BMJ Group

BMJ Group's Response to "National Institutes of Health (NIH): Request for Information on Maximizing Research Funds by Limiting Allowable Publishing Costs"

1. Proposed policy options

NIH seeks input on the option, or other option not considered in the Request for Information, that best achieves the goal of balancing flexibility in providing research results with maximizing the use of taxpayer funds to support research (see appendix for options).

BMJ Group is a leading global healthcare knowledge provider: we share knowledge and expertise to improve health outcomes. At BMJ Group, we prioritise making a tangible impact through our publications, driving meaningful change in health and social care.

For over 185 years, we have published some of the most respected and influential titles in medicine and health. Our values and reputation for excellence in publishing have helped shape the way medical research is conducted, peer reviewed, and shared with the world. We publish 70 journals and collaborate with 24 learned societies on publishing medical research and education.

We are continuously reshaping the way medical research is conducted and communicated, and in 2019, together with Cold Spring Harbour Laboratory and Yale University, we co-founded *medRxiv*, the first preprint server dedicated to the health sciences. Since its launch, *medRxiv* has contributed significantly to open science, posting 12,863 preprints in 2024 alone.

BMJ Group is a pioneer of, and strong advocate for, open access (OA). Research in our flagship journal, *The BMJ*, has always been free to read online, and in 2011 we launched *BMJ Open*, now one of the world's largest OA medical journals. Today, one-third of our journals are fully OA, with 50% of our total content, and 80% of our research content, published OA – enabling the rapid dissemination of research findings to the widest possible audience and fostering collaboration and progress. In 2024, 6% of BMJ Group's published content was NIH-funded.

BMJ Group has a generous "Green" OA policy, allowing authors to deposit their Author Accepted Manuscript (AAM), with zero embargo, in an institutional repository. Our journals are fully compliant with the updated NIH Public Access Policy, and we continue to deposit NIH-funded authors' AAMs in NIHMS free of charge.

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While we are advocates of opening up research, we believe that the proposed caps to publication costs, or the elimination of funding to cover these costs altogether, risk unintended negative consequences for author choice, research quality and integrity, and the overall diversity of the scientific publishing ecosystem. In the medical publishing space, these outcomes could directly impact patient safety by compromising the integrity and impact of the research upon which medical advances depend.

Key risks

1. **Reducing author choice:** Restricting publishing venues to low- or no-cost options limits an author's ability to reach their desired target audience, thereby potentially limiting the real-world impact of their research. A number of studies evidence the correlation between Article Processing Charge (APC) values and key measures of journal impact, including Impact Factor[1]. At BMJ Group, our most selective journals have the highest citation rates but their APCs are also higher, in large part because the payment by accepted authors must also cover the costs of selection and evaluation of articles that are not published. Selectivity helps to identify the most important studies, but is more expensive to achieve.

2. **Ecosystem consolidation and existential threat to smaller publishers:** Smaller publishers and platforms (particularly learned societies, professional associations, academia-led and not-for-profit initiatives) play a critical role in serving their specific communities with relevant research, targeted content, events and other services. These smaller players, who lack economies of scale and deep pockets to fund large technology investments, are likely to be disproportionately impacted by APC caps and/or abrupt changes to publishing models.

3. **Reliance on unproven, potentially unsustainable, publishing infrastructures:** While BMJ Group fully supports publishing model diversity and experimentation, complete reliance on grant-funded, non-APC publishing models and infrastructures (such as Diamond OA initiatives) represent a potential publishing sustainability/continuity risk. For example, Knowledge Future's PubPub platform has spoken of its struggle to remain viable after their initial funding period[2], and the *medRxiv* preprint platform has recently become part of a new non-profit with the explicit aim of creating a more stable organization and reducing reliance on a single funder, founder or stakeholder.[3] The indirect costs of publishing are high and often overlooked, and many new start-ups will face the same challenges that the smaller society publishers face once they themselves have become established and are no longer start-up funded.

4. **Reduced focus on editorial selectivity/curation and outreach:** More selective journals, or those with a higher focus on non-research content (e.g., editorial and clinical educational content) may be forced to modify their business and content models to "balance the books". This could reduce their ability to

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[1] Budzinski, O., Grebel, T., Wolling, J. *et al.* Drivers of article processing charges in open access. *Scientometrics* 124, 2185–2206 (2020). https://doi.org/10.1007/s11192-020-03578-3

[2] "Not Enough: Open Infrastructure Funding and the Future of Knowledge Futures", Knowledge Futures, 23.6.25. Available at: knowledgefutures.org (accessed 10.9.25)

[3] "openRxiv Q&A: Questions About Governance, Funding, and the Future of Preprints", openRxiv, 21.5.25. Available at: openrxiv.org (accessed 10.9.25)

prioritise research novelty and impact, to provide expert context and real-world application, as well as reducing outreach and dissemination activities. This could limit the curation service that these journals provide for readers.

5. **Patient safety risk of increasing public access to (non peer-reviewed) preprints *in lieu of* peer-reviewed article versions:** In addition to driving authors towards alternative and potentially unsustainable research infrastructures, removing or reducing financial support for publication costs may drive more authors towards free-to-publish subscription (rather than pay-to-publish Gold OA) journals, a large proportion of which do not support immediate Green OA deposition. This may result in an increase in papers where the *non-peer reviewed* versions of manuscripts (in the form of preprints) are the only versions available on an OA basis. We advocate for preprints for speed, however, they do not replace the critical role of the peer-reviewed Author Accepted Manuscript or Version of Record, as peer review is critical to ensure the quality, integrity and safety of medical research outputs.

Assessment of policy options

Of the options laid out by NIH, we believe that option 4 is the least restrictive for authors, giving them a degree of flexibility to choose the most appropriate venues for disseminating their research, and therefore protecting the diversity, quality and rigour of the scientific publishing ecosystem to some extent.

Table 1 provides a high level evaluation of the options laid out by NIH. Options 2 and 5 are treated together as they share a per-paper cost cap element.

Table 1: BMJ Group's evaluation of NIH's proposed options

Options	**Risk profile**
1 (disallow all publication costs)	**Very high:** - Reliance on preprints for public access (in absence of an associated OA peer reviewed paper) presents patient safety risk. - Author choice severely restricted, forcing over-reliance on alternative, unvalidated publishing infrastructures. Severe threat to viability of smaller publishers. - There is currently no business model to ensure the perpetual availability of preprints.
2 and 5 (per-paper cost cap)	**High:** - Author choice restricted to lower cost venues, favouring larger or lower quality/predatory publishers and risking the viability of smaller high-quality publishers. - Cost caps likely to impact journal selectivity for higher-APC journals.
3 (per-paper cost cap plus	**Very high:** - Additional integrity risks (e.g., unintended consequences

peer reviewer compensation)	including peer reviewer mills) and administrative burden associated with peer review payments - representing an additional threat to smaller publishers (see section 3, below). - Lack of flexibility to tailor the peer reviewer value proposition to specific needs.
4 (per-award spending cap)	**Medium to high:** - Although publishing in higher cost and more selective venues is likely to be reduced, this option is the least restrictive for authors, reducing the existential threat to smaller publishers.

In order for the scholarly community to contribute more effectively to the policy development discussion, we urge the NIH to provide more clarity on their overall policy objectives beyond reducing publication costs. It is also imperative to consider how any proposed interventions will avoid the creation of unintended consequences, such as those seen with other recent policy implementations. For example, Plan S (the OA effort by European funders), while spurring progress toward OA, has also contributed to the significant increase in market share of the largest commercial scientific publishers in recent years:[4] in 2023, the 5 largest publishers accounted for 62% of research output, up from 50% in 2014.[5]

2. Available evidence related to publication costs and proposed options

NIH seeks any evidence (either from your own work or other publicly available sources) that can be publicly shared that addresses the considerations of one or more of the options

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[4] de Castro, P., Herb, U., Rothfritz, L., Schmal, W. B., & Schöpfel, J. (2024). *Galvanising the Open Access Community: A Study on the Impact of Plan S*. Zenodo.

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3. Peer review compensation

NIH is interested in hearing ideas about factors related to paying for peer review. Specifically, NIH invites input on factors that NIH should consider in determining whether peer reviewers are appropriately compensated.

BMJ Group peer reviewer benefits and incentivisation

BMJ Group currently provides a range of benefits to peer reviewers, including APC discounts, complementary access to journals, CME (continuing medical education) credits, reviewer certificates and mentorship schemes to develop skills and careers. These initiatives represent a direct, or opportunity, cost to us. For example, OA discounts equate to a monetary value of between $700 and $1,550 per review and complementary journals subscriptions typically equate to a value of $200-$500.

Evidence summary

BMJ Group does not currently support blanket financial compensation of peer reviewers due to a lack of good evidence that this intervention meets reviewer needs or produces the intended outcomes. While some researchers and editors advocate for compensating peer reviewers, others caution that financial incentives could compromise impartiality, entice reviewers to review manuscripts outside of their

areas of expertise, lower review quality, erode volunteerism, shift motivation to financial gain, and lead to higher APCs.[6,7,8,9,10,11]

There has also been little empirical evaluation of the role of incentives/rewards in academic peer review for biomedical journals.

A 2007 survey of peer reviewers for BMJ Group journals found that most agreed that small financial incentives would have limited effectiveness when time constraints are prohibitive and that non-monetary incentives might encourage reviewers to accept invitations to review. However, reviewers agreed that non-financial incentives (free subscription to journal content, annual acknowledgement on the journal's website, more feedback about the outcome of the submission and quality of the review, and appointment of reviewers to the journal's editorial board) might encourage reviewers to accept requests to review.[12]

A Wiley survey of almost 3,000 peer reviewers also showed that feedback and acknowledgement for work as reviewers is valued more than either cash reimbursements or payments in kind.[13]

Some biomedical journals are beginning to experiment with paying reviewers to try to speed up the reviewer process and attract more reviewers, but results are moderate and long-term results have not yet been assessed. Two recent studies[14,15] have examined the topic, but neither assessed outcomes such as whether financial incentives encourage more reviewing at the potential expense of quality.

BMJ Group reviewer satisfaction survey: Findings

BMJ Group has conducted an annual peer reviewer satisfaction survey which reveals the evolving motivations of our reviewers from October 2021 to August 2025.

Across this period, recognition incentives emerged as the most powerful motivator. The most popular incentive throughout the period was having review details added to an ORCID profile, with its popularity rising to 49% in 2025. Other highly-ranked recognition incentives included inclusion on an annual reviewer list and certificates. While in-kind payments (like free content access, APC discounts, and charitable donations) saw a notable rise, particularly access to subscription content which increased from 25% in 2021 to 40% in 2025, they did not surpass the popularity of top recognition-based rewards. In contrast, financial compensation has remained

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[6] Cheah PY, Piasecki J. Should peer reviewers be paid to review academic papers? Lancet. 2022;**399**(10335):1601. doi: 10.1016/S0140-6736(21)02804-X

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[15] Gorelick DA, Clark A. Fast & Fair peer review: a pilot study demonstrating feasibility of rapid, high-quality peer review in a biology journal. bioRxiv 2025.03.18.644032; doi: 10.1101/2025.03.18.644032.

one of the less popular options over the five years, with the percentage of responses in favour generally staying below 20%.

Many reviewers also see the task of reviewing as a way to contribute to the scientific community. As one anonymous respondent noted in the same survey, *"It is how the system works. For my articles to be peer-reviewed, I also have to serve as a paper reviewer. Besides, it keeps me updated."* This view was common among many who responded to our question about additional incentives. Other comments revealed a cautious attitude toward financial rewards, such as one reviewer's concern: *"I am against rewarding reviewers because of potential for conflict of interest."*

Our findings suggest professional recognition remains important for medical researchers who review for the BMJ Group. We have yet to see a large-scale shift to favouring monetary rewards but will continue to monitor our reviewers to track their evolving attitudes. In order to maintain effective reviewer engagement it's imperative that we, and all publishers, maintain the operational flexibility to adapt our offer to the changing needs of our own specific cohorts of peer reviewers, which may vary by discipline.

Table 2: Responses to BMJ Group annual reviewer satisfaction survey question: "Which of the following incentives would motivate you to review"?

Reward category	Reviewer reward	2021	2022	2023	2024	2025
Recognition incentives	Details of review added to ORCID profile	47%	45%	48%	47%	49%
	Inclusion within an annually published list of reviewers	43%	44%	44%	42%	41%
	Certificate	35%	31%	36%	35%	34%
	CME credits	22%	20%	21%	19%	21%
	Details of review added to Publons	30%	27%	27%	20%	19%
	Acknowledgement within the article	16%	16%	17%	17%	18%
	Awards for the 'best' reviewers	17%	17%	20%	17%	17%
	Formal thank you letter	21%	16%	16%	17%	16%
In-kind payment	Access to BMJ Group subscription content	25%	34%	37%	41%	40%
	Free access to BMJ Learning modules	23%	20%	29%	29%	27%
	Free access to BMJ Best Practice	18%	17%	26%	24%	21%
	Charity donation in your name for on-time reviews	14%	16%	16%	14%	14%
	Gift card, e.g. Starbucks, Amazon	12%	12%	15%	14%	13%
Financial compensation	Personal payment for reviews completed on time	15%	16%	18%	21%	19%
No reward	I am against rewarding reviewers	8%	11%	9%	9%	9%
	n=	**130**	**658**	**664**	**552**	**452**

Patient and public reviewers

Patient and public reviewers (PPRs) have been a formal part of *The BMJ*'s peer review process since 2014. Patient and public involvement is now being adopted more widely across the business, with several other journals across the BMJ Group portfolio now including patient and public reviewers, including *BMJ Open*, *BMJ Medicine*, *BMJ Global Health*, *BMJ Health & Care Informatics*, and *RMD Open* (Rheumatic and Musculoskeletal Diseases). See section 4 for more detail.

As of this year, BMJ Group offers a modest "thank you" payment to patient reviewers for their time, skills and expertise - in line with the National Institute for Health and Care Research (NIHR) guidance for payment of patient and public involvement in research.[16]

However, a recent survey of PPRs for *The BMJ*[17] found that only 51% said they would be more likely to review if offered a £50 payment. PPR views on remuneration were divergent, with some stating it was unnecessary and others that it was important for reaching those that might otherwise not be reached and to show we value their input. The responses showed the importance of providing flexible, optional incentive choices to accommodate varying individual needs, values and preferences. Beyond remuneration, respondents wanted to feel valued, to get feedback, and to know how their reviews were helpful. While the majority did not have any concerns about the introduction of payment, many expressed concern about the effect on potentially changing reviewers' motivations and having a negative effect on the quality of reviews, the administrative burden of receiving the payments and the associated tax implications, the impact on income from benefits received and a need for evaluating the initiative.

Our finding of divergent PPR views on remuneration echo the diverse opinions in the literature about paying academic peer reviewers. Some PPRs echoed the fears of destroying the altruistic nature of reviewing while others emphasised the importance of offering payment to help broaden the pool of available reviewers in terms of geography and diversity.

Statistical reviewers

For some subsets of peer review, the value exchange between reviewer and publisher differs. In line with the industry standard, BMJ Group directly compensates statistical reviewers for their professional services as the indirect benefits they receive from undertaking peer review are smaller, and the frequency and length of their reviews is greater.

BMJ Group's role in improving peer review effectiveness

As part of BMJ Group's strategy to take the lead in improving the publishing of science, and being an evidence-based publisher, we continue to conduct and publish numerous studies on peer review, conflicts of interest, authorship, publication ethics and other aspects of the publishing process in collaboration with external researchers. For example, we are currently involved in a research collaboration to explore the impact of incentivisation on peer review speed, quality, acceptance rates and peer reviewer diversity, across a range of incentive types. We suggest that any move towards paying reviewers should be informed by such careful empirical research.

[16] "Payment guidance for researchers and professionals involving people in research", National Institute for Health and Care Research, 5.12.14. Available at: www.nihr.ac.uk (accessed 10.9.25)

[17] Schroter S, Harmston R, Doble E, Cook S, Price A. Exploring Views on Remuneration for Review: A Survey of BMJ's Patient and Public Reviewers. (Abstract presented at 10th Peer Review Congress, 3-5 September 2025).

4. Publishing best practices

In addition to compensating peer reviewers, other kinds of publishing best practices, such as use of automated fraud detection capabilities, may contribute to higher publishing costs. NIH is seeking further input on additional factors that it should consider in determining the allowability of a higher per publication cost.

Value added by a publisher

Continued investment in publishing infrastructure and technology (such as fraud and plagiarism detection, platform development, article metadata improvements, open science workflows) is now fundamental to the modern scholarly communication ecosystem, and contributes significantly to the overall cost base of a publisher.

Publishers add value to the publishing process in myriad other ways, some of which add significant costs to their operations. These may include: paying professional editors or editorial honoraria to MDs (medical doctors), enhanced article triage, enhanced peer review (such as BMJ Group's patient and statistical review processes), article enhancements & media creation (e.g. video abstracts, podcasts, infographics, lay summaries), commentary, marketing & outreach activities, customer support and waiver provision. In addition, BMJ Group adds unique value through its patient involvement activities.

Patient involvement

BMJ Group has worked with patients for over two decades. We strongly believe that integrating meaningful public perspectives into publishing systems and processes is critical to providing evidence that is not just academically rigorous but genuinely useful to those most affected.

Patient/public reviewers have been a formal part of *The BMJ*'s peer review process since 2014. Research papers are reviewed not just by academic experts but also by someone with relevant lived experience. Patients also sit on the journal's editorial board, and our international patient advisory panel helps shape our patient and public partnership strategy.

Patient and public involvement is being adopted more widely across BMJ Group. We now require all submitting authors, across all of our journals, to indicate how they involved patients and the public in their research in a Patient and Public Involvement statement, holding researchers accountable for their claims of "co-production".

A note on standardised pricing

As the component parts of the author value proposition vary between publishers, so do their approaches to pricing. Standardising price points, based on a standard service offering across providers, discourages differentiation and innovation, and limits a publisher's ability to respond to the specific needs of its customer base.

Additionally, making certain technologies a requirement for payment of part of an APC, creates a barrier to entry for smaller publishers who might not be able to invest in those technologies, further exacerbating the industry trend towards consolidation.