

## **CHLA/ABSC Response to the CIHR Draft Policy on Access to CIHR-funded Research Outputs, submitted to CIHR on Nov 23, 2006**

I would like to take the opportunity to respond to CIHR's *Draft Policy on Access to CIHR-funded Research Outputs* on behalf of the members of the Canadian Health Libraries Association/Association des bibliothèques de la santé du Canada (CHLA/ABSC). As per our Association's statement of values, the members of CHLA/ABSC believe that informed decisions should be based on the best knowledge available and in supporting this belief our members promote equitable access to health information resources for all health care practitioners in Canada and are committed to improving health and health care in Canada. Given these values, our organization applauds the CIHR for its support of open access (OA) publication as expressed in its *Draft Policy*.

We feel that inclusion of the strong statement: "CIHR *requires* grant and award holders to make every effort to ensure that their peer-reviewed journal publications are freely available" instead of a less forceful statement that 'encourages' rather than 'requires' grant holders to make their publications freely available will go far in making the output of Canadian research available to those in the position to put research into practice as well as those who can build on published research. Many health care practitioners, particularly those not affiliated with a university or major research institution, do not have access to expensive fee-based journals in which researchers traditionally publish. Even those affiliated with a major institution may not have timely access to the research required for sound decision-making or for furthering their own research interests as no library, no matter how large, can provide access to all relevant publications given the increasing numbers of journals being published and the rising costs of subscriptions.

Besides making the results of research more readily accessible, supporting OA publication through your policy will have the benefit of making publication in OA journals more attractive to researchers. This will in turn help to increase the impact factors of OA journals as researchers publish in and cite OA publications, thus, countering the argument some researchers use to justify non-OA publication, i.e. that OA publications are less 'prestigious' than fee-for-access journals. In other words, your policy will go far in making OA the norm for research publication rather than the exception. (It is relevant to note that the argument that OA publications have less impact than fee-based may in fact be based on a false belief. Research recently reported by Gunther Eysenbach "found strong evidence that, even in a journal that is widely available in research libraries, OA articles are more immediately recognized and cited by peers than non-OA articles published in the same journal." This, as Eysenbach suggests means that "OA is likely to benefit science by accelerating dissemination and update of research findings." See Eysenbach, G. Citation advantage of open access articles. *PLoS Biol.* 2006 May; 4(5):e157. doi: 10.1371/journal.pbio.0040157.)

In addition to supporting your policy on publication in peer-reviewed journals, we also support your requirement to make research data freely available. We agree with the National Institute of Mental Health who state in their Principles of Data Sharing in

Neuroscience (<http://www.nimh.nih.gov/neuroinformatics/guidelines.cfm>) that providing researchers with the opportunity to share their research data “will permit reanalysis and meta-analysis beyond the focus or time constraints of the original data collectors”. Making data more readily available means that CIHR gets more ‘bang for its buck’ in that secondary analysis of primary research lends a value-added component to the research funding CIHR provides.

One omission from the draft statement I would like to mention is the lack of any discussion of the fees that many OA journal publishers charge researchers for publication, e.g. the following charge page fees for publication in their journal: BioMed Central (BMC), Public Library of Science (PloS), Elsevier, Blackwell and PNAS, to name only a few of the leading publishers charging page fees. Because such fees could be a barrier to a researcher seeking to publish in an OA journal, we encourage CIHR to state explicitly that funding should be requested in grant applications to cover publication costs and, of course, to provide such funding if it is not already being provided.

Since mention was made of PubMed Central (PMC) in the draft document, we feel it is relevant to mention in our response, that PMC seeks partners for its international collaborative PubMed Central International (PMCI) for the purposes of creating “a network of digital archives that can share some or all of their respective locally deposited content with others in the network.” (See <http://www.pubmedcentral.nih.gov/about/pmci.html>.) We feel that CIHR, in partnership with an institution such as the Canada Institute for Scientific and Technical Information (CISTI) could provide a valuable service to researchers by supporting a Canadian PubMed Central where researchers can archive their publications within their own country. We would also encourage CIHR to consider providing funding opportunities to universities and research institutions for the purpose of developing and evaluating their digital repositories of health information so that they become robust, user-friendly sites capable of supporting 24/7 access to the resources they archive.

In closing, on behalf of the membership of CHLA/ABSC, I would like to thank the CIHR for providing the opportunity to respond to its draft policy. Not only does it provide us the opportunity to provide you with feedback on the policy, but the dissemination of the draft policy goes a long way in educating the research and health-care communities about the important issue of open access.

Yours sincerely,

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