

***Open Medicine* is indexed in Medline**

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The authors are on the editorial team of *Open Medicine*.

The *Open Medicine* team is pleased to announce that we were recently accepted for PubMed indexing <<http://pubmed.nih.gov/>>- an official stamp of approval from the National Library of Medicine (NLM) for the scientific and technical quality of articles published in *Open Medicine*.

Why is indexing such an important milestone? PubMed indexing ensures that new and previously-published articles in *Open Medicine* are accessible through PubMedCentral (PMC), NLM's comprehensive online archive of millions of full text articles. As a result *Open Medicine's* articles can be found through PubMed literature searches, making it easier for both researchers and readers to find, assess and download them.[1] In addition to enhanced visibility, indexing ensures that articles are archived digitally at the NLM and will be available for years to come.

As a result of Medline indexing, we anticipate an increase in article submissions. In order to respond to this anticipated demand, we are introducing a publication charge for articles accepted for publication. This will be \$1200 (CDN) for research and review articles and \$300 (CDN) for commentary and analysis pieces that meet our author guidelines in format and word count. To date, we have worked as a collaborative of editors and supporters, and - despite some logistical challenges in doing so - the management of the Journal has been achieved with mostly volunteer input. We remain committed to maintaining a medical journal based on editorial independence, open-source publishing and open access.[2,3] In order to accomplish this, and manage the increased work-flow that will result, a source of funding is required.

Maintaining high standards and making improvements to a high-quality medical journal takes expertise and considerable resources. These new fees represent a small percentage of funds required to produce the Journal; **Table 1** shows some of our major operating costs. To make articles more readable and absolutely clear in purpose, considerable value is added to them during the editorial process.[4] The modest fee covers about the copyediting and the production and layout costs required to meet NLM standards; the remaining costs are covered by our editorial team of volunteers. The fee will allow us to continue publishing articles three to four months after acceptance and eventually to improve turnaround times.

Increasingly, granting agencies like CIHR permit funds to cover any reasonable fee that an open access journal charges for the publication of accepted articles.[5] For funded research, we expect that this new fee will not limit an author's ability

to publish in the Journal. Similar to how other open access journals operate[6], partial or complete fee waivers will be available to authors with little or no means to pay. 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.[7] 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 only apply after an article is accepted, the newly instituted fees will not influence our editorial decisions at either the review or 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 (individuals and university libraries) and sponsorship by professional societies.

Traditional for-profit publishing models create other problems. For one, editors face pressures to publish research that supports the sale of specific products and devices, and to accept advertising revenue and reprint profits.[8] Equally pernicious, authors are required to sign over their copyright as well as any revenue resulting from the sale of their intellectual work. Finally, access to a journal's full text is limited to those who are able to pay. Traditional publishing models are superficially convenient for authors but we believe they are fundamentally flawed.[9]

The need to re-purpose biomedical publishing for greater academic freedom and editorial independence is one of our reasons for being.[9] 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.

While publishing in indexed journals like *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.

We look forward to working with this ‘team’ and our new collaborators in the future.

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

Editorial Activities	Average process time
Identify and liaise with peer reviewers	1 hour
Editorial meeting to discuss the article, appropriateness for publication and respond to author	1 hour
Medical editor substantive editing and author correspondence	4-6 hours
Copyediting including reference checking	8-10 hours
Table and figure preparation	1 hour/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