



**PROPOSED CANDIDATE FOR MEMBERSHIP OF THE ICF MEDICAL & ANTI-DOPING COMMITTEE
ENDORSED BY THE PADDLE UK BOARD**

CV	
Name:	Jane Gibson
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Name of position the individual is seeking nomination from:	Chair of Medical and Anti-Doping Committee
Canoeing background/experience	
<p>I have been paddling for more than 47 years and have competed in all disciplines at one time or another. However, slalom has been my home since the early years and I competed for GBR during the 1980's. I then went on to coach and manage the GB Intermediate Team, as it was known then, and was team doctor for several years. I went to the 1992 Barcelona Olympics as GBR Team Doctor and assistant coach. In 1995, I started a family and was not involved again until 2007 when our children started to compete. Since that time, I have continued to coach at a local level, supported our children through the elite pathway and carried on paddling and racing for fun myself. I still get out on whitewater regularly and run a canoe club.</p>	
Relevant career background, skills and experience	
<p>I graduated in medicine in 1988 and have pursued a career in Internal Medicine. During my professional training I spent 3 years at the British Olympic Medical Centre in London as a sports medicine doctor whilst undertaking a PhD in 'Bone Health in Elite Female Runners'. I then went on to specialise in Rheumatology and became a consultant in this specialty. I was head of the Fife Rheumatic Diseases Unit for 22 years, set up and ran the Fife Bone Health and Falls service and set up the Fife Paediatric and Adolescent Rheumatology Service. Since retiring as a Consultant Rheumatologist, I have returned to General Medicine and am a part-time Consultant Physician in the Emergency Care Ambulatory Service, a subsection of the Acute Medicine Department.</p>	
Relevant international canoeing background/positions/experience	
<p>I have been on the ICF MAC since 2015 as well as the ECA Medical Advisor. I have been Chief Medical Officer for the London World Cups, European Championships and World Championships since 2015 and have attended the European Games in Minsk and Munich and Krakow as medical advisor for the European Canoe Association. I was the liaison doctor with the ICF and ECA medical committees for anti-doping and analysed all the Therapeutic Use Exemption applications until the ITA took over responsibility for that. During the Covid years, I prepared all the Covid protocols in conjunction with the various technical committees for the ICF and ECA. More recently, I have become Chair of the Transgender Policy Working Group for the ICF, have produced an Extreme Heat Policy for ECA and am currently developing Head Injury Assessment Protocol to cover all paddlesport disciplines within the ICF. In April 2024, I was</p>	



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elected Interim Chair of the Medical and Anti-doping Committee following the stepping down of the current Chair.

Aims and objectives if successful in appointment to the role

There are a number of challenges facing the Medical Committee and we need to address these in a proactive and ordered manner. I would like the Committee to create a plan of action for the medium and long-term that will be developed in conjunction with the Technical Committees and the Board. This will allow us to prioritise our work and deliver results that are meaningful and helpful to the athletes, the various disciplines and the Board.

Examples of such work are: Completion of the Transgender Policy; a Head Injury Protocol that is applicable across all events; a Position Statement on water quality for competition; formalisation of the requirements for medical services at ICF events and integration into the HOC regulations; guidance on safe retrieval of an injured athlete at competitions.

With an athlete-focused approach, we should develop downloadable athlete advice for e.g. heat, hydration and prevention of infectious illness. The mental health and wellbeing of our athletes is of paramount importance and we should be providing advice and toolkits for this.

I also believe that we should be more active in assessing the safety of our sport and should be collecting statistics for injuries and illnesses that occur at ICF events, so that we can recommend mitigation where appropriate.