

Consortium for Medical Libraries in India Abroad: A Study

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Abstract

The advent of Information and Communication Technologies and Impact of Information explosion have brought many changes in diverse field of knowledge, especially in medical sciences which had profound impact on medical professionals, practitioners, students in pursuing their research and patient care. The medical professionals require pinpointed, accurate and speedy information for updating their knowledge. Due to the elasticity of budgets and hike of journals and books prices every year, keeping in view of user needs, libraries are forced to join a consortium.

Keywords: Information Technology on Medical Libraries, Consortia

1. Introduction:

The consortium is a latin word, meaning 'partnership, association or society' and derives from consors 'partner', itself from con-'together' and sors 'fate', meaning owner of means or comrade.¹ According to Oxford Dictionary" Consortium means temporary association of a number of countries, companies, banks etc for a common purpose.² A library consortium is a collective activity of a group of libraries towards a common goal of sharing resources³. Library consortium is a community (a cooperative) of two or more information agencies which have formally agreed to coordinate and cooperative of two or more libraries/information agencies which have formally agreed to coordinate, cooperate or consolidate certain function" to achieve mutual objectives it is an association of group of libraries to achieve mutual benefits⁴.

2. Impact of Information Technology on Medical Libraries

The advent of information and communication technologies has brought many opportunities and challenges in the provision of library and information services in the health sector worldwide and rapid delivery of knowledge based resources are making an impact on clinicians and researchers and health students work and learn under the changing nature of medical libraries. For years, health science libraries have struggled with ways to bridge the gaps of distance and time when identifying and delivering information to the point of need.

Timely access to accurate and relevant medical information is crucial to the development and administration of healthcare services. With web accessible databases, and resources, user can easily search and identify online full text journals, books and other sources with a click of mouse the information is immediately available on the point of need. Currently a lot of relevant publications are available online and they can be accessed conveniently over the internet by those libraries that have internet protocol under the consortium.

Library cooperation is not a new phenomenon, but no library is able to meet the information requirements of all users because of elasticity of budgets, prices hike in of journals, technological innovation growing during recent years. To satisfy the needs of the users, the libraries are forced to join a network resource sharing environment for collective acquisition and sharing of resources.

Consortia purchasing offers for the single library the opportunity to get access to more journals than they currently have subscriptions to thus eliminating the continuous cancellation operations. For the consortia members the specific group of libraries it offers reduced costs in the inter institutional document delivery processes for those specific journals.

3. Consortia Models

According to a study conducted during 2004 various consortia models are practiced in India and each of them have varied features⁵ They are:

3.1 Open Consortia

This type of consortia is open ended and provides facility for the libraries to join and leave as they please. In this case, publishers define a minimum number of libraries for the consortium to take-off, at a specific rate per product. This type of consortia are generally driven by small homogeneous groups who have a need to cross-share the resources in a specific subject area. INDEST Consortium run by the Ministry of Human Resources Department, Government of India is an example to this.

3.2 Closed Group Consortia

The closed group consortium stays exclusive within a defined group. This type of consortia emerges either by coalition, affiliation and collaboration among them (CSIRL, DAE, IIM Consortium). Here the formation and operation of the consortia guidelines and its administration are fairly simple and easy.

3.3 Centrally Funded Model

In this model, the very existence of the consortium will solely depend on the central funding agency. The strength of this model is that the financial responsibility of running the consortium is shouldered by the parent body. INDEST, UGC INFONET, CSIR, ICMR, MCIT Consortia etc. are examples of this model.

3.4 Shared-Budget

In this model the participating libraries take the lead and form the consortium. IIM and FORSA are examples of this model. The operational aspects of the consortium especially the management of funds etc. are individually handled.

3.5 National Consortium

This is a conceptual model or a framework as far as India is concerned, which is not being seriously attempted by any of the ongoing consortia in the country. There are some isolated efforts from UGC-Info net and INDEST in this regard, but they are yet to make any significant strides. National level licensing of Information products could be achieved towards this end.

3.6 Publisher Initiatives

EBSCO Publishing (<http://www.epnet.com>) has joined with the Open Society Institute, a part of the Soros Foundations Network, to create the Electronic Information for Libraries Direct (EIFL Direct) consortium. The largest information consortium in the world, EIFL Direct encompasses libraries in 39 countries included in the consortium are 27 countries in Central and Eastern Europe and the former Soviet Union, 10 countries in Southern Africa and both Guatemala and Haiti.

4. Obstacles In Joining The Consortia

Firstly, there is the ever present funding problem. Entering consortia requires initial investments in licenses and information and communication technology. Most of the libraries spend their allocated funds at the beginning of the year for day to day operations and services which means that there is little, if any, space for decisions during the course of the year.

Secondly, libraries are not prepared to cash in the savings offered by not handling the print edition of the journals. Their work procedures are still centered around the physical document; staff are not trained in handling electronic documents etc. Therefore, many libraries are reluctant in entering consortia agreements especially where publishers impose payments for off-consortia delivery of documents, either in electronic or paper format.

Thirdly, there will often be investments to be made in local-consortium based central hardware set up, mounting of data, development of interfaces, administration of access etc. However, those problems are precisely to be solved not by the single library, but in cooperation between the participating libraries.

5. Medical Consortia In India

UGC has initiated the UGC-INFONET E-Journal consortium is a great boon to academia in the country, Under the consortium, about 494 full text scholarly electronic journals in Medicine and open access databases like PubMed Central, Biomed Central, High wire Press and Public Library of Science, Directory of online journals etc can be accessed.

5.1 ERMED Consortium

Recognizing the need for sharing of information in Biomedical research and development in India through Online Networking the ICMR, New Delhi has taken keen interest in establishing ERMED-India

Consortium. 39 centrally funded Government Institutions including 10 Director General of Health Services libraries + 28 ICMR Libraries and AIIMS library are selected at the initial stage as its core members. The consortium will be coordinated through its headquarter set up at the NML. JCCC (Journal Custom Content for Consortia) has been launched by ICMR Head Quarters.

5.2 National Medical Library Consortium

National medical library, New Delhi has taken up a pilot project for linking 25 Government Medical College Libraries in the country. National Medical Library has set up a network of health science libraries in India. With the support from WHO, it has 6 regional medical libraries and 8 resource medical libraries in the country. National Medical Library is also the national focal point of HELLIS Network set up by the WHO in Southeast Asia in 1982.

5.3 HELINET

Health Science Library and Information Network (HELINET), an electronic resource sharing consortia concept was adapted by Rajiv Gandhi Institute of Health Sciences, Karnataka (RGUHS) in 2001 to network all health science libraries in Karnataka. It is the first health university in the country started in 2003 as a collaborative effort to network 25 medical colleges in the state for promoting e-journal access and resource sharing. HELINET has grown to be the single largest library consortium in the country by membership. Today, HELINET is reaching out to 666 medical colleges in the state under university's umbrella.

5.4 NTRMED

The Digital Library Consortium (named as NTR MEDNET) of NTR University of Health Sciences, Vijayawada, Andhra Pradesh with the libraries of all affiliated colleges was inaugurated on 12-10-2005. Under this Consortium the following E-resources are available for the 316 member colleges.

6. Medical Libraries Consortia Abroad

6.1 International Blood–Brain Disruption (IBBD) Consortium

The transient opening of the blood-brain barrier for the delivery of intra-arterial chemotherapy is administered by Ohio State University and combines basic science, research and comprehensive patient care to treat patients with brain tumors. <http://www.ohsu.edu/bbb/consortium.html>

6.2 International Multiple Sclerosis Genetic Consortium (IMSGC)

Its primary goal is to identify the genes influencing the risk of developing Multiple Sclerosis and thereby inform the patients on the pathogenesis of the disease. The genetic effects attributable to individual genes are modest. The mission is to revolutionize the treatment and prevention of cancer and complex diseases by rigorously developing and applying post-genome science to advances in human health. The consortium brings together researchers from Cambridge University (UK), Duke University. <http://www.imsgc.org>

6.3 The International Genomic Consortium (IGC)

It is a non-profit medical research organization established to expand upon the discoveries of the Human Genome Project and other systematic sequencing efforts by combining world-class genomic research, bioinformatics and diagnostic technologies in the fight against cancer and other complex diseases. <http://www.intgen.org/igc.cfm>

6.4 International Consortium for Medical Imaging Technology

Its main objective is to develop and implement medical imaging technology which will lead to improved diagnosis and health care delivery as well as reduction in costs. The goal is to exploit new advances in imaging modalities, computer hardware and software, and network technology to store, retrieve, analyze and deliver image data to the diagnosing physician.

The information carried in these images is crucial to treatment for the departments like cardiology, neurology, surgery, obstetrics, orthopedics and pulmonary medicine. [Http://www.icmit.mit.edu/members.html](http://www.icmit.mit.edu/members.html)

6.5 The International Consortium for Anti-Virals(ICAV)

It has its origins in the year 2003. The ultimate goal of ICAV is to discover and develop new therapeutics that target host functions that are crucial to the infectivity of many viruses. By linking scientists and others from Universities, Institutes, Hospitals and Industry from around the world. ICAV will not only facilitate knowledge transfer and effective use of limited resources and global expertise, but will also accelerate the development and delivery of drugs that target viral diseases worldwide. http://www.fhcc.org/science/international_biomarker/

6.6 Global Health Medical Education Consortium

It is a consortium of faculty and health care educators dedicated to international health education in U.S. and Canadian medical schools. GHEC's mission is to foster international health medical education in four program areas curriculum, clinical training, career development, and international education policy. GHEC members represent over 80 medical schools in the United States, Canada and Central America. <http://www.globalhealth-ec.org/GHEC/AboutUs/About.html>

6.7 The World Care Consortium

In 1966 world care established the world care consortium was established with an alliance of three of the top twelve academic medical centers in the United States. Duke University Health System and Partners HealthCare System, Inc., which includes Massachusetts General Hospital and Brigham and Women's Hospital. Representing 8,000 physicians, including scores of acclaimed specialists and \$1.2 billion in annual biomedical research. The World Care Consortium is unparalleled, worldwide for the depth of its medical expertise. Today, World Care has provides highly specialized and customized access to high quality healthcare in 30 countries worldwide.

7. WHO Contribution to Medical Library Consortium

7.1 ExtraMED

It has formed in 1993 on the initiative of the World Health Organization (WHO), which brought together the publishers of over 290 biomedical journals from all over the world into the ExtraMed Consortium. Most of the articles found in File 467 are not included in major European and U.S. indexing sources, making ExtraMed a particularly valuable source of information. The file provides all the abstracts and bibliographic data from the WHO initiative. Articles provide a unique perspective on all health and biomedical topics. The full-text articles are available individually from DIALOG SourceOnes document delivery service.

7.2 The Health Inter Network Access to Research Initiative (HINARI)

It was developed in the framework of the Health Inter Network, introduced by the United Nations. Local, not-for-profit institutions in two groups of countries may register for access to the journals through HINARI. HINARI was launched in January 2002, with some 1500 journals from major publishers: Blackwell, Elsevier Science the Harcourt Worldwide STM Group, Wolter Kluwer International, Springer Verlag and John Wiley, following the publishers joined in May 2002 bringing the total number of journals to over 2000. today more than 70 publishers are offering their content in HINARI and others will soon be joining the programme. The country lists are based on GNP per capita (World Bank figures, 2001). Institutions in countries with GNP per capita below \$1000 are eligible for free access. Institutions in countries with GNP per capita between \$1000-\$3000 pay a fee of \$1000 per year / institution. HINARI provides free or very low cost online access to the major journals in biomedical and related social sciences to local, not – for –profit institutions in developing countries.

7.3 National Network of Library of Medicine (NN/LM) Greater Midwest Region

The network is administered by the National Library of Medicine. It consists of eight Regional Medical Libraries (Major institutions under contract with the National Library of Medicine), more than 159 Resources Libraries (Primary at Medical Schools), and some 4,762 primary Access Libraries (Primarily at hospitals). The mission of the National Network of Libraries of Medicine (NN/LM) is to advance the progress of medicine and improve the public health by providing all U.S. Health Professionals.

8. Conclusion

Medical University Libraries must change their primary operations drastically in the coming years. Conventional educational strategies are way too expensive to meet the demands of their users. With the developments in scientific publishing and implementation of new technologies gave uique opportunity to use technology – not to do old things differently, but for the first time to do different

things. Joining a consortia, integrating intellectual access, providing for both physical and electronic development process are all the distinct steps moving towards 21st century libraries. Developments in modern resource sharing whether they be document delivery services or computing services do not alter the ethics of librarianship. Keeping in view the old traditions and applying them the new environment will make institutions grow and provide useful service for the betterment of resource sharing through consortia.

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