

Feedback on Plan S from *The Medical Journal of Australia*

The Medical Journal of Australia (MJA) is 105 years old and has a distinguished history of recording the progress of scientific medicine and assisting in interpreting the practice of medicine in all its forms. The MJA is influential and viewed with integrity by clinicians, governments and health departments, and the general public across Australia and internationally.

The MJA employs rigorous processes to ensure the quality of the manuscripts it publishes. Integrity in publishing is costly. The MJA employs teams of medical and statistical editors to assess manuscripts, structural editors to present manuscripts effectively to readers, and staff to help disseminate information and promote translation of research through diverse channels including social media and mainstream press. The MJA plays a leading role internationally in publishing Indigenous research, and this Australian research outlet is essential in informing and transforming Indigenous clinical practice and policy.

The MJA is predominantly funded by subscription income paid by members of the Australian Medical Association (AMA). The Journal has complete editorial independence from the AMA. Authors do not pay to publish in the MJA and all research is freely available online from the date of publication without cost to authors or readers. The Journal is not, therefore, beholden to financial relationships which could impair its publication integrity. Australian funders provide no budget line to pay for gold open access, and are unlikely to do so in the near future.

We at the MJA are strong supporters of research being freely available to all, including researchers and the public. We are a leading hybrid journal and uniquely offer immediate free access for all research. This integrity is vulnerable. We are concerned about a number of the implications of Plan S in its current form for medical journals including the MJA.

1. Plan S mandates financing of open access publication by local funders. All scientists must be able to publish their work, otherwise the funding is wasted and, in the area of health, people may be put at risk. Researchers in Australia receive no funding from local funding agencies to publish in open access journals and there is, not only in Australia, a body of valuable research undertaken with little or no funding. Researchers with limited budgets mandated to be depleted by publication costs will likely be highly disadvantaged.
2. Near total dependence of journals on payment from funders risks conflict of interest through potential undue influence on editorial decisions. Health care has toiled hard to minimise selective publication of results under Big Pharma influence, and other avenues through which financial interests might compromise integrity abound. The MJA currently rejects 92% of the original research it receives. Its model requires complete editorial independence to publish only on the basis of excellence. This model is at risk under Plan S. High quality journals like the MJA will be ineligible to publish any European papers if it remains a hybrid journal.
3. Under a purely open access model, costs per article to maintain the MJA's current rigorous processes would not be sustainable. The MJA would be pressured to publish more research of lesser quality, and be more exposed to conflicts of interest. Similar pressures might affect most quality

medical journals and could result in closures of some of the best journals. If a national journal like the MJA were forced to close, an influential home to publish research relevant only to Australia would be lost, potentially putting at risk better health outcomes for Australians and especially Indigenous people. The same applies to a number of high quality prominent national journals across the globe.

4. Plan S inadequately addresses affordability of researcher fees. Fees will likely rise even further over time and it is unclear how funders will be able to control this problem in a free market.
5. Plan S may promote the rise and success of more predatory journals and publishers. This adverse consequence, omitted in the plan's principles, is so serious that it should, in our view, be directly tackled under the plan.
6. It seems unlikely researchers will freely give up their academic freedom to publish where the research may be best suited, despite the threat of funder sanctions that will be difficult if not impossible to police.

In conclusion, the concept of open access is not in dispute. However, the rigid principles currently listed under Plan S may have serious unintended negative consequences, and we respectfully suggest a number of them need re-consideration as listed above. We further argue that the loss of high-quality hybrid journals which could not survive as open access only journals would be a huge loss to medical publishing, putting improved health outcomes at risk.

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