

Vascular and Endovascular Research Network (VERN) Collaborative Authorship Guideline (February 2020)

Over the past decade, there has been significant rise in collaborative research projects in surgery with the advent of the Trainee Research Collaboratives (TRCs). TRCs typically deliver 'snap-shot', protocol-driven, pragmatic multicentre research undertaken by multiple groups of trainees across a network during a limited time frame. This potentially brings several benefits to trainees to help them meet both academic and non-academic competencies during training.

Generally, collaborative projects are now recognised by journal editors and peer reviewers. Indeed, previous TRC work has been accepted for publication in high impact journals (such as VERN's MARI study).

Currently, the 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 CCT is awarded. The contribution of the trainee to the paper must have been "significant".

The National Research Collaborative (NRC) & 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 have mapped them to GMC educational domains and ICMJE authorship guidelines.

This means that those who have made a significant contribution in the form of data collection can be recognised in the list of authors. However, the NRC recognise not all projects will require collaborators in every role. Therefore, this should not be seen as mandatory, and adapted as groups see fit. The VERN committee agree with this statement.

It is likely that over time, the nature of these roles will change as research questions build in complexity, and interdisciplinary collaborations evolve. At this point, collaboratives should repeat this exercise to redefine roles, or describe new ones. Currently, VERN will abide by the following authorship guidelines for future projects/publications

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

NRC recommendations that VERN will abide by:

- 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.

Recommended citation style for VERN collaborative work on a CV:

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

For example: Smith, S. (Data collection) VERN 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