

Parallel Sessions B
B3 - Steps Towards the Electronic Library

Friday, September 20, Room D, 10.30

Daily Management of the Transition to the Future

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The Faculty of Medicine Library holds approximately 1000 living and approximately 2500 arrested journals. As a hospital library, it is focused on the information actuality and availability. As an academic library, it is responsible for emphasizing the value of an intellectual heritage. As a public non profit institution, it must guarantee open access to knowledge. How do we face these functions when decreasing buying power commands to continuously reduce the number of institutional subscriptions to periodicals? We propose to describe the different analyses performed to support decision making as well as the first attempts to organize consortium-level access to expanded electronic collections. From now, purchasing will be strictly correlated to usage, quality and interest. Consultation survey over a one year period allows to discriminate between the titles which are not, occasionally or regularly consulted. The hypothesis will be verified that journal use is dependent from criteria such as fame, quality and indexation in major databases like Medline. General quality assessment is possible for the journals indexed in the ISI databases, which will be ranked according to their impact factor and relative position in the Journal Citation Report's subject category listings. But an in depth analysis is also necessary at the Faculty level. Where do the physicians and Faculty members publish their results? What do they read? The Web of Science provides tools to answer such questions. Cited publications of the Faculty will be identified and sorted by journal title. In addition, interest for individual journals will be measured from how many times their contents is cited in the articles published by the Faculty. Statistical analyses of interlibrary loans will also be included in the overview.

As a consequence, hundreds of "second range" periodicals will be cancelled while the part of the budget dedicated to medical databases will be maintained, even increased if necessary. Indeed, these tools guarantee the access to knowledge, with the disadvantage that the library becomes the hostage of commercial companies for the access to primary information. Consortia have been signed by the universities of the Belgian French Community for the access to a core of major bibliographic databases and to electronic journals. The first statistics about ScienceDirect customer usage reports will be presented. But, in the absence of major governmental funding, the benefits of consortia or of any kind of centralized purchasing remain limited. Moreover, they introduce discrimination between editors. The presented strategy appears as an answer to an emergency situation and long term solutions must be searched elsewhere. They will be discussed.