

Statement in support of nomination for election to the Cochrane Board

Fergus Macbeth MA DM FRCR FRCP MBA

Now retired from clinical practice as an oncologist, I have been involved in evidence based healthcare for nearly thirty years - working with SIGN in Scotland, the Clinical Effectiveness Initiative in Wales in the 1990s and more recently with NICE (below). I have also been a tutor for the Collaboration for Evidence-Based Healthcare in Africa and the UK Cochrane Centre.

I have been an author and Editor for the Cochrane Lung Cancer Group since its inception in 1998 and its Joint Coordinating Editor for 15 years, during which time I oversaw its transfer from Catalonia to France. In the past year I have served as Joint Funding Arbiter for Cochrane.

I have past experience in a number of the essential areas of expertise for members of the Cochrane Board. For example:

1. I have been involved in the Clinical Guideline programme of the National Institute for Health and Care Excellence (NICE) in the UK for about 15 years, first as a member of the Guidelines Advisory Committee and then for eight years as Director of the National Collaborating Centre for Cancer (NCCC) developing cancer guidelines for NICE. I then spent over three years as a Director of the Centre for Clinical Practice (CCP) at NICE, responsible for the broader guidelines and quality standards programmes and participating in Senior Management Team and Board meetings. Since retiring in 2012 I have chaired three clinical guideline committees.
2. I was elected to Board of the Guidelines International Network (GIN) in 2010 and served as Treasurer for 2 years until 2013.
3. I have been responsible for major budgets (up to £9 million per year) both with NICE and GIN.
4. I have been the author of over 100 scientific publications including books, chapters, editorials, reviews and primary research. I have been on the Editorial Board of 'Radiotherapy and Oncology' and 'The South African Journal of Oncology'.
5. I have worked successfully with patient representatives on many NICE guidelines and have myself been a patient representative on two advisory groups for NHS England's Joint Optical Council.

I have had three important leadership roles, first as Director of the Clinical Effectiveness Support Unit for Wales, secondly as Director of the NCCC and thirdly as Director of the CCP at NICE. I believe I was successful in meeting the challenges in all three roles and am especially proud of my achievement in setting up the NCCC and creating an efficient engine for developing clinical guidelines.

I would be an effective member of the Board because I would bring extensive experience of working at a senior level for a number of healthcare organisations both in the UK and internationally and also because I have the practical experience of being a clinician, clinical trialist, systematic reviewer, guideline developer and more recently a patient. I have been a member of, or chaired a wide variety of committees, some at national level, and so I understand how such groups can work effectively. I believe I am a thoughtful and articulate committee member, prepared to speak to my opinions and principles without being verbose or dominating.

Cochrane is undoubtedly facing a number of important challenges in the near future. It needs to maintain its position as the prime source of systematic reviews in the face of increasing competition.

Timeliness and relevance of reviews continue to be problems especially as the great majority of authors and editors are unpaid volunteers. Increasingly rigorous methodology, though welcome in enhancing quality, can be seen as a burden and so it is important that technological developments (such as online Archie) are implemented quickly and are easy to use. Editors need to be encouraged or directed to be more selective with topics and author teams to ensure relevance, speed and quality. The intended change to larger more consolidated review groups is well intentioned and probably necessary but its implementation is likely to be tricky because of the great diversity of the groups in size, location and sources of funding.

Over the next few years the Board will need to consolidate its new governance arrangements and continue to forge strong relationships with key stakeholders and allies, such as WHO and GIN. It will need to ensure that its major funders across the world are getting good value for money and will continue their support. This will no doubt be helped by successful resolution to the challenges I have outlined above which the Board will have to manage strategically. Above all it will need to ensure that Cochrane carries out its charitable purposes effectively and continues to demonstrate public benefit.

Fergus Marshall

17 December 2016

Conflict of interest statement:

Here is my statement:

1. Financial interests

Have you:

a) Received research funding: any grant, contract or gift, commissioned research, or fellowship from The Cochrane Collaboration or a related organisation (i.e. any organisation related to health care or medical research) to conduct research? **Not in the past 5 years.**

b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organisation? **Yes. I am currently part time employee (Mentor to Fellows and Scholars) of the National Institute of Health and Care Excellence (NICE). This employment will end on 31 March 2017. I have received intermittent payment from the UK Cochrane Centre over the past 3 years for teaching.**

c) Received honoraria: one-time payments (in cash or kind) from a related organisation? **Yes. I have received honoraria from NICE for chairing guideline groups over the past 4 years and will continue to do so over the next year.**

d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organisation? **Yes. I was a trustee of the Guidelines International Network from 2011 to 2013.**

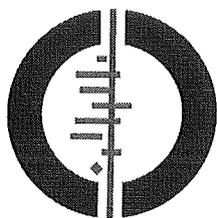
e) Possessed share-holdings, stock, stock options, equity with a related organisation (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)? **No**

f) Received personal gifts from a related organisation? **No**

g) Had an outstanding loan with a related organisation? **No**

h) Received royalty payments from a related organisation? **I receive royalties from Cambridge University Press from the sale of a textbook of oncology of which I was an editor and chapter author.**

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? **No.**



Cochrane Lung Cancer

Besançon, France, 13th December 2016

To Whom It May Concern:

I wish to nominate Dr Fergus Macbeth for election to the new Cochrane Board as an internal member. He has worked for Cochrane for many years, first as an author and then as Joint Coordinating Editor for the Lung Cancer Group. His interest in evidence-based medicine also led him to be involved in NICE.

When the group was transferred from Spain to France in 2013, he agreed to remain involved with the new team even though he did not know the new people in charge of the group. Since then he has supported us greatly with his motivation and knowledge of Cochrane and helped to develop our group. He brought us the 'Cochrane eye' and agreed to be involved not only in the group's strategic decisions but also in the day-to-day work, becoming a crucial asset, the person you can rely on whatever the matter and fully supporting us as Cochrane's 'beginners'.

Willing to be even more involved with Cochrane, in 2016, he became Funding Arbiter showing once again his wish to try to help the collaboration the best he could.

Today we are proud to support his nomination for the new Cochrane board as we feel his experience in the conduct and methodology of systematic reviews, his expertise in evidence-based medicine, his editorial skills combined with his dedication and his devotion to Cochrane would serve the Board well.

Virginie WESTEEL,
Joint Coordinating Editor

A handwritten signature in black ink, appearing to be 'V. Westeel', written over a horizontal line.

Cochrane Lung Cancer Group
Besançon University Hospital - University of Franche-Comte
CHRU Besançon – Bâtiment Bleu – IRFC - Pneumologie –Oncologie - 2 bd Fleming - F 25030 BESANCON CEDEX

Tel +33 381 66 89 78 / Fax +33 381 66 88 11 /
email : lungcancergroup@chu-besancon.fr / internet : <http://lungcancer.cochrane.org>

9th December 2016

Lorna McAlley
Executive PA
Cochrane Central Executive

Dear Lorna

Re: Nomination of Dr Fergus Macbeth as member of Governing Board

I am delighted to nominate Fergus Macbeth's to serve as a member of Cochrane's Governing Board.

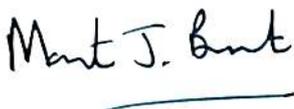
I have known Fergus for many years, both as a fellow Co-ordinating Editor and as a key colleague on the faculty of a regular course we organize at Cochrane UK for health professionals in training. Fergus has a wealth of experience that he would bring to the Board. Some relates to his work with Cochrane, some derives from his roles in the wider worlds of oncology and guideline production.

Within Cochrane Fergus has been both an effective coordinating editor and Funding Arbiter. In this latter role he has had to exercise his considerable skill and judgment in a fair and impartial manner and – working with his colleague Angela Webster – he has done so extremely well. His analytical skills and understanding of the world of “conflicts of interest” would be very valuable to the Board.

Fergus's clinical background is as a much-respected oncologist specializing in lung cancer. He is both a trialist and a systematic reviewer. For over three years he led the guideline programme for NICE (National Institute of Clinical Excellence) the UK's major guideline producer and indeed arguably the world's most respected organization's in this field. As a result he fully understands the needs of stakeholders – including citizens of all types – and their critical role in evidence synthesis production.

Fergus is no stranger to working at Board level and as an insightful and incisive thinker I believe he is well able to listen to the views of others, to assimilate them and challenge them as necessary. I am in no doubt that he is fully committed to the aims and vision of the Collaboration and that if permitted to do so will ably help steer the organization in a way that will allow us effectively to meet the challenges that lie ahead.

Yours sincerely,



Professor Martin J Burton MA DM FRCS
Director
Cochrane UK