A survey of core medical electronic resources for medical libraries in Taiwan

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I. Research background & objectives

Recently, the electronic resources become the primary collections of medical libraries. However, the budgets for e-resources can hardly meet the price increases; result in the library operation difficulties. Since 2000, many medical library consortia forming up in Taiwan, they get better discount than ever before. Hence, if all of the medical libraries in Taiwan are forming an alliance, we can negotiate with vendors for more reasonable offers.   In 2007, the Medical Library Committee (MLC) of Library Association of Republic of China came to a solution called "united purchasing", the MLC represent all medical libraries in Taiwan to deal with all of the pricing negotiations. However, the united purchasing activity only held once, it did not continue running due to the leadership rotation of the MLC.

In 2010, the MLC committee board rotated again. In March 2010, the committee delegated authors to conduct a 5 month research project, to identify the core medical e-resources, also to survey to all medical libraries to find out their willingness of supporting MLC to form a consortium. Therefore, the objectives of this research are:

1. To identify core medical electronic resources for medical libraries in Taiwan
2. To investigate the willingness of supporting MLC consortium among different categories of medical libraries
3. To conduct price negotiation with electronic resources vendors for 2011

II. Medical library consortia in Taiwan

There were 7 largest medical library consortia in Taiwan, including:

1. Consortium for Medical Electronic Resources in Taiwan (MERIT), established in 2001 by National Taiwan University Medical Library (NTUML);
2. Electronic Library of the Department of Health (DoH), Executive Yuan, established in 2003 by DoH;
3. TMU DiLib consortium, established in 2003 by Taipei Medical University;
4. Digital Medical Resource Cooperative Network of Veterans Hospitals, established in October 2004 by Taipei Veterans General Hospital;
5. Project of united purchasing of core biomedical journals and databases, established in 2004 by National Taiwan University Medical College;
6. Armed Forces Hospital Digital Library Consortium, established in 2005 by National Defense Medical Center Library;
7. United purchasing consortium of electronic resources in central and southern Taiwan, established 2005 by National Cheng Kung University Medical Library.

As of year 2010, only four of these consortia are still executing, including consortium 2, 3, 4, and 6.

III. Methodology

From April to May 2010, the authors collected e-resources listed from the library websites of Taiwan's medical schools and medical centers, selected mostly subscribed e-resources, and came out with a list of medical e-resource candidates. From June to August 2010, we sent out questionnaires to all 335 medical libraries in Taiwan (see Graph 1). In August 2010, after 2 reminders, returned 180 copies. With 153 valid copies, the return ratio is 45.67% (see Table 1).
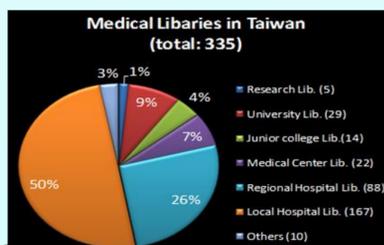

Graph 1: Medical libraries in Taiwan -- by category

Table 1: Returned ratio of the questionnaires -- by category

Category		Quantity		Percentage
		Returned	Total	
Research Library		3	5	60.00%
Academic Library	University Library	25	29	86.20%
	Junior College Library	9	14	64.28%
Hospital Library	Medical Center Library	16	22	72.72%
	Regional Hospital Library	57	88	64.77%
	Local Hospital Library	40	167	23.95%
Others		3	10	30.00%
	Total	153	335	45.67%

IV. Research findings

1. The core medical e-resources in Taiwan

Table 2 shows the lists of e-resources and the recovered data. The table was sorted by demanding of the delegation, shown on the very right column, from high to low. The result was later discussed on the MLC committee board for final decision.

2. The willingness of supporting MLC consortium

The authors asked all libraries whether or not they want the MLC to form a consortium. the percentage of the returned participants support the MLC consortium is 66.68% (see Table 3).

Table 3 Percentage on supporting MLC consortium

Scale	Number of Libraries	Percentage
Strongly Disagree	1	0.66%
Disagree	2	1.32%
No Comment	47	31.34%
Agree	68	45.34%
Strongly Agree	32	21.34%
Total	150	100%

Table 8 Core medical e-resources MLC accomplished negotiation in 2011

No.	E-resources List
1	AMA
2	CINAHL, CINAHL Plus
3	The Cochrane Library
4	EBSCOhost Academic Search—Premier EBSCOhost Academic Search—Complete
5	EndNote
6	Micromedex
7	OvidSP Nursing Collection, Ovid Nursing Full
8	Text Plus

The authors next run one way ANOVA analysis to verify if there is significant difference among different categories of libraries, followed by Scheffe method and LSD method for post hoc pair-wise comparison between each category. The finding results show that there is significant difference between difference categories of libraries. Also, research library, university library and medical center library all show significant difference from junior college Library, regional hospital library and local hospital library pair-wise. (refer to Table 4-6 in the full article)

3. Price negotiation of core e-resources for 2011

In September 2010, the authors reported the research findings on the MLC committee board. We decided to launch the MLC consortium, and come out a final list of high demanding core medical e-resources based on recovered questionnaire to conduct price negotiation immediately. Table 7 (refer to the full article) lists the e-recourses the MLC consortium decided to negotiate, including 10 databases, 9 e-journals, 1 e-book and 1 bibliography management tool.

In October, the MLC started emailing requests to e-resource vendors and received feedbacks shortly afterward. Due to time limit, vendors like UpToDate, MD Consult, BMJ, Wiley InterScience and SpringerLink could not provide proposals for 2011; Cochrane Library, MicroMedex, CINAHL, and EndNote each provided a special offer for the small and medium-sized libraries. Table 8 listed the core medical e-resources that the MLC received better offers for the year 2011. In December, the LAROC issued an official announcement to all medical libraries.

V. Conclusions

The 335 medical libraries in Taiwan are mostly mid-, small-sized libraries with budget hard to meet pricing increased, each library is struggling on inquiring more e-resources for better services. Since 2001, 7 consortia from different institutions not only scattered resources, but also lack of consortia sustainability. The meeting with MicroMedex and LWW sales representatives in the year of 2007 was a success, however the MLC leadership changed clogged it from going. With leadership rotation again in 2010, the authors conducted this research. With 2/3 of responded libraries' supports, the MLC consortium was launched. Also the core medical e-resources for medical libraries in Taiwan are identified. However, the benefit and budget saved need to be assessed in the following year.

To review this research, there are still two issues need to be concerned. First, almost all of the new price policies are for small or mid-sized libraries only. The MLC consortium needs to continue on providing benefits to wider range of libraries. Second, the agreement term only limited to access rather than ownership of the e-resources. In the future, the MLC consortium needs focus on better agreement term. For the future, the authors expect the MLC consortium to strive to bring on more benefits for all medical libraries consistently, and perform price negotiation on a regular basis, rather than one time shopping once in a while.

Table 2 e-resource list and the recovered responses

E-Resources	Used to have	Now have	Plan to Cancel	Delegate MLC
Databases				
UpToDate	7	75	0	27
MD Consult	9	72	1	22
Cochrane Library	4	75	0	16
MicroMedex	8	69	2	18
CINAHL	6	41	0	14
Medline (Ovid-SP)	14	61	0	14
Nursing collection (Ovid-SP)	5	6	0	10
EBSCO host (ASP)	5	24	0	9
ICD-10 Online	0	2	0	7
PsycInfo	3	9	1	6
E-Journals				
CEPS	0	116	0	21
BMJ	5	32	0	16
LWW	5	45	0	15
Oxford Journals Online	1	21	0	14
Wiley InterScience	3	45	1	13
CNKI	2	36	0	12
Cell Press	1	17	0	12
SpringerLink	8	31	0	13
AMA	2	31	0	8
E-Books				
Access Medicine	4	14	0	14
Books@OVID	3	21	2	9
Stat!Ref!	5	20	1	9
Bibliographic Management Tools				
EndNote	9	48	2	22
Refworks	3	5	1	8