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**GOING, GOING, GONE... BUT NOT FORGOTTEN:
LESSONS FROM A JOURNAL DE-SELECTION PROJECT**

Peter Morgan, Anne Collins, Isla Kuhn
Cambridge University Medical Library, Cambridge, England

Introduction

Cambridge University Medical Library (1) is one of four branches which together with the main University Library collectively form Cambridge University Library (2), the central library service for the University of Cambridge. Cambridge University Library is one of the three largest research libraries in the UK, and its status as a legal deposit library entitles it to receive a free copy of every printed book and journal published in the UK and the Republic of Ireland. The library network in the University of Cambridge also includes 69 separate faculty and department libraries, 39 college libraries, and 24 associated libraries - a total of 137 libraries.

The Medical Library is located within the headquarters building for the University's School of Clinical Medicine on the Cambridge Biomedical Campus (3) at the southern edge of the city of Cambridge. The campus also includes two hospitals - Addenbrooke's Hospital (the main teaching hospital) and the Rosie Maternity Hospital - and major biomedical research laboratories run by the UK's Medical Research Council and other research organisations.

The Medical Library covers education, research, and healthcare practice, providing services to staff and students across the campus and beyond, and currently has about 8,000 registered users. It occupies a total area of 2,000 sq.m. divided between two floors of unequal size, the smaller upper floor containing its collection of about 2,600 printed journal titles.

Strategic Plan

In its strategic plan (4) the Medical Library states that "while continuing to offer a 'hybrid library' service, [it] will depend increasingly on electronic resources, maintaining print-based collections on a limited basis where the case for doing so can be explicitly justified. Disposal of printed stock by relocation or other means will reduce the need for library shelving, thus releasing space for other facilities and activities." It has also indicated that it expects to discard most of its printed journal collection within the next ten years, and in the process to vacate its upper floor - in other words, to down-size its physical space requirements.

The library was given an opportunity to take a significant step forward in implementing this part of its strategy when the Wolfson Foundation, a UK charitable trust, established a grants programme to help fund improvements in libraries that were members of the Consortium of University Research Libraries (CURL, subsequently reconstituted as "Research Libraries

UK"). The second phase of the programme was announced in October 2006. In response Cambridge University Library submitted a successful application for funding towards the cost, estimated at £1 million, of a refurbishment project for the Medical Library, which had remained substantially unaltered since its present building was opened in 1980. The funding was approved by the Wolfson Foundation on the condition that at least 50% of the projected cost would be found from other sources.

The refurbishment proposal was prepared in close consultation with both the main University Library and the Clinical School. We negotiated an agreement whereby as part of the overall refurbishment project the Medical Library would release space to accommodate other student learning activities, and in return the School would provide the balance of the funding not covered by the Wolfson Foundation's grant. To achieve their shared aims, the library and the School agreed that the library would remove about one-third of its printed journals collection from the upper floor, releasing about 200 sq.m. that would be converted into a new IT study area.

Preparing the Journal De-selection Process

The Wolfson Foundation gave its final approval to the library's proposal in June 2007, with a timetable that provided for the building work to start in June 2008. This gave us 12 months in which to organise the clearance of the area that would become the new IT suite. It necessitated the removal of about 1,100 linear metres of shelving (roughly 30% of the total shelving on the library's upper floor), and we would therefore need to dispose of an equivalent length of journal volumes, to be chosen from the entire journal collection of approximately 80,000 volumes. These would have to be removed, and the volumes being retained would then have to be reshelved in their entirety more compactly within the reduced shelf space that would remain, before the redundant shelving could be dismantled in advance of the building work.

At the outset, in consultation with the University Library, we made two basic decisions. First, we agreed that only closed journals (i.e. titles no longer received) would be considered for de-selection. Second, we decided that if our copies of the titles being de-selected were unique copies within the University's library system, the University Library - which would not itself have the space to accommodate them in the immediate future - would remove them to an off-site store: they would be retained there in a "dark archive" as a long-term security measure until such time as space could be found for them within the University Library, and would not be retrievable on demand. Instead, a free document-delivery service, using the British Library's document supply service, would be provided to users wanting to consult any such volumes. Where the de-selected titles were duplicated within the University, the Medical Library's copies would be offered to other libraries and, if not wanted, would be scrapped using environmentally-approved recycling.

As a third consideration we also needed to review separately the future of certain journals that, through a long-standing agreement, were contained within the Medical Library's journals collection but purchased and owned by the library of the adjacent MRC Laboratory of Molecular Biology, which transferred its back volumes to us on a regular basis.

With these three factors in mind, we mapped out a de-selection methodology that eventually involved 15 key stages.

Identifying Journal Titles for Possible De-selection

Stage 1: Conduct an in-house survey recording actual use of closed journal sets, to identify and list those that were least-used.

Anticipating approval of the refurbishment proposal, we had already begun the process of identifying journals for removal at the beginning of 2007. The survey ran for four months, during which survey sheets were posted on every journal shelf-stack, asking library users to record all occasions on which they consulted any volume of closed journal titles. We deliberately did not publicise this survey outside the library as we wanted to capture actual usage data rather than hypothetical use, so library users only became aware of the survey if they visited the shelves. A similar survey of in-house usage had been conducted in 2000, so by combining the results of both surveys we were able to build up a composite list of those journals that performed badly on both occasions.

Stage 2: Remove from the list all titles that had been received by legal deposit via Cambridge University Library.

A significant part of the journal collection consisted of titles received by Cambridge University Library as legal deposit copies and then relocated to the Medical Library. As there was an obligation to retain these journals indefinitely, we excluded them from the list.

Stage 3: Remove from the list all journals that were owned by the MRC Laboratory of Molecular Biology, and ask the MRC to consider what should happen to their titles.

Similarly, the Medical Library had no authority to make decisions about the future of titles shelved within its collection but owned by the MRC, so their titles were removed from our list. We agreed at the outset with the MRC authorities that they would be willing to co-operate in our de-selection process as a contribution to our overall down-sizing strategy, so a list of their titles, together with the evidence of usage acquired during our survey, was referred to our MRC colleagues with a request that they should consult their own users and advise us in due course as to which titles they were willing to de-select.

Stage 4: Create a list of journals that appeared to be prime candidates for de-selection.

Having edited the list of low-use titles by excluding the legal deposit material and the MRC-owned titles, we then consolidated the remaining titles into a list ranked according to use, with zero-use titles at the top.

We also compared this list with records of requests received by our inter-library loans section from other libraries. This did not provide any evidence of demand for the low-use titles from elsewhere.

Stage 5: Measure the length of shelving occupied by each title on the list.

As the de-selection process was driven by the need to release 1,100m of shelving, we measured the length of shelving occupied by each listed title as we needed to estimate how many titles would need to be removed in order to meet our target. We planned that our published list of titles would be more than sufficient to ensure that we could achieve this, allowing for the contingency that some of the highest-ranked titles might be removed from

the list after consultation with users. This process gave us a definitive list containing 562 titles out of the 3,200 that then comprised the entire collection.

Stage 6: Match the definitive list against the University's union list of journals.

The matching process would enable us to identify those titles that were duplicated (wholly or in part) in other local libraries, those that were also available (wholly or in part) as e-journals, and those for which the Medical Library's copy was a unique holding in the University. We

This proved to be the most time-consuming part of the entire process, as we found that the union list's records were not always sufficiently reliable or detailed for our purposes. We therefore found it necessary to cross-check many of the records against other sources of information, or to query the details with the libraries in question.

Stage 7: Create separate lists of journals proposed for storage and journals proposed for disposal.

Having analysed the holdings of other libraries, we produced two lists: List 1, containing 444 titles, consisted of journals for which the Medical Library held a unique printed copy; List 2, containing 118 titles, consisted of journals which were duplicated in at least one other Cambridge library. Most of the titles consisted predominantly of pre-1980 material.

Consulting with Users

Stage 8: Discuss with the library's User Advisory Panel how best to consult with our users on our proposals for de-selection.

For such a substantial programme it was obviously important that we should consult as widely as possible with our user community before any titles were removed. As part of our governance structure we have a User Advisory Panel (5), a group of about 50 volunteers with whom we communicate by email as the need arises. Before launching the consultation process, we asked the Panel to review our plans for the consultation and to advise us on whether these were likely to be effective both in reaching the desired audience and in encouraging a useful response. The Panel were very supportive, endorsing our plans and providing helpful comments.

Stage 9: Run a well-publicised consultation programme with all users, to record their comments on what was proposed.

To publicise our consultation programme, in February 2008 we began by emailing all the registered readers (about 6,600 out of our 7,700 users) for whom we had a valid email address, alerting them to the consultation and inviting them to comment on our proposed list of titles for de-selection. We also advertised the consultation on our website, via our library blog and RSS feed, and through posters displayed in the library.

The principle means of consultation was a web-based survey form, using SurveyMonkey software (6), with a paper version available for those who preferred this format for their response. It was accompanied by background information and a page of FAQs. The web survey itemised all the journals in Lists 1 and 2, with details of both the Medical Library's holdings and those of other libraries. Respondents were asked to identify themselves, and

were given the opportunity at the start of the survey to comment in general on the overall principles governing the de-selection process. They were then able, if they wished, to comment individually on any specific titles. At the end of the survey they were given a further opportunity to record general comments.

Applying the Results

Stage 10: Analyse users' comments to identify titles for which a sufficient case for retention had been made, and remove these titles from the list.

The survey was open for one month during February-March 2008, a time of year when we could expect most library users to be available. List 1 received 97 comments, and List 2 received 20, from a total of 109 different respondents (eight made comments on both lists). Collectively these amounted to less than 1.5% of the library's 7,700 registered users. Bearing in mind the extensive publicity given to the survey, it was therefore reasonable to assume that the vast majority of our users were not sufficiently concerned by our proposals to want to register a comment.

For List 1 (444 titles to be removed to a store), 70 of the 97 responses were broadly critical, 7 were broadly supportive, 5 were neutral, and 15 registered with the survey but did not record any comments. Most respondents simply recorded their general opinion of the principles involved, rather than commenting on individual titles. 22 respondents registered objections against individual titles, of whom 9 objected to every title and 13 objected selectively to specific titles. 35 separate titles were singled out for opposition, of which 29 received more than one objection.

The objections came overwhelmingly from historians of science based elsewhere in the University, and we were able to establish that 51 of the 97 respondents to List 1 were not registered as Medical Library readers but had nonetheless become aware of our proposals and the consultative process. While some opposed the removal of any material from open access shelves, most accepted the need to place material in a store but objected to the fact that they would not be able to recall the physical volumes for study and would instead have to rely on an inter-library document delivery service. These respondents argued that for historical research it was important to be able to handle and browse through whole journal runs, and that photocopies or scanned PDF files did not always provide an acceptable quality of image.

For List 2 (118 titles for disposal), objections were received from 20 individuals. In contrast with the response to List 1, only 4 of the 23 individuals were not registered as Medical Library readers. 22 titles were singled out for opposition, of which 11 received more than one objection.

Stage 11: Produce revised versions of List 1 and List 2 in response to users' comments.

In revising our lists to take account of the comments received, we needed to pay particular attention to the opposition voiced by historians. While we accepted that access to physical volumes might be necessary from time to time, the University Library did not consider that the level of demand, as evidenced by our surveys of usage, would justify the cost of maintaining a retrieval service from the store outside Cambridge. We took the view that for the infrequent occasions where access to the physical volumes was deemed essential, this

need could be met either by borrowing complete volumes from the British Library or by visiting one of the London research libraries holding backsets of the journals in question. Checks revealed that the British Library, the library of University College London, and the Wellcome Library for the History of Medicine - three major research libraries all located in London close to the rail terminus serving Cambridge - between them held copies of more than 400 of the titles in List 1. We therefore concluded that the original proposal to move unique material to the store should be implemented for 367 of the 444 titles listed.

However, we identified 77 titles for which a different outcome was justified. These included 29 titles that received more than one objection; 14 titles which, because they formed part of a larger series, needed to be kept with other titles in the series; and 34 titles for which readily accessible London location could be identified. It was agreed that these 77 titles should be transferred to another branch of the University Library where limited closed access storage was available, so that they could be retrieved for historical research as the need arose.

Similarly, following a reassessment of List 2 in the light of the responses received, we identified four titles which would be deleted from the disposals list and retained at the Medical Library. This left 107 titles duplicate titles to be disposed of.

The MRC supplied us with an additional list of 112 titles that they had approved, after internal consultations, for disposal at the same time. This meant that the de-selection process would result in a total of 663 titles (444 + 107 + 112) being removed from the Medical Library.

Stage 12: Remove the de-selected titles

While the consultation process was taking place, the University Library had invited tenders from commercial companies for the task of removing the journals, so that we already had an agreed contractor in place ready to start this task early in May 2008, one month before building work was scheduled to start. Every journal title had to be labelled to indicate whether it was destined for recycling, for the remote store, for transfer to another library (including a few duplicate volumes that other local libraries requested to augment their collections), or was to be retained.

Temporary staff from the University Library handled the material destined for recycling, loading it into a large industrial waste container via a chute from the library. For all the remaining titles the removals contractor provided the labour, and the removal process was supervised throughout by library staff to ensure that each title was crated and sent to the correct destination.

Altogether a total of 17,971 volumes were de-selected (about 22% of the original journal collection): we moved 6,623 volumes to store, 1,508 were transferred to other libraries, and 9,840 were recycled.

Stage 13: Reshelve the remaining journal collection

As soon as all the de-selected volumes had been removed, the University Library's temporary staff returned to reshelve the remaining collection in its entirety within a shelving sequence that had been reduced by 30%. (Earlier calculations of the extent to which we could compress the journal runs proved to be optimistic, and a small part of the journal collection

had to be shelved in an overflow sequence on the lower library floor.) The 1,100m of redundant shelves were dismantled by the building contractors as the first clearance task when they eventually arrived on site.

Stage 14: Report the results of the process to our users.

It was important that, having placed strong emphasis on the need to consult our users, we should in turn provide them with a detailed report on the outcomes of the consultation survey. Our report, analysing the comments received and explaining our decisions, was published on the library website within days of the survey's conclusion (7), and a further report was submitted to the University Library's governing body. The University Library then provided a further response to the department representing historians of science, to confirm that their views had been noted and would be considered further in future planning.

Stage 15: Monitor demand for de-selected titles

Following the removal of the journals, we have recorded details of subsequent requests for the titles no longer available within the Medical Library. These records will be reviewed from time to time, and we have agreed that if there is strong evidence of demand for any particular title that was not recycled, we will consider retrieving that title and reinstating it in our collection.

Discussion and Conclusions

As libraries and their users have become increasingly willing to embrace electronic journals, this has stimulated discussion about the consequences for the sustainability and management of conventional print collections. Migration from hard-copy to e-journals is widely identified as a growing and inevitable trend driven by user expectations, with the inbuilt assumption that for most libraries it will be increasingly difficult to justify the cost, space, and management overheads involved in maintaining print collections.

This paper has addressed some of the practical issues that will arise in implementing a policy of migration to e-journals. The journal de-selection process described here was designed to meet the needs of a specific library and thus incorporates elements that are unique to the local context, such as the presence of material received by legal deposit and the existence of more than one hundred libraries within the university. Nonetheless, it is possible to offer some observations and conclusions of more general relevance.

- Consultation with library users is vital

Users need to be involved in the process and to give it their support, either explicitly or at least implicitly by not raising objections when given the opportunity. In this context "users" should be interpreted broadly. As we found, the strongest opinions may be held by potential users for whom future, rather than current, needs are the primary consideration. This will be especially true in higher education, where the medical library's users can be drawn from a wide range of departments outside the mainstream disciplines of biomedicine and health sciences, historians being one important example. To ensure that the widest possible range of opinions can be canvassed, publicity for the consultation needs to be extensive.

- A web-based survey is an effective medium for consultation

The main publicity tools we used were email and the library website. Both of these gave us the ability to provide users with a direct link to our web-based survey. The survey platform in turn provided a flexible means of displaying a large quantity of complex information, while giving users a simple way of recording both general and specific comments. It also gave us the ability to download the results and import the data to spreadsheets for subsequent analysis.

- Most medical library users accept the case for removing old print journals

Very few of our respondents (including a majority of the historians) questioned the basic assumption that maintaining an accessible collection of older, little-used print journals was a low priority, even if there was no electronic equivalent available, in what was essentially a current working library. As more older journals become available as the result of digitisation programmes, so it is likely that opposition to the removal of print copies will be reduced even further.

- Historians have different requirements requiring different solutions

Our historians' primary objection related to the proposal that they should rely on document delivery and digitised versions rather than being able to retrieve the physical copies locally. In a multi-disciplinary university this raises questions about the university library's overall strategy with regard to retention and storage of low-use material. The central dilemma lies in finding an acceptable balance between the needs of scholarship (the desirability of keeping every journal volume physically available in the long term) against the realities of space and staffing constraints (the high operational cost of maintaining a store of material that might be used only occasionally over many years). "Acceptable", in this context, principally means gaining approval from both to the scholarly community and to the institutional management. In the UK, the recent development of the UK Research Reserve (8) as a service offering a collaborative answer to retention and disposal problems may provide at least part of the solution to this problem.

- Large scale de-selection of journals is a complex and time-consuming task

About eighteen months elapsed from the start of our in-house survey of usage to the end of the de-selection process and the arrival of the builders. It was barely enough to complete the process to our satisfaction, illustrating the importance of allowing sufficient time - including contingency measures - to cope with unexpected delays. (In our case the major delays arose from two sources. First, inconsistent records of holdings across the university's network of more than one hundred libraries meant much additional work in cross-checking our findings. Second, for much of the physical work during the final reshelving programme we were heavily dependent on the University Library in supplying the book-movers required as manpower, and we faced competing claims on their time from other departments which limited their availability to us.)

- Further phases of de-selection may be progressively more difficult

In a journals de-selection programme, low-use titles are least likely to raise objections from the library's user community. It follows that if a library plans a gradual migration towards

dependence on e-journals, each successive phase of de-selecting print journals will of necessity mean targetting journals that are more heavily used than those chosen previously, and may thus encounter more objections. We shall be mindful of this in future, and will ensure that our reasons for further de-selection, and the improvements in service that will ensue, are fully explained to our users as we seek their continuing co-operation and support.

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