

The Digital Pulse: Time to Rewire Medical Libraries in India

Nitinkumar V. Solanki

Professor, Department of Community Medicine, GMERS Medical College, Valsad, India

Correspondence: Dr Nitinkumar Valjibhai Solanki, Email: drnitin1312@gmail.com

India’s Outdated Library Rules

India’s National Medical Commission (NMC) still uses old-fashioned rules for medical college libraries. Colleges must build huge libraries (4,000 m²) with 20,000+ printed books and 100 journals.^[1] Each department also needs a small book room.^[1] These rules focus on paper books and barely mention digital tools. The only tech requirement is a computer lab and a vague note about an “e-library.”^[1] Sadly, most colleges ignore online resources. Many dont even post basic library info online a study called this situation “pathetic.”^[2]

Why Modern Libraries Matter

Libraries are vital for medical training. They give students and teachers access to the latest research and medical guidelines. International standards (like the U.S. LCME) stress “easy access to high-tech library resources.”^[3] Hospitals also require “up-to-date medical information.” Today’s libraries must be active learning hubs not just book storage. Studies show good libraries boost student success.

This approach is both outdated and inefficient. Medical knowledge is doubling rapidly. Clinicians and students need instant access to current guidelines, systematic reviews, and multimedia learning tools. Print collections, while still valuable, cannot meet this demand alone. Across the world, modern medical libraries have become hybrid knowledge hubs combining digital and print content with tech-enabled

services. U.S. accreditation bodies require “well-maintained library resources. supported by current technology.”^[2] European medical schools embed digital access within teaching and clinical environments. In India, the National Medical Library (NML) offers the ERMED Consortiума government-funded e-journal platform serving AIIMS, state colleges, and other institutions.^[3] Global programs like WHO’s HINARI provide thousands of e-journals and e-books to developing countries, often free of charge.^[4]

Yet, Indian medical libraries remain deeply unequal. While top-tier urban colleges may enjoy robust internet and institutional access to digital platforms, many rural or underfunded institutions operate on limited or no library budgets. A 2021 study found most medical libraries lacked regular funding for acquiring new books or journals.^[5] Many dont even have a basic website, let alone a functional digital catalogue or e-library system.^[5]

The digital divide is growing and unless addressed urgently, it risks reinforcing educational inequities. To fix this, NMC must lead a policy overhaul. The following reforms are both practical and necessary:

- Digital-first mandates:** Guidelines should require every college to provide core e-resources such as access to PubMed, HINARI, national repositories, and leading e-journals. Participating in consortia like ERMED should be compulsory.^[3,4]

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2. **Rational space use:** As more materials move online, physical space norms should be relaxed. Libraries can be reimagined as dynamic learning zones with digital labs.
3. **Infrastructure and training:** High-speed Wi-Fi across campuses must be a minimum standard. Information literacy how to access, evaluate, and use medical knowledge should be part of student and faculty development.
4. **Funding and monitoring:** Dedicated budgets for e-resources must be allocated. The Medical Assessment and Rating Board (MARB) can incorporate digital library usage into accreditation metrics. Annual reporting of e-resource access, student logins, and journal usage will promote accountability.
5. **Equity and open access:** Shared national platforms (e.g., National Digital Library, One Nation One Subscription) must be extended to all colleges, with special support for under served institutions. Encouraging the use of open-access Indian medical journals and digitizing locally generated educational content can further bridge resource gaps.^[5,6]

India has the opportunity to leapfrog into a modern, inclusive, and efficient library ecosystem. The technology exists. The infrastructure though uneven is expanding. Government-backed platforms like ERMED show that large-scale digital access is possible. What is needed now is regulatory, clarity and commitment.

The library of the future is not defined by square footage or shelf space. It is defined by its ability to connect students and doctors with accurate, current, and accessible information anytime, anywhere. For medical education to truly modernize, the heartbeat of its knowledge system the library must be rewired for the digital age.

Conclusion:

Medical education must catch up with the digital world. NMC's paper-heavy rules are outdated. Today's students use tablets; patients Google symptoms. India's future doctors need libraries that blend print and online tools. Evidence proves digital tools widen access, save money, and keep knowledge fresh.^[4,5] By modernizing its rules, NMC can empower medical students and improve healthcare for all.

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