AAU Comments on NIH Public Access Proposal

AAU strongly supports efforts to achieve the widest possible dissemination of the results of federally funded research, and the association commends the National Institutes of Health (NIH) for its proposal to increase public access to published results of NIH-funded research. Making research results freely available to the public six months after those results are published should not only benefit the public through expanded access to information but should benefit scientists and advance science through wider dissemination of new knowledge. Moreover, the proposal to archive the results of NIH-funded research in a single national repository will provide a means for an effective, long-term archival preservation of these research results.

We appreciate the recognition by NIH of the need for any such proposal to preserve the quality of scientific information through the existing peer review, editorial, and scientific quality-control processes. Providing a six-month delay between the publication of an article and its appearance in PubMed Central should accomplish this goal by adding a complementary component to the current scholarly publishing system without destabilizing that system. Moreover, since articles based on NIH funding constitute only a portion—generally less than half—of biomedical journal contents, the posting of such articles in PubMed Central should not pose a threat to journal subscriptions.

AAU believes that it would be highly desirable to archive the final published version of research articles in PubMed Central. Under the current proposal, the content to be archived is the final accepted manuscript, to be submitted by the Principal Investigator. Since not only pagination but actual text of the published version may differ due to changes made to the final manuscript before publication, the current proposal will in some cases result in two versions of a given research article, the final published article and the manuscript submitted to PubMed Central. We understand that the NIH is restricted by law from compelling publishers to submit the published results of NIH-funded research to PubMed Central, but we encourage NIH to explore all options for archiving the final publisher’s versions of articles in PubMed Central. When this cannot be accomplished, it will be important for NIH to identify the status of PubMed Central articles.

We understand that the intent of the proposal is to have Principal Investigators and not their institutions submit manuscripts to PubMed Central. However, universities are technically the “grantees”—that is, the recipients of NIH grants awarded to university faculty members. Therefore, it will be important for NIH to clarify that the Federal Register notice language stating that “grantees and supported Principal Investigators” are to submit manuscripts is intended to mean that principal investigators performing the research, and not their institutions, are requested to submit manuscripts.
Some within the university community have read the juxtaposition of “requests” for submission of manuscripts and the monitoring of such submissions through the annual grant progress review and close-out process to suggest that the term “request” is less than voluntary and that failure to submit final manuscripts could jeopardize the future funding prospects of an NIH Principal Investigator. We do not believe this to be NIH’s intention, but to allay any concerns, NIH should clarify that there will be no linkage between voluntary submission and future NIH support.

We understand the purpose of NIH’s monitoring of submissions of manuscripts, as well as requested budgets and other costing information, to be a means of assessing the success of the proposed plan to increase public access to NIH research results. If these or other evaluations of the NIH proposal and its impact on scholarly publishing reveal evidence of destabilization of the current system, we hope that NIH will act promptly to adjust its policy as necessary.

We commend NIH for its stated intention to work with affected parties during the further development and implementation of this public access plan. The careful thought that NIH has put into this proposal, and the agency’s collaborative process of development and implementation, should achieve the goal of expanding public access in ways that preserve the quality of published scientific information.

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