My name is Dr Emily Harrison, and I’m running for the position of ACRRM President. I am a second-generation FACRRM living and working in Swan Hill, in northwestern Victoria. Inspired by my mother, becoming an ACRRM fellow and working as a Rural Generalist was the only career path I considered.

If elected, I will proudly serve as a spokesperson and advocate for ACRRM and its members. My values of authenticity, honesty, and empathy complement the college values of optimism, conviction, courage, and inclusiveness. My experience as a Rural Generalist and dedication to advocating for doctors’ well-being makes me a strong candidate for this role.

My time on the ACRRM College Council and FARM committee has allowed me to be involved in the college's recent strategic planning, giving me an in-depth understanding and appreciation for ACRRM's vision for the future. Through my roles as an active member of the Respectful Workplaces Committee and the Emergency Medicine Working Group, as well as examining registrars for assessments and facilitating courses, I have developed an understanding of the college's workings on multiple levels.

I have been involved in creating a new ACRRM course, HEART. A course that advocates for doctors' well-being by focusing on helping doctors thrive within the system and culture of rural medicine, teaching concepts and skills that can change how we treat each other and ourselves.

In addition to my involvement with ACRRM, my roles on the RDAV and RDAA boards have given me the opportunity and experience to advocate for rural clinicians and communities. These roles have also assisted in developing my governance experience and building relationships with key industry figures, including external organisations and government departments.

I believe in ACRRM’s vision of 'Healthy Rural, Remote, and First Nations communities through excellence, social accountability, and innovation’ and that it is best achieved by improving how the workforce is supported, respected, and valued.

Now that ACRRM has established college-led training, we can continue to grow the education, training and support for registrars, supervisors and fellows. Furthermore, in advocating for clinician well-being and system change at government, health service, and community levels,

ACRRM can strengthen the flexibility and courage of its members, celebrate the diversity within the college, and encourage everyone to be their authentic selves.

I am confident that ACRRM can be a trailblazer, building on its fantastic culture to be the envy of all other colleges and inspire the next generation to become rural generalists.