



Governing Board Elected Member Candidate Statement

The Candidate Statement, your photograph and names of your nominators will be published on the Cochrane Community website during the elections process, and the Candidate Statement and photograph will remain on the website against the names of new members for the duration of their terms on the Board. For this reason, this Candidate Statement document template must be used; and full addresses, email addresses and/or unencrypted e-signatures excluded.

Please submit this Elected Member Candidate Statement in Word format by the stated deadline. It should be shared beforehand with your two nominators.

Family name (surname):	Qaseem
First name(s):	Amir
Today's date:	November 13, 2018

1. How and when did you first become involved in Cochrane and what has been your subsequent contribution to Cochrane's work (maximum 200 words)?

Dear friends and colleagues,

I am submitting my name for your consideration and your vote for a position as a member of Cochrane's Governing Board. I have been involved with Cochrane's work for over 15 years. I have personally benefited tremendously and learned from you through your expertise, knowledge exchange, and collaborations. I have been able to bring this all back to the American College of Physicians, the oldest guidelines program in USA, to further our mission for improving patient care. My participation with Cochrane includes working with Cochrane centers to conduct evidence reviews that have formed the basis for ACP guidelines. I have attended and presented at the Cochrane Colloquiums, including at regional meetings in USA. I am a firm believer in collaborative work and conserving resources. To this end, one of my goals has always been to bring the evidence reviewers and the guideline developers to work closely together. When I was Chair of the Guidelines International Network (GIN), I took on this task and worked with my colleagues to establish the Cochrane/GIN partnership. In addition, I played a leadership role in negotiations and teamwork that resulted in a highly successful 2017 Global Evidence Summit in South Africa.

2. What experience do you have serving as a member of a governing board, board of directors or similar? This might be within a non-for-profit or charitable organization, or a hospital or University. Please include the name(s) of the organization(s), the roles you played and other relevant information (maximum 200 words).

I have been on governance boards of many national and international organizations, not-for-profit/charity. As a board member, I have been responsible for ensuring that all the rules and requirements of the charity are met, including the appropriate use, allocation, and sustainability of finances. Below are several recent examples of organizations whose boards I served on:

- a) Chair 2012-13 and 2013-14 Guidelines International Network (elected twice, 1-year term each)
- b) Member, Board of Trustees 2010-13, 2013-16, 2016-Present Guidelines International Network (elected three times, 3-year term each)
- c) Member, Board of Directors 2015-Present American Medical Association's Physician Consortium for Performance Improvement (elected twice, 3-year term each)
- d) Member, Board of Directors 2013 to Present MedbiQuitous (twice, 3-year term each)
- e) Chair, Measures Advisory 2017-Present: American Medical Association's PCPI (3-year term)
- f) Member, Board of Executives 2013-Present, DynaMed

3. Acting as a Board member requires a collaborative approach to decision-making, setting aside personal opinions and group affiliations and acting in the best interests of the charity. Please describe how you would fulfil this obligation, using examples from previous committee or other work (maximum 200 words).

I bring over 20 years of experience working on different types of boards and committees, as member and as chair, including governing boards of various organizations, guidelines committees, and governmental agencies. I have been involved in decisions varying from organizational level strategies to national level clinical priorities and policies. I have participated numerous times in meetings where controversial issues were discussed. However, at the end of the day, first and foremost, I always remember my fiduciary responsibility and do my best to make sound and ethically appropriate decisions by providing my foresight, oversight, and insight based on my knowledge and experiences while ensuring responsible use of resources while advancing the mission of an organization. In summary, I believe that our unique experiences, expertise, and beliefs may result in differing arguments, but more importantly, bring richness to the discussions. Open mindedness, listening to others, mutual respect, and effective communication on well-grounded reasoning are the keys to help bring convergence in agreeing on decisions that are best for an organization. Rationality has to work together with reasonableness and this might mean that on some rare occasions, the final decision might be a marriage between a compromise and consensus among members.

4. What do you think would make you an effective member of the Board (maximum 200 words)?

I have been trained as a physician, health economist, methodologist/clinical epidemiologist, business administrator, a leader and problem solver. I am responsible for leading the clinical policy of the largest physician organization (ACP) in the USA. At the national level, I have been deeply involved to in several initiatives and committees convened by public (CMS, CDC, NQF) and private organizations to improve the quality of health and health care of our patients. I have been invited to participate as a team member at the international level to develop health policy and quality improvement programs in countries in Asia, Australia, Europe, North America, and South America. I have been repeatedly invited to speak on health policy and economics, evidence-based medicine, performance measurement, guideline development, evidence synthesis, and quality of care. I have extensive experience writing for journal publications, with over 100 papers published in just the top 5 medical journals in the world, in addition to many other journals. I have been on governance boards and committees of several national and international organizations where I have experienced the importance of collaborative team work and effective communication skills. All of these experiences combined would help me make an effective member of the board.

5. What do you believe are the most important strategic challenges for Cochrane in 2019 (maximum 200 words)?

I would like to work with our members to efficiently utilize our limited resources and strive towards expanding our role in the evidence-based medicine arena. Specifically:

1. Working with Cochrane members, guideline developers, clinicians, and public, as a team, to develop clinically relevant evidence reviews efficiently, cost effectively, in a timely manner, without compromising the quality.
2. Thinking beyond the current environment by starting to discuss advances in science and methods needed in the light of new data and technology that are now available.
3. Fostering and building new leaders among Cochrane members who can take the reins and steer Cochrane into the next decade.
4. Focusing on increasing the value of Cochrane among current and new potential members, exploring beyond the current offerings, including expanding our regional presence.
5. Increasing participation and visibility of Cochrane by advocating for evidence to public, policy makers such as performance measurement experts, and clinicians.
6. Supporting the core business, focusing on the long-term financial stability of the organization.
7. Listening to our members, asking them what we are doing well and what needs to change, and working towards building trust between members and governance including establishing a transparent and effective two-way communication.

Questions 6-12: Specific Skills

To function optimally the Governing Board requires a range of experiences, knowledge and expertise amongst its membership. We cannot expect any single Governing Board member to have all the necessary skills and experience. We are looking for diversity.

We do not expect you to answer “yes” to more than one or two of these questions.

If you do answer “yes”, please provide at least one example which best demonstrates your experience or expertise. You may wish to include:

- A description of the situation and the context
- What you did
- What skills and knowledge you deployed
- The outcome and your personal contribution

6. Do you have experience of Charity Governance (in any charitable organization around the world)?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes. One example is as Chair (2 years), member of the executive committee (4 years), and member of Board of Trustees (8 years) for Guidelines International Network (GIN), a UK based charity. I have been involved in making decisions involving finances, strategy, membership, expanding collaborations, establishing partnerships, and expanding GIN's presence at the local level by establishing the regional organizations such as GIN Asia, GIN North America, and GIN Iberoamerica. I am still a member of the regional steering committees and helping the local leaders with establishing strategic priorities to advocate for evidence and be inclusive by incorporating local policy leaders, public figures, and clinicians.

7. Do you have experience of Organizational Finance and Resource Management?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes, at my own institution, American College of Physicians. I am responsible for a multimillion-dollar budget.

8. Do you have experience of People Management (often called ‘Human Resources’ in English) and Organizational Development?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes, I am responsible for managing the staff of the clinical policy at the American College of Physicians. I have also participated as a member and chair in search committees including leading committee to interview candidates to hire CEO.

I am also on governing boards, where one of my responsibilities is to expand the value of the organization, expand its membership, and provide strategic direction. In addition, I have led establishing several committees and selecting members to develop evidence reviews and guidelines.

9. Do you have experience of Consumer and Patient involvement in Evidence Production and Health Policy?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes, I have been very involved in advancing the science and including public members in evidence production and health policy. I have led the effort to include public members in guideline panels. In addition, I expanded the concept of a public jury to provide input on clinical policy issues both regionally and nationally. An example includes forming a Public Panel at the American College of Physicians that includes members representing various sociodemographic in the United States. In addition, being on the steering committee of the Women Preventive Services Initiative, a government funded project in the United States that establishes health and public policies for care for women at the national level, incorporating patient voice was one of the priorities. At the international level, my involvement includes GIN Public, that helps establish methods and provides input on how to incorporate public voice in the panels.

10. Do you have experience of Advocating for Evidence?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes, I have an extensive experience in this field. I am the lead staff for clinical policy at the ACP, advocating for using best available evidence as the basis for not only guidelines, but also for decisions such as coverage, reimbursement, performance measures, or payments.

I am an official spokesperson for ACP and have been professionally trained for the press/media relations. Over the years, I have been interviewed by journalists for from TV, Radio, and Print/Internet for many high-profile media outlets such as CNN, NBC, Washington Post, New York Times, and Wall Street Journal to name a few.

I have also been involved in discussions and giving presentations in front of local, state, and federal levels, both government and private organizations, such as the United States Congressional Staff, CMS, CDC, AHRQ, and private insurance companies, health care systems, hospitals, patient organizations, and disease advocacy organizations.

Internationally, I have helped establish evidence as a strategic priority for medical organizations and at the national level, including using clinical guidelines, across regions, talking to governmental and provincial ministries and private health care systems. Examples include the European Commission and European medical specialty societies, Russian Federation, China, to name a few.

11. Do you have experience of Widening Access, Participation, Reach and Impact of Research?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes, my experiences include involvement in public and private entities. I am responsible for dissemination and implementation of guidelines and evidence at the American College of Physicians. I work with agencies such as AHRQ, NQF, and insurers such as CMS, United Healthcare, and Blue Cross & Blue Shield on issues such as access and impact of research. In addition, my experiences include leading discussions around evidence-based medicine, including training and working with federal agencies and national level organizations. I have participated in strategic planning to expand the reach of research, its implementation, and ultimate incorporation at the point of care using tools such as DynaMed.

12. Do you have experience of Fundraising & Development?

Yes or No? If Yes, please provide details and examples below (maximum 200 words).

Yes, we planned and hosted the GIN Annual Conference in Philadelphia, USA in 2016. It was a highly successful meeting, both financially and strategically, with good educational content and most importantly, participation from across the globe. It involved gathering external financial support from sponsors and required team work and organization with other partners for the conference.

13. Is there anything else you would like to say in support of your nomination (maximum 200 words)?

It would truly be an honor for me if I am given the opportunity to represent you as a board member. I have gained a lot of knowledge from many of you in various ways and I am very appreciative of all your support over the years.

You are all the spirit of Cochrane and you are the collaboration network. Thank you and warm regards.

Amir Qaseem, MD, PhD, MHA, FACP
Vice President
American College of
Physicians Philadelphia,
Pennsylvania USA

Declarations:

To be eligible to stand for election, candidates must confirm the following by putting a 'tick' (✓) or their initials in the boxes below:

I hereby confirm that I:

1. Have accepted the Terms and Conditions of Cochrane Membership and have been a Cochrane Member for at least 30 days prior to the close of voting in this election	✓
2. Have read the following guidance produced by the National Council for Voluntary Organisations in the UK: <ul style="list-style-type: none">• What is a charity• What is a charity trustee• What trustees must do• How trustees look after the charity	✓
3. Accept the Governing Board Charter	✓
4. Accept and will adhere to the Code of Conduct for Trustees	✓
5. Have completed the Cochrane 'Declaration of Interest' Statement (Annex 1 of this document)	✓
6. Have completed the 'Trustee Eligibility Declaration' required by the UK Charity Commission for all Trustees (Annex 2 of this document)	✓
NAME: Amir Qaseem	
DATE: November 13, 2018	

Annex 1: Cochrane Declaration of Interest Statement

Candidates must make a declaration of conflict of interest, including financial or non-financial 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?	No
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?	a) Chair 2012-13 and 2013-14 Guidelines International Network (elected twice, 1-year term each) b) Member, Board of Trustees 2010-13, 2013-16, 2016-Present Guidelines International Network (elected three times, 3-year term each) c) Member, Board of Directors 2015-Present American Medical Association’s Physician Consortium for Performance Improvement (elected twice, 3-year term each) d) Member, Board of Directors 2013 to Present MedbiQuitous (twice, 3-year term each) e) Chair, Measures Advisory

	<p>2017-Present: American Medical Association's PCPI (3-year term)</p> <p>f) Member, Board of Executives 2013-Present, DynaMed</p>
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
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

Annex 2: Trustee Eligibility Declaration

As required by the [UK Charity Commission](#)

Please tick or initial in the boxes below to confirm the following:

I declare that I:

Am willing to act as a trustee of The Cochrane Collaboration	✓
Understand Cochrane’s purposes (objects) and rules set out in its Articles of Association	✓
Am not prevented from acting as a trustee because I: <ul style="list-style-type: none"> • Have an unspent conviction for one or more of the offences listed here • Have an Individual Voluntary Arrangement, debt relief order and/or a bankruptcy order • Have been removed as a trustee in England, Scotland or Wales (by the Charity Commission or Office of the Scottish Charity Regulator) • Have been removed from being in the management or control of any organization in Scotland (under relevant legislation) • Have been disqualified by the Charity Commission • Am a disqualified company director • Am a designated person for the purposes of anti-terrorism legislation • Am on the sex offenders register or equivalent in any country • Have been found in contempt of court for making (or causing to be made) a false statement • Have been found guilty of disobedience to an order or direction of the Charity Commission 	✓
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	✓
Understand that it’s an offence under section 60(1)(b) of the Charities Act 2011 to knowingly or recklessly provide false or misleading information	✓
Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance ‘The essential trustee (CC3)’	✓