



Election of President-elect Candidate Profiles

There are SEVEN (7) candidates for ONE (1) position.



Dr Matthew REMEDIOS

Introductory Statement

I am a Gastroenterologist in Brisbane and founding member of the Wesley Gastroenterology & Liver Group: a private practice group of 9 gastroenterologists with sub-specialty expertise serving The Wesley, a not for profit 535 bed hospital. From 2005 - 2023 I was a Senior Gastroenterology Consultant at Royal Brisbane and Women's Hospital actively involved in gastroenterology + fellowship training, facilitating international fellowships and established the Barrett's RFA service.

Upon graduation from the University of Queensland, I completed training in Queensland including regional Australia at Townsville Hospital with fellowships in ERCP (Princess Alexandra) followed by interventional endoscopy fellowship at St Michael's Hospital Toronto, before returning to Australia (2005).

My gastroenterology interests include ERCP, Barrett's oesophagus and small bowel enteroscopy.

I am currently on the organising committee of the Australia and New Zealand Endoscopy Leaders Forum (ANZELF) and served as a member of the GESA Endoscopy Faculty from 2020 - 2021, before becoming Chair.

I served as a GESA (Gastroenterology Society of Australia) board member from 2021-2025: currently a member of the GESA Finance and Risk committee. GESA is the premier organisation for Australian gastroenterologists including population advocacy and supporting gastroenterology research.

Skills and Experience and Background

The current RACP board dysfunction that has played out in official correspondence / media has been disillusioning for the membership. This needs to change. My roles with GESA have helped me develop collaboration skills, ethical and financial integrity and that the board is meant to serve the best interest of the organisation.

I value the need to work towards health equity. As a resident, I worked as the sole doctor in Woorabinda, a rural Indigenous community. I actively promote the GESA Regional and Remote Programme and their engagement with the RFDS and Alice Springs Hospital

As members, we should all be proud of RACP. **The College should focus on its core priorities :**

1. Training the next generation of physicians.
2. Recognition and support of DPEs and supervisors.
3. Providing high quality education and networking for physicians
4. A CPD Home that we all want to embrace
5. Advocacy for membership to government
6. Advocating for ongoing innovation to promote world class health outcomes
7. Supporting research opportunities for the membership

My priorities if elected includes:

1. Improve member satisfaction
2. Re-energise relationships between the RACP and sub-specialist societies
3. Revamp the CPD programme: user friendly and time efficient
4. Streamline the organisation with cost controls to minimise fees.
It is essential that the RACP is a value proposition.
5. Support regional/remote initiatives to optimise access to care
6. Strong government advocacy to represent members' interests

The RACP Chair / President and Board's fundamental responsibility is to act in the best interests of the college and the membership in a respectful collaboration without self-interest so that it is an organisation that we are proud to be part of and a global leader in post graduate medical education.



Dr Julian KELLY

Introductory Statement

I am standing for election because I believe the College requires decisive and substantial change.

Many members have become concerned that the organisation is not delivering the level of effectiveness, accountability, and outcomes that it should.

If elected, I will bring an independent, candid, and reform-oriented perspective.

I am prepared to ask difficult questions, and to advocate for changes that improve governance, transparency, and organisational performance.

My focus will be on strengthening governance culture, improving accountability and transparency, and stream-lining board processes. Members deserve a College that is agile and focused on its core purpose rather than internal dynamics and wasted legal fees. Administrative inefficiencies, and member disengagement are not abstract concerns but directly affect the experience of Fellows and trainees. Reform must therefore prioritise clarity, simplicity, and tangible value for members.

The specific changes I would endeavour to bring about include, but are not limited to:

1. Implementation of democratic and representative electoral process.
2. Independent financial oversight/management with increased reporting to the general membership
3. Reduction in membership fees and indexation for rises
4. Remuneration for those members contributing to education and supervision.

I am standing to support the process of renewal of our College.

Skills and Experience and Background

My professional experience has focused on governance, leadership, and accountability within complex healthcare settings.

Clinically, I have worked at the Royal Children's Hospital for nearly three decades and have practised as a consultant paediatrician for over twenty years. I will bring the perspective that comes from that background to my work on the board.

Alongside my clinical work I have served as Chair of the Senior Medical Staff at the Royal Children's Hospital, Melbourne, and have participated in or chaired numerous hospital committees. For over a decade I have held responsibility for quality and safety within a major hospital department and am a principal director of a substantial private practice.

These roles have required a practical understanding of governance, financial oversight, and regulatory compliance. I have undertaken Company Secretary functions, chaired annual general meetings, and ensured compliance with ASIC requirements. Through this work, I have developed familiarity with accounting, finance, and risk management. I also have awareness of cyber security considerations across both public and private practice environments.

Consistent with the core responsibilities of Fellowship, I remain strongly committed to education, supervision, and professional development. My leadership roles have required strategic planning, member representation, and outcomes-focused decision-making, while also providing direct engagement with executive leadership and Board-level governance.

These are the skill sets and personal qualities that are required for board renewal at the college



Dr Martin HISCOCK

Introductory Statement

Associate Professor Martin G. Hiscock

BSc MBCh (Hons) BaO LRCPI LRCSI FRACP FCSANZ AFRACMA

Director of Cardiac Services, Epworth Healthcare

Candidate Statement

A new dawn awaits the RACP and the Board must listen, work as a team, engage with Members and lead strategic change. I have not held College committee roles before, which I see as a strength because I bring fresh eyes to the organisation. I will focus on supporting others and staying connected to Members through frank and respectful discussion.

The College should be in the headlines for the right reasons. Change should happen in a calmer, less costly way. We cannot have any bullying or harassment, including non-verbal or isolating behaviour. We must recognise women are underrepresented in major leadership roles and provide flexible working conditions to support career progression. We need stronger accountability for Members' funds, to reconsider major IT spending and reduce Members' and especially Trainees' fees.

Modern Boards must move with the times and be agile. We face complex challenges ahead, including staying viable, AI, digital transformation, managing the College's reputation and keeping the best talent.

I will advocate for you, improve transparency and rebuild trust, with clear leadership in health policy and advocacy.

Skills and Experience and Background

1. Primary

Leadership: the AFRACMA degree increased my understanding of the demands of leadership. I have learnt to inspire others, work well in teams, support colleagues, listen carefully, learn from mistakes and welcome new ideas.

IT: our data analytics identifies trends that improve patient outcomes and reduce costs. Predictive AI helps us identify high-risk patients. Staff performance metrics have supported better performance. Digital transformation: remote cardiac monitoring, robotic surgery, AI-powered diagnostics and telemedicine. I am well versed in cyber security.

Strategy and Policy: a strong Board needs clear policy, strategy and values. Without these, performance declines.

Finance: I help manage hospital procedural budgets and ensure they are realistic.

Risk: we must: not misuse College roles, follow the Constitution, protect confidential information, keep workers safe and avoid negligence, fraud and breach of trust.

I understand cultural safety and community protocols and deliver community and donor education.

We look to implement changes to minimise disruption and introduce new ways of working more effectively.

2. Governance

I keep our cardiac service safe, effective and innovative. I have planned cardiac infrastructure and services. I promote community health and the required investment in technology, digital tools and staff training. I introduced safe working hours for staff to reduce burnout.

3. Background

25 years as an Interventional Cardiologist active in leadership, research, education and philanthropy.

4. Core College Activities

I have taught College Trainees and Fellows for 25 years (A/Prof, University of Melbourne) and built training modules. I have planned cardiac services, run clinical trials, set up a Cardiac Research Institute and am active in education.

5. Leadership Contributions

Our executive team requires our leadership in quality, safety and innovation. I introduced an annual cardiac conference for 150 GPs and nurses, monthly educational dinners for 40-50 physician colleagues and have promoted colleagues to leadership roles.



Professor Tissa WIJERATNE

Introductory Statement

It is time for the Royal Australasian College of Physicians to heal and lead.

The College has long been a trusted institution guiding physician training, professional standards, and advocacy across Australia and Aotearoa New Zealand. In the current climate, our Members need steady leadership that restores confidence, strengthens governance, and brings our community together around our shared purpose, improving patient care.

I stand for President-Elect as someone deeply committed to the College, yet independent of past internal politics. My goal is to help unify Fellows and trainees while ensuring the College continues to evolve as a transparent, forward-looking organisation that supports its Members and advocates strongly for patients.

Throughout my career as a physician, educator, researcher and global health advocate, I have focused on building collaborative teams and strengthening institutions. I believe the RACP's greatest strength lies in its people—our Fellows, trainees, volunteers and staff.

If entrusted with this role, I will work with the President, Board, CEO and Members to strengthen governance, support physician training, and ensure the College remains a respected and trusted voice in healthcare.

Together, we can guide the College forward with integrity, unity and purpose.

Skills and Experience and Background

I bring extensive experience in clinical leadership, governance, medical education, health policy and international medical collaboration.

I currently serve as [Director of Neurology and Stroke at Western Health](#), leading major clinical services in one of Australia's fastest growing and most diverse health regions. My [academic appointments across Australian universities](#) reflect my long-standing commitment to physician training, education and research.

I also bring strong governance capability. I am a Member of the Australian Institute of Company Directors (AICD) and have developed expertise in director responsibilities, governance frameworks, strategy, risk management and organisational leadership. This experience aligns closely with the responsibilities of the RACP Board as outlined in the College Constitution and governance framework.

Beyond Australia, I have held several international leadership roles including [President of the Asian Regional Consortium of Headache \(ARCH\)](#) and Trustee of the World Federation of Neurology. I am chair, [Migraine Foundation Australia](#), a registered national charity promoting brain health for all with special focus on indigenous Australian/CALD communities. These roles require strategic leadership, diplomacy, and collaboration across diverse health systems and cultures.

My work has consistently focused on improving health systems and advocating for patients. I have been involved in global health initiatives including co-founding World Brain Day, now recognised in more than 120 countries, promoting awareness and policy engagement around neurological health.

Importantly, my career has been shaped by working in multicultural healthcare environments and international professional networks, giving me deep practical experience in diversity, equity and inclusion.

I believe the RACP must remain a strong advocate for Fellows and trainees while maintaining the highest standards of governance, transparency and professionalism.

My aim is to contribute to a stable, collaborative and forward-looking College that supports its Members and strengthens physician leadership across Australia and New Zealand. I will lead and lead our College forward together.



Adjunct A/Prof Anthony SASSE

Introductory Statement

Recently retired country physician, the Board's focus should be:

- restore focus to the issues that matter to members and trainees.
- **streamline and improve the trainee experience.** This might keep them as Fellows in the long term. This is a critical issue, e.g:
 - Introduce highest best practice with automatic feedback after every college interaction by trainees, the best way to identify key reforms, and follows the MOPS policy of patient surveys.

- Exit survey graduates for suggestions.
- Remove Prep Learning Tools requirements (LNA, PQR, Mini CEX and CBD). These are part of the job! AI will write them anyway these days.
- reduce college costs and thereby fees to trainees to \$2000 per year (same as fellows)
- genuine flexible training requirements so family or health commitments do not lead to any lost training time, restore previous stuff ups.
- recognise previous publications in the advance trainee research requirement, with option of clinical education or service quality work instead.
- reverse policy to remove the FRACP letters from non-financial or retired members. As an government accredited educational body, this policy is dubious.
- reform MOPS to focus on medical competency and ongoing education only.
- enhance the on-line educational facilities, these are good already.
- serve briefly only.

Skills and Experience and Background

- **Physician Background:** ICU (Director 6 years), Respiratory and Sleep Physician in Gippsland, Victoria for 30 years. Taught students and trainees. Dealt with administrators, both great and not. Ran my own practice and labs, the usual stuff. Just retired from practice end 2024.
- **Research:** maintained an active research program at RMIT University, cloning and also re-designing tetanus toxin (1314 amino-acids) in order to create an inactive look-alike decoy to absorb any local antibodies in the target muscle when injected. Tetanus toxin is the only locally active neuro-stimulant known to man to date, with structural similarities to Botox. Use in humans has been impossible due to passive immunity with vaccination induced antibodies. The combination of injected active tetanus toxin plus an excess of decoy molecules allows dose dependent increase in lower motor neuron neural tone in the target muscle, allowing specific muscle performance enhancement. The decoy is 4 amino-acids different from the active tetanus toxin, yet is completely inactive. Clinical muscle targets include pelvic floor weakness, incontinences, sleep apnoea, MS, MND, facial droop post CVA, and also in pets conditions like BOAS breathing difficulties in bulldogs, and incontinences. Winner Innovation Award at Kansas City AH Summit, USA, Aug 2025. Also first to publish the role of venlafaxine as a treatment option for cataplexy and sleep paralysis.
- **As a result:** Board and Management experience: Managing Director 8 years. Skills include budget and financial, contract negotiations, research with translation to the marketplace and academic environment, risk management, governance and compliance with ASIC requirements, strategic analysis, and public relations. Also 10 years on BioAnalytics Board, a med-tech start-up with a new dental device (OSA).
- **Deep long term indigenous experience,** actually grew up embedded in the Koori community, been in close contact since.
- **Leadership:** have built something (and a team) from nowhere, know how it's done.



Professor Philip MORRIS AM

Introductory Statement

Fellows and trainees,

Over the past year, our College has faced real upheaval - public disagreements, leadership instability and governance confusion. Many of us have felt frustrated and disappointed. We joined the RACP to make a difference for our patients, to support one another and to train the next generation - consistent with the expectations of the Membership.

It's time to steady the ship and work together again. We need practical, transparent reform: fair fees, smarter use of technology, a board that listens and answers to members, stronger voices for Faculties and Chapters, and professional advocacy we can all be proud of. Any constitutional change must be based on proven need and clearly beneficial to members.

I've had the privilege of working alongside physicians across different specialties and know the strength that comes from collaboration. As President-elect and Board Director, I'll bring respect, cooperation, real dialogue and consensus to every decision. I'm keen to start this job.

I'll make sure trainees, specialist groups, paediatricians and our Aotearoa colleagues all have a genuine voice.

With your support, we can rebuild trust, restore integrity and refocus the RACP on what truly matters - our fellows and trainees, our patients and the future of our profession.

Skills and Experience and Background

Fellows and trainees,

I'm standing for President-elect and elected Board Director of the RACP because this is a moment when the College needs experience, steady and accountable leadership worthy of your support.

My career has brought together clinical service, governance, education, research and organisational reform in Australia and internationally. I worked alongside physicians in public and private settings, caring for communities across diverse socio demographic backgrounds.

I bring a deep board and executive experience. I helped establish the Australasian Chapter of Addiction Medicine. I served as Treasurer, Vice President and Board Director of the Pacific Rim College of Psychiatrists, was a Board Director of the Queensland Branch of the AMA, and President of the Australian National Association of Practising Psychiatrists. These roles demanded sound governance, clear judgement and genuine engagement with members. As a treasurer for five years, I took responsibility for budgets and delivered financial stability and growth.

My leadership has also centred on major national initiatives: founding the Australian National Centre for War-related PTSD, leading the national rehabilitation programme for veterans, directing regional health services and serving as medical director of a large metropolitan hospital through restructures and change.

Education and research are core to who I am. I've held professorial appointments at the Universities of Melbourne and Queensland and am adjunct professor at Bond, chaired a bi-national college CPD programme, supervised and examined trainees and higher degree candidates and published extensively. My doctoral and postdoctoral training, including at Johns Hopkins School of Medicine, underpins my commitment to evidence-based policy.

I've worked closely with indigenous communities in Australia and remain firmly committed to equity, diversity and respectful inclusion.

I offer the College strategic clarity, financial competence, strong governance experience and a collaborative leadership style grounded in service to Fellows, Trainees and the communities we serve.



Professor Nikolai PETROVSKY

Introductory Statement

For over 25 years, the College has been my professional home, and I never thought I would see the day when I would consider relinquishing my membership of the college. I have, however, been deeply disturbed by the recent visible disharmony within our College management. This internal strife has been a major distraction, diverting the College's focus and energy away from its core mission and eroding the collegiality that should define us.

I am standing for the position of President Elect to change this trajectory. I commit to work in the best interests of all Fellows and trainees to restore harmony, stability, and trust to the College. We must refocus our collective efforts on what truly matters:

delivering world-class training and accreditation, fostering a strong professional community and championing the research that underpins our practice.

My extensive governance experience, gained as a director on both public and private company boards and as a past Fellow of the Australian Institute of Company Directors, provides me with the skills to navigate our current challenges. I offer a steady, experienced hand to guide the Board, ensuring the College is singularly focused on serving you, the members.

Skills and Experience and Background

My more than quarter of a century journey with the College has given me a deep and nuanced understanding of its value to members at every stage of their careers. Now, I seek to apply my leadership and governance expertise to strengthen our organisation from the top down.

My candidacy is built on a foundation of high-level governance experience. As a past Fellow of the Australian Institute of Company Directors (AICD), and having served on the boards of both public and private companies, I possess a sophisticated understanding of the critical role of a Board Director. I am well-versed in the principles of financial oversight, risk management, strategic planning, and legislative requirements and understand the clear distinction between Board governance and management operations. This expertise is essential for a Board member and for a President seeking to restore effective and harmonious function to the College.

Complementing this corporate governance experience is my various past involvement in the professional society landscape. Amongst other roles I previously served as Treasurer of the Australasian Society of Immunology and Executive council of the Australian Diabetes Society giving me with firsthand experience in the financial and operational management of successful member-based organisations. It is clear to me what fellows and trainees want from their College, what is now needed is to refocus the College on its key mission to serve its members.

My experiences as clinician, academic, vaccine developer and company director equip me with the skills needed to get the College back on track. Together with the other Board members, I will seek to ensure fairness and transparency, focussing on the College's core mission: supporting trainees, advancing the careers of Fellows, and promoting medical research. With your support, I am ready to do what it takes to rebuild a unified, effective, and member-focused College.

Election of RACP Member Director Candidate Profiles

There are TWELVE (12) candidates for TWO (2) positions.



Clinical A/Prof Dr Hemant KULKARNI

Introductory Statement

Executive Summary

I am seeking a position on the RACP Board of Directors to translate over two decades of clinical leadership and corporate governance into a leaner, more ethical, and member-centric College – with an unwavering commitment to action over rhetoric. I am Renal Physician at Royal Perth Hospital and Armadale Hospital in WA, with attachments to Dobney Hypertension Centre, Linear Research Institute, University of WA, and Curtin Medical School.

Beyond the Clinic: The 'Whole Physician' Approach

I bring a balanced, grounded perspective to the Board table – committed to a 'whole physician' approach and advocating for the College to recognise that mental, spiritual, and physical resilience are as vital as clinical competency in preventing burnout.

My Vision: First four Commitments to the Fellowship

- **Member Satisfaction as the North Star:** Every Board decision must improve the experience and wellbeing of Fellows and trainees. Support the development of CPD **app for real time entry** during the event.
- **High-Quality Educational Resources:** Rationalise offerings to be fewer but of exceptional quality, mapped to CPD.
- **Recognising Educators:** Provide genuine recognition and advocate for remuneration of for Supervisors, and DPEs.
- **Strengthening Research Culture:** Establish a dedicated College research function to elevate our standing as a scientific leader.

Skills and Experience and Background

Key Pillars of My Candidacy

1. Proven Leadership, Fiscal Discipline & Corporate Governance

As a current Director of two companies with a registered Director Identification Number (DIN), I bring genuine corporate governance experience – fiduciary duty, financial oversight, and risk management. In October 2025, when I witnessed excessive spending on unnecessary Extraordinary General Meetings, I organised a petition of 125 Fellows within four days to demand fiscal responsibility.

2. Clinical & Educational Depth

I hold Dual FRACP Fellowship in both Adult Medicine and Paediatric & Child Health – spanning the entire College membership. With over 15 years as an RACP Examiner and Supervisor of trainees, I have on-the-ground understanding of educational standards and member pressures. I was instrumental in creating the an expedited FRACP pathway for overseas-trained specialists in 2003.

3. Policy, Advocacy & Systemic Innovation

During my eight-year tenure as the WA Renal Health Network Co-Lead (2012–2020), I shaped research strategy and clinical policy. In 2006, I established the first Renal Nurse Practitioner role in Western Australia. I have completed the Aboriginal Cultural Awareness Module and hold direct clinical experience with Aboriginal and Torres Strait Islander communities across remote, rural, and outer metropolitan Perth settings

– including Armadale Hospital and Royal Perth Hospital – ensuring culturally safe care is embedded in my practice and in the advocacy I bring to College leadership. IMJ Editorial with Prof Jacqui Hughes address WorkerEquity in Renal Medicine.

My Vision: Another 4 Commitments to the Fellowship

- **Workforce Advocacy:** Champion meaningful incentives for rural and regional doctors (housing, childcare, connectivity).
 - **Transparent Selection:** Centralised, transparent selection into training with minimum two-year contracts.
 - **Leaner & Decisive Governance:** Reduce College committees to move from endless deliberation to decisive action. Repeated EGM's be seriously curtailed to bare essentials.
 - **IT & Legal Budget Discipline:** Apply rigorous oversight to ensure IT investments & Legal Expenses are fit-for-purpose with no blank cheques.
-



Professor Hubertus JERSMANN

Introductory Statement

I have been a member of the RACP for more than 30 years and served on numerous committees, such as the CPD committee and the ATC Respiratory Sleep. I am passionate about helping create a healthy fully functioning RACP so it can address all members' needs and I am planning to contribute to governance reform in a constructive manner. I will use my experience of 8 years on the board of the Thoracic Society of Australia and New Zealand (TSANZ).

Skills and Experience and Background

I work as a Respiratory and Sleep Physician in the Royal Adelaide Hospital, a level 4 Teaching Hospital linked to Adelaide University as well as a VMO in Alice Springs Hospital.

I have served as a Member Director of the Board of the Thoracic Society of Australia and New Zealand for four terms, 8 years in total. For 4 of these I was the Company Secretary (and still will be until March 2026). In that role I am part of a small group overseeing the finances of the organisation. We recently established a comprehensive new risk register and new cybersecurity defense measures against threats such as ransomware attacks. I completed several online cybersecurity courses.

I was part of the group determining the new Strategic Plan for the Society, 2026 until 2031, to be released next month.

Our society has a robust system of governance and every board member director has to attend and complete the Governance Foundations for Not-for-Profit Directors course conducted by the Australian Institute of Company Directors. This course covers not only governance principles but also accounting and financial management.

I have been working in Alice Springs Hospital as VMO and over 15 years have gained vast experience in indigenous health, including several publications on indigenous health issues.

In my university role I design curriculum and course content. In the hospital I also teach Basic and Advanced trainees including examining in the annual clinical RACP examinations. I am a member of the ATC Respiratory/Sleep and conduct regular accreditation visits around the country. I served two terms, 8 years in total on the College CPD committee, implementing the new AHPRA requirements into our MyCPD program.

One of my proudest achievements was TSANZ's advocacy role in the recent ban of silica containing stone and also the vaping legislation.



Professor Tissa WIJERATNE

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My aim is to contribute to a stable, collaborative and forward-looking College that supports its Members and strengthens physician leadership across Australia and New Zealand. I will heal and lead our College forward together.



Dr Rabin BHANDARI

Introductory Statement

I would like to see the interests of College members who are in part-time practice, private practice, and outside of Sydney and Melbourne, valued more highly within the College. Particular areas that I want to see improved and supported are CPD, transition from trainee to specialist, and transition from full-time to part-time practice or into retirement. Factors like reducing and managing member burnout, engagement with members, and trainee support are vital to ensure a healthy College: these are my core principles that I hope will appeal to members for their vote for me.

Further, de-escalating the tensions within the current board would be extremely helpful. I like to build consensus rather than to forge ahead without bringing my colleagues along with me. I think that listening to members and building trust with achievable and measurable outcomes incrementally rather than drastic changes would work in everyone's best interests.

Skills and Experience and Background

I have been chair and deputy chair of various College bodies over the last 12 years. I have run a thriving private practice, including with other RACP specialists, and so know the legal, financial, and ethical ins and outs of company directorships. As the SA Branch chair to 2024, I set goals of member engagement and functions that were the best-attended on record, achievements that I am very proud of, given the lack of interest prior to 2020.

I am a 40 year old mid-career rehabilitation physician with deep experience and skills of cutting-edge IT health and accounting systems, and was among the first adopters of cloud-based clinical practice applications. I have deep reservations about the burgeoning use of AI due to a complete lack of legal/insurance/ethical frameworks about data protection and intellectual property. As I dropped to part-time practice in 2022, I have ramped up my College involvement, sitting on 3 current committees (including the Overseas Trained Physicians assessment sub-committee, the AFRM education committee, and the AFRM committee), and mentoring rehabilitation trainees in passing the fellowship exams, and offering my time and experience to new fellows in the transition from training to specialist practice.

I was an undergraduate at Newcastle, did my basic and advanced training around Sydney (Prince of Wales, St George, Royal Rehabilitation, Royal Prince Alfred/Balmain) and my last year in SA Health in 2013. I have been in public practice as a part-time staff specialist in Adelaide (Central Adelaide and Southern Adelaide) but now have limited myself to part-time private practice. Being part-time has given me the time and mental energy to be devoted to a couple of very important College committees and improving education for trainees who are not in the Sydney/Melbourne core centres.



Dr Matthew REMEDIOS

Introductory Statement

I am a Gastroenterologist in Brisbane and founding member of the Wesley Gastroenterology & Liver Group: a private practice group of 9 gastroenterologists with sub-specialty expertise serving The Wesley, a not for profit 535 bed hospital. From 2005 - 2023 I was a Senior Gastroenterology Consultant at Royal Brisbane and Women's Hospital actively involved in gastroenterology + fellowship training, facilitating international fellowships and established the Barrett's RFA service.

Upon graduation from the University of Queensland, I completed training in Queensland including regional Australia at Townsville Hospital with fellowships in ERCP (Princess Alexandra) followed by interventional endoscopy fellowship at St Michael's Hospital Toronto, before returning to Australia (2005).

My gastroenterology interests include ERCP, Barrett's oesophagus and small bowel enteroscopy.

I am currently on the organising committee of the Australia and New Zealand Endoscopy Leaders Forum (ANZELF) and served as a member of the GESA Endoscopy Faculty from 2020 - 2021, before becoming Chair.

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I value the need to work towards health equity. As a resident, I worked as the sole doctor in Woorabinda, a rural Indigenous community. I actively promote the GESA Regional and Remote Programme and their engagement with the RFDS and Alice Springs Hospital

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It is essential that the RACP is a value proposition.
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The RACP Chair / President and Board's fundamental responsibility is to act in the best interests of the college and the membership in a respectful collaboration without self-interest so that it is an organisation that we are proud to be part of and a global leader in post graduate medical education.



Dr Sundar VEERAPPAN

Introductory Statement

As a Fellow of the RACP, I have watched the recent challenges faced by our college with the same dismay that I'm sure a vast majority of the membership have felt. I am incredibly proud of our college and its long proud history but I think we are at a cross-roads now that will profoundly affect its future. It is important that we acknowledge the diversity of our membership and work towards the core goal of addressing practical challenges faced by members.

I am particularly interested in strengthening training quality, supporting transition across career phases, and ensuring the College remains responsive to changing models of care. Having served on the Curriculum Review Group, I value contemporary, outcomes-based training that balances clinical excellence with wellbeing and sustainability. I would advocate for clear standards, transparent governance, and meaningful engagement with Fellows and trainees.

I also believe the College must champion equity—geographical, cultural and socioeconomic—both within our workforce and in the communities we serve. My experience in multidisciplinary leadership, audit, and health system improvement positions me to contribute thoughtfully, collaboratively and pragmatically to Board deliberations, with a focus on maintaining professional standards while ensuring the College remains future-facing and member-centred.

Skills and Experience and Background

I completed my undergraduate degree from the University of Melbourne and have subsequently worked across the major paediatric centres in Sydney, Queensland and Perth. I have also undertaken overseas fellowships in Bristol and London. I am currently a practising Paediatric and Adult Congenital Cardiologist, having been practicing as a consultant since 2019.

I understand the key directors duties—fiduciary responsibility, stewardship, confidentiality, and acting in the best interests of the organisation within a complex regulatory environment. I have leadership experience spans across different countries. I was part of the recent curriculum review group that redesigned the curriculum for Paediatric Cardiology, which is part of my contribution to the RACP. I was also part of the working group that worked on the national paediatric palliative strategy. I was part of the NHS Peer Review process in assisting our centre meet its performance targets of the national standards. I was the medical lead of our local EMR prescription module implementation, working with executives, IT vendors and clinicians to manage safety, workflow redesign and risk mitigation. This experience informs my appreciation of cyber security, data governance and digital transformation risks in contemporary healthcare organisations. As Treasurer of the AMSA national student convention during medical school, I have a good understanding of budgeting, financial oversight and risk controls.



Dr Liam CLIFFORD

Introductory Statement

I will help change the culture and operational function of the RACP.

Some of my key issues to resolve:

- turnaround time for replies to trainee concerns/complaints/requests
- an overhaul of the number of committees
- an updated centre of resources and education material that helps trainees with their training/examinations/specialty
- an enhanced line and delivery of pastoral/supportive/mental health care
- faster turnaround time for training committees to review and approve training rotations
- a more user-friendly website layout and navigation system
- a better system for contacting the college and ensuring you speak to the right person, receive the correct information, and are not made to wait for weeks/forgotten

I think a major priority for the college is improving the image of the RACP, improving the member experience, providing members with meaningful resources and return for their hardwork and membership, and providing transparency and accountability.

Skills and Experience and Background

1. Leadership - I have been the senior medical registrar at Wyong, Bankstown and Gosford Hospitals for the duration of my Advanced Training. These roles have required me to coordinate after hours rosters for registrars, organise trial/formal RACP examinations, help juggle staff around medical teams to facilitate a safe workload, provide mentorship and pastoral care to JMOs/registrars, organise a formal education timetable for JMO teaching, act as a liaison between workforce and JMOs, and often cover teams short of senior staff.
 2. Governance - I have been heavily involved in safety committees and quality improvement projects during my time as a doctor. Notably, I have been part of a quality and safety committee, helped initiate changes in the workplace to facilitate better patient outcomes, and help improve JMO wellbeing.
 3. Physician - I am an endocrinologist and am currently completing the final 6 months of my general medicine training. I did 6 months of general medicine in 2022, 24 months of endocrinology in 2023 and 2024, and the final 18 months of general medicine in 2025 and 2026.
 4. Education - I put together a comprehensive education timetable at Wyong for 2025, and worked hard on improving JMO attendance. In 2026 I completely revamped the schedule - all subspecialties present at least once in a 6 month period, with all JMOs and registrars attending. To date, we have had a huge improvement in attendance (>20 people per session) with a much better uptake of consultants. Took a lot of hardwork to make this happen. I have been awarded registrar of the year in 2022, 2024 and 2025.
 5. Leadership contributions - my role as a senior medical registrar has been quite influential. I was part of the insulin safety board in 2024 at Bankstown Hospital, and the insulin safety committee at Wyong Hospital (2025-2027).
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Adjunct A/Prof Anthony SASSE

Introductory Statement

Recently retired country physician, the Board's focus should be:

- restore focus to the issues that matter to members and trainees.
- **streamline and improve the trainee experience.** This might keep them as Fellows in the long term. This is a critical issue, e.g:
 - Introduce highest best practice with automatic feedback after every college interaction by trainees, the best way to identify key reforms, and follows the MOPS policy of patient surveys.
 - Exit survey graduates for suggestions.
 - Remove Prep Learning Tools requirements (LNA, PQR, Mini CEX and CBD). These are part of the job! AI will write them anyway these days.
 - reduce college costs and thereby fees to trainees to \$2000 per year (same as fellows)
 - genuine flexible training requirements so family or health commitments do not lead to any lost training time, restore previous stuff ups.
 - recognise previous publications in the advance trainee research requirement, with option of clinical education or service quality work instead.
 - reverse policy to remove the FRACP letters from non-financial or retired members. As an government accredited educational body, this policy is dubious.
 - reform MOPS to focus on medical competency and ongoing education only.
 - enhance the on-line educational facilities, these are good already.
- serve briefly only.

Skills and Experience and Background

- **Physician Background:** ICU (Director 6 years), Respiratory and Sleep Physician in Gippsland, Victoria for 30 years. Taught students and trainees. Dealt with administrators, both great and not. Ran my own practice and labs, the usual stuff. Just retired from practice end 2024.
- **Research:** maintained an active research program at RMIT University, cloning and also re-designing tetanus toxin (1314 amino-acids) in order to create an inactive look-alike decoy to absorb any local antibodies in the target muscle when injected. Tetanus toxin is the only locally active neuro-stimulant known to man to date, with structural similarities to Botox. Use in humans has been impossible due to passive immunity with vaccination induced antibodies. The combination of injected active tetanus toxin plus an excess of decoy molecules allows dose dependent increase in lower motor neuron neural tone in the target muscle, allowing specific muscle performance enhancement. The decoy is 4 amino-acids different from the active tetanus toxin, yet is completely inactive. Clinical muscle targets include pelvic floor weakness, incontinences, sleep apnoea, MS, MND, facial droop post CVA, and also in pets conditions like BOAS breathing difficulties in bulldogs, and incontinences. Winner Innovation Award at Kansas City AH Summit, USA, Aug 2025. Also first to publish the role of venlafaxine as a treatment option for cataplexy and sleep paralysis.
- **As a result:** Board and Management experience: Managing Director 8 years. Skills include budget and financial, contract negotiations, research with translation to the marketplace and academic environment, risk management, governance and compliance with ASIC requirements, strategic analysis, and public relations. Also 10 years on BioAnalytics Board, a med-tech start-up with a new dental device (OSA).
- **Deep long term indigenous experience,** actually grew up embedded in the Koori community, been in close contact since.

Leadership: have built something (and a team) from nowhere, know how it's done.



Dr Vickram PALIT

Introductory Statement

As an Associate Professor in Health Systems at UNSW Medicine and Health, practising Paediatric Respiratory Physician, and CEO and Chair of an Australian digital health company, I bring system wide clinical leadership, strategic information technology expertise and Board level governance experience to the College.

My academic work centres on value based healthcare, digital health and system redesign, equipping clinicians to understand outcomes measurement, stewardship and sustainable models of care. I am particularly interested in how the College can modernise education, training and assessment through the strategic use of data, analytics and digitally enabled learning environments.

As CEO and Board Director of a technology SME delivering digital referral infrastructure across large public hospital networks and private health settings, I have led complex digital transformation programs, overseen cyber security governance and regulatory compliance, and managed enterprise scale system integrations. This has provided practical insight into data governance, artificial intelligence, interoperability and change management in regulated environments.

The College is undertaking complex, system wide digital transformation initiatives. I would bring Board level governance experience, strong strategic information technology and cyber security oversight capability, and independent judgement to ensure these programs are mission aligned, financially disciplined, risk aware and future ready.

Skills and Experience and Background

Skills and experience

As CEO and Chair of Consultmed, a national digital health SME operating across public hospital networks and private health settings, I bring Board level leadership, governance discipline and strategic information technology expertise. I have led enterprise digital transformation including statewide referral reform, secure messaging and interoperability with major EMR platforms. I oversee cybersecurity, enterprise risk registers, audited financial reporting and capital allocation, ensuring technology investment aligns with strategy, regulatory requirements and outcomes.

Governance background

I serve as Chair and Board Director, working with other executive directors on strategy, audit, compliance and risk oversight. I lead strategic planning, approve budgets and monitor performance against Board objectives and risk appetite. I teach health systems science and clinical governance at UNSW and previously at ANU, focusing on director responsibilities and stewardship. I also serve as an Expert Advisor to the Health Care Complaints Commission, contributing independent clinical and governance insight.

Physician background

I am a practising Paediatric Respiratory Physician and have worked across public, private and virtual HITH settings. I have championed new models of care, including Advice & Guidance approaches to improve specialist access and reduce unnecessary referrals. I led the establishment of virtual asthma services for children, redesigning pathways to strengthen access, safety and multidisciplinary care.

Core College activities

At UNSW, I have led curriculum development in value based healthcare, digital health and health systems science. I supervise an Industry PhD candidate examining artificial intelligence feasibility in healthcare and multiple higher degree researchers in health systems innovation and implementation science.

Leadership contributions

My leadership spans clinical, academic and enterprise contexts. I convene the Health Systems vertical at UNSW, lead curriculum reform and mentor clinician leaders. As CEO, I have secured national partnerships and led system wide digital reform through disciplined Board governance, strategic risk oversight and sustained stakeholder alignment.



A/Prof Andrew LEE

Introductory Statement

The College of Physicians faces a number of contemporary challenges. As a member of the board, my role is to support the office of the president. This not only means supporting policies, but where indicated, a board member must provide frank and fearless advice to the president. As a member of the board, my conduct and influence the conduct of fellow members will always be with courtesy, respect and the interests of the College at heart. As a board member, I represent the interests of the ordinary rank and file fellow as well the needs trainee members.

One of the most important components for trainees is to have the time to be able to complete their training. For basic physician trainees, this involves time to pass the written and clinical examinations, and for advanced trainees to have time to complete the mandatory research projects.

Fellows also face a number of challenges, for example, ensuring that CPD is up to date. We also face challenges in terms of advocacy for appropriate funding for government positions as well as reimbursement for services rendered as private practitioners. As a board member, I will ensure that these are also top priorities.

Skills and Experience and Background

1. I currently hold a leadership position as **Chair of the South Australian Committee of the College**. At an international level I have been a board member of the **World Stroke Organisation**.
2. I am well-versed in information technology and its operations. I currently manage a private practice with multiple clinicians, and am intimately familiar with electronic medical records information technology, including server experience and industry engagement to ensure smooth operations.
3. My previous experience in strategy and policy setting has been at a state level. I was the **Deputy Chair of the Statewide Stroke Clinical Committee**. During this time, policies were established for the statewide stroke programme, and my role as Deputy Chair was to support the Chair in their implementation.
4. As a **director of several companies**, I have extensive experience in financial matters, risk management, and accounting. I have also served on the **Finance Committee of the World Stroke Organisation**.
5. From an organisational design, project management, and change management perspective, I was awarded an **NHMRC Translation of Research into Practice** grant, focusing on increasing the uptake of thrombolytic therapy within a tertiary services organisation network. This work resulted in multiple publications and presentations.
6. I am an **active clinician** practising in both vascular and general neurology, involved in both outpatient and inpatient work.
7. As an **Associate Professor at Flinders university**, I am involved in the education and training of undergraduate and postgraduate medical practitioners. I have supervised individuals at PhD and Masters levels and have numerous peer-reviewed publications and involvement in various collaborative research grants.

I therefore possess all the prerequisites, including engagement with Indigenous and community leadership through my role as State Chair of the SA Committee, to make valuable and significant contributions to the board of the RACP.



Professor Philip MORRIS AM

Introductory Statement

Fellows and trainees,

Over the past year, our College has faced real upheaval - public disagreements, leadership instability and governance confusion. Many of us have felt frustrated and disappointed. We joined the RACP to make a difference for our patients, to support one another and to train the next generation - consistent with the expectations of the Membership.

It's time to steady the ship and work together again. We need practical, transparent reform: fair fees, smarter use of technology, a board that listens and answers to members, stronger voices for Faculties and Chapters, and professional advocacy we can all be proud of. Any constitutional change must be based on proven need and clearly beneficial to members.

I've had the privilege of working alongside physicians across different specialties and know the strength that comes from collaboration. As President-elect and Board Director, I'll bring respect, cooperation, real dialogue and consensus to every decision. I'm keen to start this job.

I'll make sure trainees, specialist groups, paediatricians and our Aotearoa colleagues all have a genuine voice.

With your support, we can rebuild trust, restore integrity and refocus the RACP on what truly matters - our fellows and trainees, our patients and the future of our profession.

Skills and Experience and Background

Fellows and trainees,

I'm standing for President-elect and elected Board Director of the RACP because this is a moment when the College needs experience, steady and accountable leadership worthy of your support.

My career has brought together clinical service, governance, education, research and organisational reform in Australia and internationally. I worked alongside physicians in public and private settings, caring for communities across diverse socio demographic backgrounds.

I bring a deep board and executive experience. I helped establish the Australasian Chapter of Addiction Medicine. I served as Treasurer, Vice President and Board Director of the Pacific Rim College of Psychiatrists, was a Board Director of the Queensland Branch of the AMA, and President of the Australian National Association of Practising Psychiatrists. These roles demanded sound governance, clear judgement and genuine engagement with members. As a treasurer for five years, I took responsibility for budgets and delivered financial stability and growth.

My leadership has also centred on major national initiatives: founding the Australian National Centre for War-related PTSD, leading the national rehabilitation programme for veterans, directing regional health services and serving as medical director of a large metropolitan hospital through restructures and change.

Education and research are core to who I am. I've held professorial appointments at the Universities of Melbourne and Queensland and am adjunct professor at Bond, chaired a bi-national college CPD programme, supervised and examined trainees and higher degree candidates and published extensively. My doctoral and postdoctoral training, including at Johns Hopkins School of Medicine, underpins my commitment to evidence-based policy.

I've worked closely with indigenous communities in Australia and remain firmly committed to equity, diversity and respectful inclusion.

I offer the College strategic clarity, financial competence, strong governance experience and a collaborative leadership style grounded in service to Fellows, Trainees and the communities we serve.



Dr Surjit TARAFDAR

Introductory Statement

Dr Surjit Tarafdar is a General Physician and Nephrologist based in Western Sydney. He currently serves as a Staff Specialist at Blacktown and Mount Druitt Hospitals and as a Conjoint Senior Lecturer at Western Sydney University.

With over 30 years of medical practice, including seven years in rural general practice followed by specialist medicine and leadership in physician education, Dr Tarafdar has developed a strong commitment to strengthening the systems that support doctors in delivering high-quality care.

He believes the College plays a critical role not only in maintaining clinical standards, but also in shaping a training system and professional culture that responds to evolving workforce realities, particularly the needs and challenges of regional practice. Having conceptualised multiple teaching programs and authored two medical texts published by Wiley Blackwell, he brings practical insight into the challenges faced by trainees and practising physicians across diverse healthcare settings.

Through his nomination, Dr Tarafdar seeks to contribute to a Board focused on sustainable training pathways, meaningful engagement with members, and the continued evolution of the College in ways that uphold excellence while remaining grounded in contemporary clinical practice.

Skills and Experience and Background

Dr Tarafdar is a Fellow of the Royal Australasian College of Physicians in General and Acute Care Medicine and in Nephrology, with more than a decade of consultant practice within the Australian public health system.

He has contributed extensively to governance and training oversight. He has served on the RACP 'Advanced Training Committee' in 'General and Acute Care Medicine' and as Chair of the 'Education and Training Committee' of the 'Australian and New Zealand Society of Nephrology'. In these roles, he has been involved in curriculum development, trainee progression, research support, workforce capability, and ensuring high standards across General Medicine and nephrology teaching activities in Australia and New Zealand.

Dr Tarafdar has led several initiatives aimed at strengthening teaching and professional development across career stages. These include the annual programs 'Revise Nephrology', 'Australia and New Zealand General Medicine Update', and the 'Leadership for Doctors program', reflecting his commitment to building both clinical excellence and leadership capacity within the physician workforce.

He has also contributed to physician education through his editorial role in 'Lecture Notes Nephrology', published by Wiley Blackwell in 2020, and as co-author of 'Passing the FRACP Written Examination', published in 2013. Both these books were conceptualised by Dr. Tarafdar.

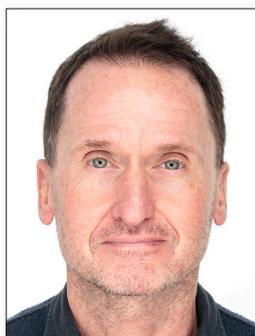
In addition, he founded the not-for-profit organisation 'Indian Doctors in Australia', demonstrating his commitment to fostering professional connection, mentoring and service beyond formal institutional roles.

Collectively, his experience reflects sustained engagement in strengthening training systems, supporting the medical workforce, and contributing to continued development of the medical profession.

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Election of AChAM Western Australia Branch Lead Convenor Candidate Profiles

There are TWO (2) candidates for ONE (1) position.



Adjunct A/Prof Michael CHRISTMASS

Introductory Statement

I work as a Consultant in Addiction Medicine at South Metropolitan Community Alcohol and Drug Service and Fiona Stanley Hospital, and as an Adjunct Clinical Associate Professor at Curtin University. I am a Fellow of the Australasian Chapter of Addiction Medicine and a Fellow of the Royal Australian College of General Practitioners.

My work spans specialist clinical practice, research, education, assessment and health system development, with a sustained focus on improving outcomes for people with substance use disorders and other marginalised populations. I provide undergraduate teaching at Curtin University Medical School and contribute to examination and assessment processes for medical students. I am involved in advanced trainee supervision within the RACP FACHAM program maintaining high standards of specialist training and assessment.

I contribute to governance and strategic oversight through membership of multiple state and national steering committees and advisory groups in addiction medicine. These roles complement my clinical and academic work and provide insight into system level policy, research translation and service development.

I am committed to evidence informed practice, constructive governance and collegial leadership. Through this nomination, I seek to support high quality training and assessment standards, and to represent Fellows and trainees with integrity and professionalism.

Skills and Experience and Background

I bring extensive specialist clinical experience across inpatient withdrawal management, outpatient addiction care and consultant liaison services in tertiary hospital settings in Western Australia. At South Metropolitan Community Alcohol and Drug Service and Fiona Stanley Hospital, I supervise multidisciplinary teams and advanced trainees, and provide structured supervision for doctors undertaking FACHAM training as well as RACGP registrars, resident medical officers and medical students.

I contribute to undergraduate medical education at Curtin University through formal lectures and case-based teaching in substance use disorders, and participate in medical student assessment and examination processes. I also convene statewide education initiatives, including the Next Step Education Series and the Western Australian Addiction Symposium, supporting continuing professional development for clinicians across the state.

My governance experience includes membership of the Western Australian Community Program for Opioid Pharmacotherapy Management Committee, the HCV Intervention Symposia Program Steering Committee, the APSAD Conference Scientific Advisory Committee, and multiple research steering committees including the ETHOS and CBM implementation trials. These roles involve oversight of program development, abstract and protocol review, and translation of evidence into practice.

Academically, I hold a Doctor of Philosophy and maintain an active research portfolio with peer reviewed publications in methamphetamine and opioid use disorders, hepatitis C care and harm reduction.

These combined clinical, educational, research and governance roles have provided me with a detailed understanding of training standards, assessment integrity and workforce development. I would bring this experience to this role in service of the College and its members.



Dr Gina SHERRY

Introductory Statement

I am standing as a candidate for the Western Australia Branch Convenor within the Chapter of Addiction Medicine. I am a recent fellow of the Chapter with experience in general practice (FRACGP) and emergency medicine.

During training, I was the Trainee representative on the AChAM Advanced Training Committee which provided leadership experience and an opportunity to advocate for improvements in the education provided to trainees.

My current roles facilitate inter-service communication within the Western Australian alcohol and other drug (AOD) sector. I intend to continue this work to advocate and engage relevant stakeholders to reduce stigma, improve care and social inequalities for people who are substance users. It is important that access to services is improved in rural and remote areas of WA, utilising novel strategies to facilitate this.

I am committed to building a strong addiction medicine workforce within WA by ensuring strong training standards and improving access to training opportunities at undergraduate, postgraduate and advanced training levels.

Skills and Experience and Background

I am a dual trained specialist in both General Practice and Addiction Medicine. I am a consultant at Fiona Stanley Hospital and a prison medical officer at the Department of Justice, WA. As the only addiction medicine specialist within corrective services, I play a key role in updating AOD policies and guidelines. I am involved in improving AOD education for staff and prisoners with a focus on reducing stigma and harm reduction.

As a medical educator, I have supervised trainees from a variety of specialities, nurse practitioner candidates and medical students. I am keen to improve the education opportunities offered to advanced trainees to facilitate equitable access to both core and non-core areas within WA. Sitting on the Advanced Training Committee as a trainee allowed for increased understanding of the challenges faced.

I am keen to collaborate with health services and external stakeholders to provide evidence based AOD education to promote understanding of the issues faced by substance users, significant others and those who provide care for them. Membership of the National Prison Addiction Medicine Network and the WA Opioid Pharmacotherapy Recruitment and Advisory Committee has facilitated further patient advocacy in this area.

Whilst only early in my addiction medicine career, I bring insight and experience from a range of areas. I intend using this knowledge to improve the understanding of the addiction medicine and AOD space in Western Australia and challenges facing indigenous communities was always top of mind.
