

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):	Green
First name(s):	Sally
Today's date:	13 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)?

Cochrane has been central to my professional life for over 20 years. I authored my first Cochrane review in 1997 as part of my PhD thesis. Since then the organisation has grown and evolved in many ways, and so too has my involvement and commitment to its mission, values and impact around the world.

Over the past 20 years I have contributed as:

- An author on 19 Cochrane reviews
- Centre Director of Cochrane Australia since 2002
- Cochrane Editorial Board member since early 2018
- Co-chair of Cochrane's Knowledge Translation Advisory Group since 2017
- Advisory group member of Cochrane Infectious Diseases and Cochrane Kidney and Transplant
- Cochrane's Steering Group from 2002-2008
- An editor of the Cochrane Handbook 2003-2008

It is this experience and the diverse perspectives gained from all these roles that I would bring to the Board.

I am committed to addressing the internal and external challenges Cochrane now faces in a way that upholds our longstanding ethos of collaboration, diversity and integrity. That ethos and the rewards of collaboration are as relevant and vital to me today as when I authored my first review.

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 served a six-year term on Cochrane's Governing Board from 2002-2008. This strengthened my interest in and commitment to ensuring the organisation has a strong and secure governance structure.

I have served on several senior government and university governing and advisory boards in Australia, as well as for international organisations. I have consulted widely to government agencies in Australia.

Currently I am a member of:

- Australia's National Health and Medical Research Council (NHMRC) Synthesis and Translation of Research Committee (since 2014). In this role I provide advice to the NHMRC on research synthesis, guideline development and implementation methods
- Executive of Monash University's School of Public Health and Preventive Medicine
- Board of the International Society for Evidence Based Health Care

All these roles reflect my proven experience and ability to make a tangible contribution to the work of Boards and large, complex organisations.

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 am widely recognised as having a consistent, open and collaborative approach that is inclusive, constructive and respectful of the views of others. I believe and have demonstrated that effective decision-making is based on clear strategic thinking and a sound understanding of all relevant issues, views and evidence. This approach has characterised my work over the last 20 years both as a Centre Director working with colleagues across our geographic region and as an active member of many other global groups, including the Cochrane Editorial Board and Knowledge Translation Advisory Group. As a member of the Governing Board, I would fulfil my obligations in this same proactive, informed and positive way.

One of Cochrane's great strengths is our international reach, our diversity and our ability to discuss our differences within a safe and constructive environment. Board decision-making processes need to reflect, foster and accommodate this. They should clearly relate to our organisational vision and mission, be guided by our original principles and be communicated clearly.

As a Board Member, I would work to ensure we are guided by our overarching shared objectives, rather than acting for a specific constituency or in pursuit of a single issue.

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

The depth and breadth of my experience within Cochrane combined with my leadership skills and personal attributes equip me to be an effective Board member.

Experience: I have extensive experience with diverse roles, activities and issues across Cochrane internationally. I am a strategic thinker, an effective advocate and a proven problem-solver, with an ability to assess and address critical issues in the context of both the short and long-term.

Leadership skills: I believe good leadership comes from good decisions communicated well. It requires the ability to listen as well as to negotiate and explain – often in highly contested terrain. I have wide leadership experience and a trusted, highly valued network that enables me to consult widely and gain diverse perspectives to inform my understanding and approach.

Personal attributes: I am hardworking and fully prepared to invest the time needed to make a valuable contribution to the Board and the organisation more broadly. I continue to be filled with energy and enthusiasm for Cochrane’s vision and am privileged to mentor many of our emerging leaders. I am committed to ensuring Cochrane is global, diverse, contemporary and participatory.

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

I believe our top five most important strategic challenges are to:

- Re-establish and grow our reputation for independence, collaboration and diversity
- Become truly global by producing reviews and summaries that analyse and address key priorities around the world in more languages and formats – increasing reach, relevance, accessibility and global representation
- Increase real global inclusion through organisational structures and processes that facilitate diverse and meaningful input into strategic planning and decision-making
- Improve the experience for Cochrane authors through more efficient review production that maintains rigour and facilitates updating of our reviews. This requires technological and methods development and implementation, editorial support and standards
- Navigate changes in global publishing and funding models to sustain Cochrane for the next generation and ensure we make the most of new opportunities

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).

No

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.

- As Co-Director of Cochrane Australia for 15 years I have demonstrated a high level of Organizational Finance and Resource Management
- I have oversight of all budgeting and reporting to the National Health and Medical Research Council and to Monash University with respect to Cochrane Australia’s activities and expenditure
- I have led many large and complex research projects with significant budget and reporting requirements, often across multiple countries

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. In addition to my longstanding role leading the team at Cochrane Australia for the past 15 years, I am the Graduate Research Co-ordinator in the School of Public Health and Preventive Medicine at Monash University. In this capacity I am responsible for the management of academic matters for 170 PhD students. This role includes ensuring quality of supervision, oversight of progress and support for PhD students and their supervisors. I solve issues relating to Human Resources for this cohort and have had formal training in providing feedback about performance, difficult conversations and mediation, respectful relationships in workplaces and mentoring.

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 broad and relevant experience working with consumer and policy colleagues in the production of research syntheses and evidence-based guidelines. I also contribute to the leadership of Cochrane's [Knowledge Translation](#) initiative which recognises consumers and health policy makers as key audiences for Cochrane.

As a member of advisory committees for government and health policy agencies I have worked collaboratively with highly skilled consumer and patient representatives. My work on the executive of [Project Transform](#), in particular [Cochrane Crowd](#) and the [Living Evidence Network](#), has provided opportunities to work closely with patient representative NGOs in Stroke, Arthritis and Diabetes.

I have also completed and published several studies investigating strategies to support the use of evidence in health policy making.

10. Do you have experience of Advocating for Evidence?

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

Yes. A recent example is the launch of Cochrane Indonesia in March 2018. This is the culmination of a decade of partnering and supporting colleagues in Indonesia to advocate for the role and impact of high quality health evidence in daily clinical practice and in public policy making.

This is one of many examples of the impact and real benefits advocacy and thought leadership bring to our organisation. Advocacy is a critical component of our vision and mission and is integral to our collective organisational success.

My advocacy experience encompasses extensive promotion of Cochrane and Cochrane reviews. It also extends to encompass key roles in shaping the scientific programs for four Colloquia and broader activities and partnerships designed to increase the recognition and uptake of research evidence in health.

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 reflected in the examples above I have longstanding and proven experience in advocating for the use of evidence and for broadening its reach and impact.

Examples include:

- Co-chairing of the Implementation and Impact reference group for the Australian Clinical Trials Alliance

- Member of the Synthesis and Translation of Research advisory group to Australia’s National Health and Medical Research Council
- Oversight of Cochrane Australia’s dissemination activities (newsletters, engagement strategy, events and partnerships)
- Co-chair of Cochrane’s Knowledge Translation Advisory Group and co-led the development of our Knowledge Translation Framework. Improving the reach and impact of Cochrane’s work is the key aim of this initiative

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 worked with colleagues across Australia and Asia to successfully secure funding for Cochrane groups and for national and institutional licences to the Cochrane Library. I am a member of Cochrane’s Development Committee.

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

As this statement attests, my career to date has encompassed a wide range of rewarding roles and responsibilities across the worlds of Cochrane, health research, knowledge exchange and research translation. I have enjoyed learning and working collaboratively with colleagues in different countries and settings, contributing to evidence-based health care, rigorous policy advice, improved clinical practice, research and systematic reviews. Throughout this varied and fulfilling professional journey I have consistently maintained a real and clear focus on what matters most to me: improving global health outcomes through evidence-informed healthcare decisions.

Alongside the professional rewards that have come from pursuing this goal, I have forged extraordinary working relationships and rich personal networks of Cochrane colleagues around the world who share my commitment. I now seek to continue to make a real contribution to Cochrane’s original shared goals and contemporary mission by being elected to the Governing Board. I will work to ensure our organisational governance and direction is aligned to our principles of quality, participation, access, relevance and collaboration.

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	✓

<p><u>Organisations</u> in the UK:</p> <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 <u>Governing Board Charter</u>	✓
4. Accept and will adhere to the <u>Code of Conduct for Trustees</u>	✓
5. Have completed the Cochrane 'Declaration of Interest' Statement (Annex 1 of this document)	✓
6. Have completed the 'Trustee Eligibility Declaration' required by the <u>UK Charity Commission for all Trustees</u> (Annex 2 of this document)	✓
NAME: Sally Green	
DATE: 12 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	Yes/No (If yes, please provide details)
<p>In the last three years, have you:</p> <p>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?</p>	<p>Yes. Funding from Cochrane as part of Project Transform and support for travel to Cochrane Editorial Board meetings. Funding from Australia's National Health and Medical Research Council; Victorian Neurotrauma Initiative (Transport Accident Commission); Australian Commission for Safety and Quality in Health Care; Australian Government Department of</p>

	Health.
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	Yes, from Australian Government Department of Health; National Health and Medical Research Council; Australian Commission for Safety and Quality in Health Care.
c) Received honoraria: one-time payments (in cash or kind) from a related organization?	Yes, from Australian Government Department of Health; Royal Australian College of General Practitioners, Gajah Mada University; Korea University; Taipei Medical University.
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?	Employee Monash University.
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	SG
Understand Cochrane's purposes (objects) and rules set out in its Articles of Association	SG
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 	SG

<ul style="list-style-type: none"> • 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 	
<p>Will provide true, complete and correct information to the Charity Commission if elected as a Board member</p>	<p>SG</p>
<p>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</p>	<p>SG</p>
<p>Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance 'The essential trustee (CC3)'</p>	<p>SG</p>