



Governing Board Elected Member Candidate Statement

The Candidate Statement, your photograph and names of your nominators will be published on the Cochrane websites during the elections process.

Please submit this Elected Member Candidate Statement in Word format by **Friday 18 October 2024**. It should be shared beforehand with your two nominators.

Family name (surname):	Rosenfeld
First name(s):	Richard
Today's date:	October 5, 2024
Are you a current member of the Governing Board standing for re-election?	No
Are you a Cochrane member in a low-income or middle-income country (LMIC)?	No

Questions 1-4: Skills, experience and motivation

1. Please outline your experience of serving as a trustee, member of a governing board, board of directors, management group or similar? (maximum 200 words)

Serving on the boards of diverse international, national, and regional organizations has been the highlight of my professional career, because of intellectual stimulation and the ability to influence the organizational mission, strategy, and impact:

International board service includes the Guideline International Network (GIN) Board of Trustees (3 years), GIN North American Community Steering Group (8 years, 2 as chair), International Society for Otitis Media (4 years, 2 as chair), and Inter-American Association for Pediatric Otolaryngology (8 years).

National (U.S.) board service includes the American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS) Board of Directors (10 years), AAO-HNS Political Action Committee (5 years, 3 as chair), the American Society of Pediatric Otolaryngology (15 years, 1 as president), and the American Board of Lifestyle Medicine (3 years and ongoing).

Regional board service includes the Auditory Oral School of New York (23 years and ongoing, 15 as chair) and at my home institution, State University of New York (SUNY) Health Sciences Center at Brooklyn, the Medical Executive Committee (13 years, including chair) and the Clinical Practice Management Plan Governing Board (13 years).

2. Can you demonstrate your commitment to Cochrane’s mission, vision and founding principles? (link- [About us | Cochrane](#)) (maximum 200 words)

I published my [first systematic review](#) in 1991, using my own code for random effects synthesis in Minitab, two years before the launch of Cochrane. I have since published 22 systematic reviews, contributing to my [h-index of 79](#). Since 1989, I have used reviews as the foundation for evidence-based recommendations in 25 national clinical practice guidelines.

My personal vision of trustworthy systematic reviews as the underpinning of better global healthcare aligns with Cochrane’s vision, having seen their value and impact during 35 years in medicine and public health. My mission of reviews as a benchmark for effective healthcare, using them as raw material for open access guideline development and implementation, also aligns with Cochrane’s mission of accessible and trusted reviews as a global benchmark.

I embrace many of Cochrane’s founding principles, including collaboration through diverse development groups that harness the passion of clinicians, consumers, and methodologists. The articles and manuals I have published on review and guideline methodology help minimize bias, avoid duplication of effort, and ensure quality. My goal has always been pragmatic relevance, based on the needs of diverse stakeholders, evidence gaps, and opportunities for quality improvement.

3. How have you contributed to Cochrane’s work? (maximum 200 words)

My contributions to Cochrane include engagement, mentoring, and advocacy:

My [engagement](#) with Cochrane began with 15 years on the Cochrane Ear, Nose and Throat Disorders Group, then Sign-Off Editor and currently Senior Editor. During this time, I attended nearly all Cochrane Colloquia and organized, with Martin Burton, two independent meetings in Oxford to educate otolaryngology physicians in review methodology.

I value [mentoring](#) highly, having founded the [AAO-HNS Cochrane Scholars Program](#) in 2006 and accompanying nearly 50 AAO-HNS members to Cochrane Colloquia where I teach methodology, give advice on logistics, and vet their proposals for systematic reviews. As a Distinguished Professor at SUNY Downstate Health Sciences University, I have mentored dozens of residents and students in conducting, publishing, and presenting systematic reviews.

[Advocacy](#) for Cochrane is a priority, starting with the 23 [Cochrane Corner articles](#) I published during my 8-year term as Editor in Chief of Otolaryngology –Head and Neck Surgery Journal. For many years I taught a systematic review course at the AAO-HNS Annual Meeting, with Martin Burton, showcasing review concepts and methods. In my role as a guideline methodologist and author, I have been a staunch advocate for Cochrane reviews as the gold standard for crafting recommendations.

4. Trustees are required to act only in the best interest of the charity and make decision collectively. Members of the Governing Board take a collaborative approach to decision-making and must set aside personal opinions and group affiliations. Please describe how you would fulfil this obligation, using

examples.
(maximum 200 words).

Nearly all my most important, and influential, accomplishments have come from collaboration with diverse stakeholders and consumers. Many of my systematic reviews have co-authors from diverse disciplines and geographic areas, requiring teamwork for timely completion and publication. Serving as methodologist and lead author for many national clinical practice guidelines is another example of intense collaboration, requiring group facilitation skills to prevent gridlock, group think, and overly dominant voices. I have shown repeated success in building functional teams that promote synergy and timely project completion.

Other examples of collaborative decision-making, at the organizational level, include founding new international entities and running my academic department as Chair and residency Program Director. In establishing two new organizations – the International Society for Otitis Media and the Guideline International Network North American Community – I spent years working with diverse stakeholders to build consensus around mission, vision, and values. Both entities remain active and vibrant to date. As Chairman and Program Director of my department at SUNY Downstate for nearly 14 years, I constantly worked to support collaboration among our full-time academic faculty, voluntary faculty, and our residents in training.

5. What skills, experience and personal qualities do you have to enable you to serve as an effective member of the Cochrane Governing Board? (maximum 200 words)

My ability to serve as an effective member of the Governing Board stems from my diverse Board service, nearly 40 years' experience in academic medicine, plus master's degrees in public health and healthcare administration. Serving on the Board would meld passion and purpose in my quest to improve global health.

My background includes decades of engagement in Cochrane and the Guideline International Network (GIN), as an expert in systematic review and guideline methodology. I extended the Cochrane concept of Plain Language Summaries to AAO-HNS guidelines, which all include a similar derivative publication. These summaries are heavily informed by consumers, who are part of all guideline development groups. My innovation and advocacy for consumer engagement in guidelines led to the prestigious Najoua Milka-Cabanne Innovation Award from the GIN in 2015.

My personal qualities include exceptional health and vitality, stemming from Board Certification in Lifestyle Medicine, completing 10 marathons in the past 5 years, and serving currently as Director of Guidelines and Quality for the American College of Lifestyle Medicine. These qualities, combined with my empathy, emotional intelligence, and ability to work well with others have led to many successes that will carry over to my service on Cochrane Board.

Specific Skills

These are the essential skills, knowledge and experience that the Board needs from its members collectively. We do not expect any single Governing Board member to have all the skills and experience listed below.

The Governing Board is committed to improving the organizations' approach to equity, diversity and inclusion. It recognises that having members with a broad mix of skills and knowledge as well as a range of perspectives and lived experiences will help the Board to be innovative, flexible, better able to adapt to a changing environment and address future challenges.

Desired skills and experience for this election:	Which means to you can:	Do you have skills and experience in this area? [YES/NO]	If YES, please provide examples:
Experience of serving on a Governing Board, Board of Trustees or similar	Contribute actively to the Governing Board's role in giving firm strategic direction to the organization and evaluating performance against agreed targets.	Yes	Board of Directors (BOD) Guideline Int'l Network, BOD Amer Academy of Otolaryngology (AAO), BOD Amer Soc Paediatric Otolaryngology (ASPO), BOD Chair Auditory Oral School of NY, BOD Amer Board of Lifestyle Medicine.
Experience of serving on a Finance, Audit and Risk Committee or equivalent	Understand budgets, accounts and financial statements.	Yes	Finance Committee Chair University Physicians of Brooklyn, Chair ASPO Finance Committee, Treasurer American Board of Lifestyle Medicine, MBA degree in Healthcare Administration.
Fundraising	Share your knowledge and experience in developing opportunities for income generation, building organizational relationships and accessing donor and partner networks.	Yes	Chair ASPO Legacy Campaign and Development Committee, Chair Capital Campaign Auditory Oral School of NY, Chair AAO Political Action Committee, Fundraiser Brooklyn Free Clinic & Tufts Medical Center (marathons).
Publishing and Open Access.	Guide others through the complexities and opportunities that Cochrane's ambitions around achieving Open Access present.	Yes	Editor in Chief Otolaryngology – Head and Neck Surgery Journal, nearly 400 scholarly publications, knowledge of Open Access publishing models and complexities.
Member engagement and communication	Understand communications and member engagement strategies and processes.	Yes	Chair of multiple committees AAO and ASPO, Membership Committee American College of Lifestyle Medicine, Past President of ASPO and Int'l Society of Otitis Media.

Digital and Artificial Intelligence	Bring to the Board an understanding of user-centred design and the development and delivery of new digital products.	Yes	Home computer user since 1978, MPH degree in biostatistics and epidemiology, qualified clinical data registry experience, knowledge of generative AI.

6. Any other information you would like to add to support your nomination (maximum 200 words)?

I want to express my incredible admiration for the Cochrane as the leading voice in evidence synthesis to support optimal medical care. I am humbled to be considered for the Governing Board and if elected would give 110% effort.

Leadership has been pervasive in my professional career, which I approach with the goal of serving others, ensuring their success, and building a platform for succession. My high level leadership roles include President the International Society for Otitis Media, President of the American Society of Pediatric Otolaryngology, Chair of the GIN North American Community, Sr. Advisor for Guidelines and Quality to AAO-HNS, Journal Editor at AAO-HNS, Director of Guidelines and Quality for the American College of Lifestyle Medicine, Chief Medical Officer for the American Board of Lifestyle Medicine, Chair and Program Director of Otolaryngology at SUNY Downstate, President of the Medical and Dental Staff at SUNY Downstate, and CEO of the University Physicians of Brooklyn Otolaryngology Faculty Practice Plan.

I hope to continue this leadership and find new ways to impact global healthcare as a member of the Cochrane Governing Board. Thank you for reading my responses and for your kind consideration.

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 from the Charity Commission The essential trustee: what you need to know, what you need to do	✓
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: Richard M. Rosenfeld	
DATE: October 5, 2024	

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](#) (for Cochrane Groups) 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 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?	Yes, consultant to Karl Storz medical on in-office insertion of ear tubes without general anaesthesia, 2024 to date
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?	Yes, part-time role as Director of Guidelines and Quality American College of Lifestyle Medicine, and faculty of SUNY Downstate Health Sciences University
e) Possessed shareholdings, 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 • 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 	RMR
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	RMR
Understand that it’s an offence under section 60(1)(b) of the Charities Act 2011 (United Kingdom) to knowingly or recklessly provide false or misleading information	RMR
Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance ‘The essential trustee (CC3)’	RMR