Note of ARMA REF Audit Meeting August 2019

About 80 attendees came to a meeting to discuss Research Excellence Framework (REF) Audit. We looked at interpretations of the audit guidance [1]and shared practical advice.

The goals of the day were:

- Identify areas of audit guidance where attendees need practical help or clarification.

- Share Best Practice.

- Capture key questions for feedback to Research England REF team.

Key actions from this meeting can be found in the 'Suggested Actions' table below.

Review of previous requirements

Complete note of the April 2019 meeting http://eprints.gla.ac.uk/185233/1/185233.pdf

We started by revisiting the questions and requirements from the April 2019 meeting. Since then the audit guidance has been issued and it was pleasing to note that some items had

Several requirements were still outstanding, and these were discussed further.

See Appendix 1 if you want to read the extract of requirements from the April 2019 meeting with status added from August 2019 meeting.

Some of these requirements were carried forward to the next part of the discussion.

Identifying Requirements

Attendees discussed and prioritised requirements for the day. A complete list of requirements is available at Appendix 2. We discussed the prioritised level 3 items during the day, and this encompassed some of the other requirements but not all.

The prioritised requirements were articulated and discussed in groups around the topics of open access, staff, environment, impact, and generic audit requirements.

The groups then considered:

---

[1] https://www.ref.ac.uk/publications/audit-guidance-201904/

▶What are we going to do about the requirement?

▶What should be done?
▶Share best practice solution?
▶Propose a definition?
▶Ask supplier for assistance?
▶Feedback question to Research England?(Is it clear what the question is?)
▶Who can help with/lead on the action?

Suggested Actions

No.	Group	Prioritised Requirement	Action Category	Action Description
1	OA Table 1 Actionees: Lindsay Wood/Louise Tripp/Valerie McCutcheon	OA Processes vary locally how can we reduce risk and worry around non-compliance?	Best Practice	Write some guidance we can share as a community. This might include core compliance/fit for purpose guidance and additional 'gold standard' suggestions. This would be use at your own risk suggestions as we do not expect RE to endorse it. We may consider: A community gap analysis A Buddy System Procedures comparison- Identify similarities and risk areas A 'rubrix' for audit One example was to keep a cushion and not use up the 5% non-compliance in case some items were deemed non-compliant despite the organisation thinking they were compliant. ARMA member discussion groups could facilitate online meetings.
2	OA Table 1	Different ways of auditing noted in the guidance	Feedback for RE	Can we be sure of equity if auditing us in different ways?

3	OA Table 2	Extenuating circumstances need clarification. Concern will disadvantage organisations with many people genuinely off ill/maternity.	Feedback for RE	Clarify what evidence is required. Concern that there may be equality and diversity and GDPR issues in handling this information. Some organisations have been using exception 252d 'unlawful' and some have created a category locally for 'authorised absence'. Could 'authorised absences' be excluded from the 'other' exception audit trigger?
4	OA Table 3	How will the compliance dates be checked and how can we be sure they are robust?	Best Practice	Clearly documented processes should reduce the risk. See also requirement no 1.
5	OA Table 4 Action: Discuss with UKCoRR - Valerie McCutcheon	Concerns CORE and Paywall methodology and data flawed.	Feedback for RE	Concern that methodology is fundamentally flawed. Surprised to hear these tools were to be used. Would have been good to consult more with HEI's. Not enough advance notice to collect the relevant data to be harvested. Could we provide 'correct' data from our systems and audit these instead for robustness? REF is meant to be system agnostic. OA Flag - won't work for more recent publications under embargo. Or are these tools just an indicator? Still concern that it makes orgs look bad if appear non-compliant compared to peers. Extra work will be done to check at cost to organisations. Action: Discuss with UKCoRR feedback from ARMA and UKCoRR to Research England REF Team.
6	OA Table 5	Making items open within 1 months difficult. Need to know when published and	Feedback for RE	Could we use exception e.g some organisations use technical exception as not authors fault?

		publisher policy. Difficult to **resource** constant checks for publication date. Some information systems harvest data e.g. Elements but not complete and may be after the 1-month embargo. PubMed deposit may not know the compliant date	Best Practice Feedback for RE Feedback for Jisc Feedback for RE	If publisher policy unknown just make open by default? Or use unlawful exception? See requirement no 1 Relax to 3-month compliance as standard whether zero, 12-month embargo, gold etc - consistency easier to manage. Publications Router help with fuller publication dates - but not complete coverage yet. We know Jisc are working hard on this. Accept as compliant as assume in most cases was submitted to PubMed on time?
7	Impact	Testimonials Clause 66b	Feedback for RE	Clarify - do they intend to contact providers of testimonials? All of them? A sample? What is contact no longer available? GDPR how does this work - some have informed providers of testimonials they might be contacted some have not - would this need to be backtracked? How would non-English speaker evidence be collected? Do we need to provide translation? That would not be independent. (Excludes Welsh as we understand they can be submitted in Welsh) 5 testimonial rule rumour circulating - what is the actual position? Some understand it is necessary to provide 5 contacts.
8	Impact	Publicly available	Feedback for RE	Clause 60b - what does publicly available mean? Is it the same as the definition used for Open Access? For broadcasts, plays, other outputs? Sometimes no clear date on portfolios of practice research. Some examples

				would be useful.
9	Staff	Verifiable evidence v self declaration	Feedback for RE	Remove para 85 as is confusing
10	Staff An email will be circulated to ARMA SIG to discuss this	ECR verifiable evidence - had they become independent at a previous institution?	Best Practice	Use CV and public data to verify. Ask funder if fellowship. Apply for reduction for unit if high proportion of ECR rather than expect them to fill in special circumstances.
11	Staff	Substantive Connection - what will be checked?	Best Practice Feedback for RE	Not required to define in COP so some have, and some have not. Document your local process. Are RE going to look at specific cases?
12	Staff	HESA data	Feedback for RE	What exactly will be looked at? (Noted might not know till RE look at the data)
13	Environment	No detail about what will be examined in audit	Feedback for RE Best Practice	What level of details of corroborating evidence will 5a and 5b require? What defines a key claim v a regular claim? Each HEI could consider what evidence they might be able to provide. Tell UoA's to collect and store. Share ideas e.g. via REF SIG or shared space.
14	Environment	Tolerance Levels REF 4a	Feedback for RE	Please publish
15	Environment	Institutional Statement	Best Practice	Await final guidance. Attend meeting in York 18th September. https://arma.ac.uk/product/ref-research-policy-forum-2/
16	Environment	Income in Kind	Feedback for RE	Income in kind is only going to lead organisations. This could be considered discriminatory. Any resolution available?
17	Generic Audit	Concern over clarity and consistency.	Feedback for RE	Further clarification on evidence categories and specific data and

		Burdensome and worrying.		timelines would be useful. E.g. Small Unit criteria E.g. Rules and feedback on COP inconsistent and vague.
18	Generic Audit	Fairness and transparency.	Feedback for RE	Will there be calibrated queries and judgements e.g. if more than one auditor?
19	Generic Audit	Now includes OA	Feedback for RE	Acceptance that queries on OA might be raised by panels noting this differs from draft guidance which led us to believe that panels would not see OA information or be able to question this aspect.

Notes will be shared with the ARMA OA, REF and impact Special Interest Groups, UKCoRR mail list and OA Scotland and will be sent to registered attendees via email. We will also tweet these from the @arma account.

It was agreed that future meetings would be useful whether in person or online and the organisers will advertise these events.

Appendix 1 - Extract of Requirements

Area	Requirement	Possible Solutions	Status
Staff – Evidencing the Eligibility of Former Staff	What is required to evidence the Eligibility of Former Staff? Guidance around this did not exist at the time of them leaving. Change of policies around GDPR so this information may no longer exist. Impact is a much longer time period Dealing with changes on internal systems (HR) and record keeping	Verification though previous REF/RAE submission Verification through external sources such as JeS, Research Fish etc Allow for system issues/failure Allow if evidence has been destroyed for GDPR reasons	Requirements relating to impact given longer time scales Systems not in place at the start of the period, how should this be handled? Responsibility for research assessment for staff who have left – very unclear and guidance limited.
Staff - connection to UOA	What is required to evidence Substantial Connection	Research England to give examples of acceptable evidence e.g. a screenshot from websites/ publications affiliated with the publication	Concern about HESA mappings and REF return. Will this trigger an audit?
Staff - employed elsewhere	What evidence do we need to provide of employment outside HEI at the time of acceptance?	Include detail in FAQs	Is there a trigger % of staff not submitted that would trigger an audit?
Staff - significant Responsibility for Research	What is required to evidence Significant Responsibility for Research. Will the process or decisions made and recorded on individuals be audited? Will a low % staff identified trigger an audit? Correlation of HESA data.	HEIs to provide details of the decisions of the deciding body (minutes or recommendations as supplied to the individual). If there is an appeal process HEIs to provide information on the number and outcome of appeals. Research England to advise on what evidence would demonstrate that HEIs have followed the process Would like audit to focus that process in Code of Practice has been followed, rather than queries on individual staff (this was an concern for a number of areas)	Verification not simple. Is line managers testimonial acceptable?
Staff- Evidencing Research Independence	What is required to evidence Research Independence? What records do we need to keep? Will they use RA records on HESA? To what extent is 'academic judgement' accepted as evidence? What about colleagues from a practice in research background registered for a PhD?	HEIs to provide details of the decisions of the deciding body (minutes or recommendations as supplied to the individual). If there is an appeal process HEIs to provide information on the number and outcome of appeals. Research England to advise on what evidence would demonstrate that HEIs have followed the process	
Staff- Decisions on circumstances	How will decisions on circumstances be audited? Is there specific guidance for acquiring and retaining staff circumstance information	Accessible FAQs The timing of audit should be at the time of EDAP decisions Clarify if Panels can raise a query on staff circumstances	OK but discomfort about having to ask about circumstances Process still seen as messy
Open Access - dates	How will Open Access dates be audited? What counts as 'best efforts' on acceptance dates? What if the author and publisher don't agree? Variety of practices for difficult circumstance (such as where there is no acceptance date online/in the public domain record). What if there is a delay applying the right embargo?	Audit to focus on process rather than individual dates/cases. HEIs to provide details of the process for when/if proxy dates are applied. Research England to provide confirmation around difficult cases in audit guidance/ FAQs Community/Research England to lobby for publishers to provide this data	Some organisations do not have well established research information systems so how might they address the audit requirements? Still not clear

Open Access - Exception Ambiguity	Open Access exceptions are ambiguous (especially 'Other' and gold OA).	Community/Research England to establish common understanding and use cases for exceptions, especially for those exceptions such as 'Other' and gold OA Research England to ensure examples and guidance communicated openly to HEIs	Evidence requirements still ambiguous
	Some form of template or checklist would be very helpful.	HEIs to document their process for recording compliance and assigning exceptions and ensure this is applied consistently HEIs to ensure control measures are included to protect against risk e.g. to protect against exceptions being applied inconsistently all staff assigning exceptions have regular training etc.	
	The dates are complex. This has added to the level of OA burden .		
Open Access - Gold Open Access	Gold Open Access specific queries	Help and examples for difficult cases in audit guidance/ FAQs Audit the process If the published version of the article is immediately, permanently, free to access on the publisher's website with a licence that permits copying and reuse this is compliant. See clause 239 in Guidance on Submission. If the licence is unclear judgement is required. If uncertain it is possible to use other exception for	There was some discussion as to whether a licence was required. The requirement is to allow immediate, permanent, and free access to the published version allowing copying and reuse. We think that any gold item that satisfies these conditions would meet the requirement regardless of what licence or if there were a licence at all
	Was an article immediately made gold - not later or retrospective?	compliance or exception.	
	If an article is published without a clear licence is that acceptable?		
Outputs	Guidance for outputs published as pre-prints/online late in 2013 unclear around:	Help around difficult cases in audit guidance/ FAQs ● Further clarify the issue of whether early on-line is	
Pre-print/online early	Dates especially definitions of pre-prints /online early Checking online early has not been entered by another institution	treated the same as a pre-print REF/software could flag outputs entered previously by another institution	FAQ confuses preprints and early on line - these are not the same thing
Outputs – new research	What evidence required for 'new research'	Clarify the implications of removal of the reference to early on-line in 2013, which was in the draft Guidance on Submission. If there was an early online version out in 2013 but the print version came out in 2014, can it be submitted? Guidance around difficult cases in audit guidance/ FAQs	
Impact	What evidence should be held in respect of the additional contextual data?	Base audit around process	
Audit - format	Clarification on what audit will look like, in particular for new areas - OA status / staff responsibility for research/independent research/circumstances.	Base audit around process	
Audit - process	If it is a process audit what would this look like? What level of detail would be required? What would be the impact of Audit on administrators, in particular in smaller teams.	Work with RE in a process, to come up with a template that suits institutions, outlining how we should evidence our processes Look for evidence in the template of how it is fair across various types of institutions.	
Audit process- Open Access	What will Audit on Open Access look like? Several concerns around this area including: New and complex process. Risck of publications coming up unclassified. Tolerances for OA, evidence for acceptance dates. New and complex process.	Evidence of robust process and systematic documentation in the institution. Each institution will have a different way but need to have documented steps. Audit on OA process should be investigative not punitive. Focus on the process being in place and applied Audit should be for learning/ a conversation. Develop process for next REF.	

	Risk of publications coming up unclassified. Tolerances for OA, evidence for acceptance dates Is it a sample of institutions Can the auditor challenge exceptions? Dealing with human/admin error and publisher error Increase to administrative burden		

Appendix 2 - Verbatim List of Initial Requirements

The list below shows:

Level 3 - requirements prioritised on the day
Level 2 - next level not discussed in day
Level 1 - next level not discussed on day
Initial Requirements before Prioritisation

There may be some duplication. The list below is just for completeness and transparency.

Level 3 - Highest Priority Requirements

Evidencing exceptions for open access especially "others"

Justification of using the "other" exception.

Systems to gather data - different to what we have in our repository.

Deposit dates can't be harvested. Acceptance date is not always available, NOT required? Publication dates - years can differ e.g crossref v core.

How institutions compare output data against core/unpaywall? What do you do with discrepancies to align with existing systems?

Accuracy of data held at other institutions i.e. where deposit has been made at another HEI due to a co-author employed there.

What is meant by significant anomalies? - HESA

What is a "significant anomaly" when comparing HESA data and UoA attribution (para 35).

Unpaywall - how will it cope with embargoes copies. Are we being audited on embargo dates?

Detail of environment statement audit.

Implementation of CORE requirements of unpaywall.

Output deposited on acceptance but embargoed until publication (as required by publisher) not identified as published and made available until more than 1 month from publication.

How will unpaywall check if OA and file is searchable within consistently (under embargo).

Level 2 - 2nd Level Priorities

Supporting evidence - do we keep emails? Do others collect evidence e.g. acceptance dates?

Systems being used to check OA compliance assume repositories are set up in certain ways which haven't been mandated. Will lead to lots of institutions being audited unnecessarily.

Process for managing Gold open access - how will they check this? Where are they getting the data from re re-use licenses etc.

How should cases of human error with open access be categorised/recorded to stand up to audit?

How much/what evidence will be requested to exempt a small unit?

Substantial connection - disciplinary norms. What if we have people we don't' feel have sub connection? If were submitting 100% but don't submit? of Z FTE if were submitting others, will that trigger audit?

How will use of unpaywall and JiSC CORE work in practice (unpaywall 1st, 2nd? JiSC CORE 1st, 2nd?) Only 1 of them or both - in which order?

Evidence 'other' exemptions on open access.

How will JiSC CORE source the date of deposit? (from repositories automatic feed or manual input) How will date of acceptance ba saved in instances where this is required to monitor compliance with policy.

Conference proceedings - what checks do we need to do to show output is not in scope?

If there is no date of acceptance found, how do we 'evidence' a proxy date.

How do we know whether we have a high number of "other" exceptions?

What is gold OA, really?

Using date of deposit problematic if you changed files (change word to PDF etc)

Environment statement claims can be audited - what kinds of claims and what kind of evidence?

Auditing UoA for eligible vs submitted staff - evidence decision etc i.e where a small number of submitted staff are aligned to another unit because of low FTE etc, should their eligible staff be submitted in?

Level 1 Priorities

How do we verify dates? Crossref/Core? Do they correct dates?

How will Core? publication and deposit dates consistently from different CRIS/repository systems?

How is the accuracy of unpaywall determined? Just because it's open doesn't mean it was compliant.

How can we 'confirm' that outputs were available immediately after publication via the gold route.

How will panels audit corroborating sources for impact evidence where factual statements are provided.

What if we don't know publication date so omit to release a manuscript?

2017 output - deposited within 3 months, publication and made OA within 3 months. But 1 > month from deposit to OA - what exception to apply?

Does Gold OA exception have to be applied to Gold OA article? It feels a bit like overkill if this is required.

Claims in environment templates what sort of evidence would be expected at audit? What is the institutional statement being audited if not assessed?

Record keeping and creating this from scratch to satisfy audit.

Where the audit guidance states "identify significant anomalies" what does this mean?

Will audit cover if someone was independent at a previous institution?

How will you audit income in kind where it is split across institutions?

Unpaywall and embargoed items? False returns. Jisc CORE - ability to verify findings.

How will HEFCE check when and AAM was deposited before the end of an embargo period - if using core Unpaywall.

Date of acceptance audit.

What to do when we can't find an acceptance date?

How can we expose the date of deposit which is held internally not publicly in repository audit process will fail?

First deposit date is not exposed so cannot be harvested what happens then?

What evidence needs to be recorded for individual OA exception? Was specified in 2014 OA document but not audit guidance.

If an output is non-compliant in our repository but compliant in a co-authors repository what evidence is required for compliance?

Auditing on date of acceptance - How - can do date of publications but ot acceptance… Was told by REF categorically at lots of meetings that wouldn't need evidence to be collected if this …. Now we do??

What sort of evidence would be needed to justify the decisions to use 'other' exception?

How can we retrospectively evidence the FTE and employment status of staff on the census dates? What sources could be used?

Initial Requirements before Prioritisation

Making outputs available/month after publication

Staff

The access requirements (route 2) in 242b in policy is difficult to meet as involves needing to know when outputs are published and make open within 1 month and ideally publisher policy.

Not all HEI's have the resource to keep monitoring these publications (staff and technical system updates)

If this is missed (even though file deposited within 3 months of acceptance) will this still be regarded as not compliant?

Do you recommend we use and exception or make no eligible/not OA compliant? (+ be part of 5%)

We use an exception (advised by Research England) we reduce numbers if no publisher policy and make open at deposit.

Relax the access requirements around 0 embargo (route 1 and route 2) as not mentioned in REF audit? and see as recommendation no requirement.

Can pub router help? E.g. if possible, to pull in publication data.

Open access resolution? to correct? mistakes post submission.

If an output was released as OA from repository later than 1 month from when publisher allows, due to not being aware of trigger?? (i.e online publication) is there an exception?

Can human error ever be an exception?

Different system - Jisc core service etc.

How are HEI's defining who has significant responsibility for research? How are they evidencing this?

Issues around publications from staff who have moved HEI - stuff made OA in previous HEI? Staff who have moved on - OA in next HEI.

How will impact be audited? Rather than description details of process. What required?

Impact - in a case study drawing on multiple staff research outputs/impact activity, does underpinning research have to map into each other perfectly?

Relationship between underpinning research and impact, must there be a direct.

Extenuating personal circumstances for use of "other" how is this defined when compared to "special circumstances" in the main REF and 'a good excuse for not OA on time'

What evidence of SC will be required in an OA audit scenario (aka if above not addressed), need to clarify if and what evidence is needed? A descriptive statement.

Use of "other" exception for "special circumstances" is potentially an equality and diversity issue. If an institution has high levels of declared SC they will be at a disadvantage and more likely to be audited. Options: create an SC exception or allow use of deposit D.

How rigorous will OA audit be? Systems limit data REF will have access to, so can they "deep author" us for data they haven't asked for/won't have?

253c "Disallows" means open access release bit deposit? It is an access exception but refers to deposit.

We require assurance that auditors will rad the reason for "other" exceptions, rather than just using absolute number of "other" exceptions as a way of triggering an audit. Submission system must allow this information to be included.

Gold publications in DOAJ but don't explicity permit redistribution - ok?

Under publication policies - e.g. we though there was a longer embargo and then revised?

Publish the tolerances in the audit guidance.
HESA costs centre comparison with REF UOA allocation - they say will investigate 'mismatches. What are they interested in, what are the consequences if they find the difference?

What type of evidence will be sought if not statement evidencing substantive connection has been provided due to illness, for example?

How much evidence do we need on environment supporting OA? Lots of every advocacy meeting.

Are people worried about HESA cost centre and UoA allocation?

Can we establish a complete list of external independent data sources that will be reviewed with the REF submission prior to requests for HEI records e.g. HES C19025, HESA C18025, ORCID's etc.

How do you prove evidence you have followed your code of practice?

Para 49 - 1, randomly, 2 unpaywall, 3 JiSC CORE. Combination of 2 and 3? Equitable.

253c If publisher policy unclear to get no answer on time t comply use this or 252d?

Which publication year will RE harvest? Online early or volume date and what is they differ.

Pubmed - count as OA compliant or not? We can't always tell deposit date.

What if we can't get a copy of an output either in digital or physical format? Acces sand Technical exceptions.

Will Research Englant audit acceptance date? Are institutions collecting evidence of acceptance date?

254a Ok to use if determined as non-compliant @ 3rd party e.g. not our 5%.

252b can we use if just difficult, time consuming to manipulate a version?

252d - using where OA publisher does not allow their submission system file format to be used.

Not convinced deposit date reliable from CORE (as date of AAM not just any deposit).

Admin error e.g. sent manuscript to library as per deposit process, but they forgot to upload. Exception allowed? Not author's fault.

Is says if they determine that? is not submitted who should be /or submitted who shouldn't be. How are they determining that?

What is reasonable 'significant' impact of combined personal circs on an UoA? Can we encourage declaration when there is no obvious benefit moral dilemma?

Substantial connection - will individual staff or the process or both be audited. How do you prove someone isn't substantially connected?