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# **HRB Strategy 2016–2020: Stakeholder Consultation Feedback**

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## 1. HRB EXTERNAL CONSULTATION

In order to develop a strategy to cover the period 2016-2020, in 2015 the Health Research Board completed a detailed analysis of our current strategy and undertook broad stakeholder consultation. The outcomes of both the analysis and consultation were used to inform our thinking as we developed a new *HRB Strategy 2016-2020*.

Our external consultations included:

- Review of the previous HRB Strategy by an International Review Panel
- Face to face consultations with the Department of Health and key stakeholders
- Consultation with our research community, at our annual Stakeholders Conference held in January 2015
- An on-line survey of the HRB research community, conducted over April and May 2015.

This report presents the summary results of the on-line consultation. The on-line questionnaire contained a narrative description of each Focus Area and Enabling Area and their objectives (see Appendix 1 for questionnaire.) The on-line questionnaire was sent to almost 2000 people as follows:

- Registered users of the HRB RSS feed
- All current grant holders
- Everyone who was invited to participate in the HRB International panel review and SSTI Consultation days in 2015.

There were 128 completed responses, 17 of which were anonymous. 26 respondents indicated that they did not wish their comments to be published and these comments have been removed from the Feedback document that accompanies this report. While the majority of respondents were researchers, responses were also received from a broad array of organisation types, as indicated in the table below.

Organisation/personnel Type	Total
Researcher	62
Anon/unspecified	17
Social care organisation	11
Charity	11
Professional Body	11
HSE	9
University Management	4
Funding Agency	1
Allied Health Professional	1
Journalist	1
<b>Grand Total</b>	<b>128</b>

## 2. SUMMARY OF RESPONSES

The overall messages and summary findings are presented in this section. Readers are welcome to view the full feedback (excluding respondents who did not want their feedback published) in the document that accompanies this report.

### 2.1 Overall responses

- There was broad agreement with the approach being taken (N=91). The level of approval was strong in many cases, and was spread across all priority areas.
- 61 comments related to suggested broadening of HRB scope or the criteria used to evaluate applications, for example to include either non-academic, or non-permanent staff, allow PIs with service experience or Masters etc.
- There were a number of suggestions (n=48) for additional actions or metrics we might include, in particular, in Focus 3 and Enabler B.
- 41 comments related to either the introduction of an additional funding stream to facilitate for example small-scale studies in Focus 1, or proposed changes to the model of funding we use, particularly for Enabler A. (many of which are already used or planned).
- 40 comments related to the need for the HRB to include basic/fundamental research within its remit, in particular in Focus 1.
- There was 25 comments relating to increased linkage with other agencies or research/stakeholder partners either in Ireland or internationally.
- There were 22 comments on aspects of increasing integration of our programmes with the health system or partnering more closely with the health system or policy makers and 13 comments on the importance of including implementation science or knowledge translation as part of research projects across all focus areas, not just Focus 3.
- 19 comments suggested clarifications we could make to the wording of objectives, indicated that they were not clear what an objective meant, or where specific topics/items should be specifically referenced in the narrative pieces.
- There were 17 comments about including public and patient involvement as part of awards across all focus areas and in enabler B.
- There was significant support for funding of mid-career/earlier investigators (N=12), support to allow clinicians to continue to research (N=10) and support for development or facilitation of career paths (N=11).
- 15 comments proposed that the HRB should consider targeting or prioritisation of investment in specific areas, 6 comments suggesting that we place more emphasis on particular disciplines in Enabler A and B, and 4 comments referred to the use of HRB funding to address structural specific issues.
- 8 comments related to developing closer partnerships with industry (Focus Area 1 and 2 and Enabler A)
- 2 gaps that were identified were:
  - Investment in 'big data', patient registries and accompanying biobanks.
  - More emphasis on preclinical/animal models to assess efficacy and safety of therapeutics in development.

## **2.2. Overall findings by focus/enabling areas**

In terms of the overall feedback related to specific focus/enabling areas there were a number of key messages that came through (see also Appendix 2 for categorised summary finding figure.). In many instances, the same message was repeated across different areas and is captured under a single area in this report:

### **Focus Area 1: Support innovative, investigator-led and internationally competitive research to address major health challenges in society**

- Place more emphasis on partnerships and collaborations with other funders, charities and industry, to coordinate and integrate activities and to facilitate a more strategic approach and/or a greater reach/impact from joint investments.
- Provide clarity that the scope of Focus Area 1 is broader than disease aetiology or biomedical research and includes chronic diseases and comorbidities, health services/systems research, population health/policy research and so on (not just confined to Focus Area 3).
- Be clear on our policy regarding funding of basic research.
- Place more emphasis on implementation science and the contextual issues involved in adoption and scale-up of evidence based interventions.

### **Focus Area 2: Support the conduct and evaluation of healthcare intervention studies in order to improve health outcomes and health service delivery**

- Clarify that this area includes all study designs (not just RCTs and clinical trials) and a breadth of intervention study types including health service improvements etc.
- Place explicit emphasis on research waste and the importance of ensuring that all aspects of trial design and evaluation are more efficient and effective.
- Be explicit that we are committed to continuing to support trial methodology as a critical enabler of high quality research and also as a primary area in its own right.
- Highlight the importance of Irish groups participating in international endeavours, where possible and appropriate, given the cost of these investments.
- Ensure that trials and interventions include the capture of data on clinical and health outcomes and also ensure that there is an emphasis on implementation outcome measures.

### **Focus Area 3: Support research, information and evidence that meet the needs of the Irish health and social care system**

- Improve the language, for example to reference the national strategy context and social care.
- Include implementation science, co-design with patient groups and research end-users.
- Emphasise partnership working, networks, interdisciplinary and inter-sectoral working, and integrated approaches to Knowledge Transfer.
- Include practice-based research (e.g. pharmacy, GP) as part of wider HSR agenda.
- Provide explicit research support to the clinical care programmes for guideline development and implementation evaluation.
- Support data access (including improved access to HRB data), secondary analysis and data linkage and training in evidence synthesis and appraisal for policy makers and practitioners.

- Acknowledge the importance of evidence synthesis and appraisal skills for practitioners and decision makers.

In terms of health information, a number of issues were identified, namely:

- Data access and linkage and health identifiers.
- Social care definition and how it relates to Focus Area 3.
- A clear distinction between the roles and responsibilities of the HRB and the DoH/HSE in terms of health information systems.
- More open approach to identifying what data are collected for surveillance, and the potential for access for academic research.
- HIS should be developed in close consultation with researchers and other relevant stakeholders to ensure that data has greatest potential for use.

#### **Enabler A: Support exceptional researchers, talent and leadership in health research**

- Address funding of early-stage and mid-career researchers as a key gap.
- Support clinicians to continue to research and to extend this to other health professions.
- Develop a mechanism to enable/facilitate knowledge sharing between various bodies and organisations engaged in health research (not necessarily funded by the HRB).

#### **Enabler B: Build a strong enabling environment for Irish health research, national and internationally**

- Increase support and assistance for H2020 participation.
- Take an increased leadership role in driving the health research agenda at a national level.
- Broaden access to HRB research infrastructure/equipment and provide funding for on-going technical support.
- Develop a national infrastructure for bio banking/licencing/regulation/standards.
- Embed public and patient involvement into a number of the objectives listed, or have a stand-alone objective focused on promotion and integration of PPI into health research.

### 3. HRB RESPONSE TO CONSULTATION FEEDBACK

In refining the actions and objectives of its Strategy 2016-2020, the HRB absorbed many of the suggestions and recommendations provided by the consultation exercise. These are now either explicitly identified as high-level tasks within the new strategy, or have been flagged for exploration of their feasibility over the coming years.

#### **Some examples include:**

*Emphasise partnership working, networks, interdisciplinary and inter-sectoral working, and integrated approaches to Knowledge Transfer.*

There will be a strong emphasis on interdisciplinary and inter-sectoral working articulated in schemes that fall under Focus Areas 1 and 3 and Enablers A and B. Under Focus Area 3 we will develop new partnership-driven funding schemes that meet the needs of the Irish health and social care system and will continue to support existing and new networks. We will develop further our understanding of integrated knowledge transfer and incorporate this into our schemes where appropriate.

*Include implementation science, co-design with patient groups and research end-users*

Under Focus Areas 1, 2 and 3 we will encourage and incentivise researchers to consider implementation issues when developing their research ideas. Under Focus Area 3 we will explore the development of specific initiatives to support implementation science research and in all Focus Areas we will.

*Provide clarity on the scope of Focus Area 1*

Call documents for project and programme schemes under Focus area 1 will clearly articulate the breadth of diseases/conditions and broad research areas that are eligible under these schemes. We will explore ways to incentivise HRB researchers to develop partnerships, collaborations and common research agendas around specific areas of research.

*Clarify that Focus Area 2 includes all intervention study designs/types*

Call documents for schemes under Focus Area 2 will clearly articulate the breadth of study designs and types that are eligible under these schemes.

*Be explicit that we are committed to continuing to support trial methodology*

Under Focus Area 2 we will continue to support methodological development as a component of trials and interventions studies, and will explore new initiatives to support primary trial methodology research projects.

*Provide explicit research support to the clinical care programmes for guideline development and implementation evaluation*

Under Focus Area 3 we will develop a mechanism, in partnership with the National Clinical Effectiveness Committee, to support the generation of NCEC-prioritised guidelines and their update, and expand our collaboration with the HSE Clinical Care Programmes to optimise knowledge translation for policy and/or practice.

*Support data access (including improved access to HRB data), secondary analysis and data linkage*

Under Focus Area 3 we will work to actively shape the national agenda for health information to ensure that HRB data are used to develop and monitor policy and service planning and reporting. We will also explore initiatives to support secondary analysis and deeper exploitation of existing data

sources and work with relevant stakeholders to address barriers to access, sharing and linkage of routine administrative and/or research related datasets.

*Be clear on our policy regarding funding of basic research.*

In keeping with the recommendations of the International Review Panel, we will channel the majority of our resources in targeted areas, namely patient-oriented, population sciences and health services research, rather than in basic/biomedical research. However, in recognition of the important role of basic/biomedical research we are committed to increasing support of partnership schemes that include funding for such research, for example:

- US-Ireland R&D Partnership
- Wellcome Trust- HRB-SFI Biomedical Research Partnership
- Joint Programme in Neurodegenerative Diseases (JPND)
- Medical research Charities Co-funding Scheme

We are also encouraged by the support for basic research signalled in the recently launched Innovation 2020, the Irish Governments' research investment strategy for the next five years.

*Address funding of early-stage and mid-career researchers as a key gap*

Through Enabler A we will work with partners, including the higher education institutions and the health system, to expand and sustain support for structured PhD training and post-doctoral researchers across the broad research areas within our remit, and we will develop an emerging investigator scheme for mid-career researchers.

*Support clinicians to continue to research and to extend this to other health professions*

Under Enabler A we will explore mechanisms to ensure that people in clinical positions are incentivised and facilitated to engage in research and to promote and embed strategic research leadership in the health system.

*Embed public and patient involvement*

Under Enabler B, but relevant to all Focus Areas, we will develop and promote public and patient environment (PPI) within that HRB and develop mechanisms to embed PPI in HRB supported projects and programmes.

*Place more emphasis on partnerships and collaborations with other funders, charities and industry*

Under Enabler B we will develop and implement an approach to engagement in international co-funding partnerships for health research, and in all Focus areas we will participate where appropriate in international co-funding initiatives in areas that support HRB strategic objectives and work with national partners to develop funding opportunities for HRB researchers in interdisciplinary and cross-sectoral areas.

*Increase support and assistance for H2020 participation*

Under Enabler B we will work to influence the content of the H2020 and the EU Public Health Programmes to ensure that they address topics of Irish interest and explore new ways to create more awareness of HRB supports for Irish researchers seeking to engage in these programmes.

*Take an increased leadership role in driving the health research agenda at a national level*

Under Enabler B we will work with the Department of Health and other key stakeholders to champion the importance of public investment in health research, promote the use of research evidence and information in national health research strategies, drive the development and adoption of best practice in policy areas of relevance to health research, and optimise the synergies and benefits of our collective investments in research.

# Appendix 1: Survey On-line Questionnaire

## HRB STRATEGIC PLAN 2016 – 2020: YOUR VIEWS ARE IMPORTANT

The HRB has started the process of developing a new strategic plan which will direct our activity for the period 2016 – 2020. An integral part of this process is engaging with people interested in the future of health research in Ireland. We want to ensure that we will continue to deliver high-quality research, data and evidence that is relevant to societal health challenges, the needs of the Irish health and social care system and of Irish citizens.

We have defined three key priority areas that we consider to be the most appropriate ones to lead the HRB and its community in the period 2016-2020 and beyond. Progress in these priority areas will be enabled by a series of actions across related themes.

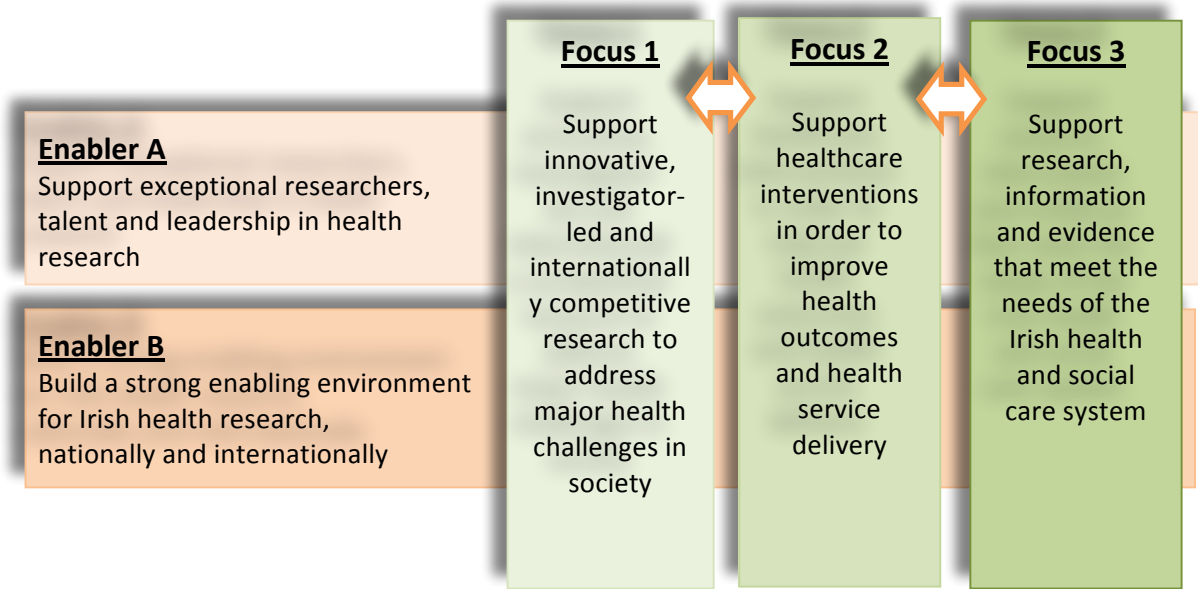


Figure 1: HRB Strategic activities 2015-2020

## AREAS OF STRATEGIC FOCUS

### Focus Area 1:

#### **Support innovative, investigator-led and internationally competitive research to address major health challenges in society**

All the advances in health care that we enjoy today are based on research. Improvements in life expectancy - in the prevention, diagnosis and treatment of disease, and in healthcare delivery and outcomes - have their origins in research that was carried out over many decades. Researchers in Ireland have played their part in these discoveries, often working with international partners to create the knowledge needed to address major health challenges, and to find solutions.

Despite these advances, considerable challenges remain. Health care costs are rising; the incidence of chronic and infectious diseases is a burden in countries worldwide; an ageing population brings



with it an increase in cancers and neurodegenerative disorders; the links between health and environment are poorly understood; migration patterns mean that health problems are increasingly globalised; rising inequalities threaten much of the progress we have made; mental health problems are a cause for concern at all ages.

Between now and 2020, the HRB will support Ireland's research community to carry out innovative, internationally competitive research to address major health challenges in our society. We will encourage new and established groups to collaborate more effectively and, for those problems that can only be addressed on a larger scale, we will work with national and international partners to add value to the HRB's investment. In doing so, we will focus on research that is driven by excellence and originality, with the aim of informing the future development of innovative or novel therapies, treatments, prevention strategies, services and interventions.

**Objective 1.1: Support high-quality, investigator-led, internationally competitive research**

**Objective 1.2: Develop and implement co-funding opportunities with international agencies and institutions**

### **Focus Area 2:**

**Support trials and healthcare interventions, in order to improve health outcomes and health service delivery**

The benefits of health research can only be fully realised when the knowledge generated is tested and applied in practice. Trials and intervention studies are essential for developing better treatments and improving health care. By testing the efficacy, cost and impact of new therapies, treatments or services, trials and intervention studies have a significant part to play in changing the way health care is practised and delivered.

The HRB's support for clinical trials has played an important role in improving the outcomes for cancer patients in Ireland by enabling patients to gain early access to new treatments, and by providing high-quality care. Between now and 2020, we will expand HRB support for clinical trials networks and interventions in other areas of health and health services. In addition, we will invest in the structures and supports needed to coordinate multi-centre trials and interventions in Ireland, promote access to European-wide trials, and ensure that the trials and interventions studies we fund are of the highest quality.

**Objective 2.1: Support the design, conduct and evaluation of trials and intervention studies**

**Objective 2.2: Facilitate national and international collaborations that improve the volume, quality, relevance and impact of trials and intervention studies in Ireland**

### **Focus Area 3:**

**Support research, information and evidence that meet the needs of the Irish health and social care system**

Improvements in national health systems only come about when knowledge and evidence are discovered, collected, adopted and implemented. With health care becoming more complex – and with associated costs increasing – the Irish health care system has a growing need for timely,

relevant, high-quality research and evidence to inform public health policy, health delivery and decision-making.

As the lead agency for health research in Ireland – and also as the repository of five key national information systems – the HRB has an important role to play in generating the evidence needed to support the Irish health and social care system. Over the period 2016–2020, we will grow our evidence synthesis and knowledge translation activities, in order to help policy-makers, service planners and providers make the best decisions possible. The HRB will support research that addresses questions of national relevance for health services management and practice, and will work with the Department of Health and the HSE to develop new guidelines for clinical practice.

In recognition of the fact that implementing research and changing practice are complex processes, a critical component of these initiatives will be strong collaboration and partnership between researchers, practitioners, decision-makers and knowledge users.

**Objective 3.1 Support research that addresses questions of national relevance for clinical and population health practice and for health services management, and its corresponding translation into policy and/or practice**

**Objective 3.2 Provide high-quality, timely and relevant data for policy, service planning and research through the HRB’s national health information systems**

**Objective 3.3 Promote and support evidence synthesis and knowledge translation activities, in order to assist policy-makers, service planners and providers in making evidence-based decisions**

## **ENABLING THEMES**

### **Enabler A:**

#### **Support exceptional researchers, talent and leadership**

Key to the successful delivery of each one of the HRB’s objectives is a highly skilled research workforce. Health research requires the talent, expertise and ingenuity of a wide range of people – clinicians, health professionals, scientists, social scientists, epidemiologists, health economists, statisticians, and many others. As well as generating ideas and undertaking research, a highly skilled workforce will ensure that research and evidence are integrated into policy and practice, thus improving decision-making and, ultimately, health outcomes.

The HRB supports training and career development through a number of mechanisms and at many different levels – ranging from PhD students and postdoctoral fellows to investigators and leaders. Between now and 2020, we will continue to invest in excellent PhD training programmes, so as to attract the best people into health research. We will provide opportunities for postdoctoral researchers and new investigators to continue their research. We will support leaders who can promote research in the health system, and we will encourage our research community to develop international links. In recognition of the fact that training and career development is a shared responsibility which requires input from many stakeholders, we will work with the higher education system in Ireland, as well as with the HSE and professional training bodies, to develop a coordinated approach to building capacity in health research in Ireland.

**Objective A.1 Attract the best people into health research by supporting excellent PhD training programmes**

**Objective A.2 Provide opportunities for career development for postdoctoral researchers and emerging investigators**

**Objective A.3 Work with HEIs, hospital groups and the HSE to identify, develop and support leaders in health research**

**Objective A.4 Work with national and international partners to identify training opportunities and skills gaps**

### **Enabler B:**

#### **Build a strong enabling environment for health research in Ireland**

Ireland needs a positive enabling environment if it is to effectively translate health research into societal and economic benefits. Such an environment should encompass good co-ordination between the health care system and industry; excellent facilities and infrastructure; appropriate systems for data management, regulation and policy support; a coordinated and credible approach to establishing research priorities; and a culture that recognises patients and the public as partners in the health research process.

Good research should not be hindered or constrained by national boundaries. Research is an international enterprise, and international collaboration delivers many benefits to both research communities and individual countries. The HRB and its' partners have much to gain by working together on regulatory and legislative developments that impact on research. Moreover, an increased focus on synergies between European and national agencies makes it increasingly important that the HRB aligns its activities with those of its European partners.

Between now and 2020, the HRB will provide the strategic leadership required to shape the national health research agenda. We will continue to invest in the research infrastructure – in order to promote excellence and critical mass, and improve coordination across the system. At international level, we will continue to support and encourage our research community to participate in Horizon 2020 and other European research programmes, and to play our part in European initiatives that influence the environment for health research.

**Objective B.1 Provide strategic leadership to shape the national research agenda in relation to health and social care**

**Objective B.2 Contribute to, and benefit from, international developments in policy, regulation and legislation relevant to health research and healthcare in Ireland**

**Objective B.3 Invest in research infrastructure to promote excellence, critical mass and coordination, in order to support areas of strategic focus and the wider health community**

**Objective B.4 Support Irish health researchers to participate in Horizon 2020 and other European research programmes**

# Appendix 2: Feedback from HRB Stakeholder Consultation



Figure 1: Responses by priority area and category

## HRB Consultation on its proposed strategic areas of focus and enabling activities: Focus Area 1

### Support innovative, investigator-led and internationally competitive research to address major health challenges in society

Name*	Affiliation	Focus Area 1: Support innovative, investigator-led and internationally competitive research to address major health challenges in society
Ailish O'Brien	National Learning Network	I am a trainee health psychologist and am very interested in the areas as described above. I am studying part time in England while working in Ireland as there are no doctoral level courses in Ireland in Health Psychology. I work in the area of intellectual disability and find that there is a dearth of research on this area. I think that any public health initiative needs to have a broad basis and yet be inclusive of all those who are most vulnerable. People with intellectual disabilities are among the most vulnerable. I completed a systematic review on risk factors for obesity among people with intellectual disabilities and was unable to find another review that related directly to my area.
Alison Harnett	National Federation of Voluntary Bodies Providing Services to People with Disabilities	The National Federation of Voluntary Bodies Providing Services to People with Intellectual Disability is the national umbrella organisation for voluntary/non-statutory agencies who provide direct services to people with intellectual disability in Ireland. Our 58 Member Organisations provide supports to approximately 22,000 people with intellectual disability and their families in the Republic of Ireland and account for in excess of 85% of this country's direct service provision for people with an intellectual disability. We welcome the opportunity to provide feedback on the HRB's Strategy 2016-2020, and we believe research which informs evidence-based practice is essential to ensuring that we provide citizens with intellectual disabilities in Ireland with the most appropriate supports and services that enable them to live lives of their choosing, in community settings, with support where necessary. The carrying out of research in the field of disability to further this aim is fully in accordance with the vision statement of the National Federation: "Being supported to live a life on one's own terms - Above all people have a deep and rooted desire to belong, to be in relationship, to live within the intimacy and security of their family and friends, to be included in the greater life around them and all its attendant possibilities for hope and fulfilment and to do so, to the greatest extent possible, on their terms. The implications of this simple truth will determine our actions on behalf of all citizens with Intellectual Disabilities" The services provided to people with an intellectual disability are founded on the values as set out in the O'Brien (1997) Principles of Inclusion, Choice, Dignity, Respect, Participation and Contribution. They are rooted in the rights based perspective that people with intellectual disability have the right to live full and active lives, and be active participating members of their own community." National Federation (2009)
Amanda Daly	Irish Cancer Society	We would encourage the HRB to invest in an appropriately balanced portfolio of investment in short, medium and long term forms of research, including adequate provision for basic and biomedical research areas to support the long term economic, sustainability and health of our nation. In addition, we believe that there needs to be a greater focus on collaborative efforts to address national health challenges. HRB should create funding calls which require multiple discrete disciplines such as epidemiology, health economics and medical oncology to answer key biological, clinical and/or social problems. Irish researchers have successfully secured major national and international funding investment but we need to examine the potential of cross-leveraging research funding and drawing together national, international, industry and charity funding in a more integrated manner. This should focus on the needs of the population and generating a more sustainable scale of joint investment. Investigator-led research should be implemented across all career levels. Actions and measurements in line with objectives: •Build capacity in specific areas such as health economics, epidemiology (continued support of Sphere programme) •Interdisciplinary national and cross-border collaborative large-scale centres. •Measurements to capture collaborative efforts should be determined through joint publication and leverage of international funds such as Horizon2020. •Publications in major international peer-reviewed multidisciplinary scientific journals, in addition to publications in leading international peer-reviewed journals of their respective field.
Ann Hever	The Irish Longitudinal Study on Ageing, Trinity College Dublin	We welcome the continuation of vital HRB HRA type awards. These awards are essential to build the outputs, outcomes and impacts necessary for research progression to large scale national and EU awards (such as H2020). Awards for large scale data gathering; for operation and maintenance of biobanks; and for supporting researchers in the expert cleaning and merging required to make data publically available would be very welcome. Researchers of course would welcome an increase in the max budgets for these awards. The max budget has remained unchanged for some years now, despite increased running, operation and staff costs (20% pension). For co-funding opportunities, it would benefit researchers to understand the decision process to get involved with one EU initiative over another - for example JPND over another JPI. Researchers could then canvas support for a particular initiative. Success could be measured in the usual way by research outputs, outcomes and impacts, and in progression to success in winning larger scale awards.
Ann O'Shaughnessy	Head of Education and Professional Development, RCPI	I feel this focus area is extremely important. However I feel that Medical Education research is underfunded and under supported. The body of evidence in this area is growing internationally but Ireland is being left behind. A change of mindset is needed from treating disease to wellbeing, i.e. the maintenance of health throughout all sections of the healthcare system. The adaption of medical education to achieve this is ongoing; however there is a lack of evidence for the efficacy of these changes. To address this outcome based research into the following areas is necessary 1.The effects of the European Working Time Directive on how doctors are trained. 2.How changes in the role of doctors is being addressed by medical Education. 3.Determining how Medical Education is addressing the effect of changing demographics on healthcare provision.
Anne Lawlor	GRDO (Genetic & Rare Disorders Organisation)	Area 1 is an admirable focus. What may be missing is a strategy to engage the public with the ideas outlined. Very many ordinary people are unaware of those issues mentioned in the outline. Addressing major health challenges in society means that society will need to actively participate in these measures. There is an information gap between research activities and the general public, collaboration is desirable. Informing the future development of innovative or novel therapies, treatments, prevention strategies, services and interventions needs patient / patient org expertise as very often they have come up with own solutions to their own problems. Education of public health issues needs to start with the very young. Obesity is a case in point, when information is given in easily understood methods children can learn very quickly. More focus on prevention of disease is required and education is key to achieve this objective. Supporting the objectives ideally would mean greater buy-in from government, (regardless of who is in power) with a commitment to funding and also a commitment to sacrificing short-term gain over long-term goals. In measuring success - how is success being defined in this instance?
Anne O'Farrell	No specified	This is a very good area to focus on, in particular the area of chronic diseases given our ageing population. I agree with the objectives and in particular, objective 1.2 for developing and implementing co-funding opportunities with international agencies and institutions as we have a lot to gain from such collaborations. I think that objective 1.1. on supporting high quality, investigator led, internationally competitive research is a good objective also but I feel that many of the HRB grants are given to the same personnel all the time and there is little room for newer researchers who have their PhDs less than 10 years, in particular if they are not in an academic institution. There are many good researchers who are not in academic department who have access to good databases and have good novel ideas for research but cannot apply because applications are restricted to academic institutions.
Anon	Not specified	We agree with the objectives outlined above and feel that the lack of funding has been a major hindrance to Ireland in advancing its scientific research capacity. Co funding will allow for developing greater reach, access to technical skills and infrastructure and faster and universally beneficial results. Success should be based on results that have a significant effect on society, improvement in quality of life and reduction in disease burden and ultimately a reduction in health care costs.
Anon	Not specified	I believe this is an excellent opening objective.
Anon	Not specified	It is important that SMEs and industry are component here
Anon	Not specified	I think this is OK. It is what most other developed countries do. You should be aware however that you have decided to try to predict the future. There is nothing wrong with that, except of course that you may be wrong for the right reasons. So say, if you are trying to pick winners, make sure there are a good number so that you have plenty of each-way bets going on. That is - do not place all of our valuable resources on a few large research groups. Success is a genuine, measurable increase in the health of a cohort of Irish people. BTW - the most recent health breakthrough on Hepatitis C came out of work by Prof McGuigan in Cardiff. My instinct is that he would not have been seen initially as a good bet.
Anon	Not specified	The key here is that funding should only be allocated to research which is 'internationally competitive'. Not to researchers who may deliberately work to develop a high profile nationally, while never showing any evidence of achieving an internationally competitive level of output. The scope of translational health research spans focused biomedical mechanistic studies right across more traditional clinical research into population health. I believe HRB's remit should also encompass the earliest phases of this scope. To omit more early stage biomedical research as has been the policy excludes many of the most internationally competitive Irish based researchers and thus greatly diminishes the prospects of achieving objective 1.1
Anon	Not specified	Core Area for the HRB Actions suggested by the Review panel not captured in the Strategy e.g. addressing integration within HRB, skill gaps within the HRB, financial strategy Success measured by level of co-funding; peer-reviewed publications generated from the funded research
Anon	Not specified	There is a need to encourage more researchers from the private sectors to participate and collaborate with the currently accepted academic and HSE based researchers. Success could be measured on the increase in level of understanding of the target audience in the field, peer reviewed high quality papers published, translation of the science into consumer friendly messaging etc.
Anon	Not specified	This area of focus is highly important for the Medical Research Charities Group. It's important that the strategy is supportive of new ideas and new collaborations, especially involving researchers starting out in their careers. What's missing? We feel that it would be important to provide a platform for early stage career researchers to establish new international collaborations. It's important to include new ideas. There should be a focus on blue sky thinking too. How do you measure success? Impact of the research/papers published. Impact measures/further collaborations, what comes next?

Name*	Affiliation	Focus Area 1: Support innovative, investigator-led and internationally competitive research to address major health challenges in society
Anon	Not specified	Support basic research as well as applied. Applied research MUST come from basic research. your plan expects new projects to start without supporting the basic research required to underpin an applied project. This is a major oversight in your plan.
Anon	Not specified	This area of focus is fine, However, HRB call documents in last few years suggest that HRB wants to fund Clinical trials bit not the basic, translational and/or pre-clinical research. For any research that is INNOVATIVE AND INTERNATIONALLY COMPETITIVE there has to be an element of basic research with a clear vision of translating it to the clinic. If we are trying to translate the basic findings of the researchers elsewhere we will be playing a catching up game. Success can be measured by quality of research publications, patents, etc. It is hard to make significant progress in a 3 year-project to have an impact on the healthcare delivery and outcomes.
Anon	Not specified	excellent focus area. nothing missing. to support the objective some of your funding support should be ring fenced for an Irish based research idea that has some affiliation with at least one other country. Perhaps a one annual grant should be considered for any high quality cross-border study between Ireland/Northern Ireland or ROI/UK, and another for Ireland+any other European country, and third for Ireland+ European country+US or Canada. This would be very dependent on the entered you receive, but having this framework will encourage researchers to seek affiliation in other countries. Measures of success could be implementation of new services and treatment or interventions, with evidence of increased quality of life for the groups involved and reduced cost for the health system.
Barry Boland	University College Cork	Comments on Focus Area 1: I think the overall guidelines presented here are very sound and continue from previous HRB strategies, just worded slightly differently, to emphasise the need to commercialise research funding. I don't think any academic researcher would object to changing the strategy to focus less on "high-quality, investigator-led, internationally competitive research", however, in recent years the HRB has changed its focus from fundamental/basic research to predominantly translational/validated research. As an academic researcher who strives to achieve "high-quality, investigator-led, internationally competitive research", I believe we can only do this by being supported to carry out fundamental research through HRB. Currently, SFI says it supports basic research, however, it's strategic priority areas (e.g. food, IT, green energy), are not always in line with societal changes that lead to "an increase in cancers and neurodegenerative disorders" which is where the HRB must address. How should we measure success? I think success should be measured by the quality of HRB funded research, not just the quantity. In most situations, little attention is given to the "between the lines" achievements of academic researchers, who invest a large amount of their time to developing collaborations that aim to achieve high quality research. I don't think success should be measured by patents or start ups, I think it should be measured by recognition from other peer researchers, both within and outside Ireland.
Carol Sinnott	Dept of GP, UCC	It is a very broad area to "focus" on but is appropriate for the opening section of the document.
Caroline Mellows	Pharmaceutical Society of Ireland	The PSI is the statutory regulator of pharmacy in Ireland and was established by the Pharmacy Act 2007. The PSI regulates in the public interest protecting public health by ensuring that practitioners are qualified, trained and competent within their scope of practice. The PSI welcomes the opportunity to input to the public consultation on the HRB Strategy 2016-2020, and supports the overall aim to promote research that will improve people's health, patient care and health service delivery. The Future Pharmacy Practice Policy project has been initiated by the Council of the PSI in order to examine how pharmacy can most valuably contribute to the health and wellbeing of patients in an evolving healthcare sector. This follows on from the PSI's Pharmacy Ireland 2020 initiative, the Baseline studies of Community and Hospital Pharmacy (2011 and 2012 respectively) and a number of national health strategy initiatives. This project is intended to consider a range of research inputs in the course of the project. The role of the pharmacist has developed from being exclusively focused on the preparation and dispensing of medicines to the provision of frontline healthcare services including the counselling of patients on the most effective use of medicines and treatments. The evolving role of the pharmacist means that there is much greater potential for pharmacy to contribute to the Irish healthcare system as pharmacists are ideally placed at the frontline of healthcare provision in a primary and secondary care setting. Given the challenges presented by a changing and evolving healthcare population, such as an increase in the incidence of chronic diseases, there is scope for research to examine how best pharmacy can deliver additional and integrated services to ensure a cost-effective and sustainable use of healthcare resources. Patients can be given easier access to primary healthcare provision and treated in the community at the lowest level of complexity resulting in improved access, quality, safety and affordability. Pharmacists also have a key role to play in secondary care working to improve patient care at transitions of care and promote patient safety at admission and discharge to secondary care through effective roles in medicines management and interprofessional collaborative prescribing. Practice-based research in pharmacy in both primary and secondary care as part of the wider health services research agenda needs to be promoted and supported so that evidence can be generated regarding the best use of pharmacy/pharmacist resources in the care of the patient.
Catherine Darker	Trinity College Dublin	Need to continue to support health services research and population health. Important to support post-docs and early career researchers. Co-funding opportunities with Wellcome Trust for example and NIH.
Ciona O'Farrelly	Trinity College Dublin	These are excellent objectives. Providing appropriate support for excellent academic clinical researchers in Ireland (as elsewhere) so that they can deliver internationally competitive research will be challenging but this needs to be a stated objective somewhere. Perhaps communicating somewhere the determination to work with relevant institutions (universities and hospitals) to make this a reality might be useful. Patient organisations could have a really important role here - eg Arthritis Ireland funding two chairs of Rheumatology, also the work of the Irish Cancer Society in this arena
Cormac Taylor	University College Dublin	I believe it is vitally important to include basic biomedical research in the funding portfolio set forth. Without this pipeline to new ideas and future therapies, we are essentially defining ourselves as consumers of research rather than contributors to the future of medicine and healthcare. This is especially important given the SFI focus which is also on applied research at the expense of basic research. I believe abandoning basic research as a priority was a major mistake of the past at HRB and there is a great opportunity to address this with a new strategy which encompasses basic research. In a world where antibiotic resistance, new infections, cancer and inflammatory disease are on the rise. Neglecting to support the development of our understanding understand of the underlying biology of these disorders is a major defect in the current HRB strategy.
David Williams	RCSI	I would agree with this focus-development with other international investigators would help raise the profile of Irish Researchers
Declan Byrne	Development Manager- Kilbarrack Coast Community Programme Ltd.	Innovative research is greatly needed. Take for example the area of drug treatment. For 44 years the State has been using methadone as the sole treatment for opiate addiction yet no comprehensive research has been done on its therapeutic value.
Declan Coogan	National University of Ireland Galway	I welcome the rationale and objectives outlined in this section. Success could be measured in terms of service user/ (i.e. recipients of health and/ or social care services) feedback and also in terms of service user satisfaction. Research focus should also include tracking good outcomes of interventions for children, young people and adults. Innovative approaches to research should support methodologies such as grounded theory and community based research (CBR) participatory approaches.
Declan Devane	NUI Galway, HRB-TMRN	This is a clear, relevant and important area of focus. In this focus area, please consider changing last sentence to 'In doing so, we will focus on research that is driven by excellence and originality, with the aim of informing the future development of innovative or novel therapies, treatments, prevention strategies, services, interventions and trial methodology' or similar.
Diarmuid O'Donovan	NUIG/HSE	Support should be provided for research that addresses national agreed health research priorities as well as researcher generated questions - we need a national health research priority setting exercise that would be reviewed regularly.
Eleanor Molloy	TCD Paediatrics and Child Health	Ireland is unique: Congenital anomalies and care of children with complex needs in Ireland: a country with legislation against termination of pregnancy. Increased need for perinatal palliative care pathways and management strategies for complex care that are unique Ageing begins in the womb and not >50 years of age: preventative strategies to improve maternal, neonatal and child health to improve longterm outcomes: fetal origins of adult disease
Elizabeth Ryan	UCD	Please do not be too restrictive on the definition of areas of research. Insisting something be in the clinic in 5 years is unrealistic and will stifle new ideas and creativity ultimately leading to no progress. Also please do not restrict the people who can apply - insisting that you have a grant to apply for a grant limits the funded projects to the same pool of aging researchers year after year and blunts career progression of the best and brightest
Geraldine Foley	TCD	I think 'investigator-led' research is the future for research in Ireland in order to be competitive on an international stage but we have not solved the problems / removed the barriers that researchers face when they are not employed by an academic institution prior to a grant. Whilst successful grant applicants usually secure an employment contract with a host institution during the grant period, extension of research contract (or similar) without non-core institutional funding is very rare. Co-funding opportunities and successful collaboration with international agencies rely on having secure academic-research positions in situ.
Gerhard Schlosser	NUI Galway	All research in the health sector are ultimately build on the foundations of basic biomedical research, for which it is currently difficult to obtain any funding in Ireland (since HRB funds only patient-oriented research, while Sfi increasingly funds applied at the expense of basic research). It will therefore be very important to open up HRB funding to basic research again. It thus should be made explicitly clear that focus area one will include funding of basic research.
Gillian Walsh, Research Manager	RCPI	This is a sensible goal considering our position as part of Europe and our similarities with other western Health system like the uk and smaller hospital sites in the US. For this goal it may be an idea to leverage existing relationships which exist between Irish organisations and health organisations in other jurisdictions. For example RCPI have a good working relationship with equivalent royal colleges in the UK and Canada, a number of US hospitals, particularly in Paediatrics and a number of institutions and government bodies in the middle east. The middle east in particular have been keen to co-fund research with Irish partners.

Name*	Affiliation	Focus Area 1: Support innovative, investigator-led and internationally competitive research to address major health challenges in society
Grace Cappock	MRCG	Comments: This area of focus is highly important for the Medical Research Charities Group. International collaboration is essential to boosting Ireland's profile and reputation for excellence in health research, and will ensure our direct involvement on the frontline of medical research advances. This will establish us as key players in the development and implementation of new therapies and technologies, and allow the establishment of the most current and effective services and care for Irish patients. In addition, we anticipate that, a more internationally recognised research environment in Ireland will attract highly-regarded international researchers (and indeed our own most talented researchers back home), to pursue their careers here and further boost our knowledge based economy. What's missing? We feel that it is important that the strategy is supportive of excellent early stage researchers in the development of new ideas and in the establishment of new collaborations worldwide. It's important to include and support new ideas, with an emphasis on Blue sky projects and basic research How do you measure success? Impact of the research/papers published. Impact measures/further collaborations, what comes next?
Heinz Nasheuer	NUI Galway	This focus area is very important for the future of Ireland's biomedical and clinical research. The focus should include the support of basic research with project grants, which were previously highly successful. Such research project awards together with special project leader awards and HRB's collaboration with the Wellcome Trust will bring a prosperous innovative environment for health research in Ireland as it existed before but which is currently under significant stress. N.B. Today's basic research will be the start of tomorrow's translational research. The success should be measured by the output of publications in high impact peer-reviewed journals, the number of collaborations set up with industry (including the establishment of start-up of companies), the number of collaborations established with clinical research groups, and the number of patents or patent submissions.
Jacky Jones	Irish Times columnist	I think success needs to be measured in terms of the link between research and practice. It is amazing how much great research is there that is not used by policy-makers, journalists or practitioners.
James Murray	Trinity College Dublin	It is welcoming to see that this Focus Area shows clear vision of the changing Irish healthcare landscape. However, there must be a great emphasis on supporting fundamental research on ageing-related chronic diseases and co-morbidities that are relevant to the Irish population AND the large population of immigrants that now call Ireland home. Healthcare provision for immigrants arriving in Ireland is a massive undertaking and introduces additional healthcare responsibilities from ethnic groups that are new to Ireland. In this regard, it is critical that basic and fundamental research on understanding molecular basis of the changing demographic of ageing-related diseases in a 21st century Ireland must be done, so that the unique challenges of healthcare provision that will emerge in the next 20-50 years in Ireland can be met.
James P. O'Gara	NUI Galway	The recognition of the burden caused by infection is welcome as is the focus on collaborative research. Crucially this objective will enable support for all innovative research from basic to translational, which is most welcome.
Jan Rigby	Maynooth University	I think this is a strong section. I welcome the inclusion of mental health problems at all ages. There is a risk that it stifles potential innovation: the text can be interpreted to be unsupportive of individual researchers (rather than groups, or teams) and it may constrain the research into rather predictable topic areas. I'd have liked more specifics on environmental issues, e.g air pollution, climate change. It isn't easy to measure 'success', and a long-term commitment to research should be encouraged.
Jennifer Mitchell	UCD	These are noble ambitions. In practice my experience was that one year I was funded as a research fellow through HRB and then next as a permanent member of academic staff my follow on research was excluded from the remit of HRB and never made it out to review. HRB need to continue to fund biomedical research and be explicit about who it will fund. If HRB is just funding clinician led programmes then that needs to be made very explicit and the above claim does not stand. I welcome any support and access to the HRB health research awards for biomedical scientists. I acknowledge that clinicians need to be involved but HRB need to be very upfront about whether they are going to exclude scientists from the HRB funding streams in practice.
John Newell	HRB CRFG (NUI Galway)	Research that changes practice mandates the highest standards in design and statistical analysis, completed by highly trained researchers, and communicated effectively to multiple audiences. Biostatistics is both a primary and an enabling discipline. It is a thriving research area in its own right and an intrinsic and essential component of all clinical research areas. This is particularly the case in Population Health and Health Services Research where highly specialised analytical approaches are required for valid interpretation of findings. It is true that biostatistics, as a primary discipline, cannot directly address a clinical need nor improve the health of individuals. As an applied enabling discipline however, biostatistics is a critical component of all clinical research including the evaluation of complex interventions, the identification of interventions for improving health status and in the evaluation of methods for effective provision of health services and health care systems. In Ireland, this collaboration happens in an uncoordinated way and with no infrastructure to support high quality biostatistical research. A national resource in Biostatistics is needed to complement existing infrastructure, such as the Clinical Research Facilities and Trials Methodology Research Network, by developing and growing expertise in all aspects of the analysis of observational data in PH and HSR.
Laura Coffey	Dublin City University	In addition to an increase in cancer incidence, the number of people living with or beyond cancer is also set to increase - cancer survivorship and its impact on quality of life represents a major and growing health challenge both nationally and internationally, and would be important to highlight in your strategy.
Line Caes	NUI Galway	It is great to see a focus on grants to support PhD and postdocs, but I was wondering if there will also be more options or different streams of funding for young, starting up researchers compared to established researchers? They now seem to have to compete with each other in the same grant schemes irrespective of their career level; while other funding bodies sometimes make distinctions with respect to (or at least take into account) the career level of faculty members in the applications and either award an equal amount to young and established researchers rather than having them all in the same pool or have different funding streams available according to the level of career.
Margaret Barry	Chair of Health Promotion and Public Health, NUI Galway	Welcome the focus in Area 1. In terms of Objective 1.2, it would useful to see at least two levels of activity included; i) the funding of research on the development and testing of innovative strategies at a pilot level, and ii) the funding of research on scaling up or adopting international innovative strategies at a national level. Important to ensure that health promotion and prevention strategies at a population level are included in this strand alongside clinical treatment and individual therapies.
Maria Meehan	Fighting Blindness	We are supportive of Focus area 1 as it is closely aligned with the Health, Demographic Change and Wellbeing section of Horizon 2020. From a Fighting Blindness point of view, we are aware that conditions such as macular degeneration and diabetic forms of blindness are sharply on the increase due to an aging population, putting increased pressure on our services. In order to address these changes an inclusive approach will need to be pursued, engaging with all stakeholders, including researchers, clinicians, industry and importantly, the general public. Therefore, we strongly believe that the involvement of both patients and public (PPI) in developing research priorities and advising in the design of novel therapies should be a key element of this focus area and will help to greatly strengthen and give a competitive edge to HRB funded health research. PPI also gives Irish researchers the opportunity to develop international collaborations through the established patient group networks both in Europe and internationally thereby promoting Objective 1.2 of the proposed strategy. The HRB/MRCG joint funding scheme has been an important tool to bring patients and researchers together since its establishment in 2006 and we look forward to the scheme continuing in the coming years.
Mark Watson	Molecular Medicine Ireland	Agree. Good to see specific objective directed at increasing international funder partnerships. Important that this encourages international research collaborations where appropriate (e.g. funding available to support researchers based in the South and North in collaborative projects). Consider more collaborations of Irish funders as well as international to ensure that there is sufficient support for the various areas of 'precision medicine' in which this country can produce excellent research; from fundamental to applied.
Mary Kelly	Letterkenny General Hospital	I believe that this objective is very important. It is wonderful to see research happening in Ireland. My reply is going to be from a nurses perspective as I am a nurse working in clinical research. I think that there is an untapped resource here and that is the clinical nurses working daily with patients in multiple healthcare settings. The amount of contact hours and the relationship we have with patients puts us in a unique position to carry out research yet I do believe that nursing research is underfunded and not taken seriously enough. Protected time should be allowed and built into grants for clinical nurses to undertake research. Funding is easier to obtain if you have a PhD or are working in a university and although these people are well qualified and supported in research, clinical nurses do not have the same level of support or incentive. I believe that this is worth looking at from a HRB perspective.
Mel MacGiobuin	Coordinator north inner city drugs alcohol task force	Provide agreed support for groups with good lead-in times to respond and integrate work with any additional requirements by participating in research programmes Support local groups to have adequate multi-annual funds to ensure consistency and further develop capacity at local levels. Bring informed research of beneficial practice to local groups in a manner that they may easily identify and encourage on-going research and local observed trends in substance use and behaviour in disadvantaged communities. Outcomes need to be seen as reducing risks for individuals, immediate families and local communities.
Niamh O'Sullivan	University College Dublin	The stated aim is to support Ireland's research community to carry out innovative, internationally competitive research. There should be explicit recognition of the importance of biomedical research in this area as truly innovative advances in disease understanding requires long-term investment in this area. For example, the last decade has witnessed a huge leap forward in our knowledge of the genetic disruptions linked to human diseases. This is aiding diagnosis however, drastic paucity of understanding how the products of these genes function in cells in vivo, and how their disruption causes disease. Therefore, there is a pressing need for research to identify the function of these gene products in vivo, through studies in animal models, so that targeted therapeutic strategies may be developed.

Name*	Affiliation	Focus Area 1: Support innovative, investigator-led and internationally competitive research to address major health challenges in society
Noreen O Shea	Physiotherapist, St James's Hospital	I am a clinician (physio.) with 25 years international (USA, Saudi Arabia, France) experience. I do not have a PhD, I would consider myself a "grass roots" researcher, a "thinker". I have presented my research nationally & internationally. I have just returned from the World Physiotherapy Conference, where the high priests of research tell me that 75% of clinicians do not engage with evidence based practice. My impression is that is precisely because researchers producing the evidence do not engage with coal-face clinicians. "High Quality" "excellent" research methodologies do not seem to be able for the complexity of clinical practice. The criteria for inclusion in RCTs are so narrow that the findings are too often clinically irrelevant. Most of my patients fit the criteria for exclusion. Guidelines only recognise patients with uni-dimensional morbidity. Typically my patients have 4 guidelines pertaining to them The Older person, two COPD (NICE & BTS), Congestive Cardiac Failure, Care of the Acutely Ill patient. These guidelines often contradict each other. In order to serve the best interest of the patient I often have to ignore the guidelines which puts me at some medico-legal risk, unless I can get the whole team on the same page.
Paddie Blaney	Director, All Ireland Institute of Hospice and Palliative Care	Objectives 1.1 and 1.2 seem wholly appropriate The considerable challenges are I think a little understated: an ageing population brings with it not only 'cancer and neurodegenerative diseases' but rather a host of chronic diseases and more importantly complexity as evidenced in the frail elderly where considerable co-morbidities are present. Understating this has direct implications for the type of health and social care research that will be required and may undermine these efforts. It is not easy research - but it is critical research for the health care system and HRB may need to consider what 'extra to the ordinary' research supports may be needed to meet the research priorities in these important fields. Referring also to Enabling Area B and Objective B.4 Could HRB also consider how to coordinate efforts for applying for international research opportunities; the resources required to go after many of the international research opportunities with a depressing sense of likely success are quite prohibitive for an entity such as All Ireland Institute of Hospice and Palliative Care despite having considerable potential across two jurisdictions.
Peter Lachman	RPCI	This is important in the realm of pure science. It would be helpful to also focus on translational research and implementation and improvement science as part of the focus
Philip Crowley	National Director, Quality Improvement Division, HSE	The Research Collaborative in Quality and Patient Safety (RCQPS), a collaboration between the Health Service Executive (HSE), Health Research Board (HRB) and Royal College of Physicians of Ireland (RCPI), was established in 2013. The collaboration was established to facilitate QPS research to support National Clinical Programmes and the Quality Improvement Division (formerly the Quality and Patient Safety Directorate) and also to enhance collaboration between the national clinical leads and the academic research community. As a demonstration project of how this collaboration can support research, the Irish National Adverse Events Study (INAES) is currently under way. This is an excellent example in relation to Objective 1.2 of how co-funding opportunities can yield valuable information that has a beneficial impact on health service users in a shorter timeframe than would otherwise be possible. The Canadian Institutes of Health Research (CIHR) noted that it is not sufficient to fund excellent academic researchers to conduct their own programmes of research but the greatest return on investment to ensure that research has societal impact occurs through addressing the research priorities of a system and encouraging partnerships between those that perform the research and those that will use the research findings (Holmes et al, 2012). To date the RCQPS has reached its targets within its proposed timelines and budget. As National Director of the Quality Improvement Division, HSE and as chair of the RCQPS steering group, I would feel it critical that the RCQPS continues to support high-quality research to ensure that safe and effective health services are provided for all.
PJ Harnett	social care	Alignment of research agenda with moderisation of structures (CHO/hospital Groups) by: 1. focusing on process changes and resultant outcomes such as integrated care programme outcomes 2. focusing on population cohorts and the result of social and healthcare integration such as frail older persons. 3. considering how technology can address the major policy ambitions such as increased community care 4. collaborative research strategies with industry that seeks to explore how technology/advances in medicines can be mobilised to fulfil health and social care policy
Ruairi Brugha	Head, Population Health Sciences, RCSI	On first reading, it appears sufficiently broad as to not be excluding important themes / research questions. However, there IS a glaring gap, when the 'challenges' are listed in paragraph 2. The focus is on: who is affected (older people, the poor [equity]) - by a range of important health problems (though some NCDs are not clearly there, eg cardiovascular disease) - plus important determinants (disease migration / globalisation, plus environmental factors) - plus costs, of course. However, research into the health systems / services responses to these challenges is a glaring gap. Just to pick on one example: don't we need to do research on the health workforce??
Sally Ann Lynch	National Centre for Medical Genetics	Possibly broaden who gets the awards as it has been limited in the recent past to researchers who have been successful before? Maybe also, consider focussing some money on health issues unique to Ireland as well as the others everyone else is working on internationally??
Susan Smith	RCSI and HRB Centre for Primary Care Research	1.1 Excellent but main challenge is the need to have rigorous informed international peer review. My experience is that this has occurred for larger programme, centre and network grants but less so for the HRAs with often un-informed feedback and no real opportunity to challenge the points made. I realise getting international reviews is necessary given our small population and is difficult to do but is a key part of this objective - the reviewers have to be fully informed about what is internationally competitive research across a broad range of topics 1.2 Co-funding is very attractive - similar issues apply in terms of reviewing applications etc Also the theme for this focus area is to address major health challenges in society - how are these challenges to be determined? Is it up to applicants to prove they are doing that or should the HRB be more proactive. No mention of patient participation panels until much further into the strategy document. Other key stakeholders are frontline clinicians in primary and specialty car and social care settings
Tom Fahey	RCSI & HRB Center for Primary Care Research	More detail needed on mechanism of how co-funding opportunities will be implemented and how working with international institutions will work in terms of other funding streams eg Horizon 20:20
Ulla Knaus	UCD	Objective 1.1 should be the basis, and the outcomes need to be revisited. For example, how internationally competitive have HRB funded projects been since the strategy of not funding so called "basic" (which is often preclinical research) research was put into place? Which impact did these studies have, if there was not a component of novelty on an international scale? Co-funding is fine, but countries cannot and should not rely on other agencies' funding. These funds can provide additional benefit, but the idea that others should fund Irish science will not work out in the long term. Why should they?

\* This file excludes all respondents who indicated that they did not wish their names/and or responses to be published.



## HRB Consultation on its proposed strategic areas of focus and enabling activities: Focus Area 2

### Support the conduct and evaluation of trials and intervention studies in order to improve health outcomes and health service delivery

Name*	Affiliation	Focus Area 2: Support the conduct and evaluation of healthcare intervention studies in order to improve health outcomes and health service
Ailish O'Brien	National Learning Network	I do think that we need to be very focused on encouraging excellence in research - again, I would like to see improvements in areas of communication and participation in health and health services for people who are marginalised.
Amanda Daly	Irish Cancer Society	HRB need to leverage from existing infrastructure and expertise in the clinical trials arena. It should also continue to support infrastructure that has successfully improved health outcomes for patients such as ICORG.
Ann Hever	The Irish Longitudinal Study on Ageing, Trinity College Dublin	We welcome the investment in trials and interventions and importantly, the investment in structures and supports. Success measured in increased numbers of investigator led trials, multi-center, EU wide etc. Also increased numbers of healthcare interventions, which would be funded by pharma etc. but are in the interests of the health and wellbeing of patient/healthy person
Ann O'Shaughnessy	Head of Education and Professional Development, RCPI	The support of trials and healthcare interventions is a very desirable goal. At the heart of these should be a desire to maximise Quality Improvement (QI) to increase patient safety and healthcare outcomes. Research into the effectiveness of QI schemes is required to drive further innovation in Medical Education. The results from such schemes can help to regularise practice and provide a more guideline-focused service to patients. QI projects such as the Pressure Ulcers To Zero collaborative are providing extremely useful data which are informing training across the medical professions. Studies like the INAES, supported through RCQPS, which provide evidence to impel enhancement in quality and patient's safety in priority areas for the health service should receive increased funding. Lessons learned from these initiatives should feed into health service reform, health policy and medical training. Clinical care programmes will develop new methods and treatments to advance outcome for patients. The measurement of the effectiveness of these initiatives is a main concern so as to better inform medical training in their relevant areas.
Anne Lawlor	GRDO (Genetic & Rare Disorders Organisation)	Focus Area 2 also sounds very promising. Nowhere are clinical trials more needed than in the case of those affected by genetic and rare disorders. Again greater public awareness is needed, especially in the area of genetics and genetic testing. Individually conditions may be rare, collectively they are very common indeed and medically technology is adding to the 8,000 already listed conditions. Genetic literacy amongst the general public is extremely low and given the fact that healthcare in the future will be informed by genetics this is a situation that needs to urgently change. As a healthcare intervention newborn screening and genetic testing should become routine and not used as a last port of call as is the current situation. Very serious consideration needs to be given to the development of the proposed genomic / genetic network. Structures and supports needed to coordinate multi-centre trials and interventions again need to acknowledge the patient expert voice and active participation by patients in the process encouraged. Very often patients / patient orgs will know about clinical trials before their doctors will. One action to support the objectives would be to facilitate the free flow of information between all stakeholders. End-user satisfaction is always a good measure of success.
Anne O'Farrell	No specified	I think this focus is one of the most important in the HRB curriculum at present. It is known that participation in clinical trials at the patient level is low in Ireland (as low as 5% of eligible patients) so clinical trials need to be carried out more and more in Ireland and become part of the "norm" for patients and clinicians. Thus the support of the design and conduct of intervention studies is vital, but also the evaluation of the trials in a robust manner is crucial. Many clinical trials carried out in Ireland are not evaluated using the proper intention to treat or per protocol methodologies. Much investment in the proper methodologies for carrying out clinical trials is needed and international collaborations will help a great deal.
Anon	Not specified	Clinical trials require good data. Patient Organisations should be included in this process as they have access to patients and knowledge of patient need. Many trials are on going in neighboring countries that Ireland could take part in if there was the facility to have the data collected here. This combined effort would benefit patients and researchers especially in areas of less common diseases where numbers are limited. Sharing knowledge and building expertise can only be good for patient outcomes and society. For too long many institutions have worked alone and sharing data benefits everybody. It is also important that we use the expertise we have in Ireland and encourage young people to stay here or have an exchange system with international bodies to build expertise. Data collection and procurement work could be carried out using the skills of young graduates freeing up more time for the analytical and diagnostic process. We need more clinical data managers and systems in place. We need tissue biobanks and clear information and communication with patients to get them thinking early about contributing to these.
Anon	Not specified	Trials and intervention studies could be further supported if the HPRRA application process/paperwork was simplified - any assistance here would be most welcome. The facilitation/provision of training courses in this area would be a nice addition.
Anon	Not specified	This is a sensible approach that could improve the lives of persons, both Irish and otherwise
Anon	Not specified	Potential to be more focussed in this area. Participation of cancer patients in clinical trials still low. Areas of importance such as prevention, multidisciplinary care, patient experience not coming through. Establishment of a national Research Ethics Board for multi-institutional studies would be helpful. Participation of cancer pts in clinical trial important KPI
Anon	Not specified	Clinical trials are needed to determine efficacy and effectiveness, so it is imperative that it is an area of focus for the HRB and that all meet the same criteria and standards for funding etc. Enabling Irish research to participate in pan EU/Global studies will help to reduce costs and increase knowledge base, particularly if the studies are also occurring in individuals of non Irish origin, but have a large population size in Ireland. We need to ensure that we can help and treat all patient groups effectively and efficiently.
Anon	Not specified	The WHO Global Burden of Diseases 2010 (published in the Lancet 2012, Vos et al) gives us the largest ever systematic effort to describe the global distribution and causes of a wide array of major diseases, injuries, and health risk factors. This should help to inform investments of health budgets and research support. This can fill in the missing gaps. With regard to support of international collaborations I refer points made in focus area 1 i.e. ring fencing of some of your research grants for any high quality cross-border study between Ireland/Northern Ireland or ROI/UK, and another for Ireland+any other European country, and third for Ireland+ European country+US or Canada. Similarly again to focus area 1 measurement of success could be implementation of new services and treatment or interventions, with evidence of increased quality of life for the groups involved and reduced cost for the health system.
Barry Boland	University College Cork	As an academic researcher who has witnessed the shift in HRB funding priorities from that of basic research to applied research, to clinical trial-led research, I think there needs to be a democratic change in the allocation of funds within the HRB, that can provide transparency to both academics and clinicians with regard to the percentage funding that HRB allocates to clinical trial-led research. While I believe it is imperative to support clinical trial research in Ireland, I feel that the HRB should split itself into two bodies, one that funds "breakthrough" novel exploratory medical research (i.e. fundamental/mechanistic research) and one that funds clinical trials. I believe that the clinical trial-led research should be partly funded by the HSE, rather than solely by the HRB. From my time in academic research in Ireland, I believe there have been very few novel research-led clinical trials that stemmed from academic research, and believe that this stems from the low level of investment in fundamental research. For example, the breakthrough anti-cancer treatment, herceptin, came from basic mechanistic bench research, which in turn was translated to the bedside. I believe that the true breakthrough research in medicine comes from valuing basic research that has the potential to cross the big divide between a trial that is merely a modification of another trial that is not known to cure a disease, and a trial that can change medicine. How should we measure success? I would really value a report from the HRB that shows the number of clinical trials that were HRB funded that stemmed from their funding of basic research, through a clinical trial, and to how it changed medical practice. I think the key is to how it changes medical practice.
Carol Sinnott	Dept of GP, UCC	At a population wide level, the "low hanging fruit" of therapeutic interventions should have reaped many benefits, especially for the common chronic diseases. However, many interventions fail in practice because of poor or incomplete implementation, at the level of the health service, the health care professional or the patient themselves. Thus there should be increased emphasis on the implementation of interventions that should work in practice, but do not due to implementation failure.
Catherine Darker	Trinity College Dublin	Health behaviour change interventions and trials should be supported. Taking the MRC Complex Intervention Trial Design Approach. Funding should be linked to recognised models of intervention development, implementation and evaluation. Grants should reflect a realistic timeline to deliver on these goals.
Ciona O'Farrelly	Trinity College Dublin	It's very bizarre that 'cancer' is focus in the statement above. Has the HRB not supported clinical trials for other diseases? What does ICORG do? What is the relationship between ICORG and the HRB? Where are the pharmaceutical companies in all this? Trying to pretend that they don't have a role looks naive to me. This is a really expensive, complicated challenging area of research. The lack of any mention of the ethical/moral implications makes the above sound as if it were written in the last century! The HRB must be seen to take a leadership role in driving exploration of the ethical issues underpinning all types of research
Cormac Taylor	University College Dublin	Such support should be part of a balanced funding portfolio. Clinical trials can consume a large amount of funding, often with little outcome so a balanced portfolio is necessary.
David Williams	RCSI	Agree and nothing specific to add
Declan Byrne	Development Manager- Kilbarrack Coast Community Programme Ltd.	Trials/interventions are needed again in the area of drug treatment alternatives to methadone needs to be trialed and interventions introduced that may have a greater success rate..
Declan Coogan	National University of Ireland Galway	See previous comment in relation to research and intervention design. Attention should also be paid to the ways in which research findings could be disseminated back into the community and to those who took part in the research.

Name*	Affiliation	Focus Area 2: Support the conduct and evaluatino of healthcare intervention studies in order to improve health outcomes and health service
Declan Devane	NUI Galway, HRB-TMRN	This is a clear, relevant and important area of focus. However, there is an important omission. One of the major, global research challenges research waste. The conduct of clinical trials needs to become more efficient and effective if they are to lead to successful and effective patient care and indeed if the HRB are to achieve their strategic objectives. The right trials need to be chosen, implemented and reported in the right ways. This will require improvements in trial methodology i.e., in how trials are prioritised, conducted, analysed, interpreted and made available to decision makers. Uncertainties remain about how best to achieve this and how to implement strategies that have already been shown to be effective (e.g., what is the best means of presenting the results of a trial to clinicians, patients and other service users). In the same way that resolution of uncertainties about optimal health care requires reliable and robust research, this same approach needs to be taken to uncertainties about trial methodology. This has been recognised clearly by the investment of the UK's Medical Research Council in trial methodology research and the HRB's decision to fund the 'HRB Trials Methodology Research Network (HRB-TMRN)' in Ireland. In this focus area, please consider (within the narrative) making explicit the HRBs commitment to supporting trial methodology as both an enabler of high quality clinical trial research and as a primary research area of itself. Please consider revising objectives as follows: Objective 2.1: Support the design, conduct, analysis and reporting of trials, including the methodology of trials, and other intervention studies. [Note: the of the term 'intervention studies' may be require clarification] Objective 2.2: Facilitate national and international collaborations that improve the volume, quality, relevance, methodology, reporting, dissemination and impact of trials and intervention studies in Ireland
Diarmuid O'Donovan	NUIG/HSE	We need trials of community/population interventions prevention focused as well as health care and clinical trials
Eleanor Molloy	TCD Paediatrics and Child Health	Evolving translational paediatric medicine to improve outcomes in paediatric diseases and progress paediatric personalised medicine
Elizabeth Ryan	UCD	agree
Gillian Walsh, Research Manager	RCPI	The new and innovative methods of healthcare delivery developed and implemented through the National Clinical Care programmes should be supported through research both to guide development and evaluate the impact of implemented changes.
Grace Cappock	MRCG	What's missing? Investment in 'big data' and patient registries. Patient registries and accompanying biobanks are valuable tools for the easy identification of eligible patients for clinical trial recruitment. We feel strongly that this infrastructure needs to be in place for Ireland to be accessible and attractive to companies wishing to run clinical trials here. The additional value of patient registries would also be evident in our health system, through prevalence studies, in the identification of service gaps nationwide, and in demonstrating the effectiveness of treatment regimes across different patient populations. It will therefore be important for this focus area to include and support the establishment and maintenance of patient registries and biobanks. Involvement of patients and patients groups in promoting patient involvement from the outset. By encouraging patients to take an active role in research, it will not only ensure that researchers are addressing the most important clinical challenges in their research programmes, but and will also help to remove the fear of research involvement for Irish patients and increase the uptake for clinical trials. How do you measure success? Improved health outcomes. Increase in number of clinical trials taking place. Quicker access to therapies. Number of new therapies implemented.
Heinz Nasheuer	NUI Galway	Ireland has a great infrastructure and an excellent scientific environment for applied and translational biomedical and clinical research. This environment needs support at level of project to small and medium network awards. The latter may support interactions between applied clinical and basic biomedical research, which will be important to sustain and enhance the interactions between the interest of the basic researchers and the needs of the patients at the bed side. The success should be measured by the output of publications in high impact peer-reviewed journals, the number of collaborations established between research groups and industry, and the number of successful national and international trial to be set up.
Jacky Jones	Irish Times columnist	A very important area. Again success needs to be measured in terms of influence on practice.
James Murray	Trinity College Dublin	While the push to develop translational research programmes and clinical trials in Ireland is an admirable proposition, there is economy in scale and this Focus is better served through international co-fund exercises that leverage the substantially larger funding resources of bigger countries with similar cultural and ethnic demographics and healthcare challenges.
Jennifer Mitchell	UCD	These are good but will funding this be prioritised over discovery and bench led translational research?
John Newell	HRB CRFG (NUI Galway)	A National centre for Biostatistics is needed to connect the activities of the HRB Clinical Research Facilities and the Trials Methodology Research Hub which includes expertise applied to Population Health (PH) and Health Services Research (HSR). Such a centre can have a dual research role (i.e. primary and applied research in biostatistics) to ensure the most effective use of observational data and conduct of interventional studies across the Irish PH/HSR sectors. Research that changes practice mandates the highest standards in design and statistical analysis, completed by highly trained researchers, and communicated effectively to multiple audiences. Important research discoveries may not translate into clinical practice if they are not communicated effectively.
Laura Coffey	Dublin City University	Although RCTs are the gold standard for testing the effectiveness of interventions, they pose a number of challenges in their application to psychosocial interventions (e.g., the lack of blinding for participants and therapists, recruitment and retention of participants and the diversity of tools to measure the same outcomes). I would urge the HRB to remain open to funding psychosocial intervention studies with alternative designs and encourage the inclusion of qualitative (e.g., process evaluations) as well as quantitative data collection.
Line Caes	NUI Galway	This looks like a great focus and will create important opportunities for research, I have nothing to add.
Margaret Barry	Chair of Health Promotion and Public Health, NUI Galway	Welcome the inclusion of the co-ordination of multi-centre trials for clinical research, health services research and population health research in this Focus Area of research. In view of the report from the Panel of International Experts, it is disappointing not to see the development of implementation research included as an explicit objective. While trials are indeed critical for determining the outcomes of health interventions they do not inform regarding their implementation in practice. If we are to bridge the research into practice divide, a greater focus on implementation research is vital. There is a growing body of international research that could be harnessed and developed in the Irish context. Variations in implementation affect outcomes and a continuum of research approaches is needed in order to examine both the delivery of interventions in practice and their outcomes, and how the two are interrelated. A focus on implementation research needs to be included.
Maria Meehan	Fighting Blindness	We welcome HRB's commitment to further boost Ireland's clinical trial networks and infrastructure, as this will further improve patient outcomes. Many of these commitments have focused on common conditions, and do not account for the 300,000 people in Ireland living with rare diseases. Timely diagnosis for many of these individuals is fundamentally lacking in our health system due to gaps in genomics services. We need to fully maximise the health benefits of genetics and genomics, and use this knowledge to lead to new ways to diagnose, treat and prevent illness. Many of these initiatives have been started by medical charity partners, and these will need to be integrated into health research systems. Before we can design trials for rare diseases, we need to look at innovative approaches such as adaptive trial design to improve the relevance and impact of these types of clinical trials, and we would like to see a commitment from the HRB to support such interventions. There will be a large influx of new advanced therapy medicinal products entering clinical trial stage over the coming years, and we need to prepare our infrastructure to maintain Ireland's competition in this fast changing field focusing on conditions where there is an unmet clinical need.
Mark Watson	Molecular Medicine Ireland	Agree. More industry engagement important. Sustainability critical. Opportunities in a country this size to support a well-functioning national infrastructure with excellent links to a research-supportive health service. Let's make it happen!
Mary Kelly	Letterkenny General Hospital	Clinical trials in Ireland have grown over the past 10-15 years and it benefits so many patients. For oncology trials what I believe is missing is the equibilty of access to these trials. Not everyone can access the cancer centres for chemotherapy as driving distances to cancer centres (all between and below Dublin-Galway) can be up to 5 hours from some parts of Ireland. In these situations chemotherapy is delivered in local hospitals. I think that special consideration and in particular certain supports should be given to hospitals throughout the country who deliver chemotherapy if they wish to open clinical trials in their centres. This could mean that they will be established satellite units linked to a cancer centre, much like the NCI Community Oncology Research Program in the USA. Success will be measured in perhaps an increased number of participants accrued to clinical trials as well as equibilty nationally.
MB	HSE	An objective to embed outcome based practice across our health and social care settings in order to create opportunities in other areas of health and health services to gain access to Objective 2.1. Primarily mental health, therapies, cross disciplinary services which traditionally have not had the capacity to participate in clinical trials and intervention studies.
Mel MacGiobuin	Coordinator nort inner city drugs alcohol task force	Context of trials and such success brought to individuals in terms of benefits needs to be genuinely matched with the additional resources that is required in local communities for the continued support and enanced ability for participation of individuals and families to have as full and meaningful as possible social engagements, though they may have so limitations to their abilities. More than keeping them a live, people must benefit to enjoy and participate in as a full a life as possible. Often the healthcare needs of older drug-users, who are now living longer as a result of interventions have more complex helathcare needs that have not been anticipated for these older groups. Making the connections that reveal the reality of increase demand are evident in aninternationa context and it evidence and examples should not be just limited to the english-speaking world.
Noreen O Shea	Physiotherapist, St James's Hospital	What I said before AND I think bed-side researchers should be supported. From these research seeds clinically relevant questions emerge. Research methodology needs to develop to allow complex clinically relevant questions to be asked and answered.
Paddie Blaney	Director, All Ireland Institute of Hospice and Palliative Care	The general principle and apparent intent of the Objectives in Focus Area 2 seem reasonable. I think the intent here is to give recognition to both trials and intervention studies but then the rest of the focus area descriptor reads mostly about Trials. Given the complexities of healthcare research referred to in Focus Area 1 response above and the need for social care research it may be helpful to better explain what sort of intervention studies the HRB will support?

Name*	Affiliation	Focus Area 2: Support the conduct and evaluatino of healthcare intervention studies in order to improve health outcomes and health service
Peter Lachman	RPCI	The delivery of healthcare interventions often fails at the implementation phase. Therefore to achieve good outcomes further research is needed into implementation, the determination of what are the real person centred outcomes, and the development of measures that make difference. Success would be managed by the understanding gained from the research into person related outcomes rather than only in clinical outcomes
PJ Harnett	social care	Alignment of research agenda with moderisation of structures (CHO/hospital Groups) by: 1. focusing on process changes and resultant outcomes such as integrated care programme outcomes 2. focusing on population chorts and the result of social and healthcare integration such as frail older persons. 3. considering how technology can address the major policy ambitions such as increased community care 4. collaborative research strategies with industry that seeks to explore how technology/advances in medicines can be mobilised to fulfil health and social care policy
Ruairi Brugha	Head, Population Health Sciences, RCSI	Two comments on Objective 2.1 - one semantical and the other more theoretical: 1. Trials / RCTs / Cluster RCTs are obviously types of research, and are appropriate here. 'Healthcare interventions' (the term is used in the title and second paragraph) are clearly not a form of research, though 'intervention studies' (the term used twice in the first paragraph) does imply research. 2. I assume that the term 'studies' implies an openness to other study designs in researching the effects and processes whereby complex interventions contribute to outcomes and impact. 'Efficacy, cost and impact' are not the only areas for measurement and some trials should focus on exploring and understanding causal chains. On Objective 2.2 - perhaps the devil will be in the detail: studies on treatment outcomes are often best done as multi-centre, multi-country clinical trials; whereas some context-driven questions, that do need to be researched using cluster RCTs for example, may best be researched within Ireland. National collaborations may be suitable.
Sally Ann Lynch	National Centre for Medical Genetics	agree with this. Link in with EU for this. ERNs NB Success measured by no. of trials active annually. No. of new trails per annum. Where they reach across Ireland? Geographical spread.
Susan Smith	RCSI and HRB Centre for Primary Care Research	1.1 I welcome the focus on trials. Could also be explicit about your existing emphasis on systematic reviews so that trials feed into reviews which then determine which trials are undertaken etc 2.2 International collaborations great idea but increasingly have to resource these connections as well as most institutions in other countries now aware of the costs/ value of the time they would put into studies based in Ireland. Would be good to try and facilitate RCTs that ran in more than one country testing the same intervention as they would have far more impact in terms of generalisability and would link objectives 1.1 and 1.2.
Tom Fahey	RCSI & HRB Center for Primary Care Research	Register of RCTs being carried out and funded by the HRB in Ireland is needed. How are priorities established across condition/disease domains; it seems cancer heavily dominates activity and funding at the moment
Ulla Knaus	UCD	Trials are prohibitively expensive, is this really a sensible approach, when there is not enough money in the system. In this case, why not participating on other trials, which should be easy given the very good Irish patient cohort.

\* This file excludes all respondents who indicated that they did not wish their names/and or responses to be published.

**HRB Consultation on its proposed strategic areas of focus and enabling activities: Focus Area 3**  
**Support research, information and evidence that meet the needs of the Irish health and social care system**

Name*	Affiliation	Focus Area 3: Support research, information and evidence that meet the needs of the Irish health and social care system
Ailish O'Brien	National Learning Network	It is difficult to suggest actions when one is not a part of the original discussions - what support is there in place to support the objectives as described above? For example, financial support, access to appropriate personnel and access to appropriate populations?
Alison Harnett	National Federation of Voluntary Bodies Providing Services to People with Disabilities	There has been an unprecedented change in the disability policy area in Ireland over the past number of years. It is critical therefore, that research is carried out in the area of disability, and it is important that a focus is brought on research that captures the impacts and outcomes of the implementation of these policies. At the National Federation of Voluntary Bodies we have developed a tool that provides a short overview of the relevant policy developments - particularly because people with disabilities and their families have expressed their distress in trying to understand what is quite a substantial amount of policy change in quite a short time. We will send this policy library tool to you separately by email to provide further detail. A focus on research that is relevant to people with disabilities and in particular that focuses on the policy transformation currently being implemented, is an area that we believe to be of critical importance within the social care area and we would recommend that the HRB Strategy would include this focus.
Amanda Daly	Irish Cancer Society	We urge a move towards a complete integration of research into the fabric of healthcare delivery where research is crucial to normal operation. This is very relevant when implementing a new and innovative policy/practice, however, it is just as important to identify avenues to disinvest in current outdated practices in order to make room for investment of new practices and policies. Health economic and impact assessment of current and future health services management processes and policies should be implemented. Ideally, research would be incorporated into all aspects of healthcare services but there needs to be a strategy to prioritise research in critical areas and conduct research efficiently with high impact. We would strongly encourage that the HRB's national health information systems be developed in close consultation with researchers and other relevant stakeholders to ensure that the data collected is current and has the greatest potential to be used. Actions and measurements in line with objectives: It will be important to work with the HSE to identify these critical areas where research will add value and impact. There needs to be a line of communication set up between the Chief Academic Officer of the hospitals and healthcare researchers.
Ann Hever	The Irish Longitudinal Study on Ageing, Trinity College Dublin	Linkage of databases is an issue in Ireland, as is the lack of unique patient identifier. Support should be given for researchers collecting data under HRB or through other Irish government funding to ensure the data is made publicly available. Access to data is also an issue, as is clarity around what data is out there, what steps are needed to access it, and whether there is any service support for stakeholders not familiar with data analysis.
Ann O'Shaughnessy	Head of Education and Professional Development, RCPI	Research into the needs of the Irish health and social care system is essential for its continuing development. At present there is a significant lack of relevant evidence on outcomes that can contribute information to a knowledge base on the provision medical training in Ireland and the impact it has on the health and social care system Evidence is required to determine what effect the following have had or will have on Postgraduate Training (PGT): 1.Current and potential changes to the structure, educational models and delivery methods of PGT. 2.Competency Based Medical Education (CBME) and Simulation training as examples of emerging methods of training. 3.How changes in the role of doctors is being addressed by medical Education. 4.Determining how Medical Education is addressing the effect of changing demographics on healthcare provision. 5.Determining the effect of the interaction between the provision of medical services and the training of the doctors that provide them. 6.Investigating international comparisons from other health services.
Anne Lawlor	GRDO (Genetic & Rare Disorders Organisation)	Without re-inventing the wheel guidelines exist for best clinical practice both in pockets here in Ireland and abroad. There is a wealth of information that is now more easily accessible from other health / social depts in other countries. Looking around to see what works and what is working well over time is always a useful endeavour. Strong collaboration also needs to happen with patients and patient groups. There are many ordinary individuals and groups who are as passionate about healthcare issues as the HRB is, training and upskilling them to engage in knowledge translation activities could only enhance best decision making in all areas. Evidence based decisions need to factor in the patient / public experience. Missing is the topic of waste in research. It was rather startling, not to mention unnerving to hear Dr. Matt Westmore say that 85% of health care research in the UK was 'wasteful' at the recent IHRF meeting. How not to waste research and research money is as much as a topic for debate as anything else and one would hope that some research would take place in this area also - there is as much to be learned from other people's mistakes as there is from our own. Success is measured through the dual mechanism of action tracking and end user satisfaction. What is the objective? How do we get there? and has the end user benefited? When thinking on the 'common good' has movement been achieved in this direction? Greater collaboration and common objectives / goals between DoH and HSE and other government agencies would be of huge benefit.
Anne O'Farrell	No specified	This is a very important focus area. I think that in order to ensure that knowledge management and knowledge translation is carried out effectively, we must learn the science of implementation. We have had some conferences in this area but to date, these conferences have been aimed at high level academics that play little or no role in the implementation of knowledge. We need more workshops for academics but also Researcher AND policy makers in order for (a) the researcher on the ground (who does the work) to know how to make his/her research relevant and in a way that ensures that it is implementable and (b) the workshops need to be relevant to lobby groups such as age action ireland, barnardos etc. We need to widen the scope of the wonderful work of the HRB by including the person on the ground and the lobbyists who can have a huge impact on government policy.
Anon	Not specified	We believe the areas of focus that are identified are important if we are to meet the growing needs of Irish Society. Co-operation is key and a defined and integrated approach is needed. Any planning must put the person at the center and should provide measurable outcomes through societal change and improvement in standards and quality of life.
Anon	Not specified	Need to get more buy in from practitioners to get involved and support research
Anon	Not specified	This is one of the most urgent problems in Irish health care. It is right and proper that it should take centre-stage in HRB's strategy
Anon	Not specified	Re objective 3.1, how will the research questions be prioritised Re objective 3.2, the HRB's own data bases refer to limited areas of the health service agenda Re objective 3.3, is there overlap between the evidence synthesis role and the HTA role of HIQA? How does this objective link to the National Clinical Effectiveness Committee and the work being done within the HSE on developing clinical guidelines e.g. NCCP guidelines on prostate cancer, breast cancer and GTD? Recommendation of Panel Review in relation to implementation research not captured
Anon	Not specified	The need for the collection, coordination and correct interpretation of clinical data across clinical sites nationally has yet again recently been highlighted in the media. Our health service is now failing patients more than ever, therefore there needs to be a turn around with regards to evidence based decision making, appropriate care plans and the associated support services related to such.
Anon	Not specified	In relation to the Dept of Health/HSE the issue of cost will drive their support
Barry Boland	University College Cork	Support research that addresses questions of national relevance I agree that the HRB should support medical needs of national relevance, and that this is not currently being done by the HRB. An example of this, is the growing numbers of cancer and Alzheimer's disease in society, which is not being addressed specifically by the HRB. More funding needs to be ring-fenced to provide researchers in these top priority areas the ability to make significant advancements in research and therapies. Health Information Systems: Team up with charities that have sprung up to tackle the lack of government funding to help address research and practice needs. A number of small charities for rare diseases have accomplished amazing feats of improving health information, a number of whom received funding through the HRB and MRCCG. An example is Bee for Batters. I believe that patients will engage with health information systems, if the right tools are available for them. I also believe that more patients should be encouraged to engaged with research, if true translational research is to be achieved. If the HRB could provide a trustworthy platform for patients to link in with academic and clinical researchers, it would be great. How to assist policy makers? I think running surveys such as this really help. I also think that a national mapping exercise for researchers working on certain diseases, would help to hear what's happening at the grass roots level.
Carol Sinnott	Dept of GP, UCC	In Ireland, a very large proportion of healthcare is provided by primary care. At the level of general practice, health information relating to this care is inconsistently recorded and not readily available to researchers interested in examining it. As private contractors to the health service, GPs could be considered by some to be practising outside of the main stream health service despite the huge proportion of care provided by them. When thinking about developing information and evidence that meets the needs of the Irish Health and Social Care System, this disconnect needs to be acknowledged and addressed.
Caroline Mellows	Pharmaceutical Society of Ireland	The objectives listed in Enabling Area A are welcomed, however they could be broadened to include an additional focus addressing interprofessional collaboration and practice within the health and social care sector. The key stakeholder groups listed in Objective A.3 could foreseeably be extended to include additional organisations and groups such as the Department of Health, health and social care regulators and patient advocacy groups. It would be useful for the HRB to develop a mechanism through which various organisations and bodies engaged in research could share their findings in a collaborative practice setting to facilitate knowledge building in real terms enabling the meaningful transfer of research outcomes into the practice setting.

Name*	Affiliation	Focus Area 3: Support research, information and evidence that meet the needs of the Irish health and social care system
Catherine Darker	Trinity College Dublin	Crucial to support evidence based health policy. HRB should expand beyond the 5 national information systems/databases that already maintaining. HIQA does not perform their 'information' function. HRB should move into providing the 'information' for health services reform and health policy. Support researchers to become more competent in the knowledge translation of their research into policy relevant recommendations.
Ciona O'Farrelly	Trinity College Dublin	Good objectives. Again some commitment to supporting excellent people in this arena should be overtly made. There should also be emphasis on interdisciplinarity. Aiming to get a research into all hospitals, as a key component of continuing professional development for everyone working in the healthcare industry should be an aim. The hospital in Drogheda has just had an excellent research day with posters and presentations from many disciplines - many of which described real findings that are already delivering 'improvements'. This could be a model for all hospitals
Cormac Taylor	University College Dublin	The research outcomes of this focus will be largely national. It is vital that the quality of this research is carefully monitored. It should be funded but as part of a balanced portfolio of funding which also includes basic, applied and clinical research.
David Williams	RCSI	Continue to develop links with Health Care providers and help address current questions/needs within the healthcare system
Declan Byrne	Development Manager- Kilbarrack Coast Community Programme Ltd.	In addition to being influenced by State agencies feedback should be sought from frontline community and voluntary services.
Declan Coogan	National University of Ireland Galway	Careful attention needs to be paid to what is counted as evidence, particularly in mental health (psycho-social) and social care fields. Since research in the field of psychotherapy, counseling and psycho-social mental health practice demonstrates that effectiveness is primarily due to a combination of therapeutic relationships and extra-therapeutic factors (as opposed to model), research attention should concentrate on those factor that can be measured through, for example, service user feedback and service user defined outcomes of intervention.
Declan Devane	NUI Galway, HRB-TMRN	Evidence synthesis has a crucial role to play in helping inform health care decisions by service users and clinicians alike. It is unclear from this Focus Area whether the HRB intend to retain an evidence synthesis role. While there may be merit in so doing, I do not believe this is the role of the HRB. Rather, the HRB should be investing in, along with the Department of Health and HSE, in supporting the community of researchers, clinicians etc to develop a robust evidence synthesis network or centre outside of the HRB where the various key stakeholders can form the network. The current mechanism for commissioning research synthesis by many stakeholders including the DOH and HSE is inefficient and dilutes expertise substantially. Please consider if objective 3 can make explicit reference to need for a National Evidence Synthesis Centre
Diarmuid O'Donovan	NUIG/HSE	3.1 - we need a national health research priority setting exercise with explicit links to relevant policies such as Healthy Ireland, Out Sustainable future, Putting People First 3.2/3 - we need a repository of research findings and related policy briefings A structure like the Canadian Health Services Research Foundation could be developed - linking researchers with service planners and policy makers to identify service and policy relevant research questions, conduct and interpret research We need processes to develop research and information sources for: - sustainable ways of delivering high quality care services - innovations in relation to sustainable development for health (environmental, social and financial sustainability) - exploring the possibilities of big data for supporting health improvement, healthcare service improvement and sustainability
Eleanor Molloy	TCD Paediatrics and Child Health	Implementation science is vital but researchers and health care providers need more education in this area. International focus to guideline development in general and avoid avoiding replication of well-developed guidelines from similar countries/populations. Many major guidelines are already well-developed and do not need to be created again for an Irish population as would not be a good use of limited resources. Implementation concentrating on Irish translational research rather than "reinventing the wheel"
Elizabeth Ryan	UCD	agree
FRANCIS COUGHLAN	SOS KILKENNY	YOU REFERENCE IN FOCUS AREA 3 SOCIAL CARE SYSTEM IN THE HEADING BUT IN YOUR EXPLANATION YOU DO NOT DISCUSS OR MAKE ANY FURTHER REFERENCE OR EXPLANATION OF SOCIAL CARE . THE PROPOSAL CONCENTRATES ON CLINICAL GUIDELINES FOR GOOD CLINICAL PRACTICE BUT NO REFERENCE TO MAKING ADVANCEMENTS IN THE AREA OF SOCIAL CARE .
Geraldine Foley	TCD	I think all three objectives are very relevant but I think there has been a gap in translating activities / research findings, for policy-makers and service planners. I think more emphasis on researchers partnering directly with clinical services would be beneficial.
Gillian Walsh, Research Manager	RCPI	Again research that supports the work of the clinical programmes and healthcare quality improvement would fall under this objective. This calls in some cases for the support of non conventional research methods and multi-disciplinary research collaborations. This kind of research and collaboration has been nurtured through the work of the Research Collaborative in Quality and Patient Safety but the process has highlighted a need for continued support, research expertise, raised awareness and facilitated collaboration opportunities in this area. More advanced evidence around the causes and potential solutions to the current crisis of loss of healthcare workers is needed as well as continuous evidence to support the the optimum, cost-effective delivery of education, training and continuing professional development to healthcare professionals.
Grace Cappock	MRCG	Support research, information and evidence that meets the needs and challenges of the Irish health and social care system The resources required to implement the research needs to be identified at the start of the process. The knowledge translation needs should be integrated into the full process and should not just be addressed at the end. Measure success? Implementation of new policies, new services implemented based on research evidence.
Heinz Nasheuer	NUI Galway	The cost of health care has been significantly rising. New procedures and treatments are arising but often have a significant cost impact. Providing data how to increase quality by keeping cost low and optimise processes are important for the future of the Irish health care system and funding in this area is crucial. Also judging the need of new treatments to be established and whether they provide an improvement in comparison to existing treatments needs to be supported. This focus could be supported by project grants and small to medium network awards. The success should be measured by the output of publications in high impact peer-reviewed journals and the submission of policy documents to government and public health care agencies.
Jacky Jones	Irish Times columnist	We need more research on the role of health promotion and prevention.
James Murray	Trinity College Dublin	I believe strongly in a full supra-disciplinary response to health care challenges, but I feel I am not suitably qualified to comment on this focus area.
Jan Rigby	Maynooth University	I'd welcome a clear distinction between the roles and responsibilities of the HRB and the DoH/HSE in terms of health information systems. I would welcome a more open approach to identifying what data are collected for surveillance, and the potential for access for academic research.
Jennifer Mitchell	UCD	Again, these are great but HRB should clarify the split of their overall budget devoted to each section.
John Newell	HRB CRFG (NUI Galway)	The ability to translate and communicate statistical findings in a meaningful fashion is vital in order to accelerate the impact of research on healthcare practice and policy. There is currently a chronic shortage in biostatisticians in academia and a merging shortage of professionally trained biostatisticians in clinical research. The growth in programmes and career opportunities in biostatistics internationally necessitates the need to remain competitive to sustain capacity in Ireland. An investment is needed here to provide a cross-cutting benefit to our community of clinical researchers, which ultimately translates into better policy and practice, thereby accruing maximal benefit of health-related research for the Irish population.
Laura Coffey	Dublin City University	I would welcome greater support from the HRB for the development of closer links between researchers and policy-makers. For example, the National Cancer Control Programme is releasing a new National Cancer Strategy next year, but to my knowledge there has been minimal communication with Irish researchers in its development and the whole process has been shrouded in secrecy.
Line Caes	NUI Galway	I think this is a very timely focus, a lot of grant systems are really pushing researchers to think about public engagement and impact from the start of the grant application process, which is a good evolution if it is also supported by creating extra funds to support this. It is great to see the HRB is willing to provide specific support for knowledge translation and public engagement!
Margaret Barry	Chair of Health Promotion and Public Health, NUI Galway	Knowledge translation plays a critical role in informing practice and policy. More formal mechanisms and structures in developing knowledge translation activities needs to be developed at a national level, including the capacity of practitioners and researchers to engage with and utilise translational research. Evidence syntheses play a critical role in informing this activity, however, increasingly the findings from implementation research are crucial in informing how interventions can be applied in practice, brought to scale and mainstreamed into standard service delivery. A greater emphasis on implementation research is needed to underpin this Focus Area. Important to ensure that the area of social care research, alongside health research, is included as the evidence base nationally is at a quite a nascent stage and needs enhancing.
Maria Meehan	Fighting Blindness	Patients need to be involved in setting the research questions agenda, and are of huge benefit when it comes to lending their voice to call for uptake of relevant patient-centered research at the policy level. Regarding evidence-based data - The huge advances and superior patient outcomes that in prevalent conditions such as cancer, cardiovascular disease and diabetes have built on well-recorded natural history on the progression of these conditions Natural history studies are generally lacking in rare diseases, meaning testing the efficacy of outcomes is problematic
Mark Watson	Molecular Medicine Ireland	Great opportunities here - significant change coming for health systems, physicians and health workers, pharma and patients. Very complex and challenging change management problems that will need the very best available evidence to support the decisions on investment of public funds and changing behaviours. Ireland can make it's mark here internationally.

Name*	Affiliation	Focus Area 3: Support research, information and evidence that meet the needs of the Irish health and social care system
Mary Kelly	Letterkenny General Hospital	Perhaps more research into moving care out of the hospital setting and into the community/primary care. And by this I mean looking at the community and primary care health care providers to upskill in order to deliver clinical care ( i.e IV therapy, chemo etc) in the community when clinically appropriate. Or have an outreach clinic.
MB	HSE	Population Health data access is extremely necessary in a coordinated way i.e larger studies such as GUII, NIDD and regional service initiatives such as CDC and PCCC need to be pulled together . Firstly to ascertain what data is being gathered and identifying gaps and also to ascertain what data is not been gathered i.e Primary care population health data due to lack of service structures in place.
Mel MacGiobuin	Coordinator nort inner city drugs alcohol task force	Minority groups based on key themes including socio-economic status and/or vulnerable groups need to be include and given due focus Relevancy of data needs to be where necessary have the ability to be disaggregated, , too often specific conditions can be ironed out when building national scenarios Per capita country comparisons can be misleading when population sizes, age demographics and socio-economic profiles are not sufficiently attended too so that these factors should be considered. In promotion and support of better evidenced-based decisions the key beneficiaries of health and social care systems in teh public, not just the system operators needs to be kept as key focus, so that real improvements to people's lives can be continued.
Noreen O Shea	Physiotherapist, St James's Hospital	Objective 3.3 The current pompous researcher-down to clinician pipeline of evidence dissemination is dysfunctional. Evidenced by 75% of clinicians not engaging in EBP. Researchers need to collaborate with clinicians/ primary & secondary education providers and develop research priorities based on population need, not just uni-dimensional, easy-to-structure, "gaps-in-the-literature" Clinicians should not be forced to engage in PhD programmes to be ordained worthy of collaboration. There are others ways of "knowing".
Paddie Blaney	Director, All Ireland Institute of Hospice and Palliative Care	This is a very welcome Focus Area and the Objectives again appear reasonable. I would like to especially influence HRB's thinking around Objective 3.3 - entities such as All Ireland Institute of Hospice and Palliative Care are best placed and have a track record of taking evidence into practice as well as ensuring practice informs research and that policy influence efforts are maximised for the sector. In operationalizing this Objective I would sincerely hope that entities such as AIHPC are equally able to apply and be considered appropriately for funding opportunities to undertake these activities. In such cases we would seek funding to lead and coordinate 'knowledge translation and exchange' where relevant and appropriate across the wider health sector as well as specialist palliative care using our relationships with service providers, academic departments and users and carers. I would be especially keen that this support is not tagged onto the end of a project/programme of research application for implementation by the research team as I do not believe this will achieve the best implementation and reach. On a minor note - it would be helpful if HRB could provide a programme raising awareness of and possible utility of data in the national health information systems. Wider awareness of these and their possible applications should lead to better utilisation and value.
Peter Lachman	RPCI	There has been a lack of research into the translation of evidence based practice into policy that can be delivered. Research on how improvements in policy making as well as improvement in the delivery of health care outcomes is essential. The understanding of how to translate what we know into what we do would be if interest and would aid in developing the methodologies for improvement and implementation science.
Philip Crowley	National Director, Quality Improvement Division, HSE	As described previously in relation to Objective 1.2, the RCQPS model is based on integrated knowledge transfer, and the engagement of the HSE clinical care programmes and national clinical leads in setting priorities for research has proven very beneficial in this regard. In relation to objective 3.2, as National Director for the Quality Improvement Division, I feel that the importance of the availability of high quality timely and relevant data and information cannot be underestimated. Not only is it a key component for service planning and policy development, but it is also necessary to support quality improvement. I therefore think this is an important objective and welcome its inclusion.
PJ Harnett	social care	Changes in clinical pathways and consequent delivery of service are abiding and ongoing processes that outlives structures and personnel. In that regard the need for a repository that is translational in terms of facilitating decision making associated with service delivery improvement, transformation and quality improvemnet is critical.This could be linked through integrated learning hub, allowing third level content (graduate and post grad) and operational delivery to be linked. This in turn will support service improvement collaboratives and integrated approaches (business, academia and service providers) to be accessed and deployed more readily.
Ruairi Brugha	Head, Population Health Sciences, RCSI	The Focus title does not capture a theme that is found in all three objectives - recognising the importance of the link between research, policy and practice, which was an areas where the HRB did well in the latter years of the last 5 year strategy by putting additional funds into KEDS or Policy Exchange activities. While I do not see a burning need to change these objectives, a long standing gap in research in Ireland has been the lack of research into these processes. Or in other words, the best way to achieve Objective 3.3, "Promote and support evidence synthesis and knowledge translation activities", is to do research on these processes. Like i said, I don't suggest changing your Focus on objectives, but do suggest the HRB includes policy analysis as a methodological field or approach for researching how health policy gets made and for understanding the factors that determine policy take up or not.
Sally Ann Lynch	National Centre for Medical Genetics	agree
Susan Smith	RCSI and HRB Centre for Primary Care Research	3.1 and 3.2 - same point as for previous - who determines the national relevance of research outputs and who decides what relevant data is needed for policy and service planning and how can this be done in timely fashion 3.3 - Really key to do this actively and not just get applicants to work on this individually in the current fragmented manner using fairly traditional dissemination techniques
Tom Fahey	RCSI & HRB Center for Primary Care Research	More integration between service delivery- HSE; quality and governance- HIQA and research in health- HRB is needed at the highest level. Without this integration, developing and conducting health and policy related research is unlikely to be translated and/or relevant
Ulla Knaus	UCD	National relevance is fine for certain areas, but in others it is just a rehash of things done in other countries. Question should always be, what is so different about Ireland that this study what really improve outcomes? Case in point our studies regarding nutrition: there is really not a lot different between eating habits in Ireland and the UK, or? Can Ireland just join here other EU or international studies?

\* This file excludes all respondents who indicated that they did not wish their names/and or responses to be published.

## HRB Consultation on its proposed strategic areas of focus and enabling activities: Enabler A

### Support exceptional researchers, talent and leadership in health research

Name*	Affiliation	Enabler A: Support exceptional researchers, talent and leadership in health research
Ailish O'Brien	National Learning Network	I would be concerned that this process might be focused on specific research practitioners because they are linked with particular agencies/universities (e.g. HSE etc) and that individual researchers/private organisations be excluded.
Alison Harnett	National Federation of Voluntary Bodies Providing Services to People with Disabilities	We recommend that the use of participatory and emancipatory research techniques, such as those in use by the Inclusive Research Network (supported by the National Federation of Voluntary Bodies, Trinity College Dublin and the University of Limerick) should also form part of the suite of research workforce that is included in the HRB Strategy 2016-2020. The information that is gathered through participatory and emancipatory research has been hugely beneficial in bringing the perspective of the person using a service or support to the research community in a new and empowered way. This information is also influential in providing evidence-based data that is available to Government Departments and Agencies in consultation processes that drive policy implementation and actions.
Amanda Daly	Irish Cancer Society	Given the current state of research careers in Ireland and the lack of opportunities for researchers post-PhD, we would recommend the HRB instigate a renewed focus on longer term research sustainability through establishing a research career pathway in the health system. We would recommend more emphasis be placed on supporting postdocs and crucially, early stage investigators, to ensure we retain high quality researchers in the system and provide opportunities for leaders to emerge. It is also important to invest in post-graduate programmes to build capacity in crucial areas and to ensure sustainable research programmes. We need to bring together stakeholders in Education, Science and Innovation to develop a proper model of sustainable career evolution for research, which focuses less on number and more on quality outcomes and personnel retention, for example partnering with academic institutions to evolve a 4th career path based largely on research (in addition to the existing paths in academia, administration and technical aspects); Actions and measurements in line with objectives: •Investment to buy out research protected time for clinicians is key to achieve objective A.3. • Investing in early stage researchers will facilitate the development of the next-generation of research leaders. • Investment in exceptional established research leaders will allow ground-breaking, high-risk projects that open new directions in the areas of prevention, diagnosis and treatment of disease, and in healthcare delivery and outcomes. • Funding of PhD scholarships/fellowships. • Career development awards for mid-career researchers. • Mobility awards to facilitate knowledge transfer at all levels. • Clear pathways for high achieving researchers with excellent and original outputs to sustain funding.
Ann Hever	The Irish Longitudinal Study on Ageing, Trinity College Dublin	All researchers are included here from the PhD student right up to the PI. This is very welcome. Particularly welcome is the objective to work with HEI's, hospital groups and the HSE to support leaders in health research. Buy out time for clinicians with support for back filled posts is essential to allow the clinician to focus and prioritize their research in the time dedicated for research. Embedding research into the HSE is key for longer term patient and population health care.
Ann O'Shaughnessy	Head of Education and Professional Development, RCPI	Supporting exceptional researchers, talent and leadership within a strong environment for health research can be achieved in the field of Medical Education by providing greater funding for 1.Encouraging people into PhD's in Leadership and Quality. 2.Building more academic programmes into medical careers. 3.A greater number of MD projects in health and social care research. 4.Collaborative projects in with a focus on assessing their effects and benefits for Medical Education Furthermore there is a need for a greater range of research opportunities clinical and Medical Education settings.
Anne Lawlor	GRDO (Genetic & Rare Disorders Organisation)	This is a crucial area. Researchers need whatever supports necessary to help them achieve their goals. It's one thing to attract the best people into health research it's another thing to keep them there. Providing researchers with the means to continue their research needs to be guaranteed. Working with the higher education system is crucial. Opportunities exist for linking together PhD Students, researchers, patients / patient orgs and the health care system to identify areas of research need. Greater collaboration between social systems and health care systems could also be encouraged. As already stated elsewhere there is limited capacity in rare disease research among Irish researchers which has led to further limitations in their collaboration with European counterparts. One way of measuring success in this area would be Ireland's ability to hold on to and to secure jobs for our brightest and best researchers. If those that had to leave started returning to Ireland this could also be seen as a measure of success. Missing here is mention of how clinicians in Ireland face a dearth of supports when it comes to research in rare diseases. As highlighted in the National Rare Disease Plan these are supports related to access to appropriate to higher training with integration of RD research into career development pathways for specialists, dedicated research time and appropriate staffing and facilities.
Anne O'Farrell	No specified	This is an area within the HRB that is very strong and to be commended. I am greatly cheered by the fact that the objectives include opportunities for career development for emerging investigators. The HRB is the only organisation in Ireland that helps non-clinical public health personnel in their career. Objective A.3 is very important in that the HRB does not limit itself to the quite limited pool of researchers that are in academia but rather, identify and develop and support non-academic personnel in, for example the HSE and other NGOs such as CARDI, age-action Ireland, Barnardos, National Disability Authority etc.
Anon	Not specified	If the objectives listed above are put in place we would be making inroads into the outdated system that exists and there is hope for change
Anon	Not specified	Partners in industry should also be considered.
Anon	Not specified	This is sensible but it is like "mom and apple pie" I would want to see "how exactly" you will identify these excellent investigators. Remember: if you put up a large amount of money, an increasingly sophisticated set of charlatans will appear to help you to spend it. Your job is not unlike that of Venture Capital companies who "invest in people" ie they try very hard to weed out the charlatans.
Anon	Not specified	The activities identified are all important and worthwhile. The recent austerity measures have affected both the health services and academia. Within the reduction in staffing in the health services, senior posts have been perceived as less attractive and the service load has increased, making a commitment to research more difficult. Similarly in academia, temporary, short term and hours-based contracts are arrangements have become more common. While these deal with teaching priorities, they are not supportive of the research agenda. The lack of a career structure for researchers is a barrier which the HRB can only influence, not address directly. Achieving Objective A.3 requires strong policy at the Departmental Level
Anon	Not specified	Starting at PhD level might be too late in attracting people into PhD training programmes. You need to get to the undergraduate student and work it from there. People do need to see there is a career path for them within their chosen field of research and that they are not tempted away by the financial attraction of the private sector. You need to work with industry also to identify and perhaps offer PhD training programmes to their staff also as they too may be excellent researchers, but are not necessarily heard about. It is about bringing it as a win to the company, the individual and of course the HRB. The same goes for the skills gap, you need to work with industry and create something along the lines of skillnet for PhD students in specific fields.
Anon	Not specified	It would be good to have bridging grants/fellowships to support senior postdocs moving towards independence. To allow them to establish their own Independent work/projects, while still associated with an established mentor.
Anon	Not specified	nothing missing.
Barry Boland	University College Cork	As a previous HRB post-doctoral fellow, I felt very privileged to have been awarded an esteemed award such as this, as from what I am aware there are only about 10 awarded to basic / academic researchers each year. I am was considered "exceptional", to have been awarded this, I certainly didn't feel exceptional, when the fellowship expired and the university I was then working in, enforced a restriction to me being able to work there as a senior-post-doc (UCD). At present, there are certain restrictions in place in many Irish Universities, that are in place to prevent senior post docs gaining rights to a permanent job status, and the embargo that some Irish Universities place to restrict senior post-docs applying for other post-doc positions after their HRB funding expires, it disgraceful. To support Irish talent, some changes need to be made that allow researchers to remain competitive in the workforce. Not only are there too few HRB, SFI and IRC-funded PhD and post-doc funding places supported by the Irish government to realistically be able to retain existing talent, there are unfair rules in place that allow universities to dispose of the few talented researchers that dedicate their lives to research and feel used when they are prevented from applying for other employment opportunities that follow on from their expired grants.
Carol Sinnott	Dept of GP, UCC	In comparison to initiatives in the UK, there is a lack of post-doctoral clinical training fellowships in Ireland, which hampers the career progress of clinical academics. Initiatives such as the NIHR clinical lectureships or Wellcome fellowships are templates for career development with proven success. Such a pathway in Ireland would not only facilitate on-going career progress for those involved in clinical research but may also encourage more clinicians to embark on important research in the first place.
Catherine Darker	Trinity College Dublin	There is already a lot of activity at PhD level. Post-doc and early career investigators are crucial. Need to support female scientists to make the transition from post-doc, lecturer, senior lecturer stage. Utilize the new hospital group structures with are now aligned between HEIs, HSE and hospital. Need to do the same with primary care.
Ciona O'Farrelly	Trinity College Dublin	Great objectives. Does the preamble do enough to emphasise the aim to train and support medical graduates nad people committed to clinical specialities as well? Is there some discussion somewhere about how research improves health care delivery and how research training 'improves' the clinician? How about making formal links with the professional bodies for ways of helping support academics/research careers for clinicians this eg Colleges of Physicians, Surgeons, Pathologists, Radiologists etc

Name*	Affiliation	Enabler A: Support exceptional researchers, talent and leadership in health research
Cormac Taylor	University College Dublin	Many of the worlds leading research scientists were trained in HRB funded basic research labs. It is clearly international best practice to have such an infrastructure funded at a national level. To ignore basic biomedical research funding is to heavily risk the future training of Irish Healthcare research scientists. There is a wonderful community of research scientists in Ireland who are passionate about making improvements to the future health of the country and the world. I believe there is a great opportunity for HRB to re-engage in this vital part of the Health Research ecosystem before it is too late.
David Williams	RCSI	Good Area of focus. Success will be measured by future ability to obtain and sustain grant funding and continue to publish in high impact journals
Declan Coogan	National University of Ireland Galway	Success in this domain could be measured in terms of the level of participant and community involvement in research design, implementation and interpretation. The HRB could also develop partnerships with similar agencies in other jurisdictions and in this way facilitate the development of research proposals and funding streams that include research teams from different countries and sponsoring agencies.
Declan Devane	NUI Galway, HRB-TMRN	This is a clear, relevant and important area of focus. Please consider including targeted training and career development opportunities in trial methodology to include the design, conduct, analysis, reporting and dissemination of trials
Diarmuid O'Donovan	NUIG/HSE	We need processes for HSE staff and health professionals to be supported to do work related PhD to other research. The Royal Colleges and other professional training bodies should develop easy to enable professionals in training roles to have joint service / academic posts to enable research. The HSE should have a clear research office with process to enable staff to conduct research. Hospital groups, Community health organizations and HEIs should work much more closely on research questions as well as on research leaders. Training opportunities should be publicized throughout out the health system. A culture of research needs to be developed and nurtured in the HSE
Eleanor Molloy	TCD Paediatrics and Child Health	This is an excellent focus as there are no formal funding mechanisms to train academics in health care research at present. Ongoing support for postdocs would be excellent
Elizabeth Ryan	UCD	Re-establishment of translational fellowship programme with broad eligibility criteria is essential to provide the means for retention of the best post-doc scientists in research
Geraldine Foley	TCD	There is a lack of opportunity for independent post- doc research fellowships and/or senior research fellowships for the 'allied healthcare professionals'. I don't think the ICE awards have solved this problem because successful applicants on the ICE awards have not been allied healthcare professionals. We need to develop and fund academic researchers who come from the allied healthcare sector.
Gillian Walsh, Research Manager	RCPI	Career development opportunities for postdoctoral researchers in non biomedical health research areas are limited. Funded research posts within hospitals and other centres of healthcare delivery which focus on health services research, workforce planning, health systems, healthcare quality improvement and patient safety.
Grace Cappock	MRCG	It's vital that we keep the best researchers here and that we stem the loss of expertise. At the moment there are issues with loss of knowledge and expertise within established research groups as senior researchers are not adequately supported, and are left with no choice but to leave the country to pursue their research careers elsewhere. This is truly a loss to Ireland's research community and leads to a lack of continuity in terms of advanced research project design and a loss of laboratory expertise and training on complicated new technologies. We feel that within Enabling Area A there needs to be a greater emphasis on keeping experienced and talented researchers here. This might include a system for measuring scientific excellence and value later on in the career path, and the establishment of research positions which allow senior researchers the option to pursue an academic research-focused career with reduced administrative and teaching commitments. There also needs to be support for clinicians carrying out research and 'protected time' for them to coordinate studies. We feel that the best environment for excellent and relevant health research is when multidisciplinary teams of health professionals and researchers work together to design projects and collaborate on research packages. The challenges here are that often researchers are limited by their career options and clinicians don't have the dedicated time. We feel that these issues need to be urgently addressed. No point in filling skills gaps if you are going to lose the people you skill up. Measure Success? Increased opportunities for post docs, recognition of Ireland as a place that's attractive internationally for the research community. Attracting researchers back to Ireland who may have left to gain experience.
Heinz Nasheuer	NUI Galway	This project has my full support and cannot be described in better words to aim at the development of a successful sustainable biomedical and clinical research environment in Ireland. HRB has always been known as being the best funding agency to support this and with this and the other programmes will continue to do so. The success should mainly be measured by the output of publications in high impact peer-reviewed journals.
Jacky Jones	Irish Times columnist	Agree
James Murray	Trinity College Dublin	Too great an emphasis is placed on PhD training programmes. Insufficient resources are in place in Ireland to support the PhD students that we have already trained and have become postdocs. This results in a haemorrhaging of new doctoral graduates into non-research sectors and their stimulation to go overseas.
James P. O'Gara	NUI Galway	Focus on PhD training programmes, Postdocs and early career PIs is to be applauded. As noted this is critical to bring new talent into the health research arena. Similarly support for research leaders is welcome. However it is important that these leaders are not just in the health system, which would imply that research leaders in the basic biomedical sciences may not be eligible. There needs to be a continuum from basic to translational health research. SF1 refer to "oriented basic research" and I believe that this term captures the type of fundamental biomedical research that I believe should be eligible for funding from HRB.
Jan Rigby	Maynooth University	This is a very valuable investment. There is a large step up to PhD research, and I wonder if it might be helpful and cost-efficient to look at the provision of specialist Masters' modules and programmes: MPH being a case in point.
Jennifer Mitchell	UCD	One thing that is hugely missing is the opportunity for emerging postdoctoral researchers to hold independent fellowships. I had this a few years ago through HRB as my academic and clinical collaborators were happy to acknowledge that the project was led by me and came from my previous research experience abroad. There should be more of these transition to independence fellowships and a commitment from HRB to follow up by supporting these researchers once they have achieved independence. It was genuinely a shock to me that on completing a fellowship and gaining a permanent academic position (based in part on the fellowship) that my research no longer fell within the HRB remit. HRB need to make up their minds about what will be funded and whether they will continue to fund their previously supported fellows.
John Newell	HRB CRFG (NUI Galway)	A bended academic and professional training program in biostatistics in Ireland is needed. Master's and PhD students would gain professional training, with direct experience of collaborating with researchers across the multidisciplinary teams within PH and HSR PhD students trained to be future academics and methodological innovators. Funding for postdoctoral researchers in biostatistics is also needed as such researchers can be trained to be the leaders of the future and actively involved in supervision and mentoring of the MSc and PhD students.
Laura Coffey	Dublin City University	Although I commend the HRB for its support of PhD training, I am concerned by the lack of a research career framework in place upon graduation. Post-doctoral research contracts have become of increasingly shorter duration and frequently offer only half-time (or less) hours. In addition, there are fewer lecturing positions being advertised, which means that many post-doctoral researchers remain 'stuck' on this rung of the ladder, hopping from contract to contract (if they're lucky). Given the precarious nature of post-doctoral researchers' employment, I think it is more important to focus on developing and establishing a research career framework in Ireland rather than pumping out new PhD graduates with few job prospects.
Margaret Barry	Chair of Health Promotion and Public Health, NUI Galway	Supporting Phd and postdoctoral researchers is an important investment in the research leaders of the future. Ensuring access to good quality training schemes and supportive mentors, ideally with international networks, is vital. While the focus on exceptional individuals is welcome, supporting the development of excellent research teams and networks nationally is also important. The development of transdisciplinary skills and methods need to be included. The academic sector has an important role to play in terms of training and up skilling of researchers and they need to be actively engaged in dialogue regarding meeting current skills gaps and developing future training opportunities.
Maria Meehan	Fighting Blindness	Training opportunities for researchers should not be underestimated - training in policy, public relations, management, writing. Leaders in health research need to be supported - protected time for clinicians to spend on research would greatly help this. Excellence - More opportunities for researchers to travel abroad and bring new expertise back to Ireland. this also networks and integrates these international laboratories and leaders with Irish researchers.
Mark Watson	Molecular Medicine Ireland	Career tracks are critical. Major opportunities for closer collaborations with international funders in providing necessary experience. Mentoring is very important. We need joined-up structured programmes - Ireland is too small to be reinventing the wheel in different academic institutions / academic medical centres / hospital groups.
Mary Kelly	Letterkenny General Hospital	I believe that there should be a much more directed focus on the people on the ground, the clinical people (some of whom have an insight at a very different level, and how they can be supported and encouraged to participate in research and develop their ideas. Maybe if there were a few research facilitators embedded in clinical settings that can facilitate and grow the research from the ground up rather than top down. Research can seem intimidating to people who are just starting out and application forms for grants are similar-intimidating to a health care provider who is not familiar with research. Leaders in research is a great idea particularly if it is multi-disciplinary, not just doctors and PhD'S.
MB	HSE	Providing opportunities to clinicians working in practice to undertake PhD training programmes would support practice based research and also contribute to change within practice by embedding research into our workplaces. Providing opportunities to areas of practice including chronic and community care.



Name*	Affiliation	Enabler A: Support exceptional researchers, talent and leadership in health research
Mel MacGiobuin	Coordinator north inner city drugs alcohol task force	All objectives are very welcome so long as the benefits are centred on those in most need of well-supported targeted health and social care practices who are most reliant in the public realm within Ireland and the benefit of those systems that may be transferred to comparable settings in other countries. Some opportunities should exist at lower levels of educational attainment for areas in communities and in operations that might benefit from community-based healthcare to build local social capital. Adapt pedagogical approaches to facilitate vulnerable populations often under-represented in these fields are afforded equal opportunities.
Niamh O'Sullivan	University College Dublin	It is imperative that HRB makes available funding for PhD, post-docs and PIs, and not just the large groups. While this is mentioned in Enabler A, there should be clearer definitions of how this will be achieved: i.e. examples of new fellowships or grant calls which will be developed. Furthermore, these applications need to be open to excellent research in ALL areas of health research. Currently, the funding calls exclude fundamental biomedical research into understanding mechanisms of disease (e.g. the most recent summer studentship call stated that 'applications that focus solely or predominantly on basic biomedical research are not eligible').
Noreen O Shea	Physiotherapist, St James's Hospital	Currently PhD programmes require students to survive on less than a living wage. Fine for a new graduate whose parents are able to subsidise them. But this is a huge barrier to experienced clinicians with existing international contacts who wish to engage in research. Mortgages, families etc are a competing reality for many of us. The in-pipe to the PhD programmes are sucking in bright but narrow candidates, giving them a uni-dimensional experience and continuing the research carousel that fails to recognise the complexity of the real clinical world, which they have never been exposed to. And so around we go... Bright isn't enough. Wise helps enormously.
Paddie Blaney	Director, All Ireland Institute of Hospice and Palliative Care	I would be very positive about Enabling Area A. We are particularly keen to support our Early Career Researcher Forum and can facilitate this via the Research Zone being developed on the Palliative Hub - providing a virtual world for these researchers to interact and hopefully better prepare to go after these important research opportunities.
Peter Lachman	RPCI	The establishment of fellowships in Improvement Science and Implementation Science could follow the model set up at UCL in London where a Chair of Improvement Science is assisting in attracting PHD students to advance the methodology. Likewise one could look at the Improvement Science fellowships at the Health Foundation <a href="http://www.health.org.uk/areas-of-work/programmes/improvement-science-fellowships/">http://www.health.org.uk/areas-of-work/programmes/improvement-science-fellowships/</a> which could be a model to follow.
PJ Harnett	social care	A1. The health and social care policy context has to provide a backdrop so that research in action is promoted. A.3 Opportunities to integrate research into the roles of staff (not just medical consultants) needs to be strengthened especially in the area of Operations Management. A.4 Opportunities to partner with academia should be extended to CHO and not remain the preserve of more high profile service providers.
Ruairi Brugha	Head, Population Health Sciences, RCSI	The objectives look fine. HRB is already supporting A.1 and A.2. On A.3, it makes sense, in the first instance, to work with the Medical School partners for each of the hospital groups. What we need is some models for how the hospital groups can be supported to become research active. Perhaps HRB should talk with the Research Offices based in the six national medical schools, with a view to designing and launching a funding call which is directed towards hospital-based researchers. While most hospital-based researchers think in terms of clinical research, what is needed equally is health systems research. But whichever, we need to develop research leaders in the hospitals. On A.4: do we need an inventory of the research capacities and gaps in our hospitals?
Sally Ann Lynch	National Centre for Medical Genetics	researcher pathway dismal and gloomy in Ireland. Post-Doc world bleak. This puts off people entering into research as their long-term career is unclear. We are losing people to industry and other countries. Don't know how this can be stopped. a change of mindset. The government needs to stop focussing on partnerships with industry only and money making and consider the hidden benefits of research. agree with obj 4
Susan Smith	RCSI and HRB Centre for Primary Care Research	Need for more support at postdoctoral level - ICE awards are good but have been challenging on terms of follow-on posts and loss of people to any university posts that become available. The HRB could more actively enforce sustainability agreements with institutions, particularly for more senior positions. Need open and transparent process for identifying potential leaders in health research. I'm not sure all the institutions listed in A.3 have this capacity.
Tom Fahey	RCSI & HRB Center for Primary Care Research	Clinical leadership and research pathways for medically qualified personnel needs to be addressed alongside HSE engagement and plans around training of newly qualified doctors. The Fellowships in the NIHR are a good template to use. Again, requires engagement and joined-up thinking between the HSE and HRB.
Ulla Knaus	UCD	HRB should support MDs who want to perform high class PhD's! This will only work if not only salary and fees, but also supplies will be covered. The program should institute interviews with candidates.

\* This file excludes all respondents who indicated that they did not wish their names/and or responses to be published.

## HRB Consultation on its proposed strategic areas of focus and enabling activities: Enabler B

### Build a strong enabling environment for Irish health research, national and internationally

Name*	Affiliation	Enabler B: Build a strong enabling environment for Irish health research, national and internationally
Ailish O'Brien	National Learning Network	Also, please include organisations that work with those who are marginalised as well as with industry. Create an open environment for people so that researchers can engage and participate rather than focus on health-specific industries and state organisations.
Alison Harnett	National Federation of Voluntary Bodies Providing Services to People with Disabilities	This is a critical time for people with intellectual disabilities, and indeed with any disability in Ireland as new models of services and supports are being trialled and implemented. Within day supports the HSE's 'New Directions' policy recommends a continued shift from mostly centre-based support to engagement and connection in the person's local community and the development of socially valued roles. Similarly the Department of Environment, Community and Local Government's 'National Housing Strategy for People with Disabilities 2011-2016' and the HSE's 'Time to Move on from Congregated Settings' report both recommend the closure of institutional settings and the movement to mainstream housing supports in the community. This work is now underway throughout the disability sector. These fundamental changes in the ways that people receive supports and services should be underpinned by ongoing research as implementation takes place. This research will support the building of strong partnerships between policy makers, the commissioners of services, those providing services, people with disabilities as service users, and family members. The development of this strong enabling environment as set out in the HRB Strategy is a very welcome focus and would foster cross departmental cooperation and network building in the interests of the person who is supported.
Amanda Daly	Irish Cancer Society	We need to see investment in a national infrastructure for biobanking and a body which will oversee licensing and regulation of practical aspects of sample procurement and storage in a standard and internationally harmonised manner as happens in many other European countries. Patient data needs to be tracked and monitored more effectively and the roll out of the key enabling IT technologies which would underpin such a development needs to be accelerated (electronic patient records, for example). In order to create "a culture that recognises patients and the public as partners in the health research process", it is essential either to embed Public and Patient Involvement (PPI) into a number of the objectives listed or have a standalone objective focused on promotion and integration of PPI in health research going forward. There needs to be provision for better communication of research and its deliverables so the population can see the impact of the State's investment. This will also increase an awareness of how research supports a healthcare system and also encourage young people to look to this sector for lifelong careers. Actions and measures in line with objectives: A national research communications office needs to be established. Establishment of a patient/public forum similar to the Northern Ireland Cancer Research Consumer Forum. Evidence of integration of the patient voice throughout research.
Ann Hever	The Irish Longitudinal Study on Ageing, Trinity College Dublin	We welcome the plans for a strong enabling environment. For policy, one area that could be considered is funding for public engagement activities and policy campaigns, to maximise the impact of funded research by bringing the research findings to the public. In terms of infrastructure, we would welcome investment in a national biobank structure, or awards specifically to support operation and management of biobank and link biobanks for transparency of what biosamples are available and how to access. Another area of infrastructure is linkage of funded databases, support for making data publicly available, and support services for data analysis. We welcome support for participation in H2020 and other EU programmes. Ensuring that Irish researchers are supported for nomination to advisory panels is key to molding and inputting into the H2020 Work Programmes. HRB should encourage researchers to active engage to ensure their research agendas are considered.
Anne Lawlor	GRDO (Genetic & Rare Disorders Organisation)	Although this area specifically states a requirement for a positive enabling environment is a "culture that recognises patients and the public as partners in the health research objective" nowhere does it elaborate as to how that might be achieved. A culture that recognises the benefits of patient involvement, and more importantly, a culture that values the patient voice and patient experience requires a mind-shift in attitude from all sides. "Them" and "Us" barriers need to be broken down and a relationship of mutual trust and respect encouraged. Everyone has something to offer and something of value to bring to the table. On it's own academic brilliance will not change mindsets or culture. Patient / public involvement will not necessarily change it either. It is only by coming together in open dialogue in a spirit of co-operation and collaboration will any real, lasting and meaningful change take place. Many patient groups already network with international researchers and groups. Those involved in the rare disease area especially have of necessity been forced into looking outside of Ireland for answers to questions and treatment that simply is not currently available here. Research that takes place in the area of genetic and /or rare diseases is research that can only benefit populations as a whole. It is the hope that the cooperation and collaboration spoken of is not hindered / constrained by internal borders either and that researchers and research institutions will increase their links and networks at home and in the process greatly influence the environment here for health research. "Public involvement is an essential part of the development of modern health and social care services. Research that reflects the needs and views of the public is more likely to produce results that can be used to improve health and social care" <a href="http://www.nets.nih.ac.uk/ppi">http://www.nets.nih.ac.uk/ppi</a>
Anne O'Farrell	No specified	Support in participation in Horizon 2020 is very important to ensure that Irish research gets all the support it can. However, applying for Horizon 2020 funding is an onerous task. Perhaps the HRB could carry out workshops to enable researchers to learn from persons who have been successful in completing and receiving Horizon 2020 funding.
Anon	Not specified	Let the general public know its happening and get people involved
Anon	Not specified	Research infrastructure is a key enabler of research and attracting the most talented people and build capacity
Anon	Not specified	there is a requirement not only for good co-ordination between the health care system and industry but also with academic institutions. The fragmented nature of data systems within the health and social care system needs to be addressed and requires investment; this is not reflected adequately in the objectives
Anon	Not specified	In shaping the national health research agenda, bring on industry partners to do so from the beginning as their insight is invaluable. Irish researchers need to be more aware of all the different funding options that are potentially available to them and the criteria for access. There should be a national/Eu/Global research funding coordinator appointed to make things easier as if you are not part of an academic institution, you cannot access the research office services etc.
Anon	Not specified	small grants to help support H2020 applications would be beneficial (such as are offered by IE).
Barry Boland	University College Cork	I believe that the HRB needs to invest in networks of excellence rather than a sole centre of excellence in Ireland. Unlike some SFI-funded Centres of Excellence, which a largely provincial, the HRB has managed successfully to fund Irish networks that work on certain medical conditions e.g. prostate cancer research. I believe that as a small island, our county does not do enough to support national collaborative frameworks in diseases such as cancer and Alzheimer's disease. I believe we can learn a lot from other countries such as the UK, who have decided to invest heavily in Alzheimer's research, as it acknowledges the huge burden it will place on society in the future if it does not receive the sufficient funding to tackle it. Currently, the Alzheimer's Society for Ireland does not fund research, as it must use all of it's funds to support the massive burden of caring for patients with this devastating condition. In a similar way to the UK government funding Alzheimer's Research UK, I think the Irish government should distribute funds to either a special Dementia / Neurodegeneration Research Fund, or donate directly to charities that could distribute the funds to research in a fair way. Support for H2020: Add a portal to the HRB website for Irish researchers, who can link up with others in Ireland and Europe, based on their areas of expertise. This has been done successfully by the JPND group at the HRB.
Catherine Darker	Trinity College Dublin	Yes HRB should provide strategic leadership to shape national research agenda - HRB best placed to do this. If not HRB then who? Critical mass is vital. Too many junior academics get trained to a very high standard, grant money ends, their contract is over. This represents a massive loss of intellectual and training capacity that goes into their high skilled individuals.
Ciona O'Farrelly	Trinity College Dublin	Good objectives but very aspirational. One of the biggest stumbling blocks to research excellence in our health system is the lack of real commitment from the HSE. We need to articulate specific goals towards addressing this issue. The public/patient hasn't been mentioned in any of the objectives so far - they must be brought into the vision. Their voice will be critical to getting change. Most patients realise that health care is better in institutions where top quality research is being done - they all want to attend the clinician who is making big discoveries. Patient groups should be involved in defining and the delivery of all HRBs objectives. IPOS?
Cormac Taylor	University College Dublin	Excellence in research needs to be measured in a way which is meaningful by international standards (publications, citations and other real measures of impact). How does HRB intend to measure "Impact"
David Williams	RCSI	Good focus on important questions within the Health Service
Declan Coogan	National University of Ireland Galway	Please review earlier comments for my thoughts on this domain.
Declan Devane	NUI Galway, HRB-TMRN	This is a clear, relevant and important area of focus. As per previous responses, trial methodology is an enabling infrastructure critical to the successful design, conduct, analysis, reporting and dissemination of trials. This should be included in Objective B3
Diarmuid O'Donovan	NUIG/HSE	B1 - a national research priority setting exercise is needed to map out priority issues and questions and calculate appropriate levels of funding B2 - we need research on regulation for health and social care and for public health B3 - the HSE needs a research infrastructure: at minimum a staffed research office with capacity to identify and publicize calls, assist in proposals, linking with academic/ SME/industry partners, manage research budgets and report to funders.
Eleanor Molloy	TCD Paediatrics and Child Health	This is great cannot add to it
Elizabeth Ryan	UCD	Alot of investment in the past on infrastructure - we now have alot of empty buildings as there is no support for young researchers

Name*	Affiliation	Enabler B: Build a strong enabling environment for Irish health research, national and internationally
Geraldine Foley	TCD	I think these are all relevant and important objectives. Identification of key researcher-leaders in the field of health and social care is essential.
Gillian Walsh, Research Manager	RCPI	Providing doctors, nurses, healthcare managers and allied health professionals with opportunities to develop research expertise in the areas listed above will build expertise in individuals with expert working knowledge of the health system.
Grace Cappock	MRCG	Improve profile of the centres to make them attractive partners. This is a very valuable and ambitious Enabling Area and it will be important to include other groups in the execution of this. How to measure success? Increased participation in Horizon 2020.
Heinz Nasheuer	NUI Galway	Due to the recent funding crisis the research infrastructure has lost support at all levels. Here new initiatives are welcome. Irish health researchers have been very successful in participating European research programmes but to sustain and enhance this success additional support at all levels is important. The success should be measured in the output of high quality publications and the success of Irish researchers in European research programmes.
Jacky Jones	Irish Times columnist	Do more reaching out. The HRB is hardly ever on the radio for example
James P. O'Gara	NUI Galway	All welcome objectives
Jan Rigby	Maynooth University	I'm not convinced as to the role of the HRB in 'management development'.
Jennifer Mitchell	UCD	HRB should measure success by analysing whether their previously funded researchers have transitioned on to industry partnerships and H2020 funding. HRB can contribute to this success by actively engaging with healthcare companies based in Ireland to assess whether their funded and previously funded researchers could partner with these companies and have networking and facilitation meetings to encourage these links. Any activities undertaken should be extended to previously funded researchers i.e. Marie Curie researchers are always included for information on upcoming meetings and opportunities. In my experience, if you are no longer funded by HRB then that's the last you hear about it unless you have signed up for grant updates.
John Newell	HRB CRFG (NUI Galway)	Invest in the research infrastructure must include Biostatistics as a core discipline. From a national perspective, biostatistics spans all the core underpinning areas listed by the HRB and is an essential component of all national and international grant applications. The key challenge in capacity building to support health research is the absence of a dedicated funding stream in biostatistics. By virtue of being both a primary and applied discipline biostatistics has suffered in its efforts to obtain core funding and is severely under resourced; it is considered too theoretical by funding agencies in health related research and too applied by scientific funding agencies. Given its dual role it needs to be judged and assessed appropriately otherwise the chronic shortage of biostatisticians is unlikely to be addressed.
Margaret Barry	Chair of Health Promotion and Public Health, NUI Galway	A focus on international collaboration is vital for researchers in a country the size of Ireland. Many who are active at this level experience a more fertile platform for research at an international level than we do on the national stage due to local tribalism. Supporting global players in bringing their expertise and experience to benefit the national scene will be important in this Focus Area. Build on existing strengths and ensure that the door is opened to new and upcoming researchers to participate at this level.
Maria Meehan	Fighting Blindness	Many patient groups have years of experience in shaping the health care system at the policy level at both national and European level. Their expertise should be called on when contributing to setting the agenda for the future.
Mark Watson	Molecular Medicine Ireland	Sustainability is key for major infrastructure investments - funders should work more with those they fund to identify realistic opportunities to sustain in the event that the original funder cannot support. Membership of appropriate European/international research infrastructures is important; if Ireland is not at the table it will not share in future opportunities.
Mel MacGiobuin	Coordinator north inner city drugs alcohol task force	Investment in the personnel and human resources seem to me as key component to contribute to the achievement of excellence in these fields which demand improved levels of coordination and cooperation rather than a market-led competition. Developing a principled leadership approach and focus on the individuals and families most in need of excellence in delivery of health and social care systems should be the key focus so that research has a maximum benefit in delivery and most beneficial impact of outcomes
Noreen O Shea	Physiotherapist, St James's Hospital	I finally agree.
Paddie Blaney	Director, All Ireland Institute of Hospice and Palliative Care	I very much welcome this Enabling Area and its Objectives. I would make a particular comment in relation to Objective B.3 All Ireland Institute of Hospice and Palliative Care has invested considerable effort in establishing a supportive research environment in the form of the all-Ireland Palliative Care Research Forum which encompasses all that your strategy identifies including: 'a coordinating function between academic providers, voluntary and statutory service providers and users and carers. 'Core Network efforts to help build capacity and support 'knowledge translation and exchange'. 'We have undertaken a coordinated and highly credible initiative to establish the top palliative care research priorities in Ireland and Northern Ireland and 'we include users and carers in Institute wide initiatives including research as well as facilitate their membership at all levels of our governance structures. We have achieved this (aside from the HRB research funding which all went to fund research projects) from philanthropic and partner funding to date. Going forward it is critical that Objective B.3 holds out opportunities for AIHPC to secure infrastructure funding to allow for the continued existence and further development of the very exciting and internationally envied PCRN. It will be important that constructing funding schemes for this Objective recognises entities such as AIHPC and its charitable status and limited running costs. There is an opportunity also in supporting such infrastructure of realising the added value of these environments and we will be keen to work with HRB to help articulate additional 'performance' indicators relevant to the value of investing in such infrastructure.
Peter Lachman	RCPI	Implementation Science is important as a focus in this field - it is important for the basic research and this is supported but the translation to the real world of clinical practice could be a focus in the field - with an emphasis on studying leadership for change. Research into aspects of patient safety, ergonomics and human factors, resilience engineering in healthcare is needed
PJ Harnett	social care	agreed
Ruairi Brugha	Head, Population Health Sciences, RCSI	Nothing to add here.
Sally Ann Lynch	National Centre for Medical Genetics	Admin support to complete EU grants sorely lacking. It is an awesome task to consider submitting anything to Horizon 2020. Could HRB consider employing a small group of people who could help researchers throughout Ireland orientate them thru the quagmire that is the EU and its grant system We do very badly in EU grant world compared to Norway and other Scandinavian countries & Netherlands and Belgium who have a huge support network for researchers.
Susan Smith	RCSI and HRB Centre for Primary Care Research	B.1 Need to be explicit as to how the HRB will do this and then be open and transparent about strategic priorities etc B.2 And also have mechanism for communicating these developments to the research community in Ireland - would demonstrate clear leadership role B.3 Need for transparent processes in relation to Clinical Research Centres and their co-funding etc
Tom Fahey	RCSI & HRB Center for Primary Care Research	Health data strategy is key in this area. We are 10-15 years behind other EU countries in this regard and also with regard to record-linkage systems. Introduction of the unique identifier is a huge opportunity- we should not squander it
Ulla Knaus	UCD	More communication with academic and clinical researchers, and the health community to find out what are the most important needs, and where the future might be.

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## HRB Consultation on its proposed strategic areas of focus and enabling activities: General Comments

Name*	Affiliation	General Comments
Ailish O'Brien	National Learning Network	I think that the foregoing has the capacity to be the basis of a really good template for positive change in health promotion and policy change ... I am not sure how an individual can engage with the process apart from providing feedback in this format. I am aware that there may be support for individual PhD's but this excludes people who are engaged in full-time work while studying and researching.
Ann Hever	The Irish Longitudinal Study on Ageing, Trinity College Dublin	The HRB plays an essential role in supporting and shaping health research and policy in Ireland and we thank the agency for the opportunity to be involved in shaping the new strategy. The new strategy clearly maps out the priority areas for the next five years, and also a clear commitment to enabling these areas by supporting researchers: PhD, early stage researchers, established PI and clinicians within an enabling research environment with adequate infrastructure and support. We look forward to seeing the first calls emerging and working with the HRB to realise the strategic plan.
Anne Lawlor	GRDO (Genetic & Rare Disorders Organisation)	HRB strategy 2016-2020 clearly builds on the existing strategy. As a patient alliance group GRDO welcome the strategic leadership provided by the HRB in relation to shaping the national health research agenda. With the advent of the opening of the new national Rare Disease office it is hoped that the essential need for Irish research in the area of rare diseases will be further recognised. Aside from clinical research there is need for focus on the broader aspects of rare disease, including research in primary care settings and research including education, disability, employment, social services and end-of-life-care issues. Ireland needs to grow national capacity in research in rare diseases in order to join such initiatives as E-Rare (ERA-Net on rare diseases, an already existing network of partners - public bodies, ministries and research funding organisations from 12 countries). Patients in the RD area have helped shape the research agenda all over Europe. The National Rare Disease Plan for Ireland "supports the development of patient organisations and fostering leaders in those organisations, with the capacity to work with health service providers" <a href="http://bit.ly/1naNRjy">http://bit.ly/1naNRjy</a> As such and in keeping with HRB strategy GRDO hope to see fruitful and collaborative initiatives with the National Office that encompass the recommendations outlined in the National Rare Disease Plan for Ireland. Many thanks for the opportunity to provide feedback on HRB strategy and we hope that it is useful in some way.
Anne O'Farrell	No specified	HRB doing good job - personally, I gained a PhD, learnt how to be a "scientific writer", learnt how to carry out meta-analysis, amongst other things. I believe that the HRB is one of the most important organisations in health research today. The organisation must continue to support research in Ireland and in particular, non-medical researchers who are trying very hard to carve a career in public health in Ireland where non-medics are not as well recognised as they are in other countries (in UK a non-medical researcher can become a member of the faculty of public health medicine but this cannot happen in Ireland). The only training and support a non-medical public health practitioner can obtain is from the HRB and it is heartening to see that the HRB is going to continue supporting all researchers so that evidence-based research may be transferred into practice through good implementation science practices.
Barry Boland	University College Cork	In summary: 1. Priority health areas such as cancer and neurodegenerative diseases need to be given some priority in funding as unlike SFI-Strategic Research Centres, the health of Ireland's society depends on government investment in these areas, independently of the matter of economic cost recovery. 2. Enforce change to university job hiring discrimination that currently disposes of highly-trained HRB-funded PhD and Post-Docs. More follow up needs to be done to track where HRB-funded fellows go after their funding. 3. Facilitate novel clinical trials that aim to truly bridge the divide between bench and bedside. By supporting more basic/fundamental research, I believe this will be possible.
Catherine Darker	Trinity College Dublin	HRB are credible and staff have great technical ability. HRB should lead on setting the national agenda for health research. Important to focus on population health and health services research. ALL research should have health policy and health services recommendations attached.
Cliona O'Farrelly	Trinity College Dublin	I have a whole lot of other ideas and thoughts. I'll bring them up at the forum on the 22nd
Cormac Taylor	University College Dublin	I strongly believe that HRBs 2016-2020 strategy would be greatly strengthened by the inclusion of a wider funding portfolio which includes (as it has before) basic biomedical research. Without this, my strong fear is that the pipeline of high quality ideas, students and scientists of the future will simply dry up and we will no longer be able to attract world class researchers to Ireland. This would be a major pity.
Declan Byrne	Development Manager-Kilbarrack Coast Community	The HRB has played an incredibly supportive role for those working in the drug treatment area and I look forward to balanced and independent research in the future.
Frank Murray	President, RCPI	The future objectives of the HRB as set out in this strategy document, to generate competitive research-based evidence to meet the needs of the Irish health care system and to address major health challenges, are welcome and are to be commended. These objectives can be met via support for research into areas such Post Graduate Training, Clinical Care Programmes and Health Policy formation. We propose a longitudinal study to evaluate the relationship between medical school training, postgraduate basic and higher medical training, success in knowledge based assessments and clinical competencies, participation in Professional Competency Schemes and the recruitment and retention in the Irish Health System. We also propose to evaluate, research, and develop the Clinical Care Programmes such as Acute Medicine, Paediatrics and Neonatology, etc. A research-focused assessment of the efficacy of these initiatives must be a priority so as to be able to inform medical education and training in their relevant areas. The funding of Trainee Research Scholarships would be invaluable to accomplishing this. RCPI continues to play a pivotal role in Health advocacy in Ireland, and helps to formulate national policy on areas of urgent need such as alcohol abuse, tobacco, exercise and the growing obesity epidemic. The effect that this advocacy needs to be measured and the programmes developed for modelling in other domains.
Heinz Nasheuer	NUI Galway	The HRB strategy consultation process is an important and much needed interaction of HRB with the health researchers in Ireland. This feedback process is very much appreciated and I was happy to comment on all programme parts. I am looking forward to the future funding programmes.
Jacky Jones	Irish Times columnist	I am a big research fan
James Murray	Trinity College Dublin	Stop focusing on established researchers that continue to trickle out publications and obtain grants based on their established reputations and connections. The HRB misses supporting a large cohort of highly talented researchers that have great potential to generate high impact publications with the opportunity for IP protection, simply because a small cohort of regular names are considered 'safer bets'. Be bold, be ambitious, take risks. This approach has worked well in other countries and while not every risk pays dividends, many return far greater than their investment (future ERC's, Wellcome Trust Fellows, etc.).
James P. O'Gara	NUI Galway	The proposed strategy focusing on supporting innovative, investigator-led and internationally competitive research, without excluding basic biomedical research or oriented basic research is most welcome.
Jennifer Mitchell	UCD	The HRB funds excellent life changing research and must continue to support health research from the basic scientists through to translational scientist-clinician collaboration and on to clinical trials and policy. Leaving any of these pillars out is a flawed approach and a waste of money.
Margaret Barry	Chair of Health Promotion and Public Health, NUI Galway	Thank you for the opportunity to input into this consultation concerning the new HRB strategic plan. The continuing focus on population health research alongside clinical and health services research is vital in strengthening the health system and improving population health. In my comments, I have highlighted the need for a greater focus on implementation research, and the critical role it plays in developing the Knowledge Translation function for health services and policy. The HRB has a key role to play in developing capacity in implementation research at a national level. It would be important to see this reflected explicitly in the new strategy.
Mark Watson	Molecular Medicine Ireland	Ireland cannot afford silos within individual funders or among the funders with a stake in health research. Sharing of information and strategic collaborative initiatives are key alongside the individual agency initiatives.
Mary Kelly	Letterkenny General Hospital	I believe that nurses should be encouraged and supported to carry out research and be able to apply for protected time /salary in funding applications in order to carry out such research where appropriate. I believe that access to clinical trials should be more equitable particularly in rural Ireland.
Niamh O'Sullivan	University College Dublin	As a researcher who has recently returned to work in Ireland from the UK I have been shocked by how the HRB ('the lead Irish agency responsible for funding health research') excludes fundamental biomedical researchers from applying for funding (by the very targeted wording of the grant calls). This means that the research funded is not necessarily the most innovative and puts Ireland, and Irish researchers, at a disadvantage to their international colleagues. It also makes it harder for Irish researchers to obtain international grants if their own research agency will not support them.
Paddie Blaney	Director, All Ireland Institute of Hospice and Palliative Care	I commend the succinctness of the Strategy Document and the system of collecting views. AllHPC wishes you a fruitful strategy consultation and we are keen to work purposefully with HRB in future.
Peter Lachman	RPCI	A balance is required between the pure basic science and clinical research and the implementation of the findings into practice. This has been lacking and is a new field in which Ireland can become a world leader if a start was made with funding of PhDs and fellowships as well as a chair in Improvement and Implementation Science. Another focus would be Patient Safety and research into all aspects of Patient Safety, Resilience engineering and the culture of change is essential to ensure improvements in healthcare in Ireland
Philip Crowley	National Director, Quality Improvement Division, HSE	The RCQPS partnership between the HSE, HRB and the RCSI has been reflected in the membership of the Joint Executive Committee, with representation from each of the three bodies, including the HRB. This has been extremely beneficial in terms of transparency and communication and has ensured our shared goals have been achieved.
Ruairi Brugha	Head, Population Health Sciences, RCSI	Firstly, my view of the HRB continues to be positive; and I view most of what is in the consultation document in positive terms. My principle comments are to re-emphasise and re-articulate the two points made earlier: 1. The proposed focus is on the challenges / problems (1) and on researching the interventions (2) - both fine. What is missing is (3) recognition of the need to research the health systems responses, which in Ireland are often poorly designed and implemented - its the difference between a health systems and services approach. 2. Researchers sometimes assume, based on the 'implementation science' literature, that linear research into policy processes will follow from implementing some simple steps, including policy briefs. The world of the policy maker and spectrum of interest groups they have to deal with, trying to work to long term goals but subject to short term agendas, means that this often not the case. This is an area for research.
Sally Ann Lynch	National Centre for Medical Genetics	Having to constantly apply for funding for a post-Doc is tiring when we know the work is excellent. We need a facility to help with grant application

Name*	Affiliation	General Comments
Susan Smith	RCSI and HRB Centre for Primary Care Research	I welcome the opportunity to provide feedback. Also found the meeting in Limerick very helpful in terms of getting picture of what is out there in Irish research . I hope it will be repeated but perhaps with more balanced content. Was predominance of obstetric/ peri-natal work and little on mental health or primary care (can admit, I would have bias here!)
Ulla Knaus	UCD	Reinstitute "basic" research. This should be health centered and novel, and should include finding new mechanisms etc to have international impact. Analysis tissues can only go so far, and Ireland does not have the means, infrastructure or knowledge for large genomics consortia. Participate on EU initiatives, even if they cost money. Case in point is ERA-NET, where even Portugal participates, but not Ireland. There were several calls in the past, that would have permitted participation by Irish researchers!

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