



Implementation of the Action Plan for Health Research 2009-2013

First year report 2009-2010



**IMPLEMENTATION OF THE ACTION PLAN FOR HEALTH RESEARCH
2009-2013**

FIRST YEAR REPORT 2009-2010

| | | |
|---------------------|-----------------------------------|----|
| Introduction | 2 | |
| Summary of progress | 3 | |
| Action areas | 5 | |
| Synergies | 9 | |
| Funding | 10 | |
| Actions in 2011 | 12 | |
| Appendices | | |
| Appendix 1 | Work stream groups and membership | 13 |
| Appendix 2A: | 2010 Actions – Year 1 | 14 |
| 2B: | 2011 Actions – Year 2 | 15 |
| 2C: | Ongoing Actions 2009 – 2013 | 16 |
| Appendix 3: | Glossary | 17 |

INTRODUCTION

In November 2009 the Government published an Action Plan for Health Research. The Plan was prepared by the Health Research Group following a commitment set out in *Building Ireland's Smart Economy* (December 2008). The Action Plan, which was approved by the Cabinet Committee on Science, Technology and Innovation, provides the lead on national priorities and resource allocation in health research.

The Action Plan was prepared to prioritise a programme of actions essential to creating a health research system which supports outstanding individuals, working in world class facilities and conducting leading edge research focused on the needs of patients and the public. The HRG is committed to measuring the success of the Action Plan by the extent to which it meets these deliverables by 2013. One year on, this report reviews the progress being made to implement the Plan.

The objectives of the Action Plan are

1. To improve the nation's health and well being
2. To enhance the performance of the healthcare system
3. To drive innovation and change by setting the priorities that will make the health research system an internationally recognised centre of research excellence
4. To build the necessary health research capacity to make these priorities realisable
5. To focus available resources on these priorities in a co-ordinated manner
6. To translate research activity into tangible health, social and economic returns
7. To increase the country's wealth and prosperity, and
8. To provide a mechanism for monitoring and assessing the value of the State's investment in health research

The Plan defined the following clear deliverables to be met by 2013:

1. A framework for co-ordinating health research at national level and within the health services
2. Agreed national priorities for health research and joint funding strategies across agencies to deliver on those priorities
3. A significantly enhanced infrastructure for health research including fully functional clinical research facilities
4. Enhanced partnerships within the health system, academia and industry for mutual benefit and to contribute to the 'smart economy'
5. Increased number of clinical trials networks
6. Better support for commercialisation of health research
7. A refocusing of the investment in health research towards outcomes and patient oriented research
8. Increased international funding for health research
9. Increased numbers of clinicians and other health professionals engaged in research
10. Expanded capacity to conduct high quality population health science and health services research which can inform the delivery and organisation of health services
11. A streamlined and predictable regulatory environment that addresses bottlenecks and underpins public support for health research
12. Mechanisms to monitor and evaluate the effectiveness and impact of the investment in health research

SUMMARY OF PROGRESS

Overall responsibility for implementing the Action Plan rests with the Health Research Group (HRG), a cross agency and cross-departmental group chaired by the Department of Health and Children. To drive implementation, the HRG established four work streams, each of which was assigned responsibility for a set of actions (see Appendix 1 for membership). The Chairs of each group are responsible for reporting on progress to the main HRG which in turn reports to the IDC (Interdepartmental Committee on Science and Technology). Although there were some initial delays in establishing the work streams, all groups are now in place and work has commenced.

The Action Plan for Health Research 2009-2013 set out a programme of actions to improve the health research system in Ireland in terms of capacity, infrastructure, governance and funding. The Action Plan identified five key areas with specific, time-bound actions set out under each and responsibility for delivering on each action assigned to a lead agency.

These are:-

- Action area 1: Leading a national health research system;
- Action area 2: Developing research capacity in health services;
- Action area 3: Building academic and enterprise links with the health research sector;
- Action area 4: Reforming health research governance structures;
- Action area 5: Turning research outcomes into health benefits and economic gain.

Good progress was made in 2010 although some actions are behind schedule. All sectors reported a real improvement in the quality and strength of collaboration between agencies in 2010. In particular, structures are now in place to support communication between and across agencies. A number of cross agency initiatives are underway and the synergies developed as a result of this are a significant outcome to date of the plan.

Most actions with a 2010 target have been completed or are underway, notably:

- o Joint funding initiatives between SFI and HRB, and between DAFF and HRB
- o Establishment by EI, IDA and the HSE of an innovation centre for the health services
- o Continuing support for integrated research fellowships in the health services
- o A mapping study of existing biobanks with a view to identifying needs at national level and agreeing appropriate models
- o Progress on the establishment of a network of Clinical Research Facilities (CRFs)
- o Progress was also made through the drafting of the Health Information Bill to consolidate ethical approval structures and to put on a firm footing the regulatory arrangements needed to streamline the ethical approval process. The Bill is now scheduled for publication in 2011.

At international level, the Wellcome Trust entered into a funding partnership agreement with SFI and HRB. There was a tripling in funding awards for Irish health research from the EU's framework programme whilst a number of initiatives are in progress under the banner of EU joint programming.

Actions in 2010 that are behind schedule include agreement on the roles and responsibilities for research in the health services at national, regional and local level; the establishment of a baseline of research activity in the health services; and agreement on appropriate incentives to translate the outcomes of publicly funded research into changes in practice and policy, or to commercialise the outcomes of research. With all work stream groups now operational and new research structures being developed in the HSE, it is intended to make progress in these areas in 2011.

Based on information provided by agencies and departments, total funding on R&D fell from €579m in 2008 to €557m in 2009. However, within that total the amount that agencies and departments reported spending on *health related* research rose from €199m in 2008 to €206m in 2009.

The HRG has agreed the allocation of actions in 2011 to each of the four work stream groups and the Chair of each group will continue to report to the HRG on progress throughout the year. A second implementation report will be prepared towards the end of 2011. A key objective in 2011 will be a review of health research priorities and strengths, as part of the wider national research priorities exercise currently underway.

This Annual Report is intended as a stock-take and accountability mechanism for the delivery of the Action Plan. It will be used to engage with stakeholders on the work undertaken to date and the further initiatives planned in the coming year.

ACTION AREAS

The Action Plan identified five key areas with specific, time-bound actions set out under each. Progress was reported in all five areas in 2010.

ACTION AREA 1: LEADING A NATIONAL HEALTH RESEARCH SYSTEM

This area identified actions to develop and lead the health research system at national level. A key focus was on the establishment of proper governance, monitoring and oversight structures to support health research at national level.

Good progress was made in 2010 in a number of the actions, notably efforts to improve co-ordination across different agencies, departments and groups. The HRG itself has developed into an effective forum for engagement and communication across sectors and agencies and also provides a single point of contact for stakeholders in the wider research system. This is a welcome outcome given that fragmentation in the health research system was a key driver for the Action Plan from the outset.

The plan committed the HRG to the development of appropriate accountability arrangements with each agency and progress was made in 2010 to align corporate activities with the goals of the Plan. In 2011, the HRG will build on this to engage the non statutory health research constituency, such as the medical research charities, industry and health researchers. Increased accountability will be supported by the development, starting in 2011, of an agreed classification system for health research across all agencies.

Clarity is still needed on the roles and responsibilities for research in the health services at national, regional and local level. Similarly, work to establish a baseline of research activity in the health services has not yet commenced. The HSE aims to make progress on this action in 2011, with a particular focus on the establishment of mechanisms to collate and manage data, and agreement on minimum datasets.

Given that the lead agency for this work is the HSE, the successful drawing together of research responsibilities at national level within the HSE during the year and the planned establishment of an Advisory Group to oversee implementation of the plan within the health services are very positive developments. It is envisaged that, under these arrangements, there will be a process for registering research being undertaken in the health service and metrics to monitor performance across providers.

ACTION AREA 2: DEVELOPING RESEARCH CAPACITY IN HEALTH SERVICES

This area incorporates three sets of actions addressing: (i) the need for training, educational and skills development to develop research capacity on the health services (ii) the need to increase the volume of high quality research that is relevant to patients, the health of the population and the efficiency and effectiveness of the health service, and (iii) the provision of the infrastructure needed for health research.

The Plan committed the HRB, HSE and HEA to providing fellowship programmes for health professionals in research and further, to developing and supporting a clinician scientist programme integrating research and clinical training for medical doctors and other health professionals. Both these actions are on target despite the constraints on resources. In addition to fellowships funded annually by the HRB and MMI, six integrated SpR research fellowships have been funded by HSE and

HRB, although pressures on the HSE's budget in 2011 mean that the future of the scheme is uncertain. Although integrated fellowship programmes are at present open to medical professionals only, this scheme potentially provides a model for other health professionals in the lifetime of the Plan. Some progress has also been made in facilitating arrangements for externally funded research posts within the health services (e.g. in the area of clinical trials support).

One action that has not yet been implemented is the development of training within the health services in skills relevant to translational research, due in part to the delay in establishing the work stream with responsibility in this area. However, as part of a reorganisation of medical training in the HSE, a research module is being introduced to the structured training programme for Interns. Consideration is also being given to the development of research methodology training at Basic Specialist Training level.

Good progress has been made in the funding actions set out in the Action Plan, in particular actions to increase the proportion of funding that is assigned to high quality patient oriented research and outcomes research. In addition, health projects have increased their share of funding in the EU's FP7 programme. The latest round of FP7 funding saw over €17m in funding awarded to Irish applicants representing a tripling in funding.

Other initiatives underway include the development by HIOA of a Health Technology Assessment policy framework which will provide a mechanism for appraising new and existing technologies, and plans within the HRB to develop a systematic funding mechanism for clinical trials networks in major disease areas other than cancer.

The Action Plan set out a number of actions under the heading of infrastructure. Progress is being made in this area where the task in 2010 was to identify priority biobank and other infrastructural requirements to underpin clinical research. Existing biobanks are being mapped, while discussion is underway to define the most appropriate national biobanking model to meet the requirements for academia, industry and the health services. The approach adopted will entail agreement on how the model is to be funded and implemented for Ireland in line with international best practice. Building on work conducted by MMI, the biobank action is due for completion in 2011, bringing clarity to an area where responsibility for implementation is dispersed across a number of sectors.

ACTION AREA 3: BUILDING ACADEMIC AND ENTERPRISE LINKS WITH THE HEALTH RESEARCH SECTOR

This area set out the actions needed to build links between the health services, academia and enterprise to speed up the translation of research into real economic and social benefits, to encourage inter-disciplinary research and to ensure that intellectual property is appropriately protected and exploited.

Since publication of the Action Plan in 2009, a real and positive change has taken place in the extent and nature of the linkages between the health, academic and enterprise sectors. In a significant development, EI, the IDA and HSE are engaged in a joint initiative focused on the development by indigenous companies of innovative approaches to the delivery of healthcare and services.

A joint translational research initiative by SFI and the HRB in 2010 prompted an excellent response from the research community. The initiative focused resources in areas which offer the greatest potential for translation into impacts and benefits for health and long term economic development, as

well as for more efficient and effective collaboration between academics and healthcare professionals engaged in translational research. Five awards were made and a second call will be issued in 2011. Progress was also made in 2010 by the HSE and HRB in the provision of a network of clinical research facilities in academic teaching hospitals including the DCCR (Dublin Centre for Clinical Research), the CRF in Galway University Hospital and a CRF in the Mercy Hospital / Cork University Hospital.

The Department of Agriculture, Fisheries and Food and the HRB signed a Memorandum of Understanding which committed both organisations to funding 'JINGO' (Joint Irish Nutrigenomics Organisation) and 'Eldermet' (Gut microbiota as an indicator and agent of nutritional health in elderly Irish subjects) under the Food for Health Research Initiative for the remainder of the programmes. The Food for Health Research Initiative supports a comprehensive research programme in food and health that builds on strategic state investment over the past 15 years, and maintains Ireland's reputation as a leader in the field. Ongoing advice and expertise is being made available to the project by the Department of Agriculture, Fisheries and Food, the Department of Health and Children, the Health Research Board, and the Health Service Executive. This ensures that projects are in line with the latest relevant policy and regulatory issues, and that government bodies and policymakers are kept abreast of new findings in food and health research.

ACTION AREA 4: REFORMING HEALTH RESEARCH GOVERNANCE STRUCTURES

This area identified actions needed to reform and streamline governance structures, including the establishment of appropriate principles of good practice and robust monitoring arrangements.

A key area for action in 2010 was the need to streamline and consolidate ethical approval structures and to establish co-ordination mechanism for the revised structures. These actions are being addressed through the Health Information Bill which addresses many of the issues of concern in the area of ethical approval and seeks to put on a firm footing the regulatory arrangements needed to streamline the ethical approval process. Preparations were also advanced for the delegation to HIQA of responsibilities under EU clinical trials directives including supervision of the 13 existing research ethics committees recognised for the approval of clinical trials. This delegation will take place in advance of the wider developments planned under the Health Information Bill.

Although it has not progressed as quickly as envisaged, the Bill is now expected to be published in 2011. Furthermore, the Bill provides for the introduction of a unique patient identifier, the absence of which has long been seen as a barrier to the conduct of high quality population health research in Ireland.

Some progress was made also in 2010 on the provision of structures to underpin clinical research which could initially cover statistics and data management across disease areas but could expand to other functions such as regulation, implementation of good clinical practice guidelines, and possibly industry engagement. This has been identified as a key deliverable for 2011.

ACTION AREA 5: TURNING RESEARCH OUTCOMES INTO HEALTH BENEFITS AND ECONOMIC GAIN

This area identified actions needed to promote the benefits of health research, incentivise the dissemination of research findings for practical benefit and increase the capacity of the health and enterprise sectors to absorb research findings. Given the long term nature of any investment in

research and the complexities of translating knowledge into tangible benefits, this goal represents a challenge for any research system.

As most actions in this area are either ongoing or due for completion in 2011 and beyond, it is too early to measure progress at this stage. However, it is notable that the only action with a deliverable in 2010 has not progressed, namely the need to incentivise the research community to translate the outcomes of publicly funded research into changes in practice and policy, or commercialise the outcomes of research, although such incentives are under consideration. Notwithstanding the complexities involved in translating research outcomes into practical changes and the difficulties of agreeing appropriate incentives, some progress is needed in this area in 2011. Other actions in 2011 include the development of targeted knowledge transfer and knowledge brokering initiatives to inform the research agenda and to promote the use of evidence in decision making.

SYNERGIES

In the context of both perceived and genuine fragmentation in the health research system, a key objective of the Action Plan was a real improvement in co-ordination and delivery through the creation of synergies. While many of the actions set out could be implemented by agencies acting alone in line with their strategies, the added value comes from agencies working together to agree common goals, co-ordinate activities, streamline initiatives and maximise the use of resources. To date this has been the most successful feature of the Action Plan.

All sectors reported a real improvement in the quality and strength of collaboration between agencies in 2010. In particular, structures are now in place to support communication between and across agencies.

The drawing together of research responsibilities in the HSE has created a mechanism for engagement between the HSE and other agencies and work is progressing to embed research into service delivery. The HRB and HSE are currently developing a research framework which will examine opportunities to build research based quality improvement into the national clinical care programmes being implemented by the Clinical Care Directorate.

The potential for the health services to act as a driver for innovation has not always been adequately recognised and the lack of engagement between the enterprise agencies and the health services was a significant weakness. In this context the current initiative between EI, the IDA and HSE to develop an innovation centre is a welcome development and has the potential to deliver real improvements in the provision of healthcare as well as supporting enterprise.

Good cross-agency progress is being made in the area of biobanking where a national approach is essential, not least to enable Ireland to exploit opportunities at EU level. The Life Sciences Alliance set up by Forfás to implement the *Life Sciences in Ireland* report shares many common goals with the Action Plan and is co-ordinating much of its work with the HRG. The establishment of clinical research facilities in Dublin, Cork and Galway have cemented a new relationship between the hospitals and their associated universities.

At international level, a new partnership agreement with the Wellcome Trust will jointly fund biomedical researchers in Ireland with SFI and the HRB. The proportion of funding from Europe for health research also improved in 2010. Led by Enterprise Ireland, the FP7 team has worked effectively to increase the amount of funding for health research from the EU's framework programme. A number of initiatives are also being developed under the banner of joint programming in Europe, notably in the areas of neuro-degeneration, and diet and health.

Finally, while joint projects and initiatives are an important and tangible outcome of any joint working arrangements, equally important is the positive change that has been brought about in the interaction between agencies and the constructive approach to meeting shared objectives. With resources and confidence under pressure, developing a sense of connectedness across the system is more important than ever. The challenge in the current economic climate is to build on the improved collaborative atmosphere and arrangements to implement the Action Plan and deliver real results over its lifetime.

FUNDING

The Action Plan identified the amount of funding going into health related research in 2008 to be in the region of €199m out of total R&D expenditure of €579m although given the absence of an agreed definition of health related research the figure should be treated with caution. For the purposes of the annual report, each agency was invited to submit information on funds spent on research and on initiatives taken in the current year.

The information provided by agencies and departments is set out in Table 1. Notably, whilst the total R&D expenditure reported dropped in 2009 from €579m to €557m, the amount reported for *health related* research rose from €199m to €205m. Increases in expenditure on health related research were reported by SFI, IRCSET, the Departments of Health and Children, and Agriculture, Fisheries and Food, and Enterprise Ireland. Expenditure fell in the HRB and the HEA. It should be noted that variations between years and across agencies may result from the use of different definitions as well as changes in the way that agencies categorised projects in 2008 and 2009.

Table 1: Health-related research expenditure 2009

| Research funding provider | Total R&D expenditure 2009 ¹ | Health-related research expenditure 2009 ^{2, 3, 4} | % of total spent on health-related |
|-------------------------------------|---|---|------------------------------------|
| | € 000 | € 000 | % |
| Health Research Board | 40,127 ⁵ | 40,127 | 100 |
| Science Foundation Ireland | 171,290 ⁶ | 73,669 ⁷ | 43 |
| Health Services Executive | * | * | * |
| Higher Education Authority | 111,292 | 36,859 ⁸ | 33 |
| Environmental Protection Agency | 13,640 | 794 | 5 |
| Marine Institute | 9,660 | 1,470 | 15.2 |
| IRCSET | 25,600 | 3,551 ⁹ | 13.9 |
| IRCHSS | 14,400 | 1,100 | 7.6 |
| Dept. Health and Children | 5,241 ¹⁰ | 5,241 | 100 |
| Dept. Agriculture, Food & Fisheries | 15,260 | 4,920 | 32.2 |
| Enterprise Ireland | 93,460 | 14,641 ¹¹ | 15.6 |
| Industrial Development Authority | 56,668 | 23,039 ¹² | 40.7 |
| TOTAL | 556,837 | 205,411 | 36.9 |

1. Figures describe actual expenditure on research projects in the 2009 calendar year. For each funding provider, project/programme funding from all sources is included, while the operational costs associated with each funding provider are excluded.

2. 'Health-related' research expenditure is defined broadly as 'research which benefits the health of an individual, group or population through the prevention, treatment and management of illness. Such direct interventions include the development of diagnostics, pharmaceuticals, vaccines and devices and the preservation of mental and physical well-being through the services offered by the medical, nursing, and allied health professions. Health-related research may also benefit health through improvement in understanding the mechanisms underlying ill-health (either

physical or mental) or the influences and impact of environment (physical, social, cultural or occupational) and behaviour on health status and outcomes.'

3. Given that most agencies do not categorise their expenditure as 'health-related' or 'non-health related', totals are estimates of health-related expenditure in some instances.
4. Scope and focus of research on 'health-related' projects differs by funding provider and reflects their statutory remit.
5. This excludes funding for national health information systems managed by the HRB.
6. Includes Charles Parsons Awards of €5.6M, which were not counted in 2008 expenditure.
7. Health related primarily medical biotechnology, pharma, medical engineering and health-relevant ICT. No clinical research funded. For larger investments, figures estimate relative split between health-related and non-health related activities.
8. Large proportion of expenditure is capital/infrastructure development. PRTL Cycle 3 amount estimated based on the percentage of health-related projects in original approval. Bioscience and Biomedical projects under PRTL Cycle 4 constituted 32% of the overall Cycle 4 total.
9. Describes projects in the following health-related themes: Therapeutic / pharmaceutical / diagnostic development; Healthcare applications of mathematical/information sciences; Research on pathogens/pathologies; Diet and lifestyle. Does not include fundamental (non-applied) research.
10. This includes significant expenditure on the National Longitudinal Study of Children in Ireland, "Growing up in Ireland"
11. Industrial/commercial R&D including drug development, diagnostics and medical devices, innovation partnerships, SME R&D fund and academic commercialisation fund.
12. Industrial/commercial bio-science, pharma and medical technology projects, NIBRT and the Technology Research for Independent Living (TRIL) programme.

* It should be noted that the HSE is the health service environment within which most clinical health research occurs. As such the HSE – or more accurately- its health professionals – receive grants from the various funding agencies listed. In effect the HSE does not commission large research projects and does not currently have a dedicated research budget but works in partnership with other agencies.

ACTIONS 2011

At its meeting in December 2010, the HRG agreed the allocation of actions in 2011 to each of the four work stream groups (See Appendix 1). The Chair of each group will continue to report to the HRG on progress throughout the year and a second implementation report will be prepared towards the end of 2011.

In 2011 the Action Plan committed the HRG to undertaking a review of health research priorities and research strengths, and identifying strategic research and funding priorities for Ireland in health research. At the same time, the national research priorities exercise currently being led by Forfás presents the HRG with an opportunity to make progress in this area.

The national exercise has three objectives:

- 1) to develop a national consensus on a number of priority areas and/or approaches to tackling national challenges/opportunities which need to be underpinned by future investment in publicly funded STI
- 2) to identify as far as possible, a non-exclusive list of supporting fields of science and technology (including research in arts, humanities and social sciences) that will underpin the priority areas and/or approaches to tackling national challenges/opportunities in both the medium term (5 years) and beyond
- 3) to develop an action plan for each of the priority areas and/or approaches to national challenges/opportunities put forward that would set out specific goals to be realised in the medium term (5 years) and beyond and the measures required across the public and private sectors to realise these goals.

Complementing and informing this exercise and aligning health research to identify opportunities and needs will be a significant part of the HRG's work programme in 2011.

Appendix 1: Work stream groups and membership

Group 1: Governance and Co-ordination

Jim Breslin (DOHC) Chair
Sinead Hanafin (DOHC)
Enda Connolly (HRB)
Ruth Davis (HEA)
Jane Grimson (HIQA)
Maura Hiney (HRB)
Catherine Mac Enri (Forfás)
Siobhán O'Sullivan (Irish Council for Bioethics)
Marion Rowland (HSE)
Michael Mulkerrin (DOHC) Secretariat

Group 2: Education and Training

Marion Rowland (HSE) Chair
Martin McDonald (HSE),
Ciara Mellett (HSE)
Teresa Maguire (HRB)
J. Murtagh (SFI)
Mary Wynne (HSE)
Michael Byrne (HSE)
Eucharía Meehan (HEA)
Aoife Lawton (HSE) Secretariat

Group 3: Funding and Translational Research

Keith O'Neill (EI) Chair
Dave Shanahan (IDA)
Stephen Simpson (SFI)
Ruth Davis (HEA)
Marion Rowland (HSE)
Martin Flattery (HIQA)
Pamela Byrne (DAFF)
Anne Cody (HRB)
Patricia Clarke (HRB) Secretariat

Group 4: Biobanking and Infrastructure

Enda Connolly (HRB) Chair
Anne Cody (HRB)
Dave Shanahan (IDA)
Keith O'Neill (EI)
Marion Rowland (HSE)
Stephen Simpson (SFI)
Mary Jackson (DOHC)
Jan Guerin (MMI) Secretariat

Appendix 2A

2009 and 2010 Actions – Year 1

Work Stream 1

- Develop and agree a detailed implementation Plan with identified leads, work packages and completion dates (1.1)
- Direct and lead the national research system through the establishment of appropriate accountability arrangements with each agency (1.2)
- Prepare an implementation plan for research in the health services which clarifies roles and responsibilities at national, regional and local level (1.3)
- Establish appropriate co-ordination arrangements between the HRG and the non-statutory health research constituency, for example Medical Research Charities and industry interests (1.5)
- Establish a benchmark of research activity in the health service (1.9)
- Streamline and consolidate ethical approval structures through Health Information Bill with standard operating procedures (4.8)
- Establish a co-ordination mechanism for the revised Ethics Committee structure (4.9)
- Facilitate arrangements for externally funded research posts within the health services (2.7)

Work Stream 2

- Further develop and support a clinician scientist programme integrating research and clinical training for medical doctors and other health professionals (2.4)
- Provide fellowship programmes targeted at health professionals to increase the number and diversity of health professionals engaged in research (2.3)
- Develop processes for training (within health services) for academics in skills relevant to translational research (2.8)

Work Stream 3

- Provide a clear funding stream for outcomes, efficiency and effectiveness research (2.9)
- Develop strategic research clusters of academics, clinicians and industry investigators in experimental and translational medicine especially where Ireland has the potential to be internationally competitive (3.1)
- Develop a co-ordinated approach to translational research: identify specific areas of translational research where Ireland can develop a leading position together with the actions required to differentiate Ireland as a location of choice for trans research (3.2)
- Exploit opportunities for research partnerships to facilitate health service transformation programme (3.7)
- Incentivise the research community to translate the outcomes of publicly funded research into changes in practice and policy, or commercialise the outcomes of research (5.3)

Work Stream 4

- Identify priority biobank and other infrastructural requirements to underpin clinical research (2.16)

It should be noted that progress was also made in Year 1 on the establishment of Clinical Research Facilities. This action is due for completion in Year 3 (2012).

Appendix 2B

2011 Actions - Year 2

Work Stream 1

- Agree and implement common standards and systems for coding, classification and terminology in national health information systems through collaboration across all relevant organisations (1.4)
- Establish a database/network of research active healthcare professionals to facilitate links to academic and enterprise sectors and competent bodies (3.6)
- Enable electronic submissions of applications for clinical trials (and other clinical research studies) approvals with parallel review by the Irish Medicines Board and Ethics Committees as standard practice (4.7)
- Design and implement processes, systems and metrics to capture and measure research activity in the health services at HSE, regional and local level (1.10)
- Agree and implement a common classification system for health research across all funding agencies and government departments (4.4)
- Undertake a comprehensive review of health research priorities and research strengths, and identify strategic research and funding priorities for Ireland in health research, building on work completed by HEA and Forfás (1.7)
- Introduce outreach activities to raise awareness of the importance of research in improving health service delivery, patient care and population health and the role of industry in timely translation of research outcomes to innovative products and therapies (5.2)

Work Stream 2

- Provide health professionals in research leadership positions with appropriate arrangements to support research relevant to the health services (2.2)
- Build capacity within the health research system to address specific skills deficits in health economics, health informatics, epidemiology, health technology assessment and biostatistics (2.6)

Work Stream 3

- Develop joint strategies across agencies in targeted areas and co-fund health research initiatives to ensure continuity of research from bench to bedside, and into the community (1.8)
- Establish research networks between researchers, practitioners and policy makers in priority areas in the health services (2.12)
- Provide additional technology transfer expertise, in health, pharmaceutical and medical technology research, to hospitals through the existing university technology transfer infrastructure (3.4)
- Establish procedures to capture, protect and exploit intellectual property in hospitals (3.5)
- Develop targeted knowledge transfer and knowledge brokering initiatives to promote the use of evidence to support decision making and to inform the research agenda (5.4)
- Examine the role of e-health related research in achieving health service goals (5.5)

Work Stream 4

- Develop a research investment plan setting out the investment required in key infrastructure to facilitate effective translational and clinical research and the infrastructural investment requirements to address strategic national priorities, including commercialisation (1.11)
- Establish clinical trials networks in targeted disease areas (2.15)
- Participate in the development and implementation phase of relevant large-scale

international research infrastructure which include Irish hubs under programmes such as ESFRI, and to large-scale single-sited infrastructure abroad where a major investment in Ireland is not justified (2.17)

Appendix 2C

Ongoing Actions 2009-2013

- Increase the proportion of funding assigned to patient focused research projects and programmes and research into evidence based care (2.10)
- Support high quality discovery research in biomedical sciences and ICT to underpin clinical and translational research (2.11)
- Leverage additional funding for health research under the EU's Seventh Framework Programme for Research 2007 – 2013 (2.13)
- Leverage additional funding for health research under EIs commercialisation fund (2.14)

Appendix 3

Glossary

| | |
|----------|---|
| CRF | Clinical Research Facility |
| DAFF | Department of Agriculture Fisheries and Food |
| DOHC | Department of Health and Children |
| EI | Enterprise Ireland |
| Eldermet | Project: 'Gut microbiota as an indicator and agent of nutritional health in elderly Irish subjects' |
| ESFRI | European Science Foundation Research Infrastructures |
| FHRI | Food for Health Research Initiative |
| FP7 | 7 th Framework Programme |
| HEA | Higher Education Authority |
| HIOA | Health Information and Quality Authority |
| HRB | Health Research Board |
| HRG | Health Research Group |
| HSE | Health Services Executive |
| IDA | Industrial Development Authority |
| IDC | Inter-Departmental Committee on Science Technology and Innovation |
| IRCHSS | Irish Research Council for Humanities and Social Sciences |
| IRCSET | Irish Research Council for Science Engineering and Technology |
| JINGO | Joint Irish Genomics Organisation |
| MMI | Molecular Medicine Ireland |
| SpR | Specialist Registrar |
| STI | Science Technology and Innovation |



Cuirfear fáilte roimh chomhfhreagras i nGaeilge

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