

Submission to the ALIA Education & Workforce Summit 2008 From ALIA Health Libraries Australia Group (HLA)

HLA is the peak body representing library and information staff and services in the health and biomedical sector; it has just over 400 members, approximately 80% personal and 20% institutional.

As the group representing library professionals working in a specialised field, HLA's submission seeks to inform the Summit about the unique educational and workforce issues of this particular sector.

What the health libraries sector looks like

- Health is a diverse sector in itself covering hospitals, research institutes, pharmaceutical companies, government departments, regional health services, professional colleges, universities, not-for-profit and community organisations, and parts of public library services.
- As per a census of health libraries carried out in 2003, there are approximately 230 health libraries nationwide. The Australian Libraries Gateway on the NLA site shows 448 self described health / medical libraries.
- A recent web 2.0 survey of Australian health libraries received 203 responses from library staff across 147 libraries. Results provide a snapshot of the health library sector. Of the respondents:
 - 55% worked in hospital libraries (public 53%, private 2%)
 - 27% worked in a specialist health library(e.g. NGO, pharmaceutical, mental health, etc)
 - 10% worked in libraries designated "other"
 - 8% worked in the academic sector

 - 29% worked in a one-person library
 - 49% worked in a small library of 2-5 staff
 - 15% worked in a library with 5-10 staff
 - 7% worked in libraries with staff numbers ranging from 11-60+

 - 14% had worked 3 years or less in health
 - 27% had worked 4-10 years in health
 - 36% had worked 11-20 years in health
 - 22% had worked more than 21 years in health

Related literature

Reports released in recent years by health library groups in the UK and the USA examine issues similar or related to those under consideration by the Summit. Concerns raised in these reports, and in submissions already received by the Summit, mirror the situation in Australia. In its submission HLA has drawn heavily upon:

Future proofing the profession: The Report of The Health Executive Advisory Group (Sep 2004) <http://www.cilip.org.uk/policyadvocacy/statements/eag/futureproofprof.htm>
and

MLA. The Educational Policy Statement of the Medical Library Association:
Competencies for Lifelong Learning and Professional Success
<http://www.mlanet.org/education/policy/>

Technology Competencies and Training for Libraries / Sarah Houghton-Jan Library
Technology Reports,v.43 (2), March / April 2007.

The UK Health sector has an extensive competency framework developed including competencies for Information and Library Services.

<http://www.skillsforhealth.org.uk/>

<http://www.skillsforhealth.org.uk/page/competences/completed-competences-projects/list/information-and-library-services-lluk?id=133>

In particular, HLA recommends the Summit to *Future proofing the profession*.

Issues impacting on health librarianship

Healthcare, in particular, is a centre for change as a result of endless structural and service delivery changes. Such changes impact upon the practice of health librarianship and are consistent with issues being faced across all parts of the library domain while others are unique to health itself.

- Developments in technology, particularly the Web
- Competition from other information providers. (One example: at the State and Territory level, health departments have used the services of providers, other than libraries, to provide online access to knowledge based resources and services. At the national level there is yet no clearly defined strategy for the management and provision of health information.)
- In smaller libraries especially, an assumed lack of key Internet and IT skills
- New areas of work emerging which may be separately organised in professional terms or claimed by other professional bodies
- “Expert” systems and artificial intelligence becoming more sophisticated and challenging the need for traditional areas of professional work
- Ubiquitous access to knowledge and information
- Increased user expectations and knowledge; many of our users have high level skills in information management themselves
- “The expert patient” – increasing demands by patients and carers for health information
- The adoption of evidence based approaches to health care
- Changes to medical education
- Increased emphasis on multidisciplinary team work
- Greater concerns for quality assurance, value for money and legal indemnity
- Continual organisational restructuring
- The increasing cost of healthcare and the impact this has on workplaces
- The shift from hierarchical structures to flatter and networked cultures
- Increased emphases on team work, partnerships and the needs of customers
- Tensions arising out of managing professionals and doing professional work
- Librarians finding it difficult to convince others of their competence outside ‘traditional’ library settings
- Librarians ill-prepared and reluctant to take on new roles; shying away from high profile or risky roles in favour of remaining in more traditional and predictable environments

Emerging roles and skills

Finding overseas point to health librarians having to develop new interests and skills as well as enhancing their existing, more traditional skills in response to, or as a result of, the issues outlined in the previous section.

In the US Scherrer (2004) found that health information professionals were:

1. teaching more
2. engaging in outreach through liaison initiatives

3. designing and managing electronic information systems
4. providing consumer health education and
5. still providing traditional reference services.

Scherrer, C S (2004) *Reference librarians' perceptions of the issues they face as academic health information professionals*. *Journal of the Medical Library Association* 92 (2) pp. 226-232

The UK report, *Future Proofing the Profession*, points to trends in a number of areas:

1. teaching: user education has expanded and “now includes curriculum-based classroom teaching for academic health librarians, one-to-one and small groups at the point of need whether this is workplace based, library based or surgery based, development of online and web-based computer aided learning. Linked to the education of users is the need to keep abreast of and respond to changes in educational practice.”
2. a greater number of roles outside the library...” outreach work with primary care, with communities, with patients and with other groups of professionals. To work effectively with other professionals in multidisciplinary and cross-sectoral teams requires new attitudes and skills. With a move from the library into the workplace and beyond, a wider range of skills become necessary – these include financial, leadership, influencing, entrepreneurial, project management, negotiating, facilitating and audit and research skills. To succeed as a team member, and to gain the respect of other professionals, librarians must have a skill set that is valued not only by colleagues but is also seen to be valued by themselves.”
3. an increased understanding of the need to manage knowledge (explicit and tacit) rather than information (documents and data). “Librarians in many units and organisations are mapping the flow of knowledge and learning in organisations, they are considering the role of knowledge and information in risk management and clinical governance and are actively engaged in setting the quality agenda to ensure that the best evidence is retrieved by the best means possible”
4. creation of new roles for librarians as a result of changes in technology which have affected the delivery of information. “In the NHS the National Electronic Library for Health (or HOWIS in Wales and the e-Library initiative in Scotland) and the Specialist Libraries, NHS Direct Online (NHS24 in Scotland) and other NHS national and local digital services have all impacted on library provision, but have also provided opportunities for the involvement of skilled librarians in designing and delivering new services. These include roles in developing and implementing content management systems, using professional skills in metadata creation, creating more effective and efficient search functionality, syndication services and open archives initiatives.”

An even more recent review, Report of a National Review of NHS Health Library Services in England: From knowledge to health in the 21st Century, envisages a huge expansion of the clinical librarian (CL) role and posits around 800 CLs in due course plus a move to Knowledge Services librarians. It highlights 4 key purposes for library and knowledge services in the National Health Service

- Clinical decision making by patients, their carers as appropriate and health professionals
- Commissioning decision and health policy making
- Research
- Lifelong learning

Hill, Peter (2008). Report of a National Review of NHS Health Library Services in England: From knowledge to health in the 21st Century. Available at:

<http://www.library.nhs.uk/aboutnlh/review>

Issues impacting on health librarianship as identified from reports overseas are consistent with the Australian situation. However, despite stand out individuals, and libraries, who have embraced new opportunities to expand beyond the traditional library

environment it would be reasonable to say that reactions by health librarians to this fluid environment has been slower and less pronounced. That is not to say that change hasn't taken place but we have not seen health librarians driving and shaping changes in information and knowledge management. Like the UK, "large scale innovation and radical solutions to information problems have more often been initiated by clinicians or computing professionals."

What does it take to be an effective health librarian?

At the base level health information professionals draw heavily on the general field of librarianship so it is important that graduates have a solid grounding in the theory and practice of librarianship and information management.

The Medical Library Association, in its Education Policy Statement, lists the professional competencies required of health librarians as:

1. Understand the health sciences and health care environment and the policies, issues, and trends that impact the environment
2. Know and understand the application of leadership, finance, communication, and management theory and techniques
3. Understand the principles and practices related to providing information services to meet users' needs
4. Have the ability to manage health information resources in a broad range of formats
5. Understand and use technology and systems to manage all forms of information
6. Understand curricular design and instruction and have the ability to teach ways to access, organise, and use information
7. Understand scientific research methods and have the ability to critically examine and filter research literature from many related disciplines

In addition, we put forward the following as highly desirable/essential...

- The need for high level technical ICT skills has been repeatedly emphasised with the accompanying concern that information professionals were systematically losing out to others trained in the computer sciences and informatics.
- Capacity to scan technology developments to evaluate those that may have positive impact and relevance if implemented.
- Skills in collaboration and health library community building with consortial partners.
- Skills in liaising with other custodians of clinical information systems to ensure links between library and other systems are established and maintained.
- Skills in negotiating appropriate contractual arrangements for electronic resources singly or in consortial arrangements.
- Clinical librarianship skills.
- Skills in applying evidence based principles to library practice
- Know and apply critical appraisal techniques in the context of evaluating research studies
- Understanding principles of adult learning
- Ability to embrace change
- Enthusiasm and commitment to life long learning

Critical issues in education for the future of health librarianship

One of the critical issues for health librarianship is the route by which a generalist becomes a specialist, and how a specialist continues to adapt and expand to an ever changing work environment. Currently specialist skills and knowledge are acquired on the job and through ad hoc professional development. There are no clear routes by which a

librarian can develop the specific skill sets required to become an effective health librarian. In addition, librarians continue to be reactive to their environment.

Our recommendations are:

1. As put forward by Fourie (2004) and reinforced in *Future Proofing the Profession*, environmental scanning must become an essential tool for librarians and their educators. Current awareness services have long been offered by librarians to library users and should now become a service that the profession provides for itself. It is necessary to identify future trends and developments if the profession is to plan for changes in roles and responsibilities. As well as supporting professionals such environmental scanning will shape policy, strategy, education and research. Fourie, Ina (2004), "Librarians and the claiming of new roles: how can we try to make a difference?", *Aslib Proceedings*, Vol.56, No. 1, 62-74
2. Health librarianship (and other specialists) requires an education strategy at the post-graduate level whether it be CPD only or a combination of academic and CPD. Actual and potential partnership opportunities exist such as the FolioOz and Medical Library Association's AHIP (Academy of Health Information Professionals) professional development qualification <http://www.mlanet.org/academy/>

In the UK NHS, the skills framework and competencies identification program is shifting education and practice to a more inter-disciplinary, patient focussed, outcomes-based approach, one which is fit for purpose rather than simply fit for practice.

With regards CPD, ALIA must move away from providing a menu of courses and move towards working with others to develop a **structured CPD package**. CPD would need to have prioritised content, as determined on likely future needs. There are several possible frameworks: competency framework e.g. Corral's proposed model of concentric circles 1. core Professional-Technical competencies, 2. essential managerial -organizational business-related enablers; and 3. supporting (inter)personal competencies survival skills; or a 'domains of knowledge' model of which the Evidence-Based Librarianship model defines the domains: Reference/Enquiries; Education; Collections; Management; Information Access and Retrieval; Marketing &Promotion.

The UK's Skills for Health program identified 4 types of competencies: generic – (management, communication), common – (shared by all within a health service – eg particular safety skills), shared – (with other related professions / occupations) and specific – (library specific skills).

ALIA's current CPD scheme, is little more than an administrative program and there is no evidence to support that it achieves the required results. ALIA needs to provide leadership, which would require setting direction in the type of CPD we need from a strategic workforce perspective, in addition to coordinating with 'suppliers' and employers. CPD is essential as learning = growing = cultural change, something much needed in most libraries.

There is no good database of CPD offerings available - often this is from word of mouth. Investigate the potential to have ALIA create and maintain a web based list.

3. More support for part time and home based work options to widen recruitment pools and keep the profession attractive to applicants.

4. ALIA maintain an ongoing dialogue with groups on workforce issues and investigate ways to influence national workforce and education planning bodies.
5. Encouragement to educators to develop and promote specialist health librarian postgraduate qualifications in liaison with HLA (for review and endorsement).
6. Review of how LIS studies are presented and marketed to students, prospective and actual. There are an array of job titles out there - some more aligned to the traditional notion of a what a librarian does, some more on the fringe. Is there any work done by ALIA or library schools to present this array of potential jobs and how LIS qualifications arm individuals to take on these roles? How does one take a LIS qual, build upon it and become a content manager? How do you take a LIS qual and become a clinical librarian or a knowledge services librarian? ALIA needs to investigate and look at the paths professionals take to get to these positions and use this information to both inform and market the profession. This in itself might help us to define the scope of the industry.
7. Encouragement to larger employers to open up their in-house staff development to those from smaller institutions for a marginal extra cost - especially in the fast changing technology areas. Perhaps each state capital to replicate an annual innovations forum much like NLA does so that librarians can see the range of technologies different libraries are experimenting with. Great role for larger libraries to play (not sure which would take the lead on this).
8. ALIA to create a WIKI where we can post details of the various industrial / EBA agreements that librarians are employed under - for greater transparency and ease of comparison across the country. Various people in different library sectors could undertake to keep this maintained and be the contact for their sector. Might help with getting greater equity in salary arrangements if people could see the types of job titles and pay scales that are available across the country for people in different sectors / roles. Greater access to ALIA hosted WIKIs in general would be useful to create communities of interest around a whole variety of professional issues.
9. Some better way to get regular ongoing census numbers for librarians working in the different sectors. For Health, perhaps ALIA could back HLA lobby efforts with national workforce review bodies.
10. Recruitment...

Figures indicate that three quarters of the sector is made up of libraries with 5 or fewer staff members. When recruiting, small special libraries are more inclined to seek applicants with experience. Preferred experience is sector specific, i.e. health library experience, but the available pool is limited. Taking on staff without health library experience can be demanding for all; new staff tend to hit the ground running in small health libraries and much of the training for specialisation is on the job. There is anecdotal evidence that there may be problems recruiting experienced and knowledgeable health librarians into senior health library manager positions in smaller libraries. Reasons for this could include: Remuneration is not commensurate with workloads and stress levels that go with the job; library managers tend to stay in their positions for long periods making career advancement for deputies/2ICs a long time coming. More ambitious staff may well be leaving the sector, or 2IC positions attract a certain personality type that is happy to play a support role but not necessarily step up into the primary manager's role once it becomes available.
11. Clarity of direction for ALIA conferences, in particular the support HLA might expect for regular meetings post ICML 2009.

12. ALIA to assist HLAs efforts to lobby bodies such as NEHTA <http://www.nehta.gov.au/> to get support for a national program for health libraries modelled on the UK's NHS National Library for Health. There is nothing in the current national e-health strategy documents that even mention library information support to clinical practice.
<http://www.health.gov.au/internet/main/publishing.nsf/Content/eHealth>

[http://www.health.gov.au/internet/main/publishing.nsf/Content/E7D8970724C96337CA257410001A8C1A/\\$File/AHIC%20Communique%20March%202008.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/E7D8970724C96337CA257410001A8C1A/$File/AHIC%20Communique%20March%202008.pdf)

[http://www.health.gov.au/internet/main/publishing.nsf/Content/B58193B329DDD77ACA25740F001F32D0/\\$File/AHIC%20eHealth%20Fut.Dir%20brief.paper-final.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B58193B329DDD77ACA25740F001F32D0/$File/AHIC%20eHealth%20Fut.Dir%20brief.paper-final.pdf)

13. ALIA develop a framework for education and workforce issues.

Paper prepared by:

Melanie Kammermann, Committee Member, HLA and Editor of HLA News
Cheryl Hamill, Committee Member, HLA

27 March 2008