

Certification: A Stage of Professionalization

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FIFTY years ago medical librarians entered the first stage of professionalization by organizing in Philadelphia the Medical Library Association. They were ably aided and abetted by several far-sighted and outstanding members of our brother profession—the physicians. One of these, Dr. Browning, reminisced twenty-five years later: “At this first session there were eight (8) participants, certainly not a large number, yet quite enough. Had there been more we might not be organized yet.”¹ Since that time, when so few accomplished so much, we have come far in our professional development, but several stages in our growth are still necessary before we can achieve the real professionalization begun a half-century ago.

The evolution of a profession has been outlined as follows:

Preprofessional stages

1. A social need arises.
2. Interested persons try to meet this need.
3. These persons talk or write about their work among themselves and with others who are interested in this or similar work.
4. These individuals find themselves set off from other groups because of the specific functions which they perform and the specific problems which they try to solve, and they are also drawn together because of these common interests. Because of these two forces, differentiation and specialization, a group consciousness develops.
5. As the social need for the skill and knowledge of this differentiated-specialized group increases in amount and complexity, the group develops an increasing need for a common basis for standardizing its skills and for adequate preparation among its members in order to meet these needs. This phase in its evolution takes the group from preprofessional to professional stages.

Professional stages

1. An organization is formed as the most efficient means of exchanging ideas, discussing problems, formulating policies. It builds up its membership by being helpful to that membership in three ways: (a) increasing

- the members' functional effectiveness; (b) furthering the objectives of the profession; (c) helping members to better their social and economic status.
2. General meetings are held for the membership, bringing ideas, procedures, techniques into wider circulation, clarifying aims and objectives for the guidance of the profession and determining its relationship to its social milieu.
 3. A publication becomes necessary for the wider discussion and dissemination among the membership of the proceedings of the meetings; to give wider currency and permanent printed form to all matters which concern the profession. It becomes a "binder" of first importance in holding the membership together.
 4. Curricula are developed to give the special training necessary to those people who perform the special functions of the profession. The amount of specialized literature grows for and through those who are so trained.
 5. The organization sets up professional standards for the education of its members, the conditions under which its members shall work, and in accrediting practices, brings pressure to bear upon society to see that these standards are met. It brings its forces to bear upon the making of public policy in the fields which impinge upon its members and their institutions.
 6. As the parent organization grows, those members engaged in specialized phases of the profession tend to repeat the evolutionary phases outlined above. These further specialized groups may continue to have varying degrees of organic relationship with the parent organization, from informal discussion groups within the parent organization to completely autonomous organizations with no connections. The degree of separateness will depend upon the differentiation of and complexity in functions and techniques, and also in the tolerance of the parent organization towards change and its ability to develop co-operative techniques in preference to domination.²

It is with the higher stages of our professional development that the Medical Library Association is now struggling. The proposed program for achieving stage four: "Curricula are developed to give the special training necessary to those people who perform the special functions of the profession," has not only been enthusiastically received and heartily endorsed by the members of the Medical Library Association, but some very real progress has been made toward its achievement. It is with the fifth stage of our professional development, on which the success of the fourth stage depends in part, that the members of the Medical Library Association show, shall we say, something less than complete unanimity:

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are met. It brings its forces to bear upon the making of public policy in the fields which impinge upon its members and their institutions."

Even in our internal disagreements concerning the establishment of standards, we repeat the history of other professional groups who have achieved this stage in their evolutionary development. Neo-natal emergence as a profession is a birth pain that apparently has to be endured by each group. It would seem, however, that we might alleviate our pain by a liberal assimilation of the experience of other bodies in their struggle for professionalization.

"The mind," says Wilfred Trotter, "likes a strange idea as little as the body likes a strange protein, and resists it with a similar energy."³ However, the underlying idea back of certification is not new—it is almost as old as civilization. By the Middle Ages it was part and parcel of the social fabric. Not only were standards for groups definitely established in this period, but the two methods of achieving regulation of personnel that are used currently were instigated then. The hewers of stone and carriers of water banded together in workers' associations known as craft guilds. These guilds, forerunners of our modern labor unions, were self-regulating bodies. They established standards of training, working conditions, and wages. They controlled the entrance to the trade. Other groups, largely of an academic nature, did not fit into these workers' organizations but were organized as professions with their standards established for the most part through educational institutions.⁴

The medical profession (only recently physicians and surgeons within one organization) offers an interesting example of these two approaches to standards and of the two types of bodies who conferred their standards. The surgeons of those medieval days were craftsmen and as members of a vocational group were organized in a craft guild. The guild set up the standards by which surgeonhood was achieved. In contrast, the physicians, with their higher educational requirements, were certified by the medical faculties of the various universities. The physicians, needless to say, were accepted by the public as a professional group much earlier than the surgeons. In England to this very day the surgeons are still addressed as "Mister" as opposed to the "Doctor" accorded the physicians. From certification as a craftsman by the guild, to certification as a specialist by the American Board of Surgery is a long, long journey. The journey has been made, stage by stage, through the establishment of standards and their continuous revision.

The story of medical licensure and certification in the professionalization of medicine is much too long and generally too well known to medical librarians to repeat here, even though its history is and has been the one to which all groups aspiring to professionalization have turned. Con-

tributing to the advances in medical standards have been the strong support and occasional pressure of the public. The public, while interested in the establishment of standards for personnel in any group, is slow to support the establishment of such standards in those professions that it does not see clearly as contributing directly or immediately to its life or welfare. Consider the slowness of the public in becoming aware of the all but disastrous situation that has been allowed in our public schools because of inadequate or poorly enforced standards of personnel.

The earlier attitude of the public toward public health is a further example of this general apathy, although public health admittedly contributes vitally to our collective well-being. On the other hand, the recent progress in public health is a good example of how much can be accomplished through the support of an interested public when that public finally becomes aware of its personal interest in the establishment of personnel standards for such a group. The immediate interest to us, though the ultimate value of the lesson of educating the public to know and to insist on standards for medical librarians should not be ignored, is that the public health personnel is becoming professionalized rapidly. A further point of interest to us is that, despite the fact that the American Public Health Association celebrated its 75th Annual Meeting this past October, "it is only in recent years that the crystals of professionalization have begun to appear in the amorphous mass comprising the personalia of public health."⁵ As long as any group fails to have minimum standards of personnel the result will be an "amorphous mass" in which the professional individuals will be lumped.

From the timely story of "The Professionalization of Public Health," the following excerpt seems highly pertinent:

It is interesting to observe the developmental steps common to all learned professions and to compare these with the evolution of the public health profession. Usually, a profession first organizes to protect its members against unfair competition. Next, it proceeds to improve relationships between members of the profession. Next, it attempts to establish educational qualifications for admission to practice. Throughout the evolutionary process, public needs are placed above professional desires. Professional development in public health has followed these stages, always devoting itself to public needs first. Only relatively recently has it attempted to protect the profession from injustices.

The effort to improve educational qualifications for admission to practice, characteristic of the evolution of all professions, is one of the most recent developments in our Association. It dates back to a Committee on Training and Personnel appointed in 1931 and consisting of representatives from each of our sections. That Committee pointed up its objectives as follows:

1. Equal academic standing of public health workers with other professions.
2. Progress through evolution without discrediting present workers.

3. Keeping a suitable list of candidates.
4. Recognition of experience as well as training.

They recommended the following:

1. Definition of the different types of public health workers.
2. Registration of workers now in health service.
3. Setting up definite standards for future reference.
4. A campaign of popular education for better tenure, adequate salaries, and appointment of trained workers in the future.
5. Development of suitable licensure legislation to necessitate the appointment of trained individuals.⁶

In relation to our own proposed program which is voluntary rather than legal, it is encouraging to read further:

The objective 'Development of suitable licensure legislation to necessitate the appointment of trained individuals' has become less urgent than it was in 1931. The alacrity with which appointing bodies throughout the country have accepted American Public Health Association educational qualifications is as gratifying as it is unexpected. If this continues, licensure legislation with all its cumbersome machinery and shortcomings may be unnecessary.⁷

In the library field, as long ago as 1919 an effort was made by certain distinguished members of the American Library Association to establish a National Board of Certification for Librarians. The committee report of 1920-21 "National Certification and Training" bears the name of C. C. Williamson as chairman.⁸ In that report and in the chapter "Standardization and Certification" of his *Training For Library Service* are to be found the most comprehensive and reasonable arguments for a certification program.⁹

Ten years earlier the first step in compulsory certification for librarians had been taken in California as a result of teacher certification. Since that time a great deal has been done state by state to further the certification program. Its growth is shown conclusively by a comparison between the number of states included in the most recent *Certification of Librarians*¹⁰ compiled by the A. L. A. Board of Education for Librarianship and any earlier edition of this geographic summary. While the standards still leave much to be desired at least there is a minimum standard and in many states this minimum has been raised. Conditions in the general library world are infinitely better than they were before the inauguration of the certifying program.

CERTIFICATION FOR MEDICAL LIBRARIANS

Certification, whether legal or voluntary, is but a method of establishing minimum standards. Its purpose is to improve the standards of education and training of the group, thus assuring a higher level of service to the public, but also resulting ultimately in benefits to the group

through increased prestige and social and financial status. Its corollary is to circumvent the undermining of the group's standards by preventing the acceptance of unqualified persons into the field. This phase of its purpose lies in the future, because one of the basic principles of the proposed voluntary certification program for medical librarians is the protection of those of us already in service by charter certification. This underlying principle of protection of workers already in the field, in which experience is accepted in lieu of formal academic and professional education, is inherent in and characteristic of programs of other professional bodies seeking the establishment of minimum personnel standards. The improved standards are for future reference. Although undoubtedly desirable, it is not suggested that any of us go back to school or become "interns" or "externs." Just by being or continuing to be, for all practical purposes, we receive charter certification. Death will eventually remove our individual deficiencies from the professional program. But until we start the program, even death cannot help. Certification is the first collective step of the group in its forward march to the goal of a level of education and training, below which no person may be accepted as a member of the group. No certification program of or by itself claims or promises to raise the status, standards, or prestige of a single individual, but it does raise the level of the group and as this level is raised to a professional status, the prestige inherent in any recognized profession cloaks the individual member. Modern Harveys and Listers, modern Deweys and Putnams, however, are as always a measure of the heights to which the individual can and will go, and not of the level of the group.

From the report of Charles C. Williamson's *Training For Library Service*,¹¹ published in 1923, to that of J. Periam Danton's *Education for Librarianship: Criticisms, Dilemmas and Proposals*¹² published in 1946, the underlying deficiency of librarianship is found to be a basic lack of education. "Education," said Ray Lyman Wilbur in discussing the medical profession, "has really provided the basis for the present status of our professions. Recognition of education through processes of licensure . . . made it possible to get expert service of a professional character in almost all parts of our nation."¹³ While the establishment of minimum standards of education through certification is but one phase of the whole forward push toward professionalization and professional recognition, it is a fundamental one laying a stout flooring upon which a more respectable and respected educational edifice can be built by medical librarians.

By our failure as an organization to establish standards we are permitting others to assume our prerogatives. In connection with this the following should be considered thoughtfully:

1. Although the American Library Association has to a certain extent defaulted, its proposed National Certification Plan was "based funda-

mentally on the principle that it is not only the right but the duty of the American Library Association to formulate standards of fitness for professional library work."¹⁴ Other professions have assumed that "right" and that "duty" and their national councils of certification have been influential.

2. According to the history of medical certification and licensure, it would not seem desirable for the library schools to assume responsibility for certification. When education as well as certification and licensure were in the hands of the medical schools, diploma mills and such flagrant abuses resulted that finally certification and licensure was taken over by state boards. This division of responsibility was followed by the establishment of the National Board of Medical Examiners.

By our failure as an organization to establish standards we are permitting other agencies to establish them for us. In connection with this the following should be considered thoughtfully:

1. By having no formulated standards of fitness for professional medical library work, we have failed and are failing as an association to influence Civil Service standards. This is of particular interest to us as medical librarians because of the number of librarians connected with the Veterans' Administration and the Army Medical Library.

2. Some form of standardization is implied in the dictum "a trained librarian" of the American Medical Association and of the American College of Surgeons. The hand writing on the wall is there. In case you have forgotten, it still means weighed in the balance and found wanting.

3. Because we have no recognized standards, in a sense each medical library is of necessity establishing its own standards no matter how much of a compromise they may be, but such standards are both local and individualistic and can be ignored or abandoned at any time.

4. Because standards have not been established some librarians are becoming impatient and are joining labor unions in the hope of obtaining certain benefits. This undermines our claims to the time honored method of standardization on a professional level through certification as opposed to standardization through labor or trade unions.

Certain Advantages of Certification for Medical Librarians

1. The experience of other professions shows that this evolutionary steps has redounded to their own advantage as well as that of the public.

2. Certification would help to mark the boundaries of the profession. It would help to delineate the face of the profession so that the public would be able to tell the difference between a librarian and a person who works in a library and eventually the difference between a refugee from some other profession and a librarian. What shall it profit a man if he pre-

pare himself for a profession and there be no recognition of the difference between him and others?

3. Certification would also help establish in the minds of the administrators of the institution of which the library is a part, and of the administrators of the library itself, the difference between a page boy and a librarian, a secretary and a librarian, and any other non-professional worker and a librarian, although all may work in the same library. The administrators of libraries must differentiate more clearly between professional and non-professional work. Even where it is almost impossible, because of the smallness of the staff to differentiate in actuality, it is essential that the Librarian be keenly aware of the necessity for striving toward this goal. The lack of distinction between manual, clerical, and professional activities contributes to the profession's loss of superior personnel, to the uneconomic use of trained librarians, and to the proverbial low salaries. Standards of service are inseparable from standards of training.

4. Certification, of course, would benefit most the younger librarians. Those just beginning their professional careers would enjoy the full developments of the slow ripening fruits of improved status, tenure, and prestige. For the older librarians some satisfaction should be derived from Bacon's statement: "I hold every man a debtor to his profession; from the which as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves, by way of amends, to be a help and ornament thereunto."

5. Certification would also have a protective value to the medical librarians should economic history repeat itself in a depression.

6. Certification, at this particular time, would act as a stimulus to the various curricula that are being proposed and even adopted by the various library schools. These schools, in response to the demand for higher standards of education for librarians, are struggling with the revision of their curricula. They might receive some support and some guidance through our establishment of standards of personnel.

7. Certification, at this particular time, would help the recruitment program that is being pushed by all library organizations. It would indicate to those potential librarians whom we would like to have in the medical library field that we are becoming professionalized as a group and would be an inducement to them to meet our educational requirements. It might further attract desirable candidates who would not otherwise enter the library field at all.

Finally, as Phelps states:

. . . the stabilization of minimum qualifications for professional employment, is a major factor in the economic well-being of any group. In the long

run, it is the decisive element in the determination of salaries and conditions of work.¹⁵

Cogently, he summarizes our needs:

No short-run program of amelioration will be very effective so long as the boundaries of the profession are poorly defined, standards are low, and the general public remains uneducated to the need for trained and competent personnel in the acquisition, housing, management, and distribution of the accumulated knowledge of the race. What is equally important, no *long-run* program of amelioration is likely to progress far unless sponsored and led by a tightly integrated, nation-wide organization capable of speaking authoritatively for the profession as a whole.¹⁶

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