

# The Effective Health Care Research Consortium (EHCRC)

## Publication policy

The Effective Health Care Research Consortium (the Consortium) has extensive experience in medical publishing, research ethics, and principles of research integrity. Using this experience, and helped by a specialist in the field, we have drawn up this policy document to help promote capacity development in research integrity.<sup>1</sup> This policy applies to all supported Consortium activities. In addition, we encourage partners to use this to prompt their own departments and institutions to develop similar explicit policies.

### 1. Scope

This policy relates to academic publications in peer-reviewed journals including systematic reviews published on *The Cochrane Library*. This includes authors working with the Cochrane Infectious Diseases Group (CIDG), all Consortium supported Cochrane authors, and all Consortium supported research publications. The policy applies to all outputs from the programme and associated grants (for example, self-published material, reports, newsletters, and blogs).

### 2. General principles

Work supported by the Consortium will be published in a timely and responsible manner. All reports and publications will endeavour to present findings in a responsible, objective and accurate manner and without undue delays. Those who have made a significant contribution to the research will be recognised appropriately by authorship or acknowledgement.

### 3. Registration of systematic reviews and clinical trials

All systematic reviews initiated by the consortium that are not registered as Cochrane Reviews will be prospectively registered on a suitable register (such as [PROSPERO](#)).

We expect anyone receiving Consortium funds as support to their work (as money, or in kind, such as payment of travel) will, should they be involved in a clinical trial, ensure this trial is registered prospectively (i.e. before patients are recruited). This should be on a suitable, publically accessible Clinical Trials Registry that is approved by the [WHO International Clinical Trials Registry Platform](#) (such as [Clinical Trials](#) or [the Pan African Trials Registry](#)).

### 4. Publication of protocols of systematic reviews

The protocols of all Cochrane Reviews initiated or updated by the Consortium will be made publicly available when they are finalized through *The Cochrane Library*. The value in publishing protocols for non-Cochrane reviews is being evaluated, and a policy on this has not yet been agreed.

---

<sup>1</sup> Dr Liz Wager carried out a survey of partners related to research integrity, and this is an outcome from this.

## 5. Copyright / Open Access<sup>2</sup> / Target journals

Apart from Cochrane Reviews, research supported by the Consortium will be published under a Creative Commons license (see <http://creativecommons.org/licenses/>) allowing full Open Access (see <http://www.arl.org/sparc/openaccess/index.shtml>). If there are any exceptions being considered please discuss this with the Lead Partner.

Funds are available for outputs directly arising from the Consortium. This policy will permit articles to be posted on websites, distributed freely and adapted (eg to produce translations or versions for different audiences). It will also mean that the copyright to these works will be retained by the authors.

Partners should include costs for Open Access when writing new grants and in programme budget submissions.

Cochrane Reviews supported by the Consortium must first be published on *The Cochrane Library* in accordance with the Cochrane publishing agreement.

The choice of journal (or other medium) for Consortium publications should be based primarily on the journal's audience, reach, and influence on key stakeholders (as defined in the CIDG Strategic Plan 2011-2016, see Annex). Other factors such as speed of publication and chance of acceptance should also be considered. The primary aim of publication should be effective communication and influencing stakeholders rather than academic recognition or rewards for the authors.

## 6. Archiving and posting on institutional repositories

We prefer full (or 'Gold') Open Access under a Creative Commons license. Some journals allow articles to be made available on institutional repositories, sometimes termed 'Green' Open Access, and failing open access this is an option, although institutional repositories are less easy to find and negotiate.

## 7. Avoiding co-publication

Publications will be co-ordinated to avoid undue overlap and redundant publication. If findings are reported in more than one publication (for example, on *The Cochrane Library* and subsequently in a medical journal or in a new format aimed at a specific audience), the primary source / previous publications will be clearly referenced and the extent of any overlap highlighted to the journal editor in the covering letter when the manuscript is submitted. Journal policies on the acceptability of overlapping publication will be followed and relevant copyright laws respected.

The International Committee of Medical Journal Editors (ICMJE) guidelines<sup>1</sup> regarding acceptable secondary publications will be followed. These relate to secondary publications in the same or another language (i.e. to translated versions) and note that these are only permissible with the

---

<sup>2</sup> An Open Access publication permits the author to retain copyright and often uses a Creative Commons licence. A Free Access publication is one that the publisher provides to readers at no cost on their website but which may impose some restrictions on other publication (e.g. by holding the copyright).

agreement of the editors of both journals and that the secondary publication should be clearly indicated as such (for example, by a footnote giving the primary reference and in the title).

For Cochrane Reviews, authors should discuss with the editorial base, and refer to Section 2.2.5 and Appendix 1 of the Cochrane Policy Manual<sup>3</sup>.

## **8. Avoiding plagiarism and respecting copyright**

All Consortium publications will respect copyrighted material and seek appropriate permission to re-publish such material. Direct quotations from previously published work (from the same or other authors) will be clearly identified and appropriately cited.

Cochrane Reviews are subject to random checks with publisher provided plagiarism checking software. Reviews that are detected with significant plagiarism issues will be rejected.

For Cochrane Reviews, further guidance regarding copyright issues appear in Sections 2.2.2 and 2.2.5 of the policy manual, and a copyright permission form appears in section 2.2.7.3.

## **9. Funding acknowledgement**

The source(s) of funding will be clearly stated on all publications. We recommend the following statement:

This document is an output of a Consortium funded by UKaid from the UK Government for the benefit of developing countries. The views expressed are not necessarily those of DFID.

## **10. Disclosure of competing interests**

In addition to clearly disclosing the funding source for the Consortium, authors of publications will disclose all relevant competing interests they may have, as required by the journal or conference.

All Cochrane authors will be required to complete a conflict of interest form prior to their review being published. The Cochrane Handbook (A.5) states: "Authors should report any present or past affiliations or other involvement in any organization or entity with an interest in the review that might lead to a real or perceived conflict of interest. Situations that might be perceived by others as being capable of influencing a review author's judgments include personal, political, academic and other possible conflicts, as well as financial conflicts. Authors must state if they have been involved in a study included in the review." Further guidance around disclosure of competing interests appears in Sections 2.1.1.2 and 2.2.7.5 of the Cochrane policy manual.

CIDG editors' financial, personal and professional interests that might have a bearing on any aspect of Consortium work or publications will be posted on the CIDG website and updated at least every two years or when major changes occur.

Researchers' affiliations at the time they performed the bulk of work should be listed on any publication (so the appropriate institution is credited). If researchers subsequently move to another institution, their new contact information should also be included, usually as a footnote.

## 11. Reporting guidelines

Relevant reporting guidelines (eg PRISMA for systematic reviews, CONSORT for randomized trials) will be followed in all publications (see [www.equator-network.org](http://www.equator-network.org)).

Cochrane Reviews should be prepared using the Methodological Expectations of Cochrane Intervention Reviews (MECIR) guidelines (<http://www.editorial-unit.cochrane.org/mecir>).

In addition, authors should proof read their documents prior to submission, and should be aware of any journal “house style” (for example, Cochrane style guide). Authors should be aware that articles that do not meet a journal’s standards for language may not be considered for publication.

## 12. Authorship

Allocation of authorship should ensure that those who did the work are acknowledged so they can take both responsibility and credit for it. According to the ICMJE, to qualify for authorship an individual must have made a substantial intellectual contribution to the work.<sup>1</sup> Individuals who are involved with the work but whose contribution does not qualify for authorship should not be listed as authors but their contribution may be acknowledged.

The ICMJE recommends that each author should have participated sufficiently in the work to take public responsibility for some part of the content.<sup>1</sup> All individuals named as authors must meet the pre-specified authorship criteria and all those who qualify for authorship should be listed (if they agree to this).

In applying this policy, the Consortium aims to avoid ‘guest’ authorship (where people who do not qualify as authors are listed) and ‘ghost’ authorship (where individuals who do qualify for authorship are not listed).

Similarly, the Cochrane handbook (section 4.2.2) states that “it is important to distinguish individuals who have made a substantial contribution to the review (and who should be listed) and those who have helped in other ways, which should be noted in the Acknowledgements section.” The handbook also recommends use of the ICMJE authorship criteria. Section 2.2.7.4 of the Cochrane policy manual has information about authorship, and a comment regarding who should qualify for authorship appears in Section 3.2.3.4.

In all cases, all authors must have seen a draft of the article, and must agree to publication.

### Individual authorship

To qualify for authorship an individual must fulfil the following criteria<sup>1</sup>:

1. Each author should have participated sufficiently in the work represented by the article to take public responsibility for the content.
2. Participation must include significant contributions to:
  - a. The conception or design of the work represented by the article OR acquisition of data OR analysis and interpretation of the data; AND
  - b. Drafting the article or revising it for critical intellectual content.

In addition, all named authors must approve the version to be submitted, and the version to be published, and must agree to being listed as an author.

ICMJE notes that “Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship”.<sup>1</sup>

### Group authorship

Group authorship (ie listing only a group name without listing any individuals) may be appropriate for some publications, such as reports to funders. However, we discourage group authorship for journal articles because it can cause problems with retrieval and indexing (for example, Dickersin et al JAMA 2002; 287:2772).

### Determining authorship

#### (i) For new systematic reviews / studies

Criteria that will be used to determine authorship should be agreed by the research group as early as possible (eg at the protocol development stage) and put in writing. When the work is completed, individuals’ contributions should be reviewed and assessed against the agreed authorship criteria to determine who is listed as an author and who is mentioned in the acknowledgements.

#### (ii) For systematic review updates

Authorship criteria should be discussed and agreed before work begins on updating a review. The authors of the previous version should be given the opportunity to work on the update and the criteria for authorship of the updated version should be agreed with them in advance. An author’s contribution to the earlier version should be taken into consideration, especially if the update is relatively minor and large sections of the review remain unchanged, and should always be acknowledged. However, being an author of an earlier version does not automatically qualify somebody to be listed as an author on an update. Overall, the CIDG has the right to remove authors if they are not contributing.

### Order of authors

Authors should be listed in descending order of contribution, ie with the largest contribution first. If authors contributed equally or agree on an alternative method of listing (eg alphabetical) this should be explained in the publication if possible.

This is in line with the Cochrane Handbook (4.2.2) which recommends that “the order of authors should relate to their relative contributions to the review. The person who contributed most should be listed first.” Note that the contact person does not have to be the first author (see below).

### Listing contributions

All Cochrane reviews, and where possible (and even if not required by the journal), individuals’ contributions to the work and its publication should be described in the publication (for example, X and Y developed the protocol, X and Z did the data extraction, X prepared the first draft, Y and Z contributed to the development of the publication, reviewing and revising the draft for critical intellectual content). NOTE: some journals require this and may specify the format for such listing.

For Cochrane reviews, specific contributions should be listed under the section 'Contributions of authors'. The list of potential contributions from the Cochrane Handbook (4.5.ix) may be helpful but 'Ideally, the authors should describe their contribution in their own words'.

### Contact person (for Cochrane reviews)

Cochrane reviews require somebody to be listed as the contact person. The Handbook (4.2.3) notes that "this person would (i) be responsible for developing and organizing the review team; (ii) communicate with the editorial base; (iii) ensure that the review is prepared within agreed timescales; (iv) submit the review to the editorial base; (v) communicate feedback to co-authors; and (vi) ensure that the updates are prepared." The Handbook also notes that "The contact person need not be the first listed author" and, in fact, "The contact person for a review need not be listed as an author." CIDG retains the right to list the contact person as a member of the editorial base staff.

### Corresponding author (for journal articles)

Most journals require one author to be designated as the 'corresponding author'. According to the ICMJE, this person 'has primary responsibility for correspondence with the journal', ie they will receive the decision letter, proofs, etc. from the journal and they are expected to communicate these to the other authors. Since journals often require proofs to be checked and returned rapidly, the corresponding author should be somebody whose contact details are unlikely to change, who is normally reachable, and able to respond promptly. Journals regard the role of corresponding author as a purely administrative function – the corresponding author therefore does not necessarily have to be the first, or senior author, or the same person as the guarantor.

### Authorship disputes

For Cochrane Reviews, disputes about who is listed as an author, or the order of listing, should be referred to the relevant Cochrane Review Group in the first instance. If a satisfactory outcome cannot be reached, the review group may contact the Cochrane Centre nearest to the author(s) who can offer to mediate.

For non-Cochrane reviews, authors should in the first instance contact their supervisor/line-manager/head of department. If an article is submitted to a journal without resolution of the dispute, authors may wish to contact the journal editors.

### Guarantor

Cochrane Reviews, and some journals, require one author to be identified as the guarantor. ICMJE defines the guarantor as somebody who takes 'responsibility for the integrity of the work as a whole, from inception to published article'. The *BMJ* describes the guarantor as somebody who 'accepts full responsibility for the work and/or the conduct of the study, had access to the data, and controlled the decision to publish'.

### Acknowledgements

People who contribute to a project but do not qualify as authors should be acknowledged. For Cochrane Reviews, the Handbook (4.5.viii) recommends that this "would include any previous authors of the Cochrane review ... and might include the contributions of the editorial team of the CRG."

In all cases (for Cochrane Reviews and other publications), permission should be obtained from people who are acknowledged.

## Quality of submissions

We expect the quality of the English to be excellent, and the presentation should be consistent with international publishing standards.

## Quality of the science

The Consortium is committed to high quality research. Thus any submitted papers should be of a quality that reaches international publishing standards in papers using funds from the Consortium, and acknowledging programme. Low quality research, or studies that are clearly biased or poorly designed, should not be submitted for publication. If you have any doubts please contact a Lead Partner, or the Director of the Consortium.

## Other

Research misconduct is defined by the Committee on Publication Ethics (COPE) as “...any practice that may affect the reliability of the research record in terms of findings, conclusions, or attribution.” ([http://publicationethics.org/files/Research\\_institutions\\_guidelines\\_final.pdf](http://publicationethics.org/files/Research_institutions_guidelines_final.pdf))

Authors should be aware of their own institution’s policy surrounding scientific misconduct.

## References

1. ICMJE Uniform Requirements for Manuscripts Submitted to Biomedical Journals: <http://www.icmje.org/#author>
2. Cochrane Handbook. <http://www.cochrane-handbook.org/>
3. Cochrane Policy Manual. <http://www.cochrane.org/policy-manual/welcome>

## Annex: CIDG Stakeholders and Needs

Customer	Needs
<b>Policy makers (national governments)</b>	Reviews that make a difference in relation to policy and impact on health in countries with limited resources
<b>Bilateral development agencies (for example DFID, USAID, AusAID)</b>	High-quality reviews relevant to decisions about current policy options relevant to health, and improving the performance of health systems in relation to the MDGs.
<b>Granting bodies and multilateral agencies (Global Fund for ATM, Bill and Melinda Gates Foundation; World Bank, NGOs)</b>	As above.
<b>Researchers in tropical medicine</b>	Timely reviews that clearly show the current state of knowledge on a given topic and indicate where the evidence base is inadequate; reviews that avert repetition of effort and have clear recommendations in the “Implications for Research” section.
<b>Organizations developing guidelines (WHO, NICE)</b>	Reviews relevant to decisions that are current. The WHO requires reviews accompanied by Grade Profiles (Grading of Recommendations Assessment, Development and Evaluation).
<b>Authors</b>	Timely and consistent support for review development, clear outline of expectations at outset, minimum time for editorial review and maximum speed between submission and publication, regular communication about review’s progress through editorial steps, accurate editing.
<b>Clinicians</b>	Reviews that are clear and answer current clinical questions.