53,778
(Increase)/decrease in other current assets	81	(56,146)
Increase/(decrease) in trade and other payables	776,667	(318,990)
Increase/(decrease) in provisions	<u>(39,891)</u>	<u>71,425</u>
Net cash provided by / (used in) operating activities	<u>526,962</u>	<u>80,417</u>

14. 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 Bronwyn Award, Dr Bronwyn Bebee, Prof John Botha, Dr Alastair Carr, Dr Winston Cheung, Dr Michael Farquharson, Dr Paul Goldrick, 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.

Intensive Care Foundation

During the financial year, the Society provided office space to the Foundation at no cost.

During the financial year, the Society received grant funding under normal commercial terms of \$45,454 (2023: \$9,091) to undertake research projects for the benefit of the Intensive Care Community.

15. Key management personnel compensation

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

	2024 \$	2023 \$
Short-term employee benefits	486,800	473,922
Post-employment benefits	38,017	49,466
Other long-term benefits	<u>-</u>	<u>-</u>
Key management personnel compensation	<u>524,817</u>	<u>523,388</u>

Notes to the Financial Statements (continued)

16. Financial risk management

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

Financial assets

	Note	2024 \$	2023 \$
Financial assets at fair value through profit or loss:			
- investments in listed Australian securities	7	2,899,813	1,954,408
- investments in managed funds	7	2,513,866	2,867,429
Financial assets at amortised cost:			
- cash and cash equivalents	4	1,234,790	1,865,722
- trade and other receivables	5	<u>641,766</u>	<u>229,675</u>
Total financial assets		<u>7,290,235</u>	<u>6,920,234</u>

Financial liabilities

Financial liabilities at amortised cost:			
- trade and other payables	10(a)	817,002	379,806
- borrowings	12	<u>1,809,484</u>	<u>2,696,825</u>
Total financial liabilities		<u>2,626,486</u>	<u>3,076,631</u>

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

17. Financial instruments

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

- financial assets at fair value through profit or loss. The Society does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.

Valuation Techniques

The Society selects a valuation technique that is appropriate in the circumstances and for which sufficient data is available to measure fair value. The availability of sufficient and relevant data primarily depends on the specific characteristics of the asset or liability being measured.

The valuation techniques selected by the Society are consistent with one or more of the following valuation approaches:

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

Each valuation technique requires inputs that reflect the assumptions about risks. When selecting a valuation technique, the Society gives priority to those techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Inputs that are developed using market data (such as publicly available information on

17. Financial instruments (continued)

Recurring fair value measurements

Financial assets

Financial assets at fair value through profit or loss:

	Note	2024 \$	2023 \$
- investments in listed Australian securities (i)	7	2,899,813	1,954,408
- investments in managed funds (i)	7	<u>2,513,866</u>	<u>2,867,429</u>
Total financial assets		<u>5,413,679</u>	<u>4,821,837</u>

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

18. Events subsequent to reporting date

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

19. Contingent liabilities

There are no contingent liabilities as at 30 June 2024 (2023: \$Nil).

20. Auditor's remuneration

	2024 \$	2023 \$
Remuneration of the auditor:		
- auditing the financial statements	<u>15,000</u>	<u>14,500</u>

Directors Declaration

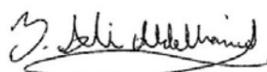
The Directors of the Australian and New Zealand Intensive Care Society (the "Society") declare that, in the directors' opinion:

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 2024 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 29th day of November 2024.

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 2024, 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 2024 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.

Independent Auditors' Report (continued)

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

C. W. Stirling & Co
Chartered Accountants

John A Phillips

John Phillips
Director

Dated this 29th day of November 2024.
Melbourne



ANNUAL GENERAL MEETING MINUTES

THURSDAY, 11 APRIL 2024, 3.30PM (AEST)
GREAT HALL 2, BRISBANE CONVENTION AND ENTERTAINMENT CENTRE / VIRTUAL ZOOM WEBINAR

1. Attendance

1. ATTENDANCE (IN-PERSON)

Aiden Burrell	Elizabeth Fugaccia	Mahesh Ramanan	Sandra Peake
Alastair Carr	Forbes McGain	Marc Nickels	Sarah Wright
Anthony Slater	Geoff Shaw	Mark Nicholls	Shailesh Bihari
Antony Attokaran	Hergen Buscher	Mark Weeden	Shaun Parish
Ashwin Subramaniam	Janice Yeung	Michael O'Leary	Simon Abel
Bronwyn Avard	John Botha	Nicola Dobos	Siva Senthuran
Danielle Austin	John Myburgh	Paul MacDonald	Stephen Warrilow
David Ku	Johnny Millar	Ramanathan Lakshamanan	Ulrike Buehner
David Pilcher	Kathleen Collins	Ravindranath Tiruvoipati	William Silvester
Denzil Gill	Kylie McArdle	Rick McAllister	Winston Cheung
Elissa Milford	Lucy Dockrell	Robert McNamara	Yasmine Ali Abdelhamid

1.1 ATTENDANCE

Alana Karathanasis	Jen Hogan	Sue Huckson
Donna Goldsmith	Phyllis Toparlanis	Tamara Bucci

1.2 PROXY

Twelve proxies were received. Eleven of these were directed to the Chair.

1.3 APOLOGIES

Aidan Burrell	Cynthia Bierl	Milind Sanap	Sidharth Agarwal
Alun Ellis	Ian Seppelt	Neeraj Bhadange	Simon Illes
Benoj Varghese	Jeffrey Presneill	Nhi Nguyen	Theresa Jacques
Cara Moore	John Zorbas	Peter Harrigan	Thomas Rechnitzer
Chloe Jarvis	Kylie McArdle	Priya Nair	Wade Stedman
Christopher Andersen	Lewis Campbell	Puneet Singh	Yee Yong Lee
Christopher Maclsaac	Marek Nalos	Sarah Wesley	

2. Welcome and Apologies

The meeting opened at approximately 3.30pm AEST, a quorum was present.

The President provided an overview of the proceedings of the hybrid meeting, including voting for the resolutions, an opportunity to ask questions will be provided to the membership in-person and online.

It was noted that Vero Voting were engaged to assist with electronic voting.

The President on to Agenda Item 4.

3. Minutes of the Previous Annual General Meeting

RESOLUTION: The members resolved to accept the minutes of the previous annual general meeting held on **21 November 2022**.

Motion: M Nicholls. **Seconder:** Y Ali Abdelhamid. **Carried.**

4. President's Report

The President provided an overview of the Society's highlights and achievements of FY2023 including:

- Acknowledgement of the Executive team for their dedication and commitment in steering ANZICS through a year of growth.
- The Board for their guidance throughout the year.
- The Committees, Chairs and members for their contributions towards advancing the Society's vision and mission.
- The Operational team for their work and dedication.

The President briefly highlighted the following work undertaken by the Society in 2022:

- The review of the current ANZICS Governance framework.
- The ANZICS / ACCCN Annual Scientific Meeting 2023, Adelaide, CTG Noosa, and the ANZICS and iSRRS Darwin Conference.
- Our advocacy and membership engagement work including ANZICS consultation paper in response to the Department of Health and Aged Care and Independent Health and Aged Care Pricing Authority.

The remainder of the annual overview can be taken as read from the 2023 Annual Report.

RESOLUTION: That the President's report and ANZICS Annual report be accepted by the Membership.

Moved: M Nicholls. **Seconded:** David Ku. **Carried.**

5. Treasurer's Report

The Treasurer presented the financial report for the year ended June 2023 and highlighted the following:

- ANZICS delivered a surplus of \$358,638 and are not required to pay income tax due to our charitable status.
- Most expenses were related to employees.
- The 2023 financial year was originally budgeted for \$70,000 and received a positive variance of \$288,638. This was due to a \$149,680 gain from investments and conference and event income of \$136,000 above budget.
- Income from CTG Winter, CTG SA regional event, CTG Noosa and Safety & Quality Conference delivered a surplus.
- Revenue generated included subscriptions, CORE funding, CHRIS Project funding, ASM income, Conference and investment and interest distributions.
- Net asset position is \$7,444,692, cash deposits are \$1,782,606, and investments of \$4,821,837. The property is \$4,142,588 and the loan on the property is \$2,698,825 which is being paid down.
- The return on investments for FY2023 was 4.8%, the average return on investment since inception is 7.2%. The ANZICS Board and FRAC are reevaluating investment strategy of the building loan and investments and were advised to ensure there is liquidity for the Society's activities.
- The Budget for the FY2024 will deliver a deficit of approximately \$185,000. This is being funded by surpluses generated from previous financial years and will be invested in projects including strategy and governance, consumer engagement and website development. The auditors advised that they are satisfied with this approach.

RESOLUTION: ANZICS Honorary Treasurer's report be accepted by the Membership.

Moved: Y Ali Abdelhamid. **Seconded:** B Avard. **Carried.**

The President moved on to Agenda Item 3.

6. Honorary Secretary Report

The Honorary Secretary highlighted the following achievements from the Membership Report:

- There was growth in membership across all categories and regions.
- The Intensivist was revived and thanked all contributors, consumers, ANZICS members, Committees for their stories.
- Holding a successful Annual Scientific Meeting in Adelaide.
- Acknowledged the 2023 ANZICS Award recipients.

The Honorary Secretary discussed the year ahead and looking at various activities that ANZICS can implement to improve Membership engagement.

RESOLUTION: To accept the Membership and Advocacy Report.

Moved: C Carr. **Seconded:** S Senthuran. **Carried.**

7. Election of Office Bearers

ORDINARY RESOLUTION: The full members resolve that Mark Nicholls be and is elected as President of ANZICS. **Carried.**

ORDINARY RESOLUTION: The full members resolve that David Pilcher be and is elected as Vice President of ANZICS. **Carried.**

ORDINARY RESOLUTION: The full members resolve that Yasmine Ali Abdelhamid be and is elected as Honorary Treasurer of ANZICS. **Carried.**

ORDINARY RESOLUTION: The full members resolve that Craig Carr be and is elected as Honorary Secretary of ANZICS. **Carried.**

8. Amendments to the Articles of Association

Explanatory notes were provided to the full membership regarding the proposed changes to the Articles of Association for special resolution. For the purposes of this meeting, there were two Special Resolution proposed to the full members.

Special Resolution: To consider and, if thought fit, to pass the following resolution as a special resolution: *Proposed management regarding Articles 61 – Means giving of notice and time of service of notice.* **Carried.**

Special Resolution: To consider and, if thought fit, to pass the following resolution as a special resolution: *Proposed amendment regarding Articles 67, 68 and 69 – Virtual Meetings and Hybrid Meetings.* **Carried.**

Annual General Meeting resolutions and special resolution formalities concluded.

9. Amendments to the Articles of Association

The Hon. Secretary provided an update to the membership regarding further amendments that are required to the Articles of Association. After undertaking a governance review activity as well as seeking legal advice the Board were advised to move towards a Constitution. There were several other key recommendations that came out of the Governance Review which will be implemented in due course. These recommendations align with expectations from regulator the Australian Charities and Not for Profit Commission. The Board aims to:

- improve compliance with current regulations and legislation.
- implement compliant Governance training for Board members.
- reduce organisational risk.
- improve efficiency.
- increase opportunities and democratisation of committees.
- increase opportunities for allied health and nurses through establishing advisory committees.
- improve payment of membership fees; to become a DGR (deductible give recipient) organisation.
- enable continuity through corporate knowledge.
- Highlight that ANZICS is apolitical.
- Define the expectation of Committee Chairs and administrative team to facilitate the work of the committees.
- Facilitate fundraising opportunities for the organisation through its DGR status.
- Define the operational and governance responsibilities of the Board.

The Hon. Secretary advised that legal advice was provided by two legal firms, both recommended implementing a Constitution to modernise the organisation's governance framework and current practices.

10. Other Business

The President invited all those present to raise any matters of relevance that may have not been dealt with on the agenda.

10.1 Repository on the ANZICS website for multiple policies and protocols.

ANZICS Members were advised the following:

- Would require a process of approval to ensure only high standard protocols and policies are on the website.
- Requires adequate staff resourcing to update and monitor protocols and policies.
- The Association Management System (AMS) software would be the appropriate platform to store these documents, and this functionality is not currently available.
- The software AMS will be reviewed in due course to improve functionality.

11. Meeting Close

The meeting closed at approximately 17.00 AEST.

CONFIRMED AS A TRUE RECORD OF PROCEEDINGS THERE AT BY RESOLUTION

A/Prof Mark Nicholls
ANZICS President



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