



Cardio-Thoracic Interdisciplinary Research Network

Terms of Reference

22.3.20

Name of group: Cardio-Thoracic Interdisciplinary Research Network (CIRN)

Objective: To provide the infrastructure for motivated healthcare professionals interested in Cardio-Thoracic Surgery research to collaborate, design and deliver high impact multi-centre clinical studies that will change practise.

Stakeholders: The CIRN has emerged through engagement with the Royal College of Surgeons England Surgical Trials Initiative, the Academic and Research Committee of the Society for Cardiothoracic Surgery in Great Britain & Ireland, the British Heart Foundation, and the University of Leicester’s Clinical Trials Unit. These groups have developed complementary research strategies that promote interdisciplinary research in Cardio-Thoracic surgery.

Membership: is free and open to all with an interest in Cardio-Thoracic Surgery including students, foundation doctors, non-national & national training number trainees, clinical/research fellows, consultants, nurses and AHP, perfusionists and basic scientists.

Cardio-Thoracic Interdisciplinary Research (CIRN) Network Leads			
CARDIAC		THORACIC	
Lead	Professor Gavin Murphy (SSL)	Lead	Professor Eric Lim
NAHP Lead	Professor Julie Sanders		
aSSLs	Ricky Vaja Luke Rogers	aSSLs	Edward Caruana Akshay Patel

Governance: The CIRN reports to The Society for Cardiothoracic Surgery for Great Britain and Ireland via the Academic and Research Committee, and to the Royal College of Surgeons of England via the Surgical Specialty Leads Committee.

Project Steering Committee: An overseeing group of individuals (interdisciplinary where possible) will direct each individual project. This group of individuals will be responsible and accountable for all of the work undertaken as part of the project whether or not they have done the work personally.

Corporate Authorship: Collaborative research projects involve hard work from a large number of people and listing all contributors on a publication in the traditional way may not always be feasible. To overcome this CIRN will adopt **corporate authorship**. This will mean all publications from the network will be published under one author: **Cardio-Thoracic Interdisciplinary Research Network**.

All contributors will then be listed in full in the appendix. The appendix will contain a detailed description of each named individual’s contributions. We believe this approach will recognise the contribution of every individual no matter how small. In addition, we believe this approach will ensure the sustainability of the CIRN for the many years to come.

To be considered as an author within the designated “Cardio-Thoracic Interdisciplinary Research Network” (CIRN) corporate authorship group researchers must fulfil the following criteria:

- I. Substantial contributions to the conception or design of the work, including the acquisition (PI, Associate PI, recruiting, consenting patients, collecting research data), analysis, or interpretation of data for the work
- II. Drafting the work or revising it critically for important intellectual content



- III. Final approval of the version to be published
- IV. 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 appropriately investigated and resolved.

The “Cardio-Thoracic Interdisciplinary Research Network” will **by default be the sole author** of all publications resulting from projects commenced by CIRN. All individuals involved will be required to hold current Good Clinical Practise accreditation.

Communication:

- Monthly teleconference (minimum) call of ASSLs to review ongoing work and discuss future plans
- Monthly teleconference (minimum) with specialty Leads (Cardiac & Thoracic) and working groups of ongoing projects
- Updates via CIRN mailing list of associated members
- Quarterly CIRN Bulletin article
- Twice yearly meeting of Leads and Steering Group Committees (SCTS Annual Conference & SCTS Research Day)
- Twitter account

Funding: The Surgical Trials Initiative, Royal College of Surgeons of England, and The Society for Cardiothoracic Surgery in Great Britain and Ireland.

Methodological support: University of Leicester’s Clinical Trials Unit