



INTERNATIONAL ASSOCIATION OF SCIENTIFIC, TECHNICAL & MEDICAL PUBLISHERS

STM Position on NIH Open Access Proposal

The International Association of Scientific, Technical and Medical Publishers (“STM”) is concerned that the National Institutes of Health (“NIH”) proposal on open publication on the NIH’s “PubMed Central” web site does not adequately define the problem to be solved and, as a result, does not appear to consider fully the implications of its proposed solution. This failure to assess properly what issues and problems may exist with respect to communications concerning NIH-funded research leads to a proposal which does not solve genuine needs and which could have significant unintended consequences. These unintended consequences can impact a major industry that contributes significantly to the understanding of health research and treatment for the benefit of U.S. citizens as well as scholars and users around the world.

STM represents nearly 100 publishers from 26 countries, including the U.S., including professional and scholarly publishers, commercial and not-for-profit organizations, many of whom have active “Open Access” programs as well as the full panoply of other business models. It is estimated that U.S. publishers of STM journals and books generate approximately 35 % of the worldwide output of such materials. The STM sector is vital in communicating medical research and improving the research process and ultimately health care and treatment.

STM and other organizations in the publishing community welcome the opportunity to contribute to this debate, as it has done recently in the discussions in the United Kingdom in response to the House of Commons Science and Technology Select Committee inquiry into science and medical publishing. Publishers understand the desirability and the need to communicate research results effectively, which is a critical part of the mission of every publishing house, whether it is a commercial entity or a not-for-profit university or society publisher.

The current NIH proposal is intended to result in a single database of primary research articles that have been accepted for publication in medical journals and that have been subject to the normal peer review and editing processes of such journals. Articles would be posted on the PubMed Central site within six months after publication in the original journals. The NIH has indicated that the proposal is intended to "share and support public access to the results and accomplishments of the activities that it funds," and other supporters of the proposal have indicated that it will make study results available to researchers, physicians and patients who do not otherwise have access to such information.

NIH officials have indicated that they do not intend to harm the STM publishing market. For this intention to become reality, the NIH proposal must assume that revenues to

support the peer reviewing, editorial and production processes etc. will be obtained through alternative business models. Specifically, NIH must be assuming that either: (a) a six months period of exclusivity will be enough to create a sustainable marketable demand for journal content; or; (b) that an author-pays model will be funded and will be successful. There is little evidence to indicate that either business model is viable or sustainable. In fact, there is substantial evidence to the contrary. In any event, we believe it is entirely inappropriate for a government agency of any country to be advocating and supporting particular business models, either directly or indirectly.

The “six months” business model ignores the scientific fact that research articles are often not read, reviewed or cited shortly upon publication. Studies have demonstrated that fewer than 30% on average of the “lifetime readings” of a typical research article have occurred within six months of publication, and many articles in particular fields will be reviewed and certainly cited for many years. Subscribers may well believe that a wait of six months for free access is worth the cost of not having the most current information, especially given the long life of research articles, and many will cancel journal subscriptions. The important point is that it is neither the role of NIH nor STM to decide how long a research article will have value-- that is the role for a free market.

With respect to the “author pays” Open Access model, even the UK Select Committee, a strong supporter of such a model, admitted in its report (see <http://www.parliament.uk/commons/selcom/s&thome.htm>) that there are significant concerns for scholarly societies and commercial “free-riders”. There has been no evidence introduced in any fora that suggests that authors or their institutions are prepared to pay significant amounts for publication, and some surveys suggest that authors will be reluctant to pay more than \$500 per article, a rate considerably below that currently charged by the well-known US Open Access publisher, the Public Library of Science and which most STM publishers who currently operate “author pays” models believe would be loss-making and unsustainable.

The result of the NIH proposal as it currently stands, especially if it is adopted by other US federal government agencies, is likely to be the closing of those STM journals unable to secure other substantial and sustaining sources of funding, or the need to fund the publication system out of US government taxpayer funds. It is particularly important to understand that certain medical journals will have a high proportion of articles deriving from research that receives some NIH funding. Such journals would likely require government funding, which will place a significant burden on taxpayers and will introduce significant uncertainty.

STM publishers have developed and continue to develop innovative and accessible business models to broaden information access such as:

- freely accessible abstracts or summaries;
- flexible subscription licensing arrangements for electronic journals;

- “pay per view” article access for those unable to subscribe;
- the implementation of discovery tools such as links to articles in thousands of journals from hundreds of different publishers (through CrossRef, see www.crossref.org) and novel searching tools; and
- establishing standards and methodologies for electronic preservation (including archival linking).

STM publishers have also formed and been significant contributors to projects such as HINARI and AGORA to ensure broad access to core health and agriculture materials for developing countries.

Revenues for investment or non-profit purposes are essential in supporting the core scholarly publishing functions. These include peer review, editorial selection and judgment, copy editing and production, indexing and other finding tools, the projects and programs identified above for improved access, and the investments of hundreds of millions of dollars in electronic information infrastructure and archiving.

Scientific disciplines differ widely in their scholarly communication practices. Journals differ from one another in their editorial content, features, sales models, and how they serve the needs of their specific research communities. As noted, many STM members are currently experimenting with business models that incorporate elements of “Open Access” principles, whether in permitting authors to self-archive their papers on open institutional web sites, in providing open web sites for journals, or in providing such access via the Internet for journal issues within a certain period of time selected by the publisher as relevant for the particular scientific discipline. Some STM members have been engaged in Open Access journal projects for many years, although not yet in ways that demonstrate significant longevity and sustainability. Generally these programs continue to require subsidy funding of one kind or another, and in that sense require publishers or sponsors with substantial funding capacities.

The multitude of business models that have emerged over many years serve the needs of authors and customers by ensuring the wide and continuous dissemination of consistently high-quality, independently validated research, and we welcome new publishers and new business models to our markets. There is nothing new in the NIH proposal other than unfunded mandates that arbitrarily favour some models over others.

STM submits that the research community is well served by the many dynamic business models in the marketplace. In most surveys of universities, researchers indicate that they currently have more access, through their desktops, to more material than at any prior time, and this evidence was also identified in the UK Select Committee’s report. The NIH’s own abstracting and indexing service, MEDLINE, is freely available on the Internet and provides a significant starting point for researchers interested in the most recent developments in particular medical fields.

STM believes that there are two fundamental areas where greater collaborative attention and energy among government agencies like the NIH, on the one hand, and publishers of all business models, and medical associations and institutions such as the American Diabetes Association, on the other hand, is sorely needed.

- First, physicians and health care professionals need better digested clinical material that will help keep them informed in an authoritative and efficient manner.
- Second, patients and other health care consumers have a similar need for professional help in selecting and editing the most relevant medical content to create useful patient-oriented information.

The American Diabetes Association's project called the "Diabetes Learning Center" is one such effort, which features information written for consumers with limited "health literacy" based on the primary research, with links to further selected content of a more technical nature.

All of the above does not mean that that STM feels that physicians and patients should not have access to primary research material, if such material would be useful to them, on the contrary. For these purposes, MEDLINE research and available access to the primary journal material through their local institutional or public library should remain available through current business models. However, the development of more targeted information resources will be infinitely more valuable than will mandated posting of research information. Projects such as the ADA's will be created not by government mandate but as a result of collaboration among professional organizations and professional authors and editors, supported by a vital publishing sector, which is currently happening.

STM member publishers have been involved in projects such as the Diabetes Learning Center since early in 2004, and STM publishers are currently working with such societies and associations such as the American Cancer Society and the American Heart Association (one such initiative is to be announced a few weeks from now). The main elements of these projects are:

- Publishers working through the health associations to provide access for their patient information professionals to primary research relevant to their patients;
- Secondly, through the health associations, to provide access to patients and care-givers to the research papers selected by the associations' information professionals.
- Thirdly, and not least importantly, such patient relevant access is given from virtually ALL papers published in the world, not just those supported by NIH.

Initiatives such as these will not be created by the proposal put forward by NIH but only as a result of collaboration among professional organizations and professional authors and editors, supported by a vital publishing sector.

In summary, STM believes that by not properly defining the problems to be solved, the NIH proposes solutions that in turn create enormous problems for the flow of information today, as well as the continuity of the archival record of scientific progress that is so important to our society tomorrow. STM publishers are currently participating in many innovative programs to increase “health literacy” and welcome the contribution that the NIH can make to such projects. We strongly suggest, however, that any decision-making about such important issues should only be done after thorough market investigation, serious reflection and significant deliberations, and STM believes that an authoritative and representative body of experts should consider these issues and make recommendations. STM looks forward to participating in that process.

Very truly yours,

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