REGULATIONS AND BY-LAWS

FOR

THE AUSTRALIAN MEDICAL STUDENTS’ ASSOCIATION LIMITED

ACN 079 544 513
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Section 1  General terms and dictionary

1. Version

1.1 These Regulations and By-Laws became effective on the 13th day of July, 2014.

2. General terms

2.1 General terms specified in Part 7 of the Constitution also apply to these Regulations and By-Laws and their appendices, any Terms of Reference and their appendices, and any other relevant documents:

2.1.1 to an extent which is reasonable; and

2.1.2 where such application is not inconsistent with the document or its meaning.

3. Interpretation

3.1 The interpretation of these Regulations and By-Laws and their appendices, any Terms of Reference and their appendices, and any other relevant documents will be conducted as specified in Part 7 Clause 59 of the Constitution:

3.1.1 to an extent which is reasonable; and

3.1.2 where such application is not inconsistent with the document or its meaning.

4. Referencing

4.1 Unless otherwise specified in the relevant clause, and where ‘X’ represents a variable number (for example, ‘1.’) or series of numbers (for example, ‘1.1’), a reference to a:

4.1.1 ‘Section X’ refers to the specified section in these Regulations and By-Laws;

4.1.2 ‘Section X Clause X’ refers to the specified clause in these Regulations and By-Laws;

4.1.3 ‘Appendix X’ refers to the specified appendix of these Regulations and By-Laws;

4.1.4 ‘Terms X’ refers to the specified Terms of Reference;

4.1.5 ‘Terms X Clause X’ refers to the specified clause in the nominated Terms of Reference;

4.1.6 ‘Terms X Appendix X’ refers to the specified appendix of the nominated Terms of Reference.

4.2 A reference to the Constitution will normally take the form:

4.2.1 ‘Part X’ where it refers to the entire relevant Part in the Constitution;

4.2.2 ‘Part X Clause X’ where it refers to the entire relevant Part and Clause in the Constitution; and
4.2.3 ‘as prescribed in the Constitution’, or another similar phrase, where the relevant clauses are in numerous places throughout the Constitution.

4.3 If a clause includes a reference to a document, this does not limit the effect of any other regulations or points in:

4.3.1 that document; or

4.3.2 any other documents,

which might also affect the relevant clause.

4. Application

4.1 The definitions under this Section 1 will apply to these Regulations and By-Laws and their appendices, any Terms of Reference and their appendices, and any other relevant documents as far as applicable without contravention of the Constitution.

4.2 Additional definitions may be specified in any Terms of Reference and their appendices:

4.2.1 but will only apply to the Terms of Reference and / or appendices in which the additional definitions are specified; and

4.2.2 will not invalidate the Constitution or these Regulations and By-Laws and their appendices.

5. Dictionary

‘AC’ means the AMSA Advisory Council.


‘Advisory Council’ means the AMSA Advisory Council.

‘Affiliate’ means a third-party organisation with which the Company has resolved to affiliate, as prescribed in Section 9.

‘AGH’ refers to AMSA Global Health (referring to the global portfolio, and any AMSA business in the field of global health)

‘AGM’ means an Annual General Meeting.

‘AMA’ means the Australian Medical Association.

‘AMSA’ means The Australian Medical Students’ Association Limited (ACN 079 544 513).

‘AMSA Advisory Council’ means the so-named Committee of the Company, as defined in these Regulations and By-Laws and the relevant Terms of Reference (Terms 3).

‘AMSA Alumni’ means the group administered by the AMSA Alumni Committee, as defined in the relevant Terms of Reference (Terms 4).

‘AMSA Alumni Committee’ means the so-named Committee of the Company, as defined in the Regulations and By-Laws and the relevant Terms of Reference (Terms 4).
‘AMSA Community Cup’ means the perpetual physical trophy that is awarded to the Member that wins the annual Best Community Project by a MedSoc award, as prescribed in Section 18 Clause 4.5.

‘AMSA Delegate’ means a delegate from AMSA to an international event as prescribed in Section 4 Clause 3. It does not refer to a delegate to an AMSA Event.

‘AMSA Global Health’ refers to the global portfolio, and any AMSA business in the field of global health.

‘AMSA Global Health Conference’ means the so-named conference run by the Company in accordance with these Regulations and By-Laws and the relevant Terms of Reference (Terms 2).

‘AMSA Global Health Conference Committee’ means the Directors’ Committee charged with organising the Global Health Conference, as prescribed in the Constitution, these Regulations and By-Laws and the relevant Terms of Reference (Terms 2).

‘AMSA Global Health Conference Committee Elect’ refers to the team charged with organising the next Global Health Conference, from the time that they are ratified by the Members to the time that they become members of the Directors’ Committee. This is also defined and further prescribed in the relevant Terms of Reference (Terms 2).

‘AMSA Global Health Committee’ means the so-named Committee of the Company, as defined in these Regulations and By-Laws and the relevant Terms of Reference, and refers to both the AGH Management Team and AGH Council.

‘AMSA Global Health Committee Chair’ means the Chair of the AMSA Global Health Committee, appointed as prescribed in the relevant Terms of Reference (Terms 5).

‘AMSA History Committee’ means the so-named Committee of the Company, as defined in these Regulations and By-Laws and the relevant Terms of Reference (Terms 6).

‘AMSA International Students’ Network’ means the so-named Committee of the Company, as defined in these Regulations and By-Laws and the relevant Terms of Reference (Terms 6).

‘AMSA Intern and Residents’ Guide’ means the so-named publication produced by the Company.

‘AMSA National Convention’ means the so-named Convention run by the Company in accordance with these Regulations and By-Laws and the relevant Terms of Reference (Terms 1).

‘AMSA National Convention Committee’ means the Directors’ Committee charged with organising the National Convention, as prescribed in the Constitution, these Regulations and By-Laws and the relevant Terms of Reference (Terms 1).

‘AMSA National Convention Committee Elect’ refers to the team charged with organising the next National Convention, from the time that they are ratified by the Members to the time that they become members of the Directors’ Committee. This is also defined and further prescribed in the relevant Terms of Reference (Terms 1).

‘AMSA National Leadership Development Seminar’ means the so-named seminar run by the Company in accordance with these Regulations and By-Laws.
‘AMSA Representative Pack’ means a hardcopy or electronic pack of resources distributed to Representatives at a First Council Meeting.

‘AMSA Subcommittee’ means a subcommittee of a Member that is convened to promote the Objects of AMSA, in the manner determined by the Member.

‘AMSA Surgical Interest Network’ means the Committee of the Company, as defined in these Regulations and By-Laws and the relevant Terms of Reference (Terms 9).

‘AMSA Training Committee’ means the so-named Committee of the Company, as defined in these Regulations and By-Laws and the relevant Terms of Reference (Terms 8).

‘AMSA Vampire Cup’ means the perpetual physical trophy that is awarded to the Member that wins the National Blood Donation Program, as prescribed in Section 18 Clause 4.6.

‘Annual General Meeting’ means the annual general meeting of the Company held in accordance with the Corporations Act 2001 (Cth), the Constitution and these Regulations and By-Laws. Where reference is otherwise made in these Regulations and By-Laws and their appendices to the Annual General Meeting of the AMSA Global Health Network or any other body, this does not mean the annual general meeting of the Company.

‘AsMSA’ means the Asian Medical Students’ Association.

‘AsMSA Regional Co-ordinator’ means the so-named officer appointed as prescribed in the relevant Terms of Reference (Terms 5).

‘AsMSC’ means the Asian Medical Students’ Conference.

‘Association’ means The Australian Medical Students’ Association Limited (ACN 079 544 513).

‘Auditor’ is as defined in Part 8 Clause 60.3 of the Constitution.

‘Bid Document’ means the application of a Bid Team as prescribed in Section 7 Clause 7.

‘Bid Team’ is as defined in Part 8 Clause 60.4 of the Constitution and further prescribed in these Regulations and By-Laws.

‘blood donation’ means the donation of whole blood or blood product at a nationally certified and recognised Blood Donation Centre or Mobile Blood Donation Centre.

‘Board’ is as defined in Part 8 Clause 60.5 of the Constitution.

‘calendar year’ means a year from 1 January to 31 December. In other documents of the Company it may synonymously be referred to as an ‘Association Year’.

‘CGC’ means the AMSA Corporate Governance Committee.

‘Chief Delegate’ means a Chief Delegate to the Asian Medical Students’ Conference that is appointed in accordance with these Regulations and By-Laws and any other relevant documents. A Chief Delegate is an AMSA Delegate.

‘Committee’ means a committee of the Company that is established as prescribed in Section 11, except where such meaning clearly contravenes the purpose or meaning of the relevant clause(s).
Australian Medical Students’ Association: Regulations and By-Laws - General terms and dictionary

ACN 079 544 513

‘Company’ means The Australian Medical Students’ Association Limited (ACN 079 544 513).

‘Company Secretary’ means the Company Secretary as prescribed in Part 5 Clause 43 of the Constitution.

‘Comprehensive Public Policy Compilation’ means a Compilation which may or may not exist, which would contain all of the current public policy of AMSA, as pursuant to Section 12 Clause 3.

‘Constitution’ means the Constitution of The Australian Medical Students’ Association Limited (ACN 079 544 513).

‘Convention Bid Team’ refers to the team appointed by the Executive to organise the National Convention, who are yet to be ratified by the Members. This is also defined and further prescribed in the relevant Terms of Reference (Terms 1).

‘Corporate Governance Committee’ means the AMSA Corporate Governance Committee.

‘Council’ means the Representatives and presidents of the Members for the time being.

‘Council Meeting’ is as defined in Part 8 Clause 60.10 of the Constitution.

‘Councillors’ means the Representatives and presidents of Members for the time being.

‘Director’ is as defined in Part 8 Clause 60.11 the Constitution.

‘Directors’ is as defined in Part 8 Clause 60.12 of the Constitution.

‘Directors’ Committee’ is as defined in Part 5 Clause 48 of the Constitution and further prescribed in these Regulations and By-Laws.

‘Embolus’ or ‘embolus’ means the monthly e-newsletter of the Company.

‘Events’ means any events run by the Company including the National Convention, Global Health Conference, National Leadership Development Seminar, National Rural Leadership Development Seminar and Life in the Real World Seminar.

‘Executive’ means the voluntary management team of the Company as prescribed in Part 8 Clause 60.13 of the Constitution and further prescribed in these Regulations and By-Laws. In some sections of these Regulations and By-Laws and in some Terms of Reference, the prefix ‘AMSA’ is included before ‘Executive’ to differentiate this team from another executive of another group or third party.

‘Executive Meeting’ means a meeting of the Executive held in accordance with these Regulations and By-Laws.

‘Executive Position Descriptions’ means Appendix 2, which outlines the duties of each member of the Executive.

‘First Council Meeting’ means the First Council Meeting held in accordance with the Corporations Act 2001 (Cth), the Constitution and these Regulations and By-Laws.
‘General Delegate’ means a General Delegate to the Asian Medical Students’ Conference that is appointed in accordance with these Regulations and By-Laws and any other relevant documents. A General Delegate is an AMSA Delegate.

‘General Meeting’ is as defined in Part 8 Clause 60.15 of the Constitution.

‘GHC’ means the AMSA Global Health Conference.


‘Global Health Conference Bid Team’ refers to the team appointed by the Executive to organise the Global Health Conference, who are yet to be ratified by the Members. This is also defined and further prescribed in the relevant Terms of Reference (Terms 2).

‘Global Health Conference Convenor’ means the convenor of the Global Health Conference, appointed as prescribed in the relevant Terms of Reference (Terms 2).

‘GPSN’ means the General Practice Student Network.

‘Guest’ means an attendee at a Council Meeting as prescribed in Section 1 Clause 7.

‘Guidelines for AMSA Event Registration and Attendance’ means a document that may or may not exist, which would outline the process whereby delegates to Events should be registered and admitted to attend. It will not contravene or invalidate the Constitution or these Regulations and By-Laws.

‘Guidelines for Finance Operations’ means a document that may or may not exist, which would outline the processes whereby the Company is to administer its finances. This is as pursuant to Section 12 Clause 1.1.2.

‘Honorary Life Member’ means a person recognised as such by the Members, pursuant to Section 16 Clause 2. An Honorary Life Member is not a Member of the Company.

‘Immediate Past President’ means the person on the previous Executive who was appointed as the president; it is synonymous with the ‘Past President’ as defined in Part 8 Clause 60.24 of the Constitution.

‘Indigenous health service’ means an Indigenous health service as recognised by the National Australian Council of Community Controlled Health Organisations.

‘Initiatives’ means any initiatives run by the Company including the Get-A-GP Campaign and National Blood Donation Program.

‘International Students’ Network’ means the AMSA International Students’ Network.

‘IRG’ means the AMSA Intern and Residents’ Guide.

‘ISN’ means the AMSA International Students’ Network.

‘JFPP’ means the John Flynn Placement Program run by the Australian College of Rural and Remote Medicine.

‘IFMSA’ means the International Federation of Medical Student Associations.

‘Medical Graduate’ means any person who holds a medical degree from a university located in Australia.

‘Medical Student’ is as defined in Part 8 Clause 60.17 of the Constitution.

‘MedSoc’ is as defined in Part 8 Clause 60.18 of the Constitution.

‘Member’ is as defined in Part 3 of the Constitution.

‘Members’ Special Resolution’ is as defined in Part 8 Clause 60.20 of the Constitution.

‘NBDP’ means the National Blood Drive Program run by the Company.

‘National Convention’ means the AMSA National Convention.

‘National Convention Convenor’ means the convenor of the National Convention, appointed as prescribed in the relevant Terms of Reference (Terms 1).

‘National Co-ordinator’ means the national co-ordinator of AMSA, who is member of the Executive, further defined in Appendix 2 Clause 5.

‘NLDS’ means the AMSA National Leadership Development Seminar.

‘NRHSN’ means the National Rural Health Students’ Network.

‘Observer’ means an attendee at a Council Meeting as prescribed in Section 2 Clause 6.

‘Official Documents’ or ‘official documents’ means the Constitution, these Regulations and By-Laws and their appendices, all Terms of Reference and their appendices, and any other relevant documents published by the Company.

‘Panacea’ means the official magazine of the Company as prescribed in Section 15.

‘President’ means the president of AMSA, appointed in accordance with the Constitution and these Regulations and By-Laws.

‘Publications’ means the publications produced by the Company as prescribed in Section 15.

‘RDAA’ means the Rural Doctors Association of Australia.

‘Representative’ is as defined in Part 3 Clause 12 of the Constitution.

‘Regional centre’ means a centre that is not the Capital City of an Australian State or Territory. Canberra is considered a regional centre.

‘Regulations and By-Laws’ means this document.

‘Rural health setting’ means a health setting in a location with a Remoteness Area Classification of 3 or higher.

‘Second Council Meeting’ means the Second Council Meeting held in accordance with the Corporations Act 2001 (Cth), the Constitution and these Regulations and By-Laws.
‘Secretary’ means the Company Secretary, where such an interpretation does not contravene the meaning of the relevant clause. In some sections of these Regulations and By-Laws and in some Terms of Reference, the prefix ‘Company’ is included before ‘Secretary’ to differentiate this person from the secretary of the relevant Directors’ Committee or Committee.

‘Sponsorship Officers’ means the sponsorship officers of AMSA, who are members of the Executive, where such an interpretation does not contravene the meaning of the relevant clause. In some sections of these Regulations and By-Laws and in some Terms of Reference, the prefix ‘AMSA’ is included before ‘Sponsorship Officers’ to differentiate these persons from the Sponsorship Officers of the relevant Directors’ Committee or Committee.

‘Strategic Plan’ means a document which may or may not exist, which would outline the strategic priorities of the Company in pursuing its Objects.

‘Surgical Interest Network’ means the AMSA Surgical Interest Network.

‘SurgIN’ means the AMSA Surgical Interest Network.

‘Terms’ means Terms of Reference for Directors’ Committees, Committees or other groups, where such an interpretation is appropriate.

‘Terms of Reference’ means a set of rules for the governance of a Directors’ Committee, Committee or other group as the case may be.

‘Third Council Meeting’ means the Third Council Meeting held in accordance with the Corporations Act 2001 (Cth), the Constitution and these Regulations and By-Laws.

‘Treasurer’ means the treasurer of AMSA, who is a member of the Executive, where such an interpretation does not contravene the meaning of the relevant clause. In some sections of these Regulations and By-Laws and in some Terms of Reference, the prefix ‘AMSA’ is included before ‘Treasurer’ to differentiate this person from the treasurer of the relevant Directors’ Committee or Committee.

‘Website’ means the website of AMSA. The Uniform Resource Locator for the home page is currently: http://www.amsa.org.au.

‘Year Level’ means the academic year of a Medical Student in their medical course.
Section 2  Council Meetings

1. Council Meetings
   
   1.1 There should be three (3) Council Meetings in each calendar year.
      
      1.1.1 The First Council Meeting must be held before 31 May (as pursuant to Part 8 Clause 60.14 of the Constitution).
      
      1.1.2 The Second Council Meeting should be held in conjunction with the National Convention (as pursuant to Part 8 Clause 60.32 of the Constitution);
      
      1.1.3 The Third Council Meeting must be held between 1 September and 30 November (as pursuant to Part 8 Clause 60.35 of the Constitution).

2. Annual General Meeting
   
   2.1 The Annual General Meeting should be held in conjunction with the First Council Meeting of the calendar year, where possible.
      
   n.b the Annual General Meeting must be held by 31 May, as pursuant to the Corporations Act 2001 (Cth).

3. Standing Orders
   
   3.1 Any Standing Orders or other rules of order adopted by Council for use at Council meetings shall have the full effect of these Regulations and By-Laws, and be used at all meetings of the Company unless expressly indicated.

4. Chair
   
   4.1 As pursuant to Part 4 Clause 18.1 of the Constitution, where the Members present at a General Meeting may elect a chair:
      
      4.1.1 this will be by simple majority vote; and
      
      4.1.2 the elected chair:
          
          4.1.2.1 may be independent of the Company; and
          
          4.1.2.2 need not be a Director, member of the Executive or Representative.

   4.2 The Directors may propose a person to be considered by the Members for election as the chair of a General Meeting, as pursuant to Section 2 Clause 4.1.

5. Minutes
   
   5.1 Minutes of Annual General Meetings and General Meetings will be produced with adequate time for review by the Members before the next General Meeting.
      
      5.1.1 Minutes of Annual General Meetings and General Meetings must be produced not more than thirty (30) days after the relevant meeting, pursuant to Section 251A of the Corporations Act 2001 (Cth).
5.2 Excluding circulation amongst Councillors for the purposes of review, minutes will only be published after being accepted by the Members as a true and accurate record of the relevant meeting, and signed by the chair of the relevant meeting as such.

6. Observers

6.1 A Member can nominate one (1) Observer to attend a Council Meeting.

6.2 In addition to Section 1 Clause 6.1, the following persons may attend a Council Meeting as Observers:

6.2.1 the members of the Executive that are not Directors;

**n.b** the members of the Executive that are also Directors will attend all General Meetings in the latter capacity.

6.2.2 employees of AMSA;

**n.b** where an employee is also the Company Secretary, the rights and requirements for attendance at General Meetings associated with the latter capacity will supersede those associated with their employment.

6.2.3 the next convenor of the National Convention;

**n.b** the National Convention Convenor is a Director and will attend all General Meetings in that capacity.

6.2.4 the next convenor of the Global Health Conference;

**n.b** the Global Health Conference Convenor is a Director and will attend all General Meetings in that capacity.

6.2.5 the Global Health Committee Chair;

6.2.6 the National Exchange Officer of the International Federation of Medical Student Associations;

6.2.7 the Regional Co-ordinator of the Asian Medical Students’ Association;

6.2.8 the chair of the General Practice Students’ Network;

6.2.9 the chairs of the Medical Students’ Councils; and

6.2.10 any other person(s) nominated by the Directors.

6.3 The chair can request that an Observer leave the Council Meeting provided the removal of the Observer does not prohibit them from executing an instrument of proxy.

6.4 At a Council Meeting an Observer can:

6.4.1 speak; and

6.4.2 move and second motions.
6.5 An Observer cannot vote at a Council Meeting unless otherwise authorised by an instrument of proxy, as pursuant to Part 3 Clauses 23 to 25 of the Constitution.

6.6 An Observer will be charged for their attendance at a Council Meeting; this fee will:

6.6.1 not be applied to the persons listed in Section 2 Clauses 6.2.1 to 6.2.5;
6.6.2 be applied to the persons attending under Section 2 Clause 6.2.10 at the discretion of the Directors;
6.6.3 reasonably reflect the total cost of their attendance;
6.6.4 be determined by the Executive;
6.6.5 be broadcast by the National Co-ordinator not less than thirty (30) days before the relevant Council Meeting; and
6.6.6 be paid by the Observer prior to the commencement of that Council meeting.

7. Guests

7.1 The attendance of a Guest at a Council Meeting is at the discretion of the Directors.

7.1.1 The Directors may delegate authority for the administration of the admittance of Guests to a Council Meeting to:

7.1.1.1 the Company Secretary; or
7.1.1.2 the Executive.

7.2 The chair can request that a Guest leave the Council Meeting provided the removal of the Guest does not prohibit them from executing an instrument of proxy.

7.3 A Member can apply for one (1) or more Guests to attend a Council Meeting.

7.4 An application for one (1) or more Guests to attend a Council Meeting will be submitted:

7.4.1 by the relevant Representative after approval from their MedSoc;
7.4.2 to the appointed administrative entity (as pursuant to Section 2 Clause 7.1);
7.4.3 not less than thirty (30) days before the relevant Council Meeting; and
7.4.4 with completed versions of any other forms pertaining to attendance at the relevant Council Meeting.

7.5 An application for one (1) or more Guests will state the:

7.5.1 name of the Guest(s);
7.5.2 contact details of the Guest(s);
7.5.3 Council Meetings previously attended by the Guest(s); and
7.5.4 capacity in which the Guest(s) previously attended all Council Meetings listed under Section 2 Clause 7.5.3.
7.6 An application for two (2) or more Guests will rank the persons in the order in which the Member wishes them to be considered for attendance.

7.7 An application for one (1) or more Guests that does not comply with Section 2 Clauses 7.4 to 7.6 can be disregarded by the appointed administrative entity (as pursuant to Section 2 Clause 7.1).

7.8 Unless otherwise instructed by the Directors, the appointed administrative entity (as pursuant to Section 2 Clause 7.1) will endeavour to:

7.8.1 allow as many Guests to attend Council Meetings as is logistically and financially reasonable; and

7.8.2 ensure that all applications for Guests are considered equitably.

7.9 At a Council Meeting a Guest can speak at the discretion of the chair.

7.10 At a Council Meeting a Guest cannot:

7.10.1 move or second motions; or

7.10.2 vote unless otherwise authorised by an instrument of proxy, as pursuant to Part 3 Clauses 23 to 25 of the Constitution.

7.11 A Guest will be charged for their attendance at a Council Meeting; this fee will:

7.11.1 reasonably reflect the total cost of their attendance;

7.11.2 be determined by the appointed administrative body (as pursuant to Section 2 Clause 7.1);

7.11.3 be broadcast by the National Coordinator not less than thirty (30) days before the relevant Council Meeting; and

7.11.4 be paid by the Guest prior to the commencement of that Council meeting.
1. Appointment of Representatives

1.1 A Member is responsible for the appointment of its Representative.

1.2 The Representative of a Member is a natural person authorised by that MedSoc to exercise all or any of its powers as a Member of the Company, pursuant to Part 3 Clause 12 of the Constitution and Section 250D of the Corporations Act 2001 (Cth).

1.3 Regarding Representatives, it is recommended that:

1.3.1 the position is made open to all members of the MedSoc;
1.3.2 they are selected via a democratic and informed process;
1.3.3 preference is given to students more advanced in their course;
1.3.4 they sit on the executive of the MedSoc;
1.3.5 they do not hold another position on the executive of the MedSoc;
1.3.6 they are elected in the calendar year before they take office;
1.3.7 their term of office extends for one (1) year;
1.3.8 they inform potential successors of the nature of their role before the beginning of the selection process; and
1.3.9 they provide an effective handover to their successor.

1.4 If a Member changes its Representative, it must notify the Company Secretary in writing within fourteen (14) days.

2. Duties

2.1 A Representative should:

2.1.1 be the primary liaison between AMSA and members of their MedSoc; this includes:

2.1.1.1 regularly liaising with the National Co-ordinator;
2.1.1.2 completing tasks set by the Executive in a timely manner;
2.1.1.3 promoting AMSA and its Events and Initiatives via diverse media;
2.1.1.4 distributing Publications;
2.1.1.5 attending the National Convention; and
2.1.1.6 organising the delegation from their university to the National Convention; this includes:
2.1.1.6.1 completing and submitting requisite forms and other requests for information in a timely manner;

2.1.1.6.2 co-ordinating delegate involvement in events at the National Convention;

2.1.1.6.3 liaising with the Executive and AMSA National Convention Committee as required.

2.1.1.7 assisting and providing information to Directors’ Committees and Committees, when required.

2.1.2 engage members of their MedSoc in the advocacy and representative processes undertaken by AMSA; this includes:

2.1.2.1 promoting and facilitating interest and involvement in medico-political issues that are important to AMSA;

2.1.2.2 disseminating the agenda and relevant pre-reading for General Meetings amongst their MedSoc (or AMSA Subcommittee if appropriate);

2.1.2.3 actively consulting their MedSoc (or AMSA Subcommittee if appropriate) on matters to be tabled at Council Meetings;

2.1.2.4 being bound by any resolutions of their MedSoc (or AMSA Subcommittee if appropriate) regarding matters to be tabled at Council Meetings;

2.1.2.5 following the policies of their MedSoc for motions tabled without notice at Council Meetings; and

2.1.2.6 providing their MedSoc with a balanced and detailed report of each Council Meeting.

2.1.3 provide AMSA with information, including:

2.1.3.1 their personal address and contact details;

2.1.3.2 a detailed report for each Council Meeting regarding the activity of their MedSoc and other relevant issues:

2.1.3.2.1 at a time determined by the Executive.

2.1.3.3 a report for each edition of Panacea regarding the activity of their MedSoc and other relevant issues:

2.1.3.3.1 if requested by the Publications Officer;

2.1.3.3.2 at a time determined by the Executive.

2.1.3.4 the list of office bearers in their MedSoc;

2.1.3.5 the Constitution of their MedSoc; and
2.1.3.6 information regarding their Dean and Faculty.

2.1.4 liaise with their Australian Medical Association (AMA) State Branch; this includes:

2.1.4.1 obtaining observer status at one (1) or more AMA State Branch council meetings to facilitate communication between AMSA and the relevant AMA State Branch; and

2.1.4.2 informing the Executive of any relevant information arising from such meetings.

2.1.5 adhere to the AMSA Branding Document and any other guidelines that pertain to the external promotion of AMSA.
Section 4  Delegates to external organisations

1. Delegate behaviour

1.1 All delegates described in this Section 4 must, when representing AMSA, behave in a manner that:

1.1.1 is appropriate;
1.1.2 is not offensive to other delegates, the organisers or the general public;
1.1.3 does not bring disrepute unto the Company;
1.1.4 is acceptable to the venue(s); and
1.1.5 does not breach any laws.

2. Delegates to domestic events

2.1 The Executive may appoint a delegate to represent AMSA at a domestic event of an external organisation.

2.2 A delegate will:

2.2.1 represent AMSA at the relevant international event;
2.2.2 adhere to the policies and resolutions of AMSA;
2.2.3 be the liaison between AMSA and the relevant external organisation;
2.2.4 prepare reports on the activities of the relevant external organisation; and
2.2.5 provide the relevant external organisation with information on the activities of AMSA.

3. Delegates to international events

3.1 The Executive will determine if a Medical Student should be appointed to attend an international event as an AMSA Delegate, unless:

3.1.1 there is significant expenditure involved, in which case the Directors will determine if a Medical Student should be appointed to attend an international event as an AMSA Delegate.

3.2 Any Medical Student is eligible to apply to be an AMSA Delegate.

3.3 The Executive will administer the application process to be an AMSA Delegate; this includes:

3.3.1 calling for applications:

3.3.1.1 through the Representatives and any other means; and
3.3.1.2 not less than thirty (30) days before the deadline for submission of the applications, where possible.
3.3.2 accepting late applications, if deemed appropriate;
3.3.3 informing applicants of the outcome of their applications; and
3.3.4 providing information to successful applicants about the requirements and expectations for the event they are to attend.

3.4 An application to be an AMSA Delegate must be in the form specified by the Executive and include:

3.4.1 the name, contact details, MedSoc and Year Level of the applicant;
3.4.2 a statement of previous experience in student affairs, with special reference to experience in AMSA activities;
3.4.3 a statement explaining why they can best represent AMSA at the relevant international event;
3.4.4 the signature of the applicant and the president of their MedSoc; and
3.4.5 any other information, as determined by the Executive.

3.5 The selection of an AMSA Delegate is at the discretion of the Executive.

3.6 An AMSA Delegate may raise funds for their attendance at the relevant international event, provided:

3.6.1 they liaise with the Treasurer to ensure that AMSA receives and keeps account of the funds; and
3.6.2 any funds not required by the AMSA Delegate are retained by AMSA and:
   3.6.2.1 made available to future AMSA Delegates; or
   3.6.2.2 applied for similar purposes, as determined by the Executive.

3.7 An AMSA Delegate must:

3.7.1 represent AMSA at the relevant international event;
3.7.2 adhere to the policies and resolutions of AMSA;
3.7.3 present a report from the President to the international event;
3.7.4 present other reports to other bodies as determined by the Executive; and
3.7.5 report to the Executive on the international event not more than thirty (30) days after its completion.
   3.7.5.1 The Executive must circulate this report to Members not more than fourteen (14) days after its receipt.

4. Asian Medical Students’ Association

4.1 Asian Medical Students’ Conference (AsMSC)
4.1.1 The Directors will have the ultimate discretion as to the financial costs incurred by the Company in sending an AMSA delegation to the AsMSC.

4.1.2 A Medical Student attending the AsMSC is a delegate from AMSA and must therefore comply with the regulations it prescribes.

4.1.3 The Asian Medical Students’ Association (AsMSA) Regional Co-ordinator is responsible for advertising the AsMSC; this includes:

4.1.3.1 providing the Executive with appropriate advertising material;

4.1.3.2 liaising with the Executive so that the Representatives, Website and Publications can be utilised for advertisement;

4.1.3.3 initiating advertisement before the Third Council Meeting in the year preceding the relevant AsMSC; and

4.1.3.4 calling for applications for the Chief Delegate and General Delegates before the Third Council Meeting in the year preceding the relevant AsMSC.

4.1.4 The AsMSA Regional Co-ordinator and the Executive are responsible for administering the application process for the AsMSC.

4.1.5 An application to attend the AsMSC must be in the form specified by the AsMSA Regional Co-ordinator and the Executive and include:

4.1.5.1 the name, contact details, MedSoc and Year Level of the applicant;

4.1.5.2 a statement explaining why they should attend the AsMSC;

4.1.5.3 a curriculum vitae;

4.1.5.4 two (2) personal references; and

4.1.5.5 any other information, as determined by the AsMSA Regional Co-ordinator and the Executive.

4.1.6 The AsMSA Regional Co-ordinator and the Executive are responsible for the selection of delegates to the AsMSC; they will take into account:

4.1.6.1 relevant experience;

4.1.6.2 demonstration of interest in the relevant topic;

4.1.6.3 medical student representative experience; and

4.1.6.4 personal references, where candidates are otherwise of equal merit.

4.1.7 A delegation to the AsMSC that is held outside of Australia will include:

4.1.7.1 a maximum of twenty (20) delegates in total;

4.1.7.2 a maximum of ten (10) General Delegates;
4.1.7.3 a maximum of two (2) Chief Delegates.

4.1.7.4 a number of members of the executive of the AsMSA; and

4.1.7.5 a number of the members of the Executive.

4.1.8 Notwithstanding Section 4 Clause 4.1.6, a delegation to an AsMSC held in Australia may exceed twenty (20) delegates:

4.1.8.1 The AsMSA Regional Co-ordinator and the Executive will determine the size of a delegation to an AsMSC held in Australia.
Section 5  Appointments to the Board

1. Returning Officer

   1.1 Where possible, the Returning Officer will be the Company Secretary.

2. Appointments to the Board

   2.1 The Members must appoint two (2) or three (3) persons to be Directors:

      2.1.1 from a field of candidates which apply and present in the manner prescribed by
           the Executive;
      2.1.2 at each First Council Meeting and each Third Council Meeting;
      2.1.3 for terms set out in the Constitution; and
      2.1.4 by a procedure detailed in Appendix 2 which should:

           2.1.4.1 involve an optional preferential system;
           2.1.4.2 enable votes to be cast by secret ballot; and
           2.1.4.3 be fair and equitable.

3. Vacancies of the Board

   In the instance that a position on the Board is unfilled or vacated, the remaining Directors will
   appoint a person to fill the casual vacancy as per the Constitution.
1. **Power of the Directors**

1.1 The Directors hold the ultimate power within the Company, as pursuant to Part 5 Clause 30 of the Constitution.

**n.b** the ultimate power of the Directors does not extend to public policy objectives, which are the prerogative of the Members as pursuant to Part 3 Clause 5.1 of the Constitution and Section 13 Clause 1.
1. **Executive as management**

   1.1 The Executive will be the voluntary management for AMSA; as such it will:

   1.1.1 organise and execute the activities of the Company on a day-to-day basis;

   1.1.2 adhere to the resolutions of the Directors;

   1.1.3 adhere to a budget determined by the Directors; and

   1.1.4 actively pursue the strategic objectives set by the Directors.

2. **Power of the Directors supersedes that of the Executive**

   2.1 The Directors hold the ultimate power within the Company, as pursuant to Part 5 Clause 30 of the Constitution; as such they may:

   2.1.1 direct the Executive in the manner that they deem appropriate; and

   2.1.2 choose to overrule the Executive on any matter, even where the matter is nominally delegated to the Executive within these Regulations and By-Laws or in any other Official Documents.

   n.b the ultimate power of the Directors does not extend to public policy objectives, which are the prerogative of the Members as pursuant to Part 3 Clause 5.1 of the Constitution and Section 13 Clause 1.

3. **General duties**

   3.1 The Executive must fulfil the following duties for AMSA, in accordance with the directions of the Directors and any relevant Official Documents:

   3.1.1 pursue the public policy objectives; this includes:

   3.1.1.1 planning and executing external representation and advocacy;

   3.1.1.2 amongst other objectives, specifically advocating on:

   3.1.1.2.1 rural and Indigenous health issues; and

   3.1.1.2.2 global health issues.

   3.1.1.3 developing and maintaining effective relationships with:

   3.1.1.3.1 relevant external organisations; and

   3.1.1.3.2 media outlets.

   3.1.1.4 generating a consistent and effective media output.

   3.1.2 co-ordinate maintenance of the Official Documents;
3.1.3 plan and execute General Meetings including all necessary liaison, documentation and logistics;

3.1.4 develop, execute and meet sponsorship agreements;

3.1.5 administer and adhere to a budget prescribed by the Directors;

3.1.6 assist in the maintenance of appropriate financial administrative practices within the Directors’ Committees, Committees and other groups.

3.1.6.1 This may be further prescribed in the Guidelines for Finance Operations, if they exist.

3.1.7 co-ordinate and facilitate the function of Directors’ Committees, Committees and other groups;

3.1.8 provide the Directors with an effective and efficient mechanism for disseminating information to the Representatives, Directors’ Committees, Committees and other groups;

3.1.9 be the primary liaison between the Representatives, Directors’ Committees, Committees and other groups;

3.1.10 actively attract and engage Medical Students in all relevant aspects of the Company;

3.1.11 plan, produce and distribute Publications; and

3.1.12 plan and execute certain Events, including the:

3.1.12.1 National Leadership Development Seminar.

3.2 Where relevant, all members of the Executive must:

3.2.1 represent AMSA at any meetings or on any committees deemed appropriate;

3.2.2 be available for the duration of the National Convention and Global Health Conference to:

3.2.2.1 represent and promote AMSA; and

3.2.2.2 assist in the organisation of the events.

3.2.3 write a report for Publications and meetings; and

3.2.4 perform any other tasks required of the Executive in the Constitution, these Regulations and By-Laws or any other relevant documentation.

4. Financial benefit

4.1 Except in accordance with any Regulations or By-Laws regarding payment of honoraria, members of the Executive will not financially benefit from their role.

4.2 Any monies received by members of the Executive through their role are the unbudgeted income of AMSA and must be surrendered to the Company.
5. **Non-financial benefit**

5.1 Members of the Executive will not accept non-financial benefits offered from third parties, unless:

5.1.1 the offer of a non-financial benefit is reported to the Directors; and

5.1.2 the Directors consent to the receipt of the non-financial benefit.

6. **Executive Meetings**

6.1 The Executive will meet on a regular basis for the discharge of its duties.

6.1.1 Weekly Executive Meetings are appropriate.

6.1.2 The President should inform the Directors when an Executive Meeting:

6.1.2.1 fails to obtain quorum; or

6.1.2.2 is not held within a period exceeding thirty (30) days.

6.2 The procedure for Executive Meetings will be governed by the provisions of the Constitution which deal with Directors’ Meetings so far as they are:

6.2.1 applicable; and

6.2.2 not inconsistent with:

6.2.2.1 other clauses in the Constitution which address the Executive;

6.2.2.2 these Regulations and By-Laws; and

6.2.2.3 any directions of the Directors.

6.3 The Executive will elect one of its members to chair an Executive Meeting.

6.3.1 It is customary for one member of the Executive to consistently chair Executive Meetings.

6.3.2 It is customary for the member of the Executive referred to in Section 7 Clause 6.3, or another member of the Executive, to consistently collate, prepare and distribute documents for Executive Meetings.

6.4 Minutes from each Executive Meeting must be:

6.4.1 produced in accordance with the Constitution as it applies to Directors’ Meetings; and

6.4.2 submitted to the Directors and Company Secretary not more than fourteen (14) days following the relevant meeting.

6.5 The Executive must provide any additional information regarding their activities to the Directors not more than fourteen (14) days after such a request is made.
7. Election of the next Executive

7.1 The Company Secretary will be the returning officer for the election of the Executive.

7.2 The next Executive will be elected:

7.2.1 from amongst a number of Bid Teams;

7.2.2 at the Second Council Meeting in the year before they take office;

7.2.3 by a procedure detailed in Appendix 2 which should:

7.2.3.1 involve an optional preferential system;

7.2.3.2 enable votes to be cast by secret ballot; and

7.2.3.3 be fair and equitable.

7.2.4 by a vote cast after the presentation(s) and question session(s) for all Bid Teams conducted as prescribed in Section 7 Clause 7.6; and

7.2.5 for a term beginning at the start of the calendar year ending at the completion of the calendar year during which they hold office.

7.3 The Executive will publish an application process for the next Executive:

7.3.1 not less than ninety (90) days before the Second Council Meeting;

7.3.2 not in contravention of the Constitution or these Regulations and By-Laws; and

7.3.3 through an advertisement distributed by the Representatives and placed on the Website, which includes information on the role of the Executive.

7.4 A Bid Team must consist of:

7.4.1 not less than eight (8) members; and

7.4.2 proposed portfolios and any necessary Executive Position Descriptions that will ensure the ongoing fulfilment of the duties prescribed in Section 7 Clause 3.1.

7.5 A Bid Document must be produced by a Bid Team and:

7.5.1 will include the following for each candidate:

7.5.1.1 short policy statement; and

7.5.1.2 curriculum vitae.

7.5.2 will include the following:

7.5.2.1 a letter from the presidential candidate to the President;

7.5.2.2 confirmation of office space for the next year if the Bid Team is elected as the next Executive;
7.5.2.2.1 The office space must not pose a conflict of interest to the organisation.

7.5.2.3 a letter from the Company Secretary acknowledging that they have been consulted by the Bid Team;

7.5.2.4 one (1) letter of support from each university at which a member of the Bid Team studies; and

7.5.2.5 altered Executive Position Descriptions, where one (1) or more candidate(s) in the Bid Team will fulfil new or different duties from those specified in the existing Executive Position Descriptions (Appendix 2);

7.5.2.5.1 Altered Executive Position Descriptions specified in a Bid Document will automatically supersede the existing Executive Position Descriptions after election of that Bid Team, effective at the next Annual General Meeting.

7.5.3 need not include additional letters of support; this is:

7.5.3.1 at the discretion of the Bid Team; but

7.5.3.2 unnecessary and generally discouraged.

7.5.4 must be submitted to the Executive not less than forty (40) days before the Second Council Meeting;

7.5.4.1 in electronic form in Portable Document Format to an email address specified by the Executive.

7.5.4.1.1 to be uploaded to the Website and the Uniform Resource locator to be sent to the Members:

7.5.4.1.1.1 within one (1) week of the close of applications.

7.5.5 This is need not be submitted in hardcopy form:

7.5.5.1 At the discretion of the Bid Team, but printing hardcopies is considered unnecessary and generally discouraged.

7.5.5.2 If the Bid Team resolves to print a hardcopy version of the Bid Document, fifty (50) copies must be posted to an address nominated by the Executive.

7.5.5.3 Hardcopy Bid Documents will be posted to Members by the Executive within one (1) week of the close of applications.

7.5.5.4 A Bid Team will be invoiced for the cost of posting its hardcopy Bid Documents to the Members.

7.6 A Bid Team will deliver one (1) or more presentations and answer one (1) or more sets of questions at the Second Council Meeting; these sessions will:

7.6.1 be of the length and form prescribed by the Executive;
7.6.2 involve the presidential candidate; and
7.6.3 provide the Members with the capacity to make an informed decision.

8. Appointing additional members of the Executive

8.1 The Directors may appoint an additional member of the Executive:

8.1.1 by a simple majority vote conducted by secret ballot; and
8.1.2 in accordance with the Constitution, these Regulations and By-Laws and any other relevant documents.

8.2 In appointing an additional member to the Executive as pursuant to Section 7 Clause 8.1, it is suggested that the Directors consider:

8.2.1 actively consult the Executive; and
8.2.2 consider the dynamics of the Executive as a voluntary management team for the Company.

9. Vacation of office

9.1 A member of the Executive is deemed to vacate their position if they:

9.1.1 are prohibited from acting as a member of the Executive by law;
9.1.2 resign by notice in writing to the Directors;

9.1.2.1 A member of the Executive who resigns in writing should do so in a way that takes into account the requirements and timeframes of AMSA, particularly with consideration of the appointment of a replacement.
9.1.3 are removed by a Members’ Special Resolution; or
9.1.4 are absent from Executive Meetings for more than ninety (90) days without the permission of the Executive.

10. Appointing members of the next Executive to the Board

10.1 The next Executive must appoint two (2) of its members to be Directors:

10.1.1 and disclose their names to Members prior to their election at Second Council;
10.1.2 for a term commencing at the Annual General Meeting after their election and ending at the following Annual General Meeting; and
10.1.3 by a procedure detailed in Appendix 2 which should:

10.1.3.1 involve an optional preferential system;
10.1.3.2 enable votes to be cast by secret ballot; and
10.1.3.3 be fair and equitable.
1. **Employment of personnel**

1.1 The Directors are responsible for the employment of personnel by the Company.

1.2 The Directors may employ the number of personnel they deem appropriate.

1.3 The Directors must develop and maintain thorough regulations and guidelines for the employment of personnel.

1.4 Employment of personnel is at the discretion of the Directors; the Directors must:

   1.4.1 adhere to any existing Company regulations and guidelines regarding the employment of personnel; and

   1.4.2 consider and appropriately address any conflicts of interest present or foreseeable in the employment of personnel.

1.5 A legal contract must be negotiated between the Company and any employee, where deemed appropriate by the Directors.

1.6 The Directors may establish committees or other groups to manage all matters pertaining to the employment of personnel by the Company; this includes:

   1.6.1 managing the performance and terms of employment of employees.

1.7 Committees or other groups established under Section 8 Clause 1.6:

   1.7.1 may include Directors and members of the Executive;

   1.7.2 may include other persons selected by the Directors;

   1.7.3 must report regularly to the Directors; and

   1.7.4 must adhere to the same requirements in relation to the employment of personnel as those placed on the Directors by these Regulations and By-Laws and any relevant Company regulations and guidelines, as pursuant to Section 8 Clauses 1.3 and 1.4.
Section 9  Affiliates

1. General

1.1 Any external organisation or committee may be considered an affiliated body of AMSA, as deemed appropriate by the Members.

1.2 A memorandum of understanding should be drafted between AMSA and the Affiliate where necessary.

1.3 The Affiliates of AMSA include the:

- 1.3.1 Australian Indigenous Doctors’ Association;
- 1.3.2 Australian Medical Association;
- 1.3.3 Australian Medical Council;
- 1.3.4 General Practice Students’ Network;
- 1.3.5 Medical Deans of Australia and New Zealand;
- 1.3.6 National Rural Health Students’ Network;
- 1.3.7 New Zealand Medical Students’ Association.

2. International Federation of Medical Student Associations

2.1 AMSA may be a member organisation of the International Federation of Medical Student Associations (IFMSA).

2.1.1 Financial contributions may be made, at the discretion of the Directors, to ensure the continuation of the membership of AMSA.

2.2 The Directors may resolve that AMSA should contribute to standing committees within the IFMSA.

2.2.1 Current standing committees within the IFMSA include:

- 2.2.1.1 Human Rights and Peace;
- 2.2.1.2 Medical Education;
- 2.2.1.3 Professional Exchange;
- 2.2.1.4 Public Health;
- 2.2.1.5 Reproductive Health and AIDS.

2.3 The Directors and Executive should encourage an AMSA presence at all IFMSA conferences; this includes addressing the following:
2.3.1 application processes for attendance at IFMSA conferences should be promoted to Medical Students by the Executive and Representatives with appropriate time for applications to be submitted;

2.3.2 financial support may be offered, at the discretion of the Directors;

2.3.3 additional sponsorship may be sought by AMSA or the individual delegate.

3. Asian Medical Students’ Association

3.1 The AsMSA Regional Co-ordinator will be responsible for:

3.1.1 liaising with the AsMSA on behalf of AMSA;

3.1.2 co-ordinating, promoting and organising the AMSA delegation to the AsMSC; and

3.1.3 liaising with the Global Health Officer to select the delegation for the AsMSC.

3.2 The AsMSA Regional Coordinator is ex-officio member of the AGH Management Team and will be elected as prescribed in the relevant Terms of Reference (Terms 5).

4. Medical Students’ Council or Medical Student Council

4.1 A ‘Medical Students’ Council’ or ‘Medical Student Council’ or ‘MSC’ will be considered an affiliated body of AMSA, on the condition that the organisation is:

4.1.1 recognised by Members as a state-wide representative organisation for Medical Students studying at a Medical School or Clinical School based in that state of Australia; and

4.1.2 registered in Australia.

4.2 Council will recognise only one (1) MSC per state:

4.2.1 Should there exist more than one such organisation in a state claiming recognition as an MSC, Council will recognise the organisation comprising the greater number of Members.

4.3 A memorandum of understanding will be drafted between AMSA and each recognised MSC, without obligation.
Section 10  Directors’ Committees

1. **Directors’ Committees**

1.1 Directors’ Committees may be established in accordance with the Constitution.

1.2 Existing Directors’ Committees include the:

1.2.1 AMSA National Convention Committee (Terms 1);

1.2.2 AMSA Global Health Conference Committee (Terms 2).

1.3 Only a Medical Student may be a member of a Directors’ Committee or any of its subordinate groups.

1.4 Directors’ Committees must adhere to their Terms of Reference.

1.4.1 Terms of Reference for Directors’ Committees must be approved by:

1.4.1.1 the Directors;

1.4.1.2 the Members; and

1.4.1.3 any additional bodies specified in the relevant Terms of Reference.

1.5 The procedure for meetings of a Directors’ Committee will be governed by the provisions of the Constitution which deal with Directors’ Meetings so far as they are:

1.5.1 applicable; and

1.5.2 not inconsistent with:

1.5.2.1 these Regulations and By-Laws; and

1.5.2.2 any directions of the Directors.

1.6 A Directors’ Committee will be chaired by a Director who is a member of that Directors’ Committee, unless:

1.6.1 that Director is not present within ten (10) minutes after the time appointed for commencement of the meeting;

1.6.2 that Director is unwilling or unable to act; or

1.6.3 the Directors’ Committee appoints a different chair, as pursuant to Section 10 Clause 1.7.

1.7 A Directors’ Committee may appoint a chair from amongst its number:

1.7.1 that is not a Director who is a member of the Directors’ Committee;

1.7.2 by simple majority vote.
1.8 Minutes from each meeting of a Directors’ Committee must be produced in accordance with Part 5 Clause 41 of the Constitution and submitted to the Directors not more than fourteen (14) days following the relevant meeting.

1.9 A member of a Directors’ Committee is deemed to vacate their position if they:

1.9.1 are prohibited from acting as a member of the Directors’ Committee by law;

1.9.2 resign by notice in writing to the Directors;

1.9.2.1 A member of a Directors’ Committee who resigns in writing should do so in a way that takes into account the requirements and timeframes of AMSA, particularly with consideration of the appointment of a replacement.

1.9.3 are removed by the Directors; or

1.9.4 are absent from meetings of the Directors’ Committee for more than ninety (90) days without the permission of the Directors’ Committee.

1.10 The Directors must notify Members of any motion to dissolve a Directors’ Committee not less than ninety (90) days before such a motion is moved at a Directors’ meeting.

1.11 Any disputes which arise in the course of the activities of a Directors’ Committee will be dealt with according to the AMSA Dispute Resolution Guidelines, if they exist.

2. Directors’ Committee finances

2.1 A Directors’ Committee must adhere to the Guidelines for Finance Operations, if they exist.

2.2 A Directors’ Committee, and in particular the treasurer of a Directors’ Committee, will work with the Treasurer to ensure that the Directors’ Committee:

2.2.1 adheres to their allocated budget; and

2.2.2 regularly measures its actual financial performance and improved forecasts against its allocated budget (budget-to-actual reports).

2.3 A Directors’ Committee will not incur any greater expense than their allocated budget without prior approval from the Directors.

2.4 A Directors’ Committee must not seek sponsorship without prior approval by the Executive, in particular the AMSA Sponsorship Officers.

2.5 Any Directors’ Committee funds, assets or liabilities not residing with the Company will be returned to the Company:

2.5.1 not more than thirty (30) days after a request of the Directors; or otherwise

2.5.2 not more than thirty (30) days after the dissolution of the Directors’ Committee.

2.6 The operating income and expenditure of the Directors’ Committee will be presented to:
2.6.1 the Treasurer not less than fourteen (14) days before the Second and Third Council Meetings; and

2.6.2 once approved by the Treasurer, the Members at the Second and Third Council Meetings.
Section 11 Committees

1. Committees

1.1 A Committee may be established by the mutual agreement of the Directors and Members.

1.2 Only a Medical Student or Medical Graduate may be a member of a Committee or any of its subordinate groups.

1.3 A Committee must have Terms of Reference.

1.3.1 Terms of Reference for Committees must be approved by:

1.3.1.1 the Directors;

1.3.1.2 the Members; and

1.3.1.3 any additional bodies specified in the relevant Terms of Reference.

1.3.2 The process of appointment of the Committee must be outlined in the Terms of Reference of that Committee.

1.3.3 A Committee may specify the number and procedure of its meetings in its Terms of Reference.

1.3.3.1 Where a Committee fails to specify the number and procedure of its meetings as in Section 11 Clause 1.3.3, the provisions of the Constitution which deal with Directors’ Meetings will apply so far as they are:

1.3.3.1.1 applicable; and

1.3.3.1.2 not inconsistent with:

1.3.3.1.2.1 these Regulations and By-Laws; and

1.3.3.1.2.2 any directions of the Directors.

1.4 A Committee is accountable to the Directors, the Executive and the Members as defined in its Terms of Reference.

1.4.1 The reporting requirements of the Committee are to be determined by the Directors.

1.5 A Committee may establish subcommittees to carry out specific tasks which fall within the Terms of Reference of that Committee.

1.6 A Committee may be established where there is a need to:

1.6.1 increase scope of consultation or research;

1.6.2 perform tasks or administer services of the Company; or

1.6.3 provide opportunities for further Medical Student involvement in AMSA.
1.7 The current Committees of AMSA include the AMSA:

1.7.1 Advisory Council (Terms 3);
1.7.2 Alumni Committee (Terms 4);
1.7.3 Global Health Committee (Terms 5);
1.7.4 History Committee (Terms 6);
1.7.5 International Students’ Network (Terms 7);
1.7.6 National Training Committee (Terms 8); and
1.7.7 Surgical Interest Network (Terms 9).

1.8 A Committee may be dissolved when the Directors and the Members resolve to do so.

1.9 Any disputes which arise in the course of the activities of the Committee will be dealt with according to the AMSA Dispute Resolution Guidelines, if they exist.

2. Other groups

2.1 The Directors and Members may establish other subordinate groups, where deemed appropriate.

2.2 These subordinate groups should be governed by appropriate guidelines or provisions in the Official Documents.

2.3 The establishment of these subordinate groups must not conflict with the Official Documents.

2.4 Only a Medical Student or Medical Graduate may be a member of a subordinate group.

3. Committee finances

3.1 A Committee must adhere to the Guidelines for Finance Operations, if they exist.

3.2 A Committee, and in particular any treasurer of a Committee, will work with the Treasurer to ensure that the Committee:

   3.2.1 adheres to their allocated budget; and
   3.2.2 regularly measures its actual financial performance and improved forecasts against its allocated budget (budget-to-actual reports).

3.3 A Committee will not incur any greater expense than their allocated budget without prior approval from the Directors.

3.4 A Committee must not seek sponsorship without prior approval by the Executive, in particular the AMSA Sponsorship Officers.

3.5 Any Committee funds, assets or liabilities not residing with the Company will be returned to the Company:
3.5.1 not more than thirty (30) days after a request of the Directors; or otherwise

3.5.2 not more than thirty (30) days after the dissolution of the Committee.

3.6 The operating income and expenditure of the Committee will be presented to:

3.6.1 the Treasurer not less than fourteen (14) days before the Second and Third Council Meetings; and

3.6.2 once approved by the Treasurer, the Members at the Second and Third Council Meetings.
1. Operating systems

1.1 The Treasurer, in conjunction with the Directors, will:

1.1.1 determine the system by which the funds of the Company will be administered.

1.1.2 publish Guidelines for Finance Operations, which will thoroughly outline the system prescribed under Section 12 Clause 1.1.1.

n.b in pursuing Section 12 Clause 1, the Treasurer and the Directors must take into consideration any arrangements negotiated with the AMA.

2. Affiliation fees

2.1 The Members will determine the affiliation fees payable by each Member, as pursuant to Part 3 Clause 6.1.1 (a) of the Constitution.

2.2 Determination of affiliation fees will occur at the First Council Meeting each year.

2.3 Affiliation fees will be payable by the Second Council Meeting each year.

2.4 Affiliation fees will be calculated as follows:

2.4.1 the first four hundred (400) Medical Students at the location(s) considered to be represented by the Member will incur a cost of $1.00 per student;

2.4.2 the next four hundred (400) Medical Students at the location(s) will incur a cost of $0.80 per student;

2.4.3 the next two hundred (200) Medical Students at the location(s) will incur a cost of $0.60 per student; and

2.4.4 any additional Medical Students at the location(s) will incur a cost of $0.50 per student.

2.5 The calculation of affiliation fees as pursuant to Section 12 Clause 2.4 is current as at the publishing of these Regulations and By-Laws, and the Treasurer may make annual adjustments to account for changes in the Australian Consumer Price Index without the necessity of changing this Section 12 Clause 2.4.

3. Honoraria

3.1 The payment of honoraria was introduced to AMSA with the following preamble:

‘The growth of AMSA as the peak representative body for the promotion of Medical Students’ issues has meant that individuals who undertake positions on the Executive must dedicate a significant amount of time and energy to dutifully carry out their roles. An honorarium is paid for the provision of a service, which is nominally free. Honoraria from AMSA allow benevolent payments to be made to members of the Executive in good faith. Honoraria should only be granted under exceptional circumstances that result in significant benefit to AMSA. The aim of providing the honoraria is to allow the Executive
to effectively concentrate their time on their role and to offset the opportunity cost of devoting so much time to the cause of AMSA. The decision by the Members to provide a member of the Executive with an honorarium should not be taken lightly. It is imperative that the Members should be aware of the current and projected financial situation for AMSA, and of any competing projects for the said funding.

3.2 Applications

3.2.1 Any Director or member of the Executive may apply for an honorarium with due reason.

3.2.1.1 Honoraria requested by a member of the Executive should ideally be applied for as an addendum to the Bid Document of the respective Bid Team.

3.2.2 Applications will detail the following:

3.2.2.1 the amount requested;

3.2.2.2 a summary of the proposed achievements an honorarium will facilitate;

3.2.2.3 the period of time that the applicant will fulfil their role, taking into account official handover, holidays and other commitments that will draw them from their role;

3.2.2.4 the extent to which provision of no honorarium will impact their proposed initiatives; and

3.2.2.5 any special features that will characterise their commitments to AMSA during their time of office, or that have determined their proposed amount.

3.2.3 The intention to apply for an honorarium will be made known to the Directors not less than thirty five (35) days prior to the Council Meeting at which the application is to be considered.

3.2.3.1 The Directors will provide an estimate of the upper limit of honoraria that could feasibly be provided in the next calendar year.

3.2.3.1.1 This estimate will be sent to Members, and any Bid Teams if appropriate, not less than fourteen (14) days before the relevant Council Meeting.

3.3 Late Applications

3.3.1 Late applications for an honorarium may be made at a Council Meeting during the term of office of the respective member of the Executive or Director.

3.3.1.1 Circumstances warranting a late application may include:

3.3.1.1.1 an alteration in the time available to the applicant to commit to their role;

3.3.1.1.2 a change in the financial situation of the applicant that will impact their ability to perform their role; or
3.3.1.1.3 a new proposal not included in the Bid Document that will require an honorarium for its completion.

3.3.2 Late applications will detail the following:

3.3.2.1 the items outlined under Section 12 Clause 3.2.2; and

3.3.2.2 an explanation of why the application was not made according to Section 12 Clause 3.2.3.

3.3.3 Honoraria will not be retrospectively paid for duties already performed.

3.4 Re-applications

3.4.1 Applicants may review rejected applications and re-apply at subsequent Council Meetings.

3.4.2 Any re-application will take into account the reduced time to which it applies.

3.5 Decision of Members

3.5.1 The application for an honorarium will be decided through a secret ballot for a normal resolution of Members.

3.5.2 Where relevant, the consideration of an application for an honorarium will be separate from and will follow:

3.5.2.1 the election of the Executive; or

3.5.2.2 appointment of any Director.

3.5.3 The following factors are to be taken into consideration of an application for an honorarium:

3.5.3.1 the benefits to AMSA which otherwise would be unavailable;

3.5.3.2 the commitment of the applicant;

3.5.3.3 the financial costs to AMSA; and

3.5.3.4 the period that the applicant intends to maintain their commitment.

3.6 Payment

3.6.1 Honoraria in any one (1) calendar year will not exceed the cumulative total of $30,000.00.

3.6.2 Any one (1) individual will not be granted more than $15,000.00 in one (1) calendar year.

3.6.3 The amounts specified in Section 12 Clauses 3.6.1 and 3.6.2 must be reviewed by Members at least every three (3) years.

3.6.3.1 Any review should occur at a First Council Meeting.

3.6.4 Honoraria will be paid in regular monthly instalments.
3.6.4.1 Each monthly instalment will equal the total value of the honorarium divided by the number of months for which the recipient will fulfil their role.

3.7 Confirmation of honoraria

3.7.1 Active honoraria will be confirmed at each Council Meeting by a secret ballot for a normal resolution of Members.

3.7.2 Each recipient of an honorarium will ensure their portfolio report addresses the requirements added by their honorarium.

3.7.3 Confirmation of an honorarium will be based on the performance of the recipient.

3.7.4 Honoraria that fail to be confirmed will be cancelled immediately.

3.7.4.1 The Director or member of the Executive subject to the cancellation of an honorarium may re-apply at the next Council Meeting.

3.7.5 Honoraria may not be retrospectively revoked such that recipients are required to re-pay AMSA.
Section 13  Policy

1. **Power of Members over public policy**

   1.1 The Members have power over the public policy objectives of AMSA, as pursuant to the Part 3 Clause 5.1 of the Constitution; this power:

      1.1.1 is to the exclusion of the Directors;

      n.b excepting public policy objectives, the Directors otherwise hold the ultimate power within the Company, as pursuant to Part 5 Clause 30 of the Constitution.

      1.1.2 includes determining the:

         1.1.2.1 issues that AMSA focuses its public policy on; and

         1.1.2.2 specific wording of any public policy espoused by AMSA.

2. **Formulation and review**

   2.1 AMSA will formulate and review public policies pertaining to its activities and advocacy.

      2.1.1 New or revised policy must be passed by a normal resolution of Members, as pursuant to Section 13 Clause 1.

3. **Comprehensive compilation**

   3.1 The public policies of AMSA will be compiled into a Comprehensive Public Policy Compilation; this compilation will be:

      3.1.1 constantly updated with any changes to the public policy of AMSA; and

      3.1.2 circulated to:

         3.1.2.1 Members;

         3.1.2.2 Directors;

         3.1.2.3 the Executive; and

         3.1.2.4 other bodies, where deemed appropriate by the Executive.

4. **Effect**

   4.1 Directors, members of the Executive, Directors’ Committees, Committees and other Office Bearers will pursue the public policies of AMSA in their activities.
Section 14  Events

1. Attendance

1.1 Attendance at Events will be governed by the relevant Terms and Conditions and any other Official Documents.

1.2 The event convenor with the Directors can bar or eject an Attendee from any Event with no refund of registration fees.

1.2.1 The Directors, or the relevant Directors’ Committee or Committee, can bar an individual from an Event on the basis of the behaviour of that individual at a previous Event:

1.2.1.1 The individual will be notified in writing not less than thirty (30) days prior to the opening of registration; and

1.2.1.2 Any individual barred under Section 14 Clause 1.2.1 will have a right to appeal to the Members no later than seven (7) days after the letter is deemed to have been received:

1.2.1.2.1 An appeal must be:

1.2.1.2.1.1 submitted in written form;

1.2.1.2.1.2 addressed to the Directors.

1.2.1.2.2 Upon receipt of an appeal, the Directors must:

1.2.1.2.2.1 notify the Members;

1.2.1.2.2.2 convene an appropriate review by the Members:

1.2.1.2.2.2.1 via teleconference; or

1.2.1.2.2.2.2 electronically.

1.2.1.2.3 The decision of the Members is final.

1.2.1.2.4 The individual will be informed of the final decision of the Members no later than two (2) days prior to the opening of registration of the Event.

1.2.2 An individual may be barred from:

1.2.2.1 a single;

1.2.2.2 multiple; or

1.2.2.3 all future Events.

1.3 The process by which an Attendee may be barred or ejected from any Event is subject to change at the discretion of the Directors.
1.3.1 Any change must be defined by the Directors not less than fourteen (14) days prior to commencement of the Event.

2. Non-Medical Student attendance at AMSA events

2.1 Only Medical Students will be permitted to attend Events.

2.2 Notwithstanding Section 14 Clause 2.1, a person that is not a Medical Student may attend an Event where the person:

2.2.1 is directly or indirectly employed by the Company to perform duties at the Event;

2.2.2 is acting as a ‘Welfare Officer’ or another similar role at the Event, at the request of the Company;

2.2.3 has otherwise been invited by AMSA to perform duties at the Event, such as to speak or hold a workshop.

2.3 Notwithstanding Section 14 Clauses 2.1 and 2.2, a person that is not a Medical Student may attend certain Events if:

2.3.1 the Event is specifically designed to include individuals that are not Medical Students; and

2.3.2 the Executive has approved the attendance of individuals that are not Medical Students at the Event.

3. Alcohol policy

3.1 Events should be organised in a way which discourages dangerous levels of alcohol consumption.

3.2 At all Events where alcohol is to be consumed:

3.2.1 non-alcoholic beverages must be cheaper and as readily available as alcoholic beverages;

3.2.2 reasonable quantities of food and free water must be readily available;

3.2.3 alcoholic beverages should be provided in quantities which enable ‘standard drinks’ to be easily calculated, so attendees can monitor their alcohol intake;

3.2.4 organisers should consider known co-morbid factors associated with alcohol consumption such as drink-driving and unsafe sex, and should consider methods of preventing these.

3.3 As far as possible, Events should not be structured such that attendees who do not wish to drink alcohol subsidise the cost of alcohol for other attendees.

4. Smoking policy

4.1 At Events:

4.1.1 smoking is banned;
4.1.2 tobacco advertising and vending facilities should not be present;

4.1.3 adequate ventilation must be ensured.

4.2 Promotional material for Events will state that smoking is banned.

5. Illicit drug policy

5.1 Persons proved to be intoxicated with, or in possession of, an illicit drug will be removed from the Event, with no refund.

5.2 Delegates to Events will be prospectively informed that possession or use of illicit drugs will result in removal from the Event.

6. AMSA National Convention

6.1 The AMSA National Convention will be held annually in the mid-year Australian Vice Chancellors’ Committee (AVCC) Common Week except by a resolution of the Members.

6.2 From 2011 the National Convention location will rotate annually in the following sequence: Sydney, Perth, Regional (as defined in Section 1 of these Regulations and By-Laws), Adelaide, Melbourne, Brisbane, Hobart.

6.3 Applications to host the AMSA National Convention will follow the process as detailed in the Terms of Reference for the AMSA National Convention Committee (Terms 1).

6.4 Organisation of the AMSA National Convention will be the responsibility of the AMSA National Convention Committee as detailed in the Terms of Reference for the AMSA National Convention Committee (Terms 1).

7. AMSA Global Health Conference

7.1 From 2012, the AMSA Global Health Conference will be held annually in September at the time mutually beneficial for the greatest number of Members except by a resolution of the Members.

7.2 From 2013 the Global Health Conference location will rotate annually in the following sequence: Hobart, Sydney, Perth, Regional (as defined in Section 1 of these Regulations and By-Laws), Adelaide, Melbourne, Brisbane.

7.3 Applications to host the AMSA Global Health Conference will follow the process as detailed in the Terms of Reference for the AMSA Global Health Conference Committee (Terms 2).

7.4 Organisation of the AMSA Global Health Conference will be the responsibility of the AMSA Global Health Conference Committee as detailed in the Terms of Reference for the AMSA Global Health Conference Committee (Terms 2).

8. National Leadership Development Seminar
8.1 The National Leadership Development Seminar will be held annually in Canberra at a time
determined by the Executive.

8.2 Organisation of the National Leadership Development Seminar will be the responsibility of
the Executive.

9. Terms and Conditions

9.1 Unless otherwise stated in these Regulations and By-Laws, the individual responsible for
organising an event has the authority to change the Terms and Conditions for that event.

9.1.1 The Board must approve any changes to any Terms and Conditions.
Section 15  Publications

1. Panacea

1.1 The official magazine of AMSA will be ‘Panacea’.
1.2 There will be at least two (2) editions of Panacea each calendar year.
1.3 The Executive, and in particular the Publications Officer, will be responsible for all aspects of Panacea.
1.4 Panacea will include:
   1.4.1 news of the activities of AMSA;
   1.4.2 reports from members of the Executive and Officers;
   1.4.3 contributions from other individuals;
   1.4.4 news from Members; and
   1.4.5 reports on AMSA awards.
1.5 The Publications Officer will have the prerogative to formulate editorial policy, subject to the advice of Members.
1.6 Panacea will be distributed to:
   1.6.1 Medical Students;
   1.6.2 all presidents and publications officers of Members;
   1.6.3 all sponsors of AMSA; and
   1.6.4 other interested bodies, where deemed appropriate by the Executive.

2. Intern and Residents’ Guide

2.1 The Executive may choose to publish the Intern and Residents’ Guide (IRG) if it is deemed to be of benefit to Medical Students by Members.
2.2 The Intern and Residents’ Guide will provide information for final year Medical Students, Interns and Residents about every public hospital in Australia, for the purposes of assisting them in their decision regarding which hospital to work at.
2.3 The Intern and Residents’ Guide will be researched and compiled by the Executive.
2.4 The Intern and Residents’ Guide will be published by the Publications Officer.

3. Other Publications

3.1 Other publications may be produced by AMSA at the discretion of the Directors or Executive.
1. **AMSA Rural Elective Bursary and Indigenous Elective Bursary**

1.1 The AMSA Rural Elective Bursary and Indigenous Elective Bursary will be offered annually.

   _n.b_ the AMSA Rural Elective Bursary and Indigenous Elective Bursary will also be referred to as ‘the bursaries’ for this Section 16 Clause 1

1.2 Funding for the bursaries is to be provided by AMSA.

1.3 The number and value of the bursaries is to be determined by the Executive.

1.4 Responsibility for the administration of these bursaries will lie with the Rural and Indigenous Officer.

1.5 Notification of the bursaries will be broadly distributed not less than ninety (90) days before the closing date for applications and will detail the:

   1.5.1 closing date for applications; and

   1.5.2 date of announcement of the awards.

1.6 All Medical Students are eligible to apply.

1.7 Notwithstanding Section 16 Clause 1.6, the following persons are ineligible to apply:

   1.7.1 the Directors;

   1.7.2 the members of the Executive;

   1.7.3 individuals within the John Flynn Placement Program (JFPP);

   1.7.4 individuals that are not members of their local Rural Health Club, if such a club exists; and

   1.7.5 previous recipients of the AMSA Rural Elective Bursary and Indigenous Elective Bursary.

1.8 Elective placements must be for a minimum of four (4) weeks:

   1.8.1 Notwithstanding Section 16 Clause 1.8, if the compulsory elective period in the course of study is less than four (4) weeks, the elective may be shorter than four (4) weeks but must be for the entire compulsory elective period.

1.9 Electives must occur between 1 July of the year that the bursary is offered and 30 June of the following year.

1.10 Electives must be undertaken in a rural health setting or with an Indigenous health service provider within Australia.
1.11 Electives conducted with an Indigenous health service cannot be in the city of origin of the student or the city in which they are studying.

1.12 Applications must include the following information about the applicant:

1.12.1 full name;
1.12.2 date of birth;
1.12.3 address for correspondence;
1.12.4 telephone number;
1.12.5 university;
1.12.6 Year Level;
1.12.7 elective location;
1.12.8 dates of elective;
1.12.9 other scholarships received (including JFPP);
1.12.10 membership status of a Rural Health Club;
1.12.11 an essay on a topic with relevance to rural and/or Indigenous health, as determined by the Executive;
1.12.12 aspects of their elective the funding will be used to support; and
1.12.13 signed declaration that the details in the application are correct and that the student agrees to the conditions of the bursary.

1.13 Late applications will not be accepted.

1.14 Applications will be judged in the following manner:

1.14.1 Four (4) judges will be appointed as follows:

1.14.1.1 one (1) member of the Executive;
1.14.1.2 one (1) member of the NRHSN Council;
1.14.1.3 one (1) representative from the Rural Doctors Association of Australia (RDAA); and
1.14.1.4 one (1) representative from Australian College of Rural and Remote Medicine (ACRRM).

1.14.2 Applications will be judged on the following criteria:

1.14.2.1 quality of the essay;
1.14.2.2 awareness of rural and/or Indigenous health issues; and
1.14.2.3 length of the elective.
1.14.3 The Company Secretary, or their appointee, will de-identify all applications before they are given to the judges.

1.14.4 Judges will give each application a score out of twenty (20) based on the criteria stipulated in Section 16 Clause 1.14.2.

1.14.5 The cumulative scores of the judges will be used to rank the applicants.

1.14.6 In the event of a tied result, a fifth impartial judge from the Executive will rank tied applicants to determine the recipient(s).

1.15 An amount between $250 and $1000 will be awarded to each recipient of the bursary.

1.16 Recipients will be notified by the Rural and Indigenous Officer and forwarded the conditions of the bursary.

1.17 Recipients will be announced in the next editions of Panacea and Embolus.

1.18 Recipients must provide confirmation of their elective details and signed consent of their supervisor.

1.19 Following receipt of confirmation as in Section 16 Clause 1.17, AMSA will mail a cheque for $1,000.00 to the recipient.

1.20 The conditions of the bursary are as follows:

   1.20.1 the recipient will write a brief report on their elective to be included in Panacea;

   1.20.2 the recipient will write a brief report on the multi-disciplinary aspects of their elective;

   1.20.3 if the recipient does not undertake an elective as detailed in Section 16 Clauses 1.8 to 1.10 the student must refund any monies received from AMSA;

   1.20.4 the Executive may determine to withhold any part of a bursary until the applicant has fulfilled reporting requirements that may from time to time be determined by the Executive; and

   1.20.5 incorrect information knowingly provided in the applications will render the application ineligible and any monies awarded will be refunded.

2. AMSA Honorary Life Membership

2.1 To be eligible for nomination as an Honorary Life Member of AMSA, an individual must satisfy the following criteria:

   2.1.1 demonstrate consistent and outstanding services rendered to AMSA and/or any of its Committees, Directors' Committees and/or affiliated organisations;

   2.1.2 be, or have been, a Medical Student; and

   2.1.3 not have brought AMSA or any of its Directors' Committees, Committees or affiliated organisations into disrepute.

2.2 Nominations for Honorary Life Membership must adhere to the following rules:
2.2.1 a Representative may nominate any eligible person as an Honorary Life Member of AMSA;

2.2.2 the nomination must be accompanied by a letter of recommendation from the Member of the nominating Representative, signed by the president of the Member;

2.2.3 the nomination must be accompanied by a letter of approval from the Member of the nominee, signed by the president of the Member;

2.2.4 nominations must be received by the Executive not less than thirty five (35) days before the Council Meeting at which the nomination will be considered.

2.3 The consideration of nominations will occur at the First Council Meeting of each calendar year.

2.4 Nominations must be approved by a special resolution of Members.

2.5 It is not mandatory that Honorary Life Membership be awarded each year.

2.6 Honorary Life Members of AMSA will be recognised as follows:

2.6.1 an Honorary Life Member may attend Council Meetings as an Observer;

2.6.1.1 subject to the logistical limitations of the venue; and

2.6.1.2 in deference to observers who are attending to perform operational activities.

2.6.2 a full list of Honorary Life Members will be published on the AMSA website;

2.6.3 a full list of Honorary Life Members will be located on an Honour Board at the AMSA National Office;

2.6.4 a full list of Honorary Life Members will be published in the program of the National Convention:

2.6.5 new Honorary Life Members will receive a gift in recognition of their service to AMSA:

2.6.5.1 the gift should be presented at the National Convention;

2.6.5.2 if the Honorary Life Member cannot attend the National Convention, the award will be announced in their absence and a letter of congratulation signed by the President on behalf of the Members will accompany the gift send to the Honorary Life Member.

n.b Honorary Life Members are not Members of the Company.

2.7 Members have the right to remove the title of Honorary Life Membership by a special resolution if the individual is found to contradict Section 16 Clause 2.1.

3. AMSA National Teaching Award

3.1 There will be an AMSA National Teaching Award.
n.b the AMSA National Teaching Award will also be referred to as ‘the Award’ for this Section 16 Clause 3.

3.2 The AMSA National Teaching Award exists to promote excellence in medical education through recognition of an individual deemed to have made a very significant contribution to medical education in Australia.

3.3 The Executive will be responsible for the administration of the Award.

3.4 Only one (1) nomination will be accepted per Member.

3.5 Any Medical Student, on the approval of their MedSoc, will have the power to nominate any eligible person for the AMSA National Teaching Award provided that:

3.5.1 the MedSoc is a Member.

3.6 No Medical Student is eligible to be nominated for the Award.

3.7 Nominations for the Award will open on the final day of the First Council Meeting in any given year.

3.8 Nominations for the Award will close twenty one (21) days prior to the commencement of the Second Council Meeting in any given year.

3.9 The information required for nominations in any given year will be determined by the Executive, but must always include the:

3.9.1 full name of the nominee;
3.9.2 contact details of the nominee;
3.9.3 signed consent of the nominee to be nominated for the Award;
3.9.4 contact details of the nominator;
3.9.5 application, submitted as a Word document (.doc / .docx) of not more than five hundred (500) words outlining the achievements of the nominee and their virtues as a candidate for this award; and
3.9.6 signed letter of endorsement from the president of the nominating Member, as per the template provided on the AMSA website (www.amsa.org.au).

3.10 The name and university of nominees will be de-identified for the consideration of the Executive and Members as outlined in Section 16 Clauses 3.11 and 3.12 respectively.

3.11 The Executive will create a shortlist of five (5) nominees for the consideration of Members based on the:

3.11.1 extent of the contribution by the nominee; and
3.11.2 innovation of the nominee.

3.12 Members will consider the shortlist of five (5) nominees at the Second Council Meeting of the given year based on the criteria outlined in Section 16 Clause 3.11.
3.1.1 Voting will be by a procedure detailed in Appendix 2 which should:

3.1.1.1 involve an optional preferential system;

3.1.1.2 enable votes to be cast by secret ballot; and

3.1.1.3 be fair and equitable.

3.13 The recipient of the Award will receive:

3.13.1 a plaque recognising the contribution of the recipient to medical education;

3.13.2 a cash prize of not more than $500.00, as determined by the Executive; and

3.13.3 their name and receipt of the Award published on the AMSA website, and in Embolus and Panacea.

3.14 There is no restriction on the number of times an individual can be nominated for, or receive, the Award.

4. AMSA National Student Award

4.1 There will be an AMSA National Student Award.

n.b the AMSA National Student Award will also be referred to as ‘the Award’ for this Section 16 Clause 4.

4.2 The AMSA National Student Award exists to acknowledge the dedication and contribution of students to their medical school, other students and the wider community.

4.3 The Executive will be responsible for the administration of the Award.

4.4 Only one (1) nomination will be accepted per Member.

4.5 Any Medical Student, on the approval of their MedSoc, will have the power to nominate any eligible person for the AMSA National Student Award provided that:

4.5.1 the MedSoc is a Member.

4.6 Nominations for the Award will open on the final day of the First Council Meeting in any given year.

4.7 Nominations for the Award will close twenty one (21) days prior to the commencement of the Second Council Meeting in any given year.

4.8 The information required for nominations in any given year will be determined by the Executive, but must always include the:

4.8.1 full name of the nominee;

4.8.2 contact details of the nominee;

4.8.3 signed consent of the nominee to be nominated for the Award;

4.8.4 contact details of the nominator;
4.8.5 application, submitted as a word document (.doc/.docx) of not more than five hundred (500) words outlining the achievements of the nominee and their virtues as a candidate for this award; and

4.8.6 signed letter of endorsement from the nominating Member’s President, as per the template provided on the AMSA website (www.amsa.org.au).

4.9 The name and university of nominees will be de-identified for the consideration of the Executive and Members as outlined in Section 16 Clauses 4.10 and 4.11 respectively.

4.10 The Executive will create a shortlist of five (5) nominees for the consideration of Members based on the following primary selection criteria:

4.10.1 significant contribution to their local community and/or the wider nation; and

4.10.2 inspirational role model for their local community and/or wider nation.

4.11 Consideration in Section 16 Clause 4.10 will also be given to the following secondary selection criteria:

4.11.1 personal, academic and professional achievements;

4.11.2 contribution to their chosen endeavours (how much the nominee has ‘put back’ into their field to benefit others);

4.11.3 demonstration of leadership, innovation and creativity;

4.11.4 degree of difficulty of the achievements and sacrifices made;

4.11.5 voluntary work beyond paid employment or degree studies;

4.11.6 nature and length of the activity of service; and

4.11.7 achievements as an individual or as part of a group or organisation.

4.12 Members will consider the shortlist of five (5) nominees at the Second Council Meeting of the given year based on the criteria outlined in Section 16 Clause 4.10 and 4.11.

3.1.2 Voting will be by a procedure detailed in Appendix 2 which should:

3.1.2.1 involve an optional preferential system;

3.1.2.2 enable votes to be cast by secret ballot; and

3.1.2.3 be fair and equitable.

4.13 The recipient of the Award will receive:

4.13.1 a plaque recognising the contribution of the recipient to medical education;

4.13.2 a cash prize of not more than $500.00, as determined by the Executive; and

4.13.3 their name and receipt of the Award published on the AMSA website, and in Embolus and Panacea.

4.14 An individual may only receive the Award once.
4.15 Members, Directors and members of the Executive are not eligible for nomination.

4.16 Nominations are limited to:

4.16.1 current Medical Students;

4.16.2 Medical Graduates in their first post-graduate year, but only in recognition of achievement made as a Medical Student.

5. Competitions

5.1 The Executive may from time to time establish competitions that further the aims of AMSA.

5.2 The Executive should endeavour to obtain external adjudicators for competitions wherever possible.

5.3 If external adjudicators are engaged, evaluation will be in accordance with existing regulations for evaluating other selection processes.
1. Logo

1.1 The use of the logo must be in keeping with the AMSA Branding Document.

1.1.1 Variants of the logo exist and may be used, but this must be done in keeping with the AMSA Branding Document.

1.2 The following image will be used as the logo of AMSA in all official publications, letterheads, business cards and elsewhere as appropriate:

![Logo Image]

1.3 The Executive may from time to time change the logo of AMSA by a normal resolution provided that:

1.3.1 major changes are approved by a normal resolution of Members.

1.4 The Executive may from time to time publish and update the AMSA Branding Document.

1.4.1 The AMSA Branding Document will be distributed to Members at the First Council Meeting of each calendar year.

1.4.2 Directors, Members, members of the Executive, Office Bearers and all individuals rendering service to AMSA will adhere to the AMSA Branding Document.

1.4.3 Directors, Members, members of the Executive, Office Bearers and all individuals rendering service to AMSA will liaise with the Executive and obtain permission before publication or distribution of any AMSA material, documents or productions of any kind.
1. **Research initiatives**

1.1 AMSA will endeavour to organise national research initiatives to:

1.1.1 promote research as a viable career option; and

1.1.2 encourage Medical Students to experience research.

2. **Databases**

2.1 AMSA will maintain databases:

2.1.1 such that Medical Students can submit information and use them as a resource; and

2.1.2 for which the Membership Officer will generally be responsible; this includes:

2.1.2.1 promoting them to Medical Students and other relevant bodies; and

2.1.2.2 administering databases in the following areas:

2.1.2.2.1 overseas electives;

   *n.b* this will be overseen by the Global Health Officer.

2.1.2.2.2 research institutions within Australia;

   *n.b* this will be overseen by the Membership Officer.

2.1.2.2.3 rural health placements within Australia;

   *n.b* this will be overseen by the Rural and Indigenous Officer.

2.1.2.2.4 scholarships available to Medical Students.

   *n.b* this will be overseen by the Membership Officer.

3. **National Debating Series**

3.1 There will be a National Debating Series.

3.2 The National Debating Series will be the responsibility of the AMSA National Convention Committee.

3.3 The National Debating Series will be conducted in accordance with the relevant guidelines (Terms 1 Appendix 2).

4. **Members’ Awards**

4.1 The Executive will:

4.1.1 implement awards to encourage and reward Members;
4.1.2 call for nominations not less than thirty (30) days before the Second Council Meeting; and

4.1.3 otherwise regulate the nomination process for the awards, provided this does not contravene anything in the Official Documents.

3.1.3 Members will consider nominations and elect winners at the Second Council Meeting by a procedure detailed in Appendix 2 which should:

3.1.3.1 involve an optional preferential system;

3.1.3.2 enable votes to be cast by secret ballot; and

3.1.3.3 be fair and equitable.

4.2 Awards will be presented at the National Convention.

4.3 There will be an award for the Best MedSoc Publication.

4.3.1 The award will be for the Member that has produced the best publication that serves as a resource for Medical Students.

4.3.2 To be eligible for nomination, a publication must have been produced in the time since the last National Convention.

4.3.3 The award need not be confined to traditional magazine format, but may be awarded to any publication providing a service to Medical Students.

4.3.4 Nominations will be considered using the following criteria:

4.3.4.1 content;

4.3.4.2 presentation;

4.3.4.3 promotion of student education;

4.3.4.4 discussion of issues; and

4.3.4.5 circulation amongst Medical Students at the respective University.

4.3.5 The prize will be a trophy awarded to the winning Member.

4.4 There will be an award for the Best New Initiative by a MedSoc.

4.4.1 The award will be for the Member that has developed a new initiative that provides:

4.4.1.1 valuable service to Medical Students or the community; or

4.4.1.2 enhances Medical Student education and awareness of issues.

4.4.2 To be eligible for nomination an initiative or project must have been developed in the time since the last National Convention.

4.4.3 Nominations will be considered by the Members.
4.4.4 The prize will be a trophy awarded to the winning Member.

4.5 There will be an award for the Best Community Project by a MedSoc:

4.5.1 The award will be for the Member or Medical Students’ group that has organised the most successful and innovative project which provides charitable or humanitarian services to the community.

4.5.2 More than one (1) project can be nominated by each Member or Medical Students’ group.

4.5.3 Continuing or repeating projects may be re-entered each calendar year.

4.5.4 The Executive will compile a short-list of five (5) nominations based on the following criteria:

4.5.4.1 innovation;

4.5.4.2 involvement of the student body and community;

4.5.4.3 total contribution, financial or otherwise; and

4.5.4.4 community response.

4.5.5 The nominations that are on the short-list as compiled in Section 18 Clause 4.5.4 will then be considered by the Members using the same criteria.

4.5.6 The prize will be the AMSA Community Cup which will be awarded to the winning Member.

4.5.6.1 Winners of the AMSA Community Cup will:

4.5.6.1.1 return it to a member of the Executive in the following year; and

4.5.6.1.2 make reparations for any damages to the AMSA Community Cup for which they are responsible.

4.6 There will be a National Blood Donation Program (NBDP).

4.6.1 The NBDP will run annually from its formal launch until 23:59 on 31 August (AEST).

4.6.2 The Executive will provide Representatives with the tools they need to run the NBDP at a local level; this includes:

4.6.2.1 distributing necessary information; and

4.6.2.2 providing promotional materials.

4.6.3 All Members and Medical Students are eligible to participate in the NBDP.

4.6.4 AMSA may collect information on blood donors participating in the NBDP, including the donor’s:

4.6.4.1 name;
4.6.4.2 student number;
4.6.4.3 blood donor number;
4.6.4.4 location of donation; and
4.6.4.5 date of donation.

4.6.5 Personal information collected under Section 18 Clause 4.6.4 will not be distributed to organisations outside of AMSA and the Australian Red Cross Blood Service.

4.6.6 AMSA must receive notification of eligible blood donations within seven (7) days of the close of the NBDP.

4.6.7 Disqualification of a Member by the Executive will occur if that Member:
4.6.7.1 makes false claims as to the number of donations;
4.6.7.2 falsifies data to enter more donations than actually occurred; or
4.6.7.3 otherwise attempts to unjustly or dishonestly alter the outcome.

4.6.8 The prize will be awarded to the winning Member and will include:
4.6.8.1 a monetary prize of:
   4.6.8.1.1 a value determined by the Directors; and
   4.6.8.1.2 not more than $1,000.00.
4.6.8.2 and the AMSA Vampire Cup.
   4.6.8.2.1 Winners of the AMSA Vampire Cup will:
      4.6.8.2.1.1 return it to a member of the Executive at the following National Convention; and
      4.6.8.2.1.2 make reparations for any damages to the AMSA Vampire Cup for which they are responsible.

4.7 There will be an award for the best Wellbeing initiative run by a MedSoc
4.7.1 The award will be for the Member or Medical Students’ group that has organised the most successful and innovative project focused on health and wellbeing
4.7.2 To be eligible for nomination, the initiative must have occurred in the time since the last National Convention
4.7.3 The Executive will compile a short--list of five (5) nominations based on the following criteria:
   4.7.3.1 innovation;
4.7.3.2 involvement of student body; and
4.7.3.3 impact on student body.

4.7.4 The nominations that are on the short-list as compiled in Section 18 Clause 4.7.3 will then be considered by the Members using the same criteria.

4.7.5 The prize will be the AMSA Wellbeing Cup which will be awarded to the winning Member.

4.7.5.1 Winners of the AMSA Wellbeing Cup will:

4.7.5.1.1 return it to a member of the Executive at Second Council in the following year; and
4.7.5.1.2 make reparations for any damages to the AMSA Wellbeing Cup for which they are responsible.

4.8 There will be an award for the Best MedSoc Website

4.8.1 The award will be for the MedSoc that has produced the best website that serves as a resource for Medical Students.

4.8.2 To be eligible for nomination the website:
4.8.2.1 must be current;
4.8.2.2 must not have received the award for a same or similar version; and
4.8.2.3 must be fully owned and operated by the MedSoc

4.8.3 Nominations will be considered using the following criteria:
4.8.3.1 quality of online content;
4.8.3.2 design, layout and accessibility;
4.8.3.3 web traffic counted by ‘hits’, as measured by an external service; and
4.8.3.4 impact on medical student issues.

4.8.4 The prize will be a trophy awarded to the winning MedSoc.
4.8.5 There will be a call for nominations no less than thirty (30) days prior to Second Council

4.8.6 Members will consider nominations and elect winners at the Second Council Meeting by a procedure detailed in Appendix 3 which should:
4.8.6.1 involve an optional preferential system;
4.8.6.2 enable votes to be cast by secret ballot; and
4.8.6.3 be fair and equitable.

4.8.7 The award will be presented at Second Council.

5. **President’s Award**

5.1 There will be a President’s Award.

5.2 The President’s Award recognises a person who has significantly progressed AMSA policy or contributed significantly to issues affecting Medical Students.

5.3 The President may nominate one (1) person for this award in each calendar year.

5.3.1 The nominee need not be a Medical Student.

5.4 A nominee must be approved by a simple majority vote of Members.

5.5 The award will not be of significant monetary value, but rather a token of appreciation, and is at the discretion of the Directors.

6. **Lap of the Map Award**

6.1 There will be a Lap of the Map Award.

6.2 The Lap of the Map Award recognises Medical Students who have attended all or part of six (6) AMSA National Conventions.

6.3 A nominee for the Lap of the Map Award must be a Medical Student.

6.4 Nominations will be:

6.4.1 coordinated by the Executive;

6.4.2 put forward by the Representatives; and

6.4.3 collected for ratification at the Second Council Meeting.

6.5 Nominees must be approved by a simple majority vote of Members.

6.6 There is no limit on the number of awards that may be approved in a calendar year.

6.7 Each approved Lap of the Map Award nominee will receive a medal to be awarded at the AMSA National Convention.

7. **Medal of Honour Award**

7.1 There will be a Medal of Honour Award.

7.2 The Medal of Honour Award recognises Medical Students who have attended all or part of the AMSA National Convention in each of their medical degree.

7.3 A nominee for the Medal of Honour Award must be a Medical Student.

7.4 A nominee for the Lap of the Map Award is not eligible for the Medal of Honour Award.
7.5 Nominations will be:

7.5.1 coordinated by the Executive;
7.5.2 put forward by the Representatives; and
7.5.3 collected for ratification at the Second Council Meeting.

7.6 Nominees must be approved by a simple majority vote of Members.

7.7 There is no limit on the number of awards that may be approved in a calendar year.

7.8 Each approved Medal of Honour Award nominee will receive a medal to be awarded at the AMSA National Convention.
1. Amendment

1.1 These Regulations and By-Laws may be amended by resolution of the Members, except:

1.1.1 where there is the explicit requirement for approval from one or more other bodies, in which case the relevant clauses may be amended by resolution of both the Members and those other bodies.
1. Agreement between user and AMSA

1.1 The AMSA Website is comprised of various Web pages operated by AMSA. The AMSA Website is offered to you conditioned on your acceptance without modification of the terms, conditions, and notices contained herein. Your use of the AMSA Website constitutes your agreement to all such terms, conditions, and notices.

2. Modification of these terms of use

2.1 AMSA reserves the right to change the terms, conditions, and notices under which the AMSA Website is offered, including but not limited to the charges associated with the use of the AMSA Website.

3. Links to third party sites

3.1 The AMSA Website may contain links to other Websites ("Linked Sites"). The Linked Sites are not under the control of AMSA and AMSA is not responsible for the contents of any Linked Site, including without limitation any link contained in a Linked Site, or any changes or updates to a Linked Site. AMSA is not responsible for webcasting or any other form of transmission received from any Linked Site. AMSA is providing these links to you only as a convenience, and the inclusion of any link does not imply endorsement by AMSA of the site or any association with its operators.

4. No unlawful or prohibited use

4.1 As a condition of your use of the AMSA Website, you warrant to AMSA that you will not use the AMSA Website for any purpose that is unlawful or prohibited by these terms, conditions, and notices. You may not use the AMSA Website in any manner which could damage, disable, overburden, or impair the AMSA Website or interfere with any other party’s use and enjoyment of the AMSA Website. You may not obtain or attempt to obtain any materials or information through any means not intentionally made available or provided for through the AMSA Website.

5. Use of communication services

5.1 The AMSA Website may contain bulletin board services, chat areas, news groups, forums, communities, personal web pages, calendars, and/or other message or communication facilities designed to enable you to communicate with the public at large or with a group (collectively, "Communication Services"). You agree to use the Communication Services only to post, send and receive messages and material that are proper and related to the particular Communication Service. By way of example, and not as a limitation, you agree that when using a Communication Service, you will not:

5.1.1 Defame, abuse, harass, stalk, threaten or otherwise violate the legal rights (such as rights of privacy and publicity) of others.

5.1.2 Publish, post, upload, distribute or disseminate any inappropriate, profane, defamatory, infringing, obscene, indecent or unlawful topic, name, material or information.
5.1.3 Upload files that contain software or other material protected by intellectual property laws (or by rights of privacy of publicity) unless you own or control the rights thereto or have received all necessary consents.

5.1.4 Upload files that contain viruses, corrupted files, or any other similar software or programs that may damage the operation of another's computer.

5.1.5 Advertise or offer to sell or buy any goods or services for any business purpose, unless such Communication Service specifically allows such messages.

5.1.6 Conduct or forward surveys, contests, pyramid schemes or chain letters.

5.1.7 Download any file posted by another user of a Communication Service that you know, or reasonably should know, cannot be legally distributed in such manner.

5.1.8 Falsify or delete any author attributions, legal or other proper notices or proprietary designations or labels of the origin or source of software or other material contained in a file that is uploaded.

5.1.9 Restrict or inhibit any other user from using and enjoying the Communication Services.

5.1.10 Violate any code of conduct or other guidelines which may be applicable for any particular Communication Service.

5.1.11 Harvest or otherwise collect information about others, including e-mail addresses, without their consent.

5.1.12 Violate any applicable laws or regulations.

5.2 AMSA has no obligation to monitor the Communication Services. However, AMSA reserves the right to review materials posted to a Communication Service and to remove any materials in its sole discretion. AMSA reserves the right to terminate your access to any or all of the Communication Services at any time without notice for any reason whatsoever.

5.3 AMSA reserves the right at all times to disclose any information as necessary to satisfy any applicable law, regulation, legal process or governmental request, or to edit, refuse to post or to remove any information or materials, in whole or in part, in AMSA’s sole discretion.

5.4 Always use caution when giving out any personally identifying information about yourself, your children or anyone else in any Communication Service. AMSA does not control or endorse the content, messages or information found in any Communication Service and, therefore, AMSA specifically disclaims any liability with regard to the Communication Services and any actions resulting from your participation in any Communication Service. Managers and hosts are not authorized AMSA spokespersons, and their views do not necessarily reflect those of AMSA.

5.5 Materials uploaded to a Communication Service may be subject to posted limitations on usage, reproduction and/or dissemination. You are responsible for adhering to such limitations if you download the materials.
6. Materials provided to AMSA or posted to any AMSA website

6.1 AMSA does not claim ownership of the materials you provide to AMSA (including feedback and suggestions) or post, upload, input or submit to any AMSA Website or its associated services (collectively "Submissions"). However, by posting, uploading, inputting, providing or submitting your Submission you are granting AMSA, its affiliated committees permission to use your Submission in connection with the operation of their Internet businesses including, without limitation, the rights to: copy, distribute, transmit, publicly display, publicly perform, reproduce, edit, translate and reformat your Submission; and to publish your name in connection with your Submission.

6.2 No compensation will be paid with respect to the use of your Submission, as provided herein. AMSA is under no obligation to post or use any Submission you may provide and may remove any Submission at any time at AMSA's sole discretion.

6.3 By posting, uploading, inputting, providing or submitting your Submission you warrant and represent that you own or otherwise control all of the rights to your Submission as described in this section including, without limitation, all the rights necessary for you to provide, post, upload, input or submit the Submissions.

7. Liability disclaimer

7.1 The liability disclaimer is:

THE INFORMATION, SOFTWARE, PRODUCTS, AND SERVICES INCLUDED IN OR AVAILABLE THROUGH THE AMSA WEBSITE MAY INCLUDE INACCURACIES OR TYPOGRAPHICAL ERRORS. CHANGES ARE PERIODICALLY ADDED TO THE INFORMATION HEREIN. AMSA AND/OR ITS SUPPLIERS MAY MAKE IMPROVEMENTS AND/OR CHANGES IN THE AMSA WEBSITE AT ANY TIME. ADVICE RECEIVED VIA THE AMSA WEBSITE SHOULD NOT BE RELIED UPON FOR PERSONAL, MEDICAL, LEGAL OR FINANCIAL DECISIONS AND YOU SHOULD CONSULT AN APPROPRIATE PROFESSIONAL FOR SPECIFIC ADVICE TAILORED TO YOUR SITUATION.

AMSA AND/OR ITS SUPPLIERS MAKE NO REPRESENTATIONS ABOUT THE SUITABILITY, RELIABILITY, AVAILABILITY, TIMELINESS, AND ACCURACY OF THE INFORMATION, SOFTWARE, PRODUCTS, SERVICES AND RELATE GRAPHICS CONTAINED ON THE AMSA WEBSITE FOR ANY PURPOSE. TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, ALL SUCH INFORMATION, SOFTWARE, PRODUCTS, SERVICES AND RELATED GRAPHICS ARE PROVIDED "AS IS" WITHOUT WARRANTY OR CONDITION OF ANY KIND. AMSA AND/OR ITS SUPPLIERS HEREBY DISCLAIM ALL WARRANTIES AND CONDITIONS WITH REGARD TO THIS INFORMATION, SOFTWARE, PRODUCTS, SERVICES AND RELATED GRAPHICS, INCLUDING ALL IMPLIED WARRANTIES OR CONDITIONS OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE AND NON-INFRINGEMENT.

TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, IN NO EVENT SHALL AMSA AND/OR ITS SUPPLIERS BE LIABLE FOR ANY DIRECT, INDIRECT, PUNITIVE, INCIDENTAL, SPECIAL, CONSEQUENTIAL DAMAGES OR ANY DAMAGES WHATSOEVER INCLUDING, WITHOUT LIMITATION, DAMAGES FOR LOSS OF USE, DATA OR PROFITS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE USE OR PERFORMANCE OF THE AMSA WEBSITE, WITH THE DELAY OR INABILITY TO USE THE AMSA WEBSITE OR RELATED SERVICES, THE PROVISION OF OR FAILURE TO PROVIDE SERVICES, OR FOR ANY INFORMATION, SOFTWARE, PRODUCTS, SERVICES AND RELATED GRAPHICS OBTAINED THROUGH THE AMSA WEBSITE,
OR OTHERWISE ARISING OUT OF THE USE OF THE AMSA WEBSITE, WHETHER BASED ON CONTRACT, TORT, NEGLIGENCE, STRICT LIABILITY OR OTHERWISE, EVEN IF AMSA OR ANY OF ITS SUPPLIERS HAS BEEN ADVISED OF THE POSSIBILITY OF DAMAGES. BECAUSE SOME STATES/JURISDICTIONS DO NOT ALLOW THE EXCLUSION OR LIMITATION OF LIABILITY FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES, THE ABOVE LIMITATION MAY NOT APPLY TO YOU. IF YOU ARE DISSATISFIED WITH ANY PORTION OF THE AMSA WEBSITE, OR WITH ANY OF THESE TERMS OF USE, YOUR SOLE AND EXCLUSIVE REMEDY IS TO DISCONTINUE USING THE AMSA WEBSITE.

8. Service contact

8.1 The service contact is: webmaster@amsa.org.au, which will be directed to a member of the Executive.

9. Termination / access restriction

9.1 AMSA reserves the right, in its sole discretion, to terminate your access to the AMSA Website and the related services or any portion thereof at any time, without notice.

10. General

10.1 To the maximum extent permitted by law, this agreement is governed by the laws of the Australia and you hereby consent to the exclusive jurisdiction and venue of courts in Australia in all disputes arising out of or relating to the use of the AMSA Website. Use of the AMSA Website is unauthorised in any jurisdiction that does not give effect to all provisions of these terms and conditions, including without limitation this paragraph.

10.2 You agree that no joint venture, partnership, employment, or agency relationship exists between you and AMSA as a result of this agreement or use of the AMSA Website. AMSA's performance of this agreement is subject to existing laws and legal process, and nothing contained in this agreement is in derogation of AMSA's right to comply with governmental, court and law enforcement requests or requirements relating to your use of the AMSA Website or information provided to or gathered by AMSA with respect to such use. If any part of this agreement is determined to be invalid or unenforceable pursuant to applicable law including, but not limited to, the warranty disclaimers and liability limitations set forth above, then the invalid or unenforceable provision will be deemed superseded by a valid, enforceable provision that most closely matches the intent of the original provision and the remainder of the agreement will continue in effect.

10.3 Unless otherwise specified herein, this agreement constitutes the entire agreement between the user and AMSA with respect to the AMSA Website and it supersedes all prior or contemporaneous communications and proposals, whether electronic, oral or written, between the user and AMSA with respect to the AMSA Website. A printed version of this agreement and of any notice given in electronic form will be admissible in judicial or administrative proceedings based upon or relating to this agreement to the same extent and subject to the same conditions as other business documents and records originally generated and maintained in printed form. It is the express wish to the parties that this agreement and all related documents be drawn up in English.

11. Copyright and trademark notices
11.1 All contents of the AMSA Website are: Copyright by AMSA and/or its suppliers. All rights reserved.

12. Trademarks

12.1 The names of actual companies and products mentioned herein may be the trademarks of their respective owners.

12.2 Any rights not expressly granted herein are reserved.
Appendix 2  AMSA Voting Procedures

1. General

Unless otherwise specified, Section 1 in the Australian Medical Students’ Association (AMSA) Regulations and By-Laws also applies to these Terms of Reference.

For the purposes of this document:

‘voter’ means a person who holds a single vote in any vote which makes use of this document.

2. Purpose

2.1 The purpose of this document is to provide a framework for fair and transparent:

2.1.1 elections within the Company; this includes elections to the:

2.1.1.1 Board; and,

2.1.1.2 Executive.

2.1.2 voting for other purposes; this includes the:

2.1.2.1 receipt of awards and prizes.

n.b. in such a situation:

(a) any reference to, in this document:

‘candidate’ will be taken to mean ‘nominee’;
‘election’, and derivatives thereof, will be taken to mean ‘award’, and derivatives thereof;
‘position’ will be taken to mean ‘award’.

(b) the nominating MedSoc or relevant persons shall nominate the scrutineer.

3. Returning Officer

3.1 Appointment

3.1.1 The Returning Officer will be the Company Secretary of the Association, or their nominated representative.

3.1.2 The Returning Officer must not be a person whom is standing for election.

3.1.3 The Returning Officer, if eligible to vote, is not permitted to cast a vote.
3.2 Role

3.4.1 The Returning Officer will act in accordance with these guidelines, the Constitution, the Regulations and By-Laws and any other relevant Official Documents.

3.4.2 The Returning Officer is responsible for the interpretation of these guidelines, and the Constitution, the Regulations and By-Laws and any other Official Documents where they relate to elections.

3.4.2.1 The President will assist the Returning Officer in this role.

3.4.3 The Returning Officer may decide all matters concerning elections that are not covered by these guidelines, the Constitution or the Regulations and By-Laws.

3.4.4 The Returning Officer will ensure that a fair and honest election occurs.

3.3 Powers

3.8.1 The Returning Officer may appoint up to two (2) Deputy Returning Officers to assist in running an election.

3.8.1.1 A Deputy Returning Officer cannot cast a vote in the election.

3.8.2 The Returning Officer, in conjunction with the President, may disqualify a candidate from an election if they are found to have breached these guidelines, as outlined in Clause 11.

3.8.3 The Returning Officer must approve all published and/or public campaign material disseminated via any communication means.

3.1 Dismissal

3.1.1 The Returning Officer may be dismissed by a simple majority vote of ‘No Confidence’ of the Members.

4. Formal election processes and procedures

4.1 The Returning Officer will ensure that fair and reasonable notice is given for an election, taking into account any legislative requirements.

4.2 With regards to nominations, the Returning Officer:

4.2.1 will, within reason, ensure that all necessary persons are made aware of their eligibility to stand for election;

4.2.2 will ensure that nominations are open for a reasonable amount of time to allow interested and eligible persons enough time to formally nominate;
4.2.3 will acknowledge in writing (which includes email) receipt of nomination for an election;

4.2.4 may choose to close nominations before the election date, but this date must be clearly published and circulated; and

4.2.5 will ensure that all persons who nominate for election are eligible.

4.3 Any person(s) can at anytime withdraw their nomination without need for explanation.

4.4 In the event of a tie, the President will have the casting vote, unless:

4.4.1 the Returning Officer and the President agree that a separate procedure should be followed for that particular vote; and

4.4.2 this is publicised to voters not less than seven (7) days prior to the relevant vote.

4.5 Where a ballot paper is required for voting as per Clauses 8 and 9, the Returning Officer will, under scrutiny deemed appropriate by the President, formulate the order of names on the ballot paper by any means that ensures the order is random.

4.6 Proxy votes

4.6.1 Any person who holds a vote may appoint a proxy in accordance with Part 4 Clauses 23 to 25 of the Constitution.

4.7 Scrutineers

4.7.1 The President will act as a Scrutineer, unless he or she is running for election, whereby the Returning Officer shall nominate an appropriate person to perform this role.

4.7.2 Each candidate may nominate one person to supervise the counting of the votes on their behalf.

4.8 Polling places

4.8.1 The Returning Officer shall ensure that voters are free from undue influence and can mark and cast their vote in private.

4.9 Informal ballot papers

4.9.1 Notwithstanding Clause 9.3.1, a ballot shall be considered informal (and hence not be counted) if the voter’s intentions are not clear in the opinion of the Returning Officer.

5. For election of a single position

5.1 Where there is one (1) candidate:

5.1.1 the candidate must be elected through a simple majority vote;

5.1.2 the ballot papers will require voters to indicate they either ‘approve’ or ‘reject’ the candidate;

5.1.3 the candidate will be deemed elected if a majority (greater than 50%) of voters indicate they ‘approve’ the candidate;
5.1.4 if a majority of voters do not indicate they ‘approve’ the candidate, the candidate will not be elected and the President will re-schedule the election; and

5.1.5 to avoid any doubt, this clause 5.1 also applies in situations where there is only one Bid Team for election as the National Executive.

5.2 Where there are two (2) candidates, election will be by simple majority voting as per Clause 7.

5.3 Where there are three (3) or more candidates, election will be by optional preferential instant runoff voting as per Clause 8.

6. For election of two (2) or more positions

6.1 Where there are fewer candidates than there are positions for, the candidate(s) must still be elected by a formal vote, and the President will re-schedule election(s) for the remaining position(s).

6.2 Where there are an equal number of candidates and positions, all candidates must still be elected by a formal vote.

6.3 Where there are more candidates than positions, election will be by optional preference Hare-Clark voting as per Clause 9.

7. Simple majority voting

7.1 In the event of a simple majority vote being required, as per Clause 5.1 each voter:

7.1.1 will have one vote only;

7.1.2 may vote for one candidate only; and

7.1.3 will indicate their preferred candidate:

7.1.3.1 by writing the name of said preferred candidate in full on pre-approved paper to the satisfaction of the Returning Officer.

7.1.3.1.1 A name need not be spelt correctly so long as the Returning Officer is satisfied the voter’s intentions are obvious.

7.1.3.2 in a secret ballot.

7.2 The candidate with the most number of votes shall be declared the winner, and that shall be the end of the election.

8. Optional preferential runoff voting

8.1 In the event of an optional preferential runoff vote being required, as per Clause 6.3, each voter:

8.1.1 will have one vote only;

8.1.2 may vote for one candidate only per round;

8.1.3 will indicate their preferred candidate:

8.1.3.1 by writing the name of said preferred candidate in full on pre-approved paper to the satisfaction of the Returning Officer; and
8.1.3.2 in a secret ballot.

8.2 If one (1) candidate receives an absolute majority (that is, more than half of all votes cast), then they will be declared the winner and that will be the end of the election.

8.3 If no candidate receives an absolute majority, then the candidate with the least number of votes will be eliminated, and all votes obtained by him or her must be transferred to the candidate next in the order of voters’ respective preferences.

8.3.1 Each re-distributed ballot paper will have equal weight to all other ballot papers.

8.4 If no candidate has received an absolute majority then the process outlined in Clause 8.3 is repeated as many times as is necessary to result in a single candidate receiving an absolute majority, at which time they will be declared elected and that will be the end of the election.

9. Optional preference Hare-Clark voting

9.1 In the event of an optional preference Hare-Clark vote being required, as defined in Clause 6.3, the Returning Officer.

9.1.1 will distribute to all voters a ballot paper containing the names (ordered by random draw) of all the candidates.

9.2 Each voter will:

9.2.1 indicate their preference for candidates by placing a number one (1) against the name of the candidate of first preference and then consecutively higher numbers against the names of as many other candidates of lower preference, in order, as they wish; and

9.2.2 vote by secret ballot.

9.3 A vote is invalid if a first preference is not obvious.

9.3.1 Where there is no number one (1) indicated:

9.3.1.1 a tick against the name of a candidate is deemed to be the number one (1); and

9.3.1.2 a cross against the name of a candidate is deemed to be the number one (1).

9.4 Where a vote is cast which is missing sequential number(s), the preferences are to be distributed in accordance with the order irrespective of skipped numerals.

9.5 The quota (votes needed to win) will be determined by the following formula, disregarding any remainder whatsoever.

\[
\text{votes needed to win} = \left( \frac{\text{total number of valid votes cast}}{\text{number of positions to fill} + 1} \right) + 1
\]

9.6 No candidate may be elected until they have reached or exceeded quota.

9.7 After determination of quota, the number of first preferences for each candidate will be counted.
9.8 Any candidate who reaches or exceeds quota shall be declared elected.

9.8.1 Should the number of elected candidates be equal to the number of positions available, this will be the end of the election.

9.9 Where the number of first preferences obtained by a candidate is in excess of the quota, starting with the candidate with the most number of votes, the proportion of those preferences in excess of the quota must be transferred to the other candidates not yet declared elected, in the order of voters’ respective preferences, in the following manner:

9.9.1 all the ballot papers on which a first preference is recorded for the elected candidate must be re-examined, and the number of second preferences (or third or next consecutive preferences) recorded for each unelected candidate must be counted;

9.9.2 to obtain the transfer value, the surplus of the elected candidate must be divided by the total number of votes obtained by him/her on the counting of the first preferences, and the resulting fraction will be the transfer value; and

\[
\text{transfer value} = \frac{\text{total number of votes obtained by candidate} - \text{quota}}{\text{total number of votes obtained by candidate}}
\]

9.9.3 the number of second (or other) preferences (ascertained in Clause 9.9.1) recorded for each individual unelected candidate, must then be multiplied by the transfer value.

9.9.3.1 The resulting number must be credited to each unelected candidate, and added to the number of votes previously obtained by that candidate.

9.9.4 Any candidate who has reached or exceeded the quota after this process shall be declared elected.

9.9.4.1 Should the number of elected candidates be equal to the number of positions available, this will be the end of the election.

9.9.5 If after allocation of second (or other) preferences an elected candidate has a surplus of votes, this excess should be redistributed in accordance with the process outlined in Clause 9.9, using voters’ next consecutive preferences.

9.9.6 Any candidate who has reached or exceeded the quota after this process shall be declared elected.

9.9.6.1 Should the number of elected candidates be equal to the number of positions available, this will be the end of the election.

9.9.7 If after the allocation of all surplus votes above elected candidate(s)’ quota(s) the number of elected candidates is less than the number of positions available, the candidate with the least number of votes shall be removed from the election and all votes obtained by him or her must be transferred to the candidate next in the order of the voters’ respective preferences with a transfer value of one (1).

9.9.7.1 If a candidate reaches or exceeds quota, they shall be declared elected.

9.9.7.1.1 Should the number of elected candidates be equal to the number of positions available, this will be the end of the election.

9.9.8 The process described in 9.9.7 should be repeated until all positions have been filled, at which point that will be the end of the election.
10. Declaration of results

10.1 The Returning Officer must declare the result of the election as soon as possible, including:

10.1.1 verbally to any audience, meeting, or waiting persons;

10.1.2 in writing on the website of the Association; and

10.1.3 in writing (which may be email) to all candidates, voters, Directors and members of the Executive.

11. Prohibited content and conduct

11.1 Candidates are responsible for the:

11.1.1 content of their campaign; and

11.1.2 conduct of their campaigners.

11.2 Any content, conduct or illegal behaviour intended, or likely, to mislead or deceive a voter is prohibited.

11.3 Any prohibited content or conduct should be reported to the Returning Officer immediately.

11.4 Any cases regarding prohibited content or conduct shall be considered by the Returning Officer and the President together.

11.4.1 If the Returning Officer and President of the Association find that a candidate has breached these guidelines they may disqualify a candidate from standing in the election, in accordance with Clause 3.3.

11.4.2 The decision of the Returning Officer and President of the Association shall be final.
1. **President**

1.1 The President is a Director of AMSA.

1.2 The President will:

1.2.1 be the official spokesperson of AMSA; this includes:

1.2.1.1 being the primary media correspondent;

1.2.1.2 advocating for the public policy objectives of AMSA;

1.2.1.3 acting in accordance with the policies and resolutions of AMSA; and

1.2.1.4 sitting on any relevant committees of external organisations; this includes:

1.2.1.4.1 the Australian Medical Association (AMA) Federal Council; and

1.2.1.4.2 attending other meetings and conferences, as determined by the Directors, the Executive or the Members.

1.2.2 liaise with any employees of AMSA on matters of employment or work conditions; and

1.2.3 oversee the work of the Executive and other office bearers.

2. **Vice President External**

2.1 The Vice President External will:

2.1.1 assist the President; this includes:

2.1.1.1 attending meetings and conferences where requested; and

2.1.1.2 acting with permission as a spokesperson and media representative.

2.1.2 manage the external relations of AMSA; and

2.1.3 manage the Comprehensive Public Policy Compilation of AMSA; this includes:

2.1.3.1 having a working knowledge of the Comprehensive Public Policy Compilation;

2.1.3.2 co-ordinating regular update and review of the Comprehensive Public Policy Compilation; and

2.1.3.3 ensuring the Comprehensive Public Policy Compilation is disseminated amongst external organisations, Directors’ Committees, Committees and other groups.

3. **Vice President Internal**
3.1 The Vice President Internal will:

3.1.1 assist the President; this includes:

3.1.1.1 attending meetings and conferences where requested; and

3.1.1.2 acting with permission as a spokesperson and media representative.

3.1.2 manage the Official Documents; this includes:

3.1.2.1 having a working knowledge of the Official Documents;

3.1.2.2 co-ordinating regular update and review of the Official Documents; and

3.1.2.3 ensuring the Official Documents are disseminated amongst Directors’ Committees, Committees and other groups.

3.1.3 manage the Executive; this includes:

3.1.3.1 facilitating Executive Meetings; and

3.1.3.2 monitoring the completion of tasks set in Executive Meetings.

3.1.4 organise, prepare and distribute the necessary notices and documents for general meetings.

4. Treasurer

4.1 The Treasurer will:

4.1.1 actively maintain the Guidelines for Finance Operations;

4.1.2 be responsible for the financial administration of AMSA; this includes:

4.1.2.1 ensuring governmental financial administrative requirements are met;

4.1.2.2 assisting the appointment of an Auditor;

4.1.2.3 ensuring an appropriate audit is conducted;

4.1.2.4 maintaining an Annual Budget that is tabled at each:

4.1.2.4.1 Directors’ Meeting; and

4.1.2.4.2 General Meeting.

4.1.2.5 keeping appropriate records of all financial activity;

4.1.2.6 ensuring all payments are processed in a timely manner;

4.1.2.7 ensuring all invoices are raised in a timely manner; and

4.1.2.8 calculating the Affiliation Fees for the Members.

4.1.3 be actively involved in all significant financial decisions; and
4.1.4 be responsible for the administrative requirements regarding any employees; this includes:

4.1.4.1 ensuring an employment agreement is signed before the beginning of the term of employment of an employee;

4.1.4.2 completing and lodging all documents pertaining to taxation with the Australian Taxation Office within the specified time; this includes the:

4.1.4.2.1 Employment Declaration Form;

4.1.4.2.2 Group Certificate; and

4.1.4.2.3 Tax Reconciliation.

4.1.4.3 lodging quarterly taxation instalments;

4.1.4.4 ensuring required payments are made; and

4.1.4.5 ensuring Workers’ Compensations Premiums are paid.

5. National Co-ordinator

5.1 The National Co-ordinator will:

5.1.1 be the primary liaison between the Executive, Representatives and other relevant student bodies;

5.1.2 maintain effective and efficient communication between the Executive and the Representatives; this includes:

5.1.2.1 providing regular email updates to the Representatives and Presidents of the Members; and

5.1.2.2 maintaining regular telephone contact with the Representatives.

5.1.3 assist the Representatives to fulfil the duties prescribed in Section 3 Clause 2; this includes:

5.1.3.1 planning and executing Pre-Council Training; and

5.1.3.2 publishing regular summaries of the tasks set for Representatives.

5.1.4 assist in the promotion of AMSA to Medical Students; this includes:

5.1.4.1 distributing electronic and hardcopy promotional material to the Representatives; and

5.1.4.2 co-ordinating AMSA orientation week introductory programs.

5.1.5 plan and execute general meetings; this includes:

5.1.5.1 organising and executing all relevant logistics; and
5.1.5.2 assisting the Vice President Internal in the organisation, preparation and distribution of the necessary notices and documents.

6. **Sponsorship Officers**

6.1 The Sponsorship Officers will:

6.1.1 constantly seek new sponsors for AMSA and its specific projects;

6.1.2 ensure the strength and value of relationships with sponsors; this includes:

6.1.2.1 liaising with sponsors to ensure that:

   6.1.2.1.1 existing agreements are mutually satisfactory; and

   6.1.2.1.2 maximum benefit is being obtained for AMSA and Medical Students.

6.1.2.2 negotiating sponsorship agreements; and

6.1.2.3 co-ordinating the development and implementation of sponsorship packages.

6.1.3 co-ordinate sponsorship of AMSA Events; this includes:

   6.1.3.1 being responsible for major sponsorship of the National Convention and Global Health Conference; and

   6.1.3.2 overseeing minor sponsorship of the National Convention and Global Health Conference.

6.2 Candidates are discouraged from simultaneously holding sponsorship related positions with both AMSA and other bodies such as Medical Student Societies.

7. **Public Relations Officer**

7.1 The Public Relations Officer will:

7.1.1 assist the President, this includes:

   7.1.1.1 attending meetings and conferences where requested; and

   7.1.1.2 acting with permission as a spokesperson and media representative.

7.1.2 assist the Vice President External in managing the Public Policy Documents of AMSA;

7.1.3 co-ordinate the utilisation of media outlets for the public policy objects of AMSA; this includes:

   7.1.3.1 preparing and disseminating media releases and other documents; and

   7.1.3.2 developing effective relationships with media outlets.
7.1.4 Co-ordinate media on behalf of AMSA for all AMSA Events including, but not limited to, the AMSA National Convention, AMSA Global Health Conference, AMSA National Leadership Development Seminar and AMSA National Rural Leadership Development Seminar.

8. Engagement and Promotions Officer

8.1 The Engagement and Promotions Officer will:

8.1.1 Plan and implement projects that aim to engage Medical Students in feedback processes such that AMSA may better represent them;
8.1.2 Plan and implement projects that aim to engage Medical Students with AMSA activities;
8.1.3 Assist the Sponsorship Officers in ensuring sponsorship arrangements are met;
8.1.4 Be responsible for the creation, maintenance and distribution of a comprehensive AMSA Branding Document; this will:

8.1.4.1 Outline the use of the AMSA logo and name; and
8.1.4.2 Detail all available AMSA-branded materials.

8.1.5 Oversee all external communications of AMSA to ensure consistency in branding; this includes:

8.1.5.1 Letterheads;
8.1.5.2 Envelopes;
8.1.5.3 Media releases;
8.1.5.4 Posters; and
8.1.5.5 Multimedia.

8.1.6 Oversee all internal communications of AMSA to ensure consistency in branding; this includes communications for AMSA:

8.1.6.1 Events;
8.1.6.2 Projects; and
8.1.6.3 Services.

8.1.7 Create and distribute embolus.

9. Community and Wellbeing Officer

9.1 The Community and Wellbeing Officer will:

9.1.1 Co-ordinate, market and implement the community Projects and Events of AMSA; this includes the:

9.1.1.1 National Charity Drive (Section 18 Clause 4.5);
9.1.1.2 National Blood Donation Program (Section 18 Clause 4.6); and
9.1.1.3 Get-a-GP Campaign; and
9.1.1.4 National Wellbeing Campaign (Section 18 Clause 4.7).

9.1.2 Co-ordinate a national Wellbeing Network;
9.1.3 Co-ordinate a national database of community Projects and Events; and
9.1.4 co-ordinate the editing, distribution and promotion of the *Keeping Your Grass Greener* wellbeing guide.

10. Rural and Indigenous Officer

10.1 The Rural and Indigenous Officer will:

10.1.1 promote rural and Indigenous health issues and incentives to Medical Students and the wider community;

10.1.2 represent AMSA at any meetings and on any committees deemed relevant to rural or Indigenous health;

10.1.3 co-ordinate advocacy on matters pertaining to rural Medical Students; and

10.1.4 where appropriate, develop new public policy regarding rural and Indigenous health issues.

11. Global Health Officer

11.1 The Global Health Officer will:

11.1.1 promote international health issues and incentives to Medical Students and the wider community;

11.1.2 represent AMSA at any meetings and on any committees deemed relevant to international health;

11.1.3 liaise with the AMSA delegation to the AsMSC through the AsMSA Regional Coordinator or Chief Delegate(s);

11.1.4 liaise between the Executive and the AMSA Global Health (AGH) Committee.

12. Publications Officer

12.1 The Publications Officer will:

12.1.1 arrange the finance, creation, publication and distribution of the following Publications in each calendar year:

12.1.1.1 two (2) editions of Panacea;

12.1.1.2 one (1) edition of Intern and Residents’ Guide; and

12.1.1.3 any other publications that the Directors or Executive deem appropriate.

13. Internal Communications Officer

13.1 The Internal Communications Officer will:

13.1.1 develop and maintain the Website and any other electronic methods of communication;
13.1.2 develop and maintain systems for document management and corporate knowledge retention; and

13.1.3 co-ordinate the production and distribution of AMSA tv.

14. Events Co-ordinator

14.1 The Events Co-ordinator will:

14.1.1 Liaise between the Executive and the:
   14.1.1.1 AMSA National Convention Committee;
   14.1.1.2 AMSA Global Health Conference Committee;
   14.1.1.3 AMSA National Leadership Development Seminar Committee; and
   14.1.1.4 Convenor of any other AMSA Event, where such a convenor exists.

14.1.2 Co-ordinate development, planning and execution for all AMSA Events for which a convenor is not appointed.

14.1.3 Collaborate with all relevant parties to ensure that all AMSA Events:
   14.1.3.1 are run in accordance with the Official Documents and Board directives;
   14.1.3.2 reflect AMSA’s core values; and
   14.1.3.3 meet sponsorship obligations.

15. Transferring tasks within the Executive Position Descriptions

15.1 Any member of the Executive may delegate tasks specific to their portfolio to another person, with the permission of the Executive.
1. **Definitions**

Unless otherwise specified, Section 1 of the Australian Medical Students’ Association (AMSA) Regulations and By-Laws also applies to these Terms of Reference.

For the purposes of this document:

‘**AMSA National Convention Committee Elect**’ refers to the team charged with organising the National Convention to be held in the following calendar year, from the time that they are ratified by the Members to the time that they become members of the Directors’ Committee.

‘**Convention Bid Team**’ refers to the team appointed by the Executive to organise the National Convention, who are yet to be ratified by the Members.

2. **Purpose**

2.1 The AMSA National Convention Committee is a Directors’ Committee of AMSA.

2.2 The AMSA National Convention Committee will operate within the provisions of the Official Documents, including these Terms of Reference.

2.3 The AMSA National Convention Committee will be responsible for all aspects of the organisation, management and promotion of the AMSA National Convention (National Convention), subject to the following Terms of Reference.

3. **Objects**

3.1 To bring together medical students from across Australia and New Zealand for a week of academic and social activities.

3.2 To promote AMSA, its activities and goals to Medical Students and the general public.

4. **Governance principles**

4.1 The AMSA National Convention Committee will operate under the name and Australian Business Number (ABN) of AMSA.

4.2 The AMSA National Convention Committee will operate under the direct management of the Directors and Executive.

4.3 The AMSA National Convention Committee must operate its finances in accordance with the Section 10 Clause 2.

4.4 The AMSA National Convention Committee is not permitted to adopt any financial or legal liability or risk on behalf of AMSA without prior approval of the Directors.

4.5 The AMSA National Convention Committee must adhere to the Official Documents, including the:

4.5.1 Constitution;
4.5.2 Regulations and By-Laws
4.5.3 Comprehensive Public Policy Compilation;
4.5.4 Guidelines; and
4.5.5 AMSA Branding Document.

4.6 The AMSA National Convention Committee must comply with all clauses of Section 10.

4.7 The AMSA National Convention Committee will exist between the Third Council Meeting that precedes their National Convention and the Third Council that follows their National Convention.

4.8 Prior to being the AMSA National Convention Committee the group will be considered the AMSA National Convention Committee Elect.

5. Appointment

5.1 From 2011 the National Convention location will rotate annually in the following sequence: Sydney, Perth, Regional (‘Regional’ is as defined in Section 1), Adelaide, Melbourne, Brisbane, Hobart.

5.1.1 In the event that no applications are received, the application process will be opened to applications from any state.

5.1.2 In the case of an open call for applications, the rotation will recommence the following year, continuing as outlined in Terms 1 Clause 5.

5.2 Applications for the AMSA National Convention Convenor will be co-ordinated by the Events Coordinator.

5.2.1 This process must conclude prior to the commencement of Third Council two (2) years preceding the relevant National Convention.

5.3 Applications will:

5.3.1 be advertised at least forty (40) days prior to the closing date for applications;

5.3.2 take the form of:

5.3.2.1 a written application;

5.3.2.2 submission of the curriculum vitae of the applicant; and

5.3.2.3 a phone interview.

5.3.3 be selected by the Directors by a procedure detailed in Appendix 2 which should:

5.3.3.1 involve an optional preferential system;

5.3.3.2 enable votes to be cast by secret ballot; and

5.3.3.3 be fair and equitable.
5.3.4 **n.b** the successful applicant for the AMSA National Convention Convenor will form a team (‘the Convention Bid Team’) to be ratified by the Members.

5.4 Ratification of the Convention Bid Team will occur at the First Council Meeting in the year preceding the relevant National Convention.

5.4.1 The application of the Convention Bid Team will be tabled in the Agenda and will include:

5.4.1.1 a curriculum vitae from each candidate; and

5.4.1.2 position descriptions for each member of the team.

5.4.2 The Convention Bid Team will give a brief presentation to Council.

5.4.3 Ratification will be by simple majority vote of the Members.

5.4.3.1 In the case of a tie, the President will have the casting vote.

5.4.4 A Director or alternative appointed by the Board will act as the Returning Officer.

5.4.5 Upon ratification, the Convention Bid Team will be known as the AMSA National Convention Committee Elect.

5.5 Ratification of the AMSA National Convention Committee Elect’s proposed AMSA National Convention Committee Position Descriptions for their term will occur by the Directors before Second Council.

5.5.1 Where one (1) or more candidate(s) in the application will fulfil new or different duties from those specified in the existing AMSA National Convention Committee Position Descriptions (Terms 1Appendix 1), these must be detailed.

5.5.2 Upon ratification by the Directors, the AMSA National Convention Committee Position Descriptions specified in an application will automatically supersede the existing AMSA National Convention Committee Position Descriptions upon change of the relevant team from AMSA National Convention Committee Elect to the AMSA National Convention Committee.

5.5.2.1 In the Agenda for the Second Council Meeting, the AMSA National Convention Committee Elect must include the ratified AMSA National Convention Committee Position Descriptions by which they will operate to ensure the ongoing fulfilment of the duties prescribed in these Terms of Reference and the duties of a Directors’ Committee (Section 10).

5.6 At the Third Council Meeting preceding their National Convention, the members of the AMSA National Convention Committee Elect will become members of the AMSA National Convention Committee.

5.7 At the Third Council Meeting following their National Convention, the members of the AMSA National Convention Committee will retire.

6. **Responsibilities and duties**

6.1 **Finances**
6.1.1 The AMSA National Convention Committee will be responsible for creating a prospective budget for the National Convention; this will:

6.1.1.1 be submitted to the Directors for approval at a sufficient time before the relevant National Convention, as determined by the Directors;

6.1.1.2 not be altered or amended after its approval; and

6.1.1.3 be employed in regularly measuring actual financial performance and improved forecasts (budget-to-actual report).

6.1.2 The AMSA National Convention Committee must provide all financial information requested by the Directors or Executive, including information as outlined in Terms 1 Clause 6.1.1.3:

6.1.2.1 to the Directors, at prescribed intervals determined by the Directors;

6.1.2.2 to the Executive, at prescribed intervals determined by the Executive; and

6.1.2.3 within seven (7) working days of any request received by the Directors or Executive, in addition to those times prescribed under Terms 1 Clauses 6.1.2.1 and 6.1.2.2.

6.1.3 The Guidelines on Finance Operations, if they exist, may further define the financial reporting requirements for the AMSA National Convention Committee to the Executive and Directors:

6.1.3.1 the Guidelines on Finance Operations, if they exist, may supersede the requirements specified in these Terms of Reference, provided they do not restrict the:

6.1.3.1.1 absolute power of the Director; and

6.1.3.1.2 the right of the Directors to all available information.

6.1.4 The AMSA National Convention Committee must not incur any costs beyond their ratified budget, without prior approval by the Directors and/or the Executive, as defined by the Guidelines on Finance Operations, if they exist.

6.1.5 The AMSA National Convention Committee must not adopt any financial liability on behalf of AMSA without prior approval by the Directors and/or the Executive, as defined by the Guidelines on Finance Operations, if they exist.

6.1.6 The AMSA National Convention Committee will be responsible for assisting in the resolution of their financial accounts:

6.1.6.1 by providing requisite information and documents;

6.1.6.2 after the completion of the relevant National Convention; and

6.1.6.3 as required by the Directors and/or Executive.

6.1.7 The National Convention must not constitute a financial burden for AMSA.
6.1.8 The National Convention should be accessible to all Medical Students. The cost of travel, registration and accommodation should be as reasonable as possible.

6.1.9 The finances of National Convention will primarily be the responsibility of the Treasurer of the AMSA National Convention Committee.

6.1.10 All finances of the National Convention will be channelled through the AMSA Treasurer.

6.2 Sponsorship

6.2.1 The AMSA National Convention Committee must source sponsorship for the National Convention, subject to the provisions in all Official Documents.

6.2.2 The sponsorship prospectus produced by the AMSA National Convention Committee must have approval from the AMSA Sponsorship Officers and Internal Communications Officer prior to printing and distribution.

6.2.3 The AMSA National Convention Committee must not engage in discussions or agreements with pharmaceutical companies without prior permission of Members.

6.2.4 The sponsorship of the National Convention will primarily be the responsibility of the Sponsorship Officer(s).

6.2.5 The Sponsorship Officer(s) of the National Convention must not engage in discussions or agreements with AMSA Major Partners without prior approval of the AMSA Sponsorship Officers.

6.2.6 The AMSA National Convention Committee will be responsible for delivery of all agreed sponsorship entitlements to sponsors of AMSA.

6.2.7 All sponsorship arrangements must be confirmed by an official agreement between the sponsor and AMSA.

6.2.8 A copy of all sponsorship agreements must reside with the AMSA National Secretariat, or any other place determined by the Directors.

6.3 Logistics

6.3.1 The AMSA National Convention Committee is responsible for organising the logistics for all delegates at National Convention; this includes being responsible for:

6.3.1.1 organising venues for the Academic and Social Programs;

6.3.1.2 organising transport for delegates between venues; and

6.3.1.3 the accommodation of delegates, including room allocations;

6.3.1.4 ensuring adequate and appropriate catering for all delegates at both Academic and Social Programs.
6.3.2 The logistics of National Convention will primarily be the responsibility of the Logistics Officer(s).

6.3.3 Logistical arrangements should be confirmed by a contract between each supplier and AMSA.

6.3.4 All contracts require the approval of the Executive prior to entering the agreement.

6.3.5 A copy of all contracts must reside with the AMSA National Secretariat, or any other place determined by the Directors.

6.3.6 The National Convention Convenor has the authority to make changes to the Terms and Conditions for the relevant AMSA National Convention.

6.3.6.1 The Board must be notified of any changes that are made to the relevant Terms and Conditions.

6.4 Academic program

6.4.1 The AMSA National Convention Committee will be responsible for organising the Academic Program for National Convention.

6.4.2 The Academic Program will primarily be the responsibility of the Academic Convenor(s).

6.4.3 The Academic Program should include:

6.4.3.1 keynote presentations;

6.4.3.2 workshops;

6.4.3.3 field trips;

6.4.3.4 the Emergency Medicine Challenge;

6.4.3.5 the National Debating Series;

6.4.3.6 the launch of the AMSA National Blood Drive; and

6.4.3.7 opportunities to promote the activities of AMSA;

6.4.3.8 AMSA Keynote session.

6.5 Social Program

6.5.1 The AMSA National Convention Committee will be responsible for organising the Social Program of National Convention.

6.5.2 The Social Program will primarily be the responsibility of the Social Convenor(s).

6.5.3 The Social Program should include:

6.5.3.1 the AMSA Gala Ball.

6.6 Presentation of Awards
6.6.1 The following awards and prizes should be awarded at the AMSA National Convention in accordance with Section 16:

6.6.1.1 Honorary Life Membership;
6.6.1.2 AMSA Student Society Awards;
6.6.1.3 The President’s Award;
6.6.1.4 Lap of the Map Awards; and
6.6.1.5 Medals of Honour.

6.7 Promotions and merchandise

6.7.1 The AMSA National Convention Committee, in conjunction with Representatives, will be responsible for ensuring adequate promotion of National Convention to Medical Students.

6.7.2 All promotional material and merchandise created by the AMSA National Convention Committee must have approval of the Executive prior to printing and/or distribution.

6.7.3 All promotional material and merchandise created by the AMSA National Convention Committee should contain the AMSA logo.

6.7.4 All promotional material and merchandise created by the AMSA National Convention Committee must comply with the AMSA Branding Document.

6.8 Publications

6.8.1 The AMSA National Convention Committee may produce publications for the National Convention.

6.8.2 All publications produced by the AMSA National Convention Committee must have approval from the Executive prior to printing and/or distribution.

6.8.3 All publications created by the AMSA National Convention Committee must contain the:

6.8.3.1 AMSA logo;
6.8.3.2 all logos of AMSA Major Partners.

6.8.4 All publications created by the AMSA National Convention Committee must comply with the AMSA Branding Document.

6.9 Media

6.9.1 The Public Relations Officer will oversee external public relations, media releases and communication.

6.9.2 The AMSA National Convention Committee is not permitted to discuss the National Convention with the media without prior approval of the Public Relations Officer.
6.10 Communication with students

6.10.1 The AMSA National Convention Committee may collect contact details of students interested in obtaining more information about National Convention.

6.10.1.1 Such collection must comply with the Privacy Policy (Appendix 1 of the Regulations and By-Laws).

6.10.1.2 Such collection should aim to increase the database of details maintained by AMSA.

7. Structure

7.1 The structure of the AMSA National Convention Committee should reflect the responsibilities, duties and workload of the Directors’ Committee.

7.2 The existing positions and position descriptions of the AMSA National Convention Committee are detailed in Appendix 1.

7.3 In addition to the positions listed in Appendix 1, the AMSA National Convention Committee may implement any other position they feel appropriate.

7.4 The AMSA National Convention Committee includes the following ex-officio positions:

7.4.1 Events Coordinator;

7.4.2 AMSA Treasurer; and

7.4.3 any Director appointed by the Directors.

7.5 The AMSA National Convention Committee may establish subcommittees to perform tasks necessary for the organisation of the National Convention.

7.6 The person that is the National Convention Convenor will also be a Director of the Company between the Third Council Meeting that precedes the relevant National Convention to the Third Council Meeting that follows the relevant National Convention.

8. Registration

8.1 The AMSA National Convention Committee will be responsible for arranging registration of delegates.

8.2 Registration of delegates must adhere to the relevant Terms and Conditions.

8.3 The AMSA National Convention Committee must ensure that all delegates agree to the relevant Terms and Conditions.

8.4 The AMSA National Convention Committee must ensure that all delegates are aware of AMSA’s expectations with respect to alcohol, smoking and drugs.

8.5 Reduced registration costs should be provided for delegates who register without the inclusion of alcoholic beverages.

8.5.1 This should be differentiated as ‘registration’ and ‘registration with alcoholic beverages’, or similar.
8.6 Barring or ejecting an Attendee from an Event will occur in accordance with Section 14 Clause 1.

9. Risk management

9.1 The AMSA National Convention Committee will be responsible for risk management at National Convention.

9.1.1 This includes:

9.1.1.1 conducting a thorough risk assessment of all venues to be used throughout the week;

9.1.1.2 ensuring all activities are covered by AMSA’s public liability insurance;

9.1.1.3 making emergency contacts available to all delegates;

9.1.1.4 having welfare officers present each night;

9.1.1.5 developing an incident report procedure;

9.1.1.6 developing an emergency response procedure; and

9.1.1.7 any other requirements set by the Directors.

9.2 The AMSA National Convention Committee will ensure that the National Convention adheres to all laws, relevant guidelines and Official Documents pertaining to student welfare.

9.2.1 Information regarding the dangers of excessive consumption of alcohol should be included in the National Convention satchel.

10. AMSA National Convention Committee Elect

10.1 The AMSA National Convention Committee Elect is responsible for the organisation, management and promotion of the National Convention in the following calendar year.

10.2 The AMSA National Convention Committee Elect is not a Directors’ Committee, and therefore may not, without prior approval of the Directors:

10.2.1 incur any costs, present or foreseeable; or

10.2.2 enter into agreements or contracts.

10.3 The AMSA National Convention Committee Elect is not a Directors’ Committee and therefore may not:

10.3.1 execute agreements or contracts.

10.4 The AMSA National Convention Committee Elect must, upon request, consult with the Directors and Executive regarding the organisation of their event.

10.5 Minutes of meetings of the AMSA National Convention Committee Elect must be:
10.5.1 produced in accordance with Part 5 Clause 41 of the Constitution as if the AMSA National Convention Committee Elect were a Directors’ Committee; and

10.5.2 submitted to the Directors not more than fourteen (14) days following the relevant meeting.

11. Amendment

11.1 These Terms of Reference and all associated appendices may be amended by resolution of the Directors.
1. **AMSA National Convention Committee Position Descriptions**

1.1 In addition to the portfolio-specific tasks detailed in this appendix, the AMSA National Convention Committee must:

1.1.1 consider the safety and risk associated with each venue in a manner determined by the Directors;

1.1.2 ensure adequate First Aid and Welfare availability;

1.1.3 communicate with delegates;

1.1.4 communicate with relevant member of the AMSA National Convention Committee Elect; and

1.1.5 ensure adequate Handover to the AMSA National Convention Committee Elect not more than sixty (60) days after the event.

1.2 Any AMSA National Convention Committee member may delegate tasks specific to their portfolio to another person with the permission of the AMSA National Convention Committee.

1.3 **Convenor**

1.3.1 The AMSA National Convention Convenor will:

1.3.1.1 be appointed Director of the Company and fulfill all responsibilities of that role;

1.3.1.2 ensure the overall success and viability of the National Convention;

1.3.1.3 oversee and support the portfolios of the AMSA National Convention Committee;

1.3.1.4 chair committee meetings, unless:

1.3.1.4.1 a different chair is nominated, who must also be a member of the National Convention Committee.

1.3.1.5 represent the AMSA National Convention Committee to Council, providing financial and other updates;

1.3.1.6 act as the key liaison with the Executive, namely through the Events Coordinator; and

1.3.1.7 provide information to the Executive to the extent determined by the Directors.

1.4 **Deputy Convenor**

1.4.1 The AMSA National Convention Deputy Convenor will:
1.4.1.1 provide support to the Convenor;

1.4.1.2 oversee and support the portfolios of the AMSA National Convention Committee; and

1.4.1.3 represent the AMSA National Convention Committee if:

   1.4.1.3.1 the Convenor is absent; or

   1.4.1.3.2 the Convenor designates the Deputy Convenor as their representative.

1.5 Secretary

1.5.1 The AMSA National Convention Secretary will:

   1.5.1.1 be responsible for recording minutes at all meetings of the AMSA National Convention Committee;

   1.5.1.2 be responsible for distribution of minutes to the Directors in accordance with Section 10 Clause 1.8;

   1.5.1.3 keep all documentation relating to the AMSA National Convention;

   1.5.1.4 be responsible for compiling the Handover document; and

   1.5.1.5 report directly to the National Convention Convenor.

1.6 Treasurer

1.6.1 The AMSA National Convention Treasurer will:

   1.6.1.1 be responsible for the creation and overall management of the National Convention budget and finances:

       1.6.1.1.1 in conjunction with the AMSA Treasurer; and

       1.6.1.1.2 and in accordance with Section 10 Clause 2.

   1.6.1.2 be responsible for administrative duties relating to the finances of the event:

       1.6.1.2.1 as prescribed in the Guidelines on Finance Operations, if they exist; and

       1.6.1.2.2 as further directed by the Directors and/or AMSA Treasurer.

   1.6.1.3 report directly to, and liaise with, the AMSA Treasurer;

   1.6.1.4 submit a preliminary budget to the Directors not more than thirty (30) days after ratification of the team;

   1.6.1.5 prepare a budget-to-actual report for each Council Meeting in the year of the event; and
1.6.1.6 report directly to the National Convention Convenor.

1.7 Sponsorship Coordinator(s)

1.7.1 The Sponsorship Coordinator(s) will:

1.7.1.1 compile a sponsorship prospectus;
1.7.1.2 approach potential sponsors;
1.7.1.3 be responsible for the formulation of all sponsorship agreements;
1.7.1.4 ensure that the AMSA National Secretariat has an up to date copy of all sponsorship agreements;
1.7.1.5 oversee all communication with sponsors;
1.7.1.6 liaise with the AMSA Sponsorship Officers for approval and assistance in all sponsorship activities;
1.7.1.7 liaise with sponsors in the lead up to, and throughout, the National Convention;
1.7.1.8 work with the National Convention Treasurer to ensure appropriate budgeting; and
1.7.1.9 report directly to the National Convention Convenor.

1.7.2 Candidates are discouraged from simultaneously holding sponsorship related positions with both AMSA and other bodies such as Medical Student Societies.

1.8 Academic Convenor(s)

1.8.1 The Academic Convenor(s) will:

1.8.1.1 be responsible for developing the academic program for the National Convention;
1.8.1.2 co-ordinate the logistical aspects of the academic program, including:
   1.8.1.2.1 contacting speakers;
   1.8.1.2.2 co-ordinating relevant speakers; and
   1.8.1.2.3 organising speaker biographies for publications.
1.8.1.3 form, oversee and co-ordinate an academic subcommittee in the lead up to, and during, the National Convention;
1.8.1.4 co-ordinate speaker introductions;
1.8.1.5 co-ordinate the National Debating Series as per the relevant appendix (Appendix 2).
1.8.1.6 ensure availability of appropriate resources for the academic program;
1.8.1.7 work with the National Convention Treasurer to ensure appropriate budgeting; and

1.8.1.8 report directly to the National Convention Convenor.

1.9 Social Convenor(s)

1.9.1 The Social Convenor(s) will:

1.9.1.1 be responsible for developing the Social Program for the National Convention;

1.9.1.2 co-ordinate a thorough risk assessment of venues utilised in the Social Program, with the third parties responsible for running those venues;

1.9.1.3 be responsible for the coordination of the Social Program throughout the National Convention week;

1.9.1.4 form, oversee and co-ordinate a social subcommittee in the lead up to, and during, the National Convention;

1.9.1.5 organise descriptions for promotions and publications, where required;

1.9.1.6 work with the National Convention Treasurer to ensure appropriate budgeting; and

1.9.1.7 report directly to the National Convention Convenor.

1.10 Publications and Promotion Coordinators

1.10.1 The Publications and Promotion Coordinators will:

1.10.1.1 be responsible for the promotion of the National Convention to Medical Students and stakeholders including:

1.10.1.1.1 building and maintaining a National Convention website;

1.10.1.1.2 facilitating the communication of information about National Convention;

1.10.1.1.3 the design and distribution of the AMSA National Convention Committee branding package to all committee members and other relevant parties;

1.10.1.1.4 the design and distribution of all promotional material for the National Convention;

1.10.1.1.5 lending support in the design and maintenance of the National Convention website; and

1.10.1.1.6 submission of articles and advertisements for AMSA and local MedSoc publications, upon request.

1.10.1.2 work with the National Convention Treasurer to ensure appropriate budgeting;
1.10.1.3 comply with the AMSA Branding Document;
1.10.1.4 ensure that all AMSA National Convention Committee members comply with the AMSA Branding Document; and
1.10.1.5 report directly to the National Convention Convenor.

1.11 Logistics Coordinator(s)

1.11.1 The Logistics Coordinator(s) will:

1.11.1.1 co-ordinate registration and be responsible for delegate transport;
1.11.1.2 co-ordinate payment options for the National Convention;
1.11.1.3 be responsible for the accommodation of delegates including:
   1.11.1.3.1 sourcing of quotes for appropriate accommodation venues; and
   1.11.1.3.2 allocating delegates to accommodation rooms.
1.11.1.4 source quotes for the venue for the academic program;
1.11.1.5 organise the food for delegates;
1.11.1.6 organise means of communication for the AMSA National Convention Committee for the duration of Convention;
1.11.1.7 facilitate the provision of a first aid kit and first Aid officer for the duration of the National Convention;
1.11.1.8 prepare information for the website and publications regarding National Convention details and general information about the city, including about transport;
1.11.1.9 work with the National Convention Treasurer to ensure appropriate budgeting; and report directly to the National Convention Convenor.

1.12 Sports Day Convenor(s)

1.12.1 The Sports Day Convenor(s) will:

1.12.1.1 be responsible for the organisation of the AMSA National Convention Sports Day;
1.12.1.2 organise and co-ordinate the Emergency Challenge;
1.12.1.3 work with the National Convention Treasurer to ensure appropriate budgeting; and
1.12.1.4 report directly to the National Convention Convenor.
1. National Debating Series

1.1 The National Debating Series will be held in conjunction with the National Convention and will aim to:

1.1.1 highlight the importance of considering medical and healthcare issues;

1.1.2 promote a greater awareness of medical issues in the health sector among Medical Students;

1.1.3 demonstrate the social responsibilities of medical practice;

1.1.4 encourage debate and critical thinking among Medical Students;

1.1.5 promote AMSA through its Members during the selection process for their local debating teams;

1.1.6 encourage student participation in the National Convention;

1.1.7 facilitate and promote the attendance of students at the Academic Program of the National Convention.

1.2 Teams competing in the National Debating Series will be elected and registered as follows:

1.2.1 a Member is permitted to enter one (1) team of three (3) debaters;

1.2.2 debaters must be elected on their debating ability by way of an open process;

1.2.3 a Member must register their team by sending the name and contact details of the Captain of the team to the AMSA National Convention Committee;

1.2.4 registration must occur by a date determined by the Executive and AMSA National Convention Committee;

1.2.5 additional teams may be allowed to participate subject to the approval of the AMSA National Convention Committee.

1.3 Each debating team is to receive a timetable of debates and a summary of debating guidelines not less than seven (7) days prior to the National Convention.

1.4 All debates will be held during the Academic Program of the National Convention.

1.5 The competition will assume the form of a knock-out competition:

1.5.1 the scoring process, draw and timeframe of debates will be determined by the AMSA National Convention Committee;

1.5.2 the two (2) teams left remaining will enter the Grand Final to be held on the Friday of the Academic Program and to be hosted as a Keynote session.
1.6 the AMSA National Convention Committee will determine the topics of the debates:

1.6.1 debates will be conducted using secret topics presented to debaters:

1.6.1.1 on the Sunday afternoon of the AMSA National Convention for Round One; and

1.6.1.2 on the morning of the respective debate for remaining Rounds.

1.6.2 notwithstanding Section 18 Clause 1.6.1 the topic of the Grand Final will be presented to debaters on the evening preceding that debate.

1.7 The AMSA National Convention Committee will determine who judges the series:

1.7.1 judges should be independent of the debaters and Members;

1.7.2 three (3) individuals should judge the Grand Final.

1.8 Debaters will be assessed on the following criteria:

1.8.1 persuasiveness (method);

1.8.2 strength of ideas (matter);

1.8.3 entertainment value (manner).

1.9 Notwithstanding Section 18 Clause 1.8, less emphasis will be placed on the formalities of debating as might be applied in formal competitions.

1.10 The prizes for the National Debating Series will be funded from the National Convention Committee budget.

1.11 The National Convention Committee will determine the prize amount for the winning team and runners-up prior to the first of the series.
1. Definitions

Unless otherwise specified, Section 1 of the Australian Medical Students’ Association (AMSA) Regulations and By-Laws also applies to these Terms of Reference.

For the purposes of this document:

‘AMSA Global Health Conference Committee Elect’ refers to the team charged with organising the Global Health Conference to be held in the following calendar year, from the time that they are ratified by the Members to the time that they become members of the Directors’ Committee.

‘Global Health Conference Bid Team’ refers to the team appointed by the Executive to organise the Global Health Conference, who are yet to be ratified by the Members.

2. Purpose

2.1 The AMSA Global Health Conference Committee is a Directors’ Committee of AMSA.

2.2 The AMSA Global Health Conference Committee will operate within the provisions of the Official Documents, including these Terms of Reference.

2.3 The AMSA Global Health Conference Committee will be responsible for all aspects of the organisation, management and promotion of the AMSA Global Health Conference (Global Health Conference), subject to the following Terms of Reference.

3. Objects

3.1 The AMSA Global Health Conference aims to combine the educational value of the academic program with social interaction to:

3.1.1 provide a forum for Medical Students with an interest in global, public and / or developing world health to discuss, debate and share ideas;

3.1.2 educate and inform Medical Students of the broad issues in global and public health;

3.1.3 expose Medical Students to the challenges faced in providing for equitable healthcare locally, nationally and globally;

3.1.4 equip Medical Students with the means to meet the challenges in global healthcare;

3.1.5 empower Medical Students to adequately face and become productively involved in these challenges as health professionals; and

3.1.6 promote AMSA, its activities and goals to Medical Students and the general public.

3.2 The AMSA Global Health Conference should maintain a global focus; this includes:
3.2.1 ensuring equitable representation of delegates from developing world nations, particularly through the Asia-Pacific Liaison Officer.

4. Governance principles

4.1 The AMSA Global Health Conference Committee will operate under the name and Australian Business Number (ABN) of AMSA.

4.2 The AMSA Global Health Conference Committee will operate under the direct management of the Directors and the Executive.

4.3 The AMSA Global Health Conference Committee must operate its finances in accordance with Section 10 Clause 2.

4.4 The AMSA Global Health Conference Committee is not permitted to adopt any financial or legal liability or risk on behalf of AMSA without prior approval of the Directors.

4.5 The AMSA Global Health Conference Committee must adhere to the Official Documents, including the:

4.5.1 Constitution;
4.5.2 Regulations and By-Laws
4.5.3 Comprehensive Public Policy Compilation;
4.5.4 Guidelines; and
4.5.5 AMSA Branding Document.

4.6 The AMSA Global Health Conference Committee will exist between the First Council Meeting that precedes their Global Health Conference and the First Council that follows their Global Health Conference.

4.7 Prior to being the AMSA Global Health Conference Committee the group will be considered the AMSA Global Health Conference Committee Elect.

5. Appointment

5.1 In 2012, a bid process will be held to determine the location of the Global Health Conference. This bid will be open to teams from: South Australia, Western Australia, Victoria, Queensland, Regional (‘Regional’ is as defined in Section 1).

5.1.1 In the event that no applications are received, the application process will be opened to applications from any state.

5.1.2 In the case of an open call for applications, the rotation will recommence the following year, continuing as outlined in Terms 2 Clause 5.1.

5.2 Applications for the AMSA Global Health Conference Convenor will be co-ordinated by the Events Coordinator.

5.2.1 This process must conclude prior to the commencement of First Council in the year preceding the relevant AMSA Global Health Conference.
5.3 Applications will:

5.3.1 be advertised at least forty (40) days prior to the closing date for applications;

5.3.2 close twenty one (21) days prior to the scheduled date of the phone interviews.

5.3.3 take the form of:

5.3.3.1 a written application;

5.3.3.2 submission of the curriculum vitae of the applicant; and

5.3.3.3 a phone interview.

5.3.4 be selected by the Directors.

n.b the successful applicant for the AMSA Global Health Conference Convenor will form a team (‘the GHC Bid Team’) to be ratified by the Members.

5.4 Ratification of the GHC Bid Team will occur at the First Council Meeting in the year preceding the Global Health Conference.

5.4.1 The application of the GHC Bid Team will be tabled in the Agenda for the relevant Council Meeting and will include:

5.4.1.1 a curriculum vitae from each candidate; and

5.4.1.2 position descriptions for each member of the team.

5.4.2 The GHC Bid Team will give a brief presentation to Council.

5.4.3 Ratification will be by simple majority vote of the Members.

5.4.3.1 In the case of a tie, the President will have the casting vote.

5.4.4 A Director or alternative appointed by the Board will act as the Returning Officer.

5.4.5 Upon ratification, the GHC Bid Team will be known as the AMSA Global Health Conference Committee Elect.

5.5 Ratification of the AMSA Global Health Conference Committee Elect’s proposed AMSA Global Health Conference Committee Position Descriptions for their term will occur by the Directors before the Third Council Meeting in the year preceding the relevant AMSA Global Health Conference.

5.5.1 Where one (1) or more candidate(s) in the application will fulfil new or different duties from those specified in the existing AMSA Global Health Conference Committee Position Descriptions (0), these must be detailed.

5.5.2 Upon ratification by the Directors, AMSA Global Health Conference Committee Position Descriptions specified in an application will automatically supersede the existing AMSA Global Health Conference Committee Position Descriptions upon change of the relevant team from AMSA Global Health Conference Committee Elect to the AMSA Global Health Conference Committee.
5.5.2.1 In the Agenda for the relevant Council Meeting, the AMSA Global Health Conference Committee Elect must include the AMSA Global Health Conference Committee Position Descriptions (0) by which they will operate to ensure the ongoing fulfilment of the duties prescribed in these Terms of Reference and in the duties of the Directors’ Committees (Section 10).

5.6 At the First Council Meeting in the year of their AMSA Global Health Conference, the members of the AMSA Global Health Conference Committee Elect will become members of the AMSA Global Health Conference Committee.

5.7 At the First Council Meeting in the year of their AMSA Global Health Conference Committee, the members of the AMSA Global Health Conference Committee will retire.

6. Responsibilities and duties

6.1 Finances

6.1.1 The AMSA Global Health Conference Committee will be responsible for creating a prospective budget for the AMSA Global Health Conference, this will:

- 6.1.1.1 be submitted to the Directors for approval at a sufficient time before the relevant AMSA Global Health Conference, as determined by the Directors;

- 6.1.1.2 not be altered or amended after its approval; and

- 6.1.1.3 be employed in regularly measuring actual financial performance and improved forecasts (budget-to-actual report).

6.1.2 The AMSA Global Health Conference Committee must provide all financial information requested by the Directors or Executive, including information as outlined in Terms 2 Clause 6.1.1.3:

- 6.1.2.1 to the Directors, at prescribed intervals determined by the Directors;

- 6.1.2.2 to the Executive, at prescribed intervals determined by the Executive;

- 6.1.2.3 within seven (7) working days of any request received by the Directors or Executive, in addition to those times prescribed under Terms 2 Clauses 6.1.2.1 and 6.1.2.2.

6.1.3 The Guidelines on Finance Operations, if they exist, may further define the financial reporting requirements for the AMSA Global Health Conference Committee to the Executive and Directors:

- 6.1.3.1 the Guidelines on Finance Operations, if they exist, may supersede the requirements specified in these Terms of Reference, provided they do not restrict the:

  - 6.1.3.1.1 absolute power of the Director; and

  - 6.1.3.1.2 the right of the Directors to all available information.
6.1.4 The AMSA Global Health Conference Committee must not incur any costs beyond their ratified budget, without prior approval by the Directors and/or the Executive, as defined by the Guidelines on Finance Operations, if they exist.

6.1.5 The AMSA Global Health Conference Committee must not adopt any financial liability on behalf of AMSA without prior approval by the Directors and/or the Executive, as defined by the Guidelines on Finance Operations, if they exist.

6.1.6 The AMSA Global Health Conference Committee will be responsible for assisting in the resolution of their financial accounts:

6.1.6.1 by providing requisite information and documents;

6.1.6.2 after the completion of the relevant AMSA Global Health Conference; and

6.1.6.3 as required by the Directors and/or Executive.

6.1.7 The AMSA Global Health Conference must not constitute a financial burden for AMSA.

6.1.8 The AMSA Global Health Conference should be accessible to all Medical Students. The cost of travel, registration and accommodation should be as reasonable as possible.

6.1.9 The finances of the AMSA Global Health Conference will primarily be the responsibility of the Treasurer of the AMSA Global Health Conference Committee.

6.1.10 All finances of the AMSA Global Health Conference will be channelled through the AMSA Treasurer.

6.2 Partnership

6.2.1 The AMSA Global Health Conference Committee must source sponsorship (also ‘partnership’) for the AMSA Global Health Conference, subject to the provisions in the Official Documents.

6.2.2 The partnership prospectus produced by the AMSA Global Health Conference Committee must have approval from the AMSA Sponsorship Officers and Events Coordinator prior to printing and distribution.

6.2.3 The AMSA Global Health Conference Committee must not engage in discussions or agreements with pharmaceutical companies without prior permission of Members.

6.2.4 The sponsorship of the AMSA Global Health Conference will primarily be the responsibility of the Partnership Officer(s).

6.2.5 The AMSA Global Health Conference Committee must not engage in discussions or agreements with AMSA Major Partners without prior approval of the AMSA Sponsorship Officers.

6.2.6 The AMSA Global Health Conference Committee will be responsible for delivery of all agreed partnership entitlements to sponsors of AMSA.
6.2.7 All partnership arrangements must be confirmed by an official agreement between the partner and AMSA.

6.2.8 A copy of all sponsorship agreements must reside with the AMSA National Secretariat, or any other place determined by the Directors.

6.3 From 2013 the AMSA Global Health Conference location will rotate annually in the following sequence: Hobart, Sydney, Perth, Regional (as is defined in Section 1), Adelaide, Melbourne, Brisbane.

6.3.1 In the event that no applications are received, the application process will be opened to applications from any state.

6.3.2 In the case of an open call for applications, the rotation will recommence the following year, continuing as outlined in Terms 2 Clause 6.3.

6.4 Logistics

6.4.1 The AMSA Global Health Conference Committee is responsible for organising the logistics for all delegates at the AMSA Global Health Conference; this includes being responsible for:

6.4.1.1 organising venues for the Academic and Social Programs;

6.4.1.2 organising transport for delegates between venues; and

6.4.1.3 ensuring adequate and appropriate catering for all delegates at both Academic and Social Programs.

6.4.2 The logistics of the AMSA Global Health Conference will primarily be the responsibility of the Logistics Officer(s).

6.4.3 Logistical arrangements should be confirmed by a contract between each supplier and AMSA.

6.4.4 All contracts require the approval of the Executive prior to entering the agreement.

6.4.5 A copy of all contracts must reside with the AMSA National Secretariat, or any other place determined by the Directors.

6.4.6 The Global Health Conference Convenor has the authority to make changes to the Terms and Conditions for the relevant AMSA Global Health Conference.

6.4.6.1 The Board must be notified of any changes that are made to the relevant Terms and Conditions.

6.5 Academic Program

6.5.1 The AMSA Global Health Conference Committee will be responsible for organising the Academic Program for Global Health Conference.

6.5.2 The Academic Program will primarily be the responsibility of the Academic Convenor(s).
6.5.3 The Academic Program should include:

6.5.3.1 keynote presentations;

6.5.3.2 opportunities for the AMSA Global Health Network to:

6.5.3.2.1 address the entire delegation;

6.5.3.2.2 co-present a project presentation session; and

6.5.3.2.3 arrange training workshops prior to and during the AMSA Global Health Conference.

6.5.3.3 opportunities to promote the:

6.5.3.3.1 International Federation of Medical Student Associations (IFMSA);

6.5.3.3.2 Asian Medical Students' Association (AsMSA); and

6.5.3.3.3 activities of AMSA.

6.6 Social Program

6.6.1 The AMSA Global Health Conference Committee will be responsible for organising the Social Program of Global Health Conference.

6.6.2 The Social Program will primarily be the responsibility of the Social Convenor(s).

6.6.3 All activities within the social program must adhere to all laws, relevant Official Documents and policies.

6.7 Promotions and Merchandise

6.7.1 The AMSA Global Health Conference Committee, in conjunction with Representatives and the AMSA Global Health Network, will be responsible for ensuring adequate promotion of AMSA Global Health Conference to Medical Students.

6.7.2 All promotional material and merchandise created by the AMSA Global Health Conference Committee must have approval of the Executive prior to printing and/or distribution.

6.7.3 All promotional material and merchandise created by the AMSA Global Health Conference Committee should contain the AMSA logo.

6.7.4 All promotional material and merchandise created by the AMSA Global Health Conference Committee must comply with the AMSA Branding Document.

6.8 Publications

6.8.1 The AMSA Global Health Conference Committee may produce publications for the AMSA Global Health Conference.
6.8.2 All publications produced by the AMSA Global Health Conference Committee must have approval from the Executive prior to printing and/or distribution.

6.8.3 All publications created by the AMSA Global Health Conference Committee must contain the AMSA logo.

6.8.4 All publications created by the AMSA Global Health Conference Committee must contain the logos of the AMSA Major Partners.

6.8.5 All publications created by the AMSA Global Health Conference Committee must comply with the AMSA Branding Document.

6.9 Media

6.9.1 The Public Relations Officer will oversee external public relations, media releases and communication.

6.9.2 The Global Health Conference Committee is not permitted to discuss the AMSA Global Health Conference with the media without prior approval of the Public Relations Officer.

6.10 Communication with students

6.10.1 The AMSA Global Health Conference Committee may collect contact details of students interested in obtaining more information about the AMSA Global Health Conference.

6.10.1.1 Such collection must comply with the AMSA Privacy Policy (Appendix 1 of the Regulations and By-Laws)

6.10.1.2 Such collection should aim to increase the database of details maintained by AMSA.

7. Structure

7.1 The structure of the AMSA Global Health Conference Committee should reflect the responsibilities, duties and workload of the committee.

7.2 The existing positions and position descriptions of the AMSA Global Health Conference Committee are detailed in Appendix 1.

7.3 In addition to the positions listed in Appendix 1, the AMSA Global Health Conference Committee may implement any other position they feel appropriate.

7.4 The AMSA Global Health Conference Committee includes the following ex-officio positions:

7.4.1 Global Health Officer;

7.4.2 Events Coordinator;
7.4.3 AMSA Treasurer; and
7.4.4 any Director so appointed by the Directors.

7.5 The AMSA Global Health Conference Committee may establish subcommittees to perform tasks which fall within these Terms of Reference.

7.6 The person that is the AMSA Global Health Conference Convenor will also be a Director of the Company between the First Council Meeting that precedes the relevant AMSA Global Health Conference to the First Council Meeting that follows the relevant AMSA Global Health Conference.

8. Registration

8.1 The AMSA Global Health Conference Committee will be responsible for arranging registration of delegates.

8.2 Registration of delegates must adhere to the relevant Terms and Conditions.

8.3 The AMSA Global Health Conference Committee must ensure that all delegates agree to the relevant Terms and Conditions.

8.4 The AMSA Global Health Conference Committee must ensure that all delegates are aware of AMSA’s expectations with respect to alcohol, smoking and drugs.

8.5 Barring or ejecting an Attendee from an Event will occur in accordance with Section 14 Clause 1.

9. Risk management

9.1 The AMSA Global Health Conference Committee will be responsible for risk management at Global Health Conference.

9.1.1 This includes:

9.1.1.1 conducting a thorough risk assessment of all venues to be used throughout the week;

9.1.1.2 ensuring all activities are covered by the AMSA’s public liability insurance;

9.1.1.3 making emergency contacts available to all delegates;

9.1.1.4 having welfare officers present each night;

9.1.1.5 developing an incident report procedure;

9.1.1.6 developing an emergency response procedure; and

9.1.1.7 any other requirements set by the Directors.

9.2 The AMSA Global Health Conference Committee will ensure that the AMSA Global Health Conference adheres to all relevant guidelines pertaining to student welfare, particularly the responsible service of alcohol.

10. AMSA Global Health Conference Committee Elect
10.1 The AMSA Global Health Conference Committee Elect is responsible for the organisation, management and promotion of the AMSA Global Health Conference in the following calendar year.

10.2 The AMSA Global Health Conference Committee Elect is not a Directors’ Committee, and therefore may not, without prior approval of the Directors:

10.2.1 incur any costs, present or foreseeable; or

10.2.2 enter into agreements or contracts.

10.3 The AMSA Global Health Conference Committee Elect is not a Directors’ Committee and therefore may not:

10.3.1 execute agreements or contracts.

10.4 The AMSA Global Health Conference Committee Elect must, upon request, consult with the Directors and Executive regarding the organisation of their event.

10.5 Minutes of meetings of the AMSA Global Health Conference Committee Elect must be:

10.5.1 produced in accordance with Part 5 Clause 41 of the Constitution as if the AMSA Global Health Conference Committee Elect were a Directors’ Committee; and

10.5.2 submitted to the Directors not more than fourteen (14) days following the relevant meeting.

11. Amendment

11.1 These Terms of Reference and all associated appendices may be amended by resolution of the Directors.
1. **AMSA Global Health Conference Committee Position Descriptions**

1.1 In addition to the portfolio-specific tasks detailed in this appendix, the AMSA Global Health Conference Committee must:

1.1.1 consider the safety and risk associated with each venue in a manner determined by the Directors;

1.1.2 ensure adequate First Aid and Welfare;

1.1.3 communicate with delegates;

1.1.4 communicate with relevant members of the AMSA Global Health Conference Committee Elect; and

1.1.5 ensure adequate Handover to the AMSA Global Health Conference Committee Elect not more than sixty (60) days after the event.

1.2 Any AMSA Global Health Conference Committee member may delegate tasks specific to their portfolio to another person with the permission of the AMSA Global Health Conference Committee.

1.3 **Convenor**

1.3.1 The AMSA Global Health Conference Committee Convenor will:

1.3.1.1 be appointed Director of the Company and fulfil all responsibilities of that role;

1.3.1.2 ensure the overall success and viability of the AMSA Global Health Conference;

1.3.1.3 oversee and support the portfolios of the AMSA Global Health Conference Committee;

1.3.1.4 chair committee meetings, unless:

1.3.1.4.1 a different chair is nominated, who must also be a member of the AMSA Global Health Conference Committee.

1.3.1.5 represent the AMSA GHC Committee to Council, providing financial and other updates;

1.3.1.6 act as the key liaison with the Executive, namely through the Events Coordinator; and

1.3.1.7 provide information to the Executive to the extent determined by the Directors.

1.4 **Deputy Convenor**
1.4.1 The AMSA Global Health Conference Deputy Convenor will:

1.4.1.1 provide support to the AMSA Global Health Conference Committee Convenor;

1.4.1.2 oversee and support the portfolios of the AMSA Global Health Conference Committee; and

1.4.1.3 represent the AMSA Global Health Conference Committee if:

1.4.1.3.1 the AMSA Global Health Conference Committee Convenor is absent; or

1.4.1.3.2 the AMSA Global Health Conference Committee Convenor designates the Deputy Convenor as their representative.

1.5 Secretary

1.5.1 The AMSA Global Health Conference Committee Secretary will:

1.5.1.1 be responsible for recording minutes at all meetings of the AMSA Global Health Conference Committee;

1.5.1.2 be responsible for distribution of minutes to the Directors in accordance with Section 10 Clause 1.8;

1.5.1.3 keep all documentation relating to the AMSA Global Health Conference;

1.5.1.4 be responsible for compiling the Handover document; and

1.5.1.5 report directly to the AMSA Global Health Conference Committee Convenor.

1.6 Treasurer

1.6.1 The AMSA Global Health Conference Treasurer will:

1.6.1.1 be responsible for the creation and overall management of the AMSA Global Health Conference budget and finances:

1.6.1.1.1 in conjunction with the AMSA Treasurer; and

1.6.1.1.2 and in accordance with Section 10 Clause 2;

1.6.1.2 be responsible for the administrative duties relating to the finances of the event

1.6.1.2.1 as prescribed in the Guidelines on Finance Operations, if they exist; and

1.6.1.2.2 as further directed by the Directors and/or AMSA Treasurer.

1.6.1.3 report directly to, and liaise with the AMSA Treasurer;
1.6.1.4 submit a preliminary budget to the Directors not more than thirty (30) days after ratification of the team;

1.6.1.5 prepare a budget-to-actual report for each Council Meeting in the year of the event;

1.6.1.6 report directly to the AMSA Global Health Conference Committee Convenor.

1.7 Partnerships Officer

1.7.1 The Global Health Conference Partnerships Officer will:

1.7.1.1 compile a sponsorship prospectus;

1.7.1.2 approach potential sponsors;

1.7.1.3 oversee all communications with sponsors;

1.7.1.4 liaise with the AMSA Sponsorship Officers for approval and assistance in all sponsorship activities;

1.7.1.5 liaise with sponsors in the lead up to, and throughout, the AMSA Global Health Conference;

1.7.1.6 work with the AMSA Global Health Conference Treasurer to ensure appropriate budgeting; and

1.7.1.7 report directly to the AMSA Global Health Conference Committee Convenor.

1.7.2 Candidates are discouraged from simultaneously holding sponsorship related positions with both AMSA and other bodies such as Medical Student Societies.

1.8 Academic Convenor

1.8.1 The AMSA Global Health Conference Academic Convenor will:

1.8.1.1 be responsible for developing the Academic Program of the AMSA Global Health Conference;

1.8.1.2 co-ordinate the logistical aspects of the academic program, including:

   1.8.1.2.1 contacting speakers;

   1.8.1.2.2 co-ordinating relevant speakers; and

   1.8.1.2.3 organising speaker biographies for publications.

1.8.1.3 form, oversee and co-ordinate the Academic subcommittee in the lead up to, and during, the AMSA Global Health Conference;

1.8.1.4 co-ordinating speaker introductions;

1.8.1.5 ensure availability of appropriate resources for the academic program;
1.8.1.6 work with the AMSA Global Health Conference Treasurer to ensure appropriate budgeting; and

1.8.1.7 report directly to the AMSA Global Health Conference Convenor.

1.9 Social Convenor

1.9.1 The AMSA Global Health Conference Social Convenor will:

1.9.1.1 be responsible for developing the Social Program for the AMSA Global Health Conference;

1.9.1.2 co-ordinate a thorough risk assessment of venues utilised in the Social Program, with the third parties responsible for running those venues;

1.9.1.3 be responsible for the co-ordination of the social program throughout the AMSA Global Health Conference;

1.9.1.4 form, oversee and co-ordinate the Social subcommittee in the lead up to, and during, the AMSA Global Health Conference;

1.9.1.5 organise descriptions for promotions and publications, where required;

1.9.1.6 work with the AMSA Global Health Conference Treasurer to ensure appropriate budgeting; and

1.9.1.7 report directly to the AMSA Global Health Conference Convenor.

1.10 Promotions Co-ordinator

1.10.1 The AMSA Global Health Conference Promotions Co-ordinator will:

1.10.1.1 be responsible for the promotion of the AMSA Global Health Conference to Medical Students and stakeholders including:

1.10.1.1.1 building and maintain an AMSA Global Health Conference website;

1.10.1.1.2 facilitating the communication of information about the AMSA Global Health Conference;

1.10.1.1.3 the design and distribution of the AMSA Global Health Conference Committee branding package to all committee members and other relevant parties;

1.10.1.1.4 the design and distribution of all promotional material for the AMSA Global Health Conference; and

1.10.1.1.5 submission of articles and advertisements for AMSA and local MedSoc publications, upon request.

1.10.1.2 work with the AMSA Global Health Conference Treasurer to ensure appropriate budgeting;

1.10.1.3 comply with the AMSA Branding Document;
1.10.1.4 ensure that all AMSA Global Health Conference Committee
members comply with the AMSA Branding Document; and
1.10.1.5 report directly to the AMSA Global Health Conference Convenor.

1.11 Logistics Co-ordinator

1.11.1 The AMSA Global Health Conference Logistics Co-ordinator will:

1.11.1.1 co-ordinate registration;
1.11.1.2 co-ordinate payment options for the AMSA Global Health
Conference;
1.11.1.3 be responsible for delegate transport;
1.11.1.4 be responsible for the accommodation of delegates including:

1.11.1.4.1 sourcing of quotes for appropriate accommodation venues; and
1.11.1.4.2 allocation of delegates to accommodation rooms.

1.11.1.5 source quotes for the Academic Venue;
1.11.1.6 organise food for delegates;
1.11.1.7 organise means of communication for the AMSA Global Health
Conference Committee for the duration of the AMSA Global Health
Conference;
1.11.1.8 facilitate the provision of a first aid kits and first aid officer for the
duration of the AMSA Global Health Conference;
1.11.1.9 prepare information for the website and publications regarding the
AMSA Global Health Conference details and general information about the
city, including transport;
1.11.1.10 ensure appropriate budgeting; and
1.11.1.11 report directly to the AMSA Global Health Conference Convenor.

1.12 Publications Officer

1.12.1 The AMSA Global Health Conference Publications Officer will:

1.12.1.1 be responsible for preparation, layout, formatting and printing of the
AMSA Global Health Conference Conference Book;
1.12.1.2 work with the Partnerships Officer to meet partnership requirements;
1.12.1.3 work with the Partnerships Officer to approach organisations for
sponsorship of Conference Book pages;
1.12.1.4 comply with the AMSA Branding Document;
1.12.1.5 ensure that the Conference Book is approved by the Executive prior to printing and distribution; and

1.12.1.6 report directly to the AMSA Global Health Conference Convenor.
1. **General**

   Unless otherwise specified, Section 1 of the Australian Medical Students’ Association (AMSA) Regulations and By-Laws also applies to these Terms of Reference.

   For the purposes of this document:

   ‘AC’ means the AMSA Advisory Council.

   ‘Advisory Council’ means the AMSA Advisory Council.

   ‘AMSA Advisory Council’ means the so-named Committee of the Company, as defined in the Regulations and By-Laws and these Terms of Reference.

2. **Purpose**

   2.1 The AMSA Advisory Council is a Committee of AMSA.

   2.2 The Advisory Council will operate within the provisions of the Official Documents, including these Terms of Reference.

   2.3 The Advisory Council will act as a support to the Directors, Executive, Members, Directors’ Committees and Committees, subject to these Terms of Reference.

3. **Objects**

   3.1 To support, consult and advise the Directors, Executive, Members, Directors’ Committees and Committees, upon request.

   3.2 To provide historical perspective to the Directors, Executive, Members, Directors’ Committees and Committees, upon request.

   3.3 To promote continuity within the Company.

4. **Governance principles**

   4.1 The Advisory Council will have no formal authority to enforce its recommendations.

   4.2 The Advisory Council is not permitted to adopt any financial or legal liability or risk on behalf of AMSA without prior approval of the Directors.

   4.3 The Advisory Council must adhere to the Official Documents, including the:

      4.3.1 Constitution;

      4.3.2 Regulations and By-Laws

      4.3.3 Comprehensive Public Policy Compilation;

      4.3.4 Guidelines; and

      4.3.5 AMSA Branding Document.
4.4 The Advisory Council will operate by the calendar year.

5. Structure

5.1 The Advisory Council will consist of four (4) members as follows:

5.1.1 the immediate Past President (IPP);

5.1.2 an immediate past Councillor;

5.1.3 an immediate past member of the Executive that is not the IPP; and

5.1.4 a past Councillor.

5.2 The tenure of each position will be two (2) years, with the exception of the IPP who has a tenure of one (1) year.

6. Appointment

6.1 No formal election process will exist.

6.2 The IPP will invite Councillors and members of the Executive to participate in the Advisory Council.

6.2.1 The IPP should look to invite members who:

6.2.1.1 have demonstrated commitment to AMSA;

6.2.1.2 have been involved in a wide range of AMSA activities;

6.2.1.3 are well versed in the activities of AMSA;

6.2.1.4 are familiar with the Official Documents;

6.2.1.5 are willing to contribute meaningfully to the Advisory Council;

6.2.1.6 are able to allocate time to the Advisory Council;

6.2.1.7 will be, within reason, accessible and easy to contact; and

6.2.1.8 will act in good faith at all times, and in the best interests of AMSA.

6.3 The Members will vote to endorse membership of the Advisory Council at each First Council Meeting in the following manner:

6.3.1 the IPP will present their nomination(s) for the Advisory Council to the Members; and

6.3.2 endorsement by Members will be by simple majority vote.

6.4 If endorsement is not obtained:

6.4.1 the Members should advise the IPP of the most appropriate candidates; and

6.4.2 the IPP will call upon Council again with a new recommendation.
11. Immediate Past President

11.1 The IPP will:

11.1.1 assume their role at the Annual General Meeting where they cease to be the President and become the IPP;
11.1.2 act as the chair for the Advisory Council;
11.1.3 write a report for each Council Meeting;
11.1.4 write other reports upon request by the Directors, Executive, Members, Directors’ Committees or Committees; and
11.1.5 be the first contact for the Directors, Executive, Members, Directors’ Committees and Committees when communicating with the Advisory Council.

11.2 The IPP should attend all Council Meetings.

11.2.1 AMSA will cover reasonable travel costs for the IPP to attend Council Meetings.

12. Amendment

12.1 These Terms of Reference and all associated appendices may be amended by resolution of the Directors and Members.
1. **General**

   Unless otherwise specified, Section 1 of the Australian Medical Students’ Association (AMSA) Regulations and By-Laws also applies to these Terms of Reference.

   For the purposes of this document:

   ‘**AMSA Alumni**’ means the group administered by this AMSA Alumni Committee.

   ‘**AMSA Alumni Committee**’ means the so-named Committee of the Company, as defined in the Regulations and By-Laws and these Terms of Reference.

2. **Purpose**

   2.1 The AMSA Alumni Committee is a Committee of AMSA.

   2.2 The AMSA Alumni Committee will operate within the provisions of the Official Documents, including these Terms of Reference.

   2.3 The AMSA Alumni Committee will provide assistance to the Directors, Executive, Members, Directors’ Committees and Committees in fulfilling their obligations to Medical Students by contacting, liaising with and organising activities for past Medical Students.

3. **Objects**

   3.1 To collect and maintain details of members of the AMSA Alumni.

   3.2 To distribute AMSA and specific Alumni publications.

   3.3 To coordinate events for Alumni in accordance with any referenced to such within Official Documents.

4. **Governance principles**

   4.1 The AMSA Alumni Committee will have no formal authority to enforce its recommendations.

   4.2 The AMSA Alumni Committee is not permitted to adopt any financial or legal liability or risk on behalf of AMSA without prior approval of the Directors.

   4.3 The AMSA Alumni Committee must adhere to the Official Documents, including the:

   4.3.1 Constitution;

   4.3.2 Regulations and By-Laws

   4.3.3 Comprehensive Public Policy Compilation;

   4.3.4 Guidelines; and

   4.3.5 AMSA Branding Document.
4.4 The AMSA Alumni Committee will operate by the calendar year.

5. Membership

5.1 Membership of the AMSA Alumni is open to all graduates from Australian and New Zealand medical schools from 1960 onwards.

5.2 Membership requires:

5.2.1 forwarding of basic demographic data; and

5.2.2 payment of a fee at the discretion of the AMSA Alumni Committee and Executive.

5.3 Members may opt in or out of all features of membership.

6. Structure

6.1 Any medical graduate from an Australian or New Zealand medical school may apply to become a member of the AMSA Alumni Committee.

6.2 There will be a chair of the AMSA Alumni Committee.

7. Responsibilities and duties

7.1 The AMSA Alumni Committee will:

7.1.1 maintain member details electronically;

7.1.2 make available, where members have opted to do so, member details of other members;

7.1.3 produce an electronic newsletter at least yearly; and

7.1.4 coordinate an event for Alumni.

7.2 The AMSA Alumni Committee will promote the AMSA Alumni:

7.2.1 through various means;

7.2.2 using appropriate AMSA branding and avenues;

7.2.3 to students nearing completion of their studies; and

7.2.4 to graduated doctors.

8. Newsletter

8.1 The AMSA Alumni Committee will produce a newsletter at least yearly which includes:

8.1.1 member profiles;

8.1.2 member contributions; and

8.1.3 AMSA news.
9. Appointment and tenure

9.1 The tenure of the AMSA Alumni Committee will be from one Annual General Meeting to the next Annual General Meeting.

9.2 Regarding the members of the AMSA Alumni Committee:

9.2.1 the Executive will call for expressions of interest for membership of the AMSA Alumni Committee from the incumbent Representatives not less than two (2) weeks before the Annual General Meeting;

9.2.2 the appointment of members will be by simple majority vote of the existing AMSA Alumni Committee;

9.2.3 any new AMSA Alumni Committee members must be ratified by a simple majority resolution of the Directors;

9.2.4 a member of the AMSA Alumni Committee may be removed by a simple majority resolution of the AMSA Alumni Committee or Directors; and

9.2.5 where a member of the AMSA Alumni resigns part of the way through their tenure, an alternative member may be appointed for the remainder of the term by simple majority vote of the members of the AMSA Alumni Committee.

9.3 Regarding the chair:

9.3.1 the AMSA Alumni Committee will appoint a chair from its members.

9.3.1.1 Notice must be provided to the Executive of any change in chair not more than fourteen (14) days after such a resolution.

9.3.2 the term of appointment of the chair will be from one Annual General Meeting to the next Annual General Meeting;

9.3.3 the term of appointment of one (1) chair will not exceed two (2) years;

9.3.4 where the chair of the AMSA Alumni Committee resigns part way through their term, and alternative member may be appointed for the remainder of the term by a simple majority resolution of the AMSA Alumni Committee.

9.3.4.1 Where an alternative chair is unavailable, the current chair may remain acting until an alternative is found.

10. Meetings

10.1 The AMSA Alumni Committee will meet at least three (3) times each calendar year; the AMSA Alumni Committee may meet by:

10.1.1 teleconference; or

10.1.2 in person.

10.2 Any member of the AMSA Alumni Committee may call a meeting.
10.3 A quorum at a meeting of the AMSA Alumni Committee will be at least half of the members of the AMSA Alumni Committee.

10.4 Where the chair is not present for a meeting of the AMSA Alumni Committee a replacement may be appointed by a simple majority vote of the members present.

10.5 The AMSA Alumni Committee may invite to its meetings any person it deems appropriate in order to comply with its responsibilities.

10.6 The AMSA Alumni Committee will be responsible for keeping minutes of all meetings in accordance with Section 11 Section 10 Clause 1.8, as if it were a Directors’ Committee.

10.6.1 The AMSA Alumni Committee may elect not to minute aspects of their discussions by simple majority resolution.

10. Reporting requirements

10.1 In addition to the requirements prescribed in Section 11, the AMSA Alumni Committee will provide a written report at each Council Meeting.

11. Amendment

11.1 These Terms of Reference and all associated appendices may be amended by resolution of the Directors and Members.
1. General

Unless otherwise specified, Section 1 in the Australian Medical Students’ Association (AMSA) Regulations and By-Laws also applies to these Terms of Reference.

For the purposes of this document:

‘AGH Annual General Meeting’ means the annual meeting of the AMSA Global Health Committee.

‘AMSA Global Health’ or ‘Global Portfolio’ means any AMSA business in the field of global health.

‘AMSA Global Health Committee’ mean the so-named Committee of the Company, as defined in the Regulations and By-Laws and these Terms of Reference, and includes the AMSA Global Health Council and the AMSA Global Health Management Team.

‘AMSA Global Health Committee Internal Guidelines’ means guidelines that may or may not exist, produced by the AMSA Global Health Committee to further prescribe the administration of the AMSA Global Health Committee. Should the AMSA Global Health Guidelines contravene, in whole or in part, any clause in the Official Documents, the relevant clause(s) of the Official Documents shall stand and the relevant part(s) of the AMSA Global Health Guidelines shall be null and void.

‘AMSA Global Health Council’ or ‘the AGH Council’ means the members appointed to be the Council of the AMSA Global Health Committee, as defined in these Terms of Reference; the face-to-face meetings of this group of the course of the year will also be referred to as the ‘[First, Second, etc.] AGH Council’.

‘AMSA Global Health Management Team’ or ‘the Management Team’ means the members appointed to be the Management Team of the AMSA Global Health Committee, as defined in these Terms of Reference.

‘AMSA Global Health Management Team-Elect’ or ‘the Management Team-Elect’ means the members elected to the next term of the AMSA Global Health Management Team, as defined in these Terms of Reference.

‘AMSA Global Health Representative’ or ‘AGH Representative’ means a person appointed by a Global Health Group to represent that Global Health Group to the AMSA Global Health Committee, as pursuant to Terms 6 Clause 6.3.

‘Chair’ means the chair of the AMSA Global Health Management Team, appointed as prescribed in these Terms of Reference.

‘Global Health Group’ or ‘GHG’ means a primary representative organisation for the global health interests of Medical Students at a university located in the Commonwealth of Australia, as defined by Clause 6.3.2. ‘Officer’ means a member of the AMSA Global Health Management Team who was elected at an AGH Annual General Meeting to carry out single or multiple specific objectives of AMSA Global Health as specified in Clause 3 of these Terms. The person may lead a subcommittee to discharge their duties.
‘Proxy’ means a person appointed by the AGH Representative to act on their behalf in discharging their duties to the AMSA Global Health Committee and their Global Health Group. The person’s appointment will be as prescribed in Clause 6.3.8 of these Terms.

‘Publication’ means a hardcopy or electronic publication of the AMSA Global Health Committee.

‘Secretary’ means the secretary of the AMSA Global Health Management Team, appointed as prescribed in these Terms of Reference.

‘Vice-Chair’ means the vice-chair of the AMSA Global Health Management Team, appointed as prescribed in these Terms of Reference.

2. Purpose

2.1 The AMSA Global Health Committee is a Committee of AMSA.

2.2 The AMSA Global Health Committee will operate within the provisions of the Official Documents, including these Terms of Reference.

2.3 The AMSA Global Health Committee along with the Global Health Officer will connect, inform and represent Medical Students on all aspects of global health issues.

3. Objects

3.1 The primary objects of the AMSA Global Health Committee are to:

3.1.1 advance ‘health for all’;

3.1.2 serve the global health pursuits of Medical Students;

3.1.3 consult and represent the views of Global Health Groups and Medical Students on global health issues;

3.1.4 support the activities of Global Health Groups in pursuit of global health equity; and

3.1.5 foster collaboration between Global Health Groups.

3.2 The secondary objects of the AMSA Global Health Committee are to:

3.2.1 promote global health education amongst Medical Students;

3.2.2 enhance the opportunities for students to engage in the IFMSA and international global health arena;

3.2.3 commit to sustained advocacy on issues of global health importance;

3.2.4 create and distribute global health publications;

3.2.5 work collaboratively with the AMSA Executive and other elements of AMSA, within and beyond the Global Portfolio;

3.2.6 form partnerships with organisations sharing similar goals and values; and

3.2.7 promote environmental and developmental sustainability.
4. Governance principles

4.1 The AMSA Global Health Committee will operate under the name and Australian Business Number (ABN) of AMSA.

4.2 The AMSA Global Health Committee will operate under the direct management of the Directors and the Executive.

4.3 The AMSA Global Health Committee must operate its finances in accordance with Clause 8.1 of this Terms of Reference.

4.4 The AMSA Global Health Committee is not permitted to adopt any financial or legal liability or risk on behalf of AMSA without prior approval of the Directors.

4.5 The AMSA Global Health Committee must adhere to the Official Documents, including the:

   4.5.1 Constitution;
   4.5.2 Regulations and By-Laws
   4.5.3 Comprehensive Public Policy Compilation;
   4.5.4 Guidelines; and
   4.5.5 AMSA Branding Document.

5. Structure

5.1 The AMSA Global Health Committee will consist of two bodies:

   5.1.1 The AMSA Global Health Council (“the AGH Council”)
   5.1.2 The AMSA Global Health Management Team (“the Management Team”)

5.2 The Management Team, except for its ex-officio members, will

   5.2.1 be appointed by the AGH Council; and
   5.2.2 report to the AGH Council.

5.3 The AGH Council may at any time choose a member of the Management Team to represent the AMSA Global Health Committee to the Directors, Council or other external parties. Where no member has been specifically chosen, this role is automatically assumed by the Chair of the Management Team.

5.4 The AMSA Global Health Management Team or Council may establish subcommittees to perform tasks necessary for the organisation of global health activities in AMSA.

6. The AMSA Global Health Council

6.1 Function
6.1.1 To act as the peak decision making body for the AMSA Global Health Committee and guide its direction in pursuit of the objectives listed in Clause 3 of these Terms.

6.2 Duties of the AGH Representative

6.2.1 An AGH Representative, as defined in Clause 1 of these Terms, should act as the primary liaison between the AMSA Global Health Committee and their respective Global Health Group (or MedSoc where appropriate), this includes:

6.2.1.1 attending all face-to-face and electronic meetings of the AMSA Global Health Council.

6.2.1.2 appointing a Proxy to attend meetings on their behalf whenever they are unable to attend;

6.2.1.3 submitting a report one (1) week prior to each meeting;

6.2.1.4 submitting a report at least two (2) weeks prior to each face-to-face meeting;

6.2.1.5 informing their GHG of agenda items and motions prior to meetings;

6.2.1.6 representing the view of their GHG’s medical students (or MedSoc where appropriate) to the AMSA Global Health Committee;

6.2.1.7 reporting proceedings of the AMSA Global Health Committee meetings, decisions and other matters to their GHG (or MedSoc where appropriate) in a timely manner;

6.2.1.8 distributing information about the AMSA Global Health Committee and its activities to their respective GHG (or MedSoc where appropriate);

6.2.1.9 providing the AMSA Global Health Committee with up to date contact details of all the executive members of their respective GHG (or MedSoc where appropriate), including the incoming AMSA Global Health Representative;

6.2.1.10 completing tasks set by the Management Team in a timely manner;

6.2.1.11 liaising with their local AMSA Representative;

6.2.1.12 attending the Global Health Conference; and

6.2.1.13 organising the delegation from their university to the Global Health Conference.

6.2.2 The Global Health Group, coordinated by their AGH Representative, will:

6.2.2.1 participate in and contribute to AMSA Global Health Committee initiatives;

6.2.2.2 foster collaboration and synergies between Global Health Groups from across Australia;
6.2.2.3 promote the AMSA Global Health Committee and its events and activities via diverse media; and

6.2.2.4 distribute Publications to their members.

6.3 Membership

6.3.1 The full voting membership of the AMSA Global Health Council will be made up of Global Health Groups as defined in Clause 1 of these Terms of Reference.

6.3.2 **Global Health Group** or ‘GHG’ means a primary representative organisation for the global health interests of Medical Students at a university located in the Commonwealth of Australia.

6.3.2.1 A GHG must:

   6.3.2.1.1 be recognised as such an organisation, as defined above, by the AMSA Global Health Council;

   6.3.2.1.2 be an organisation whose executive is based in Australia;

6.3.2.2 More than one GHG may exist at each university, if:

   6.3.2.2.1 each GHG represents Medical Students studying at separate locations;

   6.3.2.2.2 there is significant geographical separation between those locations;

   6.3.2.2.3 Medical Students may complete their entire medical degree at each location; and

   6.3.2.2.4 each GHG is legally and operationally independent

6.3.2.3 The above clauses do not preclude the membership of a GHG from including members who are not medical students.

6.3.3 Any Global Health Groups may authorise a natural person to act as their AGH Representative at any AMSA Global Health Council or meetings of the AMSA Global Health Committee.

6.3.3.1 That AGH Representative must not be on the Executive Team or an AGH Representative of another Global Health Group.

6.3.4 A Global Health Group must give the AMSA Global Health Committee written notice:

   6.3.4.1 of the name of their AGH Representative;

   6.3.4.2 of the contact phone number and email address of their AGH Representative; and

   6.3.4.3 that the AGH Representative is authorised to act as the Global Health Group’s AGH Representative.
6.3.5 The AGH Representative may usually be a member of the Global Health Group’s executive with the title of “AMSA Global Health Representative”. They will:

6.3.5.1 be a medical student chosen by their Global Health Group to represent the global health interests of medical students at their respective Australian University;

6.3.5.1.1 Where no Global Health Group exists, the AMSA Global Health Representative may be chosen by the local MedSoc.

6.3.5.2 be selected via a transparent and informed process;

6.3.5.2.1 Where reasonable, this process should consider the preferences of medical student members of the GHG.

6.3.5.3 inform potential successors of the nature of their role before the beginning of the selection process; and

6.3.5.4 provide an effective handover to their successor.

6.3.6 During meetings, the Global Health Group through its AGH Representative:

6.3.6.1 may speak;

6.3.6.2 may move and second motions; and

6.3.6.3 holds one (1) vote on behalf of their Global Health Group.

6.3.7 The term of the AGH Representative will be at the discretion of their Global Health Group, but may follow one (1) calendar year.

6.3.8 In case of the AGH Representative’s absence, the AGH Representative must appoint a Proxy to act as its Global Health Group AGH Representative.

6.3.8.1 In the first instance, this should be the President or Chair of the Global Health Group (or MedSoc where appropriate).

6.3.8.2 The appointment of a Proxy should be according to Part 4 Clause 23 of the Constitution, except where:

6.3.8.2.1 ‘MedSoc’ or ‘Member’ reads ‘Global Health Group’;

6.3.8.2.2 ‘Directors’ reads ‘AMSA Global Health Council’;

6.3.8.2.3 ‘Secretary’ reads ‘secretary of the AMSA Global Health Management Team’; and

6.3.8.2.4 ‘Company’ reads ‘AMSA Global Health Committee’.

6.3.9 The admission process of new Global Health Groups will adhere to the procedure in Part 3 Clause 7 of the Constitution, except where:

6.3.9.1 ‘MedSoc’ and ‘Member’ reads ‘Global Health Group’;

6.3.9.2 ‘Directors’ reads ‘AMSA Global Health Council’; and
6.3.9.3 ‘Secretary’ reads ‘secretary of the AMSA Global Health Management Team’.

6.3.10 The cessation of Global Health Group membership will adhere to the procedure in Part 3 Clause 9 of the Constitution, except where:

6.3.10.1 ‘Secretary’ reads ‘secretary of the AMSA Global Health Management Team’.

6.4 Ex-Officio Members

6.4.1 The AMSA Global Health Council will consist of the following ex-officio members:

6.4.1.1 all members of the AMSA Global Health Management Team, including its ex-officio members;

6.4.1.2 the National Exchange Officer;

6.4.1.3 the AMSA Training Committee Director;

6.4.1.4 the Asian Medical Students’ Association Regional Co-ordinator; and

6.4.1.5 any members of the AMSA Executive.

6.4.2 Persons with an ex-officio position have a standing invitation to meetings of the AMSA Global Health Council.

6.4.3 At a meeting of the AMSA Global Health Council, persons holding an ex-officio position have limited rights. They:

6.4.3.1 may submit a report or table an agenda item;

6.4.3.2 have speaking rights;

6.4.3.3 have moving and seconding rights; and

6.4.3.4 do not have voting rights.

6.5 Guests

6.5.1 The following persons will be given notice of, and may attend, meetings:

6.5.1.1 Any person nominated by a Global Health Group as an observer of the meeting in addition to that Global Health Group’s Representative.

6.5.1.1.1 Unless otherwise approved by the Executive Team, each Global Health Group may only appoint one (1) observer of each AMSA Global Health Council;

6.5.1.2 all Directors of the Board;

6.5.1.3 AMSA Councillors; and

6.5.1.4 all Officers of the Company.
6.5.2 Such persons:

6.5.2.1 may, with the approval of the chair of the relevant meetings, participate in discussion; and

6.5.2.2 may not move, second or vote at meetings (except as Proxy or AGH Representative).

6.6 Meetings

6.6.1 There should be at least two (2) AMSA Global Health Councils in each calendar year.

6.6.1.1 The first AMSA Global Health Council must not be held after the First AMSA Council Meeting.

6.6.1.2 The second AMSA Global Health Council should be held in conjunction with the AMSA Global Health Conference.

6.6.1.3 All members of the AMSA Global Health Council should endeavour to be in attendance at the AMSA Global Health Conference.

6.6.2 The AGH Annual General Meeting should be held in conjunction with the last AMSA Global Health Council of the calendar year, where possible.

6.6.3 Additional meetings by teleconference are at the discretion of the AMSA Global Health Council or the AMSA Global Health Management Team.

6.6.4 All meetings will be chaired by the Chair of the AMSA Global Health Management Team.

6.6.4.1 Where the Chair is not available, the duties of the chair will be discharged by:

6.6.4.1.1 the Vice-Chair; or if not possible

6.6.4.1.2 an AGH Representative elected by simple majority vote by the AGH Representatives present.

6.6.4.2 If there is a dispute at a meeting about a question of procedure, the Chair may determine the question in accordance with these Terms.

6.6.5 Agenda of meetings must be produced not less than fourteen (14) days before the relevant meeting.

6.6.6 Minutes of meetings must be produced not more than twenty-one (21) days after the relevant meeting.

6.7 Business

6.7.1 All business decided by the AMSA Global Health Council will be made by a vote by the AGH Representatives.
6.7.2 The quorum is fifty (50%) percent of the Global Health Groups who are members of the AMSA Global Health Council.

6.7.2.1 A Global Health Group is taken to be present and entitled to vote at an AMSA Global Health Council if they, through their appointed AGH Representative or Proxy, are able to communicate with those present at a meeting by any technological means by which simultaneously they are able to hear each other and participate in discussion.

6.7.3 Voting on motions will be:

6.7.3.1 carried out by the Chair of the meeting;

6.7.3.2 open to every Global Health Group present at quorum;

6.7.3.3 by calling the names of each Global Health Group;

6.7.3.4 by a reply of “yes”, “no” or “abstain” by the AGH Representative or appointed Proxy of the Global Health Group; and

6.7.3.5 carried out by secret ballot instead if requested by any one of the AGH Representatives.

6.7.3.5.1 If a secret ballot is not immediately possible, the vote will occur by secret ballot after the meeting in a method determined by the Chair.

6.7.4 Voting on nominees and applicants to positions will be by secret ballot.

6.7.5 Voting on all other matters will be by a show of hands.

6.7.6 All votes are passed by simple majority of “yes” from the AGH Representatives present.

6.7.6.1 In the event of a tie, the Chair will have the casting vote.

6.7.7 The result of the vote, including the number of votes in favour of, against, or abstained should be recorded in the minutes of the meeting.

6.7.8 Subject to the Corporations Act 2001 (Cth), if more than 66% of AGH Representatives have signed a document containing a statement that they are in favour of a resolution in terms set out in the document, and all AGH Representatives have had reasonable opportunity to make their views on the resolution known, then a resolution in those terms is taken to have been passed at a meeting of the AGH Council on the day on which the document was last signed by an AGH Representative. This signature may be in hardcopy or electronic.

6.7.9 Any dispute on the voting or resolution process will be determined by the Chair in accordance with these Terms, which will be final and conclusive.

7. The AMSA Global Health Management Team

7.1 Duties
7.1.1 The duties of the AMSA Global Health Management Team is to

7.1.1.1 organise and execute the activities of the AMSA Global Health Committee under the direction of the AMSA Global Health Council and according to the Objects of the AMSA Global Health Committee;

7.1.1.2 adhere to the motions of the AMSA Global Health Council;

7.1.1.3 adhere to a budget determined by the AMSA Global Health Council;

7.1.1.4 actively pursue the goals set by the AMSA Global Health Council;

7.1.1.5 liaise regularly with the AMSA Global Health Officer to ensure the role of the Global Health Officer and the AMSA Executive is effectively incorporated into the activities of the AMSA Global Health Committee and;

7.1.1.6 work collaboratively with the AMSA Executive and all elements of the Company.

7.2 Appointment

7.2.1 Applications for positions on the AMSA Global Health Management Team will be co-ordinated by the AMSA Global Health Officer.

7.2.2 The applicant must:

7.2.2.1 be a Medical Student;

7.2.2.2 follow the application process in Clause 7.2.3

7.2.2.3 not have been Chair previously for more than a total of two (2) years for an application to the position of Chair.

7.2.3 The application process will:

7.2.3.1 be advertised at least thirty (30) days prior to the closing date for applications;

7.2.3.2 include the provision of position descriptions from the AGH Council for each of the position in the Management Team;

7.2.3.3 close at least seven (7) days prior to the start of scheduled date of election;

7.2.3.4 include:

7.2.3.4.1 a written application;

7.2.3.4.2 submission of the curriculum vitae of the applicant; and

7.2.3.4.3 a presentation and question session in person or by video-conferencing on the day of the election.

7.2.4 Selection of the successful applicants will occur at the AGH Annual General Meeting in each calendar year.
7.2.4.1 The applications will be tabled in the Agenda for the relevant AMSA Global Health Council and will include:

7.2.4.1.1 the written application from each candidate;

7.2.4.1.2 a curriculum vitae from each candidate; and

7.2.4.1.3 position descriptions of each position.

7.2.4.2 Each applicant will give a brief presentation to the AGH Council with a minimum of two (2) minutes for the question session.

7.2.4.3 Applicants will be selected by procedures outlined in Appendix 2 of the Regulations and By-Laws, except where:

7.2.4.3.1 “Company Secretary of the Association” reads “Global Health Officer”; and

7.2.4.3.2 “President” reads “Chair”.

7.2.4.4 Upon election, the successful applicants will be known altogether as the AMSA Global Health Management Team Elect.

7.3 Structure

7.3.1 The structure of the AMSA Global Health Management Team should reflect the responsibilities, duties and workload of the AMSA Global Health Committee.

7.3.2 The minimum positions and position descriptions of the AMSA Global Health Management Team are detailed in Appendix 1.

7.3.3 At a minimum, the AMSA Global Health Management Team must consist of:

7.3.3.1 Chair;

7.3.3.2 Vice-Chair;

7.3.3.3 Secretary;

7.3.3.4 Treasurer; and

7.3.3.5 ex-officio positions listed in Clause 7.4.1.

7.3.4 In addition to the positions listed in Appendix 1, the AMSA Global Health Committee may implement any other position they feel appropriate to meet the objects in Clause 3 of these Terms.

7.3.4.1 For each of these positions, the AGH Council must draft a position description prior to the call for applications.
7.3.5 Subcommittees established by the AMSA Global Health Committee will be headed by an Officer who will be a member of the Executive Team.

7.4 Ex-Officio Positions

7.4.1 The following are considered ex-officio (non-voting) positions of the AMSA Global Health Management Team:

7.4.1.1 the AMSA Global Health Officer;

7.4.1.2 the Immediate Past Management Team Member;

7.4.1.2.1 The default Immediate Past Management Team Member will be the outgoing Chair. Where the outgoing Chair is unable to fulfil this role, the Immediate Past Management Team Member will be elected by the outgoing Management Team.

7.4.1.3 the AMSA Global Health Conference Convenor;

7.4.1.4 the National Training Director;

7.4.1.5 the National Exchange Officer;

7.4.1.6 the Asian Medical Students’ Association Regional Coordinator.

7.4.2 Persons with an Management Team ex-officio position have a standing invitation to meetings of the AMSA Global Health Management Team.

7.4.3 At a meeting of the AMSA Global Health Management Team, persons holding an ex-officio position:

7.4.3.1 may submit a report or table an agenda item;

7.4.3.2 have speaking rights;

7.4.3.3 have moving and seconding rights; and

7.4.3.4 do not have voting rights.

7.5 Meetings

7.5.1 The Management Team will meet on a regular basis for the discharge of its duties.

7.5.1.1 Weekly executive meetings are appropriate.

7.5.1.2 The Chair should inform the AGH Council when an Management Team meeting:

7.5.1.2.1 fails to obtain quorum for two consecutive meetings; or

7.5.1.2.2 is not held within a period exceeding thirty (30) days.
7.5.2 The procedure for Management Team meetings will be governed by the provisions of the Constitution which deal with Directors’ Meetings so far as they are:

7.5.2.1 applicable; and
7.5.2.2 not inconsistent with these Regulations and By-Laws.

7.5.3 Management Team meetings will be chaired by the Chair of the Management Team.

7.5.3.1 If the Chair is unavailable, the chair of the meeting will be in decreasing order of preference:

7.5.3.1.1 Vice-Chair;
7.5.3.1.2 Secretary; and
7.5.3.1.3 Treasurer.

7.5.4 At a meeting of the AMSA Global Health Management Team, members of the AMSA Executive:

7.5.4.1 may submit a report or table an agenda item;
7.5.4.2 have speaking rights;
7.5.4.3 have moving and seconding rights; and
7.5.4.4 do not have voting rights.

7.5.5 Minutes from each executive meeting must be:

7.5.5.1 produced in accordance with the Constitution as it applies to Directors’ Meetings; and
7.5.5.2 submitted to the AMSA Global Health Committee not more than fourteen (14) days following the relevant meeting.

7.5.6 The Management Team must provide any additional information regarding their activities to the AGH Council not more than fourteen (14) days after such a request is made.

7.6 Term

7.6.1 The term of the Management Team will begin at the handover meeting after the AMSA Global Health Council where they are elected until the next Handover Meeting.

7.6.2 Ideally, the handover meeting will:
7.6.2.1 be attended by all members of the Management Team and Management Team Elect;

7.6.2.2 be attended by the Global Health Officer and the Global Health Officer elect;

7.6.2.3 be at least one (1) full day in the period from the last AMSA Global Health Council of the calendar year to the last business day of the calendar year.

7.6.3 At a minimum, the handover meeting will:

7.6.3.1 be attended by all members of the Management Team, including the Immediate Past Management Team Member;

7.6.3.2 be attended by the Global Health Officer;

7.6.3.3 be at least one (1) full day held prior to the first AMSA Global Health Council of the AMSA Global Health Committee in the new calendar year; and

7.6.3.4 be in addition to individual portfolio handover.

7.6.4 The Management Team will work with the Management Team Elect between the last AMSA Global Health Council of the calendar year and the Handover Meeting on the responsibilities of the Management Team and handover procedures.

7.7 Suspension and Removal of Management Team Members

7.7.1 Management Team members shall be suspended from their functions by the AGH Council for any of the following important reasons:

7.7.1.1 fraud;

7.7.1.2 committing a criminal offence;

7.7.1.3 malfunction of office;

7.7.1.4 inability to fulfil duties;

7.7.1.5 breaking the Constitution, the Regulations and By-laws or these Terms;

7.7.1.6 deliberately working against the AGH Council decision(s);

7.7.1.7 failing to communicate with the Management Team or the AGH Council; and

7.7.1.8 refusing to report; and,

7.7.1.9 any reason not otherwise listed and determined by the AGH Council to be of sufficient gravity to warrant suspension or removal.

7.7.2 The Representative Committee is responsible for:
7.7.2.1 investigating claims on request from any members of the Management Team, Representative Committee, Members, Management Team or Directors for the reasons listed in Clause 7.7.1;

7.7.2.2 determining whether the Management Team member has committed one or more of the offences listed in Clause 7.7.1;

7.7.2.3 suspending the Management Team member if found to have committed one or more of the offences listed in Clause 7.7.1;

7.7.2.4 voting whether to remove the suspended Management Team member from office at the next meeting by a simple majority vote.

7.7.3 If an Management Team member is removed from office by the AGH Council, he/she can never again be elected or appointed as an Management Team member of the AMSA Global Health Management Team.

7.8 Replacement of Vacant Management Team Positions

7.8.1 In the absence, suspension, removal, resignation or death of an elected Management Team member, the Management Team may choose to:

7.8.1.1 leave the position vacant and redistribute tasks amongst themselves;

7.8.1.2 have a special election for the position according to procedures listed in Clause 7.2, except where:

7.8.1.2.1 “last AMSA Global Health Council of the AMSA Global Health Committee in each calendar year” reads “next meeting after the completion of the application process”; or

7.8.1.3 appoint a temporary person to fulfil this position for the remainder of the term.

8. Operations

8.1 Financial obligations of the AMSA Global Health Committee to AMSA

8.1.1 The AMSA Global Health Committee must comply with the Guidelines on Finance Operations.

8.1.2 The AMSA Global Health Committee will not have a bank account external to AMSA.

8.1.3 All financial transactions of the AMSA Global Health Committee will be administered through AMSA.

8.1.4 The AMSA Global Health Committee will use funds in a prudent and transparent manner.
8.1.5 The AMSA Global Health Committee will provide an annual budget to the Directors and the AMSA Executive no less than two (2) weeks prior to commencement of the First Council Meeting.

8.1.6 The AMSA Global Health Committee will provide an updated budget no more than seven (7) days after such a request is made by the Directors or Members.

8.2 Financial obligations of AMSA to the GHN

8.2.1 The AMSA Treasurer will ensure that the AMSA Global Health Committee is able to process its financial transactions in a timely manner.

8.2.2 AMSA will provide the AMSA Global Health Committee with adequate financial support to convene its meetings via teleconference.

8.2.3 AMSA will provide the AMSA Global Health Committee with adequate financial support to convene its AMSA Global Health Councils.

8.2.3.1 AMSA will cover the flight and accommodation costs for the AGH Representatives and at least three members of the Management Team at each AMSA Global Health Council.

8.2.4 AMSA will cover the flight and accommodation costs for the Chair to attend Council Meetings.

8.3 Sponsorship

8.3.1 Sponsorship agreements, financial or otherwise, established by the AMSA Global Health Committee require prior approval of the AMSA Sponsorship Officers.

8.3.2 The AMSA Global Health Committee will actively seek sponsorship agreements, with the aim of reaching financial independence, under the direct supervision of the AMSA Sponsorship Officers.

8.3.3 Sponsorship agreements of the AMSA Global Health Committee will adhere to the Official Documents.

8.4 Branding

8.4.1 External documentation or promotional material produced by the AMSA Global Health Committee must:

8.4.1.1 be approved by the AMSA Executive;

8.4.1.2 feature the AMSA logo in a prominent position; and

8.4.1.3 adhere to the AMSA Branding Document.

8.5 Publications
8.5.1 All publications produced by the AMSA Global Health Committee must be approved by the AMSA Executive prior to release.

8.5.2 In consultation with the AMSA Publications Officer, Vector magazine, or part thereof, will be incorporated into AMSA’s Panacea, provided requisite deadlines are met.

8.6 Website

8.6.1 The AMSA Global Health Committee website will be hosted on the AMSA server.

8.6.2 The AMSA website will have a clear link to the AMSA Global Health Committee website on the front page and the AMSA Global Health Committee website will have a reciprocal link to the AMSA website.

8.7 Advocacy and policy

8.7.1 The AMSA Global Health Committee will actively engage in advocacy on global health issues on behalf of AMSA.

8.7.2 AMSA Council and AMSA Executive will consult with the AMSA Global Health Committee when conducting advocacy or other activities on matters relevant to global health.

8.7.3 The Global Health Committee can form internal policy positions. Policy produced by the AMSA Global Health Committee will be considered by Members for ratification as official public policy of AMSA. No external policy positions will be represented unless ratified by council.

8.7.4 In the formation of policy positions the AMSA Global Health Committee will represent Global Health Group members and strive to represent all AMSA members with an interest in global health.

8.7.5 Advocacy statements of the AMSA Global Health Committee, including media releases, must be approved by the AMSA Executive prior to release.

8.7.6 Any AMSA Global Health Committee advocacy project requires the prior approval of the AMSA Executive.

8.7.7 AMSA will involve the AMSA Global Health Committee in collaborations with events and affiliates, including the:

8.7.7.1 Asian Medical Students’ Association;

8.7.7.2 Australian Medical Association;

8.7.7.3 International Federation of Medical Students’ Associations;

8.7.7.4 National Convention;

8.7.7.5 Global Health Conference; and

8.7.7.6 other global health related activities with AMSA involvement.
8.8 Affiliations

8.8.1 The AMSA Global Health Committee may propose that AMSA affiliate with an external organisation.

8.8.2 Any proposed affiliation requires approval in accordance with Section 9 of the AMSA Regulations and By-laws.

8.8.3 The International Federation of Medical Students’ Association (IFMSA)

8.8.3.1 Where appropriate, the AGH should contribute to the standing committee of the IFMSA

8.8.3.1.1 This includes the promotion of IFMSA Professional Exchanges to Medical Students.

8.8.3.1.1.1 This shall be coordinated by a National Exchange Officer, with the assistance of Local Exchange Officers.

8.8.3.2 AGH should promote an AMSA presence at IFMSA conferences, this includes addressing the following:

8.8.3.2.1 Application processes for attendance at IFMSA conferences should be promoted to Medical Students by the AGH Committee with appropriate time for applications to be submitted;

8.8.3.2.2 Financial support may be offered, at the discretion of the Directors of AMSA;

8.8.3.2.3 Additional sponsorship may be sought by AMSA or the individual delegate.

8.8.4 The Asian Medical Students’ Association (AsMSA)

8.8.4.1 The AGH should promote an AMSA presence at conferences of the AsMSA

8.8.4.2 Application processes for attendance at AsMSA conferences should be promoted to Medical Students by the AGH Committee with appropriate time for applications to be submitted;

8.8.4.3 Financial support may be offered, at the discretion of the Directors of AMSA;

8.8.4.4 Additional sponsorship may be sought by AMSA or the individual delegate.

9. Amendment

9.1 These Terms of Reference and all associated appendices may be amended only after the resolution of the Directors, AMSA Members and the AMSA Global Health Council.
1. **AMSA Global Health Management Team Committee Position Descriptions**

1.1 **Chair**

1.1.1 The Chair will:

1.1.1.1 lead and oversee the functioning of the Executive Team in accordance to the motions made by the AGH Council;

1.1.1.2 be responsible for chairing all meetings;

1.1.1.3 act as the initial point of contact for all AMSA Global Health Representatives;

1.1.1.4 address any issues that arise within the AMSA Global Health Committee and act upon them in an appropriate and responsible manner;

1.1.1.5 in conjunction with the AMSA Global Health Officer, will represent the AMSA Global Health Committee within internal and external forums, as deemed appropriate; and will

1.1.1.6 present a report at each Council Meeting.

1.2 **Vice-Chair**

1.2.1 The Vice-Chair will:

1.2.1.1 assist the Chair in carrying out their duties; and

1.2.1.2 carry out the duties of the Chair where the Chair is unable to discharge their duties.

1.3 **Secretary**

1.3.1 The Secretary will:

1.3.1.1 be responsible for the organisation, collation and distribution of all AMSA Global Health Committee documents and reports;

1.3.1.2 call for all necessary reports and agenda items prior to meetings;

1.3.1.3 collate and distribute the agenda and associated documents;

1.3.1.4 be responsible for the recording of minutes of, and action lists arising from, all AMSA Global Health Committee meetings;

1.3.1.5 be responsible for distributing minutes and action items to the AMSA Global Health Representatives and the AMSA Global Health Officer;

1.3.1.6 be responsible for the compilation of an annual report for the AMSA Global Health Committee, for Council Meetings and relevant partners; and will
1.3.1.7 ensure that all contact details of AMSA Global Health Representatives and members of the executives of the Global Health Groups remain current.

1.4 Treasurer

1.4.1 The Treasurer will:

1.4.1.1 be responsible for the creation and overall management of the AMSA Global Health Committee budget and finances:

1.4.1.1.1 in conjunction with the AMSA Treasurer; and

1.4.1.1.2 in accordance with Section 11 Clause 3.

1.4.1.2 be responsible for administrative duties relating to the finances of the AMSA Global Health Committee:

1.4.1.2.1 as prescribed in the Guidelines on Finance Operations, if they exist; and

1.4.1.2.2 as further directed by the Directors and/or AMSA Treasurer.

1.4.1.3 be responsible for invoicing partners of the AMSA Global Health Committee, in collaboration with the AMSA Treasurer;

1.4.1.4 be responsible for investigating and sourcing funding from external organisations and partners, with prior approval of the AMSA Sponsorship Officers;

1.4.1.5 report directly to, and liaise with, the AMSA Treasurer;

1.4.1.6 submit a preliminary budget to the Directors not more than thirty (30) days after ratification by the Executive Team; and

1.4.1.7 prepare a budget-to-actual report for each AMSA Global Health Council and Council Meeting.

1.5 Partnerships Officer

1.5.1 The Partnerships Officer will:

1.5.1.1 compile a partnership prospectus;

1.5.1.2 approach potential partners;

1.5.1.3 oversee all communications with partners;

1.5.1.4 liaise with the AMSA Sponsorship Officers for approval and assistance in all sponsorship activities;

1.5.1.5 work with the AMSA Global Health Committee Treasurer to ensure appropriate budgeting; and

1.5.1.6 report directly to the AMSA Global Health Committee Chair.
1.5.2 Candidates are discouraged from simultaneously holding sponsorship related positions with both AMSA and other bodies such as Medical Student Societies.

2. Other AMSA Global Health Position Descriptions

2.1 National Exchange Officer

2.1.1 The National Exchange Officer will be responsible for:

2.1.1.1 liaising with the IFMSA Standing Committee on Professional Exchange (SCOPE)

2.1.1.2 coordinating and promoting IFMSA Exchanges to Australian medical students; and

2.1.1.3 where feasible, attending the IFMSA General Assemblies during their term.

2.1.2 Election of the National Exchange Officer will occur in the following manner:

2.1.2.1 a call for nominations for the position of the NEO will be advertised by the Global Health Officer at the second council of AMSA Global Health each year.

2.1.2.2 A nominee must:

2.1.2.2.1 be a medical student;

2.1.2.2.2 have participated in an IFMSA exchange, acted as a Local Exchange Officer at their Medical School; and

2.1.2.2.2.1 where this is not possible, a student that has attended an IFMSA GA is the most preferable alternative

2.1.2.2.3 provide a letter of application and curriculum vitae to the Global Health Officer not less than 7 days before the AGH council.

2.2 Asian Medical Students’ Association (AsMSA) Regional Coordinator

2.2.1 The AsMSA Regional Coordinator will be responsible for:

2.2.1.1 liaising with the AsMSA on behalf of AMSA;

2.2.1.2 co-ordinating, promoting and organising AMSA delegations to AsMSA events; and

2.2.1.3 liaising with the Global Health Officer to select any such delegations

2.2.2 Election of the AsMSA Regional Coordinator will occur in the following manner:

2.2.2.1 a call for nominations for the position of the AsMSA Regional Coordinator will be advertised by the Global Health Officer prior to the elections held at the second AGH council;

2.2.2.2 a nominee must be a Medical Student, and preferably demonstrate familiarity with AsMSA, for example by having attended at least one
AsMSA event as either a General Delegate, Chief Delegate, or member of the executive of AsMSA.
1. **General**

   Unless otherwise specified, Section 1 of the Australian Medical Students’ Association (AMSA) Regulations and By-Laws also applies to these Terms of Reference.

   For the purposes of this document:

   ‘**AMSA History Committee**’ means the so-named Committee of the Company, as defined in the Regulations and By-Laws and these Terms of Reference.

   ‘**History Committee**’ means the AMSA History Committee.

2. **Purpose**

   2.1 The AMSA History Committee is a Committee of AMSA.

   2.2 The AMSA History Committee will operate within the provisions of the Official Documents, including these Terms of Reference.

   2.3 The AMSA History Committee will provide assistance to the Directors, Executive, Members, Directors’ Committees and Committees in fulfilling their obligations to Medical Students by collecting, managing and exhibiting the historical archives of the Company.

3. **Objects**

   3.1 To collect, maintain, manage and exhibit articles relevant to the history of AMSA.

4. **Governance principles**

   4.1 The AMSA History Committee is a Committee of AMSA.

   4.2 The AMSA History Committee will have no formal authority to enforce its recommendations.

   4.3 The AMSA History Committee is not permitted to adopt any financial or legal liability or risk on behalf of AMSA without prior approval of the Directors.

   4.4 The AMSA History Committee must adhere to the Official Documents, including the:

   4.4.1 Constitution;

   4.4.2 Regulations and By-Laws

   4.4.3 Comprehensive Public Policy Compilation;

   4.4.4 Guidelines; and

   4.4.5 AMSA Branding Document.

   4.5 The AMSA History Committee will operate by the calendar year.

5. **Structure**
5.1 Any Medical Student or graduate of an Australian medical school may apply to become a member of the AMSA History Committee.

5.2 There will be a chair of the AMSA History Committee.

6. Responsibilities and duties

6.1 Regarding the articles sourced, these may be:

   6.1.1 propriety articles; or
   6.1.2 on loan from their original proprietor.

6.2 Wherever possible the original proprietor and source of articles incorporated into the historical archives will be recorded and attributed accordingly in any exhibition of these articles.

6.3 The AMSA History Committee will contact:

   6.3.1 past Medical Students;
   6.3.2 Medical Student Societies; and
   6.3.3 any other individuals or organisations

   for the purposes of obtaining information and articles relevant to the history of the Company.

6.4 Materials relevant to the history of AMSA include:

   6.4.1 publications;
   6.4.2 books;
   6.4.3 documents;
   6.4.4 official merchandise;
   6.4.5 photos;
   6.4.6 videos; and
   6.4.7 electronic media.

7. Appointment and tenure

7.1 The tenure of the AMSA History Committee will be from one Annual General Meeting to the next Annual General Meeting.

7.2 Regarding the members of the AMSA History Committee:

   7.2.1 the Executive will call for expressions of interest for membership of the AMSA History Committee from the incumbent Representatives not less than two (2) weeks before the Annual General Meeting;
7.2.2 the appointment of members will be by simple majority vote of the existing AMSA History Committee;

7.2.3 any new AMSA History Committee members must be ratified by a simple majority resolution of the Directors;

7.2.4 a member of the AMSA History Committee may be removed by a simple majority resolution of the AMSA History Committee or Directors; and

7.2.5 where a member of the AMSA History Committee resigns part of the way through their tenure, an alternative member may be appointed for the remainder of the term by simple majority vote of the members of the AMSA History Committee.

7.3 Regarding the chair:

7.3.1 the AMSA History Committee will appoint a chair from its members.

7.3.1.1 Notice must be provided to the Executive of any change in chair not more than fourteen (14) days after such a resolution.

7.3.2 the term of appointment of the chair will be from one Annual General Meeting to the next Annual General Meeting.

7.3.2.1 The term of appointment of the chair will not exceed two (2) years.

7.3.3 where the chair of the AMSA History Committee resigns part way through their term, an alternative member may be appointed for the remainder of the term by a simple majority resolution of the AMSA History Committee.

7.3.3.1 Where an alternative chair is unavailable, the current chair may remain acting until an alternative is found.

8. Meetings

8.1 The AMSA History Committee will meet at least four (4) times each calendar year; the AMSA History Committee may meet by:

8.1.1 teleconference; or

8.1.2 in person.

8.2 Any member of the AMSA History Committee may call a meeting.

8.3 A quorum at a meeting of the AMSA History Committee will be at least half of the members of the Committee.

8.4 Where the chair is not present for a meeting of the AMSA History Committee a replacement may be appointed by a simple majority vote of the members present.

8.5 The AMSA History Committee may invite to its meetings any person it deems appropriate in order to comply with its responsibilities.
8.6 The AMSA History Committee will be responsible for keeping minutes of all meetings in accordance with Section 10 Clause 1.8, as if it were a Directors’ Committee.

8.6.1 The AMSA History Committee may elect not to minute aspects of their discussions by simple majority resolution.

9. Reporting requirements

9.1 In addition to the requirements prescribed in Section 11, the AMSA History Committee will provide a written report at each Council Meeting.

10. Amendment

10.1 These Terms of Reference and all associated appendices may be amended by resolution of the Directors and Members.
1. Definitions

Unless otherwise specified, Section 1 in the Australian Medical Students’ Association (AMSA) Regulations and By-Laws also applies to these Terms of Reference.

For the purposes of this document:

‘AMSA International Students’ Network’ means the so-named Committee of the Company, as defined in the Regulations and By-Laws and these Terms of Reference.

‘International Students’ Network’ refers to the AMSA International Students’ Network.

‘ISN’ refers to the AMSA International Students’ Network.

2. Purpose

2.1 The AMSA International Students’ Network is a Committee of AMSA.

2.2 The International Students’ Network will operate within the provisions of the Official Documents, including these Terms of Reference.

2.3 The International Students’ Network aims to:

   2.3.1 provide an input stream for AMSA advocacy; and
   2.3.2 allow International Students to contribute directly to policy,

subject to the Terms of Reference as detailed here.

3. Objects

3.1 To represent the best interests of international Medical Students.

3.2 To draft public policies that support AMSA’s position on international Medical Student issues.

3.3 To work towards the creation of a support program for international Medical Students.

3.4 To develop more inclusive social and academic content for AMSA initiatives and events.

3.5 To develop networks with medical student societies overseas to offer support to international Medical Students who wish to return home upon completion of their degree.

4. Governance principles

4.1 The International Students’ Network will operate under the direct management of the Directors and Executive.

4.2 The International Students’ Network is not permitted to adopt any financial or legal liability or risk on behalf of AMSA without prior approval of the Directors.

4.3 The International Students’ Network must adhere to the Official Documents, including the:
4.3.1 Constitution;
4.3.2 Regulations and By-Laws
4.3.3 Comprehensive Public Policy Compilation;
4.3.4 Guidelines; and
4.3.5 AMSA Branding Document.

5. Structure

5.1 The International Students’ Network will comprise:

5.1.1 an International Medical Student Representative from each Member.

5.1.1.1 Where possible, this should be the person who holds the International Medical Student Representative portfolio (or equivalent) within the MedSoc.

5.1.1.1.1 Where such a position does not exist, the representative from the Member should be selected at the discretion of the executive of the MedSoc.

5.1.2 one (1) member of the Executive;

5.1.3 any number of representatives from any number of organisations that aim to exclusively represent international Medical Students, provided:

5.1.3.1 each representative is a Medical Student; and

5.1.3.2 the involvement of each representative is approved by the Directors and the Executive.

5.1.4 any number of Medical Students that each have an interest in advocacy on international Medical Student issues, provided:

5.1.4.1 the involvement of each Medical Student is approved by the Directors and the Executive.

5.2 Chair

5.2.1 The committee will elect a chair from amongst its number.

5.2.2 The chair will be responsible for:

5.2.2.1 calling all meetings;

5.2.2.2 moderating online discussions; and

5.2.2.3 writing a report for each Council Meeting.

6. Appointment
6.1 Members of the International Students’ Network will be nominated by their MedSoc (or other organisation where appropriate, as in Terms 7 Clause 5.1.3).

6.2 The tenure of members of the International Students’ Network will be from one Annual General Meeting to the next Annual General Meeting.

7. Meetings

7.1 The AMSA International Students’ Network will be responsible for keeping minutes of all meetings in accordance with Section 10 Clause 1.8, as if it were a Directors’ Committee.

8. Amendment

8.1 These Terms of Reference and all associated appendices may be amended by resolution of the Directors and Members.
1. Definitions

Unless otherwise specified, Section 1 in the Australian Medical Students’ Association (AMSA) Regulations and By-Laws also applies to these Terms of Reference.

‘AMSA National Training Program’ means the so-named initiative, as defined in these Terms of Reference.

‘AMSA Training Committee’ means the so-named Committee of the Company, as defined in the Regulations and By-Laws and these Terms of Reference.

2. Purpose

2.1 The AMSA Training Committee is a Committee of AMSA.

2.2 The AMSA Training Committee will operate within the provisions of the Official Documents, including these Terms of Reference.

2.3 The AMSA Training Committee will be responsible for all aspects of the organisation, management and promotion of the AMSA National Training Program (Training Program) and Training New Trainers Workshop, subject to the following Terms of Reference.

3. Objects

3.1 The AMSA National Training Program aims to provide sessions that are primarily composed of medical content to:

3.1.1 ‘up-skill Medical Students with a diverse range of skill sets;

3.1.2 to train and support a national network of Medical Student trainers who will provide training opportunities at their local medical school;

3.1.3 develop training resources relevant to the needs and interests of Medical Students;

3.1.4 liaise with other AMSA Committees, Directors’ Committees, National and Transnational training organisations; and

3.1.5 promote AMSA, its activities and goals to Medical Students and the general public.

4. Governance principles

4.1 The AMSA Training Committee will operate under the name and Australian Business Number (ABN) of AMSA.

4.2 The AMSA Training Committee will operate under the direct management of the Directors and Executive.

4.3 The AMSA Training Committee is not permitted to adopt any financial or legal liability or risk on behalf of AMSA without prior approval of the Directors.
4.4 The AMSA Training Committee must adhere to the Official Documents, including the:

4.4.1 Constitution;
4.4.2 Regulations and By-Laws
4.4.3 Comprehensive Public Policy Compilation;
4.4.4 Guidelines; and
4.4.5 AMSA Branding Document.

5. Appointment and tenure

5.1 Appointment of the AMSA Training Committee will be by simple majority vote by the Members at the Second Council Meeting in the year preceding the AMSA Global Health Conference.

5.1.1 In the event of a tie, the President will be given the casting vote.

5.1.2 A Director or alternative appointed by the Board will act as the Returning Officer.

5.2 Applications to the AMSA Training Committee:

5.2.1 will be co-ordinated by the Global Health Officer;
5.2.2 will be called for at least six (6) weeks prior to the closing date for applications; and
5.2.3 must be received not less than twenty one (21) days prior to the Second Council Meeting at which they are to be considered.

5.3 The applications process will be as follows:

5.3.1 each applicant will:

5.3.1.1 provide a written submission which includes their:

5.3.1.1.1 curriculum vitae; and
5.3.1.1.2 further ideas for development of the AMSA Training Committee.

n.b. the written submissions will be tabled in the Agenda for the Second Council Meeting.

5.3.1.2 present at the Second Council Meeting.

5.4 Election of the AMSA Training Committee will be by a procedure detailed in Appendix 2 which should:

5.4.1 involve an optional preferential system;
5.4.2 enable votes to be cast by secret ballot; and
5.4.3 be fair and equitable.
5.5 The term of appointment will be from the Second Council Meeting in the year preceding the AMSA Global Health Conference to the Second Council Meeting following the AMSA Global Health Conference.

6. Responsibilities and duties

6.1 Finances

6.1.1 The AMSA Training Committee will be responsible for creating a prospective budget for the AMSA National Training Program; this will:

6.1.1.1 be submitted to the Directors for approval at a sufficient time before the relevant AMSA National Training Program, as determined by the Directors;

6.1.1.2 not be altered or amended after its approval;

6.1.1.3 be employed in regularly measuring actual financial performance and improved forecasts (budget-to-actual report).

6.1.2 The AMSA Training Committee must provide all financial information requested by the Directors or Executive, including information as outlined in Terms 8 Clause 6.1.1.3:

6.1.2.1 to the Directors, at intervals determined by the Directors;

6.1.2.2 to the Executive, at intervals determined by the Executive;

6.1.2.3 within seven (7) working days of any request received by the Directors or Executive, in addition to those times prescribed under Terms 8 Clauses 6.1.2.1 and 6.1.2.2.

6.1.3 The Guidelines on Finance Operations, if they exist, may further define the financial reporting requirements for the AMSA Training Committee to the Executive and Directors:

6.1.3.1 the Guidelines on Finance Operations may supersede the requirements specified in these Terms of Reference, provided they do not restrict the:

6.1.3.1.1 absolute power of the Director; and

6.1.3.1.2 the right of the Directors to all available information.

6.1.4 The AMSA Training Committee must not incur any costs beyond their ratified budget, without prior approval by the Directors and/or the Executive, as defined by the Guidelines on Finance Operations, if they exist.

6.1.5 The AMSA Training Committee must not adopt any financial liability on behalf of AMSA without prior approval by the Directors and/or the Executive, as defined by the Guidelines on Finance Operations, if they exist.

6.1.6 The AMSA Training Committee will be responsible for assisting in the resolution of their financial accounts:

6.1.6.1 by providing requisite information and documents;
6.1.6.2 after the completion of the relevant AMSA National Training Program;

6.1.6.3 as required by the Directors and / or Executive.

6.1.7 The finances of AMSA National Training Program will primarily be the responsibility of the AMSA Training Committee.

6.1.8 All finances of the AMSA National Training Program will be channelled through the AMSA Treasurer.

6.2 Sponsorship

6.2.1 The AMSA Training Committee must source sponsorship for the AMSA National Training Program, subject to the provisions in the Official Documents.

6.2.2 The AMSA Training Committee will be responsible for delivery of all agreed sponsorship entitlements to sponsors of AMSA.

6.2.3 All sponsorship agreements must have the approval of the AMSA Sponsorship Officers prior to entering into these agreements.

6.2.4 All sponsorship agreements must be confirmed by a contract between the sponsor and AMSA.

6.2.5 A copy of all sponsorship agreements must reside with the AMSA National Secretariat.

6.3 Logistics

6.3.1 The AMSA Training Committee is responsible for organising the logistics for all delegates at AMSA National Training Program.

6.3.2 Logistical arrangements should be confirmed by a contract between each supplier and AMSA.

6.3.3 All contracts require the approval of the Executive prior to entering the agreement.

6.3.4 A copy of all contracts must reside with the AMSA National Secretariat, or any other place determined by the Directors.

6.4 Academic Program

6.4.1 The AMSA Training Committee will be responsible for organising the Academic Program for AMSA National Training Program.

6.4.2 The Academic Program will primarily be the responsibility of the National Training Co-ordinator.

6.5 Social Program

6.5.1 The AMSA Training Committee will be responsible for organising the Social Program of AMSA National Training Program.
6.5.2 The Social Program will primarily be the responsibility of the National Training Co-ordinator.

6.5.3 All activities within the social program must adhere to the Official Documents, in particular those pertaining to student welfare, alcohol, smoking and drugs.

6.6 Promotions and Merchandise

6.6.1 The AMSA Training Committee, in conjunction with Representatives and the Global Health Network, will be responsible for ensuring adequate promotion of AMSA National Training Program to Medical Students.

6.6.2 All promotional material and merchandise created by the AMSA Training Committee must have approval of the Executive prior to printing and/or distribution.

6.6.3 All promotional material and merchandise created by the AMSA Training Committee should contain the AMSA logo.

6.6.4 All promotional material and merchandise created by the AMSA Training Committee must comply with the AMSA Branding Document.

6.7 Publications

6.7.1 The AMSA Training Committee may produce publications for the AMSA National Training Program.

6.7.2 All publications produced by the AMSA Training Committee must have approval from the Executive prior to printing and/or distribution.

6.7.3 All publications created by the AMSA Training Committee must contain the AMSA logo.

6.7.4 All publications created by the AMSA Training Committee must comply with the AMSA Branding Document.

6.8 Media

6.8.1 The Public Relations Officer will oversee external public relations, media releases and communication.

6.8.2 The AMSA Training Committee is not permitted to discuss the AMSA National Training Program with the media without prior approval of the Public Relations Officer.

6.9 Communication with students

6.9.1 The AMSA Training Committee may collect contact details of students interested in obtaining more information about AMSA National Training Program.

6.9.1.1 Such collection must comply with the Privacy policy.
6.9.1.2 Such collection should aim to increase the database of details maintained by AMSA.

7. Structure

7.1 The structure of the AMSA Training Committee should reflect the responsibilities, duties and workload of the committee.

7.2 The AMSA Training Committee will be comprised of:

7.2.1 a National Training Co-ordinator; and

7.2.2 any other members required to organise the AMSA National Training Program as determined by the AMSA Training Committee.

7.3 The existing positions and position descriptions of the AMSA Training Committee are detailed in Appendix 1.

7.4 In addition to the positions listed in Appendix 1, the AMSA Training Committee may implement any other position they feel appropriate.

7.5 The AMSA Training Committee includes the following ex-officio positions:

7.5.1 Global Health Officer; and

7.5.2 AMSA Treasurer.

7.6 The AMSA Training Committee may establish subcommittees to perform tasks which fall within these Terms of Reference.

8. Registration

8.1 The AMSA Training Committee will be responsible for arranging registration of registration of delegates.

8.2 Registration of delegates must adhere to relevant Terms and Conditions. The AMSA Training Committee must ensure that all delegates agree to the relevant Terms and Conditions.

8.3 The AMSA Training Committee must ensure that all delegates are aware of the expectations of AMSA with respect to alcohol, smoking and drugs.

8.4 The National Training Co-ordinator has the discretion to bar a student from the AMSA National Training Program on the basis of a student’s conduct at a previous AMSA event.

8.4.1 Where possible, the student will be notified in writing prior to the opening of registration.

8.5 The National Training Co-ordinator, in association with the Executive, has the discretion to bar or eject a student from AMSA National Training Program with no refund of registration fees.

9. Risk management
9.1 The AMSA Training Committee will be responsible for risk management at the AMSA National Training Program.

9.1.1 This includes:

9.1.1.1 conducting a thorough risk assessment of all venues to be used throughout the week;

9.1.1.2 ensuring all activities are covered by the AMSA’s public liability insurance;

9.1.1.3 making emergency contacts available to all delegates;

9.1.1.4 having welfare officers present each night;

9.1.1.5 developing an appropriate incident report procedure;

9.1.1.6 developing an appropriate emergency response procedure; and

9.1.1.7 meeting any other requirements set by the Directors.

9.2 The AMSA Training Committee will ensure that the AMSA National Training Program adheres to all relevant guidelines pertaining to student welfare, particularly the responsible service of alcohol.

10. Meetings

10.1 The AMSA Training Committee will meet at least every three (3) months.

10.2 It is anticipated that more frequent meetings would be necessary to the AMSA National Training Program.

11. Amendment

11.1 These Terms of Reference and all associated appendices may be amended by resolution of the Directors and Members.
1. **AMSA Training Committee Position Descriptions**

1.1 Any AMSA Training Committee member may delegate tasks specific to their portfolio to another person with the permission of the AMSA Training Committee.

1.2 National Training Co-ordinator

   1.2.1 The National Training Co-ordinator will:

   1.2.1.1 ensure the overall success and viability of the AMSA National Training Program;

   1.2.1.2 oversee and support the portfolios of the AMSA Training Committee;

   1.2.1.3 chair AMSA Training Committee meetings;

   1.2.1.4 represent the AMSA Training Committee to the Members, providing financial and other updates;

   1.2.1.5 act as the key liaison with the Executive, namely through the Internal Communications Officer and Global Health Officer;

   1.2.1.6 provide information to the Executive to the extent determined by the Directors.
1. Definitions

Unless otherwise specified, Section 1 in the Australian Medical Students’ Association (AMSA) Regulations and By-Laws also applies to these Terms of Reference.

For the purposes of this document:

‘AMSA Surgical Interest Network’ means the so-named Committee of the Company, as defined in the Regulations and By-Laws and these Terms of Reference.

‘RACS’ means the Royal Australian College of Surgeons.

‘surgical interest group’ means a Medical Student organisation that aims to promote interest in surgery amongst Medical Students.

‘Surgical Interest Network’ refers to the AMSA Surgical Interest Students’ Network.

‘SurgIN’ refers to the AMSA Surgical Interest Network.

2. Purpose

2.1 The AMSA Surgical Interest Network is a Committee of AMSA.

2.2 The Surgical Interest Network will operate within the provisions of the Official Documents, including these Terms of Reference.

2.3 To Surgical Interest Network aims to:

2.3.1 connect surgical interest groups;

2.3.2 communicate with external bodies; and

2.3.3 promote surgery as a career option,

subject to the Terms of Reference as detailed here.

3. Objects

3.1 To facilitate dialogue between surgical interest groups.

3.2 To provide a mechanism for the dissemination of information to and between surgical interest groups.

3.3 To communicate with relevant bodies regarding applicable activities and programs for Medical Students.

3.4 To foster a closer relationship with the RACS.

4. Governance principles

4.1 The Surgical Interest Network will operate under the direct management of the Directors and Executive.
4.2 The Surgical Interest Network is not permitted to adopt any financial or legal liability or risk on behalf of AMSA without prior approval of the Directors.

4.3 The Surgical Interest Network must adhere to the Official Documents, including the:
   4.3.1 Constitution;
   4.3.2 Regulations and By-Laws
   4.3.3 Comprehensive Public Policy Compilation;
   4.3.4 Guidelines; and
   4.3.5 AMSA Branding Document.

5. Structure

5.1 The Surgical Interest Network will comprise:
   5.1.1 one (1) student from each surgical interest group around Australia.
      5.1.1.1 Each surgical interest group will nominate one (1) representative.
   5.1.2 one (1) member of the Executive:
      5.1.2.1 the member of the Executive has an ex-officio role on the Surgical Interest Network.

5.2 Chair

5.2.1 The committee will elect a chair from amongst its number.
5.2.2 The chair will be responsible for:
   5.2.2.1 calling all meetings;
   5.2.2.2 moderating online discussions; and
   5.2.2.3 writing a report for each Council Meeting.

6. Appointment

6.1 Members of the Surgical Interest Network will be nominated by their MedSoc (or other organisation where appropriate, as in Terms 9 Clause 5.1.1).

6.2 Persons nominated for membership of the Surgical Interest Network will be ratified by the Members at the Annual General Meeting.

6.3 The tenure of members of the Surgical Interest Network will be from one Annual General Meeting to the next Annual General Meeting.

7. Amendment
7.1 These Terms of Reference and all associated appendices may be amended by resolution of the Directors and Members.