

CONSTITUTION OF GASOC CIC (Founded 2015)

The name of the organisation shall be Global Anaesthesia, Surgery and Obstetric Collaboration CIC

Our vision – To Collaborate, Innovate & Unite for Global Surgery



Table of Contents

1 History	2
2 Rules	
2.1 Core Aims	4
2.2 Strategy	
2.3 GASOC CIC Board of Directors	
2.4 Asset Lock	
3 The GASOC Committee	5
3.1 The committee and members	5
3.2 Committee roles	5
3.3 Election to committee positions	6
3.4 President	θ
3.5 Leave of absence	5
3.6 Advisory Board	
4 Output	
5 Subscriptions	
6 Meeting of members	9
7 Alterations to the Constitution	
8 Dissolution	



1 History

GASOC (Global Anaesthesia, Surgery and Obstetric Collaboration) was originally established in 2015 to encourage trainees and sub-consultant grades (SCGs) to engage responsibly and impactfully in global surgery. The organisation's creation was inspired by the launch of the Lancet Commission on Global Surgery in London and the repeated question from trainees present at the meeting of 'how can I get involved?'

Initially, GASOC operated as an unregistered association and a non-profit organisation acting as an entry-level platform to signpost trainees and SCGs to information and resources that will enable them to further their knowledge and experience in this field. The organisation's goal is to increase trainee engagement in global surgery activity during their training and to facilitate career-long leadership commitment post qualification.

The organisation consists of a core committee with online general members.

Throughout this document, when the term "Global Surgery" is used, it incorporates all surgical specialities as well as anaesthesia, obstetrics and gynaecology.

In 2022, as GASOC continued to grow both financially and in scale of activity it delivered, the 2022 Committee voted to incorporate GASOC as a Community Interest Company (CIC) and register in the UK. This incorporation was activated in 2023.



2 Rules

2.1 Core Aims

Advocacy of responsible, impactful engagement of trainees within global surgery research, education and fieldwork.

2.2 Strategy

Collaborate - Share medical knowledge and experience with colleagues to advocate for improvement in surgical outcomes in low & middle-income countries.

Innovate - Generate new ideas to address global surgery issues.

Unite - Partnership with like-minded organisations in global surgery advocacy, involvement in capacity building in LMICs in terms of research and education. Bidirectional participation.

2.3 GASOC CIC Board of Directors

GASOC CIC has a board of founding directors listed on Companies House. The directors are legally responsible for submitting annual financial accounts and ensuring registration information remains up to date. Day-to-day running and activity of the organisation remains the responsibility of the elected committee. Past Presidents are invited to join the board of directors if they wish after their term. Financial decisions including raising and spending funds need to be discussed at a minimum of quarterly basis with the Chief Financial Officer. The Board of Directors should also be invited to the committee's AGM. The President on the Committee is responsible for updating the Board of Directors on GASOC activity.

2.4 Asset Lock

As stated in the GASOC CIC incorporation documentation, any profits raised through GASOC business must be utilised solely for the strategy mission outlined in this constitution. This is what is known as the Asset Lock.



3 The GASOC Committee

3.1 The committee and members

The organisation allows trainee surgeons, anaesthetists and obstetricians/gynaecologists as well as foundation doctors and medical students to collaborate as members. We recognise that improvement in global surgery requires a multidisciplinary approach and so GASOC welcomes other medical specialities, researchers and students as members regardless of their level of training. GASOC represents individuals with various levels of experience, from those already engaged in time out of training to pursue global surgery projects to those who are entirely new to the subject. The organisation actively promotes and demonstrates equality, diversity and inclusivity in its work. It also believes that universal health coverage is a fundamental human right of every individual (based on the WHO Constitution of 1948).

Each committee member is elected via a vote by the existing committee after applying for an open position with a CV and a statement of intent for the position. Each post is held for two years after which the post will be re-advertised. The exception to this is the position of President who serves for one year before the role is offered to applicants from the existing committee.

The committee will aim to meet virtually every month. Any communication in between these times is carried out on our WhatsApp group or via email.

3.2 Committee roles

Core committee roles:

President, vice president, secretary, treasurer, surgical representative, anaesthetic representative, obstetrics & gynaecology representative

Additional committee roles which will be determined by the committee as the need arises:

Website coordinator, events representative, communication representative, website contributors, journal club coordinator, regional rep co-ordinator and publication and research rep, international specialty reps

Committee members have the right to leave the committee at any point with minimum four weeks' notice given to the President.



3.3 Election to committee positions

Committee positions last for two years. The application will be open to anyone, regardless of membership status. Members of the committee will vote on which applicant will be best for the role. Any pre-existing knowledge of the applicant must be shared with other members of the organisation. The application will be with a CV and statement of suitability for the role. If an applicant is unsuccessful for the role they have applied for then the committee can offer them an application for or appointment to one of the other committee roles to which they think they will be more suited. On completion of two years, members are welcome to apply for new committee positions as described above.

Existing committee members who are re-elected to the **same** role after a full 2-year tenure will have their tenure extended by 1 year, after which the position will be advertised again. The same committee member would not be eligible for re-application if there are other applicants to the post.

In certain circumstances, if committee members would like to swap roles, this can happen at the discretion of the committee after a meeting to agree on the decision. However, this cannot extend the overall tenure of the committee member.

The committee has the overall authority over voting for the President, Vice-President, new committee members guided by the secretary. If the committee has a concern regarding the leadership, then a separate vote will be considered in an extraordinary meeting.

3.4 President

The role of the President will be held for one year. In the first instance applications will be open to existing committee members only who have proven their commitment and have a working knowledge of the organisation. The President cannot be re-elected at the end of their one-year period but will be able to join the advisory board and support the newly elected President for six months. Election of the President will take place around the annual conference or at the end of their term.

Applications will be made with a CV and statement of suitability and proposed activity within the role

The role of President is to

- Strategically network and advance the work of GASOC
- Represent GASOC at relevant trainee and Royal College committees
- Guide the committee in achieving the core aims & grow leadership skills
- Ensure the engagement of all committee members
- Ensure communication within the organisation
- Maintain the integrity and reputation of the organisation as a responsible, risk-averse organisation



The President is accountable to the committee and the advisory board. They can also be approached by and should handle any concerns of general members of GASOC. If the committee has concerns about the actions of the President, they should contact them directly and, if unsatisfied, then liaise with a member of the advisory board.

More than half of the committee will be required to cast their votes for the voting process to be valid. In the event of equivocal voting results (i.e a draw) for the role of President, the Advisory Board will be consulted for further advice and votes.

In the extraordinary and unlikely event that no existing committee member applies for the role of President, an emergency committee meeting will be held to inform existing committee members and a second round of advertisement will commence following this. Consideration will also be given to past committee members who wish to apply for the role of President in this second round.

3.5 Leave of absence

Committee members have the option to apply for leave from their role at the discretion of the leadership team (president, vice president & secretary) i.e. for maternity/ paternity/ parental/adoption/ compassionate leave. We ask committee members to give the leadership team sufficient notice when feasible (i.e. 1-2 months), and to organise cover of their role and responsibilities by other committee members whenever possible. The length of leave is flexible based on the committee member's needs (ideally no more than 6 months), and the remaining GASOC committee members will endeavour to facilitate this option whenever possible. There is an option to extend the overall term/tenure of committee member depending on their personal circumstances.

In exceptional circumstances of high workload or extended leave by a committee member, there is an option for the committee to recruit (an) additional committee member(s) at the discretion of the GASOC President, Vice President and Secretary.



3.6 Advisory Board

The advisory board is made up of practitioners experienced in global surgery, anaesthesia and obstetrics & gynaecology. Their role is to assist the GASOC committee in achieving the ideals set out in the Constitution and assist in maintaining institutional memory. The board may consist of previous committee members and past presidents as well as several senior global surgery/ anaesthetic/ obstetric leaders. Other members can be considered on an individual basis. The advisory board member will be formally invited by the GASOC committee, and the membership will be reviewed every year at the AGM. The committee has the right to end the board membership term at any given point after an extraordinary meeting.

The advisory board should meet once a year over teleconference with the sitting GASOC president and secretary and other committee members as required, to hear an update on current and proposed activities. Their advice would then be sought on the following:

- 1. Are the projects in line with GASOC's core aims and objectives?
- 2. Are the organisation's plans overly ambitious and if so, would they benefit from oversight by another organisation, e.g. educational committee or registered institution?
- 3. Have proposed projects been previously tried by other individuals or groups and not succeeded?
- 4. Any significant spending of the organisation's funds (over £500 not on conference or events) or travel grants/bursaries/prizes awarded would also be presented here.
- 5. Future plans/outlook/ vision for the society to be presented to the advisory board

Individual members of the advisory board would also be willing to be contacted for advice in between these meetings. However, this would not be compulsory and would be on an 'opt-in' basis by individual advisory board members. If any member of the advisory board were to see information on GASOC activities on social media or via the newsletter that they were concerned was not in the organisation's best interests, they could call an extraordinary meeting to discuss this with the President.



4 Output

1. Journal Clubs:

GASOC hosts a bi-monthly journal club online. These events can be run either solely by the GASOC or in collaboration with another organisation. The journal clubs are advertised online and via email to allow members and interested non-members to attend. It is held virtually to enable multi-way discussions between all attendees. The journal clubs will be recorded and uploaded to our Youtube platform.

2. Annual Conference:

The GASOC Committee holds annual conferences which have previously attracted between 120-160 attendees and attempts to target themes which are relevant to the three represented specialities.

3. Collaboration:

GASOC will work in conjunction with other organisations to support and contribute to other projects, disseminate their work and represent trainee interests. Specifically, GASOC will work with international advocacy organisations and Royal Colleges to advance global surgery advocacy work.

5 Subscriptions

There is currently no subscription charge to become a member of GASOC. An annual subscription charge may be introduced as the organisation expands.

6 Meeting of members

The organisation shall hold an annual general meeting (AGM) (which has historically been held at the National Annual Conference but the timing will be at the discretion of the committee) to present and discuss subjects on the agenda and annual accounts. The President shall be elected for the following year and voting is carried out every second year for the roles of Vice President(s), Secretary, Treasurer, Webmaster, Media lead and other relevant committee members.



7 Alterations to the Constitution

Any changes to this Constitution must be agreed at the AGM or at an extraordinary meeting by at least two-thirds of 50% committee members present.

8 Dissolution

The organisation may be wound up at any time if agreed by the two-thirds majority as per point 6 above. In the event of winding up, any assets remaining after all debts have been paid shall be given to other organisations with similar aims.

Constitution reviewed: 13th December 2021, 21st November 2022, 23rd March 2023

GASOC Committee 2023