



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):	Lim
First name(s):	Blanche
Today's date:	26th October 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)?

I first became part of the Cochrane family in 2012 through my involvement with the Cochrane Eyes and Vision Group. I had felt that an apparently innocuous procedure (Patching of Corneal Abrasions) was accepted as common practice in various institutions and performed without supportive evidence without conferring additional benefits to patients. At that point, a literature review yielded conflicting reports from one paper to the other. The CEVG had also been looking to update its paper on the same topic .

Subsequently, I have also worked with the CEVG group on a second paper on the use of non-steroidal anti-inflammatory drugs in the prevention of pseudophakic cystoid macular oedema(PCME). This paper has since been published and also incorporated in the National Institute for Health and Care Excellence guidelines, used by the National Health Service (UK) to direct Cataract surgery guidelines. This has illustrated how evidence based medicine is the cornerstone of how healthcare should be practised and has motivated me to want to continue contributing in kind.

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 currently serve as Chief Resident of the Ophthalmology department at the National University Hospital in Singapore, and have sat on the Operations Committee since 2016, assisting in the daily operations of

the department. This includes management of human resource and manpower, ensuring clinical quality improvement and good clinical governance. As part of the Operations Committee, I have served in roles such as the Patient Safety Officer, and have implemented numerous clinical improvement projects and pathways. I have also been elected as a member of the Resident's Sub-committee for the hospital in 2016, advocating on the behalf of all trainees within our healthcare cluster.

I am fully committed to working with multiple healthcare providers to ensure care is extended to the vulnerable in the community: the institutionalised, the blind, the elderly and the poor. I have been a part of A New Vision's efforts, under Khmer Sight Foundation, serving in the Southeast Asian region. Within Singapore, I work with the Regional Health System to organize and conduct nation-wide functional screening for seniors aged 60 years and above, in line with the government's thrust in public healthcare. This entails collaboration with multiple stakeholders: partner hospitals, the governmental Healthcare Promotion Board, the Singapore Women's Association, optometry associations, as well as various other parties. I have also co-lead previous programmes for the Low Vision population, as well as community eye screens, and training of healthcare providers to provide early-state eyecare to the institutionalised.

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 have been privileged through these years serving regionally, locally and within the hospital system and in community to work at these processes on a daily basis. Healthcare at present, if it is to progress, cannot remain an island upon itself. When personal differences come into play, impartiality needs to be executed in order to preserve the tenets of Cochrane. The medical profession requires extensive buy in from organisations whether governmental or voluntary down to the community at lay level to ensure a paradigm shift in healthcare practices are achieved. I believe decision making for any effort is an amalgamation of purpose, weighing carefully the pros and cons and being adequately far-sighted to pre-empt any pitfalls and to direct the path for future. This frequently entails bringing in key players early on to engage them in a buy in for a common vision. It also means reaching a compromise (apart from the breach of core values) in order for harmonization as a team. This is a daily experience and a normative part of any collaborative process in my current line of work. The communications needed to guide all key players towards a common goal from the leadership to the smallest member of the team is regarded as critical. What this means as a member is the time and effort for investment of communication for a common cause, to which I am fully committed to.

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

Having served with the department's operations executive team these 2 years and being a part of multiple regional and healthcare related directives and initiatives, I believe these are aspects that have equipped me in my journey to work towards working to protect the core purposes of Cochrane. I passionately believe in the core tenets of Cochrane, and desire to contribute in any means through the collaborative efforts of the team. This can manifest through responsible stewardship of the precious

resources Cochrane is given, and the privilege of voluntary work across the globe. I am also interested to expand the vision of Cochrane to regions which still remain unaware of the need for evidence-based care, especially when this impacts the population at large. Together with the work that has enabled me to see the fruitfulness of a collaborative endeavour for the vulnerable, I believe that this will kickstart my part to play as a member of the Board.

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

Although Cochrane's reach has sufficiently arrived upon the doorsteps of most countries, informed and evidence-based care at present is still regarded a "luxury" in developing countries, where it may remain inaccessible to core healthcare services, governing bodies, and voluntary healthcare organisations. This can have the downstream effect of unsafe practices which can immensely impact care. This remains a severe limitation of care in the Asia-Pacific region which I have experienced on a personal level whilst engaging in missions, e.g. in Cambodia and parts of Indonesia. This exemplifies a major challenge that Cochrane faces, and should consider addressing to remain relevant globally.

1. **Access to information** – this *does not* simply entail open access. Rather, it is the challenge of having the information reach relevant policy-makers and voluntary organisations – the people who I hope to represent the practising hands and feet of Cochrane.
2. **Relevance to the developing nation** – in humanitarian efforts, as well as to those who desire to "survive" and thrive, to focus collaborative evidence based research towards building public healthcare, to encourage those who are steeped in voluntary work in these regions towards producing work that will enable us to evaluate effectiveness of care given the simplicity of options that are available.
3. **Relevance to policy makers**- an 'Insurmountable' mountain of knowledge. While Cochrane is a treasure trove of information, its very strength may be its weakness, when key players of healthcare provision may not know where to begin their hunt for relevant information pertaining to their line of work. Currently Cochrane produces a simplified abstract of current studies – but I would like us to be challenged to be relevant to policy-makers and offer evidence-based work that will impact change positively for critical use of resources.

I am aware that the above remains the strategic targets of Cochrane towards 2020 in form – but in today's healthcare climate remains a true challenge and massive undertaking.

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. I have led funded Projects with grants which require accounting for grant execution and governance from various organisations given in kind towards a purpose. These include the SEER programme (Low Vision Programme) which provides integration of rehabilitation in-hospital back to the individual's homes in collaboration with the low vision optometrist and occupational therapist and our EC2 Programme (Eye care for Empowered Community, which aims to train allied healthcare providers for the institutionalised in nursing and voluntary homes to detect visual issues early on as part of the EnABLE Programme (Eye Care and Assistance for the Blind, the Low Vision and the Elderly). We were privileged to have received funding in this case of a total of SGD\$1.5million to build a better tomorrow for our vulnerable. This has commenced its run from 2016 and 2015 and will be drawing to a close this year. In addition, I am also a part of the current Project Silver Screen programme – where charity and policy making as it should be works hand in hand to benefit the community at large – this programme commenced its run this year (<http://www.projectsilverScreen.sg>). Regionally, I have participated in the efforts of the Khmer Sight Foundation(Cambodia) and A New Vision(Indonesia) which thrives on its part from charitable donors who believe in working towards the same purpose.

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. I currently serve as Chief Resident, and also assist the Clinical Director as he leads the Department of Ophthalmology's Operations Committee. In this role I steer various Clinical quality improvement projects. In addition, as co-lead of the local Low Vision and EC2 programmes (elaborated in Q6 and 9) and Project Silver Screen, I frequently participate in decisions on the purchase of equipment, adjustment of clinical load, procurement of manpower, and usage principles of material and human resources and funding to achieve our goals. This requires prudence in handling finances of the organizations I work with.

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 currently sit on the Operations Committee in my department with current Projects to revamp clinical processes and to improve Physician and Allied Health workflows and patient experience. As Chief Resident of the Ophthalmology department, I manage manpower and clinic-specific services on a daily basis. This includes managing more than 40 medical staff and 100 nursing and allied health staff, serving up to 500 patients on a daily basis with a patient inflow of approximately 150,000-200,000 annually. My role also requires my engagement with other stakeholders outside of the department, including interdepartmental collaborations, external organisations such as the Singapore Association for the Visually Handicapped. In the Ophthalmology department, multiple services are frequently called to function at the same seating: from clinic room availabilities, to surgical, procedural and consult services as well as balancing the staffing of every service against the manpower constraints and training requirements of junior staff. This also requires careful consideration of patient inflow to the various allied healthcare providers with patient load to be adjusted within considerable time points in due consideration for clinic and administrative staff. At the same time, we are constantly on a lookout to continually improve clinical processes and workflow, moving staff to open new services as required and to cover essential key requirement as necessitated. Currently, I am privileged to work with like-minded colleagues who have embarked on Project Reset – a complete revamp and remodelling of our current clinic processes and appointment system to address a few core issues.

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 currently work with the Regional Health System and our Ageing Population Office at the national level (Ministry of Health and Ministry of National Development) with collaborations together with the Health Promotion Board to start a Nation-wide Functional Screening Programme, Project Silver Screen. In addition, I have co-led the Low Vision Programme(SEER)and EC2 (Eye Care for Empowering Community) programme from 2015 to 2017, with funding from major bodies (Tote board and Temasek Foundation) with the aim to advocate for Ophthalmological health services to reach the vulnerable (elderly, the institutionalised, the visually impaired, those of low socio-economic status) locally – with concurrent health services research. These have been wildly successful initiatives, with multiple projects arising from these collaborative efforts throughout the country and enabling exploration for further development in provision and healthcare to the vulnerable across various key partners and even across specialties, e.g. collaboration with Public Health practitioners, otorhinolaryngologists, dentists, allied health personnel (optometrists, technicians), and researchers. As evidence is collated from our current work and relayed back to the policy makers – we aim to take steps in real-time, to avail change as is required.

10. Do you have experience of Advocating for Evidence?

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

Yes. In 2014, my collaborator and I had sought to make a case for open access to evidence to Cochrane (**CHOICE-** Cochrane Health Open-Access Initiative for Comprehensive ERM, the Cochrane ‘Game Changers’ Investment Initiative 2014) to challenge the concept of “non-significant results”. We desired to prevent clinically significant research which had failed to satisfy existing publishing requirements and interest from becoming lost data; to do so may significantly skew pre-existing knowledge of current

disease and management. This proposal had been shortlisted for the final round of selections. Thankfully, this goal has now become reality in recent years, as other like-minded individuals have pushed through with a similar process. We have also since been involved in other initiatives, such as the utilisation of mobile application technology to assist in our endeavours.

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. As Chief Resident, I have worked to help revamp our departmental “Continuing Medical Education” curriculum. Through the exploration of various Research themes: Basic sciences, Innovative, Health services, with the guidance of invited experts in the field, we aim to enhance research capabilities of our colleagues and help Residents gain confidence in entering their research of interest with the tools to achieve their investigational needs. With a special interest in low vision, I have also provided feedback to engineering innovators based on clinical experience and linked up various groups to further promote progression on research. With our research in Cochrane, we have also been involved in impactful projects such as the Prevention of Pseudophakic Cystoid Macular Edema paper with Cochrane. Regionally, in my line of voluntary work with Khmer Sight Foundation, I have previously initiated conversation and provision of evidence to voluntary healthcare in support of the prudent use of antibiotics.

12. Do you have experience of Fundraising & Development?

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

Yes. I have helped to raise funds for various mission trips, in collaboration with A New Vision (Indonesia) and Khmer Sight Foundation (Cambodia). Within Singapore, I am working to obtain appropriate funding and direction of resources, as part of a project to enable access to work in the health care setting for less-abled individuals. In Singapore, we believe in a climate of driving a greater healthcare effort not just with policy-making but with funding and grants from various community partners, such as Tote board and Temasek Cares Foundation with the projects as mentioned above. In addition, I have participated in raising funds for the low-vision population in support of our Singapore Association of the Visually Handicapped and the Singapore Guide Dogs Association through charity art sales at a departmental conference in 2016. Apart from developing and fundraising for the above projects, I too am participating in revolutionizing eye care to the population in Singapore, refining clinic work processes and establishing new services for the department.

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

It would be a great privilege for me to be able to serve our community more effectively through this role.

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: Blanche Lim	
DATE: 25th October 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?	I am a current employee with the Ministry of Health Holdings in the Department of Ophthalmology, National University Health System, Singapore
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	√
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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)'	√