

HEFCE CONSULTATION ON OPEN ACCESS AND SUBMISSIONS TO THE RESEARCH EXCELLENCE FRAMEWORK POST-2014

Response by the Wellcome Trust

March 2013

KEY POINTS

- The Wellcome Trust strongly supports HEFCE's plans to introduce open access to research publications as a requirement in the post-2014 REF.
- We urge HEFCE to recognise the added value provided by subject repositories in enhancing access to, and use of research literature for the communities they serve.
- In particular, we are committed to supporting Europe PMC as the established repository for research publications in the biomedical and life sciences. We are confident that technical solutions can be developed to enable content deposited by publishers and researchers in subject repositories to be 'pushed' to institutional repositories. We would be very happy to work with HEFCE (and the broader institutional Repository community) to ensure its requirements are met.
- We consider a case-by-case approach to open access exceptions would be appropriate; arbitrary compliance thresholds for institutions would not be desirable.
- We accept HEFCE's current view that it is premature to introduce a standard requirement for open access to monographs. However, we would urge HEFCE to keep this position under review in light of developments in the landscape, including our own plans to mandate open access to monographs resulting from Wellcome Trust funding.

INTRODUCTION

1. The Wellcome Trust is pleased to respond to HEFCE's initial call for advice on open access and submissions to the Research Excellence Framework (REF) after the 2014 round. As a global charitable foundation dedicated to achieving extraordinary improvements in human and animal health, we are committed to ensuring that the outputs of the research we fund – including both research publications and data – can be widely accessed and used in a manner that maximises the resulting benefits to society.
2. The Wellcome Trust has had an open access policy since 2005 which requires that all research papers that have been accepted for publication in a peer-reviewed journal, and are supported in whole or in part by Wellcome Trust funding, be made freely available through the PubMed Central (PMC) and Europe PubMed Central (Europe PMC) repositories as soon as possible and in any event within six months of the journal publisher's official date of final publication.
3. The Trust also provides grant-holders with additional funding, through their institutions, to cover open access publication charges. In such cases, the publisher is required to deposit the published version of the articles directly into PMC, where it must be made available at the time of publication.
4. In June 2012, we strengthened our open access policy and introduced specific sanctions for Trust-funded researchers who fail to comply. We also announced that from April

2013 we will require that, where our funds are used to meet open access costs, the article must be licenced using the Creative Commons Attribution (CC-BY) licence, to allow full re-use (subject only to proper attribution).

5. The Trust manages the Europe PubMed Central open access repository (<http://europepmc.org>), working with 18 other partner funders – including the Medical Research Council (MRC), the Biotechnology and Biological Sciences Research Council (BBSRC), the National Institute of Health Research (NIHR) and the European Research Council (ERC). Europe PubMed Central provides free access to over 2.5 million full-text peer-reviewed research papers and around 25 million abstracts.
6. More recently, the Trust has worked in partnership with the Howard Hughes Medical Institute (HHMI) and the Max Planck Society (MPS) to establish the new open access journal, eLife (<http://www.elifesciences.org>). The eLife journal is a platform for extending the reach and influence of new discoveries and to showcase new approaches to the presentation, use, and assessment of research.
7. The Trust contributes actively to policy discussions on open access – working with other stakeholders, including other funders, universities, learned societies and publishers. This includes participating in key discussion forums, such as the UK Open Access Implementation Group, and contributing to and convening meetings and events.

The proposed expectation for open access

8. We strongly support the commitment by the UK Government and the Research Councils to ensure open access to the published outputs of publicly-funded research. We were delighted that the Government accepted the key recommendations of the Finch review in setting a clear policy direction toward supporting open access via the gold (author-pays) mechanism. A policy consensus is building both in Europe and around the world, that research publications that have been supported by the taxpayer should be openly and freely accessible at the point of use. The UK has adopted a strong leadership position in supporting this fundamental principle.
9. In this light, we are also very supportive of the direction of travel set out by HEFCE toward a standard requirement for all original research articles submitted to the post-2014 REF to be published on an open access basis, and for other types of outputs where this is achievable. We agree that this must apply to the final peer-reviewed text of an article, and that the content should be presented in a form that maximises the opportunities for re-use.

Subject and institutional repositories

10. Our major concern with the proposals set out in the consultation document is its sole focus on institutional repositories. While we acknowledge that HEFCE needs to identify approaches that will be applicable to published outputs across all disciplines, it is absolutely vital that it recognises the added value that subject-based repositories (such as arXiv and PubMed Central) provide to the communities they serve, both in the UK and internationally, and does not implement these requirements in a manner that undermines these resources.

11. For the biomedical and life sciences, PMC and Europe PMC are already established as the de facto community repositories for research literature. As noted above, 19 partner funders (including MRC, BBSRC, NIHR, the European Research Council and the Wellcome Trust) support Europe PMC, and require research papers generated by their funding to be made available via this resource¹. Well-established agreements and processes are in place through which publishers deposit articles into the resource upon payment of a gold open access fee, and through which researchers can self archive their articles where an author-pays option is not available.
12. Europe PMC provides a single point of access of the community to 2.5 million full text articles across the discipline. It also provides a platform upon which the funders are supporting the development of tools and applications that enable researchers to query and mine this entire corpus of information and create links between publications and other types of information – including databases, patents and clinical guidelines.
13. Europe PMC also provides a long-term archival function, by virtue of its policy to hold all deposited content in the XML format, marked up to the US National Library of Medicine Document Type Definitions (NLM DTD). This ensures that content will be accessible in the longer-term; something which is not the case with institutional repositories, which hold content in proprietary formats such as PDF and Microsoft Word.
14. In short, we believe that subject repositories such as Europe PMC offer very great advantages over institutional repositories in terms of facilitating access to, and use of, knowledge. Given the existence of this well established and recognised repository, and the very considerable investments that the partner funders have made to this point in developing the resource, we would not consider adjusting our current policy mandate. We will continue to require that Europe PMC is the primary repository into which articles that result from our funding are deposited, both by publishers and researchers.
15. However, we accept that for the REF there is a case for ensuring that institutions are able to maintain resources that provide access to the totality of the research outputs they have generated. As part of the current development programme, Europe PMC is working with the JISC-funded Repository Junction project and other initiatives to help maximise its links with institutional repositories and create the technical solutions that will enable content which is deposited in Europe PMC to be automatically exported to institutional repositories. When permitted by the publisher, this export from Europe PMC will include *both* metadata and the full-text. In cases where the full-text cannot be redistributed from Europe PMC, we will simply provide the bibliographic metadata, which will include a direct link to the full text article in Europe PMC.
16. We recognise that a number of practical issues will need to be resolved – including, for example, how papers with authors spanning multiple institutions are routed and how to avoid placing additional burden on researchers. But we believe that workable solutions can be found. We see the development of subject and institutional repositories as very much a “twin-track” approach, in which it will be vital to work as far as possible to reduce duplication of effort and overall costs.

¹ For BBSRC and the European Research Council, the requirement applies to papers that fall within the biomedical sciences

17. We would be very happy to work with HEFCE in taking this forward, and ensure that we create the systems required within Europe PMC to meet HEFCE's requirements for the REF, whilst continuing to develop this resource as the primary literature repository for the biomedical sciences. In the meantime, we hope that HEFCE will revisit the language used in paragraph 13 in future rounds of consultation to make specific reference to the important role of subject repositories.

Embargoes, licences and exemptions

18. With regard to embargo periods, we accept that the requirements for the REF will need to take account of the outcomes of ongoing discussions, as RCUK proceed with the implementation of its policy. The Wellcome Trust has taken a strong view that six months is the absolute maximum we are prepared to wait for the outputs of our funded research to be made accessible, and we support RCUK in introducing a similar requirement (albeit with an initial 12 month permissible embargo for the humanities and social sciences).

19. While open access is relatively new to some disciplines, it is well established in others and HEFCE's requirements should reflect this. In the biomedical sciences, the requirement for a maximum six month embargo has already been mandated by the MRC, Wellcome Trust and other funders for several years and an overwhelming majority of journals have established mechanisms through which researchers can comply with these requirements. It does not seem premature therefore for this to be introduced as a standard requirement in the REF for this discipline, and indeed would be of immense benefit in reinforcing this practice, and ensuring knowledge in this field is made freely available within a reasonable timeframe.

20. We welcome HEFCE's recognition that enabling the re-use of materials is a critical element of open access publishing. As noted above, we have introduced the same provision as RCUK that, where our funds are used to meet a gold open access charge, articles must be available under the Creative Commons Attribution (CC-BY) licence. This move flows from our firm belief that the full research and economic benefit of published research will only be realised when there are no restrictions on access to, and re-use of, this information.

21. While we agree that HEFCE's approach will need to take account of ongoing discussions, we believe that some of the concerns raised to date are based on a degree of misunderstanding of the nature of the CC-BY licence. In particular, it has been suggested that it will be more difficult to secure permission from third parties to include copyrighted material in a CC-BY article. Existing open access publishers – such as PLOS, Hindawi and BioMed Central – have between them published over 250,000 CC-BY licensed articles, many of which contain third-party content. Their experience suggests that this is not a major barrier, and can be readily managed by applying a different licence to third-party content. We would therefore urge caution in applying any kind of blanket exemption on this basis (as might be suggested in paragraph 20).

22. More generally on the question of exemptions (paragraph 18), we would suggest that a case-by-case approach based on clear guidelines (i.e. option b) would be most appropriate. We agree that applying blanket exemptions to certain disciplinary groups or categories of material would not be desirable, and we believe that setting an arbitrary compliance threshold (option c) would be unhelpful and undermine the overriding

expectation that open access to research outputs should be the norm. It is clearly vital that any exemptions that are applied are carefully justified and grounded in evidence.

Open access to monographs

23. As a major funder of medical humanities research, the Wellcome Trust recognises the key importance of monographs as a major type of research output in the humanities and social sciences. In this light, we have recently agreed plans to extend our open access mandate to include monographs, and will be announcing the details over the coming weeks. As with our existing open access policy on research articles, we will provide our grantholders with the costs necessary to publish monographs in open access form and will be developing a service at Europe PMC to host monographs supported by our funding. In contrast to journal articles, however, we acknowledge that the CC-BY licence may not always be a viable option for monographs, at least in the short term, and may accept other types of licence.
24. We respect HEFCE's position that it is premature at this stage to suggest a requirement in the REF for open access to monographs. However, we agree with the observation that this is a fast moving area, and that an increasing number of routes are emerging for open access publication of these works. We hope that the Trust's policy will help to accelerate this further, and would urge HEFCE to take account of these developments over this consultation phase and beyond. Given the long-term nature of this process, it is entirely feasible that the monograph publishing market will have evolved to a point where a requirement in the post-2014 REF would be appropriate.

Open data

25. The Wellcome Trust is committed to ensuring data outputs generated by the research we support are made widely available in a manner that enables their access and use. We require the researchers we support to maximise access to the datasets they generate that have wider value to the research community, with as few restrictions as possible.
26. As indicated by the consultation document, it is very difficult to introduce blanket requirements for research data – as the most appropriate approach often needs to be considered on a case-by-case basis. Different data types raise very different issues, and different research disciplines are currently at very different stages in terms of developing the resources and cultures that are needed to underpin data sharing. We welcome HEFCE's commitment to explore these issues further – and it may be feasible to develop tailored requirements for some disciplines where established expectations for data sharing do exist.
27. One area in which HEFCE could usefully consider a standard requirement is in ensuring that datasets underpinning publications are made readily accessible. We support the recent requirement introduced by RCUK that all publications should include a clear statement on how the underlying data and materials may be accessed. There may be significant value in HEFCE reinforcing this requirement through the REF.
28. A major barrier in terms of enabling the more effective sharing and use of research data is the current lack of incentives and rewards for researchers who generate and share high quality datasets. HEFCE could make a significant difference in addressing this challenge through ensuring that datasets are recognised in the REF as a legitimate and

valued research output. While we accept that such outputs may be submitted for consideration in the REF, there remains a key need to ensure both researchers, institutions and funders give more recognition to data outputs, and their re-use by others, when assessing research performance.