ACCESS AUTHORSHIP GUIDELINES
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INTRODUCTION

One of the main principles of authorship is to properly acknowledge the people that have completed the bulk of the work, as well as the important contribution of collaborators and community members such as Executive Committee members, Community Advisory Board members, and collaborating sites. Proper acknowledgement of all persons who have contributed is necessary in order to ensure constructive collaboration between all contributors.

AUTHORSHIP PROCEDURES AND GUIDELINES

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

The **nomination of co-authors** will take place during the initial concept sheet review process by the lead investigator and the Executive Committee.

All members of the **Executive Committee** will be invited to express their interest in co-authorship. Members of the **Advisory Committee** with particular expertise or interest as well as the **Operational Team** (e.g., coordinators, data analysts) who contributed significantly to design and/or analysis will be invited by the Executive Committee to join as co-authors. Two to three authorship spots (in total) will also be reserved for representatives from **sites, prioritizing those contributing more than half of all data** in an analysis.

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.

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 A. 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 and 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 will be notified of the submission and provided with (1) a copy of the submitted document and (2) a citation**. They will 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 a 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).

ACKNOWLEDGMENTS

A full list of funding sources and 'ACCESS Team' members (i.e., Executive and Steering Committee members) at the date of submission should be identified in the acknowledgements section of publications.

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Appendix A. 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 by ACCESS can be found below.**

The details of any data support provided by ACCESS will be contained within **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.

Projects supported by ACCESS

Project Name	**Lead Organisation**	**Executive Committee representative(s)**	**Description**
Deadly Liver Mob	Kirby Institute, Centre for Social Research in Health	Basil Donovan	The Deadly Liver Mob project is dedicated to improving Aboriginal and Torres Strait Islander peoples' access into HCV treatment and aims to create a more meaningful encounter with clients accessing needle and syringe programs as well as their family, community and injecting network.
EPIC-NSW Expanded PrEP Implementation in Communities in NSW	Kirby Institute	Rebecca Guy	EPIC-NSW aims to assess the impact of the rapid expansion in access to pre-exposure prophylaxis (PrEP) among those at high risk of acquiring HIV.

NSW HIV Prevention Revolution Evaluation Project	Kirby Institute	Rebecca Guy, Denton Callander	The NSW HIV Prevention Revolution Evaluation Project will evaluate implementation and outcomes of the HIV strategy in NSW.
SHARP (Screening for Hepatitis in At Risk Populations)	Burnet Institute	Margaret Hellard	SHARP aims to increase testing for HBV among people who are at risk of chronic HBV. SHARP will pilot the use of two interventions to increase testing for HBV and use ACCESS data to evaluate the impact of these interventions.
TAIPAN (Treatment with Antiretrovirals and Impacts on Positive and Negative Men)	Kirby Institute	Rebecca Guy, Mark Stoové, Margaret Hellard, Basil Donovan, Denton Callander	TAIPAN aims to determine if scale up of testing and treatment for HIV leads to a reduction in community viraemia and, in turn, if this reduction is temporally associated with a reduction in HIV incidence among gay and bisexual men in New South Wales and Victoria.
PrEPX	Burnet Institute, Alfred Hospital, Victorian AIDS Foundation	Mark Stoové	PrEPX aims to examine the impact of expanding the use of Pre-Exposure Prophylaxis (PrEP) on the rates of new HIV infections in Victoria.

Eliminate C	Burnet Institute	Margaret Hellard, Mark Stoové	Eliminate C aims to support community-based treatment programs to increase HCV treatment uptake in PWID using nurse-led models of care in the community and the prison system, and to assess the feasibility and impact of treating PWID in community and prison populations
Co-EC	Burnet Institute	Margaret Hellard, Mark Stoové	Co-EC is an open label, non-randomised clinical trial of hepatitis C treatment for people with HIV coinfection
PRONTO! Evaluation Project	Burnet Institute	Mark Stoové	This project evaluates PRONTO!, a peer-led community-based rapid HIV testing service for gay and other men who have sex with men
PrEPIT WA			
Pep X			
INITITATIVE			

*In addition to above, ACCESS provides reports in the following jurisdictions: NSW, ACT, VIC.