

Name: Martin Burton Standing for position of: Centre Director representative
Nominated by Irena Zakarija-Grkovic (Croatia), seconded by Jimmy Volmink (South Africa)

1. How long have you been contributing to the work of Cochrane, and how did you first become involved?

In 1998 I became – like so many others – infected by Iain Chalmers’ enthusiasm for the Cochrane venture. This led to my being a founding member of the Cochrane Ear, Nose & Throat Disorders Group, and the original Co-ordinating Editor in September of that year.

2. Have you helped to prepare or bring into practice a Cochrane Review? If so, what was your involvement?

I have helped prepare and maintain 11 Cochrane intervention reviews as a co-author (four as lead author). I have edited many of the reviews and protocols in the ENT Group’s portfolio

3. What experience do you have of committee work (particularly at the policy-setting level) nationally, internationally, and within Cochrane?

I have served on many national committees within my specialty of Otolaryngology - Head & Neck Surgery (e.g. Council of ENT-UK, Section of Otology of the Royal Society of Medicine) and surgery in general (Court of Examiners of the Royal College of Surgeons of England). Also internationally within Cochrane as a member of the Centre Directors’ Board, Co-ordinating Editors’ Board and the Executive of the Co-ordinating Editors’ Board.

4. What do you think would make you an effective member of the Steering Group?

With many years’ experience of Cochrane, and with my twin roles as a Co-ordinating Editor and Centre Director, I believe I have a clear understanding of the nature of the organisation and the people who work for it. I am also familiar with its unique international characteristics and the political issues associated with those. I have a strong clinical background and a clear focus on the needs of patients and other users. As a trustee of two other UK charities I am very aware of the responsibilities of trustees to prioritise the best interests of the charity (the Collaboration) above their own or those of one particular group of constituents.

5. What would you like to change about Cochrane and/or the Steering Group, and why?

The Collaboration is known for the high quality of its output and its independence. Other characteristics include its openness, transparency and inclusiveness but I believe quality and independence are its most important characteristics.

In recent years the Collaboration has become more complex as we move from a single core endeavour – the “preparation, maintenance and dissemination of systematic reviews of the effects of health care” - to a more diverse range of activities. The Steering Group has a critical role to play in this process and must be strong, clinically orientated, patient-focused, and visionary. It must be prepared to

re-define the Collaboration's charitable objectives (currently limited to those quoted above), and its governance and organisational structure in order to achieve those goals.

6. What would you wish to achieve as a member of the Steering Group?

I should like to see the Collaboration clarify and re-define its purpose and develop an organizational structure that will make it "fit" for those purposes for the next 10 years. In doing so, I would want to see it protect wherever possible those characteristics of openness, transparency and inclusiveness for which it is so well known, whilst preserving its independence and maintaining a quality of output that is "good enough" for the needs of users. I would do everything possible to ensure the Collaboration harnesses the enthusiasm of its committed members to be an outward-looking, patient-serving organization, producing products that are relevant and useful to patients and those who provide their health care.

7. For individuals seeking re-election: What do you think you have contributed to the work of the Steering Group during your previous three-year term of office?

N/A

8. Please state any potential conflicts of interest that might limit your participation in Steering Group discussions and decision-making:

(a) Core conflicts of interest:

I have no direct or indirect links to industry and am not aware of any conflicts that would limit my participation in Steering Group discussions and decision-making.

(b) Internal conflicts of interest:

As Director of the UK Cochrane Centre a significant part of my salary currently derives from my employment in that post. I am employed by the University of Oxford and seconded to the Oxford University Hospitals NHS Trust, the host organization for the UK Cochrane Centre.

(c) External conflicts of interest: In the last three years I have not received any (i) Reimbursement for attending a conference or symposium (including travel, accommodation and/or hospitality) (ii) Funds for research (iii) Funds for a member of staff (iv) Fees for consulting, or (v) Royalty payments (other than for authoring/editing textbooks). Almost any provider of health care (whether publicly or privately funded) may "gain or lose" from the publication of Cochrane reviews, especially when those reviews relate to surgical interventions that are provided to patients on some form of "fee for service" basis. I undertake paid professional work (medical care, speaking, education, etc.) for the following organizations which may "gain or lose" financially from publication of Cochrane reviews:
Oxford University Hospitals NHS Trust (public medical practice)
OXENT Ltd (private medical practice)
University of Southern California (education & training)