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How the Success of Open Access Publishing Can Stimulate Improved Access to Grey Literature, Summary of a Presentation by Marcus A. Banks, Frederick L. Ehrman Medical Library, New York University School of Medicine

Banks compares the accessibility of peer-reviewed and grey literature, particularly in the health field, and argues that the open access movement which is improving availability of commercially-published work provides a model for improving that of grey literature.

The traditional model of dissemination of scholarly research by commercial or non-profit societies through printed, peer-reviewed journals has always been costly and slow. It was, however, unchallenged until the advent of the Internet made possible the swift and inexpensive distribution of scholarly materials. An article is "open access" if it is freely available on the Internet and immediately deposited in an online repository. The opposition of both commercial publishers and non-profit societies to the open access model and the dependence of tenure systems on publication in approved, peer-reviewed journals have tended to retard the movement toward open access to these materials. But the activism of researchers and librarians have changed the playing field: Open access publishers such as BioMed Central and the Public Library of Science now provide an alternative mode of peer-reviewed publishing and the National Institutes of Health have adopted a policy encouraging (but not mandating) authors of NIH-funded research to deposit their work in PubMed Central, a publicly-available digital archive.

Grey literature is scholarly work that is not controlled by commercial publishers. It is produced by researchers in governmental agencies, universities, industrial organizations, etc., and may or may not be peer-reviewed. The accessibility of grey literature is not limited by financial barriers as is that of traditional peer-reviewed work but by "bibliographic barriers." Simply put: it is hard to find. Librarians have made some headway in creating discipline-based resources to achieve bibliographic control over grey literature, notably the New York Academy of Medicine's Grey Literature Report. However, Banks argues, what is really needed is a change in American medical priorities from clinical advances which benefit the individual patient to public health issues, resolution of benefit the society as a whole. Only such a shift in priorities will induce providers to make grey literature - which is largely literature about public health - more accessible. For such a huge task, librarians should "draw upon the lessons of library activism on behalf of open access publishing."

As librarians work to make grey literature more accessible, they will find that the distinction between the grey and non-grey literature will become less relevant. Web

searching has already narrowed the gap in accessibility. The movement to establish digital archives at many universities and efforts to link these resources together, such as the Open Archives Initiative, will further blur the distinction between them. Librarians will be able to turn their attention from finding grey literature to educating patrons about their characteristics and how they relate to more traditional resources.