

Policy and Planning for Purchase of Medical Databases

Sandeep Kumar Singh¹; Dr. B. J. Ankuya²

Research Scholar, Veer Narmad South Gujarat University, Surat, Gujrat¹; Research Supervisor,
V.N.S.G.University, Surat, Gujrat, India²

ABSTRACT

The digital evolution of medical care and scholarly research has heightened the importance of medical libraries as centers of information that aid in clinical decision-making, medical education, and scholarly communication. To address growing demands for authentic, timely, and evidence-based information, medical libraries are incorporating complex electronic databases into their collection policies. This research paper examines the systematic policy creation and planning models required for the acquisition of medical databases. It discusses institutional objectives, user needs, vendor selection practices, complexities in licensing, financial limits, and evaluation systems that drive acquisition choices. The research also investigates consortium models, sustainability issues, and difficulties like excessive subscription charges and digital access restrictions. The results highlight the need for evidence-based, user-oriented, and open procurement policies congruent with institutional missions and the dynamics of changing medical information requirements

Keywords: Databases, Medical, Procurement, Resources, Policy Planning, Budget

INTRODUCTION

Medical libraries are important stakeholders in the delivery of quality healthcare, medical education, and research. The role of librarians has changed in many ways; libraries have always been locations for printed materials and then faced the introduction of digital materials, but those transformations are dwarfed by the transformational nature of electronic databases. In medicine and the allied health fields, databases provide curated, peer-reviewed, frequently updated information in disciplines that include medicine, health science, nursing, pharmacy, public health, and all other allied health professions. Librarians have the added consideration of selecting and managing medical databases that match the best institutional level for the needs. However, the procurement of databases for medical libraries is neither casual nor routine; it takes considerable policy making and strategic planning. This paper explores how libraries can undertake and implement policies and strategic long-term planning so that when planning for the best use of resources, complying with existing or forthcoming legislation, doing what users want and need, and keeping the library sustainable, are met with future use.

2. OBJECTIVES OF THE STUDY

- To explore the importance of medical databases in contemporary library services.
- To explore the elements that comprise a strong medical database acquisition policy.
- To explore the traditional practices of planning, budgeting, and evaluating database acquisitions.
- To propose frameworks and models that will facilitate better unpacking and equity in the allocation of resources.
- To draw attention to challenges encountered in the procurement process and identify ways to mitigate them.

3. LITERATURE REVIEW

The body of literature on the acquisition and management of electronic medical databases in libraries shows the increasing reliance of medical professionals on electronic resources. Several scholars have examined the issue of electronic databases from various vantage points: technological, financial, organizational and pedagogical.

3.1 Evolution of E-Resources in Medical Libraries

With the shift in scholarly communication from print communication to digital communication, the emphasis has moved from print to electronic resources, especially in the area of medical resources. In 2001, convention attendees and medical library representatives recognized the change from journal subscriptions to electronic "packages". Medical libraries were early adopters of electronic databases because of the pace of clinical research and the most timely and current evidence-based information.

3.2 Policy Frameworks and Best Practices

The study analyzed the major constituents of e-resources policies in health sciences libraries. Transparency of licensing, clarity of access, and consistency of renewing terms were provided as the key parts of the policies

3.3 Financial Constraints and Economic Models

Most medical libraries have financial constraints to budgeting, and utilize some form of bulk consortium access purchase. The static nature of budgeting and granted year to year often encourages librarians in particular to avoid binding agreements that include better pricing model for more extended terms.

3.4 Vendor Relationships and Licensing Complexity

The increased consolidation of database vendor companies decreases the negotiating power that each library has. There is also limited capacity for libraries to legally assess End User Licensing Agreements (EULAs).

3.5 User-Focused and Training

Most libraries utilize user feedback and usage statistics in making subscription renewal decisions very opportunistically. Some institutions have implemented evidence-based practices for collection development against which to assess renewal proposals.

3.6 Consortium Models and Access Collaborations

Consortia enable government medical colleges to access multiple databases at discounted prices. The consortia method also attempts to narrow the digital divide for medical education.

Technologies like LMS + e-databases often work poorly together, leading to a highly fragmented library experience. Federated search engines and technologies facilitating Single Sign-On (SSO) are some that made the list.

3.7 Technological Infrastructure and Integration

3.8 Research Gaps

AI tools for e-database assessment, sustainability models, and regional context-specific challenges are suggested for future research possibilities.

4. MEDICAL DATABASES

Medical databases serve multiple purposes:

Clinical decision making (e.g UpToDate, ClinicalKey)

Educational assistance to students

Research support (e.g. PubMed, Embase)

Support for accreditation purposes

Multi-discipline integration

5. A POLICY FRAMEWORK FOR DATABASE PURCHASES

A formal policy for database purchases could provide transparency, accountability, and consistency with the goals of the organization.

5.1 Needs Assessment Libraries should conduct a needs assessment process by systematically consulting faculty, researchers, and students. The question of what libraries already own (through usage statistics of databases and sufficiency of subject coverage), will determine decisions. Needs assessment ensures that a library's acquisitions are aligned with an institution's goals, providing for current academic programs, incorporating key research trends.

5.2 Vendor Evaluation and Licensing Policy should guide the institution in determining how to effectively review a vendor based on criteria such as licensing terms and conditions, user caps, archival access, platform stability, and compliance with the Copyright Act. Doing due diligence when selecting vendors ensures long-term access continuity, fair pricing, and less risk of legal consequences.

5.3 Subscription models Institutions will need to make decisions about subscriptions (i.e., perpetual access versus annual subscription). Open access alternatives (when available) should be included, especially when budgets are constrained. Libraries should also consider hybrid subscription models, which include licensed and freely available, to make more content widely available.

5.4 Governance and institutional policies Many institutions have library committees or procurement cells (how the library plans for and then purchases content) that create policies, review offers, and govern the decision of what gets purchased. Committee or cell help to ensure transparency and that their decisions are aligned with institutional goals. Libraries should regularly review policies based on stakeholder feedback and evidence, and document them as part of their governance policy.

5.5 User Education and Promotion Policies should include user training programs to enhance database utilization and user awareness. Examples include outreach programs, workshops, and disciplinary integration into academic curriculum.

6. PLANNING AND BUDGETING

6.1 Budget Forecasting A multi-year budget will ensure ongoing access to essential medical databases. Price inflation, currency fluctuation, and loss of vendors through consolidation must be factored into financial planning. Financial planning includes anticipating renewals, additional access costs, and costs related to technical maintenance.

6.2 Cost-Benefit Analysis Libraries should employ quantitative methods to measure costs per download (or use) and rank them on a relative basis according to academic significance or value of each database. ROI metrics should provide managers with information for future funding decisions.

6.3 Funding Sources Funding may come from institutional budgets, research grants, and possible national consortia, such as ERMED (Electronic Resources in Medicine). Consider collaborative funding models where multiple institutions pay into a shared pool of funding.

6.4 Negotiation Strategies Purchases made as a consortium (like DELNET or ERMED) allow for negotiated discounts and access rights. Negotiation will also be important in terms of technical support and training provisions, as well as flexibility regarding use or license agreements.

7. CRITERIA FOR DATABASE SELECTION

Evidence-based, transparent, consultative processes should guide selection of the appropriate medical databases. The significant criteria for selecting databases include:

- applicability to curricula and research interests.
- updated and peer-reviewed content.
- technical support and usability of the platform.
- mobile access and ability to authenticate remotely.
- favorable licensing arrangements (e.g., multi-user access, perpetual rights).
- integration with library management systems (LMS), federated search applications, and citation managers.
- positive feedback from users, and evidence of academic impact.

Selection should also consider whether a database is indexed by a reputable medical database such as PubMed, Scopus, or Medline, and whether the database supports clinical decision-making tools (DynaMed, UpToDate, etc.).

8. CHALLENGES IN DATABASE PROCUREMENT

High subscription fees and changing exchange rates.

Budget limitations, particularly in public and non-urban academic institutions.

Uncertainty of users or little user training.

Inability to avoid vendor monopolies or non-transparent decision-making models.

Technical limitations such as limited simultaneous users or a lack of remote authentication.

Poor standards of evaluation and performance measurement after purchase.

RECOMMENDATIONS

To maximize the effectiveness and sustainability of medical database acquisition policies, the following recommendations are offered:

Create a documented formal acquisition policy with details on the process, criteria, responsibilities, and funding principles.

Involve stakeholders (such as faculty members, students and researchers) in all steps of the selection and review process.

Utilize multi-metric choice tools (e.g., usage statistics, downloads, citation mapping, etc.).

Encourage consortium membership to enable greater access share costs and broaden content access.

Provide user education to support greater use of resource and the collection of feedback.

Consider adding accountability and monitoring of the acquisition of databases, including annual performance audit of each database.

Consider creating a combination of purchase models including subscription-based databases, open access, government funded, or institutional funded approaches to all the beehs stake holders

Ask for value added abilities for training, integration API and bi-lingual capacity from the vendors.

Support research that focuses on local health priorities and makes databases collaborative and aligned with regional and national medical education objectives.

CONCLUSION

Purchasing and managing medical databases is a strategic business that requires sound policies and strategic planning. When acquisitions support the academic needs of users, the technical capabilities of data vendors, and the financial realities of an organization, libraries can assure users – students, researchers, and practitioners – reasonable access to quality health information, on time. A flexible policy and an ongoing, responsive framework to support library users can greatly enhance the library's role in medical education and health care service delivery.

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