Open access objection handler

October 2023

What is open access?

‘Open access’ refers to peer-reviewed, full-text research articles that have been accepted for publication and are available:

- **On demand** online
- To read **without charge** to end users

There are varying **restrictions on reuse** of article content as specified by the copyright licence used, and the debate is ongoing as to how open access should be best defined

What publishing models are available?

OpenPharma

Subscription

- Reader pays for subscription or per article
- Authors transfer copyright to journal (CTA)
- Journal charges for each page and colour figure

Hybrid

- Reader pays and authors transfer copyright to journal (CTA)

OR

- Author/sponsor pays APC for OA, and author retains copyright

Gold OA

- Author/sponsor pays APC for OA
- Author retains copyright

Other considerations for journal selection

- Target audience
- Time from submission to publication and acceptance to publication
- Number of issues per year
- Capacity for data sharing
- Capacity for dissemination post publication (e.g. social media, press releases, editorials)
- Capacity for PLS and publication enhancement(s)
- Journal metrics of access, reach and usage

References and abbreviations can be found in the slide notes

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Patients aren’t interested in/don’t need access to scientific publications
Open access mandates restrict freedom of journal selection
Creative Commons (CC) licences produce legal complications and raise copyright concerns

Appendix
Avoiding ‘predatory’ journals and publishers
Identifying quality open access journals

I don’t see any benefits to open access

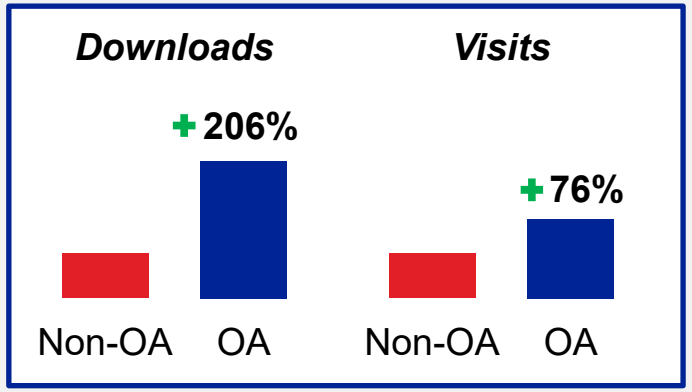
Response:
Numerous studies have demonstrated that OA publications generally achieve greater usage, impact and access compared with non-OA or subscription articles

References and abbreviations can be found in the slide notes

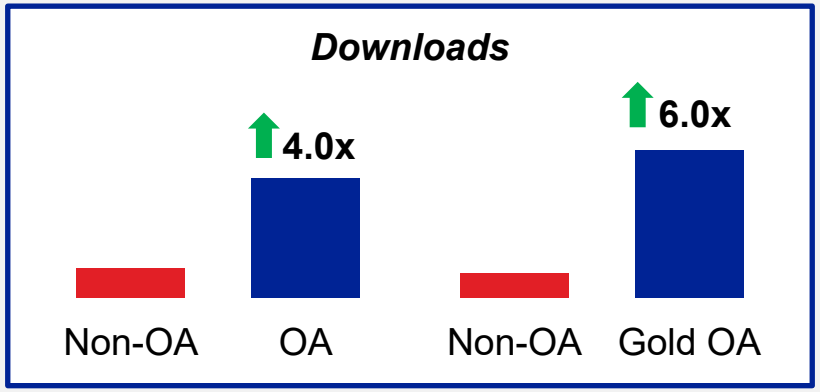
I don’t see any benefits to open access: usage

OA articles have more visits and downloads than non-OA articles

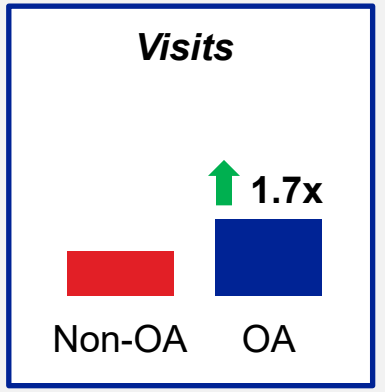
Articles published in Wiley journals between 2015 and 2018[1]



Articles published in Springer hybrid journals[2,3]



Articles published in *NEJM*[4]



OA articles are disseminated more rapidly and have a wider reach

Articles published in *NEJM*[4]

OA articles demonstrated
- faster geographical diffusion
- stronger diffusion ability

Articles from journals indexed by Scopus[5]

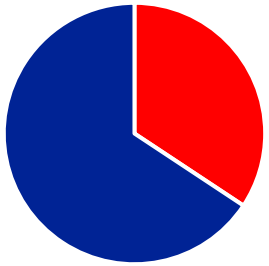
+47% more likely to be referenced in Wikipedia[a]

References and abbreviations can be found in the slide notes

I don’t see any benefits to open access: impact

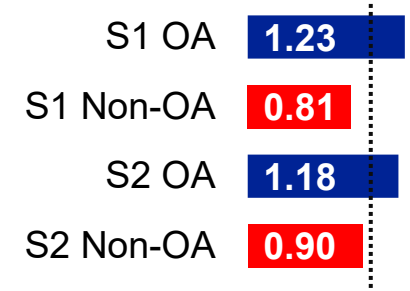
OA articles demonstrate a consistent citation advantage over non-OA articles

70 studies reporting **citation rates** for OA vs non-OA[1]



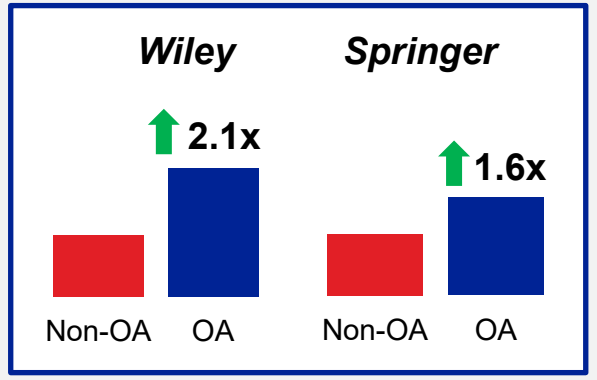
65.7% of studies showed a significant citation advantage for OA vs non-OA

Two studies reporting **average relative citations**[a] for OA vs non-OA[2,3]



Non-OA articles **underperform** vs the average, while OA articles **overperform**

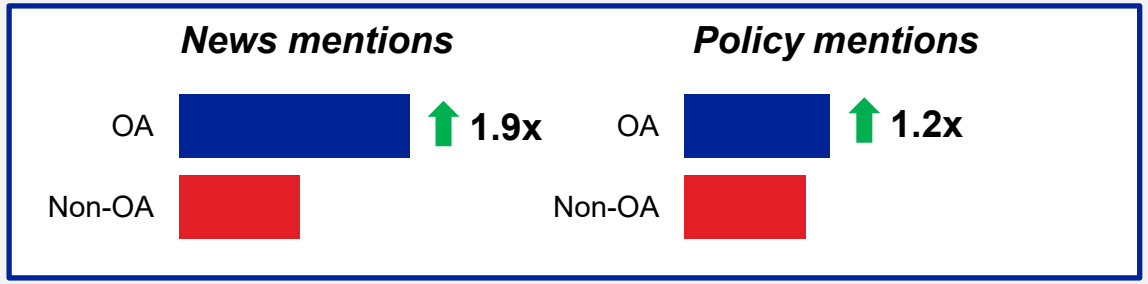
Average citation counts for articles in hybrid journals[4,5]



OA articles receive more attention than non-OA articles based on AAS[b]

AAS for articles in hybrid journals[4,5]

News and **policy mentions** for articles in hybrid journals[4]



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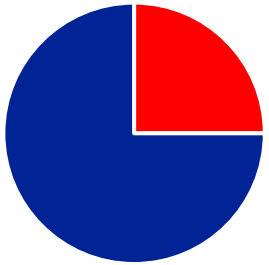
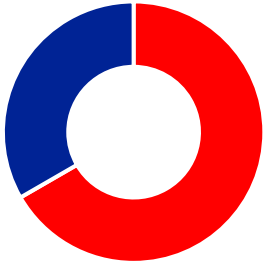
I don’t see any benefits to open access: access (1)

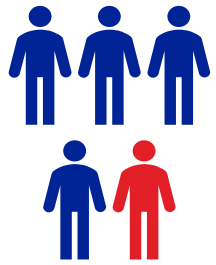
Free access to information is important for patients and caregivers, especially those with rare diseases and life-limiting conditions



In 2017, **~75%** of the US population sought medical information from the Internet before consulting a medical professional[1]

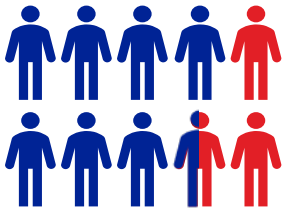


In an Italian survey, **nearly one-third** of patients sought health information from medical journals[2]



In a study of caregivers for patients with prostate cancer, **80%** used medical journals to inform treatment decisions[3]

In a recent survey by the NIHR:[4]



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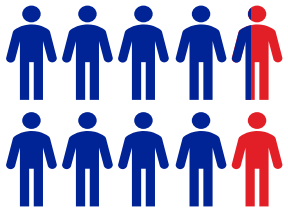
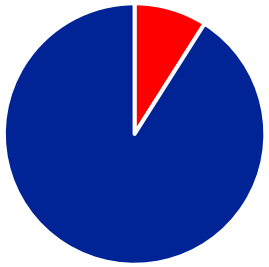


~83% of public respondents would be more likely to read or use research articles if they were free to access



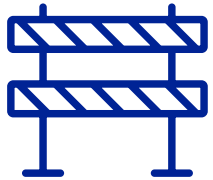
91% of clinical trial participants wished to be informed about the results of the trial[5]

References and abbreviations can be found in the slide notes

I don’t see any benefits to open access: access (2)

HCPs often have limited access to institutional journal subscriptions, and barrier-free access to the latest research may help to guide treatment and management decisions

HCPs with full access to the clinical resource UpToDate **viewed significantly more content** than those with partial access[1]



In a qualitative study of research use, HCPs:[2]

- identified **paywalls as a notable frustration**
- were forced to develop complex workarounds to access the latest research
- expressed concerns about **being out of touch**

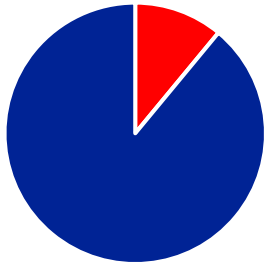
In a systematic review of clinical information seeking among HCPs:[3]

- **paywalls were considered a key barrier** for information seeking

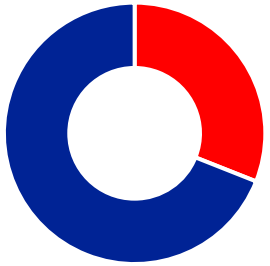
References and abbreviations can be found in the slide notes

I don’t see any benefits to open access: access (3)

Researchers in LMICs struggle to access scientific publications because of paywalls or subscription charges



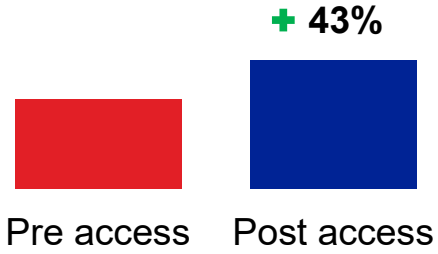
In a survey by the UK government, **89%** of researchers in LMICs cited paywalls as a barrier to research access[1]



Among those accessing pirated scientific literature via Sci-Hub, **69%** of download requests came from LMICs[2]

Although some subscription-based publishers provide affordable or waived access for researchers in LMICs, **this is not universal**, and **many are ineligible to receive such access**

Increased access to scientific publications has been shown to **increase research output in LMICs countries**



LMIC universities with access to scientific journals via the OARE initiative demonstrated a **43%** increase in research output[3]

References and abbreviations can be found in the slide notes

Open access journals are lower quality and often lack peer review

Response:
There is a wide range of high-quality OA journals with rigorous peer review

References and abbreviations can be found in the slide notes

Open access journals are lower quality and often lack peer review

OpenPharma

1

There are **nearly 20 000** gold OA journals listed in the Directory of Open Access Journals, all of which feature peer review or editorial quality control

Many reputable publishers also offer hybrid OA options

2

Publishers must undergo stringent review before joining OASPA and must **adhere to the Code of Conduct**

- Members include Elsevier, Frontiers, PLOS, Springer Nature, Taylor & Francis and Wiley, as well as small and medium publishers

3

Reputable OA journal publishers with **rigorous peer review and transparent publication processes** include:

Elsevier[1]

> 97.5% of journals offer OA

> 700 gold OA journals

Frontiers[2]

> 200 gold OA journals

Springer Nature[3]

> 2200 journals offer OA

> 600 gold OA journals

Taylor & Francis[4]

> 95% of journals offer OA

280 gold OA journals

References and abbreviations can be found in the slide notes

Open access journals have a lower IF than subscription-based journals

Response:
A growing number of medium- and high-IF journals now offer OA publishing options; however, IF has key limitations and should only be considered, if at all, as part of a range of journal metrics

References and abbreviations can be found in the slide notes

Open access journals have a lower IF than subscription-based journals (1)

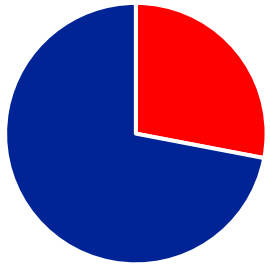
OpenPharma

1

The number of medium- and high-IF journals offering OA options is **increasing**

- There are **nearly 20 000 gold OA journals** indexed in the Directory of Open Access Journals, with many more offering **hybrid OA** options

2



Gold OA medical journals represent **nearly a third of Q1 journals** (i.e. the 25% of journals with the **highest IF** in the field)[1]

3

Example Q1 gold OA journals by subject area[1]

Medicine (IF)	Oncology (IF)	Immunology (IF)	Dermatology (IF)	Haematology (IF)
Lancet Glob Health (7.370) *Lancet Digit Health* (6.433) *Mol Syst Biol* (6.220) *J Clin Invest* (5.117) *eClinicalMedicine* (4.553)	*Mol Cancer* (8.703) *Lancet Reg Health – Eur* (7.133) *J Hematol Oncol* (6.046) *Blood Cancer J* (3.699) *J Immunother Cancer* (3.403)	*Ann Rheum Dis* (6.489) *Lancet Rheumatol* (4.586) *NPJ Vaccines* (3.403) *Emerg Microbes Infect* (3.197) *PLoS Pathogens* (2.490)	*JAMA Dermatol* (2.766) *Dermatol Ther* (1.034) *Burns Trauma* (0.928) *Acta Derma Venereol* (0.897) *JAAD Int* (0.889)	*J Hematol Oncol* (6.046) *Blood Cancer J* (3.699) *J Natl Cancer Cent* (2.649) *Haematologica* (2.557) *Exp Hematol Oncol* (1.908)

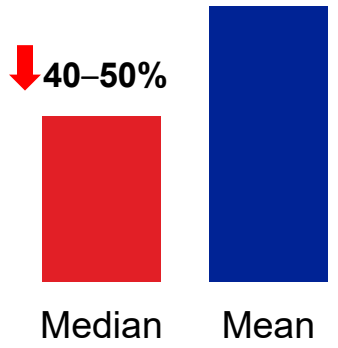
References and abbreviations can be found in the slide notes

Open access journals have a lower IF than subscription-based journals (2)

4

IF is determined by a **minority of journal articles that are highly cited**

- Due to inequalities in citation distribution, IF **overestimates the median citation rate**[1]
  - 15–25% of papers published in medical journals are responsible for 50% of citations
  - The median citation rate for medical journals was 40–50% lower than the average
- Submitting articles to a high IF journals **does not guarantee that they will be highly cited**



5

It is important to consider IF as **part of a range of journal metrics**, including:

- other journal citation metrics such as CiteScore, Scholarly Output, SNIP and SJR, **all of which show a citation advantage** for OA vs non-OA journals[2]
- **citation counts, which are consistently higher** for OA vs non-OA articles, whether published in gold or hybrid OA journals
- AAS, which reflects a more holistic measure of research impact; OA articles demonstrate **higher AAS** vs non-OA articles

References and abbreviations can be found in the slide notes

Open access publications have a lower discoverability than subscription-based publications

Response:
OA publications have a clear discoverability advantage over non-OA publications based on a wide range of metrics

References and abbreviations can be found in the slide notes

Open access publications have a lower discoverability than subscription-based journals

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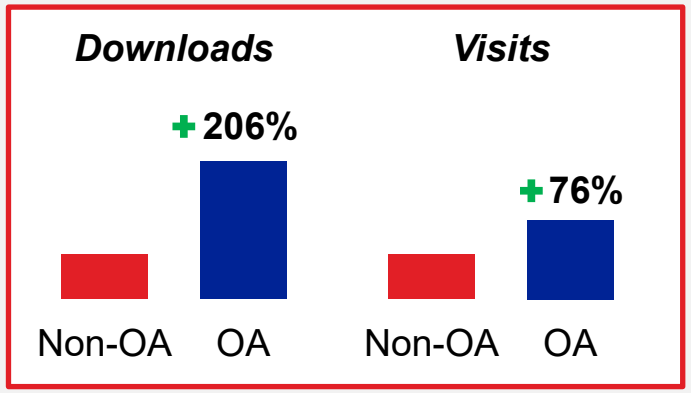
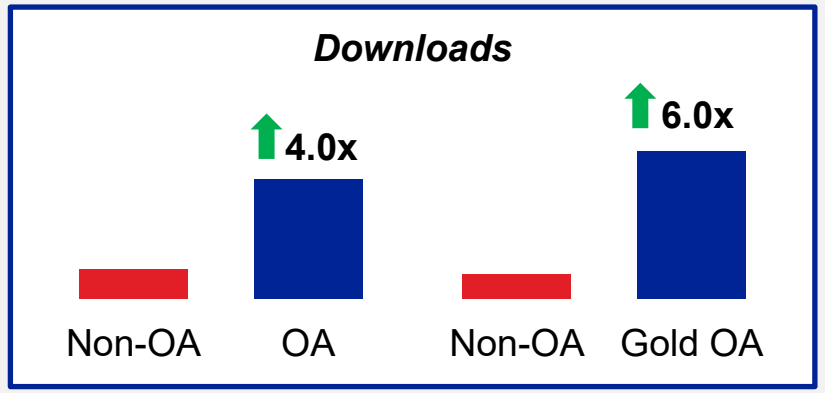
1. OA publications have greater discoverability as well as more rapid and widespread dissemination patterns than non-OA publications

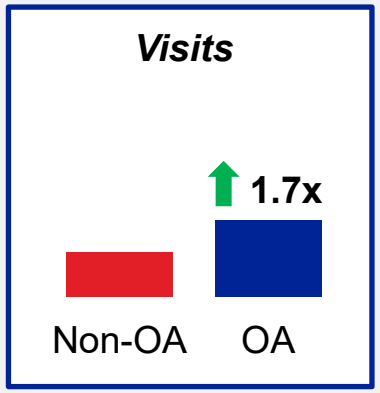
2. Articles published in Wiley journals between 2015 and 2018[1]



3. Articles published in Springer hybrid journals[2,3]



4. Articles published in *NEJM*[4]



References and abbreviations can be found in the slide notes

Open access publishing leads to misinterpretation of research by the public and feeds misinformation

Response:
OA publishing improves the accessibility and discoverability of peer-reviewed medical information, helping to counter the spread of misinformation

References and abbreviations can be found in the slide notes

Open access publishing leads to misinterpretation of research by the public and feeds misinformation

OpenPharma

1. Misinformation is driven by the **abundance** of **poor-quality information** and its **ease of access**

2. Amplifying access to good-quality, peer-reviewed information can **counter misinformation**
   - OA publications have greater accessibility, reach and usage than non-OA publications ⊕
   - Patients, members of the public, newsmakers and policymakers have therefore increased exposure to high-quality information
     - This may also improve the quality of reporting on scientific advances
   - Transparency in publishing can also **improve public trust**

3. Plain language materials (e.g. PLS, graphical or video abstracts, and podcasts) can reduce the **risk of misinterpretation** and **improve accessibility**

4. When publishing OA, it is important to select a **high-quality journal** ⊕

References and abbreviations can be found in the slide notes

Patients aren’t interested in/don’t need access to scientific publications

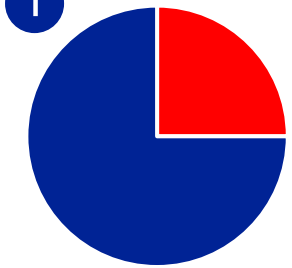
Response:
Recent publications suggest considerable interest in and demand for OA publishing among members of the public

References and abbreviations can be found in the slide notes

Patients aren't interested in/don't need access to scientific publications

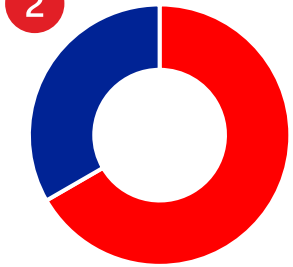
Free access to information is important for patients and caregivers, especially those with rare diseases and life-limiting conditions

1



In 2017, **~75%** of the US population sought medical information from the Internet before consulting a medical professional[1]

2



In an Italian survey, **nearly one-third** of patients sought health information from medical journals[2]

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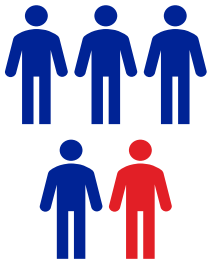

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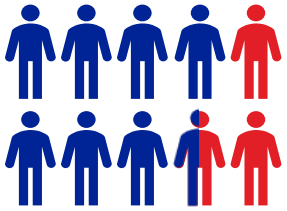

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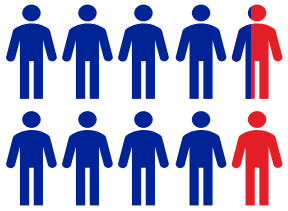

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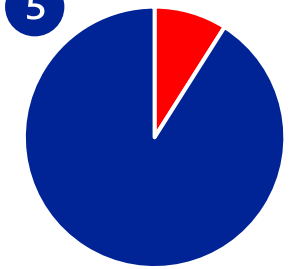


91% of clinical trial participants wished to be informed about the results of the trial[5]

References and abbreviations can be found in the slide notes

Open access mandates restrict freedom of journal selection

Response:
Following a rise in OA mandates from academic and industry research funders, there are a growing number of therapy area-specific OA journals available for selection

References and abbreviations can be found in the slide notes

Open access mandates restrict freedom of journal selection

1

OA mandates from academic and industry funders have driven the **expansion of OA publishing options**

2

The number of high-quality, therapy area-specific OA journals is **increasing**

- There are nearly 20 000 gold OA journals indexed in the Directory of Open Access Journals

3

Subscription models restrict knowledge sharing, while OA models **increase the accessibility, reach and impact of published research**

+

4

OA publishing may also **increase research reproducibility**, **reduce the risk of replication crises** and **improve the efficiency** of future research

References and abbreviations can be found in the slide notes

Creative Commons (CC) licences produce legal complications and raise copyright concerns

Response:
CC licences determine how published content can be reused. A CC BY licence means that the content can be reused by anyone as long as authorship is attributed; however, many journals do not offer CC BY licences for pharma-sponsored research or offer them at a very high price. Often, pharma-sponsored research can only be published under a CC BY-NC licence, which does not allow commercial reuse of the content

Please refer to the guidance in the following slides for an overview of the available CC licences, how to select the most appropriate licence for your publication, and some of the caveats for use

References and abbreviations can be found in the slide notes

Open access publishing models use similar rights retention processes as other publishing models

1

Irrespective of the model, authors sign a publishing agreement at the point of acceptance

- This agreement is generally an LTP agreement, which grants the publisher the right to publish the content and may involve a **transfer of copyright**
- LTP agreements may be exclusive or non-exclusive, but are **generally exclusive**

2

Under subscription-based models, the LTP agreement gives the journal exclusive rights towards all published content

3

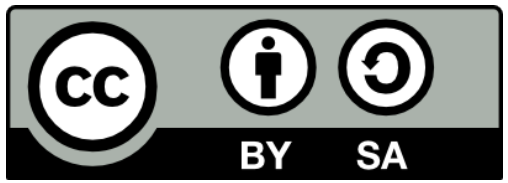
Under OA models, the LTP agreement gives the journal the right to publish the content under a specific CC licence

- CC licences determine how the publication content can be reused
- There are six CC licence types, and some are more permissive than others
- Under all six CC licences, reuse or adaptation of the licensed material must be credited to the creator

References and abbreviations can be found in the slide notes

What types of CC licences are available?

Reusers may distribute, adapt and build upon the material in any medium or format for **commercial or non-commercial use**



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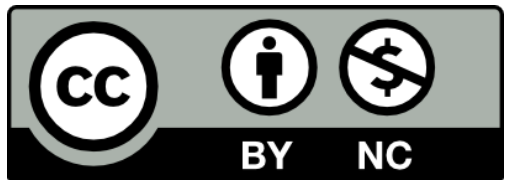

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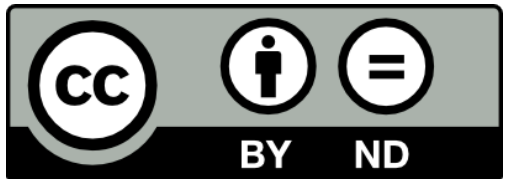

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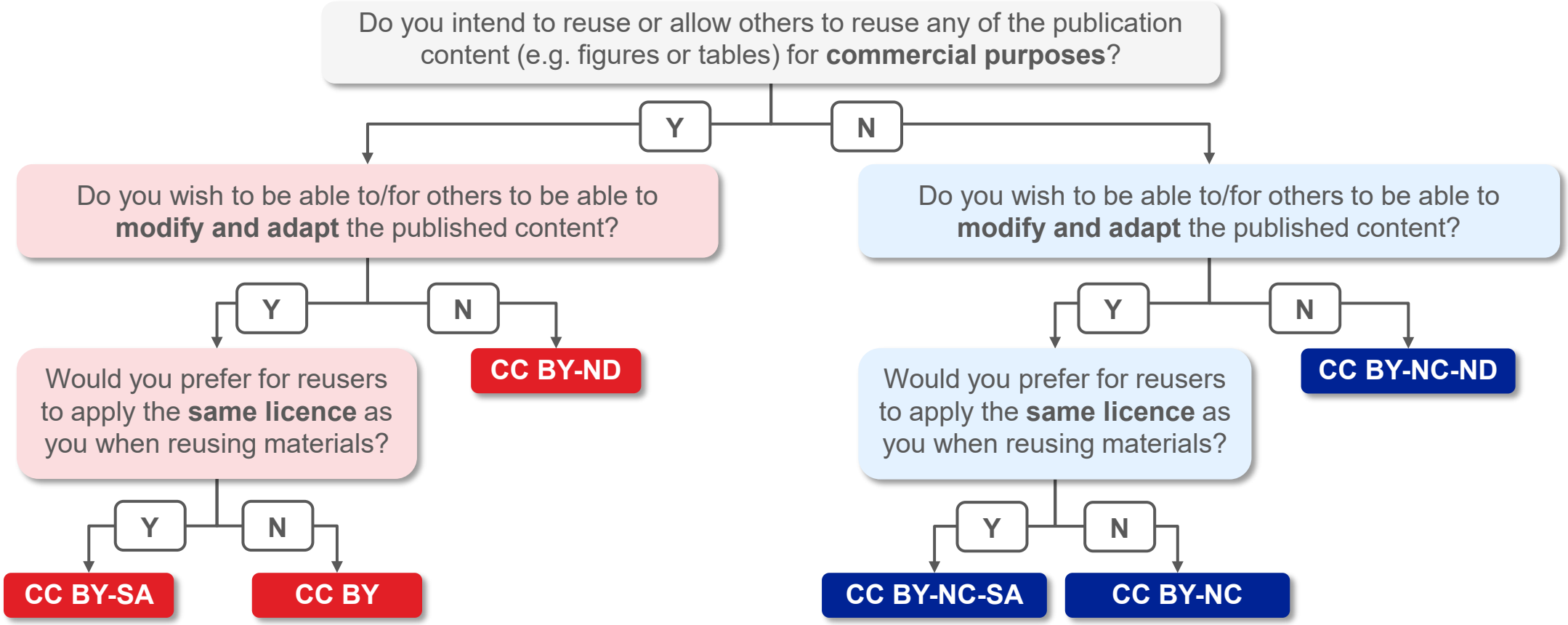
Note: when any CC-licensed material is reused or adapted, the original author **must** be credited, and a **full citation** should be provided for the original source

References and abbreviations can be found in the slide notes

How do I select the most appropriate CC licence for a publication?



Note: selecting one of the above licences only prohibits certain actions without permission. Reusers will still be able to contact the copyright holder to request permission for unlicensed actions, but as with the subscription-based publishing model, permission must be sought for each individual use case. If the copyright holder is a journal, this will typically incur a fee

References and abbreviations can be found in the slide notes

The definition of ‘commercial use’ remains open to interpretation (1)

CC define commercial use as “primarily intended for or directed towards commercial advantage or monetary compensation”

- According to CC, this definition is deliberately flexible to ensure that it covers a wide range of possible use cases

The definition provided by CC has been interpreted in different ways:

1. Some sources, including the CC Wiki,[1] indicate that commercial use is **based on intent** (i.e. it depends upon the **primary purpose** of the materials and **not the identity of the reuser**)
   - The CC Wiki notes that the use of ‘primarily’ in their definition of commercial use reflects their recognition that “no activity is completely disconnected from commercial activity”
2. Other sources believe that commercial use includes **any for-profit and non-profit activities by a commercial organization**

References and abbreviations can be found in the slide notes

The definition of ‘commercial use’ remains open to interpretation (2)

Publishers tend to favour a **broad interpretation** of commercial use. According to one publisher, this includes:[1]

- supporting marketing activities
- responding to medical information requests
- supporting company training for any purpose
- supporting activities at a conference
- use as a resource on a company/product website
- use by medical liaison representatives
- use as a supplement or replacement for a purchased paper or reprint of a published article
- inclusion on any third-party website for any commercial benefit, advantage or private monetary compensation
- use in other publications published by a commercial organization for any commercial purpose

However, irrespective of interpretation, CC licences can **only be enforced** by the legal system of the country in question

References and abbreviations can be found in the slide notes

After selecting a CC licence, who retains copyright?

Although in theory the lead author of the publication should be the copyright holder, journals have implemented processes to retain commercial exploitation rights, **even in the context of CC licences**

The majority of hybrid or gold OA medical journals offer one or both of the following licences to authors:

- CC BY
- CC BY-NC-ND

However, in the context of **industry-funded research**:

1. some journals may **prevent authors/sponsors from choosing a CC BY licence** and may only offer a CC BY-NC-ND licence
2. when publishing under a CC BY-NC-ND licence, LTP agreements **transfer exclusive rights for commercial use to the journal**
3. when publishing under a CC BY-NC-ND licence, the author/sponsor is not free to use the content for commercial purposes; they are **still required to request permission** from the journal and **pay any corresponding fee for reuse/reprints**
4. the only way to retain commercial exploitation rights is to select a CC BY licence; however, some journals restrict access to CC BY licences for pharma-sponsored research or offer them at a very high price

References and abbreviations can be found in the slide notes

Appendix

Avoiding ‘predatory’ journals and publishers

Predatory journals charge fees from researchers and authors to publish their articles but lack proper quality control and peer review

“Predatory journals and publishers are entities that prioritize self-interest at the expense of scholarship and are characterized by false or misleading information, deviation from best editorial and publication practices, a lack of transparency, and/or the use of aggressive and indiscriminate solicitation practices”

(Grudniewicz *et al.* 2019)

Look out for characteristics of predatory OA journals and publishers:

- not listed in major indexes, databases and directories
- sending unsolicited emails requesting researchers to submit articles or become reviewers
- advertising an unusually quick turnaround time
- not having a transparent and rigorous peer review process
- including an unexpectedly large number of articles in a single issue
- not providing publisher details from the journal’s website
- whose websites contain spelling and/or grammatical mistakes
- providing false or misleading information, such as contradictory claims, inaccurate addresses and false IFs
- requesting a transfer of copyright and/or not specifying a Creative Commons licence

References and abbreviations can be found in the slide notes

Identifying quality open access journals

OA journals and publishers offer free on-demand access of their content to all users

Check that the journal:

- ✓ is known by academics in the field
- ✓ is listed in the Directory of Open Access Journals
- ✓ is a member of the Open Access Scholarly Publishing Association
- ✓ is a member of the Committee on Publication Ethics and follows its guidelines
- ✓ is indexed in reputable journal/citation databases, such as ProQuest, PubMed, Scopus and Web of Science
- ✓ publishes high-quality articles that are indexed/archived with a digital object identifier
- ✓ does not guarantee acceptance or quick turnaround
- ✓ has a transparent and rigorous peer review process
- ✓ has an editorial board with legitimate institutional affiliations
- ✓ has a publisher that can be easily identified and contacted
- ✓ provides clear guidelines for authors and licence policies on its website
- ✓ is clear and transparent about author fees and article processing charges
- ✓ allows authors to retain copyright of their work
- ✓ has a clear policy for potential conflicts of interest

References and abbreviations can be found in the slide notes

Checklists and resources

- “Think. Check. Submit.” checklist
- Directory of Open Access Journals
- Open Access Scholarly Publishing Association
- Principles of Transparency and Best Practice in Scholarly Publishing (COPE, DOAJ, OASPA, WAME)
- Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (ICMJE)
- Predatory publishing: A to Z elements (TEQSA)

References and abbreviations can be found in the slide notes