

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):	Gajewski
First name(s):	Jerzy B
Today's date:	11 November 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 became the member in 2016 by submitting as a co-author systematic review paper. I was very much aware of the Cochrane organization but had very little knowledge how to be engaged in Cochrane activities. For the last 20 years I was involved in several systematic reviews, guidelines and recommendations through national (Canadian Urological Association) and international (International Continence Society, International Consultations on Incontinence) organisations. I was always a supporter of the evidence-based medicine in the busy urological practice and when teaching fellows and residents

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).

- Canadian Urological Association (CUA) Treasurer (2001-2005) & President (2009-2010), CUA Historian (2013-2019).
- Northeastern Section of the American Urological Association President (2013-2014),
- Chair of the Canadian Sexual Health Council (1999-2002),
- Trustee of the International Continence Society (ICS) -UK based charity (2008-2011), Treasurer of the ICS-UK based charity (2016-2019).
- President of the Canadian Academy of Urological Surgeon (2005-2006).

- Director of Functional Urology Program and Fellowship, Department of Urology, Dalhousie University. 1992-present)
- Director of Research and Clinical Trials, Dep. of Urology, Dalhousie University ((1997 – 2004)
- Treasurer- Canadian Foundation for Research on Incontinence ((2006 – 2010) Canadian based Charity
- Chair of the Clinical Promotion & Tenure Committee, Dalhousie University, Halifax (2001 – 2002)

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 will learn more about the environment, people and goals of the organisation. I will review the past activity, speak to other board members and if possible, to predecessors and listen to the people what they have to say. I will review a short- and long-rang plan for the organisation and my position. I will be active and interactive within organisation. I will engage in a constructive discussion being not afraid to have my own opinion without imposing it.

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

I have experience working with associations and with charitable societies including UK Charity. I have vast research experience including guidelines, mission statements and systematic standardised reviews. As a treasurer of different organisations, I was involved in fund raising and account managing. I did a lot of clinical studies with industry and know the system very well from inside. I clearly understand the mandate and responsibility of the Trustee, which are much more complex with the additional legal responsibilities in compare to regular society Board member.

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

I think the most important, immediate task for the Board is to regain trust and support of the membership. This can be done by the broader engagement of the membership in decision making and enhance communication. Any controversial issues must be promptly addressed with full transparency.

Like with many non-profit organisations the financial stability is very important and include healthy income, money managing and smart use of the funds.

One of the biggest challenges in my opinion is efficient distribution of Cochrane evidence and engagement of research and health care communities to adopt them. We must be also aware of biases, influences and fraud in research when producing evidence. I would like to see more advertising in medical journals and Cochrane presentation at the meetings. The different

association and groups should be actively approached to include Cochrane presentations and evidence at the meetings even if to be sponsored by the Cochrane group themselves. As a urologist for the last 32 years, attending 5-6 meeting per year, I have never seen any Cochrane presentation.

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 am a Trustee (6 years) and a Treasurer (3 years) of the International Continence Society with the office in Bristol, UK which is governed by UK Charity Commission law. I was a Chair of the Canadian Urological Association Scholarship Foundation and a member of the Canadian Continence Foundation governed by Canadian Charity Law.

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.

- Treasurer of the Canadian Urological Association (under Canadian Law) and now
- Treasurer of the International Continence Society (under UK law)
- Treasurer of the Canadian Male Sexual Health Council
- Secretary/Treasurer Canadian Academy of Urological Surgeon
- Treasurer- Canadian Foundation for Research Incontinence

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

As a president of Canadian Urological Association, I was responsible for oversight of our Corporate Office in Dorval, Quebec with 6 staff members. During my term as a president we established this office. I was involved with the interviews and hiring the general manager and other staff members. I was Director of Fellowship Program in our Department of Urology, Dalhousie University over the last 26 years and was responsible for accepting and managing fellows. As a Trustee of the International Continence Society I was supervising our central office in Bristol with 9 staff members.

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 a member of the Canadian Continence Foundation and developed patient information booklet on Incontinence and sacral neuromodulation. I was also working with Polish Continence Foundation and Polish Urological Society to get government approval for sacral Neuromodulation in Poland which was just approved this year.

I have been also involved with the Canadian Cancer Foundation and work on patient guidelines for erectile dysfunction and incontinence after radical prostatectomy

10. Do you have experience of Advocating for Evidence?

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

Yes: Through my work as a member of several committees in the 7th editions of International Consultations on Incontinence, developing CUA and ICS guidelines and standardizations documents. Also, by teaching research methods to fellows and residents.

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: I am a member of ICI-RS. This society has 100 KOL from all over the world which meet once a year to discuss research project related to incontinence. After each meeting there is a publication in Neurourology and Urodynamics. I was chair of one of the discussion group in

2015 with publication; Do we assess urethral function adequately in LUTD and NLUTD? ICI-RS 2015. Neurourol. Urodynam., 36: 935–942. The last meeting was in Bristol in June 2018 and I was Chair of Proposal # 3; Are there different patterns of detrusor overactivity which are clinically relevant? ICI-RS 2018. The paper is being submit for publication this month.

12. Do you have experience of Fundraising & Development?
 Yes or No? If Yes, please provide details and examples below (maximum 200 words).
 Yes; I did fundraise for Canadian Urological Association, International Continence Society and Canadian Male Sexual Health Council and as a Chair of several national and international society meetings and my department educational activities

13. Is there anything else you would like to say in support of your nomination (maximum 200 words)?
 I am committed, enthusiastic and honest individual. I am rather new to Cochrane but has vast experience in similar societies and can bring a new perspective into the organization.

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	JBG
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 	JBG
3. Accept the Governing Board Charter	JBG
4. Accept and will adhere to the Code of Conduct for Trustees	JBG
5. Have completed the Cochrane ‘Declaration of Interest’ Statement (Annex 1 of this document)	JBG

6. Have completed the 'Trustee Eligibility Declaration' required by the UK Charity Commission for all Trustees (Annex 2 of this document)	JBG
NAME: Jerzy B Gajewski	
DATE: Nov 1st, 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	Yes/No (If yes, please provide details)
In the last three years, have you:	
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?	Yes: Grant from International Continence Society for International Continence Society best practice statement for use of sacral neuromodulation and from Canadian Urological Association for the Urodynamic Course. (2018)
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?	Yes: Pfizer & Astellas Support of the Urodynamic Course and Ad Board Laborie- speaker on the Urodynamic Course (last time in 2017)
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?	Trustee and Treasurer of the International Continence Society
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	No

selection of the shares)?	
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	JBG
Understand Cochrane's purposes (objects) and rules set out in its Articles of Association	JBG
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 	JBG
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	JBG

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	JBG
Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance 'The essential trustee (CC3)'	JBG