



Cornell University Library

Comments on Implementation of the NIH Public Access Policy

Submitted on behalf of the Cornell University Library

In response to NIH Notice NOT-OD-08-057

14 March 2008

General comments in support of the policy

The Cornell University Library applauds NIH on its implementation of the new law. We are convinced that NIH's implementation will work to the benefit of Cornell University authors, the Cornell University Library, and scholars around the world.

For authors, deposit in PubMed Central (PMC) will maximize the visibility of their NIH-funded research. Preliminary research suggests that articles that are freely available are cited more often and have a greater impact rating than articles that are locked away behind subscription walls. This works to the benefit of our authors and the journals in which they publish. In addition, the availability of the article in a subject repository addresses one of the most widely-requested author demands in their publishing contracts. In 2005, the Cornell University Faculty Senate strongly urged "all faculty to deposit preprint or postprint copies of articles in an open access repository such as the Cornell University DSpace Repository or discipline-specific repositories such as arXiv.org." PubMed Central is such a repository. NIH has crafted the implementation in such a way that it imposes relatively small burdens on the faculty, and we anticipate few problems in implementing it.

From the perspective of the Library, the implementation has also been very good. Deposit in PubMed Central ensures that the research results will be preserved in a state-of-the-art digital repository, thus addressing one of our major concerns: the long-term preservation of electronic journal literature. (See the Cornell report *E-Journal Archiving Metes and Bounds: A Survey of the Landscape* by Anne R. Kenney, Richard Entlich, Peter B. Hirtle, Nancy Y. McGovern, and Ellie L. Buckley, September, 2006, published by CLIR.) Unfortunately for our budget, we do not anticipate that the new policy will allow us to cancel any journal subscriptions. Our researchers demand ready access to the most current literature and can't wait even six months for access to published literature. Furthermore, no journal consists solely of NIH-funded research.

For the rest of the world, free access after twelve months will ensure that researchers and students around the world will be able to read and build on the work, regardless of their (or their library's) ability to subscribe to the journal in which the research is published. Public access to publicly funded research contributes directly to the mission of higher education.

Cornell's Response to the NIH implementation

Cornell University Library has already made a substantial investment in fostering compliance. It has led an instructional initiative to inform NIH-funded researchers about the new requirement and to minimize any difficulties in implementation. Working in conjunction with staff from the Office of Sponsored Programs, the University Counsel's Office, and the Office of the Vice-Provost for Research, the Library has prepared an informational web site about the initiative (<http://www.library.cornell.edu/scholarlycomm/nihmandate.html>). We also prepared a mailing to all NIH-funded PIs at Cornell alerting them to the new requirement. An article about the requirement will appear shortly in the campus newspaper, and we have scheduled instructional sessions with faculty and administrators. We have also established an electronic mail box where questions about the new policy can be posed by faculty. To date, no authors have complained about the policy – they only wish to comply.

The information that NIH has provided on the policy, including its FAQ and tutorials, is excellent; it has greatly aided our educational efforts. The responsiveness of the public access office to our questions about the policy implementation has also been fantastic. No initial implementation is perfect, however, and so we are separately submitting six suggestions for its improvement.

Updated "Terms and Conditions" needed

Although the NIH FAQ talks about the responsibilities of principal investigators and authors, there is still much confusion about the role of the grantee institution in ensuring compliance with the new policy. Specific information on this on the web site and an updated "Terms and Conditions" for grants that includes information on the new requirement would be welcome.

Explain grant-linking requirements for publisher-submitted articles

Authors who submit their own manuscripts or have them submitted by the publisher must link the article to a grant in the NIHMS system, whereas authors whose publishers are partners with NIH do not have to do this. We are unsure why the first group of authors needs to undertake this step. Is NIH extracting the relevant grant information from the published articles as part of the ingest process? This should be explained.

Require partners to submit articles on acceptance, not publication

For authors who publish in journals that are partners with NIH, we are worried about when the accepted articles will be reported to the NIHMS system. In some cases, it may only be upon publication; in other cases, it may be at the end of an embargo period. This could be years after acceptance. In the interim, NIH

researchers need a PMCID number to report on their grants and in their new applications. Publishers should be required to enter information into the NIHMS system upon acceptance. At a minimum, there should be instructions available on what authors in this situation should do.

Increase the availability of information about publisher policies

It is critical for the success of this initiative that NIH continues to invest in the infrastructure that makes it easy to implement. There are at least three things that NIH should be doing: actively soliciting more journals to become full NIH partners; maintaining, in addition to the list of partner journals, a current list of journals that will submit author manuscripts on behalf of the authors; and coordinating with groups such as SHERPA/RoMEO and OAKLIST to ensure that they contain accurate information on the compliance/non-compliance of STM publishers with the PMC mandate.

Require that published, not accepted, versions of the paper be available.

Some Cornell authors are concerned that their accepted manuscript, and not the published version of the paper, will be available through PMC. Their feeling is that the technical corrections, copy-editing, and formatting added by publishers would not itself be copyrightable and should not be afforded the kind of protections that original creative work is afforded. In all cases, the version of the paper as published should be accessible via PMC. You should require NIH researchers to secure permission to deposit the paper as published.

Shorter embargo period.

While beyond the scope of implementation, it would be very helpful if the maximum embargo period was much shorter. As noted above, even at six months, the Library would not be able to cancel any of our journal subscriptions. A shorter embargo period would allow greater use by others of the NIH-funded research.