Medsin-UK Guidance Statements

Medsin-UK is a student global health network active in tackling health inequalities through education, advocacy and community action. Registered charity number: 1111824

Non-Binding Guidance Statements

AGA 2006

Oxfam Access to Essential Services
To work with Oxfam on developing their 'Access to Essential Services Campaign'.

African Medical Research and Education Foundation (AMREF)
To continue to work with AMREF in furtherance of Medsin’s aims as laid out in the Constitution, but due to their pharmaceutical funding, will not form an official partnership with them for the time being.

Tropical Health Education Trust (THET)
For the Medsin network to work on developing LINKS, initially focussing on the student component of this programme, but with the broader aims of Tropical Health Education Trust (THET) in mind. Also, to allow a Medsin representative to sit on the strategic committee of THET, which will work on improving and increasing LINKS between UK-based institutions and those abroad.

Medsin-UK Policy and Guidance Statements, December 2015
Conference Agreement
For the GA to allow the National Committee to use the ‘draft conference agreement’ as a basis for future conference agreement discussions.

Medsin’s Name
For a working group to be appointed which will prepare a presentation to the SGA which will detail the positive and negative aspects of possible name changes as well as to suggest possible names. SGA will decide further action to be taken.

Branches
To encourage Branches to have their own purposes.

To encourage Branches to assign a Medsin member to communicate and liaise between Activities and Branches, using Activities Boards, whilst respecting the autonomy of Branches.

Regional Conferences
National Committee to facilitate and establish a system of regional meetings, inviting local Activities and branches to network, train and build relationships. National Committee will be responsible for allocating regions. Handover training will be a priority at these meetings.
Distinction between Projects and Campaigns
That a working group attempt to clarify the difference between a campaign and a project, in terms of the definition, what is required from them and what is offered to them in return. This information could be made available from the website to aid new Medsin activities when they are applying for recognition. Progress to be reported at the AGA 2007.

Legality of Medsin's Bylaws in Limiting Liability
That the new national committee assess the legality of the bylaws limiting liability of Medsin for projects, campaigns and the alumni. The results could be outlined at the 2007 AGA.

Motions for GAs
All motions to be sent to Voting Members two weeks before.
GHAP/Crossing Borders
For us to effectively oppose any attempt to restrict access to primary care, we will need to respond quickly in what is likely to be a hotly contested debate. We would therefore like Medsin to agree the following guidance statement:

1. To support members in all non violent protest against further restricting the rights of refugees to healthcare in this country;
2. To permit the joint Global Health Advocacy Project/Crossing Borders Asylum Campaign Group (between today and the 2008 SGA) to speak on behalf of Medsin on matters pertaining to any further attempts to restrict the access refugees have to healthcare in the UK;
3. To require that, in order to exercise this freedom, the Global Health Advocacy Project and Crossing Borders meet three requirements:
   3.1. To consult with Medsin President and inform Medsin Discuss prior to issuing any statement in Medsin's name;
   3.2. to maintain an up-to-date website detailing the progress of the campaign;
   3.3. to respond rapidly to any criticisms or queries from members of the network.

National Committee
A consensus among National Committee does not have to be reached for them to submit motions/By-laws/guidance statements if opinion is split – the National Committee will objectively put forward what they think the pros and cons are.

Money
We feel that the Medsin National Committee should ensure that any fees to be paid to International Bodies including IFMSA should be explicitly presented during the presentation of the budget for the upcoming year at the GA. This is to ensure that the expenditure of these fees is made more transparent for the Medsin network to see.

All efforts should be made to reduce the running costs of conferences, in accordance with Medsin’s ethos and belief in the avoidance of unnecessary expenditure, without jeopardizing environmental sustainability. We propose to set up a small working group to review the expenditure of the last 6 major conferences and to decide priorities for core expenditure of future conferences.

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SGA 2008

The Medsin network will vote on alternative names for the organisation by Spring General Assembly 2009
AGA 2008

5 alternative names for Medsin will be shortlisted from a selection of names suggested by members of the Medsin network. These 5 names will be publicised to the network until the Global Health Conference 2009 in Manchester. At the voting session at the Global Health Conference the new name of Medsin will be decided. Medsin will be in the shortlist of 5 names.

Medsin resolves to let the Defend Primary Healthcare campaign continue to speak on behalf of Medsin when it comes to matters concerning limits to entitlements to NHS care for vulnerable migrant communities in the UK.

Medsin Conference organisers in collaboration with the National Committee should endeavour to minimise and calculate the environmental impact of all their conferences. This should be based on Carbon Dioxide emissions and travel miles.
SGA 2009

Guidance Statement on Defend Primary Healthcare Campaign
Medsin resolves to let the Defend Primary Healthcare campaign continue to speak on behalf of Medsin, except on matters of sexual health, when it comes to matters concerning limits to entitlements to NHS care for vulnerable migrant communities in the UK.

Guidance Statement on Environmental Policy
To mandate National Committee to form a Small Working Group involving individuals from the wider Medsin network outside the National Committee to develop an environmental policy for Medsin-UK to raise awareness of environmental issues outside of the Healthy Planet campaign and to do this before the new National Committee comes into affect.

Guidance Statement on Name Change
This General Assembly recognises that a vote was held at the Global Health Conference 2009 which recommended that the name Medsin be retained. The alternative options were; IFMSA-UK, Student Action for Global Health, Students Alliance for Global Health and Student Movement for Global Health. The name Medsin won by a margin of two. A guidance statement at the Spring General Assembly 2008 mandated this vote and was followed consultation, debate and suggestions.

Guidance Statement on Charity Status
We would like to mandate the National Committee to form a Small Working Group involving individuals outside of the National Committee in addition to one member of the NC to research the legality of Medsin's By-laws in relation to charity status and nationally recognised Activities. Furthermore, we would like the SWG to seek a professional legal consultation. The SWG will report back at the AGA 09.

Guidance Statement on Medsin Magazine
Two editions of the Medsin Global Health Magazine has been produced so far, with the first published in October 2008 and distributed at the National Conference in UCL and the second produced for the Global Health Conference in Manchester in March 2009.

The magazine was initiated to provide an opportunity for enthusiastic students to write about topical global health issues and to inform and inspire readers. It is envisaged that the magazine will continue to be published biannually and this will require a dedicated team lead by an editor who should be elected at the SGA. The magazine should be re-evaluated on a yearly basis to guarantee that there is sufficient sustainable funding available and to ensure its relevance to the network.
Guidance Statement on Membership

This General Assembly:

1. BELIEVES that the issue of membership should be a national priority for the National Committee 2009-2010.

2. MANDATES the current NC to form a Membership SWG immediately. This SWG will research:
   2.1. How all parts of the network (eg. B’s, P’s, and C’s) define membership and deal with fees;
   2.2. Different options for Medsin membership and their potential effects on voting, representation, finances, and external image;
   2.3. Membership structures of other organisations (eg. People and Planet, AMSA, BMA etc).

3. MANDATES the Membership SWG to present a full report of initial research findings to the AGA.

4. MANDATES the Membership SWG to present a final report with a draft timetable of action to voting members at the National Conference 2009, to be voted on.

5. A final decision should be made at the SGA 2010, subject to vote. Should this be deemed technically unfeasible by this time, the issue must be resolved by SGA 2011 at the latest.

Rationale:

Membership is one of the most important issues that should be considered by the Medsin network. It impacts on the way people feel involved within the organisation at a local and national level, on finances, on representation (who votes), on our external image, and on the way Branches interact with their local members.

A change in the way we define membership could bring benefits to individuals within Medsin. It could encourage greater participation and grassroots democracy. It allows us to define our network more accurately, improving our legitimacy and improve our effectiveness.

Discussions have been rumbling on for a couple of years now, it was deemed a national priority by this year’s NC but was unfeasible to address in the same year as the name change issue. It’s time for some concrete positive action!
AGA 2009

Guidance Statement on Joining the UKYCC
Medsin UK is now part of the UKYCC (UK Youth Climate Change Coalition).

Rationale:
The UK Youth Climate Coalition (UKYCC) is a movement of young people and youth organisations from across the UK working to ensure an equitable and effective global climate deal in Copenhagen (UN Climate Change negotiations) and a safe energy future for all. They seek to inspire young people to act on climate change by training, supporting and empowering young people to carry out their own youth climate initiatives.

By bringing together young people from different backgrounds they wish to demonstrate that youth are building a cohesive youth climate movement which both cares about and demands action on climate change.

Climate change is a pressing health issue, as demonstrated by among other sources the Lancet report on Climate Change and Health. Joining UKYCC will allow Medsin to communicate the message it wants about climate change and receive the many supportive resources and initiatives UKYCC has to offer.

Guidance Statement on development of a Medsin Manifesto
This General Assembly mandates the Medsin National Committee to work with others in the network to develop a manifesto of ‘Medsin asks’. This manifesto should include input from a range of people within the Medsin network, including both projects and campaigns. The manifesto should be ratified by the Voting Members before being utilised.

Rationale:
We believe that the upcoming UK General Elections provide an important opportunity to ask important questions of our politicians.

Much of the work that Medsin does – both project and campaigns – deserves to be highlighted to the Prospective Parliamentary Candidates (PPCs) for the upcoming General Election. The upcoming General Election will be, for many Medsinners, the first General Election in which they are eligible to vote. The development of a manifesto document would facilitate Medsinners in making informed votes, as they will be aided in finding out what the PPCs in their constituency believe about the issues which matter most to them.

The Campaigns Team has started initial work on the manifesto from a campaigns perspective, although would like to see input and ownership of the manifesto from across the network – particularly from projects.
It is suggested that the manifesto could be used at ‘Question Time’ style events to make these asks directly to the PPCs.

Note: the organisation of ‘Question Time’ style events in no way contravenes charity law (which does regulate some aspects of activity involving political parties); many charities such as Oxfam have held similar events in the past.

Guidance Statement on Medsin Entitlement Campaign
Medsin resolves to let the Defend Primary Healthcare campaign continue to speak on behalf of Medsin when it comes to matters concerning limits to entitlements to NHS care for vulnerable migrant communities in the UK.

Guidance Statement on Activities Board Fund:
That the Activities Board should review Activities Board Fund applications for their ethical and environmentally friendly principles on a case by case basis and encourage applicants to include in their applications a consideration of ethical and environmental factors.

The Environmental Working Group and Ethical Funding Framework Small Working Group within Medsin should assist the Activities Board in reviewing applications and they must also assist any applicant in their proposal.
SGA 2010, Manchester

Guidance Statement on joining the 10:10 campaign
For Medsin-UK to sign the 10:10 petition and commitment to cut carbon emissions by 10% by 2010.

Guidance Statement on Environmental Policy:
Medsin’s work focuses on improving health, the evidence indicates that climate change negatively effects health. The network currently has an unsustainable impact on the environment, we recognise that there are areas in which we act where this could be reduced.

MEASURE – We request that the environmental impact of certain Medsin activities be measured. This should occur via measuring the carbon footprint of:

   a) National Conference and Global Health Conference
   b) General Assemblies
   c) Regional Events
   d) International activities including the IFMSA
   e) National Committee work and meetings

The results of these measurements are intended to inform future action in formulating an organisational carbon budget. It also gives a base level from which to improve.

MODORETE – We will measure the environmental impact as above to then inform the appropriate action based on the outcomes of this measurement. In the interim we are aware of areas that are particularly unfriendly to the environment. We want Medsin-UK to act to reduce it’s carbon footprint in the following areas:

   a) National and Global Health Conferences
      - Delegation travel method, explore incentivising low carbon methods of travel
      - Food procurement
      - Waste
   b) General Assemblies –
      - Delegation travel method, explore incentivising low carbon methods of travel
      - Food procurement
- Waste

c) Regional Events

  - Delegation travel method, explore incentivising low carbon methods of travel
  - Food procurement
  - Waste

d) National Committee Activities

  - Exploring the use of conference calls
  - Committee member travel methods – explicitly no internal flights should be taken (excluding members from Northern Ireland)

e) Magazine and Publicity Materials

  - Request that the Magazine Editor and Communications to consider use of paper and inks.

f) Explore decreasing delegation size to IFMSA conferences and ensure delegates have tangible outcomes, making use of overland transport where possible.

Follow up should be provided by the National Committee and any other relevant people (such as Magazine Editor) at the Spring General Assembly 2011

**MOTIVATE** – This guidance statement and subsequent activity is intended to support and encourage members, branches and activities to measure and moderate the environmental impact of their activity. We hope to motivate others to act. In addition it would add legitimacy to the work we, as a network, do on the subject of climate change.
AGA 2010, Exeter

Guidance Statement: For the National Coordinator not to pay IFMSA General Assembly Fees

The National Coordinator receives no funding towards their role on the National Committee beyond 50% of 4 National Committee meeting travel costs, and although the IFMSA GA fees are not the greatest of the National Coordinator’s expenses, they are substantial. By mandating the National Coordinator to attend it is limiting who is able to stand for the role, and preventing those without private funds to become National Coordinator. By Medsin paying for the National Coordinator to attend IFMSA GAs this widens the access to the role.

Guidance Statement on Development Fund

The development fund is open to all Branches or Activities, and the guidelines for application and evaluation will remain identical to those of the now extinct Activities Board Fund. The maximum amount any one Branch or Activity can be awarded is £100. Branches and Activities can apply at any point during the year. To apply for the Development Fund, an application form must be filled in and this will be marked by the National Committee according to published criteria. This motion is to be reviewed at the next available opportunity.

For reference - now retracted: SGA 2009 - Guidance Statement on Activities Board Fund The activities board fund was established this year, with the first three rounds now completed. The fund is open to all projects and campaigns and is worth £2000 per year, split evenly between projects and campaigns. The maximum amount any one applicant can be awarded is £250. There will be four rounds each year, with the deadlines based around the dates for the national conference, AGA, SGA and global health conference.

To apply for the AB fund, an application form must be filled in and this will be marked by the national committee according to the published criteria. Projects and campaigns should gain approval from their respective national co-ordinators, and should they become successful, must return a completed evaluation form to the national committee within a month of using their awarded funding.

Guidance Statement on hosting Medsin’s General Assemblies

This General Assembly:

RECOGNISES that Medsin’s Autumn Weekend and Spring General Assembly offer unique opportunities for the network to come together and share successes, ideas, plans, and friendships;

FURTHER RECOGNISES that Medsin National events do not occur evenly across the United Kingdom;

IS CONCERNED by the disproportionate attrition of Branches in the Northern Region; THEREFORE PROPOSES that, as a non-binding Guidance Statement, General

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Assemblies rotate between the regions, such that every Region will in turn host either the Medsin Autumn Weekend or the Spring General Assembly.

**Guidance Statement on the Exemption of National Coordinator 09/10’s IFMSA General Assembly Fees**

This General Assembly:

4. Believes that the position of Medsin-UK National Coordinator should be open to candidates from all socioeconomic and financial backgrounds
5. Views the current expenses of the position as a barrier to this principle
6. Supports the proposal that the Medsin-UK National Coordinator 2009/2010 shall be exempted from paying registration fees for the March Meeting and August Meeting 2010 of the International Federation of Medical Student Association, with specified expenditure outlined below
7. Mandates the Board of Trustees to explore voting members’ and further views or proposals for future financing of the National Coordinator’s role

**Notes:**
IFMSA March Meeting 2010, Thailand: Registration fee = £270.76
IFMSA August Meeting 2010, Montreal: Registration fee = £262.48
SGA 2011, Kings College London

Guidance Statement on Finances
This General Assembly encourages future National Committees to adhere to the following guidelines in managing Medsin-UK’s finances:

1. Only the Treasurer and National Coordinator should have access to the Charity account, and only these individuals should carry out transactions.

2. The Treasurer must carry out a proper handover to their successor before being relieved of responsibility in their role.

3. Accounts and any unfinished business must be completed and in order before handover: the Treasurer should not be relieved of their responsibilities until they have concluded any outstanding business and have resolved all remaining issues.

4. The Treasurer must have regular with the Trustees, in particular the Trustee with accounting experience.

Guidance Statement on Medsin’s delegation to the IFMSA’s General Assemblies
The Medsin network continues to gain a lot from the IFMSA General Assemblies. However, we feel that we should aim to reduce the delegation for the following reasons:

7.1. We should aim to reduce Medsin’s carbon footprint
7.2. Previous delegations feel that a smaller delegation is easier to manage and more productive
7.3. Each person attending an IFMSA should have a defined role.

The National Committee should aim to select a maximum delegation of 12 for IFMSA GAs unless they feel accepting more will be beneficial to the meeting. This delegation will consist of the following people (the positions in red are automatically taken):

<table>
<thead>
<tr>
<th>Role</th>
<th>StandingCommittee</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medsin-UK National Coordinator</td>
<td>Presidents’ Session</td>
<td></td>
</tr>
<tr>
<td>National Coordinator-elect</td>
<td>Presidents’ Session</td>
<td>At the August Meeting only</td>
</tr>
<tr>
<td>BMA Representative</td>
<td>SCOME</td>
<td></td>
</tr>
<tr>
<td>2x National Exchange Officers</td>
<td>SCOPE</td>
<td>Elected at Medsin’s Spring General Assembly</td>
</tr>
<tr>
<td>Activities Coordinator</td>
<td>SCOPH/SCORA/SCORP</td>
<td>Usually, but not necessarily, Medsin’s Activities Director</td>
</tr>
</tbody>
</table>

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Advocacy Coordinator | SCOPH/SCORA/SCORP | Usually, but not necessarily, Medsin’s Policy and Advocacy Director
Global Health Education Coordinator | SCOME | Usually, but not necessarily, Medsin’s Global Health Education Director
4x General delegates | SCOPH/SCORA/SCORP | New to Medsin or the IFMSA, or have a specific role for the meeting

For reference, this amends the previous SGA 2009 Guidance Statement on IFMSA delegation, which read:

The Medsin network continues to gain a lot from the IFMSA general assemblies. However, we feel that we should aim to reduce the delegation for the following reasons:

7.4. we should aim to reduce Medsin’s carbon footprint;
7.5. previous delegations feel that a smaller delegation is easier to manage and more productive;
7.6. each person attending an IFMSA should have a defined role.

The National Committee should aim to select a maximum delegation of 12 for IFMSA GAs unless they feel accepting more will be beneficial to the meeting. This delegation will consist of the following people:

7.7. President
7.8. BMA representative
7.9. 2 National Exchange Officers
7.10. 1 Project Coordinator
7.11. 1 Campaign Coordinator
7.12. President elect (at August meeting only)
7.13. 1x SCORA representative
7.14. 1x SCOPH representative
7.15. 1x SCORP representative
7.16. 1x SCORE representative
7.17. 1/2 other delegates who are new or have a specific role for the meeting

Guidance Statement on Medsin in the IFMSA

This General Assembly:

RECOGNISES that Medsin-UK is the UK’s National Member Organisation of the International Federation of Medical Students’ Associations (IFMSA), and thus represents UK medical students at an international level and to the World Health Organisation;

FURTHER RECOGNISES that Medsin’s membership fees to the IFMSA represents a significant proportion of Medsin’s annual expenditure;

NOTES that there are no Constitutional clauses, By-laws, Guidance Statements, or Policy Statements on Medsin’s role within the IFMSA, or how Medsin should carry out its relationship with the IFMSA;
BELIEVES that the potential benefits and opportunities of Medsin remaining within the IFMSA are not currently fully realised;

ENDORSES the work of previous members, delegations, and National Committees in promoting Medsin-UK’s Vision & Mission within the IFMSA, and in promoting advocacy and global health education internationally;

IS CONCERNED that these efforts will be wasted if Medsin-UK does not make the benefits of being affiliated with the IFMSA relevant to Medsin’s grassroots network;

MANDATES the outgoing National Committee (for 2010/2011) and the incoming National Committee (for 2011/2012) to convene a Small Working Group of individuals from the National Committees, Voting Members including Branch Presidents and Activity Coordinators, and other interested Medsin Members, to complete the following tasks by the Medsin Autumn Weekend, 2011:

- To carry out a full evaluation of the IFMSA’s March Meeting 2011 in Indonesia and the August Meeting 2011 in Denmark, and Medsin’s role within them;
- To carry out a full evaluation of Medsin’s role within the IFMSA, including all potential benefits and costs to the network and to Medsin’s Vision & Mission;
- To present the findings of the evaluations at the Medsin Autumn Weekend 2011;
- To propose By-laws at the Medsin Autumn Weekend 2011 detailing Medsin’s relationship with the IFMSA, and how Medsin will take forward this relationship strategically in line with the Strategic Development Plan, including, if deemed appropriate:
  - the creation of a Strategic Plan for Medsin within the IFMSA;
  - the creation of a role of IFMSA Liaison Officer; and/or
  - the proposal of a vote to withdraw from the IFMSA at the Medsin Autumn Weekend 2011.

Guidance Statement on Medsin Conferences

This General Assembly:

IS PROUD of Medsin’s signature conferences, which are huge success twice a year;

IS ALSO PROUD of the work that Medsin Branches and Activities carry out at a grassroots level throughout the year;
RECOGNISES that Conferences represent a unique coming-together of the whole network, and opportunities for sharing the successes achieved locally throughout the year;

ACKNOWLEDGES the significant carbon cost of hosting a Conference drawing around 400 students from across the country, twice a year;

IS CONCERNED about ensuring the environmental and financial sustainability of hosting such Conferences;

THEREFORE MANDATES the outgoing National Committee (for 2010/2011) and the incoming National Committee (for 2011/2012) to convene a Small Working Group of individuals from the National Committees, Voting Members including Branch Presidents and Activity Coordinators, and other interested Medsin Members, to complete the following tasks by the Medsin Autumn Weekend, 2011:

- To carry out a full evaluation of the last National Conference and Global Health Conference;
- To carry out a full evaluation of Medsin’s Conferences in general, including all potential benefits and costs to the network and the wider environment and to Medsin’s Vision & Mission, including exploring alternative models such as reducing the number to one annual conference, or reducing the number of external speakers at the National Conference;
- To present the findings of the evaluations at the Medsin Autumn Weekend 2011;
- To consolidate the By-laws (Section 7) on Conferences and the various current Guidance Statements on the environmental sustainability of Conferences, to propose By-laws at the Medsin Autumn Weekend 2011 detailing how Conferences will be organised from the 2011 National Conference onwards, and how Medsin will take forward this relationship strategically in line with the Strategic Development Plan, including, if deemed appropriate, the creation of a new Conference Contract, to be signed between the National Committee and the Organising Committee, detailing what the conference will involve and what measures are being taken to ensure environmental and financial sustainability.
AGA 2011

Guidance Statement on Medsin Conferences

THIS GUIDANCE STATEMENT REPLACES THAT OF THE SAME NAME ADOPTED AT SGA 2011, SETTING BACK THE TIMETABLE BECAUSE THE SMALL WORKING GROUP HAS YET TO COMPLETE ITS TASKS.

This General Assembly:

IS PROUD of Medsin’s signature conferences, which are huge success twice a year;

IS ALSO PROUD of the work that Medsin Branches and Activities carry out at a grassroots level throughout the year;

RECOGNISES that Conferences represent a unique coming-together of the whole network, and opportunities for sharing the successes achieved locally throughout the year;

ACKNOWLEDGES the significant carbon cost of hosting a Conference drawing around 400 students from across the country, twice a year;

IS CONCERNED about ensuring the environmental and financial sustainability of hosting such Conferences;

THEREFORE MANDATES the National Committee to convene a Small Working Group of individuals from the National Committees, Voting Members including Branch Presidents and Activity Coordinators, and other interested Medsin Members, to complete the following tasks by the SGA 2012:

- To carry out a full evaluation of the Global Health Conferences 2011 and 2012;
- To carry out a full evaluation of Medsin’s Conferences in general, including all potential benefits and costs to the network and the wider environment and to Medsin’s Vision & Mission, including exploring alternative models such as reducing the number to one annual conference, or reducing the number of external speakers at the National Conference;
- To present the findings of the evaluations at the Spring General Assembly 2012;
- To consolidate the By-laws (Section 7) on Conferences and the various current Guidance Statements on the environmental sustainability of Conferences, to propose By-laws at the Spring General Assembly 2012 detailing how Conferences will be organised from the 2013 Global Health Conference onwards, and how Medsin will take forward this relationship strategically in line with the Strategic Development Plan,
including, if deemed appropriate, the creation of a new Conference Contract, to be signed between the National Committee and the Organising Committee, detailing what the conference will involve and what measures are being taken to ensure environmental and financial sustainability.

**Guidance Statement on Branch Affiliation**

The Medsin National Committee recognizes the following:

- The Medsin network needs better guidance as to what it means to be affiliated to Medsin-UK.
- Affiliated branches need to be informed as to their rights and responsibilities.
- Some branches have felt that the National Committee needs to be clearer as to what they offer their affiliated branches.

Therefore, the National Committee proposes the setting up a small working group (SWG) on branch affiliation, to commence after the Medsin Autumn Weekend 2011.
AGA 2012

Guidance Statement – Model Medsin GA agenda

Autumn General Assembly

- Election of new branches/activities
- Constitution & Bylaw Changes
- Adoption of new guidance statements
- Adoption of new policy statements
- Adoption of new external relations
- Election of Board of Trustees (every other year)
- Adoption of outgoing National Committee annual report
- Adoption of previous year’s financial report
- Adoption of Report of IFMSA August Meeting
- Adoption of updates to the Long Term Development Plan
- Adoption of incoming National Committee priorities for the year
- Adoption of any small working group reports
- AOB

Spring General Assembly

- Election of new branches/activities
- Constitution & Bylaw Changes
- Adoption of new guidance statements
- Adoption of new policy statements
- Adoption of new external relations
- Election of National Committee members
- Adoption of Report of IFMSA March Meeting
- Adoption of Report of previous National Conference hosts (including finances)
- shouldn’t be accepted until accounts closed and profits paid)

- Adoption of Report of previous Global Health Conference hosts (including finances
  - shouldn’t be accepted until accounts closed and profits paid)

- Adoption of any small working group reports

- AOB

**Guidance Statement on Conferences**

1. Increasing competition for hosting conferences

1.1 The National Committee will issue the initial advert for hosts of the next year’s conference at least 2 weeks prior to the equivalent conference that year.

1.1.1 Advertising media will include emails to branches, website advert, facebook & twitter

1.1.2 Regional Coordinators will be tasked with approaching branches specifically to discuss and encourage the possibility of them submitting a bid

1.2 The conference itself should be regarded as a prime opportunity to encourage and inspire attendees to volunteer to host the conference in their branch the next year

1.2.1 The conference programme should include an advert for the next year’s host

1.2.2 The National Committee will be responsible for arranging a short presentation from previous/current conference hosts on what is involved in organising a conference at some point during the conference itself

1.3 The deadline for proposal bids should be 1 month after the conference 1 year previously

1.3.1 All proposals will be circulated to the voting members and an e-vote will be conducted as per the bylaws

1.3.2 Voting members should be given guidelines of what to consider when voting, to include: feasibility of budget, relevance of proposed theme to Medsin’s long term strategic development, ethical & environmental considerations etc. [As stated in Bylaw 8.2.2.]

2. Fundraising and Ticket Pricing

2.1

2.1.1 Delegate ticket prices should be allowed to rise slightly from the incredibly low levels they have been maintained at for a number of years – a student ticket including social should be in the region of £30 – thus removing some of the financial strain on Organising
Committees whilst still maintaining a remarkably cheap rate

2.1.2 A limited number of high profit non-student tickets should always be sold for conferences

2.2 The National Committee should take entire responsibility for raising sponsorship from all national sponsors as part of long term sponsorship packages including exposure at conferences, in the magazine, on the website etc.

2.2.1 The National Committee & Board of Trustees should be free to decide where best to use sponsorship money raised within the network, with the freedom to channel it into other more needed areas of the network (such as branches, activities, personnel etc.) rather than necessarily using to directly over-subsidise conferences

2.2.2 The requirements for exposure of nationally secured sponsors at conferences should be stipulated in the contract with the Organising Committee

2.2.3 Organising Committees should only be allowed to fundraise from companies and organisations in their local area, as stipulated in their contract with the National Committee

2.2.4 If Organising Committees wish to approach any specific national sponsors then they should consult the National Committee prior to doing so

3. Supporting, Reporting and Accountability of Organising Committees:

3.4 A full and explicit contract should be signed between the National Committee and the Organising Committee immediately after successful election of host branch

3.4.1 This contract should define deadlines for regular (2 monthly & fortnightly in last 2 months) updates from the Organising Committee to the NC (to then be circulated to the Voting Members), including a comprehensive, up-to-date budget at each report

3.4.2 The Organising Committee should compile a report for presentation at the next General Assembly following the conference

3.4.3 This report should include a full financial report and shouldn’t be adopted by the voting members until 50% of the profits have been transferred to Medsin- UK and the conference bank account has been closed

3.5 The National Committee should support the Organising Committee and decrease the burden on them by:

3.5.1 Provision and hosting of a conferences section on the national website

3.5.2 Management of ticket bookings through the Medsin-UK paypal account (though a small charge to the OC will be incurred to pay the web developer to set up the necessary ticket options)

3.5.3 Supporting of the Organising Committee in their publicity strategy by helping to circulate leaflets produced by the OC; passing on blurbs and adverts prepared by the OC through

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regional coordinators, branch presidents and activity coordinators; promotion through Medsin-UK social media channels

3.6 In turn the Organising Committee will be expected to:

3.6.1 Provide the necessary resources

3.6.2 Keep the website section up to date from the earliest possible opportunity (issuing an introductory “Coming Soon” page at least six months before the conference, and putting up initial details at least 3 months before the conference)

3.6.3 Open ticket booking at least 2 months before the conference

4 Catering

4.4 Providing lunch is important is it enables networking and enables meetings to occur during the lunch break

4.5 More details of the amount of food to be provided for an individual lunch should be shared beforehand so delegates have the option of bringing extra food with them to add to their lunch if they feel it necessary

4.6 Catering provided should always be ethically sourced, but organising committees should avoid only ordering vegan food

5. Themes in general

5.7 Organising Committees should retain the right to decide the overall theme of their proposed conference and should be clear about this in their proposal document

5.8 National Conference themes should be much broader as the focus will be on training and building the network in various ways within a broad theme

5.9 Global Health Conference themes may be more specific but should be in line with the strategic priorities of the network

5.10 Voting members should ensure that the theme (amongst other features) is born in mind when voting upon a host branch as a way of ensuring that themes are in line with Medsin’s strategic direction/national priority areas

‘Network Time’ at Conferences

5.11 Each conference should comprise dedicated time to showcase relevant aspects of the network:

5.11.1 Basic information about activities should be communicated through encouraging activities to hold stalls and run workshops

5.11.2 Network podium time should be focussed towards the sharing of specific recent success stories from branches, activities, national working groups and the national committee. Time for this should be particularly reserved at the National Conference

Medsin-UK Policy and Guidance Statements, December 2015
5.12 Network podium time at the Global Health Conference should be focussed towards strategically selected activities and national working groups to be featured that are of particular relevance to the conference theme.

5.13 Introductions to the various aspects of the network should also take place during the ‘National Working Group’ and Ideas Café times at the Global Health Conference.

Workshops

5.14 Workshops provide an opportunity for delegates to discuss areas in greater detail, and to gain skills or knowledge on specific areas. The organising committee should emphasise the importance of interactive exercises to those they offer workshop slots to, with a recommendation that any grounding “monologue/presentation” based aspect of the workshop should not last more than 20 minutes, before engaging in discussion.

5.15 The number of different workshop options in any given slot should be in the region of 12 and the possibility of repeating popular workshop options in multiple slots.

5.16 Workshop capacities should be matched to the style of session:

5.16.1 Training style workshops should not have more than 20 participants

5.16.2 Educational style workshops may have up to 40 participants. Where possible these should have break-out group discussions and a lot of question/discussion time.

5.17 In general workshops of 75 minutes or more should be aimed for

5.18 A wider range of workshop facilitators should be encouraged, including:

5.18.1 Trained student trainers

5.18.2 Activity coordinators

5.18.3 Students with relevant expertise

5.18.4 External partner individuals/organisations

5.19 Training at conferences should be:

5.19.1 Mainly higher level delivered either by students with specific experience or external/high level professional trainers

5.19.2 Include SOME basic level training for newcomers to the network

5.20 Most basic TNT-style training sessions should be mainly delivered at a local branch/regional level rather than at national conferences

5.21 General Assembly weekends should be prioritised as opportunities for role-specific training for individuals on branch committees or activity national committees

Plenaries

8.1 Plenary speakers should aim to speak for 15 minutes, and a minimum of half an hour should be
reserved for questions and debate at the end of each plenary, as this is widely recognised to be the most appreciated part of plenaries by both speakers and delegates. In order to ensure this time is reserved for interaction, trained and assertive time-keepers are needed, to politely, but firmly insist the discussion moves on.

8.2 Organising Committees should not discriminate in their choice of speakers, and thus should aim to find speakers from a diverse range of social groups, including multiple cultural, religious and ethnic backgrounds, and should aim for gender-balanced panels.

8.3 Plenaries provide an excellent opportunity for students with expertise in the area being discussed to chair a panel. Chairs should aim to give a very brief introduction and conclusion, to introduce the speakers, and to coordinate the discussion time at the end. Their role is considered to be to facilitate, rather than direct or dominate the discussion. Time-keeping is essential, and students should have some experience in chairing events of this nature if at all possible. These requirements should be communicated clearly to potential chairs by the Organising Committee.

8.4 Where possible, student speakers with relevant experience in a topic being discussed should be sought. Panels should aim to include a student perspective where possible.

8.5 Plenaries should aim not just to educate about the problem, but also to suggest possible solutions. In particular, speakers should be asked to focus on specific examples, and tangible action points that students can effect now.

Advocacy/Campaigning

9.1 Advocacy, as a key part of Medsin’s work, should be incorporated and fully integrated into the conference timetable at every opportunity.

9.2 Opportunities to gain advocacy skills (e.g. in training and workshops), to engage with policy-makers (e.g. through global health question times and workshops), and to discuss how to integrate advocacy into existing projects (e.g. through NWG discussion time) should be provided wherever possible.

9.3 Opportunities to campaign at the conference itself should also be provided, in collaboration with the National Committee, Activities, and National Working Groups. As a minimum, organising committees should aim to organise at least one large campaign stunt, providing the opportunity for media releases on a relevant topic, and three campaigning actions, such as sending of postcards/petition-signing etc.

9.4 The numbers of Medsinners participating in each campaigning action should be recorded and released as part of the conference report.

9.5 Wherever possible, campaigning groups (both Medsin’s advocating groups and externals) should be offered display space (stalls and/or poster displays) to encourage engagement from Medsin members.

9.6 With support from the Policy & Advocacy Director, Communication Director and their teams, Organising Committees should develop a press strategy and try to issue press releases on advocacy topics and stunts related to the conference both before and after the conference.

Medsin-UK Policy and Guidance Statements, December 2015
Socials

10.1 The opportunity to socialise with other delegates is important in providing informal opportunities for ideas-sharing, welfare and cohesion of the network. Thus committees should aim to provide a small social event on the Friday night for any delegates arriving early (e.g. a film or quiz night), and a large social event on the Saturday night.

10.2 This social should not start before 7.30pm and food should not be served before 8pm, in order to allow voting members sufficient time to reach the venue after late meetings.

10.3 Organising committees should aim to provide sufficient spaces for the majority of the delegates to attend if they wish to, some form of entertainment, and a hot evening meal.

10.4 A VIP room/area should be provided for speakers and high profile guests, to enable development of Medsin’s external relationships. Inviting these individuals to the earlier part of the Saturday social should enable their engagement with Medsin members.

Long-Term Outcomes and Action Points

11.1 Medsin recognises that the impact of a conference can extend far beyond the weekend upon which it occurs. Therefore the Organising Committee should be aware that the responsibilities of hosting a conference extend beyond the conference itself, and should aim to follow-up on the areas below, providing monthly summaries of progress to the National Committee.

11.2 Before the conference, the Organising Committee should thank appropriately all externals they have engaged with in the organising of the conference, hand over contact details and spreadsheets and, where appropriate, introduce these contacts to the National Committee to enable long-term engagement.

11.3 The pre-conference communication strategy should be drawn up in collaboration with the Policy & Advocacy Director, Communication Director and their teams to allow advocacy beyond the conference, and to also share information about the conference and its successes. This follow-up communication strategy should be cohesive with pre-conference publicity and should aim to incorporate as many of these forms of engagement as possible: use of social media, newsletter follow-up, emails to delegates, press releases to local and national newspapers, press releases to journals, use of Medsin’s website, use of blogging platforms. All key publicity/press releases should be distributed within 2 weeks of the conference, and a communication strategy should be implemented to spread news about the conference.

11.4 The organising committee should produce conference report within 6 weeks of the conference to be circulated to all delegates and archived on the Medsin-UK website. This should include as a minimum

11.4.1 Summaries

s of not less than a page of all plenaries,

including the presentations, discussion and “action points” to take away

from each plenary

11.4.2 Write-ups of some of the workshops

Medsin-UK Policy and Guidance Statements, December 2015
11.4.3 Sharing of advocacy successes

11.4.4 Sharing of branch and activity engagement in the conference

11.4.5 Contact details for all those delegates and contributors who are happy to share this information.

11.5 During the conference an individual from the organising committee should be responsible for producing high quality photographs, which should be utilised in follow-up material and shared with the national committee within a week of the conference. Organising committees should also aim to produce a conference video and other methods of sharing and storing memories of the event where possible, and to share these with all delegates.

11.6 The National Committee should provide the organising committee with a feedback form which should be distributed and collected before the end of the conference, and evaluate feedback within 6 weeks of the event, to share with the Organising Committee and network. Where possible, feedback on individual workshops and plenaries should also be collated.

11.7 The Organising Committee should aim to complete all outstanding financial transactions as soon as possible following a conference, and should update the National Committee monthly on their progress, with appropriate budgets, before submitting a final financial report, accompanying their main report to the General Assembly.

Recommended Timetables

Global Health Conference

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.00–9.45am</td>
<td>Intro and Keynote Speech</td>
<td>9.30–10.00am</td>
<td>NC</td>
</tr>
<tr>
<td>9.45–11.30am</td>
<td>Plenary 1</td>
<td>10.00–11.30am</td>
<td>Plenary 2</td>
</tr>
<tr>
<td>11.30–12.00am</td>
<td>CoffeeBreak</td>
<td>11.30–12.00pm</td>
<td>CoffeeBreak</td>
</tr>
<tr>
<td>12.00–1.15pm</td>
<td>EDUCATE Workshop</td>
<td>12.00–1.30pm</td>
<td>NWGMeetings</td>
</tr>
<tr>
<td>1.15–2.00pm</td>
<td>Lunch</td>
<td>1.30–2.15pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>2.00–3.15pm</td>
<td>ADVOCATE Workshop</td>
<td>2.15–3.30pm</td>
<td>ACT Workshop</td>
</tr>
<tr>
<td>3.15–4.00pm</td>
<td>Ideas Café</td>
<td>3.30–5.15pm</td>
<td>Plenary 3</td>
</tr>
<tr>
<td>4.00–4.30pm</td>
<td>CoffeeBreak</td>
<td>5.15–5.30pm</td>
<td>Closing Ceremony</td>
</tr>
<tr>
<td>4.30–5.30pm</td>
<td>Question Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.30–6.30pm</td>
<td>Voting Session (Voting Members only!)</td>
<td></td>
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</tbody>
</table>
7.30pm Social Starts  
(for 8pm) Food  

National Conference  
- A broad theme e.g. ‘Social Determinants of Health’  
- A keynote speech and opening and closing plenary focusing around this theme with all delegates together  
- Subsequently delegates would choose to follow one of 6-8 streams  
- Any individual within or outside of the network could propose to coordinate a ‘stream’ which focusing on the work of a specific activity or NWG, relevant to the broad theme  
- This would comprise a 5 hours of dedicated time during which the person coordinating the stream would organise relevant education/speakers, discussion forums, relevant training and coordinating advocacy actions and long term tangible outcomes to effect positive change in this area from the group  
- There would also always be a ‘General Introduction to Global Health’ stream for people who are new to the network  
- Further to this there would be time for ‘Network Success Presentations’, National Working Group meetings and High-level/External Training  

Logistics of Implementing Streams  

Medsin-UK Policy and Guidance Statements, December 2015
- The Organising Committee would determine the overall theme and would organise and closing plenary content the opening.

- The National Committee would make suggestions for training sessions and possible speakers for the “Network Successes” session from Activities, Branches and National Working Groups, and the Organising Committee would coordinate these.

- A call-out would be issued for stream-organisers once a host has been elected.

- Applications to run ‘streams’ would be jointly considered by the Organising Committee and National Committee.

Advantages of this Format

- Currently delegates who are “new” to global health often feel they leave a conference knowing a lot about one area but wanting a better “grounding” in the wider issues of global health from engage further. The ‘Introduction’ stream would provide this.

- Conversely some network members feel less inclined to attend conferences because they already have a grounding in the main theme. The provision of streams increases the range of options, and thus there is likely to be an area they know less about.

- Working together in a stream for 5 hours is likely to provide delegates with the opportunity to form deeper, longer-lasting relationships with other members of the network.

- Feedback shows that delegates feel our workshops are too short to really explore an issue - having these longer session gives the opportunity to engage on a deeper level.

- Streams would provide different groups within the network to engage more members in their work and build up their national working group/activity.

- This format allows education, advocacy and action to be effectively integrated around a particular topic. Additionally training within the stream would be applied and thus engaging.

A potential timetable for this format, including streams, would be as follows:

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<td>12.00am – 1.30pm</td>
<td>NWGMeetings</td>
</tr>
<tr>
<td>(into Lunch)</td>
<td></td>
<td></td>
<td>(into Lunch)</td>
</tr>
<tr>
<td>1.15pm – 2.00pm</td>
<td>Lunch</td>
<td>1.30pm – 2.15pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>2.00pm – 3.15pm</td>
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Medsin-UK Policy and Guidance Statements, December 2015
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<td>5.30pm – 6.30pm</td>
<td>Voting Session (Voting Members only!)</td>
</tr>
<tr>
<td>7.30pm (for 8pm)</td>
<td>Social Starts Food</td>
</tr>
</tbody>
</table>
SGA 2013

Guidance Statement on Medsin-UK Delegation to the IFMSA General Assemblies

Statement adopted at AGA 2013, amended SGA 2013

BACKGROUND

Medsin recognizes that the IFMSA offers unique opportunities to engage with medical students across the world. Many of these opportunities arise recurrently at IFMSA events. However, we also recognize that one-off opportunities may arise.

Additionally the theme, format and opportunity to engage at each meeting, and thus Medsin’s aims and objectives at each meeting, may vary. Further, we recognize that the skill and experience mix of each delegation is likely to vary. Thus this statement is intended to guide, rather than govern absolutely, the selection, actualization, and follow-up, of Medsin’s delegation, and we expect small deviations from this guidance to occur.

HISTORY OF THIS GUIDANCE STATEMENT

The Medsin network continues to gain a lot from the IFMSA General Assemblies and it was voted at the Medsin Autumn Weekend (MAW) 2011 to remain as a National Member Organisation in the IFMSA. Medsin-UK previously decided to limit the delegation size for the following reasons:

- We should aim to reduce Medsin’s carbon footprint
- Previous delegations feel that a smaller delegation is easier to manage and more productive
- Each person attending an IFMSA meeting should have a defined role.

SELECTION OF A DELEGATION

The Vice-Coordinator of International Affairs (VCI), or the National Committee member responsible for IFMSA relations, will mark all applications for attending an IFMSA GA. The VCI will provide recommendations for selected delegates to the board of trustees. The Board of Trustees will then look at all applications; the Trustees have the final decision in selection of a delegation. Marking of applications will consider the following factors, utilizing an objective marking criteria:

- An applicant’s motivation, experience and passion to attend an IFMSA GA (and/or particular standing committee)
- How the applicant would hope to contribute to the delegation
- An applicant’s previous commitment to Medsin-UK or a Medsin-UK activity
- An applicant’s ability to contribute to Medsin’s work in the future
- An applicant’s desire to contribute to Medsin’s work in the future

Medsin-UK Policy and Guidance Statements, December 2015
The VCI and the Trustees will aim to select a maximum delegation of 12 for IFMSA GAs. However, this maximum may be amended, in the event that the VCI and Trustees consider that a larger delegation would better allow Medsin’s aims to be met at a specific meeting. This delegation will consist of the following people, where they are able to attend:

<table>
<thead>
<tr>
<th>Role</th>
<th>Standing Committee</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medsin-UK Director of International Affairs (DIA)</td>
<td>Presidents’ session</td>
<td></td>
</tr>
<tr>
<td>DIA-elect</td>
<td>Presidents’ session</td>
<td>August meeting only</td>
</tr>
<tr>
<td>BMA representative</td>
<td>SCOME</td>
<td></td>
</tr>
<tr>
<td>2x National Exchange Officers</td>
<td>SCOPE</td>
<td>Elected at SGA</td>
</tr>
</tbody>
</table>

These guaranteed spots are due to the fundamental roles that these people are seen to play in facilitating Medsin’s aims at IFMSA GAs. In total the delegation will consist of 2 delegates in each of the following standing committees; Presidents, SCORA, SCOPH, SCOPE, SCOME and SCORP.

Transnational Project Coordinators get ‘out-of-quota’ spots at the GA. Medsin-UK will train and take 2 transnational project coordinators to each IFMSA General Assembly. Each Medsin-UK transnational project will be able to attend at least one GA each year.

Once a delegation has been chosen, specific roles will be allocated to members of the delegation, depending on specific skills for the job. These roles are likely to include:

- Lead of the Delegation
- Vice-lead(s) of the Delegation
- Communications blogs
- Communications photos and videos
- Communications facebook
- Communications twitter
- Advocacy lead
- F & D party set-up

Every delegate will be required to abide by Medsin’s vision and mission, to work towards achieving Medsin’s aims at the meeting, to attend the pre-departure training day, to write at least one blog during the GA, and to commit to fulfilling a role within the delegation if required.
AFTER SELECTION

Once a delegate has been offered a place, the VCI will take responsibility for training and preparing the delegation. A delegate will be expected to confirm their place by paying a deposit within one week of notification of a successful place, and to pay the full balance of the IMFSA fee within one month of receiving notification of a successful place. After one week, refunds will only be offered when the place can be filled by another delegate.

Appendix 1 to guidance statement on delegations to IFMSA GA

International Events – Delegation Selection Criteria

**Aim:** to recruit diligent and good teamworking delegates to attend international events as part of Medsin-UK delegations. Delegates should have a pre-conceived strategy for attendance and be willing to successfully pursue the Medsin agenda.

Applications Form and Notes for Marking

**Years Left of Study**

- 1 point will be given for each year of study left

**NB:** This will be clearly stated i.e. “Number of years left studying starting from September 2013”

**What is your role in your branch/activity? Answer used in marking of next question**

**Experience of Teamwork and Leadership (/5) (~200 words)**

i.e. experience in Medsin but also any other relevant societies/charities etc. Particularly emphasise any experience relevant to the Standing Committee you are applying for when applying for IFMSA events.

Points can be awarded for involvement in any group or organisation, particularly where leadership, teamwork and other such skills have been demonstrated.

**Motivation for attending (/4) (~100-200 words)**

Points awarded for motivations relevant to Medsin, Medsin’s agenda for the event, Medsin activities, IFMSA plans or the wider Global Health agenda.

**Aims for the event (/3) (~100-200 words)**
Give points for specific and achievable aims, which also link to the motivation. What would you do on your return? (5) (~200 words)

These should be specific outcomes from your attendance at the event and may should relate to the Medsin Network.

1 point for local involvement e.g. Publicise IFMSA locally

2 points for something bigger, i.e. Join a NWG/Join an activity/Join Medsin committees etc.

3 points for i.e. Setting up a new activity
SGA 2014

IFMSA August Meeting 2014 Evaluation Report

Venue: Taipei, Taiwan Dates: 5th-11th August 2014 Number of delegates: 8

Introduction:

The March Meeting of the International Federation of Medical Students Association General Assembly took place in Hammamet, Tunisia from the 3rd–9th March 2014. Medsin-UK had a delegation of fourteen people who attended the General Assembly (GA), and three delegates attended pre-GA workshops on a variety of topic areas.

The delegation consisted of:

- Anya Gopfert (IFMSA Think Global Coordinator, delegation lead) attending Presidents Sessions
- Abi Deivanayagam (incoming Director of International Affairs Medsin-UK) attending Presidents sessions
- Issy Marks (General Delegate - Bart’s) attending SCORP and Global Surgery pre-GA
- Henry Li Cheng, (General Delegate - Durham) attending SCOPH
- Ellen Adams (Sexpression National Coordinator) attending SCORA
- Natasha Matthews (National Exchange Officer, Incoming GHE Director, Medsin-UK) attending SCOME
- Victoria Bakare (Incoming National Exchange Officer, Medsin-UK) attending SCOPE
- Beth Thomas (Incoming Medsin-UK SNI regional co-ordinator, Medsin UK) attending SCOME and Neglected Tropical Diseases pre-GA

Pre-departure training:

We did not have the means to conduct a pre-departure training weekend due to several delegates being out of the country in June/July. Instead, we conducted a series of pre-departure skypes.

During the skype sessions, we introduced new delegates to the IFMSA, reinforced Medsin-UK vision and mission and coordinated any policy statements to be proposed by Medsin-UK. It was a useful time to hear advice from those delegates who had attended such assemblies in the past. It was also useful to prepare any sessions that were to be run by Medsin-UK delegates.

After the GA, some delegates felt it that a pre-departure weekend would have been a good opportunity
to meet everyone in person, and get a better grasp of the proposed policy statements in particular.

Achievements:

- Raising the profile of Global Health within the IFMSA
- Being a visible presence at the GA and actively engaging appropriately in all debates, especially ensuring that all policy statements were of the highest quality before adoption.
- Increasing our knowledge of some topics not often talked about at Medsin-UK, that could be relevant to our vision e.g. the Bologna process, internationalisation and migration
- Successful IFMSA reform process. The adoption of the Big Four – leadership, strategic plan, programmes and secretariat
- Improving negotiation skills through cultural understanding. Acting as a very open delegation that made great friendships across the world.
- Passing of the Policy Statement on Orphan Drugs, written by the Medsin orphan drugs advocacy team
- Passing of Ethical Finance Policy statement, which was seconded by Medsin-UK.
- Passing of the Access to Healthcare for Undocumented Migrants, which had support from Issy Marks and Jamie Scuffell from Crossing Borders, UK.
- Ellen Adams ran a session on LGBT health, in partnership with delegates from Associa-Med Tunisia and IFMSA-Japan
- The global health education small working group collected data for the GHE small working group, as part of research on the level of GHE in medical curricula around the world. They have since received 32 pieces data from varies countries to process.
- Following up from the LGBT policy passed at MM2014 in Tunisia, Medsin-UK contributed to a follow-up meeting in Taiwan, and supported the creation of a new LGBT international small working group. Abi Deivanayagam, Ellen Adams and Anya Gopfert were present as part of Medsin-UK at this meeting.
- We worked hard to build bridges with NMOs that the UK does not usually work with.
- Issy Marks capturing over 15 pieces of cultural significance, including flags and hats.
- Delivering very good quality workshops and presentations during SC sessions.
- Great teamwork and support within the delegation, to ensure welfare of each delegate. Successful NMO hours, where delegates were able to contribute openly and doubts were clarified. Bubble tea and ice cream offered by the OC was a bonus.

Improvements achieved/not achieved since MM2014:

<table>
<thead>
<tr>
<th>Point for consideration from Tunisia</th>
<th>Achieved?</th>
</tr>
</thead>
</table>

Medsin-UK Policy and Guidance Statements, December 2015
<table>
<thead>
<tr>
<th>A defined role in the delegation of policy lead whose job would be coordinating between those working on policy statements and the rest of the delegation to make sure everyone...</th>
</tr>
</thead>
<tbody>
<tr>
<td>A call out for an International Policy &amp; Advocacy liaison has been put out, so it will be ready for Turkey MM2015.</td>
</tr>
</tbody>
</table>

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**Medsin-UK Policy and Guidance Statements, December 2015**
At the training weekend, rather than divide the policy statements and bylaws up at the time, pre-decide these allocations and email out to the delegation. This means rather than reading in the training, people will be more ready to simply discuss the key issues. Although there was no training weekend, this was done prior to departure. However, there was a lot of confusion once we arrived. This was because the IFMSA decided to separate out statements to be discussed at each SC sessions, some of which were not relevant to that session, and delegates who read the statement.

At the training weekend, aim to link people who are attending each SC with past attendees. Perhaps through phone call or Skype. Each person had their buddy, who checked up on their welfare. The ratio of past attendees to new attendees did not match up, mainly due to it being a small delegation. Hopefully at Turkey this can be achieved.

At the training weekend, get individuals to set their own goals for the meeting, with a plan with what they want to achieve. Goals should also be set as a group delegation. Each person had his or her individual expectations and goals. Goals were not set as a delegation.

Medsin should aim to show case its activities and projects like Sexpression, Marrow, Student Stop Aids We had a Marrow external, Aimee, who engaged well with the UK delegation. We supported her with the MoU, which was voted

Less emphasis by the IFMSA on by-laws and more focus on successes on NMOs. This assembly was very focused on IFMSA and everyone was keen for the Big Four to pass through. Therefore, there was nowhere to hide

| Encourage the IFMSA to look for funding, to employ paid staff to act as a secretarial role to streamline bureaucracy. This will allows students to focus on their advocacy and global health goals undistracted. | Achieved. Reform process voted through and Medsin engaged fully in reform debates. |

**Medsin-UK Policy and Guidance Statements, December 2015**
Structured way of proposing policy statements needs to be developed. For example, Medsin could have an extra stage in the writing of policy statements that will be proposed at the IFMSA meeting. This would be a necessary step where the author is asked to consider the possible consequences that may affect other member states if the policy is passed. Part of this reflective step is looking at cultural differences and provisioning for amendments to the policy statement to account for these sensitivities. Also, different legal and political positions of other countries should be considered in the drafting process. The number one priority when drafting policy statements is to ensure the well being of our fellow students across the world.

| Before submitting policy statements to the IFMSA, publishing draft policy statements on the Medsin website so that the network as a whole has an opportunity to comment on them, before they are voted on at GAs. | Not achieved for this GA. However the recruitment of the Intl PAD liaison will help make this into a reality. |
| Having Medsin trainers involved more in the IFMSA to develop as individuals but also feed their skills into the IFMSA. Medsin should aim to get someone qualified to a TOT level | Not achieved. |
| Bigger emphasis on advertising the Standing Committee work in general to Medsin members and get more members to engage with SC work in the background before attempting to go to a GA. This will allow delegates to be better prepared for GAs or to represent the IFMSA/ Medsin meetings like the World Health Assembly. | Still working to bridge SC work with Medsin work. This can be difficult because the structure is very different and it is often difficult to ‘fit in’ to an SC. This has been done post-GA, where delegates have continued to work with their SC in a small working group or campaign. |
| More awareness for the Medsin member as to the workings of the IFMSA (disseminating the video produced) | Achieved. This video was shown at SGA and the Barts GHC, which engaged more members to apply to attend Taiwan meeting. |
| Try to engage other non Medsin UK youth organisations to feed into the work of the IFMSA | Joe McArthur attended the GA as part of the Right to Research Coalition. More engagement such as this would be needed. |

_Medsin-UK Policy and Guidance Statements, December 2015_
Improvements to consider for future assemblies

There was a lot of feedback to encourage engagement of Medsin-UK in the policy statement review committee. This would save a lot of time when it came to discussing sometimes-incomplete policy statements at the GA. This concerns was relayed to the Team of Officials, to hopefully improve the policy process in the IFMSA.

Standing committees tend to separate several GH issues that really ought to be looked at in unison. This is a discussion that has come up in the past in the IFMSA. There was also some feedback that the SCs can be better explained prior to departure, especially because the structure is so different to that of Medsin-UK. This is something to be achieved before MM2015 in Turkey.

There have been several discussions about how to better engage members of the network with IFMSA policy. There are concerns that delegations have to ensure that they represent the entire network’s stance on issues. The creation of an international team will help solve this issue because the AD liaison will ensure that we represent the entire network’s stance during Gas, and the opportunities distributor will help engage more members with IFMSA work.

As the new DIA, I have already seem some improvements on member engagement since the start of his year, with much interest in IFMSA-WHO internships and desire to contribute to Medsin’s international work. Hopefully a good international team will increase the IFMSA’s presence in Medsin-UK.

Conclusion:

Overall, this was a very successful general assembly with the adoption of ‘the Big Four’ IFMSA reform processes and members both during the GA and continuing to work.

Medsin-UK members working on the KickEbola campaign

Abi Deivanayagam
Medsin-UK Director of International Affairs

Medsin-UK Policy and Guidance Statements, December 2015
NC budget report

See attachment.
 Guidance Statement on National Committee Handover
Proposed by: Governance Working Group

Handover is an especially important practice for any organisation to get right. With a student organisation run by a team of student volunteers, this practice cannot be emphasised enough. This document outlines the simple steps that, if followed, can ensure everyone on the incoming team can feel adequately prepared and the outgoing team can feel they can definitely close the books on their term of office. The steps below are not meant to be prescriptive - by all means they can be adapted to the circumstances of each team and each NC member. A great training resource, produced by a former Training Director on the wider principles of Handover is available from the Training Google folder and should be viewed by EVERYONE if at all possible.

The steps are outlined in the following sections:

1. Individual Handover practices between incoming and outgoing NC (oNC) members
2. Handover practices between the incoming (iNC) and outgoing NCs as a team
3. A summary of some key training that all NC should carry out either simply using the Training Networks Resources or through formal training from a TNT at one of the handover weekends

1. Individual Handover practices

Knowing how to go about your role on NC can seem a daunting practice at first but the key to stepping into your role is about immersing yourself in what has been carried out before by predecessors, getting straight in your head what you would like to achieve in your term and writing a realistic strategic plan in collaboration with your predecessor:

1. Step 1: Initial handover phase - This can be considered as starting from your election at Spring General Assembly up until the first Handover Weekend. Here what is important is that iNC and oNC person discuss how you want to proceed over the summer when it is likely both of you will be busy. Important action points to achieve during this period include (but not exclusively):

   a. Have at least one face to face chat over hangout/skype. Here you should discuss the timeframe of handover. Discuss a definitive date when the oNC member will relinquish control over to the iNC member, discuss the role in general and some preliminary discussions about some of the good/bad points to the previous year. Establish some basic details about the NC role @medsin.org email account. Over the next couple of months while the iNC member won’t be responding to emails just yet, they can still keep a track of conversations happening. Finally, work out when the iNC and oNC member will next chat (ie the handover weekend or before that)

   b. If that NC role has a team/NWG associated with it, an email should be sent by the oNC member introducing the new NC member to the team

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c. The oNC member should make a spreadsheet listing the action points that remain to be completed during their term of office which should be shared with the iNC person so they know how much is left to be done and to help if the oNC member cannot fulfill the full list due to exams or leave of absence.

d. The iNC member should start an initial planning document outlining some of their
thoughts and feelings about the role as well as some of their ideas for their term. This will then be discussed later and hopefully turn into the official strategic plan for their term.

2. **Step 2: NC Handover Weekend 1** - This is normally held around late June time. By now, the list of actions to be completed by the oNC member should almost be completed. During this weekend there should be face-to-face time for the oNC and iNC member to discuss further. This conversation should deal more with the good/bad aspects to the previous term in more depth and explore some of the initial ideas written down by the iNC member following the first chat. Finally, in this actual face-to-face meet, it is important to have a frank chat about concerns that either the oNC or iNC person has going into the next year. This could be anxieties about time commitment, working practices anything but can be a really good way for the two people to be open about moving forward. If either iNC or oNC cannot get a face to face meet at either Handover Weekend 1 or 2 it would be great if this could happen outside of these forums at a decided date/time as it cannot be emphasised enough how important it is for the oNC to be able to get closure from meeting with their successor face to face. The meeting here again should review the steps to be taken from then on including when the iNC person should start sending emails from the @medsin.org email account, if there should be another hangout between the iNC and oNC member between now and the official start date for the iNC member.

3. **Step 3: Consolidation and Preparation** - Following the Handover Weekend hopefully the iNC person has a better idea about the team dynamic of the wider NC and some ideas after being able to talk with the other iNC people. This period of time is really from either one of the handover weekends to the start of office for the iNC person and includes:

   a. Writing of the full strategic plan by the iNC person that includes all the areas from SMART objectives to a timeline of implementation and contingency planning (refer to the guidance statement on NC contingency planning for more information). This should at the very least be sent via email to the oNC person for comments and can be the focal point of a further hangout if requested

   b. The oNC member becoming more and more hands off as time goes on, not setting any new action points to be completed during this time but mostly stepping back from the role and allowing the iNC member to start chairing meetings of the NC role associated NWG/team (where applicable) and allowing the iNC member to start sending out a few emails to keep the account ticking over over the summer

   c. Note that in the official Medsin Bylaws, it is stated that the official start date for all NC members to take up all duties associated with their post, is September 1st. For the National Director, due to the much extended list of roles associated with the job, the start date for the post is August 1st

Committee wide Handover Practices

This section is split into actions that should be completed by both oNC and iNC. For oNC there is one main action that should be completed as a whole during the handover period alongside the individual handover practices outlined before. This takes the form of a complete handover document for the

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incoming committee that outlines the positive and negative aspects to the previous academic year, the coping mechanisms instigated for certain problems and working practices from the previous year. This document should be aimed to be completed by NCM1 of
the next academic year.

For incoming committee the crucial recommendation is that the committee should try to have at least one meeting prior to the commencement of term that can either act as NCM1 or a second handover weekend, to allow focused talks about individual strategic plans, allow opportunity for training on sessions like those outlined in section 3 and for focused discussions about what the committee as a whole should aim to achieve over the course of the academic year.

Basic Medsin Training to be completed by all iNC members

The nature of Medsin as an organisation is that the team of student volunteers come from an extensive and varied list of backgrounds, all with their own knowledge bases and skill levels. This can make it even more daunting for some incoming members of the NC who maybe have not got as extensive a repertoire of skills to fall back on coming into the role.

As part of the handover period then, it should be a working practice that all NC members, no matter what level of involvement within Medsin they are coming from, everyone should complete training on the following skills by the time of starting their post in September or by Medsin Autumn Weekend. These skills should be completed through a combination of reading and practicing what is outlined in the Training Networks Resources found within the Google Drive and through actual face to face training given by a certified trainer or the training director at either the handover weekend or Medsin Autumn Weekend. This list of skills below is given only as a suggestion and can have things added or removed from it depending on the skillset of those entering the team:

- Communication skills to include:
  - Google Training- to include GMail, Google Drive, Google Hangouts
  - Social Media Training- to include tweetdeck, usage of the medsin official facebook and twitter accounts
- Facilitation training
- Teamwork training
- Strategic Planning
- Email etiquette
- Leadership training
- Event Management
- Time Management/Burnout Prevention including information about who to contact for support
- A History of the Medsin network from inception to present day
- Advocacy

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• Handover
Guidance Statement on National Committee Contingency Planning

Proposed by: Governance Working Group

This guidance statement is in place to allow the National Committee (NC) to deal with a number of situations:

1. The National Director(s) steps down for an extended period of time or for the remainder of their contracted time due to illness, dismissal or other similar circumstances

2. 2 or more members of the National Committee step down fully for an extended period of time or for the remainder of their term due to exams, illness, dismissal or other similar circumstances

3. Any member of the national committee has to work to a reduced capacity as a result of illness, dismissal or other similar circumstances

It should be recognised by all, that there will be occasions in an organisation run by student volunteers that instances will arise where volunteers are forced to step down from their duties either in part or completely as a result of any number of different circumstances. If proper plans are not put in place, this can result in destabilisation of the rest of the national committee who try to then compensate in an inefficient manner.

However, by following the procedures laid out, a team can help make it easier to pick up the workload.

The rest of this document is outlined in the following way:

1. PREPARATION: What ALL national committee members should do prior to commencing their office in the September of their term

2. REACTION: What should be done in the time immediately after an NC member officially states they must work in a reduced capacity or step down

3. ADAPTATION: What can be done for the period time following the initial shock

4. LEARNING: What should be done afterwards to learn for the future

PREPARATION

For every national committee elected, it should be made common practise to follow these simple steps for each person and each team prior to the start of the academic year:

A. Individual strategic planning - For each NC member’s strategic plan they should include a section about contingency planning. This section should have the following laid out:
a. Parts of the academic year calendar identified which may be problematic or where a lot of things coalesce (family commitments, exams, placements/working in parts of the country with limited internet connection and most importantly, holiday periods or time set aside to do zero medsin work). This requires careful thought and should be updated as the year goes so that anyone on the NC, including most importantly, the National Director, can be aware

b. What are the core responsibilities that may need to be completed during these self-identified periods which could be problematic/or set aside for rest. These actions could simply be meetings that need to be held or time bound actions that need to be completed

c. An individual who can act carry out these actions whilst the NC member is away or potentially step into the role at short notice if needed. This person should be someone who has a limited amount of experience in that aspect of the NCs work (for example, a past branch president in the case of a regional coordinator or the DBA or a past member of the social media team in the case of the comms director etc etc.) or could even be another member of the NC. This person should have been approached to check they understand what is being asked of them and that they are happy to help if required

d. Identifying a short list of basic day to day actions that need to be completed by either the nominated individual or someone else to keep the role ticking over in the event of the role being vacant for a short or extended period of time. If this is nothing above what is listed in the bylaws associated with the role then simply state “as per the bylaws”

Team Strategic planning

e. A simple and frank discussion should be had between outgoing and incoming NC at the handover weekend of even simply half an hour where it is laid out what were the main problems had during the previous academic year from the perspective of inside the NC and from the perspective of individuals outside the NC. This is not to call people out but simply identify any systemic issues within the operations of the NC that can be worked on in the next academic year

f. A discussion at NCM1 of 1 hour between the new NC where the contingency aspects to each individuals strategic plan is not discussed in detail but in a broader discussion to identify any practices suggested across multiple roles that can be brought together into a joint contingency plan for the NC as a team. This joint contingency plan should be written up following NCM1 and recorded in the google drive for institutional memory and should include as a basis:

i. any periods of time that will be difficult for multiple NC members

ii. any actions from any NC role that anyone left on NC can carry out if multiple people step down

iii. a list of every NC members “medsin holiday” - this is non-negotiable, every NC member needs a period of even simply one single week where they will allow themselves to step back completely from the role and catch a breather

iv. the medsin buddy’s scheme for that year (each NC member partnered with

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another who can have regular catch ups with and act as informal pastoral support)

REACTION

If the above steps are carried out then there will be procedures laid out in the event of an NC member carrying out EXPECTED leave from their role for a short period of time. In the case of an NC member UNEXPECTEDLY having to step back from their role for a short period of time (2-3 weeks), some of the procedures from the above can kick in to compensate until the NC member comes back. In the case of an NC member unexpectedly having to step down from their role for an extended period of time (more than a month to permanently) and this is unexpected, the following steps should be taken in the days-week immediately following an NC member indicating they may have to do this:

B. The most senior person on the NC (this should normally be the National Director but in the case of this person(s) being the one to step down, the Director of Branch Affairs/Director of International Affairs alongside a member of the Board of Trustees should be this nominated person) should arrange a phone call/hangout/skype if at all possible with the NC member stepping down at the earliest available opportunity.

a. The purpose for this call/a rough agenda for this meeting should be the following:

i. establish the reason behind the individual stepping down

ii. identifying what support can be given by anyone with medsin to resolve the problem or at the very least, reduce its impact

iii. the length of time the individual proposes stepping down for if the problem cannot be resolved and having a definitive start and end date for this stepping back to remove any ambiguity and to allow proper steps to be taken

iv. if the problem is serious enough, identifying if the individual may have to step down permanently from their role and identifying the red line that must be crossed for this to have to be enacted

v. if the NC member is unsure about how to proceed, the call should end with the individual given an opportunity for a “cool off” period of time to allow them to consider their options and how they would like to proceed. In this instance it should be agreed when the next call should be to discuss final arrangements

b. The purpose of the above call is NOT to overload the individual who will undoubtedly be under a lot of stress. Instead this call should be as a way to reassure and give support

c. The minutes for this call should be recorded and placed in the specific NC role folder within the google drive, ensuring there is no sensitive or private information in that document so it can be retained for institutional memory

C. An agenda item should be registered for the next NC wide hangout to discuss this matter, so that
everyone on NC is notified of the absence and on the same page

D. In the instance that the National Director is stepping down for an extended period of time (greater than a fortnight) or permanently, all Voting Members should be notified of this via email within 5 working days of the call described above that takes place, sent by either the NC secretary or another appropriate NC member. This action point is non-negotiable and is an obligation the NC has to the general assembly.

ADAPTATION

Once it has been established why an official is stepping down for an extended period of time the following steps should be taken to allow the NC to adapt to this gap in operation:

E. The National Committee should dedicate a portion to the next committee hangout to discuss what tasks can be shared out among the other members of the NC.

F. If the official who has stepped down has indicated an individual who could step into their role temporarily, they should be included in the aforementioned hangout.

G. The National Director/most senior member of the NC should discuss with this temporary position how much they feel they can carry out in their role and over what timeframe.

H. It should be communicated to the voting members who is stepping in on this temporary basis alongside an official callout for a new individual to be elected into the role on a more permanent basis until the next Spring General Assembly. This election should follow the same procedures outlined in the bylaws and incorporate an e-vote with the voting members.

I. Once elected, the new official should have a focused discussion with the National Director to identify a strategic plan for their term and immediate actions to be completed.

J. A record of this activity should be made in the Medsin committee google folder for institutional memory.
Guidance statement on accessibility/accountability of trustees

This General Assembly:

1. Notes consultation feedback in the recent Governance survey citing issues with accountability and accessibility between the Board of Trustees and the wider Medsin network

2. Believes greater accountability & understanding of the trustees’ work to be a crucial factor in both the Board of Trustees and Medsin’s future success

3. Mandates the Governance Working Group & National Director to steer a new course between the National Committee, Trustees and wider network by:

4. Mandating the National Director(s) as representatives of Medsin-UK to organize, in collaboration of the chair of the board of trustees to set the agenda for the board of trustees meetings and to manage the Board more effectively including their, agenda and strategy

5. Calling on the Board of Trustees to publish an Accountability Strategy by Spring General Assembly 2015 in collaboration with the National Committee and wider Medsin network

6. Prior to this, calling for all trustee meeting agendas, minutes and communications to be published in full transparently onmedsin.org and in Medsin e-mail communication

7. Proposes the Governance Working Group to report to the Spring General Assembly 2015 regarding relevant developments to this including all necessary constitutional & by-law amendments.
Guidance Statement regarding National Director’s Line Management

Proposed by: Governance Working Group

This General Assembly:

1. Commends recent efforts to support Medsin now function as an employer of our National Director.

2. Believes further development is needed to current management & mentorship structures for our paid members of staff.

3. Mandates the Governance Working Group to publish a Strategy for Line Management & Mentorship of the National Director by the Spring General Assembly including consultation of National Committee, Board of Trustee and network members, to inform further by-law changes thereafter.

4. Meanwhile calls for regular progress reports by the National Director for the attention of the Trustees and Medsin network to be published monthly and for an informal mentorship agreement to be instituted for National Director support with immediate effect.

What is this document about?

Recommendation 1.2.3- A review of the line management of National Director carried out by the Chair of Trustees, ensuring better guidelines on fallback processes.

Why is this important?

Now Medsin is an employer of its National Director, its trustees are responsible not only for the activity of the charity but also its staff.

Previous National Directors when they served voluntarily for the network/charity provided themselves with direction and sought independently support, advice & mentorship from a variety of sources to allow them to develop the direction and strategy of the charity network.

For the last 1-2 years, following brief discussion with the outgoing National Directors and trustees prior to the Medsin calendar year 2012-13, the Chair of the Board of Trustees has spent considerable time in line managing the National Director.

Though such a management structure arguably has several advantages, we propose to evaluate the effectiveness of this set-up and achieve wider agreement going forward with the wider network to ensure some degree of consensus in the form of Medsin Network Guidance for future Directors &

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Trustees.

Discussion sections:-

1. Explanation of current state of line management
2. Discussion on pros and cons of this approach
3. Wider discussion on whether this needs alteration
4. Agreement at MAW/later date of updates to line management

1. Present Line Management of the Medsin-UK National Director

- Chair of the Board of Trustees is responsible for arranging regular meetings with the National Director
- Previously these meetings have taken place on average fortnightly
- During these meetings the National Director and Chair discuss and set work objectives, evaluate progress
- A degree of mentorship/support may take place during these meetings
- The Chair is also responsible for ensuring monthly progress updates from the National Director for the benefit of the Trustees, National Committee & Medsin network
- The National Director is responsible for strategy, direction & setting objectives for these in collaboration with the National Committee - taking into account the Long-Term Development Plan put in place by the network of Medsin voting members

- The Chair’s role is facilitative and ought not to inappropriately steer or direct the work of the student National Director nor the Medsin network as a whole in line with Medsin’s ethos as a student-led network

2. Pros/Cons of current approach

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- Clear structure of reporting
- Opportunity for National Director to receive prompt feedback/advice
- Trustees gain clear insight into work of National Director/Medsin
- Valuable at beginning of term when Director new to role
- Should highlight when new challenges arise
- More

- This process has not been approved by the voting members
- It may contravene Medsin’s ethos as a student-led network
- Trustees including the outgoing National Director could inappropriately influence the work of the Director/network
- Prevents degree of personal development of the National Director
- More

3. Wider discussion

Given the complexity of this topic it will be valuable to generate wider discussion including current trustees, current +/- previous National Committee members, partner organisations with experience of trustee management of employed staff & the wider Medsin network.

We anticipate following this discussion - to be summarised here - that there shall be Medsin Network Guidance (IOG) developed and agreed to be implemented from 2014-15 onwards with future alterations as necessary.

Further reading

Change to the Guidance statement regarding use of Medsin-UK charity status

*Proposed by: Governance Working Group*

Current text

We would like to mandate the National Committee to form a Small Working Group involving individuals outside of the National Committee in addition to one member of the NC to research the legality of Medsin's By-laws in relation to charity status and nationally recognised Activities. Furthermore, we would like the SWG to seek a professional legal consultation. The SWG will report back at the AGA 09

Replace all text with:

Medsin-UK is a UK registered charity with charity number 111824. Our charity structure under the current UK government guidelines (found at: [https://www.gov.uk/charity-types-how-to-choose-a-structure#types-of-charity-structure](https://www.gov.uk/charity-types-how-to-choose-a-structure#types-of-charity-structure)) is that of an unincorporated structure with a wider membership. This has a number of implications:

1. Our constitution is our major legal governing document

2. The Board of Trustees acts as the main group of individuals with personal liability for what the organisation does

3. Any changes to the constitution must have approval of the board of trustees as this is the main legal governing document for the organisation which they are accountable for being a charity provides many benefits to the Medsin network, but it is important to emphasise that although Medsin-UK is a network and a charity, our individual branches and activities are NOT themselves registered charities:

   a. This has important implications of how we can properly use our registered charity number and status within the network.

      i. For example, if a medsin branch wished to raise money they would not be able to use Medsin-UK’s charity number directly. What this means on a practical level is that Medsin member branches or activities cannot say they are a charity, because they are not.

      ii. You cannot say:

         1. "Medsin-Birmingham is a charity, Registered Number 1111824"

         iii. However, you can say:

            1. "Medsin-Birmingham is an affiliated branch of Medsin-UK, registered Charity Number 1111824"

   b. Furthermore, if you want to organise a street collection for medsin, this too needs to be done in collaboration with the board of trustees.

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If you have any questions in relation to Medsin-uk’s charity status then do not hesitate to contact them at trustees@medsin.org.
**Guidance Statement for Medsin-UK: Engaging in the 2015 UK General Election**

Proposed by: National Committee

General Election 2015: ‘Educate, Advocate, Act’

The general election marks the culmination of one political cycle and the start of a new one. Existing policies will be reviewed and revised, and new policies will be proposed. For Medsin-UK’s objective to advocate for ‘a fair and just world in which equity in health is a reality for all’, the party policies produced for the Election represent a unique opportunity to place global health and development at the heart of government policy. For Medsin’s broader objectives of furthering its vision through education and community action, a coordinated strategy for advocacy around the general election offers the possibility of recruiting a brand new cohort of students as conscientious actors for global health; just as the election of new MPs offers the possibility of a new era of global health champions entering parliament. For this reason, we would like to mandate a commitment from Medsin-UK to engage in advocating for global health in the UK’s 2015 general election.

In particular, members of the Medsin-UK network should seek to:

- Inform and educate Prospective Parliamentary Candidates (PPCs) about the importance of health equity, and the role that the UK plays in shaping the global development agenda
- Raise the profile of health equity within branch constituencies
- Build relationships with potentially new (and existing) MPs in order to work with them over the course of the coming parliament

How will this be achieved?

It is within Medsin’s interest to seek collaboration with organizations which represent and uphold its core values as an organization. This should be achieved by:

- formation of a Medsin-UK General Election National Working Group
- a network consultation which aims to garner the election priorities of the Medsin-UK network
- production of a joint election manifesto with relevant organisations
- implementation of a co-owned global health advocacy strategy for the general election

This has a number of considerations:

- in accordance with Medsin-UK’s constitution, all activities and correspondence undertaken by the organization must remain partisan neutral and non-endorseive of any political party
- Medsin must strive to remain within the restrictions for influencing parliament as outlined in the ‘Transparency of Lobbying, Non-Party Campaigning and Trade Union Administration Act 2014’
Memorandum of Understanding Between Medsin-UK & Dr Greg Martin of This Week in Global Health (TWiGH)

Proposed by: National Committee

Background on This Week in Global Health (TWiGH)

TWiGH is a weekly live news roundup broadcast on both YouTube and Google+. Each week the TWiGH team present news items that include:

- Updates on current events that overlap with global health
- Updates on recently published research
- Spotlights on new innovations and initiatives
- Interviews with leading experts
- Updates on current “Requests for Proposals” issued by funding organizations
- Profiles of organizations in the global health space
- Highlighted jobs and career opportunities

The audience will be able to interact with the panel (by typing in the comment section beneath the video feed) and each episode will end with some Q&A with the audience. Altogether the broadcasted show will last about 10 minutes although the live show will be longer.

Background on Medsin-UK

Medsin-UK is a student network and registered charity tackling global and local health inequalities through education, advocacy and community action. We have a vision of ‘a fair and just world in which equity in health is a reality for all’ and believe that the students of today are critical to bringing about an equitable and healthy world of tomorrow.

Expected time commitment and nature of relationship between Medsin-UK and Dr Greg Martin

Members of The Medsin-UK National Committee will:

- Through the use of the Medsin newsletter and various social media channels, develop a framework by which Medsin members can submit segment proposals for each episode of TWiGH.
- Motivate and provide Medsin members with the appropriate skills and information

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required to present on TWiGH on topics of interest.

Medsin-UK will start off with irregular (monthly/bi-weekly) contributions and then work towards a weekly segment.

Dr Greg Martin, co-ordinator of TWiGH will:

- Support Medsin members who are chosen to present on TWiGH by helping to familiarise them with the nature and structure of the show as well as the set-up requirements.
- Ensure the publicity of Medsin-UK on TWiGH where appropriate.

Structure & Systems

The Medsin-UK Global Health Education Director will be the main link between Dr Greg Martin and Medsin-UK. Other members of the Medsin-UK National Committee may be tasked with aiding with the maintenance of the link between Medsin-UK and TWiGH. The Director of Branch Affairs, Regional Coordinators, Policy and Advocacy Director and Activities Director will work with the Global Health Education Director, as the link to Medsin Branches, National Working Groups and Activities.

Length of term of MoU before review

This MoU is valid until Medsin Spring General Assembly 2015 when it will be reviewed.

Signing by representatives of both organisations

Medsin-UK Director  Dr Greg Martin

Date, Location  Date, Location
Guidance Statement on International Finances

*Proposed by: National Committee*

Name of motion:

To adopt the guidance statement on the evaluation of Medsin-UK’s International Finances Model and the creation of a working group to engage in this topic over the next 6 months.

Summary

This year, the number of Medsin exchanges (organised via the International Federation of Medical Students’ Associations, IFMSA) will be reduced, which will lead to the reduction of income for Medsin National funds. This directly impacts on the ability for exchanges to cover Medsin’s IFMSA membership fee.

There is a need for both an interim model to deal with the current circumstances as well as a more sustainable long term model. One proposed interim model is to create a small tax paid by Medsin-UK delegates to IFMSA General Assemblies. The sustainable long term model will take a few months to create.

The National Committee (NC) recommends the evaluation of the current financial model and the creation of a task force to develop a new sustainable international finances model over the next 4-6 months.

Main text

In the past, the Medsin exchanges tax (£50 of the exchange fee paid by outgoing Medsin students, as per bylaw 5.2.1. in Appendix 4) was intended to cover the IFMSA membership fee, and to act as a reliable source of income for Medsin National as the number of exchanges taking place increased across the network, as laid out in the Fundraising Strategy 2012-2014.

On the other hand, Director of International Affairs costs were intended to come out of Medsin National's budget, through various methods of fundraising.

However, the number of exchanges have been reduced from 31 to 18 this upcoming year (2014/15). The reduced number of exchanges is expected to have an impact on Medsin National’s income and therefore Medsin’s ability to cover the IFMSA membership fee.

In light of these circumstances, there is a need for:

Medsin-UK Policy and Guidance Statements, December 2015
1. A larger income to be generated from IFMSA-related activities, in order to cover the IFMSA membership fee. This may be done by adding a small tax to IFMSA general assembly fees.

2. An evaluation of the current financial model

3. A more sustainable financial model, which will allow for such discrepancies in the future. In addition, there are opportunities the expansion of Medsin’s exchanges programme. Medsin’s stance and strategy

During the interim period:

The National Committee is responsible for adding necessary taxes appropriately, in order to avoid a negative balance in the aspect of International Finances.

National Committee commits to creating a task force, led by the Director of International Affairs, whose responsibility will be:

1. to evaluate the current International Finances Model
2. to develop on a more sustainable International Finances Model over the next 4-6 months, ready to be presented to the General Assembly no later than Medsin Autumn Weekend 2015
3. to prepare this model through consultation with any members of the National Committee, who are engaged in IFMSA activities i.e. National Exchange Officers, Training Director, Treasurer
4. to prepare a Sustainable International Finances report, ready to be presented to the General Assembly no later than Medsin Autumn Weekend 2015

Recommendations

We recommend that Medsin’s International Finances Model is thoroughly evaluated over the next 4-6 months, with a view to be present a Sustainable International Finances report to the General Assembly no later than Medsin Autumn Weekend 2015.

In the interim period, the National Committee is responsible for creating an interim model to help deal with the current circumstances.

References

Appendix 4, Bylaw 5.2.1. This amount can be broken down into £100 which serves as “pocket money” for the incoming student (and the outgoing student will receive an equivalent amount in their host country);
- £50 which contributes to Medsin taxes;

Medsin-UK Policy and Guidance Statements, December 2015
• £50 which is used for NEO expenses (and is therefore to be transferred to the national account);

• £20 which is used for LEO expenses (and is therefore kept in the local account);

• And £30 which can be used by the Local Committee for their Social Programme (and is therefore kept in the local account).

Financial Model to be used in the interim period

Fundraising Strategy 2012-2014
To hold a consultation and vote on changing Medsin’s name

Proposed by: Sheffield Medsin

Rationale:

The name ‘Medsin’, a portmanteau of Medical Students International Network, reflects neither the diverse academic disciplines of its members nor the profound interdisciplinarity of Global Health. Furthermore, it may create the impression upon potential members that the network is only for medical students, adversely affecting our recruitment and sustainability.

Motion:

1. That the National Committee (NC) hold consultation with the network to elicit the following:
   a. Conduct surveys of a representative sample of branches regarding a change of name for both Medsin-UK and the wider network
   b. Possible alternative names for both Medsin-UK and the Medsin network

2. That the NC hold a consultation with the Board of Trustees regarding the possibility of changing these names.

3. That, at the Spring General Assembly 2015, the NC and the appropriate team or person must present the following for voting members to vote on:
   a. A short list of alternative names for Medsin-UK and the Medsin network An option of not changing these names

4. That the NC, or appropriate team or person, conduct a risk/benefit assessment of the impact of name change on the organisation, with particular regards to a) the impact on external bodies and b) the impact on the network

Summary:

“What’s in a name? That which we call a rose By any other name would smell as sweet.”

As the network reaches its 20th birthday it is questioned whether the name ‘Medsin’ best reflects both its membership and its aims; namely, a group of students from diverse disciplines committed to tackling global and local health inequalities. We call upon the National Committee to offer members a vote on the name of the network, allowing them to decide their corporate identity.

Background:

When Wigs Bateman returned from an International Federation of Medical Student Associations (IFMSA) conference in Alexandria she had a vision to create a society where students could act on issues they were passionate about. Two years later, in 1995, the first branch of the Medical Students International Network (MedSIN) was founded in Sheffield, followed quickly by the national network, which linked students acting on global health from around the country. [1] Since then Medsin has evolved and

Medsin-UK Policy and Guidance Statements, December 2015
changed, but its vision remains the same: to connect and mobilise students with a passion for tackling global and local health inequalities. [2]

While Medsin began with medical students, the organisation is now accessible to students from all courses, with non-medics having played big parts in Medsin’s activities. As well as students of other healthcare related courses, Medsin attracts those studying a range of courses from politics to graphic design and many others in between. The Medsin constitution describes a branch as ‘a committee of students with an interest in global health, attending the same higher education institution in the UK’, and makes no mention to what course they are enrolled on. [3]

However, the name Medsin may not reflect the inclusive nature of the society, holding connotations that the organisation ties in best with those studying Medicine. While Medicine and medical students do play a large role in the fight against global health inequalities, their contributions are no more than those of other disciplines. It is unfortunate that the name Medsin may decrease the perceived accessibility of the organisation to non-medical students. Therefore a name change may smooth the yearly recruitment process, as well as better reflecting the group of people it defines.

Having lost the link to the Medical Students International Network and branding itself as Medsin, Medsin may now miss out on communicating its vision through its name, not capturing the organisation’s commitment to tackling global health inequalities.

A name change would present certain challenges and so these should be weighed against the potential benefits. One question that could be raised is Medsin’s representation of the UK at the IFMSA; losing some of the ties to medical students may raise the question of whether or not Medsin is the appropriate body to represent those students on an international level. The practicalities of changing a name should not be underestimated as well, while Medsin is a student society, Medsin-UK is a registered charity and so has a higher level of governance. Work would be required from both committee members and trustees, to act on the will of the network and make the legal changes required, should a new name be agreed upon. [4]

Medsin’s stance and strategy:

With a potential to widen the network’s reach and unite its members, Medsin will formally consider a name change, giving voting members the option to decide the name of the organisation they work within. While members may vote for no change, the National Committee will hold discussion on the topic and offer a selection of new names that may better reflect the society’s mission ‘to create a network of students empowered to effect tangible social and political change in health on a local, national and global level through education, advocacy and community action’. [2]

References:

- http://medsin.org/about/history-of-medin
- http://medsin.org/about/medsin-explained

Medsin-UK Policy and Guidance Statements, December 2015
Medsin-UK Policy and Guidance Statements, December 2015

  [https://www.gov.uk/change-your-charitys-name](https://www.gov.uk/change-your-charitys-name)
Guidance Statement on Fair, ‘Living Wages’ for Medsin Employees

Proposed by: National Committee

Equality is a founding principal of Medsin-UK, as reflected in the organization’s vision of ‘a fair and just world in which equity in health is a reality for all.’ As such, Medsin should strive to promote fair and equal employment opportunities in its duties as a registered charity and full-time employer. We acknowledge that low-paying work which fails to provide that required to afford the essential and basic necessities of a worker may act as a barrier to accessing opportunities of employment and professional development for potential Medsin employees. Furthermore, we hold concern over the supposed implications to personal, financial and social welfare that low-paying contracted work can impose. Therefore we would like to mandate the implementation of a fairer, regionally-appropriate ‘living wage’ for all current and anticipated Medsin employees.

NB:

The living wage is calculated by the Centre for Research in Social Policy at Loughborough University and defined as rate of pay per hour which is enough to ensure workers and their families can live free from poverty.

This has a number of implications:

1. By ratification of this document Medsin-UK should commit to becoming a living wage employer

2. Medsin-UK will ensure that all of its employees and future contracted workers are subject to minimum payment of the living wage

3. Medsin-UK will increase the Living Wage paid if amended nationally (subject to budget) and implement in the following stages of implementation:
   a. Definition of appropriate funds
   b. Recalculation of budgets and financial planning
   c. The national director and director of finance shall present the detailed breakdown of costs and implications on medsin’s budget by SGA 2015
      i. Only with this evidence presented to a GA can this guidance statement be used to influence a Medsin-UK budget
   d. Increase in monthly pay to that of living wage for existing employees with retroactive remuneration for existing contracts up to the commencement date of agreements signed
   e. Medsin-UK will seek to provide regionally-appropriate pay for its workers where variations have been identified by the Centre for Research and Policy at Loughborough University
   f. Amendment to Medsin-UK’s bylaws on employment of a National Director to include Medsin-UK Policy and Guidance Statements, December 2015
the living wage
g. This policy will be reviewed on a yearly basis.

Operating Guidelines for National Working Groups

Proposed by National Committee
Adopted at AGA 2014, Nottingham

This conference notes that there is little cohesion between NWGs and the wider Medsin network. There is a lack of clarity over their operating mechanisms, specifically relating to the generation of consensus over relevant thematic interests and the sustainability of groups over time.

Accountability mechanisms are lacking; there is little dissemination of group activity to the wider network, which leads to widespread confusion over the function of these groups, consequently limiting recruitment. Monitoring and evaluation of these groups is limited and further weakens the links of these groups to national and branch structures. To redress these issues it is proposed that;

1. There be a stringent protocol for the formation of an NWG, requiring publication and dissemination of strategy document to NC. Establishment of group is contingent on NC approval.
2. NWG leads be required to set out clear deliverables for a twelve month period, agreed with PAD.
3. Recruitment should be advertised directly to branches in addition to existing system
4. NWG leads be directly accountable to PAD who reports to NC
5. Formation of an NWG liaison officer on the PAD operational team to monitor and evaluate NWG work.
6. NWG leads be required to publish a policy statement within three months of the start of the academic year. Production should be carried out in conjunction with PAD Policy statement coordinator and NWG liaison officer.
7. Integration of model: required and frequent dissemination of work to wider network through newsletter, conferences and other available formats. NWG liaison officer to follow up on this.
8. NWG leads to present summary of the year at the SGA
To hold a consultation and vote on changing Medsin’s name (update)

Proposed by: Sheffield Medsin

Rationale:

The name ‘Medsin’, a portmanteau of Medical Students International Network, reflects neither the diverse academic disciplines of its members nor the profound interdisciplinarity of Global Health. Furthermore, it may create the impression upon potential members that the network is only for medical students, adversely affecting our recruitment and sustainability.

This is an update to the Guidance Statement titled ‘To hold a consultation and vote on changing Medsin’s name’, which was accepted at Medsin Autumn Weekend (MAW) 2014. This update recognises the change in timescale and also the role played by the Medsin Consulting Group. Alterations are highlighted using red font.

Motion:

1. That the National Committee (NC) hold consultation with the network to elicit the following:
   a. Conduct surveys of a representative sample of branches regarding a change of name for both Medsin-UK and the wider network
   b. Possible alternative names for both Medsin-UK and the Medsin network

2. That the NC hold a consultation with the Board of Trustees regarding the possibility of changing these names.

3. That, at the Medsin Autumn Weekend 2015, the NC and the appropriate team or person must present the following for voting members to vote on:
   a. A short list of alternative names for Medsin-UK and the Medsin network
   b. An option of not changing these names

4. That the NC, or appropriate team or person, conduct a risk/benefit assessment of the impact of name change on the organisation, with particular regards to
   a. the impact on external bodies and
   b. the impact on the network.

5. That the results of the research conducted into the name change by the Medsin Consulting Group are reported to the network once completed

Medsin-UK Policy and Guidance Statements, December 2015
Summary:

“What’s in a name? That which we call a rose
By any other name would smell as sweet.”

As the network reaches its 20th birthday it is questioned whether the name ‘Medsin’ best reflects both its membership and its aims; namely, a group of students from diverse disciplines committed to tackling global and local health inequalities. We call upon the National Committee to offer members a vote on the name of the network, allowing them to decide their corporate identity.

Background:

When Wigs Bateman returned from an International Federation of Medical Student Associations (IFMSA) conference in Alexandria she had a vision to create a society where students could act on issues they were passionate about. Two years later, in 1995, the first branch of the Medical Students International Network (MedSIN) was founded in Sheffield, followed quickly by the national network, which linked students acting on global health from around the country. [1] Since then Medsin has evolved and changed, but its vision remains the same: to connect and mobilise students with a passion for tackling global and local health inequalities. [2]

While Medsin began with medical students, the organisation is now accessible to students from all courses, with non-medics having played big parts in Medsin’s activities. As well as students of other healthcare related courses, Medsin attracts those studying a range of courses from politics to graphic design and many others in between. The Medsin constitution describes a branch as ‘a committee of students with an interest in global health, attending the same higher education institution in the UK’, and makes no mention to what course they are enrolled on. [3]

However, the name Medsin may not reflect the inclusive nature of the society, holding connotations that the organisation ties in best with those studying Medicine. While Medicine and medical students do play a large role in the fight against global health inequalities, their contributions are no more than those of other disciplines. It is unfortunate that the name Medsin may decrease the perceived accessibility of the organisation to non-medical students. Therefore a name change may smooth the yearly recruitment process, as well as better reflecting the group of people it defines.

Having lost the link to the Medical Students International Network and branding itself as Medsin, Medsin may now miss out on communicating its vision through its name, not capturing the organisation’s commitment to tackling global health inequalities.

Medsin-UK Policy and Guidance Statements, December 2015
A name change would present certain challenges and so these should be weighed against the potential benefits. One question that could be raised is Medsin’s representation of the UK at the IFMSA; losing some of the ties to medical students may raise the questions of whether or not Medsin is the appropriate body to represent those students on an international level. The practicalities of changing a name should not be underestimated as well, while Medsin is a student society, Medsin-UK is a registered charity and so has a higher level of governance. Work would be required from both committee members and trustees, to act on the will of the network and make the legal changes required, should a new name be agreed upon. [4]

Research into the impact of changing Medsin’s name is currently being undertaken by the Medsin Consulting Group, the results of which will be reported back to the network once completed.

Medsin’s stance and strategy:

With a potential to widen the network’s reach and unite its members, Medsin will formally consider a name change, giving voting members the option to decide the name of the organisation they work within. While members may vote for no change, the National Committee will hold discussion on the topic and offer a selection of new names that may better reflect the society’s mission ‘to create a network of students empowered to effect tangible social and political change in health on a local, national and global level through education, advocacy and community action’. [2]

References:

• http://medsin.org/about/history-of-medsin
• http://medsin.org/about/medsin-explained

•http://medsin.org/public/resources/secretarial/MedsinUK%20Constitution%20September%202012.pdf
• https://www.gov.uk/change-your-charities-name
Guidance statement for Professional Exchanges - SGA 2015

Exchanges vision and mission

Vision
To offer a sustainable, educational and mutually beneficial national or international exchange opportunity to all medical students.

Mission
Expansion of the current Medsin Exchange programmes throughout medical schools, with an emphasis on Academic Quality & Ethical Considerations.

Medsin vision and mission

Vision
A fair and just world in which equity in health is a reality of all.

Mission
To create a network of students empowered to effect tangible social and political change in health on a local, national and global level through education, advocacy and community action.

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Professional Exchanges

Medsin exchanges are an opportunity for medical students to engage with equitable, fair bilateral clinical exchanges. It is a chance for students to experience a different health system and environment and learn more about how health works in other countries. Students are exposed to new clinical environments, new cultures and the chance to learn from a different medical education system. Students will work amongst and learn with other students from their respective countries. Exchanges promote an international network of students who are empowered to work within the international health platform.

Medsin-UK have a responsibility as the sole representatives of the IFMSA to present the available international opportunities to medical students. This includes the chance to be exposed to an equitable system that provides clinical placements abroad. The rhetoric surrounding the ethical concerns in clinical placements abroad is on the rise and Medsin-UK can be part of the movement to educate students in the

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UK on good ethical practice.

Financial guidance for local committees

Local committees can determine their own local expenses as long as this is agreed upon by the Exchanges Treasurer, the National Exchange Officers and the Director of Finance. It is advised that local expenses be broken down in the following way:

- £100 cash OR the total amount needed to cover one meal a day for the duration of the exchange. The outgoing student will also receive one meal each day OR sufficient funds for one meal a day relevant to the country of destination.
- £20 which is used for LEO expenses
- £30 which can be used by the Local Committee for their Social Programme
- An additional £20 deposit which is returnable on submission of the Medsin Exchanges logbook or Local Committee logbook following the exchange

- £10 deposit onto local fees that is refundable upon completion of the evaluation forms by outgoing students

The base price for exchanges is determined by the Medsin Exchanges bylaws and consists of the Medsin tax and NEO IFMSA General Assembly expenses. This is not determined at a local level and must be paid in accordance to bylaw 5.2 and 5.2.1.

National Exchanges Team (NET) role descriptions

Exchanges Training Officer

- Supports all training within the Medsin Exchanges program including but not limited to:
  - Pre departure training
  - On arrival training
  - Local Committee Training Weekend
  - Academic Quality Training

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SKILLS / Exchanges training sessions at Medsin General Assemblies, Medsin Exchanges National Assembly (MENA) and Medsin Conferences

- Works with the National Exchange Officers and Exchanges Expansion Officer to promote exchanges nationally and build capacity within the network.

Exchanges Treasurer

- Works directly with the National Exchange Officers and Medsin Director of Finance to manage exchange finances
- Collects NEO expenses and Medsin Tax contribution from each LC
- Is invoiced on behalf of the entire Medsin Exchanges Program by the Medsin Treasurer
- Supports LCs in setting local expenses at the start of each IFMSA exchange year
- Responsible for receiving applications for reimbursement/refund/financial emergency

Exchanges Expansion Officer

- Works directly with interested students at new universities to support the start-up of new local committees
- Responsible for supporting the initial relationship with new local committees and their medical schools
- Aims to expand Medsin exchanges to new universities each year to ensure sustainable growth of the program.
- Point of contact for representation of Medsin Exchange programme at external events such as global health conferences
- Works with National Exchange Officers to set yearly targets for the number of new LCs at the start of each exchange year

Medsin Exchanges National Assembly

The Medsin Exchanges National Assembly should take place in April and is organised by the National Exchange Officers and Exchanges Team. All Local Exchange Officers should attend, and all other local committee members are encouraged to. The meeting will include presentation of the NEO report, local committee reports and also include training and governance development.

Each local committee should present their budget for the upcoming exchanges year at the MENA in order to update their local fees in accordance with bylaw .......

Each local committee will have a total of one vote for each voting session. Voting sessions will include

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reviewing and renewal of SCOPE bylaws and regulations; Medsin exchanges bylaws and regulations.

The National Exchanges Team, with the exception of the National Exchange Officers, will be elected at the MENA each year by the voting members. Their term will begin on 1st September and will run for 1 year. Handover of roles shall take place between the MENA in April and the new term starting on 1st September.
Creation of a Framework for Research Exchanges within Medsin-UK

Proposed by: Research Exchanges Working Group

Rationale

Medsin has recently established the IFMSA SCORE research exchange scheme in the UK. This guidance statement acts as a record of the work done so far and outlines the next steps in forming a permanent framework for its operation. The guidance is based on discussions of the Research Exchanges Working Group with minutes available on request.

Specific Guidance

- The National Officers for Research Exchange (NOREs) will usually be elected at SGA and serve for 1 year.
  - If no replacement can be found the NOREs will continue to act as ‘acting NORE’ until a replacement can be elected
  - The two roles will be dividing into NORE-incoming and NORE-outgoing.
- A NORE can be elected at MAW to serve for 6 months on an interim basis of required where there are not two NORE’s working at that time
- Until MAW 2015, research exchanges will continue to run under the current logistical framework with a single NORE liaising with 2 Local Exchange Officers for Research Exchange (LORE) at each university where SCORE is active.
- SCORE will be deemed to be “active” at a branch where contracts have been signed for students to participate in exchanges within any given cycle and where it is expected that these exchanges will take place. SCORE will not be deemed officially active where only interest lies within individuals at a medsin branch
- Only bilateral exchanges will be permitted during the 2015/16 exchange season, this encourages medsin branches to establish local committees and submit projects to the database before being allowed to sign exchange contracts.
- Local committees will define their outgoing selection criteria, which will be submitted to the NORE and reviewed by exchanges officers.
- Exchange fees will follow the current Medsin model for SCOPE exchanges as outlined in Medsin Exchanges Bylaws.
- The current acting NORE will work with the National Exchange Officers (NEO) to propose a new structure for exchanges at MAW 2015
- A SCORE representative should be part of the IFMSA AM15 delegation

Medsin-UK Policy and Guidance Statements, December 2015
Definition and responsibilities of NORE and LORE

Taken from SCORE regulation 4.

National Officer for Research Exchange (NORE)

- The NORE is defined as in SCORE regulation 4.1.1:
  - “The National Officer on Research Exchange (NORE) coordinates the research exchange program of his National Member Organization (NMO) of the IFMSA on the national level.
  - The NORE is the official representative of his NMO in SCORE. As such, an NMO is responsible for its NORE’s actions.”
- The responsibilities of the NORE are defined by SCORE regulation 4.1.2:
  - To organize and maintain the research exchange on the national level.
  - To follow the procedures of the research exchange as described in the Manual of Research Exchange (MoRE).
  - To train the local research exchange committees, to supervise their work and to include them in the national and international work.
  - To disseminate all relevant SCORE information to the local committees and provide the LOREs with the documents needed.
  - To revise and evaluate the research programme at both national and international levels.
  - To participate in relevant meetings for SCORE, both on international, national and local levels.
  - To complete the SCORE Statistics Form for the March Meeting of the IFMSA and the NORE Report for the March and August Meetings of the IFMSA before the deadline.
  - To add new projects into the IFMSA SCORE Database after their approval by the SCORE-SB, filling the New Project Record(s) within 15 days after SCORE-D announces that space for the project had been added into the database.
  - To update all projects at least every year. Any project that has not been updated for more than one year should be marked as obsolete. Any project that has not been updated or which does not meet the requirements for a SCORE research project must be reported to the SCORE Supervising Board.

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○ To update Exchange Conditions less than 15 days before every August Meeting.

○ To update personal information on the database as soon as he is elected and before each GA.

○ To ensure that all the Application Forms (AFs) with the requested documents for the outgoing student are sent at least 12 weeks before the start of the exchange.

○ To ensure that all the Cards of Acceptance (CAs) for the incoming students are sent at least 8 weeks before the start of the exchange.

○ To ensure that all Cards of Confirmation (CCs) from the incoming students arrive at least 4 weeks before the exchange starts.

○ To ensure that incoming and outgoing students fill their Evaluation Forms (EFs) on the e-Exchange database in which their documents were filled in before the end of the exchange. If the students don’t fulfil this task, they must be informed of the consequences, as stated in regulation 9.1.4.

○ To supervise LOREs in providing the SCORE Logbook to the outgoing student and incoming student if needed, ensuring it is being filled properly during the exchange of the student, and receiving EFs, as a requirement for getting the certificate.

○ To provide LOREs who work within SCORE for one year at least with IFMSA LORE certificate.

○ To provide sending NOREs with original or scanned forms of Invitation Letters (ILs) when needed, for received AFs, at least 8 weeks in advance of the beginning of the exchange.

○ To report to the regional assistant on the situation of SCORE in the NMO before each GA.

○ To prepare the voting card for his NMO before the MM and the AM.

○ Update the online ExPlore pages of the NMO at least 2 weeks before each IFMSA GA.

Local Officers for Research Exchange (LORE)

Definition

● The Local Officer on Research Exchange (LORE) coordinates the research exchange program of his National Member Organization (NMO) of the IFMSA on the local level.

Responsibilities:

● To promote research exchanges to all medical students in the university.

● To organize the stay of incomings and the social program.

Medsin-UK Policy and Guidance Statements, December 2015
• To find new SCORE projects and/or to update the research projects of his faculty every year, and to ensure that the project form is filled properly.

• To maintain a constant communication with the NORE.

• The change his personal data on the e-Exchange

• To check the outgoings’ AFs so to make sure they are filled in properly.

• To gather all the documents stated in the exchange conditions.

• To send all CAs at least 8 weeks before the exchange starting date.

• To ensure that all the exchange students fill the CC at least 4 weeks before the exchange starting date or 4 weeks after receiving a late CA.

• To ensure that all the outgoing and incoming exchange students fill in the EF before the end of their exchange.

• To provide tutors with the Tutor Certificate.

Record of work undertaken so far and actions to follow

The first research exchange was conducted in Summer 2013 as a unilateral exchange in the first instance. Following this, work was carried out to try and conduct research exchanges on a unilateral basis at a single medsin branch during the 2013/2014 exchange cycle. Following this, more comprehensive work was undertaken to establish a more comprehensive framework for research exchanges at multiple branches on a bilateral basis in the 2014/2015 exchange cycle.

After discussion with National Committee in September 2014, the Research Exchange Working Group was established to help derive this new framework and in conjunction with the NEOs on NC at the time, introduction of research exchanges into medsin governance structures was begun at SGA15 with the hope of a final framework being established alongside wider exchange reforms to be adopted by General Assembly at MAW15.
How to apply for and run a National Coordinated Theme

Why is this guidance statement needed?

National Coordinated Themes have been running for the last few years and are currently elected at the Spring General Assembly (SGA). There is no guidance document for coordinated themes and therefore no advice for theme coordinators on the potential structure and content of a coordinated theme proposal as well as the actual execution of the theme itself. Therefore, this document aims to propose some potential standards for National Coordinated Themes as well as put in to place an appropriate voting strategy.

What should be included in a proposal for a National Coordinated Theme?

A proposal should include information for all of the following headings:

a) Which time period you wish to cover:

b) This can either be the first half of the academic year or the second

c) Named members of your team and their roles within the theme:
   (a) These could be, but are not limited to:
      (i) Coordinator
      ii) Publicity officer
      iii) Policy and advocacy director
      iv) Education director
      v) Secretary

d) How is the theme aligned with our vision and mission:

e) A Strategic plan:
   (a) This should containing a vision, mission and SMART goals

f) This should incorporate aspects of education, advocacy and community action

g) There must be goals that are aimed at engaging different stakeholders across the network:

Medsin-UK Policy and Guidance Statements, December 2015
i) Local branches

ii) Regional Medsin

iii) National Medsin

iv) Affiliates

h) This should document any external organisations the coordinator would like to involve

i) This plan should have been made in consultation with either the current national policy and advocacy director (PAD) or the national Global Health Education director (GHE)

j) The plan should contain a potential list of time-bound events that will occur (how these will be coordinated and who they will be implemented by):

   i) One of these will be the GA included in the time period of the coordinated theme – More detailed plans for this are laid out in the guidance statement on “Staged introduction of democratic selection of hosts for GAs”.

k) Any other comments or questions

How will Coordinated Themes be voted on at a GA?

Coordinated themes will be advertised in the call for motions previous to a GA, which will ask for a proposal to be submitted that complies with the criteria detailed above. This must be submitted before the advertised submission deadline.

At the general assembly, this will be voted on in a similar way to a national conference, and the vote will be via “simple majority”. However, during this vote, the following two options must always be given:

- No Coordinated theme – the voting members do not wish to have a coordinated theme for this time period
- Re-open nominations (RON) – the voting members do wish to have a theme for this time period, but would like to have over submissions for a theme

How will the coordinated theme be managed if it is elected?

Once a coordinated theme has been elected, the theme coordinator will be line-managed by an appropriate national committee member who has experience or whose current role is most related to aspects of the theme (educate, advocate or act). This is likely to be either the Global health education director or the Policy and advocacy director, along with the communications director, to complete their

Medsin-UK Policy and Guidance Statements, December 2015
strategic plan.

A full and explicit strategic plan should be agreed between the National Committee and the theme coordinator within a month after successful election of the coordinated theme.
Guidance Statement on the staged re-introduction of democratic selection of General Assembly hosts

Proposed by: National Committee

Why is this guideline needed?

Although there is currently a bylaw in place mandating Medsin to democratically elect a host of a General Assembly (GA), this process has not occurred recently. This plan is to re-introduce this in a staged manner, in conjunction with plans laid out in the “General Assembly guidelines” guidance statement which is aimed at showing how a GA should be organised.

What is the process suggested?

Medsin Autumn Weekend 2015 (MAW15):

The host for MAW15 should be directly selected by the 2014 - 2015 National Committee (NC), along with the new committee of 2015 – 2016. Having both committees involved will ease the process of organising a GA. The only selection criteria for this host will be:

1. It is not in the region of the proposed national conference
2. The host committee are willing and keen to be involved

The NC should be actively trying to recruit a host for the GA during the process of Spring General Assembly 2015 (SGA15) and should have confirmed a host at least 4 months previous to the GA date. The NC will continue to work to bring about a new focus on the importance of democracy during a GA, working alongside the new “Agenda Committee” (proposed by National Committee 2014/15) and the selected host.

The theme of the conference may be organised by a coordinated theme organiser (see proposed guidelines on coordinated themes). If no theme was elected, a call should be put out to the current national working groups (NWGs) to put together the theme. Training will be organised by the National Committee Training director.

During this GA, the organisation of tickets, publicity and merchandise shall still fall under the remit of the NC.

Logistics, such as room bookings, food and accommodation, shall be organised by the selected host branch.

Medsin-UK Policy and Guidance Statements, December 2015
Spring General Assembly 2016 (SGA16):

SGA16 should be organised in the same way as MAW15 was organised, with a continued focus on improving democracy through improved processes, attendance and competition.

The selection process should try to avoid regions that have already hosted MAW15, the national conference 2015 and the Global Health Conference 2016.

The major change will be that during the call for motions, a call will be added for the host of the next GA – Medsin Autumn Weekend 2016 (MAW16). The application should include the following criteria:

1. If this application is to host a Spring General Assembly, you should only apply if your region has not held an event this academic year:
   a. This is not applicable if you are applying to host the Medsin Autumn Weekend.

2. Named members of the committee that will be organising the GA and their roles in relation to planning the GA:
   a. These roles could include, but are not limited to:
      i. Fundraising
      ii. Accommodation
      iii. Social and catering
      iv. Room bookings
      v. Ticket salesperson / treasurer

3. Considerations on how people from other branches can get to your branch for the GA:
   a. This could include:
      i. Details of the transport connectivity of your location
      ii. A commitment to coming up with innovative ways to help people get to GAs

4. What facilities you have at your disposal to put on a GA:
   a. Details of types of rooms and equipment available should be discussed here

5. Why your branch wants to host the GA and what you expect to get out of hosting:
   b. This should be your statement of motivation for applying

6. Any innovative ideas that you would like to bring to hosting a GA

7. The voting process at the GA to select a host will be a vote from voting members and will be by a “simple majority” using “single transferable vote”, following the same process laid out for selection of national conferences and global health conferences.
Medsin Autumn Weekend 2016 (MAW16):

This GA’s logistics will be primarily organised by the democratically elected host. However, content will continue to be organised by the national committee, and any other bodies responsible for content, such as the Training Director, stream leads and Agenda Committee/NC secretary. These roles are laid out in appendix 1 of this guidance statement.

The same selection process for the host of Spring General Assembly 2017 (SGA17) will be used as for MAW16 and will continue to be used for each subsequent GA.

Appendix 1 – Proposed roles and timeline of duties for SGA16 and all subsequent GAs:

Role: Liaison with GA Host and national committee (NC)

<table>
<thead>
<tr>
<th>Who should perform this role?</th>
<th>National Committee Secretary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline of duties:</td>
<td></td>
</tr>
<tr>
<td>6 months before GA</td>
<td>• Be in contact with the democratically elected host of the GA about their application</td>
</tr>
<tr>
<td></td>
<td>• Provide general support/line manage the GA hosts</td>
</tr>
<tr>
<td>3 months before GA</td>
<td>• Discuss room bookings, roles and budget with the host of the GA</td>
</tr>
<tr>
<td></td>
<td>• Provide point of call to troubleshoot any problems the GA hosts are having</td>
</tr>
<tr>
<td>1 week before GA</td>
<td>• Final run through of plans for the weekend</td>
</tr>
<tr>
<td>Follow-up</td>
<td>• Produce a joint report following up how the GA went, including the closing of all accounts</td>
</tr>
</tbody>
</table>
**Role: Publicity officer**

<table>
<thead>
<tr>
<th>Who should perform this role?</th>
<th>Organising Committee (OC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline of duties:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6 months before GA</strong></td>
<td>- Produce a publicity strategy for the GA, working with the theme coordinators</td>
</tr>
<tr>
<td></td>
<td>- Announce confirmed GA location and dates</td>
</tr>
<tr>
<td></td>
<td>- Advertise ticket sale release</td>
</tr>
<tr>
<td></td>
<td>- Work with the current webmaster, ticket salesperson / treasurer and communication director to produce a website within the Medsin website to sell tickets from, a Facebook</td>
</tr>
<tr>
<td><strong>3 months before GA</strong></td>
<td>- Advertise the call for motions</td>
</tr>
<tr>
<td></td>
<td>- Advertise any competitions being run at the GA</td>
</tr>
<tr>
<td><strong>2 weeks before GA</strong></td>
<td>- Advertise final push for ticket sales</td>
</tr>
<tr>
<td><strong>Follow-up</strong></td>
<td>- Collect feedback from attendees and produce a report on the event</td>
</tr>
</tbody>
</table>

**Role: Tickets salesperson / Treasurer**

<table>
<thead>
<tr>
<th>Who should perform this role?</th>
<th>Organising Committee (OC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline of duties:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4 months before GA</strong></td>
<td>- Discuss budget with national committee treasurer for room bookings, accommodation, food etc.</td>
</tr>
<tr>
<td></td>
<td>- Establish ticket types and prices</td>
</tr>
<tr>
<td></td>
<td>- Decide on the sale of merchandise at the GA and put these</td>
</tr>
<tr>
<td><strong>2-3 months before GA</strong></td>
<td>- Put tickets on sale along with merchandise, working with the publicity officer</td>
</tr>
<tr>
<td></td>
<td>- Find any sponsorship needed for the GA – This should be done in conjunction with the National Directors and national treasurer</td>
</tr>
<tr>
<td><strong>1 week before GA</strong></td>
<td>- Close ticket sales</td>
</tr>
<tr>
<td></td>
<td>- Create attendees list</td>
</tr>
<tr>
<td><strong>At the GA</strong></td>
<td>- Hand out pre-paid merchandise</td>
</tr>
<tr>
<td></td>
<td>- Sale of merchandise at the GA</td>
</tr>
<tr>
<td>Follow-up</td>
<td>• Close the accounts with NC Liaison</td>
</tr>
</tbody>
</table>

**Medsin-UK Policy and Guidance Statements, December 2015**
### Role: Hosts Logistics & Coordinator

<table>
<thead>
<tr>
<th>Who should perform this role?</th>
<th>Organising Committee (OC)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timeline of duties:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>6 months before GA</strong></td>
<td>• Submit proposal for hosting GA following the above guidelines</td>
</tr>
<tr>
<td><strong>3 months before GA</strong></td>
<td>• Book appropriate number of rooms for conference - working with NC, theme coordinators and training to estimate what is needed in terms of space and equipment</td>
</tr>
<tr>
<td></td>
<td>• Produce document outline the plan to give hosts accommodation</td>
</tr>
<tr>
<td><strong>2 months before GA</strong></td>
<td>• Book evening entertainment</td>
</tr>
<tr>
<td><strong>1 week before GA</strong></td>
<td>• Confirm numbers of attendees for accommodation and put attendees in contact with their host and inform them about logistics - working with NC and agenda committee</td>
</tr>
<tr>
<td></td>
<td>• Confirm numbers for evening entertainment and confirm food order for the weekend</td>
</tr>
<tr>
<td><strong>1 day before GA</strong></td>
<td>• Coordinate the arrival of attendees and act as trouble shooting for arrival</td>
</tr>
<tr>
<td><strong>At the GA</strong></td>
<td>• Coordinate arrival of attendees, food for the weekend and evening entertainment</td>
</tr>
</tbody>
</table>

### Role: Voting Content & Agenda

NB: to be deleted if motion to introduce the Agenda Committee does not pass at SGA16

<table>
<thead>
<tr>
<th>Who should perform this role?</th>
<th>Agenda Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timeline of duties:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3 months before GA</strong></td>
<td>• Produce document outlining the agenda for the weekend with suggested timings in conjunction with training and theme</td>
</tr>
<tr>
<td><strong>2 months before GA</strong></td>
<td>• Call for motions to be put out in conjunction with publicity officer</td>
</tr>
<tr>
<td></td>
<td>• All NC to update their sections on the website to enable applications for their role to be made</td>
</tr>
<tr>
<td><strong>4 weeks before GA</strong></td>
<td>• Deadline for motions and agenda committee review of motions</td>
</tr>
<tr>
<td></td>
<td>• Voting members’ pack to be constructed</td>
</tr>
<tr>
<td>Timeframe</td>
<td>Tasks</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>3 weeks before GA</td>
<td>• Voting members’ pack to go out</td>
</tr>
<tr>
<td>2 weeks before GA</td>
<td>• Finalise the agenda and timings for the weekend</td>
</tr>
<tr>
<td>1 week before GA</td>
<td>• Create a slideshow for the GA detailing voting content</td>
</tr>
</tbody>
</table>

Medsin-UK Policy and Guidance Statements, December 2015
Role: GA Theme

NB: to be deleted if Guidance Statement on Coordinated Themes does not pass at SGA16

<table>
<thead>
<tr>
<th>Who should perform this role?</th>
<th>National Coordinated Theme team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline of duties:</td>
<td></td>
</tr>
<tr>
<td>&gt;6 months before GA</td>
<td>• Submit proposal for national coordinated theme that shall also become the theme of the GA</td>
</tr>
<tr>
<td>3 months before GA</td>
<td>• Produce concept document on how content for the theme shall look like</td>
</tr>
<tr>
<td>2 months before GA</td>
<td>• Work with the publicity officer to advertise your theme</td>
</tr>
<tr>
<td>4 weeks before GA</td>
<td>• Finalise theme content for the GA</td>
</tr>
<tr>
<td>At GA</td>
<td>• Coordinate the delivery of the theme</td>
</tr>
</tbody>
</table>

Role: Training Coordinator

<table>
<thead>
<tr>
<th>Who should perform this role?</th>
<th>National Training Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline of duties:</td>
<td></td>
</tr>
<tr>
<td>3 months before GA</td>
<td>• Consult with GA hosts about which training sessions they would like at GA, this could involve a Google form to the network or liaising with RCs/branch presidents</td>
</tr>
<tr>
<td></td>
<td>• Liaise with GA hosts to decide on maximum and minimum number of sessions (could depend on rooms/availability of trainers)</td>
</tr>
<tr>
<td></td>
<td>• Put out a call for trainers and their proposed topics, including</td>
</tr>
<tr>
<td>2 months before GA</td>
<td>• Finalise topics and trainers</td>
</tr>
<tr>
<td>3 weeks before GA</td>
<td>• Each training session has a confirmed trainer, with an engaging title and description</td>
</tr>
<tr>
<td>2 weeks before GA</td>
<td>• If any TNT graduates wish to do their graduation training at the GA, ensure TNT-trained supervisors are available</td>
</tr>
<tr>
<td></td>
<td>• Find out from trainers what materials they need and communicate to OC</td>
</tr>
</tbody>
</table>
At GA

- Coordinate training and needed materials
<table>
<thead>
<tr>
<th>Task</th>
<th>Who?</th>
<th>&gt; 6 months before</th>
<th>6 months before</th>
<th>Three months before</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logistics</td>
<td>NC</td>
<td></td>
<td>Decide by election or appropriate process who host for the GA shall be</td>
<td>Establish host room timetables and room capacity so that the agenda for the weekend can be made</td>
</tr>
<tr>
<td>Liaison with GA Host and national committee (NC)</td>
<td>Host</td>
<td>Submit proposal for hosting GA with named team members with assigned roles</td>
<td>Attend election process to advocate for the proposal</td>
<td>Establish a contract with GA host detailing host and NCRC commitments</td>
</tr>
<tr>
<td>Publicity</td>
<td>Host</td>
<td>Announce GA location + dates</td>
<td>Book appropriate number of rooms for conference - working with NC, theme coordinators and training to estimate what is needed in terms of space and equipment</td>
<td>Write publicity strategy for the GA</td>
</tr>
<tr>
<td>Host logistics</td>
<td>Host</td>
<td></td>
<td>Produce document outline the plan to give hosts accommodation</td>
<td></td>
</tr>
<tr>
<td>Merchandise and budget</td>
<td>Host</td>
<td></td>
<td>Discuss budget with treasurer for room bookings, accommodation, food etc.</td>
<td></td>
</tr>
<tr>
<td>Planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Content</td>
<td></td>
<td></td>
<td>Produce document outlining the agenda for the weekend with suggested timings in conjunction with training and theme</td>
<td></td>
</tr>
<tr>
<td>Voting content and agenda</td>
<td>Agenda committee</td>
<td>Submit proposal for national coordinated theme that shall also become the theme of the conference</td>
<td>Produce concept document on how content for the theme shall look like</td>
<td></td>
</tr>
<tr>
<td>Theme</td>
<td>Theme coordinators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair</td>
<td>Agenda committee</td>
<td></td>
<td>Consult with OC about which training sessions they would like at SGA, this could involve a Google form to the network or liaising with RC/small branch presidents</td>
<td>Liaise with OC to decide on maximum and minimum number of sessions (could depend on room/availability of trainers)</td>
</tr>
<tr>
<td>Training</td>
<td>NC</td>
<td></td>
<td></td>
<td>Put out a call for trainers and their proposed topics, including any specific ones already requested</td>
</tr>
<tr>
<td>Engagement</td>
<td></td>
<td></td>
<td>Engage region in elections</td>
<td>Hangout with regional to discuss GA, why people should attend + transport options</td>
</tr>
<tr>
<td>Regional</td>
<td>NC</td>
<td></td>
<td>Hangout with affiliates to discuss GA</td>
<td></td>
</tr>
<tr>
<td>Affiliates</td>
<td>NC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trustees</td>
<td>NC</td>
<td></td>
<td>Engage in elections</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motions from NC POV</td>
<td>NC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medsin-UK Policy and Guidance Statements, December 2015
<table>
<thead>
<tr>
<th>Task</th>
<th>Two months before</th>
<th>5 weeks previous</th>
<th>4 weeks</th>
<th>3 weeks</th>
<th>2 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Logistics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liaison with GA Host and national committee (NC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Advertise final push for ticket sales (1 week left)</td>
</tr>
<tr>
<td>Publicity</td>
<td>Advertise call for motions and ticket sales</td>
<td>Send promotional material to branches (e-materials?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tickets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Host logistics</td>
<td></td>
<td>Book evening entertainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merchandise and budget</td>
<td>Find sponsorship for SGA in conjunction with NC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Planning Content</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voting content and agenda</td>
<td>Call for motions to go out</td>
<td>All NC to update their sections on the website to enable applications for their role to be made</td>
<td>Deadline for motions and agenda committee review of motions</td>
<td>VM pack to be constructed</td>
<td>VM pack to go out</td>
</tr>
<tr>
<td>Theme</td>
<td></td>
<td></td>
<td>Finalise content for GA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair</td>
<td>Shortlist of chairs for SGA using a call for chairs and NC suggestions</td>
<td>Finalise NC chair suggestions for GA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>Finalise topics and trainers</td>
<td>Finalise training content schedule for the weekend</td>
<td></td>
<td></td>
<td>Each training session will be run by a trainer and each will have an engaging title and description</td>
</tr>
<tr>
<td><strong>Engagement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional</td>
<td>Hangout with region to discuss call for motions</td>
<td></td>
<td>Review voting rights</td>
<td></td>
<td>Hangout with region to discuss voting pack with Q&amp;A and discuss Skype/hangout for branches who cannot attend in person</td>
</tr>
<tr>
<td>Affiliates</td>
<td>Hangout with affiliates for call for motions</td>
<td></td>
<td>Review voting rights</td>
<td></td>
<td>Hangout with affiliates to discuss voting pack with Q&amp;A</td>
</tr>
<tr>
<td>Trustees</td>
<td></td>
<td></td>
<td>Trustee review of motions for familiarisation purposes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motions from NC POV</td>
<td>NC to have list of motion titles they want to propose</td>
<td>NC to have submitted their motions for the GA for NC review</td>
<td>NC review of other motions (Comments on Google Doc) for familiarisation purposes</td>
<td>NC hangout to review of other motions</td>
<td></td>
</tr>
</tbody>
</table>
## Medsin-UK Policy and Guidance Statements, December 2015

<table>
<thead>
<tr>
<th>Task</th>
<th>1 week</th>
<th>1 day before</th>
<th>GA itself...</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Logistics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liaison with GA Host and national committee (NC)</td>
<td>Hangout to run through weekend with GA hosts and relevant organising persons on the NC / RC</td>
<td>Closing ticket sales</td>
<td></td>
<td>Joint report between SoCG and GA, including closing of accounts</td>
</tr>
<tr>
<td>Publicity</td>
<td></td>
<td></td>
<td></td>
<td>Feedback from attendees (incentive?)</td>
</tr>
<tr>
<td>Tickets</td>
<td></td>
<td>Closing ticket sales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Host logistics</td>
<td>Confirm numbers of attendees for accommodation and put attendees in contact with their host and inform them about logistics - working with NC and agenda committee</td>
<td>Confirm numbers for evening entertainment and confirm food order for the weekend</td>
<td>Coordinate the arrival of attendees and act as trouble shooting for arrival</td>
<td>Coordinate arrival of attendees, food for the weekend and evening entertainment</td>
</tr>
<tr>
<td>Merchandise and budget</td>
<td>Find merchandise</td>
<td>Bring merchandise</td>
<td></td>
<td>Sell Merchandise and give out pre-purchased merchandise</td>
</tr>
<tr>
<td><strong>Planning Content</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voting content and agenda</td>
<td>Create a slideshow for the GA detailing content</td>
<td></td>
<td>Coordinate delivery of theme</td>
<td></td>
</tr>
<tr>
<td>Theme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>Advertise sessions on social media</td>
<td></td>
<td>Coordinate training and equipment available for training</td>
<td>Advertise sessions on social media, ask for feedback on sessions</td>
</tr>
<tr>
<td><strong>Engagement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional</td>
<td>Organise online voting</td>
<td>Bring laptop to Skype / hangout with the branches from the RCs region who could not attend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trustees</td>
<td></td>
<td></td>
<td></td>
<td>Attend the weekend</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motions from NC POV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Guidance Statement on General Assembly Chair

Proposed by: National Committee

Why this guidance statement is needed:

In previous General Assemblies (GAs), there has been no clear procedure for how a chair is put forward and has varied considerably. This statement aims clear up this confusion.

What is the proposal?

Two months previous to the GA:

The National Committee (NC) of Medsin at least two months previous to a GA will ensure the following:

- A call is put out to the Medsin network to submit nominations for the position of chair for the GA
- The NC shall also participate in the nomination process

To be eligible to be a chair of a Medsin GA, the candidate must meet all of the following:

1. Not be a current NC member, Trustee or Voting Member representative (Branch President or Activity Lead). However they can be a former any of the above
2. Must have attended a previous GA and have experience of the process and bylaws we follow
3. They cannot propose any motions or be a candidate at the GA

One month previous to the GA:

At least a month previous to the GA, the NC will look at a shortlist of these candidates and vote in the style of “single transferable vote” to decide who they believe would be most suitable to chair the GA. They will then confirm with the selected candidate that they would agree to chair the GA and there are no logistical problems with attendance.

The NC will then send an e-mail to Voting Members with their elected chair of the GA. Voting Members will be offered the chance to oppose this decision, by indicating a “Direct Negative”. If 1 or more Voting Members indicate a “Direct Negative”, an e-vote of the Voting Members will take place on whether to accept or reject the NC-elected chair.

The NC shall then submit this candidate as a motion to the GA, as the NC’s proposed choice of chair.

At the GA:

The first motion of the GA will be to vote on the motion of the NC’s proposed chair for the GA.

What safeguards will be in place so that Voting Members can voice concerns about the choice of chair?
There are two safeguards to allow voting members to voice concerns about the choice of chair:

1) As the NC’s proposed chair is proposed as a motion, the voting members will be allowed to follow the same process as a normal motion:
   a) This means that to voice their concerns they can:
      i) Ask questions and raise concerns about the choice
      ii) Suggest an amendment to the motion to propose a different chair
      iii) Direct negative the chair entirely and bring about a yes/no/abstention vote on the motion

2) There will be an option available to bring about a “vote of no confidence” in the chair by any voting member, which will trigger a re-vote on the motion to appoint the chair of the GA

If either of these safeguards are activated and the GA is left with no chair, the voting members will be asked to nominate, second and vote on a new chair, in the same style as a Motion at the General Assembly.
General Assembly guidelines

Please also refer to the guidance statement on “Guidelines on the staged re-introduction of democratic selection of GA hosts”

Introduction

Background

Medsin-UK holds two general assemblies each year. They serve several functions:

1. They allow us to shape the future of the network through the voting members’ forum
2. They provide opportunities for delivering and receiving training
3. They are good times for Activities, National Working Groups and regional groups to meet up
4. They promote cohesion, identity and understanding through social activities

Although the National Committee will set the agenda for the weekend, as the hosting branch you also share a lot of responsibility for making sure things go well!

Overview

This toolkit is intended to guide you through the process of planning a general assembly (GA). It covers each of the main areas you’ll have to consider, in order of priority. In each section the main issues to think about are outlined, and, where relevant resources are provided. Remember that running a GA is a joint effort between you and the National Committee, so communication is vital. At the end of each section, therefore, there is a list of communication points.

Versions

Created 2013  Michael Tonkins
Modified 2015  Owen Thomas

Also see the guidance statement on “Guidelines on the staged re-introduction of democratic
Contents

1) Organising your Committee
2) Funding
3) Venue
4) Accommodation
5) Social
6) Catering
7) Pre-Assembly Email
8) On the Day
9) Conclusion
10) Appendix 1: Suggested Timeline
11) Appendix 2: Planning Template
12) Appendix 3: Agenda
13) Appendix 4: Summary of Responsibilities
14) Appendix 5: Finances
15) Appendix 6: Submitting an application to host a GA
Organising Your Committee

You’ll need a willing bunch of volunteers to organise a GA successfully. One person will need to take responsibility for each of the main jobs:

- Coordinator
- Fundraising
- Accommodation
- Social
- Catering

Generally speaking you won’t need a separate sub-committee for the GA, so these jobs can be taken on by incumbent committee members if necessary. There’s one section for each of these individuals about their specific role; the coordinator, of course, needs to know the big picture and read them all!

Funding

Income and Sources of Funding

If your branch is willing to pay for the whole GA out of your own funds, then that’s great! However, you’ll probably want some income to cover the costs.

Financial Risk

It is very important to bear in mind that as the branch hosting the GA, the financial risk likes with you and your committee. Any expenses that you fail to cover through fundraising or registration fees must be paid out of your own branch funds.

Registration Fees

These are likely to be your largest source of income. These should be kept as low as possible; the maximum fee at time of writing has been £15. Payment can be made in one of two ways:
Online payment along with registration, organised via the national Treasurer.

- Payment on the day

Online payment is convenient, it saves you handling large sums of money (£500+), and if people register but decide not to attend at least you’ve got their money. However the online payment company will take a cut (~10%) and so you’ll end up with less to spend on the GA – unless of course you charge more to compensate. On balance, online payment is by far the better option.

Sponsorship.

It’s best if the costs of the conference are covered by the registration fees; that’s the simplest and most sustainable model. However you may want to try and get some extra sponsorship.
If you decide to do this, don’t approach national sponsors without checking with the National Director. It looks very unprofessional to other organisations if they’ve got numerous different ‘Medsins’ all asking them for money.

Feel free to try and get local sponsorship though! Below are some places to start looking:

- **The Student Union.** If your branch is a Student Union society you can get fundraising advice from them. In addition, they probably offer grants for educational, cultural, or ambitious projects which you can apply for.

- **The medical society.** If you have any links with your medical society it might be worth applying to them for funding. Even if they don’t advertise grants a formal letter on headed paper to their Treasurer may be met with a favourable response.

- **Medico-legal societies.** These groups are always looking for the opportunity to publicise themselves at student events. A typical deal is they’ll give you £100 if you let them set up a stall at lunchtime. This usually goes down well, since your delegates will get free highlighters/books/lanyards etc. Also, these societies aren’t national sponsors, so you don’t have to check with the National Director first.

- **Royal Colleges.** One of the perks of being a student member of one of the Royal Colleges is often modest amounts of funding support for events. Details can be found on their websites. Since you’ll be applying for the sponsorship as an individual member you don’t have to check with the National Director first.

**Expenses**

Below is a list of expenses to consider.

**Room Hire.** Room hire fees can be expensive, so it’s worth looking around at different venues: university rooms, the student union or the medical school may not be the cheapest! See the section on booking a venue for other considerations apart from cost.

**Portering.** Venues will always require a member of their own staff to be present during your conference for safety and security. These costs can be high, because General Assemblies are held at weekends. Before you book a venue, check whether portering is included in the cost.
Catering. You’ll be expected to provide two lunches over the course of the GA, as well as coffee and maybe some biscuits! Commercial catering companies are very expensive compared to do-it-yourself.

Keeping Track of Finances

It’s important that you keep all the figures to hand whilst you’re organising the GA. The spreadsheet below is a template you could use to keep track. If you right click → worksheet object → open you will have it as an Excel workbook that you can adapt to your own needs.

<table>
<thead>
<tr>
<th>General Assembly Finances</th>
</tr>
</thead>
<tbody>
<tr>
<td>[insert branch]</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
</tr>
<tr>
<td>Source</td>
</tr>
<tr>
<td>Registrati</td>
</tr>
<tr>
<td>Sponsors</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>hip 1</td>
</tr>
<tr>
<td>Sponsors</td>
</tr>
<tr>
<td>Grant 1</td>
</tr>
<tr>
<td>Grant 2</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Grand Totals

<table>
<thead>
<tr>
<th>Income</th>
<th>£990.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure</td>
<td>£929.66</td>
</tr>
<tr>
<td>Balance</td>
<td>£60.34</td>
</tr>
</tbody>
</table>

Communication Points

- Talk to the Medsin-UK treasurer about how much things are costing your branch.
- Ensure your own treasurer stays on top of the expenses.
- Talk to as many supporting organisations as possible about your intentions, and whether they could offer some financial assistance.

Medsin-UK Policy and Guidance Statements, December 2015
Venue

Venues of a suitable size are usually not hard to come by; the challenge lies in finding the affordable (or free!) ones.

Venue Requirements

At a minimum, your venue must simply be walls and a roof capacious enough to keep the GA warm and dry. Fancy things like aesthetics come way down the list. You need to confirm the capacity requirements with the National Committee, but it’s usually something like:

- A large room or small lecture theatre for up to 100 people
- 4-6 seminar rooms for around a dozen people each
- A place for storing luggage

Other things that you’re looking for are:

- Audio-visual (AV) facilities
- Close to hosts
- Easy to find
- Capacity to boil water for tea/coffee
- Staff on site in case of problems
- Places to put up signs to the rooms you’re using

Possible Venues

The Medical School is an obvious choice, and the traditional venue for Medsin conferences. The medical school may be supportive of your conference: in the past, nice emails to the Dean have secured the venue free of room hire and portering costs.
The Student’s Union is a more inclusive option. Booking this may be difficult as societies tend to book up a year of activities in advance. Often it’s difficult to get as many rooms as you need close together. Finally, if your branch isn’t a society of the Students’ Union, you are likely to have to pay.

Other university buildings may be freely available at some universities.

Booking a Venue

Before booking a venue it’s essential that you go to it to assess its suitability. Have a look around it and check that it meets the suitability points above.

Be aware that booking methods vary between universities, and what is possible at one may not be so at another. Venue costs can vary depending upon whether students of other universities and members of the public are attending. In addition, universities may also have regulations concerning external speakers, and may want to know who - if anyone - will be speaking at the meeting (the National Coordinator is probably the best answer to this).

Make sure the venue know all your requirements at the time of booking, and confirm these 10 days before:

- Times you will require the venue
- Arrangements for tea, coffee
- Arrangements for lunchtime
- AV equipment and technical support

Communication Points

- Define venue requirements with the national committee.
- Email an influential person in the organisation whose venue you are booking, to explain how fantastic Medsin is and that therefore the venue should be free.
- Confirm your requirements with the venue before the GA
Accommodation

Depending upon the size of your branch, accommodation may be very easy to organise - or it can be a bit of a challenge.

Accommodation Options

**Student hosts.** Getting your committee, members and any other friends to put people up for the night is probably the best way to organise hosting. Even with a small branch, you’d be surprised how many favours you can call in if everybody works at it.

**Church hall, or similar.** The second way of organising hosting is to get in touch with local organisations that may let you rent some sleeping space for the night. Church halls, YMCAs, and even social clubs are all options. You’ll need to check with them that they have adequate facilities (yes, a shower *is* necessary!) and insurance to have people stay over.

**Commercial accommodation.** Hotels, Hostels and other forms of commercial accommodation are probably going to be prohibitively expensive....On the other hand, it never hurts to ask!

The Information you need from Delegates

The Medsin-UK National Committee or yourselves will organise the online registration process. There are a number of pieces of information which you need delegates to enter into the online form:

- Whether accommodation is required for the Friday, Saturday, or both nights.
- Is there a particular person (or group of people) the delegate would like to stay with.
- Pet allergies or other specific accommodation requirements.
- (Food allergies – see the catering section for details).

Make sure you let the person organising the registration (usually the national secretary/treasurer) know that you want this information in advance. In addition, you may want other information added to the form, such
- Accommodation is limited and delegates are encouraged to stay with friends, or arrive on the Saturday.
- The venue is on a campus university so bring change for the bus
- Hosts would appreciate a small contribution to breakfast

The Information you need from Hosts

If somebody has offered to host delegates you need to make sure they’re serious about it, and not secretly thinking “as long as I’ve got nothing better to do”.

You need to stay on top of exactly how much accommodation you have available. A table similar to the one below is the best way:

<table>
<thead>
<tr>
<th>Host Name</th>
<th>Mobile</th>
<th>Email</th>
<th>Address</th>
<th>Comfy Space</th>
<th>Max Space</th>
<th>Nights</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Cuthbert's Hall</td>
<td>192837645</td>
<td><a href="mailto:scuthberts@church.net">scuthberts@church.net</a></td>
<td>12 Westlands Way</td>
<td>15</td>
<td>15</td>
<td>Both</td>
</tr>
<tr>
<td>Gemma Smith</td>
<td>123456789</td>
<td><a href="mailto:g.smith@example.com">g.smith@example.com</a></td>
<td>23 Fiction Road</td>
<td>2</td>
<td>3</td>
<td>Friday</td>
</tr>
<tr>
<td>Howie Day</td>
<td>987654321</td>
<td><a href="mailto:red_to_green@tune.com">red_to_green@tune.com</a></td>
<td>14 Babylon Drive</td>
<td>1</td>
<td>2</td>
<td>Saturday</td>
</tr>
</tbody>
</table>

The Information Hosts want from You

It’s important that you keep your hosts well-informed, so they stay happy. If somebody offers to host, make sure you send them an email to say thank you, and the following points:
Roughly when guests will be arriving and leaving the house, e.g. 10pm on Friday, out for a 9am start Saturday, returning around 6pm that evening before the social at 7.30pm, and back for the night by 1am. Leaving for good the next day for a 9.30am start.

Where the conference and social venues will be. Ask hosts if they would kindly be prepared to point their guests in the right direction, if necessary.

Whether or not to expect reimbursement from the guests.

When you will be confirming guest names and contact information with the host.

Allocating Accommodation

You will get host details from the national committee in the week before the conference. This is a balance between leaving registration open as long as possible, and closing it so you can match hosts to guests. A good option is for the registration to be closed on the Wednesday night and the list of delegates sent to you. You can then sort the allocations on the Thursday and disseminate them. The delegate information will look something like the table below:

<table>
<thead>
<tr>
<th>Delegate</th>
<th>Mobile</th>
<th>Email</th>
<th>Required</th>
<th>Dietary Needs</th>
<th>Needs</th>
<th>Host With</th>
</tr>
</thead>
</table>

Once you have this it’s just a matter of matching hosts to guests.

Emailing Hosts and Delegates

It’s probably best if you (the organising branch) emails delegates and hosts. This is because there’s a few specific questions that can pop up (e.g. “what’s parking like at my host’s house?” “when will my delegates arrive?”) which otherwise get needlessly passed through the national secretary’s email account.

Send an email to the host with all the delegate details, including allergies and food requirements.
Sending this email separately means that personal information isn’t needlessly shared with other delegates (who may well be strangers to one another). Ask the hosts to get in touch with the delegates to say hello.

**Send an email to the guests,** cc’d to the host, with the hosts’ details. Tell the delegates that it’s important they let their host know what time to expect them.

**Communication Points**

- Treasure your hosts and make them feel happy to be doing you a favour! Keep them informed.
- Make sure the national committee knows what information you want on the registration form
- Use the registration process to pass on any general information to delegates
- Communicate with hosts and delegates yourself concerning allocations, to protect peoples’ privacy

**Social**

The social is often the highlight of the GA, a chance for everyone to get to know each other outside of the conference rooms.

**Choosing a Venue**

**The ideal venue** should be close to the conference venue and to where everybody is staying. Make sure that it’s a well-run place that regularly caters for larger groups. You’ll be able to give rough numbers when you book (usually around 40-60) and exact numbers the week before, when registration closes. Make sure you clarify what the venue will give you, e.g. a discount, a reserved area, drinks deals, etc.

**Catering** should be able to accommodate the commonest dietary requirements: vegetarian, vegan, lactose-free, gluten-free. You will probably be asked to confirm exact orders the morning of the conference so the kitchen can prepare.

**Payment method** should be settled in advance. You’re likely to be asked for a deposit. The balance will probably be payable on the night in cash. Rather than have all delegates pay individually at the venue, it’s best if the person organising the social takes payment on the morning of the conference.
The person organising the social should be manning the registration desk on the morning of the conference. They will need to do a number of things:

- Confirm if people are attending the social
- Take attendees’ orders
- Take attendees’ payment

A table like the one below will be necessary. Bring this to the social to help clear up any confusion over orders!

<table>
<thead>
<tr>
<th>Attendee</th>
<th>Order</th>
<th>Paid</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russel Grow</td>
<td>Manhattan pizza</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Emma Howkins</td>
<td>Artichoke pasta</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>etc</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Once everybody has registered, the organising person can let the venue know the exact number and orders. People often arrive late to the conference, so hold off until mid-morning so the stragglers aren’t left out.

Running the Social

Things should go smoothly on the night if you’ve planned well. Make sure a few of your organising committee arrive early to greet people. Also, make yourself known to whichever member of staff is looking after you all – it makes their job a lot easier if they know who’s in charge of you all!

The last thing to say is to keep one or two places in mind which you could move to if people want to take the party further!

Communication Points
• Email venues well in advance to check availability
• Make sure your venue is happy about when and how you’ll be confirming numbers and orders

Catering

You’ll be expected to provide lunch on both days of the conference.

Catering Options

**Do it yourself** catering is cheapest. It involves the extra work of anticipating how much food will be required, as well as buying it, setting up and clearing away. However you should be able to cater for comfortably less than £200.

**Arrangement with a university/union caterer** may be affordable. The options open to you depend very much on your university.

**Commercial catering** is likely too expensive, even for a basic buffet.

Tea and Coffee

To provide tea and coffee you only really need a couple of kettles. The venue may be able to provide these. If hot water urns are available then use these to avoid queues for the kettles at break times.

Common sense precautions are important if you’re going to have several kettles in use – make sure you minimise risk of electrocution, fire, scalding, etc: that would ruin everybody’s day.

Shopping List

If you go for DIY catering, you may find the following shopping list a useful starting point. Estimating quantities is difficult, so if there’s anyone with experience of catering for larger groups then it’s best to put them in charge!
DIY Catering Logistics

Useful items that you can bring from home include:

- Sharp knives
- Chopping boards and trays, to contain any mess
- Some kit for cleaning up afterwards (food is likely to go everywhere!) – bucket, washing-up liquid, cloths
- Some cutlery for serving

The big shop should be done the morning of the conference to avoid having to store the food overnight, and delivered to the venue in good time for lunch.

Before lunch you’ll need a small team to set everything up. Make sure people know the rules about where they can eat (you don’t want to have to pay for extra cleaning at the venue).

Storing the food overnight is pretty easy: if you keep unused food tidy in bags and boxes, you can probably leave it there until the next day.

After the conference you’re bound to have some things left over: make sure people know they can take free food for their journey home!

Communication Points
- Somebody must be responsible for the shopping.
● Make sure you check what dietary requirements people have, and cater to them. If you have any doubts, clarify it with the individual.
Pre-Assembly Email

It is the responsibility of the Agenda committee to send the pre-assembly email to all delegates. However most of the information in that email needs to be provided by you, the organising branch. Below is a checklist of information to send to the national secretary so they can get the email out in good time.

Finances

- If registration is to be paid on the day, bring change (£5 notes and coins)
- Will delegates need money for anything else? How much?
- Would the hosts appreciate a contribution? How much?

Venue

- Venue address, map, and telephone number
- Transport options, including main buses and parking
- Information about disabled access and hearing loops

Accommodation

- Will the accommodation email be sent separately, or details attached?
- Guests need the host’s name, address, telephone number and email
- Reminder for guests to get in touch with host to say hello, discuss special requirements and time of arrival
- Reminder that if somebody needs accommodation, but hasn’t been allocated any, they need to get in touch urgently!
Social

- Social venue address, map, telephone number
- Any special information, e.g. fancy dress!
- Arrangements for payment
- Arrangements for organising food

Catering

- Which meals will be provided and the form they’ll take
- Bring your own mug
- Which special dietary requirements are currently planned for: if there are others, get in touch!

On the Day

- Any other arrangements, e.g. wearing a particular colour for a photo stunt
- Emergency contact information (at least 2 phone numbers or organising people)
On the Day

On the day of the GA you’ll hopefully have a very clear idea of how things are going to go. Here are a few points to think about as you go through the GA:

Before the Conference

There’s lots of jobs that need doing before registration opens. It’s best to get to the venue at least 45 minutes before registration opens to make sure everything is ready.

- Put up any necessary signage
- Check all AV equipment
- Start kettles boiling and lay out tea and coffee when delegates arrive.
- Set up the registration desk. The national secretary will be checking delegates attendance, as well as taking payment from people who arrive on the day. The person organising your social will need a float and their own list of delegates.
- Make sure the people on the registration desk know where to direct delegates who need to drop off luggage.

The Introductory Talk

In the introductory session you’ll be expected to cover a few administrative points:

- Fire exits
- Tea and coffee facilities
- Location of seminar room
- Location of toilets

In addition, it’s worth checking that everybody has registered, and that they have paid for the social and placed their order.
Throughout the Weekend

You need to keep things running smoothly over the course of the whole weekend. Make sure people know where they’re going next, and at what time. Brew kettles in advance of breaks, and clear up mess as the day goes on.

At the end of the day make sure that everybody knows how to get to their hosts’ house, and how to get from there to the social venue.

At the End of the Conference

The second day of the conference should run pretty much exactly like the first. In the final session of the assembly you should encourage delegates to:

- Clear up any mess they see as they leave – after all, they put it there!
- Not to forget anything (but where lost property will be kept if they do)
- To take any spare food for the journey home

Conclusion

And that’s everything! Running a GA is a good challenge for a branch committee, and a real asset to the network. Good luck!

Appendix 1: Template Plan

The idea of this plan is that everybody knows each other’s responsibilities, and how each task is to be accomplished. Below is the plan for the 2013 SGA which was held in Sheffield.
Medsin Spring General Assembly Sheffield, 13-14 April 2013

1. Background

   a. Medsin-UK holds two general assemblies each year. They are opportunities to shape the direction of Medsin through a voting members forum, as well as to provide training. At the Spring General Assembly a new national committee is also elected.

2. Situation

   a. The Spring General Assembly 2013 will be held in Sheffield on 13-14 April. Between 50 and 100 delegates are expected.

   b. As the hosting branch, Sheffield Medsin is requested to organize the venue, accommodation, food, and a Saturday-night social.

3. Responsibilities

   a. Sheffield Medsin members volunteered for the following responsibilities at the planning meeting on 16 Jan 2013:

      i. Venue: xxxxxx
      ii. Accommodation: xxxxxx
      iii. Food: xxxxxx
      iv. Social: xxxxxx

4. Venue
a. **BOOKINGS.** The following rooms/areas in the Medical School, University of Sheffield, are booked from 0800-1800 on the 13th and 14th April 2013:

   i. Heritage Room
   
   ii. Seminar Rooms 1-5
   
   iii. B Floor Concourse Area

b. **SET-UP.** Set-up will commence at 0830 on Saturday 13th April: xxxxxx

   i. Welcome desk.

      1. To be run by xxxxxx
      2. List of delegates, to check attendance. To be provided by xxxxxx
      3. Money box, or similar, containing £10 float in small change, to be provided by xxxxxx
      4. Medsin tablecloth, banners to be provided by xxxxxx
      5. Medsin travel mugs for sale. To be provided by xxxxxx

   ii. Coffee and tea facilities.

      1. Kettles to be collected from porters
      2. Coffee/tea stand set up on B floor concourse.

   iii. **Signage** to be posted:

      1. Directional signs at Medical School main entrance and B Road entrance
      2. Coffee and tea signs.

c. **DIRECTIONS.**

   i. General directions (provided by xxxxxx) will circulated by email to delegates in the pre-conference email by xxxxxx

*Medsin-UK Policy and Guidance Statements, December 2015*
ii. Hosts are requested to provide their guests with on-the-day guidance on getting to and from the venue if necessary.

iii. An emergency telephone number (xxxxxx) will be circulated in the pre-conference email by xxxxxx

d. ACTIVITY REQUIREMENTS.
   i. Audio-visual equipment will be available in the heritage room and all seminar rooms. It will be checked by Mike on Monday 8th April.

   ii. Other equipment. Activity leaders are requested to provide any other equipment they may need (e.g. whiteboard markers, flip chart paper) due to the cumulative expense of these items.

e. CLEAR-UP.
   i. All members of Sheffield Medsin attending the conference are requested to help with clearing up the venue.

5. Catering

   a. OVERVIEW. The following catering will be provided at the venue:
   
      i. Lunch both days.
   
      ii. Coffee/tea in break periods.
   
      iii. Bake sale.

   b. TIMINGS.

   See appendix 1 for provisional timings.

c. LUNCH.

xxxxx is kindly requested to purchase the components of a make-your-own lunch/buffet, and arrange for the provision of paper plates, suitable cutlery, napkins and bin bags.
i. To support this, xxxxxx is requested to provide Lydia with total registrations so far on Monday 08 April 2013.

d. TEA/COFFEE.
   i. xxxxxx is requested to purchase suitable tea, coffee and milk to last the duration.
   ii. Tea and coffee will be made available in every coffee break and over lunch time by means of kettles provided by the porters.

e. BAKE SALE.
   i. To bake and man a stall during coffee and lunch breaks on both days.
   ii. Moneys raised will go to Sheffield Medsin to help cover the cost of the conference or, if costs are already met, to be donated to a local charity.

f. WASTE DISPOSAL.
   i. Recyclable and non-recyclable waste will be deposited in separately labeled bin bags.
   ii. xxxxxx will arrange disposal.

6. Social

a. OUTLINE.
   i. The social will be held at Bloo88 (www.bloo88.com), in a private upstairs room.
   ii. Timings. xxxxxx to confirm.
   iii. Menu. xxxxxx is requested to obtain sample menus no later than Monday 08 April 2013, for discussion at the Sheffield Medsin AGM on Wednesday 10 April 2013.
   iv. Costs.
      1. A deposit of £2.50/head is required: xxxxxx is requested to arrange this directly with Bloo88.
2. Cost to each delegate will be approximately £7 for a pizza and alcoholic/non-alcoholic drink.

b. ATTENDANCE.

i. xxxxx is requested to provide estimated numbers attending the social, based on registration as of Monday 08 April 2013

ii. xxxxx is requested to pass this information to Bloo88.

iii. Exact numbers will be confirmed with Bloo88 following registration on Saturday 13th April 2013.

c. DIRECTIONS.

i. General directions will be provided by xxxxxx and circulated by xxxxxx in the pre-conference email

ii. Hosts are requested to provide their guests with on-the-day guidance on getting to and from the venue if required.

iii. An emergency telephone number (xxxxxx) will be circulated in the pre-conference email by xxxxxx.

7. Accommodation

a. OVERVIEW.

i. Accommodation will be provided by recruitment of volunteer hosts from Sheffield Medsin members, their friends and, if necessary, the wider medical school community.

ii. xxxxx is responsible for administering a spreadsheet detailing all potential hosts and their details.

iii. xxxxx is responsible for recruiting as many hosts as possible.

b. RECRUITMENT. Potential hosts will be contacted in the following ways:

i. Individual emails to Sheffield Medsin committee members and active members of Sheffield
Medsin and Crossing Borders Sheffield.

ii. General appeal to Sheffield Medsin and Crossing Borders Sheffield Facebook groups.

iii. Committee to ask friends and/or family.

iv. Appeal to linked societies (Sexpression, Irise, StopAIDS, Marrow, MedSoc)

v. Appeal on the Medical School message board (Minerva)

c. INTRODUCING HOSTS AND GUESTS.

i. xxxxx is requested to assign guests to hosts, taking into account any preferences outlined in the registration (e.g. people staying together, allergies)

ii. xxxxx is responsible for ensuring the circulation of these details in the pre-conference email.

iii. Guests are expected to arrange their own transport to, and meeting with, their host on Friday 12th April 2013.

iv. Arrivals on 13th April 2013 are advised to make their way straight to the venue, where their luggage can be stored safely until the evening.

d. REIMBURSEMENT.

i. It is expected that the financial cost to the host will be minimal, i.e. 2x light breakfast and hot drink.

ii. Guests will be encouraged to offer £1-£2 to hosts as payment.

iii. Alternatively, reimbursement is available from the Sheffield Medsin treasurer on production of a valid receipt for breakfast items.

e. LUGGAGE.

i. Luggage can be accommodated safely at the venue on both days.

ii. It is advised that guests bring their luggage to the second day of the conference, to expedite an early departure.
8. Other Matters

a. AGENDA.

i. The weekend’s agenda will be provided by the Medsin-UK national committee.

b. FINANCES

i. xxxxx is requested to provide a summary of income and expenditure for inclusion in this document.

9. Summary

a. SUMMARY OF RESPONSIBILITIES. A summary of individual responsibilities and volunteering requirements can be found at Appendix 2

b. Sheffield Medsin is excited to be hosting the Spring General Assembly 2013, and looks forward to welcoming delegates to Sheffield!
### Appendix 2: Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Details</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SATURDAY 13th APRIL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0930</td>
<td>Registration</td>
<td>Name badges, selling mugs etc</td>
<td>HE</td>
</tr>
<tr>
<td>0945</td>
<td>Intro to weekend</td>
<td></td>
<td>BT</td>
</tr>
<tr>
<td>1000</td>
<td>Training Session 1</td>
<td></td>
<td>BT</td>
</tr>
<tr>
<td>1100</td>
<td>Coffee</td>
<td></td>
<td>BT</td>
</tr>
<tr>
<td>1115</td>
<td>Theme</td>
<td></td>
<td>BT</td>
</tr>
<tr>
<td>1215</td>
<td>NC Reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1300</td>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1400</td>
<td>Voting Session 1</td>
<td></td>
<td>HE/JMc/KG/HC</td>
</tr>
<tr>
<td>1500</td>
<td>Coffee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1515</td>
<td>Regional Meetings</td>
<td></td>
<td>CHS</td>
</tr>
<tr>
<td>1545</td>
<td>Voting Session 2 Candidatures</td>
<td>NC/RC Candidatures/Streams</td>
<td>HE/JMc/KG/HC</td>
</tr>
<tr>
<td>1800</td>
<td>Pub</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SUNDAY 14th APRIL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0930</td>
<td>Voting session 3/ Streams</td>
<td>Adoption of reports</td>
<td>HE/JMc/KG/HC</td>
</tr>
<tr>
<td>1015</td>
<td>Theme</td>
<td></td>
<td>BT</td>
</tr>
<tr>
<td>1115</td>
<td>Coffee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1130</td>
<td>Voting session 4/ Streams</td>
<td>Constitution/Bylaw changes</td>
<td>HE/JMc/KG/HC</td>
</tr>
<tr>
<td>1230</td>
<td>Lunch possibly with</td>
<td>Guidance statements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ideas cafe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Theme</td>
<td></td>
<td>BT</td>
</tr>
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</tr>
<tr>
<td>1330</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1430</td>
<td>Coffee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1445</td>
<td>Voting session 5/ Streams</td>
<td>Policy statements</td>
<td>HE/ JMc/ KG / HC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AOB</td>
<td></td>
</tr>
<tr>
<td>1530</td>
<td>Training 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1630</td>
<td>Finish</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 3: Summary of Responsibilities

<table>
<thead>
<tr>
<th>INDIVIDUAL</th>
<th>TASK</th>
<th>DATES/DEADLINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers required for:</td>
<td>Accommodation</td>
<td>12&lt;sup&gt;th&lt;/sup&gt; &amp; 13&lt;sup&gt;th&lt;/sup&gt; April 2013</td>
</tr>
<tr>
<td></td>
<td>Set-up</td>
<td>0830, 13&lt;sup&gt;th&lt;/sup&gt; April 2013</td>
</tr>
<tr>
<td></td>
<td>Bake sale</td>
<td>13&lt;sup&gt;th&lt;/sup&gt; &amp; 14&lt;sup&gt;th&lt;/sup&gt; April 2013</td>
</tr>
<tr>
<td>xxxxxxxxxx</td>
<td>Coordinate</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Recruit hosts</td>
<td>12 April 2013</td>
</tr>
<tr>
<td></td>
<td>Provide money box and float</td>
<td>13 April 2013</td>
</tr>
<tr>
<td></td>
<td>Provide banners and tablecloth</td>
<td>13&lt;sup&gt;th&lt;/sup&gt; April 2013</td>
</tr>
<tr>
<td>xxxxxxxxxx</td>
<td>Liaise with Bloo 88 concerning timings, menu and numbers</td>
<td>13&lt;sup&gt;th&lt;/sup&gt; April 2013</td>
</tr>
<tr>
<td></td>
<td>Arrange payment of deposit to Bloo88</td>
<td>Depends on Bloo88.</td>
</tr>
<tr>
<td></td>
<td>Provide breakdown of costs and income</td>
<td>10&lt;sup&gt;th&lt;/sup&gt; April 2013</td>
</tr>
<tr>
<td>xxxxxxxxxx</td>
<td>Purchase lunch, drinks and ancillaries</td>
<td>13&lt;sup&gt;th&lt;/sup&gt; April 2013</td>
</tr>
<tr>
<td>xxxxxxxxxxxxx</td>
<td>Administer spreadsheet of hosts and guests</td>
<td>12&lt;sup&gt;th&lt;/sup&gt; April 2013</td>
</tr>
<tr>
<td></td>
<td>Provide host/guest pairings for circulation by Hannah</td>
<td>10&lt;sup&gt;th&lt;/sup&gt; April 2013</td>
</tr>
<tr>
<td>xxxxxxxxxx</td>
<td>Send pre-conference email</td>
<td>08 April 2013</td>
</tr>
<tr>
<td></td>
<td>Pass on registration details including list of delegates and numbers attending the social</td>
<td>08 April 2013</td>
</tr>
<tr>
<td></td>
<td>Confirm final agenda</td>
<td>When available</td>
</tr>
<tr>
<td></td>
<td>Circulate accommodation details when made available by Jamie</td>
<td>10 April 2013</td>
</tr>
<tr>
<td>xxxxxxx</td>
<td>Provide Medsin travel mugs</td>
<td>13 April 2013</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>xxxxxxxxxx</td>
<td>Help in set up and manning welcome stand</td>
<td>13 April 2013</td>
</tr>
<tr>
<td></td>
<td>Provide baked goodies for sale</td>
<td>13th April 2013</td>
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</table>
## Expenses

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Payee</th>
<th>Amount</th>
<th>Form</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Food and drink</td>
<td>xxxxxx</td>
<td></td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Room hire</td>
<td></td>
<td>288</td>
<td>Bank transfer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Portering</td>
<td></td>
<td>480</td>
<td>Bank transfer</td>
<td></td>
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</table>

## Income

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Payer</th>
<th>Amount</th>
<th>Form</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Registration fees (£8.81)</td>
<td></td>
<td>431.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Portering fees</td>
<td>Medical School</td>
<td>400</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Societies Extra Fund</td>
<td>xxxxx SU</td>
<td>250</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MDU Sponsorship</td>
<td>MDU</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 5: Submitting an application to host a GA

In your application to host a GA you should include the following areas:

1. If this application is to host a Spring General Assembly, you should only apply if your region has not held an event this academic year:
   a. This is not applicable if you are applying to host the Medsin Autumn Weekend.

2. Named members of the committee that will be organising the GA and their roles in relation to planning the GA:
   a. These roles could include, but are not limited to:
      i. Coordinator
      ii. Fundraising
      iii. Accommodation
      iv. Social and catering
      v. Room bookings
      vi. Ticket salesperson

3. Considerations on how people from other branches can get to your branch for the GA:
   a. This could include:
      i. Details of the transport connectivity of your location
      ii. A commitment to coming up with innovative ways to help people get to GAs

4. What facilities you have at your disposal to put on a GA:
   a. Details of types of rooms and equipment available should be discussed here

5. Why your branch wants to host the GA and what you expect to get out of hosting:
   a. This should be your statement of motivation for applying
6. Any innovative ideas that you would like to bring to hosting a GA
Sustainable International Finances Report
Proposed by: National Committee

Summary
This report has been prepared after a consultation that evaluated Medsin’s current International finances. In 2014, the number of Medsin exchanges (which at the time were the sole source of funding Medsin’s membership with the International Federation of Medical Students’ Associations) dropped from 31 to 12. This unforeseen circumstance led to the need for evaluating the sustainability of Medsin’s International inflow and outflow of money.

In addition, the National Committee raised concerns on the lack of equitable distribution of costs throughout all activities that engaged with the International Federation of Medical Students’ Associations (IFMSA).

Thus, two models have been proposed, and the SGA should adopt ONE of the two. This report explains the consultation process and results, as well as how the model works.

Background
Each year, Medsin-UK pays the International Federation of Medical Students’ Associations (IFMSA) a membership fee, around £1800 in order to engage with it. The IFMSA is a non-governmental organisation, representing 126 associations of medical students; Medsin-UK being one of them. IFMSA envisions a world in which all medical students unite for global health and are equipped with the knowledge, skills and values to take on health leadership roles locally and globally.

Some of the benefits received by Medsin include:

- Sending delegates to general assemblies of the IFMSA three times per year
- Training New Trainers programme and access to an international database of trainers
- External opportunities via the IFMSA server, which include but are not exclusive to Summer Schools, WHO internships and applying to attend UN meetings
- IFMSA Exchange programme - 4-week bilateral exchanges abroad

Please see the following document for results from the IFMSA awareness survey which was circulated in November 2014. There were 24 respondents.

https://docs.google.com/document/d/1fgThjjCmhF_3hd3InFDr80B5Ow7ImwlLym8g7roe49U/edit

In the past, the Medsin exchanges tax was intended to cover the IFMSA membership fee, and to act as a reliable source of income as the number of exchanges taking place increased across the network, as laid out in the Fundraising Strategy 2012-2014.
On the other hand, Director of International Affairs (DIA) costs were intended to come out of Medsin’s National budget, through various methods of fundraising.

International outgoings are made up of:

- IFMSA membership fee
- DIA’s conference fee and travel costs
All participants of IFMSA activities should contribute towards these two costs, as they are required to be met in order for Medsin-UK to maintain its relationship with the IFMSA. It is not equitable that only those participating in exchanges contribute to the fee and a fairer system should be put in place. In addition, the number of exchanges have dropped from thirty-one in 2014 to twelve in 2015. The reduced number of exchanges had an impact on Medsin National’s income and therefore the ability to cover the IFMSA membership fee.

In light of these circumstances, there was a need for:

- A larger income to be generated from international activities, in order to cover the IFMSA membership fee this year. This was done in the interim by adding a small tax to IFMSA General Assembly fees.
- An evaluation of the current financial model, where exchanges fees are the sole source of incomings that pay the IFMSA membership fee.
- A more sustainable financial model, which would allow for such discrepancies in the future
- Current financial model: https://docs.google.com/spreadsheets/d/1yrO_XbA-pKNwq1AZ9f6gWak1ywRD8CP5Gqi9pFRn4Ks/edit#gid=2052990264

Introduction

Recruitment of consultants

An open call-out was sent on 6th January 2015. Focussed invites were also sent to relevant Medsin members and alumni on the same day. Fourteen people were involved in the consultation. The background of the consultants ranged from members of Sexpression National Committee, ex-National Exchanges Officers (NEO), ex-DIAs, Director of Finance, ex-National Directors, Training Director, and many more. Click below for full list and background of consultants.

https://docs.google.com/document/d/10xuJk58C1ydgZW92l3K_6NutQHHag8lfP6N-GW_R8VQ/edit

IFMSA Activities

An IFMSA Activity = any project or group that requires Medsin to be part of the IFMSA in order to function. Some activities* do not incur fees. A fixed fee for contribution has been proposed, determined by hours required to process any administration for those activities that do not incur fees.

<table>
<thead>
<tr>
<th>Name of activity</th>
<th>Cost per beneficiary (£)</th>
</tr>
</thead>
</table>

Table 1: IFMSA activities and their costs per beneficiary. NB - the exchanges fee is most variable

Medsin-UK Policy and Guidance Statements, December 2015
From the IFMSA survey, members were aware of the following opportunities:

What IFMSA opportunities are you aware of?

- IFMSA General Assemblies – 16
- IFMSA Regional Meetings – 10
- Training New Trainers (TNT) – 18
- IFMSA External Meetings – 13
- IFMSA Exchanges – 17
- IFMSA Small Working Groups – 6
- IFMSA related Internships – 9
- IFMSA Initiatives – 6 - these have now been dissolved by the IFMSA

A prospective model

The new model will work prospectively. Medsin-UK is invoiced the IFMSA membership fee in July each year. This fee will be broken down and each IFMSA activity will contribute a proportionally weighted amount towards this fee over the upcoming year.

This method allows the National Committee (NC) to take appropriate measures to cover all international costs for the upcoming year.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allows NC to plan ahead</td>
<td>Difficult to predict any extra unforeseen costs</td>
</tr>
<tr>
<td>Allows for evaluation at the end of the year regarding reaching the membership fee target</td>
<td></td>
</tr>
</tbody>
</table>
Two models

Two models have been proposed, and the General Assembly should adopt one of the two. The reason for this being there was consensus within the consultation group that each IFMSA activity should contribute a proportionally weighted cost. However, when developing an algorithm, the idea of adding the aspect of ‘benefit’ was developed. Since then, there have been varying opinions on the prospect of measuring benefit, as this changes the figures generated. Therefore, two models have been proposed for the GA to debate and decide upon.

An international IFMSA activity is defined as an opportunity advertised by Medsin, which requires Medsin to be a member of the IFMSA in order for it to be offered to our members.

Model 1 - Cost-benefit analysis

The outgoing costs are taken as £3000 (plus £200 for an international emergency fund). This model works by placing value for money of each international activity, based on its duration. This means: The greater the duration of the activity
→ The greater the value for money
→ The greater it should contribute to the international outgoings

Overall the more expensive activities contribute less to the IFMSA membership fee and DIA costs. And the “cheaper” activities contribute more. This model works on the basis that more expensive activities should be paying a smaller percentage tax, whilst the less expensive activities subsidise the more expensive ones.

Model 2 - proportionally weighted costs

This model will translate the cost of each IFMSA activity into percentages that each activity should contribute towards international outgoings. This percentage will be based entirely on the cost of each activity.

Overall, the more expensive activities will contribute more towards outgoings, and vice versa. This model works on the fact that a person engaging in a more expensive activity can ‘afford to’ pay a larger contribution.

If this model is adopted, the exchanges cost will be £150. Since

The cost of Exchanges
The figure of £200 includes:
- £50 contribution for NEO to attend IFMSA GAs
- £20 Expenses of Local Exchanges officers
- £30 Local social programme
- £100 pocket money for incoming student - mainly for food

If model 1 is adopted, the cost of exchanges (input) for the model should be £200.

If model 2 is adopted the cost of exchanges (input) for the model should be £150. The £50 NEO fee should be added after a ‘tax’ has been generated by the model.

The reason for this is because the number of days (28) skews the output figure. This adjustment allows for the contribution paid by exchanges beneficiaries to remain low.

External meetings

Since the cost of attending external meetings advertised by the IFMSA vary from costing nothing to £400, the consultation decided there should be a fixed fee paid by any medsin member who requires the a confirmation letter that they are a member of Medsin. Any incomings via this route will automatically be earmarked toward the IFEF. This is because the amount from this route is unpredictable and depends on the number of opportunities advertised and the the level of interest each year.

International Finances Emergency Fund (IFEF)

An international finances emergency fund (IFEF) will be set aside. The amount for this fund has been determined with input from the NEOs and advice from IFMSA-Quebec, another National Member Organisation (NMO) of the IFMSA, who recently reformed their international finances.

Each year, £200 will be added to the total international outgoings, and this £200 will be earmarked towards the IFEF. This amount will build up year on year, with a view to keep this pot for emergency use, according to the bylaws. Please refer to IFEF bylaws regarding limit for use of the IFEF.

How will it be managed?

The IFMSA membership fee, IEF and predicted cost of each IFMSA activity will be calculated and evaluated by the incoming NC at the beginning of the year. This must be done before IFMSA March Meeting call-out. The time suggested is during the first meeting of the year of the National Committee (NCM1), usually held in October. Please refer to new International finances bylaws.

Who is responsible for implementing the model?

The Director of Finance, National Director and Director of International Affairs (or member of Medsin-UK Policy and Guidance Statements, December 2015
international team) will be responsible for managing the model and ensuring that internal practices reflect the model. The NEOs will also be consulted during NCM1 to predict the average cost of an exchange.

Moving forward

Once a model is adopted, it should be evaluated as described above. In addition, future Medsin-UK should endeavour to explore alternative models, if this model does not work.

From the consultation, there was a lot of support for moving towards secure external sources to fund international outgoings. In order to achieve this, the National Committee and/or Medsin international and/or Fundraising team should prioritise fundraising for International activities in future years.

There was also general consensus that Medsin-UK should endeavour to distribute international costs in a fashion whereby no direct beneficiaries have to contribute towards Medsin’s relationship with the IFMSA. It was decided that Medsin-UK is not currently in a position where potential beneficiaries of the IFMSA (including branches, affiliates etc.) are fully gaining the benefits of Medsin’s relationship with the IFMSA. Measuring benefits of engaging with the IFMSA requires more time and work, and asking potential beneficiaries to contribute requires much justification. In addition, this shift from taxing direct to potential beneficiaries requires thorough consultation of the entire network, including all voting members.

Outputs

- Changing current bylaws
- Adding new bylaws
- Future NC referring to model adopted at SGA15
IFMSA March Meeting 2015 Evaluation Report
Proposed by: National Committee

Venue: Antalya, Turkey Dates: 2nd - 8th March 2015 Number of delegates: 13 Introduction

The March Meeting of the International Federation of Medical Students Associations (IFMSA) General Assembly took place in Antalya, Turkey from the 2nd - 8th March 2015. Medsin-UK was represented by a delegation of thirteen people, who attended the General Assembly (GA), and three delegates attended pre-GA workshops on a variety of topics.

The delegation consisted of:

1 Abi Deivanayagam (Director of International Affairs and delegation lead) attending Presidents Sessions
2 Lucas Scherdel (National Director, Medsin-UK) attending Presidents sessions and Climate Change and Health pre-GA
3 Issy Marks (Bart’s Medsin, Human Rights national working group and IFMSA global surgery small working group) attending SCORP
4 Behrouz Nezafat, (General Delegate - Liverpool) attending SCORP
5 Haniah Patankar (Bart’s Medsin) attending SCOME
6 Natasha Matthews (GHE Director, Medsin-UK) attending SCOME
7 Victoria Bakare (National Exchanges Officer, Medsin-UK) attending SCOPE
8 Jessica Lugsdin (National Exchanges Officer, Medsin-UK) attending SCOPE
9 Claire Nugent (SNI Regional Coordinator, Medsin-UK) attending SCOME
10 Sam Tweed (Aberdeen president & Medsin International Team) attending SCOPH
11 Rhea Saksena (Medsin UCL) attending SCOPH
12 Lotte Elton (Maternal and Child Health National Working Group & Medsin Newcastle) attending SCORA and Access to Safe Abortion pre-GA
13 Sujitha Selvarajah (UCL Gender Equity Campaign Coordinator) attending SCORA

- Ellen Adams (Sexpression, UK) **Cancelled GA attendance** but played a big role in policy framework pre-departure.
- Lisa Murphy (Medsin Glawgow & Maternal and Child Health NWG) attending **pre-GA only** on “Healthcare in Disaster Settings and Humanitarian Action”

Medsin-UK Policy and Guidance Statements, December 2015
Pre-departure training

We organised one skype session in January, where delegates had the chance to introduce themselves to one another. We also had the opportunity to get some ideas for policy statement proposals on the table. Out of the three ideas, a policy statement on Prioritising Sugar in the Obesity Epidemic stemmed out and work began on drafting it.

We also conducted a pre-departure training weekend in Newcastle on February 21st & 22nd. There was unfortunately a poor turnout, with only half of the delegates present, due to exams or other commitments. In the future, it will be made clearer that attending this training is a compulsory part of having a place on the delegation.

The training weekend was very successful. Delegates were introduced to the complex structure of the IFMSA and then we dived straight into

- personal objectives
- delegation’s priorities - mainly solutions to the Global Policies debate and negotiating to adopt the Sugar Policy

Those who did not attend the training weekend had mentioned in their evaluation forms that meeting delegates before departure would have been a useful exercise. In addition, the ones who did not attend stated that more explanation on the structure of the IFMSA would have been appreciated. This again highlights the importance of pre-departure training.

Policy and ensuring representation of the network

Over the last few years, there have been concerns from previous delegations that the network’s stance on policy statements adopted at GA’s are not fully represented, and instead, it is the stance of the delegation that is portrayed.

In order to address this issue, the Medsin International team organised two policy webinars in early February, whereby all proposed IFMSA policy was circulated around the network via social media and the newsletter.
The webinars attracted over 20 people in total. Ellen Adams, international policy coordinator for Medsin-UK, then developed a policy strategy training document for the delegation to take forward to the GA. The document contained guidance on how the delegation should be working and advocating for policy, drawn from input from the webinars.

In addition, more focussed consultation on policy took place as usual; Crossing Borders, Human Rights NWG and Healthy Planet were consulted for feedback on certain policy statements.

Global Policies

This March Meeting, IFMSA policies were about to change. IFMSA policies are normally related to a particular issue and structured with a summary, an introduction which explains the issue with evidence and a main text that includes specific calls from the IFMSA. The Global Policies submitted by the IFMSA Team of Officials are very broad, lacking evidence in the introduction section and amalgamate calls from previous IFMSA policy statements.

The reason for this change was mainly due to the growing number of policy statements adopted by the IFMSA GAs, which then lacked follow-up and implementation through advocacy.

Medsin-UK recognised the various issues with this large governance change and decided to take the lead on addressing concerns to the Team of Officials of the IFMSA via an email thread. Medsin-UK’s concerns received a lot of positive feedback and support from several other national member organisations (NMOs).

These Global Policies were discussed at length both during the webinars and the pre-departure training. The delegates at the training weekend also practised negotiation techniques in order to implement a better solution than Global Policies. All delegates were extremely knowledgeable on this issue and understood the pros and cons of the proposal. Many delegates stated this was a great learning experience of the dynamics of international policy.

On the 1st day of the GA, policy statements were discussed during presidents’ sessions and many concerns were raised regarding the move toward Global Policies. Medsin-UK took the lead on offering other complementary solutions to address the problem IFMSA is facing with the amalgamation of ‘too many’ policy statements.

We were successful in Global Policies being shelved at this GA and mandated the Team of Officials to conduct a more thorough consultation with NMOs before the August meeting, to come up with a more collaborative and better solution to the policy problem. Medsin-UK took the lead on writing specific

Medsin-UK Policy and Guidance Statements, December 2015
mandates that the EB should follow.

Achievements

- Raising the profile of Global Health within the IFMSA
- We made a great effort to be collaborative with other NMOs and the Team of Officials on policies at this GA and this collaborative attitude should resonate and become stronger in the future.
- Successfully leading and contributing to debates both before and during the GA, which lead to the withdrawal of Global Policies and the IFMSA team of Officials incorporating all of Medsin-UK’s solutions in their mandate.
- Passing of the Policy Statement on Prioritising Sugar in the Obesity Epidemic, written by Rhea Sakseña, with input from Ellen Adams, with some delegates being involved in detailed urgency policy strategy in the early hours of a morning. An international working group has also been formed to implement this policy.
- Successful by-law change proposed by Medsin-UK, drafted by Natasha Matthews on improving accessibility of applying to attend IFMSA external meetings.
- Collaborating with AMSA - Australia to make amendments to the Gender Equity Policy Statement
- Working with SCORA to release a statement in response to the sexual harassment and violence which occurred at GA socials. We also offered some solutions for safety and avoiding such problems in future GAs.
- Working with members of the African region on a statement read by Sierra Leone about the success of ‘Kick Ebola Out' campaign.
- NEOS successfully maintained good relations with SCOPE, after some difficulties faced with exchanges logistics last year.
- Being a visible presence at the GA and actively engaging appropriately in all debates, especially ensuring that all policy statements were of the highest quality before adoption.
- Improving negotiation skills through cultural understanding. Acting as a very open delegation that made great friendships across the world.
- We worked hard to build bridges with NMOs that the UK does not usually work with.
- Great teamwork and support within the delegation, especially when times were incredibly stressful, and things did not go according to plan. Fruitful NMO hours, where delegates were able to contribute openly and doubts were clarified.
- Training and other sessions delivered by Medsin-UK representatives:
  - Turning policy into action - Claire and Behrouz at General training
  - Global Health in Medical Education - Haniah, Natasha, Behrouz and Claire in SCOME

Medsin-UK Policy and Guidance Statements, December 2015
• Maternal Mortality - Sujitha in SCORA
• Access to Safe Abortion - Lotte (with collaboration from IMCC-Denmark) in SCORA
• Organ and Tissue Donation - Sam and Kat (Marrow international coordinator) in SCOPH
• Global Surgery - Issy Marks in SCORA, SCOPH and SCORE
• Almost every delegate delivered at least one workshop or presentation, which is fantastic for building skills and knowledge.

Improvements achieved/not achieved since AM2014

<table>
<thead>
<tr>
<th>Point of discussion from AM2014 Taiwan</th>
<th>Achieved?</th>
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<tbody>
<tr>
<td>A defined role in the delegation of policy lead whose job would be coordinating between those working on policy statements and the rest of the delegation to make sure everyone was involved.</td>
<td>Achieved!</td>
</tr>
<tr>
<td>At the training weekend, rather than divide the policy statements and bylaws up at the time, pre-decide these allocations and email out to the delegation. This means rather than reading in the training, people will be more ready to simply discuss the key issues.</td>
<td>Achieved, however not all delegates attended the training weekend so not all input was gathered. In addition, unexpected circumstances led to no escaping from discussing governance at length.</td>
</tr>
<tr>
<td>Before submitting policy statements to the IFMSA, publishing draft policy statements on the Medsin website so that the network as a whole has an opportunity to comment on them, before they are voted on at GAs.</td>
<td>Achieved by means of policy webinars</td>
</tr>
<tr>
<td>Improvements in IFMSA policy process required</td>
<td>Achieved by means of influencing the withdrawal Global Policies and mandating the IFMSA team of officials to work on better solutions</td>
</tr>
<tr>
<td>The work of standing committees to be better explained before departure</td>
<td>Partly achieved. For AM2015, it would be good to ensure that all delegates have begun interacting online with their standing committee before they depart.</td>
</tr>
<tr>
<td>Ensure the entire network’s stance is reflected on all decisions made at the GA, especially policy</td>
<td>Achieved by way of: Creation of a dedicated international team, which included a policy coordinator and international opportunities distributor Organising policy webinars open to all Medsin members to contribute to policy debates and shape the delegation’s stance at the GA Evaluation of each team’s activities</td>
</tr>
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</table>
Improvements to consider for future assemblies

Pre-departure training

1. In the future, Medsin-UK must ensure all delegates attend pre-departure training by making it clear that it is a compulsory part of being competitively selected to be part of the delegation. Some delegates were not clear on the need for training if they had attended an assembly before. The importance of gathering to discuss our stance on all forms of governance and ensure we represent the network before we depart should be made clearer next time. The training weekend is not simply a time for introducing the structure of the IFMSA. It is for ensuring each delegate understands and is able to communicate Medsin’s vision and mission, and building a good working relationship within the team.

2. In addition, there was feedback from those who attended training that getting hints and tips from old IFMSA-ians was very useful. This feedback was echoed from delegates who had not attended. This confirms that time should be set aside for old IFMSA-ians to offer advice to new delegates during the training weekend.

Difficulties

There were two difficult situations that the entire delegation faced both before and during this GA.

Security Threat

There was an online security threat, that was found on the IFMSA social media page, which all NMOs were alerted about. The delegation lead, along with the support of the trustees and Mike Kalmus-Eliasz (member of the IFMSA Supervising Council) investigated this threat thoroughly. The delegates felt supported and felt there was an open space for them to discuss their concerns. Fortunately, the risk of the perceived threat taking place was deemed very low by UK National Security, and therefore Medsin-UK were given the green light to attend. One delegate cancelled due to personal circumstances, but contributed in a large amount from the UK on their views.

Lessons learnt

- Ensure all delegates feel supported and have the opportunity to discuss their worries on security.

- Ensure the DIA has support as well, because often, they did not have the opportunity to discuss their own concerns, whilst having to represent the concerns of 13 others.

Urgent policy statements

At the GA, an unforeseen event occurred whereby all policy statements were deemed invalid and there

Medsin-UK Policy and Guidance Statements, December 2015
was a sudden need for considering certain policy statements as urgent. This is something Medsin-UK does not have guidance on. This is a controversial topic because one needs to prove the urgency of the policy, and with it comes assumptions from NMOs that Medsin-UK might be ‘playing with the rules’ in order to pass their policy. This situation caused a lot of stress because urgent decision making had to be made during plenary, which was unable to be communicated to the rest of the delegation.

Lessons learnt

- Ensure the delegation lead is able to communicate with rest of delegation during plenary, especially if decision-making is urgent, and may not be what the delegation had agreed on previously. A way to solve this is by ensuring that both the delegation lead and at least one delegate has internet data (if the wifi is poor) to ensure communication is taking place.

- The bylaw that made all policy statements invalid has been suspended for the past 3 GAs because NMOs have not been able to abide by it. Associa-Med Tunisia and SISM-Italy delivered a statement whereby there is a real need to evaluate the need for this by-law in the future. Medsin-UK will be keeping a close eye on this progress and will be contributing accordingly.

- Ensure other important policies are not sidelined in the midst of urgency

More general lessons that stemmed from stressful situations

- Medsin-UK requires some guidance on what type of role the National Director should take, if they were to attend a GA. It is also worth discussing whether there should be any restrictions on NDs attending GAs, and whether they will be taking leave etc.

- Medsin-UK requires an external representation code of conduct that every delegate must abide by.

- Medsin-UK should evaluate how it engages with UK externals during GAs. In the past, representatives from Marrow and Right to Research Coalition have been ‘adopted’ to be an informal part of the Medsin-UK delegation. This practice must be evaluated and defined as stressful situations may result whilst externals are in the room, which may impact Medsin-UK’s reputation.

NMO hours

- Some NMO hours extended beyond 1 hour and therefore meant delegates were late for theme events. This was because there was a large volume of decisions to be made as a delegation. Stricter facilitation may help keep them to time and ensuring we have an agenda.

- Ensure delegates get sufficient breaks during long NMO hours.

- Ensure an open forum for discussion and welfare of each and every delegate. Ensure respect across the team, especially during stressful situations.

- Ensure the DIA also has support either from delegates or another body when managing difficult
situations before, during or after the GA.

- Ensure all NMO hours are minuted.
- Encourage other delegates to facilitate NMO hour, both to give the DIA a break and to build capacity within the delegation.

Conclusion

Medsin-UK should continue to work collaboratively with other NMOs and partners. We do not have to work very hard to gain a reputation of being experienced students in the realm of advocacy. However we should always strive to be seen as a motivated group of people that are open, collaborative and lead by example in the field of global health and student action.
Summary

Medsin Newcastle hosted 250 delegates for the Medsin National Conference (NC14) in November 2014 (15th/16th). The conference provided an opportunity for the Medsin network to meet together with other students passionate about global health. The conference was entitled ‘Changing Cities: Building a Healthy Future Together’. The theme was inspired by the fact that we have recently passed the threshold where more people live in cities than not; a trend that is set to continue and likely only to become more pronounced. This has profound implications for health both in less developed and more developed countries such as the UK.

The conference offered the opportunity to explore how our developing cities have a responsibility to create healthy and stimulating environments by rebuilding communities, tackling the threats of climate change and the obesity epidemic, and much more. The nature of the theme meant that there was appeal to non-medical students.

The weekend comprised three plenaries, a question time event, training workshops, streams (workshops allowing exploration of a topic in depth over 4 hours), lunchtime fairs and a fantastic social on the Saturday night.

The conference was overall a success and hopefully inspired students to go back to their respective universities and take action on the topics discussed. The conference was only possible with the dedication and commitment of the organizing committee as well as passionate speakers, workshop leaders and everyone else who offered their time and expertise.
General Feedback

95 delegates responded to the online feedback form released at the end of the conference.

Previous conference attendance

The majority of attendees (62%) had not attended a Medsin Conference before. This is encouraging to see as it means that there are new people joining the network and engaging with national events.

Reasons for attending conference

The most popular reasons for attending the conference were interest in global health, the location and streams. This suggests that attendance from local students is more likely and the content is important, but not specifically the speakers.
Ticket price/value for money

Delegates were asked to rate how they thought the price of ticket compared to value for money. The average score was 3.4/5. This suggests that a majority deemed the ticket price to be good value. Without changing the funding structure of conferences, it would not be possible to lower ticket prices, therefore focus should be on providing value for money without increasing cost.

Logistics and pre-conference information

Delegates were asked to give a score out for 5 for logistical aspects:

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<tr>
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<th>Score</th>
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<tbody>
<tr>
<td>Enough information provided beforehand?</td>
<td>4.28</td>
</tr>
<tr>
<td>Information given far enough in advance?</td>
<td>3.86</td>
</tr>
<tr>
<td>Registration</td>
<td>4.41</td>
</tr>
<tr>
<td>Accommodation</td>
<td>4.28</td>
</tr>
<tr>
<td>Food</td>
<td>4.32</td>
</tr>
<tr>
<td>Social</td>
<td>4.01</td>
</tr>
<tr>
<td>Lunchtime fair</td>
<td>3.39</td>
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</tbody>
</table>

All of the scores given indicated satisfaction and generally positive response. The registration process received the highest score and was well organised on the day. The lunchtime fair received the lowest score. Unfortunately it was not possible to place lunch and the fair in the same venue due to the layout of the building. This would have made the fair more accessible and it would have been better attended.

Plenaries

Keynote Speaker

David Satterthwaite was the keynote speaker for the conference. He is a senior fellow at the International Institute for Environment and Development (IIED), editor of the international journal of Environment and Urbanisation and visiting Professor at the Development Planning Unit, UCL. He has a particular interest in how the impacts of climate change will affect low-income urban dwellers.

The keynote presentation received some specific positive comments in the feedback:

‘Made what I previously thought might have been dry or inaccessible topics interesting
keynote was awesome!’
‘David Satterthwaite was mind-blowing. Loved it.’

‘Fantastic start to the conference, set a very high standard and got the energy going from the very start. David Satterthwaite was great to start the conference.’

‘David Satterthwaite was amazing’

‘Keynote speaker was great, very inspiring.’

Plenary 1: Communities in Cities

The first plenary focused on people in cities, looking at how cities influence our behaviour and change our communities. It examined how different groups of people, such as the urban poor and people with disabilities, experience the city and how cities may affect health equality.

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<thead>
<tr>
<th>Average Score /5</th>
<th>Facilitation</th>
<th>Theme</th>
<th>Content</th>
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<tbody>
<tr>
<td>4.39</td>
<td>4.26</td>
<td>4.24</td>
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Speakers

Tim Townshend

Dr Tim Townshend is a Senior Lecturer and Director of Planning and Urban Design at Newcastle University School of Architecture, Planning and Landscape. He has published on a wide range of topics addressing the impact of the design of the built environment in relation to contemporary social concerns, particularly looking at obesogenic environments and drinking cultures. He has also been a consultant on a series of national reports and policy documents and his work is cited in a number of Public Health England publications.

Colin Haylock

Colin Haylock is an Architect-Planner with 40 years experience spanning public and private sector. He ran a large multi-disciplinary Environmental Design and Conservation Team for Newcastle City Council and managed specialist conservation services for the 5 Tyne and Wear Districts. He subsequently worked as Urban Design Director for a major architectural practice before establishing Haylock Planning and Design as an independent specialist consultancy in 2011. He is Visiting Professor of Practice in the School of Architecture Planning and Landscape at Newcastle University, and a Visiting Medsin-UK Policy and Guidance Statements, December 2015
Lecturer at the Bartlett at UCL. In 2012 he was appointed by Boris Johnson as one of the members of his London Mayor’s Design Advisory Group through to April 2016.

Helen Pineo

Helen is the Associate Director for Cities at BRE responsible for a three-year Future Cities research programme, involving over 70 public and private partners investing in research across three sub-themes: Infrastructure, Energy and Health & Wellbeing. She was formerly the BREEAM Communities Manager at BRE and a consultant for the Planning Advisory Service and Local Government Association. Her focus involved policy development and leadership training in the areas of climate change, energy, health and sustainable design and construction.

Plenary 2: Connectivity in Cities

The second plenary looked at how cities are connected, thinking about how we move in and between cities, as well as how we may use technology to provide information and create more harmonious urban environment.

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<tbody>
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<td>Average Score /5</td>
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Speakers

Katja Layendecker

Katja Leyendecker chairs newcycling.org, Newcastle’s cycling campaign, a constituted community group that lobbies for the integration of cycling into Newcastle’s transport system. She is a Chartered Environmental Engineer at UK and European level. Originally from Germany she came to Newcastle in 1996 as an Erasmus exchange student, and after university studies in Rhode Island, US, returned to Newcastle in 2001, where she lives and works.

Dr Frances Klemperer

Dr Frances Klemperer is consultant psychiatrist for the Joint Homelessness Team, a specialist community mental health team working with rough sleepers with severe and enduring mental illness in Westminster – the borough with the largest homeless population in the UK. The team works closely with a wide network of other statutory and governmental agencies and third sector workers, uses specialist techniques to assess and engage this group of service users, and are developing further services such as step-down beds, dedicated supported hostels and assisted discharge.

Rob Aldridge

Rob Aldridge is a medical doctor and a Wellcome Trust funded Research Training Fellow at the Farr Institute of Health Informatics. He qualified in medicine from University College London in 2007 and in Medsin-UK Policy and Guidance Statements, December 2015.
2010 completed an MSc in Epidemiology at The London School of Hygiene and Tropical Medicine. Rob’s current research focuses on infectious disease epidemiology and the health inequalities faced by vulnerable, and often invisible, populations such as homeless, migrants, prisoners and intravenous drug users.

Plenary 3: Urban Spaces

The third plenary examined the urban environment, thinking about how we use space and how this influences our health. It looked at the relationship between the natural world and the urban world by examining food systems in cities and how cities may be influenced by, and influences climate changes.

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<tr>
<th>Average Score /5</th>
<th>Facilitation</th>
<th>Theme</th>
<th>Content</th>
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<tbody>
<tr>
<td>4.36</td>
<td>4.31</td>
<td>4.47</td>
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</table>

Speakers

Catherine Ward Thompson is Professor of Landscape Architecture at the University of Edinburgh and directs the OPENspace research centre for inclusive access to outdoor environments. Her current research includes investigating the effects of woodland interventions on wellbeing in deprived urban communities in Scotland, and working with older people - Mobility, Mood and Place – to explore how urban environments can make active and healthy living easy and enjoyable for older people.

Isobel Braithwaite

Isobel Braithwaite is a fifth year medical student at UCL and has a MSc in Public Health from LSHTM with a focus on Environment and Health. Following an internship with the Centre for Sustainable Healthcare, she coordinated the Medsin-affiliated activity Healthy Planet UK, which works on issues related to climate change and health, for 2 years, and is involved the Global Climate and Health Alliance, with which she attended the WHO’s Conference on Health and Climate during August 2014.

Pam Warhurst

Pam lives in Todmorden West Yorkshire, and has previously served on the Board of Natural England. She is the Royal Society of Arts and Manufacturing regional chair and chairs Pennine Prospects, a regeneration company for the South Pennines and Incredible Edible Todmorden, a local food partnership, and is director of Outta Place Ltd. Pam was awarded CBE in 2005 for services to the environment.
Question Time

Question time was final session of the conference. There was a panel of 5 who sat alongside a chair:

Sarah Hutchinson – St. Mungo’s Broadway
Cllr Jane Streather – Labour
Vicki Gilbert – Public Transport Users Group
Daniel Pryor – Centre for a Stateless Society
Dr Cat Button – Global Urban Research Unit

The session aimed to explore the links between health, sustainability, and the built environment through discussion and debate. Panelists from a broad range of backgrounds gave a 5 minute presentation about their vision for the cities of the future. Members of the audience were then able to pose questions to the panel.

In the feedback, question time received an average overall score of 3.83/5. This was a positive result, but a slightly lower score than the plenaries received. There were mixed feelings about the use of a live twitter feed and this should be considered in the future when planning question time events at national conferences.

Streams

Streams allowed for 4 hours of workshops focused on a specific theme related to the overall theme of the conference. The time was distributed into 3 sessions that took place over the 2 days. Streams were led by students and graduates from a variety of backgrounds within Medsin.

74% of attendees said that they loved the stream format, whilst 22% said they would prefer to attend 2-3 shorter workshops on different topics. This shows that a clear majority prefer the stream format therefore it would seem sensible to keep the stream format at national conferences.

The streams generally received good feedback, with all streams receiving an average score of >3.5/5 for expectations and >3.1/5 for usefulness. This feedback is very positive and although there was variation between different streams, there was overall very little difference.

Mental health and poverty

Coordinated by Rebecca Rowland from Minds for Health

Minds for Health explore the strong and complex relationship which exists between poverty and mental health. Over three sessions you will move from evidence to action, exploring why poverty
increases the likelihood of mental illness and how mental illness can then move people further into poverty. You will then discuss the impact this might have on specific case studies around the world; considering access to mental health care and its relative cost. Finally you can take action, joining the work of Minds for Health and the Medsin National Working Group for Mental Health.

Global surgery

Coordinated by Issy Marks

The poorest 2 billion people on the planet are receiving just 3.5% of the world’s surgical care. For the last 30 years, surgery has been almost completely ignored in the field of global health. But with the WHA resolution in surgery in 2015, surgery is finally being given the attention it deserves – and here is your chance to be a part of it! Whilst great progress has been made in HIV, TB, maternal and child health, surgery has been almost entirely sidelined as too expensive, too complicated and not important enough. In this workshop you will learn the challenges facing the growth of surgery in the developing world, from obstructed labour and trauma to congenital abnormalities. You’ll hear from experts in the field and may even get the chance to brush up your surgical skills.

A safe haven for health? - Exploring the health of women and child refugees and asylum seekers

Coordinated by Lotte Elton & Lisa Murphy from the National Working Group for Maternal and Child Health

Every year, thousands of women and children arrive in this country seeking asylum from persecution, violence and poverty in their home countries. Thousands more live as refugees, separated from their culture, tradition and family, trying to adapt to life in an unfamiliar country. Because of the upheavals, family separation and traumas faced by many asylum seekers and refugees, they may have complex health needs which are often badly managed. This stream will discuss what barriers to healthcare exist, how they may impact upon the health of these women and children and what we can do to change them to ensure that these women and children, and their needs, do not remain hidden. We will explore caring for women who have undergone female genital mutilation (FGM), discuss the psychosocial aspects of motherhood in an unfamiliar country for these women and consider the mental health of child refugees, analysing how differing cultures may impact upon mental health and its treatment. Our discussion will be facilitated by Gaby Kitoko, who runs the African North East Community Advice Centre in Newcastle; a local GP with experience in refugee health; and Fatou Bah, refugee and campaigner against FGM.

Trade agreements and global health

Coordinated by Claudel P. Desrosiers from Think Global

Two global trade agreements have the potential to reshape the health landscape globally and one can expect them to be finalized in the coming year: the Transpacific Partnership (TPP) and the Trans-Atlantic and Investment Partnership (TTIP). The lack of transparency surrounding the negotiations make it extremely hard for stakeholders and civil society to understand the impacts such treaties could have; however leaked documents suggest that aggressive intellectual property and clinical trial data protections that seek to compromise patients’ access to affordable medicines may be tabled. While
the UN are working on sustainable developments goals, some of its countries are taking an opposite unsustainable and potentially dangerous direction for the health and well-being of populations around the world. Trade agreements are complex, and there is a clear need to raise awareness among future health professionals; this is what this stream will explore. As recalled by Margaret Chan at 67th World Health Assembly: “If these agreements open trade yet close access to affordable medicines, we have to ask: Is this really progress at all?”

Climate change and health

Coordinated by Isobel Braithwaite, National Coordinator of Healthy Planet, and Eleanor Dow

“The best time to plant a tree was 20 years ago. The next best time is now”

The impacts of climate change are becoming ever more present in our modern cities. A lot of policies to cut emissions (and so tackle climate change) also benefit health, for example by reducing air pollution and promoting active transport, eg. walking and cycling. Climate change has been described as a “the defining issue of the 21st Century by Dr Margaret Chan, the WHO’s Director General. As young people, it is vital that we understand its implications both on a local and global level in order to be better advocates for health, now and in the future. Through interactive sessions and a chance to develop their own campaign plan, this workshop will equip participants with the knowledge and skills to make a difference in influencing the future of our cities and - we hope - giving them the chance to put this into action after the conference if they wish.

Orphan drugs

Coordinated by Rachel Horspool and Beth Thomas from Medsin Orphan Drugs Advocacy Team

Orphan drugs that treat orphan (rare) diseases are priced extortionately, due to loopholes in American policy, which reduces patient access to these essential medicines. In this stream, you will find out more about the orphan drugs problem, with talks from clinical doctors who have seen patients who have been denied these drugs on the NHS, and find out more about potential solutions to these problems. Our final session will involve a panel discussion with experts in the field, all who have a potential solution in mind, and your questions to see how we as students can advocate for real change on this issue.

Ageing cities

Coordinated by Hannah Moorey

Population ageing and urbanisation are two major forces shaping the 21st century, both in developed and developing countries. The number of people living with dementia worldwide is also growing and is expected to double every 20 years. This workshop stream will focus on changes taking place across the world and in the UK, to create age friendly cities through improvements in public transport, walkability, intergenerational exchanges and the use of innovative technology. Changes taking place to make cities more dementia friendly will also be addressed. This stream will be relevant to all students as we will be working with an increasing number of older people in our careers. Hopefully these sessions will provide the inspiration and information for students to take local action and get involved in projects to make their own cities more age friendly.
Capacity building

Coordinated by Lucy Frost, Training Trustee for Students for Kids International Projects

When you come to a global health conference you hear all the right words - sustainability, capacity, community-focused and locally led - and we all feel strongly about them. But how can we achieve these in practice? Capacity building is all about giving individuals, whether it is students in the UK or people we work with in other groups at home or abroad, the skills to identify problems and enact changes themselves.

As part of this workshop stream, we will explore the building blocks of capacity building - how best to understand the needs of a group, how to apply basic capacity building skills, and how you can monitor your impact. These highly interactive sessions will consider real life examples from student projects, your own experiences and work together to come up with practical steps for implementation.

Universities allied for essential medicines

Coordinated by Manuel Martin from UAEM

The WHO estimates that 10 million people a year die because they do not have access to essential medicines.

This is the "Access problem" and is largely due to the way research is incentivised and healthcare technologies are patented. Pharmaceutical company’s profit maximisation strategies use patents to actively deny people access to live-saving medication and this needs to be changed. Universities are a great place to start: 1/3 new medicines are developed in university labs but are then given to pharmaceutical companies who sell them at exorbitant prices. Join these workshops to find out how you can help and learn how your university can make a change.

Save our NHS

Coordinated by Khalil Secker and Emily McLaughlin from the Save our NHS Manchester campaign

Slowly but surely two successive governments have begun to cut, dismantle and privatise the NHS. This manifests itself in bus companies taking over ambulance services, A&Es shutting down across the country, whistle-blowers gagged and thousands of nurses sacked. Save Our NHS Manchester is a vibrant, student-led group which has managed to engage hundreds of students in these issues. We do this by organising creative and enjoyable projects that appeal to those who’ve never been involved with campaigns before. Last year we led students on a demo along with 60,000 people marching to Save Our NHS. We will cover a basic overview of the threats facing our NHS, followed by a training session on how we can challenge those threats. Most importantly, we want to hear your ideas on how we can take this campaign forward together. Following the two Save Our NHS workshops, there will be a separate workshop on the BMA covering their current work on global/public health and how you can get involved.

Homelessness and health

Coordinated by Owen Thomas, Natasha Matthews and Anelise Rosa

Medsin-UK Policy and Guidance Statements, December 2015
The UN Declaration of Human Rights states that 'Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family'. Despite many of us taking a home, and the health securities that it provides us for granted, homelessness is an increasingly prevalent issue in our modern cities with a plethora of surrounding health implications, stigma and misconceptions. In this stream we will encourage open discussion on the humanitarian, political and psychological aspects of homelessness and health through the exploration of aspects such as mental health, immigration and community action. There will be contributions from relevant Medsin's activities such as Homed and a strong focus on 'take-home' strategies to allow participants to create informed, impactful and sustainable projects in their own communities.

An introduction to making change happen

Coordinated by Dr Felicity Knights

Advocacy is a method by which an individual or group aim to influence decision-making processes. It is a form of external representation in which you aim to change the views of the key players involved in an issue, and can thus change the outcome. It can be employed to target decision-makers at any level – whether that is changing the opinion of your peer, your medical school or supporting organisation, or your local or national government. This workshop is perfect for anyone who is interested in leading and implementing change. The training is aimed primarily at those who are new to Medsin and/or this field, but there will be opportunities to share experiences and design a new campaign to integrate teaching on these key skills into UK medical schools, which will hopefully be of interest to Medsinners of all backgrounds and experience levels.

Ethical procurement for health

Coordinated by Gemma Bowsher and Amelia Martin from the National Working Group on Ethical Procurement

Ethical Procurement for Health, heard about it before? Haven't a clue? Either way now is the time to join us! After years we have been planning how to make this a reality and now we have an answer! Currently, the NHS spends over 40 billion pounds per year on services and products. Ethical procurement refers to the processes that purchasing organisations such as NHS providers, take to improve the pay and conditions of those involved in the supply of goods to healthcare organisations. It is an uncomfortable paradox that we improve the health of patients here in the UK, at the cost of the health care worker's further down the production line. The plan is for Medsin branches across the UK to generate a uniform demand for Ethical Procurement practices, by asking members of healthcare organisations to pledge their support to a National Ethical Procurement Policy. As students we have the passion, position of neutrality and pragmatism to gather and harness support as a unified body to create positive change. What we need is to become educated in order to advocate and act to turn Ethical Procurement into a reality. Come join our stream and learn how to do just that, as well as get some cracking advocacy training, so you can learn to effect change that leads to a world where equity in health is a reality for all!

Training

Training workshops were held on the Saturday morning on the following themes:

Medsin-UK Policy and Guidance Statements, December 2015
Presentation skills

The fellowship of the ring: A short introduction to leadership

How to run a successful campaign

How to win money influence people

Communication in Medsin

Getting the most out of a team: Facilitation 101

Who’s who and what’s where? A guide to the Medsin network

Teamwork – you can’t do it alone!

Global Health Diplomacy, a crash course: How does the UN work?

Burnout: How do you know that too much is too much?

How to set up a global health course at your university

Coding for change: learn to make a website in one hour

The feedback for training was not quite as good as for streams, but was still predominantly positive. There was greater variation between training workshops. Average scores for expectations varied from 2.67 – 4.22/5 and usefulness scores varied from 2.20 – 3.40. This feedback suggests that there is scope to improve the usefulness of training within national conferences.

Campaign

The coordinated campaign at the conference was about health for homeless people. There was coordination with Homed Newcastle and St. Mungo’s Broadway who attended the conference on the Sunday. Pin badges with the logo shown below were made and given to delegates who pledged their support for the campaign. Those who did sign up to the campaign have received e-mail updates since. Below is the promotional material that was put together prior to the conference:

There are health inequalities on your doorstep.

The theme of ‘Changing Cities: Building a healthy future together’ encourages us to think locally; about the communities in which we live; and the ever changing populations with whom we share our homes.

Homeless people face injustice in healthcare.

The life expectancy of a homeless person in the UK is just 43 years old; over 30 years less than that of someone who is not homeless. Alongside the likelihood of increased healthcare needs, homeless people face barriers to accessing healthcare. Many struggle to register with a GP and rely on frequent emergency unit admissions for care.
Why, as one of the most developed nations in the world, do we still host these shocking inequalities?

Everyone has the right to health.

The Homeless ≠Healthless campaign is asking YOU to take action in your community.

We have teamed up with Homed Newcastle, as well as St. Mungo’s Broadway, a fantastic charity whose work is very much in line with the values of Medsin. We want to raise the profile of barriers to healthcare that those who are homeless face and make it an issue that local decision makers can no longer ignore.

There are creative and thought provoking activities to get involved in this weekend, and we are asking individuals to pledge to take this issue back to their local branch and community. We want the campaign to have impact beyond the conference so following the weekend, information and resources will be sent out to help facilitate change at a local level.

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**INCOME**

**EXPENDITURE**

**PETTY CASH**

**INCOME**

**EXPENDITURE**

**CASH BAL** 55.69 Paid in to union bank account 3/12/14

**TOTAL PROFIT** 1555.13

**Medsin-UK** 977.57

**Medsin Newcast** 977.57
Food

The food for the conference was organised by Ben Beattie and the Newcastle Food Co-op. All food was ordered through the food co-op, and for Sunday lunch the co-op volunteered to make all of the soup! The food received good feedback. Breakfast was also served on both days which made for a quicker start to the day as delegates arrived on time.

Tea and coffee was served in all of the breaks and delegates were asked to bring their own mugs as part of the environmental policy.

Social

The social began at Newcastle University in the Lindisfarne Room. NCL Catering (university service) cooked vegetarian/vegan and meat chilli with rice, salad, tortilla chips and sour cream. There was also a bar open in the room.

The night then continued at World Headquarters in Newcastle City Centre. Private hire of the downstairs was arranged and all delegates gained free entry to the club. A great night was had by all.

Accommodation

Accommodation was provided in the ticket price to all delegates who required it. There were 3 locations: St. Luke’s Church, Spital Tongues Community Centre and student hosts. Delegates were informed of the location of their accommodation in the week preceding the conference and given contact details. The church and the community centre had a capacity of 60 between them and the rest were hosted by students.

Committee

Co-presidents – Emily Marsh and Anya Gopfert
Programming – Cari Hook
Question Time – Hector Hall, Raykal Sim
Social – Lotte Elton and Fiona MacCrae
Global Health Fair – Ellen Beer
Design and Publicity – Jess Lugsdin and Emily Longshaw
Programme – Rachel Napper and Maddy Glasby
Food – Ben Beattie
Training – Joanna Marsden
Campaign – Kate Langley
Organising the conference would not have been possible without the commitment and dedication of the committee. We would also like to thank all of the people from Medsin Newcastle and other students who volunteered on the weekend and ensured the smooth running of the conference.
Guidance Statement on Supporting Distant Branches to attend National Meetings

Adopted at MAW15, Proposed by Medsin National Committee

The Medsin National Committee recognise that excessive travel costs present a major financial barrier for many members to attend national Medsin meetings. High travel costs place a disproportionate burden on members from geographically distant branches and as such represent an inequality within the Medsin network. As a network of students committed to reducing inequalities, Medsin recognises the need to support members from distant branches as much as possible.

This statement represents guidance for the organising committees of the Medsin National Conference, Medsin Autumn Weekend, Medsin Global Health Conference and Medsin Spring Assembly.

Organising committees should include a “Distance Concession” within their meeting ticket sales strategy. The aims of this concession are:

● To reduce the financial burden on members travelling to the meeting from distant branches
● To increase ticket sales from members at distant branches - *thus mitigating against loss of revenue from discounting tickets*
● To reduce inequality of access to Medsin national events between members at different branches

This concession will consist of a reduced ticket price for Medsin members or Affiliate members at the most geographically distant branches.

The criteria for which branches are eligible for this concession will ultimately lie with the organising committee of the Medsin national meeting concerned.

The following criteria are considered standard:

1. The number of concessionary tickets is limited to a maximum of **10% estimated national meeting ticket sales**. *eg. a National Conference predicted to sell 250 tickets, would have 25 “Distance Concessions” available.*
2. Members of branches or affiliates located in a city greater than the mean distance between all Medsin branches are eligible for the concessionary ticket. As of MAW 2015, this distance is 296.5km.
3. The price of the concessionary student ticket (including social) should be equal to **half a full price student ticket** (including social).

The Medsin Branches Distance Chart: [https://goo.gl/3HsGQx](https://goo.gl/3HsGQx) should be used to calculate the distance between Medsin branches.
National Committee: Ways of Working

Accepted at MAW15, Proposed by Medsin National Committee

These ways of working should act as a guidance statement for the National Committee on how to act. They are thus not binding unless agreed upon by the National Committee each year.

Administration of the National Committee

1. Meeting Attendance
   a. Under reasonable circumstances
      i. Minimum attendance is 75% of all online meetings and not missing two online meetings in a row
      ii. Each member of the National Committee should attend a minimum of 75% of all in-person meetings
      iii. When missing an in-person meeting the relevant member should have an online meeting with an attending member to familiarise themselves with the output and action points of the meeting.

2. Online Meetings
   a. Meetings will be arranged by the National Committee Secretary
      i. Meetings should occur once every two weeks at a minimum, whether that be online or in person. Dates, days and times should be agreed well in advance by the National Committee.
      ii. The minutes of the previous meeting and agenda should be sent out 10 days before the meeting is scheduled to take place to ensure adequate engagement.
      iii. A reminder should be sent out 3 days before the meeting, at which point any apologies should be submitted
      iv. The agenda should be distributed to participating members of the National Committee 24 hours beforehand

3. Email Etiquette
   a. Email manner
      i. All members of the National Committee must be courteous and email in their position as a representative of the charity
   b. Speed of response
      i. Urgent emails (as decided by relevant committee member) should be replied to in <48 hours
      ii. Otherwise all replies must be in <5 days

4. Absence definition
   a. Absence is defined as no response to attempts to communicate for two weeks
      i. An absence will trigger intervention from National Director
      ii. After reaching out to the individual the ND will liaise with Welfare Officer(s) to help support the individual
      iii. If there is no contact five days from reaching out/at ND discretion then the ND will call an emergency meeting of the National Committee
   b. If after this the party in question fails to get in contact they will be considered absent, and a discussion about temporary suspension will be had at next online National Committee online.

Welfare of the National Committee

Medsin-UK Policy and Guidance Statements, December 2015
1. Medsin Holidays
   a. What is a Medsin Holiday?
      i. A break of an individual from their role on the National Committee for greater than two days
      ii. No formal limit on how long a Medsin Holiday can be, but there is an expectation to work professionally by ensuring you communicate well in advance
      iii. The availability of a member of National Committee on an elective/research project abroad is subject to that individual's own discretion. Any doubts should be consulted with the Internal or External Welfare Officer.
   b. Coverage of individuals on Medsin Holidays
      i. Should be someone from outside the National Committee in order not to overburden other members
      ii. However if that proves impossible the burden of the role will be split between relevant members of the National Committee

2. Welfare Officer
   a. It is important for the welfare of the National Committee that it is supported effectively
      i. At least one welfare officer should be appointed to support the work of the National Committee
         1. There can be both an internal (National Committee) welfare officer and external (Non-National Committee)
         2. The exact role will be determined by the National Committee from year to year
Guidance Statements - Spring General Assembly 2016

Guidance Statement Regarding Patrons

Proposed by the Board of Trustees – trustees@medsin.org

Introduction
Patrons are powerful individuals who, through their professional or public standing, afford visibility, credibility and opportunity to the charities with which they are associated. At the time of writing Medsin-UK has five patrons. These are:

**Lord Nigel Crisp**, member of the House of Lords and co-chair of the All Party Parliamentary Group on Global Health

**Sir Andrew Haines**, Professor of Public Health and Primary Care at the London School of Hygiene and Tropical Medicine

**Dr Richard Horton**, editor-in-chief of *The Lancet*

**Sir Michael Marmot**, Professor of Epidemiology and Public Health, University College London

**Mr Mike Rowson**, Faculty Tutor for Population Health Sciences, formerly executive director of Medact

There is currently no guidance in Medsin-UK’s governing documents relating to patrons. The purpose of this guidance statement is to address this gap by outlining:

1. How patrons may be identified, approached and adopted
2. What Medsin-UK expects from its patrons
3. How the relationship with patrons should be maintained

1. Adopting Patrons
   There is no formal process for adopting patrons within Medsin-UK governing documents. Therefore a proposed course of action would be:

   1. For any individual identifying either the need for a patron, or a public figure who may fulfill this role, to justify to the National Committee why this figure should be invited to be a patron
   2. If it is in agreement, for the National Committee to propose a motion at a General Assembly that this figure be invited to be a patron
   3. If the motion is accepted, for the National Director and Chair of the Board of Trustees to write to the figure on behalf of Medsin-UK inviting them to become a patron
   4. If the figure is agreeable, for the National Director and Chair of the Board of Trustees to write a letter of agreement between the new patron and Medsin-UK.

   It should be remembered that charities generally do not have a large number of patrons and having too many may be detrimental to their relationship with Medsin-UK. Having too many patrons may make current patrons feel devalued or replaced.

2. Expectations of Patrons
   It must be remembered that individual patrons have different assets and can help Medsin-UK in particular ways; for more on this see ‘3. Maintaining Relationships with Patrons’. However, there are a number of common functions which all patrons can perform. These include:

Medsin-UK Policy and Guidance Statements, December 2015
- Allowing their name to be used on Medsin-UK correspondence.
- Allowing their profile to be displayed on Medsin-UK’s website.
- Promoting Medsin-UK during the course of their work.
- Being mindful of Medsin-UK when opportunities to further our work present themselves.
- Speaking at Medsin-UK conferences and/or local Medsin-UK branches.

These expectations should be made clear to patrons in the initial agreement letter and reinforced on a regular (but not too frequent!) basis.

3. Maintaining Relationships with Patrons

The relationship between Medsin-UK and its patients must be consistently maintained. The steps to doing this may be summarised as ‘engage’, ‘update’, ‘ask’ and ‘reward’.

Patrons should be engaged annually by the National Director writing to introduce themselves and outline the plans of the National Committee for their term in office. The letter should re-iterate the common expectations of patrons, listed above, as well as outline any specific requests made upon that patron. The National Director could also enquire as to any way that Medsin-UK may be useful to the patron, for example in supporting their cause or activities. Further opportunities for engagement lie in inviting patrons to attend the two annual conferences.

Patrons should be updated at least once during the Medsin year. This is an opportunity to share successes or developments within the network and ensure their ongoing support. Furthermore, patrons will only be able to effectively support our cause if they know what we are doing.

Patrons are powerful individuals with many assets, however the full extent of what they can offer will not become clear unless we ask patrons for help. If there is a specific way in which a patron may be of use - for example in promoting an event, speaking at a conference, or mentioning Medsin-UK at a high-profile event - then they should be contacted in good time regarding the possibility. If they are unable to assist, they may well suggest a different way in which they could be useful!

Finally, regardless of whether or not a patron has played an active role they should be rewarded for their support. A valedictory letter by the outgoing National Director expressing thanks for their ongoing support would be a suitable gesture. It would also be good practice for the outgoing National Director to write late in their term to introduce their successor.

Summary

Patrons are potentially a very valuable asset to Medsin-UK, lending visibility and credibility to our work. However they must be selected carefully, the expectations of them should be clear, and our relationship with them must be worked at in order to fully benefit from our support.

Resources


Medsin-UK Policy and Guidance Statements, December 2015
Guidance Statement on running an International Federation of Medical Students’ Training New Trainers Workshop

Proposed by the National Committee – training@medsin.org
This document has been formatted to fit within this document. The full version can be found at the following link.
https://docs.google.com/document/d/1Ynn5MxrbW4oNq0yHk2vbTJ7mQl5N8uOPk3R6lWnVBU/edit

Guidance statement on running an International Federation of Medical Student's Training New Trainers Workshop

Training Division 2015/2016

What is 'Training New Trainers'?

Training is the backbone of Medsin – building capacity in areas such as advocacy, leadership and policy are instrumental to ensuring our success. It also plays a big role in the personal development of our members. Training New Trainers (TNT) is a course accredited by the International Federation of Medical Student Association’s (IFMSA), which aims to empower students to be able to deliver training sessions to their peers.

What does a TNT look like?

Example Timeline

Before the TNT....

The Training Director

- Should assess the current training needs of the Medsin network, to determine:
  - How many additional trainers the network needs at the present time.
  - The impact on the training network and the wider Medsin network of providing graduation and other training opportunities to new TNT participants.
  - Any specific skill requirements of the network.

Medsin-UK Policy and Guidance Statements, December 2015
The Trainers

- TNT should ideally be run by three trainers, one of whom should be a 'TOT' i.e. they have completed an IFMSA accredited Training Old Trainers Course, or have been part of a team running a TNT previously.
- Selection of the trainers to run the TNT is at the discretion of the Medsin Training Director, who can:
  - Put out an open call for trainers within the network.
  - Put out an open call for trainers over the international server.
  - Select trainers who they believe are sufficiently skilled, in line with the needs of the training division.
- When selecting trainers to deliver the TNT, the training director should consider:
  - The trainer's previous training experience.
  - Their commitment and availability to run further TNT courses for the Medsin network.
  - Team dynamics.
- The TNT training team should meet soon after selection to discuss their aims and objectives for the TNT, and agree upon:
  - Their vision for the TNT.
  - A final timeline.
  - Ways of working.
  - An application form and selection criteria for applicants.
  - An approximate cost to the participants.

Applications

- Applications should be open for at least 3 weeks. The call out for applicants should be accompanied by clear selection criteria.
- The TNT training team should give thorough consideration to the value of having international participants for:
  - The trainers, who can benefit from the experience of delivering training to a more diverse group of participants.
  - The Medsin participants, who can benefit greatly from the intercultural learning experience.
  - The IFMSA, as Medsin’s training experience can play a key role in the federation’s wider capacity building.
- Applications should assess the applicant's Medsin and training experience, their plans to use their newly acquired skills for the benefit of the network, and include a space for applicants to express their personality and creativity. An example application form can be found in Appendix 1.

Application Assessment

- Assessment should be carried out by the TNT training team. If the training director is not part of the training team they must join the assessment of applications, to give a view on the needs of the network as a whole.
- Best practice for assessment is a recommended two step blinding process:
  - Answers to application questions should initially be assessed blind.
  - The applicants year of study, location and level of Medsin involvement should then be unblinded, to allow for any adjustments to their applications initial assessment (e.g. a higher quality application should be expected from a Medsin National
Committee member compared to a brand new member) and for strategic discussion based on the metrics of the training network.

- When assessing applications, trainers should consider:
  - Motivation: Applicants should express a sound understanding of what training is, it's value to Medsin's development and why they wish to become a trainer themselves.
  - Experience:
    - The metrics of the training network: this responsibility particularly falls to the training director, who should provide to the training team how many trainers are currently in each branch/region/affiliate, to ensure equity across the network.
  - International applicants should not be assessed alongside Medsin applicants. Consideration should be given to their written English ability, as well as to the differing structures within National Member Organisations of the IFMSA.
  - All applicants should adhere to the word count set our in the application form. Any blatant disregard for this is grounds for disqualification.
  - Unsuccessful Medsin applicants should be provided with feedback on their application within 4 weeks, if requested.

**The Host**

- TNT should be hosted by a Medsin branch, unless there are none available.
- Hosting a TNT does not give a branch any right to reserved spaces on the TNT course.
- The training director should give a clear briefing to the host branch, including:
  - How many participants and trainers they are expected to host.
  - The arrival and leaving times of the participants.
  - The needs of the trainers with regards to rooms & space for the training.
  - Whether they are required to provide any training materials.
  - If the host is needed to organise any social activities during the TNT.

**The Budget**

- The TNT budget is the responsibility of the training director.
- TNT expenses should be covered by the participant fees and any additional sponsorship. No financial liability lies with the hosting branch.
- The cost of TNT should be kept, as far as possible, in the region of £30-40. However, this may change with the expected contribution to Medsin's IFMSA fee, according to the model for international finances in place.

**During the TNT...**

**Content**

TNT should focus on giving trainers the necessary skills and confidence to deliver training and support the goals of the network. Each TNT training team will have it's own vision of the kind of trainers they want to create, which they should use to shape their course.

Innovation and creativity on behalf of the TNT training team is greatly encouraged. However, there are topics which we believe should form part of the curriculum of every TNT, including:

- Training Session Planning
- Facilitation
- Public Speaking
- Feedback

*Medsin-UK Policy and Guidance Statements, December 2015*
These can be run as stand alone sessions, or integrated throughout the workshop.

Additionally, experience has led to the recommendation of also including sessions on:
- Motivation and Engagement
- Leadership
- Conflict Resolution
- Personal Development

**Agenda**
- Every TNT workshop must include 24 hours of training.
- As well as necessary content, the TNT training team should ensure they include team building exercises, energisers and techniques for ideas generation.
- An example agenda can be found below:

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<tr>
<td>11:00:00</td>
<td>Ways of working &amp; Learning styles</td>
<td>Planning a training session</td>
<td></td>
</tr>
<tr>
<td>12:00:00</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td></td>
</tr>
<tr>
<td>14:00:00</td>
<td>Check in &amp; Introduction to training</td>
<td>Group Dynamics</td>
<td>Conflict Management</td>
</tr>
<tr>
<td>15:00:00</td>
<td>What is a trainer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16:00:00</td>
<td>Strategic Planning</td>
<td>Public Speaking</td>
<td>Personal Leadership</td>
</tr>
<tr>
<td>17:00:00</td>
<td>Professional Leadership</td>
<td></td>
<td>Presentation of a training session</td>
</tr>
<tr>
<td>18:00:00</td>
<td>Team Building</td>
<td></td>
<td>What is a trainer?</td>
</tr>
<tr>
<td>19:00:00</td>
<td>Feedback &amp; Check out</td>
<td>Feedback &amp; Check out</td>
<td>Feedback &amp; Check out</td>
</tr>
</tbody>
</table>

**After the TNT...**

**Evaluation of the TNT workshop**
- Participants should be asked to give feedback on the course, at the weekend if possible, as well as through an online evaluation form.
- The training director should have one on one feedback sessions with each member of the training team.
- Feedback from previous courses should be available for future TNT planning meetings.

**Certification of the TNT workshop**

*Medsin-UK Policy and Guidance Statements, December 2015*
It is the responsibility of the Training Director to submit all relevant paperwork to the European Regional Assistant for Capacity Building (or alternative official as directed) to ensure proper certification of the workshop.

**Graduation of participants**
- All participants must undergo a minimum of two hours of training under the supervision of an established Medsin trainer. The aim of supervision is to ensure that new trainers are capable of delivering high quality training in the network and, most of all, ensuring that new trainers are fully capable of reflection and development in their training practice.
- Graduation training topics, while determined by the Medsin's current needs, should reflect the experience, or inexperience, of the participant. It may be decided by the TNT training team that a participant should co-train with an established trainer in the first instance.
- It may be determined following two hours of supervised training that the TNT participant requires additional support and supervision from the training network before they are able to train alone for the Medsin network. This should be discussed with the participant and a plan put in place for support through a new graduation date.
- The final decision on graduation status of participants ultimately lies with the Training Director, who is responsible for notifying the participant of the outcome of their graduation training and providing them with their certificate.
- International participant's graduation may be outside of Medsin, and the Training Director should liaise with them and their National Member Organisation training lead to facilitate their completion of the qualification.

**Support of participants**
Following TNT, each participant should be assigned a member of their TNT training team to act as a support mechanism for the planning and delivery of their first training session.

**Supervision of participants**
Supervision of new TNT graduates should be carried out by 'experienced trainers' as decided by the Training Director and the body of existing 'experienced trainers'. There should be a bi annual review of who can supervise called by the Training Director. A guide for how to supervise a TNT graduation training can be found in Appendix 2.

**Mentoring**
New trainers should be assigned a mentor if desired, from the body of 'experienced trainers'. This relationship can take many forms, with the aim to give the new trainer a point of contact within the training network for advice on delivering training, resources and applying for training opportunities etc.

**Trainers who have undergone TNT outside of Medsin**
Medsin members who attend a Training New Trainers course within another National Member Organisation or international forum of the IFMSA must still undergo a supervised training session by an established Medsin trainer. This is to ensure that they are meeting the requirements and standards of a Medsin trainer, and to identify and meet any additional support needs they may have. Established international trainers are welcome to train at Medsin events.

**Medsin-UK Policy and Guidance Statements, December 2015**
Appendix 1.

Example Training New Trainer's Application Form

Appendix 2.

Guidelines for supervising a TNT graduation training

Structure of supervision
- Pre-delivery discussion
- Observation
- Post-delivery discussion
- Handover to second supervisor (if applicable)
- Handover to Training director

Things to think about during: Pre-delivery discussion
Before your supervisee is due to deliver their session, it is ideal to sit down with them to discuss their: planning process, contingencies, expectations (inc. hopes and fears). It is also useful to ask the supervisee if there is anything they would like you to be particularly mindful of/give them feedback on. (NB: It is not always possible to have a pre-delivery discussion, if this is the case, the relevant questions can be asked after delivery)

Things to think about during: Observation
Before the supervisee starts their session, make sure you introduce yourself and check that they are aware of the supervision process. You may want to ask the supervisee if they would prefer you to participate in the session or observe from the side. There are advantages and disadvantages to both approaches, so negotiate with your supervisee as to what would work best.

Things to think about during: Post-delivery discussion
Following observation, sit down with your supervisee to debrief their training. Make sure you both have adequate time for the discussion (a good debrief can take anywhere from 20-30mins to well over 1hr).

The debrief should allow reflection on all areas of the training cycle (planning, delivering, evaluating).
Start with broad questions and overall reflections, e.g.:
- How do you feel the session went?
- What went well? What could have gone better?
- Was there anything that you didn’t expect?
- Is there anything you would have liked to do differently? How could you achieve this?

Consider specific points to ask about, e.g.:
- Information sources used for planning
- Where aims and objectives met? Did you meet participants needs?
- Methods used

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- Participant interaction
- Resources for participants (e.g. handouts, further reading etc.)
- Appropriate evaluation
- Time management (inc. time for planning)
(NB: this list is by no means exhaustive, ask about all salient areas)

If the trainer has collected written feedback, look at these feedback together and ask the supervisee to reflect on it.

At the end of the discussion, you can summarise your impression of the supervisee and their training session. You must tell them that you will pass on your report to the Training Director, who will be in contact with them about their graduation. Do NOT tell them that they have graduated. The final say over this is the responsibility of the training director. However, you may indicate what recommendation you will give to the Training Director if you wish.

Things to think about during: Handover to second supervisor (if applicable)
Some new trainers deliver their first 2hrs of training across 2x1hr sessions. If this is the case, the supervisors covering the first and second hours are strongly encouraged to make contact with each other. A handover of feedback, and any areas of note or concern, from the first hour should be given to the second supervisor.

Things to think about during: Handover to Training Director
When both hours have been completed, all supervisors should provide a brief summary and a recommendation to the Training Director.

Possible recommendations:
- Graduation
- Further supervision

Recommend graduation if you are happy with the supervisee’s abilities to provide high quality training and to reflect on their practice.
If you have any concerns about the quality of a supervisee’s training or in their ability to reflect and develop as a trainer, make a recommendation for further supervision. This will be followed up by the Training Director, who may make contact with you to discuss the supervisee.