

Thoracic Education Cooperative Group (TECoG)

TECoG.org

CONSTITUTION/BYLAWS

PREAMBLE

Thoracic Education Cooperative Group (TECoG) was organized on the premise that significant advances in Thoracic surgical education would be made by a cooperative approach to the design and conduct of studies on trainees through multi-institutional research.

ARTICLE I - NAME

The name of this organization is: TECoG. Hereinafter referred to as "the Group."

ARTICLE II - PURPOSES

The primary mission of the Group is to conduct peer-reviewed scholarly research to advance knowledge toward improved training in thoracic surgery. Significant considerations in the conduct of the Group's research include the enhancement of excellence, innovation, scholarship, cost-effectiveness and appropriate use of resources, strict adherence to ethical research principles, and equal opportunities for both genders and all race/ethnicities in thoracic surgical education.

ARTICLE III - MEMBERSHIP

SECTION 1 - INDIVIDUAL MEMBERSHIP

- A. MEMBERS are surgeons, scientists, and educators who participate in the scientific and/or administrative conduct of Group studies at a Member Institution. No limitation shall be made on the number of Members at any Institution. Potential members are reviewed by the Executive Committee and must be approved by a simple majority.

Members have the following privileges:

Participation in protocol design, coordination and publication. Registration and assessment of subjects on appropriate Group protocols.
Election or appointment to any position and/or any Committee of the

Group.

- B. AFFILIATE PROGRAM MEMBERS are individuals who participate in the scientific and/or administrative conduct of Group studies at an Affiliate of a Member Institution. No limitation shall be made on the number of members at any Affiliate. These individuals are reviewed by the Executive Committee and must be approved by a simple majority vote.

Affiliate Members have the following privileges:

- Participation in protocol design, coordination and publication.
- Registration and treatment of subjects on appropriate Group protocols

- C. SPECIAL MEMBERS are individuals who have special expertise not thought to be available among the Member Institutions. They are reviewed by the Executive Committee and must be approved by a simple majority vote. Privileges of the Special Member will be determined by the same mechanism.

SECTION 2 - SUSPENSION AND REVOCATION OF MEMBERSHIP

- A. AFFILIATE PROGRAM MEMBERSHIP can be terminated at any time by a simple majority vote of the Executive Committee.
- B. INDIVIDUAL MEMBERSHIP is terminated by a simple majority vote of the executive committee or by a letter of resignation from an individual member.

Individual Membership may be revoked for cause upon the recommendation of the Executive Committee.

ARTICLE IV – EXECUTIVE COMMITTEE AND OFFICERS

SECTION 1 – EXECUTIVE COMMITTEE is the governing body of the Group.

The Executive Committee shall consist of the following:

1. Chair
2. Vice-Chair
3. Past-Chair
4. Secretary

Terms of Office

Officers of the Group shall each hold office for two years, or until their successors are duly elected by the Executive Committee, and may not succeed themselves. The Chair, at the end of a two-year term, shall automatically, and without vote, continue as an officer for a second two-year term as Past-Chair.

If the office of the Chair becomes vacant by reason of death, resignation, retirement, disqualification, removal from office, loss of residency status or otherwise, the Vice-Chair shall become Chair, fill the remainder of the unexpired term, and then continue on as Past-Chair. Such unexpected progression of the Vice-Chair to the office of the Chair shall result in election of a new Vice-Chair by the Executive Committee within one month of the vacancy of the Chair office. Should the office of the Vice-Chair, Secretary become vacant, the Executive Committee then in office may, by majority vote, choose a successor(s). Such successor(s) shall hold office for the unexpired term with respect to the vacancy occurring.

Duties of Officers

Chair: The Chair shall preside at all meetings of the Group membership and at all meetings of the Executive Committee; and shall perform all duties usually associated with the office of the Chair, including the appointment of various committees as directed by the Executive Committee and/or the assembled members at regular meetings of the Group. The Chair shall be responsible for the regularly scheduled Group meetings; and shall be a member or ex-officio member without vote on all committees.

Vice-Chair: The Vice-Chair shall chair and manage the Nominating Committee. If the President is absent or unable to act, the Vice-Chair will perform the duties and exercise the powers of the Chair; and will assist the Chair in any capacity necessary.

Past-Chair: The Past-President shall work with the President and the Executive Committee to assure uninterrupted assumption of assigned duties; shall attend all regularly scheduled Group meetings; shall assist the Chair in all capacities necessary; shall work to develop and maintain outreach programs with other international thoracic surgery and educational organizations. The Past-Chair will be a voting member of the Executive Committee.

Secretary/Treasurer: The Secretary shall prepare and distribute minutes of all meetings of the Group; shall maintain the records of the Group including a list of all members and their addresses, including the Executive Committee members and subcommittee representation; and shall be responsible for maintaining an up- to-date website.

Section 2:

Committees

Nominating Committee

The Nominating Committee shall be responsible for identifying upcoming vacancies in the Executive Committee during the Group meeting at the Society of Thoracic Surgeons meeting annually and soliciting nominations for the vacancy. The open positions will be emailed to the membership and posted on the Group website for one month during which time any member can be nominated either by themselves or another member. All nominations must be accompanied by a brief statement of intention from the nominee, which will be distributed to membership prior to voting. To be eligible for the Executive Committee, the nominee must be a board-eligible or board-certified thoracic surgeon, who has been an individual member for at least one year and in good standing. The Nominating Committee will then select three candidates to be presented to the Executive Committee for a final vote during the Group meeting at the American Association for Thoracic Surgery. The members of the Nominating Committee shall consist of the Vice-Chair who will chair the committee, the Past-Chair, and two at large members. The Nominating Committee will receive and review all nominations and present the nominations to the Executive Committee for a final vote. A new Executive Committee member is then elected by majority vote of the seated Executive Committee. A final decision in the circumstance of a tie will be made at the discretion of the Chairperson.

Executive Committee

The Executive Committee will consist of 4 or 5 voting members. Members of the Executive Committee will include the Executive Officers and a Senior Advisor, whose duration of appointment will be determined at the discretion of the Group.

The Executive Committee shall generally manage the affairs of the Group. During the interval between meetings, it shall serve as the administrative and policy-making body of the Group. A majority of the Executive Committee shall constitute a quorum for the transaction of business.

Meetings of the Executive Committee shall be held two times annually during meetings of the Society of Thoracic Surgeons and the American Association for Thoracic Surgery, or at such times and places as may be agreed upon by a majority of the Executive Committee, or in the event of disagreement, as designated by the Chair. Executive Committee Members are required to attend one of the two annual meetings of the Executive Committee. The Chair may dismiss any Executive Committee member who fails to attend one meeting annually and that person will be ineligible for re-election to the Executive Committee.

Standing Committees

Standing Committees are established by the Executive Committee for a period of up to five years. To continue beyond the five year period, the committee(s) must be re-established by vote of the Executive Committee. They may be abolished at any time by similar vote. They shall perform such duties and functions as assigned by the Chair of the Executive Committee. All standing committees shall be composed of at least four members appointed by the Chair, subject to approval of the Executive Committee. Approximately one-third of the members of each committee shall be appointed

annually and will not have a term limit.

Although Chairpersons and members of standing committees are appointed for terms of specific duration, any incoming Chair may, at the beginning of his/her Presidency, conclude the service of any Committee Chairperson or member after the first year of his/her term and appoint a new Committee Chairperson or Committee Member subject to the approval of the Executive Committee. The chairpersons of these committees will be appointed by the Chair. They will report the actions of their committees to the Executive Committee and the Group at regular meetings of these bodies.

D. AD HOC COMMITTEES shall be temporary committees established as necessary to accomplish a specific task. The Ad Hoc Committee Chair and members shall be appointed by the Group Chair and serve at his/her pleasure.

ARTICLE V - MEETINGS

Group Meetings are the regularly scheduled biannual meetings attended by the members and associated members from all disciplines. Interim Meetings are meetings called at the discretion of the Executive Committee or Group Chair.

ARTICLE VI - QUORUM

Fifty percent of the Membership constitutes a quorum.

SECTION 1 – BYLAWS/POLICIES

Bylaws, as are deemed necessary for the efficient and effective operation of the Group, may be adopted by a simple majority vote at a regularly scheduled meeting of the Group.

SECTION 2 - AMENDMENTS

Amendments, additions or deletions to this Constitution must be proposed by a Member of one Member Institution and seconded by a Member of another Member Institution. The proposed amendment shall be circulated to the Executive Committee. Approval shall require a two-thirds majority vote of the executive committee, which may be any mechanism (mail vote, special meeting or regularly scheduled Group Meeting) at the discretion of the Group Chair.

SECTION 3 - RATIFICATION

This Constitution shall be adopted upon its approval by a simple majority of the Group, and shall become effective immediately after its adoption. Upon ratification, it shall supersede any previous document serving this purpose.

SECTION 4 - PARLIAMENTARY PROCEDURE

All proceedings at the Meetings of the Group and any questions of order not provided for by the Constitution and Bylaws are governed by the most recent edition of Newly Revised Robert's Rules of Order, except where otherwise provided.

The Board of Governors will take advantage of the option to use a Consent Agenda. A "Consent Agenda" is a grouping of non-controversial agenda items that are expected to be approved without discussion. Routine items will be grouped together on the agenda with a heading of "Consent Agenda." When the board reaches that portion of the agenda, the Chair will ask if any member wishes to remove (or pull) any item from the consent agenda. Pulling an item does not require a second. After all the "pulls" are made, the Chair states, "Without objection, the remaining items (or all the items if none have been pulled) are adopted by general consent." If any member wants to discuss or vote on an item separately, he/she must pull it from the consent agenda. If any items are pulled, the board can either take them up immediately for discussion and vote or put them in their appropriate place in the agenda.

GROUP COMMITTEES**

RESEARCH COMMITTEES

Topical research committees focused on areas of thoracic educational scholarship may be established at the discretion of the Executive Committee. Such research committees may include but are not limited to: Cardiac simulation, thoracic simulation, critical care education, practice-based management, ethics, curriculum design, and assessment.

ADMINISTRATIVE COMMITTEES

Nominations Committee

** Committees subject to revision, addition, change, etc., per applicable Bylaws

AUTHORSHIP

1.0 BACKGROUND

Publication of the results of TECoG endorsed research is essential in meeting the Group's mission. The Following describes TECoG Authorship Policies and includes general themes that apply to all TECoG activities. While the specifics described are intended to address most TECoG activities, supplemental documents may be developed for special Programs and circumstances.

TECoG supports and subscribes to the policies of the International Committee of Medical Journal Editors' Uniform Requirements for Manuscripts Submitted to Biomedical Journals (<http://www.icmje.org/>). These Requirements state "*Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3.*" For the purposes of reporting results of studies, TECoG will consider substantial contributions to subject accrual as meeting criterion 1), as accrual has important implications for the "acquisition of data".

2.0 CATEGORIES OF AUTHORSHIP

The following describes normal procedures for identifying authorship for TECoG projects and emphasizes the reporting of Primary Analyses of studies. As roles may change over the conduct of a study, the principles and policies described below may require study-specific interpretation and application. When specific extramural studies conducted in conjunction with other agencies require authorship policies that deviate from those described in this document, negotiation of the policies should occur prior to finalizing the protocol and should be included in the protocol.

The stated parameters are contingent upon individuals meeting the requirements listed below, those described by the International Committee of Medical Journal Editors (see Section 1.0 above), and completing NCIC CTG Conflict of Interest requirements in an acceptable manner.

These parameters are based on the expectation that following the availability of a final analysis, the results of a project (e.g. a clinical trial) will be presented at a scientific meeting within 6-12 months, a first draft of an article manuscript will be completed within 6 months, and the final manuscript will be submitted to a medical journal within 12 months. Failure to meet any of the above requirements may lead to revisions in authorship and authorship position.

In general, authors will be named as individuals with as many authors included as permitted by the intended journal. Situations may exist where it is more appropriate to have authors named under an umbrella term. In these situations, a Writing Committee will be named and will include members of the Trial Committee.

2.1 First Author

The First Author is the designated leader of the project. This position should be named at the beginning of the project. For clinical trials, the first author will be the Study Chair. For trials with co-chairs, options will include having the co-chairs included as the first and second authors, as co-first authors as designated with an asterisk, or with one co-chair as Senior Author.

Requirements for First Authorship include:

- leading the process to design the research (trial);
- actively participating in the project's conduct throughout the life of the project;
- leading the representation of the project at national and international meetings;
- participating in the analysis of data; and,
- taking direct responsibility to produce a manuscript.

A requirement of First Authorship for clinical trials is that the investigator has actively and directly participated in trial accrual.

2.2 Senior Author

The Senior (last) Author is an investigator who has played a central role in the specifics of the project and who also has had a major role in the development and oversight of the program on which the project is based.

Requirements for Senior Authorship include:

- a leadership role in designing the research (trial);
- actively participating in the project's conduct throughout the life of the project;
- leading the representation of the project at national and international meetings; and,
- participating in the analysis of data and overseeing the processes to produce a manuscript.

When the Senior Author is based at an NCIC CTG member center, a requirement of Senior Authorship for reports of clinical trials is that the investigator has actively and directly participated in trial accrual.

For the Primary Analysis of a trial, providing that the above requirements are met, the Senior Author will generally be a Site Chair. However, the life span of many trials is such that sustained leadership by Site Chair is not always possible, or instances may occur where the Central Coordinator or a member of the Trial Committee has more fully met the requirements; under these circumstances, one of these individuals will be the Senior Author.

2.3 Second Author

In general, the principles for naming a Second Author will follow those for naming of the Senior Author. For the Primary Analysis of a trial, the Second Author will generally be the Central Coordinator. When it is more appropriate that the Physician Coordinator be named as the Senior Author, the Second Author will either be the Study Co-chair, or the individual who has otherwise best met the criteria of:

- participating in designing the research (trial);
- actively participating in the project's conduct throughout the life of the project;
- leading the representation of the project at national and international meetings; and,
- participating in the analysis of data and the writing of the manuscript.

2.4 Third Author

The principles for naming a Third Author include those described for the naming of the Senior and Second Author. In addition, for collaborative studies with other organizations, the Third Author will be the designate from the group that has accrued the most patients, provided that this total is at least 25% of all accrual and this group has:

- contributed to the design of the research (trial);
- actively participated in the project's conduct throughout the life of the project;
- led the representation of the project at respective national and international meetings; and,
- participated in the analysis of data and processes to produce a manuscript.

When the Third Author is based at a TECoG member institution, contributions to accrual will be an important criterion for selection.

2.5 Co-Senior (Second Last) Author

For the reporting of Primary Analyses the second last author position represents co-senior authorship. In circumstances where a biostatistician is principally involved in the construction, data accrual and analysis of the study, this individual may occupy this authorship position such that the importance of the statistical contribution may be appropriately recognized.

2.6 Other Contributing Authors

Other authorship positions will be based on contributions to the conduct of the project (trial). The following principles will be used to name and to determine the order of these authors:

- i) Investigators based at TECoG institutions who are members of the Trial Committee will be included provided that these individuals have actively participated in the project's conduct throughout the life of the project, including making contributions to accrual.
- ii) For Intergroup trials, a member of a cooperative group that has contributed at least 5% to the total accrual will be included. An additional member from that group will be included for each additional increase of 10% to the total accrual (i.e. 2 authors for > 15%, 3 authors for > 25%, etc). Each cooperative group will be asked to identify the author(s) to be named.

- iii) Additional authorship positions will be determined by member institution accrual. In general, an investigator from each of the highest accruing centres that are not otherwise represented with authorship will be identified. The responsibility for identifying this investigator rests with the participating institution. The Central Office will provide that center's Principal Investigator with the Central Office's attribution of that center's accrual so that the Principal Investigator can identify the appropriate author. If there are disputes in identifying this individual, the study's Principle Investigator will contact the Center Representative and request that he/she mediate a decision.

When a center has contributed a disproportionately large percentage of accrual, additional authors from that center may be selected.

- iv) For research conducted with an industry collaborator, a representative of the company may be included when the nature of the collaboration is associated with meeting the criteria stated in Section 1.0 above.

2.7 Acknowledgements

Where journal policies permit; all investigators who played a contributing role in the trial, including to its accrual, will be included in an Acknowledgement section. NCIC CTG Central Office staff with direct project-specific responsibilities will also be acknowledged. Acknowledgements of funding support are described in Section 3.3 of *Policies for Publication: Policy Overview*.

3.0 POLICIES ASSOCIATED WITH NON-PRIMARY ANALYSIS PUBLICATIONS

Other types of analyses are described in Section 2.2 of *Policies for Publication: Policy Overview* and include Planned Secondary Analyses, Unplanned Secondary Analyses, Meta-analyses, and Methodologic and Related Research. Principles for naming authors to these manuscripts include:

3.1 General Principles:

3.1.1 *Respect of Leadership:* TECoG supports the leadership roles played by the Study Chair, the Site Chair, the Physician Coordinator and the Senior Biostatistician. Provided that each has participated in a manner consistent with the principles of authorship described in Sections 1 and 2 above, these investigators would be expected to be co-authors of manuscripts reporting the results of a project resulting in a non-primary analysis publication.

The Group further respects the leadership roles of designated leaders who are Trial Committee members. In this context, these investigators are expected to be the First Author of publications related to the reporting of secondary outcomes associated with the role these individuals play on a Study Committee.

3.1.2 *Respect of Concept Ownership:* TECoG respects the need to recognize the originator of a concept. In general, the originator of a concept will be provided with the opportunity to meet the additional criteria that result in being named First Author.

3.1.3 *Respect of Group Principles:* The nature of a cooperative group requires that collaborations be nurtured. The most prestigious of authorship positions (First Author, Senior Author) must therefore be appropriately distributed among the individuals eligible for these positions across the reports associated with a project. Similarly, positions of Other Contributing Authors should be distributed to account for contributions to a project, including trial accrual.

3.1.4 *Promotion of New Investigators:* The training and promotion of new investigators is a stated strategic priority of the Group. Opportunities to engage new investigators, particularly in forms of non-primary analyses, should be considered.

3.2 Specific Policies

3.2.1 *Authorship for Intergroup Trials Led by Other Groups:* It is expected the TECoG Study Co-chair will be designated as the author for Intergroup trials led by other groups. This should be discussed with the lead group at the outset of the trial. It is expected that the requirements for authorship will be consistent with TECoG policies for authorship and include:

- actively participating in the project's conduct throughout the life of the project (including actively and directly participated in trial accrual);
- leading the representation of the project at national meetings; and,

- participating in the analysis of data and the processes to produce a manuscript.

When TECoG institutions have entered more than 15% of all patients accrued, the Group will enter into discussions with the lead group about naming additional authors.

When an Intergroup-led project results in multiple reports, TECoG will perform a review of trial conduct, including accrual, to ensure that Group principles (Section 3.1.3 above) are respected. A process to identify a sequence for naming deserving authors will be developed by the Physician Coordinator in conjunction with the Site Chair and the Study Co-chair.

3.2.2 *Authorship on Meta-analyses:* Meta-analyses are complex collaborations and, given the large number of potential collaborating groups, opportunities for authorship from a single group, such as TECoG, may be limited. To be a candidate for authorship, an investigator must have played a substantial role in each of the criteria for authorship listed in Section 1.0 above. Furthermore, the potential author must play a participating role in the meta-analysis collaboration. When there are multiple candidates for authorship, a process to identify a sequence for naming deserving authors will be developed by the Physician Coordinator in conjunction with the Site Chair, the Study Co-chair and the (if involved) Senior Biostatistician.

4.0 DISPUTE RESOLUTION

The responsibility for initiating resolution of disputes in authorship rests with the Executive Committee. When disputes involve identifying the contributing author from a high-accruing center, the Vice-Chair will contact that center's Center Representative to request that he/she mediate a decision. In circumstances where the above processes do not resolve an authorship issue, the TECoG Vice-Chair has ultimate responsibility for mediating a resolution and / or determining a final naming of authors. Where applicable, the Chair may choose to form an *ad hoc* subcommittee from the Executive Committee to help arbitrate a conclusion.