Cochrane Training and Professional Development Strategy

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Executive summary

Following the introduction of centralised Cochrane Training activities around four years ago, a comprehensive Strategy for training activities in Cochrane is needed. An extensive consultation and planning process has been undertaken in 2014 to develop the Cochrane Training and Professional Development Strategy.

This document outlines:
- the vision, mission, goals and objectives for Cochrane Learning and Development;
- a prioritised programme of target projects to be conducted over the next three years;
- an outline of operating principles, staffing and strategic advice structures; and
- a budget proposal, including options for the level of investment to be made.

This Strategy focuses on the provision of learning pathways, infrastructure and guidance. The objectives and projects have been selected to strengthen our capacity and quality while addressing the needs of diverse contributors. The work will be undertaken in collaboration with many groups across the organisation, harnessing their capacity and expertise.

Note that the revised terminology "Cochrane learning and development" is used to replace "Cochrane Training", to reflect a broader focus of activities.

Recommendations to the Steering Group:
1. That the Steering Group endorse the Cochrane Training and Professional Development Strategy.
2. That the Steering Group identify a preferred implementation option and associated budget proposal, to be managed by the Central Executive Team.

Table of contents

1. Background to the Training Strategy

Training has always been a core Cochrane activity, but co-ordinating activities under the central banner of 'Cochrane Training' is relatively recent. In 2008, the first meeting of the Training Working Group led to an Opportunities Fund proposal to develop standard author training materials. In 2010, a major needs assessment project led to the establishment of the part-time Training Co-ordinator position and the first tranche of centrally supported training projects. This work has gone some way to investing in training across the organisation and addressing priority needs. However, activities and funding remain somewhat fragmented without an overarching training strategy.

During 2013-2014, Cochrane has been working hard on the whole-of-organisation strategic planning process leading to the *Strategy to 2020*, and is now embarking on the challenging task of putting our plans into action. It is timely to turn this strategic focus to Cochrane's learning and development activities, to review our priorities, and ensure that our efforts and resources are directed to the training and support activities that are of most value to Cochrane. The development of a Cochrane Training and Professional Development Strategy ('the Strategy') was requested by the Steering Group, and constitutes Target 4.2 under the *Strategy to 2020*.

The Strategy aims to:
- align Cochrane's learning and development priorities and activities to support the goals and objectives of the *Strategy to 2020*;
- prioritise improvements and new areas of activity in response to the needs of contributors;
- shift our focus from single projects to progressive, inclusive and developmental learning pathways;
- professionalise our activities, incorporating evidence-based teaching and learning expertise;
- consider the optimal organisational structure, leadership, expertise, and resources to support these activities;
- integrate evaluation throughout the programme to ensure that we deliver effective and high-quality learning opportunities that are fit-for-purpose; and
- explore opportunities for future income streams derived from learning activities.

In addition, we believe that in order to meet these aims, the Strategy should be informed, comprehensive, progressive, prioritised, strategic and actionable.

1.1. Scope

The scope of the Strategy encompasses two major areas:
- **Support for review production**, primarily focused on training in review methodology for all those current and prospective contributors who need it.

- **Support for contributors in other roles**, encompassing editorial teams, consumers, trainers, methodologists and other group staff and contributors.

There is a third area of relevant activity, encompassing external audiences and the use of systematic reviews in support of evidence-based decision making. Current central activities within this area include the derivative product strategy led by Cochrane Innovations, but could also be relevant to a broad range of activities from communication to knowledge translation currently undertaken by many Cochrane contributors. It has been agreed that the conversation about future directions should be ongoing, but that this area is not within the scope of the Strategy at this stage.

Detailed information about the development process of the Strategy is provided in Appendix 1.

2. Vision, mission and goals

Vision
Cochrane provides a high quality learning environment, supporting contributors and enabling them to gain and enhance the skills and knowledge they need to contribute to Cochrane effectively, irrespective of geography and language.

Mission
To provide outstanding, inclusive learning and support programmes that effectively enhance the skills, knowledge and experience of current and potential contributors, enable high quality participation in diverse Cochrane activities, and enable the effective implementation of Cochrane policies and procedures.

Goals
1. PRODUCING EVIDENCE
   To provide learning opportunities to support Cochrane contributors engaged in the production and publication of high-quality, relevant, up-to-date systematic reviews.

2. MAKING OUR EVIDENCE ACCESSIBLE
   To provide learning opportunities to support Cochrane contributors who are working to ensure that Cochrane evidence is accessible and useful.

3. ADVOCATING FOR EVIDENCE
   To build recognition of Cochrane as a leading provider of learning opportunities in evidence synthesis.

4. BUILDING AN EFFECTIVE and SUSTAINABLE ORGANISATION
   To provide a sustainable, continually improving programme of learning opportunities that enable Cochrane to continue as a diverse, inclusive, international organisation and that effectively harness the enthusiasm, skills and knowledge of our contributors.

3. Objectives and brief project descriptions

The following objectives and projects have been selected based on Cochrane strategic priorities, the identified needs of our diverse contributor groups, and identified gaps in the quality and accessibility of training. A proposed roadmap for implementation of these projects is provided in Section 4, including currently projected timelines.

It is important to note that while CET Learning and Development staff will provide an overarching co-ordination role for all activities, only some of the following projects will be directly performed by these staff. Many of these will be led by other contributors with appropriate expertise and primary responsibility for specific areas of Cochrane activity, working with Learning and Development staff in a collaborative role. In many cases where new resources are planned, these will be collated and refined based on existing resources developed by contributors, rather than written from scratch.

A summary of which projects will be led by Learning and Development staff is provided in the Roadmap in Section 4, and proposed options for a staffing structure are outlined in Section 5 and 6.

Goal 1: Producing evidence

OBJECTIVE 1: TRAINING PATHWAYS

To improve the processes and technologies available to support the delivery of high quality training in review methods.

Support for new contributors

1. Restructure our 'getting involved' pathways, including revised information on our websites with clearer pathways and resources for prospective contributors; active collection and linkage of information on participant interests, skills and needs; improved systems for navigating and connecting with appropriate Cochrane Groups; and improved linkage with appropriate training/experience pathways.
2. Establish a co-ordinated mentoring scheme available to authors, editors, consumers and others, on a regional or subject area basis, and including appropriate training programmes for volunteers taking on the role of mentor.

Online learning

3. Redevelop our online training resources, including introduction of learning management system software (such as Moodle), testing participant knowledge, tracking usage and participant progress, incorporating good instructional design, and enabling online interaction with trainers.
    - 3.a. Establish a clear training and experience pathway for prospective author teams needing to acquire core competencies before registering a Cochrane title.
    - 3.b. Establish a process to incorporate good instructional design in the development of all new and updated online learning resources.
    - 3.c. Establish an interactive, living database of common errors, FAQs and associated training resources, and integrate with web-based searching through a range of appropriate points of access.

Workshops and other training events

4. Continue to support and improve co-ordination of the international programme of face-to-face workshops and webinars on producing Cochrane systematic reviews provided by Cochrane trainers.

      4.a.   Implement a coherent programme of workshops each year at the Cochrane Colloquium that delivers opportunities for all relevant audiences, and ensure post-Colloquium access (e.g. online) for those unable to attend.

      4.b.   Revise Standard Author Training Materials to incorporate good practice interactive learning principles.

5. Provide one annual training event to support Diagnostic Test Accuracy (DTA) reviews to complement the programme of training offered in the UK by the DTA Working Group, to be designed each year as needed to deliver training for a particular contributor group (such as authors, editors, methodologists or trainers), or contributors in a particular region.

6. Provide one annual Methods Training Event on an advanced topic, to be selected by the Methods Groups each year as appropriate, and ensure post-workshop online access to materials.

Evaluation

7. Conduct a comprehensive evaluation of current training programmes (online and face-to-face), including developing a validated tool to measure the core skills and knowledge required to complete a systematic review; measuring effectiveness of training in achieving core competencies; and assessing the quality of review submissions following training.

OBJECTIVE 2: EDITORIAL TRAINING

To support a high standard of editorial practice in the publication of Cochrane reviews.

Supporting editors

8. Conduct a major project to define and support editorial excellence within Cochrane, including identifying a core set of skills and knowledge for editorial teams publishing systematic reviews; developing a validated tool to measure skills and knowledge; developing a training programme to support Cochrane editorial teams in achieving these skills and knowledge; measuring the effectiveness of the training programme; and establishing a system of accreditation for Cochrane editors. This project will be led and funded matched by David Moher's group at the Ottawa Hospital Research Institute.

9. Co-ordinate a programme of face-to-face workshops at regional meetings and webinars addressing key topics for staff of editorial teams in a variety of global regions.

      9.a.   Develop new training resources to support Editors and Managing Editors in assessing commonly challenging areas of Cochrane methods such as Summary of Findings tables, editing forest plots and statistics.

Implementing editorial policies

10. Ensure communication and training plans are implemented to support new Cochrane editorial and publishing policies, such as policies on plagiarism and the new updating classification system.

      10.a. Develop a framework and guidance for editorial teams to support fair rejection of unacceptable or low priority review proposals and submitted manuscripts, with clear alternative pathways for referral of authors to training where appropriate.

Supporting consumers

11. Co-ordinate a programme of face-to-face workshops and meetings for consumer contributors and potential contributors in a variety of global regions, including at regional meetings and Colloquia.

      11.a. Develop an online training resource for consumers on providing feedback on Cochrane reviews.

11.b. Establish a framework for routine feedback from CRGs to consumer referees, especially those new to the role, to support their development as effective contributors to the review process.

OBJECTIVE 3: CONTENT DEVELOPMENT

To improve and expand the availability of training resources on topics relevant to review production.

Improving current practice

12. Develop and implement training and communication strategies around critical errors arising from the CEU program of screening new Cochrane reviews.
      12.a. Produce new training materials on interpreting your results, including the role of GRADE and 'Summary of Findings' tables.
13. Develop and implement training and communication strategies to support compliance with a prioritised subset of MECIR standards (Methodological Expectations for Cochrane Intervention Reviews) (*S2020 Target 1.2*).
14. Develop an online training resource on writing and commenting on plain language summaries.
15. Develop new training resources on advanced and complex review methods including quick online modules on specific tasks (e.g. survival data), and broader curricula for face-to-face or online learning on complex reviews.

New methods and technologies

16. Ensure communication and training plans are implemented to support ongoing use and the introduction of new and updated software, including future versions of RevMan, Archie, the Group Website Builder, the Cochrane Register of Studies, the Guideline Development Tool for Summary of Findings tables, and the Cochrane Author Support Tool (*S2020 Target 1.3i*).
17. Ensure a communication and training plan is implemented for the introduction of the new Risk of Bias tool for non-randomised studies.
18. Develop a package of training resources for authors undertaking a review update, incorporating current developments in updating methods such as those arising from the methods meeting in Hamilton in 2014.
19. Respond to updated methodological, editorial and organisational guidance, including changes arising from the Cochrane Handbooks, Methods Groups, Methods and Review Standards (MARS) Advisory Committee, Methods Innovation Fund projects and Game Changer project(s).

Learning through experience

20. Monitor the development of citizen science and crowdsourcing projects, such as the Embase project, that provide opportunities to engage with systematic reviews and gain experience in specific tasks, and integrate these into appropriate learning pathways.

Goal 2: Making our evidence accessible

OBJECTIVE 4: DISSEMINATION AND READABILITY

To support projects to increase the dissemination and readability of published Cochrane reviews.

21. Ensure a communication and training plan is in place for the introduction of a dissemination checklist to be used with every Cochrane review (*S2020 Target 2.2*).

22. Ensure a communication and training plan is implemented to ensure that Cochrane contributors understand and are able to apply the new guidelines on accessible language (*S2020 Target 2.5*).

    22.a. Review all training materials to ensure consistency with new guidelines on accessible language (*S2020 Target 2.5*).

Goal 3: Advocating for evidence

OBJECTIVE 5: PROVIDER OF LEARNING SERVICES

To promote Cochrane as a provider of high quality learning opportunities in evidence synthesis.

23. Allow people outside Cochrane to access the Cochrane Online Learning Modules on a fee-paying basis (these are currently available free to all Cochrane contributors).
24. Provide appropriate training opportunities as part of Cochrane's formal partnering agreements with external organisations (*S2020 Target 3.2*).
25. Establish one or more university-affiliated course(s) in systematic review methodology (considering options including formally accredited courses or degrees, in person or distance learning formats, and Massive Open Online Course (MOOC) structures).

Goal 4: Building an effective and sustainable organisation

OBJECTIVE 6: CAPACITY BUILDING

To build capacity among contributors to fulfil their current roles and achieve their development goals.

Developing training capacity

26. Establish a Training Innovations Fund to support training initiatives with the potential to create important impact for the organisation, such as the development and testing of new training models, development of new areas of training content, or build capacity among methodologists to support specific areas of Cochrane activity.
27. Develop and implement a system of support for Cochrane Trainers, including a programme of train-the-trainer activities and events, peer feedback, accreditation and ongoing support for the Cochrane Trainers' Network.

    27.a. Develop a trainers' manual incorporating guidance on conducting workshops, links to good practice materials, links to resources on teaching and learning.

Professional support and development

28. Establish a Support Programme for induction, mentoring and ongoing training and support for Trials Search Co-ordinators (TSCs), including support in using the Cochrane Register of Studies, to replace the pilot programme concluded in 2013.
29. Support the Managing Editor (ME) Support programme, providing induction, mentoring and ongoing training and support to MEs.
30. Support the Fields' induction programme, providing induction, mentoring and ongoing training and support to new staff of Cochrane Fields.
31. Identify development pathways for different contributor groups, including opportunities to gain experience and take on more senior positions, and establish a policy on professional development for all individuals employed by Cochrane groups.

OBJECTIVE 7: DIVERSITY AND ACCESS

To ensure that training resources are accessible and able to support diverse contributors.

Online resources

32. Redesign the Cochrane Training website to ensure discoverability and usability.
33. Translate core training materials and the Cochrane Training website into the official languages of the World Health Organization: Spanish, Russian, French, Chinese and Arabic, in collaboration with the Cochrane Translation Strategy.

Supporting diverse contributors

34. Establish a system linking authors whose first language is not English with assistance in editing draft manuscripts for English expression. This may also include authors of parts of systematic reviews, such as Plain Language Summaries.
35. Assess participation and accessibility of training for diverse groups of contributors.
    35.a. Monitor the equity of responses from Cochrane Review Groups to prospective contributors from non-English-speaking countries and low- and middle-income countries.
36. Collaborate with the Global Evidence Synthesis Initiative (GESI, formerly the Cochrane Academy) to ensure training opportunities are available and coordinated with broader evidence synthesis activities.

4. Roadmap

These timelines have been projected based on known milestones, priorities identified during consultation, and likely staff capacity. This version is based on Budget Option 1 (see Section 5). Under Options 2 and 3, changes in timelines for some projects would occur, and direct involvement of Learning and Development staff would be reduced.

Legend: ▓ Substantive work for L&D staff | ▨ L&D staff in collaborative role

Timeline columns: S2020 Q4 (0.8 FTE) | 2015 Q1 Q2 Q3 Q4 (New staff recruited) | 2016 Q1 Q2 Q3 Q4 | 2017 Q1 Q2 Q3 Q4

Task	Obj.
GOAL 1: PRODUCING EVIDENCE	
OBJECTIVE 1: TRAINING PATHWAYS	
1. 'Getting involved' pathways	4.1
2. Co-ordinated mentoring scheme	1.7
3. Learning management system	1.7
3.a. Training pathway for prospective authors	1.1
3.b. Instructional design in online learning resources.	1.7
3.c. Searchable database for training resources	1.7
4. Programme of workshops and webinars on producing reviews	1.7
4.a. Colloquium workshops	1.7
4.b. Learning principles in SATMs	1.7
5. Annual DTA review training event	1.7
6. Annual Methods training event	1.7
7. Comprehensive evaluation of current author training programmes	1.7
OBJECTIVE 2: EDITORIAL TRAINING	
8. Define and support editorial excellence	1.1
9. Workshops and webinars for editorial teams	1.1
9.a. Training resources on common editing challenges	1.1
10. New Cochrane editorial policies	1.1
10.a. Framework for CRGs to reject submissions	1.1
11. Workshops for consumer contributors	1.1
11.a. Online training on providing consumer feedback	1.1
11.b. Framework for feedback from CRGs to consumer referees	1.1
OBJECTIVE 3: CONTENT DEVELOPMENT	
12. Critical errors identified through CEU screening	1.1
12.a. Interpreting results, GRADE and SoF tables	1.7
13. Compliance with prioritised MECIR standards	Target 1.2

#	Item	Ref	Timeline
		OPEN ACCESS	
14.	Online training on Plain Language Summaries	1.7	
15.	Advanced methods and complex reviews.	1.7	
16.	Introduction of new software	1.6, Target 1.3i	
17.	Risk of Bias tool for non-randomised studies	1.7	
18.	Updating reviews	1.3	
19.	Update face-to-face and online training materials	1.5, 1.7	
20.	Citizen science	1.5	

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

OBJECTIVE 4: DISSEMINATION & READABILITY

#	Item	Ref
21.	Dissemination checklist	Target 2.2
22.	Guidelines on accessible language	Target 2.5
22.a.	Training materials written in accessible language	2.5

GOAL 3: ADVOCATING FOR EVIDENCE

OBJECTIVE 5: PROVIDER OF LEARNING SERVICES

#	Item	Ref
23.	External access to Cochrane Online Learning Modules	3.2
24.	Training for external partners	Target 3.2
25.	University-affiliated course(s) in systematic reviews	3.3

GOAL 4: BUILDING AN EFFECTIVE and SUSTAINABLE ORGANISATION

OBJECTIVE 6: CAPACITY BUILDING

#	Item	Ref
26.	Training Innovations Fund	1.5
27.	Support for Cochrane trainers	4.5
27.a.	Trainers' manual on conducting workshops.	4.5
28.	TSC Support Programme	1.1
29.	ME Support programme	1.1
30.	Fields induction programme	4.5
31.	Professional development for contributors	4.5

OBJECTIVE 7: DIVERSITY AND ACCESS

#	Item	Ref
32.	Redesign website	2.1
33.	Translate training materials and website into WHO languages	Target 2.6
34.	English language editing support for authors	4.2
35.	Equity of access to and participation in training	4.2
35.a.	Equity of responses to prospective contributors	4.2
36.	Collaborate with GESI.	4.2

5. Budget

The budget for this Strategy is intended to maintain and improve the core capacity within the CET to co-ordinate and collaborate in training activities, while directing substantive funds to prioritised areas on a project basis.

In the short term, the budget supports prioritised activities that will increase our capacity and the quality of our output, such as short term professional consulting on eLearning, with the aim of upskilling Cochrane staff in the process, and establishing training and accreditation for our editorial teams based on rigorous research methods. In the longer term, the budget is built on a lower underlying set of long-term commitments (staff and ongoing programmes), enabling us to respond to changing priorities and income over time.

5.1. Summary of resources requested

The following are brief summaries of the resources requested. Detailed comparisons of the project outputs impacted by the budget options are provided in Section 5.2. Complete budget tables for each option are provided in Appendix 2.

These proposals build on existing budgeted expenditure levels on learning and development across the CET of approximately £311,000 in the current 2014-2015 year, and £255,000 in the previous 2013-2014 year.

Note that some learning and development activities are supported through other budgets within the Central Executive, and not included in the budget requests for this Strategy. Totals including these provisions are provided below for information.

OPTION 1

Four staff:
- Head of Department
- 2 x two Learning and Development Officers
- Online Learning Support Officer

Impact summary:
- All projects to proceed in line with the Roadmap in Section 4.

Budget:

	2014-15	2015	2016	2017
Salary & expenses	£85,200	£332,600	£337,600	£344,600
Projects	£79,100	£273,500	£437,500	£142,500
Total requested	**£164,300**	**£606,100**	**£775,100**	**£487,100**
Total incl. other CET budgets	£311,000	£822,600	£998,100	£717,100

OPTION 2

Three staff:
- Head of Department
- 2 x Learning and Development Officers

Impact summary compared to Option 1:
- Delays in commencement of 8 Roadmap projects.
- Reduced capacity or scope of 9 Roadmap projects.

Budget:

	2014-15	2015	2016	2017
Salary & expenses	£85,200	£268,200	£272,200	£278,200
Projects	£79,100	£152,000	£158,000	£82,000
Total requested	**£164,300**	**£420,200**	**£430,200**	**£360,200**
Total incl. other CET budgets	£311,000	£636,700	£653,200	£590,200

OPTION 3

Two staff:
- Head of Department
- Learning and Development Officer

Impact summary compared to Option 2:
- Additional delays in commencement of 7 Roadmap projects.
- Additional reduced capacity or scope of 12 Roadmap projects.

Budget:

	2014-15	2015	2016	2017
Salary	£85,200	£184,000	£187,000	£191,000
Projects	£79,100	£107,500	£81,000	£27,000
Total requested	**£164,300**	**£291,500**	**£268,000**	**£218,000**
Total incl. other CET budgets	£311,000	£508,000	£491,000	£448,000

5.2. Impact of budget options on critical outputs

The following comparisons reflect changes in activities conducted or contracted by the central team. In some cases where central activity is delayed, other Cochrane Groups or trainers may independently develop resources to meet these needs. Those activities in the Roadmap not mentioned here will proceed as planned under all three options.

	Option 1	Option 2	Option 3
Mentoring	Begin Q2 2015, incl. high level support for development phase, ongoing in-person contact and training, active management and engagement from dedicated administrator.	Delayed until Q1 2016. High level support would remain for the development phase, and ongoing support such as in-person training and meetings would be scaled back.	Delayed until Q1 2016. Development phase scaled down, reduced capacity for dedicated time from collaborators and face-to-face meetings and training. Ongoing support limited to central staff time, distance training and communication.
LMS	Could include a paid subscription, with higher functionality and external expert support.	Open source, with some reduced functionality and design features compared to subscription model. Some funding required to train IKMD staff.	Open source, with some reduced functionality and design features compared to subscription model. Some funding required to train IKMD staff.
Online learning	Begin Q1 2015. eLearning consultants to assist with 2 modules in 2015, 1/year after that, branded templates, major revision of the 12 OLMs in 2016. Central staff available to work with content leads.	Begin Q1 2015. eLearning consultants to assist with 1 module/year, branded templates, no assistance with major revision of OLMs. Reduced capacity of central staff to work with content leads.	Delayed until Q3 2015, eLearning consultants to assist with 1 one prototype module & training for central staff, no branded templates, no assistance with major revision of OLMs. Limited capacity of central staff to work with content leads likely to limit rate of production.
Workshops & webinars	Led by Centres & Branches, with central staff support. 2015 period of intensive central support, incl. conversion of workshop materials to webinar format, support for trainers in webinar software, etc.	Led by Centres & Branches, with central staff support, no period of intensive central support in 2015.	Led by Centres & Branches, reduced capacity for central staff support.
SATMs	Updating content to begin Q1 2015. Review for teaching & learning principles to begin Q3 2015.	Updating content delayed until Q3 2015. Review for teaching & learning principles delayed until Q1 2016.	Updating content delayed until Q1 2016. Review for teaching & learning principles delayed until Q1 2016.
Author training evaluation	Begin Q1 2015.	Begin Q1 2015.	Delayed until Q3 2015.

Editorial excellence	As planned.	As planned.	Phases 3 and 4 significantly reliant on identifying additional external funding sources to proceed without delay or change to scale.
Editing challenges resources	Begin Q1 2015.	Delayed until Q4 2015.	Delayed until Q1 2017.
Framework to reject submissions	Begin Q1 2015.	Delayed until Q1 2016.	Delayed until Q1 2016.
Online modules on consumers feedback & PLS	Led by central staff with assistance of content experts.	Led by central staff with assistance of content experts.	Additional funding required for temporary project officer to lead development with assistance of content experts.
Advanced methods & complex reviews	Begin Q3 2015.	Delayed until Q3 2016.	Delayed until Q3 2016.
Updating reviews	Begin Q3 2015.	Delayed until Q1 2016. Reduced capacity of central staff to assist directly with development	Delayed until Q3 2016. Reduced capacity of central staff to assist directly with development
Dissemination checklist & accessible language	Central staff available to support introduction.	Central staff available to support introduction.	Very limited central staff capacity to support introduction.
Training for partners	Central staff available to develop or provide training.	Central staff available to develop or provide training.	Central staff not available, but can facilitate support through Trainers' Network.
University-affiliated courses	Begin Q1 2016.	Begin Q1 2016.	Delayed until Q1, 2017.
Training Innovations Fund	Begin Q1 2015, with sufficient funds available to support substantive content development projects or events.	Delayed until Q3 2015, with reduced funds available but sufficient to support substantive content development projects or events (although projects likely require complementary funding).	Delayed until Q4 2015, with reduced funds available sufficient to support smaller projects only (unless substantive complementary funds available).
Trainer support	Central staff capacity and funding available to directly support regional activities.	Central staff capacity and reduced funding available to directly support regional train-the-trainer and related activities.	Reduced capacity for central staff to support and no funding available, so primary reliance on Centres & Branches to fund and lead.
Equity of CRG responses	Central staff available to develop project.	Central staff limited to information-gathering & reporting.	Central staff limited to information-gathering & reporting.
CET professional development	Funding available.	Reduced funding available.	Further reduced funding available.

6. Operating principles and structure

6.1. Operating principles

As we work to implement the Vision, Mission and Goals, Cochrane Learning and Development will be guided by the following operating principles:
1. Provide strategic leadership and co-ordination to the diverse range of Cochrane's learning and development activities.
2. Shift the focus of our activities from individual training projects to providing supportive infrastructure and more developmental, inclusive, flexible learning pathways for all our contributors.
3. Support collaboration, communication and connection between learning and development projects and the people involved in implementing them.
4. Draw on the extensive expertise of our contributors and existing training resources where they are available, rather than working from scratch.
5. Evaluate all activities to ensure they are accessible, accessed and effective in achieving their aims, and provide a sound basis for future developments and possible revenue streams.
6. Maintain a watching brief and ongoing consultation on emerging needs and projects that will require a learning and development response.
7. Be guided by the priorities and values of Cochrane as a whole.

6.2. Staffing

Given the vital role learning and development, capacity building, training and support for Cochrane's collaborators and future membership will play in our content production and organisational growth in the coming years, the Senior Management Team is considering establishing a new 'Membership Support, Learning & Development Department' as part of the Central Executive Team. Staffing would be subject to decisions about the scope and budget under this Strategy, but indicative roles are as follows:

Head of Membership Support, Learning & Development
- member of Senior Management Team
- responsible for leading and co-ordinating all membership support, training and development activities across the organisation, including strategic planning and ongoing collaboration
- responsible for supervising other members of the Department and managing financial resources
- experienced in systematic review methodology and familiar with a broad range of Cochrane contributor roles
- experienced Cochrane educator

Learning and Development Officer (2 positions)
- reports to the Head of Membership Support, Learning & Development
- equivalent level to CEU Editor roles
- responsible for collaborating on the content and delivery of learning and development projects in collaboration with a wide range of Cochrane contributor groups
- should have a combination of the following skills and experience:
    - experienced in learning theory and teaching

- experienced in online learning and instructional design
- experienced in systematic review methodology and familiar with a broad range of Cochrane contributor roles
- experienced Cochrane educator

Online Learning Support Officer
- reports to the Head of Membership Support, Learning & Development
- equivalent level to senior administrative roles
- responsible for providing technical support in online learning software and websites
- responsible for co-ordination and support for participants in online learning pathways including training, mentoring, etc.

Of the current Cochrane Training staff, contracts with the two part-time Training Co-ordinators have been completed, and the contract with the current part-time Senior Training Co-ordinator expires on 31 December 2014. Recruitment of new staff is expected to begin immediately following approval of this Strategy, beginning with Head of Department, to ensure smooth transition to new staff in 2015.

6.3. Learning and Development Advisory Committee

It is important that Cochrane learning and development activities are supported by good strategic advice. The purpose of the Learning and Development Advisory Committee will be to provide high level advice to support the direction, planning and evaluation of these activities, including looking forward beyond the term of the current Strategy.

To encourage a nimble and interactive group, the committee will not comprise members of every Cochrane contributor group. Members will be selected for their experience and active engagement in learning and development activities both within and outside Cochrane. The full TOR and meeting schedule will be developed following the appointment of the Head of Learning and Development, and in consultation with members.

The Advisory Committee will not replace the need for direct consultation with specific contributor groups around learning needs, projects and implementation.

Proposed membership (13 members):
- Head of Membership Support, Learning & Development (Chair)
- author representative
- Cochrane trainers (x3)
  - at least one LMIC representative
  - at least one representative whose primary language is not English
- CEU representative (quality standards, policy and process measures)
- consumer representative
- editorial team representatives (x2)
- external EBHC learning expert
- educationalist expert
- IKMD representative (review production tools and learning infrastructure)
- methods representative

6.4. Monitoring and reporting

For each of the projects proposed under the Strategy, individual work plans and deliverables will be identified. Progress against these will be monitored and reported on an annual basis. The Strategy Roadmap, priorities and resource allocation will be reviewed at that time, taking into account any emerging new priorities or opportunities, any necessary amendments will be proposed.

During the third year of implementation of the Strategy, a process will be undertaken to review the success of the Strategy as a whole, and to plan for a new Strategy to guide our learning and development activities from 2018.

6.5. Looking ahead

The objectives and projects outlined in this Strategy are strategically directed, but in some cases may appear to be focused addressing currently identified gaps and priorities for immediate action. It is important to note that this Strategy looks ahead to future strategic development in two ways.

Firstly, our options for future development are supported by investment in key aspects of our learning and development programme, such as professional-standard eLearning platforms, building skills among our community of trainers, and rigorously evaluating and ensuring the quality of our training. This investment in skills and infrastructure will stand us in good stead and ensure we have a strong foundation for acting in the future.

In the meantime, consideration continues of identified 'big picture' plans that, while they may not be ready for immediate implementation, will be the ongoing subject of case development and planning under this Strategy. Some examples given placeholders in the objectives and projects of this Strategy include:
- Developing future revenue streams arising from online and face-to-face training services for systematic review authors, editors and others.
- Developing accredited university-level courses aligned with Cochrane methods, or integrated with our research programmes.
- Expanding Cochrane's engagement in learning and development around using systematic reviews and implementing them in practice.

Over the coming year, thinking and discussions will continue in these and other directions, with a view to identifying concrete plans of action beyond 2015.

Appendix 1   Strategy development process

1.1.   Aims

The aims of the Training and Professional Development Strategy development process were to:

- Align Cochrane Training priorities and activities to support the goals and objectives of the *Strategy to 2020*.
- Conduct a major consultation exercise to consider the current needs of our contributors, evaluate current resources and services, and prioritise improvements and new areas of activity to be undertaken as part of the Cochrane Training work plan.
- Consider the optimal organisational structure, leadership, expertise, and resources for Cochrane Training staff.
- Establish a framework for ongoing links between Cochrane Training and other areas of the Collaboration's activity, including quality assurance, staff support, Cochrane Innovation, technology development, methods development, consumer support, etc.
- Revise the framework for ongoing guidance and consultation within the organisation, e.g. Training Advisory Committee, links to other Committees/entities/staff groups.
- Professionalise Cochrane Training by bringing in evidence-based teaching and learning expertise.
- Investigate avenues for expanding Cochrane Training activities to encompass new models including accreditation, mentorship programmes and extended online courses.
- Establish a rigorous evaluation program to ensure that Cochrane Training delivers effective and high-quality training that is fit-for-purpose.
- Outline a comprehensive budget for Cochrane Training activities going forward.

1.2.   Development process

Work on this Training Strategy began in October 2013, following endorsement of the project by the Steering Group at the Quebec Colloquium. The framing documents for the project are available on the Cochrane Training website at http://training.cochrane.org/about/strategy.

We established a Project Board to provide high-level strategic guidance to the project, and two Working Groups with representatives of key groups of Cochrane contributors, who brought a strong interest and experience in training activities. Membership of these groups is listed in Section 1.3.

To develop this draft, the Working Groups considered a broad matrix of issues relating to training, considering the diversity of tasks and roles within Cochrane, and the many possible activities through which training activities could be improved or introduced. Recently conducted needs assessments, such as those conducted by the Managing Editor Support Team and the Consumer Network in 2013, were fed into the process to ensure that existing understanding of training needs was included.

The Working Groups met by teleconference in January and March 2014. At the Mid-Year Meetings in Panama in March-April 2014, members of the Working Groups met to identify key priority areas of work and develop more detailed project plans. Meetings were also held with the Executives and other groups of key contributors in Panama to discuss their training needs and priorities. Throughout 2014, additional conversations with internal and external key informants have been held to inform development of relevant areas of the Training Strategy (see list in Section 1.3).

Based on these discussions, a framework of audiences for training and support was developed, including a draft list of possible projects to be undertaken as part of the Strategy to meet the diverse needs of Cochrane's many contributor groups. A summary of the framework of audiences and roles is provided in Section 1.4. In June 2014, an open consultation survey was conducted across the organisation, inviting comments on a draft Vision, Mission and Goals, and prioritisation of the list of possible projects. The consultation documents are available on the Cochrane Training website at http://training.cochrane.org/about/strategy. Over 130 responses were received to the survey, representing a diverse cross-section of Cochrane contributors. A summary of the respondents' characteristics are provided in Section 1.5.

It has been clear from these discussions that there is a strong desire within Cochrane to generate a coherent, comprehensive and progressive programme of activities, and that contributors see the value of training activities in supporting their work. This Strategy represents the results of the work of many contributors, and I am grateful to all those who have contributed their insights and expertise to date.

1.3.   Project Board, Working Groups and key informants

Project Board
David Tovey, Chair (Editor-in-Chief, The Cochrane Library)
Martin Burton (Director, UK Cochrane Centre; Co-Ed, Ear, Nose and Throat
    Disorders Group)
Cindy Farqhuar (Co-Ed, Menstrual Disorders and Subfertility Group; Director, NZ
    Branch, Australasian Cochrane Centre)
Donna Gillies (Former author representative on Steering Group, Western Sydney
    Local Health District)
Paul Glasziou (Professor of Evidence-Based Medicine, Centre for Research in
    Evidence-Based Practice, Bond University)
Dragan Ilic (School of Public Health and Preventive Medicine, Monash University
Tamara Kredo (Deputy Director, South African Cochrane Centre)
Marta Roqué i Figuls (Trainer, Iberoamerican Cochrane Centre)

'Training' Working Group
Jill Hayden, Co-Convenor (Trainer, Canada; Convenor, Prognosis Methods Group)
Lotty Hooft, Co-Convenor (Associate Director, Dutch Cochrane Centre)
Andrew Booth (Convenor, Qualitative and Implementation Methods Group)
Agustin Ciapponi (Southern American Branch, Iberoamerican Cochrane Centre; Authors' Forum)
Solange Durão (South African Cochrane Centre)
Leanne Jones (Editor, Pregnancy and Childbirth Group; MEs' representative)
Toby Lasserson (Senior Editor, CEU)
Manu Easow Matthew (South Asian Cochrane Centre)
Ashraf Fawzy Nabhan (Trainer, Egypt)
René Spijker (TSC, Dutch Cochrane Centre)
Yemisi Takwoingi (Convenor, Screening and Diagnostics Tests Methods Group)

'Development' Working Group
Chris Cates (Co-Ed, Airways Group)
Emmanuel Effa (Nigerian Branch, South African Cochrane Centre)
Lynn Hampson (TSC, Pregnancy and Childbirth Group)
Harriet MacLehose (Senior Editor, CEU)

Ian Shemilt (Convenor, Campbell and Cochrane Economics Methods Group)
Anne-Marie Stephani (Managing Editor, Infectious Diseases Group)
Caroline Struthers (Consumer Network representative; former Cochrane Training Co-ordinator)
Jessica Thomas (Cochrane Information and Knowledge Management Department)
Hilary Thomson (Editor, Public Health Group)
Marialena Trivella (Editor; former Cochrane Training Co-ordinator)
Susan Wieland (Complementary Medicines Field)
Lilia Ziganshina (Trainer, Russian Federation)

Key informants
Cochrane senior leadership
Cochrane Group Executives
Jackie Chandler, Methods Co-ordinator
Michael Henderson, Learning with New Media Research Group, Monash University Faculty of Education
Catherine McIlwain, Consumer Co-ordinator and Anne Lyddiatt on behalf of the Consumers' Executive
David Moher, Larissa Shamseer and James Galipeau, Bias Methods Group and researchers in scientific publishing.
Mona Nasser, Author Forum and Agenda and Priority-Setting Methods Group
Eamonn Noonan, Chief Executive Officer, The Campbell Collaboration
Marisa Viray Carlos and George Kotsanas, eLearning Services, Monash University Faculty of Medicine, Nursing and Health Services
Rachael Wallwork, Human Resources Manager, Cochrane Central Executive Team
Jon Deeks, Jackie Chandler, Clare Davenport, Lotty Hooft, Mariska Leeflang, Petra Macaskill, Rob Scholten and Yemisi Takwoingi, Cochrane DTA Working Group
Chris Mavergames, Jessica Thomas, Martin Janczyk, Paolo Rosati and Tom Cracknell, Cochrane Informatics and Knowledge Management Department.
Zack Harvey, Kineo, online learning development company.

1.4.　Audiences and roles

Audiences for training and development
The Working Groups considered the following audiences for this Training Strategy. These groups are overlapping and not mutually exclusive. Individuals may belong to more than one group over time, or for different aspects of their work.

Tasks and roles

To identify training needs, we considered the many different roles within Cochrane, and also the complex range of tasks performed by each role. These classifications are not straightforward. Some tasks are performed by many roles, and some are performed by different roles in different Cochrane groups or author teams.

We made the decision to focus on tasks. Training activities designed to support tasks can be made available to and tailored for different audiences as required. Each group or team can make their own decisions as to who performs these tasks, and requires the necessary skills and knowledge to do so.
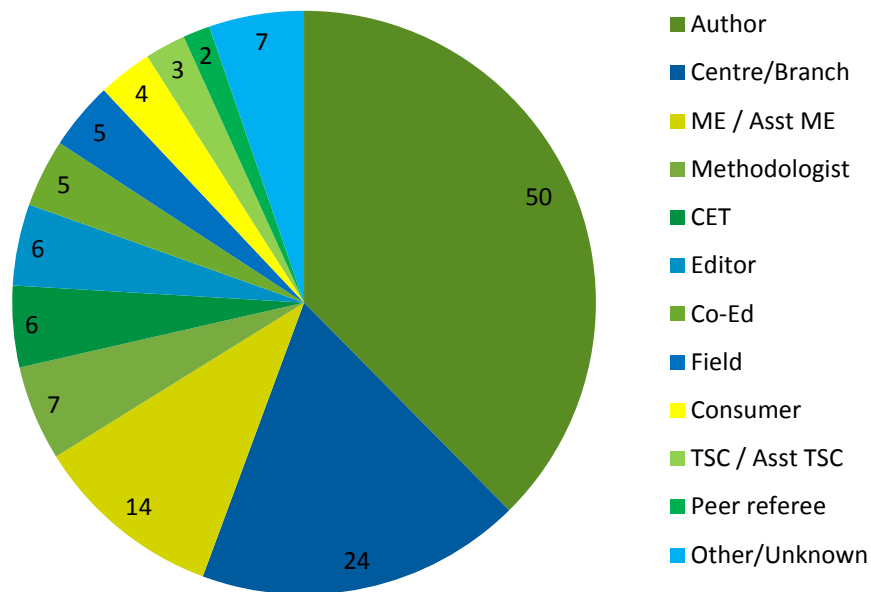
In the list of possible activities provided later in this document, we have not attempted to identify each possible target audience for each activity. A matrix mapping these audiences is provided on the Cochrane Training website at http://training.cochrane.org/about/strategy.

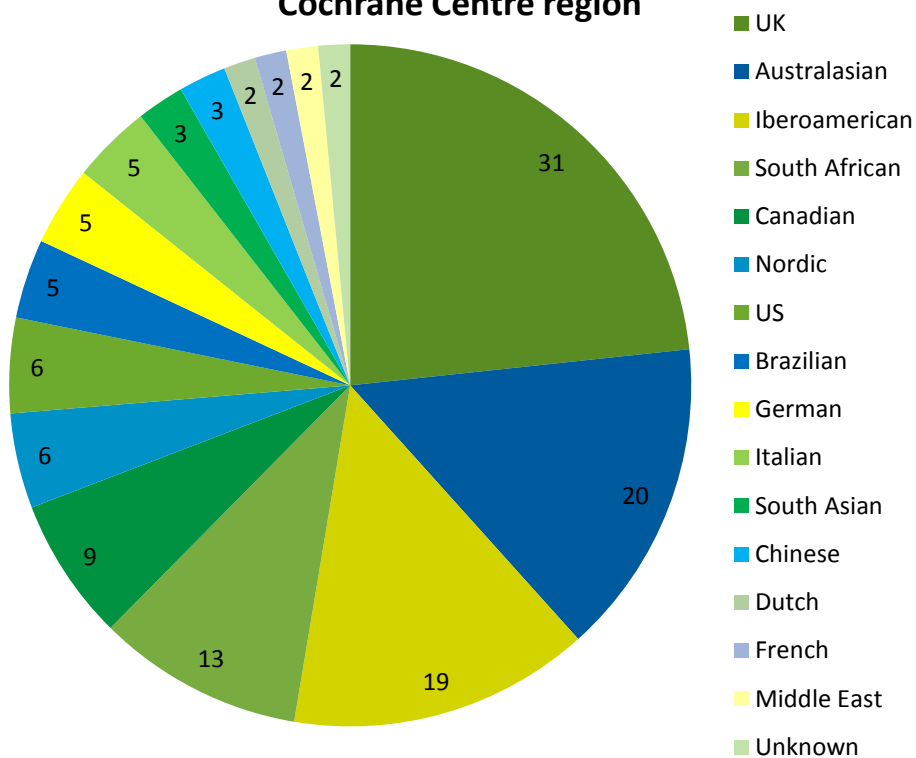## 1.5.   Consultation survey respondents

134 responses were received to the online consultation survey conducted in June 2014. In addition, a number of direct responses were received via email (precise numbers uncertain as some responses were submitted on behalf of groups).

The following summaries related to responses to the online survey:

Primary roles

Legend:
- Author — 50
- Centre/Branch — 24
- ME / Asst ME — 14
- Methodologist — 7
- CET — 6
- Editor — 6
- Co-Ed — 5
- Field — 5
- Consumer — 4
- TSC / Asst TSC — 3
- Peer referee — 2
- Other/Unknown — 7

Cochrane Centre region

Legend:
- UK — 31
- Australasian — 20
- Iberoamerican — 19
- South African — 13
- Canadian — 9
- Nordic — 6
- US — 6
- Brazilian — 5
- German — 5
- Italian — 5
- South Asian — 3
- Chinese — 3
- Dutch — 2
- French — 2
- Middle East — 2
- Unknown — 2

In addition to information on geographic location, 36% of respondents identified a language other than English as their primary language.