Questions to be completed by candidates for election to position of Co-Chair of the Cochrane Steering Group

Statement from: Cynthia (Cindy) Margaret Farquhar July 2016

1. Please describe how you first became involved in The Cochrane Collaboration and your subsequent contribution to its work.

   My undergraduate training was completed at the University of Auckland in 1982. In 1986 I was successful at the membership examination in O&G in the UK and then had a three year research lectureship at the University of London until 1989. I was appointed in 1989 as a part time senior lecturer in O&G at the University of Auckland. I was awarded a Doctor of Medicine (research degree) in 1991.

   In 1995 I spent 4 months in Oxford. During that time I undertook training in protocol and review preparation, I held 2 exploratory meetings for the Cochrane Menstrual Disorders Group with 30 or so attendees and I prepared the submission to become a registered CRG. We were registered in 1995, but it was a challenge to find any funding in New Zealand. After 9 unsuccessful funding applications I was able to secure enough funding from my hospital manager for one year and the Menstrual Disorders CRG was finally launched in May 1996. Professor Chris Silagy and Professor Mont Liggins were both at the launch which it a very special event. We were the 19th group to be registered.

   In 1996 we were able to employ a review group coordinator (now called a managing editor) and a trial search coordinator. In 1997, the Cochrane Subfertility Group (in Leeds) had lost their funding and leadership and Iain Chalmers suggested that we merge. We agreed and were able to renew our funding with the New Zealand Ministry of Health and secure ongoing funding.

   Since that time our group has maintained steady activity. We are the 8th most productive group in the collaboration although our impact factor is in the middle of the range (6.66). We work with 32 editors and nearly 1000 authors including 98 from developing countries.

   In 1996 I was nominated to be a member of the Steering Group and I served for two years from 1996 to 1998. I only served for 2 years as a new SG had just been formed and in order to establish a rotation off we all drew straws to see how long we would stay on. I drew 2 years. During that time we registered over 20 new CRGs and we were also establishing our governance systems. It was a very busy time and funding was by no means secure.

   In 2003, along with Dr Mark Jeffery as co-director, the Cochrane New Zealand was established. We are funded to provide training and support to all Cochrane authors as well as raise awareness of the CC and Cochrane Library in New Zealand. In 2004 we successfully negotiated for a national licence for New Zealand (funded jointly by the Ministry of Health, Accident Compensation Commission, PHARMAC). It has been renewed several times since. We hold two to three workshops a year and since 2008 we have had nearly 700 attendees.

   My other roles in the Collaboration are listed in item 3 below.

2. Have you helped to prepare or bring into practice a Cochrane Review? If so, what was your involvement?
   I have been involved in the preparation of 55 Cochrane reviews and I am the primary author on 6 of them. I have been involved in all stages of preparing Cochrane reviews.

I have also co-authored two overviews of Cochrane reviews – one including 59 reviews of assisted reproduction technology and the other an overview of 17 reviews of endometriosis. And recently I have co-authored 5 diagnostic test accuracy reviews.

3. Please describe leadership roles that you have held within The Cochrane Collaboration and in other relevant contexts, with examples of successful leadership.

- Current Co-Chair (with Professor Lisa Bero) since 2014.
- Member of the Co-Eds executive of the Co-ordinating Editors Group from 2005 to 2008, then 2011 to current. I have been a strong supporter of the direction of the CEU with regards to MECIR, prepublication screening and updating and more recently structure and function.
- Member of the Cochrane Library Oversight Committee from 2010 – 2013
- Member of the Funding Arbitration Committee from 2009 – 2015.
- Chairman of the 20th Cochrane Colloquium in 2012. Auckland, New Zealand. This was a successful meeting with only 9 months preparation time.
- Steering Group member 1996-1998. This was the first elected SG and I was a member of the registration sub-committee. In this role I chaired some of the AGM and the coeds meetings.
- Member of the Chris Silagy Prize Committee 2008.
- Chairman of the Bill Silverman Prize Committee in 2009 and 2010.
- Winner of the Anne Anderson Award – one criteria is leadership.

4. What experience do you have of committee work, both within The Cochrane Collaboration and nationally and internationally (particularly at the policy-setting level)?
Please see above for Cochrane roles.
In New Zealand I have chaired three national committees for the Ministry of Health and Health Safety and Quality Commission.

- In 2005 I was appointed as the inaugural chair of the Perinatal and Maternal Mortality Review Committee. We established national reporting of perinatal and maternal mortality in New Zealand and have reported annually since 2007. My appointment ended in 2013 although I continue as an advisor to the National coordination services.
- In 2006 I was elected as the chair of the New Zealand Guidelines Group. I had sat on the board from 2001. The NZGG was an incorporated society and was funded by the Ministry of Health. My term finished in 2009. We had an annual budget of approximately $3M depending on the contracts from the Ministry of Health. In 2012 the NZGG was wound up as funders from the Ministry of Health and other organisations changed focus.
- In 2009 I was asked to chair the Pandemic Influenza Mortality Review Committee. The purpose was to review all deaths from H1N1 in 2009 and 2010. Two reports were produced.
- In 2009 -2010 I chaired a primary care initiative to improved coordination between primary and secondary care services in the greater Auckland region. The initiative was known as GAIHN (Greater Auckland Integrated Health Network) and until 2014 I have remained involved as a clinical adviser.
- I have chaired several national guideline development teams and in 2013 I led the project for developing guidelines for Diabetes in Pregnancy.
- In 2016 appointed to the Maternal Morbidity Working Group, developing policy for prevention of maternal morbidity in New Zealand.

5. What do you think would make you an effective Co-Chair of the Steering Group?

- The past two chairs as the Co-Chair of the SG (now called Cochrane Board) where I have worked effectively with the other Co-Chair Professor Lisa Bero as well as with other members of the board. The major challenges have been governance review, seeking external board

members, supporting the development of structure and function change for the collaboration, looking for financial security while we move towards open access publishing by 2020.
- My knowledge of the Cochrane Collaboration and its many varied entities
- My previous experience as a SG member
- My understanding of systematic review production and publication in the Cochrane Library
- My governance experience in leading and chairing boards and teams such as the New Zealand Guidelines Group and the Perinatal and Maternal Mortality Review Committee.
- I have undertaken the specific training for directors (Institute of Directors, NZ) and have had an opportunity to observe both good and bad governance practice
- My experience conducting consultations with the diverse participants in the CC
- My commitment to the collaboration and its vision

6. Acting as Co-Chair of the Steering Group requires a consultative approach to decision-making. Please illustrate how you would do this.

   I consider that the Cochrane Collaboration is advanced in its approach to consultation in comparison to many organisations, such as medical colleges that I am also involved with. Fortunately, the majority of the guideline team and boards I have chaired have included an appropriate range of stakeholders including health practitioners, policy makers and consumers. Whilst the CC has a culture of consultation but it is also a large and complex organisation with many different groups, some of whom feel that more could be done more quickly while others feel we are moving too slowly. We always need to keep this in mind as we work together. I recognize that after all views are considered, compromise may be necessary and this may leave some people unhappy.

   With regard to decision making during meetings, I would seek to ensure that all voices are given an opportunity to raise their concerns. A well conducted and chaired discussion should lead to a consensus view and would seek to avoid voting unless a consensus can not be reached.

7. How do you see The Cochrane Collaboration and/or the Steering Group developing or changing in the future (i.e. what is your 'vision'), and why?

   My vision is not that different from 20 years ago when I first became involved. "An independent and reliable evidence based source of health evidence that can be used in everyday clinical practice".

   However, the pathway to delivering the vision has changed. There are many non-Cochrane individuals and organisations that use the methodology of systematic reviews and evidence compilation. We have vigorous competition. I relish the competition as it will sharpen our activities and productivity! I still believe that we need to be the leaders in systematic review production.

   So my vision is to continue with the main objective – best and trusted evidence into practice – but at the same time continuing to seek improvements in what we are producing and to embrace all the opportunities to move evidence into different formats and platforms. We have been discussing this for years but establishing the relationships and partnerships for this are not straightforward. My hope is that some of the new developments may lead us into new avenues for better translation.

   We are not the organisation that we were 20 years ago. We have grown to be a very large global organisation with a lot of good will but also an increasingly complex funding structure. Changes in the collaboration include the involvement of external board members, formation of Editorial Boards, different executives and the Editorial Unit. Furthermore the 2020 strategy and other important initiatives such as the governance changes, the Structure and Function Project investment in innovation and technology projects, and the expansion of the CET have created uncertainties and challenges of consistency and coherence. We also have the financial pressure of open access

publishing. Cochrane has a unique 'brand' that we must protect and enhance. We have set ourselves many challenges but we need to be ambitious and creative. My vision is to develop all these initiatives whilst maintaining our main focus of publishing Cochrane reviews of the very highest standard.

8. As Co-Chair, you would be expected to solve problems and resolve conflicts. How would you approach this aspect of the role?

   The Cochrane Collaboration has very many strong and capable individuals who are passionate and committed and it is not surprising that conflicts occur. There are processes in place that should be followed before coming to the Co-Chairs but inevitably sometimes they come to the level of the Co-Chairs.

   Over the past two years there have been several issues that we (Co-Chairs) have spend time resolving. When being asked to solve problems and resolve conflicts, I would want to ensure I have all the information available before seeking advice from others in the collaboration – the collective wisdom of the Collaboration should not be under estimated. I would always speak directly with those involved by teleconference or ideally a face to face meetings. I would expect everyone involved to consider the best interests of the CC as well as making sure that natural justice is considered. Honest communication and not jumping to conclusions are key to conflict resolution and I would seek always to do this.

9. In the role of Co-Chair, you would be expected to represent the Collaboration in a variety of settings; have you any experience of this or similar representation? In this context, please illustrate your ability to communicate successfully with a range of audiences.

   I have frequently represented the CC in a variety of international settings. Most of these have been giving invited lectures so could be considered to be informal. I am comfortable with public speaking and have received good feedback after lectures and workshops alike. I understand the importance of differentiating between when I am speaking on behalf of the CC or some other organization with which I am affiliated, such as the university. I have a statement that clarifies that I do not speak on behalf of the Collaboration.

10. For individuals seeking <u>re-election</u> as Co-Chair: What do you think you have contributed to the work of the Steering Group during your previous two-year term of office?

    Apologies for repetition above. During my two year term of office I have been a fully committed Co-Chair, attending all board meetings, teleconferences, dealing with and resolving disputes, seeking and participating in board training, responding to the EiC and CEOs concerns as required, supporting major structural and governance change, investing in new innovations, and keeping our focus on the long term goal of having a sustainable and financially resilient organization while at the same time moving to an open access publishing arrangement. Another two years should see the investment of time and resources in many of these projects coming to fruition and I am fully engaged and committed in providing the leadership for these changes.

I confirm that I wish to stand for re-election to the position of Co-Chair of The Cochrane Collaboration Steering Group and that, if elected, I would be able and willing to commit the necessary time and attention to the role.

Signed:
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