Curriculum Vitae David McDonagh

Place of birth:	Dublin, Ireland,
<u>D.o.b</u> .	21.02.56, 67 years old
Residence:	Ranheimsveien 230C, 7055 Ranheim, Norway
<u>Tel:</u>	+ 47 917 67771
<u>e-mail;</u>	mcdonaghnor@gmail.com
Citizenship:	Dual, Norwegian and Irish
Education + current employment::	
• Devel College of Surgeons in Iroland (DCSI) 1090 MD DCh DA	

- Royal College of Surgeons in Ireland (RCSI) 1980 MB, BCh, BAO, LRCPSI
- Diploma in Tropical Medicine 1980 DTM
- Accident + Emergency Consultant, St. Olavs University Hospital 1991 -
- University lecturer NTNU University Trondheim, Norway 1996 2013
- Fellowships :
- Faculty of Sports and Exercise Medicine, Royal College of Surgeons and Physicians in Ireland 2013 FFSEM RCSI RCPI,
- Society of Sports and Exercise Medicine Malaysia 2014 FSSEMM
- International Sports Medicine Federation 2010 FFIMS
- Current Employment: Consultant A+E Department, Trondheim, Norway. Head of Department.

International Sports Federations Medical Committees/Commissions::

- Chairman Norwegian Boxing Medical Committee 1996 -
- Member FIBT (International Bob- Skeleton Federation now ISBT) 1993 2001
- Chairman FIBT Medical Committee 2002 2013.
- Secretary AIBA Medical Commission 2010 2014
- Vice Chair AIBA Medical Commission 2014 2018

Event/Team/Ringside doctor - Olympic Games (OG), World Championships (WC)

- Bobsleigh, Norway team doctor 1994 2014
- Norwegian Nordic Combined team doctor 2003 2008
- Team doctor Norwegian Nordic Combined team OG Torino 2006
- Boxing Norwegian Boxing Federation events since 1994
- Boxing World Junior Championships Turkey 2011, Men WC Baku 2011, Universiade Kazan 2013, Asian Confederation Championships - Thailand 2015, WC Men Doha 2015, Olympic Games, Rio de Janeiro 2016, WC Women, Astana 2017, WC Men Hamburg 2017, Youth OG, Buenos Aires 2018, European Games, Minsk 2019, Nordic Championships Norway 2017 and Iceland 2022
- Doctor for World Champion boxer Cecilia Brækhus 2017 2018

Chief Medical Officer (CMO)- administrative roles at OG and WC:

- Olympic Games Lillehammer 1994 asst. CMO for all medical services
- CMO at World Championships in 5 other sports : Luge, Bobsleigh, Nordic Skiing, Ice Hockey, Cutty Sark Tall Ships Race

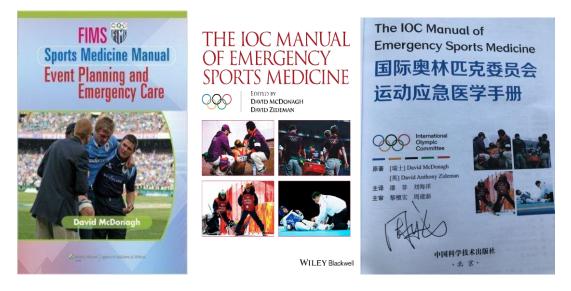
Medical Advisor to 6 Olympic Games Organizing Committees:

• ACOG - Atlanta 1996, SLOC Salt Lake City 2002, TOROC Torino 2006 VANOC Vancouver 2010, LOCOG London 2012, Sochi OGOC 2014 Anti-doping work:

- As Chair of the Medical CommissionI I set up the FIBT anti-doping program and managed the program between 2002 2013
- Member of Norwegian Appeal Committee in Antidoping Norge 2008 2010
- Advisor ICC (International Cricket Council) Anti-doping matters 2009 -2010

Books published - main author:

- 1. Chinese version of IOC Manual of Emergency Sports Medicine Beijing 2022
- 2. IOC Manual of Emergency Sports Medicine, 2015
- 3. FIMS Event Management and Emergency Care Manual, 2012
- 4. 3 Olympic Manuals Lillehammer 1994



Chapter author in textbooks:

- Sports Injuries, Prevention, Diagnosis, Treatment and Rehabilitation, 2nd Ed., 2016, Springer
- Encyclopedia of Sports Medicine, 2011, Sage Publications
- The IOC Manual of Sports Injuries: An Illustrated Guide to the Management of Injuries in Physical Activity. 2012

Peer reviwed published articles on Boxing:

- Neurological tests improve after Olympic style boxing bouts:a pre-tournament and post-tournament study in the 2016 Women's World Boxing Championships, Howell McDonagh, <u>Br J Sports Med. 2017</u>
- Use of Head Guards in AIBA Boxing Tournaments-A Cross-Sectional Observational Study., Loosemore MP¹ - McDonagh D, <u>Clin J Sport Med.</u> 2016

<u>Training courses/lectures in Emergency Sports Medicine for sports medical doctors:</u> Nikosia, Johannesburg, Delhi, Kuala Lumpur, Imola, Shanghai, Rome, Sochi, Kampala, Oslo, Hong Kong, Barcelona, Guangzhou, Cape Town, Tromsø, Antalya, Vancouver, Thessaloniki, San Juan, Salzburg, Lausanne

Ringside Physician Courses

- Oslo for doctors from Norway, Sweden, Finland, Iceland, Ireland, scotland
- Entebbe Uganda Ugandan doctors

Dear Sir/Madam

I hereby apply for the position of Chair Medical and Anti-Doping Commission.

I have extensive experience as a boxing team doctor, national federation chairman and International Federation medical commission chair/vice chairman/member. I have published 5 textbooks, one of which is recognized as being the standard go-to reference manual for the treatment of injured athletes at Olympic events, The IOC Manual of Emergency Sports Medicine.

I have developed the term Emergency Sports Medicine to focus on the emergency care of the injured athlete which had fallen somewhat behind other medical specialities. I have thus conducted courses for sports medical doctors around the world. I have lectured in emergency medicine at my local university for 20 years. I am Chief Doctor in my A+E department with both administrative and medical clinical responsibilities with 150 staff (see attached CV).

I comply with World Boxing Rules and Regulations including the Code of Ethics, Code of Conduct and the Rules for Candidates for Elections as found at www.worldboxing.org.

I established the anti-doping program in the International Bobsleigh and Skeleton Federation (FIBT - now ISBT) and managed that program for 12 years. I have extensive medical contacts with other olympic federations and WADA.

If appointed Chair, I would prioritize the following:

- 1. Write a Medical Rules section. I am the author of the current AIBA/IBA Medical Rules and consider this to be my copyright and thus reproduce and donate to whom I see fit. An updated set of medical rules/guidelines can be produced within 2 - 3 weeks.
- 2. These rules/guidelines would then be presented to World Boxing (WB) for review and harmonization with other sporting rules and regulations.
- 3. Establish a WB Medical Commission (WBMC) and define its role. The number of appointees is usually dependent on the amount of tournaments WB intends to conduct. Countries that are members of WB already have good quality ringside doctors. Initially a group of 5 or 6 would be sufficient but if there are 8 10 good applicants then accept all. WB will need to conduct tournaments at some stage so a larger pool of ringside doctors will be needed. The WBMC should have a Chairperson and a Vice Chair to ensure impartiality in the case management of same-federation issues.
- 4. Initial meetings can be conducted digitally to save expenses.
- 5. ASAP make plans for establishing an anti-doping program. This is probably the most time-consuming medico-legal issue and should have a high profile considering AIBA's total neglect of this essential ethical theme. Schedule:
 - a) Internal discussions on the scope of the program.
 - b) Write a set of anti-doping regulation proposals to be ratified by WB (and advisably reviewed for comment by WADA ?????).
 - c) Enter into discussions with an anti-doping testing organization and negotiate appropriate "beginner" fees

- d) Negotiations with ADAMS / WADA on establishing norms for Athlete Whereabouts registration routines and adoption of registration programs. And, defining a Registered Testing Pool of athletes (RTP) and how these are to be tested (by National Federations initially, WB?),
- e) Establish a Therapeutic User Exemption (TUE) Committee
- f) Establish protocols for managing positive doping cases and whereabouts irregularities (part of the Rules).
- g) Establish a control system to ensure that the above points are controlled in an effective, legally correct and financially sound manner. I could do this initially but at some stage secretarial support will be necessary.
- h) Establish a plan for anti-doping education

I can produce a set of anti-doping regulations and protocol proposals within a few weeks. There are several options regarding ADAMS management and testing that would have to be discussed internally and subsequently negotiated. I am sure WADA and testing bodies would be accommodating initially. Anti-doping programs are expensive, so clear financial parameters need to be defined.

If appointed, I will be able to devote time to the role as I am about to enter semiretirement but am still mentally viable (?). I intend to reduce my clinical work to a 20% position. My only other activity is running a small charity that sponsors a school for orphaned children in Uganda.

References:

I can come with several references if my application is accepted for consideration.