The NIH Public Access Policy

Neil Thakur, PhD
Office of Extramural Research
National Institutes of Health


Introduction and Overview

- Public Access and NIH
- What is NIH?
- What is the Public Access Policy
- History: Voluntary v. Requirement
- How it works
- Feedback and Lessons Learned

NIH Mission

The 65-Year Mission of NIH
- Section 301 of the PHS Act – “The Secretary shall conduct in the Service and encourage, cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man . . .”

The NIH is the primary Federal agency for conducting and supporting medical research.

NIH Funds and Conducts Biomedical Research

NIH is an institution
(Intramural Research)
~6,000 scientists
~10% of NIH budget

NIH supports institutions & people
(Extramural Research)
>3,000 institutions
>300,000 scientists & research personnel
~83% of the NIH budget
Open Access v. Public Access

Bethesda Statement on Open Access Publishing (April 2003):
- "The authors and copyright holders grant to all users a free, irrevocable, worldwide, perpetual right of access to, and a license to copy, use, distribute, transmit and display the work publicly and to make and distribute derivative works, in any digital medium for any responsible purpose, subject to proper attribution of authorship, as well as the right to make small numbers of printed copies for their personal use"
- A complete version of the work and all supplemental materials, including a copy of the permission as stated above in a suitable standard electronic format is deposited immediately upon initial publication in at least one online repository that is supported by an academic institution, scholarly society, government agency, or other well-established organization that seeks to enable open access, unrestricted distribution, interoperability, and long-term archiving (for the biomedical sciences, PubMed Central is such a repository).

Public Access is NOT Open Access
- Articles collected via Public Access are copyrighted by publishers
- Are not made freely available to the public for up to 12 months
- Are accessed under fair use principles, like content at libraries

The Public Access Policy: Goals

ARCHIVE. Keep a central archive of NIH-funded research publications—for now and in the future, preserving vital biomedical research results and information for years to come.

ADVANCE SCIENCE. Create an information resource for scientists to mine, and for NIH to manage better its entire research investment.

ACCESS. Provide electronic access to NIH-funded research publications for patients, families, health professionals, scientists, teachers, students, and others.

The NIH Public Access Policy

- The Policy implements Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008) which states: "The Director of the National Institutes of Health shall require that all investigators funded by the NIH submit or have submitted for them to the National Library of Medicine's PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication.

Definitions

- PubMed Central (PMC): PubMed Central (PMC) is the NIH digital archive of full-text, peer-reviewed journal papers. These papers are indexed with a PMCID, a series of numbers preceded by "PMC". PMC content is publicly accessible and integrated with other databases (see: http://www.pubmedcentral.nih.gov/).
- PubMed: PubMed provides access to citations from biomedical literature. It includes over 17 million citations from MEDLINE and other life science journals for biomedical articles back to the 1950s, along with links to full text articles and other scientific resources. These citations are indexed with a PMID, a series of numbers.
- Final peer-reviewed manuscript: The author’s final manuscript of a peer-reviewed article accepted for journal publication, including all modifications from the peer review process.
- Final published article: The journal’s authoritative copy of the article, including all modifications from the publishing peer review process, copyediting and stylistic edits, and formatting changes.
Implications of a Successful NIH Public Access Policy

Easy access to published research funded by NIH will help advance science and improve human health.

- Meets the public’s expectation that articles based on NIH-funded research are publicly available.

- NIH can monitor, mine, and develop its portfolio of taxpayer-funded research more effectively.

- NIH-funded research becomes more prominent, integrated and accessible, making it easier for all scientists to pursue NIH’s research priority areas competitively.


Benefits of an Integrated Archive

Use this link to see more recent papers in PMC that cite this one.

Use the ID of the marker of highest linkage to get a quick look at the genomic region in MapViewer.

Copyright Issues

- The NIH Policy explicitly recognizes and upholds the principles of copyright.

- Authors and journals can continue to assert copyright in NIH-funded scientific publications, in accordance with current practice.

- The Policy has no effect on the author's choice of journal.

- Publishers have adopted different positions toward the Policy.

- Since the May 2005, many publishers have amended copyright transfer agreements to obtain copyrights of Author manuscripts.
**Policy History Since 2004**

- 2004: NIH engaged in public discussion on a Public Access Policy
- May 2005 - March 2008: The NIH Public Access Policy was a Voluntary request of its awardees. It collected less than 20% of targeted papers
- April 2008: The NIH Public Access Policy becomes a Requirement for all NIH awardees

**Current Collection Rates**

<table>
<thead>
<tr>
<th>Final Published articles from PMC journals</th>
<th>Fully processed manuscript submissions</th>
<th>Total deposit rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
<td>7%</td>
<td>30%</td>
</tr>
<tr>
<td>22%</td>
<td>13%</td>
<td>40%</td>
</tr>
<tr>
<td>30%</td>
<td>20%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**The NIH Public Access Policy Applies to Any Final Manuscript That...**

- Is peer-reviewed;
- And, is accepted for publication in a journal on or after April 7, 2008;
- And, arises from:
  - Any direct funding from an NIH grant or cooperative agreement active in Fiscal Year 2008 or beyond, or;
  - Any direct funding from an NIH contract signed on or after April 7, 2008, or;
  - Any direct funding from the NIH Intramural Program, or;
  - An NIH employee.

**How Awardees Comply**

- **Address Copyright**
  - Institutions and investigators are responsible for ensuring full compliance with the Public Access Policy (e.g., that any publishing or copyright agreements are consistent with submitting to PMC).
- **Deposit Paper Upon Acceptance for Publication**
- **Cite Article**
  - Include the PMC number (PMCID) for applicable papers in applications, proposals and reports, as described at [http://publicaccess.nih.gov/citation_methods.htm](http://publicaccess.nih.gov/citation_methods.htm).
Address Copyright

Before an author signs a publication agreement or similar copyright transfer agreement, make sure that the agreement allows the final peer-reviewed manuscript to be submitted to NIH in accordance with the Public Access Policy.

Points to consider
• What submission method will be used?
• What version of the paper will be made available on PMC?
• Who will submit the paper?
• When will it be submitted?
• Who will approve the submission?
• When can the paper be made public on PMC?

How to Submit Manuscripts

• Four different submission methods have emerged, which vary in:
  – Version posted
  – Use of the NIH Manuscript Submission System (NIHMS)
  – Role of Publishers
  – Role of Authors
  – Participating Journals

• Authors may use whichever method is most appropriate for them and consistent with their publishing agreement.

Overview of Submission Methods

<table>
<thead>
<tr>
<th>Version of Paper Submitted</th>
<th>Method A</th>
<th>Method B</th>
<th>Method C</th>
<th>Method D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Published Article</td>
<td>Final Published Article</td>
<td>Final Peer-Reviewed Manuscript</td>
<td>Final Peer-Reviewed Manuscript</td>
<td></td>
</tr>
</tbody>
</table>

Task 1: Who deposits the paper?

<table>
<thead>
<tr>
<th>Version of Paper Submitted</th>
<th>Method A</th>
<th>Method B</th>
<th>Method C</th>
<th>Method D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Published Article</td>
<td>Final Published Article</td>
<td>Final Peer-Reviewed Manuscript</td>
<td>Final Peer-Reviewed Manuscript</td>
<td></td>
</tr>
</tbody>
</table>

| Publisher direct to PMC | Publisher direct to PMC | Author or designee, via NIHMS | Publisher, via NIHMS |


When citing a paper in NIH applications, proposals, and progress reports, include the PMCID at the end of the full citation. This requirement only applies to papers that fall under the Policy and are authored or co-authored by you or arose from your NIH award. For more information see http://publicaccess.nih.gov/citation_methods.htm.

**Example**

How to cite papers in press, or within 3 months of publication...

• For Method A and B Journals, use “PMC Journal - In Process”.

• For Method C and D Journals, use the NIHMSID.

• NIHMSIDs will not be accepted 3 months after publication.
  • PMCIDs are assigned around the time of publication.
  • Please use the PMCID once it is assigned.

Final Peer Reviewed Manuscript, on PMC

ABCA3 Mutations Associated with Pediatric Interstitial Lung Disease

Julie E. Bullard, Susan E. Wert, Jeffrey A. Whitsett, Michael Dean, and Lawrence M. Noge

Abstract

ABCA3 mutations were identified in 3 of 16 (19%) children with idiopathic interstitial pneumonias and no other identifiable etiologies. Of these, 2 had ABCA3 mutations identified in both alleles. All three had the same nonsense mutation (E297X) and a second unique mutation. The E297X mutation was not found in 150 control alleles from adults without lung disease, but seven additional patients of the remaining...