

## Governing Board External Candidate Statement

Please note that the External Candidate Statements and Curricula Vitae of successful applicants (i.e. new members) **will be published on the Cochrane Community website** and 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 template must be used; and full addresses, email addresses and/or unencrypted e-signatures excluded. Photographs (including personal headshots) are also not permitted.

Please submit this External Candidate Statement in Word format by the stated deadline.

Family name (surname):	<b>Lamb</b>
First name(s):	<b>Raewyn Megan (Rae)</b>
Today's date:	<b>1 June 2017</b>

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

### 1. What are your reasons for wanting to become an external member of the Governing Board?

In today's world people need ready access to trustworthy, evidence based information, more than ever before. When it comes to making choices and decisions about health care, whether you are a consumer, a service provider, or a policy maker, the old cliché 'information is power' has never been more apt. But it needs to be good information.

The rise of 'Dr Google' and ready access to instant diagnoses and care and treatment options via an internet search means there is plenty of information available, but much of it is not helpful.

In my work as a specialist health journalist and broadcaster; as a health services researcher (Harkness Fellow); and more recently in independent statutory watchdog roles dealing with health, disability and aged care complaints for the NZ and Australian Governments, I have repeatedly seen the need for evidenced based, quality information to inform decision making, guide care and support greater consumer involvement and choice.

Cochrane already stands out as a reliable and trusted source of such information. It is recognised as the place to go for high quality, up to date evidence. But as Cochrane's Strategy to 2020 appears to recognise, it will take skills, passion and commitment to ensure that in today's fast changing world, Cochrane not only continues to produce accessible, high quality evidence, it becomes the 'home of evidence' and remains an effective and sustainable organisation.

I would be honoured to be part of this work as an external member of the governing board. I believe I have skills and experience that will allow me to actively contribute to achieving Cochrane's strategic

goals and which will complement the skills and experience of other members of the board.

## 2. What relevant experience do you bring and 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 have experience that is relevant to many of the 'essential areas of expertise' as follows:

- *Leadership of a large organisation, consumer advocacy, communication and knowledge translation, organisational operations, evidence informed policy, Board membership.*
  - As the statutory office holder responsible for aged care complaints in Australia I lead an organisation of 157 people based in seven cities across the country. We take a national approach to dealing with thousands of complaints and strategically delivering a proactive educative function. Our work is resolution based with a consumer rights focus, and within a legislative framework. I make evidence based decisions guided by expert advice on clinical matters, and our organisational policies and practices are informed by best practice. We use complaints and evidence based information to promote quality improvement in aged care.
  - I have to communicate complex issues and decisions on a daily basis in letters to individuals and more widely through presentations and meetings with consumers, providers, policy makers and other stakeholders. As Commissioner I am, in effect, also the CEO and have overall responsibility for the corporate governance of our organisation. Although staff and back office support are provided by the Department of Health I am responsible for staff, budget and the overall performance of my organisation. I have input into matters of relevant public policy through submissions and consultation.
  - As a statutory office holder responsible for health complaints in NZ my work was focused on running a national complaints process and through it, upholding a legislated code of rights for health and disability consumers. As with the current role, I made evidence based decisions guided by expert advice on clinical matters, and supported the Commissioner to do this. Our organisational policies and practices were informed by best practice. I had to communicate complex issues and decisions on a daily basis in letters to individuals and more widely through presentations and meetings with consumers, providers, policy makers and other stakeholders. I also had responsibility for maintaining and supporting an external panel of expert advisors covering all the health and medical disciplines. We used complaints and evidence based information to promote quality improvement in health, disability services and aged care.
  - I am an ex officio member of the Australian Aged Care Quality Council and through this have on going experience in governance type work.
- *Communication and knowledge translation, consumer advocacy*
  - 27 years as an award winning journalist working in newspapers, magazine, public television and radio in NZ, primarily as a political journalist and specialist health correspondent. This means I can write, and I can communicate well orally; I quickly understand and interpret complex information and translate it to lay terms; I understand political and policy environments and processes, medico-legal and ethical

matters, research processes and evidence based decision making; and I consider various perspectives and relevant information in reaching conclusions.

- As a journalist I travelled overseas to report significant international health issues such as sexual and reproductive health and HIV/Aids in China, Thailand and the Pacific, immunisation on war torn borders in wider Asia, and China’s One Child policy. This gave me insight and some understanding of world health issues and the politics and policy matters at play (as did the Harkness Fellowship).
- *Evidence informed policy; education and learning; communication and knowledge translation, primary research*
  - As a Harkness Fellow at Harvard School of Public Health and Institute for Healthcare Improvement in Boston (Mentor Don Berwick) in 2001/02, I was a health services researcher. I designed and conducted research into the disclosure of medical error by US hospitals. My work was published in Health Affairs and is still cited today. An invited editorial followed, in the BMJ’s Quality publication. This has given me first hand understanding and experience, as a lay person, of academic research including literature review, and the processes involved right through to peer- reviewed publication. During the Fellowship I was also exposed to some of the top researchers and policy makers in the US and Canada at the time and their work, attended a number of international symposia and presented at some.

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

- Across my diverse roles, I have gained significant experience in quickly understanding and communicating accurately, at times complex information, in user friendly, engaging and simple ways.
- I am not an academic or a clinician but I have had opportunities through my work, to see things from these perspectives as well as that of consumers. Through my roles, I have come to understand the vital importance of evidence based information to guide good care.

### 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 10 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	No

care or medical research) to conduct research?	
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	No
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?	No
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
h) Received royalty payments from a related organization?	No
<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>	No