General Induction Pack (FMRIB)

For those not working with the MRI scanner

- FMRIB Building Guide
- FMRIB Building Access Request Form
- FMRIB Fire Safety Guidelines
- Magnet Safety Instructions
- FMRIB Accident Reporting Procedures
- WIN Computing Guide
- Data Security
- Responsibility of Researchers with Respect to Ethics
- Authorship Guidelines

All these documents are also available on the WIN intranet www.win.ox.ac.uk/support
Welcome to the WIN!

I hope you will have a very stimulating and enjoyable time with us. The staff, students and fellows at WIN strive to make this a pleasant, open and highly interactive work environment.

In this pack we provide information about some of the basic issues related to working at WIN. You undoubtedly will have questions as you start. Do not hesitate to ask anyone in the lab for help. If you are unsure who to ask about a particular issue, the good first contact points are:

Sue Field, Admin Officer – Sue can help with any queries relating to administration or the building, and can provide advice on settling in to Oxford.

Nancy Rawlings, Centre Manager – Nancy can advise on any issues relating to carrying out a research project here.

I look forward to personally meeting you at some point soon.

With best wishes.

Heidi Johansen-Berg
Director, Wellcome Centre for Integrative Neuroimaging
FMRIB Building Guide

How to get access to the FMRIB Building

Working Safely at WIN

It is your responsibility to be familiar with all safety instructions and safe working practices relating to your work in the centre. Key documents will be given to you at your induction, and full documentation is available on the WIN and University Safety Office websites.

1. The MRI magnets are always on, and can represent a hazard to those who have not been screened for safe entry. Therefore, no one may enter the ‘Controlled Area’ around the magnet room, or admit another person to that area, unless they have attended the magnet safety-training course.

2. The centre does not have a 24-hour security patrol, therefore for your own safety you should not work alone in the building after 6 pm.

3. If you admit anyone into the building, it is your responsibility to ensure that they are adequately supervised so as not to represent a hazard to themselves or others. Do not give your university card to anyone else. If you lose or misplace your university card, you must tell one of the IT support staff AS SOON AS YOU DISCOVER THE LOSS.

Access

To gain access to the FMRIB Building you will need an Oxford University Card. Your Department Admin Team should have already arranged this for you. Long-term visitors from outside of the University should be able to apply for a University Card via the Admin Team of the Department you are collaborating with.

Before being granted access you will need to carry out the FMRIB Building Induction, by following these steps:

1. Request an induction pack from Sue Field (susan.field@ndcn.ox.ac.uk), read and complete the enclosed building access request form. You can also download this pack from www.win.ox.ac.uk/support.

2. Attend an NDCN Department Induction, run every Tuesday at 1pm on Level 6 of the West Wing of the John Radcliffe Hospital. You can book onto it by emailing facilities@ndcn.ox.ac.uk. Make it clear to the person running the induction that you are working at the WIN, FMRIB Building and take your access request form with you.

3. Arrange to attend a magnet safety training session with the Centre Radiographers. Upcoming dates are shown on the WIN Intranet, at the end of the weekly NDCN newsletter and available from Sue Field.

4. Return your access request form to Sue Field who will give you a brief FMRIB building tour.

You will then be given card access to the building within a couple of days.

Please note that you will need to attend magnet safety training on a yearly basis in order maintain card access.
There are two levels of access permission granted to staff, students and collaborators:

**Normal access** (new students, MSc students, collaborators)

Your card will gain you access to the building between the hours of 6 am – 11 pm, weekdays, providing the alarm has been unset. You may not work in the building unless someone with out-of-hours access is still in the building.

**Weekend access** (students by request, post-docs, staff)

Your card will give you access to the building between the hours of 6 am – 11 pm including weekends. Entering the building using your card will also unset the alarm. The last person out of the building should set the alarm by typing 1234 then YES in the keypad by the main exit.

Between the hours of 6 pm – 7 am the internal doors leading from the entrance stairwell are locked automatically. Movement around the building during this time requires the use of your University card to enter the area, or through use of the green domed button on exit. In the unlikely event of the domed button not releasing the door, green ‘Break Glass’ units are provided for overriding the door locks.

**Leaving the building**

If you are the last to leave the building, follow the checklist posted by both main exits, ensuring that all windows are shut, lights and air-conditioning are turned off, before setting the alarm by typing 1234 followed by YES in the keypad by the main exit. This code cannot be used to unset or silence the alarm.

The security alarm will sound if any fire door is opened or if any door is forced. An alarm will also sound if the main or rear entrance doors are propped open for more than 30 seconds.

If you are in FMRIB and you hear the security alarm after 6pm, for your own safety you should leave immediately by the nearest exit (if you leave by a ‘break-glass’ fire exit please inform a senior member of staff so that the seal can be replaced/reset). Proceed to the internal phones located either in the corridor between the Trauma Centre and the Main Hospital, or near the League of Friends Café in the Main Hospital, and contact Hospital Security on 4444 to seek help immediately.

If you have mistakenly set off the alarm, or are otherwise aware of a false alarm, please contact security (dial 0 on a phone and ask switch board to put you through to security), and wait for them to arrive so that they can reset the alarm with their fob. Please write any useful details in the logbook provided.

**Scanner and computing alarms**

There are also a number of alarms associated with scanner instrumentation. If you hear an alarm going off in the scanner room, then it is usually important that one of the members of the senior staff be notified that the alarm is sounding. If you are uncertain whether someone should be notified, please err on the side of caution and telephone to leave a message anyway.

There are several alarm systems associated with WIN IT equipment located in the network cabinet at the rear of the upstairs open plan office, in the store room at the end of the first floor corridor next to the seminar room and in the server room located at the rear of the IT Office. There is an amber flashing light located in the IT office which illuminates when there is an AVC failure in the main server room.

Any IT related alarm should be classed as urgent and you should attempt to contact one of the Centre IT staff.

A list of contact numbers is posted near the main doors of FMRIB.
Workshop
The centre has a workshop principally for the use of the Technical Support staff. This room houses many potentially dangerous items of equipment. You must not use any equipment in this room without the express permission/supervision of Chris Gallagher (chris.gallagher@ndcn.ox.ac.uk).

Other risks in the building
A laser warning sign is located outside the magnet rooms. No entry is permitted to the room when the sign is illuminated. If your research involves the use of bottled gases, lasers, TMS or tDCS then you must complete the appropriate training in their safe use. To find out what training is required contact Russell Leek russell.leek@ndcn.ox.ac.uk for bottled gases, Katie Warnaby (katie.warnaby@ndcn.ox.ac.uk) for laser, Katie Watkins (kate.watkins@psy.ox.ac.uk) for TMS and Jacinta O’Shea (jacinta.oshea@ndcn.ox.ac.uk) for tDCS.

Manual Handling
Activities that involve the manual lifting or moving of heavy items may only be carried out by individuals that have been on a manual-handling course. The main risk activity within the FMRIB Centre is the lifting of subjects into the scanner, but this equally applies to the movement of many pieces of equipment about the Centre. The University runs courses throughout the year which can be booked via the Safety Office website (www.admin.ox.ac.uk/safety). Training in manual handling of subjects for NDCN staff can be arranged via Facilities Manager, (facilities@ndcn.ox.ac.uk) Level 6 West Wing.

COSHH/Risk Assessments
Where your experiments require the use of items covered by the Control Of Substances Hazardous to Health (COSHH) regulations or require a Risk Assessment, your supervisor or line manager should complete the necessary documentation on the associated risks. This may already have been carried as part of an ethics approval. If in doubt about any potentially dangerous activity you must consult with your supervisor, line manager, or the Department Safety Officer, Russell Leek russell.leek@ndcn.ox.ac.uk

Pregnancy
If you become pregnant you should advise the Department Safety Officer, in complete confidence, at the earliest opportunity to discuss changes to your working practices during your pregnancy. Please note that there are no known risks to the unborn child from high magnetic fields but we recommend that you do not enter the magnet rooms during your pregnancy.

For further information see the pregnant worker risk assessment at www.win.ox.ac.uk/support.

Coffee Area
On the ground floor is an open space that is used for light refreshment. There are facilities for making coffee, along with a hot water boiler, microwave, refrigerator and chilled water tap.

There is an extractor fan fitted above the sink area, please ensure this is switched on whilst you are heating food to help keep the odours to a tolerable level.

Coffee pods suitable for the coffee machine are available from Sue Field at 45p each.
It is important to try to keep this area neat and reasonably clean. Please wash your own mugs to
reduce the clutter. Also be aware that it is immediately adjacent to a work area so it is important to keep noise down to a tolerable level and consumption of odorous food should be kept to a minimum.

The coffee area is primarily a staff area. Unfortunately we do not have the space for subjects or their relatives to wait before or during scans, other than in the entrance lobby. People who need to wait for more than a few minutes should be encouraged to visit one of the public areas in the main hospital, such as the League of Friends, Pret or M&S Cafés.

**Parking and Bikes**

There are no parking spaces for WIN staff or students immediately outside the building. All members of the centre therefore must use the public car park (pay before exit) or hospital staff car park. Applications for permits for the staff car park may be made to the Oxford Radcliffe Trust, although only people who live a considerable distance from the Hospital are likely to be awarded one. Bikes may be locked to the racks at either the rear courtyard of the building, or near the front door.
FMRIB Building Access Request Form

Name (BLOCK CAPS):
__________________________________________

Department:
__________________________________________

Email:
__________________________________________
(University email required)

End date of contract/project:
__________________________________________

University card number:
__________________________________________

Supervisor or line manager:
__________________________________________

Status: Staff / Student / Visitor

I confirm that I have received a copy of and read the Fire Safety Guidelines, FMRIB Building Guide and the Magnet Safety Instructions. I fully understand their content and agree to abide by these guidelines and comply with their conditions fully. I will attend magnet safety training on a yearly basis while I am working at FMRIB.

Signature: __________________________ Date: __________________________

Please take this sheet to the NDCN Induction and Magnet Safety Training (dates available for magnet safety on win.ox.ac.uk/support) and get it signed by the person giving the training. Then return this sheet to Sue Field for FMRIB building tour and to get access.

NDCN Induction
Date: __________________________ Signed: __________________________

Magnet Safety Training
Date: __________________________ Signed: __________________________

FMRIB Building Tour
Date: __________________________ Signed: __________________________

Building access given
Date: __________________________ Signed: __________________________

New Centre users are usually given access to the building from 6am - 11pm weekdays. If you need access to the building at weekends please ask your supervisor or line manager to email susan.field@ndcn.ox.ac.uk with a justification.

Personal data supplied on this form is treated in accordance with the Centre’s data protection policy, available on request.
Fire Safety Guidelines

General Responsibilities in the Event of a Fire

By signing the enclosed signature sheet, I accept the responsibility:

1. to understand fully these “FIRE ORDERS” and ask for guidance, if in doubt.
2. to prevent possible causes of fire (no smoking, switch off appliances when not in use or last to leave FMRIB Building, especially in the kitchen or workshop).
3. to be familiar with the operating of the Fire Alarm System (see next page)
4. to raise the alarm immediately upon discovering, suspecting, or hearing report of a fire and to call 4444 from a hospital telephone to confirm a real fire stating: Fire at WIN Centre, FMRIB Building, adjacent to MRI. Should you be unable to access a hospital telephone you shall call 999 from a mobile/national network telephone, stating: Fire at WIN Centre, FMRIB Building, John Radcliffe Hospital, Headley Way, Oxford, OX3 9DU
5. to know where the Fire Alarm Break Glass Units are located, particularly in your work area.
6. to know where the fire exits are located.
7. to see that these fire exits and all staircases, landing and corridors are kept free from obstructions.
8. to see that all fire exits are immediately and easily available from the inside.
9. to see that fire doors are KEPT CLOSED (and NOT PROPPED OPEN) at all times and on hearing the alarm to close all doors to prevent the spread of smoke and fire.
10. to know what to do on hearing the fire alarm (see following pages)
11. to report any defects to the Department Safety Officer or senior FMRIB staff.
FIRE ALARM ACTIVATION

1. By breaking the glass on any fire alarm call point (only requires push action).

2. Automatically when heat or smoke from a fire is in contact with the relevant type of automatic detector head, where these are installed.

RAISING THE ALARMS

Any person suspecting/discovering a fire should immediately:

- **CLOSE THE DOOR ON THE FIRE**
- **EVACUATE BUILDING OR**
- **TACKLE THE FIRE**
  (IF SAFE TO DO SO)
- **USE NEAREST FIRE ALARM BREAK GLASS UNIT**
  (only requires push action)
- **CALL 4444 FROM A HOSPITAL TELEPHONE TO CONFIRM FIRE WITH NHS TRUST**
  (They will call the fire brigade)
- If you are unable to contact the NHS Trust:
  **CALL 999 (9999 from a hospital telephone) TO CONFIRM FIRE WITH THE UK FIRE SERVICE**
  State:
  Fire at WIN Centre, FMRIB Building, John Radcliffe Hospital, Headley Way, Oxford, OX3 9DU

There will be a **CONTINUOUS TWO TONE-ALARMS** when the alarm is activated.

**NOTE:** The Fire Brigade will **NOT** automatically attend a fire alarm, so all genuine fire events **MUST** be confirmed by telephoning **4444** from a hospital telephone.
ON HEARING THE ALARM

1. Stop all work. Do not continue telephone calls or collect any belongings.
2. If scanning, hit the ‘emergency power down button’ located to the right of the scanner control computer, and IMMEDIATELY remove subject from magnet.
3. Close door to the room effected by fire and close all doors as you leave the building.
4. Evacuate to the Fire Assembly point and clear people out of the work areas en route.
5. Do NOT use the lift.
6. People in workshop/console rooms should ensure that the MRI plant and patient rooms are vacated.
7. Disabled workers/visitors on floors other than the ground floor unable to use the stairs should make their way to the main or rear stair well and await rescue by the fire services. For those at the rear stair well a call system is available to get help.
8. Do not re-enter the building until authorised to do so by the Fire Marshals.

MEDICAL GASES IN FIRE CONDITIONS

Gas cylinders must be kept in designated areas only. In the event of a fire, all cylinders not involved in the fire should be moved to a safe place, if possible. Make sure that before moving cylinders, valves are turned OFF.

Cylinders and medical gas installations should be kept as far as possible from all sources of heat and temperatures above 49°C (120°F).

Oil, grease or other combustible substances should never be used on valves, gauges, regulators or any fitting associated with medical gas cylinders or installations.

Oxygen presents particular hazards. Use of open flame or soldering equipment should be strictly prohibited if oxygen from a piped supply or cylinder is in use within 6 metres.

STORAGE OF FLAMMABLE LIQUIDS

Highly flammable liquids, when not in use shall be stored in suitable closed containers kept in a fire resistant cabinet, cupboard or bin. If anyone is needing to store items in the workshop please speak with Chris Gallagher in the first instance (chris.gallagher@ndcn.ox.ac.uk).
Magnet Safety Instructions
For anyone working in buildings housing MRI Magnets

The MRI scanners at WIN are built around high field superconducting magnets. **The magnets are at least 50,000 times stronger than earth's magnetic field and are always on.** The following procedures must be followed at all times when working in the magnet areas.

1. The magnets are **always on**, 24 hours/day, 365 days/year; therefore, these instructions must be followed at all times.

2. The magnets are within 'Controlled Areas', which can only be accessed by a trained operator. If you are running an experiment, the operator will give you access to the controlled area for the duration of your scanning session.

3. The biggest safety concern is the strong pull that the magnets exert on some metallic items. This includes keys, coins, scissors, wheelchairs, screwdrivers etc. No ferromagnetic item may be taken into the magnet rooms, and must be left in the lockers outside the controlled area, or in the subject room.

4. Some individuals may have metal in their bodies, either as a result of surgery or an accident. Therefore, it is essential that anyone who enters the controlled area be screened using the Magnet Safety Screening Form.

5. All researchers must fill in a Magnet Safety Screening Form annually. If there are any changes to a researcher's condition (for example surgery or pregnancy) that could affect their suitability to enter the magnet rooms, they should not enter the controlled area, and seek advice from the radiography staff.

6. Any person, whether visitor or scanner subject, that wishes to enter the controlled area must be screened using the Magnet Safety Screening Form. The procedure is outlined in the SOP: Screening Subjects for Safety to Scan, which should be read by all those admitting someone to the controlled area.

7. In the event of an emergency around the magnet areas follow the appropriate emergency procedure (posted on the walls in the control room). Make sure that a physicist or operator has been informed – contact phone numbers are posted near the magnet rooms if the emergency is out of normal hours.
Accident Reporting Procedures
For incidents occurring at FMRIB

In the event of an emergency, the appropriate emergency services should be summoned.

- Call **2222** for emergency medical assistance
- Call **4444** in the event of a fire
- Call **4444** for the hospital security

In the case of a medical emergency or any other form of accident, however small, you should report it. Examples would include cuts, bruises, needle jabs etc. that occur as accidents or incidents within the Centre.

As a first point of call speak to Jon Campbell, Michael Sanders, or David Parker.

Other than for very minor incidents, an accident/incident form should be completed, signed by your supervisor or line manager and sent to the Departmental Safety Officer. The accident forms are available by Sue Field’s desk.

The senior radiographers should also be informed if staff are aware of a near-miss incident, for example where someone could have been injured or put at risk, even if no injury actually occurred.

Department Safety Officer: Russell Leek – (2)34771 – russell.leek@ndcn.ox.ac.uk

WIN Centre Safety Reps: Jon Campbell and Michael Sanders – radiographers@win.ox.ac.uk
WIN房子 advanced data processing and storage facilities, which are available to researchers working at FMRI or OHBA.

A flat fee charging model is now in place. The charges are:

- £125 per month (£1500 p.a.) for a normal account
- £17.50 per month (£210 p.a.) for a low usage account

In addition, there are free accounts for users that only need to download data. If you will be collecting MRI scans at the Centre you will require an account to access the data, even if you plan to analyse this elsewhere.

Low usage accounts have no access to the cluster and 10GB of storage space.

Normal accounts have full access to the cluster plus 200GB of scratch (temporary) storage space and 20GB of storage space in the home directory.

There are no charges based on compute time.

Additional disk charges will be incurred for space beyond the normal account allocation. Charges start at £15 pa for a 50 GB block, but prices for very large storage requirements will be negotiated on an individual basis, depending on current prices and provisions.

It is a University IT statute that accounts are NOT shared, so every individual who needs access to the Centre’s IT facilities will require their own account.

To obtain a WIN computing account:

2. Click on update profile and fill in your details. Use the Computer Account(s) box at the top right of the page to request an account. Please make sure to enter your grant code provided by your PI. If the code is new, you will need to contact computing-help@win.ox.ac.uk to add it to the system for the first time.
3. You will be notified when your account has been set up. You will need to visit FMRI in person to collect your login details.
4. An introduction to the computing facilities and extensive user guides are available at www.win.ox.ac.uk/support.

Display Screen Equipment Assessment

Please be aware that the use of computer equipment (Display Screen Equipment) for extended periods can result in upper limb disorders. Users are advised that frequent short breaks from their computers, for example 5-10 minutes after 50-60 minutes of activity should be planned to reduce the risk. Your department can arrange for an online training and assessment procedure and should this reveal problems. If you are experiencing discomfort you can request an assessment by a DSE Assessors, (Duncan Mortimer: duncan.mortimer@ndcn.ox.ac.uk or Dave Flitney: david.flitney@ndcn.ox.ac.uk for those at FMRI), who can advise or refer you to the University’s Occupational Health Service. Your Department Safety Officer can also give details on how to arrange for an eyesight test, the cost of which, for University employees, will be met by the Department.
Data Security
Guidance for Researchers

All data containing personal details needs to be dealt with in a responsible manner, protecting the individual’s identity and complying with General Data Protection Regulation (GDPR).

The Data Protection Act requires that any personal data held is secure, accurate and relevant.

Personal Data includes any material that contains personal details (name, date of birth, contact details, initials etc). Within WIN, this includes paper and electronic files containing contact information, patient history or un-anonymised image data.

Data that does not contain personal details are not subject to the same restrictions, but should be handled in a careful, sensitive and responsible manner, with care taken to avoid loss of the data.

For full and up-to-date guidance on data security visit
- www.infosec.ox.ac.uk
- researchsupport.admin.ox.ac.uk/gdpr

Area of greatest risk
The areas of greatest risk are portable media (portable hard drive, memory stick etc) and laptops, which can easily be removed from the Centre and be lost or stolen, or data that is stored on cloud services (Google Drive, Dropbox etc.). Particular attention should be paid to these. Your attention is also drawn to image data within presentations (see below), which are often given outside the Centre.

Action points
- Personal Data must be kept in a secure manner that minimises the risk of loss or inappropriate access.
- Paper (including lab books, image printouts) or removable media (CDs, memory sticks) containing Personal Data must be appropriately filed, preferably in locked cabinets/drawers. They must not be left lying around the Centre.
- Personal Data stored in computer files (e.g. excel files, databases, contact details, test scores) must be either stored on the WIN central file server or encrypted to an appropriate standard (see below). Efforts should be taken to avoid other users viewing such data, such as changing the access permissions using the chmod command (https://sharepoint.nexus.ox.ac.uk/ZGZNPW)
- All image data should be anonymised, and the key held either in a secure database (such as the WIN scan database), on the WIN central file server, or encrypted (see below). Image files that contain subject details (e.g. un-anonymised DICOM) must be securely stored (CDs/memory sticks locked away, directories encrypted).
- Anonymised data must not be stored in directories that would identify the subject (e.g. by initials or name).
- All Personal Data should remain within WIN as a general principle. If data needs to be removed from the centre (e.g. for analysis at home/another site), the personal details must be removed from the data, or the data encrypted to an appropriate standard (see below).
Deletion of data and disposal of media
Data that are no longer needed must be disposed of in an appropriate way to ensure destruction of the personal data.

- Personal data must be deleted from hard drives when no longer used. Merely deleting the file on the disk is not enough, but it needs to be **securely erased**.
- Paper records should be shredded.
- CDs should be shredded or given to WIN IT staff for destruction.
- Hard drives should be securely erased (see above website for details) or given to WIN IT staff for destruction.

Presentations
It is important that any presentations you give do not contain personal data. This particularly applies to image data that can contain personal information, either on the image itself or embedded within the DICOM header (if DICOM-based formats are used). For still and movie images of subjects/patients, a non-DICOM based file should be used (e.g. JPEG, GIF, TIF, AVI, MPEG), and created without personal data incorporated into the image.

Subject names or initials should not be used on any slides.

Encryption
Encryption involves the use of a unique code to disguise data, and without the code, the data are nearly impossible to decipher. The process can be straightforward but involves installing encryption software, of which there are several versions available freely. Full instructions on this can be found at [https://internal.fmrib.ox.ac.uk/i-wiki/Computing/Data](https://internal.fmrib.ox.ac.uk/i-wiki/Computing/Data).
Responsibility of Researchers
with respect to research ethics

1. WIN seeks to promote best practice in research ethics in all studies carried out at the Centre.

2. All scans done at WIN must be carried out with due attention to the appropriate ethical practices, whether that be CUREC or NRES ethics, or the technical development SOP.

3. The Principal Investigator who is named on the ethics application is primarily responsible for ensuring that all procedures carried out are in line with their protocol and ethical approval, and that all researchers with delegated responsibilities are appropriately trained and competent to carry out their tasks. WIN does not take on responsibility to check every detail.

4. The primarily responsibility of the radiographer or scanner operator during scanning is to ensure the safe scanning of the participant. If the radiographer or scanner operator is not confident that the participant can be scanned safely they will decline to scan the participant.

5. In line with the guidance given in the HCPC Standard of Conduct, Performance and Ethics, radiographers or scanner operators, should only scan when they have seen a signed consent form for that participant and that study. In the case of scans done under the technical development SOP this would be the signature on the participant’s scanning log. This is their check that some form of ethics approval and consent process has been undertaken, however it remains the researchers, and ultimately the PI’s responsibility to ensure that consent was appropriately given.

6. Recommended procedures and practices relating to MRI research can change over time, and radiographers and other centre staff are there to help with this. If current best practice changes then researchers should ensure that these new procedures are followed and, when necessary, ethics amendments made in a timely way.

7. If any researcher or centre member has concerns that best practice in research ethics is not being followed then they would take this up, in the first instance, with the PI. If concerns remain then the issue should be raised with the Centre Director and if necessary CTRG.

8. As well as any auditing or checks that may be carried out by CTRG, the centre will periodically carry out random checks on the site file of one study to ensure that proper procedures are being carried out. This includes correct forms being used, dates being appropriate, delegate logs being up-to-date and subject paperwork being in order.
Authorship Guidelines
For WIN Researchers

WIN, and its predecessor centres, has always aimed to have a constructive and appropriately inclusive approach to paper authorships. To ensure that credit is given not only to researchers who have contributed intellectual material and effort, but also those that contribute “behind the scenes”, WIN has guidelines on “early-use” tool and data co-authorships and identifying co-authorships and acknowledgements in practice.

Guideline for “early-use” tool/data co-authorships

If a tool/data creator has significant direct involvement in a study, then in general they can expect to be included as an author in a resulting paper (regardless of how long the tool has been in existence). This “early-use” guideline is not related to these cases, but rather to the case where a researcher has created a valuable new tool/dataset, and this is then used by other researchers without direct involvement of the creator. It is reasonable for the very first studies that take advantage of the tool/dataset creation to include the creator as a co-author, but the number of “early-use” studies doing this needs to be limited in a reasonable way.

The guideline is that the number of “early-use” studies (that should include the tool/dataset creator as a co-author without their significant direct involvement in the study) should be the square root of the number of full-time-equivalent months of work that went into the tool/dataset. For example, a researcher spending a solid year to develop a new MRI pulse sequence could expect to be included on the first 4 papers utilizing that sequence (in addition to their own papers that they should be generating from the research).

It will be the responsibility of group leaders to keep a list of the relevant tools, MRI pulse sequences and datasets, created by their group members, along with the estimated effective number of months' work that went into creating these. This list will be kept up to date on the WIN intranet, at http://www.win.ox.ac.uk/support. The group leaders will also email around the centre when a new tool/sequence/dataset becomes available, primarily to let people know about its availability, but also to let them know who the creator is; this should help minimize surprise at later authorship requests.

Support from Core Centre Staff

WIN is fortunate to have some extremely experienced support physicists, radiographers, experimental, IT and other support staff to facilitate the research of the Centre. Many Centre members benefit in some way from their specific support in a study and acknowledging this help is always appropriate. We do not prescribe a form of words to put in acknowledgements, but we encourage authors to acknowledge teams, and in some cases individuals, without whom the research would not be possible. For example, scanning projects acknowledging the radiography team, and high-performance computing projects acknowledging the computing team.

Some projects benefit from significant direct involvement of a radiographer, physicist, computing expert, or other member of the core support staff who invests specific time, expertise and intellectual input into a project. In these cases, it is generally appropriate to include that individual as an author. If you are unsure as to whether it is appropriate to include a member of core staff as an author, then seek advice from your group leader or member of the WIN management board.
Guideline for identifying co-authorships and acknowledgements in practice

To ensure that the above guidelines are implemented in as fair and simple a way as possible we want to give people the opportunity to request co-authorships when appropriate. Such requests need to be reasonable, and final decisions on authorships will of course continue to rest with any given study’s senior researcher (typically the senior author on the paper).

We request that a paper’s first author will notify all WIN members the paper title; author-list; abstract; acknowledgements, shortly before submission (minimum 2 weeks is recommended), in order to allow for any additional co-authorships to be requested. This should be done by emailing these details to admin@win.ox.ac.uk and we will ensure that the notification is circulated to all WIN members, within a week.

If someone has contributed to the study and feels they have been overlooked, this is their chance to discuss this with their supervisor/line-manager. Where a group leader is keeping a list of “early-use” authorships, this is their chance to request an “early-use” co-authorship on behalf of the tool/dataset creator. We would try to limit the number of “early-use” authorships to just one for any given paper, which may require a little co-ordination between group leaders.

Following these guidelines will require almost no extra work on the part of the paper authors, will not delay their submission, and will be very little work for centre members and group leaders who would briefly read upcoming paper titles & abstracts. This might even help raise awareness of what research is going on across the centre and increase collaboration! Ultimately, the most important aim is to be fair and support the work of all centre members.

Heidi Johansen-Berg
Director, Wellcome Centre for Integrative Neuroimaging