

Governing Board Co-Chair Candidate Statement

Please note that the Co-Chair Candidate Statement of the new Co-Chair **will be published on the Cochrane Community website** and will remain on the website against the name of the Co-Chair for the duration of their term on the Board. For this reason, this document 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. It should be shared beforehand with the three nominators writing your Letters of Support.

Family name (surname):	Burton
First name(s):	Martin James
Today's date:	16th June 2017

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

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

In 1996 I met Iain Chalmers and asked if there was a group looking at ENT (Ear, Nose & Throat) topics. He said no. I said maybe I would come back when there was one. Characteristically, he responded that that wasn't quite how it worked, and why didn't we start a Cochrane ENT Disorders Group? This led to my bringing together a group of like-minded people and hosting the inaugural meeting that led to the formal formation of the Group in September 1998. I was its founding Co-ordinating Editor and have been involved in that way ever since. In 2011, I became Director of Cochrane UK and I was joined as Joint Co-Ed of the ENT Group by Professor Anne Schilder. In my role at Cochrane UK I oversaw a period of organisational change mandated by our funders. I oversaw a change in focus for the Centre in which more emphasis was placed on external relationships and the promotion of evidence-based medicine and systematic reviews in general, as well as Cochrane Reviews in particular. I have been a member of the Collaboration's Governing Board since 2014, serving as Treasurer for most of that time. I have contributed to the processes by which the Board has moved from one with significant operational responsibilities and activities, to one with a more strategic role, more mindful of its governance responsibilities in a time of challenge for many UK charities.

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

I have prepared, maintained and updated 18 Cochrane Reviews. I have reviewed all the submissions to Cochrane ENT for the last 19 years, and edited most of them. Disseminating Cochrane evidence,

and getting it into practice, has been a key aim of Cochrane UK since 2012. I have led the development and implementation of a number of knowledge translation initiatives to further this aim. We have also used Cochrane Reviews as part of learning & development initiatives to promote a wider understanding of Cochrane specifically and evidence-based practice more generally.

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

As outlined above, I have successfully led Cochrane ENT and Cochrane UK. The former is a well regarded review group with outputs of consistently high quality, that adopts a clear prioritization strategy and engages patients and stakeholders in its decision-making processes. The latter is a large Cochrane Centre and we support the activities of the 26 Review Groups based in the UK. We have been at the forefront of developing knowledge translation activities, and engaging with people outside the Collaboration, including patients and other lay people, students and health professionals.

I have held leadership positions in my hospital, serving as Lead Clinician within my Department and as one of three Clinical Governance leads within the organization. I have led a number of organizations including the British Society for Academic Otolaryngology (I served as its President) and the Otolaryngological Research Society (also President).

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

I have served on the Co-Eds Exec and been a member of the Editorial Board and the Centre Directors Boards. I have also served on many national committees within my specialty (for example, the Council of ENT-UK, the Section of Otology of the Royal Society of Medicine, the Specialist Advisory Committee (SAC) for Otolaryngology) and surgery in general (Court of Examiners of the Royal College of Surgeons of England). Within my hospital, University and College, I have served on a variety of committees and I am a trustee of two other UK charities. Many of these roles involve setting policy and making strategic decisions. It would be presumptuous to claim sole, personal credit for establishing a specific policy; it is always a team process. In a Cochrane role, I was closely involved in the Editorial Board's strategic decision to recruit an Editor-in-Chief. As an example from outside Cochrane, I would cite the development of a new Constitution and strategy for the British Society for Academic Otolaryngology.

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

I believe I would be an effective Co-Chair because I understand the role and have the personal qualities required to fulfil it.

The advertisement for this post sets out specific responsibilities of the role but says little about the principles underlying these. The Co-Chair of a charity Board must exercise a very distinctive type of leadership because all the trustees are jointly responsible for the good governance of the charity. That leadership should focus on four things.

1. Ensuring that Cochrane has clear aims, a clear direction of travel and is achieving those aims. This includes understanding the focus on “public benefit” and the needs of patients and the public
2. Building and developing a real sense of cohesiveness within the Board. We have a new Board structure that is working well, but we also have relatively rapid turnover of members, and the need for us all to work together and unite behind decisions that we make together, has never been greater.
3. Developing, nurturing and managing relationships: between the Board, the CEO and Senior Management Team, members of the organization, external stakeholder, funders, etc.
4. Ensuring that the Board makes good, sound decisions based on the best possible information and informed by the best expertise – internal or external.

Several distinct personal qualities are required to undertake this. These include a commitment to the organization and the ability to devote sufficient time to it; this is - I hope - self-evident from the paragraphs above. I also think it is important to be able to see “the big picture” and to be able to think strategically. It is important to be able to dissect complex situations to clarify issues and apply basic principles. I am fond of saying “purpose comes before strategy”; I think committees can often struggle with strategic decisions because they lose sight of purpose. I like to think of myself as a flexible, approachable person who can get on with all sorts of people. And I have a sense of humour.

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

Consultation takes place in Cochrane at several levels, as in many charities with a large number of members and volunteers. For the Co-Chairs, a specific responsibility in their roles as leaders of the Board, is to steward the process by which the Board makes sound and sensible decisions. These decisions will be based on a variety of factors and it should always be clear when consultation with the wider membership is necessary and desirable.

All processes of consultation should be fair and transparent and recognize the needs of that very diverse, global, multi-lingual community that is Cochrane.

I interpret this question as asking specifically about decision-making by the Board. I believe it is critical that all Board members have an in-depth understanding of the work of the organization. Consultative decision-making means presenting the Board with a full range of options, with the risks and benefits of each clearly articulated, and using Board meeting time wisely so that members can focus on what matters most. This means high-quality, well-presented information and documentation, informed by the requisite knowledge (if necessary backed by independent, expert advice) but with the necessary synthesis and analysis to allow informed decisions.

For this to work well, the chairing of meetings is also very important. I believe a good chair encourages all board members to participate, whilst having strategies to mitigate over-dominance by any one

individual. They should also expect Board members to be well-prepared, and be willing to engage with all topics, even those outside their specific areas of expertise.

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

Cochrane has a clear vision of a world in which health choices are informed by high quality evidence. A world 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 characterized the organization 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 organizations 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 organization. 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 so within a changing evidence publishing and dissemination context.

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

I have had experience of problem solving and conflict resolution in a number of different professional roles. Key principles that I adopt are:

1. “Prevention is better than cure” – problems and conflicts are inevitable but it may be possible to avoid or prevent them. However, that is not to say that difficult decisions should not be faced; facing up to problems and difficulties is necessary, as “sweeping things under the carpet” and avoiding making difficult decisions can have disastrous consequences.
2. Set the right place and time for any discussion – “framing”

3. Make sure there is a clear description of the problem or issue. Seek examples and illustrations whenever possible.
4. Seek out , and listen to, both sides of a story or conflict.
5. Be fair and even-handed and as open and transparent as issues of confidentiality allow.
6. Seek advice from others who are wiser and more experienced whenever necessary.

In Oxford we have many international students and faculty for whom English is not their first language, and whose behavioural and cultural norms are different from those in the UK. I have witnessed situations in which the basis of some apparent conflict or difficulty has been a simple misunderstanding. The same issues apply in Cochrane with our diverse community. I believe that I understand these issues and always seek them out and try and recognize them when they occur. Putting things in writing can help to understand issues or identify communication problems.

9. In the role of Co-Chair, you would be expected to represent Cochrane 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 represented the Cochrane UK, Cochrane ENT, or Cochrane more generally, in the UK and internationally in a variety of different professional settings and with a broad range of people: patients, health professionals and commissioners of health care.

At Cochrane UK we have focused much effort on communicating with patients and the wider public, health professionals, students and others. I believe that my record in leading the fantastic team here demonstrates an understanding of the importance of using a variety of different communication tools and methods with many different audiences.

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

N/A

Declaration of Interest statement:

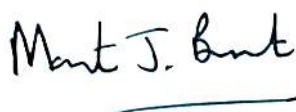
Candidates must make a declaration of conflict of interest, including financial or nonfinancial relationships with other organizations, professional relationships to other members of the Board, and other boards she/he may sit on. In writing this statement, candidates should refer to Cochrane's [conflict 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
h) Received royalty payments from a related organization?	<i>Yes - I have received royalties from several book publishing companies for writing & editing books & chapters of ENT textbooks.</i>
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?	<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</i>

	<p><i>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>
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I hereby confirm that I wish to stand for election to the position of Co-Chair of the Cochrane Governing Board and that, if elected, I would be able and willing to commit the necessary time and attention to the role.

Name:	Martin J Burton
Signature:	
Date:	16 th June 2017