STM SECOND BRIEFING ON
PUBLIC ACCESS POLICY OF THE
(US) NATIONAL INSTITUTES OF HEALTH
October 2005

Background
In the first STM briefing on the NIH policy (April 2005, see http://www.stm-assoc.org/statements/publicaccesspolicy.php) we described the May 2005 public access policy adopted by the NIH, which requests the deposit on PubMedCentral of NIH-funded articles within 12 months of official publication, for free public access. In the intervening several months, the NIH has convened an advisory working group meeting (11 July), and announced that publishers can post on behalf of authors. The first articles posted as a result of the new policy are also now online on PubMedCentral.

The first STM briefing also sketched out a range of options that STM members might consider, and the implications of different policy decisions (for example, copyright transfer or license agreements may need to be amended).

This briefing will focus on practical issues concerning the NIH policy—monitoring and requests for the removal of improperly posted articles—as well as communications issues.

Monitoring
STM members who wish to monitor the author manuscript postings on PubMedCentral should check http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pmc&cmd=search&term=author%20manuscript[filter] and for more information about the policy, see http://www.pubmedcentral.gov/about/authorms.html. As of the end of September 2005, more than 300 articles had been posted, although the list seems somewhat volatile. Publishers concerned about unauthorized postings by their authors (or others) will need to monitor the site on a regular basis. The list of articles does not identify the publisher involved nor the full name of the journal title (at least not unless you open the full-text version), but rather journal title abbreviations only. PMC has not made the job of monitoring easy, especially for those publishers with multiple publications.

Notice and “takedown”
Some publishers have reported that PMC has been reasonably responsive to requests to remove materials posted improperly, but others have reported that PMC has refused to respond directly to the publisher, indicating instead that the author who posted the article must request its removal. In any event, there are no clear and comprehensive procedures in place yet. STM believes it important however for publishers to monitor and attempt to negotiate for the removal of improperly posted material directly with NIH. Forcing publishers to negotiate with authors to request removal would make the system entirely unworkable.

Requests for removal should be sent to Dr. Timothy Hayes (e-mail address: thayes@od.nih.gov), who seems to be the principal official at NIH in charge of the author article site, although it might also be useful to copy Dr. David Lipman as well (lipman@ncbi.nlm.nih.gov). In addition, the terrestrial address for Hays and Lipman is:
PubMed Central
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892.
The e-mail/letter should identify the article or articles posted improperly, indicate the reason they are improperly posted, and request that they be removed. There may be a number of reasons why the articles might have been improperly posted. Some publishers have indicated that they will post relevant material themselves on behalf of authors, and presumably have so informed their authors (and revised their copyright policies and agreements if relevant). Direct postings by authors would violate this publisher policy and the underlying copyright agreements with authors. Different publishers have set different time periods for the posting (the publisher can choose any period within 12 months), and it may well be that the author or PMC has posted earlier than the publisher-set timetable, another violation of publisher policy and presumably author agreements.

**Publisher posting policy update**

An important update for STM members who have initiated a policy of posting on behalf of authors is that they will need to have an NIHMS account to be able to post articles. To register with PMC see [http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=helppubmed.section.pubmedhelp.My_NCBI](http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=helppubmed.section.pubmedhelp.My_NCBI). Further, you will obtain at the conclusion of the submission process a “PMC Submission Identification Number” which should be transmitted to the person identified in the NIH as the Principal Investigator (who may or may not be the principal or coordinating author).

**Communications with authors and editors**

STM member publishers should each have in place communication programs for authors and external editors explaining the posting policy adopted by the publisher. Authors may well not understand that the NIH policy is a voluntary request, that it applies only to primary research articles, that it was implemented only on 2 May 2005, and that PMC has indicated it will accept publisher submissions on behalf of authors. In reviewing the initial listings of articles, several were published before May 2005, which may or may not have been consistent with publisher-set policy. It should also be understood that the NIH Public Access Policy may be popular with some authors, and of course STM generally supports the principles of public access, although not the particular methodology and approach taken by NIH. Your communication strategies will need to deal with the potential popularity of the NIH scheme.

**Publisher reactions to the NIH implementation**

A number of publishers have expressed significant reservations about the NIH implementation, noting problems with monitoring and takedown procedures, issues concerning “version control” with author self-posting, preferences for linking to publisher sites rather than to PMC, possible mis-use of journal brands, and concerns with respect to NIH and PMC plans to link article references to other materials. It is vitally important for all STM members to monitor developments, especially with the potential expansion of similar policies to the UK through the RCUK proposal. If you do discover articles posted on PMC improperly and elect to have the materials removed, carefully document and record your efforts to do so and the PMC response. STM will collect reports of problems with the procedures and work with our sister trade associations to bring issues to the attention of the NIH and the advisory committee.