

## Current Status of Open Access

*Moderator and Panelist:*

**Martin Frank**  
American Physiological Society  
Bethesda, Maryland

*Panelists:*

**Matthew Cockerill**  
BioMed Central  
London, United Kingdom

**Julia Blixrud**  
SPARC (The Scholarly Publishing and  
Academic Resources Coalition)  
Washington, DC

**Peter Banks**  
Banks Publishing  
Fairfax, Virginia

*Reporter:*

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Journal of Neurosurgery Publishing  
Group  
Charlottesville, Virginia

Martin Frank opened the session by describing society publishers' views of open access (OA). He represents the DC Principles Coalition for Free Access to Science, a group of not-for-profit publishers interested in promoting wide dissemination of journal articles by reducing embargo periods and initiating author-choice OA policies. The organization is trying to establish a middle ground between government-mandated OA and current publication practices that limit the accessibility of scientific literature. Frank directed attention to HighWire Press, which now hosts more than 1.7 million articles freely available to the public. He also spoke of interactions between government and publishers to further public access to STM content.

Matthew Cockerill, publisher of BioMed Central, summarized the status of OA in the European Union. There the growth of OA outlets is supported by authors' institu-

tions and by agencies financing scientific projects. For example, the University of Zurich encourages and supports faculty in publishing their research articles in OA journals and requires researchers to deposit all published and refereed articles in a repository established at the university if there are no legal objections. Many funding organizations mandate that grantees publish in OA journals; the costs of publication constitute only 1% to 2% of research spending. OA has become so prevalent that even traditional publishers, such as Elsevier, have introduced OA options.

On the US side of the Atlantic, OA has caught on but still has not been mandated. Julia Blixrud spoke of SPARC's initiative to correct marketing imbalances in scholarly publications and spur new communication models to improve dissemination of academic research.

In academic circles, the place to watch is the University of California system, which is drafting its own OA policy. On the federal level, two bills concerned with public access were introduced in Congress: the American Center for Cures Act of 2005 and the Federal Research Public Access Act of 2006 (FRPAA). Both required federal agencies to develop policies requiring funded investigators to submit electronic copies of accepted peer-reviewed manuscripts to stable digital repositories within 6 months after publication. If that is not done, a ban on future funding could be possible under the Cures bill. Neither bill passed, but FRPAA is expected to be reintroduced in the 110th Congress. In the meantime, the National Institutes of Health has requested that investigators with funding submit their papers to PubMed Central within 12 months after publication. Compliance is not mandatory, and fewer than 5% of such papers have been submitted. To assist publishers in providing freer access to papers in the social sciences and humanities, Canada's Social

Science and Humanities Research Council has launched a funding program to support OA journals.

Peter Banks turned attention to the value of OA to researchers, clinicians, and the general public. Some researchers claim that it is hard to obtain papers they need without OA; others claim that they can acquire everything they need through their institutions' libraries. Some studies have shown that OA articles are cited more often than non-OA articles. More recent analyses have shown that that may be due to confounding variables, such as the timing of citation recording, the stature of authors publishing in OA journals, and the disciplines that were examined.

The value of OA to clinicians is not obvious. The time between publication of research and changes in routine clinical practice can be 1 or 2 decades.

As for the general public, people who have the greatest access to online material are highly educated and affluent and already receive good care. Given the reaction of most patients to reading a paper directed to an audience of specialist clinicians and researchers, perhaps it would be of greater value to distill useful information in a more reader-friendly format, taking into account readers' culture, ethnicity, education level, and economic status.

Of value to all groups are the interactive possibilities afforded by Web 2.0 with links to multimedia supplemental information on subject matter and forums in which interested parties can interact. 