



**RACP**  
Specialists. Together

Candidate Weekly Updates  
Friday 4 April

## Election of RACP Member Director

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### **Professor Jeanette WARD**

These short Candidate Updates are a welcome opportunity for each candidate to connect with Fellows and trainees every Friday between now and the election when you vote for that one vacancy on the RACP Board to be filled by one of your peers. To continue the themes from my original Candidate Statement, I am keen to affirm what we have in common and the benefits for everyone when the RACP is well-governed from the top, expertly managed by professional staff and performs to a level that all other Colleges would seek to emulate. Our Constitution presents nine Objects and, to be achieved effectively in our two countries, each requires significant expertise, exceptional systems and organisational responsiveness. My ambition for our College matches yours. As a Board Director, my compass is the impact we have as medical specialists across our craft group differences. For sure, public health physicians are experts in systems and structures, as my own work would attest. We deal with complexity all the time. We're accomplished in responsible decision-making despite incomplete inputs and imperfect circumstances. Stewardship of our College at the Board level requires these qualities, a tested capacity to think big and lead. Our impact should be visible in patient care and community outcomes. Until next week!

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# Election of AChAM Committee: President-elect

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## Dr Wole AKOSILE

### **Associate Professor Wole Akosile MBBS, MPH, Cert. Addiction. Psych FRANZCP, FACHAM, PhD**

Addiction medicine in Australia and New Zealand is at a crossroads, with rising rates of substance use disorders and increasing complexity in treatment needs. As addiction specialists, we must reposition ourselves as leading experts in this field, driving innovation and shaping public health policy. With over two decades of clinical and research experience, I am committed to advancing our specialty's role if elected as your President for the Australasian Chapter of Addiction Medicine Committee.

In Australia, nearly 2.6 million people are impacted by addiction, with drug overdose deaths exceeding 3,500 annually. Meanwhile, New Zealand faces similar challenges, with alcohol-related harm costing the economy over NZD \$7 billion annually and opioid dependency rates steadily climbing. Despite these alarming trends, addiction medicine specialists remain underrepresented in the workforce, making up less than 10% of clinical staff in New Zealand and under 2% in Australia.

This highlights the urgent need to strengthen our profession's visibility and influence.

#### **My Vision for Leadership:**

- Advocate for increased funding and equitable access to addiction services across both countries.
- Enhance training pathways to attract and equip future addiction specialists.
- Promote collaborative care models integrating primary care, psychiatry, and community services.
- Drive research that informs evidence-based policies and improves patient outcomes.

As a clinician, researcher, and leader, I am dedicated to ensuring addiction medicine specialists are recognised as essential contributors to healthcare systems. Your vote will empower us to lead transformative change for individuals and communities across Australasia. Together, we can redefine the future of addiction medicine.

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# Election of AChPM: Committee Representative

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## **Dr Nicola MORGAN**

Dear Colleagues,

I am standing for election as your Elected Committee Representative for the AChPM. I trained in medicine at Oxford, UK and have worked as a palliative care physician in Adelaide, Cairns, and the Gold Coast. Over the last 20 years, I have trained physicians, nurses, and allied health professionals, and presented at conferences nationally and internationally.

As Queensland Clinical Lead for the Specialist Palliative Care in Aged Care Project and Medical Lead for the Queensland Palliative Care Strategy rollout, I have provided clinical leadership, strategic advice, and expert input. I've worked closely with Hospital and Health Service teams and the Department of Health to deliver outcomes. I've also contributed to the development of clinical resources and supported HHSs in implementing models of care in line with the Palliative and End-of-Life Care Strategy.

I am a strong advocate for holistic care and advanced communication skills in end-of-life care. My research focuses on the quality use of medications at the end of life and innovation in palliative care. A lifelong learner, I recently completed a Masters of Healthcare Innovation to further improve healthcare systems.

Before retraining in palliative care, I spent 15 years in rural and urban general practice, which gave me a broad skill set and a deep understanding of the needs of patients with terminal illness, particularly in rural and regional areas.

Thank you for your dedication to our profession. If elected, I commit to serving you and our profession with integrity, enthusiasm and passion.

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