

# Open Medicine is indexed in PubMed

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**Editors' note:** This editorial replaces the version published on 5 January 2010, which stated that *Open Medicine* is indexed in MEDLINE, when in fact it is indexed in PubMed (of which MEDLINE is a subset). *Open Medicine* currently has an application under review for indexing in MEDLINE.

**T**HE OPEN MEDICINE TEAM IS PLEASED TO announce our recent acceptance for indexing in PubMed—an official stamp of approval from the US National Library of Medicine (NLM) for the scientific and technical quality of articles published in our journal.

Why is this development such an important milestone? PubMed indexing ensures that new and previously published articles in *Open Medicine* are searchable online (<http://www.ncbi.nlm.nih.gov/sites/entrez>) and are archived on PubMed Central, the NLM's comprehensive online archive of nearly 2 million full-text articles. The ability to find *Open Medicine*'s articles through PubMed literature searches will make it easier for both researchers and readers to find, assess and download them.<sup>1</sup> Indexing by the NLM and accessibility through PubMed Central ensures, in addition to enhanced visibility, the permanence of our publishing record for years to come.

As a result of PubMed indexing, we anticipate an increase in article submissions. To date, we have managed the journal with mostly volunteer input—despite some logistical challenges in doing so. We remain committed to maintaining a medical journal based on editorial independence, open-source publishing and open access.<sup>2,3</sup> To sustain this while managing the expected increase in workflow, we are introducing a publication charge for articles accepted by *Open Medicine*. This fee will be C\$1200 for research and review articles and C\$300 for commentary and analysis pieces that meet our author

guidelines in format and word count. The fee will allow us to continue publishing articles 3 to 4 months after acceptance and eventually to improve turnaround times. We will implement the publication charge for all articles submitted on or after 1 March 2010 that we subsequently accept.

Maintaining high standards and making improvements to a high-quality medical journal takes expertise and considerable resources. These new fees represent a small proportion of the funds required to produce the journal; Table 1 shows some of our major operating costs. Considerable value is added during the editorial process, which makes articles more readable and absolutely clear in purpose.<sup>4</sup> The modest fee covers most of the copyediting costs as well as the production and layout costs required to meet NLM standards; the remaining costs are covered by our editorial team of volunteers.

For funded research, we expect that this new fee will not limit an author's ability to publish in the journal. Increasingly, granting agencies such as CIHR (the Canadian Institutes of Health Research) permit funds to cover any reasonable fee that an open access journal charges for the publication of accepted articles.<sup>5</sup> In addition, partial or complete fee waivers will be available to authors with little or no means to pay, as is done at other open access journals.<sup>6</sup> We believe this may be important for our growing authorship in low- and middle-income countries.

Much has been made of publishers' recent attempts to use questionable methods to increase revenue.<sup>7</sup> The misuse of publishing platforms for self-interest, whether through advertising revenue or charges for services, is a serious problem in biomedical publishing. *Open Medicine* will never use fees to solicit manuscripts, and we will uphold our peer review and editorial policies rigorously. Since publication charges will apply only after an article is accepted, the fees will not influence our editorial decisions at either the review or the editing stages.

Although many medical journals do not charge fees, they nonetheless incur costs through the publication cycle. How do publishers usually absorb these costs? Typically, they are met through pharmaceutical advertising, post-publication marketing reprint fees, subscriptions fees for individuals and university libraries and sponsorship by professional societies.

Traditional publishing models are superficially convenient for authors, but we believe they are fundamentally flawed.<sup>8</sup> Editors face pressures to publish research that supports the sale of specific products and devices, and to accept advertising revenue and reprint profits.<sup>9</sup>

**Table 1: Time spent processing research articles at *Open Medicine***

Editorial activities	Average processing time
Identifying and liaising with peer reviewers	1 hour
Editorial meeting to discuss the article's appropriateness for publication and respond to author	1 hour
Medical editor substantive editing and author correspondence	4–6 hours
Copyediting, including reference checking	8–12 hours
Table and figure preparation	2 hours/table or figure
Article rendering in XML for NLM submission	3 hours
Article layout in html and PDF	3 hours
Preparation of press releases and media liaison	3 hours

Authors may be required to sign over their copyright as well as any revenue resulting from the sale of their intellectual work, a practice that is equally pernicious. Finally, access to a journal's full text is limited to those who are able to pay.

The need to re-purpose biomedical publishing for greater academic freedom and editorial independence is one of our reasons for being.<sup>8</sup> Put simply, instituting publication charges is the price that academics, granting agencies, research institutes and medical schools must be prepared to pay to move toward more equitable publishing models. We call for greater leadership from academic institutions to “walk the walk” by covering publication charges for faculty. As a result, biomedical research can be placed into as many capable hands as possible, thereby releasing its true potential.

Although publishing in indexed journals such as *Open Medicine* is important, we also encourage all authors to “self-archive” articles at their local digital libraries and institutional repositories. Self-archiving adds a second layer of openness to published medical research because web search engines typically scour these repositories. If you are unsure about how to deposit your research in this manner, speak to your local open access librarian for more information.

The growth of *Open Medicine*—and its recognition by NLM—would never have been possible without the enthusiastic support of many people. We want to thank our board of directors, editorial board, authors, reviewers, university libraries, and our readers, who have supported *Open Medicine* and given their time throughout our development.

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