

**Questions to be completed by candidates  
for election to position of  
Co-Chair of The Cochrane Collaboration Steering Group**

**Statement from:** Jeremy Grimshaw

September 2010

**1. Please describe how you first became involved in The Cochrane Collaboration and your subsequent contribution to its work.**

I have been a member of The Cochrane Collaboration since 1993 when I was an invited participant to an exploratory meeting about reviews of patient, professional and organisational behaviour change interventions.

Editor of the Cochrane Collaboration on Effective Professional Practice review group (1994-1997)

Co-ordinating Editor of the Effective Practice and Organisation of Care (EPOC) review group (1997 – present)

Member of the Co-ordinating Editors Executive (2003 – present)

Director of the Canadian Cochrane Centre and Network (2004 – present)

Lead, Strategic Review of The Cochrane Collaboration (2008-9).

**2. Have you helped to prepare or bring into practice a Cochrane Review? If so, what was your involvement?**

I am an author on six completed and three ongoing Cochrane reviews. I have led or been senior author on six of these.

In addition, I have offered direct support to many EPOC authors (either as the contact or referee editor).

Under my leadership, the Canadian Cochrane Centre we have developed a knowledge translation program to promote uptake of Cochrane reviews by diverse stakeholders including:

- consumers (we have run regular consumer workshops and linked to national consumer organisations);
- professionals (we have links with all the major professional associations in Canada and have worked with many of them to develop innovative knowledge translation activities eg Cochrane corners for their websites, discipline specific webinars);
- policy makers (our Policy Liaison office has established a one stop evidence portal for policy makers [healthsystemevidence.org](http://healthsystemevidence.org) and undertaken highly rated training activities for policy makers and analysts).

We have also been working for a national license for *The Cochrane Library* in Canada.

We have been working closely with one of our partner organisations, the Canadian Health Libraries Association and our publisher Wiley to develop a strategy for national funding.

We were able to establish a nine month national licence pilot that demonstrated a 90% relative increase in use of *The Cochrane Library*. We are now approaching federal partners for ongoing funding.

**3. Please describe leadership roles that you have held within The Cochrane Collaboration and in other relevant contexts, with examples of successful leadership.**

**Within Cochrane:**

**Co-ordinating Editor of the Cochrane Effective Practice and Organisation of Care group** - During my leadership we have supported 68 completed and 45 ongoing reviews working with over 600 review authors globally. We have moved the editorial base twice (from York to Aberdeen in 1997 and from Aberdeen to Ottawa in 2002). We have also established three satellites (Melbourne, Australia; Newcastle/Oxford, UK; Oslo, Norway) Our editorial team currently involves 11 editors. We have developed new methods (specifically relating to the inclusion of quasi experimental designs within EPOC reviews). We have received external contracts for additional work.

**Member of the Co-ordinating Editors Executive** – I was involved in the establishment of the Co-ordinating Editors Executive and the initiatives that led to the establishment of the Editorial Board and the Editor in Chief position.

**Director of the Canadian Cochrane Centre and Network** – We provide support for six review groups, three methods groups and one field. In addition, we have built relationships with 25 partner organisations and 18 regional sites. We have successfully bid for peer reviewed funding to support the Canadian entities in 2004 and 2010 (increasing our funding in 2010) – *uniquely we managed to secure funding for both methods groups and fields*. This has required significant work establishing relationships with stakeholder groups and funders across Canada. The Canadian Cochrane Centre has established innovation training and knowledge translation activities. I have supported efforts to establish a Centre Directors' Executive.

**Lead, Strategic Review of The Cochrane Collaboration** – We used an *engaged process* with members of The Cochrane Collaboration and external stakeholders to identify the current strengths and weakness and future opportunities/threats for the Collaboration. We conducted a series of dialogues that targeted specific internal or external stakeholders. For each dialogue we collected data using a variety of approaches (interviews, web based surveys) etc. We encourage broad input from all members of The Cochrane Collaboration and other stakeholders for each dialogue by using Web 2.0 technology to allow their feedback. In addition we used a variety of approaches to engage attendees at the Freiberg Colloquium.

The Strategic Review identified 26 recommendations which were accepted in full by the Steering Group of the Collaboration and are currently being implemented.

#### **External to Cochrane**

**Director of the Clinical Epidemiology Program, Ottawa Hospital Research Institute (2002-2009)** – This is an interdisciplinary research group currently including around 35 scientists. During my leadership, the group grew by 50%; I was involved in both securing funding from diverse partners for new scientists and recruiting a large number of individuals. I also worked with diverse stakeholders (the Ottawa Hospital Research Institute, The Ottawa Hospital, the Department of Medicine of the University of Ottawa and Faculty of Medicine of the University of Ottawa) to secure resources and approval for two major initiatives (the development of a formal Methods Centre and securing funding for a new building). These experiences demonstrate my ability to work with diverse stakeholders to create a shared vision and action plan (including securing resources) about key strategic developments.

**Principal investigator, Knowledge Translation Canada** – KT Canada is the first national network of knowledge translation researchers involving around 50 scientists from six centres. We are funded (\$10 million for research operating costs, \$3 million for infrastructure support) through a competitive research competition of the Canadian Institutes of Health Research and Canadian Foundation for Innovation (our application was ranked #1). We have since secured additional funding for a linked research training program. The Network is currently supporting 17 knowledge translation research projects. I was responsible for preparing the successful grant application and am responsible for the scientific and day-to-day management. This is seen as a key step in developing knowledge translation research as a distinct field of research in Canada and has attracted considerable international interest.

#### **4. What experience do you have of committee work, both within The Cochrane Collaboration and nationally and internationally (particularly at the policy-setting level)?**

I have extensive experience of international, national and local committee work. I provide some examples since 2002 of this below – I would be happy to provide an exhaustive list on request.

##### **Within Cochrane**

Co-ordinating Editors Executive 2004 – present

Editorial board 2006 – present  
Centre Directors – 2004 - present  
Member of Scientific Program Committee, XIV Cochrane Colloquium 2006  
Member of Scientific Program Committee, XIII Cochrane Colloquium 2005.

#### **External to Cochrane**

Member, Ontario Health Technology Assessment Committee 2010 – ongoing  
Member, Institute of Medicine's Committee on Standards for Systematic Reviews of Clinical Effectiveness Research Committee 2009 - ongoing  
Member, Canadian Academy of Health Sciences Standing Committee on Assessments, 2009 - ongoing  
Member, External Working Group On The Registration And Disclosure Of Clinical Trial Information (EWG-CT), Health Canada, 2006  
Member, Advisory Board for the Canadian Institutes of Health Research, Institute of Health Services and Policy Research; 2004 - 2009.  
Editorial Advisory Board, Canadian Medical Association Journal 2007 to present  
Editorial Board, Implementation Science 2005 to present  
Co Editor in chief, Trials 2005 to present

#### **5. What do you think would make you an effective Co-Chair of the Steering Group?**

I believe six factors highlight why I would be an effective Co-Chair.

***Commitment to the organisation*** - The Cochrane Collaboration has been a major part of my professional (and personal) life over the last sixteen years. I remain passionately committed to the underlying idea of the Collaboration. I remain amazed and energised by the commitment of individuals globally to the Collaboration and their collective efforts. I am standing for the Co-chair position as I want to contribute to global future of the Collaboration.

***Understanding of the organisation*** - My longstanding involvement in Cochrane in different roles, provides me an appreciation of our unique ethos and how we have developed to date. My leadership of the Strategic Review broadened this through wide spread discussions and consultation with both internal and external stakeholders. I believe I have an unusual breadth of understanding of our organisation. The insight from the Strategic Review of the swarm and emergent nature of the Collaboration has significant implications for how we develop over the next decade to ensure ongoing innovation but also greater accountability within the organisation.

***Demonstrated leadership abilities*** – I believe that leadership is about: developing a shared high level strategy and specific goals; tirelessly promoting the vision and goals of the organisation internally and externally; facilitating those within the organisation to maximise their potential and contribute to shared goals; and ensuring accountability of all individuals and groups for those goals. I believe that I demonstrated my leadership abilities in complex environments as Co-ordinating Editor of EPOC, Director of the Canadian Cochrane Centre and as Director of the Clinical Epidemiology Program. In these roles, I have demonstrated my abilities to formulate strategy with appropriate input from stakeholders, to develop internal and external support for strategic developments and to manage change to achieve key objectives. For example, we achieved or exceeded all of the targets of the Canadian Cochrane Centre and Network (2005-2010) which included all entities meeting their specific targets and the Canadian Cochrane Centre establishing innovative training, engagement and knowledge translation programs. The Canadian Cochrane Centre has developed relationships with 25 partner organisations (including key patient, professional and research groups) and 18 regional network sites. I have significant experience of participating in (and chairing) a broad range of Committees with very diverse membership.

***Analytical strengths*** – I believe I have significant analytical skills. I like to consider a broad range of viewpoints and opinions before forming an opinion on an issue. I have demonstrated ability to analyse complex situations and formulate insights and strategy (the Strategic Review of the Collaboration is one example of this).

**Participatory approach to strategy development** – The Strategic Review was a substantial personal learning experience for me. Through it I have become convinced of the need for a participatory approach to strategy development in an organisation like The Cochrane Collaboration. I believe that the multiple stakeholders represented within the Steering Group, the formation of entity/group specific Executives and greater use of Colloquia to discuss strategy provides enhanced opportunities for participatory strategy development to capitalise on the remarkable resources that members bring to the Collaboration.

**Breadth of perspective** – I believe I will bring a breadth of perspectives to the role. I trained as a family physician. For the last 20 years I have been a highly successful researcher based in both the UK and Canada focussing on knowledge translation to support better use of evidence by healthcare professionals and systems. I have held senior research management positions. I have been consulted by and interacted with a diverse range of stakeholders including healthcare professionals, healthcare professional associations, healthcare managers and policy makers and health research funders. I have lived and worked in two different countries which provides an interesting perspective and understanding of international similarities and differences. All of these experiences have shaped my perspective.

**6. Acting as Co-Chair of the Steering Group requires a consultative approach to decision-making. Please illustrate how you would do this.**

When making decisions, it is important to hear the views of all relevant stakeholders especially those most closely implicated in any likely decision. The Steering Group and the Entity Executives provide a vehicle for formally seeking the views of key groups within the Collaboration.

Faced with a decision, I would:

- engage with the appropriate Steering Group members and Entity Executives to identify the key issues that need to be considered when formulating the options,
- (when appropriate) task individuals to get the necessary background information (including seeking the views of 'grass roots' members),
- formulate options
- discuss options at the appropriate level of the organisation
- present recommendations for a decision at the appropriate level of the organisation.

My general preference is to achieve consensus within the organisation but this is not always possible in which case I believe the role of the Co Chair is to weigh up the options and come to an appropriate course of action.

In think we also need to explore ways to engage with the wider membership of the Collaboration on a regular basis and to explore ways to using the Colloquia and Web 2.0 technologies more effectively to achieve this.

**7. How do you see The Cochrane Collaboration and/or the Steering Group developing or changing in the future (i.e. what is your 'vision'), and why?**

The Cochrane Collaboration has achieved much during its first 16 years. However I worry that we are still relatively fragile and need careful stewardship of the organisation over the next 5-10 years to ensure that we remain relevant to a broad range of stakeholders globally.

I believe that The Cochrane Collaboration needs to evolve carefully. We need to ensure that we maintain our core values and meet our core objectives alongside any new developments. My priorities for the next decade build upon the findings of the Strategic Review and include:

- ***Enhancing the coverage, quality and impact of Cochrane Reviews*** – The Strategic Review confirmed that the primary purpose of The Cochrane Collaboration is to produce high quality up-to-date systematic reviews. Over the next decade we need to continue to enhance the coverage and quality of Cochrane reviews; this will require a commitment to assuring the process of review production and the quality of the resulting reviews. The establishment of the Editorial Board alongside the appointment of the Editor in Chief are major initiatives that are beginning to address these issues. In addition, the establishment of the Methods Board and the Methods Application and Review Standards Working Group will ensure appropriate methodological innovation coupled with implementation plans. It is important that we develop appropriate accountability mechanisms to ensure consistency across the Collaboration. We need to consider how we maximise the impact of Cochrane reviews likely through diversification of Cochrane products targeting different groups and external partnerships.
- ***Ensuring the global reach of The Cochrane Collaboration*** – the Collaboration currently involves over 28,000 individuals from over 100 countries. This is a remarkable feat, nevertheless our footprint is still predominantly in the developed world (for example 9 of 14 Centres are in Europe or North America, all (but one) review groups are based in developed country settings). We need to explore ways of truly enhancing the global reach of the Collaboration by increasing the number and geographic spread of Centres and branches, engaging more editors and establishing review group editorial bases or satellites in low and middle income countries, addressing language barrier issues through translation of Cochrane reviews and documents and language support mechanisms. We need to continue to explore effective ways of engaging various stakeholder groups. For example, The Cochrane Collaboration has been at the forefront of engagement with consumers and this has enriched our product and Collaboration. These initiatives need further fostering and support.
- ***Promoting the benefits of The Cochrane Collaboration more widely*** – One issue that came through during our consultations for the Strategic Review is that the Collaboration has not done a great job at fully articulating the value of itself and promoting that to the outside world. This was one of the reasons that it was important to articulate secondary purposes (training, methods development and advocacy for evidence-based decision-making). I believe that we need to find new ways to communicate the full value of The Cochrane Collaboration to diverse stakeholder groups (recognising that some groups might be more interested in some of our secondary rather than primary purposes). We will likely need multiple channels to communicate to different audiences.
- ***Engaging with External Stakeholders*** – I believe The Cochrane Collaboration has done a poor job at engaging with external stakeholders. For example, at present we do not have an Advisory Board for the Collaboration as a whole (despite requiring these for Centres for example). This leads to the perspective (articulated by external stakeholders during the Strategic Review) that the Collaboration is not interested in or responsive to external views. Further better engagement with external stakeholders, eg through the formulation of an Advisory Board, would develop external advocates for The Cochrane Collaboration.
- ***Ensuring the ongoing financial viability of The Cochrane Collaboration*** – The Cochrane Collaboration has been remarkably successful at securing public funding to support its infrastructure. Our relationship with Wiley has brought additional funding into the Collaboration that has contributed to our global infrastructure and strategic developments. Nevertheless our funding model has largely been unchanged for the last 16 years (eg 1, most review groups continue to work with two staff members despite the fact that the number of reviews that they manage has dramatically increased in the last 16 years, eg 2 most methods groups and fields have little or no funding). I believe that The Cochrane Collaboration could be more impactful if it had more resources and believe that we need to explore opportunities for new funding from

diverse sources. This needs to be a collaborative effort between the Steering Group, the Executive branch and the entities to try to lever global and local influence. I believe that the value argument will be easier to articulate (and will likely be more successful) if we achieve the above objectives.

I believe that too often we get bogged down in day-to-day operational issues. It is remarkable that the Strategic Review was the first review of the whole Collaboration since its inception. I believe that we need to ensure that strategy formulation and implementation is an ongoing responsibility of the Steering Group. We then need to hold the relevant entities and individuals within the Collaboration accountable for successful implementation.

**8. As Co-Chair, you would be expected to solve problems and resolve conflicts. How would you approach this aspect of the role?**

I have outlined my preferred approach to problem solving and decision making in response to question 6. I think resolving conflicts requires a slightly different approach. My experience is that conflicts can arise for a variety of reasons including poor communication, a lack of understanding of the other parties' position, genuine disagreements about the best course of action and competing demands. It is important to understand the potential sources of the conflict. My initial step is to discuss the issue separately with the two (or more) parties to try to understand the source of the conflict usually followed by a joint meeting to discuss the source of conflict and hopefully resolve the issue. My experience is that many apparent conflicts can be resolved by good, open communication. Inevitably this is not always the case and in these circumstances, the role of the co Chair is to try to find a resolution that bests meets the needs of the organisation and its members.

**9. In the role of Co-Chair, you would be expected to represent the Collaboration in a variety of settings; have you any experience of this or similar representation? In this context, please illustrate your ability to communicate successfully with a range of audiences.**

I have a broad range of experience of representing The Cochrane Collaboration to diverse stakeholder audiences. I have frequently made formal scientific presentation, for example, I gave a plenary presentation on 'How has The Cochrane Collaboration promoted the methods and findings of randomized trials?' at the Society for Clinical Trials on in 2007. I have also made presentations to a wide variety of organisations. The Canadian Cochrane Centre has formal partnerships with 25 partner professional, consumer and research organisations; over the last five years, we have met with the leadership of many of these partners. As the Director of the Canadian Cochrane Centre, I have also presented to national and provincial funding bodies; for example, during the last five years I have presented to all most all of the Institute Advisory Boards of the Canadian Institutes of Health Research and the National Association of Provincial Health Research Organisations (a partnership of provincial funders). I have also met with senior officials from healthcare organisations and funders globally; for example during the Strategic Review, I interacted with senior representatives of funders from. Australia, Canada, UK and USA. I have participated in several high level policy dialogues in Ontario and the European Union. I was the only non US member of an IOM Committee for standards on systematic reviews.

**10. For individuals seeking re-election as Co-Chair: What do you think you have contributed to the work of the Steering Group during your previous two-year term of office?**

Not applicable

**I confirm that I wish to stand for election to the position of Co-Chair of The Cochrane Collaboration Steering Group and that, if elected, I would be able and willing to commit the necessary time and attention to the role.**

**Signed:**

