

## Governing Board Internal Candidate Statement

Please note that both this Internal Candidate Statement and the Letters of Support you provide **will be published on the Cochrane Community website** during the elections process, and the Internal Candidate Statement will remain on the website against the names of the new members for the duration of their terms on the Board. For this reason, this document template must be used for candidate statements; and full addresses, email addresses and/or unencrypted e-signatures excluded from Letters of Support. Photographs (including personal headshots) must not be included.

Please submit this Internal Candidate Statement in Word format by the stated deadline. It should be shared beforehand with the two nominators writing your Letters of Support.

Family name (surname):	<b>Burton</b>
First name(s):	<b>Martin James</b>
Today's date:	<b>16<sup>th</sup> June 2017</b>

You may expand the boxes in providing your answers to the questions below:

**1. Do you have experience or expertise in one or more of the published list of essential areas of expertise for members of the Governing Board?**

I am seeking re-election for a second successive term as a member of the Governing Board. Whilst currently serving on the Board I am also the Collaboration's Treasurer.

As a practicing clinician (I am an ear, nose & throat surgeon), Director of Cochrane UK, joint Co-ordinating Editor of Cochrane ENT and a Cochrane author, I have experience of all the areas of required expertise and a varying degree of expertise in many of them. This is derived for the most part from my Cochrane activities outlined in Question 2 (below). However, I also bring experience from organisational roles in my hospital, University and a variety of professional bodies, and as a trustee of a number of other UK charities.

**2. How have you contributed to Cochrane's work during your time as a member?**

In 1998 I helped establish the Cochrane Ear, Nose & Throat Disorders Group and became its founding Co-ordinating Editor. I have helped prepare, maintain and update 18 Cochrane

reviews since that time, and have reviewed and edited all submissions to the Group. I served as a member of the Co-Eds Exec and was an active member of the Co-Ed community. In 2011 I became Director of Cochrane UK and continue in that role. My colleague Anne Schilder joined me as joint Co-Ed of Cochrane ENT at that time.

Cochrane UK changed its focus from predominantly serving existing members of the Cochrane community, and those joining the organisation to do reviews, to looking outwards, and seeking to engage with the wider world. It took on a role of promoting evidence-based practice and systematic reviews in general, as well as Cochrane in particular. Similar changes have been reflected in the activities of the whole Collaboration, and embodied in *Strategy 2020*.

As a member of Cochrane's Board I have contributed by helping develop strategy, and in implementing the recent governance and membership changes.

### 3. What experience do you have in leadership and/or governance roles within Cochrane and in other relevant contexts? Can you provide examples of successful leadership?

In addition to the examples given above, I have served on many national committees within my specialty (for example, the Council of ENT-UK, Section of Otolaryngology of the Royal Society of Medicine) and surgery in general (Court of Examiners of the Royal College of Surgeons of England).

I am critically aware of the role of Cochrane Board members as Trustees of a UK charity and the current spotlight being shone on governance within the UK charitable sector.

### 4. What do you think would make you an effective member of the Board?

In addition to direct experience of the Board gained over the last three years I have a clear understanding of the nature of the organisation and the people working within it and knowledge of the responsibilities of Board members in setting strategy and making mission-critical choices.

I am aware of the need to understand the complexities of working in a multi-cultural, geographically diverse organization, and to respect those from different backgrounds. I feel I can challenge and debate in a constructive way, whilst respecting the views of others.

I have a strong clinical background and a clear focus on the needs of patients. I am completely committed to the notion that Cochrane exists for the benefit of the public who must remain at the centre of our decision-making.

5. How do you see Cochrane developing or changing in the future (i.e., what is your ‘vision’ for Cochrane), and why?

Cochrane has a clear vision of a world in which health choices are informed by high quality evidence. In which people of all sorts – patients, professionals and those who purchase health care on behalf of others – understand the “evidence-based” concept, and know how to use it.

If we believe it is important to get to this point as quickly as possible, across as much of the globe as possible, the difficulty is only in identifying a strategy to get there. What choices should Cochrane make to allow us to achieve this, given the resource constraints under which we operate?

*Strategy to 2020* outlines the strategic choices made a number of years ago, and the title implies a fixed plan to last until 2020. But we live in a rapidly changing world; a “post-truth” era of uncertainty and “fake news”.

Cochrane needs to be “nimble” and responsive to changes in the areas of health care, knowledge production & dissemination and electronic publishing - all areas in which we are currently active - if we are to fulfil our mission and lever the maximum benefits from our limited resources.

As such, I favour regular re-evaluation of our priorities and choices and an approach that looks at short-, medium- and long-term strategies as separate, but closely related, entities.

Two types of resource are mission critical for Cochrane: human resources – our people – and financial ones. The “volunteer author” model that characterised the organisation in the past is slowly changing. The new membership scheme affords the possibility of far more people being involved with Cochrane’s activities.

The current Structure & Function review will likely impact upon the ways in which many of Cochrane’s Groups work. There is a sizeable group of people working for these Groups, many as employees of organisations other than Cochrane, and many who have done so for many years. They are wholly committed to the Cochrane venture even though not directly employed by us. Others work hard for Cochrane despite not being funded at all to do so, simply participating from a desire to support the organisation. Their reward is in the pleasure they receive and some academic credit, rather than money.

A challenge for the Board is to balance all of these human factors, with the uncertainties about its financial resources which flow from the Open Access strategy, and to do within a changing evidence publishing and dissemination context.

6. What do you see as the most important issues to be addressed by the Board during your term of office?

The main issues facing the Board flow from the observations in the answer to Question 5 (above).

The key challenges relate to securing the future in these areas: funding, publishing, and expertise to continue to produce high-quality reviews on the most important topics, across the full spectrum of health care.

But equally important are issues related to the management of any changes that flow from the Structure & Function review. Good communication, at all levels, across the entire Collaboration, is critical. It will be important for the Board to explain how it has reached its decisions and in particular how it has balanced the needs of the organisation and its governance responsibilities with the expressed desires and wishes of those who work for the Collaboration. The need for any proposed changes must be well articulated and the rationale for the choices made, explained.

**7. For individuals seeking re-election, how have you contributed to the Board during your previous term of office?**

As Board member I have participated in all face-to-face Board meetings. I have served as Treasurer, as Chair of the Investment, Finance & Audit Committee, and member of the Remuneration Committee. I represent the Board on the Project Team for the Structure & Function Review currently looking at the review groups.

**8. Is there anything else you would like to say in support of your nomination?**

In the last three years, the Board has changed. With support from an external consultant who provided training, we have moved from a group that was often involved in operational activities and detail to one that understands its role to be much more strategic. I believe we all much better understand our roles as Trustees of a Charity and Directors of a Company.

At the end of the three years, I feel I now have the in-depth understanding to make an even greater contribution than in the previous three years.

**Declaration of Interest statement:**

Candidates must make a declaration of conflict of interest, including financial or nonfinancial relationships with other organizations, professional relationships to other members of the

Board, and other Boards she/he may sit on. In writing this statement, candidates should refer to Cochrane’s [conflict of interest policy](#) and the [declarations of existing members of the Board](#).

Please answer the following questions:

1. Financial interests In the last three years, have you:	Yes/No (If yes, please provide details)
a) Received research funding: any grant, contract or gift, commissioned research, or fellowship from Cochrane or a related organization (i.e. any organization related to health care or medical research) to conduct research?	<i>Yes - Funding from the UK National Institute for Health Research (NIHR) to prepare systematic reviews</i>
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	<i>Yes - I have provided training in EBM, critical appraisal and systematic reviews to: University of Southern California (USA), Teikyo University (Japan). Some of these activities have been undertaken through my employer’s consulting arm - "Oxford University Consulting"</i>
c) Received honoraria: one-time payments (in cash or kind) from a related organization?	No
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?	<i>Yes – Employee: Oxford University Honorary consultant (clinical services): Oxford University Hospitals NHS Foundation Trust Director/owner: OXENT Ltd (provision of private medical practices [not including surgery])</i>
e) Possessed share-holdings, stock, stock options, equity with a related organization (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)?	No
f) Received personal gifts from a related organization?	No
g) Had an outstanding loan with a related organization?	No

<p>h) Received royalty payments from a related organization?</p>	<p><i>Yes - I have received royalties from several book publishing companies for writing &amp; editing books &amp; chapters of ENT textbooks.</i></p>
<p><b>2. Do you have any other competing interests that could pose a conflict of interest that would reasonably appear to be related to the primary interest?</b></p>	<p><i>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></p> <p><i>All those organisations for which I work and provide clinical care for patients may "gain or lose" financially from publication of Cochrane reviews.</i></p>

**Letter in support of Professor Martin J Burton's application to stand as a candidate for election to the Governing Board of Cochrane.**

Fergus Macbeth – Joint Coordinating Editor of the Lung Cancer Group, Coeds' representative and Co-Chair of the Cochrane Council and Joint Funding Arbiter.

I strongly support Martin Burton in his application to stand for election as an internal candidate for Board Member. Martin has a long history of involvement with Cochrane as a reviewer, Coordinating Editor, Director of the UK Cochrane Centre and most recently as a Board member and Treasurer. His commitment to Cochrane is unquestioned and he has deep experience of the organisation working at all levels. However he is not so imbued in Cochrane traditions that he cannot see the need for the organisation to change and adapt to environmental challenges. As his Candidate's Statement, his writing and his interventions at Cochrane meetings over recent years have made clear he is a strong advocate for change and modernisation of all aspects of Cochrane activity. This has sometimes led him to face criticism from colleagues - to which he has always responded with good grace and articulate argument.

I have worked with Martin regularly over the past five years and have always found him to be a calm, witty and supportive colleague, well organised and full of stimulating ideas and wide interests. It is clear that he has already made significant contributions to the work of the Board, not least as Treasurer, and I am sure that he would continue to wholeheartedly devote his time, enthusiasm and wisdom to it if re-elected.

*Fergus Macbeth*

16 June 2017

16<sup>th</sup> June 2017

Re: Nomination of Martin Burton as member of Governing Board - second term

I am writing in support of Martin Burton of Cochrane UK

I have had the honour of knowing Martin since 2012, when joining Cochrane as Co-Director of Cochrane Croatia. His active, constructive, respectful participation in Centre Director Board meetings has always been an inspiration to me.

Martin has expertise and extensive experience in all of the essential areas required by Governing Board candidates. His organisational governance skills have been finetuned over the years in his numerous leadership roles, from founding Co-ordinating Editor of the Cochrane Ear, Nose and Throat Disorders Group, back in 1998, to Director of Cochrane UK since 2011, and most recently as a member of the Cochrane Governing Board. These challenging roles have necessitated astute financial management skills which Martin has acquired and generously shared with his colleagues by taking on additional responsibilities within the Governing Board, such as Treasurer and Chair of the Investment, Finance & Audit Committee, attesting to his commitment to Cochrane.

Although Cochrane Croatia is often applauded for its knowledge translation and communication efforts, they are negligible in comparison to the amazing work being done at Cochrane UK, led by Martin Burton. From the success of 'Students 4 Best Evidence', attesting to Martin's dedication to educating students about the importance of understanding science, to the planetary popularity of their blogshots at 'Evidently Cochrane', the communication efforts of Cochrane UK are exemplary. Their generous guidance in utilising social media for the dissemination of Cochrane evidence has been appreciated by all.

As an experienced and caring clinician, Martin has an acute awareness of the needs of patients as well as the challenges faced by health professionals. This enables him to select and disseminate the most relevant and useful Cochrane evidence, as well as prioritise topics for review. Martin has authored 18 Cochrane Systematic Reviews providing him with in-depth knowledge of systematic review methodology and conduct. This valuable first-hand experience, as well as his experience in editorial policy and publishing, places Martin in an ideal position to make important contributions to the planning of training activities, the restructuring of Cochrane review groups and the involvement of patients and consumers in the review production process. A second term on the Cochrane Governing Board would provide Martin with the perfect opportunity to achieve this. Martin's honest, clear and respectful communication skills will aid him in this process.

It is my great pleasure in nominating Martin for a second term as member of the Cochrane Governing Board and I wish him every success in his future endeavours.





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Trusted evidence.  
Informed decisions.  
Better health.

