

March 30, 2006

TO: Bernie Hurley, Chair—SOPAG
FROM: Lucia Snowhill, Chair—CDC
RE: CDC comments on the BSTF Report

The following summarizes comments from members of CDC on the Bibliographic Services Task Force Report. CDC members are impressed with the report and see it as bringing together a cohesive presentation of actions that do need to be done. While the majority of the group voted for the same top four priorities, there are also some other recommendations that had at least some votes, and members of the group had a variety of approaches to determining their priorities.

- What gets in the way of our accomplishing collections goals and actions?
- What's "good enough" for bibliographic control?
- How can we best make the most accessible?
- What can we control—and what can't we control?
- How do we determine dependencies among the recommended actions?
- Which recommendations will leverage the most impact and be most transformative?
- What are the opportunity costs and level of effort required for changes?

Answers to SOPAG's four questions are as follows:

1. The top five priorities of the group are:

- I1. Provide users with direct access to item (8 votes)
- II.1. Create a single catalog interface for all of UC (9 votes)
- II.2. Support searching across the entire bibliographic information space (8 votes)
- III.1. Rearchitect the cataloging workflow (8 votes)
- III.4. Automate metadata creation (6 votes)

While there is only one top priority under recommendations relating to Enhancing Search and Retrieval (Section I), there is broad support in CDC for improvements in the OPAC to simplify it, allow individual customization of results, provide relevance ranking, and present all options to users.

There was also concern and support for subject control and authority not being lost, since we see this as important to improving relevance of searches and relevance ranking. In particular, it was noted that subject control will be important for searching across languages.

There were 3 votes for *IV.a. Institutionalize an ongoing process of improvements...*, as some CDC members are concerned that we ensure that we will continue to work on improvements over time.

The recommendations that received the most votes and were discussed in more depth were those related to creating a single catalog interface, supporting searching across the entire bibliographic space, and re-architecting cataloging workflow. We are finding that in developing collections projects, in providing timely cataloging, and in providing access to our collections that the current cataloging workflow and infrastructure required to support MELVYL input from our various ILS' is often prohibitive and expensive and makes some potential cooperative collection management projects unrealistic. Having a single interface and re-architecting and streamlining cataloging workflow would benefit collaborative collections planning considerably.

**2. For each of the 3-5 major headings selected above:
Which of the sub-recommendations do you think should be giving the highest priority?**

We did not select sub-recommendation choices for all of the priority headings, since we find some of the sub-recommendations indicators of options, but not necessarily all of the choices that could be made once the major areas are explored for implementation.

I.1. The group was split on the sub-recommendations. What CDC does agree on is that users should be taken as directly to an item as possible, but never reach a dead-end in which there are no options presented.

II.2. If this recommendation is implemented, we think that the sub-recommendation on pre-harvesting of metadata, has to occur.

III. 1. In this case, we see all of the sub-recommendations as options that will become clearer with further analysis of implementation.

3. If a decision is made to pursue [creating a single public catalog interface], which of the two options that the Task Force analyzed would you recommend, and why?

CDC strongly supports creating a single OPAC because of its importance for presenting collections and for supporting collection analysis and collaborative collections projects. We do not feel we have the technical expertise to choose between a single system or outsourcing, and leave that to colleagues with more expertise in that area. We re-emphasize the need for streamlined workflow and simplified search and retrieval of records as essential to improving the potential for collaboration in collection development.

4. Re-architecting workflow.

a. If a decision is made to pursue this recommendation, which of the three organization options that the Task Force analyzed would you recommend, and why?

CDC did not pick a specific organization option, but we do think that re-engineering workflow supports a single interface and is efficient to support collaborative collection development. We need an infrastructure that supports efficient collaboration on

collections. We need to be able to go one place and send users to just one place to identify items in our collections.

b. If a decision is made to pursue this recommendation, which of the three architecture options that the Task Force analyzed would you recommend and why?

CDC supports moving toward a single ILS for UC, since this would help considerably in identifying potential areas for collaboration through more standardized and consistent records for our collections, and would simplify processing workflows.

5. Are there any other comments or suggestions you have with regard to the next steps that should be taken in following up on the recommendations of this report?

CDC recommends that the University Librarians establish what their agreed upon assumptions, criteria and design principles will be for this effort, so that decisions and choices of directions and recommendations pursued can be weighed against those criteria.