



July 2015

CONSTITUTION

1. NAME

- a. The name of the group shall be:
- b. 'The Paediatric Surgical Trainee Research Network' hereafter referred to as PSTRN

2. AIMS

- a. To promote, facilitate and encourage trainee-led multi-centre observational and interventional studies in paediatric surgery

3. OBJECTIVES

- a. The group will fulfill the aims by:
 - i. Engaging trainees in research
 - ii. Providing a platform for multi-centre research
 - iii. Fostering a culture of research within the specialty at an early career stage

4. MEMBERSHIP

- a. Membership of PSTRN shall take two forms:
- b. PSTRN Full Member
 - i. Full membership is open to any medical student or trainee doctor up until the time of taking a consultant post in the United Kingdom who is interested in contributing to the collaborative to achieve its aims and is willing to abide by the rules of the group.
- c. Associate membership
 - i. Associate membership is open to any person in good standing who is interested in contributing to the collaborative in order to help achieve its aims, and is willing to abide by the rules of the group. We anticipate this would include overseas doctors or allied health care professionals.
- d. PSTRN contributor status

- i. Contributor status is open to any associate or full member who contributes significantly to design, recruitment, management or analysis of any study.
 - j. Pre-specified, study specific criteria must be met for associates or members to achieve contributor status for a given piece of work.
 - ii. PSTRN contributor status will be recorded by the PSTRN committee data manager.
 - i. For randomised controlled trials PSTRN contributors should hold current Good Clinical Practice accreditation.
- e. Registration and termination of membership.
- i. The PSTRN committee may, by resolution passed at a meeting thereof, terminate or suspend the membership of any member if his/her conduct is prejudicial to the interests and objectives of the PSTRN, provided that the individual member shall have the right to be heard by the General Committee before the final decision is made. There shall be a right of appeal to an independent arbitrator appointed by mutual agreement.

5. MANAGEMENT AND COMMITTEE MEMBERSHIP

- a. The PSTRN shall be administered by a committee of not less than three people.
- b. Committee members must be UK trainees in good standing.
- c. The officers of the PSTRN committee shall be:
 - i. PSTRN chair
 1. This position is a 2 year appointment (?)
 2. The post of PSTRN chair cannot be held for more than one term.
 3. The PSTRN chair must be a trainee in a UK national programme.
 4. The PSTRN chair cannot simultaneously be a national trainee representative.
 5. The PSTRN chair is responsible for upholding the constitution of the collaborative and representing the best interests of the members.
 6. The PSTRN chair, or their nominated deputy, will, for the duration of their term only, represent the PSTRN at any national body.
 7. The PSTRN chair by agreement of the other committee members may remain a committee member for a further 2 years to provide continuity and oversight of ongoing projects.

ii. PSTRN study leads

1. Any member who has set up or is the nominated lead organiser of any study is required to sit on the PSTRN committee until the publication of the main paper from their study.

iii. Treasurer

1. This is a 1 year appointment.
2. The post may be held for 2 consecutive terms.
3. The treasurer is responsible for maintaining up to date accounts of the PSTRN and reporting these at the annual general meeting.

iv. Secretary

1. This is a 1 year appointment.
2. The post may be held for 2 consecutive terms.
3. The secretary is responsible for arranging committee meetings, keeping minutes and providing organisational support to the Chair.

v. There may be up to 2 Invited members who are willing to give methodological support and advice to the PSTRN.

6. PUBLICATION and OWNERSHIP OF DATA

- a. All actions of the PSTRN committee and members must be in line with Good Clinical Practice and data protection act guidelines.
- b. The authorship policy must be defined prior to starting any project by the study steering committee.
- c. Authorship will only be afforded according to ICMJE (International Committee of Medical Journal Editors) guidelines (www.icjme.org), along with attainment of the pre-specified authorship criteria.
- d. The manuscript must describe the role of each author.
- e. By default the PSTRN is the final (senior) author.
- f. All collaborators will be cited alphabetically in the publication. This will be up to 2 per unit however additional names for a unit may be included at the discretion of the PSTRN chair (unless already specified by the study steering group).
- g. When presenting the results of any PSTRN study the presenter is responsible for including a complete and up to date acknowledgement slide. This slide must be maintained by the study lead(s) of each project.
- h. Once the main paper has been published for each project, collaborative contributors will have access to the dataset from the day of publication of the first study paper.
- i. The variables collected (and thus available for analysis) for each study will be made available on the PSTRN website.
- j. Access to the dataset will be at the discretion of the PSTRN committee. Interested parties must apply in writing, stipulating

the plan for analysis and dissemination of findings. A request for access may be declined if the proposal lacks clarity or a satisfactory methodology. However, the PSTRN committee must report at the next general meeting the reasons for any declined access and are accountable for their decision.

- k. Any published or presented analysis of the PSTRN data must include the PSTRN contributors as senior author as described previously.
- l. The practice of the PSTRN should always be to submit manuscripts aiming for the most relevant journal with the highest impact factor. The final decision however rests with the study lead for each project.

7. COMMITTEE MEETINGS

- a. The committee shall hold at least quarterly meetings via conference call/ Skype.
- b. It is the responsibility of the Secretary to arrange the time of these meetings
- c. The quorum for a meeting shall be greater than 50% of committee members.
- d. The committee shall be accountable to PSTRN members at all times.
- e. All meetings must be minuted and available on the PSTRN website within two weeks.
- f. All committee members shall be given at least seven days' notice of a meeting unless it deemed an emergency meeting.

8. GENERAL MEETING OF THE PSTRN

- a. The committee shall aim to arrange at least one general meeting each year. The purpose of the meeting is for the committee to account for its actions and consider the development of new projects according to the group's objectives. It is anticipated that there will also be invited speakers on topics of interest in paediatric surgical research.
- b. The Chair of the group shall normally chair and co-ordinate these meetings.
- c. Invitations to general meetings should be sent via the PSTRN mailing list and the TriPS group mailing list.
- d. The business of the meeting shall include:
 - i. Receiving a report from the Chair of the group's activities over the previous year including a summary of requested access to any PSTRN dataset.
 - ii. Appointing new members to the committee.
 - iii. Summary of proposed projects for the forthcoming year, along with invitations for new projects.

9. ALTERATION OF THE CONSTITUTION

- a. Proposals for amendments to this constitution must be delivered to the Chair of PSTRN. The Chair shall then decide on the date of a forum meeting to discuss such proposals, giving at least four weeks clear notice.**
- b. Any changes to this constitution must be agreed by at least two thirds of members present and voting at any meeting.**