



CAO

Chief
Academic
Officer Group

Annual Report 2022



CHIEF ACADEMIC OFFICERS ACROSS SEVEN HOSPITAL GROUPS



Contents

SECTION	TITLE	PAGE
01	Message from Chief Academic Officers	4
02	The National Chief Academic Officer Group	6
03	Engagements	7
04	Academic Health Science System	9
05	Education & Training	13
06	Research and Governance	17
07	National Strategy for Genetic and Genomic Medicine Process of Strategy Development of Genetic and Genomics	20
08	Covid BioBank	23
09	Priorities for 2023	25
10	Abbreviations	26

01. Message from the Chief Academic Officers

We are pleased to publish the 2022 Chief Academic Officers Annual Report which represents our third report. The seven Chief Academic Officers (CAOs) of the Hospital Group, linked to the six Medical Schools act as the combined representative voice of the Universities and the Hospital Groups, on Education Training Research and Innovation in Healthcare. Each of the CAOs hold a senior leadership role in both Healthcare and Academia and hence can leverage value between the higher education sector where the majority of Healthcare Professionals are accredited and the clinical care system where the majority receive their training. In bridging the gap between academic discovery, health services research and implementation science the CAOs are positioned to drive policy coherence across sectors that will result in better patient outcomes.

Sláintecare represents the most significant evolution in the delivery of healthcare since the founding of the state. The CAOs recognise Sláintecare cannot be achieved without creation of a research-led health ecosystem in which new knowledge is generated and utilised to inform policy and reform. The CAOs acknowledge that critical to the success of Sláintecare will be development of a Healthcare Workforce competent in transdisciplinary working as the modality through which integrated care and improved patient outcomes will be delivered. As such we welcome the opportunity to align our experience and vision with the evolving Regional Health Area (RHA) model that will include the Community Healthcare Organisations and Primary Care. We recognize the need to develop Academic Health Science System (AHSS), that will be guided by clear policies to allow University and Health sector integration in the planning and delivery of Healthcare, These agreed policies will be enshrined in memoranda of agreement, that are built on the foundations of Academia – Education, Training, Research, and Innovation (ETRI). The CAOs work with colleagues in all arms of the health sector, medical and other health sciences schools to enhance an academic approach in the hospitals and the community to improve integrated patient care.

The CAO annual report for 2022 outlines a dynamic and wide-ranging work program to engage key stakeholders in the principle aim of developing the AHSS in Ireland. We are encouraged by the interest and also by significant achievements in 2022 detailed in this report. Key to this success is the close working relationships forged by the seven CAOs through the weekly CAO Group meetings. We welcome a new CAO for the Dublin Midlands Group, Professor Martina Hennessey, and would like to thank Professor Joe Keane, Professor of Medicine, TCD for all his input over the last three years.

As we look to 2023 our focus remains on supporting and implementing actions to ensure ETRI is central to all healthcare developments into the future. A key event for 2023 will be the CAOs National Meeting, cohosted with the Hospital Group CEOs, to highlight and review the benefits and barriers to evolving AHSS in Ireland. The AHSS model leads to improvements in patient outcomes and helps attract and retain highly motivated and well-trained staff.



Prof Anto O'Regan, Chair, CAO Group, February 2023
On behalf of the CAOs/Hospital Group Representatives

Chief Academic Officers



PROFESSOR ANTHONY O'REGAN

- Consultant Physician, Galway University Hospital
- Chief Academic Officer, Saolta University Health Care Group
- Dean of the Institute of Medicine, Royal College of Physicians of Ireland



PROFESSOR TIM LYNCH

- Chair of Chief Academic Officer Group
- Consultant Neurologist, Mater Misericordiae University Hospital
- Vice Principal for Health Affairs, UCD
- Chief Academic Officer, Ireland East Hospital Group



PROFESSOR PAUL BURKE

- MD FRCSI, Vice Dean (Health Sciences), University of Limerick (UL)
- Adjunct Professor of Surgery, UL GEMS
- Chief Academic Officer, UL Hospitals Group



PROFESSOR HILARY HUMPHREYS

- Senior Clinical Educator, Emeritus Professor of Clinical Microbiology, Royal College of Surgeons in Ireland (RCSI)
- Chief Academic Officer, RCSI Hospitals



PROFESSOR JOSEPH KEANE

- Consultant Respiratory Physician, Head of Clinical Medicine, St James's Hospital
- Chief Academic Officer, Dublin Midlands Hospital Group, HSE



PROFESSOR OWEN SMITH

- Professor of Child, Adolescent & Young Adult Oncology, Trinity College Dublin
- Consultant Paediatric Haematologist at Children's Health Ireland
- Chief Academic Lead, Children's Health Ireland



PROFESSOR HELEN WHELTON

- Head of College of Medicine and Health, University College Cork
- Chief Academic Officer, HSE South/Southwest Hospital Group



PROFESSOR MARTINA HENNESSY

- Consultant Pharmacologist, St James's Hospital.
- Chief Clinical Academic Officer – Dublin Midlands Hospital Group

02. The National Chief Academic Officer Group

The CAOs are the representative voice of the combined health service and academic sectors in Ireland. Meeting weekly since inception, the group has a rotating chair to facilitate rapid responses and actions to key issues. Prof Tim Lynch, Ireland East Hospital Group (IEHG), coordinated the forum from March 2020-March 2022. It was then agreed that the chair would rotate annually. Prof Anthony O'Regan, Saolta University Healthcare Group, has taken on the role since March 2022 - March 2023. The weekly meeting allows for early decisions, active engagement on and rapid responses and actions to key issues. It also provides an avenue to meet with specific stakeholders in an efficient manner (see list of meeting participants for 2022). Our first National CAO meeting was held in person and hosted by UCD Health Affairs on August 26th and facilitated our strategic framework for the academic year.

The Impact of this CAO Group to date includes:

- Increased awareness and support for enhancing the research culture in health systems to improve health outcomes for patients.
- The establishment of Directors of Education and Training in the HSE regions in collaboration with the National Doctors Training & Planning (NDTP).
- Developing an agenda for the evolution of our health and academic organisations towards the AHSS model to underpin the ethos of Sláintecare.
- Commissioning a national Strategy and Implementation Framework for simulation-based training infrastructure in the HSE with strong links to the Universities.
- Commissioning of the COVID biobank with potential to support broader biobanking initiatives.
- Informing the design and content of the National Research Governance Framework and its implementation.
- Increasing awareness and addressing the challenges encountered in securing the continuity of clinical placements for Health and Social Care Students throughout the pandemic.
- Informing the development of the new consultant contract to seek robust commitment to education, training, research and innovation for all consultants.

The achievements outlined above and in this report underlines the value of the unique position of CAOs at the interface of the HEIs and the HSE. In anticipation of the transition of the HSE structures from Hospital Groups and Community Health Organisations to integrated RHA, the CAO Group has engaged with the RHA Advisory and Implementation Group in 2022 (see relevant section) and has proposed common terms of reference for CAOs with a clear vision to engage with the RHA / Sláintecare Models. The proposal will maintain the momentum to develop education, training, research and innovation across all our health services in collaboration with the HEIs and other training partners; A memorandum of agreement between health systems and universities is desirable as has been undertaken by Children's Health Ireland in the context of an AHSS.

Engagements Timeline

03.

7th January 2022	Mr Robert Watt Secretary General, Department of Health
11th February 2022	Mr Leo Kearns CEO, Irish Medical Council
	Dr Suzanne Crowe President of the Irish Medical Council
21st February 2022	Prof Martin Cormican Head of AMRIC, HSE
25th February 2022	Dr Brian Kinirons Medical Director, NDTP
	Mr Michael Morgan Senior Project Manager NDTP
11th March 2022	Mr Robert Watt Secretary General, Department of Health
	Ms Breda Rafter Principal Officer in the Department of Health / Health WorkforcePlanning.
1st April 2022	Prof Michael Conall Denny Director: Welcome/HRB Irish Clinical Academic Training Programme
	Prof John Laffey Director of Clinical Research Galway University Hospital
	Prof Deirdre Murray Department of Paediatrics and Child Health, University College, Cork
	Dr Brian Kinirons Medical Director, NDTP
8th April 2022	Mr Martin Varley Secretary General, Irish Hospital Consultants Association (IHCA)
	Prof Alan Irvine President, IHCA
	Prof Rob Landers Vice-President, IHCA
	Dr Alan Wall CEO of Higher Education Authority
3rd June 2022	Prof Nicole Muller Head of Speech and Hearing Sciences, UCC

2nd September 2022	●	<p>Prof Dara Byrne Clinical Lead for Simulation RCPI</p> <p>Ms Anne Shaughnessy Head of Education RCPI</p> <p>Mr David Shaughnessy Simulation and Governance</p>
16th September 2022	●	<p>Prof Mary Day National Director of Acute Operations</p>
23rd September 2022	●	<p>Dr Ana Terres Head of Research and Development for the Health Service Executive</p>
28th October 2022	●	<p>Prof Karen Ryan Specialist in Palliative Care, National Clinical Programme for Palliative Care Model of Care</p>
4th November 2022	●	<p>Ms Sarah McCormack HSE National Healthy Ireland Lead & HSE National Lead for staff health and wellbeing</p> <p>Mr Jack Nagle Healthy Ireland</p>
11th November 2022	●	<p>Dr Philip Crowley National Director for Strategy and Research</p>
25th November 2022	●	<p>Prof Des Cox Chair, RCPI Policy Group on Tobacco</p>

PARTNERSHIPS & PROJECTS – SSW / UCC

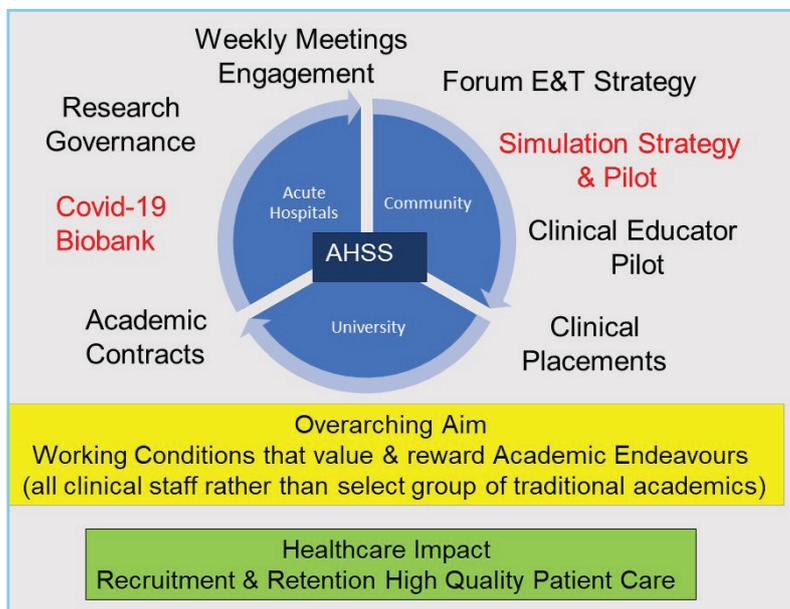
UCC College of Medicine and Health (CoMH) interdisciplinary Seed Awards have funded thirteen academic/health system collaborative projects since 2021. The seed funding of up to €10,000 provides an opportunity for new research collaborations between healthcare aligned staff in affiliated clinical institutions and CoMH staff in the member Schools. The scheme facilitates the development of clinical and non-clinical researcher collaborations and to foster them to a point where a more extensive grant applications can be made.

Many of the projects to date that have addressed real life challenges in health care and which have successfully gone on to win competitive peer reviewed grants from research funding agencies.

Academic Health Science System & Regional Health Areas

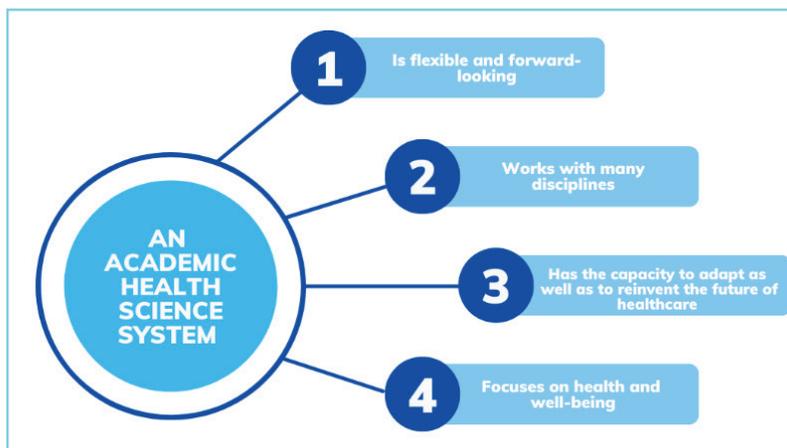
The Role of CAOs in the development of AHSS

The CAO role is central to the development of an AHSS (see figure). The CAOs are committed and willing to play a critical role in ensuring the benefits of integrating ETRI in healthcare are fully realized in the future RHA model of care.



What Is An AHSS?

An AHSS is a fully coordinated partnership between a university and a healthcare system (see figure below), designed to deliver quality care hand-in-hand with teaching, training, research and innovation. AHSSs provide high quality healthcare across the world achieving high standards of clinical care, educating health professionals and leading health care research and innovation. Ireland lags significantly behind its international counterparts with regard to the development of AHSSs.



Why An AHSS?

1. Provide better outcomes for patients; International examples of best practice demonstrate that integrating ETRI into all aspects of patient care results in better outcomes for the patient.
2. Ensure a stepwise improvement in staff recruitment and retention; Developing AHSSs will greatly help reverse the emigration of many highly trained Irish healthcare professionals resulting in a significant saving to the Irish economy. It will provide healthcare staff with attractive jobs that incorporate ETRI, which will improve job satisfaction, recruitment and the retention of staff. Moreover, it is likely to result in the recruitment of high-quality international staff.
3. Achieve cultural change by creating a “learning organisation” to ensure the continual development of sustainable quality and safe healthcare in Ireland. An environment of learning and enquiry will support staff through change processes and accelerate the implementation of new initiatives.

Is This Another New Structure?

No. An AHSS is a way of aligning current structures and using a governance model to achieve better outcomes for patients and staff. It requires little additional administration but rather harnesses the current inputs to work together. At present, healthcare, education and research are aligned to provide the best outcomes for patients together and facilitates synergies between sectors. However, the absence of a unifying governance structure means that decision-making and operational processes are misaligned, the administrative overhead is burdensome and opportunities for change initiatives are lost.

*Professor. Tim Lynch
speaking at the Future
of Health Service
Summit*



Why Now?

Sláintecare presents a unique opportunity to align Irish healthcare with its partners in education, clinical and basis research, informatics, innovation and healthcare delivery. The AHSS model will allow healthcare professionals, from a wide variety of disciplines, to come together with scientists and clinical researchers to deliver consistent high quality, evidence-based, safe healthcare, research and innovation. This will as a consequence strengthen, support and accelerate the implementation of Sláintecare.

PARTNERSHIPS & PROJECTS – RCSI Hospital Group/RCSI

Beaumont Hospital RCSI Cancer Centre

Beaumont Hospital RCSI Cancer Centre includes Beaumont Hospital, the RCSI and St. Luke's Radiation Oncology Network. Its mission is to provide equitable, individualised quality care to patients with cancer in North Dublin, the North East of Ireland and nationally. The Beaumont RCSI Cancer Centre has been accredited for the quality and standards of cancer care and research by the OEIC, a European organisation who set comprehensive standards for cancer centres and networks. It seeks to deliver novel therapies through biomarker-based clinical trials, guided by ground-breaking preclinical and translational research and through collaboration with European centres, to better respond to the needs of patients.

What Is Required To Deliver This AHSS?

- An accountable and integrated system incorporating a joint approach to administrative, clinical, training and research governance linking Universities, and RHAs (incorporating hospitals and community health organisations and services) underpinned by government policy and aligned to Sláintecare.
- Clinical academic posts with an explicit contractual remit for clinical service, research, and education to support a high-quality evidence-based learning health system, and also to provide leadership to develop and adopt new technological advances to address health challenges and deliver health gains. These posts will also foster and encourage collaboration on patient focused research and innovation with industry to enhance the quality of patient care.
- Infrastructure development to provide up-to-date and fit-for-purpose facilities to enable state-of-the-art education, training, and research which will support interprofessional learning, collaboration, and teamwork.
- The development of a comprehensive electronic patient record, with associated data analytics capability and underpinned by a universal identification number (ID number).
- Appropriately designed and integrated information technology that will enable data sharing, machine learning, use of artificial intelligence and will support cross-functional learning and collaboration.
- Harmonised research governance and processes across the country to streamline and encourage academic medicine (see figure below).

Key takeaways



Collaborative approach



Partnership



Win-win: patients, hospitals and students



Benefits for students



Benefits for research (i.e., National Irish COVID-19 Biobank)



Staff recruitment and retention

The **Chief Academic Officer** in an AHSS will present a unique opportunity to strengthen the academic structures with clinical practice, by going beyond the Hospital Groups and embracing community services. This would strongly support the Sláintecare vision through this all embracing and inclusive academic model.

AHSS Animation

During 2022 a video animation was created to explain the concept of an AHSS. This video can be found at the following link:

<https://www.ucd.ie/healthaffairs/academichealthsciencesystem/>

PARTNERSHIPS & PROJECTS – Saolta / UoG

The McGinty Scholarships were established by alumna Dr Geraldine McGinty, a physician executive and radiologist, to empower a new cohort of women who will lead improved and impactful outcomes for patients and healthcare staff. Established in 2020, the scholarships were introduced to encourage and enable female physicians and allied healthcare professionals to engage in the MBA programme, to support them on a career path to leadership in the healthcare sector. The McGinty Scholarships are available each year to support two women, one physician and one allied healthcare professional in the MBA programme at University of Galway.



*Front row left to right: Minister Stephen Donnelly, Professor Dara Byrne, Professor Helen Whelton, Professor Anto O'Regan
 Middle Row: Professor Martin O'Donnell, Professor Paul Burke
 Back Row: Dr Brian Kinirons Medical Director, NDTP, Professor Ciarán Ó hÓgartaigh – president of Ollscoil na Gaillimhe, Mr Tony Canavan – CEO Saolta Hospital Group.*

Education & Training

05.

The CAO Group has identified as a priority the need to foster inter-professional learning across all grades and disciplines. A key priority is to integrate strategic planning among HSE, Clinical Sites, and Academic Partners with a common goal to enhance and optimise the environment for learners on clinical sites. There were some notable achievements for the group in 2022.

1. Clinical Simulation Education

The CAO Group commissioned a project to develop a strategy to implement clinical simulation on clinical sites in conjunction with Professor Dara Byrne, Director and Professor of Simulation Education, Saolta University Healthcare Group / University of Galway /NUIG. This project was funded by NDTP and resulted in a National Strategic Guide (see appendix) outlining 8 simulation centre priority areas and specific initial recommendations for the HSE and Clinical Sites. The strategy was officially launched by Minister Stephen Donnelly on March the 4th 2022 at Saolta University Healthcare Group. Professor Helen Whelton, spoke on behalf of the CAO Group at the event, and it was co-hosted by Saolta and University of Galway (NUIG), representing the integrated approach to Clinical Education fostered by the CAO Group. The launch coincided with the official opening of the NUI Galway / Saolta Clinical Simulation and Inter-Professional Education Facility, a hub and spoke initiative to integrate clinical simulation learning across the hospital group and future RHA models.

Following on from the launch the CAO Group met with Dr Colm Henry, Chief Clinical Officer (CCO) and who demonstrated continued support for Clinical Simulation by committing to establish a National Simulation Education Office and National Lead for Clinical Simulation. A key priority for this post is inter-professional education and it is anticipated that it will be rolled out in 2023 with support from the NDTP, the Office of the Nursing and Midwifery Services Director (ONMSD), and National Health and Social Care Professions (HSCP) office.

The CAO Group also met with the RCPI on 2nd September regarding the development of the RCPI Simulation Strategy for Education. Prof Dara Byrne is also Clinical Lead for this project and is working with Ms Ann Shaughnessy, Head of Education RCPI. The CAO Group fully supports this initiative and assisted in clinical site visits by providing names of Clinical Simulation Leads in each group. Further meetings will be held in 2023.



Minister Donnelly with Prof Dara Byrne at the launch of the Clinical Simulation Strategy



National Doctors Training & Planning

2. NDTP NCHD Education and Training Pilot: Clinical Educator Pilot

The CAO Group met with Mr Ken Mealy and Mr Martin McCormack, Chair and Secretary, respectively, of the Forum of Postgraduate Training bodies to discuss the Forum's strategy for education and training. A key priority is to develop a National Network of Clinical Educators for postgraduate education and training. The NDTP agreed to lead on this initiative and Professor Brian Kinirons established a pilot Clinical Educator Programme funded by the NDTP. It is anticipated that this pilot programme will replace the original NDTP Clinical Lead Programme that was supported at a governance level by the CAOs over the last 6 years. Understanding that group structures for NCHD education and training vary in models and levels of development, the initial sites for the pilot programmes are South Southwest Hospital Group, and Children's Health Ireland. The appointed Directors for Education and Training for these groups are Prof John Cooke, Consultant Geriatrician, Waterford University Hospital, and Prof Sinead Murphy, Consultant Paediatrician, Children's Hospital Ireland in Crumlin (see details below). The CAO Group is represented on the NDTP Steering Group to oversee this project by Prof Helen Whelton and Prof Owen Smith. It is expected that further rollout of these programmes will occur in 2023 under the guidance of the Steering Group.

The CAO Group fully supports the National Taskforce on NCHD workforce that was established by the Minister of Health, Mr Stephen Donnelly. Professor Anthony O'Regan is chairing the Taskforce and it is anticipated that short-term initiatives will be funded and aimed at improving training and working conditions for NCHDs across all clinical sites. The CAO Group is fully committed to playing a key role in delivering on these initiatives on their respective sites.

The CAO Group has met with Ms Yvonne Goff and Mr Dean Sullivan to outline their commitment to developing structures for Education and Training across the evolving RHA model of care. The CCO, Dr Colm Henry, invited a representative of the CAO Group to join the RHA Clinical Advisory and Guidance Working Group, which will support design and planning of the new RHAs. This group will make recommendations on Clinical Governance Principles and Proposals in line with RHA implementation. Professor Tim Lynch is presently representing the CAO Group at this level (see section AHSS / RHA). In addition, following a request from Ms Yvonne Goff, the CAO Group submitted a governance and strategic proposal on the role and terms of reference for the CAO role which is aligned with the RHA / Sláintecare model, to the RHA Implementation Group on December 20th 2022.

The very first Group Clinical Directors of Education and Training have been appointed at two Hospital Groups under a pilot launched by HSE National Doctors Training and Planning (NDTP). In September two clinicians with strong track records in clinical education – Dr Sinéad Murphy and Prof John Cooke – were appointed to the new roles at Children’s Health Ireland (CHI) and South/South West Hospital Group (SSWHG) respectively. Dr Murphy is a Consultant Paediatrician at CHI at Temple Street in Dublin, Director of Education and Academic Programmes at the RCPI, and Head of Paediatrics in the School of Medicine, University College Dublin. Prof Cooke is a Consultant Geriatrician at University Hospital Waterford, Clinical Professor at University College Cork and Honorary Clinical Associate Professor at the RCSI.



Dr. Brian Kinirons, Dr. Sinead Murphy, Prof John Cooke.



3. Irish Clinical Academic Training (ICAT)

The CAO Group fully supports the ICAT programme and its objectives. The Group met with Prof Conall Dennedy, Director of ICAT, and Professor Bernadette McGuinness, Deputy ICAT Director on April 1st 2022. The ICAT programme was discussed and supported unanimously. A key issue discussed was the development of clinical research posts for graduates into the future. This was discussed subsequently with representatives of the Irish Hospital Consultants Association (IHCA). Given the importance of this training initiative to the strategic planning of the CAO Group, further engagement with the ICAT programme in 2023 would be desirable.



4. Health and Social Care Professional Student Education.

The health service has acknowledged the key principles of recruitment and retention of healthcare staff trained in Ireland. Health and Social Care Professionals (HSCP) are essential and critical members of the multidisciplinary teams that are being created under the Sláintecare initiatives to deliver integrated high quality clinical care across hospitals and the community. In 2021, a Strategic Guidance Framework for Health and Social Care Professions 2021-2026 was launched. This report prepared by the national HSCP office on HSCP practice education during and post-Covid-19 identified the education challenges, barriers, solutions and opportunities, which the HSCP group now faces. The CAO Group have been fully supportive of exploring avenues to optimise HSCP training and retention. Last April, they were written to by Professor Nicole Muller, Head of the School of Clinical Therapies UCC, and 36 of her colleagues who represented the broader spectrum of third level educators of HSCPs in Ireland. This group outlined serious concerns for the required student placements for trainee HSCPs. To date, there has been a lack of support for a structured academic framework within the HSE to address the provision of teaching placements for HSCP students in the healthcare setting. The lack of placements has been exacerbated by the COVID-19 pandemic, leading to some students having to defer their graduation date. Others have accessed placements in other jurisdictions with the consequences in some instances of those students on graduation

being employed there with the resultant loss to our health service. Whilst most students have since been able to graduate successfully, significant challenges regarding sustainable and consistent clinical placements remain. Some clinical programmes have had to reduce their student intake between 2020 and 2022, which has serious implications for both financial viability of these programmes and professionals available for employment. Some programmes have made up placement shortfalls by hiring their own clinicians to generate placement opportunities for students (this is only an option for those HEIs and disciplines who already have their own clinic facilities).

PARTNERSHIPS & PROJECTS – Health Science Academy Limerick

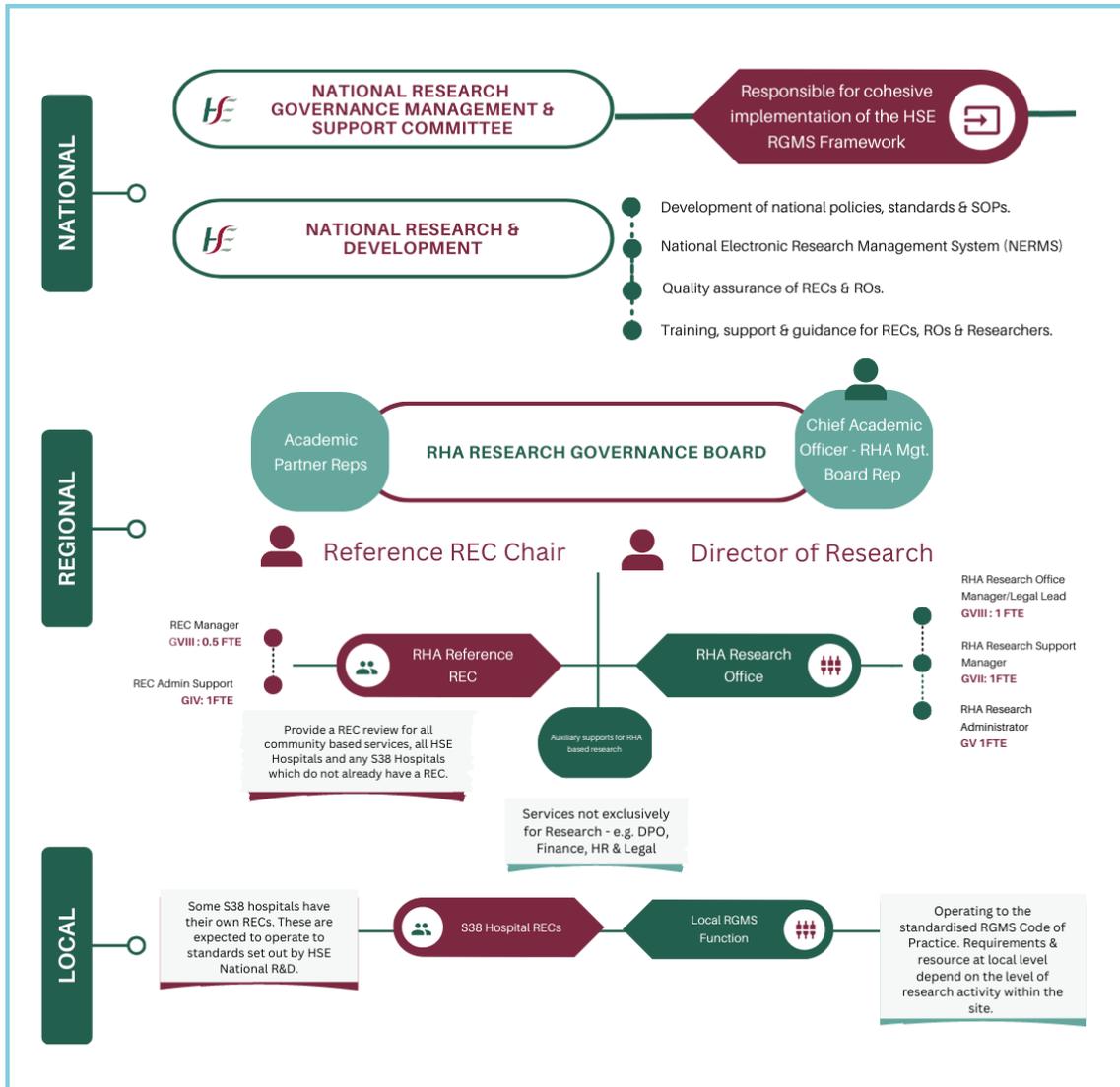
To promote the concept of academic health science in the Mid West, a Health Science Academy was established in 2019 between the UL Hospitals Group, Mid West Community Healthcare and the University of Limerick. This partnership aims to bring:

Research & Innovation: projects in 2022 have included a 'Winter Series' educational programme in healthcare innovation, and establishment of a number of critical research development projects. A PPI (patient and public involvement) panel has been established to work with the Limerick Digital Cancer Research Centre.

Clinical Practice Integration: the focus has been on type 2 diabetes and research, including developing pathways to support Masters students in UL to work collaboratively with clinicians undertaking projects with impact.

Equality & Inclusion: The inaugural, "Celebrating Partnership and Involvement" conference was held in October, the first of its kind in the country. A white paper was commissioned "To carry out a systematic literature review of contemporary academic evidence defining equality and inclusion practice with a focus on professional development opportunities". All information is available on www.healthsciencesacademy.ie

Overall, there are difficulties in providing students with the spectrum of opportunities they need to meet their required competencies. Further issues will arise given the Minister of Health, Mr Stephen Donnelly, has advocated and agreed to fund additional places for HSCP training in line with workforce demands. The CAO Group are very concerned about these issues being progressed without adequate attention being given to the lack of clinical placements. Following the meeting with Prof Muller last June the CAO Group have lobbied on this issue and wrote to the Ministers of Health and Further and Higher Education, Research, Innovation and Science with copies to the HSE CCO. The current engagement at national level involving DoH, DFHERIS, HEIs, HSCP Office, HSE and CORU is a very positive development, as is the plan to develop a HSCP workforce planning group with HEI / Practice Education involvement. The CAO Group are very supportive of this engagement as outlined. A solid and reliable practice education framework is essential to meet the existing and future workforce needs. The CAO Group feel strongly that this can be achieved as in general, over the past three years providers have found that student placement can continue in adverse conditions and can help to enhance service delivery in this challenging environment. These issues will be further followed up in 2023.



The CAO Group are actively engaged in supporting the development of an enabling infrastructure for health research in the HSE as it is a critical element of an AHSS. Research active health systems are associated with better outcomes for patients. Impressive progress in addressing the complexities of research governance and management in the HSE has been made over recent years under the leadership of Dr Ana Teres, Assistant National Director, Research & Evidence, HSE. The CAO Group is represented on a number of HSE working groups in support of this important initiative.

Dr Terres established a **Working Group for the Development of the HSE Framework for the Governance, Management and Support of Research** which published a new framework for research in September 2021. <https://hseresearch.ie/governance-framework/> The CAO Group were members of this working group and supported the launch of the Framework in September 2021.

The **HSE National Committee for the Governance, Management and Support of Research (National RGMS Committee)** was established and met four times during 2022. The group is chaired by Dr. Philip Crowley (PC) National Director for Strategy & Research, Prof Helen Whelton CAO South Southwest Hospital Group (SSWHG) WHG represents the CAO Group.

The HSE Health Research Governance Implementation Group

This group under the leadership of Dr Terres has been established to support the development and implementation of new functions for research governance, management and support (RGMS) at local, regional and national levels. Similar to the earlier work, the establishment of the Research Governance, Management and Support (RGMS) functions at different levels, requires the leadership and support of the Chief Academic Officers. Given the new nature of the structures, the development of a standard code of practice for the RGMS function and a roadmap for the roll out, a significant programme of change is needed.

Work to date

1. In 2022 the National HSE R&D Office commenced the development of a standard code of practice for the management of health and social care research. Given the multitude of legal entities involved and the differences in current practice at local level, this is not without its challenges. The development of this code was supported by the RGMS Implementation Working Group who met regularly during 2022. Membership of this group included the CAOs and/or their nominees. Three components of the RGMS Standard Code of Practice are in the final stages of development and will be published in 2023.
2. The proposed structural and organisational model for embedding research leadership, governance and management infrastructure in the HSE at national, RHA and local level has been developed and has received support by the Department of Health. The discussion with the CAO Group about the role of the Chief Academic Office in the new RHA structures has commenced and is expected to be agreed in 2023.
3. The establishment of research offices has also been initiated at the level of some hospital groups with input from CAOs.
4. The National Electronic Research Management System (NERMS) procurement process was completed in December 2022 and Smart Simple was appointed as the NERMS platform provider. A detailed scoping exercise to plan for the roll out of the system is currently underway.
5. Development of national research related policies, templates and tools, standard operation protocols, guidance and training tools.

PARTNERSHIPS & PROJECTS – IEHG / UCD

UCD Health Affairs AHSS grant was launched for the first time in Spring 2022. The two successful projects were awarded €20,000 each.

The grant aims to enhance the collaboration between the hospital group, its affiliated community healthcare organisations, and University College Dublin especially the College of Health and Agricultural Sciences (CHAS). It will also foster synergies between UCD CHAS, UCD Health Affairs, Ireland East Hospital Group (IEHG) and its affiliated community areas.

The AHSS 2023 grant will fund at least four successful awardees up to €25,000 maximum for each project.

Funding for the implementation of the National Framework for Governance, Management and Support of Health Research

The National HSE R&D Office has prepared several business cases to fund the implementation of the HSE Research Governance Framework at a national and regional level. The business cases have been positively received by the Department of Health and HSE Senior management. The CAO's have had an important contribution in this and fully support these initiatives via their various discussions about the AHSS with key stakeholders.

PARTNERSHIPS & PROJECTS – RCSI Hospital Group/RCSI

Translational Seed Fund, launched in 2021

The RCSI Translational Research Seed Fund provides funding for Healthcare Professionals in Hospitals in the RCSI Hospital Group to support their engagement with groups and centres of biomedical and health research excellence. The goal of this pilot funding initiative is to engage healthcare professionals and scientists to form exciting new collaborations through the cross-seeding of perspectives, ideas and connections needed to underpin future translational biomedical research that will ultimately improve clinical care. The unique facet of this funding initiative is the desire to facilitate cross-disciplinary teams where scientific excellence and translatability/impact are top priorities.

The outcome of the estimates process for 2023 is pending but a number of FTEs to enable the implementation of the RGMS framework in the regions have been approved, pending funding. Funding for the 2023 development and implementation costs for the National Research Management System have also been secured.

In addition to attendance at working group meetings, the CAO Group met with Dr Terrés on the 23rd of September and with her and Dr Philip Crowley (HSE National Director for Strategy and Research) on the 11th November. The CAO Group reiterated its support in prioritising research as an integral component of healthcare delivery, and the need to facilitate clinical research, while at the same time ensuring that all research in HSE institutions is in accordance with best practice. The development of the research governance and management system within the HSE and the alignment of systems across HSE and HEIs are critical for the successful establishment of the AHSS model which sees research and innovation, together with education and training as key in ensuring the best standards of healthcare. This in turn will help attract and retain staff, which might otherwise want to remain or work abroad.

Traditionally, much biomedical and clinical research has been undertaken under the auspices of the universities and has involved both university staff across many disciplines and medical academics with joint hospital and university appointments. The latter has greatly facilitated the integration of research with clinical care. However, much research is also carried out by full-time clinical staff, who have no designated time or support staff, and this needs to be maintained. Therefore, the CAO Group is anxious that existing systems and expertise is fully availed of, and that in particular there is no duplication. Hence, while all research must be in line with best practice vis a vis appropriate ethical oversight and approval when appropriate (e.g. clinical trials), data security safeguards, and governance, systems must be user-friendly and encourage intellectual curiosity and a research culture within the HSE.

It is hoped that pari passu with the establishment of the Regional Health Authorities, that research will be embedded in to their mission and objectives. Hence, it is important that this is highlighted from the outset, and that all healthcare staff, universities other HEIs, patients and the public realise that research is an essential component of the highest standards of healthcare delivery.

07. National Strategy for Accelerating Genetic and Genomic Medicine in Ireland

The landscape of health and wellbeing is being transformed through developments in the basic and clinical sciences, especially genomics and molecular biology. As a result we are now witnessing the rapid arrival of a new era of precision healthcare. We are now beginning to see healthcare shift from a curative paradigm, where the emphasis was on managing disease, to a pre-emptive paradigm, where the emphasis is on predicting disease using genomic information and molecular technologies. For example, it is now possible to identify an individual's genetic inheritance and the molecular biological basis of disease which in turn greatly facilitates the personalisation of medical care by predicting the disease predisposition of individual patients, tailoring medical treatment to these predispositions, and customizing disease management to achieve optimum medical outcomes. This new paradigm will in time, reduce the burden of disease, as well as well as the personal and societal costs of healthcare, by detecting and treating disease at earlier stages and pre-empting more serious consequences.

To date, Ireland has made modest progress in developing its genetic and genomic services. However, in May 2022, the Health Service Executive (HSE) Office of the Chief Clinical Officer established a National Genetics and Genomics Strategy Steering Group and four Working Groups to drive the collaborative and inclusive development of Ireland's first National Strategy for Genetics and Genomics. Two CAOs (Professors Smith and Lynch) were members of the Strategy Group and over 100 experts, a number of patient representatives / patient advocates, the Department of Health (DOH), and other key stakeholders contributed to the work. Patient and public involvement was at the heart of the strategy's co-creation. It was agreed that a coordinated national genetics and genomics service is required to optimise patient outcomes and patient/citizen experience while advancing Research, Innovation, and Discovery in this fast-moving field. The Strategy was pulled together in Olympic-time over a 7 month period (figure - below) and launched in the RCPI on December 13th (figure - page 22) The key strategic areas of focus for the development Ireland's genetics and genomics service included:

Launch December 13th
2022



1. Coordinating a National approach to Genetics and Genomics:

A National Office for genetics and genomics will be established to oversee all aspects of genetic and genomic clinical service and research activities, engage with key stakeholders to address policy and legislative gaps, and drive the implementation of this strategy. Of note the National Office will support the improvement of laboratory services, bioinformatics, and secure data storage. Senior expert leadership will be put in place to ensure that the genetics and genomics strategy is integrated and closely aligned with the other key national programmes such as the National Cancer Control Programme (NCCP), the National Women and Infant's Health Programme (NWIHP) and the National Rare Disease Office.

PARTNERSHIPS & PROJECTS – CHI / TCD / UCD / RCSI / DCU

The Paediatric Academic Health Science Centre (PAHSC) is a collaborative university - hospital partnership between CHI and four Dublin University partners that aims to deliver high-quality and cost-effective healthcare to all patients through an Academic Health Science System (AHSS) partnership model. In 2022 the PAHSC was established by a memorandum of agreement (MOA) between CHI and the universities (fig X).

A PAHSC Board construct was also agreed in 2022 and will be chaired by Professor Dermot Kelleher (Dean of Faculty of Medicine & Vice President, Health at the University of British Columbia). The Board will be tasked with developing comprehensive constitutional, governance, executive and operational provisions to apply for the PAHSC and PAHSNetwork (UCC, UL, UCG, QUB & UU) and the associated respective Memorandum of Agreement (MoA) and Memorandum of Understanding (MoU).

Professor Susanne Benseler was appointed Chief Academic Officer, CHI and Head of Paediatric Health Affairs to take up post Q2, 2023.

2. Ensuring patient and public involvement (PPI) and partnerships:

In alignment with Sláintecare, this National Strategy outlines an approach for developing a sustainable patient and family centered genetics and genomics service that can be accessed equitably across the country and across the lifespan of patients. The service is to be supported by strong governance, a skilled workforce, pioneering research and innovation, and trusted partnerships.

3. Building the genetics and genomics workforce for the future:

A workforce plan will support recruitment, retention, education and career development of the current specialised workforce which includes genetic counsellors and clinical scientists. Staff will be supported and will develop specialised knowledge and skills in genetics and genomics.

4. Enhancing genetic and genomic clinical services:

There is a need to continue the transition of genetics and genomics into routine service delivery, and to support the use of evidence-based genetic and genomic tests. This will enable the development of locally integrated, multidisciplinary, patient and family centered diagnostic and care pathways.

5. Strengthening infrastructures to drive advances in genetics and genomics:

Supporting infrastructure is needed to collect, test, store, process and analyse samples for both patient care and ongoing research applications. To strengthen data infrastructure, existing genetic and genomic data capacity and capability will be reviewed. Continued work on further infrastructure implementation will be carried out to support clinical service delivery.

PARTNERSHIPS & PROJECTS – Saolta / UoG

Train the Trainer: For all the nuts and all the bolts!

This successful programme was delivered to advance the skill set of consultant trainers.

International and national leaders in medical education and over 75 consultants from across the Saolta group attended the day long event. It builds on the focus of the Saolta Group in developing a hub and spoke model to support training and education.



6. Closer alignment with the academic and commercial scientific community:

This is a key element in the National Strategy. The improvement of genetic and genomic service in Ireland can be boosted by the ability to rapidly adopt the results of genomic research. In return for carefully controlled access to genetic information from Irish patients and families who consent, it will be possible to improve the diagnosis of rare conditions and offer access to new, ground-breaking therapies in clinical trials.

PARTNERSHIPS & PROJECTS – RCSI Hospital Group/RCSI

FutureNeuro SFI Research Centre

FutureNeuro (based in the RCSI) is the SFI Research Centre for Chronic and Rare Neurological Diseases. In partnership with Beaumont Hospital and the national clinical network for neurology, this centre contributes to improving the health and health-care of people with neurological disease. FutureNeuro's unique approach is to explore multiple related aspects of brain disease across the themes of diagnostics, therapeutics and eHealth.

National Irish COVID-19 Biobank

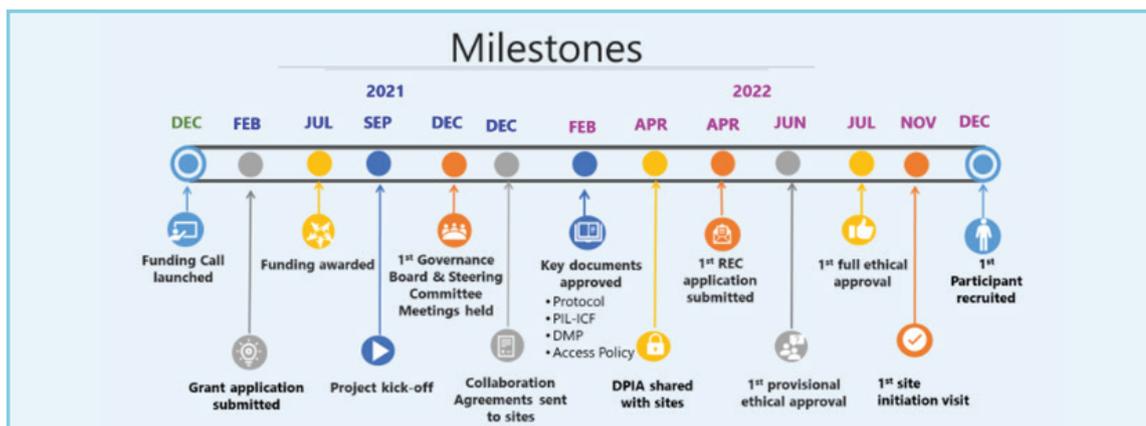
Following the advocacy and work of the CAOs, the establishment of the National Irish COVID-19 Biobank (NICB), in September 2021, was a milestone moment for biobanking and research in Ireland. The NICB is the first government investment in national biobanking, creating a research platform to promote high impact, patient-focused research and establishing a pathway for future biobanks in Ireland.

The aim of the NICB is to stimulate and support investigation of the virus and its impact on human health and enable high-impact transdisciplinary clinical and scientific research. To date Irish researchers have made a significant contribution to the international literature on COVID-19 , provided demographic data to international repositories such as the International Severe Acute Respiratory and emerging Infection Consortium (ISARIC) and genomic samples to biobanks such as the European Genome-Phenome Archive (EGA), their work is recognised by the European Research Infrastructure Consortium (BBMRI-ERIC), which connects 600 biobanks across the EU. The vision in developing the NICB was to create a harmonised, shared platform for COVID-19 research that strengthens the national research infrastructure and provides opportunities for Irish and international research collaborations.

During 2022, significant attention was given to creating a robust governance structure, ensuring that the system for all data and sample collection, storage and protection was in place and that all data, ethical and legal requirements were complied with (see figure - NICB Key Milestones). The NICB also established an International Scientific Advisory Board and a PPI (Patient and Public Involvement) Advisory Board which helped inform and shape the work of the biobank.

The NICB has recently moved from a set-up phase to an operational phase with the start of recruitment of participants. An event to mark the launch of the operational phase took place on the 12th of December 2022 at RCPI, at which the Minister for Health spoke and emphasised the importance of the NICB for patient care.

One of the key learnings in 2022 was that the existing structure of local Research Ethics Committee (REC) approval, was not optimal for national biobanking projects. The establishment of a new National Research Ethics Committee for the NICB, in January 2023, is a major step forward and a model for future national biobanking projects. More importantly, it will create a harmonised approval for the project across all participant hospital sites so reducing duplication.



Key milestones in the NICB project timeline



Speakers at the launch of the operational phase of the NICB, with the Minister for Health

The award is exceptional in many respects. Firstly, the NICB is a collaboration between six academic institutions and thirteen hospitals spanning, paediatric, adult and maternity care, hence it exemplifies the strength of cooperation that can be applied nationally in the service of the public good.

Secondly, it is the first time that an Irish biobank will be benchmarked against European standards so facilitating engagement with high value international consortia. Thirdly, learnings from its' development in the areas of quality assurance, data sciences, bioresource collection, storage and GDPR have created a template from which other biobanks and strategies such as the national genomics strategy can evolve. Most importantly it recognises the generosity and willingness of Irish patients to contribute to health research on this critical public health topic.

PARTNERSHIPS & PROJECTS – DMHG

Research Connectivity: Since 2021 the DMHG in collaboration with TCD have secured over 19M from the HRB to support; expansion of activity at the Wellcome-HRB CRF at St James and establishment of the Trinity Academic Cancer Cluster, the Irish Radiation Oncology Network, and the Dementia Clinical Trials Network. This investment supports delivery of complex studies and unites cross-disciplinary research teams to work beyond hospital into the community providing patients with access to leading edge therapeutic innovation such as gene therapy (Haemophilia) and CAR-T (Myeloma).

Innovation: “Thinking outside the box” to create value

- Innovate Health at Tallaght University Hospital bridges the gap between industry and public sector bodies to develop capacity to test innovations in a real-world environment.
- The In-House Design Lab at St James's partnered with the Guinness Enterprise Centre, and Smart D8 are a Hub for entrepreneurship and a test bed for community innovation that improves the health and well-being of citizens.
- The National Digital Innovation Lab MRHT (Tullamore) funded by the HSE is the focal point for the network of 25 living labs based across the country.

Education: Growing Clinical-Academic Roles

The Slaintecare workforce of the future will be interprofessional, research aware, academically active and prepared for life-long learning.

- TCD -School of Medicine with HSE-NDTP and the INE has overseen a doubling in the number of places on the Academic Internship Track nationally to provide 6% of the intern cohort with academic opportunities alongside clinical practice from the earliest stage of training.
- The DMHG with local NMPDU's will expand this clinical-academic model to target development of research skills among our Advanced Nurse Practitioner (ANP) cohorts.

The NICB is now an important component of national biobanking infrastructure - where healthcare, academia, industry and patient organisations engage - to deliver high impact, patient focused research. An interim review will be held with the Health Research Board in the first half of 2023; a successful outcome from which will allow NICB to progress to a second stage of funding for another 3 years. The funding of the NICB was sufficient only to initiate biobank activities and provide proof of concept. The CAOs are now calling for substantial and sustainable funding for this valuable resource into the future.

The funding of the NICB was sufficient only to initiate biobank activities and provide proof of concept. The CAOs are now calling for substantial and sustainable funding for this valuable resource into the future.

Priorities for 2023

09.

In 2023, the Chief Academic Officers will continue to prioritise formal channels to facilitate cooperation and collaboration between the Hospital Group and Academic Partners in their journey to AHSS. It is key that we engage research by connecting researchers in Universities with our hospital researchers and community partners to further enhance patient care. We must achieve operational excellence such that the academic outputs inform and drive pathways to redesign hospital services for better healthcare. We will focus on enhancing lifelong interprofessional education and training through engagement and partnership to ensure clinical sites in Ireland continue to train outstanding clinicians into the future. A key objective is integrating traditional with innovative technology based learning methods. We must strive to foster innovation funding and opportunities by connecting clinical sites and academic partners. It is key that work with industry and digital technologies will facilitate innovation and economics benefits. This work will require effective communication such that we continuously promote and recognise the key place of world leading research and innovation in influencing national and international health.

01 Champion, promote, and progress the development of AHSS in conjunction with RHA roll out

02 Promote and progress clinical educator leadership through work with NDTP Clinical Educator Pilot Programmes.

03 Support and facilitate implementation of the Ministers Taskforce on NCHD workforce issues.

04 Work with newly appointed National Clinical Simulation Lead to progress clinical simulation on clinical sites.

05 Appoint Clinical Research Directors and embed Clinical Research Governance

06 Advocate for protected time for ETRI in contracts and work practice plans

07 Review and use learning from Covid-19 Biobank to support other innovator areas

08 Promote genetics and genomics

09 Ensure good accountable academic governance is embedded into evolving RHA systems

10 Ensure ETRI are key considerations and inputs in all evolving health programmes and infrastructural projects.

10. Abbreviations

AHCP	<i>Allied Health Care Professional</i>	HPAT	<i>Health Professions Admission Test</i>
AHSS	<i>Academic Health Science System</i>	HRB	<i>Health Research Board</i>
BBMRI-ERIC	<i>Biobank and Biomolecular Resource Research Infrastructure – European Research Infrastructure Consortium</i>	HSCP	<i>Health and Social Care Professional</i>
CAO	<i>Chief Academic Officer</i>	HSE	<i>Health Service Executive</i>
CEO	<i>Chief Executive Officer</i>	IEHG	<i>Ireland East Hospital Group</i>
CHAS	<i>College of Health and Agricultural Sciences</i>	NDTP	<i>National Doctors Training and Planning</i>
CHI	<i>Children’s Health Ireland</i>	NEPHET	<i>National Public Health Emergency Team</i>
CHO	<i>Community Healthcare Organisation</i>	NICB	<i>National Irish COVID-19 Biobank</i>
CMO	<i>Chief Medical Officer</i>	UG	<i>University of Galway</i>
CO	<i>Chief Officers</i>	RCSI	<i>Royal College of Surgeons in Ireland</i>
COVID-19	<i>SARS-CoV-2</i>	REAG	<i>Research Expert Advisory Group</i>
CPD	<i>Continuous professional development</i>	RHA	<i>Regional Health Areas</i>
CRDO	<i>Clinical Research and Development Office</i>	SSWHG	<i>South/Southwest Hospital Group</i>
CRF	<i>Clinical Research Facilities</i>	SUHG	<i>Saolta University Health Care Group</i>
DFHERIS	<i>Department of Further Higher Education Research Innovation and Science</i>	TCD	<i>Trinity College Dublin</i>
DoH	<i>Department of Health</i>	UCC	<i>University College Cork</i>
EAG	<i>Expert Advisory Group</i>	UCD	<i>University College Dublin</i>
ETRI	<i>Education, Training, Research, and Innovation</i>	UL	<i>University of Limerick</i>
EU	<i>European Union</i>	ULHG	<i>UL Hospitals Group</i>
HEI	<i>Higher Education Institutions</i>		



