The NIH Public Access Policy

NIH Regionals
October 2016

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Posted at http://publicaccess.nih.gov/communications.htm
Today’s Discussion: The NIH Public Access Policy

1. The Basics
2. Awardee Tasks
3. NIHMS: Processing Manuscripts
4. Reporting Papers
5. My NCBI Features: A Primer
6. Enhancing Compliance
7. Compliance Monitoring for Institutions
8. Ways Institutions Can Ensure Compliance
The Basics:

• The Policy
• Its Implications
The NIH Public Access Policy Is **Mandatory**

- The Policy implements Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008) which states:

  The Director of the National Institutes of Health shall require that all investigators funded by the NIH submit or have submitted for them to the National Library of Medicine’s PubMed Central an electronic version of their final, peer-reviewed manuscript upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication: Provided, That the NIH shall implement the public access policy in a manner consistent with copyright law.
The Policy Applies to Any Manuscript That…

Is peer-reviewed;

Is accepted for publication in a journal on or after April 7, 2008;

And, arises from:

– Any direct funding from an NIH grant or cooperative agreement active in Fiscal Year 2008 or beyond, or;

– Any direct funding from an NIH contract signed on or after April 7, 2008, or;

– Any direct funding from the NIH Intramural Program, or;

– An NIH employee.
Definitions: Article Types

Final Published Article
- Journal’s authoritative copy of the paper
- Includes peer review modifications plus copyediting and formatting changes
- Submitted by Publishers/Journals to PMC (Methods A&B)

Final Peer-Reviewed Manuscript:
- Author’s final manuscript of a peer-reviewed paper accepted for journal publication
- Includes all modifications from the peer review process
- Submitted by Authors and Publishers/Journals to PMC (Methods C&D)
PubMed vs PubMed Central (PMC)

Free resources developed by the U. S. National Library of Medicine

PubMed.gov

• Biomedical journal citations + abstracts
• Some links to full text articles at PMC and publisher websites.
• Unique identifier: PMID followed by a series of numbers.

VS

PMC

• Digital archive of full-text, peer-reviewed journal papers.
• Unique identifier: PMCID followed by a series of numbers.
Awardee Tasks

• Address Copyright
• Posting Papers
• Documenting Compliance
Institutions and investigators are responsible for ensuring full compliance with the Public Access Policy.

Make sure the copyright transfer agreement allows the final peer-reviewed manuscript to be submitted to NIH.

We encourage authors to consider

- Who will submit the paper and/or approve the submission?
- What version of the paper will be made available on PMC?
- When will it be submitted and when will the paper be made public on PMC?
A Journal deposits the published version of all NIH-funded articles in PMC.

B Author arranges for Publisher to deposit published version of specific article in PMC.

Final published article in PMC
Posting Papers: Methods C&D via the NIHMS

C

Author or other submits final peer reviewed manuscript to the NIHMS.

D

Journal publisher submits final peer reviewed manuscript to the NIHMS.

NIHMS sends author an email asking author to approve the submitted materials for processing.

Author reviews and approves the PMC-formatted manuscript.

After submission is complete, NIHMS emails the citation with PMCID to author and PIs

Author Approval

Manuscript archived in PMC

Remember:

Only Authors can approve the submission and web versions of the manuscript. Awardees need an NIHMSID upon acceptance for publication.
Identifying Submission Method by Journal Name

http://publicaccess.nih.gov

**Overview:**

The NIH public access policy requires scientists to submit final peer-reviewed journal manuscripts that arise from NIH funds to PubMed Central immediately upon acceptance for publication. [more]

Show me specific instructions for my publication
NIH Manuscript Submission System: Submitting and tracking papers
The NIH Manuscript Submission System (NIHMS)...

system supports the deposit of author manuscripts into PubMed Central (PMC), as required by the public access policies of NIH and other participating funders.
Submission Process
from deposit of files through public availability in PMC

Notes and Tips for Researchers:
• Use the same sign in route each time (see email).
• Typically takes about 2-3 weeks from initial approval until first notification of final approval.
• Deposit at time of acceptance. Don’t wait until publication or embargo period is up.
• PMCID is assigned when final approval is complete and final publication information is available.
6 out of 10 NIH-funded papers

... are deposited in PMC via the NIH Manuscript Submission System as Author Manuscripts

The other 40% come directly to PMC in XML format from the publisher or journal under a PMC-participation agreement
How do I keep track?

Does a paper fall under the NIH policy? How will it be deposited? Has it already been deposited? What is its current compliance status?
The Public Access Compliance Monitor (PACM) is a database of articles associated with an institution’s (i.e., IPF’s) grants and organized by their compliance status with the NIH Public Access Policy.

Get a global view of ALL papers associated with NIH awards to your institution, based on paper-grant associations made in NIHMS, My Bibliography, and by NLM indexers.

Get an article-level view of each paper associated with NIH awards to your institution, including the associated NIHMS identifier and key dates (if available), PMC journal status, associated awards and PI, and compliance status.

http://publicaccess.nih.gov/
Is PACM the right tool for you?

1. You are tasked with monitoring the compliance of a number of awards, either at an institutional or department level.

   - or -

2. You want to provide different departments or offices with reports of the compliance status of papers associated with their awards before the RPPR is due.

   - or -

3. You need to follow up on the compliance status of a specific paper or award.

   YES! I need a PACR Role!

http://www.ncbi.nlm.nih.gov/pmc/utils/pacm/
Accessing the Compliance Monitor

Your Institution's Signing Officer (SO), i.e., person who assigns eRA Commons Roles

Wait 24 hours after SO assigns your PACR role

http://www.ncbi.nlm.nih.gov/pmc/utils/pacman/

http://publicaccess.nih.gov/
How to cite papers archived in PMC

- When citing a paper in NIH applications, proposals, and progress reports, include the PMCID at the end of the full citation.
- Applies to papers that fall under the Policy and are authored or co-authored by you.

Example

How to cite papers in press (epub ahead of print), or within 3 months of publication

For Method A and B Journals, use “PMC Journal - In Process”.

For Method C and D Journals, use the NIHMSID.

**NIHMSIDs will not be accepted 3 months after publication.**
- PMCID are assigned around the time of publication.
- Use the PMCID once it is assigned.
My NCBI: a Primer
My NCBI is a free account system that provides customized services for many NCBI databases, such as PubMed.

**Key features for our discussion:**

- Can be linked to eRA Commons accounts
- Commons-linked users can associate publications with NIH grants
- Tracks NIH Public Access compliance
- The only way to enter publications into the RPPR
- Creates a PDF report format for other NIH reporting
Signing in to NCBI

Search results
Items: 1 to 20 of 3281432

1. Nonparametric and semiparametric regression estimation for length-biased survival data.
   Shen Y, Ning J, Qin J. Lifetime Data Anal. 2016 Apr 16. [Epub ahead of print]
   PMID: 27086362

2. Hyoid bone displacement as parameter for swallowing impairment in patients treated for advanced head and neck cancer.
   PMID: 27086351

3. A new mutation identified in SPATA16 in two globozoospermic patients.
   PMID: 27086352

4. Phase 1 study of clofarabine in pediatric patients with relapsed/refractory acute lymphoblastic leukemia in Japan.
   PMID: 27086352

Results by year

Related searches
breast cancer
tumor cancer
prostate cancer
colorectal cancer
ovarian cancer

Titles with your search terms
Hallmarks of cancer: the next generation.

Sign in to NCBI

http://publicaccess.nih.gov/
Which eRA users should have linked My Bibliography accounts?

- Principal Investigators

- Anyone else with NIH support who is or was an author
  - Post-Doctoral Role
  - Graduate Student Role
  - Scientist Role
  - Project Personnel Role

http://era.nih.gov/files/eRA_Commons_Roles.pdf
Adding PubMed Citations

Display Settings: Summary, 20 per page, Sorted by Recently Added

Results: 1 to 20 of 207 Selected: 2

1. Predicting microRNA modulation in human prostate IDentifer (SID1.0).
   Albertini MC, Olivieri F, Lazzarini R, Pilolli F, Galli F, Mercurio MR, Procopio AD.
   PMID: 21334455 [PubMed - as supplied by publisher]
   Related citations

   Leung BM, Wiens KP, Kaplan BJ.
   BMC Pregnancy Childbirth. 2011 Feb 3;11:12.
   Free full text Related citations

http://publicaccess.nih.gov/
New options for adding citations to My Bibliography

[Image of a webpage showing options to add citations]

- Add from PubMed
- Add manually
- Upload a file

Filter citations by:
- Publication date: YYYY MM to YYYY MM
- Awards: No award selected
Award View option for eRA-linked users
Delegation in My Bibliography

How To

Did you know that you can share your NCBI User Name with a colleague to work on your bibliography together?

1. Click on Add a Delegate.
2. Enter the username and email address of the colleague you wish to delegate.
3. Click on Save Changes to add the delegate.

My NCBI User Name | E-mail | My Bibliography | SciELO | Remove
--- | --- | --- | --- | ---
Other_username | other_email@gmail.com | | | 

Add a Delegate

Other_username other_email@gmail.com

Go to SciELO | See all collections | My Bibliography help

Delegation in My Bibliography
PI adds a new citation to their My Bibliography

**Journal Articles**


**Public Access Compliance:** Edit Status

NIH Funding: No funding has been associated with this citation.

Add award

**Did the NIH support this citation, in whole or in part?**

- Yes
- No

The NIH Public Access Policy requires scientists to submit final, peer-reviewed journal manuscripts that arise from NIH funds to the digital archive PubMed Central upon acceptance for publication. (See Determine Applicability for full details.) Please submit the final manuscript sent to your publisher or indicate that this publication is exempt from the policy.

We do not have a record of this citation in NIH Manuscript Submission System (NIHMS). Please choose from the following:

- Begin submission in the NIHMS.
- This citation has been submitted. NIHMS ID: 
- Arrangements have been made for a publisher on this list to send the final article directly to PubMed Central. (Method B)
- This citation does not need to be submitted under NIH Public Access because:
  - Publication was not peer reviewed.
  - Publication was accepted for publication before April 7, 2008.
  - Publication was written in a script other than Latin (e.g., Russian, Japanese).
  - Publication was not directly supported by NIH funds active in FY08 or beyond.

Save & Close

http://publicaccess.nih.gov/
PI adds a new citation to their My Bibliography

Journal Articles


Assign Awards

Use the checkboxes to assign awards to the selected citations:

My awards:

- R01 EB000682 - Metal-Enhanced Fluorescence Sensing
- R01 EB008521 - Plasmon-Controlled Fluorescence and Cardiac Markers
- R01 HG002555 - Metallic Surfaces and Particles in DNA Analysis
- R13 RR017508 - CF5 Course on Fluorescence Spectroscopy
- R21 EB000961 - Biohazard Detection Using Metal-Enhanced Fluorescence
- R21 HG005090 - DNA Sequencing Using Intricisic Base Fluorescence
- R01 GM091081 - Sub-Wavelength Imaging of Intracellular Metal Ions

Other awards:

- R01 GM038060 - Sequencing the Polysaccharide Component of Proteoglycans
- R21 EB009509 - Measurement of CCR5 and CCL3L1 on Single Cell by Fluorescent Metal Nanoparticle
- R25 CA160078 - Training Program in Pediatric Cancer Epidemiology and Control
- U01 DK062505 - Right Lobe Living Donor Liver Transplantation in Adults
- UL1 RR205755 - CTSI INFRASTRUCTURE FOR AIDS RESEARCH

Save Cancel
Another user links a PI’s grant to a citation

My NCBI — My Bibliography

2 citations have been linked to your funding and added to your bibliography.
Compliance management with My NCBI

My Bibliography

- NIHMS
- eRA
- PubMed
- PMC

Manuscript files in any format

Progress reports (RPPR, etc)

Full text XML + Final article PDF

http://publicaccess.nih.gov/
 NIH Manuscript Submission System Status: Available

**1 Publications**

Are there publications or manuscripts accepted for publication in a journal or other publication (e.g., book, one-time publication, monograph) during the reporting period resulting directly from this award?  
- Yes  
- No

If you need to login to your NCBI account, please use this link: [My NCBI](http://publicaccess.nih.gov/)

### All publications associated with this project in My NCBI

No items found.

### Publications not associated with this project in My NCBI

9 items found, displaying all items.

<table>
<thead>
<tr>
<th>Associate with this RPPR</th>
<th>NIH Public Access Compliance</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Complete</td>
<td>Acher SA, Hermes SM, Whitter KL, Hegarty DM. Descending projections from the rostral ventromedial medulla (RVM) to trigeminal and spinal dorsal horns are morphologically and neurochemically distinct. J Chem Neuroanat. 2011 Nov 20; PubMed PMID:22119539; PubMed Central PMCID: PMC3318630.</td>
</tr>
</tbody>
</table>

Sort Table Above By  
- Date Of Publication  
- Then By  
  - Author  
  - Ascending  
  - Descending
# My NCBI PDF reports

## Publications Reported for this Reporting Period

<table>
<thead>
<tr>
<th>NIH Public Access Compliance</th>
<th>Citation</th>
</tr>
</thead>
</table>

PHS 3982590 (Rev. 06/09) Page 73

Continuation Format Page
Enhancing compliance

- Scope
- My NCBI, RPPR and PHS 2590
For non-competing continuation awards

**NOT-OD-12-160** For non-competing continuation with a start date of July 1, 2013 and beyond

- Awards will be placed on hold until grantees have demonstrated compliance

- My NCBI is required to report papers, when electronically submitting progress reports using the Research Performance Progress Report (RPPR)

- PDF reports generated from My NCBI are required, when submitting paper progress reports using the form PHS 2590 (replaces publication section)
**Trigger:** When a grantee submits a RPPR to NIH that associates 1 or more publications with the award for which the public access compliance status is “Noncompliant”.

**Recipients:** to the PD/PI, with a cc to the AO, SO, GMS, IC mailbox, and PO.

**Response:** The grantee may respond to the eNotification via email or through the Progress Report Additional Materials (PRAM) link.
Example: PRAM for Public Access

Progress Report Additional Materials

Public Access Compliance

<table>
<thead>
<tr>
<th>Grant Number:</th>
<th>5K23HD123458-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD/PI Name:</td>
<td>JEFFERSON, THOMAS</td>
</tr>
<tr>
<td>Project Title:</td>
<td>A New Model for the Delivery of Well-Child Care</td>
</tr>
<tr>
<td>PRAM submitted on:</td>
<td>10/04/2012 01:19 PM</td>
</tr>
</tbody>
</table>

This is a sample of text entered in response to noncompliant publications submitted as part of the RPRR...
Policy Update: Public Access and Resource Sharing

• If an NIH award’s only contribution to a publication is a shared resource, do not list the publication in section C.1 of an RPPR or in the progress report publication list of a Renewal application.

• Instead
  
  o RPPR: opt to list and/or summarize these publications in section B.2. List/ summary does count against two-page limit.

  o Renewals: opt to list and/or summarize these publications in the appropriate sharing plan (Data Sharing Plan, Genomic Data Sharing Plan, Model Organism Sharing Plan Resource Sharing Plan, etc.).

• List/summary is always optional, and does not have to be complete

• Implications: less burden, more accurate reporting

Ways institutions can ensure compliance
Preparation is Key to Avoiding Delays in Funding

Do you have a plan that can withstand

• Miscommunication among authors, and between publishers and authors?
• Forgetfulness?

Encourage your investigators to:

• Use My NCBI now to track public access compliance
• Associate papers with awards today
• Ensure compliance well before their annual reports are due, to avoid a last minute scramble
• Determine their compliance plan as they write their papers

Resources at http://publicaccess.nih.gov/
Ways Institutions Can Ensure Compliance

Training
– Policy awareness, submitting papers, preparing citations

Author Support
– Submitting manuscripts
– Answering questions
– Sending out reminders for reports early
– Means to ensure collaborators do not prevent compliance

Support on Publishing Agreements
– Policies
  • Coversheets/ Addenda (NIH’s Example: [http://publicaccess.nih.gov/nih_employee_procedures.htm](http://publicaccess.nih.gov/nih_employee_procedures.htm))
  – Questions/discussion with publishers

Ensuring compliance
– Checking applications, proposals and reports
The NIH Public Access Policy in one slide

- The NIH Public Access Policy requires that all peer-reviewed journal articles arising from NIH funds are posted to PubMed Central.
- You must have evidence of compliance with the public access policy for all peer-reviewed papers upon acceptance for publication.
- Be proactive to maintain your funding!
  - Develop your compliance plan while you are preparing your manuscript.
  - How you comply and report compliance depends on the journal you choose.
  - Use our public access instruction wizard to develop your plan.
- NIH wants people to see your work. Over one million people per day use PubMed Central to retrieve more than two million papers to advance research, innovation, education and health.
- For more information, see http://publicaccess.nih.gov/
Questions?
Appendices
About the Public Access Policy:

– For Sponsored Programs: [http://publicaccess.nih.gov/sponsored.htm](http://publicaccess.nih.gov/sponsored.htm)
– Training materials for PIs and other communications: [http://publicaccess.nih.gov/communications.htm](http://publicaccess.nih.gov/communications.htm)
– Questions: PublicAccess@NIH.GOV

The NIH Manuscript Submission System:


PubMed Central:

– Information for Publishers: [http://www.pubmedcentral.nih.gov/about/pubinfo.html](http://www.pubmedcentral.nih.gov/about/pubinfo.html)
What is PubMed Central?

List of PMC-participating journals

Full-text and advanced search

http://www.ncbi.nlm.nih.gov/pmc/
Search Results in PubMed Central

Search results

Filter search results by funding agency or open access license

< Final published version in PMC

< Author manuscript in PMC
Neonatal Diabetes: An Expanding List of Genes Allows for Improved Diagnosis and Treatment

Siri Atma W. Greely, Rochelle N. Naylor, Louis H. Phillipson, and Graeme I. Bell

Abstract

There has been major progress in recent years uncovering the genetic causes of diabetes presenting in the first year of life. Twenty genes have been identified to date. The most common causes accounting for the majority of cases are mutations in the genes encoding the two subunits of the ATP-sensitive potassium channel (KATP), KCNJ11 and ABCC8, and the insulin gene (INS), as well as abnormalities in chromosome 6q24. Patients with activating mutations in KCNJ11 and ABCC8 can be treated with oral sulfonylureas in lieu of insulin injections. This compelling example of personalized genetic medicine leading to improved glucose regulation and quality of life may—with continued research—be repeated for other forms of neonatal diabetes in the future.
Banting Lecture 2009: An Unfinished Journey: Molecular Pathogenesis to Prevention of Type 1A Diabetes

George S. Eisenbarth

Abstract

The Banting Medal for Scientific Achievement Award is the American Diabetes Association's highest scientific award and honors an individual who has made significant, long-term contributions to the understanding of diabetes, its treatment, and/or prevention. The award is named after Nobel Prize winner Sir Frederick Banting, who codiscovered insulin treatment for diabetes.

Dr. Eisenbarth received the American Diabetes Association’s Banting Medal for Scientific Achievement at the Association’s 69th Scientific Sessions, June 5–9, 2009, in New Orleans, Louisiana. He presented the
Finding PMCIDs and Using Them in Searches
Central diabetes insipidus: a previously unreported side effect of temozolomide.

Feje AT, Nachigull L, Wexler D, Miller KK, Klubanski A, Makinura H.

Abstract

CONTEXT: Temozolomide (TMZ) is an alkylating agent primarily used to treat tumors of the central nervous system. We describe 2 patients with apparent TMZ-induced central diabetes insipidus. Using our institution's Research Patient Database Registry, we identified 3 additional potential cases of TMZ-induced diabetes insipidus among a group of 1545 patients treated with TMZ.

CASE PRESENTATIONS: A 53-year-old male with an oligoastrocytoma and a 38-year-old male with an oligodendrogloma each developed symptoms of polydipsia and polyuria approximately 2 months after the initiation of TMZ. Laboratory analyses demonstrated hypernatremia and urinary concentrating defects, consistent with the presence of diabetes insipidus, and the patients were successfully treated with desmopressin acetate. Desmopressin acetate was withdrawn after the discontinuation of TMZ, and diabetes insipidus did not recur. Magnetic resonance imaging of the pituitary and hypothalamus was unremarkable apart from the absence of a posterior pituitary bright spot in both of the cases. Anterior pituitary function tests were normal in both cases. Using the Research Patient Database Registry database, we identified the 2 index cases and 3 additional potential cases of diabetes insipidus for an estimated prevalence of 0.3% (5 cases of diabetes insipidus per 1545 patients prescribed TMZ).

CONCLUSIONS: Central diabetes insipidus is a rare but reversible side effect of treatment with TMZ.
Assessing the burden of diabetes mellitus in emergency departments in the United States: the National Hospital Ambulatory Medical Care Survey (NHAMCS).

Asao K¹, Kaminski J², McEwan LN², Wu X³, Lee JM³, Harman WH⁴.

Author Information

Abstract

OBJECTIVE: To evaluate the performance of three alternative methods to identify diabetes in patients visiting Emergency Departments (EDs), and to describe the characteristics of patients with diabetes who are not identified when the alternative methods are used.

RESEARCH DESIGN AND METHODS: We used data from the National Hospital Ambulatory Medical Care Survey (NHAMCS) 2009 and 2010. We assessed the sensitivity and specificity of using providers' diagnoses and diabetes medications (both excluding and including biguanides) to identify diabetes compared to using the checkbox for diabetes as the gold standard. We examined the characteristics of patients whose diabetes was missed using multivariate Poisson regression models.

RESULTS: The checkbox identified 5,587 ED visits by adult patients with diabetes. Compared to the checkbox, the sensitivity was 12.5% for providers' diagnoses alone, 20.5% for providers' diagnoses and diabetes medications excluding biguanides, and 21.5% for providers' diagnoses and diabetes medications including biguanides. The specificity of all three of the alternative methods was >99%. Older patients were more likely to have diabetes identified. Patients with self-payment, those who had glucose measured or received IV fluids in the ED, and those with more diagnosis codes and medications, were more likely to have diabetes identified.

CONCLUSIONS: NHAMCS's providers' diagnosis codes and medication lists do not identify the majority of patients with diabetes visiting EDs. The newly introduced checkbox is helpful in measuring ED resource utilization by patients with diabetes.

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KEYWORDS: Diagnosis; Diagnosis code; Emergency room; Sensitivity; The National Hospital Ambulatory Medical Care Survey (NHAMCS)


Related citations in PubMed

National Hospital Ambulatory Survey: 1999 emergency
National Hospital Ambulatory Survey: 2001 emergency
Medication therapy in ambulatory care offices, hospital outpa...

Related information

Related Citations

MedGen
PMCID - PMID - Manuscript ID - DOI Converter

Enter IDs into the text box using the specified format. Separate multiple IDs with spaces or commas. Note: you cannot mix different types of IDs in a single request.

- PMID: use simple numbers, e.g., 23193287.
- PMCID: include the 'PMC' prefix, e.g., PMC3531190. You may drop the prefix if you select the checkbox for 'Process as PMCIDs'.
- Manuscript ID: include the relevant prefix, e.g., NIHMS238683 or ESM48932.
- DOI: enter the complete string, e.g., 10.1093/nar/gka1195.

Or get IDs from the NCBI clipboard: [PubMed] or [PMC]

Choose the result format: [HTML] [XML] [CSV] [JSON]

[ ] Process as PMCIDs

[Convert] [Clear]

About this tool

This utility allows you to start with the unique identifier for an article that is in PMC (PubMed Central) in order to find additional unique identifiers that may apply to the article, such as:

- PMID (from PubMed)
- PMCID (from PMC)
- Manuscript ID (from a manuscript submission system, e.g., NIHMS, Europe PMC, PMC Canada)
- DOI (Digital Object Identifier)

Note that not every article will have all of these identifiers. A Manuscript ID will be available for an article that was added to PMC via the NIHMS or similar submission system. A DOI will be available if the article was assigned a DOI by its publisher.

If you look up an ID for an article that is not in PMC, you will receive an "Identifier not found in PMC" message.

[http://www.ncbi.nlm.nih.gov/pmc/pmctopmid/]
NIH Manuscript Submission System: Processing manuscripts
Each Login route has its own NIHMS account. Submitters must continue to use the same login method for subsequent visits to NIHMS. Helpful sign in hints:

- Use the same sign in route each visit.
- If you do not remember how you’ve previously signed in, use the “Request E-mail Reminder” link.
- NIHMS does not maintain the sign in routes.
NIHMS Process Overview

* Approval steps must be completed by the assigned Reviewer in NIHMS.

Process Notes:
- Typically takes about 2-3 weeks from initial approval until first notification of final approval.
- Deposit at time of acceptance. Don’t wait until publication or embargo period is up.
- PMCID is assigned when final approval is complete and final publication information is available.

https://www.youtube.com/watch?v=IIEBtfnSqMA
Navigating the Manuscript List:

- Check the “Needs Your Attention” tab.
- Check the “Stalled” tab.
- Search for submissions.
- Submit a new manuscript.
- Check the “Available in PMC” tab to view the PMC access statistics for your manuscripts.
Deposit Files

NIH Manuscript Submission System

New manuscript submission

1. Title Information
   2. Add Funding
   3. Upload Files
   4. Check Files
   5. Set Reviewer & Embargo

Provide citation information using one of the options below.

Option 1. Enter the manuscript and journal titles

- Manuscript Title *
- Journal Title *

Option 2. Search for citation in PubMed

Option 3. Find citation in My NCBI Bibliography

Help documentation available on each page of the process.

Help ▼

Includes step-by-step tutorials, FAQ, and glossary.

Add Funding ▶
Review of NIHMS submission statement

Submission Statement

Manuscript Title: The patient-parent-pediatrician relationship: everyday ethics in the office.
Accepted for Publication in: Pediatrics in review / American Academy of Pediatrics

I am an author of this manuscript, and I am providing it to the National Institutes of Health (NIH) to make it available in PubMed Central 12 months after its official date of publication in the journal.

I confirm that:
Publication and Copyright Agreements — In any agreements that I have made with the journal, I have retained the right to deposit this version of the manuscript with PMC, so that it may be appropriately tagged and made available to the public on the PMC web site; or, if otherwise legally authorized to deposit this manuscript for the purposes described.
Confidentiality — The manuscript may contain confidential information that must not be publicly disclosed prior to publication of the paper in the named journal.
Peer Review — The version I am depositing has been peer reviewed and accepted for publication and includes all modifications resulting from the peer review process.
Funding — The manuscript is the result of research supported, in whole or in part, by direct costs funded by the National Institutes of Health.

Completing the initial review:

- Check to make sure that deposited files are complete.
- Add relevant funding.
- If this is a publisher submission, the embargo will have been set for you.
- Review submission statement [pictured here] and “Agree”.

Change Release Date

Disagree Agree
Completing the final review:

- Select “PMC-ready documents” to confirm everything looks okay.
- Review funding support.
- Either “Approve” or “Request Corrections”
- Help information available on the page. See also Help in Navigation.
Public Access Compliance Monitor
What is the Compliance Monitor?

Database of articles, including current compliance status, that are associated with an institution’s (i.e., IPF’s) grants and fall under the NIH Public Access Policy.

GOAL: Give you data to help monitor compliance on an institutional level.
Compliance Monitor Data

- All records are PMID based, i.e., Paper has to be in PubMed
- Updated twice a week (Wednesdays and Saturdays)
- Grant-paper associations come from multiple databases [see graphic]

PACM

MEDLINE Indexing

My Bibliography

NIHMS
Benefits of using the Compliance Monitor

- Quick summary of institution’s compliance rate
- Download reports on non-compliant publications for the entire institution or a single grant
- Locate associated IDs for a citation
- Track progress of papers in NIHMS
- View status changes made in My NCBI, e.g., if a citation is marked as not applicable
- For more information, see https://publicaccess.nih.gov/sponsored-programs.htm
**PACR Role:** Assigned by administrator authorized to assign roles in eRA Commons

- **Tip #1:** Once you are assigned a PACR role, wait 24 hours to log in.
- **Tip #2:** If your institution has multiple IPFs, you will need a PACR role for each.
- **Tip #3:** eRA Commons manages login information, so that is who can troubleshoot login problems (see next slide)
Compliance Monitor: Snapshot of Compliance

1. Set the date range.
2. See when data was last updated. (New!)
3. Overview of current compliance status.
4. Current compliance rate (for selected date range)
5. Search for a specific paper by PMID or use the dropdown menu and view article list for a given grant number. (New!)
Compliance Monitor: Grant Filter and Article Lists

Grant Filter/Search

- Use the same grant format as displayed in the “Grant Number” column.
- Default results display is the Non-compliant article list.

Article Lists include

- Associated IDs
- Associated grant(s) and PI
- Publication date (if available)
- Key NIHMS dates
- Article Lists can be downloaded (next slide)
### Compliance Monitor: Downloadable CSV Reports

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Also check out “Understanding a Public Access Compliance Monitor (PACM) Report” by Bernard Becker Medical Library at Washington University:

[https://becker.wustl.edu/sites/default/files/PACM_Legend.pdf](https://becker.wustl.edu/sites/default/files/PACM_Legend.pdf)
NIHMS Info in the Compliance Monitor

NIHMS Process Overview

1 Deposit Files
2 Initial Approval
3 NIHMS Conversion
4 Final Approval
5 PMCID Assigned

Available in PMC

Files Deposited
Initial Approval
Tagging Completed
Final Approval

NIHMS dates in PACM
Evidence for separation of HCV subtype 1a into two distinct clades.
B E Pickett, R Striker, E J Lefkowitz
*Journal of viral hepatitis*
PubDate:09/01/11, EPubDate:06/21/10

Method A journal: No
Journal Publisher: Blackwell Scientific Publications