**Statement of Candidacy: Anne Lyddiatt**

1. **Personal Statement**
2. **Consumer role: as an individual and within a healthcare organisation**

As someone who has lived with Rheumatoid Arthritis for many years, I bring an insight to the patient experience and a strong belief of good information and knowledge for all patients. I believe it is important to ensure that health and research organizations effectively involve consumers in their activities.

For many years I have been active in several patient groups and associations.

*Patient Safety:* I am a Patient Safety Champion for Patients for Patient Safety Canada which has an international membership under the World Health Organization (WHO). The members are all patients/family members who have suffered from adverse events due to medical error. The goal is to increase the awareness of the need for increased vigilance in all areas of patient care and to educate patients/families on their role in this, that it is not just the responsibility of health care providers and to this end, I give presentations for the group.

*Education:* For 15 years I have been the National Trainer for Patient Partners in Arthritis, training consumers in Musculoskeletal clinical exam knowledge and skills to a level enabling them to participate in the curriculum of Canadian medical schools. The program also offers community sessions with general practitioners and other health care providers. I am an Arthritis Self-Management Program (ASMP) leader and invited speaker with The Arthritis Society in Canada.

*Consumer Engagement:* I am a member of the steering group for the Arthritis Alliance of Canada (AAC) and a member of their Models of Care Committee. The goal is to increase awareness and generate funding for care and research by taking the messages and needs of arthritis patients forward as one voice. I am a consumer representative for Ontario Biologics Registration Initiative (OBRI), whose goal is to have a registry of patients on biologics so that long term, real world data can be obtained and provide long term safety data.

*Involvement in research:* I am a Patient Research Partner of OMERACT (Outcome Measures in Rheumatology) and a Member of the National Steering Committee for the CIHR Strategy for Patient Oriented Research (SPOR).

**b) Contribution to the work of the Cochrane Collaboration:**

I have been part of the Cochrane Musculoskeletal Group CMSG for over 10 years. As the Consumer Editor for CMSG since 2007, I regularly contribute to Cochrane’s work in priority-setting systematic review topics. I help to lead a group of dedicated consumer volunteers (between 17-25 people). In addition, I contribute at our CMSG Editorial meetings as the representative for all CMSG consumers. I am involved in the creation of decision aids that meet international quality standards and are highly relevant, useful formats for consumers. I participate in grant proposals that help fund projects such as network meta-analysis, and knowledge translation products for patients.

c) **Contribution to the work of CCNet:**

I am a regional representative for the Cochrane Consumer Network (CCNet), helping facilitate other consumers’ participation. I have provided a strong link to the Cochrane Consumer Network (CCNet), thereby extending my CMSG contributions to the Collaboration as a whole. I consistently contribute to meetings at Cochrane Colloquia and Symposia.

The Cochrane Collaboration benefits from my CMSG experience in peer reviewing reviews and protocols, from CMSG and other Cochrane Review groups on a regular basis each quarter. I am in a position to recruit and mentor new members and help to maintain the positive atmosphere, and enthusiasm of the CMSG Consumer group who express their satisfaction by eagerly accepting peer review assignments and going on to join CCNet.

**d) Vision for my contribution to the work of the CE:**

As CCNet moves forward I feel we need to look at a few issues to support the main theme of representation:

*Communication:* how do we communicate effectively and involve consumers for whom English is not their first language?  This is a large task but it both needs and deserves the time and effort of the CCNet executive and membership. In CMSG we organize a priority setting meeting in Singapore, with input from patients from different countries that was a rewarding but challenging experience. We want to build from that experience on a more continuous strategy, trying to engage 20 consumers from 20 countries, forming a broad panel of consumers we can rely on for feedback when we need to develop new initiatives. I would like to try and launch this initiative and broaden it to other disease areas. CCNet would be an excellent way forward.

*Consumer roles*: the number of members in CCNet has been growing but we need to ensure that it continues on that trajectory. If we had other ways for consumers to contribute besides commenting on reviews and protocols, would that attract more members? We need to know and use the skills of our membership.

*Education:* We have been very fortunate with excellent resources available through CCNet and C.U.E. Do these meet the needs and wants of consumers? How do we educate the broader public about the resources available through Cochrane? For some time now I have dreamed of having a standard presentation that could be translated so that any consumer could present it in their community to educate people about Cochrane and the resources available. This might also be a very useful and productive way for our bilingual members to contribute within their countries.

 I have over 15 years experience working with volunteers and of being a volunteer myself. I think the experiences I have had and the lessons I have learned would be a valuable asset were I to represent you on the executive.

1. **Potential conflicts of interest that might limit his/her participation in Consumers’ Executive discussions and decision-making.**

I have not received funding from any related organisation. I have not had any paid consultancies, honoraria, personal gifts or royalties although my expenses are usually covered for speaking engagements and meeting attendance with other patient organisations.