



## 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):	<b>Jørgensen</b>
First name(s):	<b>Karsten Juhl</b>
Today's date:	<b>14. November 2018</b>

### 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)?

I first heard of Cochrane as a medical student. Peter Gøtzsche held a lecture on research methodology and systematic reviews and I was immediately drawn to the idea of systematic, independent evidence synthesis. I intended on doing a Cochrane review for my final assignment at medical school and approached Peter. Obviously, I had no idea how much work and time is required. I ended up undertaking another study and became affiliated with the Nordic Cochrane Centre and then employed in 2004. I worked here since. This work led to my thesis as Doctor of Medical Science from the University of Copenhagen, a position as Senior Researcher 2013, and Deputy Director from 2015. I am now a newly appointed Acting Director of the centre. My respect for Peter's science and our collaboration over many years does not necessarily mean we see everything the same way.

Throughout this time, I have been teaching EBM at both pre- and postgraduate levels, in Denmark and in affiliated Cochrane entities elsewhere. I assisted in the establishment of Cochrane Russia, Cochrane Poland and Cochrane Sweden. I have co-authored 6 Cochrane reviews and I am the main person responsible for creating a Danish version of Testing Treatments.

### 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 am a Board member and Treasurer of the Danish Society of Medical Ethics, Philosophy and Methods and have been since 2010. I have participated as Deputy Director of the Nordic Cochrane Centre in Cochrane activities since 2015 and in the daily activities of our Centre.

**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).**

Practically all research projects need collaborative efforts to be successful. The vast majority of my work experience has been actively building collaborative relationships and the ability to negotiate with others from a wide range of cultures and viewpoints. I rely on these skills in my daily work as Deputy Director at a Cochrane Centre, which has also required collaborative skills and negotiations.

I am currently at the centre of an international research project on re-evaluation of screening interventions involving more than 30 researchers from 7 countries. I also serve as a member of the Scientific Committee of the Preventing Overdiagnosis Conference where putting together a good and successful conference programme requires openness to the ideas of others and acceptance that your own ideas and suggestions may not be as good as you thought. As a methods consultant on Danish national clinical guidelines, I have had to balance the interests and opinions of clinicians and patients with sometimes political concerns and my own need to produce a methodologically sound guideline, all within a strict time frame. If elected to the Board, I would draw on all these valuable experiences of a collaborative approach to decision-making.

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

My long time affiliation with Cochrane comes from my dedication to the principles and objectives of the charity. My work as an author, trainer and my leadership role at the Nordic Cochrane Centre and collaboration with affiliated entities has given me a valuable insight into various Cochrane functions. Different members of Cochrane have different needs, goals and objectives, and it can be difficult to meet all of these. Optimal priorities and a realistic approach to balance ideals with what is possible must be applied. I believe I can collaborate with most people and can both initiate projects and see them through to the end.

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

Events in Edinburgh in September 2018 inevitably affect priorities for Cochrane in 2019. Our trustworthiness and the collaborative atmosphere dominated by mutual trust and respect that has always been our hallmarks Cochrane are being negatively affected and portrayed. These qualities need to be re-visited and there is a need for changes that will ensure our charity is an organisation that a diverse group of people can see themselves as part of and where everybody feels represented and respected for their opinions and contributions. This election needs to be a starting point to repair the damage that has been done.

2019 means that 2020 is almost upon us. The goals set in Strategy to 2020 are within reach and it is time to set new ones, a process that has already begun. An important focus is increased efforts to keep Cochrane relevant and strengthen what sets us apart. This means a focus on making sure our reviews are consistently up-to-date, of top quality, independent and address topics that are pertinent and needed by clinicians, guideline groups, citizens and policymakers. Living reviews and review task forces are possible ways towards these goals. Challenges are resources and ensuring platforms where everybody is heard.

## 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. Board member and Treasurer from 2010 to present in the Danish Society of Medical Ethics, Philosophy and Methods.

### **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 have managed the budget of the Danish Society for Medical Ethics, Philosophy and Methods for eight years. I have also managed my own grants, primarily a three year post doc grant, as well as those of the PhD-students I have been involved in.

**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. I have been co-supervisor on three completed PhD-theses and am currently co-supervising three more. I have also been involved in hiring young and senior researchers at the Nordic Cochrane Centre.

**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 served as methods expert on six national clinical guidelines that used GRADE and was produced by the Danish Health Authority. Some of these guidelines included patients in the panel to help define PICO questions and to make it possible to include patient values and preferences in the process of making final recommendations. I have also collaborated with patients’ advocates on research projects in breast cancer screening.

**10. Do you have experience of Advocating for Evidence?**

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

Yes. Throughout my time with Cochrane, I have been teaching evidence-based medicine to medical students, doctors, other health care workers and researchers. This has been anything from giving brief introductions to teaching week-long PhD-courses, in Denmark and in other countries. Our Centre is regularly used by Danish and international media as a source to get independent, methodologically qualified opinion on current topics in healthcare. This is a core function of our Centre and an important platform to talk about the importance of evidence; its limitations; as well as for promoting Cochrane. These activities impact and inform both the public and health care policymakers and have had real influence on health care decisions. I regularly participate in public debates in media, write newspaper articles and letters for the debate section of medical journals, drawing attention to what the evidence says and does not say.

**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 was involved in developing some of the first evidence-based national clinical guidelines in Denmark that used GRADE, although the main person responsible for setting the structure was and is still Britta Tendal who did her PhD at our Centre and now works at the Danish health Authorities. I actively supported this work by serving as a Methods Consultant and have actively and publicly promoted this initiative from the Danish health Authority. High-quality guidelines based on systematic reviews are in my opinion a key element to link evidence to practise.

<b>12. Do you have experience of Fundraising &amp; Development?</b>
Yes or No? If Yes, please provide details and examples below (maximum 200 words).
Yes. Applying for and securing funding for myself and PhD-students.

<b>13. Is there anything else you would like to say in support of your nomination (maximum 200 words)?</b>
Our Collaboration is strong, and I believe that we all share and work for its fundamental values and goals. We need to focus on our strengths built over many years and expand on them. To increase the impact of independent, robust assessments of the evidence in medicine, we need a Cochrane that is unified and professional. This should in no way impede constructive scientific debate or discussions about how our charity is best organised or run. We include many strong-minded and passionate individuals with diverse opinions. This is a strength and a necessity for our Collaboration in order to remain relevant and as a forum for new ideas and future development of evidence-based medicine. Discussions can and should be heated, but should also be respectful. The respect should go both upwards and downwards in our organisational structure.

## 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 <a href="#">Terms and Conditions of Cochrane Membership</a> and have been a Cochrane Member for at least 30 days prior to the close of voting in this election	KJJ
2. Have read the following guidance produced by the <a href="#">National Council for Voluntary Organisations</a> in the UK: <ul style="list-style-type: none"> <li>• What is a charity</li> <li>• What is a charity trustee</li> <li>• What trustees must do</li> <li>• How trustees look after the charity</li> </ul>	KJJ
3. Accept the <a href="#">Governing Board Charter</a>	KJJ
4. Accept and will adhere to the <a href="#">Code of Conduct for Trustees</a>	KJJ
5. Have completed the Cochrane ‘Declaration of Interest’ Statement (Annex 1 of this document)	KJJ
6. Have completed the ‘Trustee Eligibility Declaration’ required by the <a href="#">UK Charity Commission for all Trustees</a> (Annex 2 of this document)	KJJ

<b>NAME: Karsten Juhl Jørgensen</b>	
<b>DATE: 14. November 2018</b>	

## 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:

<b>1. Financial interests</b>	<b>Yes/No (If yes, please provide details)</b>
<b>In the last three years, have you:</b>	
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.
<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>	I am employed as Deputy Director (currently Acting Director) at the Nordic Cochrane Centre, which is funded by the Danish Government.

## 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	KJJ
Understand Cochrane's purposes (objects) and rules set out in its <a href="#">Articles of Association</a>	KJJ
Am not prevented from acting as a trustee because I: <ul style="list-style-type: none"> <li>• Have an unspent conviction for one or more of the offences <a href="#">listed here</a></li> <li>• Have an Individual Voluntary Arrangement, debt relief order and/or a bankruptcy order</li> <li>• Have been removed as a trustee in England, Scotland or Wales (by the Charity Commission or Office of the Scottish Charity Regulator)</li> <li>• Have been removed from being in the management or control of any organization in Scotland (under relevant legislation)</li> <li>• Have been disqualified by the Charity Commission</li> <li>• Am a disqualified company director</li> <li>• Am a designated person for the purposes of anti-terrorism legislation</li> <li>• Am on the sex offenders register or equivalent in any country</li> <li>• Have been found in contempt of court for making (or causing to be made) a false statement</li> <li>• Have been found guilty of disobedience to an order or direction of the Charity Commission</li> </ul>	KJJ
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	KJJ
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	KJJ

Comply with my responsibilities as a trustee that are set out in the [Charity Commission guidance 'The essential trustee \(CC3\)'](#)

KJJ