# RACP Medal for Clinical Service inRural and Remote Areas 2026

**Closing date: 5pm AEST, Sunday 31 August 2025**

Submit this nomination form together with supporting documentation in PDF format
and email to foundation@racp.edu.au with the subject
“RACP Medal for Clinical Service in Rural and Remote Areas”

***Note:*** *A nomination is not complete and cannot be progressed unless all required documentation is provided.*

**Terms & Conditions:**

The [Terms and Conditions for College meritorious awards and prizes by nomination](https://www.racp.edu.au/foundation/terms-and-conditions/meritorious-awards-by-nomination) apply.

The College [Conflict of Interest Policy](https://www.racp.edu.au/docs/default-source/default-document-library/pol-conflicts-of-interest.pdf?sfvrsn=4) and [Privacy Policy](https://www.racp.edu.au/home/privacy/policy) apply.

**Nominee details:**

|  |  |
| --- | --- |
| MIN: |  |
| Title:  |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Division / Faculty / Chapter: |  |
| I confirm that the nominee:[ ]  is a Fellow of the Royal Australasian College of Physicians (may be a member of a Division, Faculty or Chapter) |

**Nominated by:**

|  |  |  |  |
| --- | --- | --- | --- |
| MIN: |  | Status: | [ ]  Fellow [ ]  Trainee |
| Title:  |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Division / Faculty / Chapter: |  |

**Nominator’s relationship to Nominee** (please give details of any professional relationship and/or personal knowledge)**:**

|  |
| --- |
| *(Max 200 words)* |

[ ]  I have notified my nominee of my intention to nominate them.

**Eligibility:**

I confirm that the nominee:

[ ]  is a Fellow of the Royal Australasian College of Physicians (may be a member of a Division, Faculty or Chapter)

[ ]  is not a current College Board member;

[ ]  is not a current College staff member;

[ ]  has not attained the Office of President of the College at any time;

[ ]  has not been a previous recipient of the RACP Medal for Clinical Service in Rural and Remote Areas;

[ ]  is aware that I intend to nominate them and has granted any permissions necessary, including permission to use the citation provided in College communications, both print and digital.

The nominee must be undertaking significant work in one or more rural and/or remote communities. The term ‘rural and remote’ community is determined by thefollowing classifications:

* Australia ([Australian Standard Geographical Classification Remoteness Area](https://www.health.gov.au/health-workforce/health-workforce-classifications/australian-statistical-geographical-classification-remoteness-area)): (RA2; RA3; RA4; RA5).
* In Aotearoa New Zealand, the Fellow must be working outside of an urban area.

Please set out details of how you believe the nominee has demonstrated the following:

1. **Contribution to clinical service in rural and remote areas**

Significant and sustained contribution to clinical service in rural and remote areas of Australia and Aotearoa New Zealand.

|  |
| --- |
| *(Max 150 words)* |

1. **Professional Leadership**

Demonstrated outstanding leadership in developing and promoting initiatives to improve available clinical service available in rural and remote areas.

|  |
| --- |
| *(Max 150 words)* |

1. **Advocacy**

Performed significant advocacy on behalf of rural and remote communities in regard to health policy, health research or other areas of health importance.

|  |
| --- |
| *(Max 150 words)* |

1. **Mentoring and Training**

Proven commitment to mentoring and training future and current physicians, medical graduates, and health practitioners.

|  |
| --- |
| *(Max 150 words)* |

Please provide an appreciation and evaluation of the contribution of the nominee over the relevant period. This must include details of the contribution made by the person nominated and the impact of these contributions on others and/or how these efforts have contributed in a meaningful way to rural and remote clinical service. The assessment of the contribution of the nominee in relation to others is emphasised as being an essential part of the nomination.

|  |
| --- |
| *(Max 150 words)* |

**Supplementary Information:**

Has the nominee’s contribution been recognised elsewhere (e.g. in the media, by other awards, professional/interest groups, local government or the College)?

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| --- |
| *(Max 100 words)* |

**Supporting Documentation Required:**

[ ]  CV of nominee (including a 1-page Executive Summary if over 7 pages)

[ ]  Two signed letters of support from referees, other than the nominator
(provide details on the following page)

[ ]  Citation for the nominee (up to 200 words) – *optional, to be used in College communications (print and digital) if the nomination is successful*

**Other supporting documentation** (up to 2 documents with no more than 3 pages each):

I certify that:

☐ I have read the [Terms and Conditions for College meritorious awards and prizes by nomination](https://www.racp.edu.au/foundation/terms-and-conditions/meritorious-awards-by-nomination) and as nominator agree to abide by them.

☐ the information supplied in this nomination is true and correct. I understand that the Royal Australasian College of Physicians may wish to verify this information with any institution or individual. The nominee and I consent to such inquiries being made as part of the selection process.

Signature: Date:

# REFEREE DETAILS

Two letters of support from referees **must** be submitted. Referees must be able to make direct comment on the contribution/service of the Fellow you are nominating.

# REFEREE A

|  |  |
| --- | --- |
| Title:  |  |
| Name: |  |
| MIN (if applicable): |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |

**REFEREE B**

|  |  |
| --- | --- |
| Title:  |  |
| Name: |  |
| MIN (if applicable): |  |
| Organisation/Position: |  |
| Telephone: |  |
| Email: |  |