

NATIONAL COMMITTEE MEETING  
UNIVERSITY OF LEEDS  
9<sup>TH</sup>/10<sup>TH</sup> September, 2006

Present –

Peter Baker (PB) – Campaigns Director

Sunil Bhopal (SB) – VPBranches

Joel Burton (JB) – Training Director

Jenny Jones (JJ) – Secretary

Gerard Millen (GM) – VPExternals

Gemma Owens (GO) – Treasurer

Abi Smith (AS) – President

Apologies – Baljinder Singh (VPPProjects) – on elective, Qasim Ishan (Publicity) – elective,

Tom Taylor (Webmaster) – moving house again!

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Saturday 9<sup>th</sup> September

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Worries/Concerns at this time

National Committee Aims for the Year – individual and corporate

How we are going to achieve our aims

Money

- Serbia T-shirts
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- Travel expenses
- Expenses for this meeting
- Profit from AGA
- Branch fees
- Pharmaware request for cash
- Hoodies

PRIORITY: CAMPAIGNS

Branch Resource Pack

Changes to Constitution and Bylaws

Proposed Partnership with Oxfam

Adjourned

Sunday 10<sup>th</sup> September

Medsin is 10 this year

Alumni

Membership

Publicity

Choosing Delegation for Australia

New branches

New projects

Constitution

AGA

Budget

## **UPDATE OF WHAT NATIONAL COMMITTEE HAVE BEEN UP TO**

### SUNIL - VPBranches

Emails out to all branches – lots of replies, lots of personal contact with presidents. New branches – been in touch with SOAS, Bradford, Keele, St.Andrew's, Aberdeen, Brighton. Keen, but probably need trainers to help out.

### PETE - Campaigns

Spoken to most, if not all, of campaigns coordinators – except Water Aid. Serbia – Pharmaware success. Talking to Leeds about Pharmaware. Manchester AGA

### JEN - Secretary

Learnt how to do newsletters, worked on constitution, website stuff. Manchester AGA

### JOEL - Training

Went to Training Old Trainers workshop in Serbia. Handover from Nat – what needs to be done training-wise at conferences and G.As. Website stuff. Had lots of requests for training. Manchester AGA

### GEMMA - Treasurer

Chasing people up for money for t-shirts from Serbia. Chasing up branch fees – UEA and Birmingham. Travel expenses. Helping Grr with fundraising stuff. Receiving lots of requests for emails for money from the Medsin 'pot'. Need to dispel this myth as it does not exist. Dealing with UKAM bank stuff through Medsin account as they don't have account yet.

### GERARD - VPExternals

Met with dutch people about global magazine. Been in touch with most of the AB about a grant for them as it will not be useful to national committee. Phoning various other grant-giving people to see if we are eligible to apply for their money.

### ABI - President

Meetings with THET etc, met national conference and global health conference coordinators. Meetings with UKAM people. Spoken to global health people about bits and bobs. Written proposals for Bristol and UKAM and for herself. Got the year off. Lots of emails.

## **WORRIES/CONCERNS/HESITATIONS ABOUT MEDSIN STUFF AT THIS TIME**

Sunil – bit concerned about amount of time going into UKAM, e.g. reading 70 applications. Pete – realising that fourth year is more work than last year. Bit of a problem for getting stuff done.

Jen – had no time recently. Worried about managing to get stuck into course and balance Medsin stuff – still being effective for Medsin but not spending loads of time doing unnecessary stuff that takes up time.

Joel – not knowing what I am doing when – no dates etc for course, so can't organise much training etc at the moment.

Gemma – no timetable either. Supervisor very flexible so already have permission for Australia.

Grr – Worried that outside the next six weeks I don't know where I will be for placements – internet access may be an issue. UKAM stuff.

Abi – time. Limited to work 3x6hrs shifts a week. Still have no time to fit stuff in! Loads of time in London, perhaps too much. UKAM. Internet access problem in London.

## NATIONAL COMMITTEE - PERSONAL AIMS

### ABI

- Make sure the NC are happy and having fun and supported to achieve aims.
- Enabling Medsin to evolve through priorities.
- Cement relationships with externals
- Decent relationships with new externals
- Lead a great delegation to Australia
- Visit some branches and make new friends.
- Have a great time at conferences: learning, giving a speech and meeting people.
- Helping to make UKAM great.
- Being organised
- Being contactable, available.

### GRR

- Get GH magazine sorted.
- Find definite fundraising sources or put mechanisms in place to let it happen future.
- Set up fundraising team
- Stay in touch with IFMSA VPE to raise money for UKAM
- Help Medsin host the best GA ever.
- Look at role of VPE to see if it is fulfilling its potential

### GEMMA

- Mastering double-entry book-keeping
- Tidy and accurate accounts for Charity Commission
- Contributing to the magazine.
- Training
- Smooth money transfers
- Being an active member of the NC and attending all conferences, etc.
- Productive fun, ethical and green year!!
- Be able to sign cheques
- Organise my elective

### JOEL

- Organise Training New Trainers (TNT) and some form of Training Old Trainers (TOLD) in the UK and with other National Member Organisations (NMOs) of IFMSA(International Federation of Medical Students' Associations).
- Get accreditation for our trainers (and therefore our trainees).
- Work with Sunil on training new, struggling and strong branches.
- Get lots of people applying for NC 07-8
- Stay involved with Marrow.
- Got to Australia (and for longer than MM07)
- Have a great year!

### JEN

- Change newsletters to be more exciting and shorter.
- Make resources from conferences (e.g. power points) available online for people to use
- Get together with girls who went on re-cap project in Palestine to get more human rights campaigning going on.
- Learn loads in my degree – get some knowledge to back up all the passion
- Plan a really fun wedding that isn't boring/stressful

- Unload all my malaria duties onto someone else more qualified to run them effectively – national and international
- Find some funding for all the exciting trips I want to go on – Australia and potentially others.
- Publications stuff – get involved in global magazine, possibly make a more global health-orientated newsletter.
- Int health BSc at Manchester?

#### PETE

- Increase campaigns in branches.
- Each campaign to have national committee of sorts.
- Work on advocacy with GHAP
- Get into IHMEC
- Campaigns training
- Campaigns working together
- Have lots interesting chats with NC and at conferences.
- Review all campaigns to focus better towards health inequalities
- Increase democracy and participation in Medsin
- UKAM, NC, GHC, AGA.
  - Big campaigns presence
  - Workshops
  - Coordinators meetings

#### SUNIL

- Help with what does a Medsin Committee do?
- Allow branch presidents and Medsin members to take control of AGA and SGA.
- Ethical electives –tour in branches?
- Start up non-medics branches
- Improve Medsin's image in the projects' eyes and show them our relevance.

#### GROUP AIMS

Our priorities as defined in the land of the Scots on our teambuilding weekend:

- **Facilitating the direction of Medsin's future**
- **Funding**
- **Exchanges**
- **Global Health**
- **Campaigns**
- **Branches and Projects**

#### What else do we want to do?

1. Set up new branches.
2. Make sure everyone knows how to use charity status
3. Website – get everyone from the whole organisation writing stuff.
4. Improve the newsletter.
5. Publicity in general
6. Communicating with members
7. Make more accessible to non-healthcare people
8. Back to the grassroots man...
9. Billions of people applying to be on national committee
10. Offer loads of training
11. Visit branches – could we divide them all up?
12. Publication – global health magazine with NL
13. Hold two amazing G.As – make them more appealing

14. Update resources and make them totally shit hot – inc BRP.
15. Action guide – a ‘What to’ resource.
16. Resources FROM externals – e.g. AV resources
17. Resources FOR externals
18. Annual Report – looking good to be able to give to members by next AGA/07
19. Make a budget
20. Bring global health more into what Medsin does.
21. Someone to be at all project/campaign conferences
22. Keep up-to-date with fortnightly updates properly.
23. Someone from NC to take each priority and be responsible for taking it forward.
24. Make sure everyone in organisation knows what we’re up to – our aims and stuff – so that these can be set by Medsin at SGA.
25. People submit policy statements at AGA than can guide our work – can be submitted then and there.
26. Submit some funky bylaws to the IFMSA
27. Decide whether to have conference agreement with National Conference/Global Health Conference or not.

### **HOW ARE WE GOING TO ACHIEVE OUR AIMS**

Wait until end of weekend and assign tasks.

#### **Priorities – assigning 1 or 2 national committee members to each priority**

Exchanges – Abi/Gerard

Fundraising – Gerard/Qasim

Campaigns – Pete/Jen

GH – Gemma/Jen

Shaping Medsin – Joel/Gemma

Projects and branches – Sunil/Bal

The idea of assigning national committee members for these priorities is not to say that other national committee don’t work on it but that these people drive the discussion forward.

Keep information on wiki/website about priorities up-to-date.

### **MONEY**

Currently in bank – 3,214

Minus -1,750 – UKAM money

-650 for NAT from TNT

-315 for Claire Thomas – refund for Serbia

Plus -1,600 – Manchester for TNT

-1,250 – GKT

At this second – just under 1500 spendable money

Once all in – 3,000+ that is Medsin-UKs

#### Serbia T-shirts

Money from T-shirts – 10 already, 9 more to get money from.

Money from selling t-shirts in Serbia is already in account.

Sell UKAM t-shirts to OC.

Campaigns t-shirts – flog to whoever, whenever. Currently charging £7.50 could sell for more at conferences.

#### Expenses

Pete - £50 for Geobars, £100 for printing

Abi – business cards for national committee and Serbia

System of getting expenses approved before paying for things? Especially, if more than a certain sum, e.g. £20.

Ask everyone by email if a certain amount is okay. If no negatives within 48 hours – go ahead.

Could try to get invoices for stuff more often rather than pay outright with own money and get reimbursed.

Abi would like a budget to print stuff for externals.

Worth everyone having a small budget and then applying for extension for extras?

Postage might also be worth being reimbursed for.

If we didn't have a budget – more communication about how to get things cheaper, keeping up to date on what we're doing etc.

Decide not to have a budget.

#### Travel Expenses

Ask AGA about allocating some of money for national committee travel expenses?

Possibly explain exactly how much being national committee costs us as people may not know what we contribute.

May also increase participation (number of people standing for national committee positions) as people would feel they were able to be on national committee despite financial background.

Reduced/waived fee for conference/G.A attendance? Bristol coordinators are paying, so why should we get it free?

#### Profit for AGA

Profit from G.A. – Why would there be a profit - should know in advance exactly how much expenses will be for the weekend. However, if there was profit from Manchester, this should be given to national committee for SpringGA. Manchester make money for not having to pay travel expenses for members.

#### Travel Expenses this Meeting

Please tell Gemma how much you spent.

#### Branch Fees

A -130

B – 80

C - 60

The category of each branch, activity status and fees paid/unpaid was discussed.

440 – when outstanding fees collected

TOTAL FROM BRANCH FEES – 2,330

Setting branch fees – at AGA so can invoice in December and get money within a month. Supposed to be paid by SGA.

340 extra from fees if we increase A to 150 and B to 100.

6 new branches at cat C – 360.

Move some from C to B

Create category D – move some current As up to the new 'A' – which could be up to 200.

Do new branches need to start at C? Are supposed to be allocated according to activity, how much uni and union support the branch. Can take financial status from branch report?

Do branches want their money to cover IFMSA fee? Should we use other money to pay that and allocate branch money to other things, e.g. training.

Are we aiming to have as much money in account at the end of the year as we start with?

General consensus – no, we should be using it to further organisation.

#### Pharmaware Request for Cash

Asking for money to subsidise event rather than deposit.

Weekend in Leeds – Sat PM big fancy three course meal in hotel. Sunday AGM in Leeds.

Fancy – doctor type fancy thing, high class – slight irony going on there. We like it.

Funding to subsidise student costs.

Charging doctors lots of money.

Would be lovely to support them if we could – but can't do it for everyone and don't even given money to medsin national conferences. Have spent some money on them already through Serbia stuff.

Could do it – sometime need a little push to believe that the Medsin network is a good thing.

Could we consider helping them with AGM costs rather than party costs?

Rather than spending lots of money on this specific Pharmaware event, could we allocate certain amount of money to spend on campaign AGMs in general.

Could we support their fundraising? Could we use the network to support them – e.g. ask a successful branch like Manchester to support them?

Campaigns a priority – organising campaign AGMs in Pete's priorities for the year so we should support them.

Perhaps should consider more what could come out of it other than just the party – networking, invited guests.

How much money do we actually have to spend? Worth working out budget on paper to legitimately earmark money for certain costs before we decide not to give them money?

Wait till budget done.

#### Hoodies

Gemma to let us know what we owe.

### **PRIORITIES - CAMPAIGNS**

#### Priority Campaigns

Issue – we only got 4 applications. Malaria and Water Aid did not reply. Tom is now around and can do malaria. Water Aid not very active – was a Water week in Leeds and some activity in QUB. Has a coordinator – Ellie who is receiving emails. Important issue, but doesn't have much support and isn't doing very well. Water AID - get something written from somewhere – Ellie, or website if all else fails.

#### How to Make Campaigns a Priority

How to protect time for campaigns meeting at national meeting.

Creating a pot of money for campaigns to use this year – give branches a bit of money to start campaign?

Suggesting campaigns to new branches. Advertise at AGA.  
Give them extra shout-outs at conferences.

Send a few impassioned emails to people to get them interested in campaigns.  
Campaigns month in the newsletter where a different campaign gets to write about their issue.  
Not just about campaign, but more informative on the topic.

Use Global Health magazine if we go ahead with NL

Dividing year up into  $\frac{3}{4}$  - features over a period. e.g. fair-trade might write two articles over their two months, then Pharmaware in the following two months.

Change campaigns page to have a different priority campaign at the top of the page every  $\frac{1}{4}$  or  $\frac{1}{3}$  or month.

Biggest problem – lack of people involved – branches and individuals within branches.  
Have a meeting with campaigns coordinators and branch presidents at national meeting – get campaigns coordinators to run recruitment drive for their own campaign at national conference. Produce a flyer about all the campaigns for branch presidents to take home and give to people in branches, highlighting issues so that before they arrive at national conference they have interest. Print off 400 and put in conference pack at the national conference.

Push speaker tour to uni's – campaigns-orientated speakers. Speaker tour very expensive.  
Stop Aids already has one – linking with Medsin at branch level.

Encouraging local Medsin campaigns to work together better with what already exists on campus.

### **BRANCH RESOURCE PACK**

Some updated in April 2006, but needs to be updated again as some of it is out of date already.

Jen needs a list of all Branches, projects and campaigns that don't have them or who haven't had them updated since SGA.

Jen has many bits and bobs for making new ones, plus the binding machine.  
Abi can source extra paper and stuff.

Each pack is £1.70 plus ink - £12 for ten cartridges which does a lot.  
£2.50 each.

Could charge £5 for an extra copy – priced by the tight Scottish man.

BRP – name same for branches. Call it resource pack for projects and campaigns.

### **CONSTITUTION**

Proposed changes to the Medsin-UK constitution and bylaws were discussed and agreed on by the National Committee. These have been compiled and are available on the website.

### **NAME**

Reason – people think they are part of Medsin-UK, but they're not. Katie did not make changes to the name with the charities commission. SGA voted to change it to TMCF pending discussions with the charity commission. However, Abi feels this name is confusing

as charitable foundations by definition give money away, so this may make it more difficult to get grants. Having discussed this with the charity commission, we feel that this is the wrong name for us.

Organisation remains as 'Medsin'. People get confused and think that we are called 'Medsin-UK'. Whatever name we come up with will be a change to the name of the national committee.

Suggested names – IFMSA-MedsinUK, Medsin, (IFMSA-UK)

### **OXFAM**

Recently released a report recognising health as more of an issue – also other basic needs, such as education. Want to know if we want to join in with supporting their aims and initiatives. Abi and Pete going to see what they want us to do and how they want us to work with them. Controversy – Oxfam works with Oxfam –USA which supports private healthcare. Reading the document, seems very pro-public healthcare. Do we want it to be a campaign or an initiative. Would be very beneficial in the long run, e.g. campaigns training etc.

Being launched in Oxfam Leeds – Medsin Leeds have an invite.

Guppi recently been to training – to train young campaigners. She will be working on access to essential services.

Okay to table as a partnership? Sunil would like to read up on it before he agrees.

### **MEETING ADJOURNED**

**RECONVENED ON SUNDAY 10<sup>TH</sup> SEPTEMBER**

### **MEDSIN IS TEN THIS YEAR.**

Ball coordinator has not replied to emails asking if she is still interested.

Ideas:

1. Big Ball
2. Smaller things – all ex-committee members and selected guests
3. Party – could invite everyone to it. Not a really expensive event. In a restaurant, for example.
4. Do it at a conference – invite alumni and externals.

Gerard does not think that we should organise this as a committee as it should impinge on our ability to get work done – need to have a coordinator.

What are we hoping to gain out of this?

- Bring Medsin members together again.
- To celebrate success and mark ten years of Medsin – shows members and externals that Medsin's moving forward – improves image.
- Launch alumni at a very obvious date – alumni = money
- Money-making.

Abi, Gerard, Joel, Gemma, Sunil – definitely want to do this as an event.

Pete and Jen – not really bothered.

May fall into priority of fundraising.

Put it to Qasim as a publicity event that he can help organise?

Do we want a coordinator for the event as well? This depends what we do – really hard to make money on a ball, sit-down dinner would be more profitable.  
Gerard feels that we should invite current members to make them feel included.

Possibility of BMA House?  
660 for room hire for 300 or 100 people.  
Menu from 21 a head.

Pete – still keen on a day-long event at a conference. This is not really feasible because Bristol is too soon and Newcastle is too far from London for externals to come.

Gerard – possibility of associating it with UKAM – opening ceremony for pre-GA with separate meal for VIPs. Can't do it on this night as it's a Wednesday and people won't come after work, doctors won't be able to get days off, etc.

Pete- could do it on the opening ceremony for the actual GA. Little money-making potential in this. May not have as many people coming to Canterbury. Maybe slightly too chaotic.

Are we agreed that we need a coordinator? YES we are.  
Job description – need to provide details of what we want them to do.  
Definitely want to have something more formal. Not necessarily a ball.  
Day-long event – could get someone to do a talk about global health? Could be something that we want to do annually. Grr – Dutch have started organising an alumni conference. Decide that we want to investigate the possibility of this. Get someone from IHMEC who won't be bothered if no one turns up – speakers-wise there would be no problem.

## **ALUMNI**

Nat can't meet Abi because she's too busy – back from Rwanda on the 17th  
Need to make an alumni strategy – do we want to make it for her, get her to make it or meet with her.  
Decide to meet with her.

## **MEMBERSHIP**

How can it be done technically? We want Medsin members to feel more involved in the network as a whole. Sunil has sent out emails with rationale to committee. Membership cards, lancet discount, med bookshops, discounts on conferences and AGA fees.

Someone would need to manage a database for membership and for paying for conferences with discount etc.

If we take an exact plan of what we want it to be, Tom will look at it.  
Abi talked to Tom – he doesn't think it's possible for this year. Do the ground work and do it for next year.

SWG on membership at AGA– policy statement to come out of that to be voted on.

## **PUBLICITY**

## T-SHIRTS

Have to order 100 t-shirts. Need to decide sizes.  
Ask for normal distribution leaned towards small.  
More girls than boys t-shirts.

## WALL CHART

Accidentally made a calendar instead of a wall chart. Calendar was 50p each plus VAT for 400.  
Let's find some sponsorship from MPS, MDU etc.

## PUBLICITY FOR PRIORITIES FOR AGA/CONFERENCE

Qasim is not able to make a leaflet.  
Could put on national committee notice board at AGA with pen for suggestions and info.

## WEBSITE LAUNCH

Slow launch at the moment with people filling stuff in and possibly bigger launch at AGA when there's amazing stuff on it.  
Tom wants us to go through the site so that there's something on every project, campaign and branch before launched tomorrow.

Get people to email their medical schools and let them know what Medsin is and that we have a new awesome amazing beautiful email.

Sunil feels too many emails have gone out to branches recently, but will make an exception because he loves us.

## **CHOOSING THE DELEGATION FOR AUSTRALIA**

We need to be starting to tell people now as flights are very expensive.  
Still have a working group at SWG to change from then on.  
Need to decide how to do it and come up with a points system to go out to.  
Look into getting charity worker tickets on BA.

Don't know how many delegates we can have –minimum of 8.

Going to choose the delegation on the 9<sup>th</sup>.

Deadline -

Get someone to make them anonymous – could figure out the name from the things people write down. Decide not to.

### Points System

Concrete goals on return  
What you've done in the past  
What your plans are for whilst you're at the meeting  
Current position if you have one  
Enthusiasm for international stuff  
Overall well-written application.  
Years left at medical school.

Let's find some way of assessing people's teamability (new word coined by jen).

Gerard thinks that certain national positions should be given more weight – e.g. VPE, campaigns as there are clear roles for them at a GA. Local people should be briefed by national coordinators to be able to answer questions on what's going on at a national level.

Have to stick to points system.

Come up with quotas for different types of people.

List of things that need to be done by Medsin. Of the rest, 20% should be newcomers, old timers... whatever...

People that should go – president, 2 NEOs, VPP, Campaigns, VPE to August, BMA. Not necessarily the people who hold those positions that should go, but people with expertise in that area.

### March Meeting

Global Health people to talk about issues – should be underlying in everyone.

People to take campaigns forward -1.

Someone who knows craic with projects - 1

Someone to sign contracts - 2

President - 1.

BMA for medical education – need to find out about this - 1.

New people to the organisation who have a long shelf-life – 1/3 of what's left

Experienced people - those who haven't been to IFMSA – 1/3 of what's left  
- those who have - 1/3 of what's left

Need a minimum number of points to achieve place and then fit people into categories.

Lots of people will have lots of these things on their applications – argh what do we do. Extra points for VPP and Campaigns, after that, the highest scoring person with projects/campaigns. Fill those positions first.

Put the six positions on the form?

The person needs to know that they are going there to be doing that specific thing.

Space on form for previous Medsin experience.

### Taking OC people as part of delegation.

Cons

Worried about taking away from Medsin by using Medsin places to UKAM and not taking people from the organisation as a whole.

Pro

Is important for them to experience a GA.

They will end up doing stuff to benefit Medsin anyway in the future.

Not saying that we won't take them in principle, just that they will need to write a good application and be able to contribute outside of their UKAM responsibilities.

## **NEW BRANCHES**

Brighton Sussex  
SOAS  
St.Andrews

All coming to AGA.

SOAS and Brighton are both organising launch days – let them know what went well and badly at other launch days.

Project coordinators.

Intro to Medsin

Training

Keele and Bradford – email contact

Preston?

## **NEW PROJECTS**

MedAID

KAOS – Kids action overseas. Has charity status now. Originated separately to SKIP.

Bangzang

## **CONSTITUTION**

Further changes to constitution and bylaws were discussed and compiled and can be found on the website. Those that follow are those that included substantial discussion:

### Discussion about Bylaw 7.2

Wondering whether or not to ask the GA to change mind about the Campaigns Director assisting the VPP in running AB rather than co-chairing as this would imply a hierarchy between projects and campaigns. However, we would look quite silly taking it to GA and asking to change minds. Organise AB meeting and bring back to SGA and use this as platform for wanting to change it or not.

### Discussion about voting system

Do we need to insert a bylaw on voting procedure to include proposing/opposing speeches? We could trial this at the AGA and see how it works and possibly propose it for the SGA.

Sunil feels this is too big an issue for us to be deciding and should involve wider discussion with the network before we make any changes.

Pete – bit strange not to define how we vote in our constitution.

Jen – we already force a system of voting on people as it is not defined in the constitution how we vote, so should we not make our enforced voting rules slightly more democratic.

## **AGA**

### Agenda – topics to be included

National committee report from 05/06

Adoption of minutes from SGA.

Intro to new committee + Q&A  
Tell them about our priorities  
Welcome session  
IFMSA report from am06  
Information-giving session – website, publicity,  
Financial report  
Budget.  
Priority Campaigns presentation and explanation  
Charity Status  
UKAM update  
National Conference presentation  
New campaigns/projects/branches  
BMA slot  
Medact????  
Partner presentation – Oxfam, AMREF, THET, UKPHA  
Voting – Constitution, bylaws, new projects/camps/branches, priority  
campaigns, partners  
Presentations on what members have been up to - choose a few branches. 2 mins per  
project/priority campaigns if they want to.  
Mini-meetings  
Mini-meeting feedback and presentation  
Present method of choosing IFMSA Australia delegation – ask if this is okay for this  
time and have further discussion in mini-meeting for future IFMSA G.As. Not simple  
majority vote.  
Set branch fees.

## Mini-Meetings

- 1-NGOs - perhaps get GH coordinators to run?
- 2- Branch presidents - sunil
- 3- Activities and Branches relationship - sunil
- 4- what could a medsin committee do? - sunil
- 5- GAs - how to run them 3 days instead of 2? - gemma
- 6- campaigns team
- 7-projects team
- 8-patrons - what do we want from them?
- 9-partners - what we want from them and what we give back
- 10- what makes medsin more accessible- increasing participation, membership
- 11 - global health magazine

## 13. Voting

### TRAINING

- 11 – website training – tom
- 12 – communications
- 14. Time and stress management
- 15. Conflict resolution
- 16. Leadership
- 17. Teambuilding
- 18. Meeting techniques
- 19. ?media training?
- 20. ?campaigns training?

### GLOBAL HEALTH MAGAZINE

Gerard and Abi met with Robert and Roehl from the Netherlands.

4,000 printed for 2,650 Euros. For every thousand more, costs an extra 200 Euros. Works out cheaper to buy 15,000 copies (3,700 Euros) than it does to buy 10,000. Gerard had to find out a quote to get them printed in the UK because it's unethical to get them printed in NL and fly them over.

Only company that has got back to Grr:

10,000 copies on good paper £2,429 + VAT (2,800 including)

The issue is – do we want to have a global health magazine? If we do, do we want to start our own one or do it in collaboration with the Dutch. Talked about pros and cons of both parties. We are taking a magazine that they have already designed. They need access to funds and writers – so very keen to get involved. Germans also talked about getting involved – can apply for European-wide grants.

Gemma – if we do it on our own we might struggle for articles, so good to collaborate.

Who will edit? (Sunil) NL currently have editorial board that we could have people sit on.

What's the difference between this and any other magazine out there already? (Sunil)

Gemma – student global health magazine – SBMJ doesn't have much global health content.

Pete – Lancet currently considering making a student magazine with some global health content.

Abi – magazine for our network.

### **Do we print it in this country or the NL?**

Gemma- joint editorial nl and uk then printed separately?

Abi- but then twice price.

Gemma – but transport costs.

Grr.... But produced by “us” so gets more money.

Jen how about overland?

Grrr... I' look at that

Abi we could collect then 3 times a year?

Grr 300 euros, 40KG = 500 copies to one address. (total = 10,000 = 800KG)

Sunil – can I suggest that we are jumping the gun already by discussing the economics already as we haven't decided whether or not we want the magazine.

Abi - can we decide what Medsin wants?

Grr and Gemma – we are financially liable so it's our responsibility.

Abi – Tom says he would like to keep 'What makes us sick' as an insert which is not currently a regular publication.

Jen – student publication linked to Medsin good as it would increase participation and increase our GH work and increase Medsin-GH association in people's eyes.

Sunil – godzillions written already

Jen – not our network though

Sunil - cant beat the big boys. (sBMJ)

Gemma – help get other people into network,

Abi, sunil, gemma - sBMJ – new editor less GH???

Jen, abi – sBMJ not being cooperative

Grr.... Lets max readership, free, advert/sponsorship driven

Majority agreement in principal for this to go ahead in an ideal world.

Student BMA news may better avenue for Medsin to go down for publicity as Lisa is more amenable to cooperation

Pete - Could we have an insert into StudentBMJ three or four times a year.

Abi – would we be surrendering editorial control to SBMJ.

## **REALSITIC BUDGET FOR THE YEAR**

### Realistic Budget for the Year

*Last year –*

Travel costs for speakers for EuRegMe3 - £50

Website fees for two years- £40

Abi AB expenses - £30

Flora has asked for £45 for BRP ingredients

IFMSA fees including exchanges tax– £1500

Publicity – stickers for UKAM07 - £160

T-shirts - £200

£2,025

Income went up 2,000 mainly from GKT.

*This year*

IFMSA fees tax - £1350

Website fees?

Indemnity insurance - £300