

ANNUAL
REPORT
2024-2025



Acknowledgement of Country

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

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

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PRESIDENT'S REPORT

On behalf of the ANZICS Board, I am honoured to present the 2025 Annual Report. This year has been one of steady progress and strategic evolution for our Society.

We have focused on governance reform, educational advancement, member engagement, global collaboration, and clinical leadership. These efforts reflect our commitment to strengthening intensive care medicine across Australia, New Zealand, and beyond. I extend my sincere gratitude to all members, committees, and partners who have contributed to these achievements.

Governance Modernisation

A major milestone in 2025 was the adoption of a new Constitution, replacing the Articles of Association. This change, endorsed by members during the Extraordinary General Meeting, held in April 2025 at the ANZICS ACCCN Annual Scientific Meeting in Christchurch. This sees ANZICS aligned with contemporary governance standards and ensures transparency, responsiveness, and best practice for member-based organisations. Alongside this, we undertook a comprehensive review of human resource policies to support a consistent and inclusive workplace culture, ensuring compliance with current legislation and fostering a supportive environment for our staff.

We welcomed Yasmine Ali Abdelhamid as Vice President, Bronwyn Bebee as Membership Secretary, Paul Secombe as South Australian Regional Chair and Deepak Bhonagiri as Honorary Treasurer. Recruitment for a Non-executive Director HR role is underway, reinforcing strong financial and HR governance for the future.

Financial Stewardship and Sustainability

As a charitable company, ANZICS bears significant responsibility for financial sustainability and compliance with ACNC and Corporations Act requirements. Over the past year, we reduced the debt burden by more than \$500,000, primarily related to the building loan for our office space. This achievement reflects our commitment to balancing investment in member value and education with prudent risk management.

Our financial strategy prioritises resilience through macro-economic cycles. Every conference and project proposal undergoes rigorous scrutiny to ensure optimal use of resources. Investments made in 2024 and 2025 will deliver substantial returns in 2026-27, including a new membership web interface, expanded educational content, improved representation for Allied Health and Nursing, enhanced communications, and the rollout of PROEMS (Patient-Related Outcome and Experience Measures). Additionally, the ICU Workforce Roadmap and collaborative development of basic practice guidelines will further strengthen our specialty.

Membership Website Upgrade

The second phase of our modernisation strategy focuses on upgrading the membership website and database. This initiative aims to improve functionality, data accuracy, and user experience while enabling streamlined administration and enhanced educational delivery. The launch is scheduled for winter 2026. The educational component will evolve rapidly as we explore options to support online learning.

Key Initiatives and Committee Achievements

ANZICS continues to deliver value through its committees and strategic programs.

- **Centre for Outcome and Resource Evaluation (CORE) and the Clinical Trials Group (CTG) Committees:** These cornerstone programs maintain their strong performance, driving research and registry excellence.
- **Global Intensive Care Initiative (GICI):** Expanded partnerships with WHO networks and regional societies in Indonesia and Mongolia, and secured ACFID membership. Leadership transitioned to Dr Ross Freebairn, following Dr Lewis McLean's dedicated tenure.
- **Education Committee:** Delivered highly rated leadership training events, initiated a formal Education Program Review Process and development of collaborative educational content with international societies is in progress.
- **Women in Intensive Care Network (WIN):** Under Prof Imogen Mitchell's leadership, WIN is developing a five-facet strategic plan to improve gender equity and representation. Networking events remain popular, with more planned for 2026.
- **Paediatric focus:** Preparations for the World Federation of Paediatric Intensive Care Society (WFPICCS) World Congress 2026 are well underway, featuring innovative workshops and a strong pipeline of research abstracts.

Conferences and Events

ANZICS hosted a number of well attended successful meetings including its Annual Scientific Meeting (ASM) in April 2025, Clinical Trials Group Noosa meeting March 2025, New Zealand Regional Scientific meeting April 2025, Safety & Quality Conference November 2025, WIN Regional meetings over the 12 months and co-hosting the Asia Pacific Intensive Care Society (APICS) meeting in Singapore August 2025.

Additional events included ECMO training in South Australia and regional networking initiatives. These events provide vital opportunities for education, collaboration, and professional development.

Collaborations and Advocacy

ANZICS remains a trusted voice in critical care policy and advocacy. We continue to have formal agreements with CICM, ACCCN, NZCCCN, and academic institutions, ensuring alignment and reducing duplication of effort. Internationally, the Safety and Quality Committee has expanded its Practical Quality Improvement program to India in collaboration with the Indian Society of Critical Care Medicine.

Advocacy efforts have addressed ICU service safety, workforce planning, and registry data utilisation. The draft ICU Workforce Roadmap, aimed at reducing unwarranted variance in resourcing, will be released for consultation in 2026. While achieving consensus across diverse stakeholders remains challenging, ANZICS is committed to delivering a pragmatic and aspirational framework for the future.

Future Focus: 2026-27

Our priorities for the next two years include:

- Enhancing educational offerings and digital learning platforms
- Strengthening regional committees to improve grassroots engagement
- Promoting equity and consistency in ICU service provision
- Expanding advocacy and member participation in strategic initiatives

These goals reflect our vision for a resilient, collaborative, and forward-thinking intensive care community.

In Memoriam

2024-2025 has also been a time of significant loss from our membership. ANZICS acknowledges the deaths of several eminent colleagues. Many bereavements go unreported to us and in focusing on only two, Dr Brad Power and Professor Rinaldo Bellomo, we do not intend to diminish the contributions of others.

We acknowledge the passing of esteemed colleagues Dr Bradley Power and Professor Rinaldo Bellomo. Dr Power's leadership and mentorship shaped generations of intensivists, while Professor Bellomo's global contributions to research and evidence-based care leave an enduring legacy. Their impact on our specialty is profound, and we extend heartfelt condolences to their families.

Closing Remarks

Thank you for your patience and support during this period of transformation. The changes we have initiated will deliver significant benefits in the coming years, but their success depends on active member participation. We encourage members to engage with committees, contribute expertise, and help shape the future of intensive care medicine. Together, we can strengthen our Society and the communities we serve.

Craig Carr

President, ANZICS

GENERAL MANAGER'S REPORT

“Innovation grows out of membership and a sure sense of responsibility people feel for their work and the organisations that employ them.”

Abraham Zaleznik

This quote encapsulates for me the work of ANZICS over the past 12 months — all of which is led by the ANZICS members, the Board, the committees, and a strong operational team, shaping the future of intensive care across Australia and New Zealand. It has been a year of strategic growth, sector-wide engagement, and meaningful innovation.

The members voted on a new Constitution in April which gives ANZICS opportunity to modernise after 30 years to now include Allied Health, Nursing, Pharmacy and other advisory committees.

This year marked a significant milestone with ANZICS being accepted as a member of the Australian Council for International Development. This recognition strengthens our commitment to global partnerships aimed at building resilience and capacity in countries with developing intensive care services.

The ANZICS Consumer network is another new development supported by members who researched the work of consumer engagement and the benefits those voices bring to improve Intensive care practice.

Highlights

1975

Spearheaded by Matt Spence and Bob Wright, ANZICS is formed in 1975 to advance and represent the interests of the specialty of Intensive Care.



Dr Matt Spence
New Zealand



Dr Bob Wright
Australia

1980

Intensive Care is officially recognised as a specialty of both Anaesthesia and Internal Medicine in Australia.

Prof Ken Hillman AO is the first person to pass the new intensive care examination with 0001 stamped on his fellowship certificate!



Professor
Ken Hillman AO

2003

The ANZICS Death & Organ Donation Committee publish the '**Withholding and Withdrawing**' policy.

The ANZPIC Registry publish the revised **mortality prediction model PIM2**.

The Paediatric Study Group undertake population-based research '**The Children in ICU Study**'.



Supporting connection through the ANZICS conferences and education events strengthens engagement across the sector. A successful Annual Scientific Meeting was held in Christchurch where all were welcomed with traditional ceremony. Attendance at the Quality and Safety meeting exceeded expectations, showcased local innovation and lessons learned, the role of data to measure outcomes and the importance of reducing our carbon footprint through environmentally sustainable practices.

The Clinical Trials Group continued its 'Roadshow' model, bringing research to the regions with great success and interest. These events provided platforms for discussing current trials, mentoring emerging researchers, and shaping future grant applications.

A major achievement this year was the awarding of \$1.7 million for the ICU Outlier Forecast Project through a Commonwealth Grant bringing together the expertise of the ANZICS Registry, the Queensland University of Technology School of Data Science, and our software partners to develop systems to enhance predictive capabilities and improve patient outcomes.

A critical role for ANZICS is to advocate for the Intensive Care sector including patients and families on a broad range of issues. Recently the Death Organ Donation Committee provided a submission to the Australian Law Reform Commission on Human Tissue laws. Submissions have been sought on issues related to workforce and hospital pricing frameworks

The past year has been defined by collaboration, innovation, and commitment, I extend my thanks and value the contribution of our members, Board, committees, and operational team who all have a strong sense of purpose to support leading excellence in Intensive care.

Possibly the most notable achievement for ANZICS was celebrating 50 years and what has been contributed to the practice of Intensive over that time with a few highlights below.

Sue Huckson
Acting General Manager

2011

ANZICS pays tribute to Mary White, the first female president of ANZICS from 2011-213



2014

The ANZICS S&Q Committee run a '**Medical Emergency Teams**' meeting and is oversubscribed.

With the release of ACSQHC Standard 9, ANZICS and CICM join forces to define the **minimum standards and resource requirements for MET Teams**.

ANZICS **Statement on Care and Decision-Making at End-of-Life** is published to international acclaim.



Paying tribute to Deepak Bhonagiri Chair, ANZICS S&Q Committee

2020

ANZICS CORE initiate a survey to provide data to inform surge capacity to manage the COVID-19 Pandemic.

ANZICS sector publications to manage COVID-19:

- COVID-19 Guidelines V1
- Guiding principles for complex decision making during Pandemic COVID-19.

The CHRIS platform is deployed to provide ICUs with up-to-date information about COVID-19 resources.



Anthony Holley ANZICS President 2019-2021

2025

ANZICS 50 Years!

The success of ANZICS is due to the committee and drive of its members, volunteers and partners who strive to improve intensive care outcomes for patients and families.

Thank You



HONORARY 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 2024-25 financial year.

In the financial year ending 30 June 2025, ANZICS recorded a substantial surplus of **\$453,759**. Subscription income was steady at **\$551,241**. The 2025 ANZICS/ACCCN ASM in Christchurch provided a surplus to ANZICS of **\$49,735** with a further **\$38,766** received in respect to the 2024 Brisbane ASM. There was an unrealised gain on investments held of **\$260,823** and we received **\$324,825** in investment dividends and distributions. **The return on the investment balance for the year was 10.3% and over the past 11 years our average return is 7.4%**. 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 ANZICS Board plans to review the ANZICS Investment Policy Statement in 2026 and update it as required.

The Society's total liabilities of **\$3,245,317** are set against total assets of **\$11,550,971** resulting in total net equity of **\$8,305,654**.

Our largest expense remains employee benefits of **\$2,324,144** and ANZICS has expanded its staffing, particularly in ANZICS CORE. Grants received totalled **\$4,147,448** which is an excellent result. We congratulate ANZICS CORE on this excellent achievement.

In accordance with independent financial advice obtained by ANZICS, we continue to pay monthly principal and interest repayments on our building loan. This pragmatic approach provides flexibility, adequate liquidity of assets to cover cashflow requirements for the Society, and a roadmap to pay down the loan over time so that ANZICS will eventually own the property outright. The Board also elected transfer \$250,000 from the investment portfolio to the redraw facility of the building loan, in order to reduce debt. At the end of FY2025, the building loan balance owing was \$982,028, with \$1,448,507 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 surplus achieved, the sufficiency of ANZICS' liquid assets and our high accounting standards.

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
Craig Carr

Immediate Past President
Mark Nicholls

Honorary Secretary
David Pilcher

Honorary Treasurer
Yasmine Ali Abdelhamid

Pediatrics
Johnny Millar

Centre for Outcome and
Resource Evaluation
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Tasmanian
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Regional Director
John Botha

New South Wales
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Queensland
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Siva Senthuran

Western Australian
Regional Director
Bronwyn Bebee

South Australian
Regional Director
Michael Farquharson*

Australian Capital Territory
Regional Director
Bronwyn Avard

Northern Territory
Regional Director
Paul Goldrick

*Resigned

MEMBERSHIP REPORT

New Membership*

Allied Health	16
Allied Health NZ	11
Associate	3
Associate NZ	3
Full	6
Full NZ	6
International	10
New Fellow	3
New Fellow NZ	2
New Fellow - 1st year from Trainee	2
Nurse	25
Nurse NZ	1
Research Coordinator	1
Trainee	18
Trainee - 1st Year Free	11
Trainee - 1st Year NZ Free	1

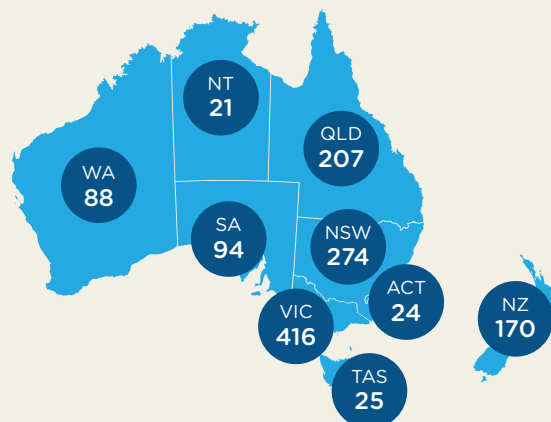
*1 July 2024 to 30 June 2025

Total Memberships

Allied Health	136
Allied Health NZ	29
Associate	42
Associate NZ	10
Full (Intensivists)	520
Full NZ (Intensivists)	76
International	53
New Fellow	20
New Fellow NZ	3
New Fellows - 1st year from Trainee	2
Nurse	173
Nurse NZ	23
Research Coordinator	24
Research Coordinator NZ	2
Retired	24
Retired NZ	1
Trainee*	224

*Includes Trainee AUS, Trainee NZ 1st Year Free, Trainee 1st Year Free, and Trainee NZ)

Membership by Region



Total New
Memberships
119



Total
Memberships
1362

CENTRE FOR OUTCOME AND RESOURCE EVALUATION (CORE)

Innovation, Collaborations and Partnerships

Another exciting year with Clinical Quality Registry funding secured from the Commonwealth health departments of Australia for the ICU Forecast project. Announcement for ongoing funding for CHRIS by the Commonwealth came in early 2025. 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 of our funders from each Australian and New Zealand jurisdiction and from the ICU community.

ANZICS in partnership with **QUT**, and **Playtime Solutions** secure \$1.5 Million in Australian Government Funding to Enhance ICU Care through the **ICU Forecast Project**



National Data Linkages

ANZICS CORE is the first Clinical Quality Registry to be linked within the National Health Data Hub (NHDH) by the Australian Institute of Health and Welfare (AIHW) and made available to interested researchers in 2025 with a stringent governance framework for access and security of the data. The wider use of ANZICS data linked to other State/Territories and National health datasets is seen as an exemplar.

CORE APD data is also linked and available within the Person Level Integrated Data Asset (PLIDA) hosted with Australian Bureau of Statistics (ABS) for research since early 2025.

ANZICS CORE Public Report September 2025

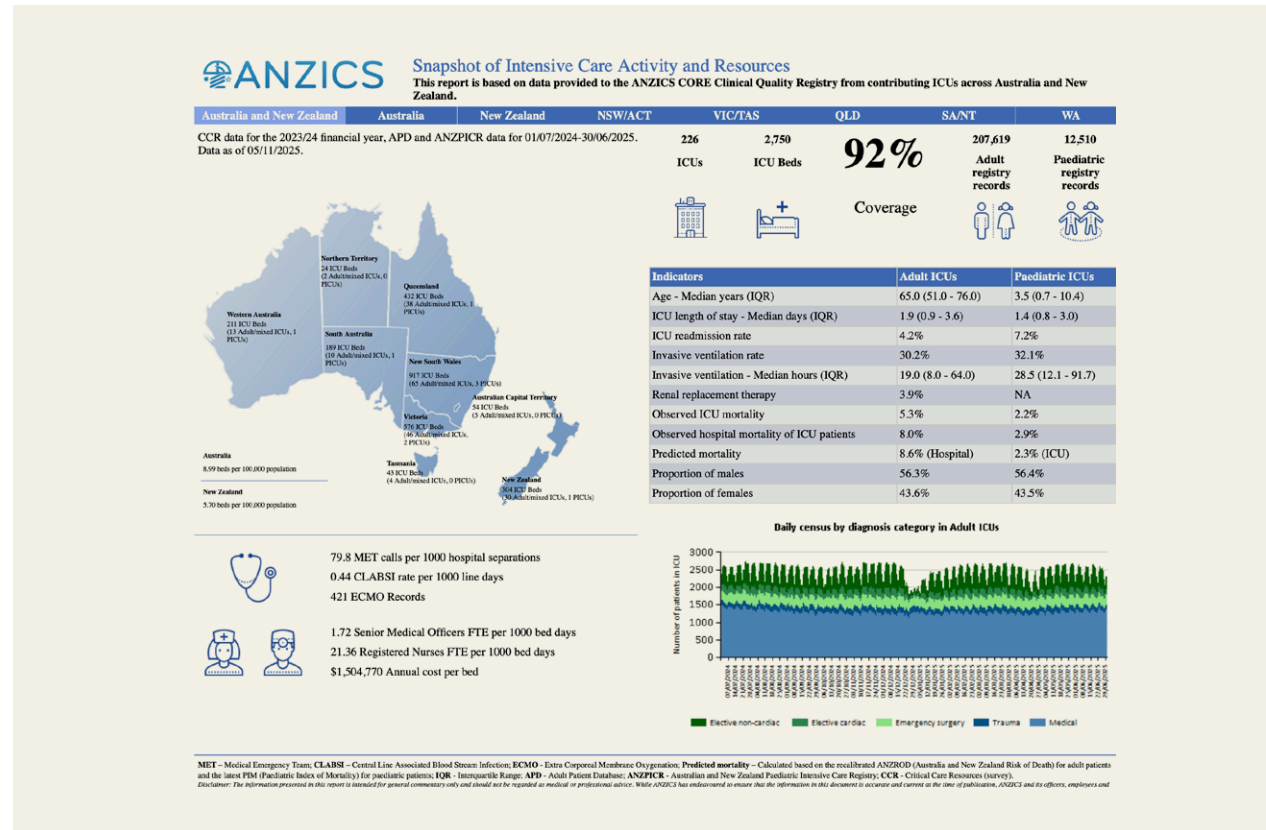
The ANZICS CORE public report is available on the ANZICS website to provide an overview of the latest one year of data based on all datasets within ANZICS CORE. The data is presented as the Binational, National and States/Territory snapshots for Adult and Paediatric ICU Patient activity, CLABSI infection rates, interventions burden and available resources, as reported to the Registries.

ANZICS CORE welcomes....

We welcomed Dr. Abby McArthur on to the CORE Management Committee as the Early Career Representative after Dr. Tamishta Hensman moved to the Education Lead position that was introduced to support high quality educational activities. New members to the CORE operational team include Richard Ryall as Senior Data Analyst funded in part by the Monash NCCR collaboration project, Shruti Sakarkar as Project Officer for the ICU Forecast project, Marie Pase as the Data Analyst to manage the Outlier Management Program and Deepa Jyothi as IT Project support officer supporting end users with CORE application queries.

Update on Patient Reported Outcomes and Family Satisfaction Surveys Pilot

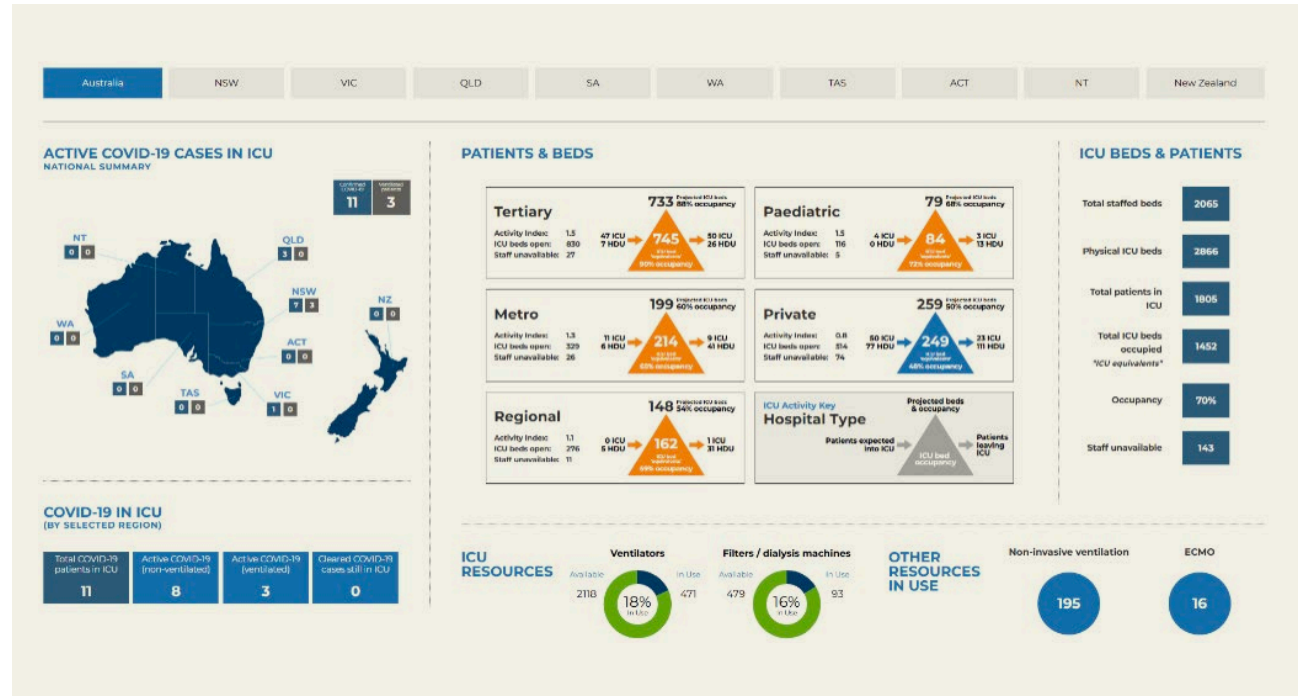
There are 17 active sites, with 4 South Australian and 7 paediatric sites ready to start soon after an in-depth technical assessment of the ANZICS PROEMs application. >50,000 survey SMSs were sent with an overall response rate of 32.1%. Data analysed for 32% of participants who completed the survey shows higher response and satisfaction rates from families of ICU patients that died in ICU, and most patients reported good levels of function at 3 months. 95% of those who provided feedback on the survey reported that it was easy to complete and is important to improve the care in the ICU.



CHRIS Dashboard

In line with the theme of *Innovation, Collaboration and Partnerships*, the Critical Care Health Resource Information System (CHRIS) continues to deliver with support from Ambulance Victoria and the Commonwealth. The new look of the dashboard provides immediate information on the ICU resources and activity. 90% of ICUs across Australia continue to routinely submit data to CHRIS.

CHRIS is now supported by the Australian Centre for Disease Control and is a vital part of their respiratory surveillance and pandemic preparedness systems.



Development of the National Critical Care Research Platform

In partnership with Monash University and funded by the MRFF, ANZICS CORE is developing a **Clinical Trials Platform** which will leverage off existing registry infrastructure and integrate CORE Registry data with clinical trials. This exciting initiative will see the CTG endorsed PREVENT-NEURO trial as the first to use the platform, with other observational studies lined up for next year.

Outlier Workshops

Outlier workshops were added to the suite of educational events in October 2024 and for the first time as a conference workshop for the Safety and Quality Conference. The workshop was a hugely popular event among clinicians proactively looking at the ICU Standardised Mortality Ratio as a measure of ICU performance. The second Outlier Management Workshop was held as a pre-conference workshop for the Annual Scientific Meeting (ASM) in Christchurch.

Publications and Data Requests

Use of ANZICS Registry data is on the rise with 88 data requests for a variety of projects such as exploring short term and long term outcomes of patients from different diagnostic cohorts, delirium and frailty implications, staffing demand and capacity, as well as the baseline data for Clinical Trials. The data was used by the ICU clinicians to benchmark against peer units, build business cases 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 impacts and health implications.

31 Journal articles were published for FY 2024-25 as a result of data requests and collaborations with other organisations. The comprehensive list is below.

ANZICS CORE and Collaborator Publications (Jul 2024 to Jun 2025):

1. Brown A, Udy A, Kirk M, Bennett S, Chavan S, Huckson S, Pilcher D. Outcomes for people admitted to Australian and New Zealand intensive care units with primary, exacerbating, or incidental SARS-CoV-2 infections, 2022-23: a retrospective analysis of ANZICS data. **Med J Aust.** 2024 Jul 17. doi: 10.5694/mja2.52390. Epub ahead of print. PMID: 39019483.
2. Modra L, Bone A, Pilcher D, Woodward M, Thompson K. Sex representation within intensive care trials in Australia and New Zealand. **Intensive Care Med.** 2024 Jul 16. doi: 10.1007/s00134-024-07541-1. Epub ahead of print. PMID: 39012536.
3. Ueno R, Chan R, Reddy MP, Jones D, Pilcher D, Subramaniam A. Long-term survival comparison of patients admitted to the intensive care unit following in-hospital cardiac arrest in perioperative and ward settings. A multicentre retrospective cohort study. **Intensive Care Med.** 2024 Aug 8. doi: 10.1007/s00134-024-07570-w. Epub ahead of print. PMID: 39115566.
4. Gibbons, K. S., Beca, J., Delzoppo, C., Erickson, S., Festa, M., Gelbart, B., Long, D., Masterson, K., Millar, J., Raman, S., Schlapbach, L. J., Butt, W., & Australian and New Zealand Intensive Care Society Paediatric Study Group (ANZICS PSG) (2025). The Australian and New Zealand Intensive Care Society Paediatric Study Group (ANZICS PSG): 20 Years of Collaborative Research. **Pediatric Critical Care Medicine**, 26(1), e122–e130. <https://doi.org/10.1097/PCC.0000000000003653>
5. Moynihan, K.M., Russ, V., Clinch, D., Straney, L., Millar, J., Festa, M., Nassar, N., Basu, S., Thavarajasingam, T., Long, D., Secombe, P.J., Slater, A.J. and (2025), Social determinants of health and intensive care unit admission rates and outcomes for children, Australia, 2013–2020: analysis of national registry data. **Med J Aust**, 222: 412-421. <https://doi.org/10.5694/mja2.52643>
6. Craig S, O'Reilly GM, Egerton-Warburton D, Jones P, Than MP, Tran V, Taniar D, Moore K, Alvandi A, Tuxen-Vu J, Wong A, Morphet J, Pilcher D, Cameron P. Making the most of what we have: What does the future hold for Emergency Department data? **Emerg Med Australas.** 2024 Jul 31. doi: 10.1111/1742-6723.14475. Epub ahead of print. PMID: 39082121.
7. Salluh JIF, Amado F, Pilcher D, Hashmi M. The relevance and sustainability of registry-embedded research for critical care. **J Crit Care.** 2024 Aug;82:154765. doi: 10.1016/j.jcrc.2024.154765. Epub 2024 Mar 16. PMID: 38492521.
8. Burrell A, Bailey MJ, Bellomo R, Buscher H, Eastwood G, Forrest P, Fraser JF, Fulcher B, Gattas D, Higgins AM, Hodgson CL, Litton E, Martin EL, Nair P, Ng SJ, Orford N, Ottosen K, Paul E, Pellegrino V, Reid L, Shekar K, Totaro RJ, Trapani T, Udy A, Ziegenfuss M, Pilcher D; BLENDER Trial Investigators, EXCEL Registry, ECMONet and the Australian and New Zealand Intensive Care Society (ANZICS) Clinical Trials Group and Centre for Outcomes and Resource Evaluation. Conservative or liberal oxygen targets in patients on venoarterial extracorporeal membrane oxygenation. **Intensive Care Med.** 2024 Sep;50(9):1470-1483. doi: 10.1007/s00134-024-07564-8. Epub 2024 Aug 20. PMID: 39162827; PMCID: PMC11377512.
9. Secombe P, Lankin E, Beadle R, McAnulty G, Brown A, Bailey M, Schultz R, Pilcher D. Aboriginal and Torres Strait Islander Attitudes to Organ Donation in Central Australia: A Qualitative Pilot Study. **Transplant Direct.** 2024 Aug 29;10(9):e1692. doi: 10.1097/TXD.0000000000001692. PMID: 39220219; PMCID: PMC11365648.
10. Eliakundu AL, Bloom JE, Ball J, Nehme E, Okyere D, Heritier S, Voskoboinik A, Dawson L, Cox S, Anderson D, Burrell A, Pilcher D, Chew DP, Kaye D, Nehme Z, Stub D. Prehospital factors predicting mortality in patients with shock: state-wide linkage study. **Open Heart.** 2024 Sep 30;11(2):e002799. doi: 10.1136/openhrt-2024-002799. PMID: 39349049.
11. Ueno R, Reddy MP, Jones D, Pilcher D, Subramaniam A. The impact of frailty on survival times up to one year among patients admitted to ICU with in-hospital cardiac arrest. **J Crit Care.** 2024 Oct;83:154842. doi: 10.1016/j.jcrc.2024.154842. Epub 2024 Jun 11. PMID: 38865757.
12. Lim Zee ZJ, Karalapillai D, Kolawole H, Fiddes C, Pilcher D, Subramaniam A. A retrospective registry-based study into the proportion of patients admitted to intensive care who have anaphylaxis as a principal diagnosis and their outcomes in Australia and New Zealand. **Crit Care Resusc.** 2024 Aug 3;26(3):185-191. doi: 10.1016/j.ccrj.2024.06.002. PMID: 39355504; PMCID: PMC11440054.

13. Bonavia W, Ling RR, Tiruvoipati R, Ponnappa Reddy M, Pilcher D, Subramaniam A. The interplay between frailty status and persistent critical illness on the outcomes of patients with critical COVID-19: A population-based retrospective cohort study. **Aust Crit Care**. 2024 Nov 2;38(2):101128. doi: 10.1016/j.aucc.2024.09.013. Epub ahead of print. PMID: 39489651.
14. Ling RR, Ponnappa Reddy M, Subramaniam A, Moran B, Ramanathan K, Ramanan M, Burrell A, Pilcher D, Shekar K. Epidemiology of acute hypoxaemic respiratory failure in Australian and New Zealand intensive care units during 2005-2022. A binational, registry-based study. **Intensive Care Med**. 2024 Nov;50(11):1861-1872. doi: 10.1007/s00134-024-07609-y. Epub 2024 Sep 2. PMID: 39222135; PMCID: PMC11541379.
15. Al-Bassam W, Noaman S, Kumar R, Glassford N, Jones D, Jones C, Chan W, Kaye DM, Pilcher D, Bellomo R, Shehabi Y, Neto AS. Clinical outcomes of cardiogenic shock among critically ill patients admitted to intensive care units in Australia and New Zealand from 2003 to 2022. **J Crit Care**. 2024 Dec 16;86:155001. doi: 10.1016/j.jcrc.2024.155001. Epub ahead of print. PMID: 39689378.
16. Paynter JA, Doherty Z, Qin KR, Pilcher D, Brennan J. Outcomes after cystectomy in Australian rural and metropolitan hospitals by intensive care admissions. **BJU Int**. 2025 Jan 16. doi: 10.1111/bju.16642. Epub ahead of print. PMID: 39821421.
17. Winderlich J, Little B, Oberender F et al. Characteristics of enteral and oral nutrition support among infants and young children in the pediatric intensive care unit: A descriptive cohort study. **JPEN J Parenter Enteral Nutr** 2024; <https://doi.org/10.1002/jpen.2672>
18. Petric J, Ahmed M, Navidi M, Pilcher D, Bihari S, Bulamu NB, Bright T, Watson DI. Optimal Hospital Volume to Minimize Postoperative Mortality After Esophagectomy for Cancer in Low Population Density Countries: A Binational Study of Australia and New Zealand. **World J Surg**. 2025 Apr 17. doi: 10.1002/wjs.12595. Epub ahead of print. PMID: 40246587.
19. Keuskamp D, Davies CE, Secombe PJ, Pilcher DV, Chavan S, Jones SL, Reddi BE, McDonald SP. Intensive care admissions for adults with treated kidney failure in Australia: A national retrospective cohort study. **Crit Care Resusc**. 2025 Feb 28;27(1):100099. doi: 10.1016/j.ccrj.2025.100099. PMID: 40109289; PMCID: PMC11919582.
20. Suh JM, Raykateeraroj N, Churilov B, Pilcher D, Bellomo R, Lee DK, Weinberg L. Characteristics, outcomes and complications among nonagenarians and centenarians admitted to intensive care: a scoping review protocol. **BMJ Open**. 2025 Feb 13;15(2):e093119. doi: 10.1136/bmjopen-2024-093119. PMID: 39947826; PMCID: PMC11836850.
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CLINICAL TRIALS GROUP (CTG)

This year has been marked by both loss and renewal. The passing of Professor Rinaldo Bellomo, our inaugural Chair, has left a profound gap in our community. Rinaldo's spirit of relentless curiosity, collaboration, and optimism has shaped the ANZICS Clinical Trials Group since its inception. As we mourn, we must also transform our pain into energy—keeping his philosophy alive as we continue to build the future of intensive care research together.

Driving Impact Through Trials, Synthesis, and Translation

The CTG's central mission remains clear: large-scale clinical trials, evidence synthesis, and knowledge translation. These activities are where we deliver the greatest impact. Large-scale trials provide definitive answers, but they also enable multiple types of sub-studies, and mechanistic projects that broaden knowledge. Evidence synthesis connects our work to the global research enterprise. Knowledge translation ensures patients feel the benefit. Together, these pillars define excellence in design, delivery, and impact.

Protecting Our Research Coordinator Network

The Research Coordinator network is the backbone of the CTG. Reports from Intensive Care Research Coordinators Interest Group (IRCIG) and Paediatric Intensive Care Research Coordinators Interest Group (PIRCIG) underscore both its fragility and resilience. Sustaining this workforce is non-negotiable if we are to maintain the integrity of our collaborative model. Continued investment of our time, attention and resources to the sustainability of the research coordinator development is essential for the mission and values of the CTG.

Harnessing Technology for Efficiency

The scale and complexity of contemporary trials demands technological innovation, as articulated by Matt Semler at our Noosa Meeting this year; at additional meetings, Matt Churpek and Paul Young also illustrated this concept to the CTG community. Digital platforms, artificial intelligence, and new approaches to monitoring and follow-up all offer opportunities to deliver research faster, leaner, and at higher quality. Our community must not only adopt these tools but also shape how they are used in intensive care research.

Exemplars of Innovation and Growth

The Point Prevalence Program continues to demonstrate extraordinary value from restricted funding. With more than 60 studies completed, 39 manuscripts published, and 18 successful grants supported, it remains a vital training ground for early career investigators and a driver of translational research.

Equally, the Paediatric Study Group and Paediatric Research Coordinator network have achieved remarkable growth. Their delivery of landmark trials, leadership of international collaborations, and commitment to consumer engagement exemplify how innovative approaches can create exponential impact. Their trajectory offers a blueprint for other CTG initiatives.

A Collaborative Ecosystem

Reports from Allied Health and Pharmacist Research, People with Lived Experience, EMERGE, and our national meetings highlight the diversity and depth of our collaborative ecosystem. Each group adds unique strength, broadening participation, diversifying perspectives, and ensuring that our work is relevant and inclusive.

Looking Ahead

Our path forward is clear:

- We must honour Rinaldo's legacy through continued collaboration and curiosity.
- Our focus continues to be large-scale trials, evidence synthesis, and translation; integrating opportunities for adding additional value through sub studies.
- We must do the work to sustain the Research Coordinator network.
- We must embrace technology for efficiency and quality.

The ANZICS Clinical Trials Group is more than a network; it is a community defined by resilience, imagination, and integrity. Together, we will continue to generate the evidence that defines practice in intensive care—not just in Australia and New Zealand, but worldwide.

Dr Manoj Saxena

Chair, ANZICS Clinical Trials Group



EDUCATION COMMITTEE

The ANZICS Education Committee had a highly productive year in 2025, with a strong focus on governance, quality assurance, and strategic planning. Our key initiatives were designed to align with the overarching ANZICS mission to advance intensive care practice and strengthen our professional community.

Governance

We updated the Committee's Terms of Reference to align with the Organisation's new constitutional changes. We also developed a "roles and responsibilities" document to ensure all committee members are strategically aligned with ANZICS's mission. A major focus was the creation of a formal Education Program Review Process for all ANZICS-badged courses. This process, which has been submitted to the board for endorsement, will help guarantee the ongoing quality, relevance, and consistency of our educational offerings by requiring providers to conduct a self-assessment.

Strategic Planning

A meeting was organised for March 2025 to define committee's future direction, identify key objectives, and ensure our work directly supports the ANZICS mission.

Digital Education Strategy (learning management system)

A significant portion of the year was dedicated to reviewing and recommending a new Learning Management System (LMS). This work is a crucial part of the organisation's digital transformation strategy and is currently ongoing.

New Initiatives

We are actively planning future educational offerings, including new courses and collaborations with other organisations. This information will be consolidated and made available to all members through a single location on the refreshed ANZICS website.

Established Education Programs

- ANZICS Leadership program: Following its past success, this program is now a core part of the ANZICS education suite. Dates for the 2026 courses are set for March 30–31 and October 1–2. We are also actively developing Module 2, with dates to be announced later this year. Research aligned with this program is also ongoing.
- Annual scientific meeting: The 2025 ASM, "Compassionate Care in the Digital Age," hosted in Christchurch, was a huge success. Planning for the 2026 ASM, scheduled for September 25–28, is well underway and will include pre-conference workshops.

The committee would like to thank all our members for their consistent contributions and participation in our meetings and educational programs. A special thank you goes to ANZICS staff Jennifer Hogan and Vathsala Pradeep, whose support was invaluable in making all our work possible this year.

Dr Bronwyn Avard

Chair, Education Committee

SAFETY AND QUALITY COMMITTEE

Over the last twelve months, the Committee has remained active and grown in membership and engagement.

We continue to work towards the strategic objectives of ANZICS, with the following projects listed below:

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

Following on from the official launch at the 2022 ANZICS ACCCN ASM of the “**Beginners Guide to Sustainability in the ICU**” available to be downloaded via <https://www.anzics.com.au/safety-quality-resources/> we 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** (https://www.anzics.org/wpcontent/uploads/2024/09/Green_Teams_in_the_ICU_ANZICS_and_ICS.pdf). Our **Beginners Guide to Resource Stewardship in the ICU** is complete in the draft form and will be submitted for review and endorsement by the UK Intensive Care Society (UKICS) and ANZICS Board shortly. Our work in the Environmental Sustainability space has been recognised internationally resulting in presentations at the Society of Critical care Medicine (SCCM) ASM in Florida and forums in other conferences in the USA. We completed 3-point prevalence program audits to understand the use of PPE and consumables in ANZ ICUs.

The 2024 ANZICS Safety and Quality Conference in Melbourne on the 12, 13 & 14th of September 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. The 2025 S&Q Conference in Sydney had more than 200 registrants and approximately 50 abstracts, with workshops on data, medicolegal challenges and environmental sustainability on day 3 of the conference.

We completed the first online Practical Quality Improvement Course for Intensive Care (PQIC) in late September 2025 with our first graduates presenting their QI projects to the teaching team. Feedback related to this course was overwhelmingly positive and the next course will be delivered starting March 2026. We partnered with the Indian Society of Critical Care Medicine ISCCM to deliver the Safety and Quality for Critical Care Course (SQICC) and have delivered 4 modules to date of a 1-year course. ANZICS members teaching on this course have been invited to present a workshop at the next ISCCM ASM in February 2026.

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) and a review of percutaneous tracheostomy insertion guidelines. The scoping of an RRT National Registry and common agreement of the minimum dataset remains ongoing.

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

Current Members: Deepak Bhonagiri (Chair), 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)

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.org.

Prof. Deepak Bhonagiri
Chair, Safety and Quality



DEATH AND ORGAN DONATION COMMITTEE

Over the past 12 months, the Death and Organ Donation Committee (DODC) has undertaken several key initiatives and contributed to important national discussions:

- **New Appointment:** Dr Jonathan Casement, Intensivist at North Shore Hospital in Auckland, was appointed as the new New Zealand representative. He joins existing NZ members Dr Jo Ritchie (Clinical Lead, Organ Donation NZ) and Dr Rob Bevan (Past President, CICM).
- **Policy Contribution:** The DODC submitted a formal response to the Australian Law Reform Commission (ALRC) Review of Human Tissue Laws – Issues Paper.

The submission addressed:

- The definition of death
- Ante and perimortem interventions related to organ donation
- Voluntary assisted dying (VAD), conscientious objection, and competent consent in organ donation
- Donor identification and referral processes.

Ongoing Work

The Committee is currently progressing the following priorities:

1. Preparing a response to the Australian Law Reform Commission (ALRC) Discussion Paper on Human Tissue Laws, due December 2025.
2. Reviewing the ANZICS Statement on Death and Organ Donation, with particular focus on international developments in the UK, USA, and Canada—especially regarding the determination of neurological death in infants and children.
3. Rewriting the section of the ANZICS Statement concerning the management of ante and perimortem interventions.
4. Evaluating the implications of Normothermic Regional Perfusion (NRP) on ICU management of potential organ donors.

Additional Expertise

To support this work, the DODC has temporarily co-opted Dr Elena Cavazzoni, Dr Stephen Jacobe, and Dr Michael O’Leary as ex-officio members. Their expertise is particularly valuable in reviewing paediatric determination of death and the UK NHS Donor Action Framework.

A dedicated working group—including paediatric intensivists and nuclear medicine specialists—is also reviewing the role of nuclear imaging in the determination of neurological death in paediatric patients.

Associate Professor Bill Silvester

Committee Chair

WOMEN IN INTENSIVE CARE NETWORK

This year marked an exciting new chapter for the WIN-ANZICS Committee, with the appointment of Professor Imogen Mitchell as Chair and Dr Tahiya Amin as Deputy Chair—two dynamic leaders committed to driving equity and excellence in intensive care medicine.

The WIN-ANZICS website and blog continue to thrive as a hub for thought leadership and inspiration, featuring regular interviews with trailblazing female intensivists and expanding its reach across the critical care community.

Behind the scenes, the committee is making meaningful progress on gender equity metrics, auditing representation among trainees and Fellows of the College of Intensive Care Medicine. Dr Lussier's pivotal survey on part-time training is now circulating widely, and we look forward to sharing insights that could shape future training pathways.

Events remain a cornerstone of WIN-ANZICS, offering vibrant spaces for networking, mentorship, and collaboration—open to all genders and designed to foster inclusive professional growth.

Our collaboration with ANZICS and CICM continue to strengthen, as we advocate for systemic change in gender equity. In the coming months, WIN will unveil a strategic direction that will guide the development of a robust mentorship program, consistent data reporting, and a compelling narrative to attract more female graduates into intensive care medicine.

We're also working closely with ANZICS and CICM on a joint statement supporting flexible training pathways, and collaborating with the CICM Welfare SIG on an upcoming event focused on burnout and wellbeing—critical issues in our field.

Finally, we're excited to be contributing to the 2026 ANZICS Annual Scientific Meeting, ensuring that the topic of gender equity in intensive care medicine features prominently in the program.

Dr Vanessa Carnegie and
Professor Imogen Mitchell



GLOBAL INTENSIVE CARE INITIATIVE (GICI)

The Global Intensive Care Initiative (GICI) continues to support the sustainable development of intensive and critical care in low and middle-income countries, driven by local needs, values, and expertise. Over the 2024-25 period, GICI significantly expanded its global partnerships, launched several key programs, and further embedded its role as a facilitator of equitable knowledge exchange.

Committee Overview

The GICI Leadership Committee comprised: Chair Lewis McLean, Deputy Chair George Zhou, ACCCN Representative Melissa Njoku, CICM Representatives Charlie Corke and Steve McGloughlin, ANZICS Honorary Secretary David Pilcher, and NZCCCN Representative Rachel Atkin. This year saw deepened collaboration with the Australian Volunteers Program (AVP), and the formation of new partnerships with WHO-GOARN, WHO-ACAN, and the Regional Emergency and Critical Care Systems

Strengthening Initiative (RESCI) Consortium, led by Alfred Health. Ties were also strengthened with Indonesian Society of Intensive Care Medicine and the Mongolian Society of Intensive Care Medicine.

Highlights and Activities

- Hosted the first Victorian Global Health Forum (Nov 2024).
- Facilitated Clinical Research Workshop in Indonesia (Sept 2024 with next one set for Sept 2025).
- Funded and supported two nurses to deliver BASIC courses in Tanzania alongside Dr John Botha, Prof Ross Freebairn and Dr David Morgan.
- Began work under the RECSI Consortium (2024-2027), funded by DFAT.
- Submitted GICI's application for Australian Council for International Development (ACFID) membership.

Photos (L-R)

Dr Lisa Bennet and Assoc Prof Ross Freebairn with the first graduates of the Fiji National University ICU program.

Training for nursing staff in Mongolia.



- Assisted with the facilitation of BASIC and BASIC for Nurses in Vanuatu.
- Led a knowledge exchange delegation for nurses to Mongolia, resulting in a three-year partnership commencing September 2025.
- Deployed a second intensivist to Tonga to support local specialist training via Fiji National University.
- Advocated successfully for CICM fee waivers for 3–5 short-course LMIC applicants annually.
- Launched two inaugural awards:
 - *The Violet Rongap Memorial Fund*, honouring leadership in PNG.
 - *Award for Outstanding Contribution to Global Intensive Care*, recognising LMIC-based critical care professionals.

Looking Ahead

Key priorities include implementation of the Mongolia three-year nursing education plan and the continuation of the RECSI consortium, partnership and volunteer efforts across the Indo-Pacific.

Acknowledgements

Sincere thanks to outgoing Chair Dr Lewis McLean for his leadership and dedication. We also acknowledge the invaluable contributions of our committee members, ANZICS ongoing support, DFAT, and our global partners for their shared commitment to improving intensive care worldwide. We are also pleased to welcome Dr Ross Freebairn, an experienced intensive care clinician, researcher, and leader, as the new Chair of GICI.

GICI Leadership Committee

Photos (L-R)

Dr George Zhou, Assoc. Prof. Eamon Raith, Dr David KU, with members of the Indonesian Society of Intensive Care Medicine in Batam, Indonesia

Emergency and Critical Care Education Workshop In Tanzania

Dr Selesia Fifita and Dr Matt Piercy in Tonga
Delivery of the BASIC Course in Tanzania



BI-NATIONAL AND REGIONAL CONFERENCES, MEETINGS AND EDUCATION

Bi-National Conferences, Education and Meetings 2024-25

The past year has been marked by significant milestones in clinical research, scientific exchange, and quality improvement across Australia and New Zealand. Four flagship events stood out for their impact and engagement.

The Noosa ANZICS Clinical Trials Group Meeting 4-6 March 2025

Held in the picturesque setting of Noosa, this meeting brought together investigators, coordinators, and ICU clinicians to accelerate the development and implementation of clinical trials. The 27th Annual Meeting of the ANZICS Clinical Trials Group brought together intensive care researchers from across Australia and New Zealand to advance collaborative research in critical care. The meeting featured keynote presentations, updates on ongoing multicentre trials, and interactive workshops focused on study design and implementation.

Delegates engaged in strategic discussions around emerging methodologies, including target trial emulation and data linkage initiatives. The event also provided a platform for early-career researchers to showcase their work and connect with senior investigators.

With strong participation and a forward-looking agenda, the meeting reinforced ANZICS CTG's commitment to high-quality, practice-changing research in intensive care medicine.

ANZICS ACCCN Annual Scientific Meeting 2025 – Compassionate Care in the Digital Age

The ASM in Christchurch served as the premier forum for critical care professionals across Australia and New Zealand. The 2025 ANZICS ACCCN Annual Scientific Meeting (ASM) was held from 9-11 April at the Te Pae Christchurch Convention Centre, bringing together critical care professionals from across Australia, New Zealand, and beyond. With the theme “Compassionate Care in the Digital Age: Merging Hearts and Minds,” the meeting explored the intersection of technology, empathy, and innovation in intensive care.

The program was anchored by four internationally respected keynote speakers:

- Dr Jenny Rudolph – on psychological safety and leadership in clinical teams
- Dr Tim Wigmore – on electronic health records and artificial intelligence in ICU



- Prof Julia Riley – on end-of-life care and coordinated care models
- Prof Amanda Ullman – on clinical trials and patient safety in paediatric critical care.

The ASM featured four major plenary sessions:

1. Opening Plenary – *Compassionate Care in the Digital Age*, including a moving survivor’s story and reflections on ICU culture and safety.
2. End-of-Life Care – *Hearts and Minds at the End of Life*, exploring communication, cultural considerations, and ethical practice.
3. Clinical Information Systems & Data – examining the promise and pitfalls of digital transformation in ICU.
4. Shared Goals of Care & Indigenous Health – highlighting equity, culturally responsive care, and coordinated health planning.

Program Highlights

- Over 100 concurrent presentations across five streams, including nursing, allied health, paediatrics, medical research, and global health.
- Workshops on recruitment, retention, and psychological safety.
- Sponsored sessions by Vantive and Hamilton Medical, including breakfast and lunch events.
- Social events such as the Welcome Reception, Paediatric Social Function, and the themed Party Night “Shimmer & Shine – A Silver & Gold Affair” celebrating 50 years of ANZICS and 25 years of ACCCN.

Sustainability & Cultural Identity

- The event embraced sustainability through digital materials and venue selection.
- Branding was enriched by Māori design elements, including the puhoro and koru motifs, symbolising connection, growth, and wellness.

Feedback & Impact

- Survey responses highlighted networking, education, and inspiration as key reasons for attendance.
- Delegates praised the quality of the program and the opportunity to engage with diverse perspectives and disciplines.

We extend our thanks to Co-Convenors Rand Butcher (ACCCN) and Dr Craig Carr (ANZICS), our organising committee who volunteered their time towards the conference, our professional conference organiser Encanta for their hard work to bring the event to life and our Sponsors and Exhibitors who made this event possible.



ANZICS Safety and Quality Conference

Dedicated to improving patient outcomes and system performance, the Safety and Quality Meeting convened experts to address pressing challenges in ICU care. This year's theme Broadening the Safety Net was held from 12-14 September 2024 at the Novotel Melbourne on Collins. The conference featured topics on medication safety, human factors, and strategies for reducing preventable harm. Interactive panels and case reviews provided practical insights for embedding safety culture and quality improvement initiatives across ICUs nationwide.

The conference brought together over 200 delegates from across Australia, New Zealand, and internationally, fostering a vibrant exchange of ideas and innovations in intensive care safety, quality, and data-driven practice.

This year marked a significant evolution in the program with the introduction of a dedicated Data stream, complementing the established Safety & Quality and MET/RRT themes. The conference showcased a truly interprofessional approach, with more than half of the accepted abstracts presented by nursing and allied health professionals.

Program Highlights:

- Plenary Sessions explored themes including patient-centred care, sepsis, informatics, equity, culture, sustainability, leadership, and end-of-life care.
- Free Paper Presentations featured cutting-edge research and quality improvement initiatives from across the region.
- Workshops on the final day provided hands-on learning in human factors, root cause analysis, critical care outreach, and ICU performance monitoring using ANZICS CORE Registry data.

A key highlight was the international launch of *A Beginner's Guide to Green Teams in the ICU*—a joint initiative between ANZICS and the UK Intensive Care Society (ICS). This practical guide supports ICU sustainability efforts by promoting resource stewardship, reducing non-essential consumables, and improving recycling compliance. The Society of Critical Care Medicine also contributed to the development of these resources.

ANZICS extends its sincere thanks to:

- Conference Convenors: Deepak Bhonagiri and Judit Orosz
- Organising Committee: Daryl Jones, David Pilcher, Imogen Mitchell, Tapan Parikh, Frances Lin, and Manoj Singh
- Event Partner: Mecca Concepts, for their expert logistical support
- Sponsors and Exhibitors: Bronze sponsors Medtronic, Zoll, Royal Pharmaceutical Press, and supporter AMPCo, whose generous contributions made the event possible.

The ANZICS Clinical Leadership Program

The ANZICS ICU Clinical Leadership Program was delivered at the University of Technology Sydney on 18-19 September 2024 and at Te Pae Christchurch Convention Centre on 7-8 April 2025. The program continues to empower emerging ICU leaders by equipping early-career clinicians with practical tools to clarify their leadership purpose, navigate complex workplace challenges, and influence organisational change within the critical care environment.

Delivered in partnership with behavioural strategy firm Neuro, the Culture, Communication and Resilience module comprised a two-day, in-person workshop, supported by 20 hours of online learning. Designed to foster interprofessional engagement, the program is open to medical, nursing, and allied health clinicians. Following completion of the workshop, participants are supported to apply the tools and insights gained to a real-world ICU workplace challenge. Ongoing research is evaluating the program's impact through longitudinal analysis.

Regional Conferences, Education and Meetings

Queensland Siva Senthuran

Queensland continues to lead the way in fostering regional collaboration and advancing critical care through two cornerstone initiatives: the Tropical Intensive Care Network (TICN) and the Queensland Critical Care Research Network (QCCRN). These programs reflect Queensland's commitment to regional excellence, innovation, and connection - ensuring that clinicians and researchers across the state continue to push boundaries and improve outcomes in intensive care.

Tropical Intensive Care Network Meeting

Regional Collaboration Shines at 7th Tropical Intensive Care Network Meeting.

The seventh Tropical Intensive Care Network (TICN) meeting brought together critical care professionals from across Northern Australia for a vibrant three-day event held on Hamilton Island in the Whitsundays, August 8-10.

The meeting welcomed 25 clinicians—including nurses, registrars, and intensivists—from ICUs in Cairns, Townsville, Mackay, Bundaberg, and Darwin. Their shared goal: to exchange insights, strengthen regional ties, and explore innovations in intensive care.

Former regional clinicians now based in Brisbane, Adelaide, and Melbourne returned to participate, continuing the light-hearted tradition of “earning back their tropical stripes” by presenting on topics of interest.

Theme & Scientific Highlights

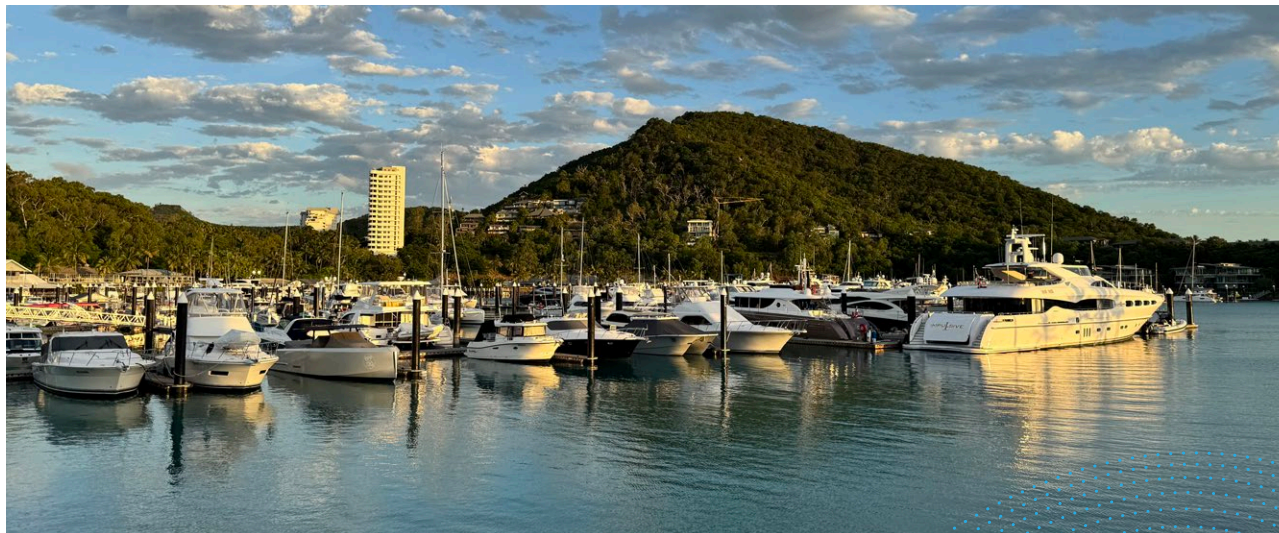
This year's theme, “*Pushing the Envelope: Movers and Shakers in the ICU*,” inspired a diverse program. Presentations included:

- Innovative use of Extracorporeal Carbon Dioxide Removal (ECCOR) in regional settings
- Airway foreign body retrieval in remote ICUs
- Sustainability initiatives in critical care
- Oesophageal manometry applications
- Electroconvulsive therapy (ECT) in ICU contexts

A standout moment was the farewell presentation by retiring intensivist Dr. Michael Corkeron, who reflected on “*25 Years of Progress in the ICU... in Song Lyrics*,” accompanied by a curated Spotify playlist—adding a personal and memorable touch.

Beyond the academic program, attendees enjoyed sunset gatherings, reunions, and new connections—all set against the stunning backdrop of Hamilton Island, reinforcing the value of regional collaboration in a relaxed and inspiring environment.

Dr Melita Trout



Queensland Critical Care Research Network

Queensland Researchers Connect at the 8th QCCRN Annual Scientific Meeting

The 8th Annual Scientific Meeting of the Queensland Critical Care Research Network (QCCRN) was held on June 12–13, 2025, at the serene Victoria Park in central Brisbane. Over two crisp winter days, researchers from across Queensland gathered to explore cutting-edge methodologies and strengthen collaborative ties.

Forty-three delegates from all corners of Queensland—alongside several interstate guests—attended in person, with an additional 39 joining online via the ANZICS CTG Webinar. The relaxed format of the meeting encouraged meaningful networking and hands-on study development, setting QCCRN apart from traditional conferences.

This year's theme centred on the emerging "Target Trial Emulation" framework. Highlights included:

- Keynote by Dr Ary Serpa Neto (Austin Health, VIC) on the principles and statistical considerations of target trial emulation
- Study presentation by Dr Sebastiaan Blank (Cairns Base Hospital) showcasing a recent emulation study
- New research insights from Prof Sam Keogh (QCCRN priorities), Dr Mahesh Ramanan (chloride-guided fluid therapy), and Dr Kyle White (Q-LINK data linkage project).

Trainees in Intensive Care Medicine presented six formal research projects, three of which originated from the 2024 ASM—demonstrating the meeting's role in nurturing new research.

Delegates formed small groups to design new studies, many inspired by the target trial emulation theme. These proposals were presented on Day 2, with plans to refine and advance them through QCCRN's weekly online Research Forums—potentially culminating in presentations at the 2026 ASM.

With its engaging format and collaborative spirit, the 2025 ASM was a resounding success. Thanks to the support of ANZICS CTG, invited speakers, and all participants, QCCRN looks forward to an even bigger meeting on June 4–5, 2026.

Dr Mahesh Ramanan

Western Australia

Bronwyn Bebee

Western Australia's intensive care research community continues to grow in strength and cohesion, with regional initiatives playing a vital role in fostering collaboration and innovation. Two key events were held in Western Australia 2025.

ANZICS Clinical Trials Group Roadshow

The inaugural ANZICS CTG WA Roadshow was held on the May 7th, 2025, at the Duxton Hotel in Perth. There were 27 in-person delegates and 8 virtual attendees. The dynamic hybrid format facilitated interaction across states and time zones and encouraged feedback from a variety of perspectives. There were nine projects at various stages presented by early career and more experienced investigators, ranging from warming for afebrile sepsis to RCTs on sleep and nutrition strategies in TBI. The experience of the group was leveraged to brainstorm key challenges facing WA intensive care research and how these might be addressed. In keeping with this theme, the conference included sessions on optimising work-life balance in ICU and consent practices for Aboriginal and Torres Strait Islander People. A thoroughly enjoyable dinner in the city capped off the day. The WA ICU research community is incredibly grateful for the effort and attendance by ANZICS CTG Office Bearers and the invaluable support of administrative staff in making this day a success and reaching across this vast country to engage with us. We are also grateful for the support from our sponsors Vantive and we look forward to more Roadshow events in future!

Dr Alexander Wood

ANZICS CTG WA Representative

Women in Intensive Care Network Dinner

The Women in Intensive Care Network (WIN) hosted a highly successful dinner event on 6 November 2024 at Henry's Loft, Subiaco Hotel, bringing together clinicians and leaders to celebrate and discuss the evolving role of women in intensive care medicine.

The evening combined networking, shared experiences, and inspiring talks, creating a supportive environment for professional growth and collaboration. Attendees enjoyed a relaxed setting with excellent food and drinks while engaging in meaningful conversations about leadership, career progression, and work-life balance.

Two distinguished speakers delivered thought-provoking presentations:

- Dr Maryanne Holmes explored the challenges women face in balancing home responsibilities with demanding ICU roles, including training and exam commitments. Her insights resonated strongly with attendees navigating similar pressures.
- Dr Tanya Farrell addressed women's leadership in medicine, focusing on strategies to overcome barriers to career progression. Her talk emphasised mentorship, advocacy, and structural changes needed to support gender equity in leadership positions.

The event reinforced WIN's mission to empower women in intensive care, providing a platform for open dialogue and practical strategies to foster inclusivity and advancement. The success of the Perth dinner reflects growing engagement with WIN initiatives across Australia and New Zealand.

South Australia Michael Farquharson

South Australia continued to strengthen its intensive care community through several key events in 2025. These gatherings provided opportunities for collaboration, knowledge sharing, and professional development.

SA Women in ICU Evening Women Networking Event

On Tuesday 16 July 2024, a networking event for female-identifying ICU professionals was held at Nearly Wine Bar in Adelaide. The event attracted approximately 20 attendees including CICM Fellows, Trainees, and ICU doctors.

The evening featured inspiring talks from Prof Marianne Chapman and A/Prof Mary White, who shared insights from their careers in research, international practice, and leadership. A panel discussion with Dr Kris Hayres explored mentorship, imposter syndrome, and barriers to women entering and completing ICU training.

Plans are underway for future events to build on this success and continue fostering connection and mentorship among female-identifying ICU professionals in South Australia.

We extend our thanks to Dr Mairi Northcott for leading and organising this regional event.

16th Annual Tub Worthley Travelling Scholarship Presentation

The 16th Annual Tub Worthley Travelling Scholarship was proudly hosted in Adelaide, organised by Associate Professor Mary White. Held at the elegant Orso Restaurant, the evening celebrated excellence and aspiration in intensive care medicine. Awarded annually based on the submission of abstracts, finalists are invited to deliver a 10-minute presentation on their abstract, showcasing their work to a panel of peers and senior clinicians.

This year's recipient of the \$2,000 scholarship was Dr Josipa Petric, recognised for her commitment to advancing clinical knowledge and practice. The award continues to honour the legacy of Dr Tub Worthley by supporting emerging leaders in critical care to broaden their horizons to present their work at a national or international meeting.

The event provided a warm and inspiring setting for colleagues to connect, reflect, and celebrate. We extend our congratulations to Dr Petric and our thanks to A/Prof White for her continued leadership in organising this valued annual tradition.

ECMO Refresher Course

ANZICS provided administrative support for the SA Introductory ECMO course and the SA ECMO Refresher Course which ran in September 2024 and May 2025. This program supported consultants, trainees and ICU nurses from across the state to gain an understanding of ECMO through a combination of lectures, case studies and simulation-based learning activities in a multi-disciplinary environment.

Victoria

John Botha

Global Intensive Care Initiative

On 12 November 2024, ANZICS Global Intensive Care Initiative (GICI) and the College of Intensive Care Medicine (CICM) hosted an inspiring evening of dinner, drinks, and discussion at the Coventry Room, Golden Gate Hotel in South Melbourne.

The event brought together clinicians and trainees with a shared interest in global health and international outreach. Attendees heard from an inspiring lineup of speakers, including Dr George Zhou, Dr John Botha, Dr David Ku, Dr Alicia Szlawski, and Dr Manisa Ghani, who shared their experiences and insights from their work in low-middle income countries.

The evening highlighted how ANZICS GICI and CICM are actively contributing to intensive care training and education in developing regions and encouraged attendees to consider the challenges and rewards of working in global health settings.

New Zealand

Craig Carr

Two key gatherings in the region brought clinicians together to share knowledge, strengthen professional networks, and promote inclusivity within intensive care. These events provided opportunities for collaboration, discussion on emerging clinical and research priorities, and created welcoming spaces for diverse voices to connect and contribute to the future of critical care.

New Zealand Regional Scientific Meeting – Reinstating a Valued Tradition

The 2024 ANZICS New Zealand Regional Scientific Meeting (RSM) was held from 11-13 November in Auckland, hosted by the Cardiovascular Intensive Care Unit (CVICU). Organised by Associate Professor Rachael Parke and Dr Shay McGuinness, with support from the wider CVICU team, the event marked the successful return of this long-standing fixture in the New Zealand intensive care calendar following COVID-related disruptions.

Held immediately after the NZ Research Day, the RSM brought together clinicians, researchers, nurses and allied health professionals from across Aotearoa for three days of education, collaboration, and strategic planning.

Program Highlights

- Professor John Fraser opened the meeting with *“The Future is Bright”*, setting an optimistic tone for the future of critical care.
- Dr Jo Ritchie explored the evolving landscape of *solid organ transplantation in New Zealand*.

- Professor Deborah Cook presented on the *3 Wishes Project*, a compassionate initiative focused on enhancing end-of-life care in the ICU.
- Dr Tanya McWilliams, Brendan Buckley, and Dr Megan McInerney led a dynamic session on *mechanical ventilation and pulmonary care*.
- Dr Ben McGuinness and Dr Craig Hourigan discussed *stroke management and neurocritical care strategies*.
- Associate Professor Kimberley Haines and Sarah Sykes highlighted *ICU survivorship and allied health contributions*.
- Dr Tony Smith, Dr Laura Tincknell, and Associate Professor Rachael Parke delivered a powerful session on *cardiac arrest management and long-term outcomes*.
- Dr Shay McGuinness led a thought-provoking panel on *ECPR and its role in New Zealand*.
- The final day featured sessions on *career development, simulation-based training, and sustainability in ICU*, including presentations by Dr Rebecca Jarden, Professor Mo Coombs, and Dr Eileen Gilder.

The meeting also hosted the Annual General Meeting of the ANZICS New Zealand Regional Committee, where proposed changes to the Articles of Association were discussed.

The 2024 RSM was a resounding success, offering a rich program of clinical education, research exchange, and professional networking. We thank the organising committee and all presenters for their contributions and look forward to building on this momentum in future meetings.

Women in Intensive Care Network (WIN) - ANZICS Networking Dinner

The Women in Intensive Care Network (WIN), in collaboration with ANZICS, hosted a vibrant networking dinner on April 9, 2025, at Zodiac Bar and Restaurant, located in the heart of Christchurch's CBD. This event was timed to coincide with the ANZICS Annual Scientific Meeting, providing an ideal opportunity for attendees to connect in a relaxed and welcoming environment. The venue provided the perfect backdrop for meaningful conversations and networking. The evening provided a space for attendees to catch up with old friends, meet new colleagues, and share experiences in an informal setting - strengthening professional and personal connections across the region.

The Christchurch WIN dinner reinforced the importance of community and support networks for clinicians in intensive care.

Building on the success of this event, WIN aims to expand similar networking opportunities across Australia and New Zealand, ensuring continued engagement and advocacy for gender equity in intensive care medicine.



ANZICS AWARDS



John Botha President's Award

The President's Award recognises the extraordinary global health contributions of Professor John Botha, whose work has profoundly impacted healthcare systems in lower middle-income countries.

A distinguished clinician and educator, Professor Botha holds Fellowships from the South African College of Physicians, the Royal Australasian College of Physicians, and the College of Intensive Care Medicine. As Director of ICU at Peninsula Health from 1999 to 2021, he also served as Clinical Dean and Director of Research - roles in which he championed transformative advancements in critical care, education, and research. His mentorship has shaped the careers of countless medical students and trainees.

Professor Botha is the inaugural Chair of the ANZICS Global Intensive Care Initiative (GICI), leading efforts to strengthen international collaboration in critical care. His work has taken him to Tanzania, Uganda, Sri Lanka, and Pakistan, where he has educated, examined, and inspired. His visionary leadership has been pivotal in expanding GICI's reach and impact, driving forward its mission to improve intensive care in low and middle-income countries.



Graeme Hart Honorary Membership

The award of Honorary Membership recognises Graeme Hart's outstanding contribution to the Society and was provided with a complimentary ongoing membership in acknowledgement of his contributions.

Graeme served as Director of Intensive Care at Austin Health, where he led the unit's expansion, introduced consumer engagement in quality frameworks, and helped pioneer the Rapid Response Team model.

Graeme has a strong interest in quality improvement activities, having been the founding Chair of ANZICS CORE and contributing to national safety standards. A pioneer in clinical informatics, Graeme has championed the use of EMRs to enhance safety, efficiency, and research. As Chief Medical Information Officer at Austin Health, he has led major digital health projects and continues to shape the future of data-driven care.

With over 130 peer-reviewed publications and numerous leadership roles, Dr Graeme Hart's contributions have had a lasting impact on intensive care in Australia. He is a most deserving recipient of Honorary Membership.



Raymond Raper Honorary Membership

The award of Honorary Membership recognises Raymond Raper’s outstanding contribution to the Society and was provided with a complimentary ongoing membership in acknowledgement of his contributions.

Dr Raymond Raper, MBBS, MD, BA, FRACP, FCICM, is a highly respected leader in Australian intensive care medicine. After graduating from the University of Sydney in 1977, he trained in intensive care in Australia and Canada and served as an Intensive Care Specialist at Royal North Shore Hospital from 1986 until his retirement in 2024. He led the department as Head for 15 years, until 2018.

Dr Raper has made significant contributions to medical education and governance. He chaired the Joint Specialist Advisory Committee in Intensive Care (JSAC-IC) and served on the RACP Committee for Physician Training for a decade. He was a Foundation Fellow and Board Member of the Joint Faculty of Intensive Care Medicine, and later a Foundation Fellow and President (2018–2020) of the College of Intensive Care Medicine (CICM), also serving on the ANZICS Board.

A passionate advocate for medical ethics, Dr Raper has contributed to numerous initiatives across hospitals, colleges, and health departments. His outstanding service has been recognised with multiple honours, including the Matt Spence Medal (1983), John Sands Medal (2005), the CICM Medal (2012), and Membership of the Order of Australia (AM) in 2012.



Marianne Chapman Honour Roll

Professor Marianne Chapman has been recognised on the ANZICS Honour Roll for her outstanding and enduring contributions to intensive care medicine. A Senior Staff Specialist at the Royal Adelaide Hospital and Clinical Professor at the University of Adelaide, Professor Chapman has combined clinical excellence with a deep commitment to research, education, and service.

Her career has spanned continents - from training in the UK and Kenya to research in Jerusalem - and her PhD work on gastrointestinal motility in the critically ill has informed nutritional practices in intensive care. As Director of Research at the Royal Adelaide Hospital ICU since 1998, she has led numerous research initiatives and chaired the ICU Research Committee.

Professor Chapman has also made significant contributions to the broader intensive care community through her roles with the College of Intensive Care Medicine and ANZICS, including service on examination boards, research committees, and formal project panels. Her dedication to advancing the specialty well beyond the bedside exemplifies the spirit of the ANZICS Honour Roll.

* ANZICS Honorary Treasurer, Yasmine Ali Abdelhamid, accepts the award on Ray Raper’s behalf.

* ANZICS Immediate Past President, Mark Nicholls, accepts the award on Marianne Chapman’s behalf



Colin McArthur Honour Roll

Dr Colin McArthur has been inducted into the ANZICS Honour Roll in recognition of his exceptional contributions to intensive care medicine, clinical research, and leadership across Australasia and beyond.

After qualifying in medicine at Auckland Medical School, Colin’s early curiosity about intensive care led him from Rotorua to Auckland, the UK, and Hong Kong, where his first publication sparked a lifelong passion for clinical research. Returning to New Zealand, he became a foundational figure in the Department of Critical Care Medicine at Auckland Hospital, serving as Director for 13 years and later leading research governance at the country’s largest clinical research facility.

A pioneer in ICU research, Colin played a pivotal role in the development of the ANZICS Clinical Trials Group, serving on its executive for two decades and as Chair from 2012 to 2015. His leadership has helped shape large-scale, clinician-led research across the region, contributing to over 200 publications - including 19 in the New England Journal of Medicine - and securing over \$66 million in research funding.

Colin’s legacy is one of vision, collaboration, and a steadfast commitment to improving outcomes for critically ill patients. His induction into the ANZICS Honour Roll is a fitting tribute to a career marked by excellence and impact.



Shay McGuinness ANZICS Oration

Professor Shay McGuinness has been awarded the ANZICS Oration in recognition of his outstanding leadership, research excellence, and enduring contributions to intensive care medicine.

As Director of Research at the Cardiothoracic & Vascular ICU at Auckland City Hospital and Medical Director of the New Zealand Air Ambulance Service, Shay has played a pivotal role in advancing critical care both in New Zealand and internationally. He is an Honorary Professor at the University of Auckland and a key figure in numerous large-scale clinical trials through the ANZICS Clinical Trials Group, ANZCA Clinical Trials Network, and global collaborations.

With over NZ\$35 million in competitive research funding and more than 150 publications, Shay's work has significantly influenced the care of cardiac surgical patients, particularly in the areas of acute kidney injury, fluid therapy, and perioperative management. As Co-Director of the Improving Outcomes after Cardiac Surgery Network, he continues to lead impactful research through the Medical Research Institute of New Zealand.

Shay's Oration honours a career defined by scientific rigour, clinical innovation, and a deep commitment to improving outcomes for critically ill patients.



Dr Melita Trout Ramesh Nagappan Education Award

Dr Melita Trout has been awarded the ANZICS Ramesh Nagappan Education Award in recognition of her outstanding contributions to intensive care education and her commitment to fostering learning and equity in critical care.

An Intensive Care Specialist at Townsville University Hospital in tropical North Queensland, Melita is a passionate educator and advocate. She has developed innovative educational programs, including a simulation-based introduction to ICU for junior doctors and a communication course focused on end-of-life care. She also plays a key role in organising the biennial Tropical Intensive Care Network meeting and contributes to CICM examinations and training.

Melita's work reflects a deep commitment to improving care for Aboriginal and Torres Strait Islander peoples, promoting psychological safety in the workplace, and supporting the next generation of intensivists. Her energy, creativity, and humour continue to inspire colleagues across the region.



Associate Professor Rachael Parke Honourable Mention

Associate Professor Rachael Parke is the Nurse Senior Research Fellow in the Cardiothoracic and Vascular Intensive Care Unit, Auckland City Hospital and Associate Head Postgraduate Research School of Nursing, University of Auckland. Rachael's research is embedded in clinical practice and addresses areas of importance to clinicians, patients and families worldwide. She designs novel interventions to improve patient-centred outcomes. Rachael has published over 170 articles and received grants exceeding NZ\$20 million. She is passionate about establishing the next generation of clinician researchers and leads two research courses and has her own podcast series.

FINANCIAL REPORTS

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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 2025 and the auditor's report thereon.

Directors

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

Dr Alastair Carr
President

A/Prof Yasmine Ali Abdelhamid
Vice President

Dr Bronwyn Bebee
Hon. Secretary

A/Prof Deepak Bhonagiri
Hon. Treasurer (app 9/12/2025)

A/Prof Mark Nicholls
Immediate Past President

Dr Michael Ashbolt

Dr Bronwyn Avard

Prof John Botha

Dr Winston Cheung

Dr Ross Freebairn (appointed 13/10/2025)

Dr Paul Goldrick

Dr Kenneth John Millar

Prof David Pilcher

Dr Manoj Saxena

Dr Paul Secombe (appointed 13/10/2025)

Dr Siva Senthuran

Dr Michael Farquharson (resigned 22/4/2025)

Dr David Ku (resigned 5/2/2025)

Dr L McLean (resigned 22/4/2025)

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

Dr A Carr

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

A/Prof Y Ali Abdelhamid

Qualifications: MBBS/FRACP/FCICM
Experience: Director since Dec 2015
Special Responsibilities: Vice-President

Dr B Bebee

Qualifications: FACEM/FCICM/MBBS/BA
Experience: Director since Mar 2022
Special Responsibilities: Hon. Secretary

A/Prof D Bhonagiri

Qualifications: MBBS/FCICM
Experience: Director since Dec 2025
Special Responsibilities: Hon. Treasurer, Chair - Safety & Quality

A/Prof M Nicholls

Qualifications: MBBS/FRACP/FCICM
Experience: Director since Oct 2014
Special Responsibilities: Immediate Past President

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 Representative

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 R Freebairn

Qualifications: BHB/MBChB/Dip Obs/FRCPE/FANZCA, FCICM
Experience: Director since Oct 2025
Special Responsibilities: Chair - GICI

Dr Paul Goldrick

Qualifications: FCICM/FANZCA/FFARCSI
Experience: Director since June 2024
Special Responsibilities: Chair - NT Region

Dr K Millar

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

Prof D Pilcher

Qualifications: MBBS/MRCP/FRACP/FCICM
Experience: Director since Feb 2020
Special Responsibilities: CORE Representative

Dr Manoj Saxena

Qualifications: MBBChir/PHD/FRACP/MRCP/FCICM
Experience: Director since Sep 2022
Special Responsibilities: Chair - CTG

Dr P Secombe

Qualifications: BMBS(Hons) MClInSc FCICM
Experience: Director since Oct 2025
Special Responsibilities: Chair Sth Aust Region

Dr Siva Senthuran

Qualifications: MBBS/BSc/FRCA/FANZCA/FCICM/MClInEpid/
PGDipCritCEcho
Experience: Director since Feb 2021
Special Responsibilities: Chair - QLD Region

DIRECTORS' REPORT (Continued)

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
A/Prof Y Ali Abdelhamid	3	2
Dr M Ashbolt	3	3
Dr B Avard	3	2
Dr B Bebee	3	2
A/Prof D Bhonagiri (appointed 9/12/2025)	-	-
Prof J Botha	3	2
Dr A Carr	3	3
Dr W Cheung	3	3
Dr M Farquharson (resigned 22/4/2025)	2	2
Dr R Freebairn (appointed 13/10/2025)	-	-
Dr P Goldrick	3	3
Dr D Ku (resigned 5/2/2025)	1	1
Dr L McLean (resigned 22/4/2025)	3	2
Dr KJ Millar	3	-
A/Prof M Nicholls	3	3
Prof D Pilcher	3	1
Dr M Saxena	3	2
Dr P Secombe (appointed 13/10/2025)	-	-
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 \$27,240 (2024: \$25,380) being 1,362 (2024: 1,269) members with a liability limited to \$20 each under the Constitution.

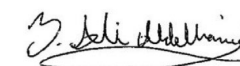
Auditor's independence declaration

The lead auditor's independence declaration for the year ended 30 June 2025 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.



Dr Alastair Carr
President



A/Prof Yasmine Ali Abdelhamid
Vice-President

Dated this 12th day of December 2025.

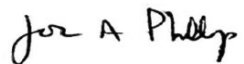
AUDITOR'S INDEPENDENCE DECLARATION

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2025, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.



C.W. Stirling & Co.
Chartered Accountants



John A Phillips
Partner

Dated this 12th day of December 2025.
Melbourne

Liability limited by a scheme approved under Professional Standards Legislation

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
Revenue	2	5,726,110	4,501,543
Other income	2	290,055	245,642
Employee benefits expenses		(2,324,144)	(2,109,722)
IT expenses		(1,167,338)	(489,559)
CHRIS Project consultancy expense		(658,000)	(438,000)
Conference and meeting expenses		(363,093)	(344,989)
Administration expenses		(275,503)	(271,898)
FORECAST Project consultancy expense		(250,652)	-
Depreciation and amortisation expense	3	(165,045)	(146,946)
General consultancy, legal and audit expense		(142,326)	(294,496)
Travel and committee expenses		(74,997)	(64,253)
Finance expenses	3	(71,975)	(167,762)
Investment management fees		(39,095)	(35,791)
Awards, sponsorships and scholarships		(17,500)	(25,109)
Other expenses		(12,738)	(16,712)
GICI equipment and supplies		-	(41,056)
Surplus for the year before income tax		453,759	300,892
Income tax expense	1(b)	-	-
Surplus for the year before income tax		453,759	300,892
Other comprehensive income			
Total other comprehensive income for the year		-	-
Total comprehensive income attributable to members of the Society		453,759	300,892

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2025

	Note	2025 \$	2024 \$
Current Assets			
Cash and cash equivalents	4	450,599	1,234,79
Trade and other receivables	5	1,038,072	641,766
Other current assets	6	78,286	113,586
Total current assets		1,566,957	1,990,142
Non-Current Assets			
Financial assets	7	5,803,392	5,413,679
Property plant and equipment	8	3,930,818	4,052,069
Intangible assets	9	249,804	238,676
Total non-current assets		9,984,014	9,704,424
Total Assets		11,550,971	11,694,566
Current Liabilities			
Trade and other payables	10	1,792,640	1,602,285
Provisions	11	442,741	410,678
Borrowings	12	246,900	97,620
Total current liabilities		2,482,281	2,110,583
Non-Current Liabilities			
Trade and other payables	10	2,565	7,694
Provisions	11	25,343	12,530
Borrowings	12	735,128	1,711,864
Total non-current liabilities		763,036	1,732,088
Total Liabilities		3,245,317	3,842,671
NET ASSETS		8,305,654	7,851,895
Equity			
Retained surplus		8,305,654	7,851,895
TOTAL EQUITY		8,305,654	7,851,895

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
Cash flows from operating activities			
Receipt of grants		5,045,427	3,513,04
Cash receipts from members and customers		659,148	1,007,732
Income from financial assets		324,825	264,452
Interest received		16,347	31,799
Interest paid		(71,975)	(167,762)
Payments to suppliers and employees		(5,775,927)	(4,122,305)
Net cash inflows from operating activities	13	197,845	526,962
Cash flows from investing activities			
Proceeds from disposal of available-for-sale financial assets		708,693	2,144,672
Payment for available-for-sale financial assets		(808,351)	(2,490,872)
Payment for property, plant and equipment	8	(5,778)	(32,230)
Payment for intangible assets	9	(49,144)	-
Net cash used in investing activities		(154,580)	(378,430)
Cash flows from financing activities			
Proceeds from borrowings		300,000	-
Repayment of borrowings		(1,127,456)	(887,341)
Net cash from/(used in) financing activities		(827,456)	(887,341)
Net increase/(decrease) in cash and cash equivalents		(784,191)	(738,809)
Cash and cash equivalents at beginning of financial year		1,234,790	1,865,722
Initial recognition of New Zealand cash and cash equivalents		-	107,877
Cash and cash equivalents at end of financial year	4	450,599	1,234,790

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2025

	Retained surplus \$
Balance at 1 July 2023	7,444,692
Surplus attributable to the Society	300,892
Initial recognition of New Zealand region assets	106,311
Balance at 30 June 2024	<u>7,851,895</u>
Surplus attributable to the Society	453,759
Balance at 30 June 2025	<u>8,305,654</u>

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

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 2025, the number of members was 1,362 (2024: 1,269).

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 14 October 2025 by the directors of the company.

Accounting policies

(a) Revenue

Revenue recognition

Contributed Assets

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

Operating Grants, Donations and Bequests

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

When both these conditions are satisfied, the Society:

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

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

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

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

Interest Income

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

Dividend Income

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

1. Summary of significant accounting policies (continued)

(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.

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:

<u>Class of asset</u>	<u>Useful life</u>
• 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 FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

1. Summary of significant accounting policies (continued)

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

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

A financial liability cannot be reclassified.

Financial Assets

Financial instruments are subsequently measured at:

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

Measurement is on the basis of two primary criteria:

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

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

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

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

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

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

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

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an 'accounting mismatch') that would otherwise arise from measuring

assets or liabilities or recognising the gains and losses on them on different bases;

- it is in accordance with the documented risk management or investment strategy and information about the groupings is documented appropriately, so the performance of the financial liability that is part of a group of financial liabilities or financial assets can be managed and evaluated consistently on a fair value basis; and
- it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

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

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of Financial Liabilities

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

1. Summary of significant accounting policies (continued)

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;

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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

1. Summary of significant accounting policies (continued)

(f) Employee provisions

Short-term employee benefits

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

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.

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

(j) Intangible assets

Software

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

1. Summary of significant accounting policies (continued)

Website

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

(k) Leases

The Society as a Lessee

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

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

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

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;

- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options if lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease

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

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

(l) Comparative figures

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

(m) Critical Accounting Estimates and Judgements

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

Key estimates

Useful lives of property, plant and equipment

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

Key judgements

(i) Performance obligations under AASB 15

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

(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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

1. Summary of significant accounting policies (continued)

(n) Fair Value of Asset and Liabilities

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

	2025 \$	2024 \$
2. Revenue and other income		
<u>Revenue</u>		
Grants - recurrent	1,690,207	1,671,075
Grants - project	1,741,991	748,354
Grants - CHRIS Project	715,250	498,000
Subscriptions	551,241	552,323
Surplus from ASM	83,677	175,373
Conferences and meetings	507,608	407,187
Sponsorship	61,845	98,200
	5,351,819	4,150,512
Other revenue:		
Interest received - cash and cash equivalents	16,347	31,799
Investment dividends and distributions	324,825	264,452
Sundry income	33,119	54,780
	374,291	351,031
Total revenue	5,726,110	4,501,543
<u>Other income:</u>		
Gain on disposal of investments held	29,232	28,110
Unrealised gain on investments held	260,823	217,532
Total other income	290,055	245,642
Total revenue and other income	6,016,165	4,747,185
<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	843,445	379,297

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

	Note	2025 \$	2024 \$
3. Surplus for the year			
a Expenses			
Employee benefits expense			
• contribution to defined contribution superannuation funds		231,708	183,079
Depreciation and amortisation expense:			
• property, plant and equipment		127,029	122,749
• intangible assets		38,016	24,197
Total depreciation and amortisation expense		165,045	146,946
Financial costs:			
• interest expense on borrowings		71,975	167,762
• Total financial costs		71,975	167,762
4. Cash and cash equivalents			
Cash at bank		384,252	1,168,443
Cash on short term deposit		66,347	66,347
		450,599	1,234,790
5. Trade and other receivables			
Trade receivables		585,732	338,368
Other receivables		449,116	303,398
GST receivable		3,224	-
		1,038,072	641,766
6. Other current assets			
Prepayments		78,286	113,586
7. Financial assets			
Financial assets mandatorily measured at fair value through profit or loss	7(a)	5,803,392	5,413,679
(a) Financial assets mandatorily measured at fair value through profit or loss:			
Investments in listed Australian securities	16	1,480,784	2,899,813
Investments in managed funds	16	4,322,608	2,513,866
		5,803,392	5,413,679

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

	2025 \$	2024 \$
8. Property, plant and equipment		
<u>Property</u>		
Building - at cost	4,098,956	4,098,956
Less accumulated depreciation	(247,037)	(144,563)
Total building	3,851,919	3,954,393
<u>Plant and equipment</u>		
Plant and equipment - at cost	208,638	202,860
Less accumulated depreciation	(129,739)	(105,184)
Total plant and equipment	78,899	97,676
Total property plant and equipment	3,930,818	4,052,069

Movements in carrying amounts

	Land & buildings \$	Plant & equipment \$	Total \$
2025			
Balance at 1 July 2024	3,954,393	97,676	4,052,069
Additions	-	5,778	5,778
Depreciation for the year	(102,474)	(24,555)	(127,029)
Balance at 30 June 2025	3,851,919	78,899	3,930,818
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	(102,470)	(20,279)	(122,749)
Balance at 30 June 2024	3,954,393	97,676	4,052,069

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

	2025 \$	2024 \$
9. Intangible assets		
Software - at cost	809,798	760,654
Less accumulated amortisation	(559,994)	(521,978)
Total software	249,804	238,676
Website - at cost	33,000	33,000
Less accumulated amortisation	(33,000)	(33,000)
Total website	-	-
Total intangible assets	249,804	238,676

Movements in carrying amounts

	Software \$	Website \$	Total \$
2025			
Balance at 1 July 2024	238,676	-	238,676
Additions for the year	49,144	-	49,144
Amortisation for the year	(38,016)	-	(38,016)
Balance at 30 June 2025	249,804	-	249,804
2024			
Balance at 1 July 2023	259,546	3,327	262,873
Amortisation for the year	(20,870)	(3,327)	(24,197)
Balance at 30 June 2024	238,676	-	238,676

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

	Note	2025 \$	2024 \$
10. Trade and other payables			
<u>Current</u>			
Trade creditors		698,295	266,872
Sundry creditors and accruals		97,785	527,969
GST payable		-	22,161
Grants received in advance		843,445	379,297
Subscriptions received in advance		99,202	360,019
Sponsorship & registrations received in advance		53,913	45,967
	10(a)	1,792,640	1,602,285
(a) Financial liabilities at amortised cost classified as trade and other payables			
Trade and other payables - current		1,792,640	1,602,285
Less deferred income		(996,560)	(785,283)
Financial liabilities as trade and other payables	16	796,080	817,002
<u>Non-current</u>			
Subscriptions received in advance		2,565	7,694
11. Provisions			
<u>Current</u>			
Provision for employee benefits: annual leave		199,781	183,360
Provision for employee benefits: long service leave		242,960	227,318
		442,741	410,678
<u>Non-current</u>			
Provision for employee benefits: long service leave		25,343	12,530
<u>Analysis of total provisions</u>			
Opening balance at 1 July 2024		423,207	
Additional provisions raised/(used) during the year		250,906	
Amounts used		(206,029)	
Balance at 30 June 2025		468,084	

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

11. Provisions (continued)

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

	2025 \$	2024 \$
12. Borrowings		
<u>Current</u>		
Bank loan	246,900	97,620
<u>Non-current</u>		
Bank loan	735,128	1,711,864

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

Surplus for the year	453,759	300,892
Add/(less) non-cash items:		
Depreciation and amortisation	165,045	146,946
(Gain) loss on disposal of investments	(29,232)	(28,110)
Unrealised (gain)/loss on investments held	(260,823)	(217,532)
Change in assets and liabilities		
(Increase)/decrease in trade and other receivables	(396,306)	(412,091)
(Increase)/decrease in other current assets	35,300	81
Increase/(decrease) in trade and other payables	185,226	776,667
Increase/(decrease) in provisions	44,876	(39,891)
Net cash provided by / (used in) operating activities	197,845	526,962

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

14. Related Parties

Directors

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

A/Prof Yasmine Ali Abdelhamid, Dr Michael Ashbolt , Dr Bronwyn Avard, Dr Bronwyn Bebee, Prof John Botha, Dr Alastair Carr, Dr Winston Cheung, Dr Michael Farquharson (resigned 22/4/2025), Dr Paul Goldrick, Dr David Ku (resigned 5/2/2025), Dr Lewis McLean (resigned 22/4/2025), Dr Kenneth John Millar, A/Prof Mark Nicholls (resigned 14/10/2025), Prof David Pilcher, Dr Manoj Saxena and Dr 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 \$9,091 (2024: \$45,454) 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:

	2025	2024
	\$	\$
Short-term employee benefits	317,814	486,800
Post-employment benefits	38,052	38,017
Other long-term benefits	-	-
Key management personnel compensation	<u>355,866</u>	<u>524,817</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (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, re as follows:

	Note	2025 \$	2024 \$
Financial assets			
Financial assets at fair value through profit or loss:			
• investments in listed Australian securities	7	1,480,784	2,899,813
• investments in managed funds	7	4,322,608	2,513,866
Financial assets at amortised cost:			
• cash and cash equivalents	4	450,599	1,234,790
• trade and other receivables	5	1,038,072	641,766
Total financial assets		7,292,063	7,290,235
Financial liabilities			
Financial liabilities at amortised cost:			
• trade and other payables	10(a)	796,080	817,002
• borrowings	12	982,028	1,809,484
Total financial liabilities		1,778,108	2,626,486

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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025 (Continued)

17. Financial instruments (continued)

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

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

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

	Note	2025 \$	2024 \$
Recurring fair value measurements			
Financial assets			
Financial assets at fair value through profit or loss:			
• investments in listed Australian securities ⁽ⁱ⁾	7	1,480,784	2,899,813
• investments in managed funds ⁽ⁱ⁾	7	4,322,608	2,513,866
Total financial assets		5,803,392	5,413,679

(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 2025 (2024: \$Nil).

20. Auditor's remuneration

Remuneration of the auditor:

- | | | | |
|-------------------------------------|--|--------|--------|
| • auditing the financial statements | | 15,500 | 15,000 |
|-------------------------------------|--|--------|--------|

DIRECTORS' DECLARATION

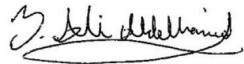
The Directors of the Australian and New Zealand Intensive Care Society (the "Society") declare that, in the directors' opinion:

1. The financial statements and notes, as set out on pages 5 to 24, 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 2025 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*.



Dr Alastair Carr
President



A/Prof Yasmine Ali Abdelhamid
Hon. Treasurer

Dated this 12th day of December 2025.

INDEPENDENT AUDIT 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 2025, 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 2025 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 AUDIT REPORT (Continued)

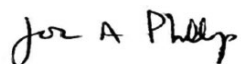
As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- 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
Chartered Accountants



John Phillips
Director

Dated this 12th day of December 2025.
Melbourne



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