ACCESS AUTHORSHIP GUIDELINES

Last updated: 29 October 2025

INTRODUCTION

The main principles of these data use and authorship guidelines are to ensure data security and management and to properly acknowledge the people who contribute to ACCESS, including Executive Committee members, Advisory Committee members and collaborating sites. Proper acknowledgement of all persons who have contributed is necessary in order to ensure constructive collaboration between all team members.

CONCEPT SHEET

All proposed analyses of ACCESS data must be described in a concept sheet to be reviewed and approved by ACCESS Executive Committee. This includes: exploratory work, checks for variable completeness, reports, etc. If you make any changes to your analysis, your concept sheet must be amended and submitted for additional consideration. Under no circumstances is it permissible to undertake an analysis other than that outlined in your concept sheet.

CONCEPT SHEET SUBMISSION AND APPROVAL PROCESS

Before submitting a full concept sheet for data request, the intention to submit the concept sheet needs to be notified first to the ACCESS team with a short description of the research project through this link: https://redcap.link/access-intent-submit. The expressed research idea will be shared with ACCESS site representatives and ACCESS Advisory Committee members to check if they would like to contribute to the project, or if they would like their site data to be excluded from the proposed research or like the proposed research hold since a similar project is being planned or conducted at their site. If supported, the researcher will be invited to submit a full concept sheet. The concept sheet will then be reviewed by ACCESS Executive Committee and site representatives/Advisory Committee members who advised ACCESS they would like to contribute to this project.

DATA PROVISION

Once concept sheets are approved, it will be assigned to an ACCESS team member who will prepare the dataset for the analysis and may contact you directly to allow access to the dataset through the ACCESS Collaborator server. For external collaborators and researchers, ACCESS coordinators will work with you to establish access to the Collaborator server via Virtual Private Network.

DATA SECURITY AND MANAGEMENT

ACCESS takes the security and management of its data very seriously. Before accessing any data, you are required to read and adhere to the ACCESS Data Handling Policy Statement and sign a confidentiality agreement.

AUTHORSHIP PROCEDURES AND GUIDELINES

While no single rule will apply for authorship, the following principles will guide authorship.

As mentioned above, all the ACCESS site representatives and Advisory Committee members will have an opportunity to nominate themselves if they would like to contribute as a co-author when research ideas are shared with them. The lead investigator could also nominate co-authors when submitting the concept sheet. All members of the **Executive Committee and** the ACCESS **Operational Team** (e.g., coordinators, data analysts) who contributed significantly to design and/or analysis will also be invited to express their interest in co- authorship. Five to six authorship spots (in total) will be reserved for representatives from sites. More than one co-authorship sport and/or co-first and co-last authorships will be considered for sites which contribute greater than 50% of the data.

Recognising that people most at risk for STIs and BBVs can also experience social marginalisation, researchers or representatives from community organisations that work with priority populations (e.g., Aboriginal and Torres Strait Islanders) should be given the opportunity to be involved with the design, analysis and authorship of research pertaining to that population. The lead investigator will be responsible for facilitating such collaborations when deemed appropriate and with support from the Executive. For further guidance, please refer to 'Appendix A. A Guide to Engaging Consumer and Community Representatives in Co-Authorship of ACCESS Papers'. If relevant, researchers should also consult the AH&MRC guidelines for ethical conduct in research with Aboriginal and Torres Strait Islander Peoples & communities: https://www.ahmrc.org.au/ethics/human-research-ethics-committee/.

There are some specific studies which have contributed significantly to ACCESS to support the recruitment of sites and analytical expertise of specific diseases – for instance, EC Victoria, EC Australia, TAIPAN and the PrEP studies. Key investigators from those studies (if they aren't already part of the ACCESS Executive) should have a role in authorship. For further guidance (if applicable), please see 'Appendix B. Authorship Principles when ACCESS is one of multiple data sources or participating in national and international collaborations'.

Once approved, the concept sheet (and any comments) will be returned to the lead investigator, along with the Authorship Guidelines and a contact for who will be supporting the provision of data. Investigators are asked to review our authorship guidelines and ensure that all relevant co-authors are notified of the approved project and invited to collaborate and provide feedback at this stage (i.e., wherever possible, invitations should NOT be sent just before an abstract submission deadline or final draft of a paper).

The **final authorship list and order** for each analysis will be reviewed and approved by the Executive Committee based on contributions to the analysis and manuscript. In publications, any authorship list should be followed by 'on behalf of the ACCESS collaboration'. If any author is unhappy with the authorship list or order, the principles of open communication and collegiality will be adopted to allow for immediate resolution. These concerns must be discussed and resolved before submission for publication.

The first author will be the **Manuscript Lead**. They will be responsible for drafting the abstract and/or manuscript, circulating it for review, collating feedback, and finalizing it for submission. They will also be responsible for finalizing the list of co-authors (in consultation with the Senior Author) and ensuring that all co-authors follow the ACCESS Authorship Policy. The Manuscript Lead or Senior Author will act as the Corresponding Author, unless another research team member is deemed more appropriate.

A minimum of 10 working days will be provided for the primary authors to review a manuscript and authorship prior to submission. A minimum of 3 working days will be given for an abstract. If no response is received, it will be assumed that there is no feedback from those particular members and that they have read the document and approved it, and the abstract or publication will be submitted without further communication. All authors should be notified of the submission and provided with (1) a copy of the submitted document and (2) a citation. They should also be sent the final manuscript and citation once published.

AUTHORSHIP CRITERIA

Authorship for all ACCESS analyses will be consistent with accepted principles endorsed by the International Committee of Medical Journal Editors (ICMJE, http://www.icmje.org). Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Authorship credit will be based on three conditions; all three conditions must be met to qualify as an ACCESS author:

- (1) Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; AND
- (2) Drafting the manuscript or revising it critically for important intellectual content; AND
- (3) Final approval of the version to be published (statistical analysis, administrative, technical or material support, and supervision).

POST-PUBLICATION

Any publications or other research output (e.g., conference abstract, posters) must be forwarded to the ACCESS coordinator. It is also essential that a dataset used to produce any published analysis is appropriately archived. Following publication, the ACCESS project coordinator will contact you to obtain a copy of the code used to conduct your analysis, which should include any manipulations of the dataset. A copy of this code along with the supplied data will be compiled and archived.

As a reminder, it is a requirement of the NHMRC that all data be stored for a period of at least seven years. When preparing your code, ask yourself: would someone be able to replicate my analysis using this code and the provided dataset? It is each researcher's responsibility to ensure that it would be possible to replicate an analysis; ACCESS recommends that you store your own copies of any relevant dataset and code in an encrypted format in a secure location on the Collaborator server for a period of not less than seven years.

ACKNOWLEDGMENTS

A full list of funding sources and 'ACCESS Team' members (i.e., Executive and Advisory

Committee members) at the date of submission should be identified in the acknowledgements section of publications.

SOURCE OF FUNDING: ACCESS receives core funding from the Australian Department of Health, Disability and Ageing with the aim to monitor Australia's progress in the control of blood borne viruses and sexually transmitted infections. In addition, the governments of Victoria and Western Australia provide funding for state level outcomes. ACCESS also acknowledges past support from the governments of New South Wales, Northern Territory, and the Australian Capital Territory, as well as the National Health and Medical Research Council (NHMRC; APP1082336 and GNT1092852).

ACKNOWLEDGMENTS: The authors acknowledge the contribution of the ACCESS Team members who are not co-authors of this article including (revise list as necessary, last revised 09 Jan 2024): Margaret Hellard, Burnet Institute; Basil Donovan, Kirby Institute, UNSW Sydney; Rebecca Guy, Kirby Institute, UNSW Sydney; Allison Carter, Kirby Institute, UNSW Sydney; Htein Linn Aung, Kirby Institute, UNSW Sydney; Jason Asselin, Burnet Institute; Mark Stoové, Burnet Institute; Wayne Dimech, NRL Quality; Alexis Apostolellis, Australasian Society for HIV Medicine; Aaron Cogle, National Association of People with HIV Australia; Cameron Taylor, Derbarl Yerrigan Health Service: Rani West, ATLAS: Daniel Coase, Federation of Ethnic Communities' Councils of Australia (FECCA); Dash Heath-Paynter, Health Equity Matters (AFAO); David Lewis, Western Sydney Sexual Health Centre; David Nolan, Royal Perth Hospital; David Templeton, Royal Prince Alfred Hospital; Edward Huddy, Ministry of Health; Emma Sanguineti, Queensland Ministry of Health; Eric Chow, Melbourne Sexual Health Centre: Florin Douglas, Deakin University; Janaki Amin, NSW Ministry of Health; Jane Davies, Menzies School of Health Research; Jane Hocking, University of Melbourne; John Didlick, Hepatitis Australia; John G, Australian Injecting and Illicit Drug Users League (AIVL); Jess Doumany, Australian Injecting and Illicit Drug Users League; Jason Ong, Melbourne Sexual Health Centre: Lien Tran, Hepatitis B Voices; Lisa Bastian, WA Department of Health; Mandy Charleton, Ministry of Health; Manoji Gunathilake, Royal Darwin Hospital; Megan Campbell, National Aboriginal Community Controlled Health Organisation (NAACHO); Mish Pony, Scarlet Alliance; Nathan Ryder, Hunter New England LHD; Norm Roth, Prahran Market Clinic; Philip Cunningham, SydPath; Phillip Read, Kirkton Road Centre; Rick Varma, Sydney Sexual Health Centre; Stella Pendle, Australian Clinical Laboratories; Tom Rees, SA Ministry of Health; Stella Lintzeris, Kirby Institute, UNSW Sydney; Brendan Quinn, Burnet Institute; Thi Nguyen, Burnet Institute; Victoria Polkinghorne, Burnet Institute: Michael Traeger, Burnet Institute: Nyssa Watson, Burnet Institute.

The authors also acknowledge all clinics participating in ACCESS, including the site investigators who contributed data to this analysis: (**insert names of Pls as necessary**). ACCESS is a partnership between the Burnet Institute, Kirby Institute and NRL Quality.

ETHICS APPROVAL

Ethics approval for ACCESS was provided by the Human Research Ethics Committees at Alfred Hospital (248/17), Central Australia (CA-19-3355), Northern Territory Department of Health and Menzies School of Health (08/47), Aboriginal Health and Medical Research Council (1099/15), ACON (2015/14), and Victorian AIDS Council /

Thorne Harbour Health (VAC REP 15/003). As our study analyses de-identified data collected under the auspices of public health surveillance, individual patient consent was not required. Individuals were able to opt-out of the surveillance system if they wish.

Appendix A. A Guide to Engaging Consumer and Community Representatives in Co-Authorship of ACCESS Papers

Engaging consumer and community representatives in research can occur along a spectrum: inform, consult, advise, collaborate/partner, and empower/lead the research. The appropriate level of involvement will vary depending on the research topic, context, and population.

Within ACCESS, our goal is to support community members to participate as partners in identifying and deciding research priorities, the research design, data analysis, and dissemination of findings.

Numerous tools and resources are available to help researchers operationalize collaborative approaches. One practical example is: https://doingresearchtogether.com.au/.

We invite the ACCESS network to review this tool.

Below are some considerations specific to the authorship process.

- Discuss the project idea early.
- Value community knowledge and cultural insights equally alongside research expertise.
- Provide training or orientation on research questions, study design, or methods.
- Offer different ways to be involved (e.g., shaping questions, contextualising findings, writing).
- Invite contributions in different formats (e.g., oral, written, over email, in meetings).
- Share outputs in accessible formats (e.g., plain language, PowerPoint, translation).
- Discuss how contributions will be acknowledged (e.g. authorship, acknowledgments).
- Offer stipends for time and expertise, particularly for non-salaried community members.
- Ensure flexibility in criteria for authorship (e.g. contribution of lived experience).
- Co-present findings in both community and academic spaces.
- Consider community reports, policy briefs, or knowledge-sharing events.
- Reflect on how the authorship process went and note lessons learned for future papers.

Appendix B. Authorship Principles when ACCESS is one of multiple data sources or participating in national and international collaborations

This section describes the principles of ACCESS collaboration on other national or international projects, including long term partnerships.

Such projects make use of data collected via ACCESS and of which a member of the Executive Committee is a lead or named investigator. Such projects are separate to ACCESS but make use of ACCESS data from specified sites to address research aims. These projects must maintain protocols, governance structures and, as necessary, ethical approvals independent of ACCESS and any research personnel involved with an ACCESS-supported project must adhere to the parameters of data security and management outlined in this document. A list of current and past research projects supported **ACCESS** found **ACCESS** website by can be on the (https://accessproject.org.au/research/projects-supported-by-access).

The details of any data support provided by ACCESS will be contained within concept sheets and/or memorandums of understanding between the Executive Committee and the lead investigator of an associated project, which will outline data and information to be provided, the manner and timeline of their provision and, as relevant, funding agreements to cover costs.

Authorship in this context will be dealt with on a case-by-case basis with consideration of the following: origin of idea, which project is contributing funds, whether the study is facilitating or has facilitated the inclusion of sites in ACCESS, proportion of ACCESS data used, complexity of the analysis and who will run it, etc.

Recognising that some research topics by specific studies will align with papers that the ACCESS team may also wish to publish on, the Executive will consider how concept sheets relate to ACCESS flagship papers, our plans for specific outcomes and how long we want to wait to publish on these outcomes at a national level (vs. state-based projects), etc.

Projects providing funding to ACCESS will be allowed to publish first on the key research questions in their protocol. After the analysis data set is made available, they will be provided with a time period of 12 months for manuscript submission. At that time, they will be contacted regarding the status of the analysis. If there is no progress after an additional 3 months or the analysis is withdrawn, ACCESS will have the right to publish on the topics in question.