Consortia: A Boon To Medical Libraries

Mangal A. Yadav*, Vijay N. Kale**
*Assistant Librarian, **Senior Librarian, MIMSR Medical College, Latur

Consortia:
The consortia are a Latin word, derived from consors means ‘partner’ (con-‘together’ and sors’‘fate’ meaning is partnership, association or society). A consortium is an association of two or more individuals, companies, organizations or governments with the objective of participating in a common activity or pooling their resources for achieving a common goal. They formally agreed to coordinate, cooperate towards sharing of resources. A library consortium is the sharing of resources among the participant’s libraries.

Salient features of library consortia:
1. The library consortia provide each organization and institutions with the capacity to share their resources without sacrificing the individuality of each member library.
2. The collections of the Consortium libraries enable each member library to support research for its users.
3. The library consortium realizes cost effectiveness.
4. The library consortia help for staff development and interaction with quality of service.
5. It is the cooperative task to reduce the cost of purchase the consortia.
6. The advanced library services are provided with an emphasis on access to new e-resources including database and services offered through the internet.
7. It expands inter library searching at less cost.
8. Uncertainties in legal issues are handled with more confidence.

Different models of consortium:
A) Open group consortium model:
This type of consortia is open ended. It provides facility for the libraries to join and leave as and when they feel. In this type, publishers defines a minimum number of libraries for the consortium to take-off, at a specific rate per product. This type of consortia are generally useful to small homogeneous groups those who needs to cross-share the resources in a specific subject area, e.g. INDEST Consortium run by the Ministry of Human Resources Department, Government of India.

B) Closed group consortium model:
This type of consortia is exclusively used by organizations and institutions with the capacity to share their resources without affiliation and collaboration among them, e.g. CSIR, DAE, IIM Consortium.

C) Centrally funded consortium model:
This type of consortia exists solely on the central funding agency. The strength of this type of consortia is the financial responsibility of running the consortium by the parent body, e.g. INDEST, UGC INFONET, CSIR, ICMR, MCIT Consortia.

D) Shared-budget consortium model:
This type of consortia, in which the operational aspects especially the management of funds are individually handled. The participating libraries take the lead and form the consortium, e.g. IIM and FORSA consortia.
Advantages of consortia:

1. Consortia-based subscription to e-resources provides access to wide number of e-resources at substantially lower cost.
2. It facilities to build up digital libraries.
3. It is cost sharing for technical and training support.
4. Electronic journals neither requires space, shelling costs nor stolen from the library.
5. It offers collection, access and preservation of electronic resources/data.
6. It has less economy expansion.

Disadvantages of consortia:

1. There is absence of a printed copy of journals.
2. The training for staffs in handling electronic documents is required.
3. The initial investment is high.
4. There is a copyright problem.
5. The access is not possible due to unreliable telecommunication links and insufficient bandwidth.
6. There is lack of archiving and back files availability.
7. The internet access Id is necessary.
8. The users are not accepting e-journals as par with the printed Journals.

Medical consortium in India:

UGC has initiated the UGC-INFONET E-Journal consortium, which is a great boon to academic libraries in our country. Under this consortium, about 494 full text e-journals in Medicine and open access databases like PubMed Central, Biomed Central, High wire Press, Public Library of Science and Directory of online journals can be accessed.

A) ERMED consortium:

Recognizing the need for sharing of information in biomedical research and development in India through Online Networking the ICMR, New Delhi has established ERMED consortium. 39 centrally funded government Institutions including 10 Director General of Health Services libraries and 28 ICMR libraries and All India Institute of Medical Sciences library are selected at the initial stage as its core members.

B) National medical library consortium:

National medical library, New Delhi has taken up a pilot project for linking 25 Government Medical college libraries in the country. National Medical Library has set up a network of health science libraries in India. With the support from WHO, it has 6 regional medical libraries and 8 resource medical libraries in the country.

C) HELINET:

Health Science Library and Information Network (HELINE), is an electronic resource sharing consortia adapted by Rajiv Gandhi Institute of Health Sciences, Karnataka to provide facility to all health science college libraries in Karnataka. It is the first health university in the country started as a collaborative effort to network 25 medical colleges in the state for promoting e-journal access and resource sharing. HELINET is single largest library consortium in the country.

D) NTRMEDNET:

NTRMEDNET is the digital library consortium of NTR University of Health Sciences, Vijayawada, Andhra Pradesh. Under this Consortium the e-resources are provided to all affiliated colleges of this university.
E) Consortia of MUHS:
The digital library consortium of Maharashtra University of Health Sciences, Nashik, Maharashtra state provide more than 2000 e-journals or e-resources to all affiliated colleges of this university.

F) Consortia of private agencies:
There are many private agencies like Elsevier provides library consortium for health Sciences professionals.

References

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