

Creating the health librarian professional workforce for the future

Presented at ALIA/AGLIN Forum '*Change, challenges and opportunities: recasting your library skills*', 9th Sept 2015

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Slide 1: *Creating the health librarian professional workforce for the future*

Health Libraries Australia (HLA) is the national group of the Australian Library and Information Association (ALIA), representing the interests of the health workforce in all types of health libraries around the country.

We have a committee of 12, from all states and types of health libraries, and we each have responsibilities in at least 1 of our 5 portfolios, which are:

1. Education & Professional Development (led by Suzanne Lewis);
2. Publishing & Communications (led by Jane Orbell-Smith and Sarah Hayman);
3. Partnerships & Collaborations (I lead);
4. Demonstrating Value (we take a 4-pronged approach, acronym is ARMA = Awards – Bronia Renison and Jeannette Bunting; Research, Marketing & Advocacy led by various other committee members, depending on the project);
5. Membership (currently looking to appoint a Project Manager as this position is really vital for keeping in touch with our members, recruitment & retention, as with all professional associations, you are only as strong as your membership base)

HLA foresaw that in order to be recognized as health professionals in the Australian health workforce, health librarians needed to work with national trends in health workforce planning, and to do this, a systematic approach to education and professional development was required. **We also recognized that no one was going to do this for us and we needed to set in place the education system to equip us for the future.**

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Slide 2: Outline

Today I'm going to be talking to you about how HLA has faced the challenges of creating a health professional librarianship workforce that will be relevant in the evolving Australian health care environment.

Outline for the presentation:

1. The problem – what are we trying to solve?
2. The approach – find the data i.e. research-based evidence
3. Achievements – building blocks for the future
4. Next steps

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Slide 3: First define the problem

As Paul Keating once said, before trying to find a solution you need to first define the problem.

To understand HLA's perspective you have to realize that health librarians always work in a health care environment, and our business is the business of health care (not libraries):

- at the individual level it's about patient care,
- on a population level it's about public health, health policy and health promotion.

We work amongst other health professionals who all have these ultimate goals and contribute to the business of health care within their own scopes of practice.

So **the problem** as we defined it:

How can we call ourselves health professionals? And

How can we be considered as part of the professional health workforce? And be treated as health professionals...

When **in contrast to other health professions** we had:

1. No education pathway for health librarianship as a professional specialisation

– It is immediately obvious that a first qualification in librarianship is only a basic qualification, just a starting point, and to work in a health library, you need to learn more advanced skills which will qualify you as a professional health librarian.

2. No scope of practice

– what is the role of health librarians in multidisciplinary teams, and how do we differentiate ourselves from others in the health information professions, for example, health information managers (were records managers, responsible for patient records – have become v important because coders bring in the \$\$); and health informaticians (managing health business data – and we all know how important BIG DATA is these days).

3. No nationally legislated registration system (licence to practice)

It is the norm for other health professions to have an education and regulatory framework comprising 1. initial qualifications, 2. National registration with a professional body (changed from state-based systems), 3. ongoing CPD, 4. certification and revalidation. The Health Practitioner Regulation National Law Act 2009 came into effect on 1 July 2010 initially covering ten professions (chiropractic, dentistry, medicine, nursing/ midwifery, optometry, osteopathy, pharmacy, physiotherapy, podiatry, psychology) with four more – Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioners, and occupational therapists – added in 2012. The system is regulated

by AHPRA (Australian Health Professional Regulation Agency¹) who ‘talks to the national associations’.

other health professions have transitioned from state-based registration systems to a national system, with professional standards, training and exams etc set by colleges and professional associations.

We have an advantage in that we already have a national system of ‘registration’ – we can become members of ALIA – our national professional association, with whom we can ‘register’ as professionals, and in this sense we are a ‘self-regulating’ profession.

4. No compulsory CPD

– ongoing CPD is a requirement for all health professionals; the rationale is simple – 1stly, it is a mechanism for maintaining standards of professional practice and ensuring quality and safety standards are reinforced; and 2ndly, on an individual level it is a way of achieving professional recognition (often at a higher level of remuneration eg vocationally registered GPs, nurse practitioners), and aspirationally, CPD helps individuals to develop their careers.

Now I want to pause a bit here for some thoughts on CPD, because it can be a contentious issue when we think about who is responsible for quality and safety of professional practice, and how individuals are supported to ensure they have the requisite skills to practice safely.

The IFLA guidelines² Continuing Professional Development: Principles and Best Practices state:

‘The responsibility for continuing education and professional development is shared by individuals, their employing institutions, professional associations, and library/information science education programs.’

The 3rd of ALIA’s Objects³ states, that ALIA aims:

‘c. To ensure the high standard of personnel engaged in information provision and foster their professional interests and aspirations.’

To ensure high standards of personnel – but how is the question?

We subscribed to the view that there are some things that you can influence and some that are beyond your sphere of control, and it seemed to us at the time that pushing to become a legislated profession fell into the latter category.

¹ Australian Health Practitioner Regulation Agency: <http://www.ahpra.gov.au/index.php>

² <http://www.ifla.org/publications/continuing-professional-development-principles-and-best-practices?og=82>

³ <https://www.alia.org.au/sites/default/files/documents/ALIA%20Strategic%20Plan%202011-2015%20Revised%20January%202015.pdf>

So the real question was framed in the following way:

if **we are not legally required to undertake CPD** in order to continue to practise at a specialist level, what are

1. the levers or motivating factors to encourage ongoing professional development in health librarianship,
2. what are the barriers to be overcome?
3. how do we encourage participation and buy-in?

ALIA's PD Scheme did at least provide the administrative framework for certification as a professional librarian, but we **needed a structured and regulated CPD system which would align with those in the health professions**, and we needed to find out more about motivating factors and barriers. (More on this later.)

5. Finally, there were No national statistical data about our profession

– we didn't have any workforce data or details about who we are as a profession, how many, where we are employed, etc etc – so how could we advocate on behalf of our profession when we don't know who we were representing?

So I think you can see - the problem was pretty clear!

Without nationally recognised qualifications, registration, certification and ongoing CPD, health librarians risked being marginalised to the clerical or administration streams, invisibility in the health professional workforce, obsolescence.

And we needed to start somewhere to fill some of the huge gaps.

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Slide 4: A research-based approach

Health Libraries Australia Research Project 2009-11: *Future Requirements for Health Librarianship Workforce and Education*

A two-year national research project into the workforce and education requirements of the health libraries sector in Australia was undertaken by Health Libraries Australia (HLA), and funded by a grant received from the Australian Library and Information Association (ALIA). The project research team comprised a representative group of practitioners and a principal researcher. The main aims of the research were: 'To determine the future requirements for health librarians in the health professional workforce in Australia and develop a structured, modular, competency-based education framework (post-graduate qualification and continuing professional development structure) to meet these requirements.'

It was known that in order to comply with national trends in health professional workforce planning and development, a systematic approach to education and

professional development was required, and that **HLA needed to show leadership** in this strategic initiative by bringing together the **various stakeholder groups** (professionals and practitioners, employers, providers of education and training, and professional associations, including ALIA) so each could contribute to designing and implementing such a system.

It was intended that the research would adopt a broad approach that would have input from all stakeholder groups.

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Slide 5: Stakeholders – what are there interests?

It was known that the main stakeholder groups who would be interested in the outcomes of the research each had different questions and issues that they would like to see explored.

For **practitioners** employed in the health library workforce (it was estimated that there were about 1,000 in the health library workforce but this was really a best guess, based on Australian Library Gateway data) the key issues were likely to be about how to access education and training opportunities in order to firstly qualify to work in a health library, and secondly to update and improve their skills and knowledge and develop their careers so they are relevant into the future.

LIS educators and training providers i.e. universities and VET sector library schools and Registered Training Organisations (RTOs), needed information about what programmes or course ‘offerings’ practitioners (and managers) wanted and would pay for.

Employers of the health library workforce – not libraries, these are employing organisations eg hospitals, universities, research institutions, government departments, biotech and pharmaceutical companies, social welfare and not-for-profit organizations, publishers, and many other smaller groups, needed to plan and develop their health workforce for the future, and wanted information about the mix of health professional roles required to do the work in their organisations.

Related health professions working in multidisciplinary teams in health care organisations, for example health informaticians, allied health workers, health information managers, have experienced a blurring of boundaries and roles, and there is a need to work out ‘scopes of practice’ so each professional group (including librarians) can contribute effectively to these teams.

Professional associations such as ALIA are responsible for standards of professional practice, recognition/accreditation of university and TAFE courses, and they need structured education/training programs, mechanisms for certifying their professional members as being competent practitioners and assuring the quality of their professionals. (Note ALIA’s Object: ‘**Ensure high standards of personnel**’)

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Slide 6: Research design

To achieve the aims of the research – remember there were two goals in the research – education and workforce – and we recognized that these are inextricably linked as education lays the foundations for the future workforce, and must do so in the context of current and likely future needs of employers – an exploratory, consultative and collaborative approach was taken.

Data collection occurred in three phases:

Phase 1: environmental scan to explore national trends, influences and **change drivers in the Australian health system** and the effect these might have on the education and training requirements for health librarians in the future health professional workforce;

Note this research began in 2008, and as I reflect on the trends at the time – we chose 3 of high importance: National health workforce reform; National Health and Hospitals Reform (stop the blame game, cost shifting between commonwealth and states); National eHealth strategy (specifically the development of a national electronic health record and the proposed national knowledge portal);

[it seems that the issues are similar, with the addition of a few major drivers: 1. An aging population – we can't afford to have people in hospitals, and throwing more resources at the problem is not the answer, need alternative models of care eg telehealth, hospital in the home, mobile technologies; 2. Big Data and predictive analytics so we can get smarter about the ways health care is delivered; 3. the power of the consumer health movement & health literacy]

Phase 2: international literature review to look at **new, emerging and expanding roles for health librarians**;

Phase 3: online surveys of individual health librarians and library managers, and interviews with employers.

We have reported in detail on the results of these 3 phases in a number of articles, and the Final report summarises these findings.

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Slide 7: Phase 3 surveys and interviews

The methodology consisted of 2 national online surveys of health librarians and health library managers, and interviews with health employers.

The design of the survey/interview questions was informed by the data gathered in the previous 2 phases, plus a consultation session with health librarians from a diverse range of sectors to make sure we were incorporating all perspectives.

This triangulated design provided perspectives from 3 groups of respondents about the issues, and also improved the validity of the design - we asked librarians, library managers, & employers about:

Ø Demographics, workforce composition, salaries and budgets

Ø Professional knowledge, responsibilities, and competencies required now & in future

Ø Education and professional development – preferred methods of delivery, support for and barriers

Ø Health librarians' value in organisations

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Slide 8: Adapted Competencies from MLA 2007

During the Research project group's discussions about what questions to ask in the surveys of individual librarians and library managers, we had amassed a huge and unwieldy list of new and emerging roles and skills and professional responsibilities and we didn't know how to frame a meaningful question to ask what people are doing now in their jobs and what they thought would be important in the future. IN an enlightened moment one of our project group said 'why not use the MLA competencies'. MLA had done the work for us, and we adapted this list –

MLA Framework⁴

Professional Competencies for Health Sciences Librarians

The text from the Executive summary stated:

We must educate for the problems of a generation hence, not for the problems of today ... librarians must be imbued with the psychological ability to handle change and to live with ambiguity. Without this they will be performing tomorrow's tasks with yesterday's concepts. —Estelle Brodman, 1979

We adapted MLA's 7 competencies, + added an 8th: 'maintaining currency of professional knowledge and practice' i.e. an ongoing requirement for CPD was considered to be mandatory for health professionals.

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Slide 9: Competency areas required now and in the future:

- 1) Understand the health sciences and health care environment and the policies, issues and trends that impact on that environment
- 2) **Understand the principles and practices related to providing information services to meet user needs.**
- 3) **Understand the management of health information resources in a broad range of formats.**

4 Medical Library Association. (2007). Competencies for lifelong learning and professional success: the educational policy statement of the Medical Library Association. http://www.mlanet.org/education/policy/executive_summary.html

- 4) Know and understand the application of leadership, finance, communication, and management theory and techniques.
- 5) **Understand and use technology and systems to manage all forms of information.**
- 6) **Understand curricular design and instruction, and have the ability to teach ways to access, organise and use information.**
- 7) Understand scientific research methods and have the ability to critically examine and filter research literature from many related disciplines
- 8) Maintain currency of professional knowledge and practice.

The requirement for professional knowledge and responsibilities in the competency areas #2,3,5,6 was predicted to increase over next 3-5 years.

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Slide 10: Professional knowledge, responsibility, competencies

Highest rating competency areas: #2,3,5

Predicted to increase: #2,3,5 +6

The question for the Research group was *‘How do these translate into new, emerging, expanding roles for the future health librarian?’* because these were likely to be the ‘in demand’ jobs of the future, and needed to be relevant to the evolving health care environment.

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Slide 11: Managers support for CPD

Managers were asked ‘If specialist CPD units in health librarianship were developed and offered by a university or registered training provider, would your library be prepared to support your health librarians to upgrade their skills?’ In response, 61 percent (31) said ‘yes’ but 14 percent were unsure. Only one respondent said ‘no’ they wouldn’t support CPD (Figure 20).

The comments revealed that managers were more likely to support their staff’s professional development if CPD offerings were:

1. High quality
2. Relevant to the workplace
3. Affordable

And some said that they preferred face-to-face delivery. (of course the form of delivery depends on the purpose, but we all know the value of face-to-face networking at events such as conferences and professional symposia, forums etc. We were surprised to find out that the preference for the Health Librarianship Essentials course we ran earlier this year was overwhelmingly for online delivery.)

Barriers to CPD participation included time, distance (particularly an issue for regional or rural health librarians in Australia) and cost.

There was slightly more support for CPD units than for a formal postgraduate course, and 2 managers commented: ‘This is more practical than a formal course’; ‘These would be seen as an ongoing requirement and tied in with our formal Work Partnership Plans’.

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Slide 12: interviews with employers

Why interview our employers? We had already surveyed health librarians and health library managers – what could health library employers add to the picture?

- **Important stakeholder group – need to plan and develop and shape their workforce** – we needed to be educating librarians who would be relevant to the evolving health care environment.

(**Employers** of the health library workforce comprise hospitals, universities, research institutions, government departments, biotech and pharmaceutical companies, social welfare and not-for-profit organizations, publishers, and many other smaller groups; they want information about the mix of health professional roles and competencies required to do the work.)

- The objective of the interviews was to discover views of our employers (‘administrators’) about how (or whether) librarians assist in achieving the mission-critical goals of their organisations, and how health librarians contribute to the organisation now and into the future. So first we asked about their ‘mission-critical goals’.

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Slide 13: The Interviews with Employers was inspired by MLA’s research – a literature review published in *Vital pathways for hospital librarians: present and future roles*⁵

One of the three projects in the MLA’s Vital pathways project focused on the roles hospital librarians were performing to help administrators accomplish their ‘**mission-critical**’ goals. (A previous study had found that these goals related to clinical care, management of operations, education, innovation and research, and customer service.) The MLA literature review found that the roles that were most important in supporting Administrators’ mission-critical goals were: **expert searcher, educator, community outreach provider, promoter of EBM, information disseminator, effective user of information technology, website manager, patient safety, information provider, and supporter of innovation and research.**

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The following slides were not presented at the Forum. They provide some of the detail of the interview summaries.

⁵ Ruth Holst, Carla J. Funk, Heidi Sue Adams, Margaret Bandy; Catherine Mary Boss Beth Hill, Claire B. Joseph, Rosalind K. Lett, J Med Libr Assoc 97(4) October 2009

Slide 14-18 Employers responses to questions about satisfaction, challenges & opportunities, role of librarian in strategic planning

Slide 14:

- Responses to question 2.2 “Are you satisfied with the role that your health librarians play in your organisation now?” reflected a high level of satisfaction with the services currently provided by health librarians, but also some uneasiness about how to evaluate satisfaction with library services.

- Overall there was a strong perception that the library service needed to be more visible, to create and maintain a higher profile within the organisation; there was “a sense that librarians are too passive – like to see them more active and more proactive, less reactionary. Would like librarians to be more revolutionary”.

Generally yes, although the profile of the library within the organisation is lower than it should be. There needs to be a higher awareness of the library’s services.

“Well I’m not dissatisfied, but I don’t know how to measure the level of satisfaction”.

Without the librarian team, the [org’n] would have big problems – role is vital

The library is more than just a library and therefore the librarian’s role is more than just a librarian

“If you look at it from a business perspective then you are a provider of a service and people come to you but how do you get to people?”

“I don’t know what the utilization is of the library [by] any of our staff to be honest with you”

- A lot of the service’s success is about personal relationships & visibility.

- what we’ve seen in last 2 yrs is transformation of the library services, to making it what I would call an ‘e-service delivery’ type of model, NT has been at forefront, still a way to go to achieve the whole transformation

Slide 15:

2.4 Are there challenges or opportunities for your organization where your librarians could be involved in the future?

Big emphasis on research and education

Get involved in big research proposals and projects

ehealth, and decision support, the library has a big role to play ..how you integrate some of the decision support tools with the clinical apps is a big challenge,..

Integration of eresources with clinical apps is needed. Key word searches needs librarian input to do that, transcending clinical process into sets of resources to make them searchable - That’s where the real emergence of the role of clinical or professional librarian is needed

librarians are performing a business analyst role from a librarian’s perspective; turning into a smart app is a huge opportunity, needs metadata, and terminology – this a whole space, where it intersects with the work librarians are doing, needs more research about what’s relevant this is where SNOWMED comes in, this is an example of where access to resources needs to be - at this level. i.e. coding of health service events.

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- *Pastoral care, holistic care, palliative care, end of life, carer support, that sort of 'softer' end of health care, consumer expectations, consumer satisfaction, complaints ... an area that we don't have a lot of resources around*
- *'Warmware'.. good information skills and good IT skills – the interface between the IT people, the clinicians and health informaticians. They can interpret the two worlds*
- *Publishing - big fears amongst university administrators about the spiraling costs.. Would like to see pre-emptive strikes from librarians, not to accept the status quo, to challenge and push for new models of access to information*
- *Developing a corporate taxonomy for the organisation*
- *Greater support for clinical governance.*
- *'national procurement [initiatives] ...packaging up of resources ... better value for money'*

Slide 18:

• One group of codes – corresponding to the first MLA competency - centered around knowledge of the library's parent organisation and included understanding organisational policies, the clinical care / education / research environment, and the organisation's role in the broader health environment.

• The interview subjects were specifically asked Q2.5 "Does your organisation involve your librarians in strategic planning and / or organisation-wide, mission-critical committees?" There was a range of responses, but the overall perception was that librarians are currently more involved in day to day operations rather than in strategic planning

Responses ranged from:

Library's strategic plan aligns with.. CEO's plan

Librarian is in the Strategic Information Management Steering Committee

The librarian has responded to the organisation's strategic plan and in the future, will ..be involved in the strategic planning process.

To:

Not sure that their involvement is required

No, yes, sort of, we involve anyone who wants to put their hand up. Everyone is invited. In reality for the case of the library, no not really, but we would, it would depend on capacity of individuals. if people wanted to be involved then yes we would involve them.

Not sure why not, but the library needs to become involved in such committees or be left behind...needs to demonstrate its value to the core business of the organisation and its value in contributing to the growth of the organisation.

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Slide 19 Findings employer interviews: summary

The interviews with employers provided further insights into the current and future skills of health librarians in Australia, augmenting the findings from the literature review, environmental scan and surveys of health librarians and health library managers. Not all the interviewees were directly familiar with the library operations, but there was a clear sense of respect for the roles and responsibilities of library staff. It was found that, in the rapidly changing environment of health services, there were opportunities – indeed expectations – for health librarians to play more proactive and strategic role in their organisations.

- Opportunities and expectations for health librarians to play a more proactive and strategic roles in their organisations with many new, emerging, expanding roles in education and training, academic research, clinical support, informatics, mobile technologies
- Need to be more directly aligned with strategic goals
- Critical domains: clinical support, education and training, scientific research
- There were concerns, however, that even with this dynamic environment to work in, health librarians themselves risk facing professional stagnation ‘waiting for change to knock you over’, => need for adaptive competence.

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There are challenges for all special librarians to remain current in their skills and relevant in the delivery of their services, and health is no different. It's four years since we released the Final Report⁶ of our research project. So this is a timely review our progress in implementing the Report's recommendations.

Slide 20: HLA's ACHIEVEMENTS – building blocks for the future

1) established the health librarian certified professional structure, ALIA's first competency-based specialization within the CPD Scheme

This is a three-year certification and revalidation cycle, with a requirement for reflection, documentation and audit. As ALIA is our national professional association,

⁶ *Health Librarianship Workforce and Education: Research to Plan the Future*
<https://alia.org.au/sites/default/files/documents/our-communities/Healthlibrarianshipworkforcereport.pdf>

we have established a structure and system for continuing professional development, aligning with the other health professions and allowing health librarians to be recognized in the category of 'self-regulating' professions within the requirements of the Australian Health Professional Regulation Authority (AHPRA).⁷ AHPRA is responsible for the registration and accreditation of the health professions and supports the professions' national boards which register practitioners and students, and approve standards of education and programs of study. Continuing Professional Development is a requirement for all registered health professionals, with details of the numbers of credits/points/hours that practitioners must spend each year on learning activities published in the professions' registration standards.

2) mapped the 8 HLA competency areas to current education and training courses (maintained on our HLA website), and identified gaps for future commissioning

This table⁸ of nationally and internationally available education programs is maintained by our executive, and is available for everyone on our HLA website. It allows health librarians to develop their careers by designing their own professional development programs. Ideally this is done within the individual's work-based performance and career development framework.

3) created an online competency-based Health Librarianship Essentials course (with QUT), articulates to a masters – feedback has been extremely positive.

Recognizing that for many health librarians the only way to develop health specialist skills was through on-the-job training, our next step was to begin to fill the gaps in our education offering. From our workforce research, we realised that we were facing a potential shortage of health librarians in the near future, as there were many who were approaching retirement age. We wanted this generation of health librarians to have the chance to pass on their professional knowledge and expertise to those coming into the profession. In conjunction with QUT, we created an online Health Librarianship Essentials course, targeting new and aspiring health librarians and focusing on four of the eight competency areas. There were 29 participants in this inaugural (and very well-received) course. As this is a university course, it is possible for the unit to be articulated into a post-graduate qualification. The building blocks of a specialist postgraduate certificate and a three-year cycle of professional development activities are gradually coming together.

4) we have organised 6 PD Days in various cities through 2015 – within the ALIA governance structure we can be very nimble, responsive to need and opportunities amongst our membership. This year we are holding events in Melbourne, Brisbane, Perth, Sydney and Adelaide.

5) supported the ROI value study (\$9 for every \$1 spent on health libraries) conducted by an independent research organisation. (The SGS Economics & Planning report⁹ provides the details of this research.)

⁷ <http://www.ahpra.gov.au/>

⁸ <https://www.alia.org.au/sites/default/files/April2015HLA%20PD.pdf>

⁹ SGS Economics and Planning. The community returns generated by Australian health libraries. Final report, September 2013.

- 6) **implemented the first national census of the health library workforce.** On the workforce side of our strategy, one of the projects which HLA funded was an Anne Harrison award which has enabled the development and implementation of the first national census of the health library workforce. Over a few years, we consulted with Health Workforce Australia about how other health professions had tackled this process and they helped us refine our census data collection methods and the questions we were asking, enabling us to gather more robust data. We now have a data set about the health library workforce available to assist government in planning the broader health information professional workforce, as well as providing us with objective data and evidence which can be used for advocacy purposes.

Slide 21: Next steps

- Filling the gaps in course offerings, based on competencies => post-grad quals (the Essentials course covered 3 competency areas, the basics for a librarian starting out or new to health librarianship – Healthcare system & environment, health resources & collections, expert searching & critical appraisal in an EBH/scientific research framework). Technology and informatics for health librarians, and research records/data management are large areas of need.
- Census reports and advocacy
- Mapping scopes of practice with other health information professionals
- Engaging with consumers as a new client group – what (new) competencies are needed?
- National Safety & Quality health service accreditation standards¹⁰ – how libraries contribute to achieving the standards
- Updating our *Guidelines for Health Libraries*

Summary:

The HLA executive strongly believed that education held the key to the future for health library workforce planning, that basic librarianship qualifications were simply the starting point to a career in health, and that a specialist health librarian qualification at a post-graduate level with ongoing continuing professional development and periodic revalidation were necessary if health librarians were to achieve recognition as health professional.

¹⁰ <http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>