

Make sure the library is not forgotten in the debate stimulated by Clarke

By Barry Strickland-Hodge, a senior pharmacy lecturer at the University of Leeds

Changes instigated by the Clarke Inquiry will fundamentally alter the support available to practising pharmacists and while we, quite rightly, discuss the ramifications of the national boards, the General Pharmaceutical Council, the new transitional body, etc, we should also spare a moment to consider the position of the Royal Pharmaceutical Society library. Some of the statistics of the library are spelt out in section 3.1.5 of the Clarke report. However, the evidence given about the relevance of the library was mixed. Most worrying was the statement — which I dispute — that “some felt that there was no possibility of the bulk of members gaining any benefit from [the book collection.]” Should the library’s existing book and journal collection be retained or is the cost of maintaining it against the principle of a new, leaner professional body?

The United Kingdom Medicines Information service (UKMI) has offered to help the new professional body in its information strategy which, perhaps, would include maintaining an information department based at that new body, and this goes some way to allay my fears.

But what about the books, particularly the historic collection? This could be dispersed to organisations such as the Worshipful Society of Apothecaries or the Wellcome Foundation, which value the historical links they have to medicine and pharmacy and believe historical resources continue to offer an insight into the profession today.

In a recent personal communication, the Society’s librarian Sarah Butler says: “Our primary purpose is to provide information and research support to all pharmacists in the UK and those abroad who are registered with the Society. We provide support throughout a pharmacist’s career, from his or her time as a student into retirement. We continually develop our services to improve access to good quality, authoritative information for pharmacists regardless of where they live in the UK. We have always delivered books by post, but more recent developments for widening access include supply of documents by e-mail and the launch of a new online library for

pharmacists (myLibrary). We are an essential resource for any pharmacist carrying out continuing professional development and evidence-based practice.”

In his report, Nigel Clarke makes two recommendations concerning the library. First, he proposes that a cost-benefit analysis is done for the case of retaining the current library service. Cost-benefit

analyses of library services are often difficult to interpret. They can measure extrinsic values, for example, taking into account space and money, but it is more difficult to measure the value or relevance of information. A specific piece of information provided to a member may lead to a great deal of activity in research or practice. Assuming the analysis follows the lines of others, it could be used as an excuse for ditching library stock. This has happened in many fields, especially the arts, where whole archives have been destroyed.

Secondly, Clarke advocates working with UKMI to best meet the information requirements of members. However, does this mean all information requirements? Current drug information from UKMI is second to none. The service at the Society’s library is also of the highest standard but it often deals with different informational requirements. For example, the library has a unique and comprehensive specialist collection, which supports pharmacy practice. I have recently been looking at the structure of pharmacy and establishing when, where and, in particular, why major changes have happened. I applied through my university for the 1955 Linstead Report, which was obtained in a week from the British Library, on microfilm. Some of the pages were blurred and the film on which it was housed contained many other reports so the material was not user friendly.

As an infrequent user of the Society’s library I was not sure if it could help me but I telephoned and by the next day I had a copy of the original 1955 report on my desk. Since I am a pharmacist, this service was free and this led me to telephone the staff and ask more esoteric questions, for example, about the graduate numbers in 1950 and how many hospital pharmacists were then in post.

The friendliness, thoroughness and competency of the library staff is tremendous. Like UKMI staff, they are information specialists focused on pharmacy. They are not necessarily pharmacists but they are specialist librarians and they can carry out literature searches and use the collection that is pharmacy’s literary history — all from one place. Since then, I have had various other references and links for the work I am doing all sent to me.

The collection in the library covers all aspects of pharmacy practice, its science, history and research. It is a clinical and technical specialist library. Of course, all the British pharmacopoeias and formularies as well as those from many other parts of the world are held there. From the comfort of their homes, members can access full text journals, of which there are currently 1,700. Bibliographic databases and the library catalogue are all available online. (Some of the most interesting sources are the historical texts and older editions of key pharmacy works.) So the library is not just a medicines information service; it is a medicines information collection.

Digitisation could widen access to the collection to members and non-members, or could be a way of keeping the collection together if hard copies must be dispersed. However, this option is not cheap at approximately £360,000 for the 2,500 historical texts, according to one company’s quote. Historical texts are a pleasure to handle, but even the British Library is proceeding with digitisation.

The Society’s library is a huge, fascinating and highly relevant service for members — and not just those living in or near Lambeth. To lose it would be unacceptable and, in the future, a potential embarrassment. To change it into another medicines information unit or resource would lose the character of at least the historical aspects of the collection.

Those who have used the library service will know what I am getting at. And if you have not, why not try it? You will receive friendly expert attention and may begin to realise why I say: “Please do not forget about our library.” I am sure we all agree that pharmacy is not just a present and future; it is based on the work of many in the past and we can gain a great deal by recognising this. Once destroyed, a historical collection cannot be recreated. Once it is dispersed or is given to a non-specialist centre it cannot easily be retrieved. Members may not know what they have lost until it is too late.

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