



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):	Rosenfeld
First name(s):	Richard
Today's date:	November 1, 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)?

Upon becoming editor-in-chief of *Otolaryngology - Head & Neck Surgery* journal in 2006 I partnered with leadership of Cochrane ENT to subsequently publish 29 "Cochrane Corners" that engaged clinicians and methodologists in understanding and applying Cochrane reviews. Shortly after, in 2008, I established the Cochrane Scholars program with the American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) to provide annual travel grants for 3 Academy members to participate in the Cochrane Colloquium in return for submitting a systematic review to our journal within 1 year. To date, I have mentored 41 Cochrane Scholars at 10 Cochrane Colloquia, and helped organise 2 additional ENT-specific Cochrane Conclaves in Oxford when our annual ENT meeting conflicted with the main Cochrane meeting. Another contribution to Cochrane has been as an Editor for Cochrane ENT, from 2008 to present, providing critical feedback on reviews, protocols, and priorities. Most recently, I was an active participant in the US Network Strategic Planning Meeting that took place in late October 2018 in Fort Worth, Texas, USA.

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).

My prior experience includes extensive service as a director, trustee, and officer of national and international organisations. Internationally, I was a trustee for the Guideline International Network (G-I-N), where I also founded and chaired the North American Community (G-I-N/NA). I am also the founder,

inaugural president, and a director of the International Society for Otitis Media, with additional board service on the Inter-American Association of Pediatric Otolaryngology. Nationally, I served as a director for 10 years with the American Academy of Otolaryngology - Head & Neck Surgery and for a similar duration with the American Society of Pediatric Otolaryngology, for which I was also a president. Regionally, I have chaired the board of the Auditory Oral School of New York since the school's inception nearly 20 years ago. Locally, I am on the governing board for our university practice plan, also serving as treasurer for the plan and as president of the medical and dental staff.

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).

As the founder and inaugural chair of the North American Community of the Guideline International Network (G-I-N/NA), I brought together leadership from the U.S., Mexico, and Canada to create a new and highly collaborative entity. This required a win-win approach to melding interests of the new regional community (the first of its kind) with G-I-N as an international parent organisation. For example, to prevent competition of our regional meetings with the annual G-I-N conference we focused on empowering guideline developers (instead of showcasing new research and presentations), working with G-I-N to coordinate meeting dates (which were not always best for G-I-N/NA), and coordinating financial support for our conference to avoid reducing support for the main G-I-N meeting (which sometimes meant not approaching specific funders). In the end, our regional meetings proved synergistic to the main G-I-N conference, helping attract new members and interest.

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

Part of the answer to this question relates to my prior extensive engagement with Cochrane (question #1), more than 2 decades of service as a director or trustee for non-profit groups (question #2), and my ability to collaborate while being an effective change-agent (question #3). My 30-years of experience in healthcare, combined with degrees in medicine (MD), public health (MPH), and business administration (MBA), provide a skillset for effective collaboration in diverse and challenging situations. I have also championed critical thinking and evidence-based medicine within the discipline of otolaryngology in the US, having published 20 systematic reviews, 18 clinical practice guidelines, 29 Cochrane Corners, and methodology articles on conducting reviews, developing trustworthy clinical practice guidelines, and creating high quality clinical consensus statements.

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

- Rebuilding public and member confidence in governance given the unfortunate negative media attention after abrupt changes in board composition before the last Colloquium
- Establishing, reimagining, and invigorating the US Cochrane Network following dissolution of the US Cochrane Center at Johns Hopkins University

- Enhancing awareness of Cochrane, and a “Culture of Cochrane” among clinicians, professional health associations, health policy makers, and all global stakeholders who rely on current best evidence for making informed decisions about healthcare
- Responding to stakeholder needs, especially guideline developers, with products that go beyond traditional reviews (interventions, diagnostic test assessment) such as rapid reviews, scoping reviews, updated reviews (rapid response group), and overviews
- Responding to challenges related to funding and financial support for the network
- Promoting knowledge translation tools that help endusers understand, identify, disseminate, implement, and adapt Cochrane reviews and derivative products

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 served on the Board of Directors for the American Academy of Otolaryngology - Head & Neck Surgery Foundation for 10 years, in my capacity as Journal Editor, Senior Advisor for Quality and Guidelines, and Chair of the Subspecialty Advisory Committee. My roles relied heavily on group facilitation and collaborative leadership, leading to a 50% increase in impact factor for our journal, a new task force for developing clinical practice guidelines, and enhanced synergy of our national Academy with related subspecialty medical societies.

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 chaired the Finance Committee for the American Society of Pediatric Otolaryngology, where I applied my understanding of finance and resource management to grow the research endowment from under 300,000 USD to about 900,000 USD over 6 years. This included raising over 250,000 USD from member charitable contributions and working with our investment advisors to develop a financial policy that would allow for growth while respecting the inherent conservatism in managing an endowment for a charitable society.

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. Since 2008 I have served as chair of an academic medical department and residency training program, where I am responsible for the oversight and strategic management of 12 full-time physician faculty, 15 resident physicians in training, about 25 support staff, a practice plan with 3 office locations, and relationships with 5 affiliated training sites. During my tenure as chair I have recruited new faculty, built-out new office sites, expanded the clinical enterprise, and shaped the organizational culture through annual retreats and bimonthly executive committee meetings.

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. As Senior Advisor for Guidelines and Quality at the American Academy of Otolaryngology - Head and Neck Surgery, I championed consumer and public engagement by integrating them as full participating members of our guideline development groups. I have also served on the board of Consumers United for Evidence-based Healthcare (CUE), a trustee liaison for G-I-N Public, and an advocate for consumer engagement in multiple educational venues. My successful advocacy for consumer and patient involvement in guideline development was recognised by G-I-N in 2016 with the Najoua Mlika-Cabanne Innovation Award.

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 my multiple leadership roles with the American Academy of Otolaryngology - Head & Neck Surgery (Journal Editor, Chair of the Guidelines Task Force, Sr. Advisor for Guidelines and Quality) I have consistently advocated for evidence as a foundation for all healthcare decisions. My contributions include developing trustworthy methodology for evidence-based guidelines, mentoring Academy scholars in systematic reviews and guidelines, and initiating and sustaining a Cochrane Corner for the Academy journal.

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 have chaired the Research Committee and the Science and Education Committee for the American Academy of Otolaryngology - Head and Neck Surgery. As the Academy's journal editor for 8 years I enhanced the efficiency and effectiveness of peer review processes, recruited new associate editors and reviewers, published about 40 editorials on research and critical thinking, and enhanced our pipeline of systematic reviews. When I concluded my editorial term the journal's impact factor had increased by about 50%.

12. Do you have experience of Fundraising & Development?

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

Yes. As noted in question #7 I presided over a major campaign to resuscitate and grow the research endowment of the American Society of Pediatric Otolaryngology. I have also chaired a capital fundraising campaign for the Auditory Oral School of New York and a similar campaign to build a new laboratory for resident training in my department.

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

I am passionate about Cochrane, have benefitted greatly from my engagement, and am eager to give back and share my 30 years of experience in healthcare, public health, and business administration.

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	RMR
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	RMR
3. Accept the Governing Board Charter	RMR

4. Accept and will adhere to the Code of Conduct for Trustees	RMR
5. Have completed the Cochrane 'Declaration of Interest' Statement (Annex 1 of this document)	RMR
6. Have completed the 'Trustee Eligibility Declaration' required by the UK Charity Commission for all Trustees (Annex 2 of this document)	RMR
NAME: Richard M. Rosenfeld	
DATE: November 1, 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?	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	RMR
Understand Cochrane's purposes (objects) and rules set out in its Articles of Association	RMR
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 	RMR

<ul style="list-style-type: none"> • 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	<i>RMR</i>
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	<i>RMR</i>
Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance 'The essential trustee (CC3)'	<i>RMR</i>