



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):	Banerjee
First name(s):	Kushal
Today's date:	6th 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 attended my first Colloquium in Hyderabad, India in 2014. I've attempted to work with a Cochrane group, but the topic was of low priority and couldn't. I've had the privilege of being trained by leaders and other senior members of Cochrane. Due to the nature of my own charitable work in India and my prolonged training in evidence-based medicine at Oxford, I have been limited in my ability to contribute to Cochrane up till now.

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've not served as a member of a governing board or board of directors. The practice where I have worked for the last ten years, Dr. Kalyan Banerjee's Clinic, is a self-reliant charitable organisation. The clinic has seven doctors and support staff of twenty-five. The funds raised by charging patients in the morning are used to run free consultations in the evening. We are now treating a little over seven hundred patients a day. I have overseen recruitment and training of doctors and support staff, development of information technology systems and treatment of a significant portion of the patients and expansion activities for about eight years. I work with the panel of senior doctors and staff at the clinic to decide and implement change. Management and other administrative activities are also collectively carried out by this panel.

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've involved senior members of staff in all decision making. In addition to treating patients my work has involved implementing evolutionary changes at the clinic. I work with software developers to convey our requirements and explain our processes. On completion of prototypes I work separately with doctors and support staff to get their input. This is then sent back to the team of developers who provide us with an updated product. This gets tested under my supervision at different levels before final execution. At every stage, I get approvals from separate groups of people which involves a deep understanding of the needs of patients, doctors and staff. I used similar processes during the designing of the expanded new clinic and the two auxiliary centres. This involved working with interior designers, architects, patients, staff and doctors. A cohesion of ideas was required to ensure that several perspectives are considered. This collaborative approach has resulted in increased patient capacity, higher efficiency amongst support staff and doctors and better patient feedback. The clinic is now considered a better place of employment. As a result, the practice and its charity work has flourished.

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

I've considerable experience in extracting maximum efficiency in a limited resource setting. My work has always included the safeguarding and enhancement of the reputation of my organisation. With limited options to delegate, I have experience in attending to small issues in an organisation on one hand and representing it on international forums and co-ordinating treatment of patients in thirty countries, on the other. As a result, I've developed a deeper understanding of the different facets of the running of an organisation. I understand the importance of a collaborative approach and the value that different points of view can bring. I've learnt that building consensus or majority support is a better executor of change than imposing it on subordinates or peers.

I come from a part of the world where several alternative systems of medicine are prevalent and exist symbiotically with conventional medicine. I believe my perspective from having lived and worked in India at a charitable practice and my training in evidence-based medicine will bring unique value to the Board.

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

Cochrane must continue to strengthen its position as the source of the highest quality of evidence in medicine. It must expand its availability and increase its user base.

Popularising Cochrane in non-research-based health centres is an important area. Getting more doctors and medical personnel to use Cochrane on a day to day basis is important to get Cochrane even more out into the 'real world' where resources don't always allow for separate research time. Large patient populations in different parts of the world remain unaware of Cochrane. Making the evidence from high quality systematic reviews understandable to the end user remains challenging. Striving for simplification without losing balanced interpretation of evidence is the key to achieving a wider audience for Cochrane.

Cochrane can and should provide more answers to questions posed by alternative systems of medicine. As integrative care becomes more popular, it is important to reliably estimate the value, if any, of these alternative approaches in health care.

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 been responsible for bringing in change and the expansion of charitable activities while managing limited resources. Since I've joined the clinic, it has doubled its patient numbers, more than doubled the number of doctors and increased efficiency. Over the years, working as a team, we have moved the clinic from an 'individual centric' doctor's practice to a more 'institutional' practice whose patient load is evenly distributed across a panel of doctors. The doctor -patient ratio at the clinic is higher than several government hospitals while it functions without any external funding. The clinic has not lost patient volume even as its busiest and senior most doctor has began limiting patient numbers and working hours. These changes and the running of the practice requires effective decision making and management on a regular basis. To bring about this ongoing change required a slow and graded approach. I started with small steps like cosmetic changes to the Clinic and work area, working my way

up to suggesting and carrying out the recruitment of more staff and doctors. Finally, the acquisition of a new site for a new centre and the addition of auxiliary centres was done.

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).

No.

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 have overseen training and recruitment at the clinic where I work for five years. In this time, I’ve trained seven new junior doctors and ten new members of support staff. I was also responsible for their recruitment. I over see the management of all twenty-five-support staff and seven doctors.

I also oversee the development and execution of innovative change at the clinic such as the introduction of self-check-in kiosks for patients, automated real time ‘big screen’ displays for patient and medicine queues, ‘on the cloud’ appointment systems, electronic consultation services, dispatch and delivery of medicines to patients around the world and so on. I was responsible for the identification of new sites and the opening of two new centres and expanding capacity at the first. These have been successfully running for five years. In addition, as a team we were responsible for doubling the capacity of our main clinic.

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).

No.

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've delivered papers at conferences advocating for higher quality of evidence and its generation. I was invited to speak on barriers in generating intellectual property in medicine. I regularly encourage peers to seek training in evidence-based medicine to better understand current best evidence and start contributing to the body of evidence. I am constantly encouraging patients to follow the evidence when they are considering the choices between two or more therapeutic options. This includes reduction of consumption of unnecessary medicines or supplements and understanding the options related to elective surgery and other clinical scenarios. I help patients better understand their options using available evidence. This can sometimes mean highlighting the absence of evidence.

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).

No.

12. Do you have experience of Fundraising & Development?

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

No.

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

I am a homeopath and I understand that I am an improbable choice for this position. It is worth considering, however, that I have been advocating for the generation and use of evidence-based medicine for more than ten years. After completing the MD (Homeopathy), I read for an MSc at the University of Oxford in evidence-based healthcare. I am continuously under fire from fellow practitioners who, incorrectly, believe that common evidence generation models are not suitable for complementary and alternative medicine. I've also faced flak from evidence-based medicine practitioners for what I do. I believe that I will bring a balanced approach to some contentious issues in medicine. Despite some biases that I may have, I understand that high quality evidence speaks for itself. Cochrane is limited in its understanding and representation of complementary and alternative medicine, an important area which is increasing in popularity amongst patients worldwide. My experience in a charitable organisation: the successful changes we've implemented and the growth achieved should also benefit Cochrane. A member with my background and training will contribute to the diversity of opinions and backgrounds that an acclaimed international organisation like Cochrane strives to achieve.

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	KB
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	KB
3. Accept the Governing Board Charter	KB
4. Accept and will adhere to the Code of Conduct for Trustees	KB
5. Have completed the Cochrane 'Declaration of Interest' Statement (Annex 1 of this document)	KB
6. Have completed the 'Trustee Eligibility Declaration' required by the UK Charity Commission for all Trustees (Annex 2 of this document)	KB
NAME: Kushal Banerjee	
DATE: 6th November 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?	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
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	KB
Understand Cochrane's purposes (objects) and rules set out in its Articles of Association	KB
<p>Am not prevented from acting as a trustee because I:</p> <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 	KB
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	KB
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	KB
Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance 'The essential trustee (CC3)'	KB