HLANEWS

The Economics of Open Access Publishing in the Sciences – Recent Reports for Health Librarians

This article was prepared by Lindsay Harris from The Queen Elizabeth Hospital and Health Service Library in Adelaide. Lindsay can be contacted by email – Lindsay.Harris@nwahs.sa.gov.au

Australian health librarians would be familiar with the general background to the origins of open access publishing. These encompass the escalating costs of periodical prices that are far in excess of national inflation rates, the unending pressure on library budgets, the consequent incapacity of libraries to keep pace with mounting subscription costs and the emergence during the past decade of huge STM (scientific, technology and medical) publishers which have reduced competitive forces in the market place. That STM publishing is big business is unquestionable. In 2002 the merchant bankers Morgan Stanley estimated the global STM publishing market to be a seven billion US dollar industry with scientific journals the fastest growing sub-sector during the previous 15 years. (Liesegang 2005 p162)

Open access (OA) publishing or the open access initiative (OAI), as the movement is commonly termed, utilises new web technologies to offer alternative methods of disseminating scientific information. It may be defined as a publishing model in which journal content is accessed free of charge to a reader, either immediately upon publication, or within a short period thereafter, from editorially managed sites on the Internet. The essential premise of the OA movement is that the scientific community and society in general benefits from the open exchange of ideas and information unencumbered from the limitations of subscription costs, licensing arrangements and copyright inherent to the traditional model of commercial journal publishing.

The term 'movement' is used advisedly for in many respects OA publishing does have the character of a political or evangelical cause, at least amongst its more ardent adherents. For example, in a January 2004 article the co-editors of the *BMJ*, Richard Smith and Tony Delamothe, applauded the gathering momentum of OA publishing. They viewed open access as inevitable because of unsustainable increases in journal prices and concomitant cutbacks by libraries producing "a death spiral that few traditional publishers seem ready to escape." (*Delamonthe p1*)

The principal financial model that has developed for OA publishing is one of 'author pays' whereby authors of articles pay a set amount to have their work peer reviewed, edited, indexed etc by the relevant publisher which then makes it freely available to all users with the copyright usually retained by the authors. In reality it is often the authors' institutions that fund these payments to OA publishers. "So the same institutions may pay for open access but the beauty for them will be that they should pay less as well as achieve universal access. The 'losers' will be publishers, particularly commercial publishers such as Reed Elsevier." (*Delamonthe p1*)

INside

Focus for 2005

Revisiting and reenergising HLA to meet the needs of members around the country.

In 2005 the structure of the executive for HLA is smaller and more focused. We thank our previous convenor for his contribution. Patrick O'Connor has promised to stay involved and we look forward to working with him again.

While much has been happening behind the scenes, feedback from members and the self assessment of your executive tells us we need to do a lot better in communication and in involving members.

The key decision in terms of the structure of HLA is that it will remain a national coordinating group within ALIA. However it is important to give members in regions a say and support. The formal state based groups that existed as sections before the ALIA restructure had some advantages but not all states had a group and there is an administrative load also in setting up and maintaining a formal group in the new structure. What we hope will be a solution is to establish a network of regional liaison officers who will elect one from their number to sit on the executive of HLA. The network can be more inclusive than a state based system as more than one region may be established in the states with significant decentralised regions.

Watch out for the call for expressions of interest to take on a regional liaison role. Regular reports to members will be sent through the year to alert you to the projects and other activities of HLA.

Cheryl Hamill
ALIA HLA Convenor

Calling for volunteers to participate in a project to revise the Guidelines for Australian Health Libraries

The objective is to produce a 4th edition of the *Guidelines for Australian Health Libraries*. The 3rd edition was prepared by the ALIA Health Libraries Section Standards Working Party and endorsed by ALIA in 2000. It has also been recognised for the first time by the Australian Council on Healthcare Standards in its EQuIP Accreditation Guide. Since 1988 the various versions have proved to be extremely significant for Australian health librarians. Paid administrative support will be provided by ALIA to assist the project but your thoughts and involvement in contributing via an email review group process are critical to a successful revision.
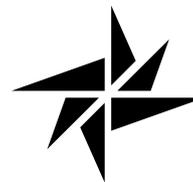
Expressions of interest should be forwarded to Cheryl Hamill, HLA Convenor, at Cheryl.Hamill@health.wa.gov.au by April 26, 2005

Call for Expressions of Interest – Paid Project Officer to support the activities and projects of HLA

ALIA has approved some funds to enable HLA to employ someone on a part-time contract as a project officer to support revision of the *Guidelines for Australian Health Libraries* and other activities and projects. If you have a health library background and interest, enjoy working independently on professional support projects, and are committed to working to further the interests of the members of HLA, contact Cheryl Hamill, HLA Convenor at Cheryl.Hamill@health.wa.gov.au for more details.

Closing date for applications is April 26, 2005.

Applications should be forwarded to:
Veronica Delafosse
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260 Kooyong Road, Caulfield VIC 3162

Your new look 2005 HLA Executive

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PROJECTS / WORKING GROUP COORDINATOR
Role shared at present between
Janice Michel
Liaison Librarian, Teaching and Learning Services, Bond University. Ph 07 5595 1562 *and*
Greg Fowler
Senior Research Officer, School of Population Health, University of Queensland. Ph 07 3346 4617, Fax 07 336 55509

REGIONAL LIAISON COORDINATOR
To be elected from the network of regional liaison officers.

NEWSLETTER / WEBSITE COORDINATOR
Melanie Kammermann
melanie.kammermann@alianet.alia.org.au

HLA activities –
2004 in review

During 2004 HLA was busy working behind the scenes on several national initiatives. Mary Peterson, HLA Secretary, prepared and circulated a summary of the Executive's activities on the aliaHEALTH e-list, which is reproduced below with an update on the Commonwealth Health Task Force.

LIAISON WITH NATIONAL LIBRARY

On July 9 representatives from HLA met with officers of the NLA in Canberra to discuss ways and means of promoting future collaboration between the National Library and health librarians in the provision of health information at the national level. Amongst the matters discussed were two discussion papers, one entitled *Electronic health information for all health professionals in Australia* prepared by Lindsay Harris, Cheryl Hamill, Ruth Sladek and Mary Peterson, and the other by Cheryl Hamill on an *Australian Health Libraries Administrative Network.* The two papers flowed from the resolutions made at the National Forum on Electronic Health Resources held in Adelaide during August 2003. It was agreed that HLA and NLA would work together to publicise and lobby for the development of electronic health library services as a part of the overall development of national access to online resources for the Australian people. The papers will be posted on the ALIA HLA website shortly.

FORUM ON NATIONAL SITE LICENSING

As a result of the July meeting Lindsay Harris, on behalf of HLA, attended the NLA's Forum on National Site Licensing on December 8 in Canberra. Amongst the organisations present were CAUL, CASL (Council of Australian State Libraries), CAVAL, AGLIN (Australian Government Libraries Information Network), ALIA, CSIRO and the federal Department of Education, Science and Training. The Forum agreed, inter alia,

1. To form a reference group to identify core Australian online information products that could be made available via nationally negotiated licences. Some of the products for possible inclusion are the RMIT Informit databases, Bureau of Statistics data and Australian newspapers.
2. The National Library would seek to convene a meeting of existing consortia in mid-2005 to consider the establishment of a formal mechanism whereby consortia could exchange information and review issues of mutual concern at the national level. Further meetings might then be held on an annual or six-monthly basis and on possible rotation through the capital cities.
3. The proposed forum for consortia would consider the merit of establishing an annual round table with vendors and publishers to discuss such matters as licensing, access levels, pricing structures and copyright. The intention is to facilitate communication between libraries and suppliers on the future direction of online information and its accessibility in the legal, technical and financial senses.

PEAK BODIES' FORUM

Following the National Site licensing Forum, the Peak Bodies' meeting was held at the National Library on Friday 10th December. Representation from the following groups was present: NLA, ALCC, CAUL, CASL, ALIA, HLA, IOG, ALLG, APLA, PLA, ASLA, TAFE, AGLINA and educators.

The aim of the Peak Bodies' Forum is to discuss matters that affect the wider library community nationally. Most of the items covered were of importance for health libraries and the Forum valued our representation. The main points from the meeting are:

1. DEST projects eg. Subject Gateways Forum, Kinetica: Issues identified as important were those concerning institutional repositories of scholarly/research work and the ANU's Digital Thesis project. Both these projects shall impact on health libraries, particularly those which serve a research community, and our input on future discussions will be important.
2. COUNTER. There are discrepancies in the presentation of statistics between different publishers / vendors. There's a need for a standard method / style of reporting. COUNTER will become a standing item on the Consortium agenda.
3. Government publications: The move to online access and the closure of the government bookshops has meant that access to publications is now worse than ever. ALIA will host a Round Table in April 2005, with assistance from the National Library. Attendance will be by invitation and will include policy makers as well as the library sector. HLA will be represented, as access to government publications is important for us. NLA will draft an e-mail to be sent to Senator Minchin, the responsible minister, prior to the Round Table outlining the current access problems which we can use for lobbying purposes.

Interestingly, these two editors state that the distribution cost for the electronic version of the *BMJ* is around 0.3 pence per article. In 2003 Jan Velterop, the publisher of BioMed Central, estimated that the average amount of revenue for a STM publisher would be in the order of $US5,000 per article with a range of between $US3,000 and $US7,000 per article depending on the journal, the discipline and the publisher. As a very rough rule of thumb Velterop estimated that for the larger STM publishers, and allowing for caveats concerning the differences amongst individual titles, revenue per article would be at least $US4,500. By way of contrast such OA publishers as BioMed Central were charging authors $US500 per article and the Public Library of Science $US1,500 per article (2003-04 prices) though, of course, these charges solely cover electronic publishing overheads. *(Velterop pp172-73)*

The Wellcome Trust's 2003 report *Economic analysis of scientific research publishing* provides a well written and informative report on economic and intellectual trends in the scientific publishing sector. The report came out in favour of the OA model, although it did recognise the value-added components contributed to the scholarly publishing process by commercial publishers. As well, the report recognised the significant financial and structural challenges inherent in achieving any major shift by researchers and institutions towards a large scale adoption of OA publishing.

In its analysis of the publishing costs for a typical STM journal the Wellcome Trust report reviewed the breakdown of standard costs to produce a periodical journal. Subscriptions, unsurprisingly, accounted for 85% of revenue with single copy orders, advertising and reprints accounting for nearly all of the balance. More significantly, the report determined that the outlays for the production and distribution costs of a typical STM journal amounted to only 66% of the equivalent revenue stream, returning a gross margin of around 35% on production investment. (*Wellcome Trust 2003, p13*) The report concluded that by making scientific research available via open access on the Internet publishing prices could be reduced by as much as 30%.

One of – if not the most important – key issue in any move to open access publishing is the level of support and participation likely to be offered by the key user group in this debate, namely authors themselves. The only large scale survey of authors' views that I have found is one undertaken last year by Ciber (Centre for Information Behaviour) at University College London and reported upon in CILIP's *Update*. This survey is, however, especially useful because it solicited 3,787 completed responses from senior researchers in 97 countries, including Australasia, as to what they wanted from the journals system with particular reference to OA journals. (*Nicholas 2004 p34*)

The survey found that knowledge of OA publishing amongst the group central to the whole process – the authors – was abysmal: "...an astonishing 82 per cent of respondents claimed to know 'nothing' or just a 'little' about this development." When awareness of the concept of open access was broken down geographically 38% of those based in Australasia, 40% in the USA and 31% in Europe knew nothing at all about the subject. (*Nicholas 2004 p34*)

This ignorance was matched, broadly speaking, by a reluctance to accept the principle of author payment (can't pay won't pay was how the survey characterised the reaction of respondents). Attitudes towards payment did vary considerably according to age, with younger authors being more likely to self-publish on the Web and to be more positive towards the open access movement. Location was also an influence with those in non-Western regions being more likely to publish in open access journals and to support open access as a concept. (*Nicholas 2004 p35*). In terms of what they would be prepared to pay for self-publication in an OA journal authors indicated a cost band of $US275 to $US475 per article but many stated they were not willing to pay at all.

The reluctance of many Western authors to subscribe to open access publishing reflects the key attitudes and priorities of researchers as authors. In submitting a paper to a journal the survey found authors placed the greatest value on the journal's capacity to reach the right audience and to carry the greatest authority with that audience. At the opposite end authors placed the least value on the price of the journal selected for publication. (*Nicholas 2004*) This exposes a fundamental gap between the objectives of librarians to manage collections within budgets and those of researchers to disseminate their work through the journal literature.

Researchers dislike intensely the current subscriber pays model because, as authors, they do much of the work in writing and reviewing articles and question the degree of value publishers add to the process. However, they also dislike author charges and the cost of access to published information is not an issue of the upmost importance to them. (*Nicholas 2004 p35*)

Of course, the traditional publishing model has its staunch defenders and not all of them are necessarily from the major commercial publishers. As Liesegang et al have pointed out, in what is perhaps the best current overview on the open access initiative in scientific and biomedical publishing, while it may be desirable for information to be free it is more important that it is transformed into knowledge. Peer reviewed journals perform that role by turning unpublished data into scientifically valuable information. Publication in a peer reviewed journal with editorial quality, reliability, citation impact and a targeted audience confers recognition upon the author(s), supports future funding bids and promotes career advancement. (*Liesegang 2005 p165*)

And the economics of OA publishing continues to be controversial. While financial analysis and stockbroking firms like BNP Paribas and Citigroup Smith Barney declared independently of each other in October 2003 that the business model for open access is viable and likely to put pressure on commercial publishers such analyses may underestimate the strength and convenience of the traditional publishing model for many researchers. (*Liesegang 2005 p158*) This is a factor clearly discernible in the Ciber survey of authors and appreciated by the Wellcome Trust report. (*Wellcome Trust 2003 pp 28-29*)

In a spirited defence of the traditional publishing mode Halsted, the editor in chief of a learned society supported journal, the *American Journal of Clinical Nutrition,* warned in 2003 of the potential problems with open access using his own journal as an example. By dividing the annual overheads of editing and production management over the annual number of pages published Halsted estimated the publishing cost of his journal to be $US435 per page or $US2,500 per five page article. The journal charges its authors a $US75 fee per page, or $US375 per five page article, with the remaining costs met out of the journal's subscriptions. Against this fee structure the $US1,500 per article charged by the Public Library of Science appears exorbitant, especially as the latter has no printing, mailing or distribution costs. It is also discriminates against less well-funded or new scientists who lack institutional support to meet author publication charges. (*Halsted 2003 pp899-900*)

Likewise the American Association for the Advancement of Science has calculated it would have to charge $US10,000 per paper for publication in *Science,* using the author pays model, because of the expenses associated with a 90% rejection rate of manuscripts and its news and reviews sections. (*Liesegang 2005 p161*) If open access journals are to compete with their elite traditional counterparts they will have to accept a high manuscript rejection rate and meet expensive peer review processes. This may well mean they shall have to impose considerably higher charges than their current author fees, a possibility acknowledged by Velterop in his argument for open access. (*Velterop 2003 p173*)

It seems that the open access movement has developed its own momentum over the past five years and that OA journals are becoming a sizeable part of the scientific publishing landscape. However, in terms of academic and professional acceptability major questions remain about their status, citation and indexing potential and scientific credentials for both funding and tenure purposes. Many librarians have embraced open access principles yet, as the Ciber survey demonstrates, the single most vital component of the publishing chain, the authors, remain remarkably detached from the process. The Ciber survey revealed that only one in twenty respondents felt they were well informed about the open access movement. If librarians regard themselves as the foremost managers of information then we ought to be actively educating our clients about the philosophy of open access, its practices and its problems.

Librarians do not have to be uncritical exponents of open access, let alone agents of propaganda for one particular form of scientific communication. Equally, as professionals we should be seeking to raise the level of awareness of open access amongst researchers and clinicians so that they understand all the alternatives available in the dissemination of knowledge through the literature.
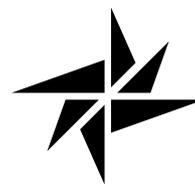
CORE REFERENCES

If you only wish to read a few key articles on open access publishing probably the most comprehensive and impartial overviews of the subject are the following. All URLs were accessible in January 2005.

- Economic analysis of scientific publishing: a report commissioned by the Wellcome Trust. London: Wellcome, Jan 2003. http://www.wellcome.ac.uk/scipublishing

- Liesegang, T et al. (2005) The Open Access Initiative in Scientific and Biomedical Publishing: Fourth in the Series on Editorship. *American Journal of Ophthalmology* 2005, 139: 156-67. Note: If you only want to read the one article on OA this is the one to chose.

- Nicholas, D et al. (2004) Open access publishing. What authors say. *Update.* 2004, 3(11), 34-35.I visited as well the Ciber web page but most of the report is restricted on site and only limited data was available via the web. http://ciber.soi.city.ac.uk/ciber.php

Other references in this article

- Delamothe, T. (2004) Open access publishing takes off: the dream is now achievable. *BMJ* 2004, 328: 1-3.

- Halsted, C. (2003) Copyright protection and open access. *American Journal of Clinical Nutrition* 2003, 78: 899-901.

- Velterop, J (2003) Public funding, public knowledge, publication *Serials* 2003,16(2), 169-73. http://www.uksg.org/serials/archive.asp

- SPARC home page for the Open Access Newsletter and Open Access Forum. http://www.arl.org/sparc/soa/index.html The Scholarly Publishing and Academic Resources Coalition is the leading libraries advocacy organisation for digital information dissemination.

Congratulations VERONICA DELAFOSSE

Veronica was awarded two certificates from ALIA in August 2004. One notes Veronica as a Certified Practitioner, having met the requirements of the Association's Continuing Professional Development Scheme for the 2000-2003 triennium. The other makes her an Associate Fellow of ALIA as she has met an exceptionally high standard of proficiency in library and information practice.

Veronica also celebrated 20 years at Caulfield General Medical Centre last September and has been the National Health Libraries Treasurer for the past nine years as well as an Administrator of The Anne Harrison Award.

We would like to encourage members to join ALIA's CPD Scheme. More information can be found on the ALIA web site at http://alia.org.au/education/cpd/scheme.html

DIARY NOTE

September 20 to 23, 2005
9th World Congress on Health Information and Libraries
ICML 9 | CRICS 7
Commitment to Equity,
Salvador – Bahia, Brazil.
Eventus System Ltda.,
informa@eventussystem.com.br
http://www.icml.org/

SWETS professional envoy award

In 2004 Sue Rockcliff was awarded the inaugural SWETS Professional Envoy Award, which enables the recipient to travel outside Australia to investigate significant developments and/or recent innovations in health and biomedical libraries and information services. Sue took the opportunity to attend the Canadian Health Libraries Association (CHLA) conference and deliver a paper on the 'Chasing the sun' virtual reference project.

The CHLA conference was held at St John's, Newfoundland in May, 2004. The 'Chasing the sun' (CTS) project involves international collaboration between health libraries to provide an after hours reference service to clinicians by taking advantage of global time zones. As such, CTS is the first such project between special libraries and has the potential to become a world wide service.

The objectives of attending the conference were:

- To develop international collaboration between Australian, British and Canadian health librarians in the delivery of quality clinical information through a shared virtual reference service by delivering a paper on CTS at the CHLA Conference.
- To acquire first hand knowledge of current developments in virtual reference services in Canadian health libraries whilst attending the CHLA conference.
- To promote awareness of, and participation in, the CTS project amongst Canadian health librarians, by chairing a meeting to discuss Canadian involvement.
- To advance the provision in English speaking nations, of a virtual reference service to clinicians for urgent patient care on a 24-hour basis.
- To develop a solid base for future expansion of CTS to other Australian libraries and other countries.

What follows is an extract from a report prepared by Sue. The full report can be found on the ALIA HLA web pages at <http://alia.org.au/awards/merit/aliahealth.swets/2004.report.html>

As a result of receiving the SWETS Professional Award I was able to undertake the following activities while in Canada in May 2004.

1. Visit a representative of the British Columbia (BC) Chapter of the Canadian Health Libraries Association to discuss the funding mechanisms for BC Health Libraries. Many BC Health librarians were unable to attend the Newfoundland conference owing to extensive travelling, funding and time constraints.

ACTION I spent a full morning on Wednesday May 5 with Dean Giustini, Library Manager of University of British Columbia, Biomedical Branch Library at the Vancouver General Hospital. Dean introduced me to a number of other librarians on the Vancouver General Hospital Campus who were working in other health information related fields.

OUTCOME Discussions centred on the possibility or feasibility of BC medical libraries joining CTS. The majority of hospital libraries in Vancouver are branches of the universities. Their primary client groups are the medical and nursing students and university appointed medical staff and teachers. The hospital appointed medical, allied health and nursing staff have access rights to the library service but are not the primary clientele. Collection development policies and service provision decisions do not reflect the needs of hospital appointed staff. For this reason, Dean felt the UBC central library would not be supportive of the Biomedical Branch library participating in CTS simply because the primary goal of CTS is to assist in clinical decision making for medical practitioners in the primary care setting and this is not their primary customer group.

Dean felt confident that other provinces in Canada would be very keen to participate in the CTS service and was able to give me some useful contacts. The value of CTS to the medical practitioners was clearly understood and never in any doubt.

2. Presentation of a paper on CTS at the CHLA St John's conference describing its operation as well as the implications and benefits of involvement in the service.

ACTION Conference paper was presented to a good size audience. A copy of the PowerPoint presentation is available at http://www.med.mun.ca/chla2004/presentations/ChasingthesunCanada_files/frame.htm

OUTCOME The paper generated a large amount of interest and a desire to participate in CTS was expressed by a number of librarians from around Canada. In particular several librarians sought individual meetings during the conference. A lot of interest was expressed in our consortium (SAHSLC) with many librarians interested in our ability to manage a consortium without university involvement and direction.

3. Liaison with the executive of the Canadian Health Libraries Association at the conference to solicit their endorsement of the CTS project and to encourage participation by interested Canadian health libraries.

ACTION I spoke with a number of the members of the Executive individually and they provided me with the details of the new incoming CHLA Executive. The Executive in place at the conference were fully committed to managing conference detail, although several expressed an individual interest in CTS.

OUTCOME Further contact with the new CHLA Executive Committee is planned for October 2004.

4. Chair a meeting of interested health librarians after the initial presentation on Sunday May 16, 5-6pm.

ACTION I chaired a discussion group on virtual reference for 1 hour on the Sunday evening after I had presented my paper. This was an opportunity to discuss CTS with interested librarians and get a better feel for the feasibility of certain groups joining the service.

OUTCOME A list of librarians interested in being updated on the progress of CTS was developed. Librarians from outside Canada also expressed some interest. Another specific meeting was organised with two representatives of a consortium of hospital libraries associated with the University of Toronto. These libraries are hospital funded and their primary client groups would be supported by membership of CTS. The Toronto consortium is looking at a virtual reference pilot and is interested in QuestionPoint. The Toronto group have been identified as the most likely potential target group for an initial rollout of CTS in Canada. Further liaison with this group in particular is planned for October 2004.

5. I was invited to attend the National Network of Libraries for Health meeting.

ACTION This meeting was held from 5-6pm on Monday, May 17. I attended by invitation to offer my views and experiences with consortium purchasing.

OUTCOME This assisted with networking and developing a better understanding of the health information industry in Canada. This also served to raise an awareness of Australian health library consortia. It is apparent that many of the funding and equity of service issues facing Australian libraries are also an issue in Canada. Canadian health librarians are working towards gaining support at a national level to provide 'all of health' access to selected databases such as Cochrane.

6. Disseminate relevant documentation on the CTS project and the associated QuestionPoint software to interested conference delegates and to clarify issues and questions on the project. Documentation was supplied to a limited number of interested librarians at the conference.

ACTION Information will be sent to all interested parties in Canada. This has been delayed until the UK group are fully up to speed and the soft launch of CTS has occurred.

7. Provide a paper for publishing in the CHLA conference proceedings.

ACTION This can be found in the full report on the ALIA HLA web site.

OUTCOME Another paper jointly written by the myself, Mary Peterson and a representative of the UK SWICE group is planned for November. This will be submitted to a peer-reviewed journal. As well, Mary Peterson and myself jointly presented a paper at the Information Online conference in Feb 2005.

8. Use the opportunities presented by attendance at the CHLA conference to investigate current developments in virtual reference services in Canadian health libraries in order to identify issues, technologies and policies that may be applicable to virtual reference services in Australian health libraries.

ACTION During the virtual reference meeting on Sunday May 16, discussion about virtual reference in general took place.

OUTCOME Several of the universities are using virtual reference to support their reference desk services, however this service operates only within normal library opening hours. The Toronto Consortium is looking to trial a pilot virtual reference service for reference assistance during library hours. Discussions about different virtual reference software took place and it was clear that the requirements of the CTS service are quite different from the needs of a university providing a virtual reference service to their membership.

Jay Glaisyer (SWETS) with Sue Rockliff, Mary Petersen and ALIA president Imogen Garner at the Online Conference

CONCLUSION

The SWETS Professional Envoy Award enabled me to both promote the CTS service to an international audience and to develop future links with Canadian health librarians. With the emergence of virtual library services such as CTS international collaboration between health librarians will become increasingly important. My attendance at the CHLA Conference provided an invaluable opportunity to help develop such links and demonstrated that health librarians have many issues and concerns in common. I would strongly recommend to my colleagues that they seriously consider taking the opportunities the SWETS Award offers when applications are again called.

Sue Rockcliff
Queen Elizabeth Hospital
Woodville, SA

ALIA HLA would once again like to take this opportunity to thank SWETS for its ongoing support of health librarianship in Australia through its generous sponsorship of the ALIA HLA SWETS Professional Envoy Award. The next ALIA HLA SWETS Professional Envoy award will be bestowed in 2006. The closing date for applications will be announced shortly.

Research Grants

HLA's research and innovation portfolio has funds to $2,000 to support up to four research projects in 2005/2006

A key objective of Health Libraries Australia is to foster research in and about heath libraries. Within Australia, and internationally there is a growing commitment in library and information services to evaluation, to researching the effectiveness of innovations, and to reflection on the evidence base for our own professional practice.

In 2003/04 HLA's research focus was on the preparation of Critical Appraised Topics (CATs) in Technological Assessment In Libraries (TAILs). Our experience of this focus demonstrated that the evidence base in the health library sector is scant, that the tools to systematically review research of diverse methodologies are under-developed, and that health library practitioners do not feel confident to undertake this type of research.

In a change of focus, HLA wishes to provide seed funding to encourage health library professionals to undertake a more basic level of research that is relevant to their daily practice. It is not intended that the available funds will cover all research costs. The intent is to enhance evaluation and research activities that members are already considering. These grants can also serve to encourage collaborative projects, or proposals to other funding bodies, with health professionals from other sectors of the industry. Joint applications by research partners will be welcomed.

Applications will be assessed by two members of the HLA Executive and two external peer reviewers. Applicants will be encouraged to present their work at relevant conferences and to contribute to the health industry knowledge base through publication in the journal literature. HLA will support successful applicants in their activities and the timeframe for publication is negotiable. Some conditions apply.

Enquiries and applications can be made with Greg Fowler, Research and Innovation Portfolio Leader by email g.fowler@uq.edu.au.

HLA 2004 review continued ...

4. Kinetica – look out for Libraries Australia, the new version of Kinetica. It was demonstrated at the meeting, and includes many enhancements to the current Kinetica software, including a user-friendly interface. The ability now exists to search library catalogues behind firewalls that are Z39.50 compliant. NLA was urged to pursue discussions re linking to the Gratisnet database. The National Library was encouraged to bring a road show around the country and to develop a training program.

5. Copyright and the Free Trade Agreement with the US. Over 50% of the agreement was on the copyright issue and will have a major impact on library services. The ALCC copyright report is available on the National Library website. Lobbying is under way to expand the definition of "fair dealing" and to provide a level of certainty. ALCC will meet early in the New Year to develop a strategy to raise awareness of the copyright issues influencing libraries. The ALIA website has started to include information on copyright aimed at students and practitioners, particularly ILL staff.

6. CASL Information Access Group. The meeting held in Adelaide in October identified problems with several key areas of access. It recommended an action plan be developed that would enable better sharing of reference services, better use of supply networks (Gratisnet was used as the benchmark), rationalising access points at local and state level as well as national level. Poor access to Australian journal articles online was noted.

7. Education for librarianship. While acknowledged as important, it was deemed to be outside the remit of the Peak Bodies Forum and it was agreed that ALIA would take primary responsibility for liaising with educational institutions.

The main ongoing actions were identified as:
- Site licensing
- Government publications
- Copyright
- Benchmarking/quality
- Model of a national digital collection including scholarly publications.

COMMONWEALTH HEALTH TASK FORCE

Shortly after the federal election the Prime Minister announced the setting up of a Task Force within the Department of Prime Minister and Cabinet to determine how to improve the delivery of health services nationally. The Task Force is headed by Mr Andrew Podger AO, a former Public Service Commissioner and Secretary of the Health Department. HLA wrote to Mr Podger on the issues surrounding the supply and organisation of information, specifically electronic information, to Australia's health care system. Copies of the two HLA discussion papers referred to above were also sent to the Task Force as background documents. HLA proposed that consideration be given to the adoption of a national health information policy to ensure the equitable and efficient delivery of health care to all Australians through better coordination of existing health libraries, resources and personnel. It is likely that the Task Force shall concentrate on reviewing existing services, however HLA will continue to lobby the Federal Government as and when opportunities present themselves.

Clinical Librarianship

Ruth Sladek was the recipient of the eighth Anne Harrison Award in 2003 and used the allocated funds to undertake a study tour of Clinical Librarianship (CL) in England. The study tour included visiting a number of CL positions/programmes and presenting the findings of the National Institute of Clinical Studies (NICS) Clinical Evidence Researcher Study at the Second International Conference on Clinical Librarianship, November 4 & 5 in London. One of the responsibilities of the award was to report back to ALIA HLA. Ruth's full report on the ALIA HLA web site <http://alia.org.au/awards/merit/anne.harrison/2003.report/html> outlines the various CL programmes she examined and gives an overview of the conference. Importantly, the following extract from the report summarises Ruth's perceptions of CL developments in the UK in relation to Australian health librarianship practice.

Clinical librarianship is an emerging area which is developing in the UK. There is a critical mass of professional interest, a developing body of expertise and experience, and an environment which is conducive to the goals of clinical librarianship, namely, finding ways to contribute directly and indirectly to clinical effectiveness. This is an important goal, which has perhaps been crystallised by the broader developments over the last 10-15 years within the healthcare environment.

Whilst some Australian librarians may feel uncomfortable with the prevailing image of a 'clinical medical librarian' as mostly attending ward rounds, the reality is that CL at present is more defined by its goals rather than any one specific 'duty'. That is, CL embraces a range of strategies (as may be appropriate) 'to contribute to clinical effectiveness' in different organisations, and attending inpatient ward rounds is only one such strategy. These strategies (identified in the full report), in my own experience, are rare in Australian practice. Whilst there are some examples of moves in this direction (for example, the Clinical

Librarian position at Royal North Shore Hospital), and I am aware that submissions for funding such positions have been made in several organisations, the UK is more progressed in this direction.

I would suggest HLA consider exploring and supporting ways for health librarians to explicitly contribute more directly to improving clinical outcomes. This support could be provided in different ways, however there are three strategic domains which I would suggest receive focus:

- Support for ongoing professional development activities, but in particular, an HLA Workshop on clinical librarianship. This could

be timed to precede the Evidenced Based Librarianship Conference in Queensland in 2005, when overseas colleagues with some knowledge of this area will already be in Australia.

- Ensuring undergraduate and postgraduate formal librarian educational curricula include opportunities to develop the knowledge and skills necessary for working in a clinical/healthcare environment (research methodology, biostatistics, clinical contexts etc).

- Collaboration with other organisations which are committed to improving clinical effectiveness: National Institute of Clinical Studies; Monash Centre for Clinical Effectiveness; Quality and Safety Council etc. Such collaboration might include collaborative research opportunities and joint meetings/workshops.

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Consider making a donation to the Anne Harrison Award Trust

The Anne Harrison Trust Fund is a living fund that welcomes donations and bequests. The Trust exists to further understanding of health librarianship and the professional practice of individual health librarians. Personal and corporate donations can be acknowledged or remain anonymous. You may consider including a bequest to the Trust when next updating your will. For more information contact AHA administrators Greg Fowler (g.fowler@uq.edu.au) or Veronica Delafosse (v.delafosse@cgmc.org.au). For further information on the award visit <http://www.alia.org.au/awards/merit/anne.harrison/>

Benchmarking Tool

FOR THE AUSTRALIAN HOSPITAL LIBRARY SECTOR

Melanie Kammermann, former Chief Librarian, Royal North Shore Hospital, Sydney reports on a benchmarking study undertaken in the second half of 2004 as an action-research project developed as part of the course requirements of the Master of Business (Information Technology) (RMIT).

Melanie says that the results are of relevance to the Australian hospital library sector and have been presented to the HLA Executive. It is hoped that the recommendations made in the report will be progressed in 2005. The full report is available in the ALIA e-repository <http://e-prints.alia.org.au/>.

Objectives and methodology

The main objective of this project was to develop a draft bench-marking tool for Australian hospital libraries, called the 'Draft Australian Hospital Benchmarking Data Collection Tool', have a small group of Australian hospital librarians assess the tool and then feed the results of the analysis back to the sector, the intent being that the draft tool be modified accordingly in order to increase its acceptability and uptake by Australian hospital librarians. The pilot group was also surveyed about their perceptions on the usefulness, likelihood of participation, and administration of a benchmarking project to advise the sector as to whether and how to move forward with such an initiative.

The draft benchmarking tool developed was made up of 134 questions, divided into six sections: Library Profile; Hospital/Health Services Profile; Management Measures; Technical Services Measures, User Services Measures; and Other Services and Functions. The questions sought a mix of input, output and profile data. Respondents were not required to supply actual benchmarking data but to indicate, using specified criteria, how they would respond in a live benchmarking exercise.

Twelve hospital librarians from five Australian states were approached to participate in the survey. Ten completed the full survey, one did not and another supplied comments only.

Key results and recommendations

The Draft Australian Hospital Benchmarking Data Collection Tool was well accepted. It would benefit from minor modifications and amendments, in terms of the addition or correction of some pointers within the tool and the rephrasing of specific questions and notes and definitions.

On average, participants indicated that they had and would supply the data necessary to answer 73 per cent of the 134 questions listed in the benchmarking tool. Individual respondents did make recommendations regarding questions they considered should be removed from the draft tool, however, these were isolated and as such no majority consensus could be established on any one question or group of questions to delete. There were some sets of questions that stood out as being more problematic than others with regards access to data, data collection processes, issues of confidentiality or perceived usefulness. These included hospital/health service staff and student numbers, some financial data, journal counts and several user services measures. Again, such problems were not universal but nonetheless the feedback received should be used to review and possibly modify these sections of the draft benchmarking tool.

There appears to be a recognised need for a national, standardised benchmarking initiative. While the tool was considered long and detailed the majority agreed that this was an appropriate trade off if valuable, useful data was to be collected. Majority responses indicated that the professional association, being the Australian Library and Information Association (ALIA), is the preferred body to administer a benchmarking initiative, that data be collected every two years by way of an online database and that participation would definitely or more likely be increased if library anonymity was retained and access to benchmarking data and reports was restricted by password.

It is recommended that a small working party with national representation be formed under the direction of the ALIA Health Libraries Australia (HLA) group to progress a benchmarking initiative for Australian hospital libraries. The working party should modify the Draft Australian Hospital Benchmarking Data Collection Tool according to the results of this study, develop an implementation and management plan and launch a benchmarking scheme for Australian hospital libraries as soon as is feasible.

Research revealed

Are you undertaking a research project relevant to health librarianship? Why not consider:
1. Applying for a HLA Research Award
2. Publishing your findings in HLA News. Contact the HLA News editor by email – melanie.kammermann@alianet.alia.org.au
3. Depositing your research report in the ALIA e-repository. This electronic archive aims to increase the visibility and accessibility of research output relating to library and information services. For more information, visit http://alia.org.au/research/e-prints/

Melanie's other recent project is Eluisa Carmela, pictured here at one day old. Eluisa was born on 12 February.

Anne Harrison Award 2005

Applications for the biennial ANNE HARRISON AWARD are now open to all Australian health library and information professionals.

Australian health librarians established the Anne Harrison Award in 1987 to commemorate the life work of Anne Harrison (1923 to 1992). Anne was Librarian-in-Charge at the Brownless Medical Library, University of Melbourne, from 1949 until 1983. She initiated the Central Medical Library Organisation in 1953 and helped pioneer the introduction of *Medline* into Australia. Anne was a founding member of the Australian Medical Librarian's Group and later the LAA Medical Librarians' Section. These professional associations, together with the more recent ALIA Health Libraries Section, comprise the organisational history of our current national professional association, Health Libraries Australia (HLA).

Previous recipients of the Anne Harrison Award include Ruth Sladek, Adam Clark, Lorena Smirneos, Kathy Saurine, Veronica Delafosse, Anne Batt, Frances Bluhdorn and Linda Mulheron.

The Trustees of the Anne Harrison Award provide $3000 for:

1. A research project that will
(a) increase the understanding of health librarianship in Australia, *or*
(b) explore the potential for the further development of health librarianship in Australia

2. Assistance towards
enrichment of knowledge and skills of Australian health sciences librarians, including funding to:
(a) help meet expenses of an approved course of study or study tour, *or*
(b) help meet expenses arising from a publication in the field of Australian health librarianship.

While any application that meets these criteria will be considered, the Administrators would like to suggest the following contemporary topics:
- a benchmarking study for hospital libraries, applying the information literacy framework in a health industry setting, *and*
- implementing evaluation methodologies for health library services.

Applications are assessed by the Anne Harrison Award Administrators and close May 1, 2005. Announcements on the Award will be made on our aliaHEALTH e-list on June 1.

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Current administrators, trustees and HLA executive members are ineligible to apply for this award.

Donations or bequests to the Anne Harrison Award
Enquiries and applications can be made with Greg Fowler by email to g.fowler@uq.edu.au

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Research papers, hot topics and posters
3RD INTERNATIONAL EVIDENCE BASED LIBRARIANSHIP CONFERENCE
Call for Contributions – Submission of abstracts due by April 15, 2005

Mark the dates in your forward planner now. The Third International Evidence Based Librarianship Conference will be held in Brisbane, from October 16 to 19, 2005.

The conference offers a forum for the presentation of cutting edge research within the library and information profession. It will also provide the opportunity for scholarly discussion about the role and future of evidence based practice within the ever-changing library industry.

The conference is a place for all library and information professionals regardless of their specialisation who are interested in learning how to harness evidence to establish best practice and to make informed decisions that will facilitate excellence in library and information services.

Types of submissions
1. A Research Paper is a full length paper (not to exceed 10 pages) that critically discusses completed work demonstrating the application of research in practice. Discussion papers critically exploring issues in the application of evidence based practice to inform professional practice are also welcome.
2. Hot Topics are shorter papers (1000 words) that critically outline research-in-progress. Practical papers that identify and facilitate professional dialogue on key issues within EBL are welcome.
3. Posters allow for the presentation of new developments in evidence based practice and work in progress, and are an excellent opportunity for new conference presenters.

Criteria for Selection
All submissions will be assessed against the following criteria: relevance to conference theme; clarity, coherence and organisation of writing; academic merit including quality of research method, analysis of results and review of existing literature; and, originality and innovation of the work

How to make a submission
A 300 word abstract is required for every submission. Please use the submission template available on the conference website <http://conferences.alia.org.au/ebl2005/>and send to the Program Chair, EBL 2005 via email – <EBL2005@alia.org.au>

The deadline for submission of abstracts is April 15, 2005.

NSW Health Libraries Forum Report

In November 2003, as part of the 21st birthday celebrations of NSW Gratis, a two-day forum was organised to bring rural and city health librarians in NSW together, not just to celebrate but to share information and network. As a result of these 2003 celebration, a group of like-minded librarians began planning in May 2004, for a second forum. These seven librarians achieved a minor miracle, I think, in planning and putting on a two-day forum with not only a diverse and interesting program but one that was fully funded through sponsorship from a variety of vendors. This allowed the Forum held in November 2004 to be free to all delegates.

Generous vendors financially supported the Forum, some presenting in the commercial section of the program, others participating in the mini trade-fair. Ramsay Medical Books sponsored Sue Rockcliff from SA to present her paper on 'Chasing the Sun'.

Westmead Hospital and the College of Nursing, Burwood provided the venues for free and the help of the staff in the moving of furniture and catering was greatly appreciated.

Roxanne Missingham from the NLA also attended, presenting on the new Kinetica and how it maybe utilised by health libraries.

Sessions on day one included commercial presentations from SWETS, RMIT, MD Consult and OVID, which allowed delegates to ask questions and gain handy-hints from the vendors.

Sessions on change management, information pathways during the SARS crisis and 'Chasing the Sun' plus a panel on clinical librarianship gave delegates information and 'food for thought'. Many of the rural librarians commented on the shared knowledge gained from the Clinical Librarianship Panel and all of us gained a great deal from Sue Ballard (Westmead Hospital) on how to look at the positive side of change.

Day two of the forum combined a Department of Health librarians meeting and a NSW Gratis meeting as well as sessions by CAVAL and ABS and a PubMed presentation.

Of the attendees to the forum (78 delegates over the two days) 25% of delegates were from rural health libraries. This is a good start, one the planning committee hopes to build on for the 2005 Forum. Invitations to attend had also been sent to the library technicians' school at TAFE, library schools at NSW universities and staff of the medical libraries of associated universities. Though only three attended from these areas it is hoped more will attend this year.

A celebratory dinner was sponsored and attended by our helpful vendors with a plethora of door prizes for those who attended.

Evaluation forms have given the Committee a lot of positive feedback, ideas for 2005 and a number of willing helpers.

As the Coordinator of the Planning Committee I found the whole experience positive and enjoyable (yes, enjoyable!!). The Planning Committee of Barbara Gifford (Fairfield Health Service), Sue Grimes (Wentworth Health Service), Kathleen McMillan (Blacktown-Mt Druitt Hospital Library), Linda Mulheron (Westmead Hospital Library) and Rolf Schafer (St Vincent's Hospital Library) worked well together using individual and combined skills to pull the Forum together. Thanks to Gillian Wood, the NSW Department of Health Librarian, who planted the seed for a NSW Forum.
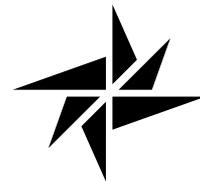
I would also like to thank our sponsors who made the Forum possible: Civica, HCN, Elsevier, EBSCO, Medical Bookshop, NSW Health, ProQuest, Raeco, Ramsay, RMIT, Ovid, One Umbrella, SPP, Swets, Cullens and Bold Women: Big Ideas. Without them there would have been no Forum.

We developed a logo and a mantra, which we will continue to use in 2005: Information*Networking*Collaboration*Knowledge*Innovation*Celebration for All*

This mantra embodied the goals we had for the Forum, which I think we achieved. The Forum for 2005 will hopefully build on these goals bringing health librarians from across NSW together to build their professional knowledge and meet in the spirit of friendship.

Jacqueline Smith
Clinical Library Manager
Macarthur Health Service