



Research Collaborative in Peripheral Arterial Disease

Authorship Policy

- There has been a recent shift towards a collaborative research model in surgery (and other specialities) with the advent of the Trainee Research Collaboratives (TRCs) and other similar networks e.g. the Vascular and Endovascular Research Network (VERN).
- Several examples of such published research projects are now available, which are usually in the form of 'snap-shot', protocol-driven, pragmatic multicentre research (or audit) undertaken by multiple groups of trainees and other specialists (e.g. nurses or physiotherapists) across an established network during a limited period of time.
- Benefits to specialists and healthcare professionals in general include experience in the academic and non-academic competencies; however, there are even more benefits relating to patient care and production of high-quality evidence.
- This model is now recognised by journal editors and peer reviewers, who have accepted work from the TRCs for publication in high impact journals (e.g. British Journal of Surgery and The Lancet).
- The United Kingdom Joint Committee on Surgical Training (JCST)/Specialty Advisory Committee (SAC) guidelines for General Surgery requires publication of three peer-reviewed papers in PubMed-indexed journals before a completion of training certificate is awarded. The contribution of the trainee to the paper must have been "significant". Outputs from such networks are now officially recognised by the JCST and SAC in the United Kingdom.

The National Research Collaborative (NRC) and Association of Surgeons in Training (ASiT) Collaborative Consensus Group have documented various roles of trainees who contribute to collaborative work e.g. collecting data, and mapped them to GMC educational domains and ICMJE authorship guidelines. Both the NRC and ASiT recognise and promote this collaborative model of authorship.

The ICMJE criteria for authorship:

International Committee of Medical Journal editors (ICMJE) has four criteria anyone recognised as a named author should meet:

1. **Substantial contributions** to the conception or **design** of the work; or the **acquisition, analysis, or interpretation** of **data** for the work;
AND
2. **Drafting the work** or revising it critically for important intellectual content;
AND
3. **Final approval** of the version to be published;
AND
4. **Agreement to be accountable for all aspects of the work** in ensuring that questions related to the accuracy or integrity of any part of the work are

This means that those with a significant contribution in the form of data collection can be recognised in the list of authors.

- However, not all projects will require collaborators in every role.
- Therefore this should not be seen as mandatory, and adapted as groups see fit.

NRC recommendations:

- The group encourages a single corporate authorship policy
BUT
- Collaboratives may choose to have headline authorship for some of their writing group.
- **Collaborators that make a significant contribution to acquisition of data, should have the opportunity to critically review a manuscript, approve the final version before publication, and agree to be accountable for all aspects of the work, as per ICMJE guidelines**
- Whatever model is chosen, collaborators should be acknowledged through a statement 'on behalf of the ABC collaborative/ABC collaborators'.
- Collaborators should be listed in Appendix A, grouped by the role that they fulfilled, by their region and by their centre. Collaborators may fulfil more than one role and can be listed multiple times accordingly.

It is likely that over time, the nature of these roles will change as research questions build in complexity, and interdisciplinary collaborations evolve. The collaborative will repeat this exercise to redefine roles, or describe new ones, at the onset of each project and upon completion of data collection, manuscript preparation, and before final dissemination of ANY resulting output.

The CI will be the senior author of the publication(s) resulting from the project.

It is expected that the CI will also lead the writing of the manuscript and be responsible for disseminating any version of the manuscript at least 2 weeks before submission to a journal (or other) in order for all authors to be able to recommend changes. The CI will be ultimately responsible for collating feedback and making reasonable effort to incorporate it in the manuscript.

All contributing investigators will be named as authors, according to the degree of their contribution to the study as per the aforementioned criteria. The RCPAD executive group will be responsible for deciding which authors will be named when conflict arises, following discussion with the CI and amongst all executive members.

The CI will make all reasonable efforts to incorporate the feedback and suggestions from the contributing RCPAD members on the manuscript.

The CI is entitled to decide which scientific journal the manuscript should be submitted to.

Recommended citation style for collaborative work on a CV:

‘Last name First initial. (Role) Collaborative Group (Year published). Article title.
Journal, Volume (Issue), Page(s).’

For example: Smith, S. (Data collection) National Research Collaborative (2017).
Recognising Contributions to Work in Research Collaboratives. *Journal of Example
Medicine*, 1(35), 399–406.

Reference: *The National Research Collaborative & Association of Surgeons in Training Collaborative Consensus Group. Recognising contributions to work in research collaboratives: Guidelines for standardising reporting of authorship in collaborative research. International Journal of Surgery 52 (2018) 355–360 359*