

## Governing Board Elected Member Candidate Statement

Please note that both this Elected Member Candidate Statement and the Letters of Support you provide **will be published on the Cochrane Community website** during the elections process, and the Elected Candidate Statement will remain on the website against the names of the new members for the duration of their terms on the Board. For this reason, this document template must be used for candidate statements; and full addresses, email addresses and/or unencrypted e-signatures excluded from Letters of Support. Photographs (including personal headshots) must not be included.

Please submit this Elected Member Candidate Statement in Word format by the stated deadline. It should be shared beforehand with the two nominators writing your Letters of Support.

Family name (surname):	Cullum
First name(s):	Nicky
Today's date:	6 July 2018

You may expand the boxes in providing your answers to the questions below:

### 1. Do you have experience or expertise in one or more of the published list of areas of expertise for members of the Governing Board?

I believe that I have strong expertise in **evidence-informed health care; knowledge translation** and the **management of people**. I also have a wealth of experience of **financial management; organizational governance** and **consumer engagement**.

My strongest area is **evidence-informed health care**. I was a founding member of the Cochrane Collaboration; attending the first Colloquium in 1993 and launching Cochrane Wounds in 1995. I have been Coordinating Editor of Cochrane Wounds since then and Joint Coordinating Editor since 2017. I have unbounded gratitude for the learning and the experiences I have acquired from being part of Cochrane since those early days; I learned about how to do high quality reviews along the way and am particularly proud of the quality and diversity of the reviews we produce as a group. Our group tends to be an early adopter of new methods where we can see that they will make a positive difference to end-users so we have undertaken network meta-analyses and are about to publish the first prognostic factor review. Most importantly our reviews are amongst the most highly downloaded in the Library (third of 53 groups for downloads in 2016) with demonstrable, global impact on policy, practice and research.

I created and led the world's first Centre for Evidence-Based Nursing (1995 at the University of York), co-created (with colleagues at McMaster University, Canada) and co-edited the journal *Evidence-Based Nursing*. I am a Fellow of the Academy of Medical Sciences and was a member of the Academy of Medical Sciences' Working Group on *Methods of Evaluating Evidence* and of the Academy's Oversight Group for the report on *How can we all best use evidence to judge the potential benefits and harms of medicines?* (2017).

In terms of **knowledge translation**, my research has always been built on a model of co-production with the nurses who have identified the clinical uncertainties, co-produced the research (as co-investigators and co-authors) and use the evidence in practice. Our Cochrane reviews and trial results have been cited in guidelines around the world. Since 2013 I have led the wounds research programme in the Greater Manchester CLAHRC (an NIHR-funded research and knowledge translation collaborative). I have also published research on knowledge translation including a very early EPOC review on guidelines.

**People and financial management:** I have held senior university appointments since 1996 (Deputy or Head of Department level); all requiring management of significant numbers of staff, careful monitoring of budgets and responsible decision-making. I currently lead a department comprising more than 200 staff with an annual turnover of nearly £20 million and where each year we exceed our contribution target. I have a reputation for honesty and authenticity as a people manager. I value my colleagues and create opportunities for them to develop and advance in the workplace. In turn they acknowledge that, whilst I impose exacting standards regarding the quality of all that we do, I am very supportive.

My experience of **organisational governance** has been accrued over 30 years in higher education; sitting on many committees including promotions committees, and I strive to exhibit and actively promote the seven Nolan principles of public life. I commit to adhering to the Charter of Good Management Practice and the six principles within it on which Cochrane management is based.

Finally I am absolutely signed up to the principle of **consumer engagement** in research. I led a James Lind Priority Setting Partnership in Pressure Ulcers (published 2013) and strive to involve the public (usually patients) in our research (including our Cochrane reviews). All our research has some patient involvement though this can be difficult to achieve when the patients who experience complex wounds tend to be older with many other long term conditions.

## 2. How have you contributed to Cochrane's work during your time as a member?

A member of Cochrane since 1993, I have led Cochrane Wounds since 1995. At the time of writing our group has published 150 reviews and 28 protocols. I have overseen the quality of our reviews and the editorial processes over this time and have also co-authored 13 Cochrane reviews myself.

I have been an elected member of the Coordinating Editors' Executive twice (2004 – 2009 and 2014 – 2017). Most recently I was one of three Coordinating Editors charged with reviewing the Structure and Function of Cochrane Review Groups. This was a major piece of work in which I was proud to be involved and our recommendations were endorsed by the Governing Board. I have a strong belief that the future of Cochrane is dependent on our being able to produce fewer, more consistently high quality reviews disseminated in a user-friendly format, on topics where evidence synthesis will make a real difference.

Beyond this within Cochrane-activity I have always been a staunch advocate of Cochrane to the outside world in many different contexts (nursing, wounds research, the University of Manchester, and the UK generally). I have used my academic leadership to ensure undergraduate and postgraduate students learn about Cochrane and systematic reviews.

## 3. What experience do you have in leadership and/or governance roles within Cochrane or in other relevant contexts? Can you provide examples of successful leadership?

Covered above.

## 4. What do you think would make you an effective member of the Board?

I am a team player who takes responsibility for her own and her team's performance. I am open, honest and have a high level of integrity. I actively seek opportunities to make a contribution where I feel have a

<p>useful view, relevant experience or expertise but not for the sake of it. I am a strategic and analytical thinker but also pragmatic and not wedded to my personal way of doing things. Nevertheless I am willing to bring robust challenge to proposals that I believe are not in the best interests of the organisation.</p> <p>Finally I think I am a good communicator who is able to bring humour to most situations.</p>
<p><b>5. How do you see Cochrane developing or changing in the future (i.e., what is your 'vision' for Cochrane), and why?</b></p>
<p>I would like to see Cochrane become a more confident and visible advocate for the importance of evidence in health and health care decision making. I would also like to see us developing a reputation for disseminating evidence in more usable formats that can be more easily used by health care professionals but also by patients, the public and the media. This will include more concise formats as well as use of infographics and other innovation. Only by communicating more accessibly can we really find our voice and influence.</p>
<p><b>6. What do you see as the most important issues to be addressed by the Board during your term of office?</b></p>
<p>Over the short to medium term future I would like to see Cochrane:</p> <ul style="list-style-type: none"> <li>• Developing a strategy for financial sustainability and increasing the funds available for the production of systematic reviews.</li> <li>• Delivering on plans to produce fewer, better and more important reviews more quickly</li> <li>• Developing the review networks so that they begin to reap efficiency rewards alongside improving review quality</li> <li>• Being more focused on end-user needs in terms of the size, structure and format of the published review</li> <li>• Developing our IT infrastructure to enable easier review production and better review data sharing</li> <li>• Enhance the different ways people can make a contribution to the work of Cochrane other than authoring reviews</li> </ul> <p>Over the longer term:</p> <ul style="list-style-type: none"> <li>• Exploiting artificial intelligence and other digital solutions to reduce the dependency on humans of the review production process.</li> </ul>
<p><b>7. For individuals seeking re-election, how have you contributed to the Board during your previous term of office?</b></p>
<p>N/A</p>
<p><b>8. Is there anything else you would like to say in support of your nomination?</b></p>
<p>I would be very proud to be elected to the Governing Board and will work hard to make a difference.</p>

## Declaration of Interest statement:

Candidates must make a declaration of conflict of interest, including financial or nonfinancial 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?	<b>Yes.</b> Whilst I have not <b>personally</b> received funding for research from Cochrane or a related organisation, my employer (the University of Manchester) has received funding to support my research from the National Institute for Health Research and Innovate UK.
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	<b>Yes.</b> Whilst I have not <b>personally</b> received paid consultancy from a related organization, my employer (the University of Manchester) received my consultancy fee for the Structure and Function work.
c) Received honoraria: one-time payments (in cash or kind) from a related organization?	<b>No.</b>
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?	<b>No.</b>
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)?	<b>No.</b>
f) Received personal gifts from a related organization?	<b>No.</b>
g) Had an outstanding loan with a related organization?	<b>No.</b>
h) Received royalty payments from a related organization?	<b>No.</b>
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?	<b>No.</b>