

Australian Health Libraries and Resource Sharing – state of play and future directions

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Resource sharing between health libraries is in a state of flux. Systems are changing, sources are becoming more limited and change is on the horizon. The aetiology is multifactorial, best practice responses are unclear and the prognosis is uncertain.

This paper will outline the state of play, changes and challenges ahead, and possible futures.

There are varying numbers of health libraries reported in directories. 425 in the National Library of Australia's (NLA) Gateway site (*Australian libraries gateway*), 303 in NLA's ILRS Directory (*Australian Interlibrary Resource Sharing Directory (ILRS)*). Health libraries listed are from a range of organisations – not-for-profits, research centres, hospitals, health services, professional colleges, government departments, drug and pathology companies and universities with health libraries or collections.

The resource sharing environment

Health libraries use a variety of systems to request and supply. Resource sharing is guided by a national code and best practice guidelines (Australian Library and Information Association (ALIA) Interlibrary Lending Advisory Committee, 2019) Some charge cost recovery at rates set in the Interlibrary Resource Sharing Code (Australian Library and Information Association (ALIA) Interlibrary Lending Advisory Committee, 2022).

Nationally, libraries who are Trove Collaborative Services partners may participate in NLA's Document Delivery service (LADD) (*Resource sharing [LADD]*). There are around 73 health libraries using LADD and many more libraries from all sectors.

LADD infrastructure is based on VDX, interfaces with the Australian National Bibliographic Network (ANBD) (*About the Australian National Bibliographic Database (ANBD)*), has a payments gateway that collates data on supply and requests, and issues consolidated invoices and payments. Members may charge according to the national code or can choose to set lower or reciprocal free rates between partner libraries.

The national document supply network of health libraries, GratisNet, was established in 1982 and has 187 members. As the name suggests, copies are supplied on a free reciprocal basis. A limited number of GratisNet libraries collaborate in reciprocal lending arrangements. GratisNet is one of seven Inter-Loans Networks established and maintained by Prosentient Systems (*Inter-loans Network*). Members pay a modest annual fee for maintenance of the system and agree to comply with the code of conduct. Mechanisms are in place to try to balance the supply load across libraries, though imbalances remain. Some health libraries use the Inter-docs software from Prosentient to manage client requests and to log supply channels used.

Health libraries also use the National Library of Medicine (*NLM Interlibrary Loan (ILL)*), Subito, a network of libraries in Germany, Austria, Switzerland and Liechtenstein (*Subito Document Delivery*), and pay-per-view or publisher tokens to acquire articles. Subito supplies from journals and book chapters and some publishers levy licence charges over and above the standard charge.

Changes and challenges

The National Library of Australia has advised that support for VDX will cease in 2024 and there is no product in the market that has the functionality of LADD. That is, a resource sharing system with discovery provided by the ANBD which also has an activity reporting and payments gateway. At the time of writing, the NLA's strategic direction for resource sharing is not known, though NLA has begun consultations on resource sharing futures.

NLA has also revised the pricing structure to be a Trove Collaborative Partner so that it reflects the true costs of providing the infrastructure but this is proving prohibitive for smaller libraries.

The scholarly publications environment is changing rapidly. Libraries buy titles in publisher packages which increases accessibility. The push to open access in scholarly publishing has further increased access with reports indicating that anywhere between 30 and 50% of articles are freely available to read (Shah, 2022). Australia's Chief Scientist Dr Cathy Foley has made open access one of her goals for

her time in the role (Foley, 2021). Legacy print materials are not generally digitised or available.

It's interesting to contemplate if we could arrive at a time where there is so much available via open access that acquisitions in smaller libraries could be based on article level purchasing through sources such as Article Galaxy (*Article Galaxy*) rather than as subscriptions.

Of course scholarly publishing does have costs and these need to be met (Anderson, 2018). Transformative agreements to date have largely been negotiated by larger university libraries which means that at this point in time, smaller libraries are both 'free riders' for the open access articles but also perhaps paying more for an increasingly smaller paywalled collection. The Chief Scientist's drive to develop a new model to rearrange the existing expenditure happening across Australia so that the costs and benefits are fairly shared is an initiative to be welcomed, though the transition is likely to be contested and complex.

Licence conditions for online publications are often restrictive or prohibitive for resource sharing. In some library sectors, resource sharing activity has been steadily reducing with a rise in demand for other types of sharing such as controlled digital lending and digitisation from collections on demand. These are not such a focus in health libraries where loans and copies activities seems fairly constant.

In concert with an overall reduction in demand across some sectors, there has been further consolidation in the publisher and library systems markets (Breeding, 2022). There are fewer resource sharing systems and no new products apart from open source systems, some at early stages of development. CAVAL for example is implementing FOLIO and ReShare (*Folio + ReShare*). Resource sharing modules of larger systems such as Alma's Resource Sharing from ExLibris / Clarivate or WorldCat's WorldShare from OCLC seem to be filling the space for many libraries. There is a divide with options focussed on non-returnables (copies) compared to returnables (loans). Networks such as Subito and RapidILL handle copies but not loans for example.

One major strength of LADD is that it has the ANBD holdings for a wide range of libraries across the nation which are discoverable and integrated with the resource sharing platform. It handles traffic for copies and loans. The importance of holdings information was one of five key conclusions and recommendations for resource sharing from a landmark NLA study in 2001 (a study whose findings still resonate today) (National Library of Australia, 2006):

- Reduce handling of requests, improve workflows
- Automate - systems costs may seem large but are marginal compared to staff costs

- Use trained, expert staff
- Make holdings available
- Put in place cooperative agreements with key requesting and supplying libraries.

Australian health libraries are not alone in seeking options to improve resource sharing. NHS Libraries commissioned a market review and options appraisal in 2021 (Chad, 2021).

GratisNet libraries have an active developer in Prosentient prepared to reshape the hosted networks and systems to form a larger collaborative. Advantages would be affordability, capacity to integrate with a resource sharing system (*Inter-docs*); and with an open access resources discovery system (*HOARDS (Hybrid Open Access and Resource Discovery System)*). It's not yet clear how comprehensive the holdings coverage would be and if the system will be able / allowed to interface with systems from university libraries to get enough scale to meet the range of demands from clients in health libraries.

Other options are likely to be thrown up as linking technologies develop and new sources may well emerge over the next few years.

Possible futures

At the risk of sounding like a cut-price quotation machine, the future is not yet written and the future is what we make it.

We all have a role in contributing to the debate and in seeking a path forward that ensures we build the collections our clients need and collaborate with partner libraries to fill in the gaps.

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