

SurgWeek-2 – Team structure and authorship

All collaborators will be listed as PubMed-citable collaborators, so long as the minimum requirements for authorship are met. Collaborators will be listed according to authorship roles, summarised below:

Local collaborators:

Mini-teams of up to three collaborators who actively participated in data collection over one or more 7-day data collection periods at a participating hospital. Health professionals approved by the hospital Consultant lead can participate in mini-teams, including nurses, medical students, physicians associates/assistants, resident doctors/equivalent or consultants/equivalent.

Hospital Leads:

There can be one hospital leads for a hospital and multiple co-leads. Where there are multiple specialities there may be, for example, one co-lead per speciality. The hospital lead must be a consultant or equivalent and has overall responsibility for study conduct within their hospital, including ensuring relevant national and/or local study approvals are in place (e.g. registration of the audit, submitting the protocol to ethics committees where applicable), recruiting and registering co-leads and mini-teams, facilitating handovers between participating mini-teams (e.g. ensuring each mini-team collects data on all consecutive patients and that there is no duplication in data collection between mini-teams), completing the Hospital site survey and serving as a single point of contact for the study at there hospital. If adults and paediatric surgical services are delivered by separate surgical teams, then hospitals can register separate consultant leads for both specialities. They also ensure that study results are shared with relevant clinical teams locally and to the local research governance (ethics or audit office).

National leads:

Global network responsible for coordination of the study within their country. They are responsible for ensuring any necessary national study approvals are in place. This involves identifying and recruiting hospitals to participate in the study, selecting hospital leads and acting as a link between local teams (collaborators and hospital leads) and the operations committee. Where needed, they will facilitate the

translation of protocol and CRF in local languages. If appropriate, countries may have multiple National Leads to help support recruitment and in-country study management. Following completion of the study they will support the dissemination of its findings.

Operations committee:

Group with overall responsibility for protocol design, project coordination, data handling and day-to-day administration of the study.

Steering group:

A diverse international, cross-disciplinary panel who ensure contextual and scientific relevance of the protocol design, data fields and interpretation.

Writing group:

Group responsible for overall scientific content, data analysis, and preparation of research manuscripts arising from SurgWeek-2.

Statistical analysis team:

Group with overall responsibility for the statistical analysis plan and quality assurance of data analysis.

The minimum requirements to be included as a local collaborating author on SurgWeek-2 outputs will be:

- Successful clearance or approval by local standards to undertake SurgWeek-2 at their site
- Completion of the mandatory SurgWeek-2 site survey by the Hospital Lead
- Participation in at least one data collection periods, and uploading all patient data onto REDCap before the data lock deadline
- At least 95% data completeness of submitted data