

Final NIH Public Access Policy Implementation

For the Public

Beginning May 2, 2005, NIH-funded investigators will be asked to submit voluntarily to PubMed Central (PMC) the author's final manuscript upon acceptance for publication, resulting from research supported in whole or in part, with direct costs¹ from NIH. PMC is the NIH digital repository of full-text, peer-reviewed biomedical, behavioral, and clinical research journals. It is a publicly-accessible, permanent, and searchable electronic archive available on the Internet at <http://www.pubmedcentral.nih.gov/>.

The author's final manuscript is defined as the final version accepted for journal publication, and includes all modifications from the peer review process. At the time of voluntary submission to PMC, the authors will specify the timing of the posting of their final manuscript for public accessibility through PMC. Posting for public accessibility through PMC is strongly encouraged as soon as possible (and within twelve months of the publisher's official date of final publication). As the archive grows, NIH staff and the public will be more readily able to access an increasing number of NIH-supported research publications in a single source.

Through this archive of peer-reviewed, NIH-funded research publications, health care providers, educators, and scientists will be more readily able to exchange and search for research publications, and the public will have greater access to health-related publications. An added benefit of using PMC is that articles returned by a search are automatically linked to a variety of research-related resources in other National Library of Medicine databases, such as DNA and protein sequences, protein structures, small molecules (PubChem) and taxonomy. These databases also provide linkages to a broad collection of other biological and health-related resources.

For Submitting Authors

Beginning May 2, 2005, NIH-funded investigators are requested to submit to PubMed Central (PMC) an electronic version of the author's final manuscript upon acceptance for publication, resulting from research supported in whole or in part, with direct costs² from NIH. The author's final manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process.

¹Costs that can be specifically identified with a particular project or activity. NIH Grants Policy Statement, Rev. 12/2003; http://grants.nih.gov/grants/policy/nihgps_2003/NIHGPS_Part2.htm#_Toc54600040

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The final NIH Public Access Policy (the Policy) applies to all research grant and career development award mechanisms, cooperative agreements, contracts, Institutional and Individual Ruth L. Kirschstein National Research Service Awards, as well as NIH intramural research studies. The Policy applies to peer-reviewed, original research publications that have been supported, in whole or in part, with direct costs from NIH, but it does not apply to book chapters, editorials, reviews, or conference proceedings. NIH is requesting that authors submit only those publications resulting from currently funded NIH research projects. Publications resulting from previously supported NIH research projects, as well as non-NIH-supported research projects, should not be submitted.

PMC is the NIH's digital repository of full-text, peer-reviewed biomedical, behavioral, and clinical research journals. It is a publicly-accessible, permanent, and searchable electronic archive available on the Internet at: <http://www.pubmedcentral.nih.gov/>. Under this Policy, an author, or his or her designee, will submit voluntarily his or her final, peer-reviewed manuscripts to a password-protected, web-based submission system within PMC. The system will collect certain identifying information, including journal title, author contact information, and associated NIH award number(s). The system will also ask submitters to review and acknowledge the terms and conditions of their submission, through one of a choice of submission agreements. Authors and/or their institutions should ensure that their PMC submissions are consistent with any other agreements, including copyright assignments that they may have, or enter into, with publishers or other third parties.

Authors' final manuscripts may be submitted in the usual electronic formats accepted by journals, e.g., most word processing formats or PDF. Once the manuscript has been submitted, the system will assign a PMC identification number and generate an e-mail to the author(s) confirming their submission. In cases in which the Principal Investigator (PI) is not an author, a courtesy e-mail will be sent to alert the PI of the submission. Corrections of content errors and other necessary revisions of authors' final manuscripts will be accommodated.

At the time of voluntary submission to PMC, the author will specify when their final manuscript will be publicly accessible through PMC. Posting for public accessibility through PMC is strongly encouraged as soon as possible (and within twelve months of the publisher's official date of final publication).

The publisher may choose to furnish PMC with the publisher's final version, which will supersede the author's final version. Also, if the publisher agrees, public access to the publisher's final version in PMC can occur sooner than the timing originally specified by the author for the author's final version.

One of the benefits of this Policy is that PIs and institutions can use it as an alternative means to fulfill the existing requirement to provide publications as part of progress

reports.³ Current NIH grants policy for progress reporting requires that one copy of each publication not previously submitted be provided. This includes manuscripts submitted or accepted for publication. Beginning with progress reports submitted August 1, 2005 (i.e., progress report submissions for Fiscal Year 2006 funding), a reference to the PMC submission identification number may be included in progress reports, in lieu of submitting a hard copy of the publication. If this method of submission is chosen by the grantee, this will replace the hard copy submission for any “published” or “accepted for publication” manuscripts. However, NIH still will require a hard copy of “submitted but not yet accepted” manuscripts as part of the progress report, since PMC archives only manuscripts that have undergone the peer review process and have been accepted for publication.

With the prior approval of the author, the author’s final manuscript submitted to PMC will be made available to his or her assigned NIH program official(s) prior to the time specified by the author for public accessibility. If the author is not the NIH-funded PI, approval must be provided by the PI. This will allow program officials to manage more efficiently and understand better their research portfolios. To enable NIH to advance its goal of creating an end-to-end, paperless grants management process, we anticipate that these submissions may be used in the future by NIH-funded investigators for application and close-out procedures if they choose to do so.

Though the NIH anticipates that investigators will use this opportunity to submit their manuscripts, sending electronic copies is voluntary and will not be a factor in the review of scientific progress. NIH staff will not add manuscripts to PMC that are submitted in hard copy as part of a grant progress report.

As additional details and instructions on the use of the PMC manuscript submission system become available, these will be posted on the NLM PMC website at <http://www.pubmedcentral.nih.gov/>.

Issuance of this policy is the beginning of a process that will include refinements as experience develops, outcomes are evaluated, and public dialogue among all the stakeholders is continued. An NIH Public Access Advisory Working Group of the NLM Board of Regents⁴ will be established. The Working Group will be composed of stakeholders that will advise NIH/NLM on implementation and assess progress in meeting the goals of the NIH Public Access Policy. Once the system is operational, modifications and enhancements will be made as needed with the Working Group, or a permanent subcommittee of the Board, providing ongoing advice on improvements.

³ PHS 2590 (rev. 9/04), Progress Report Summary, Section e; available at: <http://grants1.nih.gov/grants/funding/2590/2590.htm>.

⁴ Established pursuant to 42 U.S.C. 286a, section 466 of the Public Health Service Act, as amended. The Board is governed by the provisions of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2): http://64.233.161.104/search?q=cache:BU0y_TPyJ-EJ:www1.od.nih.gov/cmo/committee/AdvisoryCmteUpdatedJuly3003.pdf+NLM+Board+of+Regents+FA&hl=en#98.