

# 2022 BACP Board Flections

# **RACP President-elect**

CANDIDATE PROFILES

There are FIVE (5) candidates for ONE (1) position



# **Professor Elizabeth ELLIOTT**

I am a clinical academic in paediatrics, committed to diversity and gender equity in all aspects of College life. My priority is to hear and respond to Fellows' and Trainees' needs and better support them to provide optimal health care.

Aligned with this, I will focus on strategies to ensure healthcare equity for our most disadvantaged: Aboriginal and Torres Strait Islanders, Māori, those with disability, in rural/remote settings and refugees. I'll draw on my experience in remote Aboriginal communities and as Consultant to the Human Rights Commission on Children in Immigration Detention.

Other priorities include: anticipating and responding to the health impacts of climate change and the Covid pandemic; disease prevention - tackling obesity, alcohol harm and mental ill-health epidemics that are so costly to society; and supporting flexible, targeted training to reflect changing workforce demographics and future healthcare needs.

I acknowledge advocacy and policy as increasingly important components of RACP activity and will be proactive in engaging with governments, educators, policymakers and media for maximum impact. I have experience e.g. through involvement in RACP's Kids Covid Catchup Campaign, Alcohol Policy and Inequities in Child Health Policy.

I support evidence-based care and research, which is required underpin best practice.

# **Background, Experience and Skills**

I am Professor of Paediatrics and Child Health, University of Sydney; Consultant Paediatrician, Children's Hospital Westmead; Head, NSW FASD Assessment service; Co-Director, Care and Intervention for Children and Adolescents affected by Drugs and Alcohol; and a Medical Research Futures Fund Next Generation Fellow.

I've had academic positions at Universities of London and Leicester. Research interests include fetal alcohol spectrum disorder, indigenous health, rare and infectious diseases, and cerebral palsy. I teach/supervise medical/research students and advanced trainees.

I lead research in Kimberley Aboriginal communities (2009–) and Vietnam (2004–) and am Director of the Australian Paediatric Surveillance Unit (1993–).

I am a Fellow of the Royal College of Paediatrics and Child Health and Royal College of Physicians UK and elected Fellow of the Academy of Health and Medical Sciences and Royal Society of NSW.

# **Experience and Achievements**

#### **Education and Training**

- Chair, Scientific Program Committee International Pediatric Association Congress: 2012–13
- PCHD Scientific Program Committee: 1998–2002
- Past President, Paediatric Research Society Australia and New Zealand

# **Policy and Advocacy**

- PCHD Policy and Advocacy Committee: 2009–2010
- Alcohol policy: 2013-4
- Inequities in Child health policy: 2015–18Kids Covid Catch-up campaign: 2022

### **Fellowship Matters**

- PCHD Council: 2002-11
- PCHD Workforce Sub-Committee: 2008–2010
- Howard Williams Medal: 2017
- John Sands Medal: 2011
- Asian Pacific Pediatric Association Paediatrician of the Year: 2018.

#### Research

- Chair, PCHD Research Committee: 2008–2011
- RACP Research Advisory Committee
- Director, APSU: 1993-

#### **Leadership Contributions**

Numerous roles in RACP, education, research, healthcare nationally and internationally

# **Director's Roles**

Board Director: Royal Far West, National Organisation for FASD, Hoc Mai Foundation

Chair, Australian Government National FASD Advisory Group; Member: Academy of Health and Medical Sciences Council; Life Saving Drugs Program Expert Group.

# Skills and experience in Indigenous Cultural Awareness

Common challenges are experienced by Aboriginal and Torres Strait Islanders and Maori. Since 2009 I've led clinical research with Aboriginal communities in the remote Kimberley and gained deep knowledge of the impact of socioeconomic factors, racism and cultural protocols on healthcare delivery and outcomes, which has informed strategies and solutions.

Proposer: Dr Jennifer Proimos FRACP

Seconder: Dr Anne Morris



# **Dr Sharmila CHANDRAN**

My vision is for members to be proud of our college; to feel that they are valued and cherished members of our community.

My priorities for the college if elected are

- 1. Improve member engagement
  - a. Timely and efficient resolution of member queries
  - b. Optimize use of technology
  - c. Listen and act on member feedback
  - d. Increase awareness of work done by RACP
- 2. Act
  - a. to reduce bullying and harassment in training sites
  - b. to reduce gender inequity and racism within medicine
  - c. to innovate educational resources, training requirements and examinations
  - d. to reduce carbon footprint of the college and training sites
- 3. Collaborate with
  - a. Specialist societies and chapters
  - b. Rural doctors and other medical organisations
  - c. Fellow colleges
- 4. Strong advocacy
  - a. Welfare and wellbeing of members
  - b. Transparent job allocations

I am a renal physician based in Melbourne. Upon graduation from the University of Melbourne, I moved to UK and finished MRCP training before moving back to Melbourne to undertake FRACP and nephrology training. I completed a PhD in renal transplantation at Monash University followed by a fellowship in renal transplantation at Toronto General Hospital.

### **Background, Experience and Skills**

Upon my return, I completed a Masters in Health Administration (MHA) at Monash University, board training (GAICD) as well as the Associate Fellowship of the Royal College of Medical Administrators (AFRACMA) and a Graduate Certificate in Clinical Teaching at the University of Melbourne (GCertCliTeach). I maintain my professional development by attending several courses yearly in leadership and nephrology.

#### **Experience and Achievements**

I am part of 8 college bodies

- 1. Board Director with recent creation of the next strategy
- 2. Inaugural Chair of the Wellbeing Committee
  - a. Establish wellbeing champions in training sites
  - b. Increase wellbeing checkpoints in training programs
- 3. Chair of the fellowship committee.
  - a. Endorsed changes to the flexible policy
  - b. Review process of college awards and medals
  - c. Oversight of the work of the Gender Equity working group
  - d. Oversight of the ROC
- 4. Member of AMD council and its executive committee
  - a. Designing a leadership course for mid-career physicians
  - b. AMD lead for Congress 2021 and 2022; creation of the AMD program
- 5. Lead Fellow Congress 2023
  - a. Lead the mainstream program
- 6. Member of the College Lecture Series
  - a. Oversight of >40 lecturers
  - b. College lecturer in nephrology
- 7. Member of the Mentor Match working group
  - a. Chair of the introductory webinar
- 8. FRACP examiner
- 9. Ex-member of the Victorian Regional Committee

### **Leadership Contributions**

Within college - see above

Member of the Society of Nephrology (ANZSN) and

- a. Deputy Chair of its Education Training Committee
- b. Program Director of the CME clinical course of the Annual Scientific Meeting
- c. Member of the Scientific Program and Award Committee
- d. Member of the e-learning hub committee

#### **Director's Roles**

- Board Director, RACP May 2021
- · Risk Assessment and Strategy Training, RACP
- Board director of Leongatha Hospital
- Ex-board director of Kerang District Health
- Completed GAICD and AFRACMA
- Completed Value in healthcare course, Harvard Business School

# Skills and experience in Indigenous Cultural Awareness

Completed the Arrilla program on Indigenous cultural competency

**Proposer:** Dr Teresa Sing-Yan Leung **Seconder:** Dr Adam Steinberg



# **Professor Jennifer MARTIN**

Kia Ora physician and future physician colleagues, I am really energised by the opportunity to stand as your next President and in a manner that recognises our indigenous communities' special voice. I am a kiwi Australian with leadership qualities essential for our future organisation, knowledge and experience in Board governance, and the motivation to lead change.

My vision for change is to transform this College making it fit for purpose for our future physicians, particularly in a changed workforce post COVID. Ongoing issues with exam failures are unacceptable. We must drive accountability from management, promote digital expertise and revise our training pathways so we can meet our future population health needs. I will reclaim our reputation as an innovative, adaptable and leading physician education body that can focus on its core business and deliver for its members.

It is pivotal that our elected Board are competent in leading us through the current ASIC investigations and informing the membership as legality permits. The new Board must act to ensure that the legally expensive historical conflicts that have engulfed previous RACP Boards do not continue. My current health and education Board experience perfectly positions me to lead us through this difficult time.

# **Background, Experience and Skills**

I am a physician currently seconded to lead medicines formulary development and clinical pharmacology advice in the NSW Ministry of Health during COVID.

# **Experience and Achievements**

- BPT/AT supervisor 24 years
- Internal Medicine Journal sub-Editor 11 years
- SIG/STC in Clinical Pharmacology
- ASCEPT/Clinical Pharmacology representative of RACPRACP Policy and Advocacy Committee
- EVOLVE co-leader for clinical pharmacology since inception
- State and Federal committees for pharmaceutical policy in Australia and NZ 22 years (PBAC, PHARMAC, TGA)

### **Leadership Contributions**

- AICD Council (NSW), Corporate Governance and DPD Committees
- Secretary of the NSW Rhodes Scholars where I have broadened the scholar selection;
- NSW State lead on clinical pharmacology issues;
- contributor on national health advocacy bodies, media profile including ABC, the BBC on COVID-19 and medicines issues.

#### **Director's Roles**

In addition to Director's experience outlined above I've committee experience on the Risk/Controlled Entities Committees of the University Council for 2 years and People and Culture Committee of RACP.

# Skills and experience in Indigenous Cultural Awareness

Growing up in NZ, where Te Reo Maori, nga ture, te whakapono, te aroha are embedded though the state school and medical system, together with employment in the NZ Hospital system (13 years including training), working in Ministry of Health and engagement with other NZ networks and roles has enabled a deep knowledge of Te Reo and the customs and practices expected of health care practitioners and Government employees.

The incorporation of ATSI values into practice and processes whilst woefully behind NZ has still enabled contributions to be made on a health level e.g. access to QLD cancer services, translating outcomes from medicines trial participants to indigenous peoples, supervision of two indigenous PhD students and advocacy for inclusion of indigenous directors on two Boards. I practice social norms and protocols expected of leaders in health and Government and have form for advocacy of our local indigenous people's environment rights.

**Proposer:** Dr Catherine Yelland **Seconder:** Professor Nicholas Talley



# **Dr Steven BOLLIPO**

# How I see the College:

In 2022 we are at a crossroads. There are many strengths but significant challenges.

**Strengths:** Diverse group of 28,000 members in Australia & Aotearoa New Zealand with \$100M assets & \$67M revenue, AMC accredited specialist training, democratic processes for participation in committees & Board.

**Weaknesses:** Limited engagement of members in College processes including elections, technical challenges to FRACP exam & loss of trainees' confidence

**Opportunities:** A better process for FRACP exams, health related non-partisan Policy & Advocacy, better advocacy for trainees' work conditions and fair Medicare reimbursement to patients for their specialist care

**Threats:** Board conflicts, governance issues, disenfranchised fellows from lack of clarity/transparency regarding investigations by external regulators with potential for fractured relationships within the various craft groups & regions.

# Why I want to run:

I believe I can effect culture change to re-engage & restore the trust of disenfranchised trainees & fellows with communication, collegiality & consensus to redirect the College to focus on the core business, to support our trainees (a reliable exam, advocacy via accreditation, mentorship and leadership training), Policy & Advocacy on rural & regional health issues & better value for fellowship fees.

### **Background, Experience and Skills**

I am a Gastroenterologist & General Physician - Basic Training in Newcastle & Advanced Training in Darwin & Launceston. I am now the HOD Gastroenterology in Newcastle. I was the Director of Physician Training in Launceston. I graduated from Christian Medical College, Vellore in 1991 before moving to Newcastle in 1995. As a practicing clinician with a diverse background, I hope to represent the views & aspirations of all trainees & fellows.

# **Experience and Achievements**

#### Policy & Advocacy:

- Deputy Chair of College Policy & Advocacy (CPAC)
- Previous Chair of eHealth committee
- Rural Task Force member (2001)
- In the last 12 months, I have authored four Gastroenterology Society (GESA) statements on Covid-19.

#### **Education & Training:**

- Director of Physician Training
- Accreditation subcommittee
- RACP Trainees Committee
- Advanced Trainee supervisor
- Teaching awards in Launceston & Darwin

#### Research:

Clinical trials, 19 publications in the last 2 years, 2 major research grants (total \$8 million) as a co-investigator, including an NHMRC grant in liver cancer research.

### **Leadership Contributions**

I am currently the Deputy Chair of the College Policy & Advocacy Committee (CPAC), I was previously the Chair of RACP e-Health Committee and RACP Board member (2005-2008). I chaired the Rural Task Force in 2002. I have been the HOD of Gastroenterology for the last 12 years.

### **Director's Roles**

I was in the College Board (2005-2008) & currently in the Board of Hunter Postgraduate Medical Institute, I understand the role of company directors, governance, financial & legal reports. My strengths are in strategy & risk assessment given my extensive experience in Policy and Advocacy.

# Skills and experience in Indigenous Cultural Awareness

I worked for 2 years in Darwin. I have first-hand experience and a deep understanding of Indigenous culture. I have done online & face to face cultural training courses. I can speak a few basic words in Arnhem Land languages from my experience in Darwin.

**Proposer:** A/Professor Amany Zekry **Seconder:** Dr Stephen Brady



Register your protest vote here.

In 2016 the college announced "Anthropogenic climate change is a global public health emergency" This was the conclusion of a college committee that was formed without participation of an identifiable sceptic.

The idea that fossil fuel induced global warming is harmful is based on prediction models that should be contestable. There are benefits to cheap energy. A robust questioning of this position is not obvious for unmentionable reasons.

Initiatives that promote individual freedom and subsidiary level initiatives might lead to a more robust College.



Ideas that could be considered:

The privatisation of the examination process. Increasing frequency and possibly more competitive pricing will allow trainees a more flexible timetable to progress their careers. Examiners could be fairly remunerated for their time.

Allowing a more decentralised approach to training - creating competition in a centrally controlled market. Units should have the freedom to develop unique training programs that provide better quality physicians to serve patients. There could be greater delegation of responsibilities to subspecialty groups with a more free market approach.

Greater price competition for public hospital appointments (reduced salaries) could be trialled. The domination of public hospital jobs by a gerontocracy might be held accountable by a more enthusiastic, younger generation, at a more competitive pay rate.

The implementation of the greatest restrictions on public assembly and movement in generations as a response to the Covid virus has occurred under the noses of our craft group. This restriction of liberty has been inadequately questioned. The economic consequences of the lockdowns may yet cause more harm than benefit. I would seek to promote more libertarian, less authoritarian responses from the College to this and other issues.

# **Background, Experience and Skills**

VMO Physician Darwin Hospital and private practice. 2002 to 2008 VMO Physician Tamworth Hospital and private practice. 2008 to present.

# **Leadership Contributions**

- NT Territory Committee 2004 to 2007
- Adult Medicine Council 2021 to present

#### Skills and experience in Indigenous Cultural Awareness

I do not believe that cultural, ethnic or religious exceptionalism has any place in College affairs. Entry requirements should be exclusively on the basis of examination results and work experience.

**Proposer:** Dr Helen Lammi **Seconder:** Dr David Scott.

# **Election of Trainee Director**

CANDIDATE PROFILES

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



# **Dr Alexander MURPHY**

My dedicated colleagues,

I am an independent voice who is committed to advocating and representing the experiences of Trainees. Trainees face greater challenges from the disruption posed by the pandemic, and this impacts our education and training. The repeated setbacks in delivering written examinations only contribute unnecessary burden.

However, I have not had previous dealings, positions or other involvement with the College aside from ordinary Trainee membership. As such, I do not come to the Board with any preconceived notions or bias, but rather with an objective view on how the College can better support Trainees - the future physician workforce of Australia and New Zealand.

The College has an important role in the accreditation of training positions, and it is through this powerful mechanism that improvement in the quality of training supervision and educational experiences can be achieved. Safe and supportive workplace environments directly improve the health and wellbeing of Trainees, yet I have personally experienced the variability in training positions and I am committed to remediating this issue.

As a research fellow I now have the flexibility to dedicate my efforts towards these aims through active participation as a Board member.

Thank you for your consideration.

# **Background, Experience and Skills**

I am a current adult medical oncology advanced trainee and recently returned from a United Kingdom fellowship in clinical trials for gynaecological cancers. I am now undertaking a clinical research fellow position in Western Sydney.

#### **Experience and Achievements**

I have had a regular experience in research through involvement in investigator-initiated clinical trials and senior positions in trial management. I regularly participate in the education of physician trainees and medical students. I have previously represented my medical student peers, lobbying universities and developing national and international policy.

# **Leadership Contributions**

I have held leadership positions as President of a medical student society, on the executive of the peak Australian medical student association, and director of a peer-reviewed student journal. I have also held leadership positions as an officer in the Australian Army Reserve including on operational deployments.

#### **Director's Roles**

As a previous Board member of a NFP organisation, I have an appreciation of the legal obligations for Directors. As Treasurer of a national student association, I also gained literacy in corporate finances, augmented by post-graduate university training in health administration, strategy and change management. I will undertake the AICD Company Directors' course if appointed. Finally, my officer training within Defence has a strong focus on risk appreciation and management.

### Skills and experience in Indigenous Cultural Awareness

I was raised, have resided and worked in the Blacktown LGA/Darug land, with one of the largest populations of Aboriginal communities, and have witnessed first-hand the disadvantages faced by Indigenous Australians when interacting with the Australian healthcare system. While I do not possess Indigenous language skills, I understand the similar challenges faced by cultural minorities in Western Sydney of which I am a part, and I endeavor to grow my awareness of culturally-appropriate customs for Indigenous peoples to address systematic disadvantages and promote an inclusive College.

### **Potential Conflicts of Interest**

Employee, Nepean Blue Mountains Local Health District, Australian Defence Force. Advanced trainee, RACP.

**Proposer:** Dr Deme Karikios **Seconder:** Dr Isabella Wilson



# **Dr Davina BUNTSMA**

Trainees comprise one third of our College Membership. In making decisions that benefit the whole College it is vital that our trainee members are represented. As Chair of RACP College Trainees' Committee for 4 years I have a unique and current insight into the needs of RACP Trainees and how our College can best align with its members.

#### The greatest challenge facing our College

The RACP Computer Based Examination is the highest priority issue for the College and requires greater oversight at Board level. As a trainee who sat the 2018 computer based Divisional Written Exam, I have direct experience and understanding of the high-level impact these exam failures have had on trainees. As trainee director I will bring a perspective to the Board that is essential in future exam planning.

#### What do members think?

College surveys show that overall satisfaction with the College is decreasing (from 54% to 40%, 2019 RACP Member Satisfaction Survey). To improve this, our College needs to be shaped by:

- Timely, transparent and compassionate communication
- Efficient processes in training decisions
- RACP assessments that reflect best adult learning practice
- Flexible training which supports families
- Advocacy to create safe workspaces which support diversity

#### **Other Priority Areas**

Advocacy on climate change, gender equity, supporting Indigenous and rural/remote physicians, and workforce planning remain important issues for our College to address.

Members desire a College that supports their journey as a physician rather than acting as an obstacle. As a Board Director I will do my best to shape RACP into a College that tangibly supports and values you, while you continue serving our Australian and Aotearoa New Zealand communities.

### **Background, Experience and Skills**

RACP dual trainee in General Paediatrics and Adolescent Medicine.

#### **Experience and Achievements**

#### Education

- College Education Committee trainee representative (2018-2022)
- Surveyor training in pre-vocational hospital accreditation
- Post-graduate certificate in clinical education (The University of Melbourne)
- Coordination of 2021 RACP Clinical examination
- Collaborated in developing Bubbles and Briefcases (FRACP Preparation Course)
- 2013 NTPMC Junior Doctor of the Year
- 2021 RACP Trainee of the Year

#### Policy and Advocacy

- CTC Chair (2018-2022) providing advocacy for RACP trainees
- Providing trainee updates at RACP Board meetings

#### Research

- 4 publications
- RACP Congress Presentation
- 2021 RACP Paediatric small study grant recipient

#### Fellowship Matters

- Fellowship Committee Member (2019-2020)
- Speaker at RACP orientation events, webinars, Congress

# **Leadership Contributions**

- College Trainees' Committee Chair (2018-2022)
- Victorian and NSW/ACT Paediatric Trainee Co-Chair
- College Council Member (2018-2022)
- RACP Trainee representative at AMA College Trainee Chair forums

# **Director's Roles**

The CTC reports directly to the Board. My experience on multiple RACP Committees has given me an in-depth understanding of College governance structures, areas of risk, and strategy required moving forward. I will undertake further training through the AICD Company Directors Course.

# Skills and experience in Indigenous Cultural Awareness

- 3 years experience working in the Northern Territory has given me a deep respect for Indigenous communities and their connection to family, culture and country
- Those identifying as Indigenous hold the knowledge required to progress Indigenous health and the College's role lies in empowering Indigenous leaders and physicians

**Proposer:** Dr Hashim Abdeen **Seconder:** Dr Elizabeth Keeling.