

Editorial

***Critical Care's* move to fund open access**

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Published online: 29 August 2003

Critical Care 2003, 7:331-332 (DOI 10.1186/cc2326)

This article is online at <http://ccforum.com/content/7/5/331>

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Keywords internet, open access, peer reviewed research, publishing

Critical Care has taken the next step in its ongoing quest to be a good scientific citizen [1]. Changing the traditional publishing model to that already used successfully by our publisher, BioMed Central, our open access research articles will become financially self-sufficient through article-processing charges (APCs). All research articles published in *Critical Care* have been open access – universally and freely available online to everyone, not only subscribers – for the past 2 years. From August 2003, to fund this, authors of research articles accepted for publication will be asked to pay an APC.

Traditionally, readers pay to access research articles, either through subscriptions or by paying a fee each time they download an article (currently around US\$20 per article [2]). Escalating journal subscription charges have resulted in libraries subscribing to fewer journals [3], and the range of research available to readers is therefore increasingly limited. Although traditional journals publish authors' work for free (unless there are page or colour charges), having to pay to access research articles limits how many can read, use and cite them.

Critical Care's open access policy, as described in the BioMed Central Open Access Charter [4], changes the way in which research is published. First, all research articles become freely and universally accessible online, and so an author's work can be read by anyone at no cost. Second, the authors hold copyright for their work and may grant to anyone the right to reproduce and disseminate the article, provided that it is correctly cited and no errors are introduced [4]. Third, a copy of the full text of each open access article is immediately archived in an online repository separate from

the journal; *Critical Care's* research articles are archived in PubMed Central [5] – the US National Library of Medicine's full-text repository of life science literature.

Open access has four broad benefits for science and the general public. First, authors are assured that their work is disseminated to the widest possible audience, given that there are no barriers to access their work. This is accentuated by the authors being free to reproduce and distribute their work, for example by placing it on their institution's website. Second, the information available to researchers will not be limited by their library's budget, and the widespread availability of research articles will enhance literature searching and facilitate meta-analyses [6]. Third, the results of publicly funded research will be accessible to all taxpayers and not just those with access to a library with a subscription. As such, open access could help to increase public interest in, and support of, medical research. Note that this public accessibility may become a legal requirement in the USA if the proposed Public Access to Science Act is made law [7]. Fourth, a country's economy will not influence its scientists' ability to access research because resource-poor countries (and institutions) will be able to read the same material as wealthier ones (although creating access to the internet is another matter [8]).

APCs will enable all of *Critical Care's* research articles to be open access. Authors are asked to pay around US\$500 if their research is accepted for publication. However, authors from resource-poor countries [9] will have their APC waived by the publisher, BioMed Central. Other authors can circumvent the charge by getting their institution to become a 'member' of BioMed Central, whereby the annual

membership fee covers the APCs for all authors at that institution for that year. Current members include NHS England, the World Health Organization, the US National Institutes of Health, and all UK universities [10]. No charge is made for articles that are rejected after peer review. Many funding agencies have realized the importance of open access publishing and have specified that their grants may be used directly to pay APCs [11].

The APC pays for efficient and thorough peer review, for the article to be freely and universally accessible in various formats online, and for the processes required for inclusion in PubMed and archiving in PubMed Central. Although some authors may consider US\$500 expensive, it must be remembered that *Critical Care* does not levy additional page or colour charges on top of this fee. These charges are unnecessary because we include only the abstract of each research article in print, given that readers of the print journal tend to browse titles, abstracts and/or conclusions of research articles, rather than read every research article word-for-word on publication [1,12]. With the full text being online only, any number of colour figures and photographs can be included, at no extra cost. To provide some context, the cost of including a colour figure in an article in *Intensive Care Medicine* is US\$534 [13], whereas page charges for a typical 7 page research article in the *American Journal of Respiratory and Critical Care Medicine* are US\$525 [14].

Although several journals now offer free access to their articles online, this is different from open access (as defined by the Bethesda Statement [15]). Journals often delay free access for 6–12 months, and even when the full text is available readers are not allowed to reproduce and/or disseminate the work because of restrictions imposed by the copyright policy. That said, *Critical Care* is not alone in the move to open access funded by APCs. Our publisher, BioMed Central, currently produces nearly 100 journals using the APC model [16]. The *British Medical Journal* has recently announced that it cannot continue to provide free access to its website [17] and is considering various sources of revenue, including APCs [18]. Also, the Public Library of Science is setting up two new open access journals, and have elected to set APCs of US\$1500 for each accepted article [19]. Given that the Public Library of Science has used television advertising to promote journals [7], the high profile of these journals will raise awareness of open access and encourage researchers in all disciplines to understand and accept open access, with APCs as an acceptable method to fund it.

Critical Care will continue to publish educational reviews, commentaries and reports. The added editorial value of these articles will remain funded by subscriptions, and authors will not be required to pay APCs. By providing a forum for open access research, in addition to this educational material, APCs will enable *Critical Care* to continue its ongoing quest

to serve the worldwide intensivist community. We believe this change will benefit clinical care and aid scientific research, and we hope you will support this progress by submitting your next research article to an open access journal.

Competing interests

ES and PST are employees of BioMed Central and receive a fixed salary. As editor-in-chief, JLV receives a fixed honorarium from Current Science Ltd, which is part BioMed Central. ES, PST and JLV's remuneration is unaffected by the amount of money received by BioMed Central from article-processing charges.

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