BMJ Open and Dryad
BMJ Group

40 titles

- Flagship: *BMJ* (formerly *British Medical Journal*)
- BMJ Journals, e.g. *Heart, Gut, Thorax, BMJ Case Reports*
- *BMJ Open*, publishing since February 2011
BMJ Open

- http://bmjopen.bmj.com
- Open access
- Open peer review
- Publishing research and protocols
- Data a natural fit…
- Ideal: protocol + article draft + reviews + published version of record + post-publication comment + data set
So far

• Godlee F. We want raw data, now. *BMJ* 2009; 339; b5405 doi: 10.1136/bmj.b5405
  ‘Individual patient data from all trials of drugs should be readily available for scientific scrutiny.’


  ‘the only real solution—that the raw data from trials must be made freely available’
Data sharing statements

- All *BMJ* and all *BMJ Open* research articles include a data sharing statement
Data sharing statements

• First 95 research papers on bmj.com in 2011: all had a statement of some sort
  19 offered access to full datasets on request
  10 offered access to other things, e.g. statistical code

• First 61 published *BMJ Open* research papers:
  8 no statement (oversight)
  15 ‘no further data available’
  38 stated something (which may be negative but was usually positive)
Data sharing statements in *BMJ Open*

- Useful: ‘The previously unpublished microarray expression dataset will be available through Gene Expression Omnibus (GSE21942).’
- Less useful: ‘Data will not be publicly accessible. Interested individuals may contact the authors.’
• Unprepared: ‘Informed consent for data sharing was not obtained from participants. Additionally, data cannot be shared due to the risk of participant identification.’

• Restricted: ‘any research involving the release of the dataset to other clinical academics would require approval by Grampian Research Ethics Committee’; ‘Access to the dataset is available … for academic researchers interested in undertaking a formally agreed collaborative research project.’
What are our needs regarding data?

- Infrastructure (repositories, etc.)
- Educated and motivated/incentivised authors
- Authoritative, clinical-research focused repository
What are our needs regarding data?

Issues to be addressed

• Patient confidentiality and consent
• Commercial sensitivity
• Commercial/academic primacy
• Risk of data manipulation
• Copyright and IP questions
• Lack of uniform standards; heterogeneous data
• What data to store – supplementary/raw/processed data
• Funding
Dryad integration

• Semi-automated process
• Authors select an option at upload to send article metadata to Dryad; ed asst sends email to authors/Dryad; authors upload data; provisional DOI to authors/BMJ Open; BMJ Open confirms accept/reject to Dryad; record goes live
Dryad integration

Feedback so far

• “The actual process was quite easy, the instructions on the process were not necessarily well laid out though.”

• “I was dreading it because I thought it would be potentially arduous and confusing, but it was nothing of the sort! Only took about 10mins to do it (probably less) and was really easy to use.”

• “No-doubt, it is user-friendly, and I hardly faced any difficulty or problem.”
Dryad integration

• 36 authors have asked to send metadata to Dryad
• Low usage – five datasets deposited (inc. one removed, one c/o BMJ Group authors)
• What’s the reason?
Future data strategy

- Increase deposition rate. Encourage authors. Get the data in to Dryad – or somewhere.
- Provide more resources for authors: but is more clarity required? What is meant by supplementary data, raw data, processed data? Should authors be depositing raw data and processed datasets?
- Should all data be archived? ‘Expenditure on data curation will have to be justified and data creators and managers will not be able to escape the necessity of making selection decisions.’ DCC, 2010
- Mandatory deposition closer for some journals than others