

Community of Practice Executive

2026 Terms of Reference



The Community of Practice Executive is a leadership group for the wider Community of Practice that comprises Cochrane Groups primarily engaged in evidence synthesis development.

This document sets out the scope and operations of the Executive, including their responsibilities to Cochrane and to the Cochrane Groups they represent.

The terms of reference will be reviewed periodically and amended in line with organizational needs and those of the Community of Practice.

1.1 Purpose of the Community of Practice Executive

- Function as a representative body for the Cochrane Groups that make up the Cochrane Community of Practice in strategic discussions with Cochrane leadership and other stakeholders to ensure that community concerns are understood and addressed;
- Facilitate communication and coordination among Cochrane groups to discuss best practices and resources;
- Support groups involved in evidence synthesis development in accordance with established Cochrane policies and processes; particularly those groups undergoing transitions or facing challenges;
- Foster engagement and participation within the Community of Practice, encouraging active involvement from all members and succession planning;
- Provide advice to the Editor in Chief and other members of the Central Executive Team, as required, on matters related to evidence synthesis development.

1.2 Accountability and reporting

The Community of Practice Executive will:

- Be accountable to the Editor in Chief;
- Report to the Community of Practice membership on activities, with a written report presented at an annual meeting and incorporated in the final minutes;
- Produce written reports or papers for the Editor in Chief and other Cochrane stakeholder groups as required.

1.3 Roles and responsibilities

- Provide leadership for the Community of Practice community and have general oversight¹ on activities related to evidence synthesis development within Cochrane;
- Act as a voice for Cochrane Groups, ensuring that the Cochrane Central Executive Team is kept informed of important news and challenges facing Cochrane Groups, including, but not limited to, the funding environment, challenges with methods implementation, author team management, issues relating to Cochrane tools, etc.;

¹ General oversight involves providing guidance to help navigate challenges and address queries, rather than merely monitoring group activities. It also serves to connect the community and the Central Executive Team.

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- Share decisions made by the Editor in Chief and Editorial Board with Cochrane Groups, and delegate, as required, to members of the Cochrane Groups they represent;
- Assist the filling of evidence synthesis development-related positions on other Cochrane advisory groups, or other special projects or working groups, and ensure appropriate representation where none currently exists.

1.4 Size and composition

- The Community of Practice Executive should include the following representatives:
 - **8 elected members²** of Cochrane Groups involved in evidence synthesis development:
 - Two from Evidence Synthesis Units
 - Three from Thematic Groups
 - Three from Review Groups
 - **4 appointed roles** from related Cochrane Boards and Executives:
 - Methods Executive
 - Geographic Groups Executive
 - Fields Executive
 - Patient & Public Network
- Membership should reflect the geographic diversity of Cochrane Groups based in high- and low- and middle-income countries;
- Staff from the Central Executive Team will be invited periodically to meetings depending on the topic(s) planned for discussion (e.g., Head of Communications, Commissioning Editor, Methods Support Unit Lead, Head of IT Development and Infrastructure, Head of Editorial, etc.);
- The Executive will receive a basic level of administrative support from the Central Executive Team to organize meetings, produce and circulate notes, and to organize membership, but will be self-organizing with regards to setting agendas and other responsibilities.

1.5 Decision-making

- The Executive will advise on evidence synthesis development-related activities in Cochrane, as appropriate, including, but not limited, to the development of Cochrane tools, the feasibility of methods implementation, and requirements for author training and guidance;
- For decisions taken by the Community of Practice Executive, members will aim to reach full consensus. Where this is not possible, decisions will be taken based on a majority vote. In the case of a tied vote, the Chairs of the Community of Practice Executive will have the deciding vote;
- For decisions to be taken at Executive meetings, a quorum of more than half of the membership is necessary. For decisions to be taken by email correspondence, it is expected that all members of the Executive will vote but if this is not possible the above quorum stands.

1.6 Meetings and communications

² To ensure inclusivity, composition should be evaluated based on the number of existing groups rather than their output or impact, which can vary significantly due to factors such as funding.

- Depending on available funds (central or individual), one face-to-face meeting per year will be held, anticipated to coincide with the annual Cochrane Colloquium;
- Community of Practice meetings will focus on themes that are relevant to the core Group members remit (e.g., author support, methods implementation, co-production, consumer input, equity, funding, etc.). Themes will be determined by the Executive, taking into the concerns of the wider community they represent. Attendance of members of the Central Executive Team can be requested depending on the discussion and will be facilitated by the CET administrative support;
- Full Community of Practice online meetings will be held six times per year (frequency adjusted as needed);
- Specific tasks may be managed by email and within smaller groups of members.

1.7 Membership

- Membership will be on a voluntary basis;
- Volunteers are expected to have the time to devote to the position, the skills required, and the trust of the colleagues they represent;
- For the eight elected Cochrane Group positions, during open applications any member of the Community of Practice can nominate themselves or others to be a member of the Executive. Candidates who are members of more than one group type (e.g., Thematic Groups and Review Groups) are permitted to seek election but should declare in advance in what capacity they will serve on the Executive. If multiple suitable members step forward, the wider Community of Practice membership will vote on the candidates (one vote for each Evidence Synthesis Unit, Review Group and Thematic Group with candidates ranked in order of preference);
- For elected members, all terms will be for three years, and each person will automatically rotate off at the end of their term. To ensure continuity, terms will be staggered to ensure that approximately one third of the Group is replaced each year. A two-term limit will be set on the number of terms that may be served (six years), but reappointment is contingent upon approval of the full Executive. If elections do not yield a suitable candidate, members may be asked to serve another year;

1.8 Co-Chairs

- The Community of Practice Executive will select two Co-Chairs from within its membership. Co-chairs are responsible for Community of Practice Executive conduct. They will manage the agenda and briefing of members in consultation with the Central Executive Team. The Co-Chairs are expected to have experience chairing similar bodies and should have strong communication and conflict resolution skills and may be required to represent the Executive occasionally;
- The Co-Chairs hold office for two years, with annual elections so only one Co-Chair rotates off in one calendar year. Any member with two or more years remaining on the Executive can nominate themselves to be Co-Chair. If multiple suitable candidates step forward, Community of Practice Executive members will be asked to vote on the candidates (one vote per member with candidates ranked in order of preference). Co-Chairs may continue to hold office for a further two-year term with the approval of the Executive members. After completing two terms, an individual may not stand again as Co-Chair.

Appendix – Glossary

Evidence Synthesis	Evidence synthesis, sometimes called “systematic reviews”, involves combining information from multiple studies investigating the same topic to comprehensively understand their findings. This helps determine how effective a particular treatment or drug is, or how people have experienced a particular health condition or treatment. By using evidence synthesis effectively, policymakers, healthcare institutions, clinicians, researchers, and the public can make more informed decisions about health and healthcare.
Cochrane Thematic Groups	Cochrane Thematic Groups are topic-based collectives with specialist knowledge and expertise. They help identify priority areas, engage with key stakeholders, harness Cochrane’s global volunteer network and support the production and dissemination of high-quality Cochrane evidence syntheses.
Cochrane Evidence Synthesis Units	Cochrane Evidence Synthesis Units are collaborative, multi-topic research groups playing a crucial role in delivering trusted, timely Cochrane evidence to address major global health challenges. The geographic spread of the new units reflects Cochrane’s commitment to producing evidence that helps to improve people’s health worldwide.
Cochrane Review Groups	Cochrane Review Groups (CRGs) help authors to produce high-quality systematic reviews in their topic areas.
Central Executive Team	The Central Executive Team is the central staff team that leads and supports Cochrane’s work across all groups and projects.
Methods Groups	Methods Groups provide policy advice and space for discussion on the development and implementation of methods used in the preparation of Cochrane Reviews.
Geographic Groups	Geographic Groups represent Cochrane in that country, promote, and support the use of Cochrane evidence in health policy and practice, and support Cochrane’s members and supporters who live there.
Fields	Fields focus on dimensions of health care other than a condition or topic - including the setting of care (primary care), the type of consumer (children, older people), or the type of provider (nursing).
Patient and Public Network	The Patient and Public Network strives to ensure that patients and the public are engaged at all stages of the Cochrane evidence synthesis process, to produce evidence that is relevant, accessible, useful and impactful to people making informed health choices.
Cochrane Colloquium	Cochrane holds annual conferences, known as ‘Colloquia’, which are open to everyone. Colloquia are designed to bring people together in one place to discuss, develop and promote our work, and to shape the organization’s future direction.

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Version control

Document created:	
Document last updated:	11/06/2026
Document version:	2
Version notes:	
Document author:	Updated by Ruth Foxlee
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