

---

# Future proofing the profession

Judith Palmer  
Keeper of Scientific Books  
Radcliffe Science Library  
Tel: +44 1865 272820  
E-mail: jmp@bodley.ox.ac.uk

---

*'We have to embrace the opportunity of the new landscape – not reconstitute the old landscape in a new space.'* (OCLC,2004)

## **BACKGROUND**

The healthcare sector is one of the most challenging and adventurous sectors in which to work. By establishing an Executive Advisory Group (EAG) for health early in 2003, CILIP recognised that health stands alongside the knowledge economy, regionalism and devolution, social inclusion and a national information plan as a key policy area. The Core EAG Group consulted widely within, and without, the health sector and presented its report to the Executive Board in September 2004. The terms of reference were: To identify and explore the key agenda and challenges that LIS faces within healthcare; to consider the relevance of the developments within LIS healthcare to the LIS profession more generally; and to advise CILIP on its role and activities within the healthcare sector

### *The key premises*

Two premises underpinned the work. The first premise gives the title of the final report – future proofing the profession. The second is that health can be seen as a paradigm for the profession as a whole.

### *Future proofing*

Like the Future of the professions Working Group (Gold, 2001), whose report informed much of our thinking, we believe that the most successful professional associations are those that are constantly alive to the shifting parameters and paradigms within their working environment and able to respond –and even anticipate– trends and developments. The future of librarians and libraries is an old debate. It seems that we know what needs to be done but never do it in time (Fourie, 2004). Thus, horizon (environment) scanning –or 'future proofing'– is key to survival.

### *Health as an exemplar*

Our second premise is that health is an exemplar for the profession as a whole. We recognise that the issues being faced by LIS specialists in each sub-domain are remarkably similar, nonetheless healthcare is an especially important sector because of the range of issues faced and the pace of change.

In the NHS, over the past twenty years, a succession of new policies, accompanied by multiple re-organisations, have been introduced with the intention of aligning services to the social, technical, environmental and political context within which individuals and communities have to make their health care choices. At the same time, the rapid explosion of new health care technologies, the adoption of evidence-based approaches to healthcare, the growth of the internet, and advances in the biomedical sciences have also contributed to the need to reconsider the fundamental structures and policies within the health care system.

The information user –whether clinician, health professional or patient– is accustomed to ‘self-service, satisfaction and seamlessness’ (OCLC, 2004). Government policies recognise that patients, the public and carers have a right to influence and control the services that are delivered to them. Consequently ‘the expert patient’ now represents one of the greatest forces for change.

Following devolution, the differences among the home nations are becoming more evident. However, whilst in policy terms the frameworks are different, the substance is similar and we believe that the work of the EAG is equally applicable to all parts of the UK.

### **LIBRARIANS IN THE HEALTHCARE SECTOR**

It is a truism to say that change brings opportunities. No equivalent assertion promises that opportunities will be grasped in equal measure by all those affected. Thus in health –as in many other sectors– new organisational structures have both generated opportunities as well as prompting protectionism and resistance.

### *Emerging roles and skills*

As elsewhere, librarians in medical school and hospital libraries have required the traditional skills of collection management, circulation and inter-lending services, cataloguing, reference services, alerting services and user support in information literacy. Their role has developed in terms of the management and development

of a physical resource. Now collections are both physical and virtual and users have access to unquantifiable resources globally. This has led to a need for reassessment of traditional skills within the new environments. Inevitably the question arises as to how we can define ourselves with such ubiquitous access to knowledge and information and how we are to know what are the distinctive and unique range of skills that characterise our profession.

### ***Roles and opportunities for librarians***

Our investigations have shown that information professionals have found opportunities to:

- work cross-sectorally across health, social care and education
- work in multidisciplinary teams
- use traditional skills in new ways
- contribute to the development of evidence-based health care and services
- play a role in the development and cascading of critical appraisal skills in the workplace
- train and educate users in information skills
- promote the importance of information quality in clinical governance and risk management
- support rapid decision-making by making better quality information available
- work with a range of information providers (for example publishers and public health information analysts) in developing new services.

These opportunities have translated into a variety of jobs and roles described by those we consulted. These include:

outreach librarians	clinical librarians
knowledge managers	primary care knowledge managers
clinical governance facilitators	R&D facilitators
information analysts	lecturers and trainers
electronic resource managers	webmasters
health informaticians	

The types of roles now available to librarians, set out in the box, are not peculiar to the UK or the NHS and are similar to those described by many other authors. Many of these jobs involve moving out of the library and working in partnership with other professions. ‘Content is no longer king – context is.’ (OCLC, 2004)

### **EMERGING TRENDS**

#### ***Teaching***

We found that of all activities teaching was regarded as the most expanded activity and one that had changed the most. Linked to the

education of users is the need to keep abreast of –and respond to changes in– educational practice. Thus in health there has been a trend towards problem-based learning and this has required librarians to acquaint themselves with the basics of educational theory and to learn new ways of imparting knowledge and information.

#### *Search skills*

Searching strategies and retrieval techniques have become especially important in evidence-based health care in order to mine the literature effectively. These searching skills have had to be refined and improved. The experience of US librarians (McKibbin & Bayley 2004) in this respect suggest that there may also be growing pressures for health librarians to be more familiar with, or educated in, science or health-related disciplines.

#### *Outreach*

Another trend is how roles outside the library have increased. Many of those we consulted spoke of outreach work with primary care, with communities, with patients and of working with other professionals in multidisciplinary and cross-sectoral teams. The emergence of new technologies and better electronic resources have enabled the expansion and development of this way of working (Brown 2004) as in the example of the clinical librarian role which began in the 1970s.

A move from the library into the workplace and beyond requires a wider range of skills. These include financial, leadership, influencing, entrepreneurial, project management, negotiating, facilitating, as well as 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.

#### *Knowledge management*

A further trend focuses around an increased understanding of the need to manage knowledge (explicit and tacit) rather than information (documents and data), which has provided opportunities at local and national levels. Librarians 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.

#### **ICT**

Finally, dominating all changes has been the revolution imposed by advances in information technology and the growth of the internet. Changes in technology which have affected the delivery of information create new roles for librarians. In the NHS, the National Electronic Library for Health and the Specialist Libraries, NHS Direct Online and other NHS national and local digital services have both impacted on library provision, and 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.

#### **THE ROLE OF CILIP**

We found evidence that many librarians are still ill-prepared or reluctant to take on new roles. Even where opportunities were obvious, librarians often shied away from taking on high profile or risky roles in favour of remaining in more traditional and predictable environments. It is important that more members of the profession are confident enough to work entrepreneurially at the boundaries between organisations and between professional groups and to be more active participants in non-library environments. As one contributor to our discussions said – ‘we want librarians to be based in organisations but not blinkered by them.’

Definitions of the profession seem inadequate and the boundaries of our professional activity have become increasingly blurred. Even within CILIP there is a lack of clarity between the roles and responsibilities of the parent body and special interest groups such as the Health Libraries Group (HLG).

If the profession is to be ‘future-proofed’, who is to do this and where do the responsibilities lie? Whilst the role of corporate CILIP is important in the growth and change of our profession, so too is the need for all members of the Institute to acknowledge their individual responsibility to develop themselves as practitioners and to work to strengthen the profession and its association.

All those we consulted believed that there are many challenges that CILIP will have to meet if we are to ensure the successful survival of the profession. Currently corporate CILIP is perceived

to lack clarity of purpose, to be ineffective, to represent public libraries primarily, to offer few incentives to potential members or benefits to existing members. In the course of our work we identified a number of key areas in which CILIP must demonstrate its effectiveness and relevance to library and information specialists working in healthcare and beyond:

#### *Education, CPD and Accreditation*

If information professionals are to continue to practice, and indeed to expand their roles, do they have the necessary skills, competencies, aptitudes and attitudes? New ways of working and new roles require a reinforcement and expansion of traditional skills and the development of new skills. How this new learning is acquired impinges upon the work of the schools of library and information studies and on the role of corporate CILIP in CPD.

Core to our response to change in the profession is our strategy for education.

Corporate CILIP should consider whether greater emphasis should be given to CPD in health information and other specialist sectors, and how, in health, LIS staff might be trained alongside other health professions through student placements, sabbaticals or clinical or management attachments. Fundamentally the question is how best to develop generalists into specialists.

The idea that CILIP should refocus its interest in education away from first qualification to continuing professional development was seen as core role for a professional association in the twenty-first century. Again and again the individuals we consulted questioned whether membership of CILIP was regarded by others as a kitemark. Most believed that it wasn't and felt that as long as we cannot demonstrate the value of membership –or fellowship– to the outside world, so would the attraction of membership decrease.

In CILIP, the framework of qualifications steering group has undertaken a review of the skills and competencies needed by staff working in library and information services in the twenty-first century. The new Framework of Qualifications that it is developing must not only be compatible with the various structures being developed within the healthcare sector and the NHS in particular, but must also be seen to add value to those processes.

#### *Research*

If the profession is to become evidence-based then research skills must become a major element in CPD. We heard many examples of how librarians are taking on research roles alongside other healthcare professionals and also within the profession itself. The move to evidence-based practice has stimulated librarians both in the United Kingdom and abroad to examine the evidence base of our own professional practice. (Booth & Brice, 2004). 'The concept of professionalism requires that a practitioner remains in constant contact with the knowledge base that determines the content, nature and impact of their day to day activities.' (Booth & Brice, 2004, p.3).

#### *Promotion and membership*

Promoting the Institute to potential and existing members must be a core activity for CILIP. For existing members it was suggested that managed mentoring schemes would be attractive as would the opportunity to benefit from a package of career support structures: for example, career counselling from professionals at least once in their careers. There has been little overt recognition of the high proportion of women in membership and in the profession and how membership benefits might be better tailored to their needs (for example return to work packages of training combined with mentoring).

#### *Leadership and advocacy*

Leadership is a common issue across all LIS sectors and was regarded by those we consulted as a priority. Many of the people we spoke to thought that CILIP should be making an investment to prepare and support emerging leaders in the profession, such as the leadership program run by the National Library of Medicine in Association with the Association of Academic Health Sciences Libraries which prepares emerging leaders for director positions in academic health centre libraries (<http://www.arl.org/olms/fellows/>).

Leadership is also important in the context of the profession. The position of CILIP in the national consciousness must be promoted more aggressively and with greater clarity. Few at the workshop thought that CILIP made enough impact on the health library community and –more specifically– on the health sector in general, or the NHS in particular. There is a need for CILIP, the BL and MLA to be clear about which body leads on which issues.

#### **THE HEALTH LIBRARIES GROUP – CILIP IN HEALTHCARE?**

We are pleased that CILIP is undergoing a process of fundamental review. We believe that the way forward involves a radical reassessment of the role of specialist Groups within CILIP. For health it is important that the relationship and roles of the Health Libraries Group (HLG) and corporate CILIP be clarified and that together they should act as an advocate to government, thus linking health LIS into the wider political agenda.

We recognise that within central offices in Ridgmount Street and the other national offices of CILIP, there are not sufficient resources to work effectively at policy formulation and implementation across all LIS sectors. It is therefore important that specialist groups are resourced and empowered to do this work on behalf of CILIP. Changes in attitude will be required of all parties. Only in this way do we believe that CILIP will attain the policy and advocacy presence it requires to be fully effective in the healthcare sector (and indeed other LIS sectors).

#### **ADDRESSING THE SKILLS AGENDA IN HEALTHCARE AND BEYOND**

While we (the HEAG) have been looking at the health sector as an exemplar for the profession, other groups have also been examining the profession and professional qualifications. We took note of The Wider Information and Library Issues Project (WILIP) and the work of the Skills for Health, the sector skills council for the NHS, which has recently issued a set of national occupational standards covering informatics staff. The Skills for Health competencies draw heavily on the isNTO (Information Services National Training Organisation) library and information competencies, with additional units drawn up and agreed with active participation of NHS librarians UK-wide.

In the higher education library sector there has been concern that new skills and competencies are required in 'this complex world of blurred boundaries, partnership provision and constant change'. The Hybrid Information Management Skills for Senior Staff Project (HIMSS), funded by HEFCE, has studied the factors that affect the current and future supply of heads of information services.

#### **SUMMARY AND CONCLUSIONS**

Our work and reading has identified quite clearly how the information landscape in health has changed over the past twenty years. Increasingly librarians are moving out of the library and into

the workplace where they are working with other professions and other organisations in roles that bear little resemblance to the traditional hospital librarian of twenty years ago. These new opportunities require new skills and new attitudes which must be grafted onto the traditional skills we have acquired in information management and retrieval.

We have to recognise that for all users –whether academic, clinical, practitioner or patient– libraries are now a small part in the spectrum of sources used when information gathering. We can no longer insist that users tailor their information seeking behaviour to the highly structured systems that characterise libraries. We must instead recognise the influence of the chaotic web on the way in which information is presented and retrieved, and modify the way we design and deliver all aspects of library and information provision.

To support the new information professional, CILIP must also change its traditional way of working and must consider different ways to influence and promote the profession to employers and the public, and to educate and support Institute members through career trajectories that are radically different to those of the past. New alliances and strategic partnerships will be necessary if the broadening base of the profession is recognised. On the one hand we must ensure that the knowledge base of existing members is continually updated and on the other we must attract to membership new and differently trained individuals. Above all, we believe that CILIP must engage with the MLA and the BL in a regular process of environmental scanning.

The survival of the information profession –and of CILIP as a professional body– will be mirrored and enacted out at an individual level by thousands of information professionals, each seeking to identify their role and make their mark. The success of these individuals will, of course, reflect back into CILIP and the profession itself and will be an indication of how successful CILIP has been in optimising the position of the profession.

#### **REFERENCES**

A.Booth & A.Brice, *Evidence-based practice for information professionals*, London: Facet Publishing, 2004

H-A.Brown, 'Clinical medical librarian to clinical informationist', *Reference services review* 32(1), 2004, pp 45-49

CILIP, *CILIP in the knowledge economy: a leadership strategy*, London: CILIP, 2000, 0 9543792 1 7 (<http://www.cilip.org.uk/advocacy/eags/keagreport.html>)

I.Fourie, 'Librarians and the claiming of new roles ; how can we make a difference?', *Aslib proceedings*, 56(1), 2004, pp 62-74.

J.Gold, H.Rodgers & V.Smith, *The future of the professions*, London: Council for Excellence in Management and Leadership, 2001 (<http://www.managementandleadershipcouncil.org/reports/r15.htm>)

K.A.McKibbon & L.Bayley, 'Health professional education, evidence-based health care, and health services librarians', *Reference services review* 32(1), 2004, pp 50-53

OCLC, *The 2003 OCLC Environmental scan : pattern recognition*, 2004 <http://www.oclc.org>

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

**NOTE:**

The full report and recommendations can be found at <http://www.cilip.org.uk/aboutcilip/howcilipworks/structure/committees/executive/heagfinalreport.htm>